A Collaborative Partnership with Churches to Reduce Heath Disparities Among African Americans in Rural Communities

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Rural Health Disparity Risk Factors

- Geographic Isolation
- Lower Socio-economic status
- Higher rates of health risk behaviors
- Limited job opportunities
- Higher rates of chronic illness
- Poor overall health
The Southeast Rural Georgia

- Bulloch County – consist of four rural communities
- Significant challenges include poverty, obesity, diabetes, hypertension, and heart disease
- Obesity among non-Hispanic blacks is 37% compared 28% of entire Georgians.

<table>
<thead>
<tr>
<th></th>
<th>Bulloch County</th>
<th>State of Georgia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>71,000</td>
<td>9,992,167</td>
</tr>
<tr>
<td>White</td>
<td>67%</td>
<td>62%</td>
</tr>
<tr>
<td>Black</td>
<td>29%</td>
<td>31%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
<td>4%</td>
</tr>
</tbody>
</table>
## Bulloch County Statistics

<table>
<thead>
<tr>
<th></th>
<th>County</th>
<th>Georgia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Income</td>
<td>$21,897</td>
<td>$47,289</td>
</tr>
<tr>
<td>Unemployment</td>
<td>8.1%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Adult Diabetes</td>
<td>9.2%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Adult Obesity</td>
<td>29.2%</td>
<td>27.2%</td>
</tr>
<tr>
<td>Overweight</td>
<td>28.6%</td>
<td>33.6%</td>
</tr>
<tr>
<td>Health &amp; Nutrition</td>
<td>49.6%</td>
<td>48%</td>
</tr>
<tr>
<td>General Health</td>
<td>59%</td>
<td>55.2%</td>
</tr>
<tr>
<td>Mode of Transportation</td>
<td>Driving</td>
<td></td>
</tr>
<tr>
<td>Most Common Occupations</td>
<td>Food preparation &amp; serving related occupations</td>
<td></td>
</tr>
</tbody>
</table>
Minority Health Statistics

• African Americans are twice as likely as whites to have diabetes.

• Hispanics are 1.7 times as likely as whites to have diabetes. Hispanics are also 1.5 times as likely as whites to die from diabetes.

• American Indians and Alaska Natives are twice as likely as non-Hispanic whites of similar age to have diabetes.

• African Americans are 1.4 times as likely as whites to have high blood pressure.

• African Americans are much more likely than people in other racial/ethnic groups to die from heart disease and stroke.

• African Americans are 20 percent more likely to report having serious psychological distress than non-Hispanic whites are. ¹¹
• Health disparities related to heart disease, high blood pressure, diabetes, and obesity continue to remain **high** in the African-American community compared to other groups in the U.S.

• African Americans living in rural and medically underserved areas are at an **even higher** risk for these conditions.

• Increasing numbers of health organizations have **successfully partnered** with black churches to reduce the gap in health disparities in the black community.
The Role of Church

- The history of the black church indicates it has served as a strong, consistent, and influential contributor to economic, political, and social development in minority neighborhoods.

- The church has often acted as the facilitator through the development of educational and cultural programs.

- Within the African American community, the church is seen as a healing place where broken lives, spirits, and bodies are mended.
Recognizing the Need

- Creating Academic and Community Partnerships
- The Process
- Identifying the Community Leaders
Collaborative Partnership Readiness

- **Goal:** To promote sustainable healthy behaviors to reduce health risks among African American families using Church and Academics
- Education of the issue
- Community Readiness to take Action
- Available Resources to Address the Issue
Purpose

- **Preliminary study**
  - Georgia Southern University partnered with 6 African American Church clergies in rural communities to:
    - identify the **health needs** of its congregation
    - develop appropriate **health promotion education** to improve health outcomes for families with chronic disease.

- The **research questions** explored were:
  - (1) What are the identified chronic diseases and the health concerns of African Americans of rural black churches?
  - (2) Do these identified chronic diseases correlate with the national health disparity statistics among African-Americans?
Methods / Results

- Data were collected from 73 black participants;
  - majority were 51 years and older (60%); female (84.6%), and only 7.7% rated their health as excellent.

- The top five chronic diseases or health challenges were identified as:
  - high blood pressure (50.7%)
  - diabetes (23.3%)
  - overweight/obesity (42.5%)
  - high cholesterol (16.4%)
  - heart disease (12.3%)

- With respect to healthy living and lifestyle, findings indicated:
  - only 32.9% exercise at least three times a week,
  - 45% eat fast food more than once per week,
  - 27.4% receive flu shot each year,
  - 11% eat at least 5 servings of fruits and vegetables per day.

- The study was IRB approved, and participation was voluntary.
Implications for Rural Health

• These findings have implications for **quality of life** of vulnerable populations in rural community settings.

• Findings indicate the promising role of the church in addressing health disparities is **essential** to improve health outcomes in the African American community.

• A **collaborative** partnership with the churches to identify appropriate program design and delivery that are essential for recruitment, participation, and sustainability is **crucial**.

• Health interventions that incorporate **spiritual and cultural** contexts may be more effective and produce significant results on health behaviors of African Americans in rural communities.
Research Team

- Research Team
  - Nurses
  - Health Promotion Educator
  - Nutritionist
  - Statistician
  - Measurement Expert
  - Six Pastors
  - IT

- NIH Grant
The Research team is planning to use a community-based participatory approach to enhance individual and family health by improving:

- physical, mental, family, and spiritual health, parameters.

Health/illness interventions will address:

- diet, exercise, motivation, faith, and family involvement in health to reduce risk from obesity and related conditions (diabetes, hypertension, and other chronic illnesses), and improve family and spiritual health across the lifespan.
Lessons Learned

• Create and maintain a culture of collaboration
• Establish positions, agree of specified outcomes
• Determine the roles to help achieve outcomes
• Maintain open ongoing communication with partners
• Make use of various partners’ expertise and accommodate their respective limitations
• Plan for long-term sustainability


