

Heart Month & Beyond: Promoting Public Awareness of Heart Disease Risk Factors & Symptoms

By Amy Newell

Every year, the month of February is an exciting time for cardiac programs across the country – it's National Heart Month, and also the traditional time for "Go Red for Women" recognition. These efforts across the country are aimed at promoting awareness of heart disease in a way that speaks to the masses. For many, especially women, information regarding heart attacks (*What does one feel like? Am I at risk?*) may be elusive, even despite efforts to increase widespread public knowledge of the signs, symptoms, and risk factors for heart disease – a disease that remains on the rise as the population continues to age.

And even with additional programmatic and media focus placed on the need for early detection efforts, with ever-present risk factors such as high blood pressure, obesity, and smoking, the prevalence of heart disease shows no signs of leveling, particularly in men 45 and older and women 55 and older. And, among women, only 55% even recognize that heart disease is their number one killer. Even more staggering is that less than half even understand the risks.

To remedy this situation, Corazon strongly believes that hospitals must focus on early intervention; however, this solution can be effective only after a well-thought-out and dedicated marketing campaign designed to increase public awareness through community education. Indeed, heart disease must remain a key strategic priority for programs across the country. The result of focused efforts should equate to healthier population via a lessening of the risks for those who otherwise may not understand their own likelihood of having a heart attack.

Indeed, providing basic education through various forums will increase awareness, and hopefully engage many in conversation regarding what can be done to understand the complexity of heart disease, along with the controllable risk factors of the individuals in the community.

Heart Disease and Women

Beginning in 2003, a stronger focus on women and heart disease emerged with the introduction of the "red dress" symbol. For many years prior, and even during this early evolution of the awareness campaign, heart disease was considered to be an "old man disease." Today, that is no longer the case. In fact, in 2004, when the American Heart Association (AHA) faced the fact that cardiovascular disease was responsible for claiming the lives of approximately 500,000 women in the U.S. each year, the

organization decided to launch its "Go Red for Women" campaign.

This effort has become more recognized over the past decade, providing a forum in which women can come together to recognize and discuss their risks, and band together to support and educate one another through numerous tools, education materials, and inspirational stories of survival.

Consider the typical symptoms of heart attack: **shortness of breath**, a **heaviness across the chest**, **left arm weakness**, and other more atypical symptoms, such as fatigue, abdominal discomfort, or even dizziness and/or light-headedness. But also consider that these symptoms are true IF you are male, and present with "typical" symptomology.

Figure 1. Did you know?

- Heart disease is the **#1 killer of women**, causing 1 in 3 deaths each year. That's approximately one woman every minute!¹
- Almost **two-thirds** (64%) of women who die suddenly of coronary heart disease have **no previous symptoms**. Even with no symptoms, the risk for heart disease is still present.²
- **42%** of women who have heart attacks **die within one year**, compared to just 24% of men.³

However, women, present with, at best, vague symptoms such as **feeling flu-like**, **fatigued**, or just **"not well."** Surprisingly, even some clinicians have no idea of the differences between men and women having a heart attack. Symptoms can differ from man to man, woman to woman, and most distinctly, from man to woman.

As Corazon works with cardiovascular programs across the country assisting with the development of advanced services, most hospitals recognize the differences between men and women, and their emergency and cardiac teams work well to treat those patients, while others across the care continuum admittedly don't quite meet the mark in recognizing the difference in symptoms...and unfortunately, only the patient suffers.

The typical Emergency Room is prepared and provide appropriate, high-quality care of the patient with traditional **"chest pain."** However, best practice cardiac care goes well beyond this "typical" presentation; meaning, many

care algorithms in place at hospitals across the country are ill-equipped to care for non-traditional AMI patients expeditiously, even if that involves transfer to another hospital that can provide care.

Clearly, programs need to ensure that ALL clinicians or staff who may come in contact with a known or suspected heart attack patient know the signs/symptoms, understand the care protocols, and can adequately and confidently make decisions for these time-sensitive patients, where minutes can mean the difference between life and death.

Outreach for Community Benefit

Oftentimes, risk factor and symptom awareness is the best first step in terms of shifting the paradigm of heart disease. And this effort must begin in the PCP office. Corazon believes collaboration between the hospital and PCP office is essential for affecting change. *But how?* A savvy cardiovascular administrator can pave the way by taking time to meet with the physician or practice administrator in order to arm them with education tools that should be made available to the patients. Further, the CV professional has much more detailed information to offer and can provide advice for ways to initiate an up-front discussion with the patient about the risk factors associated with heart disease.

As a strategy, this involves minimal investment – more time and human resources than financial or otherwise – so we believe it's a smart start in raising awareness. There are several turnkey programs that assist with public education through the PCP office. As mentioned

earlier, campaigns such as “Go Red for Women,” are a place to start. This campaign seeks to not only educate the community, but also raise awareness at the hospital or program level about just how impactful it is to provide education through their packaged web-based initiatives, research studies, and other educational campaigns.

