

ROUNDTABLE SESSIONS

ROUNDTABLE SESSION 1 THURSDAY, APRIL 11, 1:15 p.m.–1:45 p.m.

Location	Abstract Title	Presenter
RT-1	Smoke Free Homes	Wendy H. Mahan
RT-2	Promoting Health for Youth Through School Physical Education	Velonda Thompson, Ph.D.
RT-3	Results From the Heart Smart Cities Projects in California	Marianne Hernandez, M.S.
RT-4	A Strategy To Improve Control of Hypertension in a Family Practice Clinic	Carla F. Weidner, M.S.N., C.R.N.P.
RT-5	Development of Health Clubs in Inner City Schools	Norah Helen Bertschy, M.S.N., C.R.N.P.
RT-6	Medication Adherence in Hypertensive African Americans: Barriers and Facilitators	Gbenga Ogedegbe, M.D., M.P.H., M.S.
RT-7	Defend Your Heart—Measuring Blood Pressure Accurately	Barbara Ann Mueller
RT-8	DRchip's Community Action Plan: Mobilization of Community Resources To Reduce CVD	Kathryn Sutton Plumb, B.S.N., M.Ed.
RT-9	A Model for Community Driven Health Planning: The Healthy Hawaii Initiative	James R. Rarick, M.P.H.
RT-10	Participation in "Weigh & Win," a Community Weight Control Contest in Olmsted County, Minnesota	Thomas E. Kottke, M.D., M.S.P.H.

ROUNDTABLE SESSION 2 THURSDAY, APRIL 11, 2:15 p.m.–2:45 p.m.

Location	Abstract Title	Presenter
RT-11	Public Health Nurse's Approach to Reducing CVD—Cohort of Middle School Children	Kathryn Sutton Plumb, B.S.N., M.Ed.
RT-12	"Know Your Numbers" Mass Media Campaign	Richard Joel Schuster, M.D., M.M.M.
RT-14	Rates of Name Recognition and Lifestyle Behavior Changes in the First 2 Years of CardioVision 2020, a Community CVD Prevention Program in Olmsted County, Minnesota	Thomas E. Kottke, M.D., M.S.P.H.
RT-15	A Lipid Management Service in a Rural Integrated Healthcare System	Linda Upmeyer, M.S.N., A.R.N.P.
RT-16	African American Faith-Based Stroke Prevention: Program Development Through Partnership Building in Nashville/Davidson County, Tennessee	Donna Marie Kenerson, B.S.N., M.P.A.
RT-17	Formative Research for Developing Culturally Appropriate Cardiovascular Health Strategies	Elizabeth Gardner
RT-18	Be Heart Smart	Anita Peden Sherer, R.N., M.S.N.
RT-19	Taking the Program to the People	Kristin Wither Yntema, M.B.A., M.H.S.A.
RT-20	H.,O.,P.,E. Health, Opportunity, Prevention, Education for Women	Stephanie Shores Supple

ROUNDTABLE SESSION 3 FRIDAY, APRIL 12, 12:45 p.m.–1:15 p.m.

Location	Abstract Title	Presenter
RT-21	Physical Activity—Kids Just Want To Have Fun	Velonda Thompson, Ph.D.
RT-22	Evaluation of a Strategy To Increase Physical Activity	Janet Purath
RT-23	A Culture-Sensitive Intervention Model for CAD Risk Reduction With African American Women	Nalini N. Jairath, R.N., Ph.D.
RT-24	Designing a Statewide Monitoring System for Hospital-Sponsored CVD Preventive Services to Medically Underserved Populations	Patrice M. Gregory, Ph.D., M.P.H.
RT-25	Forging Community Youth Partnerships: Influencing Another Generation	Barbara Jean Hensick, M.S.N., R.N., C.S.
RT-26	“Know Your Numbers” Campaign—Project Strategy Tips	Sara L. Noble
RT-27	Salud para su Corazón in North Texas	Mary Louise Luna Hollen, Ph.D., R.D., L.D.
RT-28	Case Managers for Evidence-Based Outcomes for Continuing Medical Education Improvement	Michael Allan Moore, M.D.
RT-29	PufferSnuffer	Donna H. Evans, M.S., C.H.E.S.
RT-30	Coronary Artery Risk Detection in Appalachian Communities	Emily Corbett Spangler, M.D.

ROUNDTABLE SESSION 4 FRIDAY, APRIL 12, 1:45 p.m.–2:15 p.m.

Location	Abstract Title	Presenter
RT-31	Bridging Gaps in Secondary Prevention of CHD: Experience From Olmsted County, Minnesota	Randal J. Thomas, M.D.
RT-32	Implementation and Development of an Urban School-Based Health Promotion Initiative: The PATH Program	Paul Stephen Fardy, Ph.D.
RT-33	A New Approach to Community-Based Cardiovascular Health Care Prevention: The COSEHC Cardiovascular Centers of Excellence	Michael Allan Moore, M.D.
RT-34	TeleMedicine in Rural America	Eric S. Larson, M.S.
RT-35	Perception of Overweight in African American/Hispanic Populations	Laurie Tansman, M.S., R.D., C.D.N.
RT-36	Use of Computer Resources by Promotores de Salud	Matilde Alvarado, R.N., M.S.
RT-37	Hmong Quality of Hypertension Care Project: Blood Pressure Control Among Hmong Americans	Candice Chin Wong, M.D., Ph.D.
RT-38	Hydration and a Healthy Heart	Stephen R. Kay
RT-39	Stages of Change and Self-Efficacy for CVD Health-Promoting Behaviors Among African American Union Workers	Robinson Fulwood, Ph.D., M.S.P.H.
RT-40	Reaching the Chinese Community	Donna Robin Lew

RT-1 **Smoke Free Homes**

Wendy H. Mahan, Youth Risk Reduction Program, Anne Arundel County Department of Health, Michael Spigler, Cheryl Tirocchi Martin, Phillip Sears

Smoke Free Homes is a community-based educational project conducted by the Anne Arundel County Department of Health to encourage smoking mothers and parents of infants to establish and maintain a smoke-free environment. The pilot project, implemented with the Healthy Start Program, targeted high-risk pregnant women and mothers of young children. Via home visit, each case manager provided information designed to promote a smoke-free environment. Using the stages of change model, case managers determined each client's current stage of change based on a simple five-question guideline. A stage-specific packet was then given to each smoker in the home. Materials provided in these kits were selected based on stage of change and smoke-free home status.

Of the 47 homes that had a second followup visit, 25 had allowed smoking on the first visit, and 8 (32 percent) of these reported changing their smoking status in the home to smoke free. Of the 24 smoking mothers that were followed, 2 (8 percent) changed their smoking habits to "action stage of change." No other family members reported quitting. Individual intervention and support provided a positive change in one-third of the households followed. However, case managers were proactive in promoting behavioral change in only 10 percent of all clients, and some may have focused on clients who were likely to change. Case managers found that focusing on the health of the young children exposed to tobacco smoke helped changed the home to smoke free.

RT-2 **Promoting Health for Youth Through School Physical Education**

Velonda Thompson, Ph.D., Be-Fit, Inc.

