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THE NATIONAL
AFRICAN
AMERICAN
MALE
WELLNESS WALK INITIATIVE

LIFE'S SIMPLE 7: SAVING BLACK MEN'S LIVES



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INTRODUCTION

Dr. Darrell Gray II, MD, MPH

*Assistant Professor, Division of Gastroenterology, Hepatology and Nutrition
Medical Director, Endoscopy and Gastroenterology Services, UHE Campus
Deputy Director, Center for Cancer Health Equity, OSU Comprehensive Cancer Center*

 @DMGrayMD



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THE OBJECTIVE

*Dr. Mark White, MD, Internal Medicine
Gateway Health and Wellness Center*

LIFE EXPECTANCY

African Americans are more likely to die at early ages from **all causes**, compared to White and Hispanic populations.

Life expectancy in the United States by Race and Ethnicity		
	Men	Women
White	76.5	81.1
Black	72.0	78.1
Hispanic	79.2	84.0

Sources: NCHS, CDC, 2016



SOCIAL DETERMINANTS

Social determinants of health (SDOH) are inextricably linked to poorer outcomes among African American males



Source: healthypeople.gov



CARDIO METABOLIC DISEASE

The leading causes of death among African American males are cardiometabolic diseases and cancer.

Prevalence of cardiometabolic diseases in the United States

	Diabetes	Obesity	Hypertension
Non-Hispanic Whites	7%	36%	29%
African Americans	13%	48%	41%

Sources: CDC, ADA



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AA MALE ARE DISENGAGED

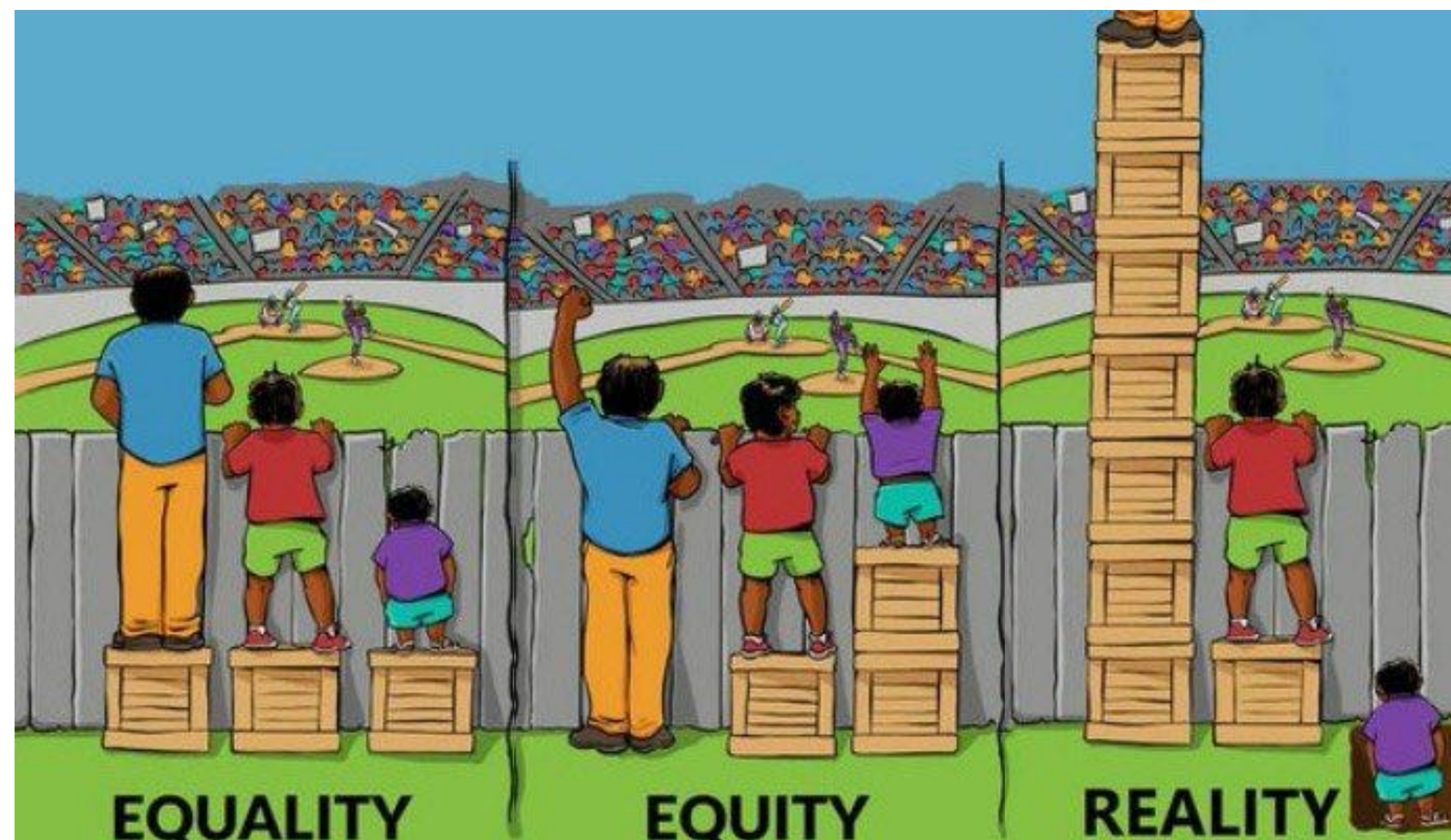
Many African American men are disengaged from the health care system

- Mistrust
- High cost
- Limited access
- Seeking primary care is not a top priority



EQUALITY • EQUITY • REALITY

- African American males have not had a fair and just opportunity to be healthy, but this can be overcome.
- The African American Male Wellness Walk Initiative was started to advance health equity.



Interaction Institute
for Social Change |
Artist: Angus Maguire



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WHY ARE WE HERE?

Mr. John H. Gregory

Founder, African American Male health Walk Initiative

 *@AAWalkNation*



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HEALTH SCREENINGS

.....
Ms. LaTasha Parks BSN, RN-BC
Nurse Manager
University Hospital East, Tower 8

HEALTH SCREENINGS MATTER

Men Only

The five main screenings

- Blood Glucose
- Cholesterol
- Blood Pressure
- Weight
- BMI

Additional Screenings

Not limited too, the below

- HIV/STI's
- Prostate
- Mental Health
- Dental
- Oral
- Vision
- Children Vaccines
- Smoking Cessation



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CHECK POINTS

Time for screenings



Check Point #1


Registration:

Participant registers at the AAMWW registration table (7am)

Results Documented
 results forms collected at
 to city coord

Health Screening Consent Form

PRINT - FILL OUT COMPLETELY - WRITE FIRMLY



Print Name (First) _____ (Last) _____

Address _____ City/St _____ Zip _____

E-mail _____ Phone _____ Gender M F

DOB ___/___/___ Age ___ Student ___ Employed ___ Unemployed ___ Retired ___

Highest Education Level Completed _____ Annual Income \$ _____

Race/Ethnicity African American/Black Asian Caucasian/White Native American Hispanic Other

Official Waiver/Release Agreement
 I agree by participating in the National African American Male Wellness Walk, I am doing so at my own risk. I will assume all risk for any injuries, illness, damage or loss to myself or theft of my personal property. I do consent to medical treatment in the event of injury, accident, or illness during this event if so needed. I also agree to release all associate or affiliate organizations with the National African American Male Wellness Walk, from any & all claims and/or causes of action (known or unknown) that may result from participation in this event. In addition, photos of the walk, images of my likeness may be used at the discretion of event holding parties. I acknowledge I have carefully read the above Waiver/Release Agreement and I fully understand the contents therein and release all event sponsors and/or their representatives from liability and by my signature I do waive the right for any legal action or assert any claim against such as stated. .

Consent for Health Screening
 I hereby agree to consent to participate in a health screening program. I understand that the information gathered is a part of the screening process. If I have any questions, I understand that I have the opportunity to discuss any and all of my medical concerns with regard to the health screening program with a healthcare provider. I acknowledge I have been apprised of any risks of the health screening program and am voluntarily electing to participate. I agree to hold harmless ALL NAAMWW representatives, and Dr. Mark White and Central City Medical Association, as well as each health care workers, employees, agents, physicians, volunteers and sponsors. Your information will not be shared with third parties without your written consent. I hereby grant permission to the staff and volunteers of NAAMWW's agencies/agents to obtain a blood sample to perform a screening test for diabetes. I understand this test does not diagnose diabetes. I understand NAAMWW will follow up with me if my results are abnormal. I hereby release all rights and claims for damages against NAAMWW and its agencies/agents resulting from this test. I am at least 18 years of age.

Revised 7.7.17

Signature _____ Date _____

- 1) Do you smoke? Yes No
- 2) Rate your health: Poor Fair Good Excellent
- 3) I currently have (check box): Private Insurance
 Medicaid Medicare No Insurance
- 4) When was your last doctor's visit? _____ (Mo/Yr)
- 5) Date of your last prostate examine? _____ (Mo/Yr)
- 6) Have you had any food, snack or drink (anything except water) in the last 8 hours? Yes No
- 7) I have a family history of diabetes? Yes No
- 8) I exercise more than 3 times per week. Yes No
- 9) Please check if you have completed colorectal cancer.
 Stool-base test Exam date: _____
 Colonoscopy Exam date: _____
- 10) Please check if you have any of the following:
 High Blood Pressure Use Medication: Yes No
 Cholesterol Use Medication: Yes No
 Diabetes Use Medication: Yes No

YOUR SCREENING RESULTS

Blood Pressure: _____ / _____ mmhg

Pulse: _____ Blood Glucose: _____ mg/dl

Cholesterol: _____

Height: _____ Weight: _____ lbs

BMI: _____ Body fat%: _____

HIV/STI: _____

Dental: _____ Mental Health: _____

Vision: _____ Smoking Cessation: _____

MEDICAL USE ONLY

Please use a check to record instructions given to person for abnormal test results:

____ See a doctor ASAP

____ Eat a (healthy) snack

____ Go to ER/Urgent Care Center Now

____ Take meds as prescribed

____ Literature offered

____ Would like to be contacted immediately by Physician

Check Point #3

Additional Screenings

HIV/STI's

Prostate

Mental Health

Dental

Oral

Vision

Children Vaccines

Smoking Cessation

participant
 il, forms are
 participant, one

CHECK POINTS

Time for screenings

Check Point #1

Registration:

Participant registers at the AAMWW registration table (7am)

Check Point #2 (MUST)

Runner Escort: Participant is escorted by Health Walk Runner to complete below Medical Screenings:

- Blood Glucose
- Cholesterol
- Blood Pressure
- Body Mass Index
- Weight

Check Point #3

Additional Screenings

- HIV/STI's
- Prostate
- Mental Health
- Dental
- Oral
- Vision
- Children Vaccines
- Smoking Cessation

Results Documentation: Health Screener completes the participant results form/health screening registration form in detail, forms are collected at the T-shirt table, one copy is provided to participant, one to city coordinator, one to corporate;

CHECK POINTS CONT...

Check Point # 4

Medical Review:

The participant is then escorted to the Volunteer Physicians to review the results of the screenings. The registration form details recommended medical instructions for abnormal results; Physician referral is available for all participants

Check Point #5

Emergency Medical Attention:

The Fire Department Ambulances are on-site and available for immediate escort to local hospitals for immediate medical attention. Additionally, the event has Emergency plan with The American Red Cross.

