

# Heart and Lifestyle Health Check



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



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### Abbreviations

HSE	Health Service Executive
HAZ	Health Action Zone
CHW	Community Health Worker
CW	Community Worker
CVPHN	Cardiovascular Public Health Nurse
PHN	Public Health Nurse
ADPHN	Assistant Director Public Health Nurse
DFI	Diabetes Federation of Ireland

# Section A

## 1. Introduction

This manual is designed to enhance the effective working of health checks based on the Health Action Zone (HAZ) model. It is hoped that this manual will ensure that all involved in such initiatives are working from an agreed framework. In addition to use by community health workers (CHW) and the cardiovascular public health nurse (CV PHN), it is hoped that other Health Service Executive (HSE) staff and community groups can use it, as a guide to effectively running health checks.

## 2. Rationale

The rationale for the health checks stemmed from shared learning with practitioners in the United Kingdom (UK) who had done pioneering and innovative work with men regarding their health, for example, delivering health information to men in uniquely male settings such as barber shops, truck pit stops and pubs in the UK. Contact was made with Jane De Ville Almond, a health visitor and leading expert in men's health in the UK, who subsequently travelled to Cork and gave a workshop to frontline staff who were interested in developing innovative and creative strategies in engaging with boys and men.

Following the decision to replicate this type of work in the HAZ areas, the community health worker in The Glen held discussions with the North Lee cardiovascular public health nurse and the Health Promotion Department in the HSE South. The Baldy Barber's shop based in Blackpool, Cork city was identified as a suitable location to host the men's health checks. The owner of the business was open and supportive to the idea of hosting the health checks in his barbershop. The shop was targeted as a location as it was accessible to a wide geographical area and had traditionally been a focal point for men to 'catch up on local news'. Furthermore, there was a willingness to embrace the innovative idea. The health checks were run for a week. The week was a huge success and since then health checks have taken place in all four HAZ areas with similar success.

## 3. Health Action Zone:

The Health Action Zone aims to improve the health and lifestyle of a community, through a series of health focused initiatives that build on existing services and facilities. There are currently four Health Action Zone communities in the North Lee Community Care Area: Knocknaheeny, Churchfield, The Glen and Mayfield. A community health worker is based in each of the four areas.

The areas are distinct in demographics and population size. (See Appendix G for the age and gender profile). The statistics suggest that in three of the areas there is a very large proportion of the population who are males under the age of 44 and a large section of the forth HAZ area that has a large proportion of males over 45. Demographics, such as these, need to be taken into account when planning health checks in any particular area.

### *Health Action Zone Areas:*

- ♥ 34 % of the male population in Churchfield are over 45 years old
- ♥ 40% of the male population in Gurrabraher are over 45 years old
- ♥ 43% of males in Knocknaheeny are aged between 15 – 44 years old with 33% of males under the age of 14
- ♥ 42% of males in Mayfield are aged between 15 – 44 years old
- ♥ 52 % of males in The Glen are between 15 – 44 years old.

*CSO Data 2002*

These varying age demographics influenced the type of health check adopted for each area and the approach taken by the community health worker i.e. with the large elderly population in Churchfield, Type 2 diabetes was identified as a health concern. As Knocknaheeny has a large young population, the community health worker needed to adopt an approach to health checks that would appeal to younger men, for example, running the checks at the youth centre.

*"The pursuit of Equity must extend beyond the question of access to treatment and care and must examine variations in the health status of different groups in society and how these might be addressed"*

Hanafin (2001)

# Section A

## 4. Partnership

All health checks require a partnership approach if they are to be successful. By identifying the correct partners one is ensuring that the clients' needs are being met within certain limitations i.e. a health check is essentially a medical check and therefore requires the presence of qualified medical personnel. HSE departments work collaboratively in organising and carrying out health checks in Health Action Zone Areas, such departments include but are not limited to the following: Community (Health) Work, (Cardiovascular) Public Health Nursing, Health Promotion and the Youth Health Service. Health checks can also involve external partners, for example, The Diabetes Federation of Ireland (DFI), University College Cork and other external partners through the RAPID structure.

Partners involved in the health checks adopt a community development approach to ensure the health message reaches people in communities who really need it. Alongside this, the (CV) PHN's dispense medical advice that is within their remit to do so. Other HSE and voluntary agencies can also be identified as partners depending on the populations that are being targeted and the issues that are prevalent in the community i.e. Youth Health Service, DFI etc.

When an agency or organisation decides to establish health checks in a community a number of issues should be taken into consideration.

