



Testimony

of

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before the

**New York City Council  
Committees on Health and Women's Issues**

regarding

**Oversight Hearing on Heart Disease Among Women**

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Good morning Chairperson Rivera and Chairperson Sears and members of the Health and Women's Issues Committees. My name is Dr. Lynn Silver, Assistant Commissioner for Chronic Disease Prevention and Control at the New York City Department of Health and Mental Hygiene (DOHMH). On behalf of the Department thank you for the opportunity to provide testimony and discuss the state of heart disease among women in New York City.

My testimony today will provide an overview of the state of cardiovascular disease among New York City women, describe initiatives of the Department and partnering agencies to address cardiovascular disease--many of which have been made possible with the support of the City Council--and discuss challenges the City faces in reducing death and illness from cardiovascular disease.

Cardiovascular disease is the leading cause of death for both men and women in the United States. The term 'cardiovascular disease' refers to a number of conditions that affect the heart and blood vessels. These conditions include heart attacks, stroke, heart failure, hypertension, and coronary heart disease. Nearly 80 million adults over the age of 20 in the United States have one or more forms of cardiovascular disease.<sup>1</sup> In New York City, heart disease and stroke account for 40% of all deaths each year.<sup>2</sup> Much of this burden of illness and death could be prevented or postponed through further reductions in smoking, preventing high blood pressure and assuring its effective treatment.

In 2007, just over 24,000 New Yorkers died from cardiovascular disease. While people often think of heart disease as a disease of men, in reality more than half (55%) of the people dying from cardiovascular disease are women.<sup>3</sup> Over 4,000 of these deaths occurred in people under the age of 65, deaths that we define as "premature". One third of premature cardiovascular deaths were among women.<sup>4</sup> Such deaths are largely preventable. While deaths from cardiovascular disease have been declining over the past 25 years similarly for men and women, this decline has been most marked in whites and is slower in blacks, Hispanics and Asians.

Cardiovascular disease is the leading cause of adult death, affecting both sexes and New Yorkers of all incomes, races and ethnicities. However, there are significant inequities in disease distribution. Black women are twice as likely as white women to die from cardiovascular disease before the age of 65.<sup>5</sup> Poverty is also bad for your heart. The highest rates of early death from cardiovascular disease among women in New York City are clustered in low-income neighborhoods and communities of color. Rates are especially high in the South Bronx, East and Central Harlem and North Central

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<sup>1</sup> American Heart Association, 2007.

<sup>2-6</sup> NYC DOHMH Bureau of Vital Statistics, 2008

Brooklyn.<sup>1</sup> The black-white gap in early cardiovascular disease death rates has been widening more rapidly among women than it has in men within the last few years.<sup>2</sup>

The major risk factors for cardiovascular disease are high blood pressure, high cholesterol, diabetes, smoking, and obesity and family history of early heart attack or stroke. (Male gender is also a major risk factor for cardiovascular disease because rates are higher in men compared with women).<sup>3</sup> The observation that blacks are at higher risk for hypertension than whites is longstanding and not fully understood.

Many of these risk factors have high prevalence rate among women. In New York City, one out of four adults, male and female, has hypertension,<sup>4</sup> and whether male or female, only slightly under half have their blood pressure under control.<sup>5</sup> One out of four male and female New Yorkers also has high cholesterol.<sup>6</sup> Women make up the majority of New Yorkers with diabetes, and they are slightly more likely than men to be obese (23.4% vs. 20.4%).<sup>7</sup> While they are less likely than men to smoke there are still over 440,000 women smokers in New York City.<sup>8</sup>

The racial disparities in cardiovascular disease deaths among women are likely the result of disparities in social and biological risk factors. Black women are two times more likely than white women to be obese, to report ever having hypertension, and/or report ever having diabetes. Hispanic women are also two times more likely than white women to be obese and/or have self-reported diabetes. Income is an important correlate of obesity among women as well. The highest rates of obesity among women are found in neighborhoods where more than 30% of the population lives in poverty, such as the South Bronx, East and Central Harlem, and North Central Brooklyn. When compared to other groups, low-income black women have the highest rates of obesity.<sup>9</sup>

Risk for cardiovascular disease can start early in life. A recent study demonstrated that average blood pressure is increasing among children and adolescents in the United States, including among girls.<sup>10</sup> This is a particularly troubling development when considering the rising rates of childhood obesity, which is associated with elevated blood pressure, and the potential future impact on cardiovascular disease in women.

Let me turn now to some of the Department's efforts to reduce heart disease and stroke related illness and death, and to eliminate health disparities. These efforts focus on two levels – keeping people healthy and improving care for those who are ill. Prevention is our first priority. We focus on the major risk factors, such as high blood pressure and

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<sup>1</sup> Health Disparities in New York City, NYCDOHMH, 2001

<sup>3</sup> Ong KL et al, Hypertension, 2008.

