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EDITORIAL

Cardiovascular Disease and the Community

We are pleased to include in this issue the American Heart Association Scientific Statement: Taking the Initiative, Implementing the American Heart Association Guide for Improving Cardiovascular Health at the Community Level, which is being published simultaneously in *Circulation*. Although the document draws on the US experience and is aimed primarily at their public health practitioners, healthcare providers and health policy makers, the recommendations reflect a process that has a much broader, global application. The primary and universal focus of course is the community. Considerable experience in many countries over the past several decades attests to the importance of community involvement and support.

Although health care activists may regard the community as their target, often the leadership and initiative begin with the community itself. The well-known North Karelia Project began with a petition signed by its Governor, all North Karelian members of the national parliament along with representatives of various community organizations [1]. After making presentations to the Finnish government, the Academy, the Heart Association and the National Board of Health, the delegation was assured a positive response to the petition of the population. The North Karelia Project is a fascinating and inspirational story about community activism. And there are other examples, including Heartbeat Wales, the Pawtucket Heart Health Program, the Stanford Five-City Project and more recently the Porto Alegre multi-sectorial partnership to name but a few. All share the common features of widespread commitment and community involvement.

The recommendations in the AHA Scientific Statement do not require expensive, high-tech investments and therefore they can be considered for application in communities in low and middle economy countries. The basic components of the approach including assessment of the situation, planning, implementation along with community mobilization and evaluation are universally relevant and applicable. Of course the program specifics must be culturally sensitive and also take into consideration the unique situations and special needs of children, women, elderly, workers, etc.

A concerted, collective effort can have a profound impact. Perhaps the most significant recent experience involving the world community is the Framework Convention on Tobacco Control (FCTC) [2]. As the first ever global health treaty, the FCTC is a landmark success to be celebrated and emulated. One might wonder then why such a treaty was not conceived and agreed upon much earlier or why more aren't being signed forthwith. The explanation lies in an understanding of community readiness and the process of making changes. Individuals progress through stages in achieving change. Progress can be measured in moving from one stage to the next, e.g., from a precontemplative to a contemplative stage, in the language of the transtheoretical model. Most are in a pre-contemplative stage. How communities, which may be at various stages of readiness on different issues progress towards behavioural changes is the subject of great interest and research. Certainly readiness is a complex matter that goes beyond simply a willingness to achieve change.

The basis for community action for the prevention of cardiovascular diseases as well as for all the major non-communicable diseases is epidemiological data, which describes the extent of the problem and later monitors and evaluates the effectiveness of programs and policies. The North Karelia delegation would not have achieved their objective had they not been equipped with data describing the burden of cardiovascular diseases in their region. A stepwise approach to epidemio-

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logical surveillance developed by the World Health Organization offers cost-effective options for data collection, depending on the level of available resources [3]. A standardized methodology for the recommended data items assures comparability of data over time and across communities.

As blueprints for community action are being developed and refined, the experiences gained with work in various populations can be very useful. We welcome to this journal, submissions of relevant experiences from your community projects, including lessons learned from failures as well as successes.

References

[1] Community control of cardiovascular diseases — The North Karelia Project. World Health Organization, Regional Office for Europe, Copenhagen 1981, ISBN 92 890 1006 1.
[2] http://fctc.org (accessed 6.10.2005.).
[3] http://www.who.int/ncd_surveillance/steps/en/ (accessed 6.10.2005).

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