



WOMEN'S
HEART HEALTH:
DEVELOPING
A NATIONAL
HEALTH EDUCATION
ACTION PLAN

STRATEGY
DEVELOPMENT
WORKSHOP REPORT

MARCH 26-27, 2001





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NATIONAL INSTITUTES OF HEALTH

NATIONAL HEART, LUNG,
AND BLOOD INSTITUTE

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INTRODUCTION

The National Heart, Lung, and Blood Institute (NHLBI) convened a 2-day women's heart health education strategy development workshop on March 26–27, 2001, in Bethesda, Maryland. The workshop brought together a group of more than 70 key researchers, public health leaders, women's and minority health advocates, health communicators, health care delivery experts, and others who have a stake in improving women's cardiovascular health to develop a science-based blueprint for a comprehensive health education action plan for patients, health professionals, and the public.

Experts in cardiovascular disease (CVD) in women presented critical background information to participants during the

workshop plenary sessions. In addition, a talk show format presentation featured four women who shared their personal experiences with CVD risk factors and surviving heart attacks.

The NHLBI's four Cardiovascular Health Performance Goals served as the framework for the workshop's small group sessions. These goals target different stages in the progression of CVD, from early prevention to the prevention of recurrent cardiovascular events and of complications. Participants were asked to generate ideas for an NHLBI national health education action plan for women's heart health and plan a health communication or education program for each of the four NHLBI Cardiovascular Health Performance Goals.

WORKSHOP GOALS AND OBJECTIVE

WORKSHOP GOALS

1. Provide the NHLBI with recommendations for developing a national health education action plan for women's heart health. The plan will address strategies to educate patients, health professionals, and the public about CVD risk factors in women; empower women to take charge of their heart health through education on prevention of CVD; and educate physicians and other health professionals in prevention, detection, and treatment of risk factors, early identification and treatment of heart attacks and strokes, and prevention of recurrent cardiovascular events.
2. Form a strong coalition of both public groups and Government agencies to partner with the NHLBI to implement a national health education action plan for women's heart health over the next decade.

WORKSHOP OBJECTIVE

Provide the NHLBI with a set of comprehensive recommendations for a national health education action plan for women's heart health that:

- Identifies the key target audiences for each NHLBI Cardiovascular Health Performance Goal and describes their important demographic and lifestyle characteristics.
- Describes the content of the CVD health messages that should be addressed to each target audience.
- Suggests program strategies, community settings, and channels for delivering messages that increase awareness, change behavior, and effect policy and environmental change.
- Identifies potential partner organizations and groups to work with the NHLBI.

NHLBI CARDIOVASCULAR HEALTH PERFORMANCE GOALS

PERFORMANCE GOAL #1

Prevent Development of Risk Factors.

Objective

Through population and clinical approaches, increase the percentage of children and adults who engage in heart-healthy behaviors to prevent the development of CVD risk factors.

PERFORMANCE GOAL #2

Detect and Treat Risk Factors.

Objective

Increase the percentage of patients who have their CVD risk factors detected and who implement lifestyle and/or pharmacologic intervention and successfully control their blood pressure and cholesterol levels and weight to prevent the development of CVD.

PERFORMANCE GOAL #3

Early Recognition and Treatment of Acute Coronary Syndromes.

Objective

Increase the percentage of the public, including specified target groups (for example, women, minorities) and providers, who recognize the symptoms and signs of acute coronary syndromes and seek timely and appropriate evaluation and treatment.

PERFORMANCE GOAL #4

Prevent Recurrence and Complications of Cardiovascular Disease.

Objective

Increase the percentage of CVD patients who are treated appropriately with lifestyle changes and drugs, and who reach goal low density lipoprotein (LDL) cholesterol and blood pressure levels, and successfully control their weight and other CVD risk factors to reduce CVD events.

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EXECUTIVE SUMMARY

INTRODUCTION

A 2-day strategy development workshop, *Women’s Heart Health: Developing a National Health Education Action Plan*, was convened by the NHLBI as the first step in developing an ambitious and urgent agenda for a new health education effort for women. The strategy development workshop brought together a group of more than 70 key researchers, public health leaders, women’s and minority health advocates, health communicators, health care delivery experts, and others who have a stake in improving women’s cardiovascular health to develop a science-based blueprint for a comprehensive health education action plan for patients, health professionals, and the public.

The workshop opened with presentations on the current scope of the problem of CVD in women and the challenges of reducing heart disease in minority women. A talk show format presentation featured four women who shared their personal experiences with heart disease risk factors and surviving heart attacks. A lunchtime keynote speaker, Dr. Jean Kilbourne, talked about how product advertising creates a toxic cultural environment for women and their heart health.

Following the plenary sessions, participants were divided into four small groups corresponding to each of the four NHLBI Cardiovascular Health Performance Goals (see page 3). The small groups answered

a set of questions to generate ideas for an NHLBI national health education action plan for women’s heart health (see Appendix B). Each small group then presented its “top ideas” to the full group for further discussion and consideration.

A panel presentation, “Achieving Success in Communicating Heart Health,” opened the second day of the workshop. A panel of four experts shared critical background information to help participants focus on using the health communication process to develop a successful health education program plan during the small group sessions. The panel included a discussion of two successful heart health programs targeted to women.

Following the panel presentation, participants returned to their small groups. They were asked to be “program planners” for the day and plan a specific performance project for their assigned NHLBI Cardiovascular Health Performance Goal (see Appendix B). Using the work done on the first day to define audiences, messages, strategies, channels, and partners, workshop participants selected one high-priority audience and the key messages that should be addressed to this audience. They created a project aimed at increasing awareness, changing behavior, and/or influencing policy and the environment in ways that help address the key issues in women’s heart disease. Each small group then presented its plan to the full group for further discussion and consideration.

OVERVIEW OF THE PROBLEM

CVD is the leading cause of death and illness in American women. About half a million women die of CVD every year; of those, 250,000 die of heart attacks and more than 90,000 die of stroke. Despite the seriousness of heart attack, stroke, and other CVDs in women, the symptoms are often unrecognized by both women and their physicians. Moreover, there is a widespread misconception that heart disease is primarily a man's disease.

Major risk factors for CVD in women include high blood cholesterol, high blood pressure, diabetes, overweight and obesity, physical inactivity, and smoking. These risk factors can be prevented or controlled largely through healthy lifestyle actions and physician-prescribed medications when necessary.

Physicians and other health professionals generally are not doing enough to assess women's risk of heart disease and counsel female patients about lowering their risk factors. A 1995 survey showed that only one out of three primary care physicians knew that coronary heart disease is the leading cause of death in American women. A study of 29,000 routine physician office visits found that women were counseled less often than men about exercise, nutrition, and weight reduction. Moreover, the results of a national random sample of women surveyed in 1997 found that, although 90 percent of the women reported that they would like to discuss CVD or its risk factors with their physicians, more than 70 percent reported that they had not.

American women understandably fear dying from breast cancer. However, most women do not know that heart attacks kill 5.4 times more American women than breast cancer. Strokes kill more than twice as many women as breast cancer. Moreover, CVD kills nearly twice as many women as all forms of cancer combined.