Basic community-friendly ways to present information, like the F.A.S.T. acronym that's widely used and accepted as the standard for stroke symptom awareness, are also worthwhile. With materials and resources like these, PCPs and cardiac programs have a great starting point available at their fingertips.

But is it enough? Corazon believes it is not.

While efforts targeted to women are worthwhile, nearly half of the population is left out of this campaign. Risk factors for men are similar to women, but have always been pulled to the forefront, and again perhaps this is large in part to the fact that men present with the “typical” symptomology discussed earlier and are much more likely to be immediately recognized with and treated for AMI. So, particularly for women, but for the population overall, increased awareness remains key to shifting the paradigm.

Many cardiac programs partner with their in-house practicing cardiovascular physicians, or even primary care doctors in their network as described above; however, Corazon advises our clients to do much more. Successful hospitals establish collaborative efforts through opportunities to “outreach” with a local rotary, senior center, or church to provide education. These partnerships work well for scheduled brief education sessions that reveal the basics about heart disease to the general public. Education can also be provided as a ‘lunch n learn’ with assistance from the hospital marketing department. Typically the session should last 30-60 minutes and can cover information such as “who is at risk?” “how do I know if I am at risk?” and “what can I do to lessen my risk?” Depending on certain dynamics of the marketplace, the topics can be more specific too, targeted at particular segments of the population with more in-depth information and/or programs to alleviate risk or recover from surgery, etc.

In this era of healthcare reform, the cath lab is becoming increasingly challenged to consider the full continuum of patient care beyond the lab walls. In fact, no acute care providers can focus on just the injury and illness within a particular clinical specialty. Today's practitioners must consider approaches to keep the patient well – both before and after a hospitalization – and this often begins with symptom recognition including but not limited to, weight gain, change in diet, or poor eating habits, a diagnosis of “borderline” or “pre-diabetes, and more. It is important for patients to report any changes in how they are feeling to their doctors, especially if those changes have impacted their quality of life in terms of every day activity.

