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DASH-NYC Featured Program: Faith-Based Outreach Initiative

Institute for Family Health,
Bronx Health REACH

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ABOUT THIS FEATURED PROGRAM

This featured program report is part of a series related to *Interventions for Healthy Eating and Active Urban Living: A Guide for Community Health*. The featured program reports provide information on community partnerships and interventions that support healthy eating and active living in NYC. Program leaders and implementers provide detail on the background, impact and sustainability of each effort, along with advice to others looking to develop similar interventions in NYC and beyond.

These featured program reports and the guide were developed in partnership with the Designing a Strong and Healthy New York City (DASH-NYC) Workgroup, which aims to improve health and promote health equity for all New Yorkers using a multisector approach to advancing chronic disease prevention in NYC.

DASH-NYC was launched in January 2015 by the NYC Department of Health and Mental Hygiene and the New York Academy of Medicine as part of the New York City Population Health Improvement Program (NYC PHIP). The NYC PHIP, with support from the New York State Department of Health, promotes health equity and the “Triple Aim” of improved health care, reduced health care costs, and better health across the City.

For more information on the NYC PHIP: [Link to website](#)

PROJECT BACKGROUND AND GOALS

Established in 1999, Bronx Health REACH is a coalition of community organizations, social service and health care providers, and faith-based institutions that aims to eliminate racial and ethnic disparities in African American and Latino communities in the South Bronx. In 2001, the coalition established a Faith-Based Outreach Initiative (FBOI), which brings together leaders in the faith community and public health practitioners in an effort to promote health equity and improve nutrition, fitness and health outcomes in the community. To support this goal, Bronx Health REACH provides faith organizations with technical assistance related to developing, implementing, evaluating and funding health-related programming. With this support, FBOI coalition members have developed and spearheaded several programs focused on healthy eating and active living. Examples include:

Fine, Fit and Fabulous

A 12-week nutrition and fitness program that uses a spiritual framework to provide congregants with nutrition and fitness education, facilitate group discussions and organize exercise classes.

Culinary Initiative

A 6-week program that aims to support faith organizations in offering congregants healthier versions of popular meals, snacks and beverages at church-catered events.

The Way/Los Caminos

A 12-week, faith-based program that engages and trains nurses (RNs and LPNs) in church ministries to facilitate a diabetes education and support group within the church. The support group led by the nurse leader provides congregants living with diabetes with information to effectively manage their condition, advocate for themselves in interactions with the health care system, access their medical information, if available, on their providers' electronic health records, and utilize web based patient portals.

GETTING STARTED

The Center for Disease Control and Prevention's REACH (Racial and Ethnic Approaches to Community Health) program provides direct financial support to racial and ethnic minority communities that are disproportionately affected by poor health outcomes to design and lead efforts to address these disparities. In 1999, the Institute for Family Health, a network of federally-qualified community health centers, received a REACH grant to build a community-wide coalition charged with eliminating racial and ethnic health disparities in the South Bronx, a community where over 95 percent of residents are Black and Latino, 41 percent live below the poverty level, and 16 percent have been diagnosed with diabetes. Bronx Health REACH developed the FBOI to leverage the strong and influential role that faith-based organizations and their leaders play in this community as part of a comprehensive and multifaceted approach to achieving health equity.

To engage members of the faith community, Bronx Health REACH identified and partnered with a strong leader in the faith community to bring together a small, founding group of faith organizations committed to incorporating health equity and health promotion into their work. After learning about the health disparities faced by residents in the South Bronx and by Black and Latino communities in particular, faith leaders from these communities were inspired to use their influence to mobilize clergy and congregants to engage in health promotion activities, and advocate for policy and system changes to the health care system that promote equity in health care access and the quality of health care services provided. In addition, FBOI members instituted changes within their faith organizations that cultivated a health and wellness focus and supported efforts in the larger community to increase the selling and serving of healthy food. Some of these community-wide efforts included a campaign to have local bodegas/grocery stores increase supplies of low fat/no fat milk over whole milk and carry more fruits and vegetables. They also provided strong vocal and written support for a school-based initiative to end the serving of whole and sweetened milk to public school children and for a program working with local restaurants to increase the number of healthy dishes on their menus.

With time, membership in the faith-based coalition grew to 47 churches ranging in size from 25–2,000 congregants who were primarily African American, West African, Caribbean, and Latino. Participation in the faith-based initiative required 1) that pastors commit to sharing health messages from the pulpit 2) that organizations identify a health coordinator who had access to the pastor and could be trained to lead a variety of health-related activities, and 3) the health coordinators conduct health related workshops with congregants. To keep members actively engaged, Bronx Health REACH hosted monthly coordinator meetings, annual pastor breakfasts, and quarterly coalition meetings. They also provided technical support requested by participants, such as training in project management, grant writing and program evaluation.

