

A Church-based Health Risk Reduction Program

Project FAITH

Fellowship and Instruction Toward Health

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FOR THE PAST 380 YEARS, BLACKS have suffered the worst health care, health status and health outcomes of any ethnic or racial group in the United States. African Americans are continuing to die at alarming rates from many diseases including diabetes, cardiovascular disease, cancer and HIV/AIDS. An estimated 91,000 excess deaths are suffered by the African American population each year. Beginning with 1985 to 2000, the life span of African Americans began to get shorter. By 1996, the average life expectancy for the African American male was sixty-six years compared to seventy-four years for his white counterpart.¹ Reasons for the disparity are complex and multifaceted. Some of the key indices are poverty, lack of access to health care, low socioeconomic status, discrimination, lack of available community resources, stressful life-style, poor nutrition, poor education, inadequate housing, low-paying jobs and lack of health insurance, compounded by a lack of access to preventative health care services.

Over the years, many studies have shown that religious organizations are an effective channel for implementing health promotion programs.² Religious organizations have a direct reach or connection with people that exceed other types

of societal organizations. A 1994 Gallup Poll survey found that 60 percent of individuals say that religion is very important in their lives and that 42 percent attend church weekly or almost weekly.² In urban African American communities, several population-based studies have shown that 65-80 percent of persons attend church regularly.³ There have been a number of publications citing the effectiveness of religious organizations as a partner in risk reduction for cardiovascular disease.

Religious organizations are effective sites to implement health promotions programs because they have:

- ¥ Well-established social networks;
- ¥ Religious education programs and infrastructure;
- ¥ Facilities located in virtually every neighborhood in the United States;
- ¥ Clerical and other church leadership who are receptive to health programming;
- ¥ A history of volunteerism;
- ¥ Large membership roster; and
- ¥ Involvement of entire families.

The objectives for Project FAITH will be to:

Identify church members that have high blood glucose, high cholesterol and high blood pressure. This will be

achieved through a comprehensive screening program in collaboration with a local hospital.

Provide education on the chronic diseases that disproportionately affect African Americans and are directly linked to lifestyle and health behaviors. There will be two three-hour presentations that will be given at the church over a three-month period. The presentations will be interactive, utilizing concepts of adult learning. The topics to be covered are Diabetes, Cholesterol, Obesity, Cardiovascular Disease and Pain Management.

Provide information on good nutrition, exercise and smoking cessation and their relationship to the disease states mentioned above. The concepts of good nutrition and exercise will be provided through demonstration. All church participants will be given a video tape and audiotape with the exercise program to be used at home.

Provide a referral mechanism for church members to local physician providers in the area for routine care and diagnosis. A network of health care providers in the Los Angeles area will be established. Project FAITH participants that have abnormal screening tests will be given a referral list of primary care physicians in their geographic area. Physicians within the network will provide appointment slots for Project FAITH participants so that all high-

risk patients with abnormal screening tests can have the option of being seen within one to two weeks of screening.

Develop partnerships among key local professionals and lay organizations with the churches. Project FAITH will recruit health care professionals that are members of the church congregation. These health care professionals will work directly with the high risk members within the church providing ongoing educational programming and one-on-one consultations. Many of the churches have an active lay organization. The members of the lay group at the church will be used as church site coordinators and community outreach workers that will have the primary responsibility for making sure identified high risk church members attend all presentations and understand all educational materials that have been provided. If the participant has any questions, the lay member will make sure that a Project FAITH health care professional is notified to contact the participant to answer questions.

Quantify and analyze the results and make adjustments in order to develop a turn key operation for future rollouts. Through the use of the Drew Medical Research Center, a questionnaire has been developed that will be used as a Pre- and Post-test instrument. On the day of screening, the questionnaire will be given and at the end of the educational series. The overall knowledge of the participant regarding diabetes, cardiovascular disease, importance of exercise and good nutrition, their impression of barriers to access to care, and their readiness to make lifestyle behavioral changes will be assessed.

When a church is selected for Project FAITH, a four-month planning phase will be required as outlined below.

☞ Recruitment, enrollment, signing of an implementation covenant by

the pastor;

- ☞ Identification by the pastor of two to four site coordinators;
- ☞ General training of the site coordinators to conduct the program; and
- ☞ Announcement of the program and the upcoming health forum and health screenings in the church bulletin, at Sunday Service, SCCA newsletter, and mailings to all church members over 39.

Each church will have a site coordinator that will be responsible for:

- ☞ Marketing and advertising the program
- ☞ Staffing the resource centers located at the church site
- ☞ Helping church members with computer access to health information on the Internet
- ☞ Soliciting incentives from local businesses to give to church members that have successfully completed the program

Once we have identified the high risk church members through screening and they have completed the baseline questionnaire, the educational program begins. Culturally sensitive printed materials will be distributed and audio and videotapes will be shown related to the topic being covered. In addition to the one-hour classes, the pastor and site coordinators will:

Provide at least four to six pastoral sermons on nutrition, smoking cessation, fitness and physical activity.

Arrange for monthly testimonials before the church given by two or more participants about their progress relative to any of the goal behaviors.

Include in the weekly church bulletin the news of progress of individuals, with a lesson and Scripture relative to one or more of the goal behaviors.

Educate the church food committee and persons who prepare church meals to incorporate low-fat, low-sodium alternatives into all church dinners.

Incorporate intervention activities of

messages into prayer meetings and existing church activities.

Hold a ten-minute physical activity gospel warm up using the LA Lift Off exercises and audiotape.

Provide for fruits, vegetables and low-fat, low-sodium alternatives for all events where snacks and meals are served.

Establish a resource center at the church that will be staffed by the site coordinators.

As part of Project FAITH, resource centers will be established at each church site. These resource centers will have a library of educational materials along with interactive Kiosk system with online Internet access. The Resource Center will have:

- ☞ Printed materials and audiotapes on nutrition, exercise, diabetes, hypertension, cholesterol, smoking cessation, prostate and breast cancer and HIV/AIDS.
- ☞ Educational Internet Site for viewing of consumer-oriented medical presentations via Webcast. Project Faith will enable consumers to experience a broad range of multimedia health content, including audio, video, text and animation. Project Faith's systems will utilize real-time delivery and playback of multimedia health content.

After completion of the education classes, a second health screening will occur to measure clinical and behavioral outcomes. The total time for each church to complete the program will be from four to six months.

Project FAITH provides an innovative, comprehensive approach to community-based outreach and prevention. By using the church as the educational venue, information can be provided in an environment that is comfortable, easy to access and practical. This type of program overcomes the barriers of access and delivery that have plagued educational programs in the past. 