

“Spiritual You, Wellness Anew”

A Faith Based Initiative

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INTRODUCTION

If you were to pick up a paper today, turn on the news, or just walk leisurely amongst others in coffee shops, breakrooms, or even college campuses I am positive you would stumble upon a conversation regarding healthcare. In light of the recent judicial proceedings, political and media war, in reference to the Affordable Healthcare Act, the state of health and preventative care within our communities has rightfully moved to the forefront of pertinent issues. One group of which a number of conversations are being had about and who should be actively involved in the dialogue is the African American community. As reported by the United States Census 2010, there were 308.7 million people living in the U.S. and of them 14% reported themselves as black, either solely or in combination with another race.¹ This statistic leads us to equate that in 2010 there were 43,218,000 million Black Americans living in the United States. While African Americans account for less than 20% of the United States population, in reference to health disparities they drastically represent the majority of the population plagued with these issues of: Diabetes, Hypertension, Obesity, etc.

The Office of Minority Health, a division of the U.S. Department of Health and Human Services, reported that in 2010:

- Diabetes²-
 - Reported to be two times more likely to be diagnosed with Diabetes Mellitus than their non-Hispanic Caucasian counterparts
 - Within the year 2008, African Americans were 2.2 times more likely to die from Diabetes
- Hypertension³-
 - In comparison to non-Hispanic Caucasians, African Americans were 40% more likely to have hypertension; while being 10% less likely of keeping their blood pressure in control
 - African Americans were shown to be 30% more likely to succumb to heart disease than non-Hispanic white men in 2008

¹ <http://2010.census.gov/news/releases/operations/cb11-cn185.html>

² "Diabetes and African Americans." <http://minorityhealth.hhs.gov/templates/content.aspx?ID=3017>

³ "Heart Disease and African Americans." <http://minorityhealth.hhs.gov/templates/content.aspx?ID=3018>

- Obesity⁴-
 - Overall African Americans were 1.4 times more likely to be obese than non-Hispanic Caucasians; while African American women were 70% more likely to be obese than their white counterparts
 - A correlation was made between obesity and type 2 diabetes mellitus with more than 80% of those overweight having the disease.
 - Obesity has directly been linked to diseases such as hypertension, stroke, and heart disease
 - African Americans were noted to be 70% less likely to participate in active physical activity than non-Hispanic Caucasians

While the above statistics are staggering, these represent a nationwide presence of disparities amongst African Americans. What happens when we solely focus on disparities at a regional or state level?

Through working as a Scholar with the GE-NMF Primary Care Leadership Program this summer, I was able to take a closer look at the state of healthcare in Nashville, Tennessee. According to the U.S. Census Bureau, in 2010 there were 6,346,105 people living in the state of Tennessee⁵; Nashville-Davidson County had a population of 626,681.⁶ Of the 626,681 people living in Davidson County, 27.9% identified themselves as African (Black) Americans. The Tennessee Behavioral Risk Factor Surveillance System (BRFSS) gathered data in 2009 amongst various counties within the state.⁷ Davidson County had staggering statistics in regards to non-Hispanic Black Americans:

- 386.9 and 60.5 per 100,000 were hospitalized or died, respectively, due to complications of Diabetes Mellitus; compared to their white counterparts 116.0 and 21.9 per 100,000

⁴ "Obesity and African Americans" <http://minorityhealth.hhs.gov/templates/content.aspx?ID=6456>

⁵ "State & County Quickfacts: Davidson County, Tennessee." <http://quickfacts.census.gov/qfd/states/47/47037.html>

⁶ "U.S. Census Bureau Delivers Tennessee's 2010 Census Population Totals, Including First Look at Race and Hispanic Origin Data for Legislative Redistricting." <http://2010.census.gov/news/releases/operations/cb11-cn93.html>

⁷ Tennessee Department of Health. OFFICE OF POLICY, PLANNING & ASSESSMENT SURVEILLANCE, EPIDEMIOLOGY AND EVALUATION. *CHRONIC DISEASE HEALTH PROFILE REGIONS AND COUNTIES: TENNESSEE*. 2011. Print. <<http://hit.state.tn.us/CountyChronicProfile/Metro.pdf>>.