Nationwide, the number of children who are overweight has doubled in the past 20 years. Government statistics reveal that one in five children are overweight or obese. Obesity in school children may be the single most prevalent risk factor for developing chronic disease as an adult.

According to the Centers for Disease Control and Prevention, 53 million young people attend more than 117,000 schools every school day. Childhood and adolescence are influential stages in students' lives. Because school is a place where students spend a great portion of their time, it is also a place where health education and physical activity programs can have their greatest impact.

This presentation examines the literature on the Nation's school health policies and programs aimed at preventing health risk behaviors among children and adolescents. Attendees will be given an in-depth look at daily physical education requirements for public and private school students nationwide. Several programs that have successful-

ly implemented many of the strategies in the report Promoting Better Health for Young People Through Physical Activity and Sports will be highlighted.

Continued acknowledgment of the contributions of school physical education to public health will ensure the success of reaching Healthy People 2010 objectives.

RT-3 **Results From the Heart Smart Cities Projects in California**

Marianne Hernandez, M.S., California Department of Health Services

In October 1996, the Cardiovascular Disease Outreach, Resources, and Epidemiology (CORE) Program released a report entitled, *The Local Burden of Cardiovascular Disease: Deaths From Heart Disease and Stroke in California Cities*. The report identified 45 cities in the State with heart disease and/or stroke death rates significantly higher than the statewide rate. To combat the problem of high heart disease death rates in these cities, the CORE Program created a local grant program called Heart Smart Cities. The purpose of the Heart Smart Cities project was to:

- Initiate a citywide cardiovascular disease (CVD) education campaign.
- Initiate a heart disease prevention project that increases access to healthy foods and physical activity among city residents most at risk for heart disease.
- Build upon community benefits legislation, Senate bill 697 (SB 697), by including nonprofit hospitals in a community health program. (California's private, not-for-profit hospitals provide a variety of community services to maintain their tax-free status. SB 697 requires a uniform standard and measurement for these services.)

The strategy for CVD prevention is based on more than 10 years of intensive evaluation of community-based CVD prevention projects funded by the National Institutes of Health. Results from these studies suggest that education alone, whether through the media or in classes, has limited impact on the health status of the entire community. New strategies for CVD prevention include (1) targeting small areas, such as neighborhoods, to concentrate the effect of a project; (2) targeting high-risk populations; and (3) making local policy changes to make healthy choices easy choices for city residents.

Grants were awarded competitively based on a response to a request for applications. A city department was required to be the primary applicant with matching funds guaranteed by a local nonprofit hospital. The city-hospital partnerships were funded to conduct an 18-month demonstration project, which began on August 1, 1997. The CORE Program awarded each city \$30,000 and required a match from a local nonprofit hospital of \$30,000. Resources were available to fund four Heart Smart Cities projects. After the first 18 months of funding, two projects dropped out because of hospital financial difficulty. The grant amount was reduced to \$25,000 avail-

able for the remaining two programs, due to less funding available from the State. City agencies were required to find matching funds for continued funding. Funding ended in June 2000.

The lessons learned and measurable outcomes from the education and healthy eating and physical activity interventions will be presented.

RT-4 **A Strategy To Improve Control of Hypertension in a Family Practice Clinic**

Carla F. Weidner, M.S.N., C.R.N.P., CHD Meridian, Theodore J. Kowalyshyn, M.D., Carol A. Hunter, M.D., Irene Toth, R.Ph.

Purpose: The purpose of this study was to identify and aggressively treat patients at Bethlehem Steel Family Health Center with uncontrolled hypertension and to compare the effects of treatment in two groups, one given concentrated care by a nurse-practitioner and the other given treatment by the primary physician.

Methods: A retrospective chart audit of patients of six providers at Bethlehem Steel Family Health Center with a diagnosis of hypertension revealed a range of 27–34 percent well-controlled patients (blood pressure less than 140/90 mmHg). A hypertension clinic was created and staffed by a nurse-practitioner. A total of 100 patients from 2 primary physician practices were referred and treated by the nurse-practitioner. One hundred patients from two different primary physician practices constituted the comparison group. Initial and final blood pressures were recorded and analyzed during the study period.

Results: Prestudy analyses of comparison and clinic patients revealed 13 percent controlled and 87 percent uncontrolled, respectively, and 12 percent controlled and 88 percent uncontrolled, respectively. Poststudy analyses of comparison and clinic patients revealed 28 percent controlled and 72 percent uncontrolled, respectively, and 85 percent controlled and 15 percent uncontrolled, respectively.

Conclusion: The treatment of uncontrolled hypertensive patients by a nurse-practitioner concentrated on hypertension clearly yielded better blood pressure control than did traditional treatment by primary physicians in this study.

RT-5 **Development of Health Clubs in Inner City Schools**

Norah Helen Bertschy, M.S.N., C.R.N.P., City of Cincinnati Health Department

The idea to develop health clubs in Cincinnati inner city schools was a result of identifying the need for a healthy alternative to idleness after school. The project was also inspired by a desire to provide health information to club members in a less formal format and to have fun! The basic structure of the health club is designed to provide 1 hour of after-school activity weekly, including a healthy snack, exercise, and health and safety information. The school administration has been supportive and has pro-

vided classroom space, transportation, and promotion. A State-funded program from the school cafeteria provides free snacks. Safety programs from the American Red Cross (First Aid and Cardiopulmonary Resuscitation) are utilized. In addition, programs on nutrition, physical activity, and dental health have been presented. This year, sessions on violence, tobacco and substance use, HIV/AIDS, and environmental health will be added. More than 50 students at each of the two participating schools signed up to join the club last year. Nearly 25 students remained active in the club until the end of the school year. We anticipate a similar response this year. The club members are excited about their activities, and a waiting list is necessary! Health is a popular topic at school; to spread good health news, the clubs will sponsor health and safety fairs, design a health bulletin board, and write a health newsletter for all in the school building to enjoy. The clubs have received additional local grant money to obtain additional resources and to support a field trip.

RT-6 **Medication Adherence in Hypertensive African Americans: Barriers and Facilitators**

Gbenga Ogedegbe, M.D., M.P.H., M.S., Division of General Internal Medicine, Carol Mancuso, M.D., John Allegrante, Ph.D.

Objective: Hypertension is prevalent in African Americans, and poor medication adherence may explain the worse outcomes seen African Americans. The aim of this study was to explore the perspectives of hypertensive African American patients regarding the factors that they perceive as barriers to and facilitators of adherence to prescribed antihypertensive medications.

Methods: In-depth open-ended interviews were conducted with 106 hypertensive African American patients who received their care at one of two urban primary care practices. The interviews focused on patients' experiences with antihypertensive medications and the difficulties encountered in taking them as prescribed. Patients were asked to identify those situations that both help and hinder their adherence to their antihypertensive medications. All responses were recorded, coded, and analyzed using standard qualitative techniques.

Results: Fifty-eight percent of patients were women, the mean age was 56 years, and 61 percent had uncontrolled hypertension. Analysis of responses yielded 125 concepts, which were classified into 9 categories. Four of these were categorized as barriers, and five were categorized as facilitators. Barrier categories included patient-specific barriers (66 percent), medication-specific barriers (50 percent), logistic barriers (49 percent), and disease-specific barriers (10 percent). Facilitator categories included reminders (51 percent); having a routine (37 percent); knowledge of hypertension, its treatment, and its complications (43 percent); having social support (14 percent); and good doctor-patient communication (29 percent).

