

# **HSFC CIHR Chair in Hypertension Prevention and Control 2011-2016**

## **2011-2012 report**

Recipient; Norm Campbell MD, University of Calgary

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### **SYNTHESIS/RESEARCH PROBLEM:**

Increased blood pressure is the world's leading risk for premature death causing heart disease, strokes and kidney failure. About half the blood pressure related death occurs in those with 'normal', but not optimal, blood pressure and the other half occurring in those with clinically defined hypertension. The causes of increased blood pressure (e.g. unhealthy diet, physical inactivity, abdominal obesity, excess alcohol etc.) are largely known and are preventable. To date, national actions to prevent increased blood pressure in Canadians have not been effective. Treatments are available to prevent disease caused by high blood pressure and although there has been much improvement in Canada, there are still many Canadians with high blood pressure who are not diagnosed or adequately treated.

The principle mandate of the HSFC CIHR Chair in Hypertension Prevention and Control is to provide leadership to reduce the disease caused by increased blood pressure using a comprehensive action plan that aligns governments, as well as non government organizations in appropriate action. A draft 'Framework' outlining key objectives and recommendations on actions needed to reduce the burden of blood pressure related disease in Canada (2011-2020) was developed immediately prior to my being awarded the 'Hypertension Chair' and my application indicated I would use the Framework to guide my chair mandate.

### **PROGRESS ON RECOMMENDATIONS (JULY 2011 TO JUNE 2012)**

#### **1. Leadership and Coordination**

To guide the Framework in the NGO sector, a Hypertension Advisory Committee (HAC) of national health and scientific organizations was formed in August 2011. Representatives include members from the Canadian Cardiovascular Society, Canadian Council of Cardiovascular Nurses, Canadian Institute for Health Research- Institute of Circulatory and Respiratory Health (ex officio), Canadian Medical Association, Canadian Pharmacists Association, Canadian Public Health Association, Canadian Society of Internal Medicine, Canadian Stroke Network, College of Family Physicians of Canada, Heart and Stroke Foundation of Canada, Hypertension Canada, and the National Speciality Society of Community Medicine). A Policy Director (Tara Duhaney) was hired using the Hypertension Chair funds to assist HAC in fulfilling its mandate and terms of reference developed and approved. Notably, the work performed by Tara Duhaney is attributed to me in this report.

#### **2. Framework Communication and Dissemination**

Since assuming my Chair role, disseminating and finalizing the Hypertension Framework report has been a key priority. To ensure its acceptability and relevance, the framework was circulated to a broad group of stakeholders for feedback based on a standardized feedback form that was developed (see Table 1 for a list of responding organizations). The framework was revised based on this process, with a notable revision namely the addition of a 10<sup>th</sup> objective related to populations at higher risk. It is now entering an endorsement and implementation phase.

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Table 1: Stakeholder Consultations	
▪ Canadian Association of Cardiac Rehabilitation	▪ Dietitians of Canada
▪ Canadian Council of Cardiovascular Nurses	▪ Heart and Stroke Foundation of Canada
▪ Canadian Diabetes Association	▪ Hypertension Canada + 300 members
▪ Canadian Institute of Health Research	▪ Hypertension Public Policy Committee
▪ Canadian Pharmacists Association	▪ Kidney Foundation of Canada
▪ Canadian Public Health Association	▪ National Society of Community Medicine
▪ Canadian Society of Atherosclerosis, Thrombosis and Vascular Biology	▪ PHAC, Centre for Chronic Disease Prevention
▪ Canadian Society of Nephrology	▪ University of Calgary, School of Public Health
▪ Canadian Stroke Network	
▪ C-Change	
▪ College of Family Physicians of Canada	

There has been broad dissemination of the Hypertension Framework within the health sector and within the governmental sector, including presentations to the Chief Medical Officers of Health (provinces), as well as the Public Health Agency of Canada. I have starting having teleconferences with the Council of Chief Medical Officers of Health about the Hypertension Framework and, where feasible, have met and teleconferenced with provincial Health Ministries about developing provincial blood pressure programs as it aligns with the Hypertension Framework. The HAC member organizations continue to inform their membership of the Framework with respect to key issues and priorities and the need for active engagement.