- 36.6% of Black Americans in Davidson County were diagnosed with high blood pressure compared to 22.3% in non-Hispanic whites
- 78.8% of the non Hispanic Black community of Davidson County was “overweight or obese”, while only 57.8% were amongst the non-Hispanic white community (also, with 67.7% of Blacks not reaching physical activity recommendations)

CONNECTION BETWEEN PROBLEM & INTERVENTION

In 2010, there were reportedly 43,218,000 million Black Americans living in the United States. A 2004 survey conducted by the Association of Religion Data Archive at Pennsylvania State University reported that 36.4% of Black Americans attended church weekly; while the Pew Research Center found that in 2009, 53% of African Americans admitted to attending a religious event once a week.⁸ Taking a closer look at these numbers, numerous healthcare professionals began to ponder what would happen if an integration of religion and preventative health care/education occurred. Dr. Aaron, Levine, and Burstin submitted an article titled “African American Church Participation and Health Care Practices” in the November edition of the Journal of General Internal Medicine. Within this article, the researchers analyzed whether there was a positive correlation between church attendance and favorable health care practices. Using a cross sectional analysis amongst a group of African Americans within a low socioeconomic community, they found that amongst those ~36% community members who attended church weekly there was an increased likelihood of seeking: primary health care, dental visits, blood pressure maintenance, as well as pap smear and mammogram appointments.⁹

Following my start with United Neighborhood Health Services, I was given the opportunity to attend a faith based initiative meeting with Mr. Will Wyatt of UNHS and local religious leaders in the Nashville community. The leaders’ spoke of their

⁸ “A Religious Portrait of African Americans.” <http://www.pewforum.org/A-Religious-Portrait-of-African-Americans.aspx>

⁹ “African American Church Participation and Health Care Practices.” Dr. Kaytura Felix Aaron, David Levine, Helen R Burstin; J Gen Intern Med. 2003 November; 18(11): 908–913. doi: 10.1046/j.1525-1497.2003.20936.x PMID: PMC1494942

excitement regarding the new wellness centers that would be constructed early 2013. The conversation consisted of brainstorming on how to encourage the local community; mainly church going Black Americans, to utilize these centers and become more proactive concerning their personal health and well being. At the conclusion of the meeting, I was left with questions myself on how I could assist in creating an active module to get the community excited and involved in the endeavors of UNHS. Growing up in a close-knit Baptist church in East St. Louis where my grandfather was and uncle is now Pastor, I learned that the congregation will operate as “sheep” and the Pastor the “shepherd”. One online blog, *Grace to You*, paralleled the Pastor-congregation relationship by stating: “God entrusted them with the authority and responsibility of leading the flock. Pastors are accountable for how they lead, and the flock for how they follow (Hebrews 13:17)... Be on guard for yourselves and for all the flock, among which the Holy Spirit has made you overseers, to shepherd the church of God which He purchased with His own blood (Acts 20:28-30).”¹⁰ Pastors across the World are responsible for the spiritual growth of the people which they lead. They educate, lead, and implore their congregations to live by the word of God and govern themselves accordingly in their daily lives. Many of the sermons and teachings are given to “feed and nourish” the spiritual body, but what if the leaders of churches began to support the maintenance and upkeep of the physical body as well? Throughout the years, researchers have been hypothesizing about pastoral involvement regarding mental health but lately a focus on the integration of spiritual and physical health has made its way to the forefront. As I observed the efforts of UNHS to improve the state of healthcare in Davidson County, Tennessee with the implementation of various programs and construction of the wellness center, I worked to create a program that would engage local pastors in serving as active health liaisons. I hypothesized that through collaboration with UNHS, local pastors, and other healthcare organizations we could see an increase in the numbers of community members seeking primary care physicians, preventative care measures, etc at the respective churches.