Check Point #6

Participants proceeds to T-shirt table

Health Screening Complete



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THE WALK SAVED MY LIFE

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The Willis Family



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THE DATA

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Joshua J. Joseph, MD & James Odei, PhD

*The National African American Male Wellness Walk Initiative
The Ohio State University Wexner Medical Center
The Ohio State University College of Public Health*

 @joshuaajosephmd

THE AMERICAN HEART ASSOCIATION'S STRATEGIC IMPACT GOAL THROUGH 2020 AND BEYOND

“To improve the cardiovascular health of all Americans by 20% while reducing deaths from cardiovascular diseases and stroke by 20%”

Life's Simple 7



Blood Pressure



Blood Cholesterol



Blood Sugar



Smoking Status



Healthy Weight



Physical Activity



Healthy Diet

Defining and Setting National Goals for Cardiovascular Health Promotion and Disease Reduction



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LIFE'S SIMPLE 7: POOR, INTERMEDIATE, AND IDEAL HEALTH

Goal/Metric	Poor health	Intermediate health	Ideal health
Current smoking	Yes	Former ≤ 12 months	Never or quit ≥12 months
Total cholesterol	≥ 240 mg/dl	200-239 mg/dl or treated to goal	<200 mg/dl
Blood pressure	SBP ≥140 or DBP ≥90 mmHg	SBP 120-139 or DBP 80-89 mmHg or treated to goal	<120/<80 mmHg
Body mass index	≥30 kg/m ²	25-29.9 kg/m ²	<25 kg/m ²
Physical activity	None	1–149 min/wk moderate intensity or 1–74 min/wk vigorous intensity	150 min/wk moderate intensity or 75 min/wk vigorous intensity
Healthy diet score	0-1 components	2-3 components	4-5 components
Fasting glucose	≥126 mg/dl	100-125 mg/dl or treated to goal	<100 mg/dl



LIFE'S SIMPLE 7 AND CARDIOVASCULAR DISEASE

Metric	Ideal
Current smoking	Never or quit ≥ 12 months
Total cholesterol	< 200 mg/dl
Blood pressure	$< 120 / < 80$ mmHg
Fasting glucose	< 100 mg/dl
Body mass index	< 25 kg/m ²
Physical activity	≥ 150 min/week moderate or ≥ 75 min/week vigorous intensity
Healthy diet score	4-5 components (Fiber, fish, SSB, Sodium, Fruits and Vegetables)

Northern Manhattan Study 1993-2011		
	Non-Hispanic White	African American
Attainment of ≥ 4 Life's Simple 7 Metrics	29.7%	19.5%

Epidemiology and Prevention

Ideal Cardiovascular Health Predicts Lower Risks of Myocardial Infarction, Stroke, and Vascular Death Across Whites, Blacks, and Hispanics

The Northern Manhattan Study

Chuanhui Dong, PhD; Tatjana Rundek, MD, PhD; Clinton B. Wright, MD, MS; Zane Anwar; Mitchell S.V. Elkind, MD, MS; Ralph L. Sacco, MD, MS

Background—Evidence of the relationship of cardiovascular health (CVH), defined by the American Heart Association, and specific cardiovascular outcomes is lacking, particularly among Hispanics. This study sought to evaluate the relationship between the number of ideal CVH metrics and cardiovascular risk, overall and by event subtype, in a multiethnic community-based prospective cohort.

Methods and Results—A total of 2981 subjects (mean age, 69 ± 10 years; 54% Caribbean Hispanic, 25% black, 21% white) free of myocardial infarction and stroke at baseline in the Northern Manhattan Study were prospectively followed up (median follow-up, 11 years). The relationship between the number of ideal CVH metrics and the risk of cardiovascular

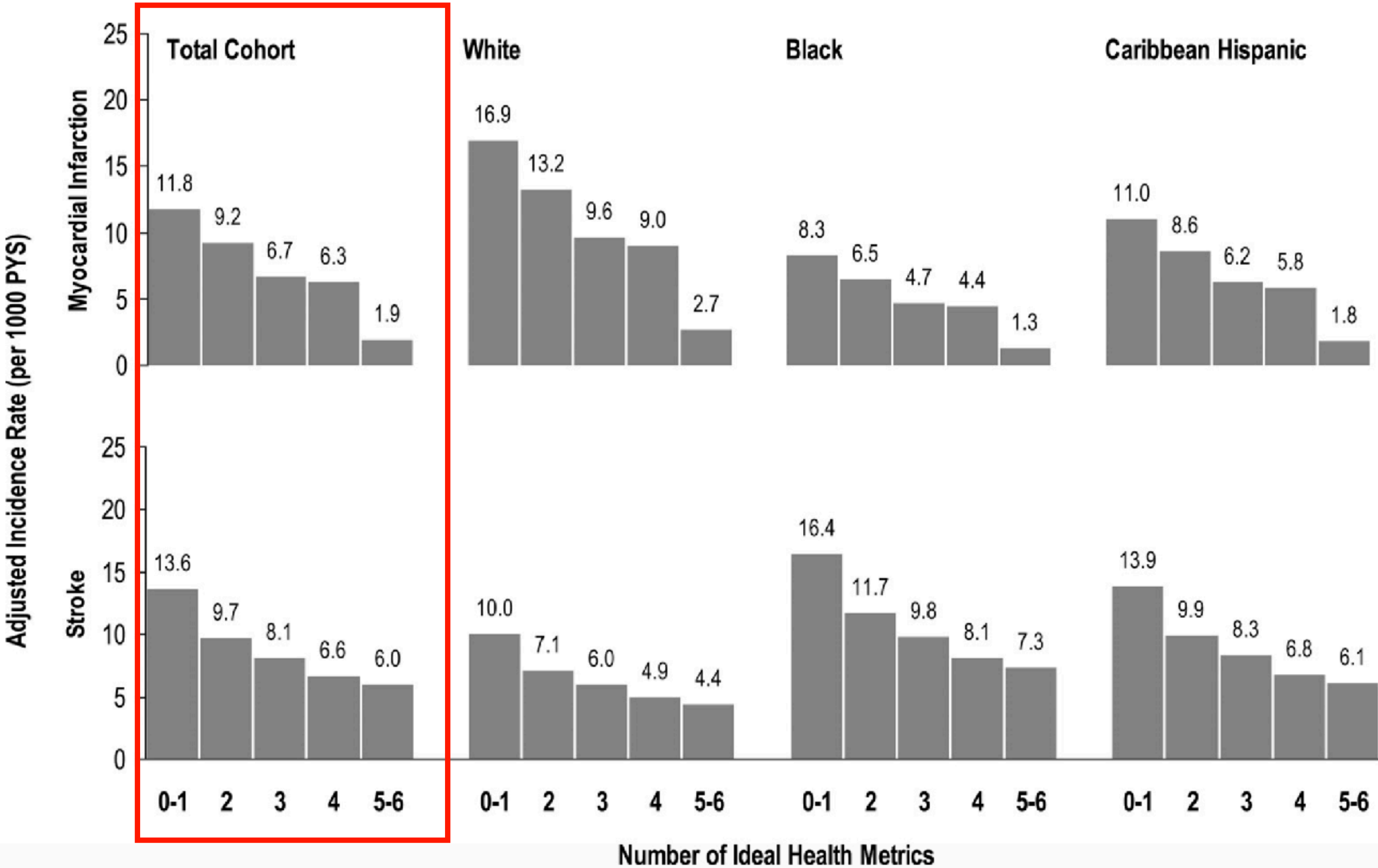
Dong et al. *Circulation*, 2012



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LIFE'S SIMPLE 7 LOWERS RISK OF CARDIOVASCULAR DISEASE



LIFE'S SIMPLE 7 LOWERS RISK OF CANCER

Metric	Ideal
Current smoking	Never or quit ≥ 12 months
Total cholesterol	< 200 mg/dl
Blood pressure	$< 120 / < 80$ mmHg
Fasting glucose	< 100 mg/dl
Body mass index	< 25 kg/m ²
Physical activity	≥ 150 min/week moderate or ≥ 75 min/week vigorous intensity
Healthy diet score	4-5 components (Fiber, fish, SSB, Sodium, Fruits and Vegetables)

Rasmussen-Torvik et al.
Circulation, 2013

The Atherosclerosis Risk in Communities Study 1987-2006	
	Non-Hispanic Whites & African Americans
Attainment of ≥ 4 Life's Simple 7 Metrics	29.7%

Epidemiology and Prevention

Ideal Cardiovascular Health Is Inversely Associated With Incident Cancer

The Atherosclerosis Risk in Communities Study

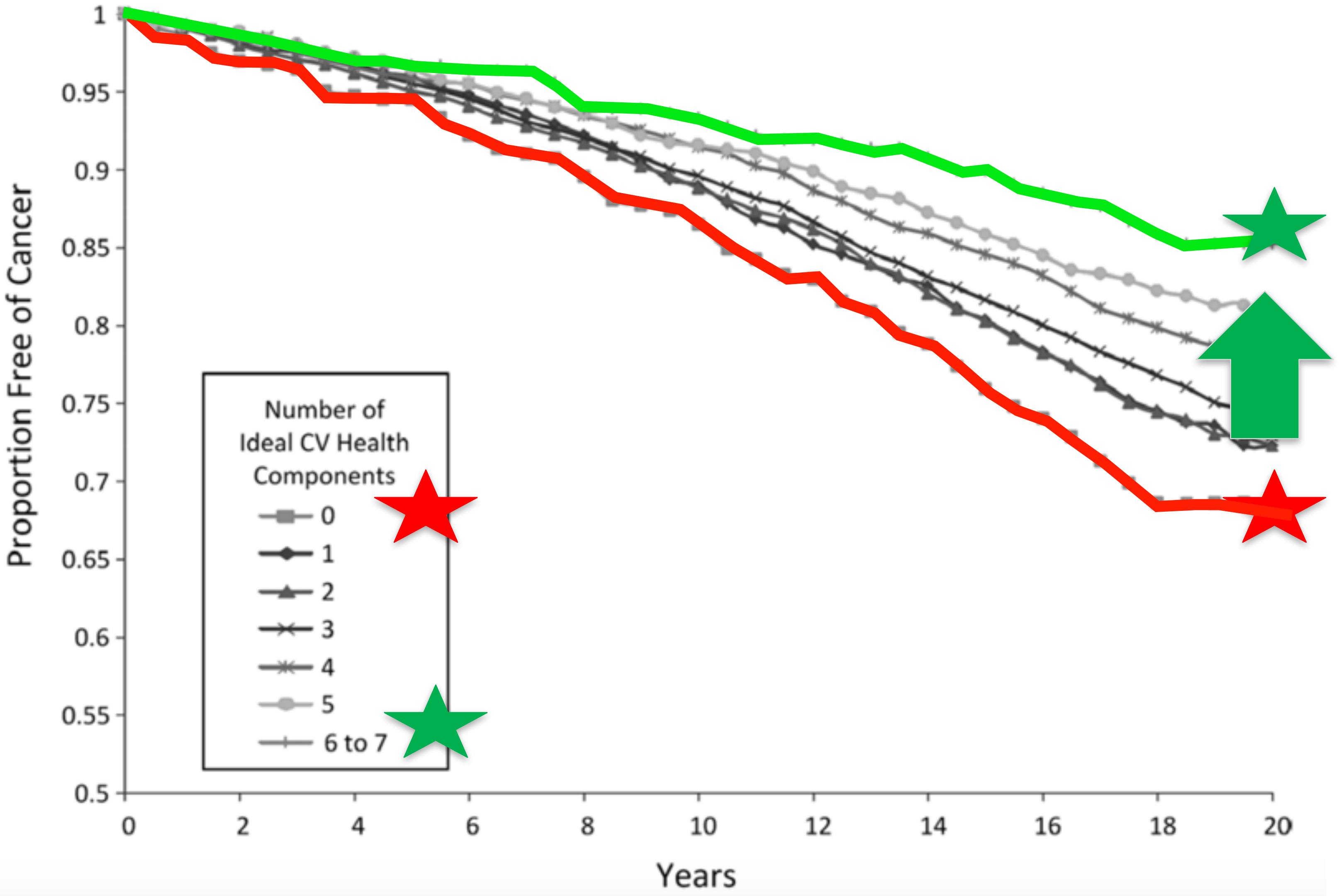
Laura J. Rasmussen-Torvik, PhD, MPH; Christina M. Shay, PhD, MA;
Judith G. Abramson, MD, MSCI; Christopher A. Friedrich, MD, PhD; Jennifer A. Nettleton, PhD;
Anna E. Prizment, PhD, MPH; Aaron R. Folsom, MD, MPH