### 3. Healthy Public Policies

To inform direction, a prioritization process was undertaken with HAC. Prevention of hypertension and specifically supporting policy development to reduce dietary sodium and, more broadly, to improve Canadian diets were noted as high priority and therefore constitutes the dominant area of action that the Chair will focus on. Building partnerships to create supportive environments and evolve the healthcare system and strengthening community action were rated as second and third priorities, respectively.

Among the polices needed to support healthier eating environments in Canada, restricting marketing to children was identified as the first policy area for action by HAC and the Hypertension Chair. Standardized Food Procurement, front of package labelling, taxation of unhealthy foods and conflicts of interest are other policy areas that, during my Chair position, I hope to advance and/or influence action on.

An expert Scientific Working Group was struck with key content experts to guide the draft development of a policy consensus statement on the marketing of unhealthy foods and beverages to children. Specifically, the consensus statement outlines key areas for action by all levels of government, NGOs and industry. The statement has been presented to the HAC group and has received preliminary support by members. Over the summer and fall of 2012, HAC representative will presenting the policy statement to their organizations for consideration of endorsement as a first step, with broader KT and endorsement by other key national health and scientific organizations occurring simultaneously.

In support of the policy statement I have co-authored a commentary and organized several presentations on the topic to increase awareness (see appendix on publications and presentations below).

#### **4. Sodium Reduction**

Based on the November 2011 rejection of the F/P/T Report on Sodium Reduction by the Federal Health Minister, an NGO consensus letter was written to Prime Minister Harper calling on government leadership and action to strengthen the federal sodium reduction strategy. This letter was circulated to the HAC membership as well as a broader group of stakeholders for official endorsement from the Presidents of their respective organizations. A total of 18 health organizations endorsed. The letter was the subject of an extensive media release supported by the member organizations of HAC, and many organizations also disseminated the letter internally to their individual membership.

In response to a series of misleading news stories in McLean's Magazine questioning the benefits of population based sodium reduction and mostly informed by research and statements from consultants of the Salt Institute, a letter to the editor was submitted and primarily addressed the need for disclosure of conflicts of interest by the food and salt industry in articles on dietary salt. Endorsed by HAC member's organizations, this letter was published in the magazine. Since, McLeans has begun to publish articles that support the sodium reduction effort.

As a strategy to engage consumers, a sodium petition campaign was started in April 2012 and includes a template letter to the Prime Minister for public use and a formal petition to the Federal government on dietary sodium. Housed on [www.sodium101.ca](http://www.sodium101.ca), thus far 11 organizations have endorsed. Efforts are underway to increase national circulation and broader organizational endorsement. The goal is to acquire a large number of signatures to support Federal Government policy change.

A series of tactics have been planned that are being implemented over time to help sustain the sodium reduction advocacy effort. An example is the recent extensive media release (supported by the Canadian Stroke Network) around the CMAJ publication on the international comparison of sodium content in 'fast foods', and to which I was a co-author.

Efforts are also underway to link with the sodium-related work by others, including the research being undertaken by Mary L'Abbe on evaluating the impact of the sodium reduction Strategy.

#### **5. Strengthen Community Action**

While not leading, I have been active in facilitating uptake and awareness, through our HAC membership, of several promising community programs including the Cardiovascular Health Awareness Program (CHAP), CHAMP, the DREAM project, Rural Rx and others.

#### **6. Improve Decision Support, Monitoring and Evaluation**

I remain active in supporting the CHEP program and remain involved in the ORTF Committee to continue to advance evidence-based monitoring and evaluation. Recently, and in collaboration with PHAC, I helped support a 2-day training workshop on adapting and populating the US-based Coronary Heart Disease Model with Canadian data.

## 7. International Collaboration

On the international front, I have chaired the PAHO/WHO Expert Advisory Group on dietary salt and have been nominated to Co-Chair Phase 2 of a Technical Advisory Group for PAHO-WHO on dietary salt. I have also been on the WHO Nutrition Advisory Group (micronutrient sub group) and have been nominated to renew my appointment for the next 4 years (2012-2016). I have consulted in the development of salt reduction and hypertension programs in countries of the PAHO region and other regions of the world (see appendix on presentations and briefings).

