

ThePulse

American Alliance for Health, Physical Education, Recreation and Dance

American Heart Association
Fighting Heart Disease and Stroke



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websites: www.aahperd.org
www.americanheart.org



See The Pulse on-line at
www.aahperd.org/thepulse

A Common Thread

I was recently asked to respond to the question, “How do we know what is worth doing?” I thought this to be such a fascinating question that I thought I would pose it to you so that you too can reflect upon it as we enter this New Year.

How do we know what is worth doing?

To me, those things that are worth doing are driven by passion, motivation, success, and love. When you stumble across something that demands your whole being, something that lights your fire then it is worth doing. When you know that your actions will make a difference — for one or for many. It is something you FEEL!

As I reflected, I thought of the coordinators that do the JRFH and HFH events and how these individuals — YOU! — are driven by passion and motivation. Maybe that is the common thread to knowing what is worth doing.

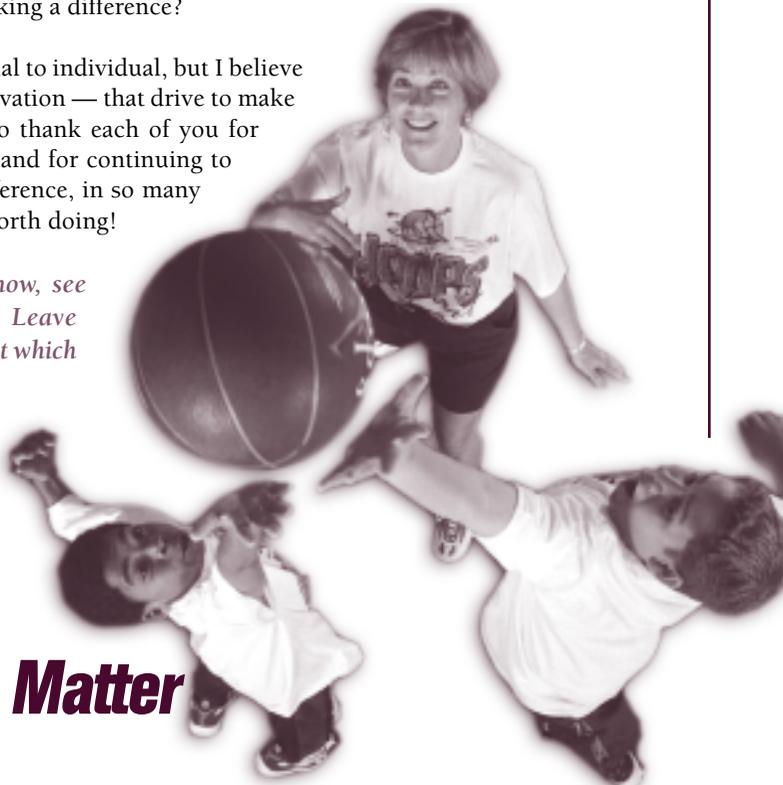
Why do you hold an event each year? Is it because you have lost a loved one to heart disease or stroke? Is it because you are passionate about creating healthy, active learners? What makes it worthwhile to hold an event? The smiles on your student’s faces, knowing that you are helping to fund lifesaving research, that you are making a difference?

What is worth doing will vary from individual to individual, but I believe that the common thread is passion and motivation — that drive to make a difference. This holiday season I’d like to thank each of you for your passion and dedication to JRFH/HFH and for continuing to participate each year. You are making a difference, in so many ways, and that’s what makes these events worth doing!

“Seek the wisdom that will untie your know, see the path that demands your whole being. Leave that which is not, but appears to be, seek that which is, but is not apparent” (Rumi)

All the best for a wonderful New Year! ♥

— S. Schoenberg



At the Heart of the Matter

Coordinator's Corner

Dave Jones PE teacher/Jump Rope for Heart Coordinator

Pleasant Ridge Elementary - Glenview, IL
Written by: Holly Orr, Youth Market Director



Walking into the gym at Pleasant Ridge Elementary for the first time, I was instantly drawn into the challenging and warm environment created by PE teacher Dave Jones. Finishing a soccer activity, some of the kids were happily bouncing soccer balls on their laps as they gathered in a circle listening to Mr. Jones. Instead of getting irritated with these children and their disruptive bouncing balls, Mr. Jones calmly told the children holding the soccer balls to see if they could calm the soccer balls down. And, if they couldn't — because soccer balls can be a little excited sometimes — to pass them on to someone else. Within seconds, all the soccer balls quieted. Patient. Dedicated. Caring. These are only a few words to describe a man who has been passionate about the mission of the American Heart Association and its Jump Rope for Heart event for sixteen years.

