



American
Heart
Association.

CELEBRATING COMMUNITY. ADDRESSING HEALTH EQUITY. HONORING SURVIVORS.

AMERICAN HEART ASSOCIATION, TWIN CITIES



Meet Michelle. She was honored as a Stroke Survivor Hero at the Twin Cities Heart and Stroke Gala in September, 2018.

LEADING THE WAY

Finding strength in stroke, survivor helps community

The American Heart Association/American Stroke Association honored Michelle Davenport who shared her story at the 24th annual Twin Cities Heart & Stroke Gala on September 29 at the The Hilton, Minneapolis.



A devoted mother and grandmother. A fervent Ph.D. student and dedicated nurse educator. A strong woman and faithful Christian. Michelle Davenport is also a survivor. A survivor of domestic abuse. A survivor of stroke, when most of her immediate family has been lost to stroke and heart disease. What would have devastated many people, Michelle found focus and purpose. Today she's raising awareness in her community about the warning signs of stroke and heart disease, and speaking up about the subtle but pervasive consequences of health inequities in Minnesota.

In 2004, Michelle was living day-to-day, paycheck-to-paycheck as a single mom of four children having recently left an abusive marriage she had been in since she was a teenager. The socioeconomic realities of daily life for Michelle and her family living in North Minneapolis were endless and exhausting. The stress of keeping up with her demanding job as a nursing assistant at a nursing home and raising kids alone was taking a toll on her health and well-being.



On the evening of May 25, 2004, just a few months after Michelle had survived a near-fatal surgery from hemorrhaging fibroid tumors, she found herself feeling dizzy as numbness ran down her arm.

“I am a nurse, so I knew these could be symptoms of a stroke. But I didn’t have health insurance at the time as I couldn’t afford the premiums. I had nobody to pick up and watch my kids and money was tight. I was already in debt from my previous surgery,” Michelle explains emotionally. “This would have been another ambulance ride, more debt, I just couldn’t do it. So I didn’t go to the hospital.”

For two more days the symptoms continued until finally while Michelle was clocking out at work her whole left side went numb and limp. The room began to spin. She sat down and scooted down the steps on her backside trying to make her way to her car until a co-worker happened upon her and insisted he take her to the hospital. At the age of 37, Michelle had suffered a stroke.

According to the American Heart Association, stroke is the No. 5 cause of death and the leading cause of long-term disability in the U.S. with over 700,000 Americans suffering a stroke each year and over 150,000 dying from stroke. In Minnesota, more than 11,000 people are hospitalized each year for stroke, according to the Minnesota Department of Health.

There’s treatment available for stroke that can greatly reduce the side effects if administered within the first four hours of the start of a stroke. If you or a loved one is experiencing any of these symptoms, immediately call 9-1-1.



Michelle Davenport with her four children.

STROKE SYMPTOMS ACT F.A.S.T.



FACE is drooping



ARM is weak



SPEECH is slurred



TIME to call 9-1-1



After surviving a stroke, Michelle was moved to return to school and graduated with a masters in nursing.

STROKE RISK FACTORS

- Overweight
- High blood pressure
- High cholesterol
- Diabetes
- Smoking
- Physical inactivity
- Diet high in sodium
- Chronic stress
- Family history of stroke or heart disease, including atrial fibrillation
- Race and Ethnicity – African Americans have twice the risk

EMBRACING A SECOND CHANCE

At the hospital Michelle received swift treatment and luckily for her the clot broke up and she regained movement in her left arm the next day. After two more weeks of therapy she regained strength in her left leg and was able to return to work. It took six months for Michelle to regain feeling on the side of her face and a slight slur still reminds her of the stroke and how much worse it could have been.

“While I was in that hospital bed, God spoke to me, the words came to me ‘it’s time,’ it was time to get back into school and work towards the future. The stroke is what made me become stronger – believing in myself. If it took that stroke to wake me up, I’m thankful for that experience. But I was lucky not to have more impairments from it. I shouldn’t have waited to go in. So from that experience I’m educating others.”