<sup>4</sup> NYCDOHMH, CHS, 2007

<sup>5</sup> NYC HANES, 2004

<sup>6</sup> NYC HANES, 2004

<sup>7</sup> NYCDOHMH, CHS, 2007

<sup>8</sup> NYCDOHMH, CHS, 2007

<sup>9</sup> Women at Risk: The Health of Women in New York City, NYCDOHMH, 2005

<sup>10</sup> Muntner P et al, JAMA, 2004.

cholesterol, smoking, obesity, and diabetes. Many of our programs aim to reduce the occurrence of high blood pressure and cholesterol by promoting exercise, healthy eating, and salt reduction. We also work to reduce overall cardiovascular disease risk by identifying and treating those with high blood pressure and/or high cholesterol and by getting smokers to quit.

Although our programs do not exclusively target women, they do reach women in proportionally higher numbers than men. I would also like to acknowledge the importance of the Council's leadership and funding as well as the strong support of individual Council Members' in making these initiatives possible.

While individuals can and should make personal choices that reduce their likelihood of getting heart disease or having a stroke, our social, food and built environments are major determinants of heart disease and stroke risk factors in our communities. We therefore prioritize changes in our City's environment that can make healthy choices easier for New Yorkers. This is achieved both through city-wide initiatives as well as neighborhood-targeted programs that address the disproportionate burden of cardiovascular disease related death and illness in areas such as the District Public Health Offices (DPHOs) neighborhoods of the South Bronx, East and Central Harlem, and Central Brooklyn. I will briefly highlight some of these initiatives and would be pleased to explain in greater detail after this testimony at your request.

Much of our preventive work focuses on improving the food New Yorkers eat. As you know, New Yorkers like to eat out. Restaurant and take-away meals are a common convenience in our busy lives. In the past three years, the New York City Board of Health approved two important Health Code amendments that will help protect our hearts.

In 2006, the Board amended the Health Code to phase out artificial trans fat in NYC restaurants. Trans fat increases the risk of heart disease by elevating LDL, or "bad" cholesterol, and lowering HDL or "good" cholesterol. By reducing the intake of this dangerous substance in restaurants, we reduce our risk for heart attack. The measure has proved highly successful and, over 94% of restaurants are in compliance with the City's restrictions on trans fat use. Most remaining violations are documentation problems.

The Board also recently adopted a requirement for posting of calorie information on menu boards, menus, and item tags in restaurants. Our baseline studies show that people purchased too many calories when they eat at chain restaurants. This excessive caloric intake at restaurants contributes to obesity and places people at risk for heart disease. Calorie posting allows people to make informed decisions on the amount of calories they consume when eating out. The number of people who see and use calorie information has increased dramatically as a result.

Both of these measures became fully effective this year, and have been widely replicated across the country.

Last September, Mayor Bloomberg announced the launch of the City's first formal food procurement standard, ensuring that over 225 million meals and snacks served each year at schools, day care centers, senior centers, homeless shelters, and other locations are healthier than ever. Led by the Mayor's Food Policy Task Force, an initiative begun at the request Speaker Quinn, and with representation of the Council, the Department participated actively in this collaborative effort to set standards requiring City agencies to serve only healthier beverages such as skim or 1 percent milk (with exceptions for babies), phase out deep frying, include two servings of fruits and vegetables in every lunch and dinner, lower salt content and increase the amount of fiber in meals.

Americans currently eat almost twice the recommended limit of salt each day, increasing our blood pressure and risk for heart attack and stroke. Almost 80% of the salt we consume comes not from the shaker, but from processed and restaurant foods. If salt levels are reduced by half over the next decade, as proposed, the American Medical Association estimates that 150,000 premature deaths in the United States will be prevented every year. The Department, convening a national coalition of health organizations and public agencies, has begun to work with food industry leaders on a voluntary framework to cut the salt in their products. This may be the single most effective preventive action to reduce the burden of high blood pressure and cardiovascular disease.

We are also working on increasing access to healthful foods in areas where such options have not been available. The Department has partnered with local bodega owners to expand the availability of healthier food choices in DPHO neighborhoods. Through the Health Bucks program, the Department works with the HRA to subsidize the purchase of fresh fruits and vegetables from farmers markets, mostly for families using food stamps. And thanks to a measure recently approved by the Council, the Green Carts program will be able to introduce 1,000 more mobile food carts that sell fresh fruits and vegetables on street corners in neighborhoods where New Yorkers previously had little access to them.

