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

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Introduction

- African Americans (AA) are more likely to have uncontrolled CMR compared with whites

- Diabetes Mellitus (DM) and Hypertension (HTN), weight and physical activity are less at goal and there are more serious comorbidities present in AA.

- AAs participate in risk reduction behavior and adherence at lower rates than other racial groups.

- These differences are due in part to social determinants of health (SDOH) resulting in increased prevalence, morbidity and mortality of Cardiovascular Disease (CVD).

- Due to proximity, ongoing relationship and community request Central Harlem has been chosen for intervention.

- Central Harlem, 12% of adults have diabetes, compared to 7% in Manhattan and 9% in New York City overall.

- Single annual or quarterly health fairs are not as efficacious

Methods

- Focus groups with stakeholders to assess community need were established

- Collaborations with community based organizations (CBO) and faith based organizations (FBO)were garnered.

- Harlem Healthy Heart (HHH) , a culturally sensitive project developed and implemented as a response

- The ongoing series of 12 monthly workshops focusing on education, diet, exercise and referral, with an aim to controlling CMR contributors .

- HHH enhanced to include the initiation of diabetes education component, to include screening.

- Calorie counting, food labels, identification of high salt, fat and sugar enriched foods. Healthy alternative preparation of popular foods are demonstrated to participants. They learn to read food labels and are given coupons for them to buy fruit and vegetables at Farmer's Markets. Decreased use of sweetened drinks

