Preventable chronic diseases such as hypertension, diabetes, hyperlipidemia and obesity are much more prevalent in the African-American community.

Food deserts increase the proportion of these diagnoses within the African-American community as they force many to purchase foods from corner store markets and fast food stores which carry products with limited nutritional value and a higher sodium, calorie, sugar, and cholesterol content.

Study aimed to determine if increased access to:

1) healthy food options
2) health screenings
3) health education
4) meal preparation education;

Elicits the following behavior changes:

1) decreased poor food choices
2) increased health knowledge

There were several factors which affect food choices, most notably was cost and location. Changed behaviors:

- 27% increase in prepared shopping lists.
- 47% increase in reading food labels prior to purchase.
- 69% reported dietary changes, however no change in knowledge of chronic disease.

The ATE model can be used in any food deserts and low-income urban or rural areas to teach health prevention and management of chronic diseases, along with proper cooking and meal preparation.

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