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Harvest Health:
Chronic Disease Self-Management Program
for Older African-Americans

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Harvest Health: Chronic Disease Self-Management Program for Older African-Americans

Chronic health conditions are the major causes of illness, disability and death in the United States, with African Americans bearing a greater burden compared to Whites. In Philadelphia, this disparity is particularly evident. According to research conducted by the Philadelphia Health Management Corporation (PHMC) in 2004, older African Americans in Philadelphia were more likely than Whites to rate their health as fair or poor (47.5% versus 34.1%); have a chronic health condition (43.4% versus 38.6%); have diabetes (30.5% versus 13.1%) and high blood pressure (71% versus 51.6%).¹ While recent research shows that with appropriate training and support, persons with chronic disease can learn to effectively manage their own diseases, few studies have focused on what works best with underserved populations.^{2,3}

One successful program, the Chronic Disease Self-Management Program (CDSMP), a patient education program developed by Dr. Kate Lorig at the Stanford Patient Education Research Center, has been found to improve health status and self-efficacy, and reduce healthcare utilization in White, middle income elders using randomized trials.⁴ Philadelphia's Harvest Health project is one of 13, three-year projects funded in 2003 by the U.S. Administration on Aging Evidence-based Disease Prevention Program.⁵ Harvest Health aims to extend the CDSMP to an urban, African American, older adult population through a collaborative efforts of four organizations: 1) The Philadelphia Corporation for Aging, functioning as the project administrators; 2) Center in the Park, an urban senior center, responsible for recruiting participants and implementing the CDSMP with 500 African American older adults; 3) Albert Einstein Healthcare Network (AEHN), a healthcare organization, charged with educating and seeking referrals from primary physicians; and 4) The Center for Applied Research on Aging and Health (CARAH) at Thomas Jefferson University, which is evaluating both the program's effectiveness and the collaborative process.

The CDSMP, a 6-week, 15-hour, peer-led education program is based on the premise that people with different chronic conditions present common issues and needs—dealing with symptoms, complex medication regimens, behavioral lifestyle adjustments and obtaining helpful medical care. The program is designed to empower patients to assume an active role in their health by managing symptoms. The mechanisms that underlie the program's effectiveness include: 1) participant development of weekly action plans based on individualized goals, 2) instruction in multiple approaches to symptom management, and 3) group dynamics that provide opportunities for problem solving, peer modeling, and social persuasion.

A key issue in translating evidence-based programs to community groups is balancing intervention fidelity (i.e. is the program being delivered as it is intended) with program modifications deemed necessary to ensure acceptance by the target population and community.^{6,7} *Harvest Health* replicates the essential elements of CDSMP, but also implements cultural modifications to maximize the program's acceptability. One important adaptation was the name choice, "Harvest Health". Developed by Center in the Park, the partners endorsed this name based upon the historical and biblical associations many African Americans have with the word "harvest". The program's name is a welcoming and warm, nonmedical symbol

signifying the concept that one reaps what one sows (e.g., taking care of yourself results in an abundance of health).

As of July 1, 2005, 322 persons (mean age of 72 years, 78 percent female) have participated in *Harvest Health*, with a retention rate of 87 percent (those attending at least 4 of 6 weekly classes). Preliminary results indicate a high level of satisfaction among participants. Through a pre- and post-intervention evaluation design, Year One outcomes for the 94 participants who completed both a baseline and a 4-month follow-up questionnaire indicate significant increases in stretching and strengthening activities ($p=.000$), a trend towards increases in aerobic physical activity ($p=.076$), and a significant reduction in health distress ($p=.000$). At 4 months, 95 percent reported continued use of strategies to increase physical activity, improve their diet, and increase symptom management.

The project's collaborative process evaluation includes both quantitative and qualitative measures using periodic surveys and structured interviews of each team member to identify the mechanisms by which the partnering organizations can work together more successfully, as well as barriers that may impede effective teamwork. Key factors for trust-building and cohesive partnerships have been the establishment and refinement of systems for ongoing communication, providing strong project leadership, and creating a safe environment to voice opinions. These data highlight the importance of each organization's having an ongoing commitment to the project goals, and developing processes for continually assessing and negotiating each partner's role.

The *Harvest Health* project thus far demonstrates the utility of the CDSMP patient self-management program with a traditionally underserved population, African American older adults. It also shows the value and importance of partnerships to ensure the success of translating and implementing evidence-based programs to enhance the health of a targeted community. This collaborative approach, linking community service organizations with healthcare organizations, is an important, replicable model that can be used in the implementation of additional evidence-based programs (e.g., fall prevention) with other target populations.

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