

Heart Failure Risk Might Depend On Your Neighbourhood

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A heart attack is something that gives a fair indication of the lifestyle of the person. As compared to some of the other ailments where there are some discrete factors at work when one talks about the risks that are related to heart failure, it can be said that socioeconomic factors play an important role when it comes to the prediction of heart failure (Hagström et al. 2018, p.83). In the case of heart disease, there is always a definitive pattern that one gets to see. There are some individual cardiovascular aspects as well that need to be taken into consideration when discussing the impact of heart failure. For instance, the level of income, education and even the locality in which one is living becomes a factor when determination of the risk of heart failure is carried out. The key finding during the course of the research was the fact that there was an increase of about 5 % in the areas where the per capita income was on the lower side (Gassett et al. 2015, p.26). These areas were termed the deprived areas, and the questionable lifestyle choices, as well as some other factors, were the reasons that these neighborhoods were at an increased risk of heart attack. Now, the key reason that needs to be looked at is what some of the reasons due to which one gets to see a strong correlation between the risk of heart disease and the neighborhood or the locality in which they are living. IT would be interesting to see what is the relationship that exists among the different factors that tend to increase the risk of heart disease (Hagström et al. 2018, p.83). For instance, it has been witnessed that almost 35 % of the cases of heart disease come from localities that belong to poor demographics. So this research is going to talk about how these factors play out and how closely heart disease and neighborhood are related (Gassett et al. 2015, p.26).

Method

During the course of the research, the key thing that needs to be looked at is to find the evidence that supports this notion and argument that how neighborhood and heart disease are related to one another (Foraker et al. 2014, p.51). There are many considerations that are going to be taken care of during this research (Havranek et al. 2015, p.873). For instance, the databases that are going to be accessed. In order to have valid information, the existing literature that exists on the premise of how heart diseases and neighborhoods are connected is going to be looked at. The secondary research is going to be used predominantly to have an idea about the existing literature on the given subject being analyzed. The terms that are going to be used would be the risk of heart disease, demographics, locality and neighborhood are some of the key terms that are being used (Foraker et al. 2014, p.51).

Literature Review And Analysis

To make sure that the correct assessment of the whole impact is being calculated and thus to make it more well-rounded, about ten journal papers are going to be used during the course of the research (Eapen et al. 2015, p.480). One of the key things that was provided by the researchers is how the risk of heart disease is witnessed in the areas that are deprived at the socioeconomic level (Kind et al. 2014, p.765). The key consideration is how the highest risk of heart failure is witnessed in these localities due to the fact that the economic factors have worsened. The key thing that was noted during the course of the whole event was that how 12 % increase was witnessed in the cases that are related to heart failure. That number, though, does not take into account some other factors such as age and past history, but even when these factors are accounted for, the risk proportion was witnessed to be around 5 % (Eapen et al. 2015, p.480). The existing empirical support is quite overwhelming when it comes to the fact that how there is a strong association between the socioeconomic status of the person, such as education, income level and occupation and the risk of heart failure (Kind et al. 2014, p.765). There are some other chronic diseases as well whose risk is greatly magnified due to the risk of the neighborhood and locality in which they are living (Eapen et al. 2015, p.480).

Neighborhood Deprivation Index

The matrix that is going to be used for the determination of the extent of the risk of heart disease is going to be the neighborhood deprivation index. It is the cluster of about 11 social and economic factors that are likely to be able to predict the risk of heart failure that goes beyond the socioeconomic status that one gets to see in the lower-income population (Dolansky et al. 2016, p.233). The study included the study of about 27,000 whites and blacks who were living in low-income neighborhoods (Lourenço et al. 2018, p.227). The participants of the study were middle-aged and poor, and the monthly income of these people was less than \$ 15,000. Looking closely at the five-year data, there were about 4,300 participants who were diagnosed with heart failure, and among those 43000 people, about 50 % of the people were at increased risk due to the fact that they belonged to the neighborhood that was deprived in the economic sense (Dolansky et al. 2016, p.233). Even after controlling the clinical and economic status, there is still a higher risk of heart failure that are people living in those areas as well as the people who are deprived at the socioeconomic level (Lourenço et al. 2018, p.227). It is very conclusive evidence of how the risk of heart failure being socioeconomically deprived (Clarke et al. 2014, p.1).

Implications For The Medical Science

There are many medical implications of such a result. This result and research go to show that, at times, in order to find the solution to the problem, one has to go outside the domain of the medication

to make sure that the required result can be obtained (Clarke et al. 2014, p.1). The overall sociological and environmental solutions and circumstances must be looked at in order to have a better picture of the direction which is needed to be taken to make sure better controls are developed (Malambo et al. 2016, p.11). What must be done is that crucial analysis must be carried out with regard to the clarity that is needed as far as what can be done in terms of the improvement at each of the respective levels of the community (Clarke et al. 2014, p.1).

