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Title

Using The Cardiovascular Risk Profile in a Community Heart Health Outreach Intervention: Implications for Primary Care

Priority 1 (Research Category)

Cardiovascular disease

Presenters

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Abstract

Context: "HeartB," a community heart health intervention and academic partnership, focused on urban African American urban at high risk for heart disease, was implemented by community health workers (CHW) and a community nurse.

Objective: The primary objective was to reduce heart disease risk in Detroit by increasing participants' knowledge of heart disease, with a secondary objective of facilitating prevention of developing heart disease by increasing understanding of how to lower risks for heart disease.

Study Design and Analysis: Quasi-experimental (pre-post) design and six-month follow-up.

Setting: Population health.

Population: Adult (18 years or older) residing in an African-American majority city catchment.

Intervention: A community nurse and CHW were cross-trained and used the The National Heart, Lung and Blood Institute (NHLBI) evidence-based family-focused "With Every HeartBeat Is Life: A Community Health Workers Manual for African Americans" with the Framingham Heart Study "General Cardiovascular Risk Profile for Use in Primary Care."

Outcome: The community nurse and CHW successfully recruited adults at high risk for cardiovascular disease from 27 zipcodes throughout the city, primarily from community organizations and churches. Six-month follow-up was completed with 96% of participants.

Results: The 100 participants were 55% Female, 39% Male and 6% Transgender, with a mean age of 44.57 years (s.d.=15.9) and 97% were African-American. 92% reported having a primary care physician, with about half (52%) on Medicare/Medicaid. Following collection of family history information, participants met with the project nurse and CHW for clinical assessments, (weight, BP and medical history) and to discuss their cardiovascular risk factors. Based on the clinical assessment and medical

history, the Framingham Heart Study Risk Assessment non-lab tool (D'Agostino, 2007) was used to provide the participants with their heart age and CVD risk for developing heart disease in the next ten years. 54% had <10% probability of a CVD event in the next 10 years, 26% had between a 10-19% probability, and 20% had a 20%/greater probability.

Conclusions: Primary care physicians should be encouraged to work with CHW in African American communities to conduct long-term interventions to determine effective strategies for cardiovascular risk reduction.