- ♥ Ensure the appropriate partners have been identified and are committed to the process as well as the health check itself.
- ♥ A sufficient amount of time should be spent on planning so all the partners know what each other has to offer in terms of expertise and time commitment.
- ♥ A good knowledge of the community where the proposed health checks will take place is essential. This will facilitate health checks taking place that can respond to the particular health needs of that community. In addition, this facilitates all partners involved to develop an understanding of the predominant health issues in that community.
- ♥ When advertising the health checks locally, ensure that the advertisement is clear on what a health check consists. This will prevent people presenting with false expectations e.g. someone arriving and expecting an immediate cholesterol test.

A creative, proactive community development approach, partnered with medical expertise seems to successfully target and engage sections of the population who traditionally are poor users of the health services.

# Section A

## 5. Aims and Objectives of Heart and Lifestyle Health Checks

The principal aim of health checks is to target people from disadvantaged areas that are less likely to engage in existing health service provision. Richardson (2004) highlights in a very clear way that social class and low education levels are related to impaired health status.

Other aims are to:

- ♥ enhance peoples awareness of their health
- ♥ pick up undetected health risks
- ♥ advise on acting on detected health risks
- ♥ make people aware and informed of gender specific health issues
- ♥ encourage people to take action on health problems and seek advice early if needed
- ♥ use data gathered to further improve services for the communities
- ♥ organise follow-ups for people presenting with a health concern within 4 - 6 months.

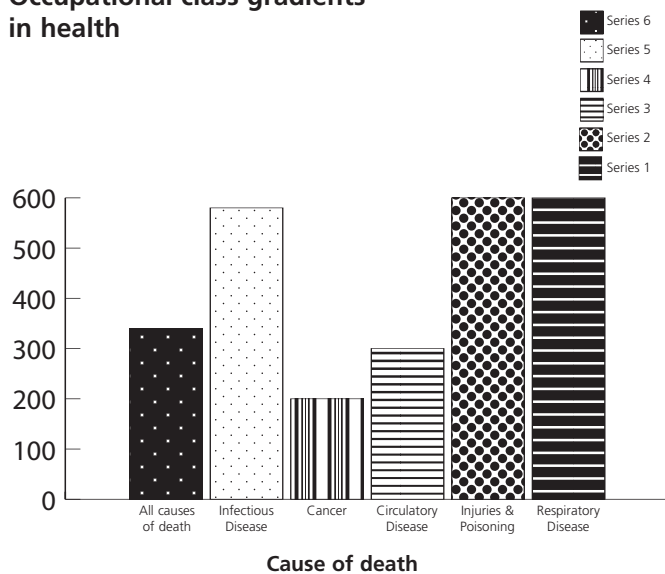
# Section B - Community Development

## 1. Target Group

The individuals/groups/communities that are targeted for engagement in health checks are those least likely to avail of existing health service provision. They may also be people that have been identified by the community - those living and working in HAZ /RAPID areas. For example, this may include the HAZ Advisory Group, the local Community Development Project etc.

The Institute of Public Health (2001) has demonstrated that there was more than a three-fold difference in the age-standardised death rates between men in the lowest and the highest socio-economic groupings during the period 1989-1998. The strong impact of occupational class was evident for nearly all of the major causes of death. The findings of the National Health and Lifestyle Survey (SLÁN) demonstrate significantly less healthy lifestyles among lower socio-economic groups than those in higher socio-economic groups.

### Occupational class gradients in health



Mortality difference between highest and lowest occupational class.

Source: Institute of Public Health (2001) cited in Department of Health and Children (2001)

## 2. Role of the Community Health Worker and (Cardiovascular) Public Health Nurse

The following are the responsibilities of the CHW and the (CV)PHN in jointly organising/facilitating a health check:

- ♥ Highlight community based request
- ♥ Identify target group
- ♥ Source a venue and verify its availability with staff
- ♥ The facilitating health professionals should meet to:
  - Agree on the appropriateness of the venue
  - Agree a specific date (every attempt should be made to avoid the health checks coinciding with sporting/music events in the area or on the television)
  - Agree a time schedule for the health checks; decide on a start and finish time taking into consideration the number of people expected to attend.
  - Decide on the format of the health checks i.e. appointment style or drop-in
  - Organise times and a venue for follow up health checks
  - Identify additional allied health professionals who may wish to participate in the event e.g. DFI, Health Promotion Department
  - Organise responsibility of funding and provision of refreshments where required
  - Identify the method of promoting the health check and assign responsibility for the task.

# Section B

- ♥ The amount of promotion needed for the health check depends on the target group. This should be done approximately two weeks before the event. Methods of promoting the event to the general public may include;
  - Leaflets
  - Posters
  - Community newsletters
  - Local radio
  - Individual targeting (Appendix E)
  - Word of mouth
  
- ♥ Clarify with the community, the type of health check on offer i.e. lifestyle and/or cholesterol/blood sugar etc.
  
