

*Project GoodNEWS (Genes, Nutrition, Exercise,
Wellness and Spiritual Growth: Combining
Faith and Science, Improving Life, and
Overcoming Health Disparities*

*APHA 135th Annual Meeting and Expo
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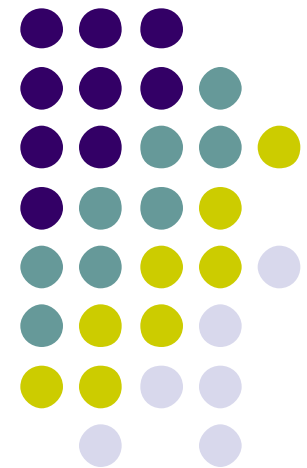
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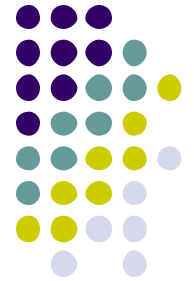
Columbus, Georgia



Objectives

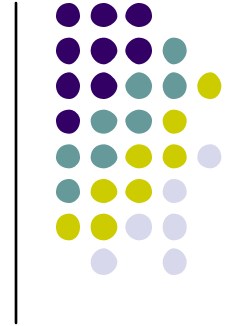


- 1. The health problems we face*
- 2. The likely solution*
- 3. Why faith and health*
- 4. Why GoodNEWS*
- 5. The design of the “faith-health model”*

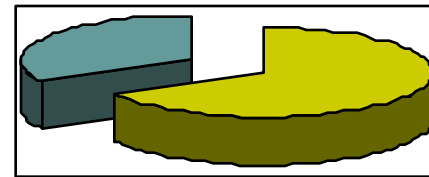


1. The health problem we face

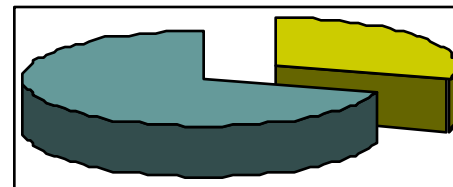
Epidemic of Chronic Disease



- *More than 90 million Americans live with chronic illness*



- *Chronic illness accounts for 70% of deaths*



Epidemic of Chronic Disease: *Human Costs*

(Hypothetical Low-Income High-Minority Congregation with 200 Members)



120 Women

- 44 with hypertension
- 11 with diabetes
- 4 will experience stroke
- 26 will have no health insurance

60 Men

- 22 with hypertension
- 5 with diabetes
- 2 will experience stroke
- 13 will have no health insurance

