PARTNERING WITH CHURCHES TO IMPROVE HEALTH IN RURAL COMMUNITIES

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Background:

- Participants will hear from two presenters on how faith-based organizations can be utilized to reach community members and improve health outcomes. Examples will be shared from two rural counties, Fairfield and Kershaw County.
- From Kathryn Johnson, participants will learn how an integrated model of care is being provided at rural church locations to serve uninsured and underserved individuals that face multiple barriers to accessing care.
- From Sara Wilcox, participants will understand experiences implementing an evidence-based program to promote physical activity and healthy eating in Fairfield County [Faith, Activity, and Nutrition (FAN)].
Objectives:

- Participants will share at least one approach for how social and economic factors can be addressed in a rural setting.
- Participants will be able to see how an integrated model of care with Nurse Practitioners and Community Health Workers can be used to better manage chronic diseases resulting from obesity.
- Participants will be able to describe how church environments can be modified to promote physical activity and health eating through four key strategies.
LIVEWELL KERSHAW INITIATIVE

KATHRYN JOHNSON, MPH
DIRECTOR, LIVEWELL KERSHAW COALITION
KERSHAW COUNTY

- **Kershaw County**
  - Population of ~60,000
  - It can take 40 minutes to travel from the county seat, Camden, into the northeastern portion of the county.
  - 6 out of 13 zipcodes (all rural) have much higher rates of Diabetes, Hypertension, and other chronic diseases compared to other zipcodes
  - No public transportation in the county
In 2013, USC Institute for Families in Society identified the “North Central” area in Kershaw County as a hotspot for chronic disease and overutilization of Emergency Room services.
THE PARTNERING PROCESS

- **Engaging Churches**
  - One-on-one conversations with the Pastors
  - Trust Building
  - A way to fulfill mission work through provided much needed care to community

- **Sites**
  - Buffalo Baptist Church
  - Cassatt Baptist Church
  - DeKalb Baptist Church
  - Refuge Baptist Church
SOCIAL DETERMINANTS OF HEALTH

How do we tackle improving health if ONLY 20% of health outcomes are related to access?
INTEGRATED MODEL OF CARE

- Nurse Practitioner
- Medical Assistant
  - Clinical Care
- Community Health Worker
  - Social Services
MASLOW’S HIERARCHY OF NEEDS

Making sure basic needs are met before moving up the pyramid.

Cannot tackle obesity in its entirety until basic needs are met.
RESULTS (MAY 1, 2014- JULY 31, 2017)

- **Economic Impact:**
  - 24-25% reduction in inpatient hospitalizations and emergency room utilization among cohort
  - $7,714 saved for every inpatient hospitalization avoided with Care Coordination visits

- **Number of individuals served:**
  - 2,471 patients served
  - 4,749 encounters
  - 608 connected to a medical home
ITERATIVE PROCESS

- Rotating schedule and published materials on days of availability at each church
- Using continuous improvement to drive decision making in satellite availability
  - Pair with other events to combat low volume
- Focus groups
FOOD FOR THOUGHT

- Providing a meal and speaker prior to Wednesday night church services
- Share available resources in community
- Open to congregation and community members
- Open forum for feedback
OUR COMMUNITY FOOTPRINT
“I don’t mind being seen at a church. I will go where Vicki (Nurse Practitioner) goes, no other doctor has ever taken the time to really listen to my health problems.”
INCREASING AWARENESS OF EXISTING BARRIERS
Let’s take a look at a bus ride…
SUMMARY

- Relationships with faith-based organizations critical to population health improvement in rural areas
- Results demonstrated
- Maslow’s Hierarchy of Needs
  - Next steps
- Blueprint for Kershaw County moving forward
FAITH, ACTIVITY, AND NUTRITION IN FAIRFIELD COUNTY

SARA WILCOX, PHD
DEPARTMENT OF EXERCISE SCIENCE & PREVENTION RESEARCH CENTER, ARNOLD SCHOOL OF PUBLIC HEALTH, USC
Description of the Faith, Activity, & Nutrition (FAN) program

Partnership with Fairfield County to conduct a dissemination & implementation (D&I) study of FAN

Results: Reach, Adoption, Effectiveness, Implementation
Overview of FAN D&I Intervention

“Beloved, I pray that you may prosper in all things and be in health, just as your soul prospers.”

