LIFE’S SIMPLE 7: SAVING BLACK MEN’S LIVES
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
THE OBJECTIVE

Dr. Mark White, MD, Internal Medicine
Gateway Health and Wellness Center
African Americans are more likely to die at early ages from all causes, compared to White and Hispanic populations.

<table>
<thead>
<tr>
<th>Race</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>76.5</td>
<td>81.1</td>
</tr>
<tr>
<td>Black</td>
<td>72.0</td>
<td>78.1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>79.2</td>
<td>84.0</td>
</tr>
</tbody>
</table>

Sources: NCHS, CDC, 2016
Social determinants of health (SDOH) are inextricably linked to poorer outcomes among African American males

Source: healthypeople.gov
The leading causes of death among African American males are cardiometabolic diseases and cancer.

<table>
<thead>
<tr>
<th></th>
<th>Diabetes</th>
<th>Obesity</th>
<th>Hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Hispanic Whites</strong></td>
<td>7%</td>
<td>36%</td>
<td>29%</td>
</tr>
<tr>
<td><strong>African Americans</strong></td>
<td>13%</td>
<td>48%</td>
<td>41%</td>
</tr>
</tbody>
</table>

Sources: CDC, ADA
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
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.
WHY ARE WE HERE?

Mr. John H. Gregory
Founder, African American Male health Walk Initiative

@AAWalkNation
WHY ARE WE HERE?

Mr. John H. Gregory
Founder, African American Male Wellnesss Walk Initiative
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
### Health Screening Consent Form

**PRET - FILL OUT COMPLETELY - WRITE FIRMLY**

#### Basic Information
- **Print Name (First) ___________________________ (Last) ___________________________**
- **Address ___________ City/State/Zip ___________**
- **E-mail ___________________________ Phone ___________________________ Gender _ M _ F**
- **DOB _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Age _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Student _ _ _ _ _ _ Unemployed _ _ _ _ _ _ _ _ _ _ _ _ Retired _ _ _ _ _ _ _ _ _ _ _ _ _ **
- **Highest Education Level Completed ___________ Annual Income $ ___________**

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

#### Health History
- **Ob/Gyn/No/Family Doctor Agreement**
  - I agree by participating in the National African American Male Wellness Walk, I am doing so on my own accord. I shall assume all risks for any injuries, damage or harm to myself, whether resulted from negligence or otherwise, incurred in connection with or resulting from participation in the National African American Male Wellness Walk. I shall relieve and indemnify Dr. Mark White and Central City Medical Affiliate and its agents, employees, agents, volunteers and sponsors from any and all claims and/or causes of action (known and unknown) that may result from participation in this program. In consideration of the above, I hereby assign to the release of any personal information to any other party. The participant agrees to release any and all claims and/or causes of action (known and unknown) that may result from participation in this program to Dr. Mark White and Central City Medical Affiliate and its agents, employees, agents, volunteers and sponsors.

#### Consent for Health Screening
- **Physician Waiver/Release Agreement**
  - I hereby grant permission to the staff and volunteers of the African American Male Wellness Walk, in addition, I hereby grant permission to all of my medical providers with regard to the health screening program with all information provided. I have been apprised of any risks of the health screening program and am voluntarily choosing to participate. I agree to hold harmless, Dr. Mark White and Central City Medical Affiliate, anyone associated with it, and all of my medical providers with regard to the health screening and my results with the program. I also agree to release all associate or agents from liability and by my signature I do waive all legal actions or claims against any liable party and as needed.

#### Check Points

**Check Point #1**
Registration: Participant registers at the AAMWW registration table (7am)

**Check Point #2 (MUST)**
1. Blood Pressure
2. Cholesterol
3. HIV/STI’s
4. Prostate
5. Dental
6. Oral
7. Vision
8. Children Vaccines
9. Smoking Cessation

**Check Point #3**
Additional Screenings

Results Documentation: Results form to be collected at Check Point #3 and submitted to city coordinator.

FILL OUT COMPLETELY

<table>
<thead>
<tr>
<th><strong>YOUR SCREENING RESULTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure: ___________ mmHg</td>
</tr>
<tr>
<td>Pulse: ___________</td>
</tr>
<tr>
<td>Blood Glucose: ___________ mg/dl</td>
</tr>
<tr>
<td>Cholesterol: ___________</td>
</tr>
<tr>
<td>Height: ___________</td>
</tr>
<tr>
<td>Weight: ___________</td>
</tr>
<tr>
<td>BMI: ___________</td>
</tr>
<tr>
<td>Body fat%: ___________</td>
</tr>
<tr>
<td>HIV/STI: ___________</td>
</tr>
<tr>
<td>Dental: ___________</td>
</tr>
<tr>
<td>Mental Health: ___________</td>
</tr>
<tr>
<td>Vision: ___________</td>
</tr>
<tr>
<td>Smoking Cessation: ___________</td>
</tr>
</tbody>
</table>