It means that in order to make sure that the general health of the people can be improved, there is a need to take measures that allow healthcare providers to make sure that the provision of healthy food and decent housing solutions can be carried out (Witte et al. 2018, p.20). What the need of the hour is the studies that should be actually pinpointing the fact that what are some of the best approaches that must be implemented in order to make sure that the overall chronic healthcare of the people is improved (Chiuve et al. 2015, p.528). What needs to be done is that the investment must be carried out in the community resources as well to make sure that the lifestyle of the people is improved (Chiuve et al. 2015, p.528). That includes making sure that there are some exercise facilities as well as healthy food outlets where people can go. Not only that, there is also a need to make sure that the proper medication facilities are set up in the localities and the neighborhoods where healthcare is far from ideal (Malambo et al. 2016, p.11). That would also go a long way towards bringing about the change in the healthcare level of people (Carthon et al. 2015, p.4).

Heart Failure Incidence In The Poor Areas

Looking closely at the population, it would be important to make sure that some sort of idea is developed with regard to the incidence of heart failure is that how the adults who used to live in the areas that are deprived economically are going to be at risk of the heart failure (Rawshani et al. 2016, p.1146). As a matter of fact, there is a 38 % increased risk of these people developing some sort of chronic illness when they are living in such neighborhoods (Carthon et al. 2015, p.4). Comparing them with the areas where the conditions are slightly better, the same ratio goes down by 11 %, which means that there is only a 27 % likelihood of these people developing some sort of chronic complications (Carlsson et al. 2015, p.552).

Reasons For The Increased Risk Of Heart Failure In Economically Deprived Neighbourhoods

There are many reasons for this perceived lack of health of these people (Witte et al. 2018, p.20). There are some lifestyle choices as well as other considerations that have driven their health to the point that it has become very hard for them to make sure that they look after themselves in the right manner (Rawshani et al. 2016, p.1146). Looking closely at the lifestyle, it can be seen that these neighborhoods are not very exercise to say the least, and this contributes to the increased healthcare risk for these people (Bikdeli et al. 2014, p.756). There are broader healthcare interventions that

should be implemented (van Dijk et al. 2016, p.287). The reason that the implementations need to be carried out in a prompt manner is due to the fact that, at the moment, the overall population that is affected by heart-related diseases has reached 6 million adults (van Dijk et al. 2016, p.287).

The problem is that at the rate at which the cases are increasing, this number is expected to surpass 8 million. There are racial considerations as well, as about 54 % were black people. The research, though, is not going to look at the racial implications of heart-related diseases (van Dijk et al. 2016, p.287). As a matter of fact, the earlier studies implied that as black Americans are quite worse off in an economic sense, it makes complete sense for them to have poor health and heart-related diseases, which were not based on the empirical evidence (Bikdeli et al. 2014, p.756). The onus should be falling on the public policy professionals due to the fact that how they need to pay attention to the overall healthcare of the people who are living in different neighborhoods. It can be seen that the place of residence does have a bearing on the risk of heart failure. What must be done is that the mobilization of the resources at the community level should be carried out. When that is done, an effort must be made to ensure that the overall state of the healthcare of the people in that area should be taken care of (Bikdeli et al. 2014, p.756).

Scope Of Future Research

At the moment, the existing literature that is available at the moment has focused on the fact of how the problems are going to be faced by middle-aged people (Van Oeffelen et al. 2014, p.1443). The rationale behind this is the fact that most of the time, heart failures are associated with people of a certain age. The problem is that this concept needs to be changed due to the fact that nowadays, even people who are much lower age are being faced with heart-related diseases (Ahmedani et al. 2015, p.134). The evidence has shown that the risk of heart failure and chronic diseases has increased, and the ratio of people from age 20-35 who are facing heart-related issues has increased by 35 % in the last decade. So, there is a need to make sure that further evaluation is being carried out with regard to the problems faced by individuals in a certain age group, and there is a need to make the research better rounded (Ahmedani et al. 2015, p.134).

Conclusion

People who are living in a neighborhood that is deprived are at an increased risk of heart failure as compared to people who live in affluent areas. It has to be noted that even if the socioeconomic status of the person might be different from the community in which they are living, there is strong evidence to support that they are also on the increase. In the past, the way research has been carried out, heart disease has always been linked with the overall lifestyle of the person (Van Oeffelen et al. 2014, p.1443). By lifestyle, it means the overall level of income, level of education as well as the occupation of the people (Van Oeffelen et al. 2014, p.1443). The deprived neighborhoods might be playing a role when it comes to the increase in the number of heart failure cases (Wändell et al. 2017,

p.87).

Now, the risk of heart failure is dependent on a multitude of factors, such as the genetics of the person and other relatable factors as well. Looking at the way these people live, most of the time, the diet that they are having is far from ideal and is actually harmful for these people in the long run. Not only that, the other problem that these people have is the fact that most of the time, they are not really active in terms of exercise and other such activities that are going to lower the risk of heart failure (Wändell et al. 2017, p.87). Public policy professionals need to pay attention to the neighborhood, not just the individuals, because your place of residence does predict your risk of heart failure. Improved community-level resources may ultimately reduce the risk of heart failure in these communities (Wändell et al. 2017, p.87). Only by making sure that the long-term effort is carried out in terms of control through which it can be made sure these people can be looked after (Wändell et al. 2017, p.87).

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