¹⁰ “What is the pastor’s responsibility, besides preaching and studying?”
<http://www.gty.org/resources/questions/QA126>

CONSTRUCTING THE INTERVENTION

From the conception of my faith based initiative I had the support of Mr. Will Wyatt, UNHS Health Promotion Coordinator and GE-NMF Site Mentor. I was given the opportunity to shadow various physicians as well as work in the community at schools and churches. One church in particular, St. Luke's Primitive Baptist Church, I was introduced to by Mr. Lynn Stuart. Mr. Stuart serves as the Director of Teen Services at UNHS but is also an enthusiastic participant in community outreach initiatives. My fellow colleague and GE-NMF PCLP scholar, Italo Brown, and I attended St. Luke's weekly Wednesday lunch bible study. Here Pastor Frank D. Stevenson Sr. regularly ministers to more than forty members of his congregation in the 60+ years or older age range. Pastor Stevenson allowed us to come in and check blood pressures and glucose levels of those in attendance, as well as offer advice on adopting healthier lifestyle practices and creating a necessary relationship with primary care practitioners such as those at United Neighborhood. The members of the church were open and welcomed us in, Pastor Stevenson also openly showed and verbally expressed his gratitude; we were even delighted to be served lunch courtesy of the various members in attendance. Following this experience and observing the warm reception by the pastor and his congregation, I decided that I would attempt to launch my faith based initiative at St. Luke's. Prior to this experience, I reached out to various pastors within the community to no avail; but seeing Pastor Stevenson's genuine concern and participation as well as the already established relationship with Mr. Stuart I knew he would work with us. Mr. Wyatt is an active member of another local church, Church of the Messiah where Bryan Williams Sr. serves as Pastor, who also was enthusiastic about participating in the project.

The next step was analyzing the needs of the two churches. I needed to pinpoint what each Pastor felt were health concerns amongst his congregation, health programs needed, and what he was willing to advocate for. I was able to utilize a "Congregational Health Ministry Survey" created by Tennessee's Department of Health Division of Minority Health and Disparity Elimination- Office of Faith Based Initiatives (see Appendix A). By filling out these questionnaires, I along with UNHS will be able to assist in creating ongoing programming specific to the needs of the individual churches.

Now that the foundation was set concerning “why the project was being conducted”, I needed to formulate how I would test the hypothesis and hopefully view positive results. With the projected date of completion for the new wellness centers being the first of the year, I decided drumming up excitement about getting healthy would be the best option. My idea transformed into a health fair/kick-off that would take place at St. Luke’s on August 11th, 2012 10am-1pm; this date ironically was also the last day of Primary Care Week. The kick off would include various components and healthcare focused groups who would help to educate the congregations of St. Luke’s Primitive Baptist Church and Church of the Messiah, these consisted of:

- 1) Weigh in, BMI assessment
- 2) Blood Pressure Screening
- 3) Glucose Screening
- 4) Primary Care Appointment Scheduling
- 5) Fun activities for the kids
- 6) Nutritious snack/lunch option for those participating
- 7) Vendors: United Healthcare. Amerigroup, etc.

As we solidified the stations and activities that would be at the kick off, I wanted to address a key point that many do not take into account: an incentive. For health care professionals and many others, we believe living a healthy lifestyle devoid of major complications or other issues should be reward enough to pay closer attention to our diet, exercise, and keep up with regularly scheduled primary care appointments. Many others may be plagued with different issues, i.e. transportation, finances, etc, which hinder them from adopting such a lifestyle. So how would I help to implore a community, that at times like these makes do with what they have and rightfully believes God will make a way out of no way, to take advantage of our services and begin taking an active role in their health/wellness? The reward would be given to the institution that these congregations placed their faith in: church. The opportunity to help better the church home and place where one worships, while bringing attention to the teaching and leadership of the pastor is one that I know many would not pass on. The overall initiative participation would now be utilized as a little healthy competition, where the church with: 1) the most attendees at the initial kick off and another scheduled for a

month or so before the wellness center unveiling, 2) greatest weight loss, 3) largest improvement in BP/Glucose maintenance and preventative care involvement will receive a monetary donation given by United Healthcare, recognition at the wellness ribbon cutting, as well as a plaque or other visible display of their church's name and accomplishment within a wing of the wellness center.