Conclusion: This study provides a framework for understanding issues of medication adherence in hypertensive

African Americans by outlining a taxonomy of patient-identified barriers to and facilitators of adherence to prescribed antihypertensive regimens. Interventions designed to improve adherence in this patient population should incorporate strategies that address these patient-identified factors.

RT-7 **Defend Your Heart— Measuring Blood Pressure Accurately**

Barbara Ann Mueller, Crater Health District, Sue Whittaker, Peggy Paviour-Brown, Roberta B. Johnson

Blood pressure measurement is one of the most frequently performed medical tests. Because it seems to be such an easy measurement to make, the accuracy of the results is seldom questioned. However, numerous studies have shown that in many cases there is good reason to doubt the accuracy of blood pressure readings. Two main reasons for inaccurate blood pressure readings are biological variations and errors in the measurement procedure.

Cardiovascular risk reduction coordinators in northern and central Virginia developed a certification program and a train-the-trainer course to instruct private sector health care professionals and lay persons on how to perform accurate blood pressure measurements, following American Heart Association recommendations.

To date, more than 300 persons have been certified as blood pressure measurement specialists, and 28 are certified to train others.

These trainings have served as a catalyst to increase partnerships among blood pressure measurers and to enable the appropriate detection and referral of high-risk individuals. In addition, by preventing errors that lead to falsely high readings, we expect to observe an increase in hypertensives whose blood pressure is under control.

RT-8 **DRchip's Community Action Plan: Mobilization of Community Resources To Reduce Cardiovascular Disease**

Kathryn Sutton Plumb, B.S.N., M.Ed., DRchip, Terri J. Motley, B.S.N., Michael Allan Moore, M.D.

DRchip is a nonprofit organization founded by four citizens with the goal of decreasing cardiovascular disease (CVD) morbidity and mortality by coordinating and standardizing community resources.

DRchip's history demonstrates that citizens can mobilize community resources to reduce CVD. In 1998, the area was in the Nation's top 10 percent for heart disease deaths. Many local groups were engaged in activities targeting CVD, without coordinating their efforts.

DRchip incorporated, obtained 501(c)(3) status, formed an advisory board and planning committee, became designated as a Center of Excellence by COSHEC, gained financial support, and established an office. DRchip currently has financial support for an executive director, case managers, a healthy lifestyle instructor, and a health outreach/educator.

DRchip's annual budget is approximately \$200,000, with an in-kind budget of approximately \$350,000. In April 2001, DRchip received a National Heart, Lung, and Blood Institute Enhanced Dissemination and Utilization Center award. DRchip's current activities include CME, school programs, public education, Search Your Heart/Heart at Work partners, community screenings, and a screening database.

Annually, approximately 5,000 citizens interface with DRchip; approximately 600 citizens participate in BP, body mass index, cholesterol, glucose, and heart health risk appraisal—average 43 percent elevated BP. Approximately 800 school children are screened for height, weight, and blood pressure—average 9 percent elevated BP. Multiple data reports are available. A middle school, 3-year cohort is currently being analyzed.

RT-9 **A Model for Community-Driven Health Planning: The Healthy Hawaii Initiative**

James R. Rarick, M.P.H., Hawaii State Department of Health

Statement of Purpose: The Hawaii State Department of Health has established community planning grants for community-level policy, systems and environmental changes in three focus areas, including physical activity, nutrition, and tobacco control. Although this is a categorical funding initiative, these grants were designed so that communities could examine a broad range of community health issues and could develop integrated health promotion strategies.

Statement of Methods or Process Used: Small grants have been provided to 26 communities statewide; funding occurs in two phases: (1) \$5,000 for the development of an action plan and (2) \$19,000 for the implementation of the approved plan. Each community was provided with a standardized Community Health Concerns Survey designed to collect information on priority health issues for community members. This survey included the HP 2010 Leading Health Indicators.

Summary of Results: Action plans were due on November 30, 2001. Community Health Concerns Survey data will be reviewed, and community perceptions of priority health concerns will be compared to actual community health status, along with an analysis of action plans, which identify and seek to address health issues outside of the three focus areas for funding.

Statement of Conclusions: Conclusions will be made regarding the efficacy of this approach for building the capacity of community-based organizations to develop community-driven, sustainable community health improvement strategies.

RT-10 **Participation in “Weigh & Win,”
a Community Weight Control Contest in
Olmsted County, Minnesota**

Thomas E. Kottke, M.D., M.S.P.H., Mayo Clinic and Foundation, Mark James Brekke, Rebecca Hoffman

Purpose: CardioVision 2020 is a multidisciplinary project organized in 1999 by the Mayo Clinic Division of Cardiovascular Diseases. The project goal is to minimize the population burden of cardiovascular disease for Olmsted County, MN (which has a population of approximately 114,000), by promoting (1) a tobacco-free environment; (2) nutritional habits that minimize the risk of cardiovascular disease, diabetes, and cancer; (3) a physically active lifestyle for all children and adults; (4) control of blood pressure; and (5) control of serum cholesterol. To address the growing epidemic of obesity in the community, CardioVision 2020 designed “Weigh & Win,” a community contest to encourage weight control, and tested whether county residents would participate in it.

Methods: The worldwide “Quit & Win” tobacco cessation contest was used as a model for Weigh & Win. Recruitment of Olmsted County, MN, residents was done through the distribution of flyers at community businesses (“community sponsors”) and through individual contact at festivals. Contestants received a cookbook for entering. For each of the 10 contest weeks, contestants weighed themselves at a community sponsor, submitted a prize entry form, and picked up the weekly tip sheet. At the end of the contest, the winners of prizes, including a \$500 grand prize, were randomly drawn from the prize entry forms. Prizes were presented at a media-covered, public celebration.

Results: Twenty-six community sponsors and 1,086 Olmsted County residents participated in Weigh & Win. The contest received broad media attention.

Conclusions: The results indicate that community individuals, businesses, and media will participate in the Weigh & Win contest.

RT-11 **Public Health Nurse’s Approach to
Reducing Cardiovascular Disease—
Cohort of Middle School Children**

Kathryn Sutton Plumb, B.S.N., M.Ed., DRchip, Terri J. Motley, B.S.N., Michael Allan Moore

The Pittsylvania-Danville Health District has focused on educating and screening Danville City Middle School students as a means of primary prevention and long-term impact on cardiovascular disease (CVD).

Public health nurses developed and implemented three courses targeted towards the understanding of heart-, lung-, and self-esteem-related health disorders, with a focus on how healthy lifestyles can impact the risk of disease to target organs. Each lesson plan outlines the Standards of Learning addressed and optional correlating activities for math/science teachers.

The project initiated in 1997; it has progressed to a 3-year mandatory program at one middle school and has yielded a 3-year cohort.