Embracing her second chance at life, Michelle went back to school to get her registered nursing degree and has since finished a master’s degree, a certificate in ministry and is currently working on her doctorate in leadership at Bethel University.

Conditions like high blood pressure, high cholesterol, stress, limited diet and exercise, as well as a family history of heart disease all played a role in Michelle’s stroke. Things many people downplay in their daily lives but today Michelle speaks out about knowing – and owning – your numbers and family history at local health fairs, conferences and to her church members. “I’ve found when I’m at health fairs that so many people don’t know their numbers or what they mean. The health education is lacking in these communities so how can they be successful in managing their health?” asks Michelle.



RAISING AWARENESS ABOUT INEQUITIES

Communities of color and American Indians tend to have a higher risk of stroke, stroke occurs at an earlier age, and they tend to have more disabilities resulting from stroke than white populations. African Americans have the highest rate of stroke, in fact, they are twice as likely to suffer a stroke compared to whites.

The reason communities of color and Native Americans are disproportionately impacted by stroke and heart disease are complex and cannot be addressed through health care alone.

“Research shows that 80 percent of a person’s life expectancy is determined by living conditions and only 20 percent is determined by genetics and clinical care,” says Dr. Jokho Farah, director of quality and population health at People’s Center Clinics and Services in Minneapolis and Twin Cities American Heart Association board president. Living conditions include access to affordable and adequate housing, access to nearby stores and restaurants that sell healthy foods, access to transportation, access to safe outdoor spaces like parks and sidewalks, access to quality education, access to nearby clinics and pharmacies, social connections, support from within the community and more. These are often referred to as social determinants of health.

“We’ve come to realize at the American Heart Association that context matters, where you live and the conditions in which you live matter,” says Dr. Edwardo Sanchez, chief medical officer for prevention with the American Heart Association. “Understanding that good doctors in great hospitals is absolutely necessary but it’s not sufficient and then having the commitment as an organization to engage in that really more complicated space of figuring out what things we need to all be involved in to improve the heart health of all Americans.”

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- Dr. Edwardo Sanchez, chief medical officer for prevention, American Heart Association

In the Twin Cities just five miles in where you live can mean the difference of more than 13 years in life expectancy. Life expectancy in the Crocus Hill, St. Paul and Downtown Minneapolis neighborhoods is 83+ – equivalent to Japan, the best in the world. But life expectancy a few miles away in the Rondo, St. Paul and North Minneapolis neighborhoods drops to just 70 – equivalent to North Korea.

So the American Heart Association has shifted its focus and begun partnering with area organizations, community groups and community leaders like Michelle to build programs and policies that start addressing these health inequities.



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www.yourethecure.org



Addressing Social Determinants of Health in Minnesota

THE AMERICAN HEART ASSOCIATION JOINS EQUITY EFFORTS

The conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes from access to healthy foods and safe places to play and walk to quality education and affordable housing. These are referred to as the social determinants of health, according to the Center for Disease Control and Prevention (CDC). The American Heart Association (AHA) has begun to focus on these issues to close the gap in health inequities.

In Minnesota, the AHA has been working to make improvements in the areas of food access, complete streets, reducing tobacco-use and controlling high blood pressure.

Complete Streets & Safe Routes

- Only 13 percent of kids walk to school today. Nearly 50 percent walked 50 years ago.
- AHA advocated to create a Minnesota Safe Routes Program in 2012.
- Since 2012, over \$21 million in MN Safe Routes projects have been funded but another \$41 million in projects went unfunded.



Appetite for Change received a Good Food Access Grant for its creative community-led solutions to bring healthy food to North Minneapolis and were honored with a Community Impact Award at the 2018 Twin Cities Heart & Stroke Gala.

