

Sarah -

This binder contains all the materials I received when researching programs listed in the HHS document. Copies of all the materials are in

the orange folders, sorted according to topic.

- Sarah

Updated Rolodex card ↓

HIV PREVENTION

CDC Funding

1993	\$498,253,000
1994	\$543,253,000
1995	\$598,831,000
1996	\$584,080,000
1997	\$616,790,000
1998	\$634,266,000

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Women's Initiat (WIN)

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AIDS Education HRSA, Bruce M Program

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The three main goals of the program are:

- 1) To train health care professionals to effectively diagnose, treat and manage HIV infection and to offer interventions to prevent HIV infection.
- 2) To disseminate state of the art HIV information to providers.
- 3) To develop HIV provider materials.

Future priorities for the program include prevention, implementation of the Public Health Service recommendations on ACTG 076, the training of providers in "Ryan White" - funded organizations, and increased emphasis on information dissemination activities related to new treatment protocols, combination drug therapies, and the use of protease inhibitors.

Clientele: To date, more than 600,000 providers have been trained by the AETC Program. A 1993 study indicates that AETC-trained providers are more HIV-competent and more willing to treat people with HIV than are primary care providers in the general population.

Racial/Ethnic/Gender Breakdown of the Program: Of the 123,303 participants in the

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NHLBI

Office of Science and Technology

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DATE: 7/29/97

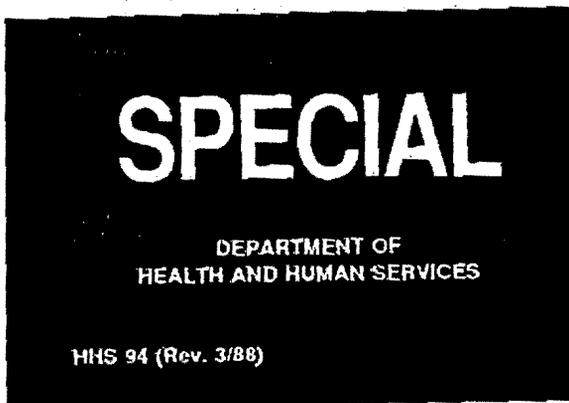
TO: Ms. Sarah Hurwitz
Office of Mr. Chris Jennings
Phone: 202-456-5594
FAX: 202-456-~~5567~~
7431

FROM: Sandra Lindsay, Legislative Officer
National Heart, Lung, and Blood Institute
National Institutes of Health
Bethesda, Maryland 20892
(Phone: 301-496-9899)

SUBJECT: CVD Research in Minorities

MESSAGE: As I suspected, the minority-related research was a subset of total CVD research. The attached text description of funding levels will, I think, clarify the relationships between the various funding levels. Also attached is the description of selected CVD research programs relevant to minorities.

Please feel free to call me at the telephone number listed above if you need further information.



National Heart, Lung, and Blood Institute**RESEARCH ON CARDIOVASCULAR DISEASE (CVD) AND HYPERTENSION**

In FY 1996, the National Heart, Lung, and Blood Institute (NHLBI) supported a total of \$796,815,000 in CVD research, including \$132,329,000 in research on hypertension. Within the total of \$796,815,000 spent on CVD research, \$95,184,000 was relevant to CVD in minorities. Of the \$95,184,000 in minority CVD research, \$37,723,000 focused on hypertension.

MINORITY-RELATED PROGRAMS FUNDED BY THE NHLBI— FISCAL YEAR 1995

Described below are selected minority-specific and minority-related activities supported in FY 1995 within the Institute's major research areas: heart and vascular diseases, lung diseases, blood diseases and resources, and sleep disorders. These programs are administered through five extramural units: the Division of Heart and Vascular Diseases (DHVD), the Division of Epidemiology and Clinical Applications (DECA), the Division of Lung Diseases (DLD), the Division of Blood Diseases and Resources (DBDR), and the National Center on Sleep Disorders Research (NCSDR), and one intramural unit, the Division of Intramural Research (DIR). Research activities are presented by program, in order of their date of initiation (shown in parentheses).

HEART AND VASCULAR DISEASES

Epidemiological and Clinical Minority Studies (1950)

CHD mortality and risk factors in Blacks and Hispanics

The overall goal of this cluster of epidemiological and clinical studies is to identify CHD issues unique to, or problematic for, one or more minority groups. Some studies explore the comparatively high prevalence, incidence, or mortality of a disease in a minority group. Other studies address issues for which current data are sparse for a specific minority population. Minority-specific issues under investigation include CHD risk factors, CHD predictors, the epidemiology of atherosclerosis, and the relationship of socioeconomic status and hypertensive disease risk in Blacks; Hispanic versus white survival rates following myocardial infarction; and the relationship between sodium intake and blood pressure. (DECA)

Honolulu Heart Program (1965)

CHD and stroke risks for Hawaiian men of Japanese descent and native Japanese men

This program collects prospective epidemiological and pathological data from a cohort of 8,006 men of Japanese ancestry living in Hawaii and compares them with data from a cohort of native Japanese men. To date, these studies have shown that the incidence, prevalence, and mortality rates of CHD are much higher in the Hawaii cohort, whereas stroke rates are much lower. Cigarette smoking is associated with all forms of stroke, and smoking cessation reduces the risk of stroke. Obesity is associated with CHD across all levels of hypertensive status.

A followup study showed that for those with hypertension at entry, the risk of death 10 years later was twice as high as for normotensive men. Physical examinations and electrocardiography studies began in 1990 for 5,000 study participants and were continued in 1995 for 3 years. Collaborative studies with the National Institute on Aging focus on aging and dementia in these men. (DECA)

Bogalusa Heart Study (1971)

CVD risk factors in Black and white children

This long-term study examines the early natural history of atherosclerosis and essential hypertension in a cohort of 5,000 Black and white children in a Louisiana community. The study investigates the effects of body growth and maturation on CVD risk factors such as blood pressure, blood lipid levels, weight, tobacco use, and contraceptive use. Research to investigate familial and genetic factors contributing to CVD risk factor levels is under way as well. Results from this study over the past 19

years have established that both atherosclerosis and elevated blood pressure can begin in childhood. Total fat and cholesterol intake are generally greater for Black children, whereas whites have higher intakes of sucrose. (DECA)

Specialized Centers of Research (SCORs) in Hypertension (1971)

Centers for basic and clinical hypertension research

For more than 20 years, the SCORs in Hypertension have been instrumental to NHLBI support of research on the development and pathophysiology of hypertension and to advances in diagnosis and treatment. Among the contributions made by the SCORs in Hypertension are improvements in management of mildly hypertensive patients, evidence that epinephrine in the central nervous system plays a major role in salt-dependent hypertension in rats, and evidence that reduced calcium intake may be associated with hypertension in pregnancy. In 1993, the SCORs in Hypertension program was selected for refocusing to emphasize recent contributions of molecular and genetic techniques. These include the discovery of several genetic differences in blood pressure control between Blacks and whites and the identification of two genes responsible for salt-sensitive hypertension in Blacks and Hispanics in late 1995. The newly refocused program, titled "SCORs in the Molecular Genetics of Hypertension," is planned for implementation in 1996. (DHVD)

Community-Based Risk Reduction Demonstration Research (1978)

Mass media and community-based interventions to reduce CVD risk factors in minority populations

The goal of this program is to demonstrate that CVD risk reduction can result from mobilization of community efforts. Three programs use multiple education and evaluation strategies to promote the practice of healthy behaviors and CVD risk reduction within communities. One, the Stanford Five-City Multifactor Risk Reduction Study in California, addresses multifactor risk reduction in communities with substantial minority populations. The Stanford Study includes Hispanics and, therefore, develops and tests program components targeted to that

population. Results for this study include reductions in average community blood cholesterol level (2 percent), blood pressure (4 percent), resting pulse rate (3 percent), and smoking rate (13 percent). These risk factor changes have resulted in a 15 percent decrease in composite total mortality risk scores and a 16 percent decrease in CHD incidence. (DECA)

Cardiovascular Risk Factor Studies and Prevention in Children (1978)

CVD risk factor reduction in children

This set of projects tests the effectiveness of educational and other interventions to reduce risk factors for CVD in school-age children. A substantial number of projects contain specific minority components. Programs may target a minority population, take place in a school with a large minority enrollment, or provide language- and culture-specific interventions and information related to CVD.

The Dietary Intervention Study in Children (DISC) evaluates a fat-modified diet in children, ages 8 to 10 at entry, who have elevated blood levels of low-density lipoprotein (LDL) cholesterol. The full-scale trial, begun in 1988, included 664 children (8 percent Black, 6 percent Hispanic, 1 percent Asian, 2 percent other minority groups). Children in the intervention group significantly lowered their dietary intake of total fat, saturated fat, and cholesterol. After 3 years, their LDL cholesterol levels were lower than those for the usual care group. Followup visits are being continued until the children reach age 18.

The Child and Adolescent Trial for Cardiovascular Health (CATCH) assesses the ability of school-based interventions to reduce children's subsequent CVD risk. Interventions include classroom curricula, family education, and school environment modifications related to food consumption, physical activity, and tobacco use. The main trial includes approximately 10,000 children, 35 percent of whom are Hispanic or Black. Results from 1995 show that the school-based interventions are effective at lowering fat in school lunches and increasing physical activity during physical education classes. (DECA)

Diabetes and Cardiovascular Diseases Among Hispanics (1979)

CVD risk factors, CVD, and diabetes in Hispanics

This study compares the prevalence of diabetes and CVD in Mexican Americans and non-Hispanic whites. Despite poorer CVD risk profiles in the Mexican-American population, Mexican-American men have lower CVD mortality than non-Hispanic white men. However, death rates for CVD are similar for women in both groups.

