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Harlem Healthy Heart: A Community Outreach Initiative With Favorable Impact on Diabetes Mellitus and Cardiometabolic Risks

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Purpose: African/Caribbean Americans are more likely to be diabetic, physically inactive, overweight and less likely to have controlled blood pressure as compared to Whites (Clark et al, 2013; Puckerin & Howard, 2015). Excess body weight, even modestly, and physical inactivity not only increase the risk for cardiovascular disease but are associated with a 3- fold increase in the risk for diabetes mellitus development. Blacks participate in risk reduction behaviors, such as diet control, exercise and medication adherence at lower rates than other racial groups (Puckerin & Howard, 2015). As such disparities continue to exist, the prevalence, morbidity and mortality related to the above noted conditions in this population will be significant. Urban communities are more likely to be impacted by outreach efforts such as health fairs - though this intervention is not efficacious long term (Aycocock, Kirkendoll & Gordon, 2013; Hu et al, 2014; Clark et al., 2013). **Methods:** Towards continued community impact, a culturally sensitive series concept was interprofessionally developed and implemented to impact the entire family. It involves an ongoing series of 12 monthly workshops focusing on education, screening, diet, exercise and referral with an aim to controlling cardiometabolic risk. Since stress, anxiety and depression have been shown to be important risk factors for cardiovascular health issues, and quite prevalent in urban population beginning with the youth (Slopen et al., 2013), participants are taught to recognize and handle inner stress. Central Harlem was chosen because of the large population of ethnic minorities. In Central Harlem, where the series is held, it has been noted that 12% of adults have diabetes as opposed to 7% in the Borough of Manhattan (where Central Harlem is located) and 9% in New York City overall. Therefore, it was requested by the community stakeholders that a diabetes education component be included in the series of monthly workshops. **Results:** A survey of the 97 regular participants (86% female and 92% African or Caribbean American) resulted in 20% responding that they were previously diagnosed with diabetes mellitus. As a response, a diabetes screening (leading to diagnostic testing) was offered and an additional 9% of the participants were diagnosed. **Conclusion:** This series includes input and buy-in from stakeholders (e.g. Community residents, institutions of higher learning, faith based organizations and community medical providers) and indicators such as weight loss, blood glucose and blood pressure control (amongst the participants) have been noted. Qualitative data themes, including enhanced quality of life, have been acquired during participant feedback. This type of grassroots approach will undoubtedly result in a reduction in premature morbidity and mortality within this population.

Title:

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Keywords:

cardiometabolic risk, community and diabetes mellitus

References:

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Abstract Summary:

African/Caribbean Americans are more likely to be at risk for diabetes mellitus development and cardiovascular disease as compared to whites. Ongoing monthly workshops providing education, screening, diet, exercise and referral will positively impact premature diabetes and cardiovascular morbidity and mortality within this population.

Content Outline:

Introduction: African/Caribbean Americans are at increased risk for the development of diabetes mellitus and/or other cardiovascular diseases
Body: Health fairs are limiting Interdisciplinary developed, stakeholder involved, ongoing health series are more efficacious
Conclusion: Participants living with undiagnosed diabetes mellitus have been identified and are now in a system of care as well as receiving education. Feedback consists of verbalized enhanced life quality along with noted improvements in indicators (e.g blood pressure, blood glucose).

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Professional Experience: Nurse Educator 2013-present-Northwell Health System. As the Certified Diabetes Educator for the Lenox Hill Hospital Division-acted as a member of the committee developing and implementing the Hyperglycemic Crises Protocol. Nurse Coordinator-Clinical Specialist 2011-2013-Mount Sinai Medical Center Clinical Education/Program Specialist 2005-2011-XL Health-MedAssurant PRIDE Scholar - NIH funded program Clinical Medical Instructor -SUNY Downstate Medical Center. Core member of the Harlem Healthy Heart Series and mentee of Icilma Fergus MD

Author Summary: Dr. Renee Murray-Bachmann has a background in nutrition, nursing, research and is a NIH PRIDE fellow. As a member of the Department of Nursing Education and Professional Development and as a practicing diabetes educator, Dr. Murray-Bachmann educates staff and patients. That being the case, she is placed in the position of understanding the importance of patient satisfaction and safety as well as staff engagement. Dr. Murray-Bachmann also acts a mentor to graduate students.

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Professional Experience: Icilma V. Fergus, MD was recently appointed Director of Cardiovascular Disparities at Mount Sinai Medical Center. Her current academic appointment is Associate Professor of Clinical Medicine at Mount Sinai Medical Center in New York, New York. Dr. Fergus is board certified in Internal Medicine and Cardiology.

Author Summary: Dr. Fergus is the Director and co-founder of Harlem Healthy Heart Series. Dr Fergus has authored numerous articles related to heart disease and congestive heart failure in peer-reviewed journals and a co-author in the new book entitled "Cardiovascular Disease in Ethnic Minorities".