Obesity and high blood pressure must also be addressed by increasing physical activity levels. With the support of the Council, the Sports, Play and Active Recreation for Kids (SPARK) program has trained over 9,000 early childhood educators at daycare centers, schools and afterschool programs citywide. Increasing number of schools are incorporating Physical Best, a curriculum focused on promoting physical fitness, and the New York City Fitnessgram assessment, a health related fitness assessment, into their physical education programs across the school system. The Department and the DOE are also working with after school programs to promote both traditional and non-traditional sports activity through the Cooperative, Healthy, Active, Motivated, Positive, Students (CHAMPS) program and with Council support, through Roadrunners as well. The Department is also collaborating with other city agencies through its Fit City initiative and PlaNYC to increase walking, biking and stair use by building more opportunities for physical activity into our environment.

Women who smoke are about twice as likely to suffer from coronary heart disease as non-smoking women.<sup>1</sup> In New York City, about 450,000 women are current smokers,<sup>2</sup> reflecting a nearly 30 percent decline in smoking prevalence since the implementation of New York City's innovative tobacco control program in 2002. This significant public health achievement has been driven by a combination of legislative and public education efforts. Most notably, New York City's Smoke-Free Air Act of 2002 prohibited smoking in nearly every indoor area in the city where people work, including almost all restaurants and bars. A series of cigarette excise tax increases at the city and state levels have brought New York City's combined cigarette excise tax in the highest in the country; taxes now comprise more than 60 percent of New York City's pack price. Aggressive anti-tobacco media campaigns have been a hallmark of the Health Department's efforts and continue to encourage smokers to quit and to prevent youth from ever starting. Resources that support cessation, such as annual free nicotine patches giveaways, are also integral to the City's efforts to help New Yorkers quit smoking and stay tobacco-free.

Despite these efforts, many New Yorkers still develop high blood pressure. Undiagnosed or uncontrolled blood pressure can be addressed by increasing people's participation in checking and tracking their own blood pressure outside the doctors office as well as by improving access to, and the quality of clinical care. Checking blood pressure measurements at home has been shown to help people control their blood pressure. The Department is scaling up a pilot project that distributes and evaluates the use of self-blood pressure monitors patients with poorly controlled blood pressure in select clinics in communities with significant cardiovascular disease related disparities. The majority of the participants in the Self Blood Pressure Monitoring Program are women (65%), and more than half of these women are black. In addition to encouraging clinicians to use of out-of-office checking to help their patients, we are working to improve insurance coverage of these automated monitors. To make out-of-office checks easier, the Department has also placed blood pressure kiosks in community pharmacies at no cost in the DPHOs. Over 76,000 blood pressure measurements have been taken from city placed kiosks in the past eight months.

The Department also works with over 40 faith and community-based institutions within DPHO neighborhoods to run blood pressure monitoring programs. Three-quarters of the participants in these programs are women, and approximately 40% of them had uncontrolled blood pressure. Healthy hearts is also a focus of our Primary Care Information Project. Now covering over one million patients, PCIP is helping doctors track blood pressure and deliver appropriate care for high blood pressure and other heart disease risk factors. Public Health detailing, City Health Information bulletins and other Department programs help support and educate clinicians and their staff on current recommendations for optimal care for high blood pressure, cholesterol, diabetes and obesity. We work closely with our partners at the Health and Hospital Corporation to support their efforts to continuously improve care for heart disease and its risk factors.

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<sup>1</sup> HHS, *Women and Smoking: A Report of the Surgeon General*, Washington, DC: HHS, Public Health Service, Office of Surgeon General, 2001. Accessed on January 31, 2009 from [http://www.cdc.gov/tobacco/data\\_statistics/sgr/sgr\\_2001/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2001/index.htm)

<sup>2</sup> NYCDOHMH, CHS, 2007

To increase awareness of cardiovascular disease as the leading cause of death among women, the Department has teamed up with the American Heart Association (AHA) to help promote AHA's annual "Go Red for Women" campaign in New York City.

Collaboration activities include:

- Co-branding a NYC-specific "Love your heart. Control your blood pressure" Go Red poster which will be distributed to community partners;
- Developing messaging for the NYC Go Red transit media and billboard campaign;
- Developing a shared website that contains both AHA and health department resources on heart health; and
- Participating in a press event.

New York has a number of innovative initiatives that will improve the cardiovascular health of women. Yet much remains to be done. Furthermore, the rising poverty and unemployment during this economic crisis will tend to aggravate existing risks and disparities. Premature illness and death from cardiovascular disease will be most effectively addressed with comprehensive multi-pronged and sustained approach that addresses not only its environmental determinants and the immediate health needs of people with cardiovascular disease, but also social and economic needs. While we maybe far from our goal, city programs and our community partners are working harder than ever to meet the increased needs with leaner funding. We look forward to continued partnership with our fellow city agencies, the American Heart Association, community partners as well as ongoing collaboration with the Council to further strengthen our efforts to prevent and control cardiovascular disease, in both women and men.

In closing, let me reiterate our appreciation of the Council's support for cardiovascular disease prevention and control. Many of the key initiatives discussed today receive Council funding and we thank you for your commitment to addressing the City's leading cause of death. I am happy to answer any questions you may have.