Dave Jones first became involved with Jump Rope for Heart after looking for an event that would be a healthy hook-in as well as a community service opportunity for his students. He's watched kids fall in love with the event year after year. Sixteen years later, it's still fulfilling for him to watch these children working together to fight heart disease and stroke.

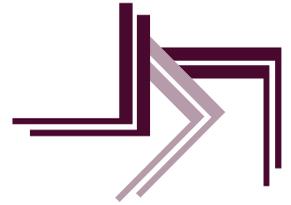
Pleasant Ridge Elementary has consistently been ranked first and second in the Greater Midwest Affiliate for dollars raised through its Jump Rope for Heart event. In 2002, Dave's American Heart Association Youth Market Director, Linda Esler, nominated him for the 2002 Golden Apple award for his dedication to the American Heart Association and to his students. Mr. Jones was one of ten teachers chosen out of hundreds of applicants for this prestigious award. He received a paid sabbatical at Northwestern University as well as an induction into the Golden Apple Academy — a fitting reward for a teacher who has been called "a gift to the children he teaches."

Last year, Pleasant Ridge Elementary raised over \$32,000 with its Jump Rope for Heart Event. Dave Jones is committed to the mission of the American Heart Association and knows that 2004 will bring another opportunity to join in the fight against our nation's #1 and #3 killers through Pleasant Ridge's participation in Jump Rope for Heart. ♥

Research Corner

CHILDHOOD OBESITY, TYPE 2 DIABETES AT AN ALL TIME HIGH

Reprinted with permission of: Kristie Paterson, Public Relations Manager for the American Council on Exercise (ACE)



American Council on Exercise Addresses Growing Epidemic

SAN DIEGO, Calif. - April 22, 2003 - Americans who follow the news coverage of current health trends are probably well aware of the fact that type 2 diabetes is approaching epidemic proportions among American adults. Relatively few, however, are aware of the disturbing trend of the sudden rise in type 2 diabetes cases among American children and teens.

An estimated 20% of all cases of new onset type 2 diabetes are in individuals between the ages of 9-19. Twenty years ago only 2% of newly diagnosed cases of type 2 diabetes occurred in young people. It appears that the exploding rates of physical inactivity and obesity among our young people are largely responsible for the emerging epidemic of type 2 diabetes among children and teens.

While there is no cure for diabetes, diet and exercise are cornerstones to treatment. “Research has consistently shown that exercise can stabilize blood sugar levels and make the body’s cells more responsive to insulin,” said Dr. Cedric Bryant, chief exercise physiologist for ACE. “It has been estimated that diet and exercise could produce a more than 60% reduction in the prevalence of type 2 diabetes in children and teens.”

As a parent, it is critical to understand when your child may be at risk. If type 2 diabetes remains unchecked or untreated, it can affect the eyes, kidneys, nerves, gums, teeth and blood vessels, leading to blindness, amputation, kidney failure and heart disease. Frequently, the initial signs or symptoms may be very mild or almost nonexistent. Among the first recognizable signs are unexplained weight loss, increased urination, extreme thirst, increased hunger, slow healing of cuts and bruises, and a patch of extremely dark, velvety and rippled skin, most often on an underarm or the neck.



“Unfortunately, many young peoples’ access to physical activity opportunities is becoming increasingly limited. Approximately only one-quarter of U.S. public schools require students to take physical education as part of the curriculum. To further compound the situation, a significant number of school districts have eliminated after-school physical activities as a cost-cutting measure,” said Dr. Bryant.

To aid in reversing this trend, our nation’s schools can support physical education programs and develop after-school exercise opportunities that anyone can enjoy — regardless of athletic ability. One such example is Operation FitKids, the youth outreach program of the American Council on Exercise.

OFK provides schools with one or more services to build a fitness program including commercial fitness equipment, educational materials, staff training, mentoring and/or community partnering.

For more information on Operation FitKids, visit www.operationfitkids.org. ♥

Survivor Stories



Ella's Story

Written By: Susan M. Hartung, Ella's Mother
Submitted by: Heather A. Horine, Youth Market Manager, OVA



My daughter Ella, although six days late, came into the world fast and furious after only a four-and-one-half-hour labor. She was beautiful and quiet unlike my son born three years earlier who entered the world kicking and screaming. Ella was wide-eyed and alert. I counted the fingers and toes and looked her over. Ahhhh, I sighed to myself, a healthy baby.

