

# The MCIC CHRONICLES

## Update on Jackson Heart Study Presented at MCIC September Meeting

Deputy Director Frances C. Henderson, RN, EdD, updated the MCIC membership on the current status of the Jackson Heart Study, the largest, single-site, prospective, epidemiologic investigation of cardiovascular disease among African Americans that has ever been undertaken.

The population-based, observational, longitudinal study exemplifies a unique collaborative model among three institutional partners, the Jackson community, and the National Institutes of Health to discover and test best practices for eliminating health disparities. With the greater prevalence of cardiovascular disease among African Americans, the purpose of the JHS is to explore reasons for this disparity and to uncover new approaches to reduce it. The primary objective is to investigate the cause of CVD in the population to learn how to best prevent this group of diseases in the future. Aims include establishing a single-site epidemiological study of CVD in African-American men and women through expanding the Jackson Atherosclerosis Risk in Communities (ARIC) Study; identifying risk factors for development and progression of CVD with emphasis on manifestations related to hypertension (left ventricular hypertrophy, congestive heart failure, coronary heart disease, stroke and renovascular disease) in African Americans. Also sought is the building of



Dr. Frances Henderson, right, reviews Heart Study statistics with MCIC member Barb Dobrosky.

research capabilities in minority institutions at the undergraduate and graduate level by developing partnerships as well as to develop programs to attract minority students to careers in public health and epidemiology. (See page 2)

The next MCIC meeting is Wednesday, Nov. 18, in the Alton B. Cobb Auditorium of the Osborne Building on Woodrow Wilson Avenue/Drive/Street. Sponsor is the American Diabetes Association. November is designated as Diabetes Observation Month. See agenda on page 3. RSVP to Kim Brown at [Kimalessa.Brown@msdh.state.ms.us](mailto:Kimalessa.Brown@msdh.state.ms.us)

## Capitol Day is Jan. 21, 2010



MCIC is observing Capitol Day Jan. 21, Health Awareness Day, in conjunction with the Mississippi State Medical Association (MSMA) Alliance health fair. This is the second year for MCIC to collaborate with the Alliance at the Capitol Rotunda as numerous health tests, screenings and information for

legislators and staff members are shared. An 11:15 a.m. media press conference will release the annual public health report card in conjunction with the Mississippi State Department of Health. The MCIC exhibit will include the display board and health care messages. Members are invited to attend, bring handout materials, assist with the exhibit and visit with their legislators. The Mississippi Public Health Association is sponsoring MCIC refreshments.

*Continued from page 1*

## Jackson Heart Study Update

Emphasizing the point of translating research into practice and prevention highlighted Dr. Henderson's address to MCIC members as she reviewed the activities of the study. One of the points included strategies to bring African-American men into health programs. Different settings, from barber shops to basketball courts, served as education distribution methods more likely to attract the attention and participation of men. She discussed the role of the health educator and MCIC members in translating research into practice and prevention.

The JHS includes 5,301 African-American men and women between the ages of 35 and 84, with a sample of four groups comprised of 64 percent African-American women and 36 percent African-American men. Phase One from Sept. 26, 2000, to March 31, 2004, included an initial clinical examination including a physical assessment of blood pressure, sitting and ambulatory; body mass index; electrocardiography, echocardiography and carotid ultra sound; pulmonary function; and blood and urine analysis. Questionnaires included medical and family history, lifestyle factors such as diet and exercise; and socio-cultural factors such as stress and discrimination.

Phase Two from June 1, 2005, to Sept. 26, 2008, included assessment of blood pressure, height, weight, interim medical history, medication survey and venipuncture for glucose and cholesterol, spot urine, computed tomography scan of chest and abdomen to assess coronary calcium and abdominal fat.

The third phase from Feb. 26, 2009, to May 31, 2012, is focusing on many of the same tests as in Exams 1 and 2 plus an MRI of the chest. Translating research into practice and prevention is a focus throughout all phases.

Dr. Henderson pointed out that translating research into practice has been one of the initiatives of the Agency for Health Care Research and Quality since 1998. Up to two decades may pass before the findings of original research become part of routine clinical practice.



Mississippi Library Commission Public Relations Director Gloria Washington, right, accepts materials from Mary Helen Conner to share with library systems throughout the state. The colorful "Know Your Numbers" brochure continues to serve well informing the public about the all-important numbers of blood pressure, blood sugar, cholesterol, and body mass index.

