

FOCUS: HEALTHCARE Our heartache

The Buffalo Niagara region has the nation's highest rate of heart disease and stroke. The reasons include obesity, poor nutrition, smoking, poverty and lack of exercise.

By HENRY L. DAVIS
News Medical Reporter
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DENNIS C. ENSER/Bufallo News
Thomas Miller, City of Tonawanda fire chief, works out three days a week on the treadmill at DeGraff Memorial Hospital in North Tonawanda.

Tracking the leading killer in Western New York Heart disease deaths per 100,000 population

Erie Niagara	365.5
NYS	305.2
U.S.	256.2

SOURCE: Research Center for Stroke and Heart Disease, 2000 data



ROBERT KIRKHAM/Bufallo News Taywanda Bolden, left, has lost more than 30 pounds since Pastor Hazel Tucker, right, instituted the Moving in Faith program at their church. "I looked around at our ministry - there are so many people with high blood pressure, diabetes and other problems and thought this could be me. I'm content to be a big girl, but I want to lose a few pounds so I can be a healthy big girl, Bolden said.

The biggest killer in Buffalo Niagara isn't crime or cancer but an epidemic of heart disease and stroke.

Maybe it's the price residents pay for inventing the chicken wing. Maybe it's the long winters that limit exercise to shoveling snow. Maybe it's the grinding poverty that blankets much of the region.

All the reasons for all the illness aren't yet known.

But in a nation where heart disease and stroke rank as the first and third leading causes of death, respectively, the rate of getting those disorders and dying from them here is among the highest in the United States.

The two diseases killed 6,743 people in the area in 2000, far more than died from cancer.

Equally distressing is that it's not just a matter of eating too much or exercising too little.

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For many city residents, there are plenty of corner stores with high-fat foods but no convenient supermarkets with fresh produce. And when anyone, rich or poor, does get ill, there's no guarantee he will receive heart drugs that could help him survive.

"We have more great medications, interventions and knowledge than ever, but we underuse them," said Dr. Frederick Munschauer III, director of the Research Center for Stroke and Heart Disease at Kaleida Health.

Nationally, deaths from heart disease and stroke have declined and are occurring later in life, because of better treatments and greater awareness of such risk factors as high cholesterol.

However, more people are living longer - at great cost - with the pain, frailty and mental impairments that result from diseased and clogged arteries.

Munschauer and others warn that, despite increasing knowledge about what causes the illnesses, the message that heart disease and stroke are largely preventable is clearly not getting through, especially in the Buffalo Niagara region.

But the magnitude of the problem goes far beyond this region's borders.

Last month, major national health groups said the United States has the ability to address some of the top health and health system problems but has failed to act.

While praising President Bush's proposed increase of \$100 million to curb chronic diseases, the groups said overall funding remains insufficient to prevent the leading killers - heart disease, cancer and stroke.

"While we are doing the right thing to protect the nation against bioterrorism, we need to keep our eyes on the prize and direct more resources to where the greatest needs lie," Dr. Georges C. Benjamin, executive director of the American Public Health Association, said in a statement.

A health care system so good at responding to acute, urgent problems must do a better job of preventing and managing chronic conditions, public health officials say.

"It's sad when we can give a new heart to someone but can't pay for blood pressure medication to prevent the disease in the first place," said Dr. Anthony J. Billittier IV, Erie County's health commissioner.

A local epidemic

Researchers have only started to understand the epidemic in detail, such as which neighborhoods are worse off and why.

Munschauer's organization helped draw a statistical picture of the epidemic. Among its findings for 2000, the most recent year available:

- The Buffalo Niagara region represents 8 percent of the state's population yet accounts for 15 percent of strokes in the state. The regional rate of stroke deaths - number of deaths per 100,000 people - is 74.7, compared with 60.9 in the United States, 41.8 statewide and 25.2 in New York City.
- A stark contrast exists between downstate and upstate, with the worst levels of stroke death in the western and south-central parts of the state. Erie County experiences nearly five times as many stroke deaths as Richmond County, which is Staten Island. Of the state's 62 counties, Erie and Niagara rank at the top for number of stroke hospitalizations.
- The Buffalo Niagara region experiences the worst death rates for heart disease in the state - 351.7 cases per 100,000 population, compared with 258.2 in the United States and 305.2 statewide.
- This region also has the highest amount of hospitalizations for heart disease. The rate in Niagara County - 1,008.4 hospitalizations per 100,000 people - is 60 percent higher than the average state rate and 254

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percent higher than the rate in downstate's Rockland County.

- The diseases strike more women than men. And it's not a matter of an older population. Adjust the statistics for age and race, and the Buffalo Niagara region still has far more stroke and heart disease hospitalizations than would be expected.

The data is not perfect. Residents in the region tend to use hospitals more frequently than patients elsewhere in the nation, and death certificate information can be inaccurate. But even those who see a need for improving the statistics say the region faces an epidemic of clogged arteries and the risk factors that cause it.

How did we earn this dubious distinction?

For one thing, our bellies are getting bigger. The region has grossly high rates of overweight and obese residents - roughly double what is typically seen in other parts of the state and nation.

Those chicken wings, fish fries, barbecued ribs, doughnuts and pizzas add up.

The region also suffers from high rates of smoking, poverty and diabetes - habits and conditions that increase the risk of heart disease.

