### Okaloosa County News Release

8/1/2012 Kathy Newby, 850.651.7515, <u>knewby@co.okaloosa.fl.us</u>  $_{\rm NR12-111}$ 

#### SIGN UP NOW FOR OKALOOSA HAVE A HEART 5K RUN/WALK SEPT. 1st

Okaloosa County employees are organizing the "Have a Heart" 5K Run Walk on September 1, at the 911 Emergency Operations Center. The course loops around the Northwest Florida State College college campus, located at 90 College Boulevard East in Niceville. Early registration through August 20, 2012 is \$15.00 and late registration August 21 – September 1 is \$20.00. Tee shirts will be presented to the first 200 entries. Download a registration form at <a href="https://www.okaloosafl.com">www.okaloosafl.com</a> or visit <a href="https://www.active.com">www.active.com</a> and <a href="https://www.nwftc.com/racecalendar">www.nwftc.com/racecalendar</a>. For more information or questions about the race, please contact Ken Wolfe, <a href="https://www.nwftc.com/swolfe@co.okaloosa.fl.us">kwolfe@co.okaloosa.fl.us</a>.



# OKALOOSA COUNTY "HAVE A HEART" 5K RUN/WALK



Sponsored by: Okaloosa County (*Proceeds benefit the American Heart Association.*) Saturday, September 1, 2012, at 8:00 a.m. When: 911 Emergency Operations Center (located on the Northwest Florida State College Campus), Where: 90 College Boulevard East, Niceville, FL 32578 Course: The course is fairly flat and fast using the road that loops around the college campus. 5K Run Awards: Overall male/female, master male/female, grandmaster male/female, and the top 3 male/female in the following age groups: 0-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+. Walker Awards: Overall male/female, master male/female, grandmaster male/female, and the top 3 male/female in the following age groups: 0-9, 10-19, 20-29, 30-39, 40-49, 50-59, 60-69, **Post Race:** Food, drinks and door prizes will be provided in the parking lot adjacent to the 911 Emergency Operations Center prior to the awards presentation. **Entry Fees:** Early registration through August 20, 2012: \$15.00\* Late registration August 21 – September 1: \$20.00 \*NWFTC members who register early will receive a \$2.00 discount. You may download and print an application form at the following website: www.nwftc.com/racecalendar. T-shirts will be presented to the first 200 entries. Early registration improves chances of correct size. Runners may walk, however, walkers may not run at any time during the race or they will be disqualified. For more information or questions about the race, please contact Ken Wolfe at: kwolfe@co.okaloosa.fl.us, or visit the NWFTC race calendar: www.nwftc.com/racecalendar. ..... Make checks payable to: **NWFTC** APPLICATION -Mail application to: Okaloosa County Emergency Management c/o Ken Wolfe 90 College Boulevard E Niceville, FL 32578 Event (check one): 5K Run \_\_\_\_\_ 5K Walk \_\_\_\_\_ Birthday (mm/dd/yy): \_\_\_\_/\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_ Age: \_\_\_\_\_ S Sex: Male \_\_\_\_\_ / Female \_\_\_\_ T-Shirt Size (circle one): XL XXL M Address: Email Address: I know competing in a 5K is a potential hazardous activity. I should not enter unless I'm medically able and properly trained. I agree to abide by any decisions of the race officials to my ability to safely compete in this event. I, the undersigned, release and forever discharge Okaloosa County, Northwest Florida State College, and Northwest Florida Track Club and all agents, representatives and employees thereof, and their successors, from any and all claims and damage whatsoever which I, my heirs, their executors, and administrators have or may have against Okaloosa County, Northwest Florida State College, and Northwest Florida Track Club and all agents, representatives and employees by reason of damage or injuries which may be incurred by myself while participating in the activities sponsored by the 5K run/walk. Date: \_\_\_ Signature of Athlete (Parent or Guardian if minor)



#### **FACTS**

## Breaking Our Hearts: Still America's No.1 Killer NIH Funding for Heart and Stroke Research

#### **OVERVIEW**

An estimated 83 million U.S. adults suffer from cardiovascular diseases (CVD).<sup>1</sup> These lifethreatening conditions include coronary heart disease, heart failure, stroke, and high blood pressure. CVD was the cause of nearly 33% of all U.S. deaths and an underlying or contributing cause for about 55% of deaths in 2008.<sup>1</sup> More than 2,200 people die of CVD each day—one death every 39 seconds.<sup>1</sup> However, due in large part to NIH-funded research, death rates from heart disease and stroke have dropped by 60% and 70% respectively, since 1940.<sup>2</sup>

Despite the significant return on investment, NIH invested a disproportionate and meager 4% of its Fiscal Year (FY) 2011 budget on heart research, and a mere 1% on stroke research [see chart]. This funding level is not commensurate with scientific opportunities, the number of people afflicted with CVD and the physical and economic toll exacted upon our Nation.