20 Children – *most will be at high risk of poor health based on family history alone*



2. The likely solution – the need for creating “health” in communities

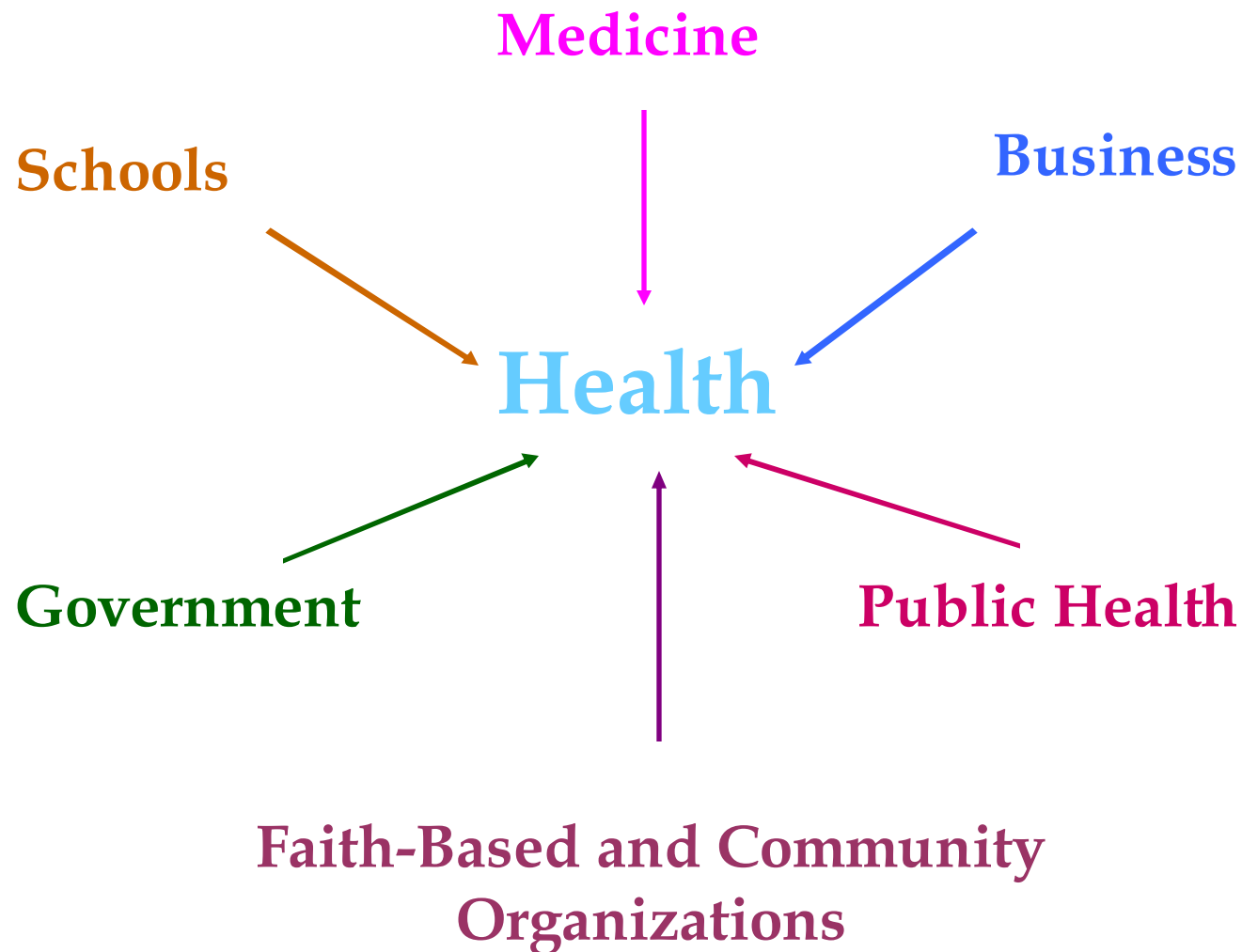
The Community Medicine Model

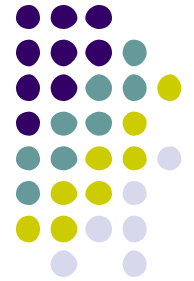


An approach to community health improvement and reducing health disparities based on preventing disease through:

- 1. community and medicine partnerships,*
- 2. integrating clinical science, epidemiology and social science principles,*
- 3. achieving desirable health outcomes through collective social action.*

Community Medicine Collaborative Partners





3. Why faith and health collaboration?

Faith-based Prevention Programs Are “Effective”

(DeHaven MJ, et al., American Journal of Public Health, 2004)

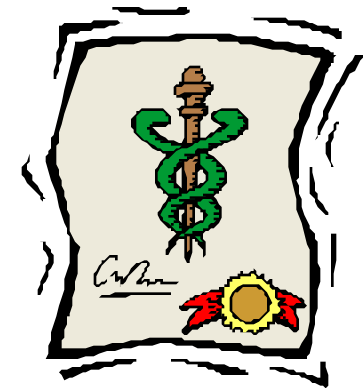


- Increase knowledge of disease
- Improve screening behavior and readiness to change
- Reduce risk associated with disease and symptoms of disease
- Reduce unnecessary hospitalizations/ED visits
- Reduce potential costs

Religious attendance, worshipping with others, spirituality, religiosity and prayer are associated with . . .



- Greater well-being
- Greater feeling of purpose and meaning
- Lower rates of depression
- Faster recovery from depression
- Less anxiety
- Better overall physical health
- Lower use of medical services
- Better immune functioning
- Lower blood pressure
- Lower death rates following surgery
- Lower cancer mortality rates
- Lower rates of heart disease
- Lower rates of emphysema
- Lower rates of cirrhosis
- Lower rates of suicide
- Increased longevity



Scientific Research on Spirituality and Health, National Institute for Healthcare Research, 1997; Handbook of Religion and Health, 2001.



4. Why GoodNEWS

“A program of hope and healing conducted in communities of faith”

GoodNEWS

Program Objectives



A Lay Health Advisor and Health Ministry Development Program designed to . . .