Elevated insulin levels precede the development of diabetes in Mexican Americans. High insulin levels and a family history of diabetes are both associated with a poor CVD risk factor profile, indicating that the association with CVD risk factor abnormalities occurs before the onset of clinical diabetes. (DECA)

Biobehavioral Factors—Etiology of Hypertension in Blacks (1983)

Physiology and behavior in hypertension

This program investigates the relationship between physiological mechanisms and behavioral factors in the development of hypertension in Blacks. Results appear to confirm Black-white differences in stress-induced blood pressure response, as evidenced by a greater response to norepinephrine infusion in Blacks. However, the findings clearly suggest that Black-white differences in blood pressure status, diet, sodium sensitivity, glucose tolerance, and type of stressor all influence the degree or pattern of reactivity observed. Research in this program area is continuing with sophisticated assessment strategies (including ambulatory blood pressure monitoring and programmed environmental challenges) that will further clarify the complex association between this host of biobehavioral factors and the high prevalence of hypertension among Blacks. Fifty percent of the study population is Black. (DECA)

Coronary Artery Risk Development in Young Adults (CARDIA) (1985)

Development of CVD risk factors between young adulthood and middle age

The CARDIA study is designed to determine how and why CVD risk factors change during the critical

years of transition from adolescence through young adulthood to middle age. The study includes 5,115 Black and white men and women of varying educational levels, ages 18 to 30 at entry. Because of the greater burden of CVD mortality and the high prevalence of risk factors among Blacks, this group has been oversampled intentionally. Fifty-one percent of the participants are Black; 55 percent are women.

The study examines medical history, physical parameters, social and psychological factors, and risk behaviors. To date, CARDIA has revealed that obesity is more common in Blacks than in whites, especially among Black women. Smoking rates are higher in Blacks than in whites and are markedly lower in people with higher education. Lipid levels, especially high-density lipoprotein (HDL) cholesterol levels in men, are higher in Blacks than in whites, even when corrected for obesity. Elevated insulin levels are strongly associated with obesity and, even after correction for obesity, are associated with elevated blood pressure and abnormal blood lipid levels. Fasting insulin levels are associated with the same blood pressure and serum lipid CVD risk factors in all four race-gender groups. (DECA)

Atherosclerosis Risk in Communities (ARIC) (1985)

CHD risk factors, atherosclerosis, and CHD events

The ARIC study measures the association of CHD risk factors with atherosclerosis and new CHD events in four diverse communities. Surveillance of health status, including followup of hospital records and death certificates, is conducted for about 80,000 men and women in each community. About 4,000 subjects from each community receive repeated clinical examinations. One of these cohorts is Black; the other three reflect the ethnic and racial composition of the communities from which they are drawn.

CHD hospitalization and mortality rates increase with age and are greater in men than women in every age group. Results from ARIC indicate that in general, white men have higher hospitalization rates for CHD than Black men, but among younger men, Blacks have higher CHD mortality rates than whites. Black women have higher hospitalization and mortality rates than white women. Blacks have

more hypertension and diabetes, higher insulin levels, higher levels of some clotting factors, and lower blood potassium levels than whites, but they have less triglyceridemia than whites for a given obesity level. Findings from ARIC also confirm that blood levels of lipoprotein(a), a type of cholesterol that is an independent risk factor for CHD, are twice as high in Blacks as in whites. (DECA)

NHLBI Growth and Health Study (NGHS) (1985)

Predictors of obesity in young Black and white women

Obesity is a risk factor for CHD and may be a major contributor to CHD mortality among Black women. NGHS examines the occurrence and predictors of obesity in 2,300 young Black and white girls, 9 to 10 years of age at entry. Fifty-one percent are Black. The study investigates whether the observed Black-white disparity in the development of obesity in pubescent girls results from differences in psychosocial, socioeconomic, or other environmental factors. Another goal is to find out whether such distinctions, in turn, lead to Black-white differences in other CVD risk factors such as high blood pressure and blood lipid levels. The initial phase of data collection on physical measures, dietary patterns, and attitudes has been completed and the cohort of girls is being followed, together with their parents or guardians, through 1996. Most likely, this investigation will lead to specific recommendations for preventing obesity in young Black and white women. (DECA)

Pathobiological Determinants of Atherosclerosis in Youth (PDAY) (1985)

Postmortem analysis of atherosclerosis development

This program examines the development of coronary and aortic atherosclerosis from adolescence to adulthood. To date, atherosclerotic lesions have been observed during the postmortem examination of 1,532 deceased Black and white men and women, ages 15 to 34 at the time of death. All subjects died of injuries. For each age, race, and gender group, researchers compared lesion-prone vascular segments to those with a low probability of developing atheroma. So far, the contribution of specimens from minority subjects is 31 percent.

The data show that aortic and coronary atherosclerosis begins in childhood (samples from almost all subjects younger than age 20 at the time of death had fatty streaks) and progresses during young adulthood (30 to 34 years) to form raised lesions. Susceptibility to atherosclerosis is similar in men and women and in Blacks and whites. The severity of the lesions is accentuated by smoking, high plasma LDL cholesterol, low HDL cholesterol, diabetes, obesity, and hypertension. These data indicate that atherosclerosis is very common among young Americans, and that the risk factors for adult atherosclerosis also operate in childhood. (DHVD)

Trials of Hypertension Prevention (TOHP) (1986)

Behavioral interventions for hypertension control

Phase I of the Trials of Hypertension Prevention (TOHP) was designed to determine whether a dietary regimen or other lifestyle changes could prevent definite diastolic hypertension in men and women who were at increased risk due to above-average diastolic blood pressure. Seventy percent of the subjects were overweight. Black enrollment at the study sites was 15 percent overall and 36 percent at the center with the highest proportion of Black subjects.

Weight loss and sodium restriction emerged as the most promising interventions for long-term prevention of hypertension. Phase II evaluates the effectiveness of weight reduction and sodium restriction, alone or in combination, to lower high blood pressure and decrease the incidence of definite hypertension. Phase II also examines whether the benefits of a nonpharmacological intervention can be maintained over a prolonged period of followup. Intervention and followup were completed in March 1995 and results will be announced in 1996. (DHVD)

Bypass Angioplasty Revascularization Investigation (BARI) (1987)

Comparison of two revascularization strategies in patients with multivessel CHD

BARI is an international trial to evaluate the relative risks and benefits of two revascularization strategies, coronary artery bypass graft surgery and

percutaneous transluminal coronary angioplasty, in patients with multivessel CHD and severe angina or ischemia. The trial is designed to determine whether angioplasty is as effective for promoting long-term survival as bypass surgery, as measured by 5-year mortality experience. The trial includes 1,829 patients (6 percent Black, 4 percent other minority groups). An additional registry includes followup of 2,011 patients (4 percent Blacks, 7 percent other minority groups).

Five-year mortality rates show that for most patients, bypass and angioplasty are equally effective at preserving life over the long term, but for patients with diabetes, bypass surgery promotes a much higher rate of survival than angioplasty. This is an important finding for Blacks, Hispanics, American Indians, and other minority groups with a high prevalence of diabetes. The trial will complete a 5-year followup on all BARI patients, extend followup of the cohorts for a minimum of 10 years, and determine the relative efficacy of angioplasty versus bypass surgery in subgroups of women, Blacks, and the elderly. (DHVD)

The Strong Heart Study: Cardiovascular Disease in American Indians (1988)

CVD in American Indians

This program, the largest health study of American Indians ever undertaken, assesses CVD in three geographically diverse groups of American Indians—three Sioux tribes from North and South Dakota, seven tribes from Oklahoma, and two Indian communities in Arizona. The study, which uses a common protocol for all three sites, includes morbidity and mortality surveys from medical records and physical examinations of 4,500 men and women ages 45 to 74.

CVD risk factor profiles differ considerably among the three regional groups. Northern groups have higher CVD rates than the U.S. average, but those in the southwest have surprisingly low rates. For example, the South Dakota Sioux have a twofold higher prevalence of heart disease than the Pima and Maricopa in Arizona. Regional differences also appear in smoking rates and blood lipoprotein levels. Cultural factors such as intermarriage with other racial groups may play a role in some of the risk

profile differences. All tribes have a high prevalence of obesity and diabetes, but their hypertension rates are lower than for whites with similar risk factor profiles. (DECA)

Atherosclerosis in Minority Populations Studies (1988)

Interracial differences in CHD mechanisms

The goal of these studies is to identify differences in mechanisms underlying the genesis of CHD among various ethnic and racial populations. The projects focus on cellular and molecular processes in formation of early preatherosclerotic lesions, genes involved in variation of susceptibility to CHD, and the role of insulin in CHD. (DHVD)

Cardiovascular Health Study (CHS) (1988)

Risk factors for CVD and stroke in older adults

The CHS examines subclinical levels of CVD and stroke in older adults in four U.S. communities to determine whether the presence of "silent" disease is a better predictor of CVD and stroke events than traditional risk factors. Noninvasive imaging techniques, including echocardiography, ultrasound, and magnetic resonance imaging, are used to determine the presence and progression of subclinical levels of CVD and atherosclerosis. Initial studies included 5,201 subjects (6.2 percent minorities, primarily Black) with an average age of 72. An additional 687 Black subjects were recruited later to increase the statistical reliability of the findings.

