

Title of Intervention: The Bootheel Heart Health Project

Intervention Strategies: Campaigns & Promotions, Supportive Relationships, Group Education, Environment and Policies

Purpose of the Intervention: To reduce morbidity and mortality due to cardiovascular disease through community-based activities.

Population: Adults in the Bootheel (6 counties in southeast Missouri); majority African American

Setting: Community-based; faith-based; school-based

Partners: Saint Louis University, Washington University, Center for Chronic Disease Prevention and Health Promotion (CDC), Division of Chronic Disease Prevention and Health Promotion, Missouri Department of Health and Senior Services, local leaders, local health agencies, coalition & sub coalitions, community organizations such as schools and churches

Intervention Description: Sub-coalitions were able to choose their own interventions from a list. Intervention activities included the following strategies:

- Group Education: aerobic exercise classes, heart healthy cooking demonstrations, cardiovascular disease education programs
- Campaigns and Promotions: community blood pressure and cholesterol screenings, annual heart healthy fitness festivals (demonstrations, registration for classes, screenings), “High Blood Pressure Sunday” in churches (sermons, screenings and healthy meals), poster contests in schools, “Heart Healthy Corner” (weekly newspaper column on heart disease)
- Supportive Relationships: walking clubs
- Environments and Policies: construction of walking and fitness paths

Theory: Community Health Model, Social Learning Theory, and Stage Theory of Innovation

Resources Required:

- Staff/Volunteers: class leaders, coalition and sub-coalition members, ministers, health care providers
- Training: no information provided
- Technology: printer, screening assessment tools
- Space: physical activity spaces (classrooms and walking trails)
- Budget: approximately \$105,000 over 5 years
- Intervention: class materials, media, food, screening supplies,
- Evaluation: surveys, random digit dialing capability

Evaluation:

- Design: Quasi-experimental; cross-sectional
- Methods and Measures: Survey based on the Behavioral Risk Factor Surveillance System included questions identical to those used in the 1990 and 1994 surveys and additional questions regarding coalition exposure, arthritis, functional status, and quality of life.

Outcomes:

- Short Term Impact: not measured
- Long Term Impact: Significant improvement was observed for communities having coalitions in comparison with communities not having coalitions.

Maintenance: Local sub-coalitions were able to apply for funding to implement community-based interventions addressing cardiovascular disease risk factors of their choosing.

Lessons Learned: With high poverty rates in the area, transportation to the interventions as well as purchasing fresh fruits and vegetables may be a barrier. There may be a lack of walking paths and accessibility to fitness centers in poor rural areas. Physical inactivity decreased within the intervention region, that is, in

communities where heart health coalitions were developed and among respondents who were aware of these coalitions. In addition, the prevalence rates for reports of cholesterol screening within the past 2 years were higher for respondents in areas with coalitions and among persons who were aware of the coalitions.

Citation(s):

Brownson, R. C., C. A. Smith, et al. (1996). "Preventing cardiovascular disease through community-based risk reduction: the Bootheel Heart Health Project." *Am J Public Health* 86(2): 206-13.