

## Promoting Cardiovascular Health in Croatia and Bosnia

*By Julia Ross*

Americans are continually confronted with the message that stubbing out cigarettes, eating plenty of fruits and vegetables and exercising regularly are the keys to preventing heart disease. And while many find some or all of these behaviors difficult to practice, they cannot help but acknowledge a behavioral link to good cardiovascular health, a concept reinforced by strict admonitions from nurses, physicians and the media.

In many CEE and NIS communities, however, there is little patient and public education about the risk factors for and the effects of cardiovascular disease (CVD). This lack of knowledge, combined with the world's highest smoking rates and high fat consumption, has resulted in grim CVD patterns that are responsible for approximately half of all deaths and one-third of permanent disability in the region, and are primary culprits in what the World Health Organization (WHO) terms the "East-West mortality gap."

In fact, since 1970, CVD mortality rates have steadily increased in CEE, while Western European nations have posted a sharp decline to nearly half the CEE rates. WHO attributes this divergence primarily to widening differences in modifiable risk factors, which include cigarette smoking, high blood cholesterol, high blood pressure and physical inactivity. It notes in its "Health in Europe" report, however, that "socioeconomic differences, advances in medical technology and changes in the availability, accessibility and use of hospital and ambulatory care" in the West have also contributed to the gap.

In light of this situation, the Zadar-Franciscan hospital partnership is working toward improving both in-hospital and community health promotion to prevent CVD.

Freidoon Ghazi, MD, a cardiologist with Cardiology Associates of Cincinnati in Cincinnati, Ohio, and Barbara Jeffries, RN, CCRN, an assistant nurse manager in the intensive care and cardiac care units at Cincinnati's Providence Hospital (part of the Franciscan Sisters of the Poor Health System, Inc.), have been collaborating for the past year with cardiac care nurses and physicians at Zadar General Hospital in Croatia to establish an in-hospital teaching plan for patients with CVD and to spread the word in the Croatian community that CVD can be prevented.

Although statistics on CVD in Croatia are difficult to come by, due in large part to the disruption of the war there, Ghazi said that incidence rates are markedly higher in Zadar than in US communities of similar size: "This is because their risk factor awareness has been low. Particularly smoking--it's part of their tradition and culture to start smoking at a very young age. An additional problem is they don't seek out treatment early enough ... we recently saw many cases of rheumatic disease going undiagnosed, for example."

Albino Jovic, MD, PhD, head of cardiology at Zadar General, said hypertension and diets high in sodium are the primary factors contributing to CVD in the region. "The general public are not well educated on cardiovascular risk factors. There is a lack of printed educational material available to the public for such education."

In Zadar's post-war environment, few financial resources are available to devote to health promotion, Jeffries said, but physicians and nurses are eager to work together to find solutions: "Both groups see the need to do more patient education. I think it's just a matter of getting more comfortable with teaching patients on a daily basis, especially for the nurses."

The partnership is in the process of translating into Croatian publications from Providence Hospital and the American Heart Association that explain CVD risk factors and what patients

can expect after clinical procedures like cardiac catheterization and angioplasty. This material will be made available at Zadar General as well as in physician's offices in the community.

Ghazi said the partners are focusing on providing adequate follow-up for heart attack and stroke patients, emphasizing the basics of "exercising, eating properly and stopping smoking, and also how to take medications routinely and properly." This kind of teaching is new to Zadar. "We can start public education right in the hospital if we involve the patient and the patient's family," added Jeffries.

Increasing the number of cholesterol tests given to patients, and establishing a data collection system to monitor the results of these tests is also a priority in Zadar. Previously, there was no means of linking these data to interventions. "We needed to have something measurable to see if the education is working--like the introduction of low-fat diets, for example," Jeffries said.

Additionally, the partnership hopes to establish a community relations staff position within Zadar General to coordinate health outreach projects. While all of the hospital's clinical departments would be able to take advantage of such an office, cardiology staff envision using it to target CVD education to specific age groups and to introduce CVD health promotion activities in Zadar's schools.

Ghazi said Zadar General has been "instrumental" in taking the lead for CVD health promotion in the community since the partnership began. On a February trip, he and his Croatian colleagues participated in a local television interview, during which they stressed CVD risk factors and behavioral modifications. Ghazi added that, in the last year, smoking has been banned in many public places in Zadar, and Croatia Airlines has banned smoking on all of its flights.

Cardiovascular health promotion is also a concern in neighboring Bosnia, where physicians and nurses participating in the new Tuzla, Bosnia-Buffalo, New York partnership are working to establish a "cardiac center for excellence" at Tuzla Clinical Center. The center, slated to open this spring, is expected to provide the most advanced treatment in Bosnia for heart attack and stroke patients, and will incorporate a teaching initiative on CVD risk factors and preventive care for health care workers and patients alike.

"We plan to focus on smoking cessation, cardiac toning through exercise and stress reduction and management," said Cathleen Wright, MD, assistant vice president for patient care services at Buffalo General Hospital. "But the true prevention and health promotion has to be done by getting out into the community, and we need to get the media over there involved in that."