

# [Increased risk of cardiovascular disease in middle-aged](https://assignbuster.com/increased-risk-of-cardiovascular-disease-in-middle-aged/)

Community Care Plan: Increased Risk of Cardiovascular Disease in Middle-Aged to Elderly Populations in Mesquite

| Assessment  | Community Nursing DX: Increased risk for cardiovascular disease in middle aged to elderly populations in the Mesquite (75150) related to the behavioral health habits as evidenced by leading cause of mortality statistics (heart disease, dshs. state. tx. us), higher rates of smoking/excessive alcohol consumption relative to state (countyhealthrankings. org), increased rate of physical inactivity relative to state (countyhealthrankings. org), prevalence of sedentary occupations (factfinder2. census. gov), the inadequacy of nutritional status and fitness facilities (city-data. com; countyhealthrankings. org), and a lack of programs that offer educational materials about the disease [no programs found in Mesquite (75150) via online search].  |  |  |  |  |
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| Community Goal: There will be a decrease in Dallas County (which includes 75150) in behavioral risk factor surveillance percentage for cardiovascular disease from 8. 6% (in 2010 survey) to 8. 0%.  |  |  |  |  |  |
| Nursing Interventions  | Rationale  | Community Outcome Criteria  | Evaluation  | Possible Solutions  |  |
| Leading cause of mortality is heart disease; 3, 218 deaths/13, 966 from all diseases; behavioral risk factor surveillance for 2010 for MI – 4. 5 % which is highest of all metropolitan areas in TX; for CV disease – 8. 6%, which is within the top 3 (dshs. state. tx. us) Management, business, science and art occupations constitute 27. 8% of occupations; sales and office occupations constitute 30. 4% (other occupations more active than these sedentary occupations; factfinder2. census. gov); 9 parks in 75150 (city-data. com) Adult smoking- 16%, BMI over 30 – 31%, persons over 20 years reporting no leisure time physical activity – 25% binge plus heavy drinking – 14% (countyhealthrankings. org) Need more information to assess nutrition besides income ($46, 788; residents below poverty level 12. 1%, city-data. com); data needed in regards to city rather than county – access to recreational facilities – 7, limited access to healthy foods 8%, fast food restaurants – 53% (countyhealthrankings. org) 8. 3% unemployed; 82. 5% high school or higher; 19. 4% bachelor’s or higher; 5. 8% graduate/professional degree (city-data. com); Preventable hospital stays -59 | ratio of residents to PCPs 1, 585: 1 | uninsured – 31% (countryhealthrankings. org)  | Assess for for risk factors such as family history, sedentary lifestyle, lack of physical activity, imbalanced diet, smoking, access to appropriate medical care, and health literacy level; also provide primary prevention by assessing middle aged and older populations without cardiovascular disease.  | Assessment of risk factors is essential for early detection of heart disease. “ Hearts For Life: A Community Program on Heart Health Promotion” (2003). Retrieved fromhttp://health. mo. gov/data/interventio nmica/HeartDisea seandStroke/3118 . pdf  | Residents will be screened for factors contributing to cardiovascular disease at local churches, senior centers, nursing homes, assisted living, libraries, recreation centers, etc. Nurses will provide proper follow up and referral for results of concern as well as provide education in regards to specific risk factors and how to control modifiable risk factors.  | Middle-aged and elderly residents will be asked about their known risk factors on initial screening during Fall 2014. Residents will also be asked about how they can personally change their modifiable risk factors in regards diet, behaviors, exercise. Will request follow up on health status at next available screening time (every 6 months at a specific location; varied locations for screenings and assessments throughout the year). Will also request that families attend with younger members to initiate primary prevention and aid in care and involvement in elderly resident’s health.  | Residents at higher risk will be assessed further and provided with references to a preferred clinic site or physician depending on each resident’s financial status.  |
| Refer to assessment data above; More information needed on specific HTN prevalence, high cholesterol prevalence; Personally observed data at CC-Young Retirement Community: Many residents unaware of what medication they are taking, especially if they are not self-administering, some even unaware of having HTN or high cholesterol.  | Conduct blood pressure screenings at local churches, senior centers, nursing homes, assisted living, libraries, recreation centers, etc.  | Reducing risk factors for CV disease include evaluation of BP. “ Example of Evidence Based Interventions at a Glance” (n. d.). Retrieved fromhttp://health. mo. gov/data/interventionmica/Heart DiseaseandStroke/index\_5. html  | Residents will be screened regularly at listed locations on a monthly basis for blood pressure. Resident will be told and educated about normal and abnormal ranges, signs and symptoms to watch out for (chest pain, SOB dizziness, fatigue, sweating), and how to self-assess with a sphygmomanometer if at higher risk/have abnormals. Residents will also be provided follow up and referral locations if higher risk/have abnormals.  | Residents will be quizzed verbally on normal/abnormal blood pressure readings at the end of screenings on that same day. They will also be able to list at least 3 adverse signs and symptoms associated with cardiovascular disease, at the end of screening that day. For higher risk residents, will have them demonstrate how to take blood pressure. Will request resident to bring family members to come to next screenings so they can also learn to take blood pressure.  | Those residents at higher risk will be assessed further and provided with references to a preferred clinic site or physician depending on each resident’s financial status. If possible with funding for supplies, provide free supplies for self-checking.  |
