OBJECTIVES: To identify the components and impact of intervention programs aimed at reducing cardiovascular disparities.

Methods: A MEDLINE literature search with key words “cardiovascular” and “African American” was conducted, and all documented interventions targeted at reducing racial disparities were selected for review. We identified the type of intervention, the populations targeted, the length of intervention, and its impact. Articles that documented scientific evidence and some case reports were reviewed.

Results: Existing studies widely document cardiovascular disparities as they pertain to structure, process, and outcomes. Other factors affecting disparities pertain to patient, physician, system, or treatment factors. Documented programs tend to focus on lifestyle risk factors and attitudes toward those risk factors. The timelines in the studies are relatively short and do not allow for recording clinical endpoints. Most of the studies do not hinge on comprehensive community support, and they lack a sustainability component.

Conclusions: The impact of programs has been short lived, which points to the need for sustainability programs possibly through community partnerships. (Ethn Dis. 2006;16:138–144)

Key Words: African Americans, Behavioral Interventions, Cardiovascular Diseases, Compliance, Hypertension, Type 2 Diabetes

INTRODUCTION

Cardiovascular disease (CVD) is a chronic health condition that affects the heart and blood vessels. It includes coronary heart disease, stroke, hypertension, and rheumatic heart disease. Approximately 59 million Americans have some form of cardiovascular disease. Cardiovascular disease is the leading cause of death of adults in the United States and accounts for ≈960,000 deaths annually.1 Cardiovascular diseases claim more lives than the next seven leading causes of death combined, including cancer, accidents, influenza and pneumonia, and diabetes. Cardiovascular disease affects African Americans more severely than other populations. Racial disparities in CVD widely exist in outcomes, adherence to treatment, and access to care.

Although African Americans have higher rates of cardiovascular disease than non-African Americans, health promotion and disease prevention are often of low priority because of financial, family, and healthcare constraints. In addition, most low-income persons live in environments that tend to support and even promote high-risk CVD behaviors.2 African Americans constitute the largest groups at high risk for CVD, but few heart disease prevention programs have effectively reached them.

METHODS

Inclusion Criteria

The review included cardiovascular interventions targeted at African-American populations. The eligible types of intervention were those focusing on improving CVD-related health behaviors, adherence to treatment, and access to health care. Eligible outcomes were physical activity, weight control, change in blood pressure, compliance to treatment, utilization of health services, cardiovascular disease, and cardiac death. Studies were included only if they provided enough information on detailed efforts, specific targeted populations, and change of outcomes after intervention.

Literature Research

A computerized search was done in April 2004 by using MEDLINE through the University of Maryland Health Sciences and Human Services Library (covering articles from 1966 to 2004). The following key words were used for the search: “cardiovascular” and “African Americans.” All findings from the database searches, including abstracts, were downloaded and stored in the reference database program. The eligibility of articles was determined by using three steps. In the first step, titles and abstracts were checked to eliminate