

CHURCHES ON THE MOVE!



2013

The Center for Promoting Health and Health Equality

To reduce racial and ethnic health disparities associated with cardiovascular disease, the Center for Promoting Health and Health Equality (CPHHE), outreach efforts will result in African American churches signing letters of intent to address cardiovascular disease and obesity reduction by establishing and implementing congregational policies.

Churches on the Move!

FAITH BASED CHRONIC DISEASE PREVENTION

TOOLKIT

African-Americans have much higher rates of heart disease, stroke, hypertension, diabetes, obesity and other illnesses related to cardiovascular health than their Caucasian counterparts. Lifestyle choices that contribute to these diseases include lack of regular exercise, poor nutrition, and tobacco use.

According to the Center for Disease Control, the stroke death rate for African Americans in Nebraska from 2007-2009 was 128 per 100,000 compared to the Caucasian rate of 79 per 100,000. During the same period, the death rate among the country's stroke death rate of African American population due to stroke was 116 per 100,000.

This difference is known as a "health disparity." A health disparity is the difference in the incidence, prevalence, mortality, burden of diseases and other adverse health conditions—or outcomes that exist among ethnic groups. In other words, a health disparity is the significant difference between the rate at which one population group experiences a chronic disease or illness when compared to another population group.

Faith-based organizations have a long history of meeting the needs of their congregations and local communities. The faith community has been a major focus of the spiritual, social, economic, educational, and political life of African-Americans. Hatch (as cited in Johnston & Benitez, 2003) found that the African American church is where African Americans trust and feel secure about the information they receive. Davis and his co-authors (1994) found that the faith community continues to address issues that meet the needs of congregants. African American churches recognize the importance of spiritual, physical, and mental health, and welcome delivery of programs at the church. (Journal of Extension).

What is a Health Ministry?

A health ministry is a structured organization within the church that focuses on providing health education, promoting well-being and improving the health of the congregation and/or community. Health ministry activities can range from providing health education and raising awareness among church members to providing structured activities and programs for the congregation and/or community.

This toolkit relies on volunteers to plan health education activities, provide health education information and encourage healthy lifestyles among members of the congregation. The volunteers who make up the health ministry do not need to have any medical training or background. Ideally, people who are natural helpers and who are respected by their fellow members do well at this kind of work

(<http://www.altabatessummit.org/community/hm.html>).

The health ministry is usually made up of at least three to five members, with one serving as the health coordinator or leader. The health coordinator is responsible for planning and leading committee meetings; serving as a liaison between the committee, the congregation and the pastor; and ensuring that health activities are planned and implemented and reliable health information is disseminated. The health coordinator serves as an advocate, empowering the congregation to make healthier lifestyle choices.

PROGRAM OUTLINE

Health Promotion is the process of enabling people to increase control over the determinants of health and thereby to improve their health (NIH). The congregation of churches will be recruited to participate in exercise and health education promotion activities.

Timeline

- Creation of a wellness committee
- Wellness committee to develop a program focus area: nutrition or physical activity
- Wellness committee to develop one program to last 4-6 weeks
- Wellness committee to develop topic for self-management workshops
- Take didactic information from participants to create baseline data
- Wellness day kick off of programing
- Start first program with check in midway and at end of program
- Start self-management workshop
- Wellness committee to discuss continuation of current and continuing health education program
- Wellness committee to discuss adding an additional workshops



Physical Activity

Everyone can benefit from regular physical activity or exercise. Physical activity may help reduce your risk for many diseases such as heart disease and diabetes or “sugar”. It can also help you to lose and/ or control your weight. According to the Centers for Disease Control and Prevention, more than half of adults do not get enough physical activity to provide health benefits; 25 percent of adults are not active at all in their leisure time. Current health recommendations for adults include cardio or aerobic activities and resistance, strength building, and weight bearing activities.

According to the Dietary Guidelines for Americans 2005, it is recommended that children and adolescents participate in at least 60 minutes of moderate intensity physical activity most days of the week.

For children and adolescents, regular physical activity has beneficial effects on the following aspects of health: Weight • Muscular strength • Heart and lung fitness • Blood pressure • Stress • Self-esteem

Regular exercise and physical activity are very important to long-term health and well-being. Physical activity or exercise does not have to be a chore; in fact, it can be fun! People should select activities that they enjoy and can fit into their daily

Practice Models

Count Your Steps

Target Audience: All ages, group walking activity

Program Description: Count Your Steps is a 12- week walking program developed by DHEC Office of Minority Health to promote physical activity among African-Americans of all ages. Each participant is given a pedometer and walking log and encouraged to count their steps each day. The program allows flexibility in monitoring and participant reporting. For example, at weeks 3, 6, 9 and 12, participants report their steps for the previous weeks. The top two or three walkers for that time frame may receive an incentive such as a water bottle, t-shirt, lunch bag, etc. At the end of the 12-week program, all participants' steps are calculated, and the walker with the most steps is awarded some type of incentive.

