

## PROMOTING HEART HEALTH IN WOMEN MUNICIPAL WORKERS

Deborah E. Jones, RN, MSN

Michael T. Weaver, RN, PhD

University of Alabama at Birmingham-School of Nursing  
SON Building, 1701 University Boulevard, Birmingham, AL 35294-1210

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**Purpose:** The purpose of this project was to examine the level of knowledge of heart disease risk and perceived susceptibility to heart disease among women municipal workers before and after a 5-week heart disease information intervention. This project also seeks to contribute to one of the goals of *Healthy People 2010*, the elimination of health disparities, specifically the reduction of health disparities in heart disease by 25% by the year 2010. The following questions were addressed: (1) Is there a change in level of heart disease knowledge following heart disease information intervention among women municipal workers? (2) What effect does a heart disease knowledge intervention have on perceived susceptibility? **Method:** In an effort to investigate the level of heart disease knowledge possessed and perceived susceptibility of risk for heart disease in women municipal workers, a one group repeated measures, quasi-experimental design was employed. This project targeted sedentary women municipal workers with known risk factors for heart disease. The age of the participants ranged from 25-65 years of age. The participants were 75% African-American, 23% Caucasian and 2% Latino. A total of 48 sedentary women municipal workers attended a five-week heart disease information intervention. Upon arrival to the first session and post intervention the women completed a 33-item heart disease questionnaire, which included demographics, and a single visual analog scale, which assessed perceived susceptibility. After administration of the questionnaire, the first session of the 5-week intervention began with a presentation of “The Heart Truth” presentation. “The Heart Truth” is a national awareness campaign on women’s heart health and is sponsored by the National Heart, Lung, and Blood Institute (NHLBI), a unit of the U.S. Department of Health and Human Services’ National Institutes of Health. **Findings:** Thirty-nine (81%) participants attended at least four sessions, with 26 (54%) having completed pre- and post data. Mean pre-test percent correct for knowledge was 48.7 (SD=10.2), with post-test mean percent correct of 52.1 (SD 11.4). Mean susceptibility pre was 4.03 (SD=2.0) with post mean of 4.47 (SD=2.0). Both knowledge and perceived susceptibility scores increased from pre- to post-intervention. While beyond the scope of this project, the increases in knowledge and perceived susceptibility may provide an incentive for the participants to change some behaviors to lower their risk for heart disease. Whether the observed changes in knowledge and susceptibility will translate into changes in behavior, stage of change, and/or readiness to change need to be explored in future studies.