Results

Monthly attendance reminder-to-attend calls to 120 known participants
Baseline Sample consists of n=97
Age: (M-63.45, SD =14.66)
Twenty Percent (20%) of the sample indicated that they had a diagnosis of diabetes mellitus
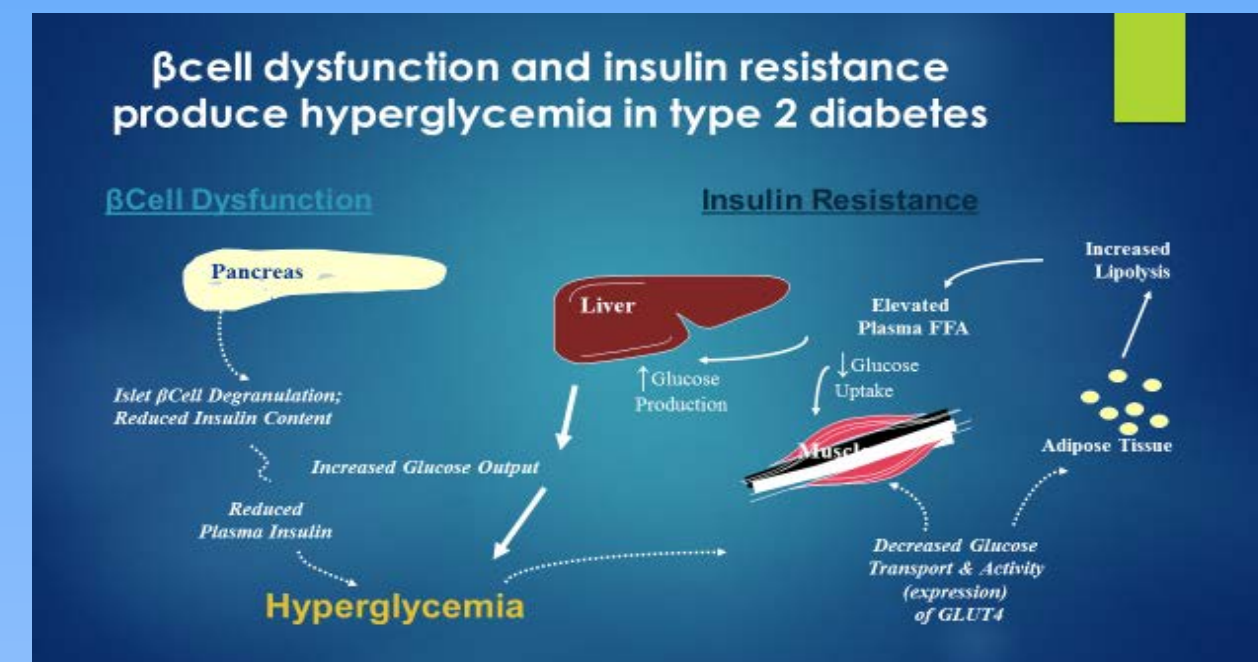
- The average age of the HHH participant is 62.0 years, are female (86%) and African American (91%).
- HHH Participants have several cardiometabolic risk factors, including hypertension (60%), high cholesterol (42%), and diabetes (29%). Two-thirds (66%) of the participants are overweight, with 44% being obese (the average BMI is 31.8)
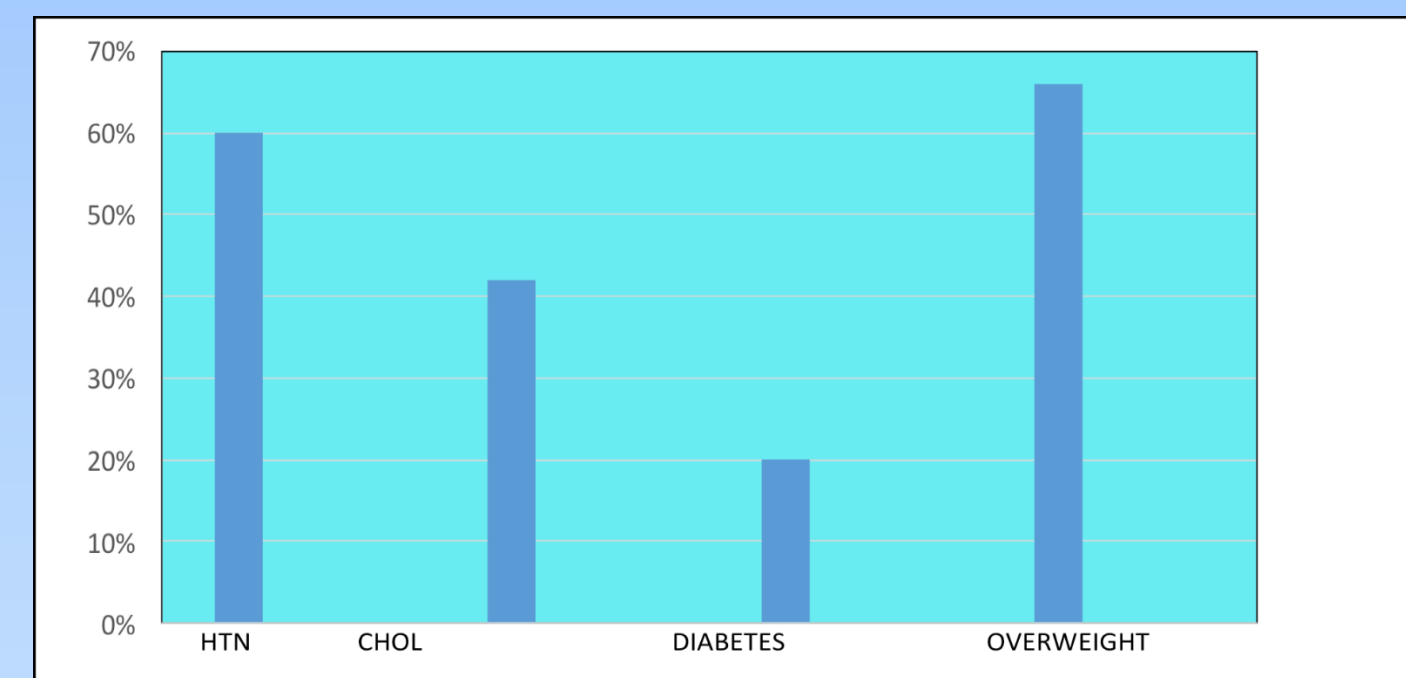
- Trends noted towards elevated weight and diabetes diagnoses :

t (58)=-567,p>.05 (M=146.67,SD=74.046)

- Random baseline blood glucose :BG (M=116.35, SD =56.211)