### **RELATED PROJECT IMPLEMENTATION**

**(SEE APPENDIX FOR PRESENTATION-BRIEFINGS, PUBLICATIONS, MEDIA ACTIVITIES ETC)**

- The project has been greatly aided by hiring a Policy Director Tara Duhaney. Tara Duhaney has co-chaired and organized a scientific committee to aid the policy development by HAC and has been instrumental in the running of HAC including drafting of documents. The hiring of T Duhaney was delayed both by changing University of Calgary hiring policies and accounting systems as well as delays in receiving funds from HSFC.
- The implementation of the Framework and identified priorities has been greatly aided by in kind support from the HAC member organizations. Most of the organizational members have been in direct contact with the Presidents and Executives of their national organizations on an ongoing basis and have had full and rapid support. For example the Letter to the Prime Minister to urge greater action was largely considered and endorsed by 18 organizations over Christmas-New Years 2011-12.
- Hypertension Canada has provided financial assistance in translating the Hypertension Framework and funding HAC face meetings.
- Two HAC meetings have been in association with Health Canada sponsored meetings on a national dietary education initiative and hence many of the flights for HAC members have been covered by the Health Canada budget.
- The Hypertension Advisory Committee has now met 3 times and had many teleconferences. Detailed minutes are kept.
- The University of Calgary has allowed me to reallocate \$90,000 of the overall Chair award towards operating expenses considerably assisting in the impact that I can have.

## APPENDIX 1:

### Publications related to the effort Jan 2011 to June 2012. Original research in bold

1. **Wilkins K, Gee M, Campbell NRC. The gender disparity in hypertension control. Health Reports. In press.**
2. Campbell NRC, McAlister FA, Quan H, for the Hypertension Outcomes Research Task Force. Monitoring and evaluating efforts to control hypertension in Canada. Why, how and what it tells us about current care gaps? Can J Cardiol **In press**
3. **Biemek AS, Gee ME, Nolan RP, Kaczorowski J, Campbell NRC, Bancej C, Gwadry-Sridhar F, Robitaille C, Walker RL, Dai S. Methodology of the 2009 Survey on Living with Chronic Diseases in Canada – hypertension component. Chronic Diseases and Injuries in Canada. In press**
4. **McBrien K, Rabi D, Campbell N, Barnieh L, Clement F, Hemmelgarn B, Tonelli M, Leiter L, Klarenbach S, Manns B. Systematic review and meta-analysis of intensive blood pressure targets in type 2 diabetes. Arch Intern Med. In press.**
5. Daskalopoulou SS, Khan NA, Quinn RR, Ruzicka M, McKay DW, Hackam DG, Rabkin SW, Rabi DM, Gilbert RE, Padwal RS, Dawes M, Touyz RM, Campbell TS, Cloutier L, Grover S, Honos G, Herman RJ, Schiffrin LE, Bolli P, Wilson T, Feldman RD, Lindsay MP, Hemmelgarn BR, Hill MD, Gelfer M, Burns KD, Vallée M, Prasad RVR, Lebel M, McLean D, Arnold JMO, Moe GW, Howlett JG, Boulanger J-M, Larochelle P, Leiter LA, Jones C, Ogilvie RI, Woo V, Kaczorowski J, Trudeau L, Bacon SL, Petrella RJ, Milot A, Stone JA, Drouin D, Lamarre-Cliché M, Godwin M, Tremblay G, Hamet P, Fodor G, Carruthers SG, Pylpchuk G, Burgess E, Lewanczuk R, Dresser GK, Penner B, Hegele RA, McFarlane PA, Sharma M, Campbell NRC, Reid D, Poirier L, and Tobe SW, for the Canadian Hypertension Education Program. The 2012 Canadian Hypertension Education Program (CHEP) Recommendations for the Management of Hypertension: Blood Pressure Measurement, Diagnosis, Assessment of Risk and Therapy. Can J Cardiol 2012;28:270-287
6. Campbell NRC. Re US tops salty fast food league table. Response to letter from Morton Satin. BMJ 2012 <http://www.bmj.com/content/344/bmj.e2769/rr/582338>, Re:Desk-bound authors do not understand food industry. Response to letter from Morton Satin. CMAJ, published on line May 2 2012.
7. **Dunford E, Webster J, Woodward M, Czernichow S, Lun Yuan W, Jenner K, Ni Mhurchu C, Jacobson M, Campbell N, Neal B. The variability of reported salt levels in fast foods across six countries - opportunities for salt reduction. CMAJ 2012. DOI:10.1503/cmaj.111895**
8. **Gee ME, Campbell NRC, Gwadry-Sridhar F, Nolan RP, Kaczorowski J, Biemek A, Robitaille C, Joffres M, Dai S, Walker RL for the Outcomes Research Task Force of the Canadian Hypertension Education Program. Antihypertensive medication use, adherence, stops and starts in Canadians with hypertension. Can J Cardiol 2012;28:383-89.**
9. Quan H, Smith M, Bartlett-Esquilant G, Johansen H, Tu K, Lix L for Hypertension Outcome and Surveillance Team ( N Campbell co- lead for HOST). Mining administrative health databases to advance medical science: Geographical considerations and untapped potential in Canada. Can J Cardiol. 2012;28:152-54.
10. Lix LM, Walker R, Quan H, Nesdole R, Yang J, Chen G on behalf of the CHEP ORTF Hypertension Outcomes and Surveillance Team (Campbell N co- lead of the Hypertension Outcomes and Surveillance Team). Features of Physician Services Databases in Canada. Chronic Diseases and Injuries in Canada. **In press.**
11. **Gee ME, Campbell NRC, Joffres M, Robitaille C, Tremblay MS, McAlister F, Johansen H, Biemek A. Factors associated with lack of awareness and uncontrolled high blood pressure among Canadian adults with hypertension. Can J Cardiol. 2012;28:375-82**
12. Campbell N, Johnson JA, Campbell T. Sodium consumption, an individual's choice? International Journal of Hypertension. doi:10.1155/2012/860954
13. Houle SKD, Tsuyuki RT, Campbell NRC. The Canadian Hypertension Education Program (CHEP) 2011 guidelines for pharmacists. Can Pharm J. 2011;144:295-304.

