



Presbyterian Health Network

A Network of the Presbyterian Health, Education & Welfare Association (PHEWA)

A Healthy Heart for You



Above all else, guard your heart, for it is the wellspring of life.

(Proverbs 4:23)

Health Awareness Sunday

February 14, 2016



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PHEWA is a ministry of the Compassion, Peace and Justice program area, Presbyterian Mission Agency

Presbyterian Church (U.S.A.)

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<http://www.phewacommunity.org/> and <http://www.pcusa.org/phewa>



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Health Awareness Sunday, February 14, 2016



There are a variety of serious heart conditions about which people need to be concerned and educated. Heart disease is the leading cause of death among men and women – greater than cancer of all kinds! Two common events are Cardiac Arrest which is triggered by an electrical malfunction that causes an irregular heartbeat and inability to pump blood. A Heart Attack occurs when blood flow to the heart is blocked so that the section of the heart not receiving a blood supply begins to die.

This subject is too vast to be covered in one Sunday or one document so the Presbyterian Health Network has chosen to focus on the theme of **A Healthy Heart for You** as a means of having individuals focus on their own heart health, raise awareness through various actions churches can take, and learn to save lives through simple Hands-Only CPR instruction. Although Health Awareness Sunday falls on Sunday, February 14, 2016, please feel free to utilize these resources on any Sunday appropriate for your congregation throughout the year.

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Health Awareness Sunday

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Hands-Only CPR

When the heart stops, time is of the essence to get it started again! More than 326,000 people in the US suffer out-of-hospital cardiac arrests each year. Statistics prove that if more people knew CPR, more lives could be saved.

Hands-Only CPR is CPR without mouth-to-mouth breaths. It is recommended for use by people who see a teen or adult (not an infant or child) suddenly collapse in an “out-of-hospital” setting (such as at home, at work or in a park). It consists of two easy steps:



Call 911 or send someone to call. The 911 dispatcher (operator) will ask you about the emergency. They will ask questions about the victim and whether the victim is responsive and breathing normally. They may ask if you know CPR and will tell you how to help the victim until someone with more advanced training arrives and takes over. They will also ask for details like your location. It is important to be specific, especially if you’re calling from a mobile phone as that is not associated with a fixed location or address. Remember that answering the dispatcher’s questions will not delay the arrival of help. You need to stay on the phone until the 911 dispatcher tells you to hang up.

Push hard and fast in the center of the chest to the beat of the disco song



“Stayin’ Alive.” People feel more confident performing Hands-Only CPR and are more likely to remember the correct rate when trained to the beat of a familiar song. During CPR, you should push on the chest at a rate of 100-120 compressions per minute. The beat of “Stayin’ Alive” is a perfect match for this. Press down about 2 inches. Lace your fingers together and straighten your arms with your elbows locked as you press down.

LEARN CPR
You Can Do It!



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WHAT YOUR CHURCH CAN DO TO PROMOTE HEALTHY HEARTS

- ♥ Organize a “Red Dress Sunday” event for your place of worship. Materials are found on the NIH or American Heart Association websites.
- ♥ Ask the leader of your church to become an ambassador for heart disease awareness. (See Talking Points for Red Dress Sunday elsewhere in these materials or on the NIH website.)
- ♥ Investigate buying an Automatic External Defibrillator (AED) for your church. Discounted AED’s for Houses of Worship may be available through the “Initial Life Support Federation.” More information is found at <http://www.ilsf.info/church.shtml> or call 610-566-2824. Be sure to follow local or state guidelines as to physician oversight, training, and registration with local EMS.
- ♥ Organize a health-themed Bible study, a heart health screening event and health fair. Perhaps some of the health professionals in your congregation would take blood pressures on a regular basis after worship.
- ♥ Form a partnership with a retail clothing outlet to stage a Red Dress fashion show that donates a percentage of the profit for every red dress sold to a non-profit heart disease organization.
- ♥ Incorporate a Red Dress theme for a Mother’s Day event or women’s ministry event.
- ♥ Distribute Red Dress Pins.
- ♥ Include an article on heart disease and The Heart Truth in your church newsletter.
- ♥ Organize a heart healthy meal for your community.