- ♥ Facilitating partners should be present for the duration of the health check.
  
- ♥ The CHW will be responsible for the distribution, collection and documentation of the evaluation sheets (Appendix B and C).
  
- ♥ The (CV) PHN offers an individual, holistic health check to clients. Time is allowed to discuss a person's general lifestyle and health in conjunction with measurement of body mass index and blood pressure. Follow-up glucose and cholesterol level checks are offered to the participant within a specified time, if criteria indicate a need for this. The guidelines used are those laid out by the European Cardiology Society (ESC) 2003 regarding cardiovascular disease risk assessment (Appendix F).
  
- ♥ The (CV) PHN will be responsible for the recording, storing and safekeeping of medical data and medical equipment used for the health checks.

## 3. Venue

The following aspects need to be considered with regard to choosing a venue:

- ♥ It needs to be located in the community and be user friendly
  
- ♥ It needs to be accessible and accommodating for those with varying needs
  
- ♥ The space should allow for privacy between the (CV) PHN and the participant
  
- ♥ The facilities need to have accessible sockets, toilet and seating facilities
  
- ♥ An appropriate waiting area should be organised in a separate space from the consultation where possible
  
- ♥ Space for health related material to be displayed should be organised if appropriate.

# Section B

## 4. Health and Safety Issues

Health and safety issues must be considered when selecting a venue.

These include:

- ♥ Clear fire exits
- ♥ Safe setting e.g. awareness of untidy flexes, torn carpet etc.
- ♥ Access on ground level
- ♥ Appropriate ventilation
- ♥ Appropriate lighting
- ♥ Appropriate and safe seating

**Other venue considerations should include:**

- ♥ The venue should suit the clients targeted e.g. older men may not feel comfortable at a youth centre.
- ♥ The venue should in general be a central location in the community to facilitate easy transport access.
- ♥ It is advisable to check the insurance policy details with the organisation's insurance company prior to the event.
- ♥ Be mindful of accessibility to venues for people with disabilities.

## 5. Resources / Promotional Materials

- ♥ Resources and promotional materials are available from a variety of departments / organisations. These materials could be available on the day of the health check for people to take home with them as they see fit or as a point of referral for the (CV)PHN.
- ♥ Promotional literature should be chosen with the target group in mind.
- ♥ Professionals involved in health checks should decide on who has responsibility for organising leaflets prior to the event.

Information leaflets are available from but not limited to the following:

- Health Promotion Department – HSE South 021-4921641
- Mental Health Resource Officer – HSE South 023-33297
- Diabetes Federation of Ireland 1850 909 909
- Mental Health Association 021-4511100
- Asthma Society 01-8788511
- Irish Heart Foundation 01-6685001
- Irish Cancer Society Freephone 1800 30 90 40
- Working with Men (UK based website for men and boys) [www.workingwithmen.org](http://www.workingwithmen.org)
- Comic Company (UK based health information) site [www.comiccompany.co.uk](http://www.comiccompany.co.uk)

HAZ has some limited materials that may be used for these events



# Section B

## 6. Refreshments

Refreshments should be provided if appropriate for the target group and the venue i.e. there may not be adequate facilities to serve refreshments. Offering refreshments may encourage certain target groups to come to the venue and avail of the checks. Healthy refreshments should be encouraged i.e. low fat yoghurts, wholemeal bread and wraps and fruit. These costs vary and shopping around is encouraged.

## 7. Media

If appropriate, contact the Communications Department, HSE South, Telephone: 021-492 3733/6, a month in advance of wanting the event covered in the media.

## 8. Literacy

When providing written information and requesting the filling out of forms consideration should be made with regard a client possibly having literacy difficulties. In such a case the facilitator will assist as needed.

## 9. Data Recording Mechanism

The Heart and Lifestyle Health Check Record Sheet is to be given to each client availing of the health check when they arrive at the venue (Appendix A). While waiting to be seen personal details can be completed by the client (with the help of a facilitator if appropriate). Each professional will complete their relevant sections and the forms should be returned to the (CV) PHN when the health check is completed. Each form is to be numbered on the top right hand corner and the venue recorded. This ensures that correct information is recorded for each client.

## 10. Accessing Local Services

The CHW is responsible for providing appropriate information to the (CV) PHN in advance of the health check. This can include information regarding accessing local support groups/health promotion programmes/a local directory of services, walking groups, men's groups, drug/alcohol support groups etc. Appendix D is an example of an information sheet that could be used by the (CV) PHN, if he/she feels a client may benefit from another activity in their community.

## 11. Financing the Cost of a Health Check

Disposable cholesterol and blood sugar testing cassettes, lancets, capillary tubes and printing paper will cost approximately €16.00 per participant. If checks are taking place outside HAZ areas the (CV) PHN should liaise with the local community worker where possible to negotiate use of HAZ equipment.

