PUBH6007 Program Design, Implementation and Evaluation

[Name of the Writer]

[Name of the Institution]

**Introduction**

Cardiovascular disease is generally referred for a number of different diseases that have a significant impact on heart and blood vessels. Cardiovascular diseases include coronary health disease, rheumatic heart disease, peripheral arterial disease, cerebrovascular diseases, deep vein thrombosis, and congenital heart disease. It is notable to mention that the majority of these diseases usually narrow or block blood vessels, which results in chest pain, heart attack, or stroke. A major impact of cardiovascular disease can be observed in terms of the burden of illness for the Australian government. The presence of risk factors such as high cholesterol levels, overweight, high blood pressure, cigarette smoking, and physical inactivity are major elements that contribute to the prevalence of the cardiovascular disease. According to the Australian Bureau of Statistics, 43,447 deaths (27 per cent of all deaths) were caused due to cardiovascular diseases in 2017. The Aboriginal population of Queensland is more vulnerable to cardiovascular disease as compared to the general population. Here, the focus is to formulate a needs analysis in aboriginal Australians regarding cardiovascular disease.

**Discussion**

Cardiovascular disease is a major cause of death, especially for people having age more than 30 years. As indicated earlier that 43,477 deaths were caused by cardiovascular disease in Australia in 2017, which indicates that it is one of the leading causes of death in Australia. The prevalence of cardiovascular disease increases with age. A long term condition of cardiovascular disease is reported in 35 per cent Australians of age from 55 to 65 (Capewell & Graham, 2010). It is notable to mention that the prevalence of cardiovascular disease increases by up to 66 per cent of people aged more than 70 years (Catalani & Minkler, 2010). The health needs analysis is necessary to understand the needs of a local population in a particular location. It is essential to understand the fact that the costs of health care are rising at an alarming rate (Iuga & McGuire, 2014). A health needs assessment is a systematic method to identify the needs of a particular population (Haigh et al., 2013). It helps to incorporate suitable modifications to meet the unmet needs.

**Health Needs Assessments**

The five-step project planning process ensures a systematic and robust assessment. The health outcome of a selected population can be increased with the information gained through this five-step project planning process. In the first step of this needs assessment, one needs to determine the disadvantaged population regarding cardiovascular disease. It is important to consider that why this population is significantly more important to assess health needs. Aboriginal Australians aged 30 or over are vulnerable to cardiovascular diseases in the entire country (Brown et al., 2014). Clear aims and objectives need to be determined for this needs assessment. A team leader and competent team are required for this needs assessment and these members should have the knowledge about cardiovascular diseases and what can be done about it. Resources and timeframe need to be finalised in this first step to make a precise decision (Javanparast et al., 2015). In the second step, it is essential to do population profiling to understand about vulnerable population and where they are located. According to Berry et al. (2012), it is necessary to determine different ways to gather valuable information about the selected population. Key issues of the vulnerable population are determined in the second phase of the five-step needs assessment approach. 3rd step of this needs assessment approach is based on assessing a health priority for action. Cardiovascular disease is a selected disease in the considered case. According to Liaw et al. (2011), acceptable and effective interventions are required to mitigate the risk of cardiovascular disease. The 4th step is all about planning for change, action planning and risk-assessment strategy. In the last step, we measure the impact of the chosen action plan and make changes for future considerations.