Visit the Faith Based Toolkit website at:

<http://www.nhlbi.nih.gov/health/educational/hearttruth/materials/faith-based-toolkit.htm#ideas>



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Ten Commandments for a Healthy Heart

- I. Know your risk factors for heart disease.
- II. Talk to your doctor about how to lower your risk for heart disease.
- III. Have your blood pressure checked regularly.
- IV. Know your cholesterol numbers. [These include total cholesterol, HDL or "good" cholesterol, LDL or "bad" cholesterol, and triglycerides.]
- V. Have your blood sugar level checked for diabetes.
- VI. Do not smoke cigarettes or use other tobacco products and limit your exposure to secondhand smoke.
- VII. Have a healthy diet eat to protect your heart health.
- VIII. Get regular physical activity. [At least 150 minutes of moderate physical activity each week.]
- IX. Aim for a healthy weight and maintain it.
- X. Know the signs and symptoms of a heart attack and the importance of calling 9-1-1 immediately.

From a program of the National Institutes of Health called "THE heart TRUTH."



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*Talking Points for Pastors to Sponsor Red Dress Sunday
for Health Awareness*

Faith, health, and healing have been intertwined since ancient times. Today the message of health and hope is as powerful and important as ever.

♥ At this service, I am sharing an urgent message about heart health with all the women of our congregation/temple and those who love them. Most women don't know their biggest health threat. It's not breast cancer. It's not AIDS. It's heart disease. Yet many women still think heart disease is a man's disease. A slogan says it well: "Heart Disease Doesn't Care What You Wear—It's the #1 Killer of Women.®"

♥ Today is *Red Dress*® Sunday/Sabbath, and we have asked the women in our congregation/temple to wear a red dress as a powerful visual reminder to take care of their hearts. Our wives, mothers, daughters, nieces, and granddaughters need to learn the truth about heart disease:

- One of every four American women dies of heart disease.
- About 6.6 million American women have coronary heart disease.
- Heart disease can permanently damage your heart and your life.

♥ But there's good news too. At our service today we are celebrating a message of hope and heart health. We are supporting a nationwide education program called *The Heart Truth*® that is being sponsored by the Federal government and many other national and community organizations.

♥ Today's *Red Dress* Sunday/Sabbath has one main purpose—to remind everyone, and women in particular—that our hearts are not only important spiritually, but physically as well. To have a healthy heart, it is critical to know the risk factors for heart disease—that is, the behaviors or conditions that increase your chance of getting heart disease. They are:

- High blood pressure
- High cholesterol
- Diabetes and pre-diabetes
- Smoking
- Being overweight or obese
- Being physically inactive



- Having a family history of early heart disease
- Having a history of preeclampsia during pregnancy
- Unhealthy diet
- Age (55 or older for women)

Having just one risk factor increases your chance of developing heart disease. And your risk skyrockets with each added risk factor.

♥ Now that you know *The Heart Truth* about the dangers of heart disease, it's time to take action to protect your heart. Martin Luther King said: "The belief that God will do everything for man is as untenable as the belief that man can do everything for himself. It, too, is based on a lack of faith. We must learn that to expect God to do everything while we do nothing is not faith but superstition."

♥ God has given us the job of keeping ourselves healthy. For women the caretakers in our lives-this means taking time to care for themselves. We all have the power to prevent or control heart disease, and we can do this by taking simple steps. Here's how:

- *Don't smoke, and if you do, quit.* Women who smoke are two to six times more likely to suffer a heart attack than non-smoking women. Smoking also boosts the risk of stroke and cancer.
- *Aim for a healthy weight.* It's important for a long, vigorous life. Overweight and obesity cause many preventable deaths.
- *Get moving.* Make a commitment to be more physically active. Aim for 150 minutes of moderate-intensity activity each week.
- *Eat for heart health.* Choose a diet low in saturated fat, *trans* fat, and cholesterol, and moderate in total fat.
- *Know your numbers.* Ask your doctor to check your blood pressure, cholesterol (total, HDL, LDL, triglycerides), and blood glucose. Work with your doctor to improve any numbers that are not normal.

♥ Making the changes that lead to heart health is not always easy, but with God's help, we can find the courage and strength to take action. And I ask all of you to look around at the women in our congregation/temple in their red dresses and offer them your prayers and your hand to help support them in achieving healthy hearts and longer life.



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Facts for Congregations with African American Members

- For African American women, the risk of heart disease is especially great. Heart disease is more prevalent among African American women than white women, as are some of the factors that increase the risk of developing it—high blood pressure, overweight, and diabetes. More than 80 percent of midlife African American women are overweight or obese, 53 percent have high blood pressure, and 11 percent have been diagnosed with diabetes.