It is possible to order extra cholesterol cassettes for use in areas outside HAZ/RAPID areas; the (CV) PHN should be contacted in this case.

Possible other costs include: advertising, poster design/printing, refreshments and venue hire.

## 12. Evaluation

Evaluations are to be collected, collated and filed by the CHW within an agreed period of time following the health check. However, a full written evaluation may not always be possible due to the target group or venue etc.

## 13. Follow-up

Venue, dates and times of follow up appointments for cholesterol screening will be organised prior to the health checks. A follow-up meeting should take place between all the partners to discuss satisfaction rating of the health check.

# References

Hanafin, M. (2001). Speech at the National Economic and Social Forum's Plenary Session on Health Policy. Equity in Healthcare. Available: [www.dohc.ie/press/speeches/2001/20011002a.html](http://www.dohc.ie/press/speeches/2001/20011002a.html)

Richardson, N. (2004). Getting Inside Men's Health. Health Promotion Department. South Eastern Health Board.

Centre for Health Promotion Studies. (2003). The National Health and Lifestyle Surveys 2002- Survey Of Lifestyle, Attitudes And Nutrition (SLAN). National University of Ireland. Galway.

The Institute of Public Health. (2001). cited in Department of Health and Children. (2001). Quality and Fairness. A Health System For You. The Stationary Office. Dublin.

Central Statistics Office (CSO 2002).

# Appendix A

## Heart and Lifestyle Health Check Record Sheet

Date: \_\_\_\_\_ Venue: \_\_\_\_\_ No: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Do you see yourself as:

Very Healthy  Healthy  Unhealthy  Very Unhealthy

Personal History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G.P.: \_\_\_\_\_ How often do you see your G.P.? \_\_\_\_\_

Weight	Height	Body Mass Index	Blood Pressure	Blood Sugar
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cholesterol				
<input type="text"/>				

# Appendix A

## Heart and Lifestyle Health Check Record Sheet

**Nutrition**

**Exercise**

**Alcohol**

**Smoking**

**Stress**

Would you be interested in a follow-up Heart and Lifestyle Health Check?

Yes

No

Nurse Signature: \_\_\_\_\_

Any other information: \_\_\_\_\_

\_\_\_\_\_

Referral Needed: \_\_\_\_\_

The blood test and health check you will have carried out today is a screening tool for diabetes and raised cholesterol; it is not the diagnosis of any medical condition. However any results above recommended levels may warrant further investigation by a general practitioner.

I hereby give consent to be screened.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Screened by: \_\_\_\_\_ Date \_\_\_\_\_

# Appendix B

## Participant Evaluation Form

1) What was your overall opinion of the Lifestyle Check? Please tick (✓):

Excellent     Good     Poor     Don't know

Please give a reason for your answer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Was the venue?

Very Suitable     Suitable     Unsuitable     Don't know

3) Was the time?

Very Suitable     Suitable     Unsuitable     Don't know

4) Do you have any suggestions on ways to improve the Health Checks?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Why did you attend the Health Checks today? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there further *health* information that you would like? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Appendix C

## Service Provider Evaluation

- 1) Name \_\_\_\_\_
- 2) Organisation \_\_\_\_\_
- 3) Position within organisation \_\_\_\_\_
- 4) Nature of work at Men's Health Checks \_\_\_\_\_
- 5) Was the venue suitable in your opinion? \_\_\_\_\_
- 6) Is the time suitable in your opinion? \_\_\_\_\_
- 7) What sort of information did your clients request? \_\_\_\_\_  
\_\_\_\_\_
- 8) Was there information requested that you were unable to provide today? \_\_\_  
\_\_\_\_\_
- 9) Any other suggestions/comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Appendix D

## Local Information (Example Only)

<p><b>Men's Groups</b> (age 35 up)</p> <p>Massage and other therapies. Physical activities.</p>	<p><b>NICHE</b> C/O Family Centre</p> <p>Harbour View Road, Knocknaheeny. 021 4300137</p>	<p>Drop in evening once a week.</p> <p><b>Wednesdays</b> <b>7.00-9.00pm</b></p>	<p><b>NICHE</b> C/O Family Centre</p> <p>Harbour View Road, Knocknaheeny</p>	
<p><b>Walking Group</b></p>	<p><b>Health Action Zone and Community</b></p>	<p><b>Wednesdays</b> <b>2.00-4.00pm</b></p> <p>Walk, Tea and a chat.</p>	<p><b>The Glen Sports &amp; Resource Centre</b></p> <p>Glen Avenue</p>	<p>All abilities catered for.</p>
<p><b>Go for Life</b></p>	<p><b>Health Action Zone and Community</b></p>	<p><b>Mondays</b> <b>2.00-3.30pm</b></p> <p>Tea and a chat afterwards.</p>	<p><b>The Hut,</b> Gurranabraher Road, Gurranabraher.</p>	<p>All abilities catered for.</p>
<p><b>Being Well</b></p>	<p><b>Health Action Zone and Community</b></p>	<p><b>Thursdays</b> <b>10.30am-1.00pm</b></p> <p>6 Week Programme.</p>	<p><b>Mayfield CDP</b></p> <p>Old Youghal Road, Mayfield.</p>	<p>Limited places. Places will be reserved for health check participants if appropriate.</p>