14. Campbell NRC, Raine K, McLaren L. "Junk Foods", "Treats" or "Pathogenic foods"? A Call for Changing Nomenclature to Fit the Risk of Today's Diets. *Can J Cardiol.* **In press**
15. Dutton DJ, Campbell NRC, Elliott C, McLaren L, A ban on marketing of foods/beverages to children: the who, why, what, and how of a population health intervention. *Can J Public Health.* 2012;103:100-102
16. Campbell N, Young E, Drouin D, Legowski B, Adams M, Farrell J, Kaczorowski J, Lewanczuk R, Moy Lum-Kwong M, Tobe S. A framework for discussion on how to improve prevention, management and control of hypertension in Canada. *Can J Cardiol.* 2012;28:262-69.
17. 2011 Canadian Hypertension Education Program Recommendations: The Short Clinical Summary - An Annual Update. (written by Campbell N with the CHEP Executive and contributions by Dr. Tavis Campbell, Dr. Steven Grover, Dr. Michael Hill and Dr. Raj *Padwal*). *Can Fam Physician* 2011; 57:1393-1397.
18. Bolli P, Campbell NRC Do Recommendations for the Management of Hypertension Improve Cardiovascular Outcome? The Canadian Experience," *International Journal of Hypertension*, 2011; Article ID 410754, doi:10.4061/2011/410754.
19. Campbell NRC, Hemmelgarn BR. The Role of Ambulatory Blood Pressure Monitoring in the Diagnosis of Hypertension. New recommendations? Campbell NRC, Hemmelgarn BR. The Role of Ambulatory Blood Pressure Monitoring in the Diagnosis of Hypertension. New recommendations? *CMAJ.* *CMAJ cmaj.110501; published ahead of print February 6, 2012, doi:10.1503/cmaj.110501*
20. **Robitaille C, Dai S, Waters C, Loukine L, Bancej C, Quach S, Ellison J, Campbell N, Tu K, Reimer K, Walker R, Smith M, Blais C, Quan H. Incidence, prevalence and mortality of diagnosed hypertension in Canada. *CMAJ.* January 10, 2012 184:E49-E56.**
21. Campbell N, Dary O, Cappuccio FP, Neufeld LM, Harding KB, Zimmermann MB Collaboration to optimize dietary intakes of salt and iodine. A critical but overlooked public health issue. *Bulletin of the World Health Organization* 2012;90:73-74
22. **Gee ME, Bienek A, Campbell NR, Bancej CM, Robitaille C, Kaczorowski J, Joffres M, Dai S, Gwadry-Sridar F, Nolan RP. Prevalence of, and barriers to, preventive lifestyle behaviors in hypertension (from a national survey of Canadians with hypertension). *Am J Cardiol* 2012;109:570-5.**
23. Campbell NRC, Willis KJ, L'Abbe M, Strang R, Young E. Canadian Initiatives to Prevent Hypertension by Reducing Dietary Sodium. *Nutrients* 2011;3:756-64.
24. Charrois TL, McAlister FA, Cooney D, Lewanczuk R, Kolber M, Campbell NRC, Rosenthal M, Houle SKD, Tsuyuki RT. Improving hypertension management through pharmacist prescribing. *The Rural Alberta Clinical Trial in Optimizing Hypertension (Rural RxACTION): Trial Design and Methods. Implementation Science.* 2011; 6:94
25. Campbell NRC, Gilbert RE, Leiter LA, Larochelle P, Tobe S, Chockalingam A, Ward R, Morris D, Tsuyuki RT, Harris S. Hypertension in People with Type 2 Diabetes: An Update on Pharmacological Management. *Can Family Physician.* 2011;57(9):997-1002
26. **Gee ME, Janssen I, Pickett W, McAlister FA, Bancej CM, Joffres M, Johansen H, Campbell N. Prevalence, awareness, treatment and control of hypertension among Canadian adults with diabetes, 2007-2009. *Can J Cardiol.* 2012;28:367-74**
27. Campbell N, Correa-Rotter R, Neal B, Cappuccio F. New evidence relating to the health impact of reducing salt intake 'Statement from an 'ad hoc' Scientific Review Subcommittee of the PAHO/WHO Regional Expert Group on Cardiovascular Disease Prevention through Dietary Salt Reduction'. *Nutrition, Metabolism & Cardiovascular Diseases* 2011;21:617-9.
28. Legetic B, Campbell N. Pan American Health Organization actions to Facilitate Cardiovascular Disease Prevention Through Population Based Salt Reduction in the Americas. *Journal of Health Communication.* 2011;16:37-48
29. Campbell N, Cappuccio FP, Tobe SW. Unnecessary controversy regarding dietary sodium. A lot about a little. *Can J Cardiol* 2011;27:404-6
30. Van Vliet B, Campbell NRC. Efforts To Reduce Sodium Intake in Canada: Why, What, and When. *Can J Cardiol.* 2011;27:437-45.

