

# CHRONIC DISEASE PREVENTION IN AFRICAN AMERICANS WHO LIVE IN A FOOD DESERT USING THE ACCESS, TRAINING AND EDUCATION (ATE) MODEL

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### BACKGROUND

Preventable chronic diseases such as hypertension, diabetes, hyperlipidemia and obesity are much more prevalent in the African-American community.

Food deserts increase the proportion of these diagnoses within the African-American community as they force many to purchase foods from corner store markets and fast food stores which carry products with limited nutritional value and a higher sodium, calorie, sugar, and cholesterol content.

Study aimed to determine if increased access to:

- 1) healthy food options
- 2) health screenings
- 3) health education
- 4) meal preparation education;

Elicits the following behavior changes:

- 1) decreased poor food choices
- 2) increased health knowledge

# Health Screening Fair

- Held February 10, 2018
- East of the River Shopping Center parking lot
- Kaiser Permanente's Thrive Van
- 35 participants in 3 hours
- 26 self selected for ATE intervention

METHODS

## Focus Group #1

- Gather information on cultural diet & health perceptions
- Educate on diabetes, hypertension, obesity & hyperlipidemia
- Educate on nutrition, reading food labels, & shopping prep
- 21 participants
  - $\triangleright$  Group A met @ 1 p.m. n=8
  - > Group B met @ 2:30 p.m. n=7
  - $\triangleright$  Group C Met @ 4 p.m. n=6

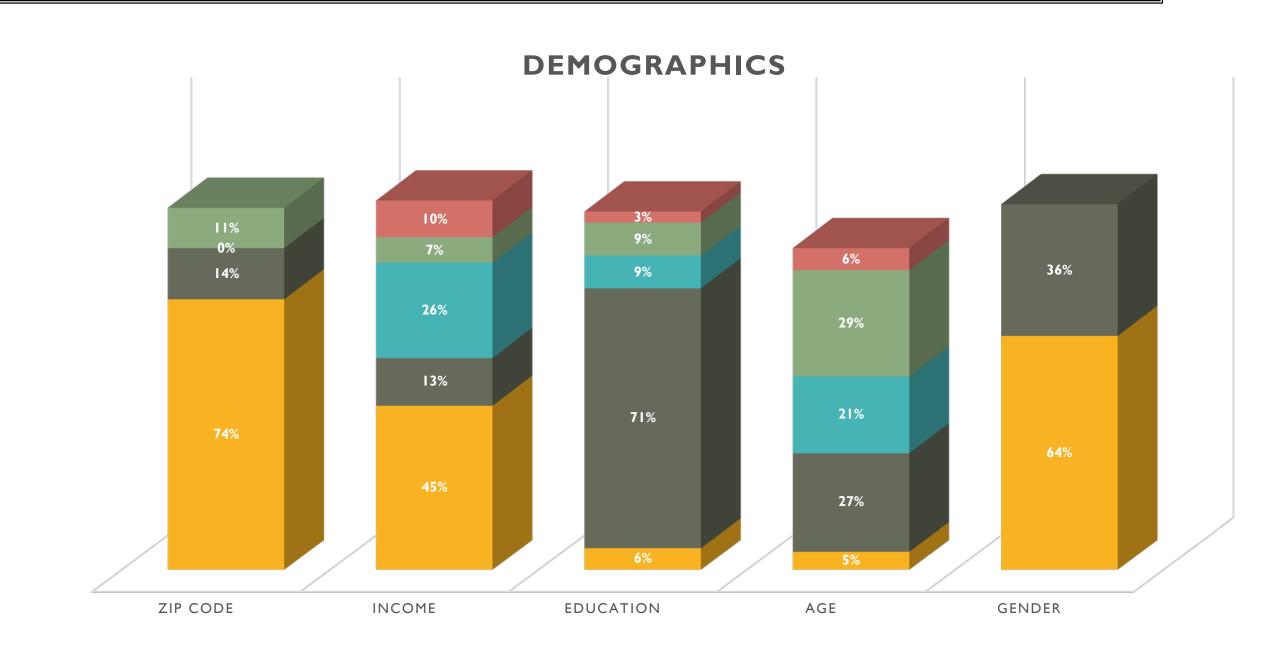
# Focus Group #2

- Discuss changed behaviors
- Meal prep healthy cultural foods
- Evaluation intervention's effectiveness
- 16 participants
  - Froup A met @ 1 p.m. n=6
  - > Group B met @ 2:30 p.m. n=5
  - Froup C Met @ 4 p.m. n=5

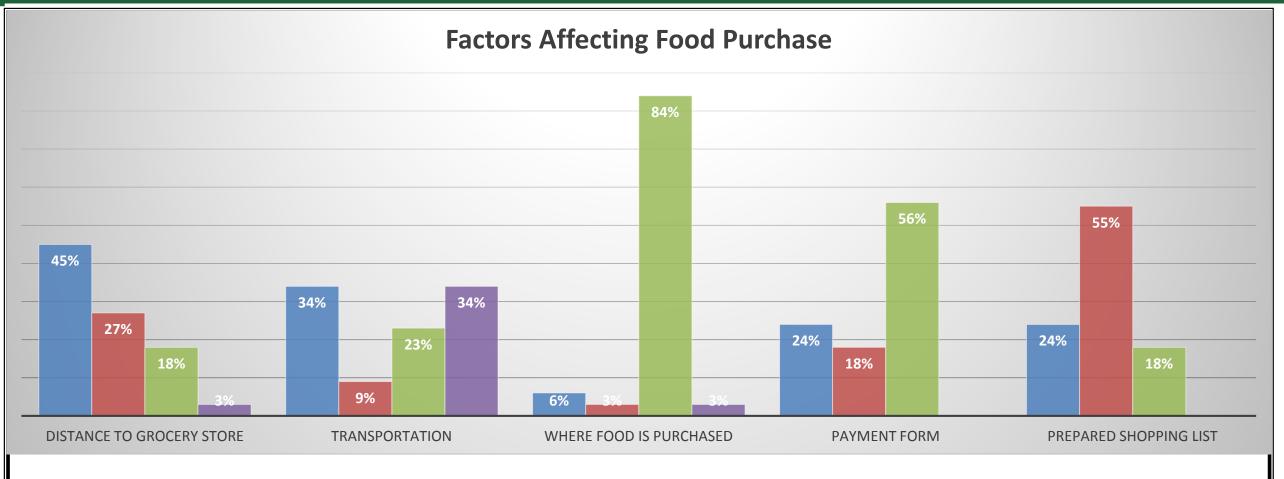
# ER PERMANENTE We're making HEALTH CALLS. U kp.org







#### RESULTS



There were several factors which affect food choices, most notably was cost and location. Changed behaviors:

- > 27% increase in prepared shopping lists.
- ➤ 47% increase in reading food labels prior to purchase.
- ➤ 69% reported dietary changes, however no change in knowledge of chronic disease

#### CONCLUSIONS

The ATE model can be used in any food deserts and low-income urban or rural areas to teach health prevention and management of chronic diseases, along with proper cooking and meal preparation.

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