**REPORT FROM THE CHAIR**

Energizing! Outstanding science! Loved the new format! These are some of the comments heard at Scientific Sessions 2009 in Orlando, attended by cardiovascular nurses from around the world. Attendees shared enthusiasm over the new format of the sessions, some of which included formal commentary at the end.

A special 40th anniversary celebration dinner was held for the Council and the 175+ attendees were treated to a special evening celebrating our legacy, our past leaders, our science, our clinical excellence and our future. A particularly poignant moment was a videotaped message from the Council’s founder, Katharine A. Lembright, who was 92 years of age, this past summer. Visited by Drs. Dorothy Lanuza and Karyn Holm, Ms Lembright remarked on the Council’s 40-year evolution.

Based on a nomination process and voting of the Council membership, fourpillars of cardiovascular nursing (Drs. Marie Cowan [posthumous], Martha Hill, Kathleen Dracup and Marguerite Kinney) were named along with 11 additional members who were viewed as making special contributions to cardiovascular nursing science and clinical innovation over the years (Barbara Drew, Sandra B. Dunbar, Joan Fair, Kathleen Grady, Laura Hayman, Jean McSweeney, Debra Moser, Sara Paul, Susan Pressler, Barbara Riegel, and Mary Woo).

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**CVN Newly Elected Fellows**

1. Lola Coke, PhD, RN, FAHA
2. Jo-Ann O. Eastwood, PhD, BS, FAHA
3. Lorraine Frazier, PhD, MS, FAHA
4. Rebecca A. Gary, BSN, MSN, PhD, FAHA
5. Jill Howie-Esquibel, PhD, RN, FAHA
6. Sharon M. McKinley, RN, BAPPSC, PhD, FAHA
7. Margaret A. Murray, MSN, BSN, FAHA
8. Jane E. Nelson Worel, BS, MS, FAHA
9. Bunny J. Pozehl, PhD, MSN, BSN, FAHA
10. Elaine E. Steinke, RN, BSN, MSN, PhD, FAHA
11. Mary Woo, PhD, CS, FAHA

One of the highlights was a presentation on how to get actively involved in respective affiliates of the AHA. The panel emphasized the importance of cardiovascular nurses sharing their expertise through activities such as offering to serve as a speaker for some of the cause initiatives (e.g., Go Red For Women, Power To End Stroke), leading fund raisers such as Heart Walks and Heart Galas, or connecting with Get With The Guidelines and other creative strategies. Importantly, sharing expertise through advocacy efforts such as You’re the Cure at the national and local levels helps assure that the voice of cardiovascular nursing is heard regarding the best initiatives to improve health and prevent heart disease and stroke. If you have not joined You’re the Cure, please go to [www.yourethecure.org](http://www.yourethecure.org) and sign up.

As the Council continues its 40th anniversary celebration, there is an opportunity for each member to contribute to its future success. One is through a contribution to the 40 for 40 Campaign, an effort to generate a fund for travel grants, awards and support for early career members. Visit [www.americanheart.org/cvncouncil](http://www.americanheart.org/cvncouncil) and click on the red 40th anniversary banner to make your donation today.

Another way to contribute is by inviting someone to be a part of this great Council which brings nursing expertise to bear on the AHA.

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**Katharine A. Lembright Award**

Although coronary heart disease (CHD) is the No. 1 killer of women, an evidence-based picture of prodromal and acute myocardial infarction symptoms in ethnically diverse women is underdeveloped. This contributes to disparate outcomes, especially in minority women. Lack of recognition of early presenting symptoms associated with CHD and acute myocardial infarction (AMI) by women and their healthcare providers contributes to these poor outcomes since delayed recognition of symptoms limits options for efficacious treatment.

During the 2009 Council on Cardiovascular Nursing Katharine A. Lembright Award & Lecture, Jean McSweeney, PhD, RN, FAHA, FAAN, presented her research trajectory to enhance recognition of early symptoms of CHD in women. She began by discussing the development of the McSweeney Acute and Prodromal Myocardial Infarction Symptom Survey (MAPMISS) that has been used with over 2,800 racially diverse women. This instrument, based on qualitative findings, addresses 33 prodromal CHD and 37 AMI symptoms and includes questions related to frequency and severity of the symptoms.

