

Field Notes



Delta Alliance for Congregational Health

Problem:

The Mississippi Delta is a rural 18-county area in the northwest region of the state whose residents experience persistent poverty and a higher proportion of chronic diseases and related risk factors than those in other regions of Mississippi. There is a need for increased awareness of chronic disease risk among the community, as well as for increased implementation of strategies to reduce risks and mitigate poor health outcomes.

Project:

The Mississippi Delta Health Collaborative (MDHC) provided funding, training, and technical assistance to churches in the community to conduct health screenings, connect participants to healthcare providers, and promote practices that support healthy lifestyle changes.

For more information please contact

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Overview

The MDHC, an initiative of the Mississippi State Department of Health, provides leadership and guidance in the Mississippi Delta to improve the cardiovascular health of the population through the promotion of the ABCS—appropriate **A**spirin use, **A**1c (hemoglobin control), **B**lood pressure control, **C**holesterol management, and **S**moking cessation. The MDHC works to achieve these goals by putting into action heart disease and stroke prevention strategies that include environmental and systems changes, community-clinical linkages, and collaboration with a diverse group of partners.

Since 2009, the MDHC has been working to promote healthy lifestyle changes in the congregations and communities in which they serve. What began as a community garden initiative with 18 churches has now expanded into a coalition of more than 25 churches, which make up the Delta Alliance for Congregational Health (DACH). Governed by an executive board, members of DACH churches implement strategies to reduce the risk for cardiovascular disease by increasing environmental and systems change within the churches. They also coordinate church congregants' and community members' linkage to healthcare.

Program Components

Once awarded MDHC funding, DACH churches are charged with:

- ✦ Establishing a health and wellness ministry team.
- ✦ Ensuring the engagement of a trained Congregational Health Nurse (CHN) or Congregational Health Advocate (CHA).
 - ✦ The CHNs—who are registered nurses—complete 32 hours of training through the Faith Community Nurse Training.
 - ✦ The CHAs are lay members of the church who complete 32 hours of Faith Community Nurse Training and six hours of Community Health Advocacy Training.
- ✦ Promoting screening and healthy lifestyle changes via church announcements and church bulletins and other congregational channels, and promoting the integration of health themes in sermons.
- ✦ Implementing church guidelines that include the promotion of smoke-free environments, availability of healthy food options at church functions, menu modification, and exercise programs.
- ✦ Coordinating and conducting health screening events and follow up, described below:
 - ✦ Community health screenings focused on the ABCS are scheduled quarterly and managed by a CHN.
 - ✦ Blood pressure screenings are offered more frequently (or as needed) and can be coordinated by either a CHN or a CHA.
 - ✦ Participants with high values are encouraged to see their healthcare provider, get a referral to community health services, or connect with a community health worker.
- ✦ Providing reports to the MDHC on health promotion activities and submitting de-identified data collected from program participants. The data comes from a health assessment completed by health screening participants on lifestyle behaviors, insurance status, access to healthcare, and clinical outcomes.



Goals and Objectives

The goal of DACH is to increase awareness among church congregations and the community of how high blood pressure, elevated blood glucose levels, and tobacco use increase risk for heart disease and stroke. DACH engages underserved communities and congregations in the Delta to promote the benefits of self-management tools for chronic disease and to highlight the need for smoking cessation.

Intended Participants

Adults aged 18 years or older who reside in the 18-county Delta region represent the intended audience for the DACH initiative. Participants of DACH are primarily church members of participating sites; other community members participate as well. The MDHC will provide training and technical assistance to any church requesting support in health promotion and chronic disease prevention, whether or not it is funded by the MDHC.

Progress Toward Implementation

DACH strategies have been fully implemented in 25 MDHC-funded churches located in 11 Mississippi Delta counties. DACH also provides technical support to more than 20 unfunded churches that wish to adopt health promotion strategies but do not receive DACH funding. Furthermore, the innovations of DACH have led to the statewide establishment of the Mississippi Network for Congregational Health Nurses and Advocates. Plans are underway to share DACH strategies with other faith-based organizations through a program toolkit that will outline the steps implemented to establish DACH.

Community Involvement

DACH screening events seek to reach members of church congregations and other community members. Screening events are conducted in sites throughout the communities (e.g., fire and police departments, schools). Data from the church reports revealed that DACH participants were primarily African American females. This finding inspired the development of the BROTHERS initiative, which stands for Barbers Reaching Out to Help Educate on Routine Screening—an effort to identify and reach more African American men in the Delta community.

Reach and Impact

Between September 2011 and September 2014, DACH has hosted approximately 70 health screening events and reached more than 5,000 Delta residents. DACH efforts have led to the referral of 817 individuals to a personal doctor, 96 individuals to community health workers, and 32 individuals to a community health service. Health-related data on participants reveal that 64% have high blood pressure or are taking blood pressure medication; 16% are diabetic, while only 8% were aware that they were diabetic; 10% have high cholesterol; 13% self-report current smoking; and 31% use aspirin. In terms of programmatic outcomes, 11 out of the 25 churches have documented system changes that address smoking, nutrition, or physical activity. Metlife Magazine and Minority Nurse Magazine both wrote about the innovative approaches used by DACH and their impact on the health of people in the MS Delta.

DACH continues to reach Delta individuals in the faith community who were unaware of their high blood pressure and blood glucose levels.

“Due to the policy change on healthy food choices at the church, the congregation now refuses to serve any fried food and now mandates more fruits and vegetables be served during meals at the church.”
— DACH Church Member