Nearly two-thirds of deaths from heart attacks in women occur among those who have no history of chest pain. Women wait longer than men to go to an emergency room (ER) when having a heart attack. Physicians are slower to recognize and diagnose heart attack in women because the characteristic symptoms of chest pain and changes on electrocardiograms are less frequently present. Moreover, after heart attacks, women are less likely than men to receive therapies known to improve survival, including cardiac rehabilitation.

Heart disease disproportionately affects minorities, particularly African American women. The death rate from heart disease is 69 percent higher in African American women than in white women. Moreover, as a group, African American women suffer from heart disease at a much younger age than other racial populations. The higher incidence of CVD in African American women may be related partly to the fact that they are more likely than white women to have risk factors such as high blood pressure, diabetes, or obesity. In addition, lifestyle factors, such as dietary preferences and levels of physical activity, as well as access to medical care may also contribute to the higher death rate from cardiovascular disease among African American women.

PRESENTATIONS

Monday, March 26, 2001

WOMEN AND HEART DISEASE— A CALL FOR ACTION

Susan K. Bennett, M.D.

More than 9 million American women of all ages and ethnicity suffer from CVD. Despite the monumental efforts and great progress made by researchers, scientists, and health professionals in the prevention, identification, and treatment of CVD, more than a half a million women each year continue to die of the disease, while the total number of male deaths continues to decline. Moreover, minority women continue to bear the brunt of the burden of CVD.

Health care professionals who speak to women about primary and secondary prevention clearly realize that most women think heart disease belongs “out in the garage” with the power tools. While a recent survey showed that about a third of women identify heart disease as the number one killer, only 7 percent felt they were personally at risk. For women survivors today, in all walks of life, heart disease remains a very difficult issue to air publicly, because it is not generally recognized as a major cause of morbidity and mortality in women.

Health care professionals should not forget that motivating women to become better caretakers of themselves and better consumers of health care is only part of a complex equation. Women are less likely than men to receive medical treatment for high cholesterol, less likely to get life-saving drugs to prevent complications of a heart

attack, and less likely to enter into a cardiac rehabilitation program. The importance of improving women’s access to good risk management care through their gynecologists or primary care physicians cannot be overestimated.

Although CVD remains the number one killer of all Americans as well as most of the industrialized world, the age-adjusted rate of heart disease has declined. The predominant reason for this decline is the advancement of medical science. Scientific research is the foundation for sound clinical decisionmaking, while compassion is the tonic that makes medical treatment palatable. President Bush, in his recent address to the American College of Cardiology, stated that he wants to guarantee “...all patients the right to participate in potentially life-saving clinical trials when standard treatment is not effective.” Without good clinical data, physicians would be still practicing medicine as they did in the 19th century. Therefore, a key issue for participants at this workshop is educating women on the importance of participating in clinical research.

While the tremendous growth in the pharmaceutical and biotechnology industry has led and will continue to lead to improvement in our Nation’s health, it is Government’s responsibility to be the final arbitrator of efficacy and safety. When a preventable and treatable disease such as heart disease is the number one cause of death in men and women, African Americans, Hispanics, and whites, the Government needs to continue to take the lead and help Americans live a better life. Our task over the next 2 days of designing a blueprint for public and patient education is a worthy endeavor that will help lead to the ultimate goal of cardiovascular health for all women in this country.

TAKING AIM AT THE NUMBER ONE KILLER OF WOMEN

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Coronary heart disease (CHD) is the single largest killer of American women, and it far outdistances all other causes of death in women. Sixty-three percent of women who die suddenly of heart disease have no previous evidence of disease. Moreover, 44 percent of women who have a heart attack die within 1 year. Despite these alarming statistics, an American Heart Association 1997 survey of U.S. women showed that only 8 percent identified heart disease and stroke as their greatest health concerns.

With the aging of the population, we will see an increased prevalence of CHD in women. However, middle-age males are the model for heart disease. Women have been excluded from clinical trials until recent years, and current participation is suboptimal. More research is needed to expand the knowledge base about CHD in women, including gender-specific epidemiological data, especially for women of racial and ethnic minorities.

Thirty-six percent of myocardial infarctions (MIs) occur in women. Studies comparing women and men who have MIs show that women experience:

- Increased time from onset of heart attack symptoms to arrival at hospital.
- Less use of thrombolytic therapy, aspirin, heparin, and beta blockers.
- Less or later use of diagnostic and therapeutic invasive procedures.
- Higher rates of reinfarction.
- Greater mortality.

Although CHD risk factors are apparent in all racial and ethnic groups, they are most prevalent in women of low socioeconomic status. Two of three women have at least one major coronary risk factor. Despite the increasing prevalence of CHD risk factors in women, including smoking, obesity, and physical inactivity, women receive less counseling on CHD prevention during routine physician office visits than men.

Health care professionals must embrace guidelines for preventive cardiology for women patients. Health care provided to women should include strong CHD risk factor screening and assessment components. Moreover, health professionals need to provide women with counseling and lifestyle management skills that help reduce CHD risk.

REDUCING HEART DISEASE IN MINORITY WOMEN: CHALLENGES AND OPPORTUNITIES

Elizabeth Ofili, M.D., M.P.H.

Heart disease, while the leading cause of death in all women, disproportionately affects African American and Hispanic women. Moreover, African American women develop heart disease at much younger ages than other racial populations.

Although high blood pressure seems to be the risk factor most responsible for the development of CVD in minority women, alarming trends in other CVD risk factors should concern health professionals. The rates of type 2 diabetes strikingly increased from 1980 to 1994 in all racial/ethnic groups, and its prevalence is approaching 7 percent of the U.S. adult population. Obesity has dramatically increased since 1980, with the most dangerous increase

seen in children. Dietary trends show increases in consumption of soda, grains, sweets, cheese, and fats and oils. Physical inactivity is also a serious problem. The prevalence of inactivity increases with age, is higher in women, and is highest in African American and Hispanic populations.

Many factors affect the goal of reducing heart disease in minority women. Treatment difficulties include patient adherence/compliance, and both the cost of and access to health care. In addition, many patients do not fully understand the disease process and treatment options.

The perceptions and attitudes of health professionals also affect the care that minority women receive. For example, physicians may perceive that only white males are likely to have heart disease. Seventy-five percent of African Americans receive health care from non-African American providers. It can be difficult for minorities to trust nonminority providers and to articulate their health concerns to them.

To help achieve the goal of reducing CVD in minority women, more minority physicians should be trained in cardiology. Health professionals should also use and learn from national benchmarks to monitor progress in reducing death and disability from CVD. Our efforts to educate women about heart health must also include children. Moreover, we must remember that women who present for CVD screening are only a small minority of the women with the disease; therefore, we need to develop a comprehensive education and outreach plan.