Findings from CHS indicate that older subjects without reported clinical symptoms have high rates of subclinical atherosclerosis, carotid artery wall thickening, and poor circulation in their lower limbs. Results for Blacks and whites contradict findings from previous national studies that showed lower CVD incidence in older Blacks than in older whites. One-year incidence rates of CVD, as measured by CHS methods, are similar for elderly Blacks and whites, but risk factor levels differ significantly between the two groups. The findings raise concerns about the validity of pooling data from Black and white cohorts. (DECA)

Smoking Cessation Strategies for Minorities (1989)

Culturally specific smoking cessation programs

This program investigates and develops effective smoking cessation and prevention projects specifically for minority groups. Five studies address smoking cessation strategies for American Indians, urban Blacks, Asian Americans, and Hispanics. Churches, urban health clinics, neighborhood organizations, schools, and hospitals serve as primary sites for recruitment. Specific approaches range from community-based activities (designed in collaboration with community representatives) to intensive small group interventions tailored to cultural practices. CVD risk factor screening and education have been incorporated into all of these studies. (DECA)

Mechanisms of Hypertension in Black Men and Women (1991)

Mechanisms of hypertension in Blacks

This study examines the pathogenic mechanisms of hypertension in Blacks, including nephropathy, cerebrovascular disease, CHD, and atherosclerosis. It also encourages investigations of gender-related mechanisms associated with the development of hypertension in Blacks. The research encompasses aspects of genetics, neurobiology, pharmacology, cell and structural biology, cardiology, and nephrology. (DHVD)

Minority-Specific Preventive Cardiology Academic Award (PCAA) (1991)

Establishment of preventive cardiology curricula in minority medical schools

The PCAA was implemented to stimulate the development and improvement of preventive cardiology curricula in schools of medicine and osteopathy. In FY 1991, the Institute reannounced the award with a focus on minority medical schools. The award encourages development of high-quality preventive cardiology curricula to increase opportunities for students, house staff, and fellows in this area. The objectives are to develop promising faculty with interest and training in preventive

cardiology teaching, research, and practice; develop established faculty for teaching preventive cardiology; facilitate interchange of educational ideas and methods among awardees and institutions; and develop mechanisms for maintaining and strengthening the improved preventive cardiology curriculum with local funds subsequent to the award. (DECA)

Mechanisms of Damage Caused by Cardiopulmonary Bypass (1991)

Humoral, cellular, and other responses to cardiopulmonary bypass

Over 375,000 cardiopulmonary bypass procedures are performed in the United States each year. However, this procedure can result in considerable pulmonary, cardiac, neurological, and renal dysfunction as well as generalized edema and diffuse bleeding. These adverse effects cause significant morbidity and mortality, especially in the very young, the elderly, and the very ill. This program supports basic and clinical investigations into the mechanisms of multisystem damage caused by cardiopulmonary bypass, development of methods to prevent or minimize adverse effects after surgery, and evaluation of new methods of management. Minimizing the damage caused by bypass surgery may be particularly important for Blacks and other minority groups who already have higher morbidity and mortality than whites from stroke, hypertension, and renal failure. Minority patients are included in the clinical studies. (DHVD)

CVD Nutrition Education for Low Literacy Skills (1991)

CVD risk factor reduction in adults with low literacy

The immediate objective of this project is to develop and validate nutrition education programs to reduce CVD risk factors related to nutrition (e.g., elevated blood cholesterol, elevated blood pressure, and obesity) in at-risk adults with low literacy skills. The long-term goal is to provide health professionals with nutrition intervention programs for this underserved population. Approaches include counseling and computer-assisted nutrition intervention modules for patients with less than ninth grade reading skills; participatory education and mediated materials for low-income women ages 20 to 35; materials on

sodium, fat, and cholesterol reduction for urban Black adults with fifth to eighth grade reading level, and focus groups for dietary fat and cholesterol reduction in low-income women. (DECA)

Insulin Resistance Atherosclerosis Study (IRAS) (1991)

Relationship of insulin resistance to CVD risk factors

IRAS investigates the associations of insulin and insulin resistance with CVD and its risk factors in non-Hispanic whites, Mexican Americans, and Blacks. Previous studies indicated that these associations differ between whites and minority groups. IRAS includes 1,608 men and women with glucose tolerance ranging from normal to overt diabetes. Family history, physical examination, tests for glucose tolerance and insulin resistance, and ultrasound measurements of carotid artery wall thickness provided the initial data on these associations. IRAS will continue through 1999 to follow progression of carotid artery wall thickening in the cohort and to examine subgroups in greater detail for insulin resistance and CVD risk factors. (DHVD)

Genetics, Response to Exercise, and Risk Factors (1992)

Genetic factors in cardiovascular and metabolic response to exercise

The goal of this research is to document the role of genotype in changes brought about by regular exercise to reduce CVD and diabetes risk factors. A total of 650 sedentary subjects are being recruited and exercise-trained in the laboratory with the same program for 20 weeks. These subjects come from 90 white families and 40 Black families with both parents and three biological adult offspring. The study determines oxygen uptake and cardiac performance during exercise before and after training. Blood lipids and cholesterol, glucose tolerance and insulin response, steroid hormones, resting blood pressure, and body fat are also measured. Dietary habits, level of habitual physical activity, and other lifestyle components are assessed by questionnaires. Genetic analyses will determine the heritability levels and patterns for different responses to regular exercise. (DHVD)

Mechanisms Underlying Coronary Heart Disease in Blacks (1992)

Physiological factors in CHD development in Blacks

This program explores the pathophysiological features of CHD in Blacks. The primary goal of the projects is to determine whether and how specific factors such as left ventricular hypertrophy, hyperinsulinemia, and variations in coronary microvasculature contribute to CHD in Blacks. Findings from this study will contribute to the development of preventive and therapeutic interventions for CHD that are optimized for this population. (DHVD)

Collaborative Projects on Minority Health (1993)

Crosscutting research in minority health

This program fosters collaborative clinical research on new and improved approaches for diagnosis, management, and prevention of cardiovascular, lung, and blood diseases in minority populations. Some of these collaborations cut across traditional boundaries to study conditions that affect more than one of these disease areas (e.g., thromboembolic events). In addition to CVD, a number of pulmonary diseases, including sarcoidosis, asthma, and tuberculosis, disproportionately affect minorities. Improved strategies for prevention and treatment of these diseases are urgently needed.

For sickle cell anemia, research is needed to develop new pharmacological therapies for vaso-occlusive crises, improve early identification and prevention in patients at high risk of stroke, and determine the causes of acute and chronic pulmonary complications. The collaborative projects will lead to a better understanding of risk factors, causes, and mechanisms of diseases that affect minority health. This information is necessary for the design of preventive and therapeutic interventions that are applicable to minority populations. (DHVD, DLD, DBDR)

Improving Hypertensive Care for Inner-City Minorities (1993)

Interventions for blood pressure control in urban minority populations

The primary objective of this 4-year demonstration and education research program is to develop and evaluate techniques for maintaining therapy and control of hypertension in inner-city minority populations. Five projects investigate the effectiveness of community and patient-based interventions such as computer-based patient tracking systems, home visits from outreach workers, hypertension support groups, and the use of hypertension patient care coordinators.

Because of their excess burden of hypertension, Blacks comprise a large proportion of the study populations—75 percent in one of the projects. Although there is no compelling evidence of excess burden from hypertension among Hispanics compared to the population at large, Hispanics are expected to be included in significant numbers to obtain more definitive data on hypertensive care in urban Hispanic communities. (DECA)

Pathways: Primary Prevention of Obesity in American Indians (1993)

School-based interventions to prevent obesity in American Indian children

Pathways develops and tests the effectiveness of school-based nutrition curriculum and physical activity interventions for reducing the rate of weight gain in American Indian schoolchildren. Earlier in this century, heart disease was rarely noted in American Indians, but since the 1980s CVD has become their leading cause of death. Increasing prevalence of diabetes and obesity may be responsible for the increase in CVD mortality. The high prevalence of obesity among American Indians, coupled with its known role as a risk factor for CHD, diabetes, and hypertension in other populations, suggests that a reduction in the average weight of young American Indians would improve their health and reduce the incidence of CVD events in later life. Instruments developed in this study are being made available for investigator-initiated research. (DECA)

Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT) (1993)

Comparison of antihypertensive therapies

This long-term clinical trial is determining whether or not newer (and more expensive) antihypertensive drugs are more effective than traditional drugs for prevention of fatal and nonfatal heart attacks. Hypertension and its consequences affect Blacks disproportionately, and available evidence suggests that Blacks and whites experience different levels of therapeutic benefit and side effects for specific antihypertensive drugs. An innovative aspect of this study is its implementation through community practice settings rather than academic centers.

This trial will include 40,000 subjects treated for an average of 6 years. Differential effects among racial and ethnic groups will be examined. The results will either establish preferential use of one or more newer drugs based on efficacy for heart attack prevention or, if the new and old drugs perform comparably, allow annual cost savings of as much as \$10 billion for antihypertensive drug treatment. (DECA)

Dietary Patterns and Blood Pressure (1993)

Effects of diet on blood pressure

This clinical study tests the effect of dietary patterns on blood pressure. The meals fed to participants are prepared under controlled conditions to ensure accurate measurement of specific nutrients. Two types of diet series are under development. One tests the effect of reduced fat and cholesterol and increased protein, the other tests the effect of increased potassium, magnesium, calcium, and fiber. Either of these diet series or a combination of the two will be provided to the participants. Findings from this trial will provide direction for dietary recommendations to the general public. Because high blood pressure and high blood cholesterol are prevalent among Blacks and Hispanics, it is expected that the study population will include at least 50 percent minority subjects. (DECA)

Family Heart Study (1993)

Family and genetic studies of CVD

The Family Heart Study is designed to expand the component of family and genetic studies of CVD in existing population-based studies of middle-aged white and Black individuals. The study examines genetic and nongenetic determinants of CVD and risk factors in families with early-onset CHD and individuals with or without CHD or preclinical atherosclerosis. Investigators will estimate the contributions of genetic and environmental factors to CHD and the attributable risk of genetic factors present in Blacks and whites. (DECA)

Activity Counseling Trial (ACT) (1994)

Physical activity interventions in sedentary adults

This program is a clinical trial to determine whether increasing physical activity through interventions delivered in health care settings can increase habitual physical activity and cardiorespiratory fitness in sedentary men and women at elevated risk for CHD. The study includes 810 men and women with elevated blood pressure and lipid levels but no overt CHD or other heart disease. Blacks are included in proportion to their representation in the general population and racial differences in response to the interventions will be examined. (DECA)

Genetic Determinants of High Blood Pressure (1995)

Research collaborations in the genetics of high blood pressure

This program is designed to establish networks of research collaborators to identify the major genetic determinants of high blood pressure using modern molecular genetic tools. The collaborators will study interactions between genetic and nongenetic determinants of hypertension in defined age, gender, and ethnic and racial subgroups of the population. An essential feature of the collaborative networks is the sharing of technology, data, skills, biological materials, and population resources. (DHVD, DECA)

Specialized Centers for Research (SCORs) in Ischemic Heart Disease in Blacks (1995)

Multidisciplinary research on heart disease in Blacks

These programs provide a multidisciplinary approach to investigation of heart disease expression in Blacks. Molecular biology, cellular and organ physiology, and clinical research will focus on sudden cardiac death (SCD), microvascular disease, and diabetic heart disease, all of which affect Blacks at higher rates than other minorities or whites. Racial differences in electrocardiogram (ECG) profiles, a high prevalence of hypertension, and left ventricular hypertrophy (LVH) may contribute to the higher prevalence of SCD in Blacks. Coexistence of diabetes and hypertension, another common pattern in Blacks, markedly increases the risk and severity of heart disease and accelerates the course of cardiomyopathy.

