

CLOSING THE GAP

How a church-hospital intervention on Chicago's West Side is aiming to reduce hypertension

BY Josh Neufeld

IN CHICAGO, THERE'S A DISTRESSING **NINE-YEAR GAP** IN AVERAGE **LIFE-EXPECTANCY** BETWEEN **AFRICAN AMERICANS** AND THE REST OF THE CITY'S POPULATION.

NON-AFRICAN AMERICANS

80.6 YEARS

AFRICAN AMERICANS

71.4 YEARS

ONE OF THE MAIN CAUSES OF LOWER LIFE EXPECTANCY IS **CARDIOVASCULAR DISEASE**, WHICH IS OFTEN EXACERBATED BY HYPERTENSION -- **HIGH BLOOD PRESSURE**.

CHICAGO'S AFRICAN AMERICAN POPULATION HAS A **SIGNIFICANTLY HIGHER PREVALENCE OF UNCONTROLLED HYPERTENSION** THAN MOST OTHER GROUPS.

THE **ALIVE FAITH NETWORK** (FORMERLY THE ALIVE CHURCH NETWORK) IS WORKING TO **CLOSE** THAT LIFE-EXPECTANCY GAP.



FOUNDED IN 2011, **AFN** IS A PARTNERSHIP BETWEEN **RUSH UNIVERSITY MEDICAL CENTER** AND A COALITION OF CHICAGO-AREA **CHURCHES**.

AFN'S CO-FOUNDERS:

THE IDEA IS TO REALLY **INTEGRATE HEALTH** INTO THE CULTURE OF THE CHURCH.



ELIZABETH B. "BETH" LYNCH, PROF. OF PREVENTIVE MEDICINE, RUSH U. MED. CTR.

IN TERMS OF RECRUITING CHURCHES, WE START WITH THE **PASTOR**. WE TALK TO THEM ABOUT THIS PARTICULAR PROJECT OR STUDY, IF IT'S SOMETHING THEY THINK THEIR CONGREGATION SHOULD BE EXPOSED TO OR ENGAGED IN.



LaDAWNE JENKINS, MGR. OF COMMUNITY ENGAGEMENT INITIATIVES, RUSH U. MED CTR.

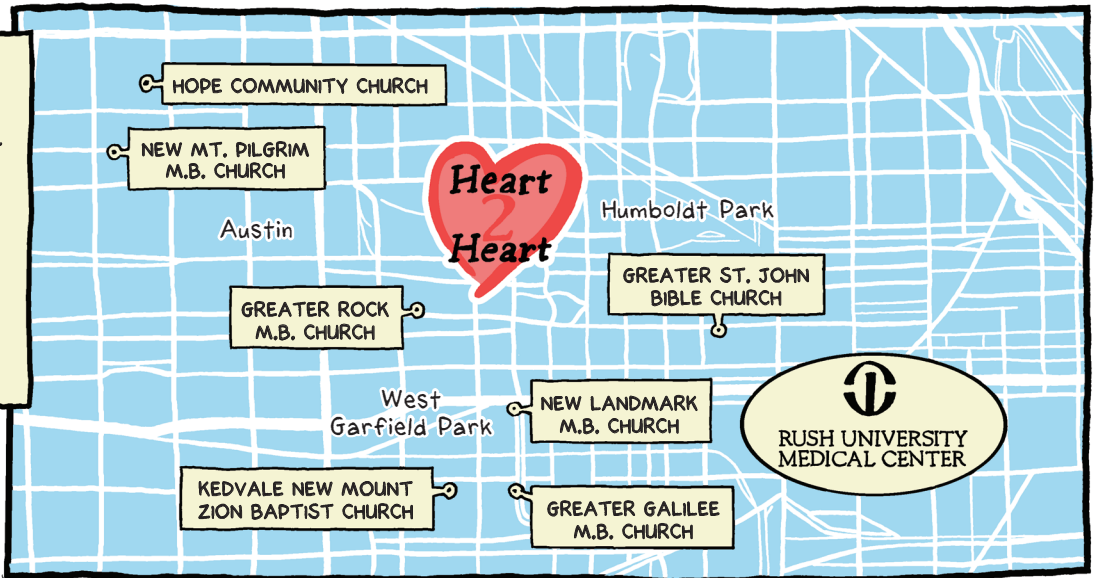
RUSH ASKED IF I WANTED TO BE A PART OF THE WORK AS WELL. AND I QUICKLY **AGREED**.