DATA/RESULTS

On Saturday, August 11th while at St. Luke's Primitive Baptist Church myself, Mr. Will Wyatt, Mr. Lynn Stuart, and fellow GE-NMF PCLP scholars Donella Headlee, Italo Brown, and Lucie Ocnas prepared for the arrival of members of the host church and Church of the Messiah. In prior weeks, Pastor Stevenson was sure to diligently mention the upcoming kick off/health fair to his congregation at church and bible study as well as Pastor Williams at Church of the Messiah. The final setup for "Spiritual You, Wellness Anew" went as follows:

Station #1- Check In/Weigh In, this station is where general data was obtained from the church member such as name, age, height, brief medical history (i.e does one have HTN, diabetes, etc, social history concerning smoking and drinking); we also obtained their weight, church, and permission for the information to be utilized in the incentive program focused around the initiative (see Appendix B)

Station #2- Glucose/Cholesterol Screening, my fellow GE-NMF PCLP scholar Donella Headlee utilized the cholesterol screening numbers for her independent project but at this station Lucie Ocnas helped out by obtaining the numbers and providing them to the church members on a UNHS provided pocket pal numbers record.

Station #3- Blood Pressure, Italo Brown kindly took blood pressures and recorded the data on the church members pocket pal, he also made sure to answer any questions he could about how to reduce the numbers if there was show of concern

Station #4- Health Education/Primary Care Appts, Donella provided the participants with a folder of health education literature concerning their health issue, i.e. Diabetes, HTN, etc along with a "Preventative Measures" data sheet (see Appendix C). UNHS employees were also set up to assist in scheduling primary care appointments as needed.

Subway donated healthy sandwiches to feed the congregation; while, United Healthcare donated funds that were utilized to provide fruit and vegetable trays, shaved ice cones, sun chips, as well as healthy snack bars to show the members an alternative to the usual “grab and go” foods they had become accustomed to. We were also provided an inflatable bouncy house with a chaperone for the kids’ enjoyment while their parents took advantage of the UNHS tables and various other health care vendors:

Amerigroup	Free HIV/AIDS Testing
Tennessee EPSDT	Voters Registration
Maximus, Inc.	Mathew Walker Comprehensive Health Center
Midwest Medical Services	United Healthcare Insurance

There was a turnout of 17 people at the event. Of the community members at St. Luke’s Primitive Baptist and Church of the Messiah the following attended the Health fair/Kick-Off:

<u>Church</u>	<u># of members in attendance</u>
St. Luke’s Primitive Baptist Church	14
Church of the Messiah	0
Others: Mt. Zion	1
Non Church Affiliated	2

Those who attended were asked if their data could be stored and used for future comparison and reference in regards to the incentive program as a result of their church’s active participation in getting healthy. All 14 of St. Luke’s members were willing to be included in the program; the one Mt. Zion member was interested in getting their church involved, while the 2 non-affiliated participants declined due to their lack of connection to any church. The members’ health measurements were recorded and stored for future reference (see Appendix D).

INITIAL FEEDBACK

Overall the event was a success. The ultimate goal was to get members actively involved in the improvement of their health and reduction of the disparities within their community. With a turnout of 17 people, including the pastor and first lady of St. Luke’s, it can still be determined that the initiative was appealing to those who were introduced

to the idea. A major factor in the low turnout numbers was the untimely death of a very community oriented deacon at Church of the Messiah, whose funeral was scheduled for 1030 am the same day as the initiative. The funeral was highly attended by the members of Church of the Messiah as well as St. Luke's; Pastor Stevenson and others of his congregation who attended the kick off left to attend the funeral and pay their respects. Another issue encountered was the failure to schedule appointments; the UNHS staff members were unable to connect to the proper database. To compensate for the lack of electronic appointment scheduling the employees were willing to counsel the participants and direct them to the closest UNHS clinic for them to receive necessary services.

