**Health Promotion and Prevention of Heart Disease among African Americans**

One of the key categories of the NCLEX-RN examination is health promotion and maintenance of health. The primary focus of health promotion and disease prevention programs is to ensure that people live healthy lifestyles. Health promotion on its own engages and encourages people in the community to adhere to healthy behaviors, and make changes that would reduce their chances of developing chronic diseases such as heart diseases. On the other hand, disease prevention is quite different from health promotion because it aims at the specific efforts that would reduce the development and severity of chronic diseases (National Council of State Boards of Nursing). Therefore, the increased cases of heart disease among African Americans in the United States calls for effective health promotion and preventions programs to be developed. The term heart disease is mostly used interchangeably with the term cardiovascular disease. It generally refers to conditions that involve blocked blood vessels that may result in a heart attack, stroke or chest pain. The paper will focus on the importance of addressing heart disease among African Americans, patient population that is affected by the issue, and the best solution to the problem. In addition, the goals, barriers and benefits of preventing the issue will be addressed.

**Importance of the Clinical Issue**

According to Mensah (2018), heart disease is among the least researched, understood, and discussed chronic disease among African Americans. Therefore, it is important for the patient population to know the causes, and signs and symptoms of heart disease so that they can actively prevent the condition. Some of the primary causes of heart disease are obesity, diabetes, and uncontrolled blood pressure. In addition, the common signs and symptoms of the disease are chest pain, shortness of breath, pain in the neck, jaw, throat, or back, and numbness, weakness, or coldness in the legs and arms. Understanding these aspects of the clinical issue would help patients to regularly monitor their blood pressure, cholesterol, and weight in an attempt to prevent the heart disease.

Consequently, if heart disease is left unresolved, it could lead to serious illnesses, disability, and lower quality of life. For instance, stroke can be fatal and may lead to a serious disability such as paralysis, emotional problems, and speech difficulties (Buttar et al., 2015). In addition, the quality of life is affected because individuals suffering from heart attack often experience dizziness, depression and fatigue, which makes it difficult for them to accomplish daily tasks or engage in physical activities. Heart disease is among the most widespread and costly health problem facing African Americans in the United States today. Families that experience heart disease have to deal with high medical bills, which results to a decreased standard of living.

**Patient Population**

Heart disease is among the primary killer for all Americans. However, African Americans are at an even greater risk for heart disease. In 2017, African Americans were 20% more likely to die from heart disease than non-Hispanic whites. In addition, African American women are 60% more likely to suffer from high blood pressure compared to their male counterparts. African American women are also less likely compared to Caucasian women to be aware they are at a risk for heart disease. Some of the prevalent risk factors for heart disease among African Americans are high blood pressure, smoking, high cholesterol, diabetes, obesity, physical inactivity, and family history of heart diseases (Eijsvogels & Maessen, 2017). This makes African Americans to be twice at risk for heart disease than Caucasians and more likely to die at an early age compared to patients of other ethnicities. Researchers relate the high cases of blood pressure among African Americans to a particular gene that increases the sensitivity to the effects of salt. The blood pressure of people with this gene can rise to up to 5 mm Hg by only adding an extra one gram of salt in food.

Additionally, cultural values among African Americans have a significant influence on the plan for addressing heart disease. For instance, most African Americans perceive physical activity as “work,” which results in little desire to engage in exercises. This has a significant influence on the adherence to physical activity recommendations. Most African Americans also engage in cigarette smoking. Smoking-related habits among African Americans contribute to the increased risks for heart disease.

**Proposed Solution**

High blood pressure, obesity, and high cholesterol are the common conditions that increase the risk for heart disease. Therefore, the proposed solution to these conditions is doing exercises. According to Buttar et al. (2015) a positive correlation exists between physical activity and good health. According to this study, three aspects must be considered when defining physical activity and these are duration, intensity, and frequency. Intensity refers to the extent of exertion. It is usually represented as a percentage of the target heart rate. Duration refers to how long a person perform a particular activity, and frequency is the number of times a particular activity is performed. The study indicates that there exists an inverse relation between exercise and the occurrence of heart diseases. That is, the risk for heart disease, decreases with increased physical activity.

Similarly, a research by Eijsvogels and Maessen (2017) that included more than 1,000,000 participants found that individuals who are inactive and sit the most are at an increased risk for coronary heart disease. The study suggests that strategies to increase physical activity and decrease sitting in high-risk populations such as the African Americans should be developed. In addition, a study by Lanier et al. (2016), recommends that adults should do moderate physical activity for at least 150 minutes, and intense aerobic activity for at least 75 minutes every week. The authors state that engaging a previously inactive adult in muscle strengthening activity at least twice a week helps to improve cardiovascular outcomes.

