



SOPHE FOCUS AREA: HEART HEALTH

Understanding the Problem:

Cardiovascular disease (CVD) remains the leading cause of death in the United States, with disparities affecting African Americans, who experience higher age-adjusted mortality rates than non-Hispanic Whites. Chronic heart failure (CHF), one of the most severe manifestations of cardiovascular disease, affects more than 10% of patients aged 70 years and older, with 50% of those diagnosed readmitted to the hospital within a year and 50 to 75% dying within five years of diagnosis. Despite the well-documented benefits of regular physical activity, it has been shown to improve all-cause death, hospitalization rates, quality of life, and depression scores in CHF patients. However, few patients fully comply with exercise recommendations due to a complex interplay of fear, limited knowledge, and a lack of motivation, and insufficient guidance from health care providers. Compounding these individual-level barriers, African American women face disproportionate cardiovascular risk driven by chronic psychological stress stemming from systemic social and economic disadvantages, underscoring the urgent need for community-based approaches to heart health promotion.

Looking into the Literature:

Research demonstrates that both individual and structural barriers must be addressed in order to improve heart health outcomes. Factors influencing participation in regular physical activity (RPA) among patients with chronic heart failure seem to be linked to five key reasons, as found in a study conducted in 2022. These themes include, include, a lack of knowledge about the disease and the benefits of RPA, limited awareness of what types and intensities of activity are appropriate, fear of physical overexertion or worsening of health, lack of motivation, and the dual role of family and social circles as both enablers and obstacles. Patients who had participated in cardiac rehabilitation were notably more confident in their ability to engage in RPA and were more

likely to maintain regular activity. The study highlights the critical role of general practitioners in providing specific, reassuring guidance on physical activity and in supporting patients' capacity for self-care.

From SOPHE JOURNALS:

- [**“I Can’t Go Far”: Perceptions and Experiences of Heart Failure Patients Regarding Physical Activity: A Qualitative Study Using Semistructured Face-to-Face Interviews**](#)
- [**Health for Hearts United Longitudinal Trial: Improving Perceived Stress and Allostatic Load Outcomes of Mid-Life and Older African American Women**](#)

Summary of SOPHE’s Recommendations

The evidence from these studies points to several actionable steps for addressing cardiovascular disease risk at both the individual and community level. Health care providers, particularly general practitioners, must take an active role in educating patients with CHF about the nature of their disease and the specific benefits and appropriate forms of physical activity, as a lack of this guidance is a primary driver of inactivity and non-compliance. Also, interventions must account for the motivational and psychosocial dimensions of behavior change, including fear, social isolation, and the influence of family and social networks, by identifying and leveraging the individual strengths and enabling factors that are already present in patients' lives. SOPHE recommends partnering with local communities and working towards a broader understanding of behavior change regarding CHF.

Key Takeaways

- Cardiac rehabilitation participation is strongly associated with improved confidence in and adherence to physical activity recommendations, highlighting the value of structured, supervised programs as a gateway to long-term self-care.
- Educational level is a significant and independent factor in allostatic load outcomes; programs designed to address cardiovascular risk in diverse communities must be tailored to the sociodemographic realities of the populations they serve, and further research is needed to understand how education and other moderators shape the effectiveness of community-based cardiovascular health interventions.