Benefits of including Evidence-Based Programs in Heart Disease Management
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Heart or Cardiovascular Disease (HD/CVD) is the leading cause of death among people of most racial and ethnic groups based on the 2017 National Vital Statistics Report (NVSR). According to the CDC, 647,000 Americans die from HD/CVD each year, representing 1 in 4 deaths. The mortality percentages for HD/CVD increase among adults 45 years and over when compared to younger age groups.

Heart or Cardiovascular Disease is a term used for all type of disease that affect the heart or blood vessels including coronary heart disease (clogged arteries), heart failure, heart attack (stroke) and high blood pressure. The most common HD/CVD is the coronary heart disease, affecting around 18.2 million adults 20 years and older. Coronary heart disease can reduce or completely block the amount of oxygen-rich blood getting to the heart, which can cause angina or a heart attack (stroke). In the US 805,000 Americans have a heart attack each year.

The cost of healthcare services, medicines and loss of productivity due to deaths from HD/CVD from 2014-2015 was of $351.2 billion. This represents a 10% of the 3.5 trillion spent in the US for healthcare cost in 2017. As the population continues to grow and age healthcare costs will increase. Hence, the need to address HD/CVD among Americans.

Studies have shown that unhealthy lifestyles and certain health conditions can increase the risk of heart or cardiovascular diseases, such as: (1) Being physically inactive, (2) not getting enough quality of sleep, (3) smoking tobacco or long-term exposure to secondhand smoking, (4) stress, (5) overweight/obesity, (6) high sugar levels, (7) High blood pressure, and (7) unhealthy eating patterns.

Physical Inactivity and sedentarism are among the leading risk factors for cardiovascular disease and all-cause mortality. Since it can lead to other medical conditions such as overweight, obesity, high blood level of cholesterol or triglycerides and diabetes. Poor quality of sleep affects resting patterns needed for different body organs to recover, especially the heart as it relates to cardiovascular diseases. Waking up suddenly can cause a sharp increase in blood pressure and heart rate.
Tobacco use and secondhand smoking can damage blood vessels and other organs which, in turn can cause cardiovascular diseases as well as other chronic conditions. Stress can trigger tightening of the arteries associated to HD/CVD due to the physical strain. Additionally, the emotional strain of stress can cause individuals to increase smoking and the intake of high sugary and fatty foods, all of which can negatively impact a person’s health. People with Diabetes have a higher risk of HD/CVD due to sugar build up in blood. Likewise, high blood pressure is a major risk factor for heart or cardiovascular diseases, because uncontrolled high blood pressure has a negative impact over the heart. As well as, high blood cholesterol levels, which build up in the arteries and decreases the blood flow to organs, including the heart. Finally, unhealthy eating patterns may lead to overweight and obesity, high blood cholesterol, atherosclerosis, and plaque buildup in the heart’s arteries.\(^3\)

Evidence-Based Programs (EBPs) can help improve and manage the risk factors (unhealthy behaviors and medical conditions) associated with heart or cardiovascular diseases; through skill building practices like problem solving techniques, goal setting, healthy behavior engagement, coping strategies, and self-management practices, among others. There are different types of evidence-based programs targeting self-management of chronic conditions, physical activity, depression management, healthy eating, and other individualized health needs. Some of the programs that are helpful in addressing unhealthy behaviors and medical conditions are: Chronic Disease Self-Management Program, A Matter of Balance, EnhanceWellness, PEARLS, EnhanceFitness, Healthy IDEAS, Fit & Strong, Diabetes Self-Management, and Healthy Moves. For more information on evidence-based program please visit: Evidence-Based Leadership Council webpage.

Furthermore, a wider dissemination of self-management guidelines and healthy behaviors can be done through EBPs. Since the programs are delivered through community-based organizations that already have an established presence in the different areas. They have the ability to reach a widespread of underserved and/or culturally diverse people and/or communities that may be hard to reach by traditional healthcare services.

Also, through the collaborative work of program developers and community-based organizations there have been many program adaptations throughout the years to comply with population needs and keep programs up to date. The ability of community-based organizations to replicate the delivery of evidence-based programs and achieve positive outcomes has been facilitated through guidelines, requirements and program structure stipulated by developers. Peer leaders (community health workers, instructors, etc.) provide community-based organizations with a valuable resource of committed multicultural, multilingual, and multifaceted individuals, willing to assist participants to improve their overall health and well-being.

Therefore, as healthcare costs continue to increase when managing and/or treating heart or cardiovascular diseases through traditional healthcare services; actions need to be taken to improve the overall health of individuals. Some of the actions suggested are prevention, increase of self-management practices, expansion of service delivery to underserved...
populations, and integration of traditional health care and community organizations through the delivery of evidence-based programs to help manage heart or cardiovascular disease risk factors.

Bibliography

2. Center for Disease Control and Prevention. Heart Disease [https://www.cdc.gov/heartdisease/about.htm](https://www.cdc.gov/heartdisease/about.htm)