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Community-based Approaches to Cardiovascular Health

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The current issue of Family and Community Health focuses on community-based approaches to cardiovascular health. In an era of dwindling resources for patients, community-based approaches to health becomes more and more important.¹ Such approaches are especially critical for communities that are disenfranchised and under resourced.² The exploration and understanding of community based strategies to improve health outcomes with a focus on cardiovascular and related disorders are highlighted in the current issue. With cardiovascular disease being a major contributor premature morbidity and mortality globally,^{3,4} understanding community strategies to enhance cardiovascular health and being able to share such strategies across different communities is critical to understand the lessons learned in the context of those lessons in order to minimize duplication of efforts as we go forward.^{5,6} With non-communicable diseases now being the leading cause of death globally, community-based strategies have expanded from the more traditional public-health approaches to address communicable diseases to novel interventions leveraging community assets to address non-communicable diseases.^{5,7,8}

Contributive authors address several of the broad issues addressing cardiovascular health from a community perspective. These include children focused initiatives ranging from community based resistance exercise training for preadolescents by Crespo et al. to an elementary school based food and fitness initiative by Toussaint and colleagues. Such school-based strategies can be reinforced by community approaches to target health related policies such as the American Heart Association intervention to increase healthy vending machines in eight communities described by Garcia and co-workers.

Kamimmura et al. explore the use of social capital as a strategy for improving adherence to physical activity in low socioeconomic populations with diabetes or hypertension, while Karin Becker describes the use of logic models as a strategy to generate community-based program theory to improve cardiovascular health. She notes this is critical in the setting of the need to perform community health needs assessments under the new Affordable Care Act. To help frame a broader community understanding of cardiovascular health Al-Mohaisen et al. present data on the prevalence of determinates of elevated blood pressure among young Saudi female students reinforcing a global perspective on the need to address cardiovascular health in a multitude of populations and community settings. Lewis and colleagues provide data on screen exposures such as television viewing and computer use in over 4000 persons and found this to be important risk for poor sleep symptoms which is becoming more widely recognized as an important cardiovascular risk factor.

Another important community level site for cardiovascular health to be addressed is the workplace. Aginsky et al. present data on cardiovascular health from workplace health screenings and report on differing cardiovascular risks for blue-collar and white-collar workers, which has implications for both health screening and health promotion strategies in different occupational settings. At the level of patients and providers the need for effective behavioral interventions for cardiovascular risk reduction remains a major challenge. Hughes-Halbert and colleagues report on their findings derived from conducting qualitative interviews on differing priorities and preferences among patients and providers for addressing weight management.

Two community level strategies to address non-communicable diseases in areas of healthcare provider shortages provide important insights that have global implications. Raithatha et al. provide results of a program developed to train village health workers in India to measure blood pressure and blood sugar within the community as a low cost approach to address cardiovascular health and other non-communicable diseases. In a similar vein, Doede and colleagues report results from interviews with healthcare workers in community clinics in South Africa and provide insights on the roles and interactions between community health workers, clinic staff, and health professionals. These two papers help to advance our understanding of how community health workers can most effectively be used to promote cardiovascular health. Finally, Schuller et al. describe the challenges that many elderly face in addressing chronic health conditions, particularly in rural communities. Using Parkinson's disease as an exemplar of an important chronic condition that commonly coexists with other cardiovascular diseases, they explore and describe several models of care available to improve access to care for at risk elderly patients.

In summary, this issue provides an overview of the work ahead as communities are increasingly engaging in addressing cardiovascular health. As researchers and health professionals we have an opportunity and responsibility to work closely with community partners to ensure bidirectional education and authentic engagement.^{9,10} We thank the contributing authors for their efforts and for sharing of their findings and contributions to help improve the health of our communities. In the words of Winston Churchill "Healthy citizens are the greatest asset any country can have".

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