



Cardiovascular Health Intervention Research and Translation Network (CHIRTN) University of Colorado CHIRTN Member Center (CU-CHIRTN)

Project Information Sheet – January 2008

Project overview

The Cardiovascular Health Intervention Research and Translation Network (CHIRTN) bring together researchers and communities from six Prevention Research Centers (PRC). Created in 2005, CHIRTN has the mission “to contribute to cardiovascular health for all people through the development and implementation of a coordinated applied research and translation agenda, and through the conduct of prevention research and translation activities that promote cardiovascular health” and can be incorporated into State programs. CU-CHIRTN partners directly with the Colorado Heart Disease and Stroke Prevention Program (HDSP), administered through the Prevention Services Division of the Colorado Department of Public Health and Environment (CDPHE), and with communities of the San Luis Valley (SLV). CHIRTN members are now conducting the first demonstration project, an ethnographic study of perceptions of disease and its risk factors and barriers to prevention in geographically, economically, and ethnically underserved populations. The goal of the study is to inform subsequent methods and vehicles for use at the state level to disseminate interventions and prevention messages to diverse communities. A second project encompasses a series of expert-panel literature reviews to identify researchable gaps in high-priority HDSP areas such as reducing barriers to intervention when risk is known and assessing childhood familial risk.

Why? A description of the health problem

- Heart disease is the leading cause of death in the United States, for all ethnic-racial groups except Asians and Pacific Islanders. In 2002, 696,947 people died of heart disease (51% of them women), accounting for 29% of all US deaths.
- Stroke is the third leading cause of death after heart disease and cancer. In 2000, stroke killed 167,661 people (61% of them women), accounting for about 1 of every 14 deaths.
- In 2005, heart disease is projected to cost \$393 billion, including health care services, medications, and lost productivity. Medicare spent \$3.6 billion in 1998 on stroke survivors discharged from short-stay hospitals.
- Research has identified behaviors and environments that reduce the risk of cardiovascular disease. We now need to identify and disseminate effective evidence-based interventions.

Potential areas of CHIRTN research concerning cardiovascular health interventions

- Interactive effects of socio-ecological factors that contribute to cardiovascular health
- Barriers and facilitators for diverse groups to engage in healthy behaviors across the lifespan
- Methods and models to foster participatory community leadership in health promotion research and programs
- Methods for successful translation of evidence-based interventions into communities

Community participation

SLV community team members provide knowledge of the needs and existing resources in their various Valley communities. They develop dissemination materials and methods; identify research areas; determine appropriate sites and sampling frames for surveys and pilot tests; help conduct research groups and analyze data; and present results locally and beyond.

Benefits of the project

- Older adults will benefit from information and evidence-based interventions that promote healthy aging.
- Senior service providers will gain access to information and programs that benefit their clients.
- The community will gain access to information and programs that benefit all older adults.
- SLV community team members and their university colleagues will gain experience and knowledge in participatory research and the development and evaluation of interventions.

CU-CHIRTN SLV Community Team

Lucinda Bryant (CU-CHIRTN investigator), Sandra Blevins (assisted living), Charlotte Ledonne (AHEC), Kelly Gallegos and Della Vieira (Alamosa public health), Paula Hendricks and Judy Masters (Rio Grande public health), and Rose Vialpando (RMPRC). Denver-area collaborators include Julie Marshall (RMPRC), Marsha Wilde (CDPHE HDSP), and John Steiner (Colorado Health Outcomes UCDHSC).

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For more information about this project, please contact Lucinda Bryant at lucinda.bryant@uchsc.edu.
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