- 1997 School Intersession—students took as an elective Heart Smart
- 1998 School Year—6th grade Heart Smart taught in Math/Science class
- 1999 School Year—6th grade Heart Smart became a mandatory exploratory class
- 2000 School Year—7th grade added Breath for Life
- 2001 School Year—8th grade added Teen Esteem

Outcome measures are based on a precourse and a post-course in knowledge and healthy lifestyle surveys. An annual assessment of a student’s height, weight, and blood pressure is another measure of the project’s impact.

RT-12 **“Know Your Numbers”
Mass Media Campaign**

Richard Joel Schuster, M.D., M.M.M., Health Systems Management, Wright State University School of Medicine

The “Know Your Numbers” Campaign (KYNC) is an educational mass media campaign that will increase the awareness and understanding of cardiovascular risk factors and consequences. This campaign was developed through the efforts of a wide consortium of Dayton, OH, area health care leaders who are dedicated to community disease prevention and perceive a need for improved control of cardiovascular disease (CVD) in the community. Through a partnership with a large local television station, the KYNC utilizes television advertisements to personalize the importance to residents of knowing their numbers, cholesterol level, and blood pressure. As a direct-to-consumer educational effort, the campaign hopes to drive the individuals of the community to increase their knowledge about their cardiovascular health. Empowered, informed health consumers will consult their health care provider and will assume greater responsibility for assuring that their cholesterol level and blood pressure are in an acceptable range. By the community knowing their numbers, the objective is to decrease the incidence of CVD. In addition to tracking long-term changes in CVD incidence, the evaluation of this campaign will be measured by community behavioral changes evident in insurance claims, prescription drug sales, and a BRFSS-based community survey. Beginning in November 2001, the KNYC will run for 12 months and is estimated to reach 95 percent of the target audience an average of 20 times. The campaign hopes to succeed in decreasing the incidence of CVD and to demonstrate that innovative public health promotion can be a cost-effective and a valuable means of improving the health of our communities.

RT-14 **Rates of Name Recognition and Lifestyle Behavioral Changes in the First 2 Years of CardioVision 2020, a Community Cardiovascular Disease Prevention Program in Olmsted County, Minnesota**

Thomas E. Kottke, M.D., M.S.P.H., Mayo Clinic and Foundation, Mark James Brekke, Lee Nathan Brekke

Purpose: CardioVision 2020 is a multidisciplinary project organized in 1999 by the Mayo Clinic Division of Cardiovascular Diseases. The project goal is to minimize the population burden of cardiovascular disease for Olmsted County, MN, by promoting (1) a tobacco-free environment; (2) nutritional habits that minimize the risk of cardiovascular disease, diabetes, and cancer; and (3) a physically active lifestyle for all children and adults. The goal of the first 2 years of the project was to establish CardioVision 2020 name recognition and to begin to change lifestyle behaviors among county residents. The purpose of this analysis was to test whether these goals were accomplished.

Methods: A random digit dial survey was conducted in Olmsted County during 1999 (baseline), 2000, and 2001 to collect data regarding name recognition and the behavioral impact of CardioVision 2020. The survey study design called for completing 100 surveys in each of 12 age-gender groups each year. Analysis of variance was performed on relevant questions to test change over time.

Results:

Question 1999

n = 1,232 2000

n = 1,224 2001

n = 1,210 p Name CardioVision 2020 unprompted 0.1%* 15.6%* 23.5%* < 0.0001 Recall hearing or seeing CardioVision 2020 NA 53.7%* 61.3%* 0.0002 Changed behavior because of CardioVision 2020 NA 4.7%* 6.8%* 0.0297 * Different from other year(s), p < 0.05.

NA: Not applicable; question not asked.

Conclusions: CardioVision 2020 has significantly increased its name recognition and changed lifestyle behaviors in Olmsted County, MN, in each of the 2 years of the project.

RT-15 **A Lipid Management Service in a Rural Integrated Health Care System**

Linda Upmeyer, M.S.N., A.R.N.P., Lipid Management Service, Mercy Heart Center

Purpose: Based on findings of the Lipid Treatment Assessment Program (L-TAP) and the Quality Assurance Program (QAP), the lipid management service was developed to more effectively manage patients with lipid disorders in a 14 county region covering 8,500 square miles and having a population of 212,000, in accordance with the National Cholesterol Education Program (NCEP) Guidelines.

Methods/Measurement: A task force addressed four recommendations in early 2000: formalize a multidisciplinary care team dedicated to lipid management, use evidence-based practice guidelines, identify critical patient and provider needs, and develop outcome measures related to critical needs. Lipid profiles, Lipoprotein (a), Apoprotein B, hsCRP, Homocysteine, and other specialized tests are used diagnostically in some patients. Gradient gel electrophoresis measured the size and density of seven low-density lipoprotein (LDL) regions and five high-density lipoprotein (HDL) subclass distributions in specific patient populations.

Results: A multidisciplinary team of a nurse-practitioner, cardiologist, primary care provider, internist, dietician, pharmacist, administrator, and lab technician directs patient services. Evidence-based practice is used in establishing and improving services. Critical needs identified are provider education and an integrated process to improve patient assessment, education, and treatment. A one sample t-test shows statistically significant decreases in total cholesterol, LDL, and triglyceride levels, but no statistical difference in HDL levels.

Conclusions: The establishment of a nurse-practitioner-led, multidisciplinary, team-directed lipid management service in a rural integrated health care system utilizing evidence-based guidelines can provide a statistically significant improvement in the management of lipid disorders.

RT-16 **African American Faith-Based Stroke Prevention: Program Development Through Partnership Building in Nashville/Davidson County, Tennessee**

Donna Marie Kenerson, B.S.N., M.P.A., Metropolitan Nashville/Davidson County Health Department

Purpose: The faith-based stroke prevention program is designed to educate and screen African Americans in the prevention and early detection of risk factors associated with stroke. Stroke is the third leading cause of death in Davidson County, TN. Overall, the 1997 age-adjusted death rate for stroke in Davidson County was approximately 75.9 percent higher for African Americans than for Whites.

Methods: The program is volunteer driven through community partnerships that play a vital role in the design of effective solutions to increase the number of African Americans who are screened for stroke. Faith-based organizations participating in this initiative are actively involved in the planning and implementation process. Screenings consist of a stroke risk questionnaire, blood pressure, pulse check, total cholesterol, and carotid ultrasound. A physician, who is present during the screening events, provides personal medical consultations. The educational component occurs through group presentations and an ongoing distribution of educational materials.

Results: Community involvement in the planning and implementation phase and in culturally appropriate interventions has resulted in favorable stroke-screening

response rates. Program marketing throughout the faith-based community has been based on past accomplishments.

Conclusion: Public health practitioners can facilitate the implementation of primary and secondary prevention programs through partnership building and the utilization of existing services.

RT-17 Formative Research for Developing Culturally Appropriate Cardiovascular Health Strategies

Elizabeth Gardner, Cardiovascular Health Program, Center for Health Promotion, Minnesota Department of Health

The Minnesota Department of Health received core capacity funding from the Centers for Disease Control and Prevention to undertake a broad and inclusive planning process to build consensus among partners and stakeholders and to develop a statewide Cardiovascular Health Plan by October 2002.