| More information needed about programs offered at said locations, need to advertise to public. 9 parks in 75150 (city-data. com); 4 recreation centers in Mesquite (cityofmesquite. com)  | Exercise programs offered at local churches, senior centers, nursing homes, assisted living, recreation centers, fitness centers, etc.  | FAME fitness program show to be effective in reducing CV risks. “ Example of Evidence Based Interventions at a Glance” (n. d.). Retrieved fromhttp://health. mo. gov/data/interventionmica/Heart DiseaseandStroke/index\_5. html  | Residents will be able to participate in exercise programs and calculate a target heart rate and taking pulse for exercise. Instructors will provide evaluations of exercise skills taught during classes as well as surveying the frequency of residents’ personal exercise schedule.  | Residents will be evaluated of their physical progress over a 6 week time span for achieving their target heart rate during exercise.  | Provide incentives to return to exercise classes, such as rewards for achieving target rate like gift cards or prizes.  |
| Refer to assessment data above; More information needed on specific nutritional food access, dietary choices, height/weight, daily food consumption. 1 Wal-Mart, 1 Kroger, 1 Albertson’s in 75150; other listed business include many fast food restaurants (city-data. com)  | Dietary education at local churches, senior centers, nursing homes, assisted living, recreation centers, libraries, fitness centers.  | CARDES dietary programs have shown to be effective in decreasing rates of CV disease. “ Example of Evidence Based Interventions at a Glance” (n. d.). Retrieved fromhttp://health. mo. gov/data/interventionmica/Heart DiseaseandStroke/index\_5. html  | Residents will be able to give 24 hour recall for assessment of diet and be recommended appropriate portions and amount of food based off of MyPlate. Portions, ingredients, etc. will be modified for those with HTN and diabetes. Will also offer referrals to dieticians.  | Residents will give an example of a healthy meal by drawing and/or verbalizing their own “ MyPlate”. Residents will inform on how the food was prepared, where the ingredients would be bought and if those ingredients are within their budget. For those who may not be able to afford at the typical grocery, will offer information on local food banks and food stamp programs.  | Finding locations where nutritional foods are offered. Assessing locations that give away free food such as churches and senior centers for nutrition is important; providing instruction about preparation of food in a healthy manner is critical to dietary health.  |
| Refer to data from above in regards to smoking rate in Dallas county; More information needed on tax funds used from cigarette purchases and accurate pricing of average cost of cigarettes. Cheaper brands of cigarettes, ~$4; more expensive brands ~$5 (city-data. org/forum)  | Work with law makers to increase prices of cigarettes and use of increase in net tax for antismoking education campaign.  | Study of the impact of $0. 25 increase in price with California Tobacco Program that allocated $0. 05 for anti-tobacco educational campaign. Showed a decrease of 2. 93 deaths per 100, 000 per year and decrease in amount of packs smoked to 2. 72. New York Academy of Medicine (n. d.). A compendium of proven community- based prevention programs. Retrieved fromhttp://healthyamericans. org /assets/files/NYAM\_Compendium. pdf  | Residents who smoke will cut down the amount of packs of cigarettes bought per week. In an anti-smoking campaign, will educate residents on how much money could be saved by cutting down. Will also offer education of alternatives for quitting in antismoking campaigns like nicotine patches and gum.  | Referring to local government data on cigarette sales to evaluate the amount of sales (if not decreased), noting for the increase in price, and use of net tax funds for allocation of educational programs.  | Petitioning with support of local residents for distribution of tax funds towards educational programs on smoking. Also working with public health center to work with government to offer incentives to cigarette companies to raise prices can be a possible solution.  |
| Personal experience of finding information and programs offered regarding CV disease and health in 75150 and Mesquite: poor, not much information via internet, radio or TV; only current mass public media span observed regarding health are acetaminophen precautions. More information needed on listings in local newspapers.  | Mass media campaign; commercials about health statistics regarding CV disease, educational programs, aspirin/NTG medication education over billboards, radio, TV, newspaper, internet.  | The Stanford Five-City Project mass media program along with other programs saw decreases in BMI, HTN, glucose and CV risk factors. New York Academy of Medicine (n. d.). A compendium of proven community- based prevention programs. Retrieved fromhttp://healthyamericans. org/assets/files/NYAM\_Compendium. pdf  | Residents will be more informed about reducing CV risk via information through the media about dietary changes, exercise, etc.  | Evaluation via use of government data on decrease in mortality rates, statistics. Also if using online media, provide surveys for feedback of helpfulness.  | Increased awareness in the media driven society can affect people’s perspectives on health.  |
| Currently there is only a ban on just bars and restaurants in Mesquite; there is no state wide regulated ban on workplace (no-smoke. org; smokefreetexas. org); More information needed on lists of specific businesses and workplaces that do allow smoking.  | Working with lawmakers to ban smoking within all enclosed workplaces.  | A worksite intervention program targeting individuals who smoke saw a decrease in the amount of people who smoked, reduction in diastolic BP and reduction in cholesterol. New York Academy of Medicine (n. d.). A compendium of proven community- based prevention programs. Retrieved fromhttp://healthyamericans. org /assets/files/NYAM\_Compendium. pdf  | There will be a decrease in the prevalence of smoking in the workplace.  | Evaluation will not be done if enacted into law; evaluation by law enforcement and fines.  | There are surveys and petitions that can be taken in support of banning smoking in all workplace facilities; there is a current survey that indicates widespread support of state wide law (smokefreetexas. org)  |