# Appendix E

## Invitation Form to Attend for a Cholesterol Check

Address

Address

Address

Address

Address

00/00/06

Dear \_\_\_\_\_,

You are invited to attend: \_\_\_\_\_

on: \_\_\_\_\_

Time: \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is more beneficial if you **do not eat or drink for 12-15 hours** prior to your blood being tested.

Looking forward to seeing you,

Yours sincerely,

\_\_\_\_\_  
Name

Title



# Appendix F

## Heart and Lifestyle Health Check: An Information Sheet

### Why do heart and lifestyle health checks?

In Ireland in 2002, 11,595 died from cardiovascular disease this is almost 40% of all deaths (Central Statistics Office, 2003). From our clinical practice it has become apparent that there is a lack of knowledge amongst the general public in relation to risk factors and heart health.

The heart and lifestyle health checks will create an awareness of the importance of lifestyle in relation to heart health therefore enabling the client to make an informed health choice. It will identify those at risk of cardiovascular disease and offer advice on how to reduce the risk or the need for further assessment by the clients GP.

**Name and address** are optional

**Personal History:** in particular cardiovascular disease and diabetic history

**Family History:** in particular close family members who had a premature cardiac event (Men < 55 years and women < 65 years), or hypercholesterolemia.

## Blood Pressure

Information based on the Irish Heart Foundation leaflet: What is blood pressure all about? and European Guidelines on CVD Prevention, 2003

Blood pressure shows the amount of work that your heart has to do to pump blood around the body. One number records blood pressure when the pressure is at its highest as the heart muscle squeezes out the blood from the heart – this is called systolic pressure. Then the heart relaxes which allows the blood to flow back into the heart- this is called diastolic pressure.

For most clients, the goal of therapy is a B/P < 140/90 mmHg, but for clients with diabetes and individuals at high or very high total CVD risk, the goal should be < 130/80 (European Guidelines on CVD Prevention, 2003). For levels above this we recommend having the B/P rechecked and give life style advice. Blood pressure > 180/110mmHg and asymptomatic require GP review. Those identified as high risk of a CVD or symptomatic also need GP review.

- ♥ Aim for a healthy weight
- ♥ Eat a low-fat and low-salt diet
- ♥ Drink less alcohol
- ♥ Be more physically active
- ♥ Relax
- ♥ Stop smoking
- ♥ Maintain cholesterol within recommended levels

## Body Mass Index (BMI)

BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems. However, BMI is not a diagnostic tool.

### BMI classification

Body Mass Index (BMI) is a simple index of weight-for-height that is commonly used to classify underweight, overweight and obesity in adults. It is defined as the weight in kilograms divided by the square of the height in metres (kg/m<sup>2</sup>). For example, an adult who weighs 70kg and whose height is 1.75m will have a BMI of 22.9.

$$\text{BMI} = 70 \text{ (kg)} / 1.75^2 \text{ (m}^2\text{)} = 22.9$$

**Table 1:** The International Classification of adult underweight, overweight and obesity according to BMI

Classification	BMI (kg/m <sup>2</sup> )	
	Principal cut-off points	Additional cut-off points
Underweight	<18.50	<18.50
Severe thinness	<16.00	<16.00
Moderate thinness	16.00-16.99	16.00-16.99
Mild thinness	17.00-18.49	17.00-18.49
Normal Range	18.50-24.99	18.50-22.99 23.00-24.99
Overweight	≥25.00	≥25.00
Pre-obese	25.00-29.99	25.00-27.49 27.50-29.99
Obese	≥30.00	≥30.00
Obese Class I	30.00-34.99	30.00-32.49 32.50-34.99
Obese Class II	35.00-39.99	35.00-37.49 37.50-39.99
Obese Class III	≥40.00	≥40.00

Source: Adapted from WHO, 1995, WHO, 2000 and WHO 2004.

BMI values are age-independent and the same for both sexes. However, BMI may not correspond to the same degree of fatness in different populations due, in part, to different body proportions. The health risks associated with increasing BMI are continuous and the interpretation of BMI gradings in relation to risk may differ for different populations.

