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Sessions are signified by P. 1T, where "P" refers to "Poster," "1" refers to its numbered board, and "T" refers to "Thursday."

**P. 1T Chronic Illness Prevention in a Latino Community**

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A community health centers serving a primarily low-income Latino community implemented a multifaceted intervention to reduce risks of chronic illnesses such as diabetes, hypertension, hyperlipidemia and obesity. A multidisciplinary team of bilingual and bicultural staff: registered dietitians, a nurse, health educators and community health promoters provided a variety of services such as one-to-one education; diabetes and cardiovascular classes and support groups; and aerobics workouts to Latin rhythms. We collected baseline and followup clinical measures: glycosylated hemoglobin, blood pressure, total cholesterol, LDL cholesterol and weight for approximately 200 individuals. Participants identified as having a low level of acculturation tended to have the greatest degree of improvement in health status indicators from baseline and followup. Individuals who had a high level of service utilization also had the most significant changes in the various health status indicators we measured. Overall, a community-based approach to chronic disease prevention with a combination of services including one-to-one medical/nutrition education; aerobics; and diabetes and cardiovascular education classes has a significant impact on the health status of low-income Latinos who are monolingual Spanish speakers and who tend to have a low level of acculturation.

**P. 2T Effects of Supplemental Soy Protein (SSP) in Hypercholesterolemic Postmenopausal Women**

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This study examined the effects of a 6-week daily SSP on food intake and serum lipoproteins in 24 women, mean age  $64 \pm 7$ , with a mean low density lipoprotein-cholesterol (LDL-C) of  $182 \pm 31$  mg/dl. Subjects consumed 430-kcalories from SSP comprised of 42g soy protein and 15g cream. They were assigned randomly to a group given general guidelines (GG, N=13) to substitute SSP for other calorie and protein sources or to an individualized diet group (ID, N=11) which received counseling tailored to assist in incorporating SSP into their diets. At week 6, energy intake increased 14% and 6% in GG and ID, respectively, being significant only for GG ( $p < 0.05$ ). Protein kcalorie intake increased significantly ( $p < 0.01$ ) in both GG (24%) and ID (27%). Fat kcalories decreased an average of 10% in both groups, being significant only for ID ( $p < 0.05$ ). No other dietary variables or body weight changed significantly in either group. LDL-C decreased significantly ( $p < 0.05$ ) in both ID and GG by 9% and 8%, respectively; high density lipoprotein-cholesterol decreased slightly (ID-3%, GG-2%), being significant ( $p < 0.05$ ) only for GG. In conclusion, subjects were only partially successful in substituting SSP for other protein and calories sources. Nonetheless, SSP had a significant LDL-C lowering effect.

**P. 3T Acute Myocardial Infarction and Post-Traumatic Stress Disorder: Explaining Care-Seeking Delay**

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In this paper the experiences of acute myocardial infarction (AMI) patients who are at high risk for reinfarction and/or sudden death are examined to determine the impact of Post-Traumatic Stress Disorder [PTSD], accumulated burden of adversity, and trauma spectrum disorder on subsequent AMI care-seeking. Individuals experiencing an AMI have been studied with regard



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