Background—The American Heart Association (AHA) has defined the concept of ideal cardiovascular health in promotion of the 2020 Strategic Impact Goals. We examined whether adherence to ideal levels of the 7 AHA cardiovascular health metrics was associated with incident cancers in the Atherosclerosis Risk In Communities (ARIC) study over 17 to 19 years of follow-up.

Methods and Results—After exclusions for missing data and prevalent cancer, 13 253 ARIC participants were included for analysis. Baseline measurements were used to classify participants according to 7 AHA cardiovascular health metrics. Combined cancer incidence (excluding nonmelanoma skin cancers) from 1987 to 2006 was captured using cancer registries and hospital surveillance; 2880 incident cancer cases occurred over follow-up. Cox regression was used to calculate hazard ratios for incident cancer. There was a significant (P trend < 0.0001), graded, inverse association between the number of ideal cardiovascular health metrics at baseline and cancer incidence. Participants meeting goals for 6 to 7 ideal health metrics (2.7% of the population) had 51% lower risk of incident cancer than those meeting goals for 0 ideal

Cancer Rates from 1987 – 2006

By Number of Life's Simple 7 Ideal Metrics



LIFE'S SIMPLE 7 LOWERS RISK OF DIABETES

Metric	Ideal
Current smoking	Never or quit ≥ 12 months
Total cholesterol	< 200 mg/dl
Blood pressure	$< 120 / < 80$ mmHg
Fasting glucose	< 100 mg/dl
Body mass index	< 25 kg/m ²
Physical activity	≥ 150 min/week moderate or ≥ 75 min/week vigorous intensity
Healthy diet score	4-5 components (Fiber, fish, Soda, Salt Intake, Fruits and Vegetables)

Multi-Ethnic Study of Atherosclerosis (2000-2012)	
Diabetes Risk with ≥ 4 Life's Simple 7 Metrics	75% Lower Risk
Attainment of ≥ 4 Life's Simple 7 Metrics	23%

Joseph et al.
Diabetologia, 2016



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Smoking

Total Cholesterol

Blood Pressure

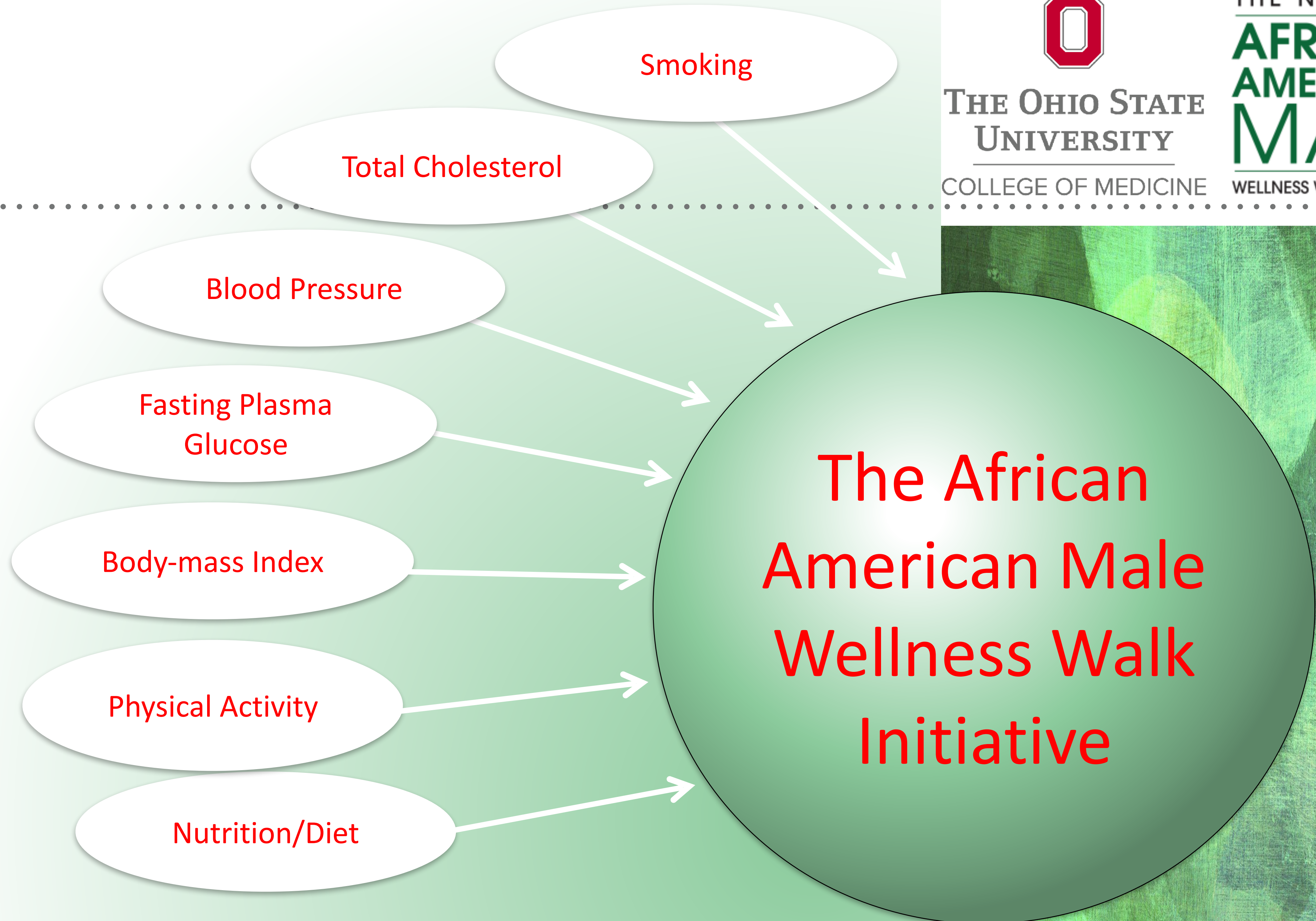
Fasting Plasma
Glucose

Body-mass Index

Physical Activity

Nutrition/Diet

The African
American Male
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Initiative





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What are the levels of
“Life’s Simple 7” among
African American Male participants
in the African American Male
Wellness Walk Initiative?



LIFE'S SIMPLE 7: POOR, INTERMEDIATE, AND IDEAL HEALTH

Goal/Metric	Poor health	Intermediate health	Ideal health
Current smoking	Yes	--	None
Total cholesterol	≥ 240 mg/dl	200-239 mg/dl or treated to goal	<200 mg/dl
Blood pressure	SBP ≥140 or DBP ≥90 mmHg	SBP 120-139 or DBP 80-89 mmHg or treated to goal	<120/<80 mmHg
Body mass index	≥30 kg/m ²	25-29.9 kg/m ²	<25 kg/m ²
Physical activity	Exercise < 3 times per week	--	Exercise 3 or more times per week
Healthy diet	--	--	--
Fasting glucose	≥126 mg/dl	100-125 mg/dl or treated to goal	<100 mg/dl
Random glucose	≥200 mg/dl	140-199 mg/dl	< 140 mg/dl