31. Rabi DM, Daskalopoulou SS, Padwal RS, Khan NA, Grover S, Hackam DG, Myers MG, McKay DW, Quinn RR, Hemmelgarn BR, Cloutier L, Bolli P, Hill MD, Wilson T, Penner B, Burgess E, Lamarre-Cliche M, McLean D, Schiffrin EL, Honos G, Mann K, Tremblay G, Milot A, Chockalingam A, Rabkin SW, Dawes M, Touyz RM, Burns KD, Ruzicka M, Campbell NRC, Vallée M, Prasad GVR, Lebel M, Campbell TS, Lindsay P, Herman RJ, Larochelle P, Feldman RD, Arnold JMO, Moe GW, Howlett JG, Trudeau L, Bacon SL, Petrella RJ, Lewanczuk R, Stone JA, Drouin D, Boulanger J-M, Sharma M, Hamet P, Fodor J, Dresser GK, Carruthers SG, Pylypchuk G, Gilbert RE, Leiter LA, Jones C, Ogilvie RI, Woo V, McFarlane PA, Hegele RA, Poirier L, Tobe SW, for the Canadian Hypertension Education Program. The 2011 Canadian Hypertension Education Program (CHEP) recommendations for the management of hypertension: Blood pressure measurement, diagnosis, assessment of risk and therapy. *Can J Cardiol.* 2011;27:415-433
32. Walker RL, Gee ME, Bancej C, Nolan R, Kaczorowski J, Joffres M, Bienek A, Gwadry-Sridhar F, Campbell NRC. Advice from health professionals to Canadian adults with hypertension: Results from a national survey. *Can J Cardiol.* 2011;27:446-54
33. Campbell NRC, Poirier L, Tremblay G, Lindsay P, Reid D, Tobe SW on behalf of the Canadian Hypertension Education Program. Canadian Hypertension Education Program: The science supporting new 2011 CHEP recommendations with an emphasis on health advocacy and knowledge translation. *Can J Cardiol* 2011;27:407-414.
34. McAlister FA, Wilkins K, Joffres, M, Leenen, FF, Fodor JG, Baclic O, Gee, M, Tremblay, MS, Walker R, Johansen H, Robitaille C, Campbell NRC. Changes in hypertension awareness, treatment, and control rates in Canada over the past two decades. *CMAJ* 2011;183:1007-1013.
35. Khan NA, Wang H, Anand S, Jin Y, Campbell NRC, Pilote L, Quan H. Ethnicity and Sex Impact Diabetes Incidence and Outcomes. *Diabetes Care.* 2011;34:96-101.
36. Campbell NRC, Neal BC, MacGregor GA. Interested in developing a national program to reduce dietary salt? *J Human Hypertension.* 2011;25:705-10
37. Campbell NRC, Strang R, Young E. Hypertension, the need for combining public health and clinical approaches. *Can J Cardiol.* 2011;27:34-6
38. Chen G, McAlister FA, Walker RL, Hemmelgarn BR, Campbell NRC. Cardiovascular outcomes in Framingham participants with diabetes: The importance of blood pressure. *Hypertension.* 2011;57:891-897
39. Jones CA, Mawani S, King KM, Allu SO, Mohan S, Campbell NRC. Tackling Health Literacy: Adaptation of Public Hypertension Educational Materials for an Indo-Asian Population in Canada. *BMC Public Health* 2011;11:24