The next day, the pediatrician examined her. It was the only time little Ella left our room. The doctor returned to our room with a nurse, minus my baby girl. I immediately knew something was wrong. I reached for my husband's hand. "It may not be serious," the doctor began, "but there is a cardiologist coming to the hospital later this afternoon and I'd like him to examine her." A cardiologist? Her heart? But she looked so healthy. My mind was racing. A nurse was in my room seemingly every hour and listened to her heart. Why didn't she hear anything? The doctor answered my question before I could verbalize it. "The first 24 hours or so the baby is still operating on the mother's heart rhythm, so it's typical not to be picked up immediately." She continued, "I heard a significant murmur (as opposed to an insignificant murmur which is fairly common in newborns) and then she turned a little blue." "Oh my God!" I started crying. My husband tried to reassure me, "It may not be serious." I think he was trying to convince himself more than me. The doctor told us Ella was in the Intensive Care Unit and we could visit her there.

After scrubbing up, we made our way to see Ella and passed tiny, ailing babies. My baby was full term and weighed in at 8 lbs. 4 oz. How could she appear so healthy and be so sick, I thought. A doctor greeted us and told us that he did not want to wait until the afternoon for the cardiologist to arrive. He wanted to rush Ella via ambulance to Cincinnati Children's Hospital Medical Center. More tears. Panic. A nurse

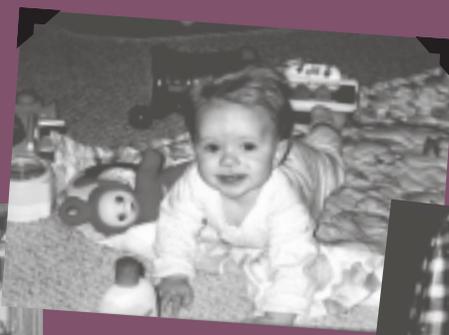
took our "family portrait" with a digital camera. I thought she was trying to tell us this would be our only family photo with our daughter and I called her on it. "Heavens no! We do this for all our ICU patients." I wasn't convinced. More panic.

I had already made arrangements to stay the extra day in the hospital so now I had to call my obstetrician and ask to be discharged. My husband immediately followed the ambulance to Children's Hospital.

A few hours later my husband returned with a diagnosis — Tetralogy of Fallot. He had some photocopied pages from a medical encyclopedia from the hospital web site. I read and re-read the article. Generally, Tetralogy of Fallot is a malformation of the heart consisting of four components: a narrowing of the pulmonary valve, a large hole between the right and left ventricles, a dilated aorta and a thickening of the right ventricle (caused by the right ventricle having to work harder to pass blood into the lungs). This is also when I learned that heart defects are the most common defect affecting almost 1 in 100 births. To me this was a staggering statistic.

My husband told me Ella's heart could be repaired and tried to explain further, but my mind was a whirlwind of thoughts and questions. "What did I do to have caused this?" was the prominent question. I kept asking it to myself silently over and over. Later, the cardiologist assured me it was nothing I had done, but I still wondered. I think I always will. I worried my husband blamed me. "It's genetic," the specialist reiterated. The cardiologist also confirmed to me that this defect would not have appeared on an average ultrasound. It would have had to have been read by a cardiologist, and there was no reason for that since we had no family history of congenital heart disease.

Ella spent her second, third and fourth days of life hooked up to monitors at Cincinnati Children's



Hospital Medical Center. Ella's initial oxygen levels were satisfactory. The doctors agreed the surgery could wait until she was about six months old. However, at a follow-up visit, Ella's oxygen levels were dropping and she had a bluish tint around her mouth. Her weight gain was unusually good and she was otherwise healthy, so it was decided in a surgical consultation that her surgery would be moved up to early July. Ella would be almost three months of age. My husband and I were relieved; we didn't want to wait. I was growing tired of checking her skin and nail beds for "blueness." It was dangerous to let her cry. Babies cry—how were we going to stop that? I feared that I would be in such a deep sleep because I was so exhausted that I wouldn't hear her.

The day before her heart surgery, I took Ella to the hospital for pre-operative testing. The first in a series of procedures was drawing her blood. The first three nurses could not get a vein because they said her veins were "rolling." By this time, Ella was crying so hard from all the pricks she could barely catch her breath. I had to put my foot down. "Get a supervisor or someone who can get her vein!" I scooped Ella up and rocked her to calm her down. They brought in a sweet, older, grandmother-like woman who was finally able to draw the blood. Ella also had her urine tested, chest x-rayed and a general physical performed. This made for an exhausting day, as we had to go to a different department for each test.

