

LOVE YOUR HEART PROJECT IN ALBANIA

Blerina Balla, ADRA Albania

Project "Love Your Heart"

- Aim: is to improve the population lifestyles and to decrease morbidity and mortality from the most fatal group of diseases (cardiovascular) in the Adriatic Region
- Duration: 42 months
- Local Partners of this project:

-Public Institutions: Ministry of Education and Sport, Ministry of Health , Ministry of Social Welfare and Youth

- -NGOs and companies
- Reconstruction of ADRA Health Centre (CVD prevention centre)- promotion of health lifestyle



Project Outputs: KAP Survey



Love Your Heart: Community research to improve cardiovascular health in central Albania

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Background



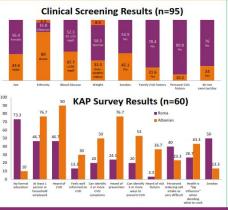
The leading cause of mortality in modern Albania is cardiovascular disease (CVD),^{1,2} partially attributable to the southeastern European country's post-Socialist nutritional transition. Rates of death from CVD in Albania have increased significantly in the past two decades.³ Increases in the prevalence and severity of modifiable risk factors for CVD have contributed to these shifts. These risk factors include high blood pressure, high cholesterol. excess body weight, smoking, lack of physical activity, and diabetes. Initiatives are needed to assess and reduce the prevalence of known risk factors for CVD. In July-August 2013, the Adventist Development and Relief Agency (ADRA) in Albania assessed CVD risk factor knowledge and status in adult (18 years and older) Albanian and Roma populations around Tirana, the capital city and largest urban center. in order to best create effective educational programs. Continued community education, lifestyle modification, and health services programs that incorporate the diverse cultural and socioeconomic needs of the population are needed in order to reduce CVD prevalence and promote health.

Methods

Clinical screenings (n=95) were conducted to evaluate blood pressure, blood glucose, BMI, smoking, physical activity, dietary awareness, and personal and family history. An Albanian-speaking doctor and nurse were present at each mobile clinic site to screen participants, record data, and provide other clinical services.



Results



Knowledge, attitudes, and practices surveys (KAP) surveys (n=60) addressing dietary practices, CVD information sources, and attitudes on prevention were developed and translated before being implemented via door-to-door recruitment. Thirty surveys were conducted in Roma communities and 30 in Albanian neighborhoods.



Major Findings

- Significant disparities exist between Roma and Albanian communities in health status and health knowledge, consistent with socioeconomic disparities between the groups.
- 2. Understanding impacts of certain behaviors often does not translate into performing healthy behaviors and avoiding unhealthy ones.
- 3. A desire for additional health information and programs was expressed by almost everyone.
- Members from both communities had a tendency to think of medications as easier or more effective treatments for CVD risk factors than changes in diet and exercise.
- Barriers such as low income and lack of infrastructure to support a healthy lifestyle contribute to the risk factors assessed even when individuals are knowledgeable about CVD.

A focus group (n=8) was conducted to gather information about CVD risk perceptions and behaviors, as well as to identify opportunities for creating health promotion and CVD risk reduction programs for Albanian communities. Participants were recruited during mobile clinics and screening sessions several days prior.



Recommendations

- 1. Conduct a barrier analysis of health behaviors.
- 2. Tailor interventions to the communities. In
- Roma communities, involve children and use tangible, applicable lessons that are feasible to implement.
- 3. In both Roma and Albanian communities, use activities that necessitate physical action and practicing the desired behaviors.
- Incorporate education into existing mobile clinic activities. Educational games, pamphlets, diagrams, and demonstrations could be used.
- 5. Emphasize the efficacy of diet and exercise in improving health compared to medications.
- 6. Use an abridged version of the survey as an intervention **pre-test and post-test**.
- 7. Assess motivation to change unhealthy behaviors and to provide motivating factors.

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ALBANIA

References

1. Dema, F., Becker, B., and Prence, J. (2012). Regional Differences Among Cardiovascular Disease Risk Factors in Post-Communist Albania. Journal of Educational and Social Research. 2 (6) pp 195-203

2. Hajdini G. (2009). National Background Report on Health in Albania. University of Tirana Institute for Public Health, 1-20.

3. Rayner, M., Allender, S., & Scarborough, P. (2009). Cardiovascular disease in Europe. European Journal of Cardiovascular Prevention & Rehabilitation, 16(2 suppl), S43-S47.





180 trainings have been organized for Albanian and Roma people

- 1302 beneficiaries have participated in the trainings organized for Albanian citizens;
- 98 trainings have been organized;
- Target groups: young people, children, women, men and elderly people