Proposed research topics include changes in heart and vascular tissue leading to LVH, the value of ECG profiles for patients with early LVH as predictors for serious arrhythmias, behavioral risk reduction, genetic factors and physiological mechanisms of diabetic cardiomyopathy in Blacks, the role of metabolic control on myocardial abnormalities, and possibilities for primary prevention or reversal of myocardial dysfunction. (DHVD)

FAX TRANSMITTAL

DIVISION OF NUTRITION AND PHYSICAL ACTIVITY

NATIONAL CENTER FOR CHRONIC DISEASE
PREVENTION & HEALTH PROMOTION
CENTERS FOR DISEASE CONTROL & PREVENTION
4770 BURFORD HWY, NE
MAILSTOP K24
ATLANTA, GA 30341-3724

TELEPHONE NUMBER: 770-488-~~6000~~⁶⁰²⁴ FAX NUMBER: 770-488-6000

FAX FROM: JULIE WILL

FAX TO: SARAH HURWITZ

FAX NUMBER: (202) 456 5557
(include country code if international#)

TELEPHONE NUMBER _____

COMMENTS:
Please call if you want
additional information

YOU SHOULD HAVE RECEIVED 15 PAGES, INCLUDING THIS COVER SHEET, IF YOU DID NOT, PLEASE CALL. THANKS

WISEWOMAN

Well-Integrated Screening and Evaluation for Women in

Massachusetts

Arizona

North Carolina

- ◆ Congress and CDC support the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in all 50 states! A component of this prevention program is to implement screening for breast and cervical cancer among low-income, underserved women.
- ◆ Recognizing the unique opportunity provided by this framework, Congress directed that CDC assess the feasibility and benefits of providing additional preventive services to improve the health of women.
- ◆ The first service added was screening and intervention for heart disease, the leading cause of death among women.
 - The majority of women are unaware of their risk for heart disease.
 - Heart disease mortality is declining more slowly in women and minorities.
 - Improving heart disease risk factors such as elevated cholesterol and high blood pressure greatly reduces women's risk of illness and death from this disease.

The program--

- ◆ WISEWOMAN includes the following services:
 - screening for heart disease risk factors such as high cholesterol and blood pressure,
 - dietary and physical activity interventions for women with abnormal screening results,
 - referral to medical and social services as needed
 - and follow-up and evaluation.

- ◆ Three states were competitively selected as demonstration sites--North Carolina, Massachusetts, and Arizona.

◆ North Carolina

Funding

FY 1995 ~\$1.0 Million
FY 1996 ~\$.4 Million

Women served

White 1452
Black 901
Native American 100
Hispanic 7
Other 44

At risk--selected for intervention 61%

Smokers 19%

Overweight/obese 63%

Returned for 6-month screening 63%

◆ Massachusetts

Funding

FY 1995 ~ .9 Million
FY 1996 ~ \$1.0 Million

Women served

White 1273
Black 40
Hispanic 179
Other 81

At risk--selected for intervention 53%

Smokers 20%

Overweight/obese 59%

Returned for 6-month screening 77%

The goals--

- ◆ WISEWOMAN seeks to:
 - demonstrate the feasibility of adding cholesterol and blood pressure measurements, interventions to prevent heart disease, and referral and follow-up to the Breast and Cervical Cancer Early Detection Program;
 - identify successful intervention strategies for financially disadvantaged and minority women;
 - and develop and test screening and intervention models for other states and communities.

Early successes--

- ◆ The feasibility of integrating heart disease screening into the ongoing NBCCEDP has been demonstrated by screening 4000 low-income and uninsured women aged 50 year and older during the first year of operation.
- ◆ Most women had high blood pressure, elevated cholesterol, or both.
- ◆ The program is well-accepted with more than two-thirds of women returning for follow-up screening.
- ◆ WISEWOMAN local and state staff would like to continue and expand their efforts to other NBCCEDP sites across their state;

"The staff at the screenings have really enjoyed working with the ...project. Both volunteers and paid staff constantly say how much they enjoy working with the woman in such a personal setting. They all want to be involved in future screenings."

Early successes (continued)--

- ◆ New Leaf, the nutrition and physical activity counseling tool developed for administration in various clinic settings, appears to be well received--about two thirds of women have returned for their second counseling session.
- ◆ The New Leaf counseling tool was developed by the University of North Carolina at Chapel Hill Center for Health Promotion and Disease Prevention--one of 14 Prevention Research Centers funded by the CDC.
- ◆ New Leaf has been successfully adapted for use in other populations. It was developed for a southern population (i.e. North Carolina) and is now be successfully used in a northern population (i.e. Massachusetts).
- ◆ Conference sessions describing the WISEWOMAN program have been well-attended and other state health departments have requested WISEWOMAN information.

The challenges--

- ◆ Some needs of the population were unanticipated:
 - Many older women who live in traditional or extended families prefer home-based physical activity programs which allow them maximum flexibility to meet their family obligations.
 - Many women have needed referrals for social services.
- ◆ It is too early in the demonstration to determine whether the physical activity and nutrition interventions will change behavior.

Future directions--

- ◆ Expand the demonstration program to additional states.

Use a stepwise approach:

- Target all of the 12,000 women participating in NBCCEDP in the three demonstration states.
- Add additional states to test translation strategies.
- ◆ Conduct a cost-benefit analysis to determine the most cost effective strategies including targeting only those women with multiple heart disease risk factors or who are chronically underinsured.

North Carolina and WISEWOMAN

Background: Congress and the CDC support the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in all 50 states. A component of this prevention program is to implement screening for breast and cervical cancer among low-income, underserved women. Recognizing the unique opportunity afforded by this framework, Congress directed that CDC assess the feasibility and benefits of providing additional preventive services to improve the health of women.

Three states were selected as demonstration sites for the WISEWOMAN (Well-Integrated Screening and Evaluation for Women in Massachusetts, Arizona, and North Carolina) program:

	North Carolina	Massachusetts	Arizona
Funding FY 1995	\$1 million	\$900,000	\$800,000
Funding FY 1996	\$400,000	\$1 million	\$1.1 million

The WISEWOMAN program is testing the feasibility of providing additional preventive services to some participants in the National Breast and Cervical Cancer Early Detection program, including:

- screening for heart disease risk factors such as high cholesterol and blood pressure
- dietary and physical activity interventions for women with abnormal screening results
- referral and follow-up as appropriate.

Early Successes of WISEWOMAN:

- The feasibility of integrating heart disease prevention into the ongoing NBCCEDP has been demonstrated. During the first year of operation in North Carolina, 2500 low-income and uninsured women aged 50 year and older have been screened.
- Approximately 60% of women had either high blood pressure, elevated cholesterol, or both.
- The program is well-accepted with more than two-thirds of women returning for follow-up services.

The WISEWOMAN program in North Carolina operates in 31 counties and is run by the State Health Department. Fourteen of those counties are using an intensive nutrition and physical activity counseling tool called "*A New Leaf: Choices for Healthy Living*." The New Leaf counseling tool was developed by the University of North Carolina at Chapel Hill Center for Health Promotion and Disease Prevention--one of 14 Prevention Research Centers funded by the CDC.

WISEWOMAN SEMINARS AND MEETINGS******AMERICAN PUBLIC HEALTH ASSOCIATION, NEW YORK**

Validation of the Cholestech LDX for measurement of total cholesterol and HDL in community-based sites in Massachusetts. Bolduc BA, Smith SJ, Ford E, Garces C, Blunt J, McNamara J, Anderson PJ, DeGraves D, Myers G, Palombo R.

Wednesday, Nov 20, 1996, 8:30-10:00 AM, NY Hilton, Rhinelander Gallery

Roundtable on low-literacy materials development on health risk outcome for the Massachusetts Well Women Project. K Lowney and others.

Monday, Nov 18, 1996, 2:00-3:30 PM, Marriott, Carnegie-Alvin

Nutrition and physical activity interventions designed to reduce chronic diseases in uninsured and underinsured women over 50 in Massachusetts. C Economos and others.

Wednesday Nov 20, 2:00-3:30 PM, Marriott

Roundtable on North Carolina Supplemental Cardiovascular Disease Project: Design and Objective. Rosamond W and others.

Tuesday Nov 19, 1996, 8:30-10:30 AM.

******ELEVENTH NATIONAL CONFERENCE ON CHRONIC DISEASE PREVENTION AND CONTROL, PHOENIX**

Development, implementation, and evaluation of comprehensive screening program for uninsured/underinsured women age 50 and older-a mid-course review. R Palombo and others.

Tuesday, Dec 3, 4:00 PM, Hyatt Regency.

Supplementing cancer control programs with CVD interventions: reaching low-income women in North Carolina. Rosamond W and others, Poster and Roundtable.

Tuesday-Thursday, Dec 3-5, Hyatt Regency

WISEWOMAN planning meeting. J Will, T Byers, A Mokdad, E Ford and others.

Wednesday Dec 4, 6:30-8:00PM. Hyatt Regency, Borein conference room.

Comments from WISEWOMAN participants in Massachusetts

"I really enjoy the togetherness of the different classes, it gives me the incentive to come and learn."

"Prior to coming to the program I couldn't sleep and felt lousy all the time. Even since I started the program I feel so much better. My friends tell me that I have a new face and a better outlook on life."

"I would like to say what a wonderful and caring program the ... Project is for women over 50 years of age. It certainly is a state of gratification just to know how much care and interest there is for women. I really believe that this is a very important program and it is essential for women to know about their health because it has made me aware of how important your health can be"

"This is a very valuable program. It has given me important information that I can use to make me healthier-information that I otherwise wouldn't have. Thank you for providing this."