The day of the surgery was difficult. After six hours of surgery we were told it was a success and it would be at least an hour before we could see her. Afterward, when we entered her room in the Cardiac Intensive Care Unit, we were surprised to find eight plus cardiologists standing over Ella's bed viewing the monitors, shaking their heads and whispering

amongst themselves. "What's wrong?" I asked, my heart sinking. "She's very sick," one of them answered. "She should be doing much better than this immediately following surgery." She had a fever of 104; her heart rate was too high; her blood pressure dangerously low. The next 12 hours were touch and go. We cried; we prayed — and asked everyone we knew to do the same.

The next morning the doctors were shaking their heads again. This time, however, they were pleased. One doctor spoke. "Ella rallied. She's a new woman today. We think she just had a very severe reaction to being on the heart-lung machine, one of the most severe I've ever seen. There's no other explanation." Oh, thank you God! Thank you doctors! Thank you...

That was 14 months ago. Today, Ella is a little behind her peers in her gross motor abilities and she has a bit of muscular torticollis in her neck (possibly from favoring one position in her hospital bed). Except for these minor and temporary setbacks, Ella is a typical baby. She plays hard, eats well, says Ma Ma (and a few other insignificant words)!

Hopefully, her only limitations will be those she places upon herself. Her doctors anticipate that Ella will need another surgery for valve replacement, but it is likely years down the road. Research and technology advance all the time. I take it one day at a time and try not to worry too much about the future. I can't imagine life without her. Although Ella's heart will never be "normal," she was repairable, as are so many other victims of congenital heart disease. I wouldn't wish this hardship on anyone, but I also wouldn't trade it. This experience has made me aware of the commonality of congenital heart defects and has made me appreciate my many blessings all the more. ♥

Stories From the Heart



Third Grader Has Heart for Charity Work

Written By: Sue Hoffman, The Solon Times

Submitted By: Lois Carnes, Ohio Jump Rope for Heart State Coordinator

Kelly Peterson, a third-grader at Lewis Elementary School in Solon, set out on a mission. She would raise \$1,000 for the American Heart Association's "Jump Rope for Heart" campaign.

Undaunted by the early onset of winter, Kelly, then 8 years old, proceeded to visit 68 houses in her North Hill neighborhood until her goal was achieved. Her collections contributed just over \$1,000 to Lewis School's total of nearly \$6,300 toward the campaign.

Kelly was recognized at a Cleveland Cavaliers-Boston Celtics game as one of the top Jump Rope for Heart fund-raisers.

Top fund-raisers at each school earned prizes, and Kelly received a jump rope, clock, fan and game calculator. Except for a few items and a "gold level" trophy from her school, Kelly donated her prizes to Rainbow Babies and Children's Hospital in Cleveland.

"In Kelly's heart, she wasn't working for prizes," said physical education teacher Lois Carnes, who has coordinated the school's Jump Rope for Heart event for 13 years.

Mrs. Carnes also recognized third-grader Ben Isroff, a "silver level" trophy winner who raised over \$500. "Both of these children were outstanding," she said.

She also praised the efforts of Andrew Resor, who contributed over \$1,000 a few years ago by conducting a letter-writing campaign to his parents' business contacts.

Mrs. Carnes, who sits on the Heart Association's national board overseeing school programs, said Lewis School has contributed nearly \$55,500 since

1990. "Our school generally places in the top five in Northeast Ohio," she said.

In the campaign, students in third and fourth grade collect money for the fund-raiser, and on a designated week everyone in the school jumps rope in physical education class.

Proceeds have helped fund research in pacemaker development, new medicines for cardiac patients and, the genetic factor in heart disease.

"I asked the children to set their own goals and didn't ask them what it was," Mrs. Carnes said. She advised them to set a realistic goal, mentioning that a goal of \$1,000 would be quite difficult. "I didn't know Kelly had set such a high goal," she said.

"I really wanted to do it," Kelly reflected. Before she set out, Kelly took time to rehearse her speech. She can still say it flawlessly: "I'm raising money for the American Heart Association. Would you like to sponsor me?"

As required by the school, Kelly's mother, Kathy, accompanied her daughter through the neighborhood.

The first house was not only easy but inspiring. She knocked on the door of Dr. Robert Broide, who's grandparents Irving and Eva Hexter had donated their home near University Circle to the American Heart Association many years ago. The home serves as the Heart Association headquarters, and a room is named in his grandparents' honor. Dr. Broide donated \$100 to Kelly's collection.