**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 POINTS

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 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.
THE WALK SAVED MY LIFE

The Willis Family
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%”

Defining and Setting National Goals for Cardiovascular Health Promotion and Disease Reduction
<table>
<thead>
<tr>
<th>Goal/Metric</th>
<th>Poor health</th>
<th>Intermediate health</th>
<th>Ideal health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current smoking</td>
<td>Yes</td>
<td>Former ≤ 12 months</td>
<td>Never or quit ≥12 months</td>
</tr>
<tr>
<td>Total cholesterol</td>
<td>≥ 240 mg/dl</td>
<td>200-239 mg/dl or treated to goal</td>
<td>&lt;200 mg/dl</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>SBP ≥140 or DBP ≥90 mmHg</td>
<td>SBP 120-139 or DBP 80-89 mmHg or treated to goal</td>
<td>&lt;120/&lt;80 mmHg</td>
</tr>
<tr>
<td>Body mass index</td>
<td>≥30 kg/m²</td>
<td>25-29.9 kg/m²</td>
<td>&lt;25 kg/m²</td>
</tr>
<tr>
<td>Physical activity</td>
<td>None</td>
<td>1–149 min/wk moderate intensity or 1–74 min/wk vigorous intensity</td>
<td>150 min/wk moderate intensity or 75 min/wk vigorous intensity</td>
</tr>
<tr>
<td>Healthy diet score</td>
<td>0-1 components</td>
<td>2-3 components</td>
<td>4-5 components</td>
</tr>
<tr>
<td>Fasting glucose</td>
<td>≥126 mg/dl</td>
<td>100-125 mg/dl or treated to goal</td>
<td>&lt;100 mg/dl</td>
</tr>
</tbody>
</table>
# LIFE’S SIMPLE 7 AND CARDIOVASCULAR DISEASE

## Northern Manhattan Study 1993-2011

<table>
<thead>
<tr>
<th>Metric</th>
<th>Ideal</th>
<th>Non-Hispanic White</th>
<th>African American</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current smoking</td>
<td>Never or quit ≥12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total cholesterol</td>
<td>&lt;200 mg/dl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood pressure</td>
<td>&lt;120/&lt;80 mmHg</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>&lt;100 mg/dl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body mass index</td>
<td>&lt;25 kg/m²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical activity</td>
<td>≥150 min/week moderate or ≥75 min/week vigorous intensity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy diet score</td>
<td>4-5 components (Fiber, fish, SSB, Sodium, Fruits and Vegetables)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Attainment of ≥ 4 Life’s Simple 7 Metrics | 29.7% | 19.5% |

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**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; Taijana 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...
LIFE'S SIMPLE 7 LOWERS RISK OF CARDIOVASCULAR DISEASE

- **Total Cohort**
  - Myocardial Infarction:
    - Number of Ideal Health Metrics: 0-1: 11.8, 2: 9.2, 3: 8.7, 4: 6.3, 5-6: 1.9
  - Stroke:
    - Number of Ideal Health Metrics: 0-1: 13.6, 2: 9.7, 3: 8.1, 4: 6.6, 5-6: 6.0

- **White**
  - Myocardial Infarction:
    - Number of Ideal Health Metrics: 0-1: 16.9, 2: 13.2, 3: 9.6, 4: 9.0, 5-6: 2.7
  - Stroke:
    - Number of Ideal Health Metrics: 0-1: 10.0, 2: 7.1, 3: 6.0, 4: 4.9, 5-6: 4.4

- **Black**
  - Myocardial Infarction:
    - Number of Ideal Health Metrics: 0-1: 8.3, 2: 6.5, 3: 4.7, 4: 4.4, 5-6: 1.3
  - Stroke:
    - Number of Ideal Health Metrics: 0-1: 16.4, 2: 11.7, 3: 9.8, 4: 8.1, 5-6: 7.3

- **Caribbean Hispanic**
  - Myocardial Infarction:
    - Number of Ideal Health Metrics: 0-1: 11.0, 2: 8.6, 3: 6.2, 4: 5.8, 5-6: 1.8
  - Stroke:
    - Number of Ideal Health Metrics: 0-1: 13.9, 2: 9.9, 3: 8.3, 4: 6.8, 5-6: 6.1
**LIFE’S SIMPLE 7 LOWERS RISK OF CANCER**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Ideal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current smoking</td>
<td>Never or quit ≥12 months</td>
</tr>
<tr>
<td>Total cholesterol</td>
<td>&lt;200 mg/dl</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>&lt;120/&lt;80 mmHg</td>
</tr>
<tr>
<td>Fasting glucose</td>
<td>&lt;100 mg/dl</td>
</tr>
<tr>
<td>Body mass index</td>
<td>&lt;25 kg/m²</td>
</tr>
<tr>
<td>Physical activity</td>
<td>≥150 min/week moderate or ≥75 min/week vigorous intensity</td>
</tr>
<tr>
<td>Healthy diet score</td>
<td>4-5 components</td>
</tr>
<tr>
<td></td>
<td>(Fiber, fish, SSB, Sodium, Fruits and Vegetables)</td>
</tr>
</tbody>
</table>