"In a few words, I am always made to feel very safe and special and very lucky to have you! Thank you!"

"The program are a life saver. Through it I had my breast surgery of which I would no have been able to do on my own. Thank you, again and again."

"Their project is well appreciated, many of us who did not have health insurance can at least have a mini physical and help to keep healthy. Thank you."

"This program is great for women. I think when you don't have to pay, women are more apt to take advantage of this program because we worry about our health, but if you're uninsured you will most probably put health check-ups on the bottom of the list. Thanks, I appreciate the program."

"This is an excellent program. Knowing I was coming back helped me to stick to the program and it showed in my results. Thank you."

"Excellent program, assisted me to greatly improve my health. It's so helpful to know somebody cares about your health."

"You gave me better explanations about my health than my own doctor."

"I would not have had a mammogram if the ...staff hadn't encouraged me and been so supportive."

"I would not have discovered cysts on my breasts without this program."



HIV PREVENTION

CDC Funding

1993	\$498,253,000
1994	\$543,253,000
1995	\$598,831,000
1996	\$584,080,000
1997	\$616,790,000
1998	\$634,266,000 (request)

One especially interesting program mentioned in the Congressional Justification coordinates prevention and outreach programs in prisons to educate prisoners who will be returning to the general population.

Women's Initiative for HIV Care and Reduction of Perinatal and HIV Transmission (WIN)

Office of Women's Health, Ritta: 205-1952

I talked to Ritta and I think she was going to check on this program for me, but I don't know if she ever did.

AIDS Education and Training Centers Program (AETC)

HRSA, Bruce Martell: (301) 443-6364

Program: The AETC Program is a network of 15 regional centers (with more than 75 local performance sites) that conduct targeted, multidisciplinary HIV education and training programs for health care providers. The mission of these centers is to increase the number of health care providers who are educated and motivated to counsel, diagnose, treat and manage individuals with HIV infection and to assist in the prevention of high risk behaviors which may lead to infection. The 15 regional centers provide coverage for all fifty states, the Virgin Islands, and Puerto Rico.

The three main goals of AETC are:

- 1) To train health care professionals to effectively diagnose, treat and manage HIV infection and to offer interventions to prevent HIV infection.
- 2) To disseminate state of the art HIV information to providers.
- 3) To develop HIV provider materials.

Future priorities for the program include prevention, implementation of the Public Health Service recommendations on ACTG 076, the training of providers in "Ryan White" - funded organizations, and increased emphasis on information dissemination activities related to new treatment protocols, combination drug therapies, and the use of protease inhibitors.

Clientele: To date, more than 600,000 providers have been trained by the AETC Program. A 1993 study indicates that AETC-trained providers are more HIV-competent and more willing to treat people with HIV than are primary care providers in the general population.

Racial/Ethnic/Gender Breakdown of the Program: Of the 123,303 participants in the

program between June 1, 1995 to May 31, 1996, 72,870 responded to a questionnaire about race and gender. The results are as follows.

Participants by Race

11,530	African American
3,439	Asian/Pacific Islander
42,549	Caucasian (non-Hispanic)
1,175	Mexican/American Hispanic
1,115	Native American
3,531	Puerto Rican Hispanic
1,755	Other Hispanic/Latina(o)
1,579	Other
6,179	No response

Participants by Gender

34,952	Women
34,674	Men
3,244	No response

ADAP (AIDS Drug Assistance Program)

HRSA, Melanie Whelan: (301) 443-6745

Program: Aids Drug Assistance Programs provide medications to low-income individuals with HIV who have limited or no coverage from private insurance of Medicaid in all 50 States, the District of Columbia, Puerto Rico, the Virgin Islands and Guam.

Clientele: In 1995, over 69,000 people were served by ADAP. In 1996, ADAPs served almost 83,000 people with HIV.

Racial breakdown of ADAP's clientele (in reporting period January 1 to December 31,

1995):

White	40.0%
Black	28.5%
Hispanic	27.0%
Asian/Pacific Islander	0.8%
American Indian	0.5%

Gender breakdown in the same reporting period:

Male	80.5%
Female	17.5%

Funding: ADAP funding has increased from \$105 million in 1995 to over \$115 million in 1996 to \$167 million in FY 1997.

HOPWA (Housing Opportunities for Persons with AIDS)

HUD, 708-1934

Program: The Housing Opportunities for Persons with AIDS program provides housing assistance and support services for low-income persons with HIV/AIDS and their

families. The program is run by HUD (Housing and Urban Development).

Funding: In FY 1997, a total of \$196,000,000 was allocated to cities and states, 10% of which was allocated through competitive grants and 90% of which was allocated through a formula.

Clientele: HOPWA provided housing to 36,000 people with AIDS, a provision which benefited an additional 9,000 family members of people with AIDS. HOPWA also provided an additional 20,000 people with AIDS with support services.

HOPWA's racial breakdown is as follows:

Black	42%
Native American	less than 1%
White	57%
Asian/Pacific Islander	less than 1%

Special Projects of National Significance (SPNS)

HRSA, Cathy Marconey: (301) 443-6560

Program: SPNS has a legislative mandate to 1) assess the effectiveness of particular models of care; 2) support innovative program designs, and 3) promote replication of effective models. SPNS supports grants to many innovative and exciting projects. They seem to be on the cutting edge and to have a lot of potential for expansion. Some examples of their projects:

Bay Area Young Positives: Provides full-time paid young people and volunteers to provide support services for youth with HIV who are under 26 years of age including recreational and social activities, peer counseling, advocacy education, practical support services, and information on youth-sensitive care providers.

Boston Happens: Provides outreach to HIV positive, high risk, homeless, and street youth through a diverse and comprehensive network of primary care service providers.

The other 45 projects are listed in the

HEART DISEASE PREVENTION

CDC Funding

1993	\$24,002,000
1994	\$41,194,000
1995	\$45,358,000
1996	\$45,081,000
1997	\$46,049,000
1998	\$61,049,000 (request)

Only 32 states have tobacco-control programs. It seems like these types of programs would be vital in trying to combat heart disease; this may be an area that needs to be expanded.

Increases in funding have been manifested in the form of studies and reports on tobacco

use, local tobacco control programs and advertising materials. There have been no changes in other heart disease control and prevention programs (i.e. community health programs, nutrition programs, school health programs, etc.).

The African American Community Cardiovascular Disease Prevention and Outreach Initiative

NIH, Sandra Lindsay: (301) 496-9899 (This woman is absolutely amazing -- she'll do research for you right away and send stuff out immediately. She's done a terrific work for us, so if there's ever an event, she should definitely be invited).

Program: This program was created to develop and implement professional education training for physicians who provide care to African Americans as well as to develop community-based CVD prevention and education projects for inner-city African Americans. The project facilitated development of cardiovascular health education materials and tools to promote professional and patient/public education activities in the black community regarding prevention and control of CVD and stroke. In addition, the project focused on development of a National Physicians' Network to facilitate future implementation of cardiovascular health activities in local black communities nationwide.

Physicians who are part of the National Physicians network in 30 states have received a speakers' kit to teach them how to conduct training efforts with other health care professionals about coronary heart disease (CHD) in African Americans. The kit contains nine modules with slides and narratives and provides answers to commonly asked questions, recruitment and assessment forms, and supporting documents such as professional guidelines developed by the NHLBI. Recipients of the kit have conducted sessions at the Association of Black Cardiologists and the National Medical Association, as well as at the International Society for Hypertension in Blacks and the Black Nurses Association.

Preparation of a series of easy-to read materials for African Americans is underway. The materials will be disseminated to the 11 states of the "Stroke Belt Region," national Federal nutrition programs, churches and civic organizations, and about 600 community health centers which have many African American members or

Clientele: 140 Black Physicians (and many others who are affected).

The Latino Community Cardiovascular Disease Prevention and Outreach Initiative (Salud Para Su Corazon)

Program: This program is designed to increase awareness about CVD risk factors among Latinos in the Washington, DC area (including Maryland, Virginia and DC) and to encourage adoption of healthy lifestyle behaviors at an early age. The initiative uses a community-oriented approach to identify Latino consumer health education needs and then develop products and materials to help them. The project is composed of a multidisciplinary team of professional and community experts interested in improving Latino health, including clinics, hospitals, businesses, civic associations, community centers and churches. The project develops bilingual materials, telenovelas and photonovelas, radio spots, a discussion group guide and a guide for trainers.

The project includes over 200 community partners, has a radio program which reaches 58% of Latinos in the area, and has a TV program that reaches an average Sunday audience of about 100,000 Latinos. During one four week period, 2,224 Latinos ordered easy-to-read

heart health materials and recipe books. About 18 group discussion sessions have reached over 1,000 Latinos. In the last 6 months, 16,725 packages of reading materials, 11,145 heart-smart recipe packets, 1,147 posters and 311 videos have been distributed. The program would like to go national, especially to the states with the largest Latino populations (CA, FL NY, TX, AZ, CO, IL, MA, NJ, NM) and Puerto Rico.

Building Healthy Hearts for American Indians and Alaska Natives

Program: This program is still in its planning phase. Its goals are to develop and implement an outreach strategy to improve cardiovascular health in American Indians and Alaska Natives. It will focus on increasing awareness and knowledge of CVD risk factors and will develop and implement heart health promotion strategies to address the needs of American Indians and Alaska Natives, incorporating their culture, traditions, lifestyles and values.

WISEWOMAN (Well-Integrated Screening and Evaluation for Women in Massachusetts Arizona North Carolina)

Julie Will: (770) 488-6024

Program: The WISEWOMAN program provides screening for heart disease risk factors such as high cholesterol and blood pressure, dietary and physical activity interventions for women with abnormal screening results, referral to medical and social services as needed, and follow-up and evaluation. North Carolina, Massachusetts and Arizona were competitively selected as demonstration sites for the program. WISEWOMAN seeks to demonstrate the feasibility of adding cholesterol and blood pressure measurements, interventions to prevent heart disease, and referral and follow-up to the Breast and Cervical Cancer Early Detection Program; identify successful intervention strategies for financially disadvantaged and minority women; and develop and test screening and intervention models for other states and communities.