- *Provide* lifestyle education and activities in five core areas: genes, nutrition, exercise, wellness, and spiritual growth.
- *Improve* participants health-related knowledge, attitudes and behaviors by promoting lifestyle changes in six dimensions of life
- *Increase* participants self-perceived health, wellbeing, and quality of life
- *Reduce* the prevalence of preventable chronic disease

GoodNEWS Training Curriculum

Six Dimensions of Health



- *Physical* – nutrition and exercise for optimal function
- *Mental* – developing self esteem and positive emotions
- *Intellectual* – improving knowledge and thinking ability
- *Spiritual* – nurturing faith, hope, and love toward God
- *Social* – encouraging others and helping those in need
- *Environmental* – protecting external living conditions



Forgiveness

Goodness

Compassion

Love

And . . . also . . . the health benefits of . . .

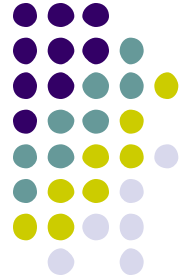
GoodNEWS Timeline



- September 2003 – December 2003:
Curriculum development
- January 2004 – June 2004:
Feasibility study
- September 2004 – September 2005:
Pilot study
- January 2006 – December 2006
Confirmatory studies
- September 2007 – August 2012
Longitudinal study (NHLBI)

GoodNEWS 2005

Pilot Study



- *Period: September 2004 – September 2005*
 - Training period: January 2005 – March 2005
 - Maintenance and support period: April 2005 – September 2005 (and beyond)
- *7 – session curriculum:*
 - 1 – Introductory and Measurement
 - 5 – Genes, Nutrition, Exercise, Wellness, Spiritual Growth
 - 1 – Conclusion and Measurement
- *Measurement*
 - Demographics
 - Dartmouth COOP Quality of Life Scales
 - GoodNEWS Wellness and Lifestyle Inventory
 - Health Locus of Control
- *Sites*
 - 12 African-American Congregations
 - South Dallas Community

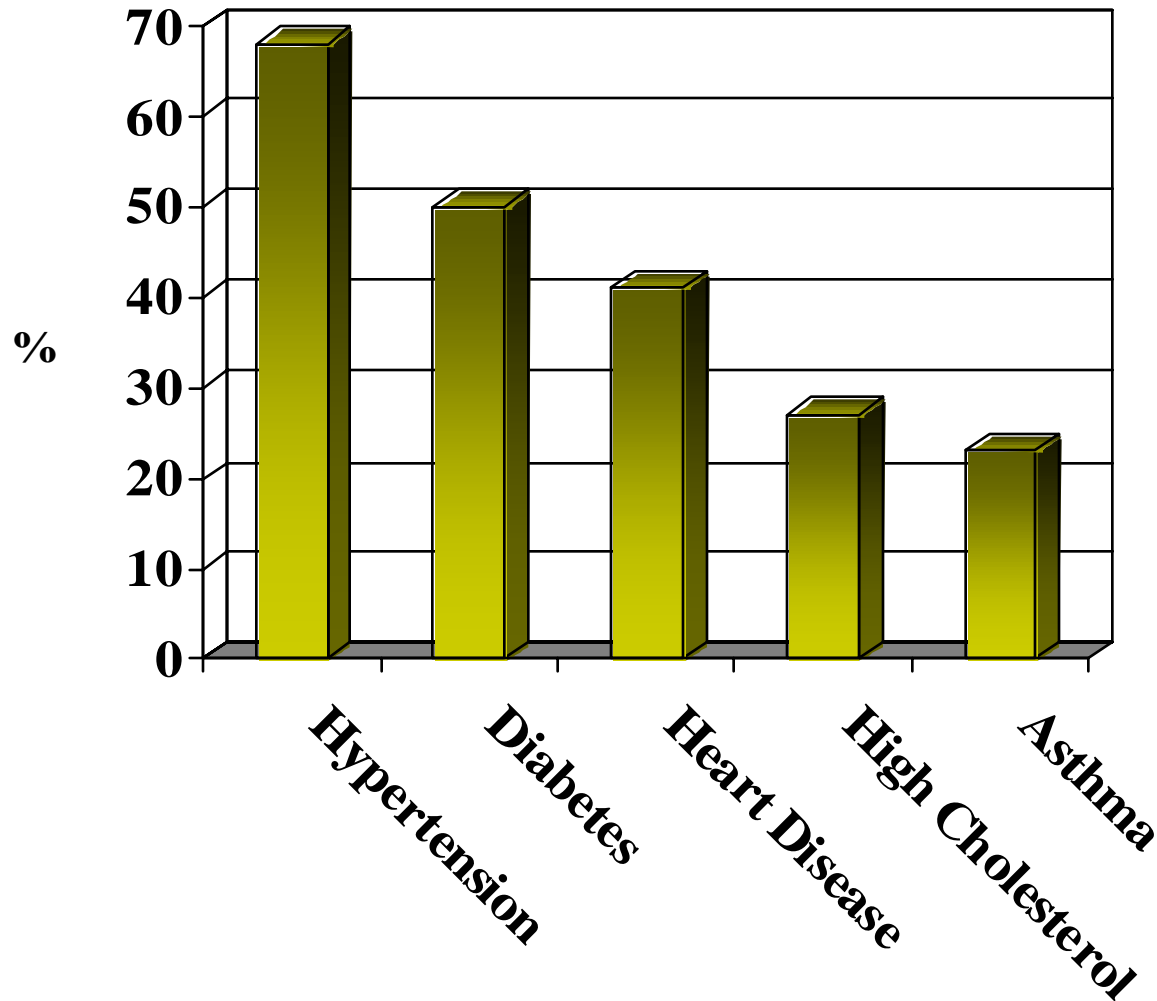
GoodNEWS 2005 Pilot Study
Demographics
(N=22; Mean Age = 46.1 years)



