



Living for Health®

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Florida Heart Research Institute



- ♥ Located in Miami, FL
- ♥ Independent, nonprofit 501(c)(3) organization
- ♥ No affiliations with any hospital or university

Mission:

to stop heart disease through
research, education and
prevention

Living for Health®



Cardiovascular community health program targeting underserved and uninsured adults

- ♥ Use community-based cardiovascular risk factor screenings to identify those at risk for heart disease, stroke and diabetes
- ♥ Provide education and health coaching to encourage lifestyle changes to reduce risk
- ♥ Encourage those at risk to seek treatment and provide FQHC referrals to those without a medical home
- ♥ Provide telephonic follow-up to all high risk participants at 1, 3, 6 and 12 months

Community Screenings

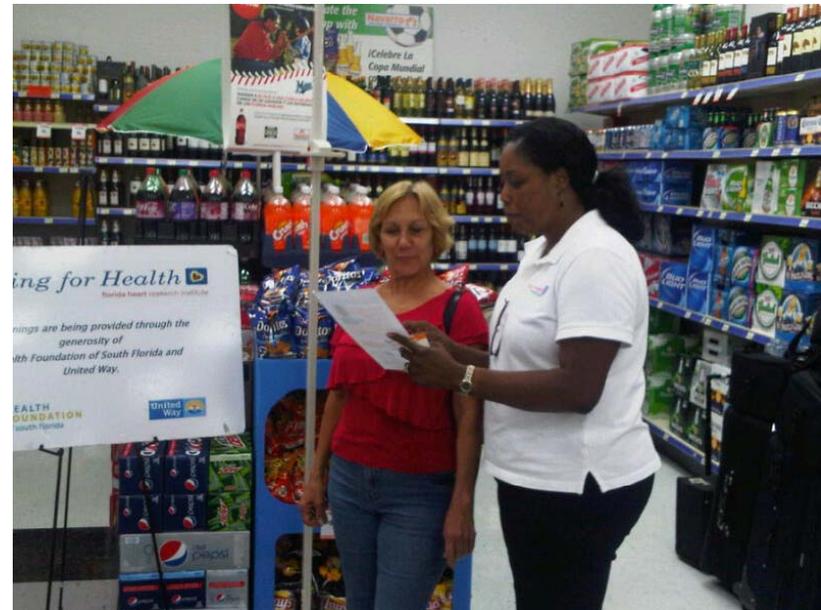


Churches, malls, health fairs, community centers located in medically underserved areas

Screening Process



- ♥ Baseline Lifestyle Survey and Clinical History
- ♥ Blood Pressure
- ♥ Body Mass Index
- ♥ Fingerstick
 - Total Cholesterol
 - HDL
 - TC / HDL ratio
 - Glucose
- ♥ One on One Counseling
- ♥ Educational Information
- ♥ List of Local Resources



Counseling and education provided in English, Spanish and Creole

Protocol for Medical Follow Up



Follow national NCEP / ATPIII, JNC(VII) and ADA guidelines for medical follow up:

- ♥ Systolic BP \geq 140 mm Hg
- ♥ Diastolic BP \geq 90 mm Hg
- ♥ Total Cholesterol \geq 240 mg/dL
- ♥ TC / HDL ratio \geq 4.1
- ♥ Glucose \geq 200 mg/dL



Those without a PCP are referred to participating FQHCs that treat on a sliding fee scale based on ability to pay

Outcomes Measured



Follow all “at-risk” participants – (60% of participants)

♥ Lifestyle changes

- Fruit and vegetable consumption
- Whole grain consumption
- Fast food frequency
- Fast food type
- Fat intake
- Physical activity levels
- Smoking



♥ Clinical changes (TC, TC/HDL, BP, GLUCOSE)