AAMWWI HEALTH SCREENINGS

562 Participants in 2015

707 Participants in 2016

859 Participants in 2017



AAMWWI HEALTH SCREENINGS

2015: 47 [18-81] Years of Age

2016: 48 [18-85] Years of Age

2017: 49 [18-85] Years of Age



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AAMWWI HEALTH SCREENINGS

23 New Diabetes Cases in 2016

59 New Diabetes Cases in 2017

273 New Hypertension Cases in 2017

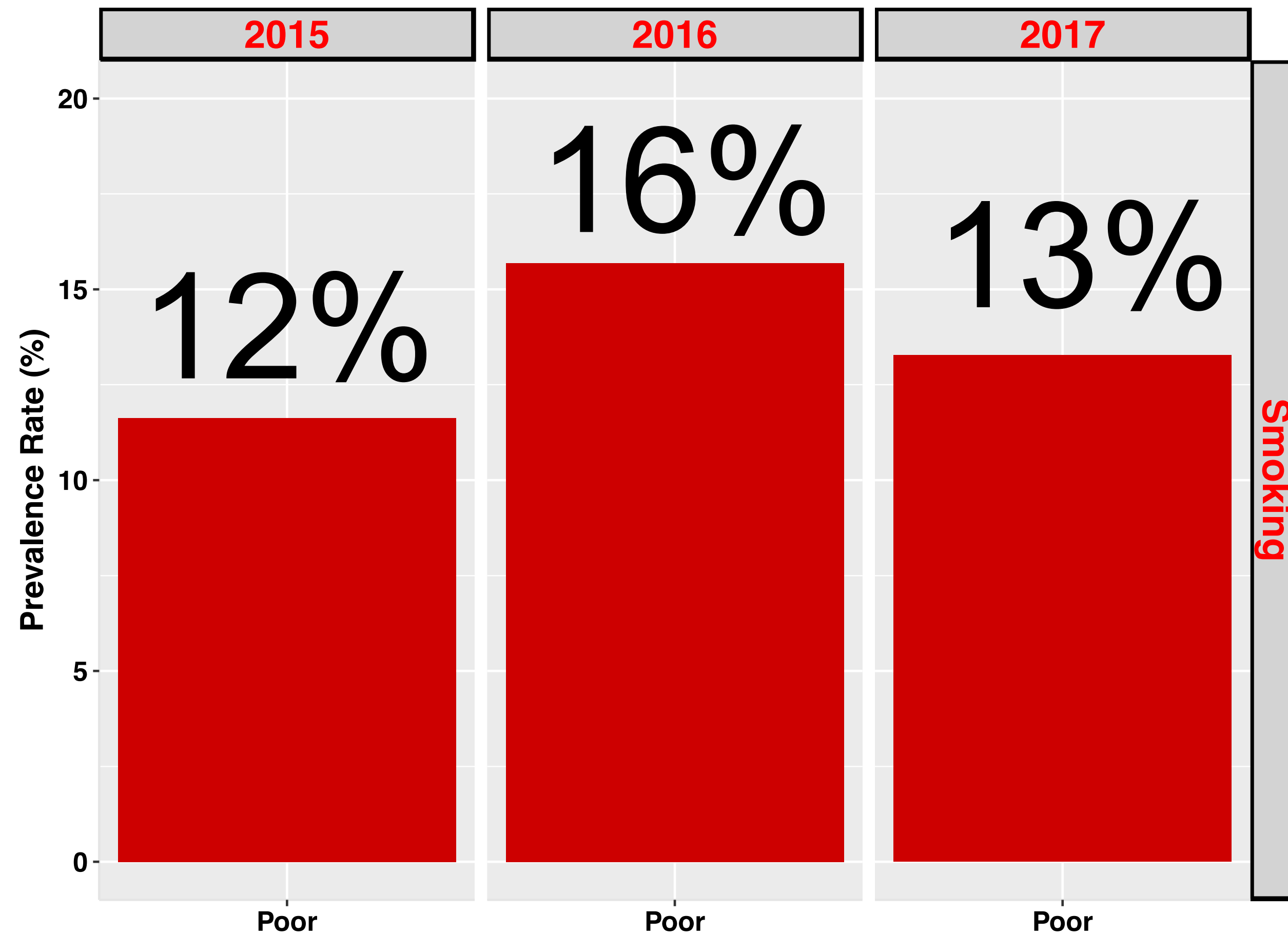


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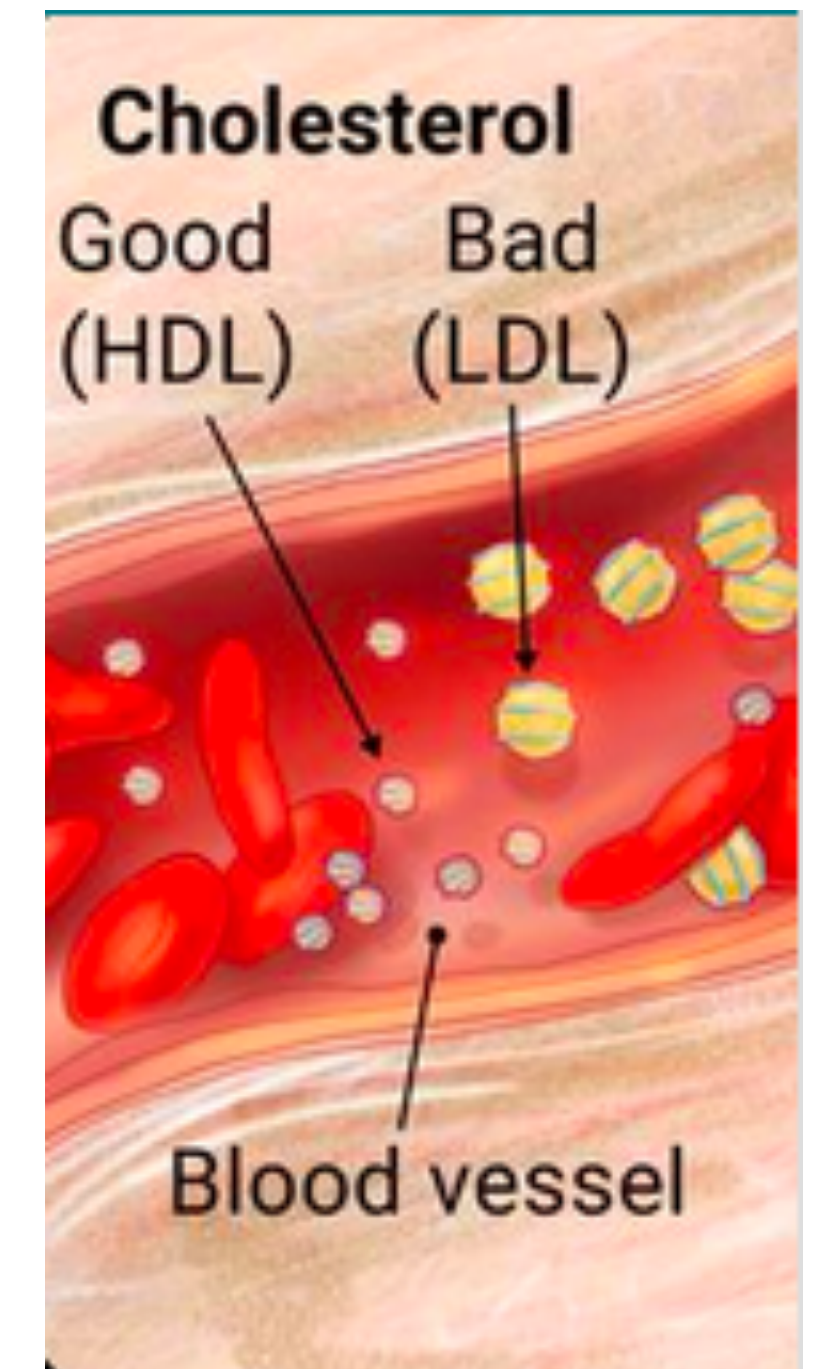
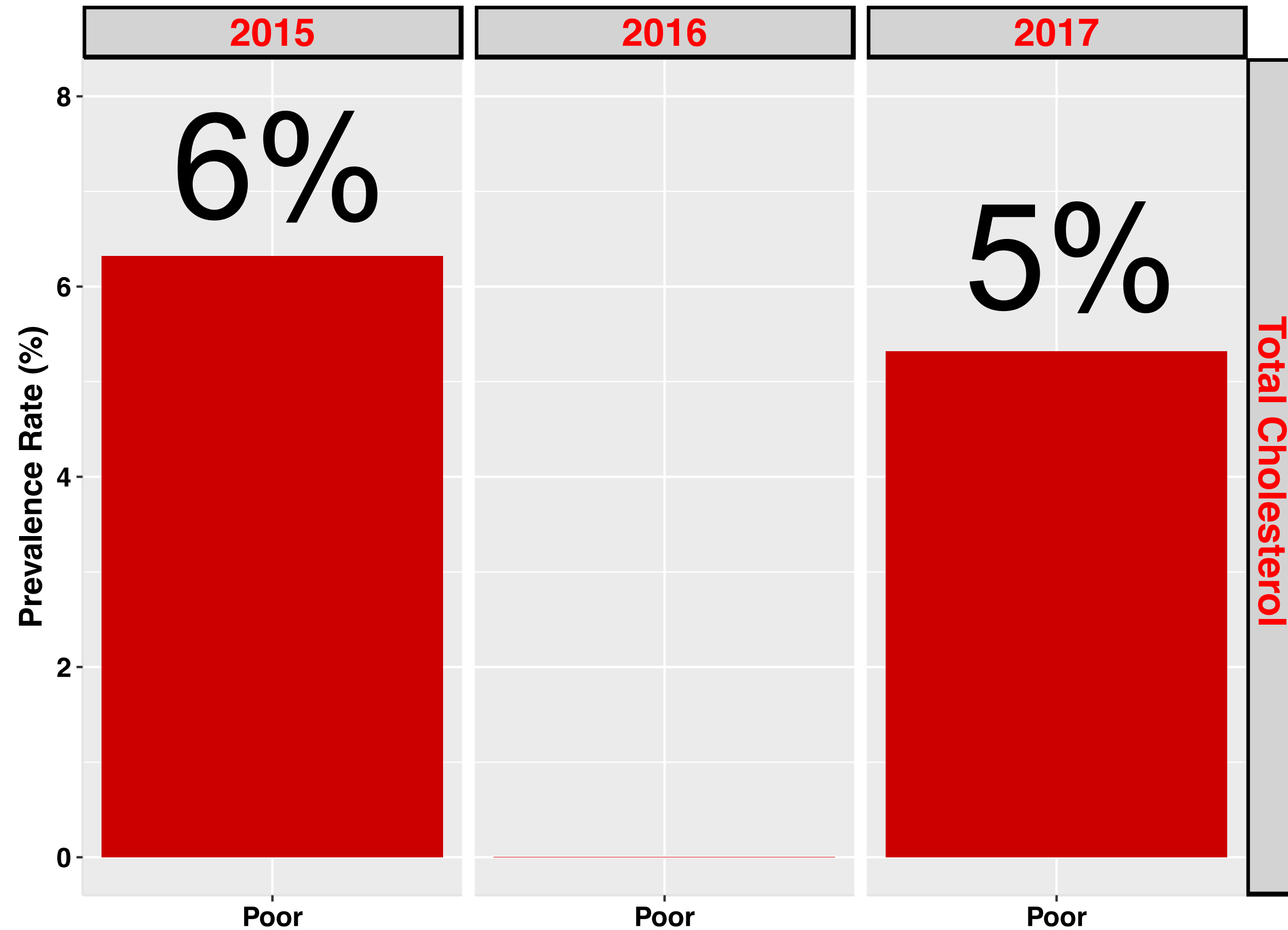
SMOKING

Life's Simple 7	Poor health	Intermediate health	Ideal health
Current smoking	Yes	--	None



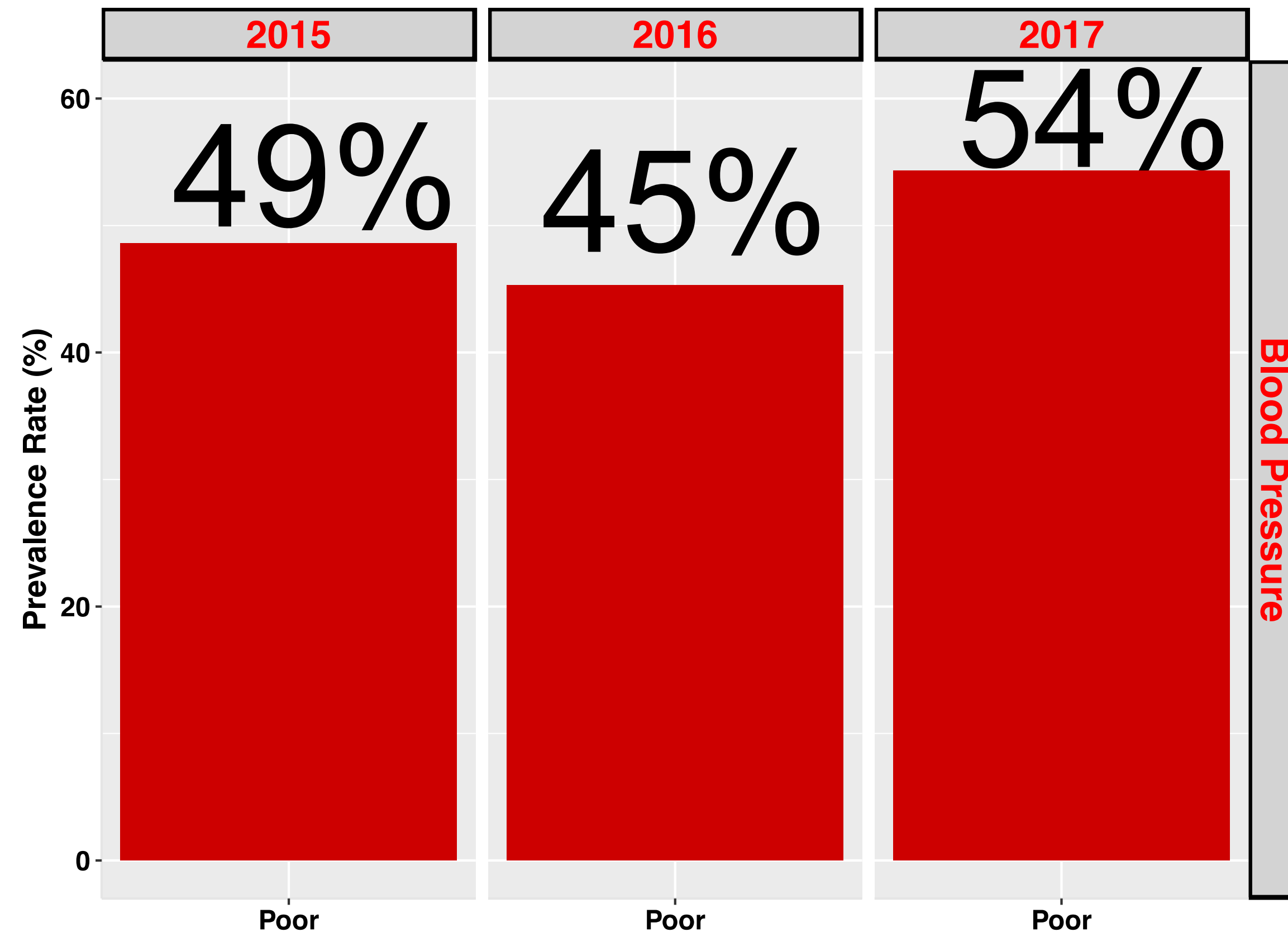
TOTAL CHOLESTEROL

Life's Simple 7	Poor health	Intermediate health	Ideal health
Total cholesterol	≥ 240 mg/dl	200-239 mg/dl or treated to goal	<200 mg/dl