**The Atherosclerosis Risk in Communities Study 1987-2006**

<table>
<thead>
<tr>
<th>Non-Hispanic Whites &amp; African Americans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attainment of ≥ 4 Life’s Simple 7 Metrics</td>
</tr>
</tbody>
</table>

**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, MSc; 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 cancer 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. 2,890 incident cancer cases occurred over follow-up. Cox regression was used to calculate hazard ratios for incident cancer. There was a significant P trend (0.001), graded inverse association between the number of ideal cardiovascular health metrics at baseline and cancer incidence. Participants meeting goals for 6 to 7 metrics had 25% lower incident cancer risk compared with those meeting none of the goals.

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Rasmussen-Torvik et al. *Circulation*, 2013
Cancer Rates from 1987 – 2006
By Number of Life’s Simple 7 Ideal Metrics

![Graph showing cancer rates from 1987 to 2006 by number of life’s simple 7 ideal metrics.](image-url)
**LIFE’S SIMPLE 7 LOWERS RISK OF DIABETES**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current smoking</td>
<td>Never or quit ≥12 months</td>
<td>Diabetes Risk with ≥ 4 Life’s Simple 7 Metrics</td>
</tr>
<tr>
<td>Total cholesterol</td>
<td>&lt;200 mg/dl</td>
<td>75% Lower Risk</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>&lt;120/&lt;80 mmHg</td>
<td>Attainment of ≥ 4 Life’s Simple 7 Metrics</td>
</tr>
<tr>
<td>Fasting glucose</td>
<td>&lt;100 mg/dl</td>
<td>23%</td>
</tr>
<tr>
<td>Body mass index</td>
<td>&lt;25 kg/m²</td>
<td></td>
</tr>
<tr>
<td>Physical activity</td>
<td>≥150 min/week moderate or ≥75 min/week vigorous intensity</td>
<td></td>
</tr>
<tr>
<td>Healthy diet score</td>
<td>4-5 components (Fiber, fish, Soda, Salt Intake, Fruits and Vegetables)</td>
<td></td>
</tr>
</tbody>
</table>
The African American Male Wellness Walk Initiative

- Smoking
- Total Cholesterol
- Blood Pressure
- Fasting Plasma Glucose
- Body-mass Index
- Physical Activity
- Nutrition/Diet
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

<table>
<thead>
<tr>
<th>Goal/Metric</th>
<th>Poor health</th>
<th>Intermediate health</th>
<th>Ideal health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current smoking</strong></td>
<td>Yes</td>
<td>--</td>
<td>None</td>
</tr>
<tr>
<td><strong>Total cholesterol</strong></td>
<td>≥ 240 mg/dl</td>
<td>200-239 mg/dl or treated to goal</td>
<td>&lt;200 mg/dl</td>
</tr>
<tr>
<td><strong>Blood pressure</strong></td>
<td>SBP ≥140 or DBP ≥90 mmHg</td>
<td>SBP 120-139 or DBP 80-89 mmHg or treated to goal</td>
<td>&lt;120/&lt;80 mmHg</td>
</tr>
<tr>
<td><strong>Body mass index</strong></td>
<td>≥ 30 kg/m²</td>
<td>25-29.9 kg/m²</td>
<td>&lt;25 kg/m²</td>
</tr>
<tr>
<td><strong>Physical activity</strong></td>
<td>Exercise &lt; 3 times per week</td>
<td>--</td>
<td>Exercise 3 or more times per week</td>
</tr>
<tr>
<td><strong>Healthy diet</strong></td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Fasting glucose</strong></td>
<td>≥ 126 mg/dl</td>
<td>100-125 mg/dl or treated to goal</td>
<td>&lt;100 mg/dl</td>
</tr>
<tr>
<td><strong>Random glucose</strong></td>
<td>≥ 200 mg/dl</td>
<td>140-199 mg/dl</td>
<td>&lt; 140 mg/dl</td>
</tr>
</tbody>
</table>
562 Participants in 2015
707 Participants in 2016
859 Participants in 2017
2015: 47 [18-81] Years of Age
2016: 48 [18-85] Years of Age
2017: 49 [18-85] Years of Age
23 New Diabetes Cases in 2016
59 New Diabetes Cases in 2017