The St. Luke's members who were in attendance showed excitement and great interest in the initiative "competition"; one woman was quoted as saying "anything for my church and pastor". This single statement shows supportive evidence that faithful members of churches will participate in events that not only their 'shepard' or leader endorses but that bring a gain or benefit for their church home. At one point I even witnessed members of St. Luke's calling other members to participate and put their church in the lead for the reward. Because of the funeral taking place simultaneously members of both churches expressed the desire to have another health fair at a future date. St. Luke's secretary and I had an extensive conversation on the creation of a preventative health ministry as well as improving the nutrition of the members by providing healthy soul food recipes to cook foods for after church and bible study meals. She even suggested a healthy food cook off to add the element of fun and competition.

FUTURE STEPS & EVALUATION

How would the project continue on after my departure? Mr. Will Wyatt, a member of Church of the Messiah, and I discussed executing another health fair at the church in October. This would allow for the home congregation as well as members of St. Luke's to participate in the competition; in the time leading up to, both Pastors would continue to actively publicize the event and discuss the reward given to the church with the most improvement in health measurements and member turnout. Taking information from the "congregational health survey" given to each pastor, UNHS will be

more involved in offering programming and assistance to the church based on the needs of its congregation. One item of personalization that I proceeded with was providing healthy soul food recipe alternatives to be included in weekly Sunday church bulletins. Many times within the African American community we are unaware of how to cook traditional foods while improving the nutritional value and it still tasting good. Both churches are also looking forward to the establishment of a fitness class that will alternate between locations and provide the physical activity necessary for weight loss and overall wellness.

Some recommendations made to ensure continuity of the initiative were:

- Rescheduling of a kick off at Church of the Messiah in October
- Schedule a final health fair in a central location for both churches to attend shortly before the wellness centers opening
- In order to get the community involved, publicize to the nearby housing authorities
- Visit the fitness classes to maintain excitement about the wellness centers opening (possibly include an incentive for frequent attendance)

Although the PCLP program is concluding, I plan to continue my initiative by keeping in touch with UNHS staff and Mr. Will Wyatt so that we may schedule future health fairs with the churches and possibly including other congregations in the Davidson County area. I will be contacting the participants from the August 11th fair to return to the next two scheduled events so we may establish running data of their hopeful progress towards weight loss and health improvement. The contact measures will also strive to maintain an excitement about the initiative, i.e. mailed reminder cards with bookmarks to be passed out to congregation members increasing participation at the upcoming fair.

CONCLUSION

Being able to create an initiative such as “Spiritual You, Wellness Anew” left me with a familiar feeling as if I had created a project to benefit my “family”. Growing up a preacher’s kid, I witnessed the dedication to spiritual growth and wellness within the church and now as a future healthcare professional I had the opportunity to integrate physical wellness into this ideal. Although the project does target a large portion of the African American community it still does not reach the entire population due to those not

affiliated with a religious institution. What initiative can be put in place to reach these members of the community? How will we drum up excitement for being healthy? What kind of incentives will reach this group of people? These are all questions that will reoccur as health care professionals continuously model programs in order to decrease health disparities amongst a vast group but seemingly miss certain members of that population. One positive outlook is that researchers and healthcare professionals are learning, in order to combat the disparities one cannot wait for the problems to come to them but rather go into the community and relate to those with the disparities; catering the healthcare measures to their individualized circumstances.

ACKNOWLEDGEMENTS

I would first like to thank St. Luke's Primitive Baptist Church for their hospitality and participation; as well as Church of the Messiah for being involved in such a positive project. I would like to thank United Neighborhood Health Services for the full summer experience and the assistance in executing my project. The vendors, photographers, insurance companies, and local healthcare agencies were an integral part of this project and it would not have been such a success without them. Also, a warm thank you to my fellow PCLP scholars/colleagues Italo Brown, Donella Headlee, and Lucie Ocnas. And last but certainly not least I would like to thank GE and National Medical Fellowships for believing in me and giving me the opportunity to form an independent project that I can call my own "seed of change".