Walk to Jerusalem by Easter and Walk to Bethlehem by Christmas

Target Audience: All ages, Group walking activity

Program Description: This walking program was developed by St. John Health Organization in Warren, Michigan. The Walk to Jerusalem by Easter and Walk to Bethlehem by Christmas are walking programs designed to increase the physical, spiritual and emotional health of participants. To accomplish the “imaginary” trips to Jerusalem or Bethlehem, participants log miles walked each week. The Walk to Jerusalem usually begins in January with the goal of accumulating enough miles to reach Jerusalem by Easter. The fall version of this walk is The Walk to Bethlehem. It usually begins in September with the intent of reaching Bethlehem by Christmas. These programs are for all ages. Each is a great way to get families to exercise together.

Nutrition

Specific diseases and conditions linked to poor diet include cardiovascular disease (heart disease), high blood pressure, type 2 diabetes, excess weight and obesity, and certain cancers. Together with physical activity, a high-quality diet that does not provide an excess of calories should enhance the health of most individuals.

- Vegetables and fruits. These are high in fiber, vitamins and minerals, and low in calories. Eating a variety of fruits and vegetables may help you control your weight and your blood pressure.
- Unrefined whole-grain foods that contain fiber. They can help lower your blood cholesterol and help you feel full. This may help manage your weight also.
- Eat fish at least twice a week. Studies show that eating oily fish containing omega-3 fatty acids (for example, salmon, trout, or herring) may help lower your risk of death from coronary artery disease.

Choose lean meats and poultry without skin, and prepare them without added fats.

- Select fat-free, one percent fat, and low-fat dairy products.
- Cut back on foods containing partially hydrogenated vegetable oils to reduce trans-fat in your diet (look at food labels).
- Cut back on beverages and foods with added sugars.
 - Choose and prepare foods with little or no salt. Aim to eat less than 2,300 milligrams (mg) of sodium per day.
 - If you drink alcohol, drink in moderation. That means no more than one drink per day if you are a woman and two drinks per day if you are a man.
 - If you eat out, watch your portion sizes.

Practice Models

Community Garden

Many communities have land set aside for community gardens. Organize a garden club in your church and include youth members. Grow your own local fresh fruits and vegetables. Serve them to the members of your congregation during events or sell them to raise funds. You may consider using your own church land if it is available.

Food Festival

A food festival is an event where church and community members come together and participate in activities such as label reading and cook-off contests. Recipes can be shared so that members are encouraged to prepare these healthy foods at home. Food festivals are designed to be a fun way for people to learn more about eating smarter to positively affect their own health as well as the health of their loved ones.

Healthy Cooking Classes/ Demonstrations

Have a nutritionist come in and demonstrate how to prepare traditional foods in a heart healthy way. You can also organize classes to address preparing healthy meals for families and the congregation. Remember to include the youth in these activities so that they can learn to cook and eat healthy.

Education and Awareness

Church Bulletin Inserts

Develop fact sheets, fliers and other printed materials that can be inserted into weekly church bulletins that promote and encourage physical activity. Inserts can focus on how to start an exercise program, how to stay motivated, and how to exercise safely, to name a few.

Bulletin Board Display

Use colorful printed materials such as posters, fliers, and facts sheets to develop an interesting display that promotes physical activity. Bulletin boards should be located in high traffic areas for maximum exposure. If possible, post a new display each month to maintain interest.

Church Newsletter(s)

Church newsletters can be used to highlight upcoming health ministry activities, promote national health observances, and share important health information and individual or program achievements.

Physical Activity Presentations/ Workshops

Physical activity presentations and workshops are useful ways to enhance and reinforce health ministry activities. For example, a health ministry member could present information about the numerous benefits of regular exercise. Invite a personal trainer, an aerobics instructor from a local gym, a health educator, or another professional knowledgeable about exercise or physical activity to speak to the congregation.

Health Minute

A health minute is a brief announcement during regular worship services that promotes physical activity. This can be presented to the congregation by the person who reads the church announcements or by a member of the health ministry. The health minute can focus on information relating to risk factors, chronic diseases, and the importance of regular physical activity. The effectiveness of the health minute can be enhanced if the pastor endorses it from the pulpit and reinforces the connection between physical and spiritual wellness.

Inspiring Change Workshop

The congregation will choose a topic for upcoming workshop; i.e.: hypertension/heart disease. Participants will attend 5 consecutive workshops for 1.5 hours at the church and each workshop will incorporate cognitive, emotional, behavioral behaviors. At the end of the workshop the participants will report improved quality of life, reduced disability, improved mental well-being.