STEVE EPTING SR., PASTOR, HOPE COMMUNITY CHURCH

CHUCKLE AND THEY HAVEN'T LET ME GO YET.

A RECENT INTERVENTION BY THE GROUP -- DUBBED **HEART 2 HEART** -- WAS AIMED AT REDUCING HYPERTENSION AMONG THE CONGREGANTS OF SEVERAL WEST SIDE CHURCHES.



FOR THE HEART 2 HEART STUDY, THE GROUP FOCUSED ON IMPROVING DIET AND MEDICATION ADHERENCE.

BUT **CRUCIAL** TO THE PROJECT OVERALL WERE **COMMUNITY HEALTH WORKERS (CHWs)**--



--CHURCH MEMBERS WHO WERE HIRED AND TRAINED TO WORK WITH THE STUDY PARTICIPANTS.

THAT CHURCH-HOSPITAL RELATIONSHIP WAS KEY.

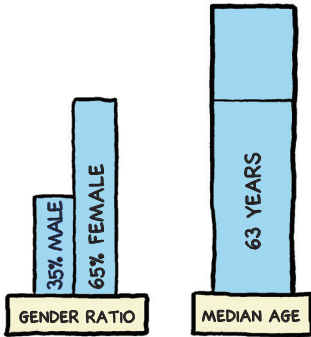
TERESA BERUMEN, LEAD COMMUNITY HEALTH WORKER, RUSH U. SYSTEM FOR HEALTH



CHWs CAN RELATE TO THAT COMMUNITY IN A MUCH EASIER WAY THAN [MEDICAL] PROVIDERS OR ACADEMIA CAN -- BECAUSE THEY [ARE] FAMILIAR FACES.

ONE THING I HAVE LEARNED IS THAT THEY DON'T **TRUST** JUST ANYONE TO COME TO THEIR HOMES OR TO ESTABLISH RELATIONSHIPS WITH.

ULTIMATELY, ABOUT 80 PARISHIONERS WERE CHOSEN FOR THE INTERVENTION.



PARTICIPANTS WERE REQUIRED TO HAVE UNCONTROLLED -- **VERY HIGH** -- BLOOD PRESSURE AND BE WILLING TO VISIT WITH A **CHW** TWICE A MONTH FOR SIX MONTHS.

THE **CHWs** WOULD CHECK THEIR **BLOOD PRESSURE**, GO OVER THEIR **DIETS** AND STRESS THE IMPORTANCE OF TAKING THEIR **PRESCRIBED MEDICATIONS**.



YOU HAD TO ALSO **EDUCATE** THEM ON HOW MUCH **SALT** INTAKE AND **SUGAR** INTAKE THEY SHOULD HAVE DAILY.



ANTHONY HIXSON, COMMUNITY HEALTH WORKER (NEW LANDMARK M.B CHURCH)

"I'LL TELL THEM SOMETHING SIMPLE AS **READING THE LABEL** ON THE BACK OF A CAN."



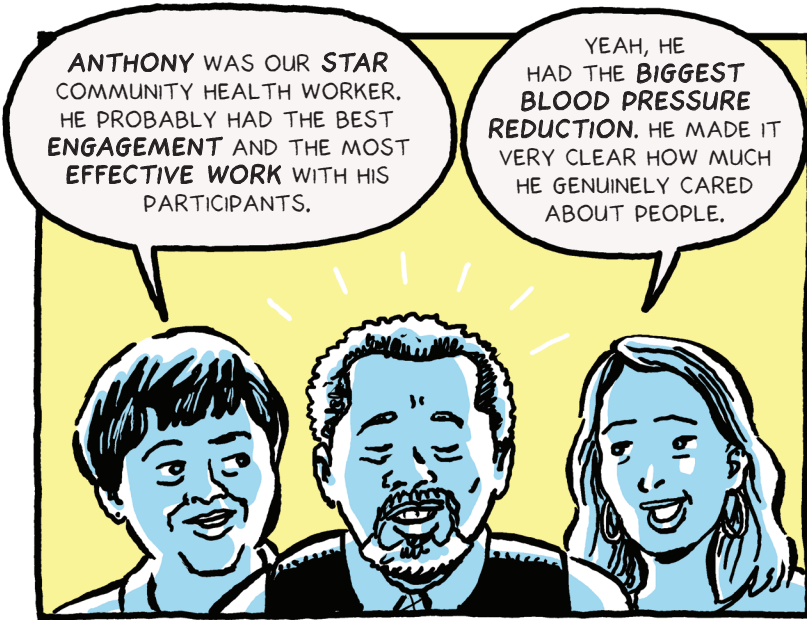
"BECAUSE NOW YOU START REALIZING HOW MUCH **SODIUM**, HOW MUCH **SUGAR**, THEY HAVE IN THAT CAN OF FOOD."



