Can that be done on a Sunday? Changing public health practice to enhance access to health screenings and linkage to care services during Sunday church services

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Background

• African Americans are disproportionately burdened with diabetes and heart disease, and stroke health conditions.
• Given their reach and influence, Black churches may be ideal settings for diabetes/heart disease/stroke prevention interventions that include access to health screenings and linkage to care (LTC) services to assist church and community members in reducing health risks.
• Yet, limited research exists on how to increase access to health prevention screenings in African American churches, particularly during church services to increase likelihood more people will get screened.

• Project Faith Influencing Transformation (FIT) is a church-randomized, diabetes/heart disease/stroke prevention intervention focused on moderate weight loss with physical activity and healthy eating. Three intervention churches received a multilevel, religiously-tailored intervention delivered by church health liaisons through churchwide services, a weekly group weight loss Diabetes Prevention Program (DPP), and individual linkage to care services, including referral to church-based DPP. Three Comparison churches received customized and Project Power, a 5-session diabetes education series by the American Diabetes Association.
• We report on lessons learned in providing health screenings and linkage to care services during Sunday church services in all participating churches.
• Health screenings were held during church services at all 6 churches and included:
  • Weight/height (BMI), waist circumference, A1C blood glucose, blood pressure, and cholesterol testing by volunteer nurses and phlebotomy lab technicians from local hospitals.
  • Health screening findings were used as:
    • Baseline assessment for Project FIT study.
    • Immediate participant feedback to serve as precursor motivator for behavior change.
    • Basis for participant referral to linkage to care services and a weekly weight loss DPP program in participating intervention churches.
  • Linkage to care services (LTC) in the intervention arm included assistance with securing health insurance and a primary care physician, medication adherence, health behavior goal setting and tracking, and health care advocacy. An LTC services overview was provided by KC CARE Health Clinic community health workers immediately after participant received health screening results.
  • The Diabetes Prevention Program (DPP) offered in the intervention arm included 16 weekly sessions and maintenance sessions held prior to midweek bible study. An overview of the DPP sessions was provided by KC YMCA DPP coordinators after the participant received health screening results.

Health Screening and Linkage to Care Procedures

• To determine risk for diabetes and heart disease/stroke, health screenings with rapid results (about 8-10 minutes) were provided during church services in all participating churches.
• In the 3 intervention churches, participants at risk for diabetes or heart disease/stroke were identified by their non-normal health screening results (see risk categories below).
• At risk (non-normal results) participants were encouraged to immediately meet with a LTC community health worker. Participants could choose to: a) not use the LTC services, b) use the LTC services as needed, or c) enroll in the LTC program to receive ongoing assistance from an assigned community health worker.
• Next, at risk participants were encouraged to immediately meet with a Diabetes Prevention Program coordinator to get information and sign up for the first DPP session (upcoming Wednesday) at their church.

• Health screening and LTC processes took 30-45 minutes per participant. Of 352 participants (avg. age = 54; SD = 13.1; range 18 to 80), 351 completed church-based health screenings. Ten percent of participants were community members using church outreach services (e.g., food pantry, social services).
• Health screening and LTC processes took 30-45 minutes per participant. At least 13 volunteers at comparison churches and 15 volunteers at intervention churches were needed to maintain participant flow and reduce time in waiting for health screening and meeting with LTC and DPP representatives.
• Among intervention participants, 50% met a LTC representative. For intervention participants meeting with LTC community health workers:
  • 62 participants received episodic (at least one-time) LTC services.
  • 9 participants enrolled in the LTC services program with ongoing receipt of services from a community health worker.
  • For those referred to a DPP coordinator:
    • 44 enrolled in their church’s weekly DPP weight-loss program.
    • Feedback from participants included appreciation of:
      • The health screenings provided during church services.
      • The health screenings and LTC processes were free and with fast results, and the opportunity to discuss screening results, which they commented rarely happened immediately after health screenings in doctors office.
      • Meeting with LTC, including DPP, representatives to quickly get linked to needed services with ongoing support.
      • Their church’s involvement in health promotion activities that benefitted church and community members.

Church-based Health Services Provided

• Health screenings and linkage to care services during Sunday church services.
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Health Screening Risk Assessment for Referral to LTC and DPP Services

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<td>HDL: ≥ 40 for Men and ≥50 for Women</td>
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Discussion

• Partnerships with health agencies with capacity to support Sunday health screenings was critical.
• Use of university students and health care volunteers to assist with Sunday health screenings was also important.
• Pastoral and church leaders’ commitment was a driving force for project success.
• Congregants and community members will take advantage of participating in research studies, including receiving health screenings and additional linkage to care services, when accessible at their church – especially when the pastor encourages them to do so.

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Acknowledgements

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