The Pitt Graduate School of Public Health (GSPH) Center for Minority Health has taken its public health campaign to city neighborhoods by launching the Healthy Black Family Project (HBFP), aimed at preventing diabetes and hypertension in African American neighborhoods in Pittsburgh’s East End.

The program was announced Oct. 26 during a news conference at the Kingsley Association Community Center in Pittsburgh’s East Liberty neighborhood.

“Today we plant the flag of health promotion and disease prevention by opening a field office right here in the Kingsley Association’s new facility,” said Stephen Thomas, director of the Center for Minority Health in GSPH and Philip Hallen Professor of Community Health and Social Justice in GSPH and Pitt’s School of Social Work.

Also participating in the news conference were Pitt Chancellor Mark A. Nordenberg; Kenneth Melani, president and chief executive officer of Highmark Blue Cross Blue Shield; and William Trueheart, president and chief executive officer of The Pittsburgh Foundation.

With funding support from The Pittsburgh Foundation, DSF Charitable Foundation, and Highmark Foundation, the HBFP team will conduct door-to-door recruitment of Black families to join in a multiyear effort to improve diet, increase physical activity, and reduce stress as a way of translating the best public health and medical science into practical steps people can take to control their health.

Because these are more than 18 million Americans living with diabetes and another 16 million ages 40-74 with a condition called prediabetes (blood glucose levels higher than normal, but not high enough to be diagnosed as diabetes), the Center for Minority Health has assembled a team of community-based organizations—including the Centers for Healthy Hearts and Souls, the Kingsley Association, and Hosanna House, along with medical experts from the University of Pittsburgh Medical Center Healthy Lifestyle Program and computer technology specialists from Carnegie Mellon University—all focused on breaking the cycle of heart disease and diabetes through lifestyle behavior change, chronic disease management, access to medical care, access to preventive services, and the elimination of exposure to environmental toxins in the home and neighborhood.

Additionally, the BTC Center of the Baptist Temple Church in Homewood will provide linkages to church partners and other community-based organizations focused on making health and wellness a priority. The HBFP also will engage public housing communities in partnership with the Family Resources’ Beverly J. Wall-Lovelace Children’s Program.

“It is critical that we accept the evidence and begin to act on what we know,” Thomas said. “For
example, disparities between the health status of Blacks and Whites were well documented in the 2002 publication of the Black Papers on Health Status of African Americans in Allegheny County by the University of Pittsburgh Center for Social and Urban Research and the Urban League of Pittsburgh."

He noted that diabetes death rates for Black females and males are about twice the rate for Whites. Also, in 2002, the Pennsylvania Department of Health released a report that examined Behavioral Risk Factor Surveillance Survey data for Pennsylvania that identified racial disparities in risk factors for diabetes and heart disease. The state reported that significantly higher percentages of African American adults and children were overweight, and only 20 percent reported eating at least two servings of vegetables a day. Additionally, 31 percent of African American adults were smokers.

“Further, at the neighborhood level, a Homewood-Brushton community needs assessment, funded by The Pittsburgh Foundation, examined social conditions and reported that between 1995 and 1999, heart disease accounted for the highest mortality rate (20.7 percent) in persons less than 65 years of age,” Thomas pointed out.

“Cardiovascular disease and type 2 diabetes are preventable, and we aim to ensure that culturally appropriate and scientifically sound health promotion and disease prevention efforts reach Pittsburgh’s African American community. The evidence is clear that risk factors for chronic disease are concentrated in African American communities, and we must reach them where they live,” said Thomas.

“Pittsburgh, with world-renowned hospitals and universities, houses many centers of excellence in biomedical research, clinical care, and public health, yet paradoxically the Black residents who live in the communities surrounding these institutions bear a disproportionate burden of health problems,” noted Thomas, adding: “We believe it is in the best interest of insurance companies, like Highmark, to invest in programs like the Healthy Black Family Project as one way to engage the African American community in disease prevention.”

With analytic support from the Allegheny County Health Department, Pittsburgh’s East End has been designated a Health Empowerment Zone for the project. This is because the population of the designated neighborhoods in that area is 80 percent African American. In addition, 26 percent of that population lives below the federal poverty line. The priority neighborhoods include the East Hills, East Liberty, Homewood North, Homewood South, Homewood West, Larimer, Lincoln-Larimer, and Wilkinsburg.

Another goal of the project is to engage at least 10 percent of the 47,519 residents of these neighborhoods in nutrition and exercise programs, support groups, or health ministries. With Blacks being twice as likely to develop diabetes as Whites and the leading cause of death among people who have diabetes being heart disease or stroke, there is a proven need to inform Blacks of the risks and prevention methods for both diabetes and hypertension, HBFP leaders say.

According to the American Diabetes Association, research shows that if individuals take action to control their blood glucose levels when they have prediabetes or to control lower blood pressure levels when they are prehypertensive, they can delay or even prevent type 2 diabetes and other chronic conditions from developing. • Alan Aldinger and Rose Afriyie