"And the Lord said, If ye had faith as a grain of mustard seed, ye might say unto this sycamine tree, Be thou plucked up by the root, and be thou planted in the sea; and it should obey you."- Luke 17:6 (KJV)

"Be the change you wish to see in the World."- Mahatma Gandhi

APPENDIX A

CONGREGATIONAL HEALTH MINISTRY SURVEY (St. Luke's Primitive Baptist)

This survey has four purposes:

- a) Identify the health needs and interests of members.
- b) Introduce new ideas about health and wholeness.
- c) Discern the church's present health ministries.
- d) Discover resources for any additional health ministry actions your congregation may consider.

The term "health" is used here in its broadest sense to describe the physical, emotional, spiritual, and social well-being of a person or institution. "Health care" here means all the ways we promote and develop good health. "Medical care" refers to the ways we treat illness.

Using this broader view of health, please answer the following questions. You do not need to sign your name. Please return the completed survey to the committee or person collecting the results for the whole congregation.

1. What health and medical problems do you have, or do you know of in your family, congregation, and community? (Please check all that apply.)

Individual and Family

- Can't afford medical care
- Problems with stress
- Persons ill at home
- Substance abuse problems
- Problems with sexuality
- Under/uninsured persons
- Poor health habits
- Loneliness, isolation
- Grief and/or loss
- Physical/emotional abuse or neglect
- Problems in relationships with others
- Barriers to raising healthy children
- Need for spiritual renewal and focus
- Chronic illness or disability
- Primary caregiver for another person
- Need for personal counseling
- Financial problems
- Legal issues
- Housing problems
- Job problems
- End of life issues
- Other

Please list:

Community

- Too few doctors/hospitals
 - Hard to get to medical services
 - Inadequate health promotion/illness prevention programs
 - Lack some medical services
- Please list: Chronic Disease Management
- High infant mortality rate
 - Substandard housing or homeless
 - Lack of accountability for health/medical services
 - Environmental health risk (examples: water or air pollution, toxic disposal)
 - Other

Please list:

APPENDIX A

2. In your congregation's meetings, classes, worship, and sermons, about how often do you hear or talk about each of the following from a faith perspective? Please check all that apply.

- Physical health
- Emotional/mental health
- Social/relational health
- Medical care issues

3. How much interest do you and your congregation have in learning more and taking some active steps to improve health at each of these levels? Please check all that apply.

Myself	A Lot of Interest	Some Interest	No Interest
Individual health issues		X	
Family health issues	X		
Congregational health	X		
Health in our community	X		
Congregation	A Lot of Interest	Some Interest	No Interest
Individual health issues	X		
Family health issues	X		
Congregational health	X		
Health in our community	X		

4. How much interest is there in learning more and taking active steps to improve medical care at the same levels? Please rate each as (1) little interest, (2) some interest, or (3) high interest.

Myself	A Lot of Interest	Some Interest	No Interest
Individual medical issues		X	
Family medical issues	X		
Health issues in our congregation	X		
Health issues in our community	X		
Congregation	A Lot of Interest	Some Interest	No Interest
Individual medical issues	X		
Family medical issues	X		
Health issues in our congregation	X		
Health issues in our community	X		

APPENDIX A

5. Are there any specific health related activities you would like to see? (Please check all that apply, add others if needed)

	Now	Future
Observe Health Awareness Week	___	_X_
Observe an annual Health Care Sabbath	___	_X_
Health Risk Appraisal	___	_X_
Exercise program	_X_	___
Weight control program	_X_	___
Smoking cessation program	_X_	___
Illness/disability support groups	___	___
Alcohol/substance abuse support groups	_X_	___
Optional healthy snacks at meetings	___	___
Parish Nurse/Minister of Health	_X_	___
Study groups on health issues	_X_	___
Services of prayer and healing	___	___
Support for persons with mental illness	_X_	___
Stress management classes	_X_	___
Illness Screening: high blood pressure, diabetes...	_X_	___
Ministry to persons with or affected by HIV/AIDS	_X_	___
Education for youth about HIV/AIDS	_X_	___
Other: _____		

Do you need additional information concerning specific health/medical topics or issues? Please list below. If you would like special assistance for yourself, a family member, or your congregation, please write below:

Please Return the Completed Survey to:

Mallory C. Hubbard/Mr. Will Wyatt/ Mr. Lynn Stuart
Person or Committee

(Adapted from the Presbyterian USA Church <http://www.pcusa.org/health/usa/survey.htm>.)

