Heart disease cost the United States an estimated $503 billion dollars in healthcare costs and lost productivity from deaths and disability in 2010\(^1\). In 2009 alone, heart disease caused 616,067 deaths\(^2\), making it the number one cause of death in the United States- a position it has held for the past 90 years\(^3\). If heart disease holds this number one position for the next 90 years, the cumulative number of deaths, disabilities and the accompanying loss of productivity will be astounding.

Despite these high statistics, heart disease is one of the most preventable diseases in the nation. Eating a healthy diet, maintaining a healthy weight, exercising and not smoking can drastically reduce the risks for heart disease. In addition to this, blood pressure and cholesterol screenings can help determine risk for heart disease so that actions may be taken to prevent further damage to the heart. Although these counseling and screening resources are available through doctors and dieticians, it is clear from the high incidence of the disease that these resources are not being accessed to the degree they are needed. This may be due to lack of education about the risks of heart disease or lack of accessibility to these resources due to distance or financial hardship. This may explain why populations of lower socioeconomic status, indicated by education, income and occupation, have the highest rates of coronary heart disease\(^4\). Several community organizations have been established to address this disparity of resource connection.

One such organization is WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation), a state-based initiative in health clinics, which is funded through the Center for Disease Control’s Division for Heart Disease and Stroke Prevention\(^5\). WISEWOMAN serves low-income, under insured or uninsured women aged 40-64 through cholesterol and diabetes

screenings as well as lifestyle interventions. These lifestyle interventions may include smoking cessation programs, exercise routines, dietary recommendations and even healthy cooking classes\(^6\).

Another model for connecting people with needed health resources is the mobile health screening truck. These trucks can cater to a variety of health screening needs including dental care, mammograms, and auditory testing. Instead of requiring people to seek out health screenings, these trucks bring the resources directly to the communities in need, with a focus on those of low socioeconomic status.

The behavioral changes needed to reduce heart disease risk may require certain individuals to give up foods they enjoy or habits, such as smoking, that they have perpetuated for long periods of time. In addition to this, planning for healthy meals instead of consuming pre-packaged or fast foods may initially take more time once a shift towards healthier behaviors is initiated. The health screenings also require individuals to take time from their schedules to devote specifically to their health. However, in the long run, the time and sacrifices made for health will likely be reflected in decreased morbidity and longer life spans.

The first step in more successfully connecting people with the resources and educations they need to prevent heart disease is to adopt a community model similar to WISEWOMAN that also incorporates the accessibility of mobile health screening trucks. This initiative would serve low income, underinsured or uninsured men and women by providing blood pressure and cholesterol screenings as well as lifestyle interventions. Unlike WISEWOMAN, this initiative would be based in mobile screening trucks instead of being stationed in health clinics. In this manner, the trucks would be able to serve larger communities and also attend health fairs, a capability the current WISEWOMAN model does not have. By combining the successful aspects of WISEWOMAN and mobile health screening trucks, this initiative would serve to reach and educate a larger community about heart disease. If adopted on a large scale, this increase in awareness and resource accessibility would significantly reduce the number of heart disease deaths in the United States.