III John 1:2
PRIMARY GOAL OF FAN

- Help create a **healthy church environment** for physical activity (PA) & healthy eating (HE)
  - PA: 150+ minutes/week, moderate-intensity
  - HE: INCREASE fruits, vegetables, whole grains
    - DECREASE fat, sodium

- Focus on 4 primary strategies to reach **all members**
  - Guided by Cohen’s Structural Model of Health Behavior

PROMOTE HEALTHY CHURCH ENVIRONMENT

- Increase opportunities & programs
- Create healthy church guidelines (policies)
- Engage, support pastor
- Get the message out
Community Health Advisors Delivered Program

- Resident & member of Fairfield County church
- Training
  - Pre-training self-paced modules (Adobe Presenter)
  - In-person training (USC staff)
  - Post-training self-paced modules (Adobe Presenter)
- Quarterly booster calls

Community Health Advisor, Ms. Bessie Gladden, Leading an active break

Community Health Advisor, Ms. Cheryl Goodwin, Leading a FAN training in Fairfield County
ASSESSMENT & PLANNING PROCESS

- Assess current activities (for the 4 strategies)
- Select ways to add, enhance, expand
- Interactive workbook with ideas & resources
- Begin FAN program plan
WHAT FAN ENTAILS FOR CHURCHES

1. Church creates FAN committee (3-5 people)

2. Committee attends in-person training
   • Active breaks
   • Healthy lunch & food demo/tasting
   • Resources

3. Church submits FAN Program Plan

4. Church holds kick-off event

5. Church committee meets regularly to plan activities

6. Church receives 12 brief monthly calls to support program implementation
   • FAN coordinator: 8 calls
   • Pastor: 4 calls

CHA leading an active break at a FAN church committee training
Fairfield County

- Population of ~23,000
- 59% African American
- 15% with BA or higher
- 21% below poverty level
- Rural & medically underserved
- One of the DHEC priority counties
- County Health Ranking: 38/46
EVALUATION: RE-AIM FRAMEWORK

- Useful for understanding the public health impact of health promotion programs
- Greater focus on external validity
- Helps to translate research into practice – more “real world” application
  - Commonly used framework for D&I research, including in PA area

- Reach
- Efficacy / Effectiveness
- Adoption
- Implementation
- Maintenance

For more information: www.re-aim.org/
COUNTYWIDE ADOPTION & REACH

- Results not available for website
CHARACTERISTICS OF ADOPTING VS. NON-ADOPTING CHURCHES

- Results not available for website
EFFECTIVENESS

- Administered anonymous surveys after worship service between June and October of 2016
  - 8-12 mos after training of early churches
- 35 early churches (832 members)
- 19 delayed churches (504 members)

- Data collectors also did a church & neighborhood checklist
SELECTED SAMPLE CHARACTERISTICS

- Results not available for website
EFFECTIVENESS: CHURCH ENVIRONMENT

- Results not available for website
EFFECTIVENESS: SELF-EFFICACY (CONFIDENCE)

- Results not available for website
EFFECTIVENESS: FRUIT & VEGETABLE INTAKE

- Results not available for website
EFFECTIVENESS: PHYSICAL ACTIVITY

- Results not available for website
IMPLEMENTATION RESULTS

- Results not available for website
EXAMPLES OF WHAT CHURCHES ARE DOING WITH FAN

- Changed menus to include baked chicken
- Added fruits and vegetables to meals & snacks
- Planted garden & fruit trees
- Served fruit & yogurt parfaits for breakfast
- PA & healthy snacks VBS

- Gave each member a pedometer & log and started a successful church challenge
- Included stretches & movement at every worship service
- 5th Sundays = movement

Bible Light Holiness’ seasonal garden
SHARING FINDINGS

- Church-specific reports
- Infographic
  - Companion word document
- Pursuing sharing with elected officials & other stakeholders
CHURCH SPOTLIGHTS & UPCOMING TRAINING OPPORTUNITY

- Visit our website to:
  - See Church Spotlights from FAN
  - Complete an interest form for a Summer/Fall 2018 training

http://prevention.sph.sc.edu/projects/fanumc.htm

- Please stop by our table to get a handout on the training opportunity!
A BIG THANK YOU TO…..

- Mr. Vernon Kennedy & Ms. Cheryl Goodwin, Fairfield Behavioral Health Services (FBHS)
- Fairfield Community Coordinating Center (FCCC)
- Community Health Advisors: Ms. Cheryl Goodwin & Ms. Bessie Gladden
- Pastor Health Advisors: Rev. Henry Spann, Jr. & Rev. Ricky Gibson
- Fairfield County School District
- Faculty, staff, & students at USC & Clemson
- Participating churches

This project is supported by Cooperative Agreement Number U48DP005000 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.