Class sessions

- Session 1: Hypertension
 - Participants will examine the causes of hypertension; learn how to record their blood pressure information and design coping strategies to self-manage their blood pressure
- Session 2: Problem Solving
 - Because self-management is problem based, problem solving is a core self-management skill
- Session 3: Mental and Emotional Well-being
 - Participants will get an introduction to achieving and maintain individual mental and emotional happiness
- Session 4: Mental and Emotional Well-being
 - Participants will gain an understanding of “ready, willing and able” and goal setting: predicting likelihood of success
- Sessions 5: Nutrition Education
 - Participants will gain an understanding of proper nutrition habits

ABUNDANT LIFE WELLNESS

Late in 2012, the Redeemed Christian Church of God, Christ Embassy (RCCG) discussed how to develop a plan for the congregation to practice healthy living activities. After discussions with Pastor Aloy, the group decided the best way to move forward was to create a wellness committee in the church.

Within a couple of weeks, the Pastor had a group of individuals who wanted to help with the mission of creating a healthier congregation. The wellness committee comprises everyone from a college student, to professor, to a medical clinician. The wellness committee conferred and created the name Abundant Life Wellness (ALW) as their health ministry's name. The name, based on John 10:10, "The thief cometh not, but for to steal, and to kill, and to destroy: I am come that they might have life, and that they might have it more abundantly."

"We believe that abundant life should show not only in our spiritual life but also in the physical. Apostle John prayed for the brethren in 3 John 2 saying "Beloved, I wish above all things that thou mayest prosper and be in health, even as thy soul prospereth". We promised to work diligently on this program to serve the best to your church members and our community in the way that honors our Lord Jesus Christ."

Dcn Tata of RCCG January 14, 2013

Once ALW came up with their name, they hit the ground running. ALW has taken didactic readings of the congregation to get a baseline of those participating in the program. Once the baseline was analyzed, the information was then presented back to the church at a Sunday Service and during their Wellness Day. ALW found that more women have a higher body mass index (BMI) than their male counterparts. However, more males had hypertension than women.

ALW decided, based on the baseline study, that a walking program would be most beneficial to the congregation. The church has now started a month long walking program where members wear a CPHHE/HS-MACA supported pedometer daily and record how many steps they have taken. At the end of the month ALW wanted to continue the walking program for six weeks. Once the six weeks are up, ALW will study the data and determine the next program for the congregation.

With the start of Churches on the Move, we have started to expand its presence of wellness committees in other churches in the Omaha area. Currently our efforts have taken us to North Omaha and by the end of the year we are looking to expand to South Omaha.



Churches on the Move! was created out of a collaborative effort between the Health Sciences-Multicultural and Community Affairs (HS-MACA) and The Center for Promoting Health and Health Equality (CPHHE) at Creighton University.

HS-MACA

An instrumental partner in the implementation and development of programs for underrepresented and disadvantaged students at Creighton University, the office of Health Sciences' Multicultural and Community Affairs was established in 2000. HS-MACA's mission is *"to increase the recruitment and retention of underrepresented minorities."* HS-MACA has implemented successful summer-only programs for provisionally accepted medical and dental school students. Creighton's programs are widely regarded as innovative, effective, and replicable. Today, approximately 00 practicing physicians and dentists can thank Creighton University and its Post-Baccalaureate Program for assisting in their successful professional education. Numerous other health professions programs around the country are indebted to Creighton for its leadership role in the preliminary education of disadvantaged students for medical and dental careers.

With funding from Health Resources and Services Administration (HRSA), a division of the Department of Health and Human Services (HHS), Creighton has developed a comprehensive pre-professional program. This program targets middle school through high school students interested in health careers. This program brings to the local community schools a plethora of activities geared to spark the student's interest in science. The program also exposes the young students to role models from the health science professional schools at Creighton and also educates the students about healthy living habits.

Creighton University's Glaucoma Screening Initiative was started in 2001 as a means of addressing and reducing the occurrence of preventable blindness. The Glaucoma Screening Initiative launched its attack on preventable blindness in the community which continues today. The GSI seeks to educate the public about ocular health and preventable blindness as well as ocular disease. The GSI travels to many cities in Nebraska, Iowa, Kansas and Missouri, screening individuals in under-served communities and underrepresented populations where preventable blindness is more prevalent.

CPHHE

The purpose of the Center for Promoting Health and Health Equality (**CPHHE, "Center"**) is to enhance community health through community-university collaborative research, education, and implementation in communities of Omaha and the region. In direct fit with Creighton's core values, the Center's emphasis is on health improvement of communities that have worse health related to social inequalities and inequities. The Center's formation rests on the recognition that to foster health equality and promote health generally, Health Sciences Centers should become Centers-without-walls that embrace served communities as partners and collaborators. Intersectoral collaboration of multiple academic disciplines and health professions is essential and community-based participatory research is the most promising model. The scope of work must extend beyond that typical of medical centers because social policies so strongly influence health. Moreover, core issues are how social justice, respect, care and other ethical values should flow throughout such a collaborative-partnering endeavor.

REFERENCES

Toolkit was adapted from The S.C. Dept. of Health and Environmental Control, Office of Minority Health
Protect your Body. Protect your Temple toolkit.