



3-minute case study: Let us pray — and lose weight

By Erin Graham | November 6, 2017

What innovations drive success in population health? Here's a tactic from a leading healthcare system.

The problem

With a poverty rate of 39.9 percent, Camden, New Jersey is a hotspot of health disparities, with high rates of chronic illness across its population. The Camden Coalition of Healthcare Providers (CCHP) seeks to close care gaps for its vulnerable patients, 38,000 of whom are insured through Medicaid.

The coalition recognizes that changing individual behavior is at the heart of effective population management. Yet engaging patients who may be disconnected from and distrustful of healthcare organizations is a persistent challenge.

The solution

Camden is a devout community, and its faith leaders have strong bonds with their congregants. So the CCHP joined the emerging trend of healthcare providers connecting with faith-based organizations to address upstream causes of poor health.

In 2015, CCHP's Faith in Prevention project trained more than 30 community leaders across nine churches and mosques to promote healthy eating and physical activity habits. The project brought a six-week, evidence-based educational curriculum, called Faithful Families Eating Smart and Moving More, into congregations.

The curriculum launches with kickoff events at each congregation. Nurses conduct free benchmarking biometric assessments of members. Religious and lay leaders can then see the results of the assessments, address them during group education sessions, and follow up with members identified as being at high risk for hypertension, diabetes and

other chronic illnesses. As the educational program continues, the congregations may submit proposals for mini-grants to fund customized health and nutrition projects.

Kaiya Harris, former Faith in Prevention program director, says the program is based on the concept that health messages from the faith community have greater uptake among patients than those from any other source. "They know their congregations better than we ever could, and we encourage them to modify the curriculum," she says.

The outcome

Since launch, the program has more than doubled in size. Kickoff events have been eye-opening for congregations, even life-saving. "Nurses have called ambulances on the spot a number of times," says Harris. After the program, residents regularly reach their health goals. Participants report eating smaller portions, increasing fruits and vegetables, decreasing sugar-sweetened beverages, preparing more meals at home, and spending more time doing physical activity.

Even more significant, congregations are leading their own charges for change. All participating churches and mosques established or updated their physical activity and nutrition policies. For example, several churches have mandated that when kids meet, they have 30 minutes of activity, while others have banned soda at community events. Many have

submitted grant applications to build walking trails and playgrounds, create community gardens, and start on-site farmers' markets.

"You really couldn't ask for a better opportunity to make collective change," says Harris.

Erin Graham is a frequent contributor to athenaInsight.

Artwork by Molly Ferguson.



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