OK, THAT'S WAY TOO MUCH.

"SO A LOT OF PEOPLE WENT HOME AND START **THROWING CANNED GOODS** AWAY BECAUSE IT HAS TOO MUCH SODIUM IN IT."





THE CHWs ALSO FOUND WAYS TO REDUCE EVERYDAY STRESS, WHICH CAN AFFECT BLOOD PRESSURE.



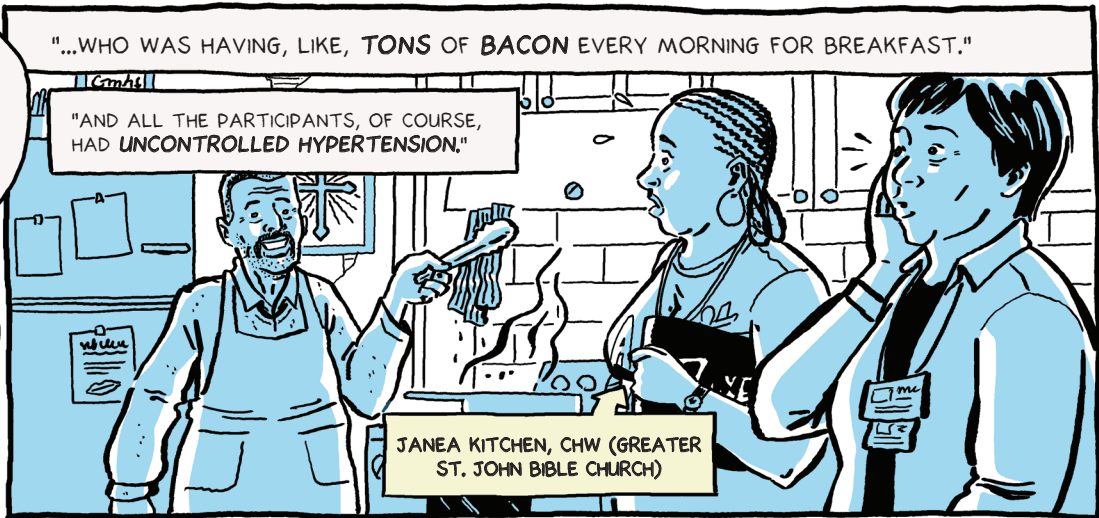
AND ONE OF THE CHW VISITS THAT I WENT, JANEA MET WITH THIS PARTICIPANT...




"...WHO WAS HAVING, LIKE, **TONS OF BACON** EVERY MORNING FOR BREAKFAST."

"AND ALL THE PARTICIPANTS, OF COURSE, HAD **UNCONTROLLED HYPERTENSION**."

JANEA KITCHEN, CHW (GREATER ST. JOHN BIBLE CHURCH)