Marital Status	%
<i>Married</i>	45
<i>Single</i>	23
<i>Other</i>	32
Race/Ethnicity	
<i>African-American</i>	77
<i>Hispanic</i>	18
<i>Caucasian</i>	5
Education	
<i>High School</i>	40
<i>Some College</i>	41
<i>College Grad</i>	19

GoodNEWS 2005 Pilot Study

Family Medical History



GoodNEWS Lifestyle and Wellness Inventory**

Preliminary Findings, April 2005

(N=22)



Variable	Pre-test (% Yes)	Post-test (% Yes)	% Change (increase)
Enrolled in fitness program	4.8	19.0	295.8
<i>Exercise three times a week*</i>	<i>14.3</i>	<i>50.0</i>	<i>257.1</i>
<i>Fruit / vegetable (3X / day)*</i>	<i>35.0</i>	<i>72.0</i>	<i>105.7</i>
<i>Avoid fried foods*</i>	<i>30.0</i>	<i>60.0</i>	<i>100.0</i>
<i>Adequate and satisfying sleep*</i>	<i>55.0</i>	<i>90.0</i>	<i>63.6</i>
<i>Commit time to self development*</i>	<i>71.4</i>	<i>100.0</i>	<i>40.8</i>
Pursue mentally stimulating interests	62.0	85.0	37.1
Participate in recycling	42.0	57.0	35.7
Protecting family / community health	67.1	90.0	34.3
Interest in community and environment	67.0	90.0	34.3

**** $p \leq .03$; **change on all items combined $p \leq .001$***

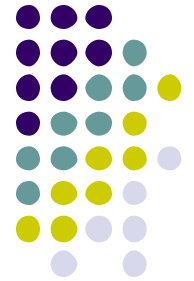


GoodNEWS 2005

Maintenance Phase (April 2005 - September 2005)

Ultimately, congregations must assume “ownership” of their programs and be responsible for their congregants’ and communities’ health . . .

- March 2005 - LHA’s have been meeting monthly
- August 2005 - completed 3 - month “health challenge” among 10 congregations and 120 participants
- October 2005, 2006, 2007 - communitywide “Pink Ribbon Breakfast” with ACS for Breast Cancer Awareness month
- February 2006 and 2007 - sponsored communitywide “Go Red Sunday” with AHA for encouraging healthy hearts.
- June 2006 to September 2006 - seven congregations participated in the AHA “Search Your Heart” program for improving heart health.



