



and on such things as mortality rates and hospitalizations. "It's a five-year study," Luepker says, explaining that they're using North and South Dakota, Iowa and Wisconsin as controls. (The campaign and study are funded by Lillehei Heart Institute and NIH grants, respectively.)

Luepker is optimistic more Minnesotans will soon be taking aspirin. "I'm always surprised by how much Minnesotans are interested and willing to do things like this," he says.

And he believes it will result in even fewer Minnesotans having heart attacks and strokes in the future. "This is one effort among many to improve health," he says. "It will push the stone a little farther down the road." — CARMEN PEOTA

Ask about **aspirin**

Cardiologist Russell Luepker, MD, has been taking a baby aspirin daily since the 1980s, when he was one of the 20,000 or so doctor-subjects in the Physicians' Health Study. That trial, which set out to test the benefits and risks of aspirin and beta carotene for primary prevention of cardiovascular disease and cancer, showed low-dose aspirin reduced the risk of having a first myocardial infarction by 44 percent. Now a researcher in the University of Minnesota's School of Public Health, Luepker is trying to get more Minnesotans to do what he does.

Luepker is one of the drivers of a recent campaign urging Minnesotans to "ask about aspirin." It's the latest focus of the School of Public Health's Minnesota Heart Health Program, which for 30 years has been encouraging Minnesotans to adopt heart-healthy behaviors. "We've worked in the areas of diet, exercise and high blood

pressure and things like that," he says.

Luepker says the idea to focus on aspirin use emerged several years ago, when he and his colleagues began to ask, "What else can we do to prevent first heart attacks and strokes? In addition to exercising, eating right and controlling their blood pressure, taking aspirin was one thing people could do to reduce their risk. Aspirin is readily available and it's cheap. But it isn't right for everyone and is actually contraindicated for people with conditions such as bleeding ulcers or who take certain medications. "Anybody can buy a year's supply of aspirin for about \$5," he says, "but self-prescribing is always a problem we worry about. And while a large percentage of people will be aided by taking aspirin, a substantial number of people won't be helped and will have the side effects

of aspirin without any of the benefits."

The research team settled on a strategy of urging people to ask a clinician about aspirin and fleshed out a plan for reaching the public (via billboards and radio spots) with the message "ask about aspirin." They developed training for clinicians and online and print materials. And they designed a study to assess the effectiveness of their campaign.

In 2013, they piloted the campaign in Hibbing, Minnesota. Survey results showed aspirin use among eligible patients increased from 31 percent before the campaign to 52 percent afterward.

Now, the Ask about Aspirin is going statewide. Researchers will be working with 134 clinics across the state (excluding the Twin Cities and Rochester) to train staff and ensure the right patients are getting the right message about aspirin. Then they'll be assessing whether their efforts are having an impact on people's behavior



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