## **APPENDIX 2:**

### **Presentations and briefings related to the Chair mandate (July 2011 to June 2012)**

#### **International**

- Sept 27 The Canadian Hypertension Education Program. Improvements in awareness, treatment and control over 10 years. Key Lecture. First International congress on prevention, diagnosis and management of hypertension. Isfahan, Iran
- Sept 28 Adverse health effects of dietary salt and the Canadian experience. Key Lecture. First International congress on prevention, diagnosis and management of hypertension. Isfahan, Iran
- Sept 29 National guidelines development and update. Key Lecture. First International congress on prevention, diagnosis and management of hypertension. Isfahan, Iran
- Sept 29 Implementation of national guidelines. Key Lecture. First International congress on prevention, diagnosis and management of hypertension. Isfahan, Iran
- Oct 28 Establishing a Scientific Expert Advisory Committee (Terms of Reference) for phase 2 of Cardiovascular Disease Prevention through Dietary Salt Reduction. Meeting of the Regional Expert Group, Countries and Partners convened by the Pan American Health Organization/World Health Organization. Washington DC
- Oct 27 Overview of expert group achievements. Cardiovascular Disease Prevention through Dietary Salt Reduction Meeting of the Regional Expert Group, Countries and Partners convened by the Pan American Health Organization/World Health Organization Washington DC
- Nov 14 The United Kingdom Salt Reduction Program, American Heart Association Scientific Sessions 2011, International Congress on Global Cardiovascular Prevention and Health Promotion. Orlando Florida
- Nov 14 The United States and Canadian Salt Reduction Programs, American Heart Association Scientific Sessions 2011, International Congress on Global Cardiovascular Prevention and Health Promotion. Orlando Florida
- March 26 Salt intake, hypertension and stroke in the Americas in Pan American Health Organization PAHO/WHO Webinar Less Salt = lower blood pressure= less stroke
- May 23 Briefings with Dr Juan Carlos Villar re development of a hypertension recommendations process for Columbia including research, collaboration and sodium reduction
- June 14 Home assessment of Blood Pressure. The Canadian Approach. Hypertension Coalition. Montana Cardiovascular Health Program. Bozeman Mt.

#### **National**

- Oct 4 Meet the expert; How can health care professionals get involved in national health policy? Canadian Hypertension Congress.
- Oct 2 Outcomes Research Task Force findings and clinical relevance from 2010-2011. Recommendations Task Force of the Canadian Hypertension Education Task Force.
- Oct 4 Report from the Chair in Hypertension Prevention and Control. Canadian Hypertension Education Program Symposia. Canadian Hypertension Congress.
- Oct 4 Non government activities to reduce dietary sodium. Special Public Health Plenary Symposia. Canadian Hypertension Congress. (symposia chair, organizer, speaker)



Oct 5 Healthy public policy and building partnerships. Public Health Forum on a Healthy Blood Pressure Framework. A discussion of the way forward. To prevent and control hypertension. (symposia chair, organizer, speaker)

Oct 11 Pathophysiology of hypertension and dietary sodium. Association des Médecins Biochimistes du Québec and Canadian Association of Medical Biochemists

Oct 29-30 A series of 9 short talks (approximately 2 hours) to members of the Hypertension Advisory Committee of the HSFC CIHR Chair in Hypertension Prevention and Control. Representatives from Canadian Stroke Network, Canadian Stroke Network, College of Family Physicians of Canada, Canadian Pharmacists Association, Canadian Medical Association, Canadian Public Health Association, The Canadian National Specialty Society for Community Medicine, Canadian Cardiovascular Society, Canadian Society of Internal Medicine, Hypertension Canada, Canadian Institutes of Health Research

Jan 2012 Briefing (teleconference) to C Bennet, Liberal Party re sodium reduction and current Federal Government policy.