TALK SHOW PRESENTATION— WOMEN AND HEART DISEASE: PERSONAL PERSPECTIVES

*Brenda Romney, J.D.; Marsha Oakley, R.N.;
Judy Mingram; Paula Upshaw, R.R.T.; and
Doris McMillon*

This talk show format presentation featured four women representing different stages in the progress of CVD, from early prevention to the prevention of recurrent cardiovascular events and of complications. Ms. Doris McMillon, the session moderator, opened the presentation with a brief introduction of each guest:

Brenda Romney—a 34-year-old single woman who has a significant family history of heart disease. Both of Ms. Romney's grandmothers had heart disease; her mother suffers from congestive heart failure; and her father died of a heart attack last year. Ms. Romney is actively working to maintain a heart healthy lifestyle through physical activity, stress management, and good dietary habits.

After a friend died of a heart attack at age 33, Brenda Romney asked her own family members about their history of CVD—information that had not been shared earlier. She stressed the importance of investigating family history and educating oneself about risk factors. Brenda is the Director of Programs and Policy for the National Black Women's Health Project in Washington, DC. "Black women are managing a lot of things—family, work, home—and need to stop and take care of themselves," she said. "This is especially important because African American women face special challenges with disparities in diabetes, hypertension, and obesity."

Marsha Oakley—a 53-year-old married woman with three adult children who was diagnosed with breast cancer at age 38. Because chemotherapy caused Ms. Oakley to enter into menopause at a very early age, she has a higher risk of developing CVD. Ms. Oakley recently experienced an episode of chest pain and learned that her personal risk factors for CVD include elevated blood cholesterol, being slightly overweight, and physical inactivity.

Marsha, a 14-year breast cancer survivor, ignored cardiovascular symptoms until her primary care physician referred her to a cardiologist. Treatment for breast cancer made her menopausal at age 38, but the emphasis on breast cancer caused doctors to fail to pick up on risk factors for heart disease. “A lot of OB-GYNs don’t advise women about other health issues,” she said. A cofounder of a breast cancer advocacy group, she feels that programs that work for breast cancer can work for heart disease. For example, “an exhibit showing the pictures of women with heart disease could spread the word that women get this disease and that they are not alone.”

Judy Mingram—a 50-year-old single parent who has a family history of heart disease. Ten years ago, Ms. Mingram suffered a massive heart attack and went into cardiac arrest in the ER. At the time, she had several risk factors for CVD including high cholesterol, smoking, and physical inactivity. Although she mentioned symptoms suggesting a cardiac problem to her physician during a routine checkup, she was prescribed medication for heartburn. Within hours of leaving her physician’s office, Ms. Mingram began experiencing crushing chest pain and other symptoms of a heart attack.

When Judy called 9-1-1 with chest pain at age 40, the paramedics thought her symptoms were triggered by cocaine use. After a delay, she finally arrived at the hospital where she suffered cardiac arrest. Both of her grandfathers and her father died of heart attacks, but she considered it a male disease. “Heart disease is stigmatizing—women don’t want to be viewed as ill or old,” she said. “Women should talk about heart attacks, to be in charge of their own health. We need to tell women that heart disease can kill them even before they know they have it.” With two other women, Judy cofounded WomenHeart, the National Coalition for Women with Heart Disease, the only national patient support organization for “women who need somebody to talk to.”

Paula Upshaw—a 44-year-old married woman with children who suffered a heart attack at age 34. Ms. Upshaw went to the ER three times presenting with symptoms of a heart attack before she was diagnosed. Later, she learned that evidence of her heart attack was apparent on the electrocardiogram done during her first visit to the ER. Ms. Upshaw had to have coronary artery bypass surgery and was hospitalized for more than 2 months due to complications after surgery.

At age 34, Paula sought medical attention for classic symptoms of a heart attack but was misdiagnosed at the ER. “They thought I had digestive problems, but I knew it was a heart attack,” she said. She refused to go home after a third visit to the ER and was finally admitted and diagnosed correctly. A former respiratory therapist who now chairs a health care ministry at a Maryland church, Paula is a strong advocate for women with heart disease. “Joining WomenHeart helped a lot—it gave me an outlet and other women to talk to.” She was one of several women featured in a recent series on women and heart disease on a local TV show. “Telling your story puts a face on women with heart disease,” she said.

In addition to sharing their personal experiences with heart disease and the impact it has had on their lives, the four women answered questions from the workshop participants. The following are the issues and themes discussed during the presentation.

- When younger women present with classic CVD symptoms, their symptoms or their disease are often misdiagnosed.
- Women tend to be unaware of significant family CVD history.
- Women often view heart disease as a stigmatizing event due to its association with older age and men.
- Women are the family caretakers and tend to neglect their own health and disease symptoms.
- Many women do not fear heart disease as much as other diseases, particularly cancer.
- We need to put a “face” on heart disease in women to personalize the message about the importance of CVD prevention and treatment.
- We need to get the message out that women who have heart disease are not alone.
- Health professionals need to routinely screen women in their early 30s for heart disease.
- Women are powerful and need to advocate for themselves.

WOMEN'S HEALTH: IMAGE AND REALITY

Jean Kilbourne, Ed.D.

Dr. Kilbourne's presentation “Deadly Persuasion: Advertising and Heart Disease” examined how advertising creates a toxic cultural environment with respect to heart disease and women. Just as it is difficult to be healthy in a toxic physical environment—breathing poisoned air, for example, or drinking polluted water—so it is difficult to be healthy in a toxic cultural environment, an environment that surrounds society with unhealthy images and that constantly undermines health for the sake of profit.

The average American is exposed to more than 3,000 ads a day and will spend a year and a half of his or her life watching television commercials. Advertising, a \$200-billion-a-year industry, could be considered the propaganda of American society. Car ads promote a sedentary lifestyle, while ads for junk food and diet products contribute to unhealthy eating. Ads for alcohol and tobacco targeting women also contribute to heart disease. Advertising encourages objectification of people, especially women. Additionally, advertising often makes women feel incomplete, insecure, and ashamed. This contributes to stress and low self-esteem in women, which in turn provides fertile ground for heart disease.

The primary purpose of the media is to deliver audiences to advertisers. Thus it is difficult to obtain accurate health information from the media. Advertisers target women with ever-increasing psychological sophistication. Media literacy and education can be used to fight against these practices, along with restrictions and health warnings on advertising for some products, as well as with counteradvertising.

PRESENTATIONS

Tuesday, March 27, 2001

Panel: Achieving Success in Communicating Heart Health

CONSUMER BEHAVIOR: WHAT'S SOCIAL MARKETING GOT TO DO WITH IT?

Pattie Yu Hussein, M.A.

Social marketing is a systematic process that is based on exchange and moves within a disciplined framework. It includes the 4 Ps (product, price, place, and promotion), and a fifth P—politics—to market goods and services or influence individual behavior.

The goal of social marketing is to change behavior to promote health, social development, and/or enhance the environment. An individual's path to health behavior change is a continuum from increasing knowledge and awareness to changing attitudes and misperceptions to changing behavior. For health educators to successfully apply social marketing theory, they must be mindful of marketplace trends including research, science, demographics, geographics, politics, and public expectations. Moreover, program planners must have in-depth knowledge of the target audience. Messages and program strategies must be fine-tuned through target audience segmentation. Through audience segmentation, program planners can identify important demographic and lifestyle factors such as culture, behavior, beliefs, values, knowledge, attitudes, and psychographic factors.