WISEWOMAN would like to expand into additional states by first expanding to target all of the 12,000 women participating in the NBCCEDP (see cancer section) in the three demo states and then adding additional states to test translation strategies

Clientele: The program has screened 4000 low-income and uninsured women aged 50 years and older during the first year of operation. Most of these women had high blood pressure, elevated cholesterol, or both. A nutrition and physical activity counseling program has been well-received by many of the women in the program.

NHLBI (National Heart Lung and Blood Institute) Sponsored Studies

The National Heart Lung and Blood Institute has sponsored many studies on the causes and prevention of and the cures for heart disease. In FY 1996, the NHLBI supported a total of \$796,815,000 in CVD research, including \$132,329,000 in research on hypertension. Within the total of \$796,815,000 spent on CVD research, \$95,184,000 was relevant to CVD in minorities. Of the \$95,184,000 in minority CVD research, \$37,723,000 focused on hypertension.

CANCER PREVENTION

Cancer Registries

CDC

Program: These registries are used to gather information necessary for proper cancer control and planning. Before National Registry Program, 10 states didn't have existing registries and some of those in the other 40 states may have been inadequately supported.

Clientele: When the registry is fully operational in 50 states, it will collect incidence data on 93% of the population.

Funding:

1993	\$0
1994	\$16,830,000
1995	\$17,580,000
1996	\$18,349,000
1997	\$22,332,000
1998	\$22,332,000 (request)

With the 1997 funds, 48 states and the District of Columbia will receive grants to enhance their current registries.

Breast Cancer Prevention

Program: CDC's National Breast Cervical Cancer Early Detection Program offers free or low-cost mammography screening to low-income elderly and minority women. Over 500,000 women have been screened by this program.

Cervical Cancer Prevention

Program: CDC's National Breast and Cervical Cancer Early Detection Program also offers Pap tests to low-income women. It has given 690,590 tests and identified 21,000 cases of cervical cancer. Women who receive screening are far less likely to develop invasive cervical cancer.

Minority Community Health Coalition Demonstration Grant Program

HHS Office of Minority Health: 1-800-444-6472, Stephanie: (301) 443-5084

They are sending information about this program in the mail.

Bilingual/Bicultural Demonstration Program

Program: This program was developed to reduce social, cultural and linguistic barriers between providers and clients with limited English proficiency and to improve their access to good health care. It funds a number of education, outreach and prevention programs which are described in the fax they sent us.

NCI-Sponsored Cancer Research

NCI: (301) 496-5583, NCI liaison office: (301) 496-5217, fax: (301) 402-1225

I sent them a fax requesting information on the five areas of study listed in the HHS document. It might take some time for them to respond.

PRENATAL CARE/INFANT MORTALITY PREVENTION

(The HHS prenatal care program budget is \$825 million.)

Healthy Start

Bernice Young: (301) 443-0543

Program: Health Start collaborates with businesses, foundations, city and county health departments, state agencies, managed care organizations, other providers and federal agencies. The program has developed nine models for effective intervention including community-based consortia, outreach and client recruitment, care coordination/case management, family resource centers, enhanced clinical service, risk prevention and reduction, facilitating services, training and education, and adolescent programs.

Original Healthy Start Project Communities include Boston, MA; New York, NY; Philadelphia, PA; Pittsburgh, PA; Baltimore, MD; Washington, DC; Pee Dee Region, SC; Birmingham, AL; Cleveland, OH; Detroit, MI; Northwest IN; Chicago, IL; New Orleans, LA; Northern Plains Indian reservation communities (SD, AND, IA, NE); Oakland, CA. There are also special Healthy Start projects in Dallas, TX; Essex County, NJ; Florida Panhandle; Milwaukee, WI; Mississippi Delta; Richmond, VA; and Savannah, GA.

On September 1, 1997, Healthy Start will begin 40 new projects.

Clientele: Because Head Start will be expanding so dramatically in September, any figure on how many people it serves and their racial and ethnic breakdown determined before that date will soon be obsolete. Bernice Young said to call her back at the very end of August to get an updated figure.

SIDS Project RIMI (Representation Increase for Minorities and Indigenous)

Dr. Jody Schafer, President of the Association of SIDS and Infant Mortality: H: (410) 529-4589, W: (410) 706-5062

Program: The purpose of this project is to increase representation of indigenous and minority groups in SIDS organizations at international, national, state and local levels in response to the high rates of SIDS in minority and indigenous babies. The objectives of the program are to assess current levels of representation in national, state and local SIDS organizations; to recommend an increase in representation where there is under representation; to support this with responses to survey feed back about successes and difficulties experienced; to reassess the impact on representation levels after two years; to report progress and results of this project to the International SIDS Conferences in Rouen, France in 1998 and in Auckland, New Zealand in the year 2000.

Back to Sleep Campaign

Ruth Dubois: (301) 435-3457 or (301) 496-5133

Program: This campaign is a public-service outreach campaign to try to inform as many people as possible (parents, care-givers, grandparents, babysitters, etc.) of the importance of putting infants on their backs to sleep in order to reduce the incidence of SIDS. The program has a toll-free telephone number for ordering pamphlets, posters and videos. Over 8 million pamphlets have been distributed. It has a web page, public service

announcements and print ads, radio and TV public service campaigns and a back to sleep table top exhibit. It also gets out its message with mailings to newborn nurseries, and to members of the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists and various nursing organizations.

Its special minority outreach includes a poster with a white baby and a baby that is part American Indian and part Columbian, a Spanish parent training video, a poster with African American babies, print ads based on the new African American baby poster and a table top exhibit with African American babies.

Prevention of Perinatal Substance Abuse

Dr. Louise Floyd: (770) 488-7370

CDC currently designs, implements and evaluates prevention strategies for specific high-risk groups to prevent the occurrence of fetal alcohol syndrome and other alcohol-related birth defects. CDC's major accomplishments include funding the University of Cincinnati and the State of Oklahoma to implement interventions in different settings for women who drink during pregnancy; developing screening instruments and manuals for enhancing case finding; developing an inventory of public and professional training materials on FAS; collaborating to develop a national FAS prevention program directory; funding the development of a teachers' manual for educating students with FAS; and coordinating national FAS prevention conferences in 1991 and 1993. CDC would like to expand the program to develop a data base on FAS prevention activities, develop new intervention models and assist states more thoroughly.

NHLBI

Office of Science and Technology

FAX

No. of Pages 2 including cover.

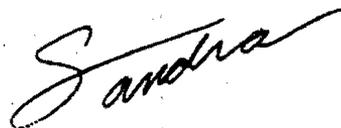
DATE: 8/19/97

TO: Ms. Sarah Hurwitz
Office of Chris Jennings
Phone: 202-456-5594
FAX: 202-456-5557

FROM: Sandra Lindsay, Legislative Officer
National Heart, Lung, and Blood Institute
National Institutes of Health
Bethesda, Maryland 20892
(Phone: 301-496-9899)

SUBJECT: Descriptions of Minority Education Programs

MESSAGE: As requested.



**National Heart, Lung, and Blood Institute
Minority Education Programs**

**The Latino Community Cardiovascular Disease (CVD) Prevention and Outreach Initiative
(Salud para su Corazon)**

CVD is the leading cause of death for Americans, including Latinos. In 1994, the NHLBI initiated a project in the Washington, D.C. metropolitan area to increase Latino awareness of CVD risk factors and encourage adoption of healthy lifestyle behaviors at an early age. The initiative uses a community-oriented approach to identify Latino consumer health education needs and then develop products and materials to help them. The project is directed by the NHLBI, but is composed of a multidisciplinary team of professional and community experts interested in improving the health of Latinos. One such group is the Community Alliance Working for Heart Health, which represents a network of partners involved in projects in clinics, hospitals, businesses, civic associations, community centers, and churches. The project focuses on developing such health education tools as easy to read bilingual materials, telenovelas and photonovelas, radio spots, a discussion group guide, and a guide for trainers. Interventions include mass media, discussion group education, and trainer outreach efforts.

**African American Community Cardiovascular Disease Prevention and Outreach Initiative
(Coronary Heart Disease in Blacks Project)**

Blacks experience a disproportionate health burden from heart disease and stroke. They also use the health care system less and often delay seeking care for health problems. In 1992, the NHLBI commissioned a working group to develop a report on the status on coronary heart disease in blacks. The landmark report was published in 1994 at which time the NHLBI and the NIH Office of Research on Minority Health initiated the African American Community CVD Prevention and Outreach Initiative to develop and implement professional education training for physicians who provide care to blacks, as well as to develop community-based CVD prevention and education projects for inner-city blacks. The initiative, now called the "Coronary Heart Disease (CHD) in Blacks Project," was a two-year effort to raise awareness about CHD in blacks. The project facilitated development of cardiovascular health education materials and tools to promote professional and patient/public education activities in the black community regarding prevention and control of CHD and stroke. In addition, the project focused on development of a National Physicians' Network to facilitate future implementation of cardiovascular health activities in local black communities nationwide.

American Indian and Alaska Natives (Building Healthy Hearts)

CVD accounts for nearly a quarter of all deaths in American Indians and Alaska Natives. In 1996, the NHLBI began the initial phase of an outreach project, Building Healthy Hearts, to address CVD health issues relevant to these populations. The project will develop and implement an outreach strategy to improve cardiovascular health in American Indians and Alaska Natives. The project will focus on increasing awareness and knowledge of CVD risk factors (high blood pressure, high blood cholesterol, smoking, diabetes, obesity, and physical inactivity) and will develop and implement heart health promotion strategies to address the needs of American Indians and Alaska Native, incorporating their culture, traditions, lifestyles, and values. Partnerships and electronic information dissemination technology may be used to help disseminate culturally appropriate messages and materials within indigenous tribal communities.

NHLBI

Office of Science and Technology

FAX

No. of Pages 3 including cover.

DATE: 8/21/97

TO: Sarah Hurwitz
Office of Chris Jennings
202-456-5594
FAX 202-456-5557

FROM: Sandra Lindsay, Legislative Officer
National Heart, Lung, and Blood Institute
National Institutes of Health
Bethesda, Maryland 20892
(Phone: 301-496-9899)

SUBJECT: Minority Education Programs

MESSAGE: An outline of the audiences reached by each program is attached.



