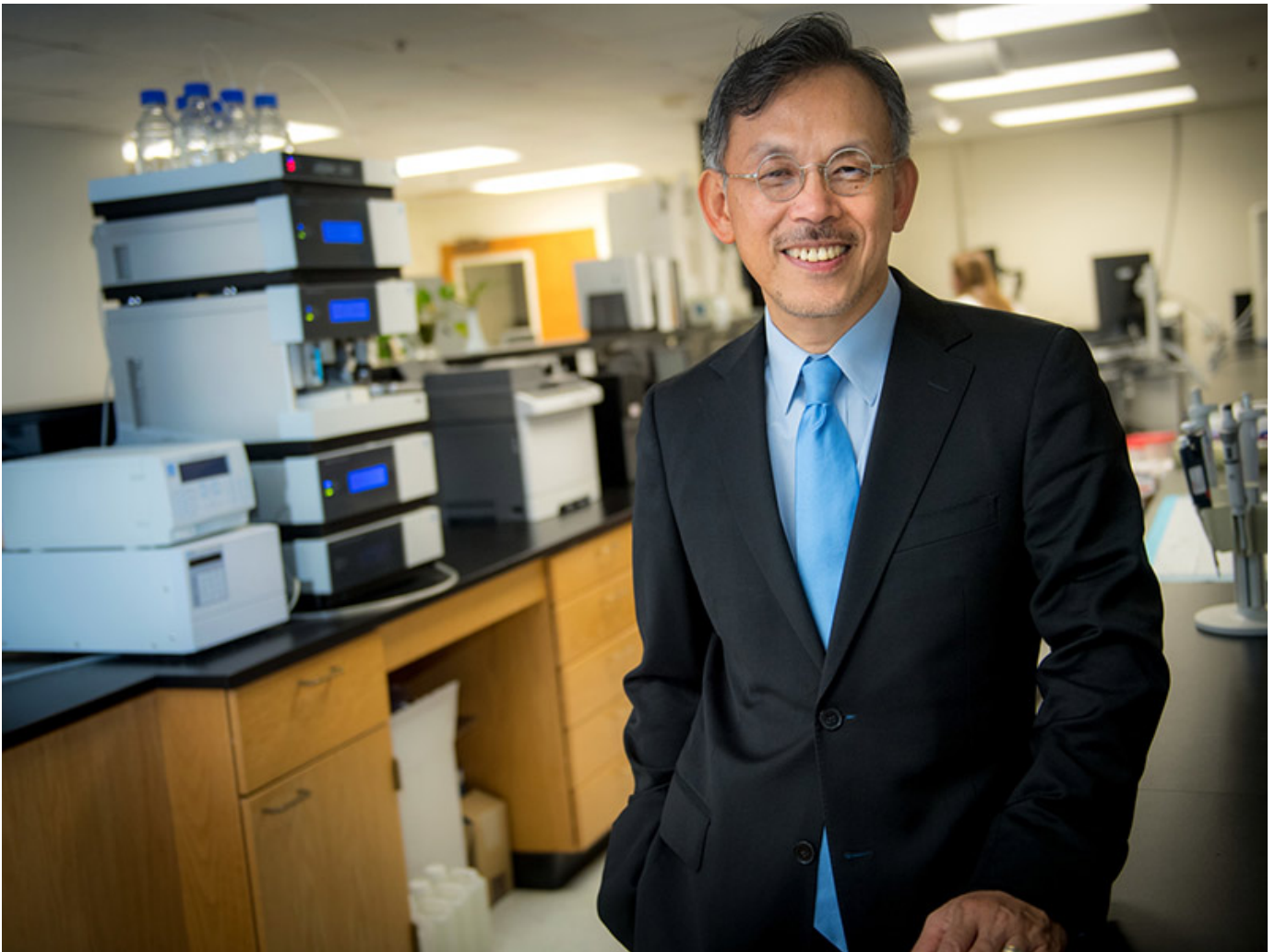


# Tulane awarded \$8.7 million to work with Black churches to eliminate cardiovascular health disparities

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*Study principal investigator Dr. Jiang He, professor and chair of the Department of Epidemiology at Tulane University School of Public Health and Tropical Medicine.*

*Photo by Paula Burch-Celentano.*

The National Institutes of Health awarded a \$8.7 million grant to Tulane University to study whether churches can play a significant role in helping to eliminate cardiovascular health disparities among African Americans.