BLOOD PRESSURE

Life's Simple 7	Poor health	Intermediate health	Ideal health
Blood pressure	SBP ≥ 140 or DBP ≥ 90 mmHg	SBP 120-139 or DBP 80-89 mmHg or treated to goal	<120/<80 mmHg



2017:
Average
Blood Pressure
140 / 86 mmHg

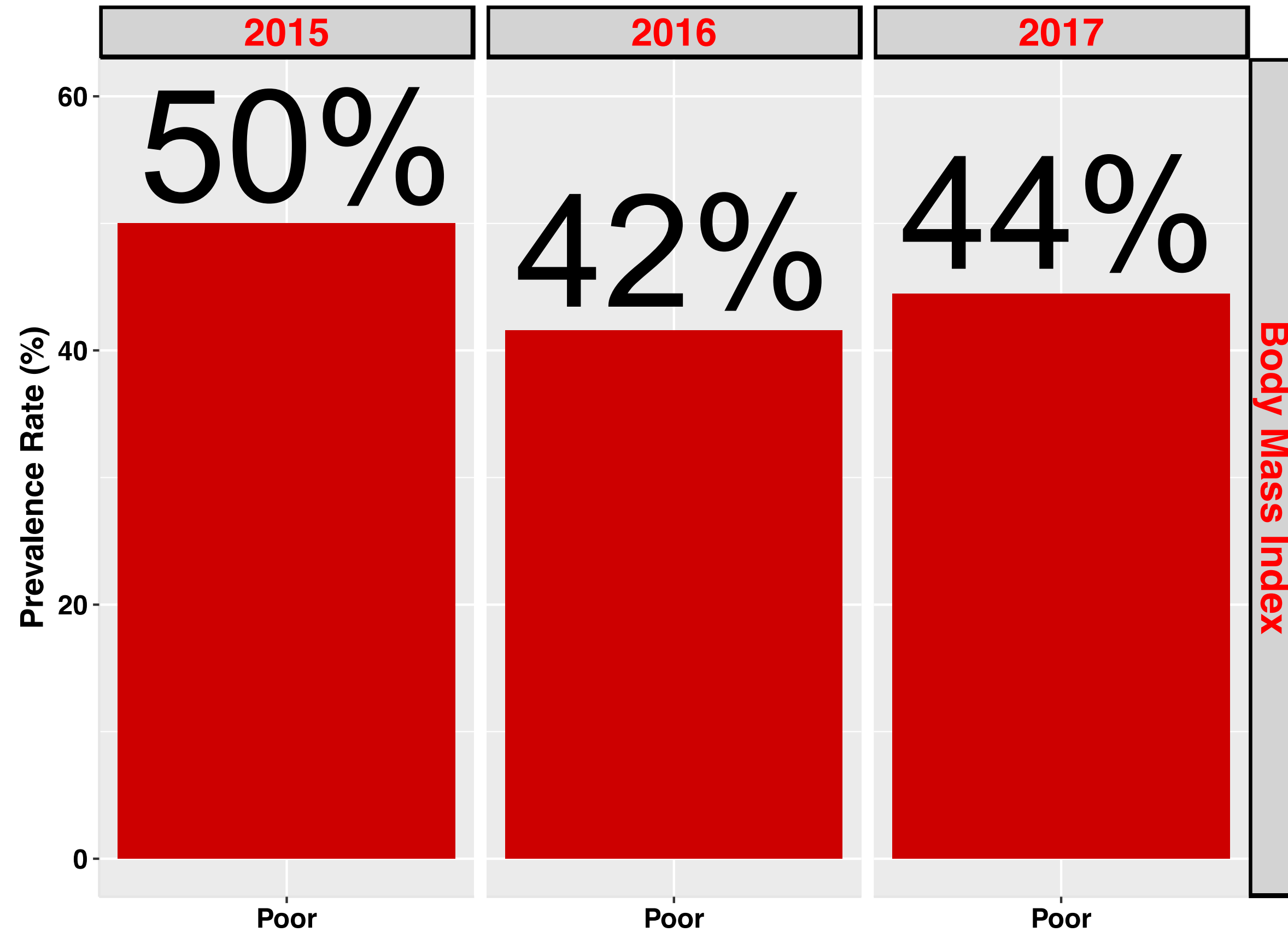


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BODY MASS INDEX

Life's Simple 7	Poor health	Intermediate health	Ideal health
Body mass index	$\geq 30 \text{ kg/m}^2$	25-29.9 kg/m^2	$< 25 \text{ kg/m}^2$