National Heart, Lung, and Blood Institute

Minority Outreach

Latino Community Cardiovascular Disease (CVD) Prevention and Outreach Initiative
(Salud para su Corazón)

Salud para su Corazon is a tested outreach CVD prevention model for Latinos in the Washington D.C. metropolitan area, including Maryland, Virginia, and Washington, D.C. The Community Alliance Working for Heart Health began with 30 community partners and has expanded to include over 200; the radio program reaches 58 percent of Latinos in this area and the television program reaches an average Sunday audience of about 100,000 Latinos. During one four week period, 2,224 Latinos ordered easy-to-read heart health materials and recipe books. About 18 group discussion sessions have reached over 1,000 Latinos. In the last 6 months, the following products have been disseminated:

<u>Product</u>	<u>Number Distributed</u>
Packages of eight easy-to-read materials	16,725
Delicious Heart-Heart Latino Recipes	11,145
Salud para su Corazón poster	1,147
For the Love of your Heart Video	311

In addition, an implementation guide is being developed to disseminate the lessons learned from this successful outreach model, as well as practical tips on how to implement a cardiovascular prevention project in other communities. The plan is to promote the guide nationally, especially in the 10 states with the largest Latino populations (California, Florida, New York, Texas, Arizona, Colorado, Illinois, Massachusetts, New Jersey, and New Mexico) and in Puerto Rico.

African American Community Cardiovascular Disease Prevention and Outreach Initiative
(Coronary Heart Disease in Blacks Project)

About 140 black physicians who are part of the National Physician's network in 30 states have received a speakers kit to conduct training efforts with other health care professionals about coronary heart disease (CHD) in blacks. The kit contains nine modules with varying numbers of slides and narratives and provides answers to commonly asked questions, recruitment and assessment forms, and supporting documents such as professionals guidelines developed by the NHLBI. Recipients of the kit have conducted sessions at the Association of Black Cardiologist and the National Medical Association, as well as at the International Society for Hypertension in Blacks and the Black Nurses Association.

Preparation of a series of easy-to-read materials for blacks is underway. The materials will be disseminated to the 11 states of the "Stroke Belt Region," national Federal nutrition programs, churches and civic organizations, and about 600 community health centers who have extensive reach to blacks.

American Indian and Alaska Natives (Building Healthy Hearts)

Building Healthy Hearts is in its planning phase. A model program on CVD for Native American people will be created in a yet to be determined region and will subsequently be expanded to serve more people in the future. A variety of criteria will be used to select the initial target population and region, including a cardiovascular health risk profile (high blood pressure, hypertension, cigarette smoking, diabetes, obesity), and dietary practices, access to care, and low socioeconomic status. Also considered will be a tribes' willingness to participate in the project, the availability of existing communication networks, and the availability of resources that will have a significant impact in the tribal region (i.e., a sizable population base, lack of knowledge about healthy behaviors, limited access to health promotion information).

**POSSIBLE RESEARCH FOR PUBLIC HEALTH TRUST FUND
TO BE COMPLETED**

TOPIC
BIOMEDICAL RESEARCH
Pharmacologic and neurobiologic aspects of addiction.
Carcinogenesis and other biological processes of tobacco-related disease.
Genetic predictors of nicotine addiction and genetic markers of diseases caused by tobacco
Tobacco products and ingredients including toxic and carcinogenic compounds, as well as nicotine and other chemicals that may influence the bioavailability of nicotine.
Biomarkers of nicotine and other tobacco constituent exposure.
CLINICAL RESEARCH
Pharmacologic and behavioral treatment of nicotine addiction.
Early detection and diagnosis of tobacco-related diseases.
Chemoprevention of tobacco-related disease in former smokers.
Treatment of tobacco-related diseases.
Outcomes and effectiveness research on tobacco-related diseases and conditions, focusing on trials of innovative treatments for cardiovascular disorders
BEHAVIORAL RESEARCH
Racial, cultural, and gender influences in youth tobacco use.
Developmental, cognitive, and learning factors related to tobacco use.
Behavioral interventions in tobacco use cessation.
Protective factors for reducing chances of tobacco use among children
Compliance and adherence to tobacco treatment regimens
HEALTH SERVICES RESEARCH
Cost and cost-effectiveness analyses: comparisons of clinical and population-based tobacco interventions; cost-effectiveness of tobacco prevention strategies; refinement of cost analyses of tobacco use.
Studies of systems of care (health plans, integrated hospital systems), comparing different tobacco cessation strategies
Studies of quality of care for persons receiving treatment for tobacco-related diseases and conditions
Dissemination research on how effective tobacco cessation and prevention strategies can be better disseminated to clinicians through innovative means
Technology assessments and evidence analyses of new and existing tobacco cessation products
Monitoring access to various types of services, patterns of use, reimbursement, delivery of care, patient compliance, implementation in health care systems, recidivism in programs, cost and cost effectiveness studies, and treatment guidelines

Studies on quit attempts, duration of attempts, method of quitting, and related aspects of cessation process

Studies on ways to promote long-term cessation among teenagers and young adults

Studies of the effectiveness of selected programs (e.g., self-help, cessation clinics, physician interventions) in various subpopulations (e.g., various racial and ethnic groups)

Studies on ways to increase rates of trying to quit and maintaining abstinence among less educated persons and persons with less income

PUBLIC HEALTH AND COMMUNITY RESEARCH

Policy research: effect of regulations on tobacco use and clinical outcomes; effects of taxation, clean indoor air laws, advertising restrictions, and youth access restrictions.

State and community program implementation and outcomes.

Tobacco industry product marketing and distribution practices.

Research on tobacco cessation and prevention in understudied populations: minorities, rural / urban residents, adolescents.

Implementation research to refine techniques for putting research findings on tobacco cessation and prevention into practice in clinical settings

SURVEILLANCE AND EPIDEMIOLOGICAL RESEARCH

Population-based studies of patterns and determinants of tobacco use behaviors (including initiation, cessation, nicotine dependence, brand preference, and product selection) and environmental tobacco smoke (ETS) exposure.

Studies of the prevalence of policies and legislation regarding tobacco-use and ETS exposure.

Supplement to the annual Medical Expenditure Panel Survey (MEPS) to track use of smoking cessation services and costs.

Expand performance measures, such as the percentage of smokers who use the services and reductions in smoking prevalence in service populations.

Monitor health care systems which are awarded incentives to provide cessation services.

Studies of tobacco use and ETS as risk factors for disease and addiction.

FAX TRANSMITTAL

DIVISION OF NUTRITION AND PHYSICAL ACTIVITY

NATIONAL CENTER FOR CHRONIC DISEASE
PREVENTION & HEALTH PROMOTION
CENTERS FOR DISEASE CONTROL & PREVENTION
4770 BURFORD HWY, NE
MAILSTOP K24
ATLANTA, GA 30341-3724

TELEPHONE NUMBER: 770-488-~~6000~~⁶⁰²⁴ FAX NUMBER: 770-488-6000

FAX FROM: Julie Will

FAX TO: Sarah Hurwitz

FAX NUMBER: (202) 456 5557
(include country code if international#)

TELEPHONE NUMBER _____

COMMENTS:
Please call if you want
additional information

YOU SHOULD HAVE RECEIVED 15 PAGES, INCLUDING THIS COVER SHEET, IF YOU DID NOT, PLEASE CALL. THANKS

WISEWOMAN

Well-Integrated Screening and Evaluation for Women in

Massachusetts

Arizona

North Carolina

ine opportunity--

- ◆ Congress and CDC support the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in all 50 states! A component of this prevention program is to implement screening for breast and cervical cancer among low-income, underserved women.
- ◆ Recognizing the unique opportunity provided by this framework, Congress directed that CDC assess the feasibility and benefits of providing additional preventive services to improve the health of women.
- ◆ The first service added was screening and intervention for heart disease, the leading cause of death among women.
 - The majority of women are unaware of their risk for heart disease.
 - Heart disease mortality is declining more slowly in women and minorities.
 - Improving heart disease risk factors such as elevated cholesterol and high blood pressure greatly reduces women's risk of illness and death from this disease.

The program--

- ◆ WISEWOMAN includes the following services:
 - screening for heart disease risk factors such as high cholesterol and blood pressure,
 - dietary and physical activity interventions for women with abnormal screening results,
 - referral to medical and social services as needed
 - and follow-up and evaluation.

- ◆ Three states were competitively selected as demonstration sites--North Carolina, Massachusetts, and Arizona.

◆ North Carolina

Funding

FY 1995 ~\$1.0 Million
FY 1996 ~\$.4 Million

Women served

White 1452
Black 901
Native American 100
Hispanic 7
Other 44

At risk—selected for intervention 61%

Smokers 19%

Overweight/obese 63%

Returned for 6-month screening 63%

◆ Massachusetts

Funding

FY 1995 ~ .9 Million
FY 1996 ~ \$1.0 Million

Women served

White 1273
Black 40
Hispanic 179
Other 81

At risk--selected for intervention 53%

Smokers 20%

Overweight/obese 59%

Returned for 6-month screening 77%

The goals--

◆ WISEWOMAN seeks to:

- demonstrate the feasibility of adding cholesterol and blood pressure measurements, interventions to prevent heart disease, and referral and follow-up to the Breast and Cervical Cancer Early Detection Program;
- identify successful intervention strategies for financially disadvantaged and minority women;
- and develop and test screening and intervention models for other states and communities.

Early successes--

- ◆ The feasibility of integrating heart disease screening into the ongoing NBCCEDP has been demonstrated by screening 4000 low-income and uninsured women aged 50 year and older during the first year of operation.
- ◆ Most women had high blood pressure, elevated cholesterol, or both.
- ◆ The program is well-accepted with more than two-thirds of women returning for follow-up screening.
- ◆ WISEWOMAN local and state staff would like to continue and expand their efforts to other NBCCEDP sites across their state;

"The staff at the screenings have really enjoyed working with the ...project. Both volunteers and paid staff constantly say how much they enjoy working with the woman in such a personal setting. They all want to be involved in future screenings."