In planning a heart health education program for women, instead of telling women about heart disease, we should tell them what it means to them. An example of a program that was based on this strategy is the Florida Tobacco Pilot Program. Members of the target audience played a major role in designing the program and testing messages. This teen-inspired and teen-driven campaign resulted in a decline of teen smoking in Florida.

Another example of a successful health awareness campaign driven by social marketing theory is the National Colorectal Cancer Awareness Month campaign launched in March 2000. Core activities that contributed to the success of the campaign included working with Katie Couric, a well-known TV journalist as a celebrity spokesperson, establishing a national awareness month, developing attractive promotional items, creating a Web site, and conducting public service and media outreach events.

Many lessons can be learned from the successes and failures of other health awareness campaigns and education programs. The most important lessons include: know the target audience, use multiple message delivery channels, build strategic alliances, and understand that behavior change does not happen overnight.

COMMUNICATING CULTURALLY APPROPRIATE MESSAGES

Amelie G. Ramirez, Dr.P.H.

Latinos in the United States are the “silent minority.” They don’t “show up” because they are perceived as being healthy due to classification with whites in population studies and lack of population-specific data.

The term “Hispanic” refers to anyone with ancestors from Latin America. Hispanics are a heterogeneous population with a mix of ethnicities, cultures, lifestyles, and demographics and similar language and religion. In designing programs, health professionals and health educators need to consider many ethnic and sociodemographic factors of Latina audiences including education, economic levels, employment, and geographic distribution.

Heart disease is the number one cause of death in the Hispanic population, and Hispanic women have higher CVD rates than Hispanic men. Several CVD risk factors are more prevalent among Hispanic women than white women: hypertension, overweight and obesity, physical inactivity, and diabetes. For example, 56 percent of Hispanic women are overweight and 36 percent are obese. One positive factor is the current low rate of smoking among Hispanic women. However, smoking rates seem to be on the rise, so primordial prevention interventions are needed to reinforce nonsmoking behavior.

Health awareness and education programs targeted to Hispanic populations need to be understandable, relevant, and move the target audience to positive action. An example of a successful health education and outreach program targeted to Hispanics is the National Hispanic Leadership Initiative on Cancer (NHLIC): En Acción, which was initiated in 1992. The initiative is a multirisk factor cancer prevention and control assessment and community outreach program. The program model included the first comprehensive assessment of cancer risk factors among the major populations of Latino men and women and state-of-the-art cancer prevention and control strategies tailored to these populations. The NHLIC: En Acción model has been taken to a national

level, addressing multiple cancer risk factors among different Hispanic populations.

A blending of creative educational and outreach strategies contributed to the En Acción’s success in reaching the target audiences. A community partnership of churches, schools, community organizations, and health clinics worked together to implement the program. Message strategies included using role model stories reinforced through personal contact, the establishment of a peer network of trained volunteers who acted as personal conduits, and the development of bilingual program materials written at a 5th grade level. In addition, a variety of communication channels were used to deliver program messages such as grassroots mobilization, mass media, and small media. Program evaluation showed that sites that equally blended the use of mass media and interpersonal contact to deliver the health messages were most successful at achieving the goal of increasing cervical cancer screening.

INCREASING AWARENESS THROUGH A COMMUNITY-BASED, PUBLIC-PRIVATE PARTNERSHIP

Irene Pollin, M.S.W.

The Sister to Sister—Everyone Has a Heart Foundation recently launched its campaign to increase awareness of and screening for heart disease among women in the greater Washington, DC, area. The campaign included free screenings for blood pressure, blood cholesterol, and glucose at many CVS pharmacies, churches, department stores, hospitals, and medical clinics, and a Women’s Heart Day event held on February, 23, 2001, at the MCI Center in Washington, DC.

Sister to Sister implemented a variety of pre-event strategies to promote attendance at the Women's Heart Day event including: encouraging employers to send their employees to the event; holding a women's executive breakfast 1 week prior to the event to encourage them to send their employees to the event; and promoting the event by TV, radio, and newspaper advertising, e-mail, partner Web site links, CVS in-store displays, and posters in Metro stations and the MCI Center. The Mayor of Washington issued a Woman's Heart Day Proclamation and granted 3 hours of administrative leave to city employees to attend the event. County executives in neighboring Montgomery and Prince George's Counties in Maryland issued proclamations and encouraged their employees to attend as well.

Highlights of Women's Heart Day included: celebrity spokespersons; panels of expert speakers on heart disease awareness, stress, nutrition, and fitness; more than 40 exhibits by national and local businesses, hospitals, and clinics as well as Federal and local government agencies; door prize drawings; free risk assessment survey and screenings for blood pressure, cholesterol, glucose, and osteoporosis; and exercise and cooking demonstrations.

Sister to Sister's success is credited to the public-private partnerships developed by the Foundation with all levels of government—Federal to local, businesses, nonprofit organizations, and associations. Examples of partners include CVS Health Connection, Pfizer Health Solutions, America Online, Discovery Communications, Comcast, Behind the Bench—The National Basketball Association (NBA) Wives Association, American Heart Association, and NHLBI. Based on the success of the initial Washington, DC

effort, the Sister to Sister Foundation plans to roll out a national women's heart health campaign and duplicate efforts in other NBA cities.

HEART HEALTH COMMUNICATION IN ACTION: PROJECT JOY

Diane M. Becker, Sc.D., M.P.H.

Project JOY was designed as a consortium of three studies: a randomized trial of nutrition and exercise—Project JOY; a qualitative study—What's to Know About JOY?; and a pilot study of fitness—Life After JOY. The studies were designed as church-based interventions to improve cardiovascular risk profiles in middle-aged and older African American women residing in Baltimore, Maryland.

Research shows that the church plays a prominent role in the lives of many African American women. The majority of African American women cite prayer as the way they cope. Sixty-two percent of African American women ages 40 and older attend church at least once a month. On average, there are 1.9 churches per city block in urban African American communities. Moreover, more than 60 percent of church membership is women. These factors make the church an important outreach channel for health education programs in the African American community.

Project JOY was designed to optimize church-based lay-assisted nutrition, weight control, and exercise interventions to improve both lifestyle and biologic CHD risk factors in middle-age and older African American women. This intervention trial included diet, physical activity, exercise, and smoking behavioral assessments. Program participants were assigned to

one of three interventions—standard, spiritual, or self-help.

The standard interventions included a kick-off retreat, regularly scheduled aerobic activity, and 20 weekly meetings led by professional health educators and church lay leaders. All nutrition elements were nonspiritual, and the pastor and church did not have designated roles in the standard interventions. The spiritual interventions followed the same program format with the addition of scripture incorporated into materials and sessions, faith and worship dance, pastoral roles, sermons on health, Sunday participant testimonials, and whole-church involvement. For the self-help intervention, program information was given to participants as print material. Although consultation was available to self-help intervention participants, no active program sessions were offered.