Women’s symptom experiences and difficulty receiving a diagnosis of CHD, and comparisons of both prodromal and AMI symptoms in black, Hispanic and white women were also discussed. Dr. McSweeney also presented the results of a cluster analysis of the McSweeney Acute and Prodromal Myocardial Infarction Symptom Survey that examined the frequency and severity of symptoms in ethnically diverse women. This research strategy allows for the identification of symptom patterns that may be characteristic of CHD in women. The McSweeney Acute and Prodromal Myocardial Infarction Symptom Survey is an important tool for improving the recognition of early symptoms of CHD in women.

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Please visit [www.americanheart.org/cvncouncil](http://www.americanheart.org/cvncouncil) and click on Newsletter on the left side to access an expanded version of this article.
## Career Achievement Awards

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### State-of-the-Art Stroke Nursing Symposium and International Stroke Conference

**Tuesday, Feb. 23, 2010**  
**San Antonio, Texas**

The State-of-the-Art Stroke Nursing Symposium is a forum designed to provide the most current information to nursing and other healthcare professionals who treat patients and families in all phases of stroke treatment from the emergency department through rehabilitation.

[strokeconference.org](http://strokeconference.org)
Helping Women Overcome Barriers to Cardiac Rehabilitation Participation: An Important Role for Nurses

Margaret M. McCarthy MS, RN, FNP-BC, Doctoral Student, New York University, College of Nursing

Although death rates from cardiovascular disease (CVD) have declined in recent years, it continues to be the leading cause of death for women, especially in older women (Lloyd-Jones et al., 2009). The risk factors for CVD, which include lack of physical activity, are well established. After a cardiac event, the first opportunity for many women to become physically active is through a cardiac rehabilitation (CR) program. According to the American Association of Cardiovascular and Pulmonary Rehabilitation, the following diagnoses are currently covered under Medicare for a CR program: post-myocardial infarction (MI), post-coronary artery bypass surgery (CABG), and stable angina (King et al., 2005).

The benefits of CR programs and regular exercise training include: improved exercise capacity, improvement in lipid profile, reduction of obesity indices, improvement in depression and anxiety, and improvement in overall quality of life (Lavie, Thomas, Squires, Allison, & Milani, 2009). Unfortunately, CR is often underused, especially in older women. In a study of Medicare beneficiaries (N=267,427), it was found that less than 14 percent of MI patients and only 31 percent of CABG patients used CR (Suaya et al., 2007). Despite the well-established benefits, numerous barriers to enrollment and participation in CR exist for women with CVD. These barriers may disproportionately affect minority women.

The most common barrier to women’s enrollment in CR is lack of a physician referral or recommendation. Men were more likely to receive a referral to CR than women, despite having similar clinical backgrounds (Ades, 1992; Bongard et al., 2004; Caulin-Glaser et al., 2001), and black women were less likely than white women to receive a referral (Allen et al., 2004). Among women referred to CR, the clinical event triggering a referral was more commonly post-CABG than post-MI (Gallagher, 2003). Other barriers to CR referral or attendance include socioeconomic factors such as lack of transportation and financial or insurance issues, which have been found to significantly predict referral to CR (Missik 2001). Lack of knowledge about CR and women’s personal beliefs about CR programs and exercise have also been cited as barriers. In fact, men were more likely to receive inpatient teaching about CR than women (Caulin-Glaser et al., 2001). Women also have reported that comorbidities and “not feeling well” make it difficult to attend CR (Missik 2001). The increasing prevalence of depression and anxiety in patients with CVD is well established. In one follow-up study of MI patients, anxiety and depression were found in 36 percent of women (Schweikert et al., 2009). Thus, psychological stress, including depression, is a common comorbidity of CVD and could be an important barrier to enrollment in CR for women.

Nurses are in the ideal position to advocate for women by facilitating referral, enrollment and participation in CR. Incorporating the importance of CR into patient education is an important first step. Understanding women’s personal beliefs, including fears about exercise, is essential to support women’s engagement in CR. In addition, advocating for CR referrals for women is necessary especially when barriers like transportation or insurance may seem insurmountable to them. Finally, assessing depression and anxiety as a barrier to CR and helping them receive appropriate care is of particular importance. Nurses caring for women with CVD have an important role in helping them achieve the many benefits of CR including improved quality of life.

References