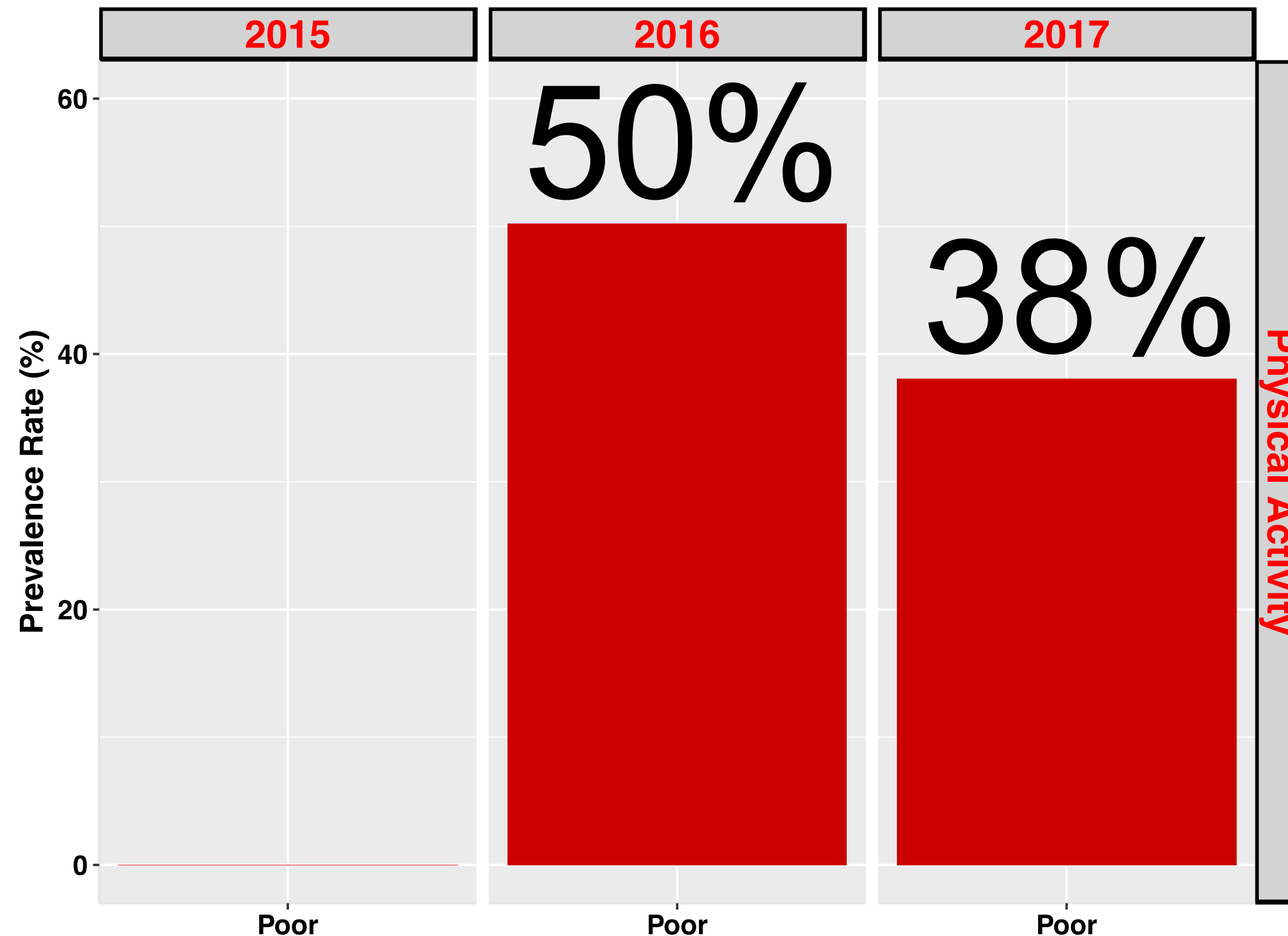


2017: Average Body Mass Index 30.1 kg/m^2



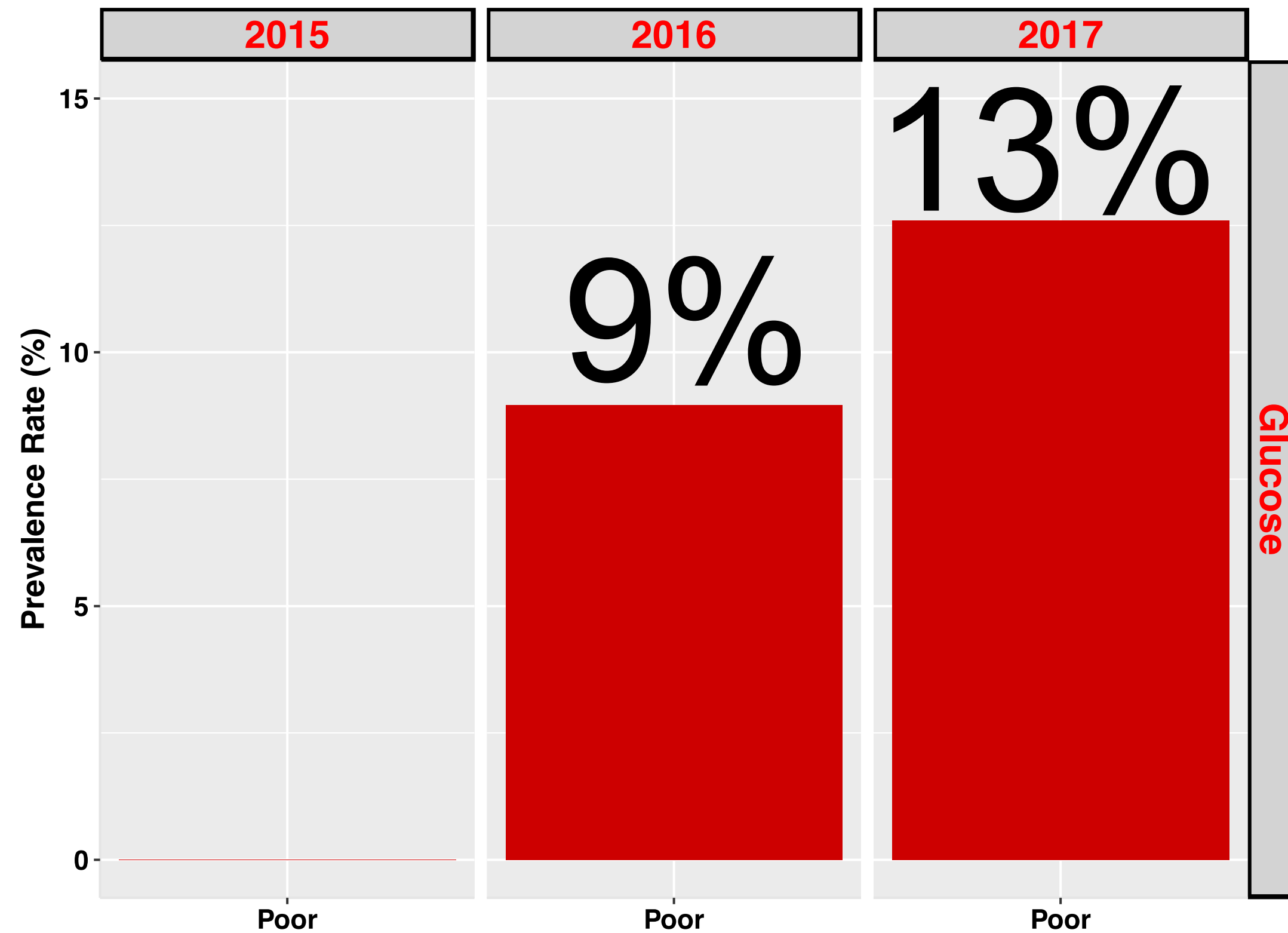
PHYSICAL ACTIVITY

Life's Simple 7	Poor health	Intermediate health	Ideal health
Physical activity	Exercise < 3 times per week	--	Exercise 3 or more times per week

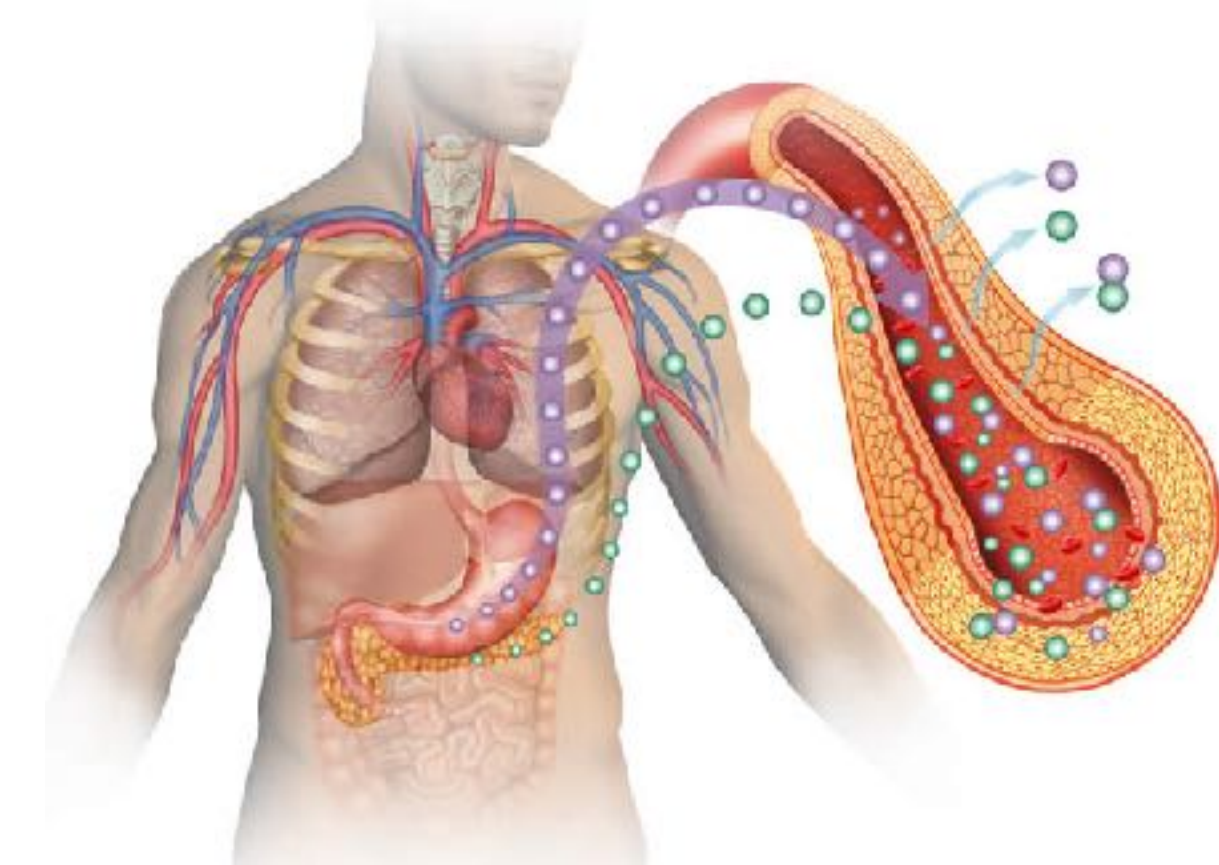


GLUCOSE

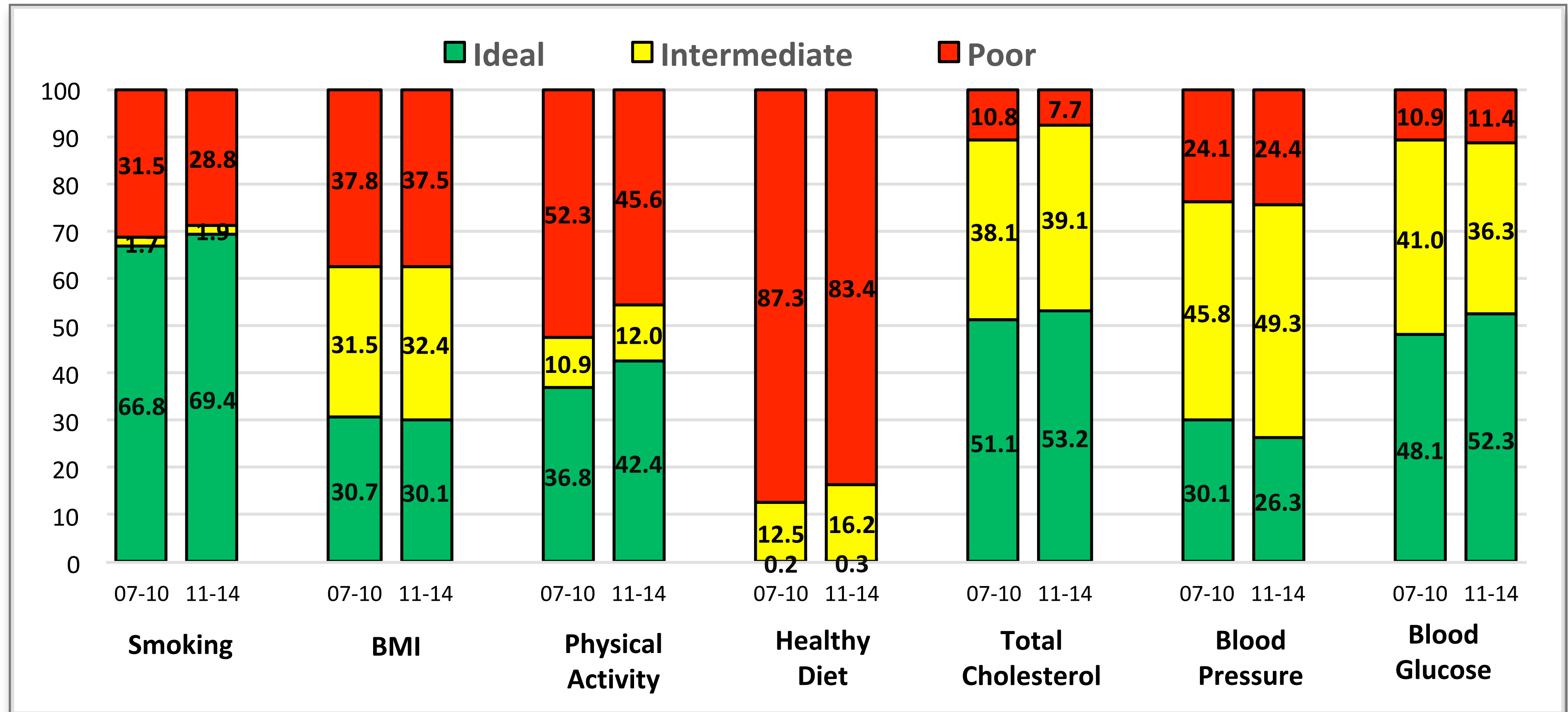
Life's Simple 7	Poor health	Intermediate health	Ideal health
Fasting glucose	≥ 126 mg/dl	100-125 mg/dl or treated to goal	< 100 mg/dl
Random glucose	≥ 200 mg/dl	140-199 mg/dl	< 140 mg/dl



