This exemplar describes a pilot project for community-dwelling older adult church members with chronic disease at-risk for falls and hospitalization. Study nurses conducted a risk assessment, implemented a support group/education intervention and completed a post risk assessment after 16 months when all of the intervention was completed.

A series of three projects funded by the Healthier Wisconsin Partnership Program (HWPP) in collaboration with the Medical College of Wisconsin (MCW) designed to improve the health of seniors in African American urban churches were conducted between 2005 and 2014. Partners included Dr. Jeff Morzinski from MCW Dept. of Family and Community Medicine, Dr. Julie Ellis, faculty member at Columbia College of Nursing and now UW-Milwaukee, and pastors from urban churches. Other partners included the Arthritis Foundation, the Alzheimer’s Association-South-Eastern Wisconsin and Milwaukee Inner City Congregations Allied for Hope (MICAH) and the American Cancer Society. These projects targeted all seniors in the churches. Results led to the fourth project designed specifically for at-risk seniors with a nurse-led intervention.

In the initial projects, participant churches were identified by a retired African American pastor. He administered a survey about what the pastor perceived the most problematic health problems of older church members to be. Arthritis and diabetes were identified. A curriculum was developed on these topics plus, spirituality and aging, principles of aging and adult teaching principles. Principles of adult education were also used when developing the curriculum and teaching materials. Topics expanded in subsequent grant years to include heart disease, hypertension and stroke, cancer and depression. Church volunteers were successfully recruited, trained and mentored to develop and implement health initiatives in the church. Volunteers were also taught how to partner with other churches and to reach out to their neighborhood with health initiatives. Participant churches included Baptist, Lutheran, Roman Catholic, Presbyterian, Non-denominational and A.M.E. denominations.
The 100 Healthy At-Risk Families project (2013-2015) was led by nurses. Over two years, eight check-status, evidence-based education and support sessions (ChESS) were developed with input from community partners and delivered by project nurses to seniors at participating churches. Eight topics were chosen based on a literature review and input by the study RNs and a family practice physician on the grant. They included: How to talk to your physician, Fall prevention in the home, Managing your medications, Memory health, Stress and the Blues, Exercise and Health Eating. A trifold brochure was developed and provided to participating seniors to manage and monitor “red flags” which were risk factors, medications and other key information to enhance provider-patient communication and clinical outcomes.

63 at-risk seniors completed the eight ChESS sessions and the post assessment. End of project evaluation concluded that recruitment, retention and the intervention were feasible and well-received by seniors. 75% of participants were female, the median and mean age was 68, 60% owned their own home, 30% were married, and 30% were widowed. 75% had arthritis and 55% had difficulty walking. 47% used an assistive device and 51% reported problems with their balance. 63% were on 7+ prescription medications, 38% on 10+, with a mean of 8 medications (SD 4.40), 41% were diabetic, either on insulin or an oral diabetic agent. Pre-Assessment (n=59) half of the participants brought either a friend or a family member to the ChESS sessions. This was evenly distributed over all of the sessions, except that the session on Memory had lower attendance at every church. The sessions were held on different dates and in varying months, so historicity wasn’t a factor. The intervention was not intense enough to see a statistically significant difference in falls or preventable hospitalizations. It is possible that weekly sessions would have a larger impact than monthly. The amount and types of medications reported led to current research on medication self-management in older African American women that will be conducted in churches as well as a clinic by Dr. Ellis.

Reference