Feb 8 2012 Briefing to Libby Davies DP Health Critic re sodium reduction and current Federal Government policy. Ottawa

Feb 7 Sodium reduction in Canada, a brief review of science, history, recent actions and potential actions Nongovernmental organizations can undertake. Canadian Hypertension Advisory Committee. Ottawa

Feb 7 Outcomes research, monitoring and evaluation of hypertension in Canada, Canadian Hypertension Advisory Committee. Ottawa

April 5 Overview of the Pan Canadian Hypertension Framework, Teleconference- 30 minute presentation to the Council of Chief Medical Officers of Health.

June 21 Meeting with Paul Glover Assistant Deputy Minister of Health regarding Health Canada approach to foods and lack of policy

June 21 Meeting with Rodney Ghali, Director, PHAC regarding opportunities for collaboration

### **Regional**

August 17 Briefing to Chris Eagle (CEO Alberta Health Services) on hypertension 1 hour

Sept 23 Briefing to Jay Ramotar (Deputy Minister of Health) and Chris Eagle (CEO Alberta Health Services) on hypertension 1 hour

Oct 12 Briefing on Hypertension to members of the Quebec Ministry of Health

Nov 25 The role of the Internist in public health. Rocky Mountain Internal Medicine Meeting Banff.

Feb 15 Health Polices to support sodium reduction. Ontario Sodium Summit. Toronto

April 3 Efforts to prevent and control hypertension in Canada. Libin CV institute-HSFA public session.

June 23 Briefing on Hypertension to Board of HSFA

### **Media spokesperson for press releases**

- 1) Media release, Letter to Prime Minister of the need for more extensive government action on dietary salt
- 2) Media release International comparison of salt in fast foods
- 3) Media release on article on 'pathogenic foods'
- 4) HSFC Media release on "Hypertension Chair Announcement"

### **Electronic resources**

- <http://www.facebook.com/pages/Dr-Norm-Campbell-HSFC-CIHR-Chair-in-Hypertension-Prevention-and-Control/305391829527061>
- Petition on dietary sodium. Available at [www.sodium101.ca](http://www.sodium101.ca)
- Public letter to Prime Minister Harper on Dietary Sodium. Available at [www.sodium101.ca](http://www.sodium101.ca)
- Standardized Power point slide set on Hypertension Framework and on HSFC CIHR Hypertension Chair.

### **Paper resources**

- 2012 fact sheet on hypertension
- 2012 fact sheet on dietary sodium

### **Book Chapters**

- Campbell NRC, Gibson P, Tsuyuki RT Cardiovascular Disorders: Hypertension. Pages 450-477. In Therapeutic Choices. 2011 Canadian Pharmacists Association. Ottawa Ontario.
- Henry R. Black and Norman R.C. Campbell C H A P T E R 51 U.S. and Canadian Hypertension Guidelines in Hypertension: A Companion to Braunwald's Heart Disease. In press.
- Can hypertension be prevented? Charlotte Jones, Norm RC Campbell In Special Issues in Hypertension Editor(s): Adel Barbari, Giuseppe Mancia Editors, Springer. In press.

### **Government Documents**

- World Health Organization and Government of Canada (N Campbell co-chair of meeting and assisted report revision). Strategies to monitor and evaluate population sodium consumption and sources of sodium in the diet. World Health Organization, Geneva 2011.
- Regional Consultation. Priorities for cardiovascular health in the Americas. Key messages for policy makers. Pan American Health Organization. Washington DC 2011 (N Campbell, Consultant participant).
- WHO/PAHO Regional Expert Group for Cardiovascular Disease Prevention through population-wide dietary salt reduction. Final report. [http://new.paho.org/hq/index.php?option=com\\_content&task=view&id=2015&Itemid=1757](http://new.paho.org/hq/index.php?option=com_content&task=view&id=2015&Itemid=1757) (N Campbell, Committee Chair)