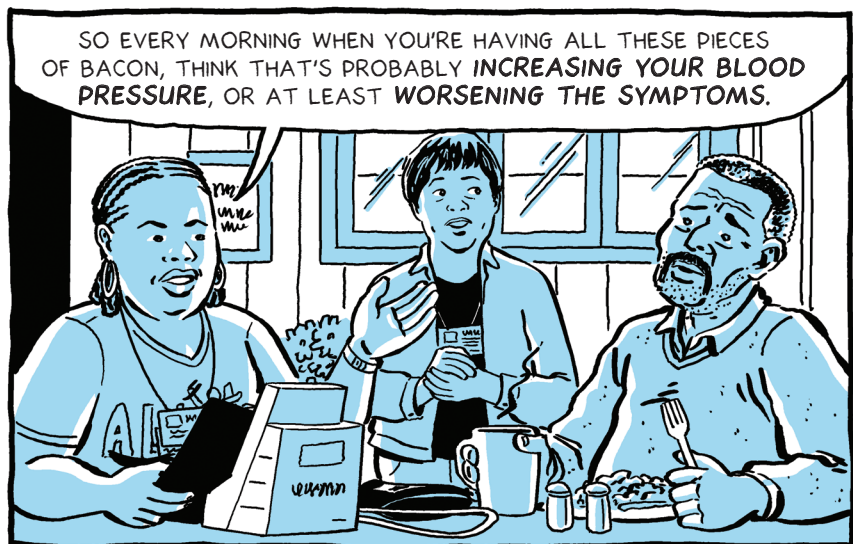


"AND WHEN JANEA PROVIDED THE NUTRITION INFORMATION ON THE **SODIUM** CONTENT FOR THE BACON, HE WAS **APPALLED**."



"HE COULD NOT BELIEVE THAT IT HAD THAT **HIGH CONTENT** OF SODIUM."


SO EVERY MORNING WHEN YOU'RE HAVING ALL THESE PIECES OF BACON, THINK THAT'S PROBABLY **INCREASING YOUR BLOOD PRESSURE**, OR AT LEAST **WORSENING THE SYMPTOMS**.



SO WHAT I WOULD SUGGEST IS START TAKING **ONE** OR **TWO** SLICES AWAY A DAY.

SO, LIKE, IF YOU HAVE **TEN** SLICES IN THE MORNING, INSTEAD JUST HAVE **SIX** TO **EIGHT**.

AND THEN MAYBE **TWO DAYS LATER**, JUST CUT **TWO MORE SLICES**-- SO THAT YOU'RE NOT MISSING THAT **FLAVOR** THAT YOU ENJOY -- BUT SLOWLY START CUTTING DOWN.



MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

WE WERE HAPPY TO SEE THAT AFTER A FEW WEEKS, THAT PERSON WAS ABLE TO **CUT DOWN** TO ABOUT **2-3** SLICES FOR BREAKFAST.

AND SO TO US, THAT WAS REALLY MOTIVATING **HIM** TO MAKE THAT CHANGE. [IT] WAS IMPORTANT FOR HIS OWN HEALTH, AND THEN HE REALIZED THAT, AND **HE** WAS WILLING TO MAKE THAT CHANGE.

I THINK THAT WAS SUCH AN **IMPACTFUL** STORY.



THE ALIVE FAITH NETWORK THINKS OF ITS WORK AS "FAITH-BASED" RATHER THAN "FAITH-PLACED."

IN THE FIELD OF **BEHAVIOR CHANGE** IN MEDICINE, WE HAVE ALL THESE **THEORIES** ABOUT HOW DO YOU GET PEOPLE TO **CHANGE**.

WHAT WE HAVE NOTICED IN BOTH THIS STUDY AND IN [ANOTHER] STUDY IS THAT IT'S **VERY HARD** TO GET PEOPLE TO DO THOSE THINGS.



"IT'S HARD TO TRAIN PEOPLE -- LIKE **CHURCH MEMBERS** AND SO ON -- TO DO THESE KINDS OF TECHNIQUES. IT DOESN'T COME **NATURALLY**."



"SO IN A LOT OF OUR INTERVENTIONS, THEY DON'T DO THEM USING THE '**TRADITIONAL METHODS**.'"

"[BUT] WE'RE PARTNERING WITH THE **CHURCH COMMUNITY**. THAT'S WHAT THEY **DO** -- THEY **SUPPORT** EACH OTHER AND PROMOTE WELLNESS AMONGST EACH OTHER."



"IT'S A **WELLNESS COMMUNITY**, RIGHT?"

"**FAITH-BASED INTERVENTION** IS YOU'RE REALLY **INTEGRATING FAITH** INTO THE INTERVENTION ITSELF."