Of particular in Minnesota are the priority populations that are significantly burdened by heart disease and stroke: African Americans and American Indians. As Minnesota works with its partners to develop strategies for improving health status, it needs to understand how different populations view and experience cardiovascular health and cardiovascular diseases.

Minnesota is in a formal formative research process to understand cultural variation in language, diet, lifestyle, spiritual beliefs, conception of health and historical experiences with war, physical displacement, immigration, discrimination, racism, poverty, lack of education, and how these factors impact the health status of different populations and their use of the Minnesota health care system.

Approximately 25 key informant interviews and 35 focus groups will be conducted in the following manner: (1) key informant interviews with adult leaders and representatives of communities at risk for cardiovascular disease, including the health care sector, community-based organizations, local county health clinics, and State-sponsored councils; (2) 15 focus groups with American Indian communities (10 with the reservations' participation, 5 in urban areas); (3) 5 focus groups with African Americans (3 with youth, 3 with adults); (4) 3 focus groups with Asian adults; (5) 3 focus groups with Hispanic adults both in the urban and rural areas; and (6) 8 focus groups with Caucasian adults (2 rural, 2 urban) and 4 with youth (2 rural, 2 urban).

The formative research process will be completed in January 2002, and results will be presented in a report and shared during the presentation in April.

RT-18 Be Heart Smart

Anita Peden Sherer, R.N., M.S.N., Health Educator, Moses Cone Heart and Vascular Center, Kristen Wither Yntema, M.B.A., M.H.S.A., Joan Behrens, R.N., B.S.N.

Just as heart disease begins in childhood, so must heart-healthy habits. The statistics on childhood obesity and physical inactivity signal the need to get the message straight to the children in a way that they can understand. We developed a fun, interactive educational opportunity for children to learn about their heart and how to keep it healthy. Analogies and age-appropriate terminology are used to explain heart function, circulation, risk factors for heart disease, and ways to keep the heart healthy. Students get hands-on experience taking their pulse and listening to their hearts with a stethoscope. Our Heart Smart game allows students to act out the circulation of blood through the heart and lungs. This program has been offered to first graders and after-school groups with enthusiastic response. Children learn how important the heart is and why they need to take care of it.

RT-19 Taking the Program to the People

Kristen Wither Yntema, M.B.A., M.H.S.A., Moses Cone Heart and Vascular Center, Anita Peden Sherer, R.N., M.S.N., Joan Behrens, R.N., B.S.N.

Your heart is trying to tell you something. Are you listening? Our city is hearing healthy messages straight from the heart! Through our Hospital Heart Disease Prevention Program, we are raising awareness about risk factors for heart disease using a unique multimedia health promotion campaign. Billboard messages such as "I exercise non-stop, can't you manage 5 hours a week?" are signed by "Your Heart." "Put the fork down, the fat intake is killing me" is displayed on area billboards signed by "Your Heart." "Your Heart" speaks directly to community residents through television commercials focusing on nutrition, exercise, and smoking. Quarterly direct mailings to 41,000 households encourage participation in free health education programs. These mass media messages from the point of view of "Your Heart" are reaching out and grabbing residents' attention. Pairing our unique messages with free health education classes and screenings helps promote behavioral change and a healthier community. The first step in prevention is getting the message out to the people. We have "Your Heart" to thank for that.

RT-20 H.,O.,P.,E. Health, Opportunity, Prevention, Education for Women

Stephanie Shores Supple, Clinical Research and Grants, Our Lady of Lourdes Regional Medical Center

Making the Grade on Women's Health: A National and State-by-State Report Card outlines the concerns centered on women's health. What is notably absent is area-specific data and a synthetic approach that translates into a workable program that can be accessed and utilized by health care providers whether or not they are located

near a large medical research complex. The need for action is obviously urgent and imminent, especially to achieve the goals of Healthy People 2010, and based on the studies, Louisiana is demonstrably a critical area in which to begin.

We developed a global risk reduction program utilizing a closed loop to care model and a comprehensive tracking and benchmarking plan, which we have been actively disseminating by preceptor workshops throughout the region and the Nation. The "closed loop" approach provides each woman the opportunity to raise her educational and awareness level, to gain access to necessary screening and risk assessment, to receive gender-specific diagnostic services and interventions, and to participate in risk reduction programs aimed at achieving minimal risk status for future development or recurrence of disease. All of this is coordinated within a program that can provide each woman with ongoing risk and outcomes analysis, internal quality improvements, and tools for what she may need as an individual. The presentation will include the operational best practices of this program, the comprehensive tracking and benchmarking plan for the program, and the actual program data analysis for years 2000 and 2001.

RT-21 Physical Activity: Kids Just Want To Have Fun

Velonda Thompson, Ph.D., Be-Fit, Inc.

Nationwide, the number of children who are overweight has doubled in the past 20 years. Government statistics reveal that one in five children are overweight or obese. Obesity in school children may be the single most prevalent risk factor for developing chronic disease as an adult. A lack of physical activity is a leading cause of obesity and other cardiovascular risks, such as hypertension. Studies have shown and the Surgeon General has reported that physical activity improves health and reduces the risk of heart disease, diabetes, high blood pressure, and depression; all of which are occurring among youth at a startling rate. Community organizations are searching for means to contribute to the improvement of the health status of the population. This presentation will highlight a program—Team Double Dutch After School—that is using a unique strategy to encourage children to participate in regular physical activity.

RT-22 Evaluation of a Strategy To Increase Physical Activity

Janet Purath, Purdue University

This study evaluated the effectiveness of a brief intervention that encouraged sedentary women to adopt physical activity. The PACE protocol, based on components of the transtheoretical model, was used to guide a nursing intervention with 287 women. The controlled trial recruited participants from a nurse-managed worksite wellness center that offers direct health screening services. The intervention group received a health screening, brief intervention, and booster telephone call 2 weeks later.

The intervention was tailored to the woman's reported stage of exercise behavior. The control group received health counseling that was not tailored and no booster telephone call.

Data analysis included t-tests and ANOVAs to compare intervention and control groups at baseline and 6 weeks post intervention. Six weeks later, the intervention group significantly decreased their perceived barriers to physical activity; they significantly increased their self-reported PACE score, weekend activity, and number of blocks walked/week: they walked during lunch or breaks, walked on errands, and walked for exercise. The intervention group also significantly increased physical activity when compared to the controls.

This test of a brief intervention performed by nurses in an occupational health setting provides a critical contribution to the search for efficient, effective ways to deliver community-based health promotion interventions.

RT-23 A Culture-Sensitive Intervention Model for CAD Risk Reduction With African American Women

Nalini N. Jairath, R.N., Ph.D., School of Nursing, University of Maryland, Cathaleen Ley

Purpose: This paper presents a culture-sensitive intervention model proposed for CAD risk reduction for use with African American (AA) women.

Methods: The model was based upon a descriptive exploratory study investigating aging AA women's knowledge, perceptions, and attitudes regarding their CAD risk. Respondents were recruited from an AA church in an underserved predominantly minority neighborhood. Focus group data were content analyzed, and key themes were identified.