From the NIH Faith Based Toolkit:

<http://www.nhlbi.nih.gov/health/educational/hearttruth/materials/talking-points.htm>



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Healthy Heart Resources



Information about a variety of heart conditions can be found at:

http://www.heart.org/HEARTORG/Conditions/Conditions_UCM_001087_SubHomePage.jsp

The Heart Truth: focus on women's heart health, Red Dress Sunday

<http://www.nhlbi.nih.gov/health/educational/hearttruth/materials/faith-based-toolkit.htm>

National Stroke Association has good information at www.stroke.org

Relationship between stroke and high blood pressure:

http://stroke.org/sites/default/files/resources/NSA_FactSheet_HighBloodPressure_2014.pdf



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Healthy Heart Sample Sermons

- ♥ A Healthy Heart – Sermon shared by Denn Guptill
 - <http://www.sermoncentral.com/sermons/a-healthy-heart-denn-guptill-sermon-on-growth-in-christ-153977.asp>.

- ♥ Guard Your Heart – Sermon by Dr. Neil Smith
 - <http://faithpchurch.org/files/Documents/Sermons/10-28-07%20Above%20All%20Else.pdf>.

- ♥ How Is Your Heart – Sermon by George Vink
 - <https://www.crcna.org/resources/church-resources/reading-sermons/how-your-heart>

- ♥ A Heart Check – Children’s Sermon
 - <http://www.sermons4kids.com/heartcheck.htm>



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Sample worship service components around the topic of Heart Health

Scripture suggestions:

Mark 12:3 Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength.

I Corinthians 6:19

Or do you not know that your body is a temple of the Holy Spirit within you, which you have from God, and that you are not your own?

Proverbs 4:23

Above all else, guard your heart, for it is the wellspring of life.

Call to Worship:

L. Jesus said, "Let not your hearts be troubled. Trust in God and trust also in me."

P. We open our hearts to you O God.

L. Jesus said, "Take heart, daughter, your faith has healed you."

P. Heal our hearts O God, that our faith in you might blossom

L. Jesus said, "Take my yoke upon you and learn from me, for I am gentle and humble in heart and you will find rest for your souls."

All: Grant us your rest, O God, as we follow in the footsteps of Jesus.

Call to confession:

Hear our prayers O God. Let our cries come unto you.

Unison prayer: Source of all life and health and love, we come before you with contrite hearts. No matter how hard we try, we end up doing what we know is wrong and we neglect to do what we know is right; and to be honest, we don't try very hard most of the time. Soften our hardened hearts O God, that we might be capable of receiving your message of love and reconciliation. Heal our grieving hearts and help us to start living again. Strengthen our weary hearts that we might continue to work for your justice and proclaim your grace to a hurting world.

Declaration of Pardon:

Hear the good news. Jesus knows our hearts and loves us anyway. His forgiveness heals us and transforms us for new life. Friends, believe the good news of the gospel: in Jesus Christ, we are forgiven.

Sermon theme: Our lives are not our own but God's gift to us and we need to treasure that gift in every aspect of our lives.

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Jesus is very clear about how we are to live our lives: Love God and love our neighbors as ourselves. Embedded in these commandments, on which hang all the

law, is the admonition to treat the lives of those around us, and by extension, ourselves, with respect and care.

Offertory sentences: Out of the fullness of our hearts let us bring the morning offering.

Prayer of dedication: Accept these gifts O God, even as we recognize that they are but a small portion of what you first gave to us. Amplify their effectiveness that the hungry might be fed, the lonely find solace and broken hearts healed. We pray in Jesus name. Amen.

Benediction:

Our true worship of God now begins as we go out into the world with full hearts and steadfast minds. Have courage, answer evil with good and anger with compassion. Be strengthened in the knowledge that the One who created you, the One who redeemed you and the One who sustains you, is with you now and will never let you go. Amen.



Leadership Team, November 2015

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Stroke and High Blood Pressure

What is blood pressure?

Blood pressure is a measurement of the force your blood exerts on blood vessel walls as it travels through your body. Your blood pressure reading is expressed with two numbers – for example, 120/80. The first number, known as systolic blood pressure, is a measurement of the force your blood exerts on blood vessel walls as your heart pumps. The second number, known as diastolic blood pressure, is a measurement of the force your blood exerts on blood vessel walls when your heart is at rest between beats.