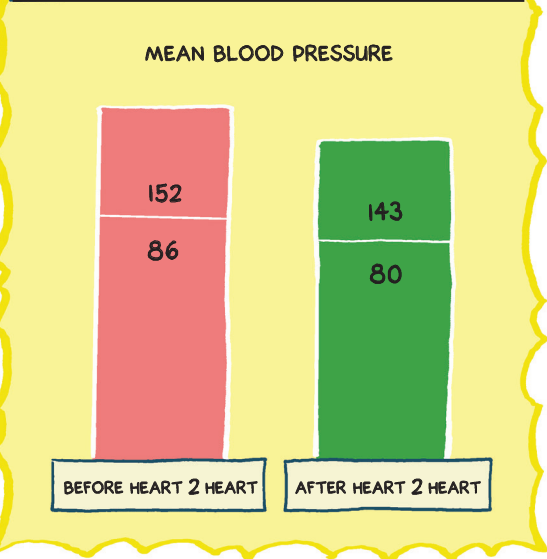
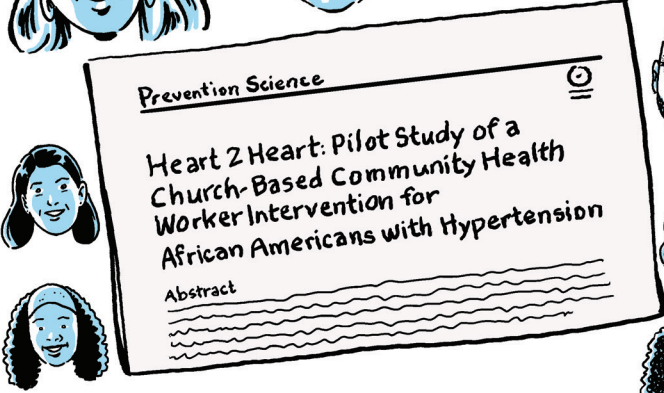
TAKING THE **CHURCH HOW IT IS NOW** AND THEN BRING **HEALTH** INTO IT -- WITHOUT BRINGING **ACADEMIA** AND "**PLOPPING**" IT IN.

THE ALIVE FAITH NETWORK LEADERS AND THEIR RUSH COLLEAGUES PUBLISHED THEIR STUDY IN THE MEDICAL JOURNAL **PREVENTION SCIENCE**.

AS THEY NOTED...



"THE PROGRAM WAS EFFECTIVE IN ACHIEVING A **CLINICALLY SIGNIFICANT REDUCTION** IN BLOOD PRESSURE FOR INDIVIDUALS WITH UNCONTROLLED BLOOD PRESSURE."



AND NOW...

[RESEARCHERS] COME TO THE **ALIVE FAITH NETWORK** BECAUSE THEY NEED PEOPLE.

AND SO THAT'S A **REGULAR THING**.

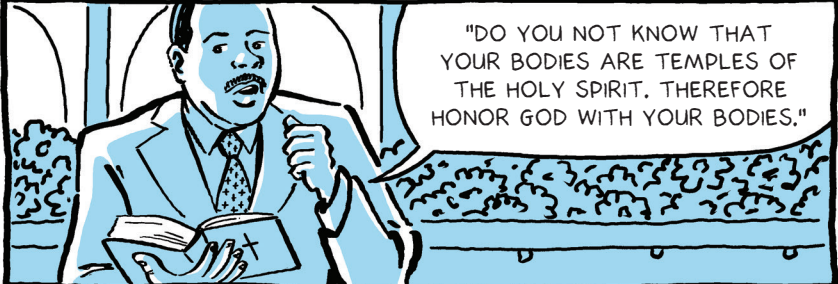
WE'RE NOW AT, LIKE, **143 CHURCHES** ACROSS THE CHICAGOLAND AREA.



THE **BIG STUDY** THAT WE'RE DOING NOW IS A NEW VERSION OF THAT ORIGINAL ONE.

IT'S **CLASSES** THAT ARE TAUGHT TO THE WHOLE CHURCH, TO FOCUS ON **LIFESTYLE**.

"THERE'S A **BIBLE STUDY** THAT THE PASTOR GIVES IN THE CHURCH, AND IT FOCUSES ON **HEALTHY EATING** AND **MOTIVATION** AND THINGS LIKE THAT, USING **SCRIPTURE**."



"DO YOU NOT KNOW THAT YOUR BODIES ARE TEMPLES OF THE HOLY SPIRIT. THEREFORE HONOR GOD WITH YOUR BODIES."

AND...

MORE CONVERSATIONS **INTERNALLY**, SO US PASTORS BEGIN TO TALK ABOUT HEALTH MORE.

HIGH BLOOD PRESSURE, DIABETES. **MENTAL HEALTH**.

ALL OF THOSE THINGS NOW ARE **COMFORTABLE** CONVERSATIONS THAT MAY NOT HAVE BEEN COMFORTABLE [BEFORE].



IF WE DON'T KNOW HOW PEOPLE **REALLY** THINK, THERE'S NO WAY TO **DO** ANYTHING ABOUT IT.



END.