### How reliable is BMI as an indicator of body fatness?

The correlation between the BMI number and body fatness is fairly strong; however the correlation varies by sex, race, and age. These variations include the following examples:

At the same BMI, women tend to have more body fat than men.

At the same BMI, older people, on average, tend to have more body fat than younger adults.

Highly trained athletes may have a high BMI because of increased muscularity rather than increased body fatness.

## Nutrition

Information based on the Irish Heart Foundation leaflet:  
Good eating for a happy heart



### Summary:

- ♥ Use the food pyramid to plan your healthy food choices
- ♥ Watch your portion size
- ♥ Eat a wide variety of food
- ♥ Cut down on salt intake

Bottom shelf (6 servings). Bread, cereals, potatoes, pasta and rice. These foods are high in energy but low in fat. It's what you add to the food that is high in fat e.g. butter, sauces.

2nd shelf (5+ servings). Fruit and vegetables. Almost fat free. Try steaming vegetables and juicing and stewing fruit.

3rd shelf (3 servings). Milk, cheese and yoghurt. Source of calcium and vitamin D. If overweight or have high cholesterol choose low-fat varieties.

4th shelf (2 servings). Meat, poultry, fish, eggs. Source of protein and iron. Eat oily fish such as sardines, mackerel, trout, herring or salmon at least twice a week. They help thin the blood and prevent clotting.

Top shelf (very small amounts). Spreads choose a low fat polyunsaturated or monounsaturated spread and spread thinly (less than 2-3 pats a day). Oil, choose pure polyunsaturated or monounsaturated oil and use small amounts. Crisps, biscuits, cakes, sweets and chocolate should be enjoyed as occasional treats.

## Physical Activity

Information based on the Irish Heart Foundation leaflet:  
Get active for a happy heart

Regular physical exercise is one of the main factors, which can reduce your risk of heart attack. 30 minutes of aerobic activity a day is recommended, such as brisk walking, swimming, gardening or dancing. The 30 minutes can be built up over 2-3 shorter exercise sessions in a day. Choose an activity you enjoy. Think how you can be more active at home, at work and at leisure.

## Cholesterol

Information based on the Irish Heart Foundation leaflet: A healthy cholesterol for a happy heart

Cholesterol is a type of fat found in your blood. You need a certain amount of cholesterol for all your body cells and to produce important hormones. Cholesterol is made in the body mainly by the liver. The body can produce all the cholesterol it needs to carry out its many functions. An increase in blood cholesterol may result from inherited problems or from eating too many fats in the diet.

Too much cholesterol sticks to the lining of your arteries or blood vessels forming atheroma. Continuous build up of atheroma leads to narrowing and hardening of the arteries (atherosclerosis). If an artery supplying the heart muscle becomes blocked completely the muscle becomes damaged and a heart attack occurs. If an artery to the brain is completely blocked, it damages the brain. This is called a cardiovascular accident (CVA) or stroke.

### Recommended Healthy levels of Cholesterol and Triglycerides

Total cholesterol	no greater than 5
LDL cholesterol	no greater than 3
HDL cholesterol	greater than 1
Triglycerides	no greater than 2

### Recommendations for getting cholesterol levels checked

♥ Family history of high cholesterol, heart disease or CVA

Or a combination of the following:

- ♥ Hypertensive
- ♥ Diabetes
- ♥ Overweight (Body Mass Index above 25)
- ♥ Smoker
- ♥ Drinks above recommended healthy levels
- ♥ High salt, sugar and fat content in the diet
- ♥ Little or no exercise
- ♥ Stress
- ♥ Age

**High Density Lipoprotein (HDL)** is good cholesterol as it mops up cholesterol left behind in your arteries and carries it to the liver where it is broken down and passed out of the body. Regular physical activity can increase your HDL.

**Low Density Lipoprotein (LDL)** is bad cholesterol as it sticks to the walls of the arteries, narrowing the vessels and reducing the blood supply to the heart and the brain. Eating too many foods high in saturated fat can raise your LDL.

### How to Lower Cholesterol Levels

- ♥ Aim for a healthy weight
- ♥ Alter diet as follows:
  - Eat oily fish twice a week
  - Eat more fruit and vegetables
  - Eat more wholegrain cereals, breads and jacket potatoes, rice and pasta
  - Choose low-fat dairy products
  - Choose low-fat spreads made from sunflower or olive oil
  - Choose less food from the top shelf of the Food Pyramid
  - Use low-fat healthy ways of cooking e.g. grilling, oven baking rather than frying
  - Choose lean meats. Trim fat off meat. Drain oil from cooked dishes.
- ♥ Become more active
- ♥ Stop smoking
- ♥ Reduce alcohol intake
- ♥ Reduce stress levels

### Fats in Food

Polyunsaturated and monounsaturated fats are fats that can help lower the LDL cholesterol in your blood. These are found in most pure vegetable oils like sunflower, olive and rapeseed oils. They can be found in margarines, spreads and nuts. Polyunsaturated fats are in oily fish such as sardines, mackerel, trout and salmon (fresh or tinned). Oily fish contains omega 3 fatty acids that improve blood circulation, reduces the stickiness of the blood and prevents your blood from clotting.