Tulane will recruit and train community health workers to implement a comprehensive health and lifestyle coaching program for congregants in predominantly African American churches in New Orleans and Bogalusa, Louisiana. The program will focus on healthy eating, exercise, weight-loss, improving cholesterol numbers, addressing high blood pressure and controlling other risk factors as outlined in the [2019 American College of Cardiology and American Heart Association Guideline on the Primary Prevention of Cardiovascular Disease](#).

Heart disease is the leading cause of death for men and women in the United States. Louisiana residents, especially African Americans, bear a disproportionately high burden of cardiovascular disease due to lifestyle factors, diet, limited access to healthcare and higher rates of obesity and other cardiovascular risks, said study principal investigator [Dr. Jiang He](#), professor and chair of the Department of Epidemiology at Tulane University School of Public Health and Tropical Medicine.

“The burden of cardiovascular disease risks among African Americans in Louisiana is staggering and reflects an inequity that we must all play a part in remedying,” He said. “This project will allow us to develop deep, lasting community partnerships and to produce needed research that hopefully moves the needle on cardiovascular health disparities here in Louisiana and beyond.”

The seven-year study, Church-based Health Intervention to Eliminate Racial Inequalities in Cardiovascular Health (CHERISH), will begin with a three-year planning phase where researchers will identify and collaborate with 42 churches. The study will work with 1,050 church members age 40 and above who will be randomly placed in one of two groups for an 18-month program. One group will meet with community health workers at church for health coaching, diet counseling, advice on medication adherence and help coordinating healthcare. The control group will only receive health information material and attend group health sessions.

Researchers will collect data on participants' progress at six, 12, and 18 months and then follow-up again six months after the programs end.

“The intervention led by community health workers will provide strong social support and tackle multiple social determinants of cardiovascular health disparities. At the end of the program we’ll be looking to see which group had the greatest success in helping participants reduce their risks for heart disease and stroke,” He said.

The study is part of the NIH’s Coordinated Interventions to Prevent and Control Heart and Lung Disease Risk Alliance. This alliance brings together seven universities, along with a coordinating center, that are all undertaking research addressing the persistent, and in some cases growing, disparities in cardiovascular and pulmonary health by race, ethnicity, sex, gender, geographic location, and/or socioeconomic status. Through the use of proven-effective, multi-level interventions, the alliance’s research aims to improve the health of members of high-burden communities across the U.S.

The CHERISH investigative team includes Dr. Keith C. Ferdinand, the Gerald S. Berenson Endowed Chair in preventive cardiology at the School of Medicine, who is a national leader in community-based research for cardiovascular disease. Ferdinand also established the Healthy Heart Community Prevention Project, which has served the New Orleans African American community for more than 30 years in cardiovascular disease risk reduction, health screening and intervention. Additionally, Thomas LaVeist, PhD, Weatherhead Presidential Chair in Health Equity and dean of the School of Public Health and Tropical Medicine, will be a co-investigator. He is an expert in racial and socioeconomic disparities in health and healthcare. Marcia Ory, PhD, Regents and Distinguished Professor at Texas A&M School of Public Health, will lend her expertise in implementation science to the study. Other Tulane co-investigators include Jing Chen, PhD, professor of medicine; Dr. Lydia Bazzano, PhD, Lynda B. and H. Leighton Steward professor in nutrition research and professor of medicine; Katherine Mills, PhD, assistant professor of epidemiology; Jeanette Gustat, PhD, associate professor of epidemiology; Hua He, PhD, associate professor of epidemiology, and Lizheng Shi, PhD, professor and interim chair of health policy and management.