Other potential factors include genetics, pollution, high blood pressure, high cholesterol levels, physical inactivity, poor access to care and failure to follow doctors' orders to take medication.

"We know the local diet is not good. But that's just one piece of the puzzle. We can't say yet exactly why the rates of disease are so high," said Dr. Maurizio Trevisan, an expert on the causes and control of heart disease.

Finding risk factors

Trevisan, who heads the University at Buffalo's department of social and preventive medicine, said risk factors are difficult to study because their link to disease is so complicated.

Trevisan asked: Do crime or lack of sidewalks in a neighborhood, for instance, deter people from exercise to the point where it contributes to illness?

"We need to understand why people get sick," he said.

Equally difficult is finding solutions to the problem.

"You can tell people to eat a healthier diet," Trevisan said, "but if they don't have a grocery store nearby and don't have a car, the advice isn't very helpful."

Health officials also say individuals must take more responsibility for their health by eating right, exercising and staying away from cigarettes.

Heart disease develops when the arteries narrow from the buildup of cholesterol and other substances, depriving heart muscle of oxygen and nutrients. The body can get too much cholesterol if a diet contains too much saturated fat - the kind of fat found in meat, dairy products and snack foods.

The process begins as early as childhood. As the condition worsens, more damage to the heart occurs and can lead to a heart attack. A stroke happens when blood flow is disrupted to a part of the brain.

Heart disease killed 945,836 Americans in 2000, and stroke killed 167,661, according to the American Heart Association.

Last month, the association and the federal Centers for Disease Control and Prevention issued new guidelines urging doctors to test Americans at moderate risk of heart disease for signs of chronic inflammation in blood vessels - a newly recognized cause of heart attacks.

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Buffalo researchers have found that the body's inflammatory response could be triggered by a meal as common as a ham-and-egg sandwich and hash browns from a fast-food restaurant.

"Maybe these foods in these combinations were not meant to be eaten by us," said Dr. Paresh Dandona, an endocrinologist at UB and Kaleida Health who led the study.

Inner-city problem

If there is a ground zero for stroke and heart disease, it's largely in the inner city.

Statistics from church congregations suggest the community suffers terrible health problems.

Obesity levels are three times the national average. Smoking rates are double what's typically seen in the United States. Levels of diabetes are as much as four times the national rate.

The inner city also has a handful of the more promising efforts to educate people and encourage them to change unhealthy behaviors.

One example is a fairly new program called Moving in Faith. The idea is simple: mobilize churches, synagogues and mosques in the battle to get people to eat healthier food, exercise more and quit smoking.

"In the African-American community, it's the faith leaders who have tremendous power to effect change," said Gretchen Fierle, a member of Munschauer's group who directs Moving in Faith.

Munschauer and others see Moving in Faith as the type of "simple, cheap strategy" that could significantly change lives.

They can at least count one success story in Taywanda Bolden.

Five months ago, the 25-year-old weighed 295 pounds and maintained a diet heavy on sweets and fast food. Since then, she has lost more than 30 pounds, begun to take regular walks and made an effort to eat vegetables, something never found on her plate before.

When her pastor at tiny Prayer Room Storehouse Mission Ministry on East Ferry Street adopted the Moving in Faith program, Bolden decided it was time to take charge of her health.

"I looked around at our ministry - there are so many people with high blood pressure, diabetes and other problems and thought this could be me," said Bolden, a program instructor and aide at the Cantalician Center for Learning. "I'm content to be a big girl, but I want to lose a few pounds so I can be a healthy big girl."

Hospital solutions

Another strategy to tackle heart disease and stroke is aimed at doctors and hospitals.

Medications as simple as low-dose aspirin exist to treat heart disease, and specialty groups have issued guidelines for their best use. But many patients don't receive what's considered to be the optimal therapy.

A Duke University study presented at a recent American Heart Association scientific conference underscores the importance of following agreed-upon recommendations. It found that death rates for heart attack patients in hospitals ranged from 17.6 percent in those who lagged most in following guidelines to 11.9 percent in those who led in following them.

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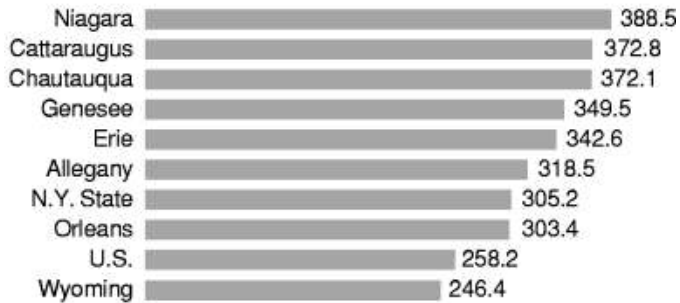
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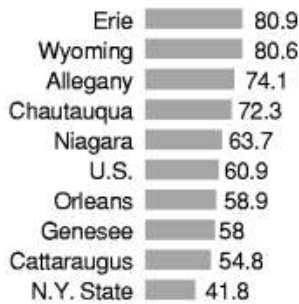
A deadly toll

Tracking the leading killers in Western New York

Heart disease deaths per 100,000 population



Stroke deaths



SOURCE: Research Center for Stroke and Heart Disease; 2000 data

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