Saturated fats can raise your LDL cholesterol in the blood. They are found in foods like butter, hard margarine, lard, cream, cheese, fatty meat, cakes, biscuits and chocolates.

## Alcohol

Information based on the Health Promotion Unit Leaflet: Drink

Alcohol is a mood altering drug. It may be used to express, mask or avoid feelings. The more you drink the greater the risk. Drinking too much can damage your health and cause problems with family, friends and work. Keep a count of how many standard drinks you consume.

### Recommendations:

Women	14 standard drinks (spread over a week)
Men	21 standard drinks (spread over a week)

A Standard Drink = 10 grams of Alcohol  
= 1/2 pint of beer  
= 1 single spirit  
= 1 glass of wine / sherry

### Drinking may be a problem if:

- ♥ you frequently drink more than you intended
- ♥ you crave or think about drinking a lot of the time
- ♥ you drink to escape worries or troubles
- ♥ you feel guilty about your drinking
- ♥ drinking is causing a problem in any area of your life e.g. relationships, finances, health and work
- ♥ anyone complains regularly about your drinking.

If you recognise two or more of these scenarios it is recommended to have a check-up by your GP or a local alcohol and addiction counselling service in order to prevent serious problems developing.

## Smoking

Information based on the Irish Heart Foundation leaflet: Stopping smoking for a healthy and happy heart

Smoking is a major risk factor for heart disease. Smokers are twice as likely to suffer a heart attack than non-smokers. However, once you stop smoking your health improves immediately and you begin to reduce your risk of heart disease.

### How does smoking affect the heart and circulation?

- ♥ Nicotine is a highly addictive drug. It causes your blood vessels to narrow, increases your heart rate and raises your blood pressure.
- ♥ Carbon monoxide reduces the amount of oxygen your blood can carry and so your heart has to work harder to get enough oxygen around the body. This can contribute to angina and a heart attack.
- ♥ Smoking contributes to the long-term clogging or narrowing of the arteries and also to the risk of blood clots.
- ♥ Smoking contributes to blocked blood vessels especially in the legs and feet, leading to poor circulation and a risk of developing circulatory disease.
- ♥ Smoking increases the risk of cardiovascular disease in women using the oral contraceptive pill
- ♥ Smoking increases LDL (bad) cholesterol and reduces HDL (good) cholesterol.

### Tips for stopping smoking

- ♥ Prepare to stop smoking, write down your reasons for stopping, refer to them as required
- ♥ Light cigarettes or cigars are not alternatives
- ♥ Make a date to stop and stick to it
- ♥ Get support from family and friends
- ♥ Think positive. Withdrawal symptoms are likely i.e. cough, irritability, sleep disturbances
- ♥ Change your routine as smoking is often linked to certain times and situations such as drinking tea, alcohol. Do something different at these times.
- ♥ Take one day at a time.
- ♥ Watch what you eat, try not to substitute cigarettes with sweets, biscuits.
- ♥ Learn to deal with cravings. A craving generally gets worse for 3-5 minutes and then begins to disappear. When the craving starts apply the 4D's.
  - delay at least 3 minutes – the urge will pass
  - drink a glass of water or fruit juice
  - distract yourself – move away from the situation
  - deep breathes. Breathe slowly and deeply.

For support or advice on quitting call the Quitline on 1850 201 203. Or Health Promotion Department, Cork 021-4921641.

## Stress

Information based on the Irish Heart Foundation leaflet: Manage your stress for a happy heart.

Stress is often defined as a mismatch between the demands placed on us and the way we cope with these demands. It can have a positive and negative effect. Stress can be positive when it motivates us to get things done which are important to us. However, it can be negative when we constantly feel pressurised or traumatised by too many demands. The way we cope with these demands will depend on the way we think, our personality and our previous life experiences.

The link between stress and heart disease is complex. Stress releases hormones that in large quantities over time can damage your arteries and may lead to high blood pressure. When stressed one is more likely to smoke and drink (caffeine or alcohol) more and be less physically active, all of which can contribute to heart problems.