♥ % who sought treatment

♥ Matches to new medical home

Outcomes Measurement



**Follow up phone surveys
at 1, 3, 6 and 12 months
from initial screening**



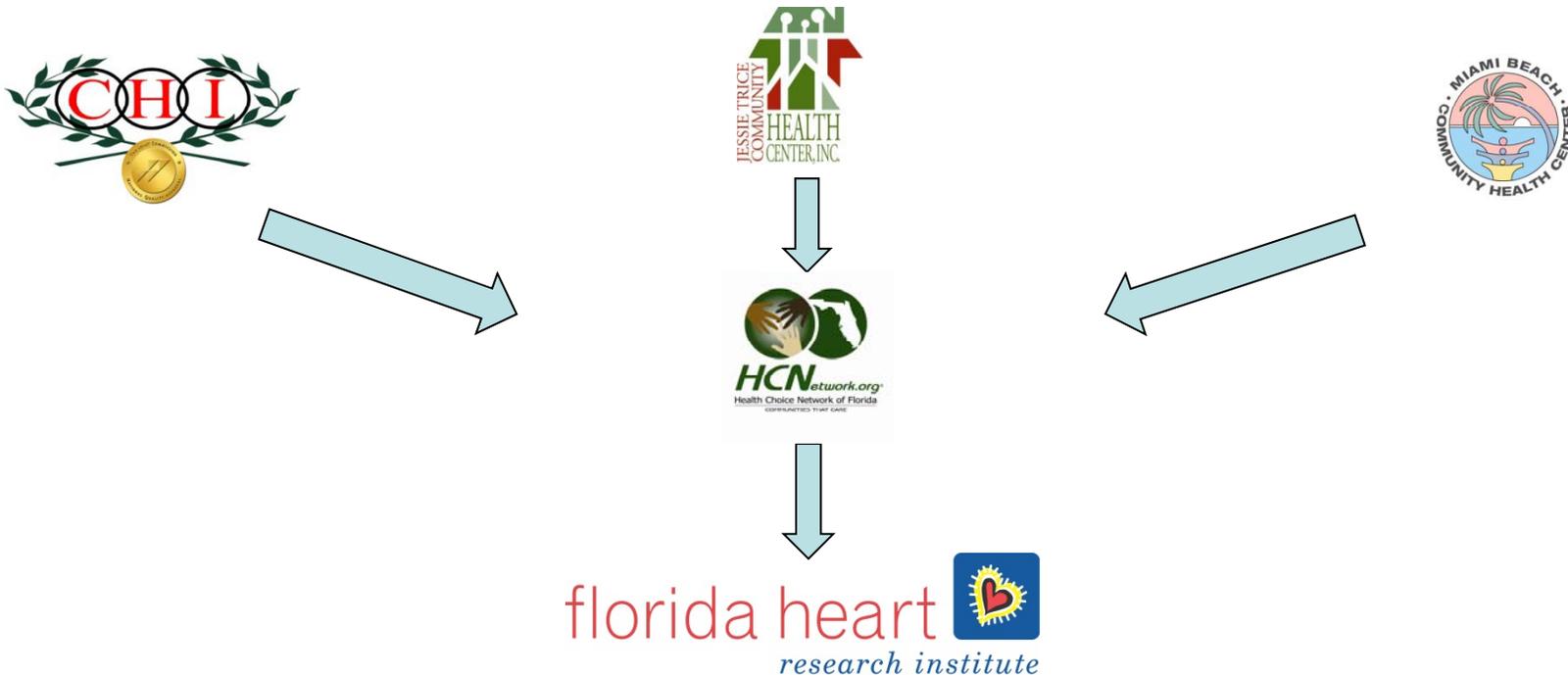
- ♥ to collect **post lifestyle** data
- ♥ determine who sought treatment
- ♥ opportunity to re-educate and coach
- ♥ encourage participants to seek treatment

Outcomes Measurement



Data Downloads from Participating Clinics

- ♥ to collect **post clinical** data
- ♥ determine who sought treatment
- ♥ identify matches to a new medical home



Lifestyle Results



- ♥ Showed statistically significant improvements in 6 out of 7 lifestyle indicators after 3 months
- ♥ Showed statistically significant improvements in 5 out 7 lifestyle indicators after 6 and 12 months

Lifestyle changes were made and sustained among those at-risk participants we were able to reach in the phone surveys

Clinical Results



Showed statistically significant improvements in all 4 clinical indicators after 3 and 6 months

Showed statistically significant improvements in 3 out of 4 clinical indicators after 12 months

Clinical indicators among those at-risk participants followed and treated by the FQHCs were improved and sustained

While the N is small, the data supports the self reported lifestyle changes

Match to a Medical Home

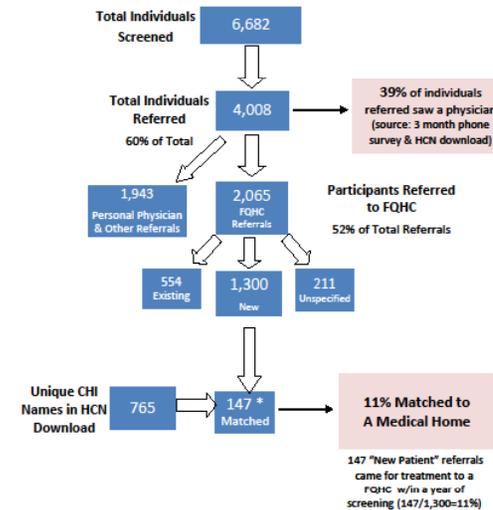


Out of the 6,682 screened in the program, 4,008 (39%) required medical follow-up. Of those, 1,300 had no medical home so were “new” referrals. **147 out of 1,300 (or 11%) were successfully matched** – independently verified from data download

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North and South Miami-Dade Combined
Scope of Study for the Period: May 2008 - June 2011

This chart combines the 4,869 unique participants from South Miami-Dade with the 1,813 unique participants from North Miami-Dade to show overall aggregate match rate for the L4H program:



*There are 101 patients who appear in the HCN download who went to an FQHC for the 1st time within a year after their screening event but may not have been properly classified as a New Patient Referral by FHRI screeners to count as a match. Including these 101 people would bring our Match Rate up to 18%.

Testimonials



Maria Alvez – Event #33

screening showed she had high blood pressure. When she reported that she had no insurance or a doctor, Maria received a referral to a participating FQHC. She was seen by a physician,

received a prescription and is thankful for Florida Heart's Living for Health® program for helping her to get the treatment she needs.



Summary



- ♥ L4H is a cardiovascular community health program targeting underserved and uninsured adults
- ♥ Statistically significant improvements were seen in BOTH lifestyle and clinical indicators over time
- ♥ L4H led to new connections in healthcare – thereby increasing access to care
- ♥ Costs less than \$50 per person

Next Steps: Continue to collect more data, publish outcomes and encourage replication

Acknowledgements



L4H Funders



Community Partners





www.floridaheart.org ♥ www.livingforhealth.org

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