



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.



Knowledge, attitudes, and practices surveys (KAP) surveys (n=60) addressing dietary practices, CVD information sources, and attitudes on prevention were conducted to complement screening results. Thirty surveys were conducted in Roma communities and 30 in Albanian neighborhoods.

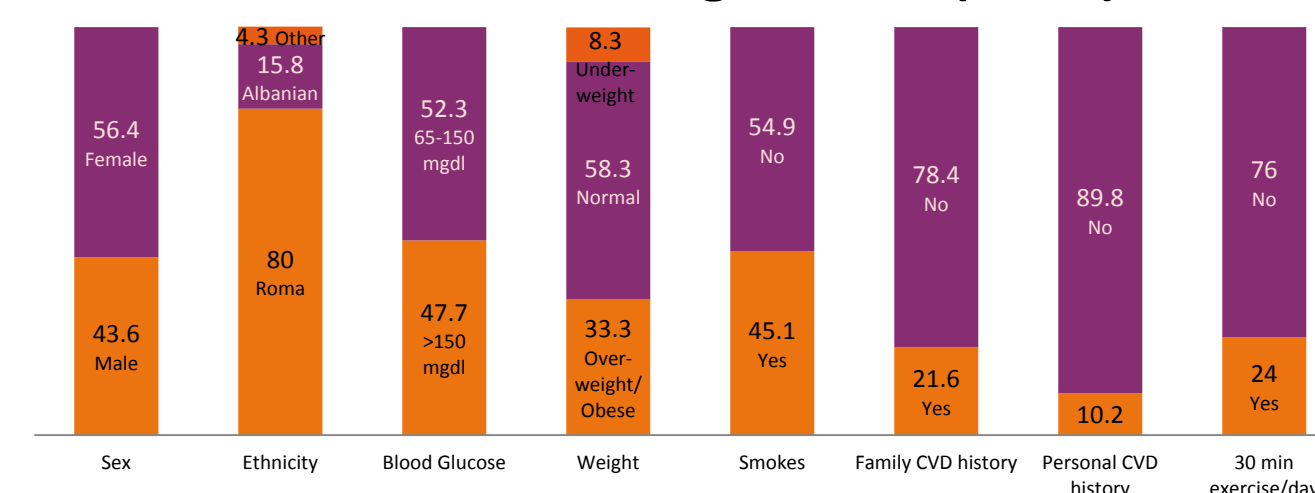


A focus group (n=8) was conducted to gather information about CVD risk perceptions and behaviors, as well as to identify opportunities for creating health promotion and CVD risk reduction programs for Albanian communities. Participants were recruited during mobile clinics and screening sessions several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

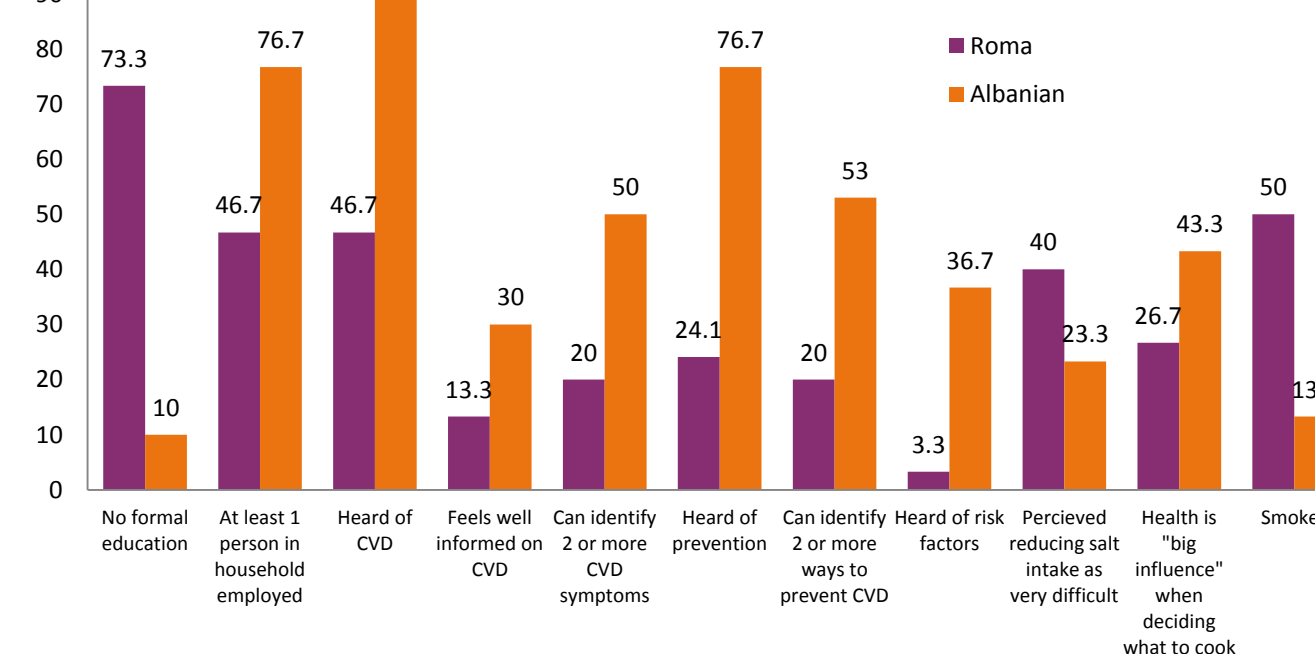


Results

Clinical Screening Results (n=95)



KAP Survey Results (n=60)



Major Findings

- Significant disparities exist** between Roma and Albanian communities in health status and health knowledge, consistent with socioeconomic disparities between the groups.
- Understanding impacts** of certain behaviors often does not translate into practicing healthy behaviors and avoiding unhealthy ones.
- 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 lifestyle changes.
- 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.

Recommendations

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

References

- 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
- Hajdini G. (2009). National Background Report on Health in Albania. *University of Tirana Institute for Public Health*, 1-20.
- Rayner, M., Allender, S., & Scarborough, P. (2009). Cardiovascular disease in Europe. *European Journal of Cardiovascular Prevention & Rehabilitation*, 16(2 suppl), S43-S47.