### Short-term Effects

Mind becomes alert to act or react  
Dilated pupils  
Dry mouth  
Tension in neck and shoulders  
Faster breathing  
Faster heart rate  
Higher blood pressure  
Sweaty palms  
Feeling sick or having "butterfly" stomach  
Increased need to urinate  
Constipation or diarrhoea

### Long-term Effects

Headaches  
Dizziness  
Blurred vision  
Ulcers  
Hyperventilation, asthma, palpitations  
High blood pressure  
Heart and artery disorders  
Sweating more than normal  
High blood sugar  
Nervous indigestion  
Disturbed sleep patterns  
Difficulty swallowing  
Neck and back problems  
Bowel disorders  
Rashes, allergies  
Sexual difficulties

There may also be emotional signs of stress such as frustration, anxiety, a lack of interest or being overly sensitive. Behavioural changes may occur also and one can eat or drink too much, be irritable with other people or become withdrawn from society.

## Coping with Stress

- ♥ Work off stress – physical activity helps to produce hormones called endorphins that give us that feel good factor
- ♥ Be more active every day doing an enjoyable activity for 30 minutes or more
- ♥ Talk to someone you can trust
- ♥ Learn to accept what you cannot change
- ♥ Get enough sleep and rest
- ♥ Take one thing at a time
- ♥ Agree with somebody. Life doesn't have to be a constant battleground
- ♥ Manage your time better - develop a system that works for you not against you. Learn to prioritise, make lists and praise yourself for getting through the various tasks
- ♥ Plan ahead and learn to say no
- ♥ Take up a hobby. Work or family commitments do not have to take up all of your time
- ♥ Eat a variety of foods. Eat lots of fruit and vegetables every day and cut down on fat
- ♥ Learn to relax. Try going to the cinema, listening to music or reading.

Only you can change the way you react to stress.

### **Practical ways of preventing stress include:**

- ♥ Humour – serious thinking and behaviour can cause stress
- ♥ Treats – when faced with a difficult challenge, plan to give yourself a treat afterwards
- ♥ Comfort zone – find your own comfort zone where you can find support, strength and inner peace. This can be a person, a place, or a routine ritual
- ♥ Worry box – set aside a particular time each day for worrying about things. When worried write down what you are worrying about and then put it aside until the set worrying time comes along
- ♥ Get it out – let go. Don't hide what is troubling you. Talk to a friend, write, paint, scream, cry, or even shout it out. How you do it doesn't matter. The important thing is to clarify the problem, get it into perspective and cut it down to size
- ♥ Massage – this will ease out aches and pains, and will help your body relax and unwind
- ♥ Breathing Technique – the following is a technique is excellent for emotional calming. It will take about 10 weeks of daily practice before you will be able to feel a difference. This should be done every day then to get the best effect

### **Abdominal Breathing**

Sit in a comfortable position, both feet firmly on the ground. Close your eyes, place your left hand on your abdomen and your right hand on your chest. Breathing normally, notice which hand moves as you breathe. Slowly count from one to four as you breathe in through your nose. Pause for two counts. Then open your mouth and mentally count from one to six as you breathe out through your mouth. As you breathe in this way, try to shift most of the movement toward your lower hand. Allow your abdomen to push your hand out as you breathe in and pull your abdomen in, letting your hand fall or move as you breathe out. After several minutes of slow rhythmic breathing, let your hands move slowly to your sides as your abdomen continues to move freely in and out with each breathe. Slowly open your eyes and sit quietly.

# Appendix G

## Male Profile Age Breakdown in the Health Action Zone Areas

	Age Group							
	Total	0-4 years	5-9 years	10-14 years	15-24 years	25-44 years	45-64 years	65 years and over
Churchfield	790	46	41	50	135	250	198	70
Gurranebraher A	402	29	24	32	63	104	102	48
Gurranebraher B	331	19	17	15	56	85	88	51
Gurranebraher C	502	30	27	34	77	147	107	80
Gurranebraher D	507	38	23	30	77	149	119	71
Gurranebraher E	609	36	39	43	94	172	155	70
Knocknaheeny	2,156	231	224 198	253	420	515	400	113
Mayfield	1,666	178		175	277	412	337	89
The Glen A	1,272	82	102	87	277	414	224	86
The Glen B	2,122	140	128	163	479	574	540	98

CSO Data 2002

Churchfield total	790 males
Gurranebraher	2351 males
Knocknaheeny	2156 males
Mayfield	1666 males
The Glen	3394 males



# Useful Contact Numbers

## **Health Action Zone**

**021 4529023**

North Lee Community Work Dept.  
Ellis House  
Ballyvolane Commercial Park  
Ballyvolane  
Cork

## **Cardiovascular Public Health Nurse**

**087 2396559**

Unit 9, St. Steven's Hospital  
Sarsfield Court  
Glanmire  
Cork



**Health Action Zone**  
021 4529023

North Lee Community Work Dept.  
Ellis House  
Ballyvolane Commercial Park  
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Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



**Health  
Action  
Zone**