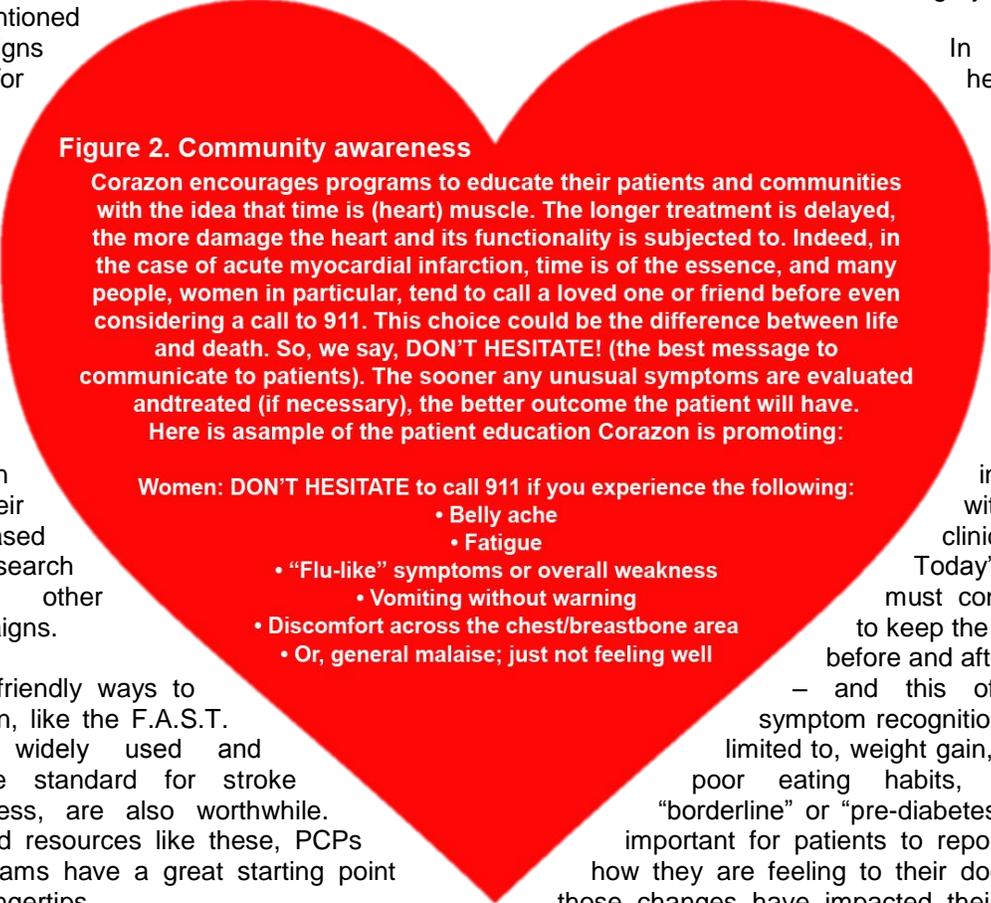


Figure 2. Community awareness

Corazon encourages programs to educate their patients and communities with the idea that time is (heart) muscle. The longer treatment is delayed, the more damage the heart and its functionality is subjected to. Indeed, in the case of acute myocardial infarction, time is of the essence, and many people, women in particular, tend to call a loved one or friend before even considering a call to 911. This choice could be the difference between life and death. So, we say, **DON'T HESITATE!** (the best message to communicate to patients). The sooner any unusual symptoms are evaluated and treated (if necessary), the better outcome the patient will have.

Here is a sample of the patient education Corazon is promoting:

Women: **DON'T HESITATE** to call 911 if you experience the following:

- Belly ache
- Fatigue
- “Flu-like” symptoms or overall weakness
- Vomiting without warning
- Discomfort across the chest/breastbone area
- Or, general malaise; just not feeling well

Corazon began as a company with roots in the cardiovascular specialty. And while many of our team have been personally impacted by this devastating disease, that is often the case for the general public as well. In 2015, our company's mission has evolved to elevate and challenge not only the programs we work with, but focus on the communities as well. We've recognized the significant need to promote public awareness, and then develop and implement a successful campaign that will not only educate communities, but clinicians and physicians alike in clear and measureable ways (Figures 2-3).

A program's ability to measure outreach success is critical, and hospital marketing departments can assist. Whether developing web-based content or using social media, these avenues can be monitored and tracked in order to understand the demographic responding to your efforts and measure the effectiveness of reach. This information is quite powerful when strategic (hospital-wide or program-specific) decisions need to be made as to where to focus outreach efforts.

Figure 3. Risk factors for heart disease

Risk Factors include, but are not limited to high blood pressure, high LDL cholesterol, and smoking – the three key factors for heart disease. About **half of Americans** (49%) have at least one of these three risk factors.⁴ Several other medical conditions and lifestyle choices that put people at a higher risk for heart disease include:

- Diabetes
- Obesity
- Poor dietary habits
- Physical inactivity
- Excessive alcohol use

Strategies to Employ

As a Cath Lab leader, consider tools that can be provided to patients as part of an education plan –the basics of how to read and understand a nutrition label, or simple “get up and move” tactics and the rationale behind maintaining adequate activity levels. Such things can be considered fundamental building blocks in raising awareness and educating patients and the public regarding heart disease.

Let's take it one step further and deploy efforts beyond the continuum of care within the walls of the hospital. Cath lab professionals should serve as ambassadors of awareness who can provide education to the PCPs (beyond the traditional “I have a pamphlet from a vendor that I would like you to place in your office”) AND the patient. We advise scheduling time to meet with providers and their office managers to ask what would assist in providing their patients the best possible information to raise awareness to the many risk factors associated with heart disease. We believe a brief, in-person visit is impactful and goes a long way in developing a solid referral relationship too.

The task of raising awareness through education and outreach can no doubt be daunting, especially if current efforts are minimal. Depending on the starting point, an overhaul or even just an update of education materials, outreach strategies, partnerships, or Heart Month-focused efforts can involve significant resources across hospital departments – financial and otherwise. How to make this happen should remain a goal throughout the year, well beyond “Heart Month.”

Corazon challenges many hospitals across the county to consider enlisting bedside clinicians to assist in this effort. Perhaps the cardiac catheterization team or the post-care unit clinicians can become involved in outreach efforts within the community. Enlisting their assistance may be easier than expected, as in Corazon's experience, many caregivers are more than willing to dedicate their time and extra effort for this important initiative.

Specifically to this month, resources are available to follow – look at each week and focus on an education topic relevant for the patient community. The first Friday in February is dedicated to “Go Red for Women,” so simply wearing **RED** in order to raise awareness and support could lead to more meaningful discussion.

Also, consider collaborating with the hospital marketing team to make a larger impact this month. In many cases, a budget specific to particular service lines exist, such as Hearts in February, so additional funds could possibly be directed to promotions about heart disease.

Corazon always advocates the importance of recognizing, engaging, and educating not only patients, but also the community at large, along with primary care physicians who may need to send their patients with known or suspected cardiac disease to the cath lab. The entire CCL team must have the ability to treat these patients with the highest quality care while in the hospital, and then beyond the episode of care. Program leaders should challenge themselves and their organizations to raise the bar....raise awareness and help communities become more “heart healthy” one patient at a time.



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