"Kelly said, 'Only nine more houses and we're done,'" Mrs. Peterson recalled. "Sixty-seven houses later, she accomplished her goal."

Kelly's campaign took a week. Some days people weren't home, but she went back when they were.

"It makes it nice as a teacher to have students with a giving heart and willing to work for others," Mrs. Carnes said.

She pointed out that, besides raising funds for a cure, the campaign benefits the school. Each year, the American Heart Association sends the school educational materials. Over the years, these have included teacher and student booklets, a "big book" for kindergartners, videotapes, cassettes and stethoscopes.

The materials, focusing on an anti-smoking campaign this year, are used in the school's "Heart Power" program, which is taught by parent volunteers to students in kindergarten through fourth grade.

In addition, the program promotes physical fitness, Mrs. Carnes said, and the effort benefits all students, including those with disabilities.

"Jump rope is for everyone," said Mrs. Carnes. "If they can't turn the rope, we can have them put the rope on the floor and jump back and forth." ♥



JUMP ACROSS THE NATION

Your Students Can Raise Funds Online!

Submitted By: Jason Shields,
National Youth Market Director,
American Heart Association

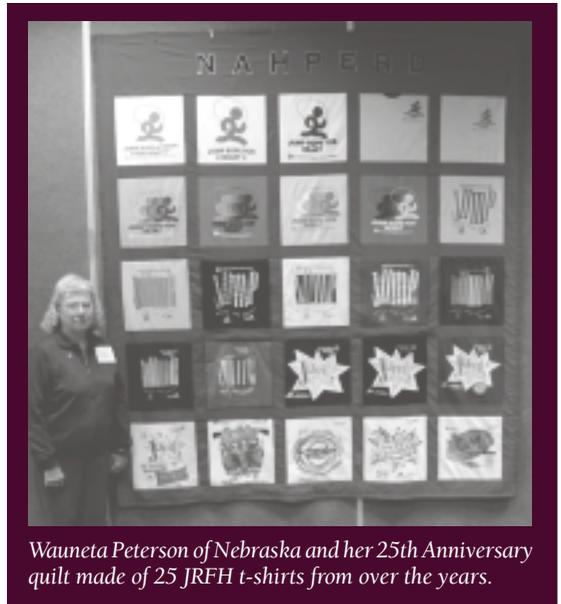
Introducing a new, secure online method to raise money for Jump Rope for Heart and Hoops for Heart using a computer. It's easy for children to send a personal email to friends and family, asking for an online donation. They log on to the American Heart Association Web site americanheart.org/jump or americanheart.org/hoops and follow the five easy steps. When it's time to turn in their envelope, children print their computer donation report and insert it along with any checks or money. In addition, each child that registers for the Online Fundraising program will be entered in a national drawing for a \$100 gift certificate from U.S. Games. All students using the computer donation program are automatically entered for a chance to win one of five gift certificates. Raising funds online is fast, easy, and safe!

When collection envelopes are due:

- Students print their computer donation report and include that in the collection envelope.
- All donations (check, cash and computer donations) are included on the Participant Record Sheet and Summary Gift Order.
- All computer reports along with any checks, cashier's checks and money orders, are included in the white envelope.



Check out
www.americanheart.org/Jump
www.americanheart.org/Hoops
for more information



Wauneta Peterson of Nebraska and her 25th Anniversary quilt made of 25 JRFH t-shirts from over the years.

Sawmill Mandracchia Intermediate School

By: Eve Pyser, Youth Market Manager for
Western Suffolk County, NY

Submitted By: Amy King, Vice President, Youth
Markets, Heritage Affiliate

Sawmill Mandracchia Intermediate School in Commack, New York jumped to new heights this year! Spearheaded by three dedicated physical education teachers, Patricia Rayfield, Jill Donnelly and Paul Slackman, the 3rd, 4th and 5th grade students raised over \$24,000.00! More than 325 students jumped on three different mornings before school.

Sawmill Mandracchia has participated in "Jump Rope for Heart" for seven years. Eve Pyser, Youth Market Coordinator for Western Suffolk County said, "This year (2002) was just tremendous. The gym was filled to capacity with twelve students at each station. The students raised a record \$24,000.00!"

Pat Rayfield said, "Jump Rope for Heart is a wonderful program that gives students the opportunity to learn about heart disease while also encouraging healthy heart activities and community service."

We salute the physical education teachers, administration, parents, PTA volunteers and students of Sawmill Mandracchia for their commitment to the American Heart Association. ♥