What is high blood pressure?

For people over age 18, optimal blood pressure is considered 120/80 or lower. Blood pressure, like your heart rate, will vary occasionally with exercise or stress. A blood pressure reading consistently higher than 120/80 is considered pre-hypertension. High blood pressure or Stage One hypertension is a measurement of 140/90 or higher. However, if you

have had a previous heart attack, stroke, are diabetic, have kidney disease, high cholesterol or are overweight, speak with your physician about controlling and lowering your blood pressure more aggressively. Maintaining your blood pressure below 140/90 may reduce the risk of further complications.

Who has high blood pressure?

As many as 50 million Americans age six and older have high blood pressure. Of the one in every four adults with high blood pressure, 31.6 percent are not aware they have it.

How is high blood pressure related to stroke?

High blood pressure is the most common risk factor for stroke. Doctors have long called high blood pressure “the silent killer” because you can have high blood pressure and never have any symptoms. If left untreated, high blood pressure can lead to life-threatening medical problems

such as stroke, heart attack or kidney failure.

High blood pressure is one of the most common causes of stroke because it puts unnecessary stress on blood vessel walls, causing them to thicken and deteriorate, which can eventually lead to a stroke. It can also speed up several common forms of heart disease.

When blood vessel walls thicken with increased blood pressure, cholesterol or other fat-like substances may break off of artery walls and block a brain artery. In other instances, the increased stress can weaken blood vessel walls, leading to a vessel breakage and a brain hemorrhage.

What causes high blood pressure?

In most cases, it's impossible to pinpoint an exact cause of high blood pressure. There are, however, a number of factors that have been linked to high blood pressure including:

- A family history of high blood pressure
- Age – the incidence of high blood pressure rises in men after age 35 and in women after age 45

- Gender – Men are more likely to have high blood pressure than women
- Race – Approximately 33 percent of African-Americans have high blood pressure, compared to 25 percent of Caucasians

Other factors associated with hypertension include excess weight, excessive alcohol consumption, diabetes, lack of exercise and a high-salt diet.

How can high blood pressure be treated?

In most people, high blood pressure can be controlled through diet, exercise, medication, or a combination of all three.

A diet that is low in salt and rich in vegetables, fruits, and low-fat dairy products may help lower your blood pressure. Recent studies have also shown that increasing potassium intake, for example by eating fresh fruits and vegetables, may help lower blood pressure.

A program of regular exercise – appropriate to your age and fitness level, and approved by your health care provider – may not only aid in weight loss, but

also help to lower your blood pressure.

Finally, a wide range of medications is available to treat high blood pressure. You and your health care provider may have to try several different drugs before you find the one that works best for you. This is common, so try not to be discouraged if it happens. Once you find a drug that works, be sure to take it as directed, exactly as prescribed, even when you feel fine. Medicine can help control your high blood pressure as long as you keep taking it. If you have already had a stroke, lowering your blood pressure even if you do not have high blood pressure, reduces the risk of recurrent stroke.

Where can I get more information on high blood pressure?

Speak with your health care provider about valuable “customized” strategies and information about your hypertension and how to control it. The key to keeping your blood pressure within the normal range is your commitment to be an active participant with your health care provider in your own care.

The National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health can also provide information about high blood pressure and its treatment. Visit their Web site at <http://www.nhlbi.nih.gov>.

All publications are reviewed for scientific and medical accuracy by National Stroke Association's Publications Committee.

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www.stroke.org

A Hole in the Heart: Understanding the Link between PFOs and Stroke

Patent Foramen Ovale (PFO) and Stroke

There are many types of heart defects, but the most common is a patent foramen ovale (PFO), or a hole in the heart. As many as 20 percent of Americans have a PFO. Many of these people, however, don't know it. But, it's important to know about PFO and how to treat it, because having a PFO can increase a person's stroke risk by up to 25 percent.

What is a PFO?

Patent foramen ovale (PFO) is a term used to describe a small "hole" in the heart between the left and right atrium. Everyone is born with this opening, which resembles a flap. In most people, the flap seals itself shortly after birth. But in others, the flap does not close completely and can open whenever the chest is strained, such as during coughing or sneezing. When there is a PFO, blood that has not been cleansed by passing through the lungs can flow through the flap, carrying debris and blood clots through the opening and into the bloodstream.