273 New Hypertension Cases in 2017
### SMOKING

#### Life’s Simple 7

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Poor health</th>
<th>Intermediate health</th>
<th>Ideal health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current smoking</td>
<td>Yes</td>
<td>--</td>
<td>None</td>
</tr>
</tbody>
</table>

#### Prevalence Rate (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>Smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>12%</td>
</tr>
<tr>
<td>2016</td>
<td>16%</td>
</tr>
<tr>
<td>2017</td>
<td>13%</td>
</tr>
</tbody>
</table>
**TOTAL CHOLESTEROL**

<table>
<thead>
<tr>
<th>Life’s Simple 7</th>
<th>Poor health</th>
<th>Intermediate health</th>
<th>Ideal health</th>
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<tbody>
<tr>
<td>Total cholesterol</td>
<td>≥ 240 mg/dl</td>
<td>200-239 mg/dl or treated to goal</td>
<td>&lt;200 mg/dl</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Prevalence Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>6%</td>
</tr>
<tr>
<td>2016</td>
<td>5%</td>
</tr>
</tbody>
</table>

Cholesterol
- Good (HDL)
- Bad (LDL)

Blood vessel
# Blood Pressure

<table>
<thead>
<tr>
<th>Life’s Simple 7</th>
<th>Poor health</th>
<th>Intermediate health</th>
<th>Ideal health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure</td>
<td>SBP ≥140 or DBP ≥90 mmHg</td>
<td>SBP 120-139 or DBP 80-89 mmHg or treated to goal</td>
<td>&lt;120/&lt;80 mmHg</td>
</tr>
</tbody>
</table>

2017: Average Blood Pressure 140 / 86 mmHg

![Graph showing blood pressure prevalence rates](image)
# Body Mass Index

<table>
<thead>
<tr>
<th>Life’s Simple 7</th>
<th>Poor health</th>
<th>Intermediate health</th>
<th>Ideal health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body mass index</td>
<td>≥30 kg/m²</td>
<td>25-29.9 kg/m²</td>
<td>&lt;25 kg/m²</td>
</tr>
</tbody>
</table>

2017: Average Body Mass Index 30.1 kg/m²

![Graph showing prevalence rate of body mass index from 2015 to 2017](#)
# Physical Activity

<table>
<thead>
<tr>
<th>Life's Simple 7</th>
<th>Poor Health</th>
<th>Intermediate Health</th>
<th>Ideal Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical activity</td>
<td>Exercise &lt; 3 times per week</td>
<td>--</td>
<td>Exercise 3 or more times per week</td>
</tr>
</tbody>
</table>

### Prevalence Rate (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>Poor Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>50%</td>
</tr>
<tr>
<td>2016</td>
<td>38%</td>
</tr>
<tr>
<td>2017</td>
<td></td>
</tr>
</tbody>
</table>
### GLUCOSE

<table>
<thead>
<tr>
<th>Life’s Simple 7</th>
<th>Poor health</th>
<th>Intermediate health</th>
<th>Ideal health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fasting glucose</td>
<td>≥126 mg/dl</td>
<td>100-125 mg/dl or treated to goal</td>
<td>&lt;100 mg/dl</td>
</tr>
<tr>
<td>Random glucose</td>
<td>≥200 mg/dl</td>
<td>140-199 mg/dl</td>
<td>&lt;140 mg/dl</td>
</tr>
</tbody>
</table>

#### Prevalence Rate (%)

- **2015**: 9%
- **2016**: 9%
- **2017**: 13%

**2017:**

Average Fasting Glucose

111 mg/dL
BODY MASS INDEX

Graph showing the percentage distribution of healthy, intermediate, and poor categories for different health indicators such as Smoking, BMI, Physical Activity, Healthy Diet, Total Cholesterol, Blood Pressure, and Blood Glucose.
## Body Mass Index

<table>
<thead>
<tr>
<th>ETHNIC</th>
<th>Cycle</th>
<th>Poor</th>
<th>Intermediate</th>
<th>Ideal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>07-10</td>
<td>31.5</td>
<td>1.7</td>
<td>66.8</td>
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LIFE’S SIMPLE SEVEN: POOR
2017: NUMBER OF LIFE’S SIMPLE 7 METRICS

- CVH Ideal Metric

- Percent
  - 0.5%
  - 4%
  - 23%
  - 37%
  - 30%
  - 5%
  - 1%
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

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

➤ 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

➤ 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.
WHAT CAN YOU DO?

7 small steps to big changes.
WHAT CAN YOU DO?

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
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

NATIONAL AFRICAN AMERICAN MALE WELLNESS WALK
SATURDAY AUGUST 11th
5K WALK & RUN
@ LIVINGSTON PARK
15 YEARS
EST. 2004

NATIONAL AFRICAN AMERICAN MALE WELLNESS WALK

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

Dr. Darrell Gray