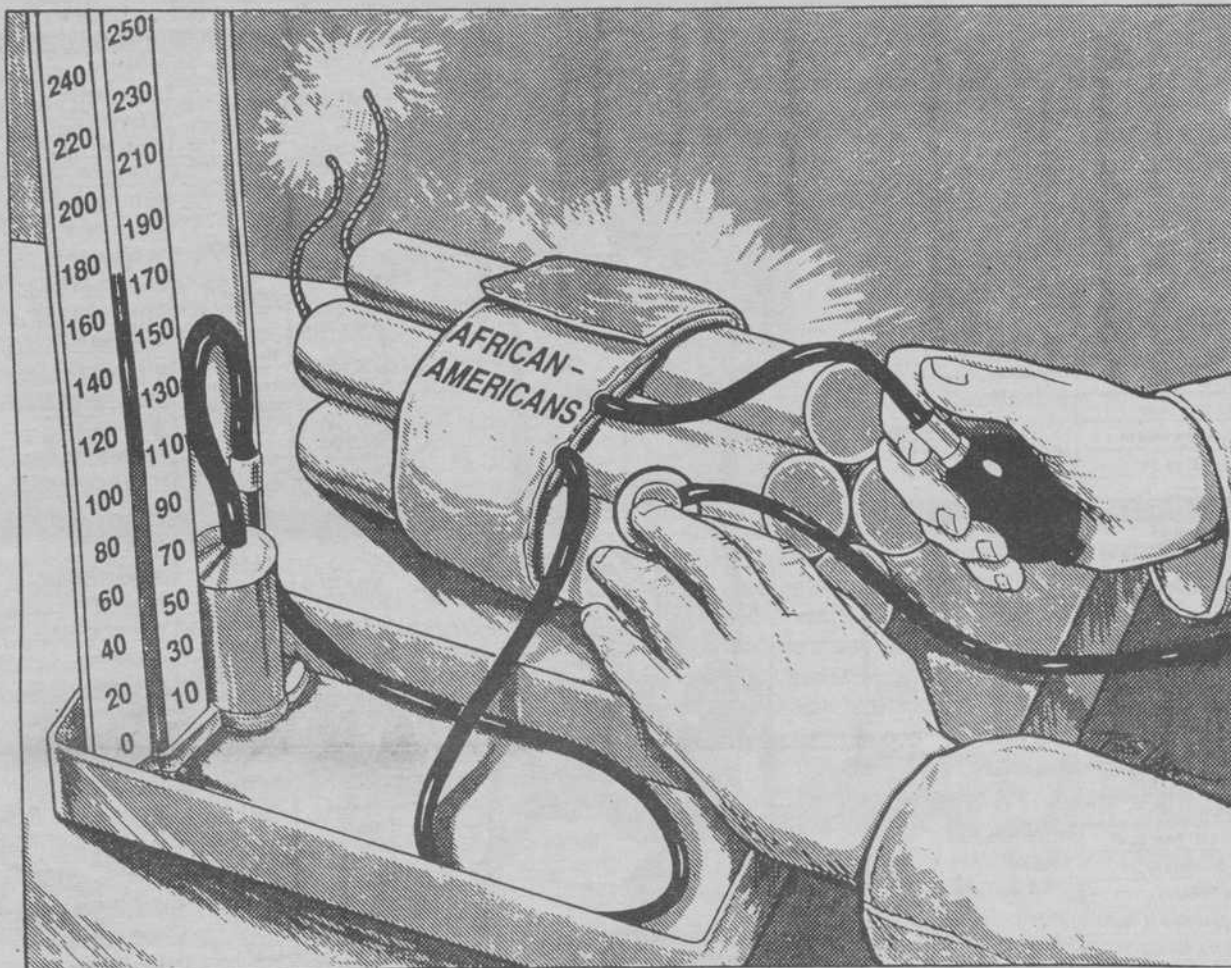


HEALTH

HIGH BLOOD PRESSURE POSES A MAJOR HEALTH THREAT FOR AFRICAN-AMERICANS



exercise such as walking can be decidedly hazardous. Nevertheless, Avery says her organization is launching a national "walking for wellness" program geared toward African-American women.

"Walking seems to be the exercise of choice because it's easy to do, doesn't cost a lot and doesn't require a lot of preparation," Avery says. "It's just a matter of teaming up with other people in groups for fun and safety."

The problem is complex, and there are no simplistic answers, health authorities emphasize. More innovative education and risk-reduction programs are vital if the toll among blacks is to be significantly lowered, they say, and so is more research.

Secretary Sullivan notes that the NHLBI has just initiated an

extensive research program aimed at learning more about the mechanism of high blood pressure in blacks and developing better methods of treatment.

"The key to prevention is a public that is both aware of risk factors and motivated to change behavior and habits to improve health," Sullivan says. "Excess deaths from heart disease and stroke are potentially preventable, but education campaigns must make special efforts to ensure that their message reaches and affects minorities, including the poor and the medically underserved."

For more information on high blood pressure in African-Americans, send a stamped, self-addressed business-size envelop to American Heart Association, Box NPA-A, 7320 Greenville Ave., Dallas, Tx. 75231.

PART 2 of a 2 Part Series

Now that the deadly effects of high blood pressure in the black population have been identified, along with potential steps to offset them, the next challenge facing medical authorities is alerting black citizens to the dangers and enlisting their help in combatting them.

"Part of the mission of the American Heart Association is clearly public education," says Charles Francis, M.D., director of the Department of Medicine at Harlem Hospital Medical Center in New York. "Right now those efforts are focused more than ever on community-level programs tailored to underserved populations."

Francis cites several promising pilot programs aimed at the black community:

- a school-centered "Save a Heart" program in Baton Rouge, La., in which black elementary school students and their parents are learning about risk-fac-

tor reduction and healthier lifestyles;

- a risk-factor detection and intervention program in Waterbury, Conn., aimed at black males aged 17 to 35, and

- workshops to reduce risk factors at black family reunions sponsored in six major cities by the National Council of Negro Women. The cities are Philadelphia, Chicago, Cincinnati, Los Angeles, Memphis, Washington and Atlanta.

Some of the most effective risk-reduction programs are based in black churches. Among the oldest and most successful of these is one started by Saunders and his colleagues more than 12 years ago in Baltimore.

"Up until that time, it has been pretty much a failure trying to get poor, inner-city minority populations into high blood pressure care," Saunders says. "Worksite programs had had some success among working people, but not in reaching those who were somewhat disenfranchised from the mainstream."

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With a grant from the National Heart, Lung, and Blood Institute, the Baltimore program was able to enlist the support of 100 churches in the black community in one of the first large-scale efforts to detect and control high blood pressure among blacks. The actual screening process was carried out by women of the churches after special training by the AHA. Saunders says they asked for "the fanning ladies, the ladies that fan people when they pass out in church." In addition, they would have a volunteer director, often a nurse, at each church.

"The only major downside of the program," says Saunders, "is that men don't go to church as much as women do, so we haven't been as successful in reaching the men."

Many types of grass-roots programs are continuing on an experimental basis. Some work and some don't.

"One of the first things we learned is that we had to look at health within the context of

people's lives," says Bylyye Avery, founding president of the National Black Women's Health Project in Atlanta.

Many black women realize, for example, that obesity makes them more prone to high blood pressure and thus poses a serious threat to their health, Avery points out. But they often work hard all day and have family problems. The one thing they can count on is eating the foods they like, says Avery.

Blacks who earn their living by hard physical labor also are more resistant to the idea of exercising for health than are more affluent workers with office jobs. And in crime-ridden inner-city neighborhoods, a healthful



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