Good Food Access

- 340,000 Minnesotans face income or distance barriers to accessing healthy foods, 3 out of 5 are children or elderly.
- AHA led policy efforts to create the Good Food Access Program within the Minnesota Department of Agriculture in 2016.
- Since 2016, \$385,000 has been granted to 22 local enterprises but 76 additional applications totaling \$2.3 million went unfunded.





Edina, Minn. was the first in the state to pass a policy that raised the tobacco purchasing age to 21.

Controlling High Blood Pressure

- 1 in 3 adults in the U.S. have high blood pressure, that's up 11 percent from 2005.
- AHA offers “Target: BP” program for clinics and “Check, Change, Control: BP” for organizations to manage high blood pressure.
- The People’s Center in Minneapolis has adapted AHA’s programs to be more culturally inclusive and improved hypertension control rates from 52 to 66 percent since 2015.

Reducing Tobacco

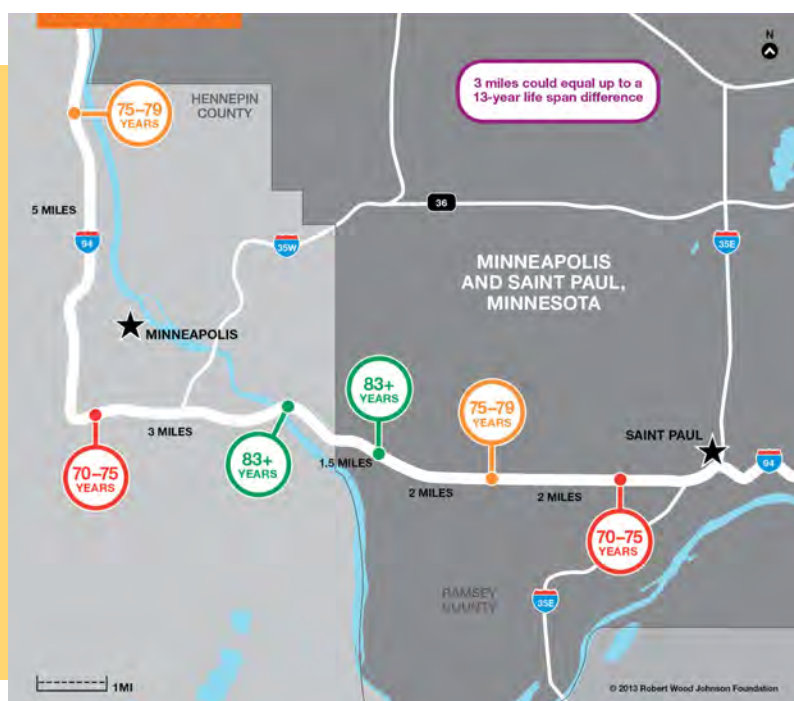
- 95 percent of smokers start before age 21.
- Youth smoking rates are up for the first time in 17 years.
- Tobacco companies target black neighborhoods 10x more than white neighborhoods.
- AHA has joined efforts to raise the tobacco purchasing age to 21. Since 2017, 11 cities in Minnesota have passed Tobacco 21 policies.
- If a statewide policy was passed, an estimated 30,000 Minnesota youth would not start smoking.



ZIP CODE VS. GENETIC CODE

80% of Health is Determined by Where People Live

Our ZIP codes can determine everything from our access to healthy food, to the safety of our neighborhoods, to the quality of the air we breathe and the water we drink— factors which have a huge influence on whether we get sick in the first place.



160
110



FRANCISCO, stroke survivor.

THIS IS WHAT **HIGH BLOOD PRESSURE** LOOKS LIKE.

You might not see or feel its symptoms, but the results – a heart attack or stroke – are far from invisible or silent. If you've come off your treatment plan, get back on it, or talk with your doctor to create a new exercise, diet and medication plan that works better for you.

Go to LowerYourHBP.org before it's too late.