Results of the study showed that it was impossible to segregate spirituality in two of the study groups. The standard intervention group ended up being indistinguishable from the spiritual intervention group, and the two were joined to form a combined intervention group.

Women in the combined intervention group made modest but significant overall positive changes in their health (weight loss, LDL-cholesterol level reduction, increased physical activity, decreased systolic blood pressure, decreased dietary fat and sodium intake, and increased fruit and vegetable consumption). The control group's (self-help intervention) health indicators worsened over the study period. For the future, the researchers are planning a randomized trial of long-term church-YWCA partnerships to improve the magnitude and sustainability of health behavior change.

OVERALL RECOMMENDATIONS FOR AN NHLBI WOMEN'S HEART HEALTH NATIONAL EDUCATION ACTION PLAN

The recommendations for a national health education action plan outlined below incorporate the common priority needs, themes, and suggestions identified from the work accomplished by participants during the small group sessions.

The recommended action plan was built from a foundation of the four the NHLBI Cardiovascular Health Performance Goals (see page 3), which are part of the NHLBI's efforts to meet the cardiovascular health goals and objectives in the Federal Government's Healthy People 2010 Initiative. These goals target different stages in the progress of CVD, from early prevention to the prevention of recurrent cardiovascular events and of complications. Therefore, the recommendations for the national action plan also target different stages in the progress of CVD in women.

RECOMMENDATIONS

1. Develop a national public awareness and outreach campaign to convey the message that heart disease is the number one killer of American women and that it can be successfully prevented and treated. This campaign should be a comprehensive, multiyear program. It should be implemented as a national-level effort and at regional and local levels.
2. The primary target audience for the campaign should be defined subgroups of girls and women, segmented for each of the four NHLBI Cardiovascular Health Performance Goals by demographic, behavioral, cultural, psychographic, and heart health factors.
3. The secondary target audience for the campaign should be health professionals including primary care physicians, obstetricians-gynecologists, cardiologists, ER physicians, emergency medical service (EMS) personnel, nurses, nurse practitioners, physician assistants, behavioral practitioners, cardiac rehabilitation staff, and medical students.
4. Priority CVD health messages for the campaign should include the following issues and themes:
 - A. Raising awareness of heart disease as the number one killer of American women.
 - B. Raising awareness and knowledge of the prevention and control of women's CVD risk factors.
 - C. Motivating heart healthy living and action steps for lowering women's CVD risk profile.

FOR WOMEN

- D. Raising awareness of the symptoms and signs of acute coronary syndromes and life-saving action steps.
 - E. Promoting heart health themes:
 - Knowledge is power. Know your personal CVD risks and family history.
 - Make time to take care of yourself.
 - A powerful woman takes care of herself as well as others.
 - Take charge of your health.
 - There are things you can do to lower your risk of a heart attack.
 - Don't delay. Call 9-1-1!
 - Be assertive—you're worth it. Take action and don't give up!
 - Empower yourself.
 - Partner with your physician.
- 5. The campaign should be implemented as a national public awareness program using a variety of broad communication channels and program strategies, such as the following:
 - Mass media, including television, radio, magazines, newspapers, and outdoor/transit advertising
 - Celebrity spokespersons
 - Employers
 - The Internet
 - Simple, colorful print materials written at variety of reading levels
 - Promotional items
 - Clinical guidelines and educational tools for health professionals
 - 6. The campaign also should be implemented at regional and local levels using a variety of channels and community settings, including:
 - Hospitals
 - Churches
 - Retail and grocery stores and shopping malls
 - Schools, PTAs
 - Volunteer/service organizations, youth organizations, and other community groups
 - Worksites/local businesses
 - Health departments, physicians' offices, community clinics, outpatient hospital services
 - Pharmacies
 - Beauty salons
 - Fitness centers
 - National and local chapters of health professional organizations
 - Schools of medicine and nursing

FOR HEALTH PROFESSIONALS

- A. Raising awareness of heart disease as the number one killer of American women and recognition of the symptoms and signs of acute coronary syndromes in women.
- B. Raising awareness of the importance opportunistic screening for heart disease in all women during routine office visits.
- C. Motivating health professionals to educate and counsel women on actions steps for achieving a heart healthy lifestyle (modifying and preventing the development of CVD risk factors and disease).

7. The NHLBI should lead the implementation of the campaign in partnership with a broad range of national, regional, and community partners. Examples of potential partners include:
- Federal agencies
 - State and local public health departments
 - National women's organizations
 - National health organizations, societies, and foundations
 - National health professional organizations
 - National breast cancer organizations
 - National and local media
 - Joint Commission on the Accreditation of Healthcare Organizations and National Committee for Quality Assurance
 - National managed health care and hospital organizations
 - Schools of medicine, nursing, and allied health professionals
 - Retail stores, grocery stores, and pharmacies
 - Hospitals
 - Employers
 - Faith-based organizations

TOP IDEAS AND RECOMMENDATIONS FROM THE SMALL GROUP DISCUSSIONS

GROUP 1: PREVENT DEVELOPMENT OF RISK FACTORS

Facilitator: Ms. Kathy Spangler

OVERALL SUGGESTIONS FOR AN NHLBI NATIONAL HEALTH EDUCATION ACTION PLAN FOR WOMEN'S HEART HEALTH

Participants identified young women as the primary audience that needs to be reached to achieve the goal of preventing the development of CVD risk factors. This target audience was segmented into different age ranges: infants and young children, ages 0 to 5 years; school-age girls, ages 6 to 12 years; teenage girls, ages 13 to 19 years; and young women, ages 20 to 40. Participants also suggested additional audience segmentation into racial/ethnic groups such as African Americans, Hispanics/Latinas, Asian Americans and Pacific Islanders, American Indians, and Alaska Natives. Other audiences who need to be reached with messages about preventing the development of CVD risk factors in women include men, health care providers, parents, employers, and medical students.

Messages on preventing the development of CVD risk factors should center on the dangers of smoking, engaging in physical activity, striving for a healthful diet, starting prevention now, making good lifestyle

choices, and being heart-smart. Participants identified a wide variety of potential communication channels and community settings for delivering CVD prevention messages including mass media, schools, churches, Parent Teachers Associations (PTAs), malls, employers, cosmetic companies, and sports events. Potential partners that could work with the NHLBI in delivering the messages and implementing program strategies include women's organizations, faith-based organizations, large corporations, health departments, national restaurant chains, and hospitals.

RECOMMENDATIONS FOR A PRIORITY PROGRAM

Priority Target Audience

- Young women, ages 20 to 40 years.

Main Objectives of the Program

- Increase target audience's knowledge and awareness of CVD risk factors and actions for preventing the development of risk factors.
- Achieve measurable changes in target audience's health behavior including weight loss, smoking cessation, healthful eating habits, and increasing CVD screening.
- Improve target audience's ability to make decisions about their health that lead to an active and healthy lifestyle.