**Mississippi Chronic Illness Coalition Meeting**

Wednesday, November 18, 2009  
Osborne Auditorium  
11:00 a.m. — 2:00 p.m.

Please join us for the November meeting of  
MCIC  
RSVP by noon on November 16, 2009, to  
Kimalsha Brown at  
Kimalsha.Brown@msdh.state.ms.us  
so that your lunch can be ordered  
(please let us know if you prefer a vegetarian  
meal)

**Lunch provided for those who RSVP**

This meeting is being sponsored  
by the American Diabetes Association

Agenda

**Welcome/Introductions**

**American Diabetes Association Activities**

**Diabetes educational activities/projects**  
(open forum for reports from associated  
organizations)

Capitol Day 2010 Update  
January 21, 2010 (Health Awareness Day)

**Committee break-out sessions**  
discussion of plans for  
2009-2010.....committee  
chairs and co-chairs

**Committee reports**

**Old Business**.....  
Update on the “Know Your Numbers” for  
children  
Update on status of the 501c (3) application

**New Business**.....

Future directions for MCIC

Agenda items for the next meeting

Next meeting date...  
February 17, 2010 .... Osborne Auditorium)

Meeting Evaluation                      Adjournment

*Notes from the Chair*

**November is Diabetes Awareness Month**

- Diabetes is a major cause of morbidity, disability, and mortality for Mississippians and a major source of health care costs in the state. In 2007, about 238,658 Mississippi adults were diagnosed with diabetes. Many more cases went undiagnosed.
- Mississippi’s diabetes prevalence has risen from 9.5% in 2005 to 11.1% in 2007. This represents a 16.8% increase. In addition, 30,123 individuals were diagnosed with pre-diabetes in 2006.
- 639 Mississippians died from diabetes mellitus in 2007. It was the eighth leading cause of death in Mississippi, accounting for 2.3% of all deaths. *Mississippi State Department of Health Chronic Disease Fact Sheet* [http://msdh.ms.gov/msdhsite/\\_static/43.1160.91.214.html](http://msdh.ms.gov/msdhsite/_static/43.1160.91.214.html)

The Mississippi Chronic Illness Coalition is dedicated to reducing chronic illness and associated health disparities to improve the health of all Mississippians through the facilitation of health promotion and disease prevention.

I would like for all MCIC members to take part in the Lieutenant Governors’ Challenge, a 12-week reward-based program which allows users to keep an online log of fitness and nutrition choices. Please visit the Web site and sign up at [www.ltgovernorschallenge.us](http://www.ltgovernorschallenge.us)

We will display all Challenge medals earned at the Feb. 17 MCIC meeting. *Let’s go for the Gold and be good leaders in our quest to improve the health of all Mississippians.*

Mary Helen Conner  
MCIC Chairman

## New Study

## Illness Often Undiscovered and Undertreated

A new study shows uninsured American adults with chronic illnesses like diabetes or high cholesterol often go undiagnosed and undertreated, leading to an increased risk of costly, disabling and even lethal complications of their disease.

The study, published online Oct. 20 in 'Health Affairs,' analyzed data from a recent national survey conducted by the Centers for Disease Control and Prevention (CDC). The researchers, based at Harvard Medical School and the affiliated Cambridge Health Alliance, analyzed data on 15,976 U.S. non-elderly adults from the National Health and Nutrition Examination Survey (NHANES), a CDC program, between 1999 and 2006.

Respondents answered detailed questions about their health and economic circumstances. Then doctors examined them and ordered laboratory tests.

The study found that about half of all uninsured people with diabetes (46 percent) or high cholesterol (52 percent) did not know they had these diseases. In contrast, about one-quarter of those with insurance were unaware of their illnesses (23 percent for diabetes, 29.9 percent for high cholesterol). Undertreatment of disease followed similar patterns, with the uninsured being more likely to be undertreated than their insured counterparts: 58.3 percent vs. 51.4 percent had their high blood pressure poorly controlled, and 77.5 percent vs. 60.4 percent had their high cholesterol inadequately treated.

Surprisingly, being insured was not associated with a widely used measure of diabetes control (a hemoglobin A1c level below 7), a finding the authors attribute to the stringent definition of good diabetes control used in the NHANES survey. Even with excellent medical care, many diabetics fail to achieve such low hemoglobin A1c levels. Using less stringent hemoglobin A1c thresholds of 8 and 9, uninsured adults had significantly worse blood sugar control

than their insured counterparts, the researchers found.

