

Promoting the Cardiovascular Health of Uninsured Women

Public Health Problem

Heart disease is the leading cause of death among women in Iowa. Uninsured women can be especially vulnerable because they are less likely than insured women to have their blood pressure and cholesterol levels checked or to have information and skills on how to eat healthy foods and be physically active. Nearly half of Iowa's residents live in rural areas, which makes it challenging for them to access preventive health services. In addition, Iowa's population is aging more rapidly than populations in most other states, with nearly 30% of Iowa women being in the 40–64-year-old age-group targeted by the state's WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) Program. Iowa WISEWOMAN participants are at high risk for heart disease: more than 75% of the women screened are overweight or obese, 33% smoke cigarettes, and 40% have either high cholesterol or high blood pressure.

Program Example

WISEWOMAN programs across the country provide additional preventive services to women already participating in the National Breast and Cervical Cancer Early Detection Program. States use this established system and other partnerships to screen women for risk factors for heart disease and other chronic diseases, deliver nutrition and physical activity interventions, and provide referrals to medical care as needed. Iowa WISE-WOMAN staff, through a partnership with the Iowa State University Extension, have developed Iowa Care for Yourself, a 12-session health promotion program that includes healthy eating information based on the Dietary Approaches to Stop Hypertension diet trial. Each session is designed like a magazine, with multiple interactive segments including a featured topic, skill building, physical activity, goal setting, and healthy snacks. Extension nutrition and health field specialists are particularly well suited to deliver the Iowa Care for Yourself intervention because they have the knowledge and skills needed to discuss health topics, are familiar with the local populations' needs for health education, and have experience working in local community settings. Lifestyle intervention sessions are held in familiar, easy-to-access locations such as community centers and libraries.

Implications and Impact

Cardiovascular disease screening and lifestyle interventions can improve the health of low-income women. Collaboration with health professionals in agencies such as the cooperative extension service can expand resources needed to carry out complex health promotion programs. Careful selection of persons and places to deliver the program can improve access to care for rural women and boost participation as well as the overall success of the program.