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| **Title of Innovation in policy and practice presentation** (Sentence case)Innovative practices to help ensure cardiovascular health equity |
| **Maximum 2500 characters (including spaces but excluding title)**  **Setting/problem**  Cardiovascular disease (CVD), the largest contributor to all-cause mortality in the United States, accounts for one third of excess mortality experienced by African Americans compared with Whites. In Detroit, Michigan, a city comprised of over 80% African Americans, residents are 160% more likely to die from CVD compared to the national average. Eliminating these inequities is among the highest priorities for health professionals and communities who experience disproportionate risk. Interventions to promote physical activity in communities with high risk of CVD can play an important role in addressing these health inequities. Community-based participatory research (CBPR) offers an approach for engaging members of communities in partnership with public health practitioners and researchers to develop and implement interventions to ensure health equity.   **Intervention**  Walk Your Heart to Health (WYHH) is a multilevel intervention designed to address group, organizational and environmental conditions to promote walking in low to moderate income, predominantly African American and Latino neighborhoods in Detroit. WYHH was developed, implemented and evaluated by the Healthy Environments Partnership (HEP), a CBPR partnership that engages partners in each stage of the research process. WYHH participants (n=603) were randomly assigned into intervention or lagged intervention groups, and met three times/week to participate in group walks over a 32 week period. Data was collected at baseline, 8 and 32 weeks to evaluate intervention impact and outcomes.  **Outcomes**  On average, WYHH participants walked about 2000 more steps per day after 8 weeks compared to baseline (a 45% increase). Increases in steps were associated with significant decreases in multiple heart disease risk factors, including high blood pressure, total cholesterol, fasting blood glucose, and waist circumference: Changes were sustained at 32 weeks following the start of the program. 90% of those who joined were still walking with the group after 8 weeks, and 64% continued after 8 months.  **Implications**  Community-based interventions to promote physical activity among residents of vulnerable neighborhoods can be effective. The results of the WYHH intervention indicated that walking in groups increases physical activity and demonstrated a reduction in cardiovascular risk. We will discuss HEP partnership strategies to scale up the intervention. This approach has the potential to have an impact on ensuring health equity in Detroit and beyond.  **Preferred presentation format: Oral** |