Results: Despite an awareness of their increased CAD risk and the importance of certain CAD risk reduction strategies, the respondents' perceived ability to modify their CAD risk was influenced by specific familial, social, and cultural factors. Provider expectations for lifestyle change were viewed as yet another burden for AA women to deal with and an opportunity for failure.

Conclusions: An intervention model was developed for subsequent testing. Model content addresses (1) the symbolism, role, and origins of specific dietary food habits or preferences; (2) personal safety, time, and economic considerations affecting the perceived priority and feasibility of dietary fat reduction and increased physical activity; and (3) strategies to balance roles and responsibilities of AA women within multigenerational families, their faith community, and their specific AA community. In this model, the provider-respondent relationship is strengthened through specific strategies to transform the respondent's perception of the provider from an unwanted, unhelpful "outsider" who is a barrier to effective change to a caring, effective facilitator of change with a continuing relationship and commitment to the respondent and her affiliated community.

RT-24 **Designing a Statewide Monitoring System for Hospital-Sponsored Cardiovascular Disease Preventive Services to Medically Underserved Populations**

Patrice M. Gregory, Ph.D., M.P.H., UMDNJ-Robert Wood Johnson Medical School, Julie Pantelick, Maria Lourdes M. de Jesus, M.P.H., C.H.E.S., Alfred F. Tallia, M.D., M.P.H., Jo Ann Kairys, M.P.H., Benjamin F. Crabtree, Ph.D.

Purpose: Disparities in the utilization of hospital-based cardiovascular disease (CVD) services highlight the need for hospitals to provide outreach to medically underserved populations. This presentation describes a multi-method process for developing a statewide system to monitor hospital-sponsored outreach, specifically CVD preventive services. This system is designed to promote the provision of these services to the underserved and thereby help to eliminate disparities.

Methods: The system was developed using a three-phase process. First, reviews of the literature established potential system parameters. The second phase involved three multidisciplinary expert panels that recommended system specifications for (1) medically underserved populations, (2) hospital catchment areas, and (3) key marker services and reporting formats. The third phase consisted of designing and testing a reporting instrument.

Results: In the first phase, more than 300 articles, books, government documents, and reports were reviewed. Expert panelists included community members, health care providers, policymakers, hospital administrators, and researchers who reached consensus on system specifications. Three hospitals provided data to test the reporting instrument.

This process resulted in a system that identifies medically underserved populations according to eight variables (e.g., race/ethnicity, language spoken, and insurance). Hospital catchment and medically underserved areas are defined through patient origin and travel-time methodologies using geographic information systems. Key marker services include screening for hypertension, elevated blood lipids, diabetes, and obesity.

Conclusions: The multi-method approach, including the participation of State and national experts and community representatives, was essential for the successful development of the monitoring system. Future research must address whether this effort will contribute to the elimination of health care disparities.

RT-25 **Forging Community Youth Partnerships: Influencing Another Generation**

Barbara Jean Hensick, M.S.N., R.N., C.S., University of Michigan Health System

As the old saying goes, "you can't teach an old dog new tricks" . . . but a young dog, now there's an opportunity. Borrowing on this fabled wisdom, the University of Michigan Health System (UMHS) has turned it into an ongoing campaign to promote health education through

our hospital's Nursing Community Youth Program (CYP). Introducing children to positive health messages through fun, interactive encounters could well promote healthy habits to take root and flourish. Upon this premise, the CYP was initiated in 1991 to sponsor community youth education programs to enhance the image of nursing while delivering a multitude of positive health messages. A critical assessment and identification of youth educational needs culminated in the formation of a strong community partnership between our nursing department and the local area public school system. An array of health promotion activities appropriate to the developmental age group targeted, preschool through high school, were developed and implemented for all educational levels. Encore presentation favorites include heart dynamics and heart throbs, tobacco use prevention, HIV/AIDS and STDs, stress, nutrition, and many more. Other popular UMHS community events include "Taste of Health," "Hearts for the Arts," and "Be a Nurse!" The CYP has been an overwhelmingly successful venture for both nursing and the local community for more than 10 years now. This presentation will address organizational initiatives underlying the program's development and implementation, ongoing collaborative community strategies influencing positive outcomes, and qualitative evidence demonstrating the program's impact.

RT-26 **"Know Your Numbers" Campaign—Project Strategy Tips**

Sara L. Noble, Department of Family Medicine, University of Mississippi Medical Center, Victor D. Sutton, Marion R. Wofford

Mississippi has the highest overall cardiovascular mortality rate among the 50 States and is the leader in the prevalence of obesity and diabetes. The Mississippi Chronic Illness Coalition (MCIC) and the Mississippi State Department of Health (MSDH) collaborative partnership is focused on narrowing the gap in attaining optimal treatment goals identified in nationally published guidelines for the treatment of obesity, diabetes mellitus, dyslipidemia, and hypertension. A statewide mass media campaign targeting public and health providers of normal or desired health "numbers" has been developed, is being implemented, and will be evaluated. A second legislative day at the State Capitol is planned for January 15, 2002. The process of the "Know Your Numbers" Campaign development, implementation, and evaluation will be discussed, and tips for a successful project strategy and challenges will be highlighted.

RT-27 **Salud para su Corazón in North Texas**

Mary Louise Luna Hollen, Ph.D., R.D., L.D., Department of Social and Behavioral Sciences, School of Public Health, University of North Texas Health Science Center

The purpose of the project is to effectively adapt the NHLBI Salud para su Corazón (SPSC) program to the Hispanic communities of Fort Worth and Dallas by achieving direct community participation and positive

health behaviors. The North Texas SPSC is a network of partner institutions utilizing NHLBI's culturally sensitive health education materials and the lay health educator curriculum entitled Promotoras de Salud. Each network of partners developed its own tailored strategic plan for incorporating SPSC into its neighborhoods and existing programs. Twenty-five individuals were recruited from Hispanic neighborhoods and were trained by peer promotoras. New promotoras are working and volunteering in their communities. Promotora State credentialing and continuing education requirements for the promotoras de salud help to integrate the promotora curriculum competencies, skill development, and positive community behaviors. Baseline data are compared to post data to determine the impact on tailoring national Hispanic initiatives in communities.

RT-28 Case Managers for Evidence-Based Outcomes for Continuing Medical Education Improvement

Michael Allan Moore, M.D., Wake Forest University School of Medicine, Terri Johnson Motley, Kathryn Sutton Plumb

Health care professional (HCP) continuing medical education (CME) occurs frequently but rarely with measured changes in the HCP's clinical care following the CME activity. The Dan River Cardiovascular Healthcare Initiative Program (DRchip) is a community-based program with 51 primary care or primary care-equivalent physicians to reduce community cardiovascular mortality through screening, clinical care, and improved public and HCP education. Case managers (CM) follow all outpatient-screened patients with one or more cardiovascular risk factors, while other CMs follow a sample of patients evaluated in the hospital emergency room for chest pain or admitted to the hospital with congestive heart failure (CHF). Although CMs will ensure that screened patients receive appropriate referral for care, nonadmitted chest pain patients receive outpatient chest pain workup, and CHF outpatients are compliant to prevent readmission; they will also document the care that each patient type receives by a physician over 3 years. The initial assessment of patient care will be a part of the CME needs assessment process, while the second and third year case manager clinic assessments will measure changes in physician care. Correlations will be made between the content and format of the CME activities and the actual physician's clinical behavior.