Priority CVD Health Messages for the Program

- Knowledge is power. Know your personal CVD risks and your family history.
- Make time to take care of yourself.
- Women are the heart of the family. Be a role model for your children.
- A powerful woman takes care of herself as well as others.
- Prevent relapses. Build healthy lifestyle habits for a lifetime.

Suggestions for Implementing the Program

- Focus on a single healthy behavior—for example, physical activity.
- Assess the media habits of young women.
- Increase recreational programming for families at the community level.
- Disseminate CVD risk prevention messages through a variety of channels: media, schools, PTAs, worksites, departments of health, national women's organizations, women's groups, and other health organizations including those focused on breast cancer, osteoporosis, and AIDS.

Potential Program Partners

- WomenHeart: the National Coalition for Women with Heart Disease.
- Employers with a large number of women employees.
- Department of Health and Human Services, Office on Women's Health, National Centers of Excellence in Women's Health.
- Retail stores that attract women such as Wal-Mart.

GROUP 2: DETECT AND TREAT RISK FACTORS

Facilitator: Dr. Wanda Jones

OVERALL SUGGESTIONS FOR AN NHLBI NATIONAL HEALTH EDUCATION ACTION PLAN FOR WOMEN'S HEART HEALTH

Participants recommended five major target audiences: (1) consumers (patients and public), (2) health care providers/educators, (3) corporations/businesses, (4) policy makers, and (5) health insurance industry. Participants suggested many ways to segment the target audiences, including by racial/ethnic group, age, education level, reading ability, socioeconomic status, marital status, geographic location, sexual orientation, access to health care, health insurance coverage status, and medical speciality (health professionals).

Messages on detecting and treating CVD risk factors must be tailored to each target audience segment through the use of focus group research. For women (patients and public), messages need to include teaching strategies/tools for better health, emphasize that treatment of CVD risk factors can prevent disease development, publicize nonsymptomatic risk factors as “silent killers,” and be easy to understand. Health professionals need messages about knowing CVD guidelines and applying them in clinical practice, opportunistic screening, and accountability in detecting and treating CVD risk factors in women. Messages to corporations and businesses should focus on the cost of CVD including lost worker productivity. Both policy makers and the health insurance industry need to receive messages that CVD prevention is cost-effective in the long term and that they

need to support and implement preventive interventions and policies.

Participants identified many possible communication channels and community settings to disseminate messages including the Internet, school curricula, evidence-based guidelines for health professionals, schools of public health, media campaigns, PalmOS® program applications, workplace internal communication systems, and community health workers. Some of the potential NHLBI partners identified by the group are Federal agencies, voluntary health organizations, professional societies, State licensing boards, employer human resources departments, trade associations, AARP, and the Joint Commission on the Accreditation of Healthcare Organizations.

RECOMMENDATIONS FOR A PRIORITY PROGRAM

Priority Target Audience

- African American women, over age 20, who have lower literacy skills, lower socioeconomic status, and reside in southeastern States.

Main Objectives of the Program

- Increase target audience's awareness that heart disease is the number one killer of women.
- Increase target audience's knowledge of modifiable risk factors of heart disease.
- Increase the percentage of the target audience who are identifying, addressing, and treating CVD risk factors.

Priority CVD Health Messages for the Program

- Heart disease is the number one killer of women.
- What matters most to you? Whom do you live for? What makes your heart sing? Give yourself the best chance of having a long, healthy life.
- This is what happened to me— don't let it happen to you.
- There are things you can do to reduce your risk of a heart attack.

Suggestions for Implementing the Program

- Put a face on CVD to make it more personal to African American women.
- Assess and use existing programs as springboards.
- Explore many potential channels and community settings for message dissemination including churches, clinics, hospitals, public health departments, media, schools, retail stores, African American politicians, national organizations, and local businesses.
- Develop creative program strategies such as proactive telephone counseling, labeling vending machines with nutritional information, computer-based personal health feedback messages, and distribution of recipes/cookbooks featuring heart healthy traditional foods.

Potential Program Partners

- National PTA.
- Faith-based organizations serving the African American community.
- National Association for the Advancement of Colored People.

- Health organizations such as the American Heart Association, American Diabetes Association, Planned Parenthood, and American Red Cross.
- Professional organizations such as the American College of Nurse Midwives and National Education Association.

GROUP 3: EARLY RECOGNITION AND TREATMENT OF ACUTE CORONARY SYNDROMES

Facilitator: Ms. Doris McMillon

OVERALL SUGGESTIONS FOR AN NHLBI NATIONAL HEALTH EDUCATION ACTION PLAN FOR WOMEN'S HEART HEALTH

Participants discussed a number of important audiences that need to be reached including clinicians (primary care providers, ER staff, gynecologists, and dentists); family; friends; neighbors; colleagues; individuals at high risk of acute coronary syndromes; young adults; EMS personnel; educators; media; and community organizations.

Messages for all target audiences must incorporate several important, life-saving themes: early recognition of the signs and symptoms of acute coronary syndromes, knowledge of variation of symptoms in females, and the importance of using the EMS because early treatment saves lives and prevents complications. Participants suggested a variety of potential communication channels including a celebrity spokesperson, shopping mall exhibit, and continuing education program for health care providers.

The group identified a wide range of potential NHLBI partner organizations such as the food industry, airlines (flight attendants), U.S. Postal Service, AARP, local health departments, and health professional organizations. Participants also recommended that the NHLBI consider joining forces with the Susan G. Komen Breast Cancer Foundation, whose success in educating women about breast cancer may lead to a synergistic heart health/breast health model.

RECOMMENDATIONS FOR A PRIORITY PROGRAM

Priority Target Audience

- Perimenopausal women ages late 30s to early 60s.

Main Objectives of the Program

- Increase awareness of acute coronary syndromes and early warning symptoms and signs in the target audience.
- Educate target audience about the importance of seeking emergency medical care for the early warning symptoms and signs of acute coronary syndromes.

Priority CVD Health Messages for the Program

- Perimenopause is a time of change that puts women at greater risk of acute coronary syndromes.
- Know the symptoms of heart attack and get early treatment.
- Don't delay—Call 9-1-1!
- Be assertive. You are worth it. Take action and don't give up!

Suggestions for Implementing the Program

- Include a celebrity spokesperson to deliver important messages such as Oprah Winfrey, Patti LaBelle, or Lynn Cheney.
- Develop print materials in a variety of reading levels.
- Use promotional items such as a cell phone sticker and a magnet.
- Develop a large-scale media campaign that includes public service announcements (PSAs) shown on airplanes, bus advertisements, Web sites, and use of women journalists such as Cokie Roberts or Connie Chung.
- Disseminate program messages at the community level to physicians' offices, pharmacies, fitness centers, beauty salons, PTAs, hospitals, employers, and grocery stores.

Potential Program Partners

- Health organizations including the American Diabetes Association, American Red Cross, and American Heart Association.
- Health professional organizations including the American College of Obstetricians and Gynecologists and the American College of Cardiology.