**Challenges for Needs Analysis**

Aboriginal and Torres Strait Islander population in Queensland is vulnerable to cardiovascular disease. The risk of cardiovascular disease is much greater among Aboriginal and Torres Strait Islander population, especially among middle-aged adults. Certain challenges have to face during needs assessment of these aboriginal population. Information regarding the health condition of indigenous people can easily be identified, but it is difficult to determine the perception of these aboriginal people regarding health care services about cardiovascular diseases. Australian policy regarding cardiovascular disease in aboriginal focus on improving long-term care, enhancing workforce, and reducing in-hospital disparities (Epstein et al., 2010). Regardless of this policy and health promotion program for aboriginal population, only a limited number of people are interested in getting health care services. To understand the perception of these aboriginal population in Australia, it is necessary to conduct an interview with them to determine their priorities. However, aboriginal people are not fluent in Australian English so it is difficult to communicate in an effective manner (Vass, Mitchell, & Dhurrkay, 2011). Several determinant factors can also jeopardise the collection of valuable information from aboriginal Australians. These determinant factors are generally categorised in five groups including environmental, economic, social, lifestyle, and biological (Calabria et al., 2010). Profiling of the aboriginal Australians who are suffering from cardiovascular disease is usually difficult as it requires gathering information from valid agencies and medical facilities. Moreover, the screening process can be difficult as well as the health care priorities of these aboriginal Australians are not clear in comparison to the general population of Queensland (Orton et al., 2011).

**SWOT**

SWOT analysis is one significant practical measure to assess the actual effectiveness of the health needs assessment method adopted by the policymakers. The approach of SWOT analysis provides necessary information when it comes to the exploration of potential strengths, weaknesses, opportunities, and threats. This form of consideration further helps to reconsider the assessment program according to the actual requirements of a certain population.

Strengths

The major strength in case of health needs assessment appears as the option of proper screening of the community belongs to the state of Queensland. The healthcare providers have a strong aspect to adopt the option of screening to evaluate the actual magnitude of the problem of cardiovascular diseases specifically in the case of Indigenous people.

Weaknesses

The particular weakness prevails in case of this particular health assessment method is that its implication only limited to the specific group of people that are selected in the form of the Aboriginal community of Queensland. The restricted perspective of the selection of the population might impact the actual application of the health assessment program.

Threats

It is important for the health needs assessor to also focus the potential threats that prevail in case of evaluating the concern of cardiovascular diseases specifically for Indigenous people. Lack of knowledge of the community can be ranked as the major threat for the evaluator. This specific restriction can badly influence the actual implications of the objective of suitable prevention and treatment. The improper domain of healthcare knowledge of the community can also be an element of threat when it comes to the adoption of particular healthcare measures. There is possible that Indigenous come up with a strong form of resistance when it comes to the requirements of proper screening of the disease.

Opportunities

The active intervention of different main shareholders can establish as one of the great opportunities in the entire scenario. This form of consideration can be helpful to ensure the rapid application of the entire process of health needs assessment. The mandatory option of screening can also recognize as the opportunity to attain the desired outcomes of the healthcare needs assessment.

**Program Priorities**

Primary preventions of cardiovascular disease in Aboriginal Australians include absolute risk assessment or needs analysis. Screening of this aboriginal should include measurement of blood pressure and lifestyle assessment. It is also effective to determine to fast lipid status, waist circumference, and body mass index (Taylor et al., 2011). Screening of these aboriginals provides an ideal opportunity to control weight, smoking cessation, physical activity, and healthy diet. It is notable to mention that aboriginal Australians are at high risk of cardiovascular disease as compared to the general population of Australia, so there is an immense need for intensive management such as drug therapy. To prevent further deterioration of these aboriginal Australians, it is essential to consider secondary prevention strategies (Hoy et al., 2010). Aboriginal Australians have high smoking consumption rate than the general population in Queensland. A brief counselling approach is highly recommended to reduce the impact of premature death rates in these aboriginals (Wakerman et al., 2017). The risk of cardiovascular disease can also be reduced by conducting a counselling session for aboriginal Australians regarding dietary choice and physical gathering at the state level.