5. The “faith-health” model

*Dr. Maria Ramos – Roman . . . providing
preventive care in the community*



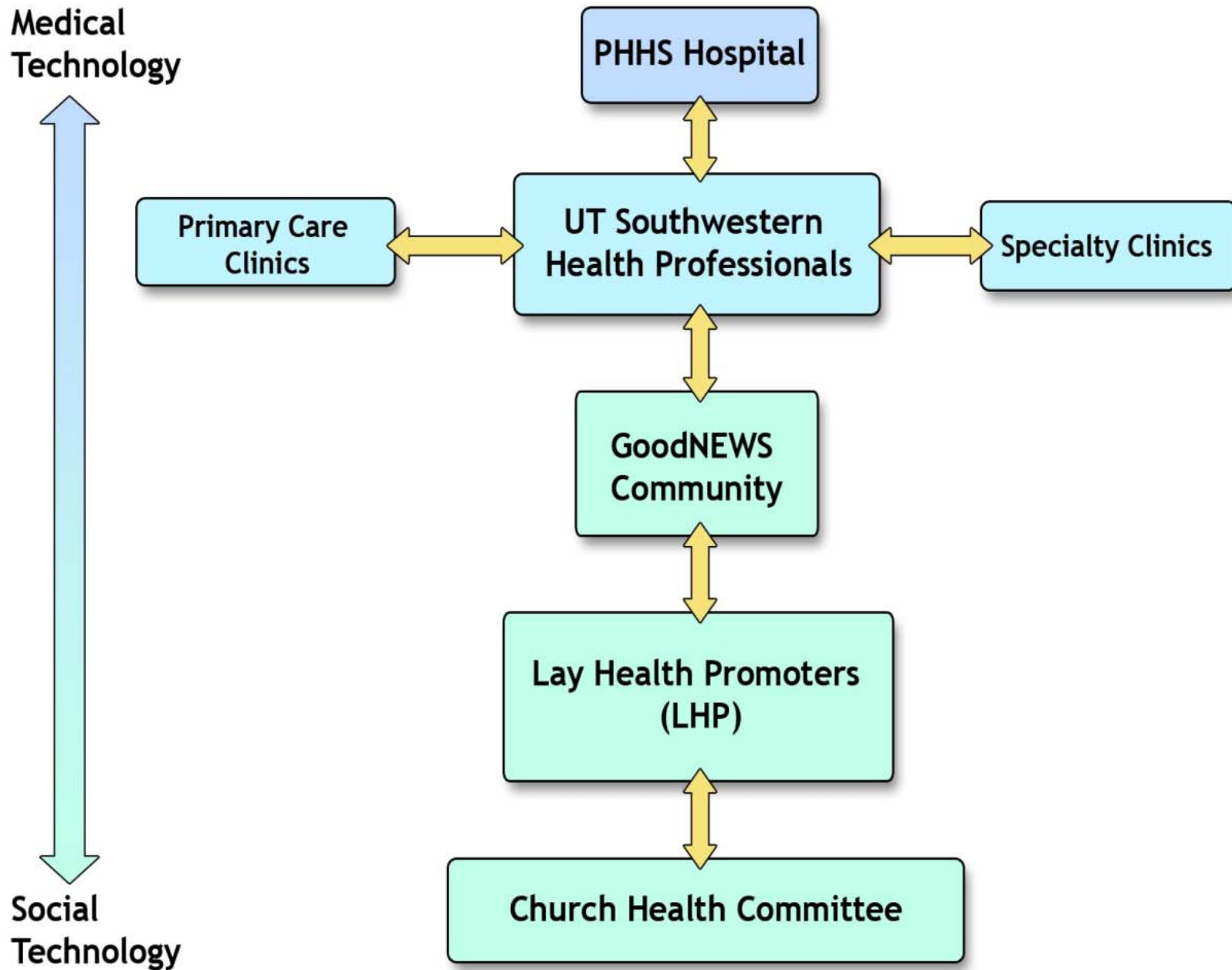


Scenario:

“We hospitalized at our diabetes unit a young woman (aged 39 years) with newly diagnosed diabetes. She is very motivated to make lifestyle interventions besides her medical therapy. She is African American, belongs to a Baptist Church and lives in South Dallas. If you feel she could be a potential candidate for your “GoodNEWS Program,” I will send you her contact information.”

(Personal communication Maria Ramos-Roman, M.D., Endocrinologist, April 2005).

GoodNEWS Intervention

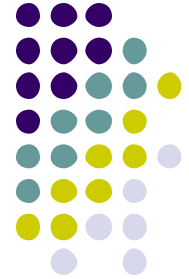


*GoodNEWS:
(The Need for) Combining Faith and Health*



- Health training and medical research teach us how to “do things right,” and maintain optimal health for our cells.
- *But . . .* Our faith teaches us how and why to “do the right things,” to share and to value human life.

Five-year NIH study funded by the NHLBI to test the effects of the GoodNEWS model on reducing risk factors for CVD.



THANK YOU

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