

Mobile Screenings - Opening Doors to Improving Cardiovascular Health in High-Risk Communities

Morales Mitchell V, Peter-Lawrence M, Powell-Wiley T

Learning objectives:

1. Discuss how community partnerships with leaders of faith-based organizations, health advocates, community members, and academic leaders from area universities identified an intervention strategy promoting cardiovascular health that is compatible with the culture and life circumstances of the target community in Washington D.C.
2. Describe how community partnerships led to the development of a health and needs assessment to identify specific tools that may be utilized in a community-based health behavior change intervention targeting cardiovascular health in high-risk communities in Washington D.C.
3. Explain how mobile cardiovascular screening services in high-risk communities were designed using clearly defined processes so members of the community gain awareness of their cardiovascular health.

Target Audience (optional) - Community Health Workers, Public Health Agencies with interest in Cardiovascular Disease.

Primary Geographic focus of the Program (optional) – Urban communities with high-risk cardiovascular disease and limited access to health care

Comments to Organizers (optional) - key words - Community-based participatory research (CBPR), Cardiovascular Disease, Obesity, limited access to health care.

Poor cardiovascular health disproportionately affects populations with limited clinical care access. Interventions targeting cardiovascular health can be developed for high-risk populations using community-based participatory research (CBPR). Community partnerships can be beneficial in creating a tailored method of engaging community members from high-risk neighborhoods to improve cardiovascular health. A CBPR partnership between our National Institutes of Health research group and organizations representing Washington, DC communities with the highest obesity rates and where physical activity (PA) and healthy nutrition resources are most limited (Wards 5, 7, and 8), developed a community advisory board in 2012. This advisory board, *DC Cardiovascular Health and Obesity Collaborative (DC CHOC)*, includes faith-based organizations and community leaders from healthcare, non-profit organizations, higher education, and local government. DC CHOC meets quarterly providing feedback on design, recruitment and implementation of a health and needs assessment. To determine cardiovascular health factors, assess bio-psychosocial/environmental barriers to behavior change, and test tools for promoting PA and nutrition in the community, DC CHOC recommended conducting mobile screenings at Ward 5, 7, and 8 churches. Approximately 100 participants enrolled at four churches from September 2014-February 2015 (NCT: NCT01927783). We will describe partnerships that helped design screenings for efficient participant engagement, identify screening volunteers, and involve community

members as point-persons for further recruitment. After reviewing DC CHOC's feedback on preliminary assessment findings, proposed targets for a behavioral health intervention will be presented. Thus, community partnerships led to 'mobile screenings', a successful first step in developing a cardiovascular health intervention in high-risk Washington, DC communities.