GROUP 4: PREVENT RECURRENCE AND COMPLICATIONS OF CARDIOVASCULAR DISEASE

Facilitator: Ms. Joan Ware

OVERALL SUGGESTIONS FOR AN NHLBI NATIONAL HEALTH EDUCATION ACTION PLAN FOR WOMEN'S HEART HEALTH

Participants identified many audiences including primary care physicians, cardiologists, patients and their families, hospital staff, EMS and ER professionals, support groups, behavioral health practitioners, media, policy makers, health insurers, and medical schools. The group discussed some important characteristics for several of the potential audiences. Important characteristics of patients (women) include culture, language, age-specific issues, personal beliefs, readiness for change, and use of alternative medicine.

Participants recommended three main messages targeted to women: (1) take charge of your health and be proactive, (2) you are not alone, and (3) know your treatment options—access to health care is a right. For health care providers, participants recommended that messages be built on several themes: patients are partners; listen to your patients; demonstrate caring, it takes only a second to connect; and assess, treat, and evaluate.

The group recommended four main communication channels for delivering messages: faith-based organizations, celebrity spokesperson, media, and communities. Participants suggested that the NHLBI consider partnering with food companies, including Tropicana and General Mills and pharmaceutical

companies to implement program strategies. The group recommended other potential program partners: employers; academic settings; Department of Health and Human Services, Office on Women's Health, National Centers of Excellence in Women's Health; health professionals; and media (radio, television, and print).

RECOMMENDATIONS FOR A PRIORITY PROGRAM

Priority Target Audience

- Women patients who have had a heart attack or other cardiovascular event.

Main Objective of the Program

- Increase target audience's awareness of actions they can take to prevent recurrence and complications of CVD.

Priority CVD Health Messages for the Program

- Take charge of your health. Know your treatment options and take the right medicines.
- You are not alone. You have a lifeline.
- Empower yourself. Partner with your physician.
- Participate in cardiac rehabilitation.

Suggestions for Implementing the Program

- Fund program with partners such as pharmaceutical companies, industry, and foundations.
- Implement a national campaign and regional and local components.

- Use national communication channels to disseminate messages including media (television, radio, print); the Internet; national health professional organizations; and the Department of Labor.
- Disseminate messages at regional and local levels through channels, such as churches, post offices, community health clinics, grocery stores, beauty shops, and workplaces.
- Use the Health Plan Employer Data Set (HEDIS) standardized performance measures as part of program evaluation.
- The NHLBI should provide: program leadership, including planning; program materials; and a funding system for program implementation and evaluation.

Potential Program Partners

- Existing CVD education programs targeted to women.
- Hospitals.
- Restaurant and hotel industries.
- Other Government agencies including the Health Care Financing Administration, Health Resources and Services Administration, Centers for Disease Control and Prevention.
- The National Committee for Quality Assurance.
- WomenHeart: the National Coalition for Women with Heart Disease.

NEXT STEPS

The workshop summary report will be used as a planning tool by the NHLBI's Office of Prevention, Education, and Control (OPEC) for developing specific performance projects that will form the core of a national women's heart health education initiative. The new effort will build on the NHLBI's experience in conducting national health education programs over many years, as well as the Institute's commitment to achieving the goals of Healthy People 2010. In doing so, the national education effort for women will incorporate key principles that guide all of OPEC's educational programs: development, dissemination, and use of science-based information; formation of partnerships with professional and voluntary organizations, Government agencies, and other groups; and emphasis on reaching communities and populations with the greatest burden of disease.

Based on the strong, clear recommendation of the workshop participants, OPEC's initial effort for the women's heart health education initiative will center on the development of a comprehensive public, patient, and professional education campaign. The campaign will aim to increase awareness about heart disease as the number one killer of women, motivate women to take heart health seriously and engage in personal action to reduce risks, and improve clinical preventive care and treatment of heart disease among women. The planning and strategy development

process for the campaign will help to create a sound, science-based initiative that will be implemented at the national and local levels. OPEC's aim is to sustain the momentum, enthusiasm, and support for implementing an action plan for women's heart health that was articulated by the participants in this workshop.

The success of a national health awareness campaign depends on the cooperative efforts and partnerships between the Government, private sector, and professional and voluntary organizations. As part of the planning process, the NHLBI will develop a partnership model that will best support the implementation of a women's heart health campaign at the national level and in local communities, especially those at highest risk of disability and death from heart disease.

To provide updates about progress on the campaign and to enable interested individuals and organizations to join with the NHLBI in disseminating key messages about women and heart health, OPEC has set up postworkshop Web pages that can be accessed at [<http://hin.nhlbi.nih.gov/womencvd/>]. Workshop participants and others interested in the development of the women's heart health education effort are encouraged to visit the Web pages to learn about new information as the campaign develops and to share information and experiences with the NHLBI and other organizations.

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APPENDIX A

STRATEGY DEVELOPMENT WORKSHOP AGENDA

MONDAY, MARCH 26, 2001

8:30 – 9:00	Opening Session	
	Welcome and Introductions	Dr. Claude Lenfant
	Women and Heart Disease—a Call for Action	Dr. Susan Bennett
	Healthy People 2010: Achieving the Objectives for Women’s Heart Health	Dr. Gregory Morosco
9:00 – 10:15	Plenary Session: Setting the Stage for Action	
	Taking Aim at the Number One Killer of Women	Dr. Nanette Wenger
	Reducing Heart Disease in Minority Women: Challenges and Opportunities	Dr. Elizabeth Ofili
10:15 – 10:30	Break	
10:30 – 11:45	Talk Show	
	Women and Heart Disease: Personal Perspectives	Ms. Doris McMillon
	<i>Guests</i>	
	• Ms. Brenda Romney	
	• Ms. Marsha Oakley	
	• Ms. Judy Mingram	
	• Ms. Paula Upshaw	
12:00 – 1:30	Lunch With Keynote Speaker	
	Women’s Health: Image and Reality	Dr. Jean Kilbourne

1:30 – 4:00	Small Group Sessions Developing a National Health Education Action Plan for Women’s Heart Health	
	<ul style="list-style-type: none">• Group 1 (Red) NHLBI Cardiovascular Health Performance Goal 1• Group 2 (Blue) NHLBI Cardiovascular Health Performance Goal 2• Group 3 (Green) NHLBI Cardiovascular Health Performance Goal 3• Group 4 (Yellow) NHLBI Cardiovascular Health Performance Goal 4	
4:00 – 5:00	Small Group Reports	Ms. Doris McMillon

TUESDAY, MARCH 27, 2001

8:30 – 10:00	Plenary Session—Achieving Success in Communicating Heart Health	Dr. Susan Bennett
	<i>Panel</i>	
	<ul style="list-style-type: none">• Consumer Behavior: What’s Social Marketing Got To Do With It?	Ms. Pattie Yu Hussein
	<ul style="list-style-type: none">• Communicating Culturally Appropriate Messages	Dr. Amelie Ramirez
	<ul style="list-style-type: none">• Increasing Awareness Through a Community-Based, Public-Private Partnership	Ms. Irene Pollin
	<ul style="list-style-type: none">• Heart Health Communication in Action: Project JOY	Dr. Diane Becker
10:00 – 10:15	Break	
10:15 – 1:45	Small Group Assignments/Working Lunch Planning a Cardiovascular Health Performance Project for Woman	Ms. Doris McMillon
	<ul style="list-style-type: none">• Group 1 (Red) NHLBI Cardiovascular Health Performance Goal 1• Group 2 (Blue) NHLBI Cardiovascular Health Performance Goal 2• Group 3 (Green) NHLBI Cardiovascular Health Performance Goal 3• Group 4 (Yellow) NHLBI Cardiovascular Health Performance Goal 4	
1:45 – 2:45	Small Group Session Reports and Discussion	Dr. Susan Bennett
2:45 – 3:00	Summary and Closing	Dr. Susan Bennett

APPENDIX B

PARTICIPANT GUIDELINES FOR SMALL GROUP SESSIONS

TODAY'S CHALLENGE: MARCH 26, 2001
1:30 P.M. TO 4:00 P.M.