Lead author Dr. Andrew Wilper, who worked at Harvard when the study was done and who now teaches at the University of Washington Medical School, said, "Our study should lay to rest the myth that the uninsured can get the care they need. Millions have serious chronic conditions and don't even know it. And they're not getting care that would prevent strokes, heart attacks, amputations and kidney failure."

Referring to a study released in the American Journal of Public Health last month, which has been widely quoted by Sen. Max Baucus and others, he added, "Our previous work demonstrated 45,000 deaths annually are linked to lack of health insurance. Our new findings suggest a mechanism for this increased risk of death among the uninsured. They're not getting life-saving care."

**The MCIC CHRONICLES** is a quarterly publication of the Mississippi Chronic Illness Coalition (MCIC).

Articles and letters expressing opinions on health care and chronic illness will be considered for publication in the newsletter's "Discussing Health Care" Section. Designed for members' input, this section does not necessarily reflect the opinion or endorsement of MCIC. Articles may be submitted to the secretary at [Kimalesha.Brown@msdh.state.ms.us](mailto:Kimalesha.Brown@msdh.state.ms.us) or to the public relations/membership chair at [ckelly110@comcast.net](mailto:ckelly110@comcast.net).

The Mississippi Rural Health Association is the fiscal agent for MCIC.

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# Mississippi Biotech in Danger?

Thoughts from the Partnership to Fight Chronic Disease

By Aurelia Jones-Taylor

Congress is currently debating legislation that threatens the economic viability of the biopharmaceutical industry. Mississippians should take note.

Biopharma companies support more than 13,500 jobs in our state. With the state unemployment rate already at nine percent, the continued growth of this sector is more important than ever.

Biopharmaceuticals, which are pharmaceuticals derived using biotechnology, are powerful drugs that offer great promise in treating prominent diseases like cancer, diabetes, HIV/AIDS, Alzheimer's, and multiple sclerosis. Biopharmaceuticals are engineered from living cells, and are generally more effective than traditional, chemical-based drugs. There are over 200 types of these drugs already available to patients, and 600 more are currently in development.

The time, cost and risks associated with biopharmaceutical development are extremely high. The average new biopharmaceutical drug requires an investment of 10-15 years and more than \$1.2 billion. Despite this massive commitment of resources, only about 30 percent of new drugs make it through the rigorous government approval process. And many fail to turn a profit once they've hit the market.

The unique importance of pharmaceuticals was recognized by Congress 25 years ago. It passed landmark legislation known as the 1984 Hatch-Waxman Act, which created a regulatory framework for chemical-based pharmaceuticals. This law encouraged competition among drug makers, while preserving the financial incentives for making massive investments into new products.

The challenge now is how to achieve both those goals for biopharmaceuticals. Specifically, lawmakers want to allow for the sale of low-cost copies of these drugs, called biosimilars, while providing brand names firms with enough time to sell their drugs exclusively that they can make back their massive development costs.

Unlike traditional drugs, there is no way for outside firms to create copies of biopharmaceuticals without using the research data developed by the original manufacturer. That's why Congress is considering granting biologic innovators a period of "data exclusivity," during which the firm can keep its research data private. After that period is up, competitors can use the information to make biosimilars.

The core of the debate going on in Congress is how long this period of data exclusivity should be. The academic research shows that biopharmaceutical firms require 13 to 16 years of sales to break even on a new drug.

Fortunately, biotech bills pending in both the House and the Senate take this into account and provide a 12-year exclusivity period for biologics. But this provision is hardly set in stone. Several lawmakers have voiced their strong opposition to a 12-year rule.

It is unfortunate that some lawmakers are willing to risk destroying the health of a cutting-edge industry by supporting a short exclusivity period.

They claim it will speed up the introduction of cheap biosimilars and thus lower overall healthcare costs. But biopharmaceuticals account for less than two percent of annual domestic healthcare expenditures. They obviously aren't driving escalating costs.

Shortening data protections for new biologics will undermine investment into the biopharmaceutical industry. The result will be fewer new lines of research, fewer breakthrough treatments, and fewer jobs here in Mississippi and across the country.

*Aurelia Jones-Taylor is the CEO of the Aaron E. Henry Community Health Services Center, Inc., a Section 330(e) Federally Qualified Health Center (FQHC) located in the heart of the agricultural Mississippi Delta. ([www.fightchronicdisease.org](http://www.fightchronicdisease.org))*

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