



The Impact of Heart Disease in Alameda County

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Health Condition

Heart Disease is a term used to describe several conditions of the heart (1) Coronary artery disease (CAD), a build of plaque within the heart preventing adequate blood flow, is the most common type of heart disease found in the United States. Data shows it kills more than 600,000 people each year, making it the leading cause of death within the United States. This disease affects both women and men, though a greater number was seen in men. Health conditions such as having high blood pressure, smoking, and high cholesterol have been shown to increase the risk of developing heart disease. Lifestyle modifications as well as improving health status such as maintaining a healthy diet, exercise, weight management, and non-smoking are all preventative steps (Center for Disease Control and Prevention [CDC], 2018).

Disease Epidemiology

Within Alameda County heart disease accounted for 21.7%, the third leading cause of death within the county. It was the second leading cause of death within neighborhoods classified to be *very high poverty* where more than 30% of their residents lived below the poverty line. As well as attributing to 10.3% of deaths within the age group of 25-44 years of age in those very high poverty neighborhoods. Heart disease was found to be the leading cause of death for American Indians [23.4%] and Pacific Islanders [26.2%] and second among the other races (The Alameda Public Health Department [ACPHD], 2014).

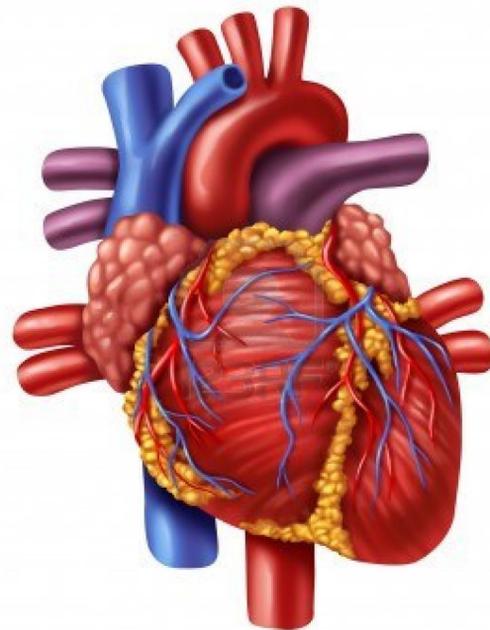
The rate of heart disease deaths is lower in Alameda county when compared to the national average 130.5 vs 179.1 deaths per 100,000 population (ACPHD, 2014)

Heart disease on a national level, accounts for 1 in every 4 deaths. Racially it is the leading cause of deaths among African Americans, Hispanics, and white population. It is second among the Asian Americans and American Indians (CDC, 2018).

Public Health Intervention

Primary prevention; before the disease occurs and secondary prevention; combating the disease in its early stages to prevent further deterioration can be carried out through outreach (Minnesota department of health; Division of community health services; Public health nursing section [PHNS], 2001)

Outreach is bringing information to the community about heart disease and the importance of getting checked, knowing an individual's risk factors and what can happen if it is not addressed. Along with given information, on-site services such as blood pressure screenings can be provided as an incentive towards following up with their primary care physician. Additional outreach is also providing additional resources outside of the event (PHNS, 2001).



Supporting Evidence

A community outreach event called *Rhythms of the Heart* was created, through a collaborative interprofessional effort by the Florida Southern College Symphony Orchestra, Lakeland Regional Health, the School of Nursing, and the Athletic Training Program. The event highlighted heart disease through activities such as a lecture and discussion by a cardiologist from Lakeland Regional. As well as providing blood pressures screening, tips on healthy habits through diet and exercise. The pinnacle of the event included a concert orchestra with music representing heart rhythms through instrumental interpretation. 50% of the attendees participated in the pre-conference screening events. The event was open to all ages, although the majority of participants were of college-age and the elderly. There was favorable feedback with how the information was presented during audience engagement in a post-discussion lecture. Participants were also found to have a positive connection with music to heart rhythms (Omelchenko, Hall, Gainey, & Olse, 2018).

A larger community outreach initiative took place within the state of Colorado; in 23 counties and 14 different communities. This partnership was a makeup of federally qualified health centers, local public health departments as well as a visiting nurse association. Each sector targeted the underserved population within their community, which included the uninsured, ethnic/racial minorities, migrant/resort workers, the homeless and small business employees. This outreach was meant to reach the underserved, and at-risk towards improving awareness of heart disease. Outreach along with a screening component was held at multiple locations from soup kitchens, worksites, homeless shelters, grocery stores as well as barbershops and laundromats. Services which were provided included health education as well as taking blood pressure, along with height and weight measurements. Referrals were provided as well as resources towards insurance enrollment, activity and smoking cessation resources and necessary follow-up. Over a 3 year course, there were 17,995 participants, with 60% being part of a racial and ethnic minority. Data indicated that 82% of participants were unaware of their risk towards heart disease. Indicating outreach as a beneficial component towards health education (Whitley, Main, McGloin & Hanratty, 2010)

Discussion

In Alameda heart disease in the Pacific Islander community is the leading cause of deaths and accounts to 26.2% of total deaths within the county. In addition the death rate for the male gender is 2.7 times greater than that of the female gender (ACPHD, 2014). Health considerations to take into account for this community would include the cultural impact. This community could be a makeup of immigrants, not familiar with health interventions as well as necessary health check ups. They may have no desire to seek medical treatment other than in times of emergencies. The English language may not be spoken within the household deterring one to not seek health advice.

To provide outreach to this community one would create an informative handout, in multiple languages with bullet points outlining the important details of the subject matter. As well as including illustrations to target the part of the population who may be illiterate. Information would include disease process as well as life style interventions. Providing information which is concise and to the learner engaged and empowered to seek treatment or healthcare is the overall goal (PHNS, 2001)

References

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