After lunch, you will break into small group sessions. The colored dot on your name badge indicates which group you are in. Each small group is asked to provide the National Heart, Lung, and Blood Institute (NHLBI) with a set of comprehensive recommendations for a national health education action plan for women's heart health. Your group's recommendations will apply to one of the four NHLBI Cardiovascular Health Performance Goals. The group assignments are:

GROUP 1 (RED)

Facilitator: Kathy Spangler, C.L.P.
National Recreation and Park Association

Performance Goal 1: Prevent Development of Risk Factors

Objective: Through population and clinical approaches, increase the percentage of children and adults who engage in heart-healthy behaviors to prevent the development of CVD risk factors.

GROUP 2 (BLUE)

Facilitator: Wanda Jones, Dr.P.H.
DHHS, Office on Women's Health

Performance Goal 2: Detect and Treat Risk Factors

Objective: Increase the percentage of patients who have their CVD risk factors detected and who implement lifestyle and/or pharmacologic intervention and successfully control their blood pressure and cholesterol levels and weight to prevent the development of CVD.

GROUP 3 (GREEN)

Facilitator: Doris McMillon
McMillon Communications, Inc.

Performance Goal 3: Early Recognition and Treatment of Acute Coronary Syndromes

Objective: Increase the percentage of the public, including specified target groups (for example, women, minorities) and providers, who recognize the symptoms and signs of acute coronary syndromes and seek timely and appropriate evaluation and treatment.

GROUP 4 (YELLOW)

Facilitator: Joan Ware, R.N., M.S.P.H.
Utah Department of Health

Performance Goal 4: Prevent Recurrence and Complications of Cardiovascular Disease

Objective: Increase the percentage of CVD patients who are treated appropriately with lifestyle changes and drugs, and who reach goal LDL cholesterol and blood pressure levels, and successfully control their weight and other CVD risk factors to reduce CVD events.

SESSION FORMAT

INTRODUCTIONS

Your group facilitator will make introductions and provide your group with an overview of the afternoon's tasks and session format. You will be asked to introduce yourself. Your group will also select a timekeeper and a spokesperson to present a summary report of your group's recommendations to all workshop participants at the end of the afternoon.

REVIEW NHLBI CARDIOVASCULAR HEALTH PERFORMANCE GOAL AND OBJECTIVE

Your group will review your assigned NHLBI Cardiovascular Health Performance Goal and Objective.

TASKS

To meet the challenge of providing the NHLBI with a set of comprehensive recommendations for a national health education action plan for women's heart health, it is important for your group to consider many possible ideas. One of the best ways to do this is by *brainstorming*, a fun and energetic process that involves all members of the group. Brainstorming is a part of the problem-solving process that maximizes the creation of new ideas by suspending judgment.

During the session, your facilitator will lead your group in answering a set of questions. This process will help guide your group to focus on its assigned NHLBI Cardiovascular Health Performance Goal and develop a set of specific recommendations to help shape the national action plan. Here are the questions you will be answering:

- What audiences need to be reached?
- What are the characteristics of each audience?
- What messages are needed for each audience?
 - What is the purpose of each message?
 - What should be the content of each message?
- How and where should the messages be delivered?
 - What are the communication channels and community settings that could be used to deliver the messages?
 - What program strategies would be effective for delivering the messages?
- Which organizations and groups could work with the NHLBI in delivering the messages and implementing the program strategies for your NHLBI Cardiovascular Health Performance Goal?

SESSION GROUND RULES

- Focus your discussions and work on the NHLBI Cardiovascular Health Performance Goal assigned to your group.
- Any and all ideas are acceptable.
- Do not criticize other people's ideas.
- Allow everyone to contribute.
- Build on other ideas when given the opportunity.
- Have fun.
- When the timekeeper announces "time's up," move to the next question.

GROUP REPORT

At 4 p.m., all participants will reconvene for the final session of the day. Each group will have 15 minutes to discuss the recommended priority items related to its assigned NHLBI Cardiovascular Health Performance Goal. Your spokesperson will have 10 minutes to present a summary of your group's recommendations.

TODAY'S CHALLENGE: MARCH 27, 2001

10:15 A.M. TO 1:45 P.M.

After the morning plenary session, you will break into the same small group that you were in yesterday. During the small group session, your challenge is to be “health education program planners” for the day and plan a specific project for your NHLBI Cardiovascular Health Performance Goal.

TASKS

Your group will select a timekeeper and a spokesperson to present a summary report of your group’s recommendations to all workshop participants at the end of the afternoon.

Using the work done on the first day to define audiences, messages, strategies, communication channels, and partners, your group will select one high-priority audience and the key messages that should be addressed to this audience. You will then be asked to create a project that helps to increase awareness, change behavior, and/or influence policy and the environment in ways that help address the key issues in women’s cardiovascular health.

Your facilitator will guide your group in accomplishing the following program planning tasks:

- Select one priority target audience.
- Review the characteristics of that audience, including CVD health knowledge, attitudes, and behavior.
- Write the objectives of the program.
- Develop CVD health messages for your program and state their purpose.
- Develop an implementation plan, which includes communication channels, community settings, types of materials and program activities.
- Develop a list of organizations and groups that may be interested in partnering with the NHLBI to implement the program.
- List some criteria for evaluating the success of the program.

If time allows, your group can begin work on planning a second program.

GROUP REPORT

At 1:45 p.m., all participants will reconvene for the final session of the Workshop.

Your spokesperson will have 10 minutes to present a summary of your program.

DISCRIMINATION PROHIBITED: Under provisions of applicable public laws enacted by Congress since 1964, no person in the United States shall, on the grounds of race, color, national origin, handicap, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity (or, on the basis of sex, with respect to any education program or activity) receiving Federal financial assistance. In addition, Executive Order 11141 prohibits discrimination on the basis of age by contractors and subcontractors in the performance of Federal contracts, and Executive Order 11246 states that no federally funded contractor may discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. Therefore, the National Heart, Lung, and Blood Institute must be operated in compliance with these laws and Executive Orders.



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