**Conclusion**

In a nutshell, aboriginal Australians are more vulnerable to the risk of cardiovascular disease as compared to the general population. Appropriate selection of needs assessment is useful to determine the intensity of cardiovascular disease in the targeted population. It is observed that aboriginal Australians do not have a satisfactory perception of health care services in Queensland. This makes it hard to collect liable data regarding their health condition and priorities regarding cardiovascular disease. The language barrier is a prominent factor that hinders the process of effective communication among health professionals and Aboriginal Australians. Health promotion regarding cardiovascular disease is highly important for aboriginal Australians due to the high prevalence of this disease as compared to the general population. Screening is essential for primary intervention regarding cardiovascular diseases. Spreading awareness about physical activities and the dietary choice are highly recommended to reduce the symptoms of cardiovascular disease in the aboriginal population.

**References**

Berry, J. D., Dyer, A., Cai, X., Garside, D. B., Ning, H., Thomas, A., & Lloyd-Jones, D. M. (2012). Lifetime risks of cardiovascular disease. New England Journal of Medicine, 366(4), 321-329.

Brown, A., Carrington, M. J., McGrady, M., Lee, G., Zeitz, C., Krum, H., & Stewart, S. (2014). Cardiometabolic risk and disease in Indigenous Australians: the heart of the heart study. International journal of cardiology, 171(3), 377-383.

Calabria, B., Doran, C. M., Vos, T., Shakeshaft, A. P., & Hall, W. (2010). Epidemiology of alcohol‐related burden of disease among Indigenous Australians. Australian and New Zealand journal of public health, 34, S47-S51.

Capewell, S., & Graham, H. (2010). Will cardiovascular disease prevention widen health inequalities? PLoS medicine, 7(8), e1000320.

Catalani, C., & Minkler, M. (2010). Photovoice: A review of the literature in health and public health. Health education & behavior, 37(3), 424-451.

Epstein, R. M., Fiscella, K., Lesser, C. S., & Stange, K. C. (2010). Why the nation needs a policy push on patient-centered health care. Health affairs, 29(8), 1489-1495.

Haigh, F., Harris, E., Chok, H. N., Baum, F., Harris‐Roxas, B., Kemp, L., & Wendel, A. M. (2013). Characteristics of health impact assessments reported in Australia and New Zealand 2005–2009. Australian and New Zealand journal of public health, 37(6), 534-546.

Hoy, W. E., Kincaid-Smith, P., Hughson, M. D., Fogo, A. B., Sinniah, R., Dowling, J., & Bertram, J. F. (2010). CKD in aboriginal Australians. American Journal of Kidney Diseases, 56(5), 983-993.

Iuga, A. O., & McGuire, M. J. (2014). Adherence and health care costs. Risk management and healthcare policy, 7, 35.

Javanparast, S., Baum, F., Barton, E., Freeman, T., Lawless, A., Fuller, J., & Kidd, M. R. (2015). Medicare Local–Local Health Network partnerships in South Australia: lessons for Primary Health Networks. Medical Journal of Australia, 203(5), 219-219.

Liaw, S. T., Lau, P., Pyett, P., Furler, J., Burchill, M., Rowley, K., & Kelaher, M. (2011). Successful chronic disease care for Aboriginal Australians requires cultural competence. Australian and New Zealand journal of public health, 35(3), 238-248.

Orton, L., Lloyd-Williams, F., Taylor-Robinson, D., O'Flaherty, M., & Capewell, S. (2011). The use of research evidence in public health decision making processes: systematic review. PloS one, 6(7), e21704.

Taylor, F., Ward, K., Moore, T. H., Burke, M., Smith, G. D., Casas, J. P., & Ebrahim, S. (2011). Statins for the primary prevention of cardiovascular disease. Cochrane database of systematic reviews, (1).

Vass, A., Mitchell, A., & Dhurrkay, Y. (2011). Health literacy and Australian Indigenous peoples: an analysis of the role of language and worldview. Health Promotion Journal of Australia, 22(1), 33-37.

Wakerman, J., Humphreys, J., Wells, R., Kuipers, P., Entwistle, P., & Jones, J. (2017). A systematic review of primary health care delivery models in rural and remote Australia 1993-2006.