**2017:
Average
Fasting Glucose
111 mg/dL**



BODY MASS INDEX

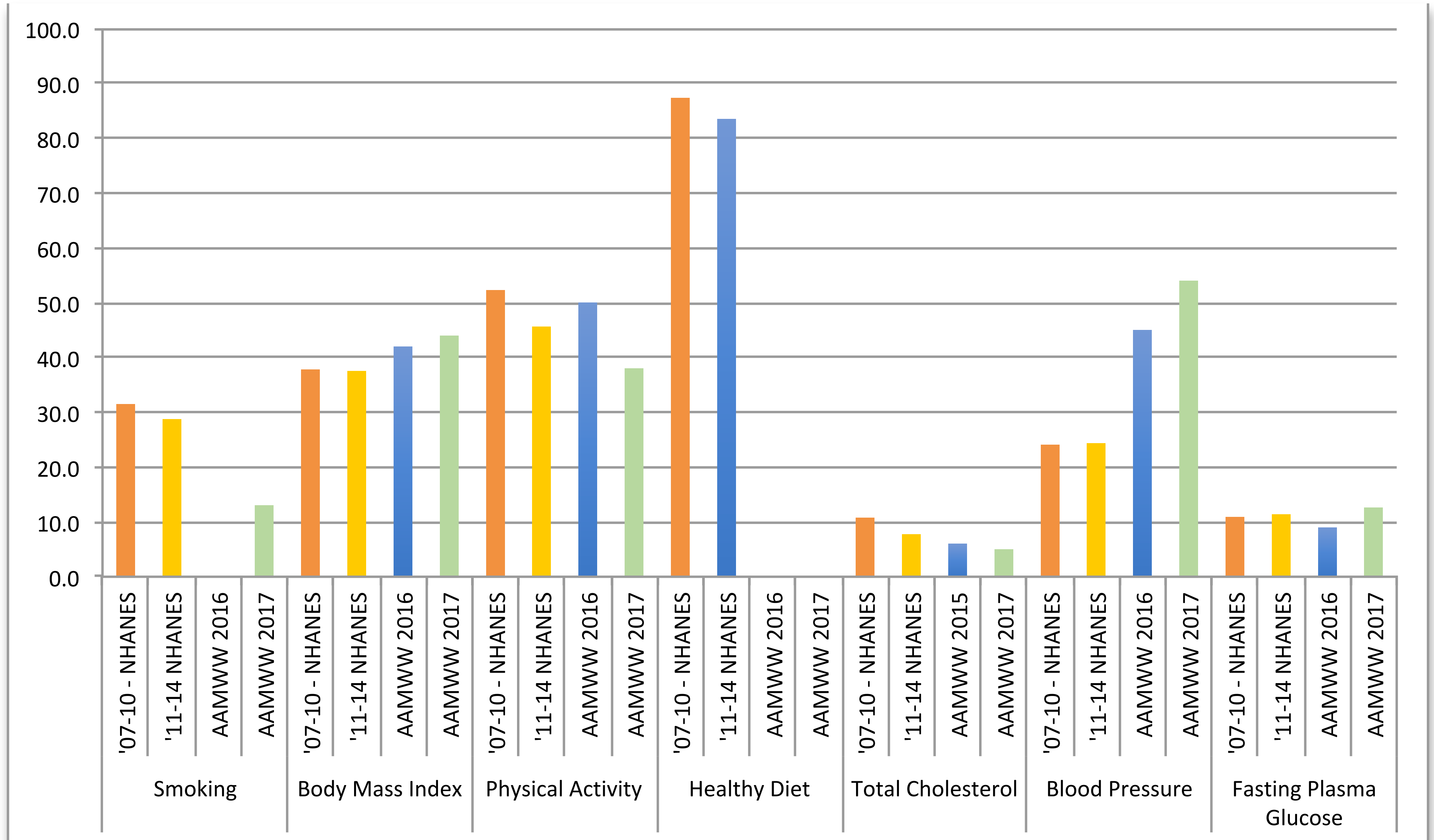


BODY MASS INDEX

ETHNIC	Cycle	Poor	Intermediate	Ideal
Smoking	07-10	31.5	1.7	66.8
	11-14	28.8	1.9	69.4
BMI	07-10	37.8	31.5	30.7
	11-14	37.5	32.4	30.1
PA	07-10	52.3	10.9	36.8
	11-14	45.6	12.0	42.4
Diet	07-10	87.3	12.5	0.2
	11-14	83.4	16.2	0.3
TC	07-10	10.8	38.1	51.1
	11-14	7.7	39.1	53.2
BP	07-10	24.1	45.8	30.1
	11-14	24.4	49.3	26.3
FPG	07-10	10.9	41.0	48.1
	11-14	11.4	36.3	52.3



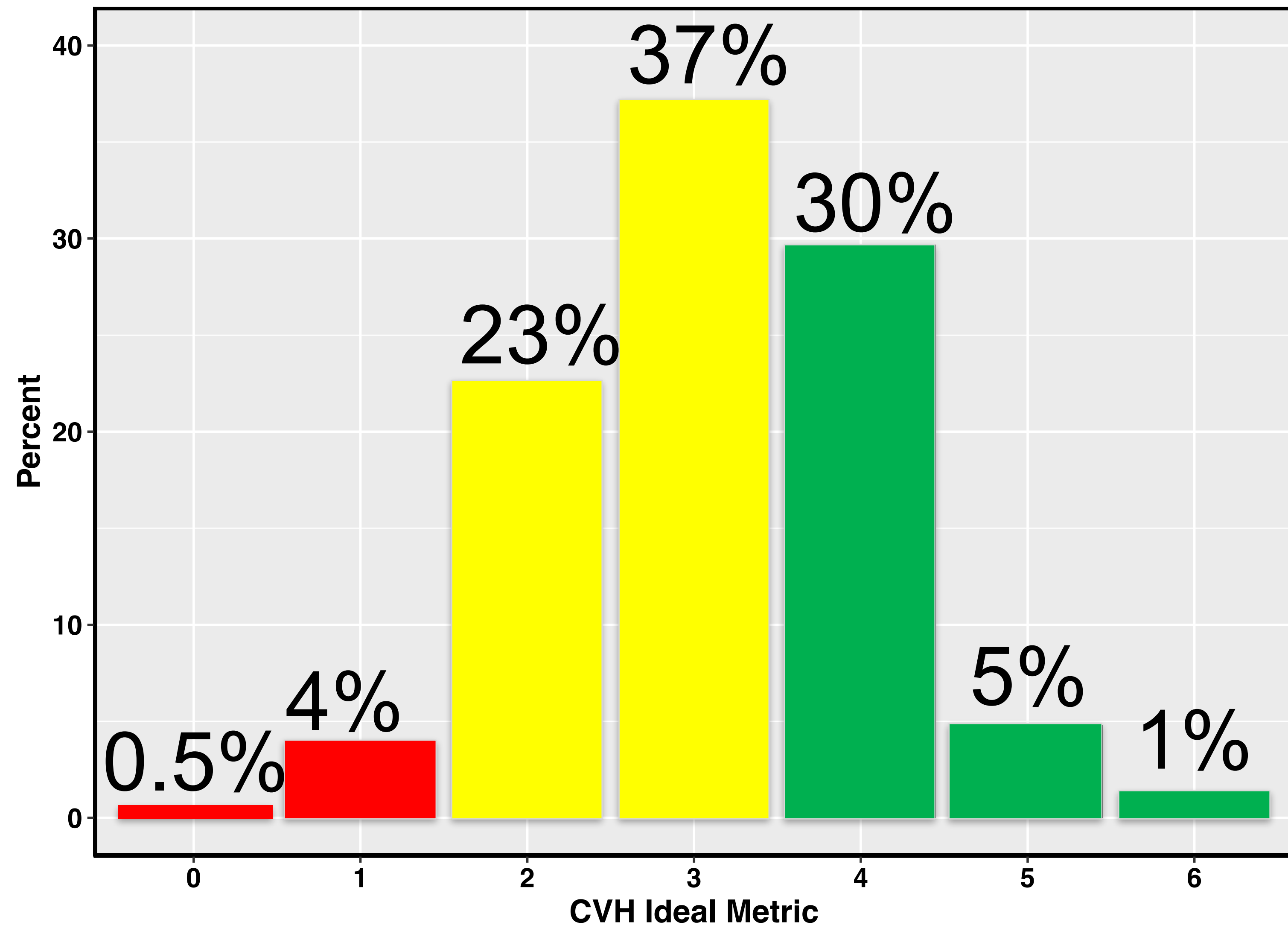
LIFE'S SIMPLE SEVEN: POOR



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2017: NUMBER OF LIFE'S SIMPLE 7 METRICS



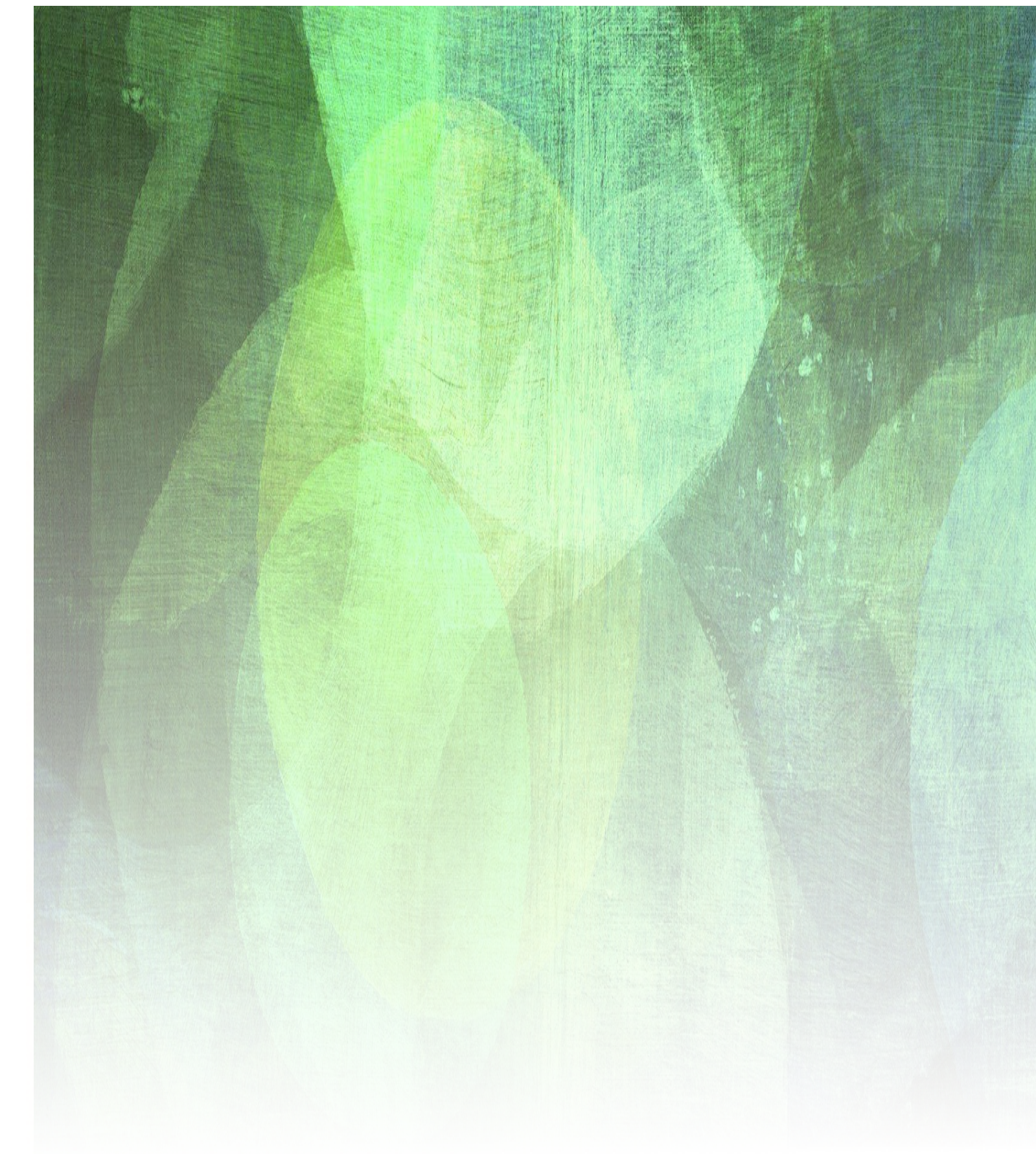
THE ASSOCIATION OF LIFE'S SIMPLE 7 WITH PERCEPTION OF HEALTH



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The odds of self-reported excellent health versus a combination of poor, fair and good health were 17-fold greater for those with 4-6 ideal Life's Simple 7 metrics compared to 0 Life's Simple 7 metrics.