How does a PFO affect stroke risk?

Most strokes are caused by blood clots clogging arteries to the brain and cutting off normal blood flow. When a part of the brain is deprived of blood and oxygen, it begins to starve and die.

Blood clots can travel from any part of the body through the PFO and to the brain. As people age, they are more likely to develop blood clots in their legs. If those clots make their way through the hole and to the brain, they could cause a stroke.

Every year, approximately 100,000 Americans suffer PFO-related strokes.

If I've already had a stroke, why should I care about PFOs?

If you have had a stroke, but did not have any obvious risk factors leading to the stroke, ask your doctor about PFO. Having one stroke automatically

puts you at risk for a second. If doctors were unable to pinpoint the cause of the stroke, they may choose to look for a PFO.

How are PFOs diagnosed?

Because PFOs have no symptoms in adults, a diagnosis usually does not come until after a stroke or other event has occurred to make doctors suspect a PFO. By taking a picture of the heart, using an ultrasound, doctors can see if there is a PFO.

How are PFOs treated?

If you've had a stroke with no known cause and tests have shown that you have a PFO, you may choose to treat the PFO or to do nothing at all. Currently, there are three main treatment methods for PFO: medicine, open-heart surgery and a newer procedure that closes the flap without major surgery.

Blood thinners

Patients with a diagnosed PFO can take medicine to control how their blood clots. While the drugs do not seal the flap, they may control the amount of blood clots formed and reduce the number



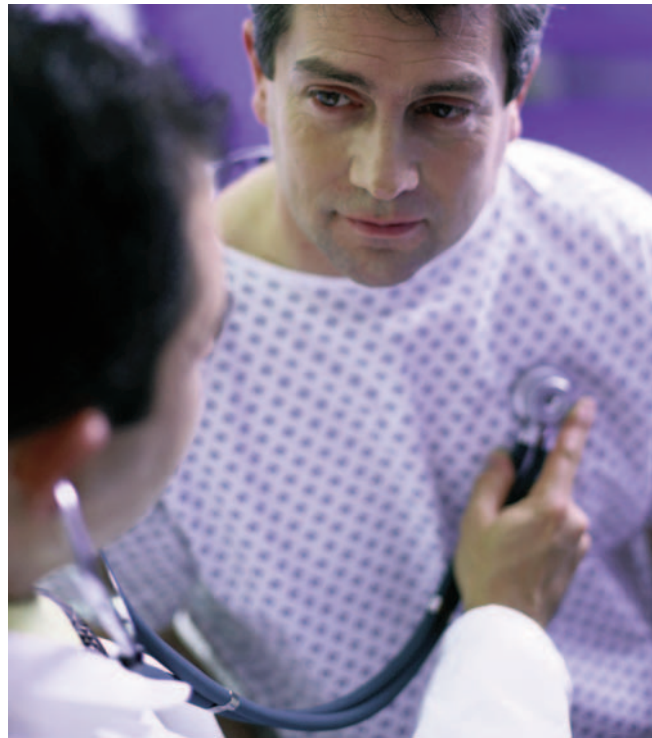
of clots that could possibly travel to the brain. The drugs, called anti-platelets and anti-coagulants, must be taken daily and regularly to be effective. Patients who don't take the drugs as directed may put themselves at increased risk for stroke.

Open-heart surgery to close the hole

Another treatment option is to close the PFO with open-heart surgery. As with any major operation, patients and their doctors should weigh the risk and complications of surgery against the benefits.

Closure of the PFO with a non-surgical device through participation in a clinical trial

A third PFO treatment option involves a less-invasive procedure to seal the flap. An implanted closure device, which resembles a tiny umbrella, is delivered to the PFO using a small tube threaded from a vein in the thigh up to the heart. The implant is released and expands in the flap, plugging the hole. The tube is then removed. Tissue grows in and around the implant to seal the PFO. Done typically as an out-patient procedure, it requires less recovery time than surgery.



Where can I learn more?

Many hospitals in major U.S. cities are now enrolling stroke and TIA survivors with PFO into a research study to compare the less-invasive PFO-closure procedure with traditional medicines in preventing recurrent stroke in these patients. For details on clinical trials or on PFO:

visit www.stroke.org or call
1-800-STROKES (787-6537)

www.amplatzer.com/us/Respect



A Hole in the Heart

The Link between PFO & Stroke

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