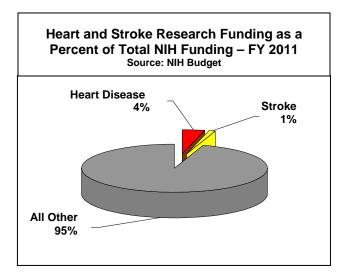
## AS BABY BOOMERS AGE, CVD WILL COST MORE LIVES AND MONEY

Heart disease and stroke are the No. 1 and 4 causes of death respectively in the U.S today. Lifetime CVD risk at age 40 is 2-in-3 for men and more than 1-in-2 for women. 1

- More than 40% of the US adult population is projected to have some form of CVD by 2030, with direct and indirect costs exceeding \$1 trillion annually by the year 2030.<sup>3</sup>
- The direct costs of stroke will escalate by 238% between 2010 and 2030. Prevalence of stroke is expected to increase by 25% over this time period.<sup>3</sup>

#### CVD FUNDING COMPARED TO BURDEN

- The estimated total cumulative NIH investment in cardiovascular research over the past 30 years has been about \$4 per-American each year.<sup>4</sup>
- NIH invests only 4% of its budget on heart research and a mere 1% on stroke research in FY 2011.



## NIH HEART AND STROKE RESEARCH CAN REDUCE HEALTHCARE COSTS

Advances in cardiovascular care can help reduce costs.

- Technological improvements in treating heart attacks are worth the cost. For every \$1 spent, the return on investment has been \$7.
- NIH research has shown that ordinary aspirin, with or without other anti-platelet drugs, can reduce the risk of recurrent stroke.<sup>6</sup>
- tPA (tissue plasminogen activator) is the only FDA-approved emergency treatment for the most common type of stroke. Patients treated with tPA

within 3 hours of onset of stroke symptoms are 30% more likely to have minimal or no disability at a 3-month follow-up. One study estimates the original National Institute of Neurological Disorders and Stroke-funded tPA trial resulted in a 10-year net benefit of \$6.47 billion.

- NINDS's Stroke Prevention in Atrial Fibrillation (AF) Trial 1 showed treatment with aspirin or warfarin could reduce stroke in AF victims by 80%, resulting in a 10-year net benefit of \$1.27 billion, with a savings of 35,000 qualityadjusted life years.<sup>8</sup>
- Eliminating deaths from heart disease would generate about \$48 trillion in economic value from increased life expectancy.

## NIH HEART AND STROKE RESEARCH HAS REVOLUTIONIZED PATIENT CARE

Some of the major advances in heart disease and stroke treatments include the following:

- Revolutionary clot-busting drugs reduce disability from heart attack or stroke by dissolving the blood clots that cause the attacks.
- The use of drugs to lower cholesterol has reduced the average cholesterol level in the U.S. to the ideal range for the first time in 50 years.
- Pacemakers, implantable cardiac defibrillators, automated external defibrillators (AEDs), and minimally invasive surgical techniques have significantly improved health care outcomes.
   Small, wire-mesh stents can widen narrowed arteries in the heart or neck.
- FDA has approved the first totally implanted permanent artificial heart for patients with advanced heart failure.
- Constraint-induced Movement Therapy— a rehabilitative method forcing use of a partially paralyzed arm— can help stroke survivors regain arm function.

## STABLE & SUSTAINED FUNDING NEEDED TO STIMULATE RESEARCH TO

Although much has been accomplished, cardiovascular disease is not "cured." As the population ages, the demand will increase for more and better ways to allow Americans to live healthy and productive lives before and after the onset of CVD. Some promising new research opportunities include:

- Developing biomarkers to show which patients need defibrillators to fix erratic heart rhythms.
- Using genetics to intervene before heart disease starts, speed drug development to reduce the

- risk of heart attack, and to develop personalized strategies to treat, slow or prevent heart failure.
- Determining whether maintaining a lower blood pressure than currently recommended will further reduce the risk of heart disease, stroke and cognitive decline.
- Using brain imaging as a mechanism to determine if tPA benefits stroke victims after the three-hour treatment window.

#### THE AHA ADVOCATES

The American Heart Association joins the medical research community in advocating for a FY 2013 appropriation of \$32 billion for the NIH in order to capitalize on the investment to improve Americans' health, spur economic growth and innovation, and advance science. Also, AHA advocates for funding increases for NIH heart and stroke research. Moreover, the AHA will seek to protect the NIH from a 9% across- the-board cut due to the Joint Select Committee on Deficit Reduction's failure to agree on a plan to reduce \$1.2 trillion from the national deficit.

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