Know Your Numbers

Initial Questionnaire

If you need help filling out this form please ask, we'd be happy to help you!

Name (First and Last) _____ Date of birth

Phone number _____ Address

Are you currently a patient at UNHS? Yes No
 Do you have a primary care provider? Yes No
 Have you ever been screened for the following: If yes, last date of screening:
 Yes No Diabetes _____
 Yes No High Blood Pressure _____
 Yes No High Cholesterol _____

Activity:
 How active is your job?
 1 2 3 4 5 NA
 Not active at all Very active

How active are you at home?
 1 2 3 4 5 NA
 Not active at all Very active

Today's Measurements

Height: _____
 Weight: _____
 BMI: _____
 Blood Pressure: _____
 Total Cholesterol: _____

Do you have any of the following?
 Asthma Yes No
 Type 1 Diabetes Yes No

How stressed have you been lately? (circle one)
 1 2 3 4 5 6 7 8 9 10
 Not at all Extremely

Do you ever worry that your eating habits could negatively affect your health?
 (circle one)
 1 2 3 4 5 6 7 8 9 10
 Never Often

Do you smoke? Yes No
 If yes, how many per day? _____
 When did you start smoking? _____



Do you drink alcohol? Yes No
 If yes, about how many days a week do you drink? (circle one) 1 2 3 4 5 6 7
 About how many drinks do you have on average when you do drink? _____
 Do you ever drink heavily? (circle one)
 Never Seldom Occasionally Frequently
 Are you interested in reducing your alcohol use? Yes No

Alcohol equivalents:
 1 drink = One 12oz beer
 1 drink = One 5oz glass of wine
 1 drink = 1 shot or 1 oz liquor

Preventative Health Measures

Women 21-64

Measure	Care, Screening, or Test Needed
Chlamydia Screening: Age 16 -24 (if sexually active)	Screening test for chlamydia yearly
Cervical Cancer Screening Age: 21-64	PAP test at least once every 2 years
Breast Cancer Screen Age 40-69	Mammogram at least once per year
Prenatal/Postpartum Care Age: Pregnant Women	Prenatal visit within first trimester Postpartum visit between 21 and 56 days after delivery

Adults

Measure	Care, Screening, or Test Needed
Adults' Access to Preventive/Ambulatory Care Age: 20 and Older	Patients 20 years and older schedule and receive an ambulatory or preventive care visit
Adult BMI assessment Age 18-74	Patients have their body mass index (BMI) and weight documented at least once per year. One or more of the following screenings:
Colorectal Cancer Screen Age: 50 -75	<ul style="list-style-type: none"> •Fecal occult blood test yearly •Flexible sigmoidoscopy every five years •Colonoscopy every 10 years