In addition, some of the ethical considerations in developing the physical activity plan are voluntary participation, informed consent, confidentiality, and communicating the results with the patient. Participation of a patient should be voluntary, and no coercion or deception should be used by a healthcare provider. In relation to informed consent, patients should fully understand the exercises, any potential consequences, and the benefits in reducing the risks to heart disease (Lanier et al., 2016). The patient’s health and any other information obtained should be kept confidential. In addition, as a healthcare provider, it is crucial to communicate the results with patient. This would help the patient to assess his or her progress and the effectiveness of the physical activity plan.

**Goals**

The physical activity plan would help patients to achieve both short-term and long-term goals. The primary short-term goal would be to lose weight. Weight lose usually does not happen right away, but adhering to a strict exercise program can have a positive effect. This would, therefore contribute to reduced risk for obesity and heart disease (Lanier et al., 2016). This goal would be measured by regularly determining the body weight of the patients. Weighing the patient would help to determine the effectiveness of the exercises in weight loss.

On the other hand, the long-term goal would be to achieve a normal blood pressure. Regular exercise helps to reduce small amount of body weight, which in turn brings the blood pressure within the normal range. Blood pressure is one of the risk factors for heart disease (Kahn et al., 2018). Therefore, it is crucial to ensure the blood pressure is within the required range, and this can be achieved through physical activity. To ensure this goal is achieved, the patient would need to have the blood pressure regularly checked.

**Barriers**

One of the main barriers to the success of preventing heart disease among African Americans is the low awareness of the disease and its symptoms. A study by Aghdash et al. (2015) showed that low awareness is the most crucial barrier towards proper management of the risk factors of heart disease. The study suggested that the barrier can be addressed through effective planning and interfering to increase awareness about the clinical issue and proper ways of screening, prevention, and treatment. Interfering can be achieved through sharing of information about heart disease through public media such as radio, newspaper, and TV. Also, certain group of individuals may not understand the information shared through the public media, therefore, special programs should be created to increase awareness among these special groups. This can be effective through the use of pamphlets and educational CDs that are prepared using simple language.

Another major barrier is financial challenges or high cost of screening and treating heart disease. According to Aghdash et al. (2015) the overall cost of heart disease is higher compared to other diseases. This is due to the highly complex nature of care and treatment required. In the study by Aghdash et al. (2015), most of the participants claimed a lack of proper cooperation from the insurance companies. This barrier can be eliminated by developing proper insurance coverage and conducting economic evaluations to reduce the cost of treatment for heart disease. In addition, non-governmental organizations (NGOs) and charities can be considered to help in raising money for heart disease screening and treatment.

**Benefits**

African Americans would be able to live healthy lives if the clinical issue is resolved. They would be able to engage in difficult and more challenging tasks. Being healthy would also improve their mental condition (Kahn et al., 2018). Regular exercises that contribute to the prevention of heart disease helps to lift moods and make one to feel better. In addition, preventing heart disease would help to reduce the risk of developing other medical conditions.

Similarly, the benefit of treating heart disease for the nursing profession is the reduction of healthcare cost. According to Kahn et al. (2018), in the next thirty years, the cost of caring patients with cardiovascular disease and coronary heart disease would be in the order of $9.4 trillion. However, if patients at risk for heart disease can actively participate in the recommended activities, then those costs would reduce by almost 10%. Therefore, preventing heart disease would help in reducing both the cost of resources and caring the patients.

**Participants and Interdisciplinary Approach**

For the implementation of the clinical project to be effective, the following participants would be involved, African American patients with heart disease, physical exercise instructor, cardiologist, dietician, and a nurse. The African American patients would be subjected to a physical activity plan, and their weight and blood pressure would be taken to determine the effectiveness of the project. The physical exercise instructor would help in leading, instructing, and motivating the patients in exercise activities, including cardiovascular exercise, stretching, and strength training. Their role would entail explaining and performing various exercises and routines to the patients. The cardiologist would play a crucial role of diagnosing and assessing the patients’ heart throughout the project. In addition, the cardiologist would make the necessary recommendations regarding the patients (McMahon et al., 2017). Study shows that food with high sodium level increases the risk for high blood pressure. Therefore, the dietician would help to ensure that during the project, the patients do not consume food with high level of sodium. The dieticians would also develop nutritional and food programs, and also teach the patients about the importance of heart-healthy foods. Lastly, the nurse would be an important member of interdisciplinary team. The role of the nurse would be to check the blood pressure and weight of the patients regularly. In addition, the nurse would also report the results to the cardiologist.

**Conclusion**

In a nutshell, the increased cases of heart disease among African Americans in the United States calls for effective health promotion and preventions programs to be developed. Studies show that heart disease is among the least researched, understood, and discussed chronic disease among African Americans. Therefore, it is important for the patient population to know the causes, and signs and symptoms of heart disease so that they can actively prevent the condition. According to the plan, heart disease can be prevented by managing the major risk factors, which are obesity, high blood pressure, and cholesterol through physical activity. Preventing heart disease would help African Americans to live healthy lives and also be able to engage in difficult and challenging tasks. In addition, addressing the clinical problem who also help healthcare facilities to reduce the cost of resources and caring the patients.

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