

Health promotion plan for african american adults at risk for coronary heart dise...

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Abstract Coronary heart disease affects a disproportionate amount of African Americans (CDC, 2010a), yet there are modifiable risk factors that can reduce the risk of this disease. These modifiable risk factors include high blood pressure and high cholesterol. This health promotion plan involves a community-based strategy that targets African Americans by offering primary and secondary prevention measures directly accessible at local community churches in Titusville, FL to decrease the prevalence and incidence of coronary heart disease in the African American community.

Health Promotion Plan for African American Adults at Risk for Coronary Heart Disease Part I: Community Diagnosis Risk of complications, including death, of hypertension and hyperlipidemia among African American adults related to poor eating habits, poor primary prevention measures, and poor medication compliance as evidenced by data that show prevalence of cardiovascular disease among African Americans to be 44. 6 percent for males and 46. 9 percent for females (FDH, 2008), and Healthy People 2010 National Health Objective 12-9, which is to reduce the proportion of adults with high blood pressure (USDHHS, 2000), and National Health Objective 12-14, which is to reduce the proportion of adults with high total blood cholesterol levels (USDHHS, 2000). Part II: Review of Literature What is Coronary Heart Disease and how does blood pressure and cholesterol affect it? According to the CDC (2010b), cardiovascular disease is the leading cause of death for both men and women (34. 3 percent of all deaths), and is estimated to affect over 81 million people in the United States (AHA, 2010). Cardiovascular disease includes several conditions (AHA, 2010): high blood pressure, coronary heart disease, stroke, and heart failure. Coronary heart

disease is the most common type of cardiovascular disease and accounts for the majority of these deaths (AHA, 2010).

Coronary heart disease, also known as coronary artery disease, refers to a condition in which atherosclerotic plaque collects in the arteries and obstructs the flow of blood to the myocardium (Lewis, Heitkemper, Dirkson, O'Brien, & Bucher, 2007). The plaques consist of deposits of cholesterol and lipids, which progressively decrease the diameter of the blood vessel through which blood flows. The stress of a constantly elevated blood pressure increases the rate of atherosclerotic development (Lewis, Heitkemper, Dirkson, O'Brien, & Bucher, 2007). Coronary heart disease is associated with multiple risk factors, some of which are modifiable (e. g., high cholesterol, high blood pressure, diabetes, smoking, and dietary factors) and other risk factors that are not modifiable (e. g.

, age, sex, heredity) (CDC 2010b; Lewis, Heitkemper, Dirkson, O'Brien, & Bucher, 2007). Why is high cholesterol & high blood pressure a problem for African American Adults? Data from the CDC (2010a) suggest that although African Americans are less likely to be diagnosed with coronary heart disease, which is due to disparities in health care access and delivery, they are more likely to die from it. In fact, the prevalence of cardiovascular disease among African Americans is 44. percent for males and 46. 9 percent for females (FDH, 2008). Related to this are estimates that African American males and females over the age of 20 are more likely to have hypertension than non-Hispanic whites (CDC, 2010a). Although percentage of African American adults over the age of 20 with high cholesterol is less than non-

Hipic whites, high cholesterol is still a problem for approximately 10 percent of African American females and 13 percent of males (CDC, 2010a).

Current Nursing Interventions Primary prevention measures generally consist of patient education, behavioral counseling, and support. Secondary prevention measures involve blood pressure screening, blood lipid screening, prescription and reinforcement of medication regimes (Taylor & Wright, 2005), and referrals. Successful and Unsuccessful Interventions Current interventions combined with programs such as the Racial and Ethnic Approaches to Community Health (REACH) 2010, which addresses underserved communities (CDC, 2010c), the BLESS project (Williamson & Kautz, 2009), which promotes health through faith-based activities, and community health advisor programs are interventions that are working (Cornell et al. 2009; Plescia, Herrick, & Chavis, 2008; McKinley et al. , 2009; Williamson & Kautz, 2009). Studies suggest that some interventions alone don't always achieve the intended outcomes due to disparities in related to access and delivery of health care (Niska & Han, 2009; Ratanawongsa, Fisher, Couper, Van Hoewyk, & Powe, 2010). Part III: Plan Title: Health Promotion Plan for African American Adults at Risk for Coronary Heart Disease in Titusville, FL.

Short term goal: Before and after Sunday church services at five, mainly African American churches, volunteer nurses will educate 10 individuals on three causes of high blood pressure and three causes of high cholesterol, and screen those 10 individuals for high blood pressure. Three Measurable, Time Specific Learner Objectives 1. By the end of one, 20-minute teaching

session, participants will list three ways to decrease coronary heart disease.

2. By the end of one, 20-minute teaching session, participants will list three health promoting behaviors to reduce high blood pressure. . By the end of one, 20-minute teaching session, participants will list three health promoting behaviors to decrease elevated cholesterol levels.

These goals and objectives specifically target African Americans living in Titusville. Short, concise educational sessions will precede and follow church services at five predominantly African American churches in Titusville the first Sunday of each month for a year. A booth, consisting of information in the form of posters and pamphlets for participants to take home, will be set up. The booth will be staffed by two nurse volunteers, who will provide basic information to participants, as well as assess participant's blood pressures. The objectives will be measured and evaluated orally through question and answer sessions at the end a 20-minute session. These objectives are reasonable and feasible because the time frame suggested is enough to engage the participant without overwhelming them with too much information, yet nurses will be available for questions once a month (for a year) should the need arise.