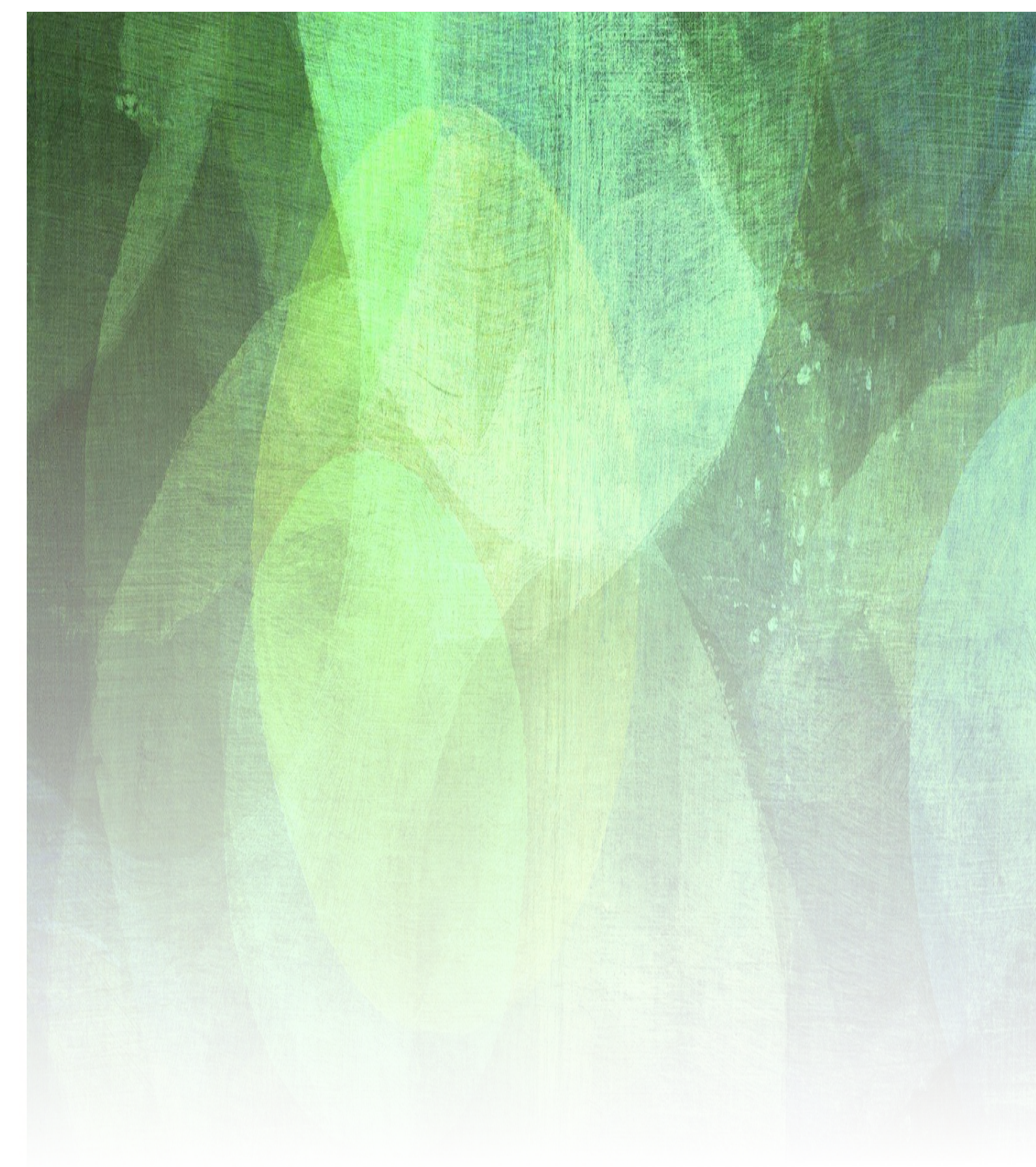
THE ASSOCIATION OF IDEAL CARDIOVASCULAR HEALTH WITH PREVALENT DIABETES



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Participants with 4+ Ideal Life's Simple 7 metrics compared to 0-1 Ideal Life's Simple 7 Metrics were 98% less likely to have diabetes.



THE ASSOCIATION OF IDEAL CARDIOVASCULAR HEALTH WITH BODY FAT PERCENTAGE



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- Participants with 4-5 Ideal Life's Simple 7 metrics had an absolute 10% lower body fat percentage compared to participants with 0-1 Ideal Life's Simple 7 metrics among the 517 participants with body fat measurements.
- 0-1 ideal metrics Body Fat Percentage – 30%
- 4-6 ideal metrics Body Fat Percentage – 20%



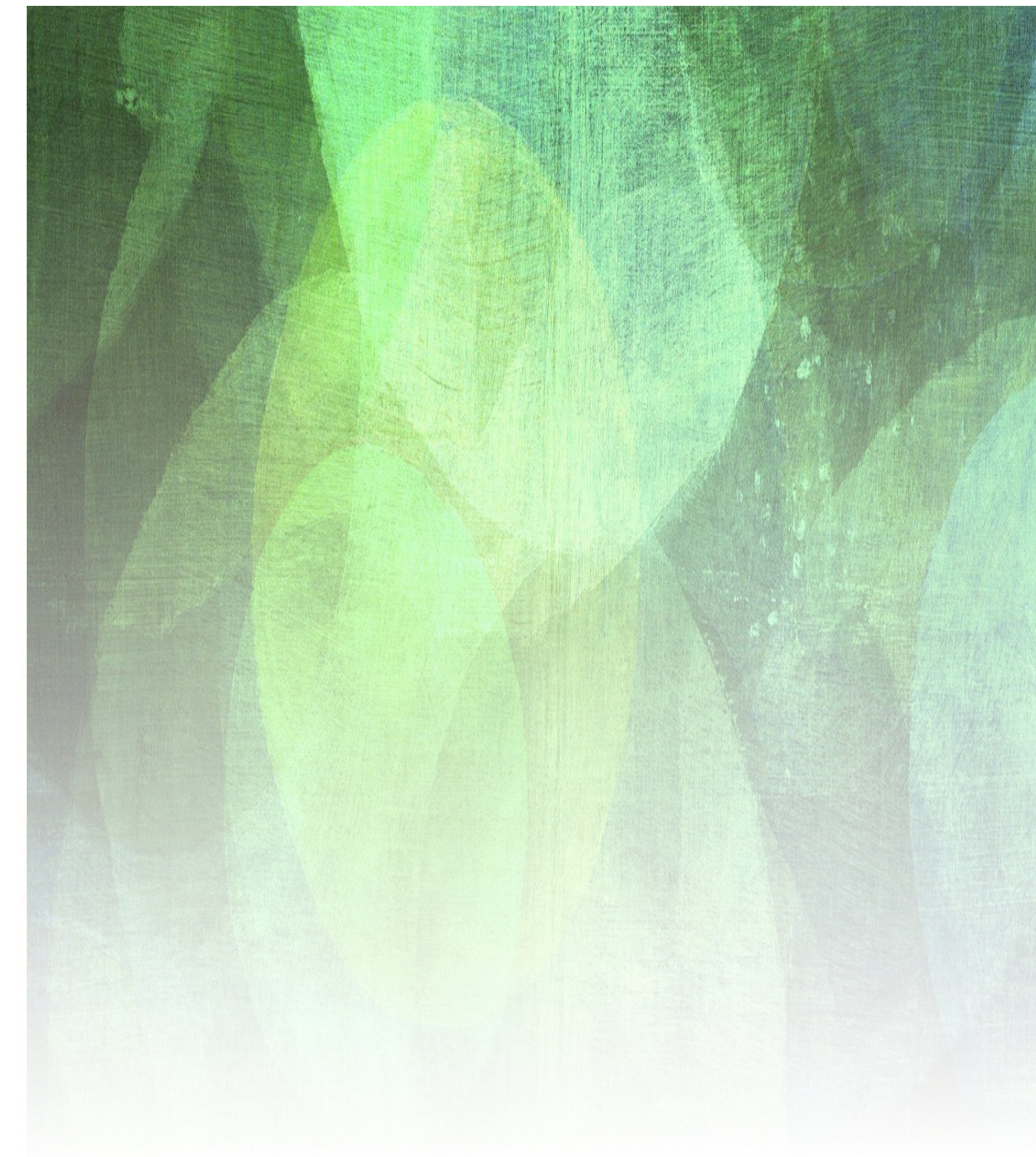
THE ASSOCIATION OF FAMILY HISTORY OF DIABETES WITH IDEAL CARDIOVASCULAR HEALTH



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- A family history of diabetes was associated with a 50% lower odds of 4-6 Ideal Life's Simple 7 metrics compared to 0-3 Ideal Life's Simple 7 metrics.
- Genes and environment are also important factors





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WHAT CAN YOU DO?

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American Heart Association. life is why™ LOCAL INFO

f t You Tube g+ Search

HEALTHY LIVING | **CONDITIONS** | SUPPORT | PROFESSIONAL | RESEARCH | EDUCATOR | CPR & ECC

Arrhythmia Cholesterol Congenital Defects Children & Adults Heart Attack Heart Failure High Blood Pressure

My Life Check - Life's Simple 7

in Share 268 Like 2.1K Tweet G+ Share 5K Updated: Oct 5, 2017

7 small steps to big changes.



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WHAT CAN YOU DO?

THE NATIONAL
AFRICAN
AMERICAN
MALE
WELLNESS WALK INITIATIVE

THE NATIONAL
AFRICAN
AMERICAN
MALE
WELLNESS WALK
INITIATIVE
Est. 2004

Saving Lives for 15 Years!

SAVE THE DATE
SATURDAY
AUGUST 11, 2018 @ 7 AM
Livingston Park

For More Info:
614.754.7511 or www.aawalk.org



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THE NATIONAL
AFRICAN
AMERICAN
MALE
WELLNESS WALK INITIATIVE

OUR FUTURE

Mr. Chad Anderson

*Executive Director African American Male Wellness
Walk Initiative*

@AAWalkNation

THE FUTURE

- Why the information is important
 - Using the data to determine our next steps
 - Research
 - Prevention/Intervention and support
 - Health Education
- Medical Clinic
- Sponsoring Partnerships



WHAT YOU CAN DO

- ▶ How you help
 - ▶ Passion Teams
 - ▶ Donate
 - ▶ Volunteer
 - ▶ Outreach
 - ▶ Start a walk in your City
 - ▶ Be an Example
 - ▶ Sponsorship



OUTREACH

- ▶ Video
- ▶ Events
- ▶ Social Media
- ▶ Mass Media



INITIATIVE TO SUPPORT HEALTH

Cooking
with
DAD

JUNE



BARBERSHOP
TALK
REAL TALK REAL MEN

MAY 24th



Financial
Wellness\$

MARCH 8th



15
YEARS
EST. 2004
NATIONAL
AFRICAN
AMERICAN
MALE WELLNESS WALK

SATURDAY AUGUST 11th
5K WALK & RUN
@ LIVINGSTON PARK



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INITIATIVE TO SUPPORT HEALTH



JUNE 23rd



JULY



AUGUST 9th



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DISCUSSIONS

Dr. Darrell Gray