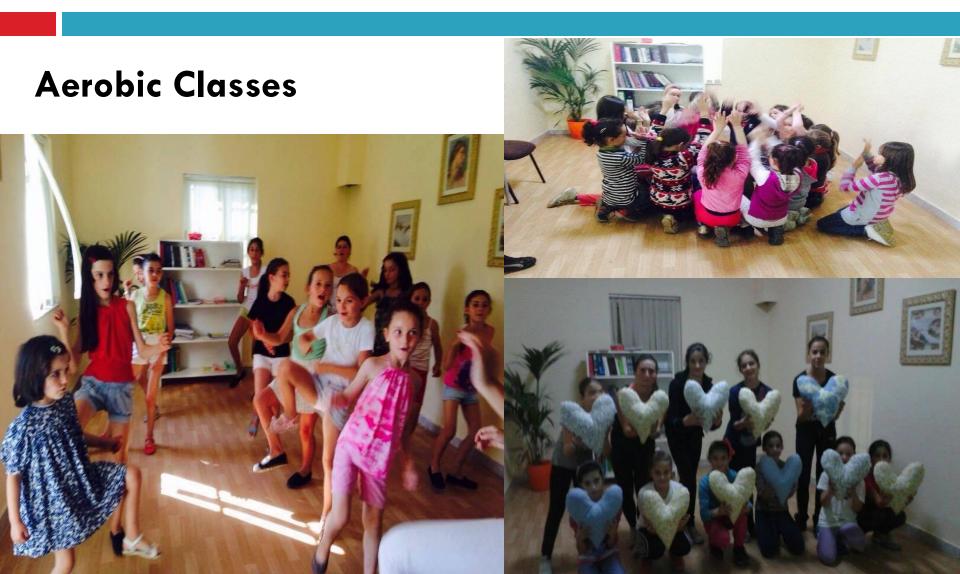




Cooking classes











Elderly people trainings





Trainings the Roma and Egyptian communities

- Not registered in Civil Registration Offices, illiteracy, unemployment, lack of life skills, early marriage, inadequate living conditions
- Targeted different communities such as Fushe Kruja, Nishtulla/Durres, Shkoza, Bregu i Lumit, Liqeni, Ura e Farkes, Sharre/Tirana
- 70 trainings have been implemented more than 712 beneficiaries have participated



Men, boys trainings about the risk factors of CVD



























 - 22 screening activities in different regions of Albania (Fushe-Kruja, Kruja, Lezhe,Korce, Fier, Durres, Tirana, Elbasan est.) have been organized

- More than 1130 Albanian and Roma people have been screened through this process

- Lack information about the risk factors of CVD





5 Training with non medical staff (around 60 educators)

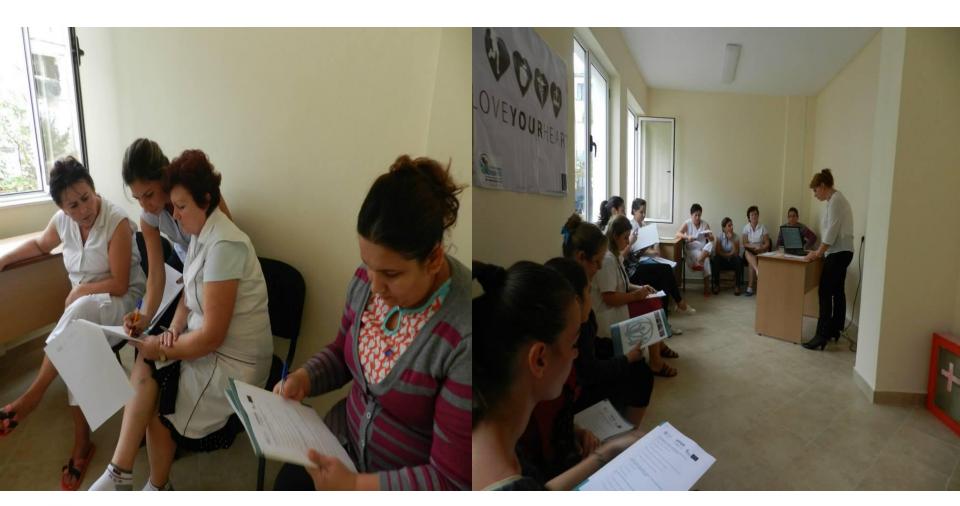
Screening process has been conducted with them







Trainings with nurses and doctors

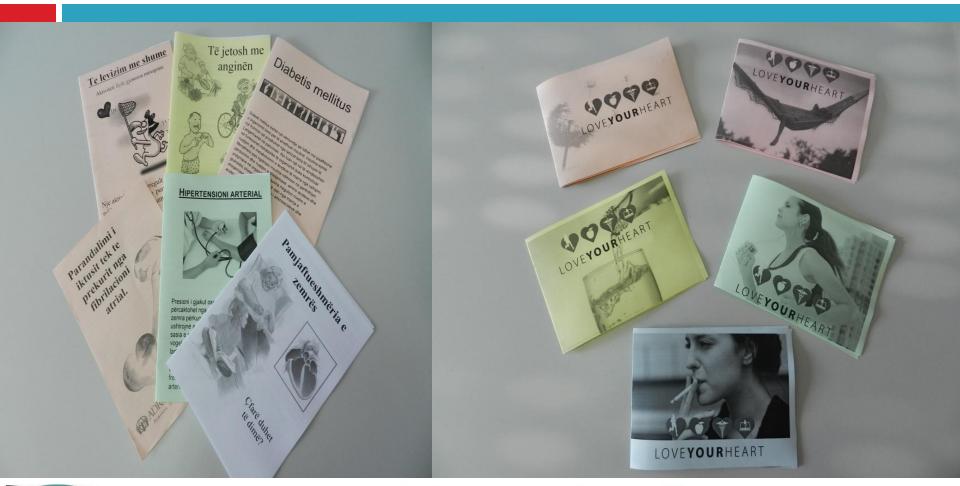








Dissemination activities: Printed and distributed brochures and flyers







Dissemination activities :A blog-spot and facebook page established



Dissemination activities: Implemented 13 radio programs











Dissemination activities: Organized awareness activities (world days)

- I World Elderly Day,
- 1 International Day of Diabetes
- 2 World Health Day
- 2 World Tobacco Day
- 2 World Heart Day
- In total, 8 World days and 2 local days have been organized







Thank You!

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