RT-29 PufferSnuffer

Donna H. Evans, M.S., C.H.E.S., West Virginia Health Right

Purpose: The PufferSnuffer "Quit Tobacco, Every Patient, Every Visit, Every Provider" program provides a tobacco cessation program for the more than 14,000 uninsured and underinsured poor patients served at West Virginia Health Right.

Methods: In 2000, Health Right designed the PufferSnuffer "Quit Tobacco, Every Patient, Every Visit, Every Provider" tobacco cessation program. This is the only quit tobacco program designed specifically for the uninsured poor that is systematized into every aspect of the clinic setting. Barriers such as low literacy, lack of transportation, and childcare are overcome. Intensive patient support is given with small class size and individual coaches assigned to each patient. The PufferSnuffer tobacco cessation program was developed using programmatic information and guidelines of the U.S. Public Health Service, the National Institutes of Health, and the American Medical Association.

PufferSnuffer classes meet weekly for 8 weeks of behavioral modification, lifestyle change, and support classes. Nicotine replacement and prescription medications (i.e., generic Zyban) are standard therapy for each class participant. All medications are provided free of charge.

Summary: Results of this program show that 25 percent of the participants have quit using tobacco.

Conclusions: Intervention by health care providers through a systemwide quit tobacco program increases the success rate.

RT-30 Coronary Artery Risk Detection in Appalachian Communities

Emily Corbett Spangler, M.D., West Virginia University, William A. Neal, Viktorina Muratova, Valerie Minor

West Virginia has the highest rate of obesity in the Nation according to the 1997 Behavioral Risk Factor Survey. Overweight and obesity have been shown to increase the risk for coronary artery disease (CAD). In 1998, the Coronary Artery Risk Detection in Appalachian Communities (CARDIAC) project was initiated as a means to reduce the incidence of CAD and its risk factors (including obesity) in West Virginia. CARDIAC is a community-based coronary risk factor screening project among school-aged children and their parents. CARDIAC is a collaborative project involving higher education, secondary education, and several State agencies. Since its inception, CARDIAC has grown from a small school-based cardiovascular disease surveillance project piloted in three rural West Virginian counties to an expanded multidimensional effort involving 29 counties throughout the State, with future plans of becoming statewide next year. During the 1999–2001 school years, 2,128 children (mean age = 10.9 years) participated in the CARDIAC project. Nonfasting finger stick total cholesterol, high-density lipoprotein cholesterol, blood pressure, height, and weight are measured on each child. Results indicated a very high prevalence of overweight and obesity in this rural, low socioeconomic, adolescent population. Almost 40 percent of the children screened were considered to be overweight (BMI \geq 85th percentile), and 28 percent of them were considered to be obese (BMI \geq 95th percentile). This high rate of obesity among West Virginian schoolchildren puts them at an increased risk for other CAD risk factors. Interventions

have been implemented to increase knowledge and to change both attitudes and behaviors in relation to CAD risk factors.

RT-31 Bridging Gaps in Secondary Prevention of CHD: Experience From Olmsted County, Minnesota

Randal J. Thomas, M.D., Mayo Clinic and Foundation, Thomas E. Kottke, D.M.D., M.S.P.H.

Background: Although numerous therapies have been shown to reduce recurrent cardiac events in patients with known coronary heart disease, the application of these therapies to eligible patients has generally been suboptimal. This gap in the application prevention therapies is due to a variety of barriers at the patient, provider, health care system, and societal levels.

Methods: Health care teams from the Mayo Clinic in Olmsted County, MN, have been assessing and implementing a number of bridging initiatives to help reduce these gaps. Efforts include the use of relatively "low-tech" interventions, such as patient reminder letters and provider reminder cards, as well as more "high-tech" interventions, such as an electronic reminder system, a system of provider performance feedback reports, and a multimedia, communitywide public health campaign.

Discussion: This presentation will include a review of the experience and outcomes to date in Olmsted County, MN, and describe future directions for CHD secondary prevention efforts in our community.

RT-32 Implementation and Development of an Urban School-Based Health Promotion Initiative: The PATH Program

Paul Stephen Fardy, Ph.D., Queens College

Purpose: The purpose of the roundtable is to provide information on planning, implementation, and assessment strategies adopted in the development of a successful urban school-based health promotion initiative for middle and high school ages.

Methods: An open discussion format will be utilized with complementary handouts of program information. The topics will include:

- Initial program planning
- Selling the concept of a unique physical education-class that integrates exercise, heart health education, and behavioral modification
- Laying the ground work
- Implementation and ongoing strategies
- Enlisting support
- Avoiding pitfalls
- Program outcomes
- Evaluation and followup

Results: PATH is a school-based health promotion program that teaches concepts of personal wellness. Established in 1993 following 4 years of feasibility trials

and pilot programs, PATH has been introduced to 40 schools and more than 35,000 students in New York City. The program has received local, State, and national recognition, including an award from the American College of Sports Medicine as the outstanding program in the country in promoting Healthy People 2000 objectives. The program's success is demonstrated by favorable outcomes in heart health knowledge, health behaviors, coronary disease risk factors, and cardiovascular fitness. These data have been disseminated in 37 scientific presentations and publications.

Conclusions: PATH is a successful urban school-based health promotion initiative for teenagers. The roundtable discussion will provide participants with strategies that have been applied in making the program a success.

RT-33 A New Approach to Community-Based Cardiovascular Health Care Prevention: The COSEHC Cardiovascular Centers of Excellence

Michael Allan Moore, M.D., Wake Forest University School of Medicine, Carlos M. Ferrario, Carla Yunis

Traditional cardiovascular treatment has not successfully reduced cardiovascular mortality in the Southeastern United States over the past several years. The Consortium for Southeastern Hypertension Control (COSEHC), a nonprofit, voluntary health organization, was formed in 1992 by concerned physicians to develop a new approach to the high southeastern mortality. In addition to health care professional educational programs, COSEHC developed multiple Centers of Cardiovascular Excellence throughout the Southeast. Centers were chosen through a competitive process to provide four strategies: local cardiovascular screening, increased implementation of JNC VI-South, and public and health care professional education. Nineteen Centers of Excellence in 13 Southeastern States currently exist. Some centers are based within academic medical centers, while others are in large private practice groups. All conduct various intensities of the four strategies. An Internet database system unites the centers. An estimated 1 million patients have been seen in the centers. Demographic baseline data plus serial outcome data have been collected on more than 1,000 center patients. More than 100 health care professional and public education programs have been presented by the centers. Serial annual mortality rates for cardiovascular disease will be used over the next 10 years to measure the efficacy of the COSEHC Centers of Excellence.

RT-34 TeleMedicine in Rural America

Eric Larson, M.S., Michael E. DeBakey Heart Institute of Kansas

The purpose of this presentation is to provide health care professionals with alternative methods of providing and promoting structured, monitored exercise to rural America.