Through this partnership, faith-based coordinators, clergy, and members of the congregation developed behavioral interventions, such as those previously described, that integrated faith into health-oriented programming in their church. They also began to examine their churches' internal food and nutritional practices and considered how they could be used to promote health, for example, by ensuring that meals served at church events are healthy and nutritious.

SUSTAINABILITY

Bronx Health REACH's main role in the FBOI is to build and sustain a coalition of faith-based organizations interested in health promotion and health equity, and to provide technical assistance on topics ranging from program development and evaluation to grant-writing. Through this support, Bronx Health REACH aims to build the capacity of faith organizations to implement, fund and sustain programs focused on health promotion and health equity. As the organizations become more familiar with health-oriented programming, the need for technical assistance will decrease. In support of sustaining the work of the faith-based initiative and transitioning the initiative to the ownership of the faith community, Bronx Health REACH recently received funding from the Centers for Disease Control and Prevention, which will be used, in part, to develop a new model in which a single, coordinating church receives funding that they will distribute to a network of churches for health-related programming.

IMPACT

With funding from the National Institute on Minority Health and Health Disparities, Bronx Health REACH worked with partners at The New York Academy of Medicine to evaluate the impact of some of the programs that grew out of the FBOI, including *Fine, Fit and Fabulous*, *Culinary Initiative*, and *The Way/Los Caminos*. Findings include:

Fine, Fit and Fabulous:

After participating in this 12-week healthy eating and active living faith-based program, participants were more aware of healthy dietary and fitness habits and were more likely to take part in healthy behaviors, such as exercising, eating of fruits and vegetables, and avoiding fast food consumption. Participants lost an average of 4.38 pounds, or approximately 2 percent of their initial body weight, and reported improvements in endurance, energy, self-confidence, and stress levels.

Culinary Initiative:

Churches that participated in the culinary initiative reported serving healthier foods at church events. After the 6-week program, which was administered to those individuals responsible for selecting and preparing meals served in churches, fewer churches reported serving fried foods, whole milk, soda and cake, while a greater number of churches reported serving baked chicken and salad. Additionally, participants in the program reported sharing information on healthy food selection and preparation with friends and family members.

The Way/Los Caminos:

Participants in this 12-week, faith-based diabetes self-management intervention reported greater medication adherence and had improved health outcomes. Sixty percent of participants had reduced HbA1C levels, and the proportion of those whose blood pressure was within the recommended range for people with diabetes (<130-80 mmHg) increased from 13 percent before the program to 40 percent after the program.

BEFORE GETTING INVOLVED, YOU SHOULD KNOW:

Each church and faith denomination has its own culture, and it can be difficult to navigate new relationships in these diverse organizations. Additionally, churches have varying amounts of capacity to do this work, and lack of staff availability, funding and time can be a real barrier to implementation and to continued engagement. Encouraging organizations to sign agreements that detail expectations and responsibilities may be helpful in ensuring successful partnerships and reducing miscommunication.

ADVICE:

Faith-based, not faith-placed.

Programs will be more successful if they are generated and designed by members of the faith community in which they will be implemented and build on the existing structure of the organization. Faith-based programs should be deeply embedded in the culture of the faith community and often draw upon spiritual beliefs or texts to encourage healthy habits.

Relationships matter.

Before implementing a faith-based initiative, it is essential to have a strong relationship with leaders in the faith community who have the ability and credibility to build support for the initiative and bring other faith groups to the table.

Spread the wealth.

When possible, try to provide funding, even if only a small amount, to the faith organizations to do this work. The initiative cannot be purely altruistic; faith organizations have bills that must be paid and there is great value in recognizing the time commitment involved.

Be a true partner.

After the initiative is in motion, ensure that faith partners not only remain engaged, but that they receive the support they need to do their work effectively. Requests from faith partners in the FBOI ranged from training for grant writing to evaluation support, and Bronx Health REACH worked to provide the training needed. Furthermore, when the initiative is being highlighted in the media or elsewhere, ensure that all partners are engaged and receive credit for the work they are doing.

Additional information is available on Bronx Health REACH's website, where their Faith-Based Outreach Initiative Toolkits are publically available [online](#).

For more information, contact Charmaine Ruddock, Project Director for Bronx Health REACH, cruddock@institute.org.

This program feature was written by Elisa Fisher, Assistant Deputy Director, Population Health and Health Reform at The New York Academy of Medicine, who gratefully acknowledges the significant input from the highlighted programs, especially Charmaine Ruddock, Project Director at Bronx Health REACH. Any errors are the authors' own.

The opinions and advice represented herein do not necessarily reflect that of the DASH-NYC workgroup members, their respective organizations, The New York Academy of Medicine, its trustees, officers or staff.

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