- Additional participants (9%) were diagnosed, with diabetes mellitus, due to the random baseline blood glucoses (elevated screening, referred to PCP for diagnosis
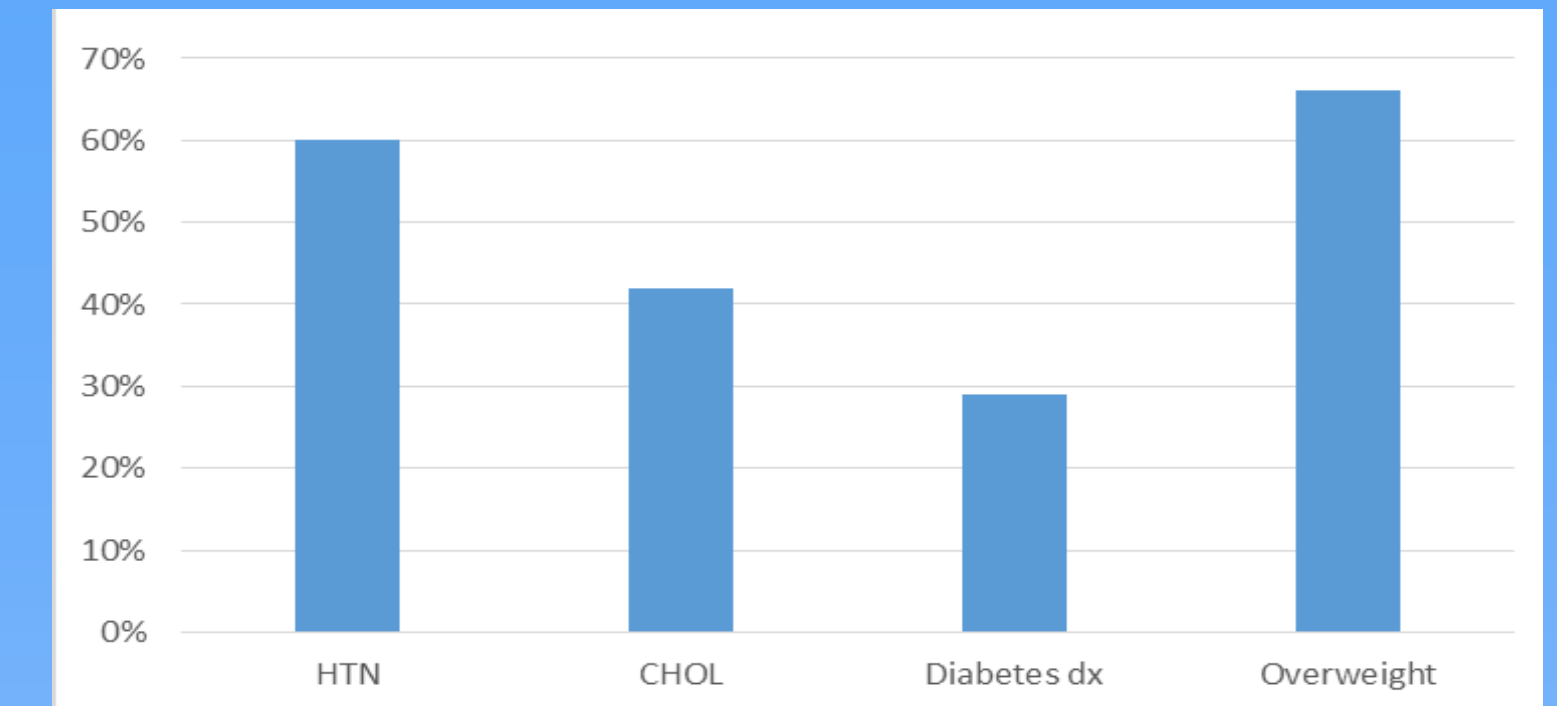
Conclusions

- Urban communities can be favorably impacted by sustained outreach efforts which address SDOH

- Further intervention is indicated:

  Collaboration with Primary Care Providers

  Incorporation of walking programs

  Integration of intensive diabetes management workshops into program

- This type of grassroots approach will undoubtedly result in a reduction in premature morbidity and mortality within this population over the long term

References

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