Children and Adolescents

Measure	Care, Screening or Test Needed
Weight assessment and counseling for nutrition and physical Age: 3-17	Patients 3 - 17 schedule and receive screens for body mass index (BMI) percentile including height and weight, counseling for nutrition and counseling for physical activity
Well-child exams Age 0-15 months	6 well-care visits (at least 2 weeks apart) with a PCP. Must show evidence of all of the following: <ul style="list-style-type: none"> •Health and development history (physical and mental) •Physical exam Health education/anticipatory guidance
Well-child exams Ages 3-6 years	Annual well-care visit with a PCP each year. Must show evidence of all of the following: <ul style="list-style-type: none"> •Health and development history (physical and mental) •Physical exam/ Health education/anticipatory guidance
Well-child exams Ages 12-21 years	Annual well-care visit with a PCP or OB/GYN. Must show evidence of all of the following: <ul style="list-style-type: none"> •Health and development history (physical and mental) •Physical exam / Health education/anticipatory guidance
Childhood immunization completed by the 2nd birthday	<ul style="list-style-type: none"> •4 DTaP/DT (none prior to 42 days of age) / 3 IPV / 1 MMR / 3 HIB •3 hepatitis B / 2 hepatitis A •1 VZV, or documented chicken pox / 4 pneumococcal conjugate / 2-3 rotavirus/2 influenza
Immunizations for Adolescents 13 year-olds	<ul style="list-style-type: none"> •1 meningococcal vaccine on or between the member's 11th or 13th birthday •1 Tdap or 1 Td on or between the member's 10th or 13th birthday

APPENDIX D

First Name	Last Name	Sex	DOB	Phone	Address	UNHS Pt	PCP	Church
Lekita	Stevenson	F	11/5/1980	294-1297	412 Edencrest Ct	No	Yes	St. Lukes
Latasha	Milton	F	2/6/1984		400 S 4th Ave	No	Yes	St. Lukes
Cleon	Mathis	M	9/6/1982	615-586- 5202	700 B Lenore St	No	No	St. Lukes
xxxxxxxxx	xxxxx	F	xxxxx	xxxxx	xxxxxx	No	Yes	St. none
Erica	Gilmore	F	9/10/1975	615-248- 8852	1022 10th Ave N	No	Yes	Mt. Zion
xxxxxxxxxxx	xxxxxxx	M	xxxxx	xxxxxx	xxxxxxx	No	Yes	St. none
Retonda	Jones	F	12/31/1974	568-6572	756 Lenone St	No	Yes	St. Lukes
Gail	Jones	F	12/23/1958	712-6740	280 Plus Park Blvd	No	Yes	St. Lukes
Mathew	Stevenson	M	2/16/1994	615-294- 3526	520 Pascal Ct	No	Yes	St. Lukes
Frank	Stevenson	M	2/21/1974	977-4303	412 Edencrest Ct	No	Yes	St. Lukes
Jeanell	Wade	F	9/24/1981	615-594- 0280	3452 New Towne Rd	No	Yes	St. Lukes
Maria	Horton	F	11/10/1965	615-578- 8814	7071 Red Apple Rd	No	Yes	St. Lukes
Simmons	Deon	M	11/17/1977	615-582- 2876	308 Ann Rd	No	No	St. Lukes
Joe	Bellard	M	5/18/1961	931-637- 5171	700 B Lenore St	No	Yes	St. Lukes
Rachel	Russell	F	10/5/1982	615-887- 7357	308 Anna Ct	Yes	Yes	St. Lukes
Marvin	Bulter	M	11/11/1957	615-853- 1153	945 Maxwell Ave	No	Yes	St. Lukes
Zina	Grant	F	12/27/1969	615-360- 9448	136 Massman Manor Dr	No	Yes	St. Lukes

APPENDIX D

Initiative Participation	Ht	Wt	BMI	BP	Cholesterol	Glucose
Yes	5'8"	145	22	118/78	246	88
Yes	5'4"	130	22	124/82	165	86
Yes	5'9"	152	22	132/84	122	75
	5'7"	206	31	124/78	204	54
Yes	5'7"	160	25	118/80	193	70
	5'5"	200	33	132/80	160	92
Yes	5'4"	215	36	132/88	145	130
Yes	5'0"	204	38	138/92	133	249
Yes	5'10"	190	27		144	
Yes	5'11"	195	27			
Yes	5'4"	145	25	126/72	161	91
Yes	5'5"	228	38	142/88	100	111
Yes	5'11"	225	31	152/88	141	122
Yes	5'9"	186	28	126/78	168	99
Yes	5'5"	265	42+	148/90	168	95
Yes	5'8"	220	34	164/86	223	225
Yes	5'6"	190	31	128/84	177	76