This presentation entails a brief history of TeleMedicine and rehabilitation services, some program development ideas, and the pros and cons associated with them. Supportive data are provided to help relay the importance of getting postevent and postprocedure heart patients involved in a risk reduction/reversal program, such as a cardiac rehabilitation program.

A roundtable format will help bring various ideas to the table from different professions, both clinical and nonclinical.

RT-35 Perception of Overweight in African American/Hispanic Populations

Laurie Tansman, M.S., R.D., C.D.N., The Mount Sinai Hospital, Tara Ostrowe

Overweight is especially prevalent in African American/Hispanic populations. Cultural, social, and individual preferences for body shapes contribute to overweight. However, a literature review reflects that little is known about the perception of a healthy weight for these two populations.

At two street festivals in New York City, a scale was available at a health education booth. While it was an unanticipated magnet attracting African Americans/Hispanics to the booth, it did not have the same effect on other populations. Two hundred and thirty-two adults were weighed. Fifty-four percent were African American/Hispanic, of which 68 percent were overweight. Forty-six percent were others, predominantly white, of which 26 percent were overweight. However, approximately 25 percent of the white passersby refused to be weighed and, incidentally, appeared to be overweight. Only 4 percent of African American/Hispanics refused to be weighed.

Based upon obtained weights and commentary, there appeared to be a lack of personal acknowledgement of overweight in the African Americans/Hispanics weighed. It has been postulated that individual perception provides the vehicle with which behavioral modification can be achieved. Current literature focuses on the importance of weight control programs in these defined populations that are sensitive to language, literacy, and low income. They are not aimed at helping to alter perception of overweight. In order for an individual to want to make changes to lose weight, the individual must perceive himself or herself to be overweight.

RT-36 Use of Computer Resources by Promotores de Salud

Matilde Alvarado, R.N., M.S., National Heart, Lung, and Blood Institute

As part of the Salud para su Corazón Initiative, the National Heart, Lung, and Blood Institute (NHLBI) partnered with the Western Arizona Area Health Education Center and the Promotores National Network to assess the need for online computer resources to enhance the skills of promotores (lay health workers). A survey was used to collect the data during a national promotores conference. The analysis of 196 surveys was segmented by

educational level and language preference. This session will discuss: (1) promotores' interest in a Web-based information clearinghouse, (2) the barriers and opportunities that exist between computer usage and skills of the promotores, and (3) the content and utilization of an online application for promotores proposed by the NHLBI and its partners. The preliminary results of the assessment showed that 75 percent of both English- and Spanish-speaking promotores, regardless of educational level, considered the Internet an important promotora tool. Promotores viewed a proposed online site, the "Promotores Plaza," as an opportunity to provide support to promotores through interactive learning, facilitate dissemination of information, and serve as a forum to exchange ideas. The two major challenges confronting the promotores are training in computer and Internet skills, not interest or access, and overcoming the language barrier for those who are Spanish-only speakers.

RT-37 Hmong Quality of Hypertension Care Project: Blood Pressure Control Among Hmong Americans

Candice Chin Wong, M.D., Ph.D., University of California, San Francisco, Kao-ly Yang, Neng Moua, Leng Mouanoutoua

Purpose: To identify barriers to hypertension control among Hmong refugees and their health service needs, we surveyed Hmong with self-reported diagnosis of hypertension in California.

Methods: A culturally and linguistically tailored quality of care survey was administered face-to-face among a convenience sample of 205 hypertensive patients. Results of two blood pressure readings taken by their providers were requested from each subject.

Results: The average age of the respondents (61.5 percent women) was 57 years; all were foreign born and on the average in the United States for 16.7 years. Ninety-three percent had no formal education, and 86 percent spoke English poorly or not at all. While 90 (44 percent) rated their health as excellent or good, 189 (92 percent) respondents reported psychological distress. Only 35 percent of the respondents believed that hypertension is preventable, and 144 (70 percent) reported that American medicines were too strong for Hmong. Although 191 (93 percent) were prescribed blood pressure medication, 189 (92.2 percent) reported that they missed taking their blood pressure medication due to depression, and 169 (82.4 percent) reported that psychological distress had interfered with their seeking care from their health care providers. Lastly, 132 (72.9 percent) were noted to have uncontrolled hypertension (i.e., mean of two blood pressure measurements > 140/90 mmHg) despite having high continuity of care; 203 (99 percent) with one health care provider and 200 (98 percent) had their blood pressure checked within the last 6 months.

Conclusion: Optimal blood pressure control among Hmong refugees requires culturally competent health care services and an integration of psychological counseling with medical services.

RT-38 Hydration and a Healthy Heart

Stephen R. Kay, International Bottled Water Association (IBWA)

Proper hydration is a critical component of a healthy heart and overall personal health and wellness. Water is an excellent choice as a hydrating beverage because it does not contain calories, artificial sweeteners, caffeine, or alcohol. Water consumption plays a key role in proper exercise, fitness, and nutrition and is a critical part of a person's diet, nutrition, and fitness regime. Bottled water is an excellent choice for drinking water due to its consistent safety, high quality, good taste, and convenience. Regulated as a packaged food product by the U.S. Food and Drug Administration (FDA), bottled water meets stringent Federal, State, and industry safety and quality standards, which provide consumers with an attractive reason to choose to drink water rather than other beverages and foods that may contribute to obesity and poor dietary choices.

RT-39 Stages of Change and Self-Efficacy for Cardiovascular Disease Health-Promoting Behaviors Among African American Union Workers

Robinson Fulwood, Ph.D., M.S.P.H., National Heart, Lung, and Blood Institute

Cardiovascular disease (CVD) remains the number one killer of African Americans. Most public health resources to combat CVD have been invested in finding solutions through the medical care system, even though the major risk factors for CVD are preventable and associated with unhealthy lifestyle behaviors. Furthermore, since poverty and low education disproportionately affect African Americans, chronic conditions such as CVD are generally addressed too late by the medical care system. Thus, health promotion and preventive health interventions are needed. This study describes the results of work conducted with low-income, African American union workers (janitors, cafeteria, grounds, and maintenance workers) with respect to age and gender differences in self-efficacy and stages of change for exercising, quitting smoking, eating fruits and vegetables, and reducing consumption of high-salt foods. The sample was 50 percent female. The ages ranged from 21–70 years; 83 percent had incomes less than \$35,000 a year, and 35 percent had not completed high school. Findings show that 59–87 percent reported that they were sure that they could engage in the behaviors with the lowest percentage for quitting smoking. Moreover, most workers indicated being in action or maintenance stage, except for quitting smoking. These findings will be explored further to assess age-gender specific relationships and implications for implementing union-based health promotion interventions.

RT40 Reaching the Chinese Community

Donna Robin Lew, B.S., American Heart Association, Michael J. Wong

In 1985, the San Francisco Chapter of the American Heart Association initiated outreach efforts to reach the Chinese community with the heart health message. In the past 15 years, the Chinese Community Cardiac Council has developed and implemented innovative heart health programs from contests in Chinese language schools to a media campaign on women's health issues.

Dr. Michael Wong will share how the program began and the many projects and resources that have come from this project. He will also discuss our experience working in the Chinese community and how it served as a model to develop programs for the African American, Latino, and Filipino communities.

