

Let's Talk Heart to Heart

Cardiovascular disease (CVD) causes one out of three deaths yearly.¹ With the average American family containing 4.5 persons, few of us are immune to this problem.² By involving medical professionals, the Cooperative Extension Service can have an impact in disease prevention education.

The "Living for a Healthy Heart" series was developed to educate the general public about how one's lifestyle can affect CVD. Emphasis was placed on prevention practices; but many of the participants had previously been diagnosed with a form of CVD. Obtaining the cooperation of various health organizations was a secondary goal of this series. Local health agencies, excellent sources of publications and audio-visually, were most cooperative.

At each of the three meetings, one or two preventive health practices were discussed. Health professionals were involved with the presentations. A local physician discussed the causes

and effects of CVD. He helped participants understand how the heart works and what practices within their lifestyle can contribute to CVD. Obtaining a physician, respected by local citizens, added to the program's success. Also at this session, volunteers from the local heart association took blood pressure readings from each participant.

The regional lung association illustrated the long-term effects of smoking on the heart and lungs. A university physical education professor discussed the importance of a regular exercise program as well as living with day-to-day stress.

Cooperation with the local hospital added credibility to our program. The hospital's registered dietitian held a meeting on dietary fats and the cholesterol controversy. The Extension home economist prepared a fat-controlled meal for the participants. Food samples demonstrated many recommended foods and preparation methods. Numerous hospital employees and nurses attended the series to benefit themselves personally and professionally.

Additional health agencies, social service groups, and pharmacies helped with the promotion of the series. These groups displayed promotional posters and flyers to their clientele. The series was also promoted through the mass media, as pre-registration was required.

Through the use of a pre- and post-test, knowledge gains due to the program could be measured. Pre-test focused attention on the complexity of CVD and heightened the participants' interest. In the post-test, the participants reported that they were sufficiently motivated to adopt at least one preventive health practice (reduce fat and salt consumption, exercise, monitor high blood pressure).

Participants also maintained that they'd made some adjustments in their lifestyle since the series began. Many program participants wanted the health education programs continued.

Extension has the unique ability to coordinate health education programs. We have no patients to lose or turf to protect. We can solicit support from health agencies without fear of competition. Extension has the perfect distribution capacity to reach into the corners of our communities with preventive health education.

Extension's educational function can be most effective if linked with the strengths of public, voluntary, and professional health agencies as well as other community organizations. In so doing, a most productive team effort can evolve.³

Extension has little to lose and much to gain as an organization and as individuals. After all, many of us could benefit from a healthier lifestyle.

Footnotes

1. Charles O. Crawford and George W. Schelzel, *Follow-Up Study of High Risk Participants in a Coronary Heart Disease Risk Factor Screening Program* (University Park: The Pennsylvania State University and Agricultural Experiment Station, 1975), p. 1.
2. Helen E. Bell, *Families in a Changing World* (University Park: The Pennsylvania State University, Cooperative Extension Service, 1976), p. 1.
3. *Health Education in the Cooperative Extension Service: Present Status and Recommendations for Future Action* (Atlanta, Georgia: U.S., Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, 1978), p. 9.

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