Early successes (continued)--

- ◆ New Leaf, the nutrition and physical activity counseling tool developed for administration in various clinic settings, appears to be well received--about two thirds of women have returned for their second counseling session.
- ◆ The New Leaf counseling tool was developed by the University of North Carolina at Chapel Hill Center for Health Promotion and Disease Prevention--one of 14 Prevention Research Centers funded by the CDC.
- ◆ New Leaf has been successfully adapted for use in other populations. It was developed for a southern population (i.e. North Carolina) and is now be successfully used in a northern population (i.e. Massachusetts).
- ◆ Conference sessions describing the WISEWOMAN program have been well-attended and other state health departments have requested WISEWOMAN information.

The challenges--

- ◆ Some needs of the population were unanticipated:
 - Many older women who live in traditional or extended families prefer home-based physical activity programs which allow them maximum flexibility to meet their family obligations.
 - Many women have needed referrals for social services.
- ◆ It is too early in the demonstration to determine whether the physical activity and nutrition interventions will change behavior.

Future directions--

- ◆ Expand the demonstration program to additional states.

Use a stepwise approach:

- Target all of the 12,000 women participating in NBCCEDP in the three demonstration states.
- Add additional states to test translation strategies.
- ◆ Conduct a cost-benefit analysis to determine the most cost effective strategies including targeting only those women with multiple heart disease risk factors or who are chronically underinsured.

North Carolina and WISEWOMAN

Background: Congress and the CDC support the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in all 50 states. A component of this prevention program is to implement screening for breast and cervical cancer among low-income, underserved women. Recognizing the unique opportunity afforded by this framework, Congress directed that CDC assess the feasibility and benefits of providing additional preventive services to improve the health of women.

Three states were selected as demonstration sites for the **WISEWOMAN** (Well-Integrated Screening and Evaluation for Women in Massachusetts, Arizona, and North Carolina) program:

	North Carolina	Massachusetts	Arizona
Funding FY 1995	\$1 million	\$900,000	\$800,000
Funding FY 1996	\$400,000	\$1 million	\$1.1 million

The WISEWOMAN program is testing the feasibility of providing additional preventive services to some participants in the National Breast and Cervical Cancer Early Detection program, including:

- screening for heart disease risk factors such as high cholesterol and blood pressure
- dietary and physical activity interventions for women with abnormal screening results
- referral and follow-up as appropriate.

Early Successes of WISEWOMAN:

- The feasibility of integrating heart disease prevention into the ongoing NBCCEDP has been demonstrated. During the first year of operation in North Carolina, 2500 low-income and uninsured women aged 50 year and older have been screened.
- Approximately 60% of women had either high blood pressure, elevated cholesterol, or both.
- The program is well-accepted with more than two-thirds of women returning for follow-up services.

The WISEWOMAN program in North Carolina operates in 31 counties and is run by the State Health Department. Fourteen of those counties are using an intensive nutrition and physical activity counseling tool called "*A New Leaf: Choices for Healthy Living.*" The New Leaf counseling tool was developed by the University of North Carolina at Chapel Hill Center for Health Promotion and Disease Prevention--one of 14 Prevention Research Centers funded by the CDC.

WISEWOMAN SEMINARS AND MEETINGS******AMERICAN PUBLIC HEALTH ASSOCIATION, NEW YORK**

Validation of the Cholestech LDX for measurement of total cholesterol and HDL in community-based sites in Massachusetts. Bolduc BA, Smith SJ, Ford E, Garces C, Blunt J, McNamara J, Anderson PJ, DeGraves D, Myers G, Palombo R.

Wednesday, Nov 20, 1996, 8:30-10:00 AM, NY Hilton, Rhinelander Gallery

Roundtable on low-literacy materials development on health risk outcome for the Massachusetts Well Women Project. K Lowney and others.

Monday, Nov 18, 1996, 2:00-3:30 PM, Marriott, Carnegie-Alvin

Nutrition and physical activity interventions designed to reduce chronic diseases in uninsured and underinsured women over 50 in Massachusetts. C Economos and others.

Wednesday Nov 20, 2:00-3:30 PM, Marriott

Roundtable on North Carolina Supplemental Cardiovascular Disease Project: Design and Objective. Rosamond W and others.

Tuesday Nov 19, 1996, 8:30-10:30 AM.

******ELEVENTH NATIONAL CONFERENCE ON CHRONIC DISEASE PREVENTION AND CONTROL, PHOENIX**

Development, implementation, and evaluation of comprehensive screening program for uninsured/underinsured women age 50 and older-a mid-course review. R Palombo and others.

Tuesday, Dec 3, 4:00 PM, Hyatt Regency.

Supplementing cancer control programs with CVD interventions: reaching low-income women in North Carolina. Rosamond W and others, Poster and Roundtable.

Tuesday-Thursday, Dec 3-5, Hyatt Regency

WISEWOMAN planning meeting. J Will, T Byers, A Mokdad, E Ford and others.

Wednesday Dec 4, 6:30-8:00PM. Hyatt Regency, Borein conference room.

Comments from WISEWOMAN participants in Massachusetts

"I really enjoy the togetherness of the different classes, it gives me the incentive to come and learn."

"Prior to coming to the program I couldn't sleep and felt lousy all the time. Even since I started the program I feel so much better. My friends tell me that I have a new face and a better outlook on life."

"I would like to say what a wonderful and caring program the ... Project is for women over 50 years of age. It certainly is a state of gratification just to know how much care and interest there is for women. I really believe that this is a very important program and it is essential for women to know about their health because it has made me aware of how important your health can be"

"This is a very valuable program. It has given me important information that I can use to make me healthier-information that I otherwise wouldn't have. Thank you for providing this."

"In a few words, I am always made to feel very safe and special and very lucky to have you! Thank you!"

"The program are a life saver. Through it I had my breast surgery of which I would no have been able to do on my own. Thank you, again and again."

"Their project is well appreciated, many of us who did not have health insurance can at least have a mini physical and help to keep healthy. Thank you-"

"This program is great for women. I think when you don't have to pay, women are more apt to take advantage of this program because we worry about our health, but if you're uninsured you will most probably put health check-ups on the bottom of the list. Thanks, I appreciate the program."

"This is an excellent program. Knowing I was coming back helped me to stick to the program and it showed in my results. Thank you."

"Excellent program, assisted me to greatly improve my health. It's so helpful to know somebody cares about your health."

"You gave me better explanations about my health than my own doctor."

"I would not have had a mammogram if the ...staff hadn't encouraged me and been so supportive."

"I would not have discovered cysts on my breasts without this program."



NHLBI

Office of Science and Technology

FAX

No. of Pages 2 including cover.

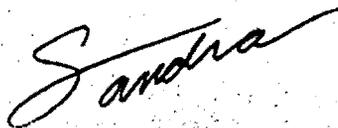
DATE: 8/19/97

TO: Ms. Sarah Hurwitz
Office of Chris Jennings
Phone: 202-456-5594
FAX: 202-456-5557

FROM: Sandra Lindsay, Legislative Officer
National Heart, Lung, and Blood Institute
National Institutes of Health
Bethesda, Maryland 20892
(Phone: 301-496-9899)

SUBJECT: Descriptions of Minority Education Programs

MESSAGE: As requested.



National Heart, Lung, and Blood Institute
Minority Education Programs

The Latino Community Cardiovascular Disease (CVD) Prevention and Outreach Initiative
(Salud para su Corazon)

CVD is the leading cause of death for Americans, including Latinos. In 1994, the NHLBI initiated a project in the Washington, D.C. metropolitan area to increase Latino awareness of CVD risk factors and encourage adoption of healthy lifestyle behaviors at an early age. The initiative uses a community-oriented approach to identify Latino consumer health education needs and then develop products and materials to help them. The project is directed by the NHLBI, but is composed of a multidisciplinary team of professional and community experts interested in improving the health of Latinos. One such group is the Community Alliance Working for Heart Health, which represents a network of partners involved in projects in clinics, hospitals, businesses, civic associations, community centers, and churches. The project focuses on developing such health education tools as easy to read bilingual materials, telenovelas and photonovelas, radio spots, a discussion group guide, and a guide for trainers. Interventions include mass media, discussion group education, and trainer outreach efforts.

African American Community Cardiovascular Disease Prevention and Outreach Initiative
(Coronary Heart Disease in Blacks Project)

Blacks experience a disproportionate health burden from heart disease and stroke. They also use the health care system less and often delay seeking care for health problems. In 1992, the NHLBI commissioned a working group to develop a report on the status on coronary heart disease in blacks. The landmark report was published in 1994 at which time the NHLBI and the NIH Office of Research on Minority Health initiated the African American Community CVD Prevention and Outreach Initiative to develop and implement professional education training for physicians who provide care to blacks, as well as to develop community-based CVD prevention and education projects for inner-city blacks. The initiative, now called the "Coronary Heart Disease (CHD) in Blacks Project," was a two-year effort to raise awareness about CHD in blacks. The project facilitated development of cardiovascular health education materials and tools to promote professional and patient/public education activities in the black community regarding prevention and control of CHD and stroke. In addition, the project focused on development of a National Physicians' Network to facilitate future implementation of cardiovascular health activities in local black communities nationwide.

American Indian and Alaska Natives (Building Healthy Hearts)

CVD accounts for nearly a quarter of all deaths in American Indians and Alaska Natives. In 1996, the NHLBI began the initial phase of an outreach project, Building Healthy Hearts, to address CVD health issues relevant to these populations. The project will develop and implement an outreach strategy to improve cardiovascular health in American Indians and Alaska Natives. The project will focus on increasing awareness and knowledge of CVD risk factors (high blood pressure, high blood cholesterol, smoking, diabetes, obesity, and physical inactivity) and will develop and implement heart health promotion strategies to address the needs of American Indians and Alaska Native, incorporating their culture, traditions, lifestyles, and values. Partnerships and electronic information dissemination technology may be used to help disseminate culturally appropriate messages and materials within indigenous tribal communities.

how many did it see du changing?