

RURAL HEALTH OUTREACH GRANT PROGRAM
Health Improvement Special Project Track
Rural Alabama Prevention Center, Inc. (RAPC)
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The need for prevention and management of cardiovascular diseases in the United States continues to grow-but not equally for all races. If you were diagnosed with chronic illness in the 1950's, you would have a slightly higher survival rate if you were poor because you grew up in an era where food was grown, walking was a mode of transportation, television was nonexistent, and physical activity was playing in the yard. What has happened in the past decade to reverse this rate of survival and what can be done today? According to Healthy People 2020, Americans, especially those who live in economically depressed areas, do not eat a healthful diet and are not physically active at levels needed to maintain proper health. One way, per statistics to start addressing the issues around chronic diseases is to address them one issue at time. Too many times we have implement projects that overwhelmed the target audience until the knowledge gained was hard to retain. Thereby not producing the best possible outcomes. In this grant application, we propose to delineate the impact health factors and behaviors, such as diabetes and smoking, have on a person with no history of CVD, risk of developing the disease. The use of evidence-based strategies, and the Center for Disease Control (CDC) heart age calculator, will comprehensively support, monitor and track the long-term outcomes of participants of the 3-year project period. Heart disease is the number one cause of death in Alabama followed by cancer and stroke. By focusing intensely on a subset of individuals (African Americans), ages 30-50, who are at-risk of acquiring CVD, we will provide an opportunity to delay and/or prevent the onset of the disease in three of Alabama's rural counties (Greene, Hale, and Sumter), where chronic diseases are prevalent. This minority population, per Alabama Department of Public Health (ADPH), has higher rates of chronic disease, higher mortality, and poorer health outcomes than Whites in terms of access to care. (ADPH-CCD, 2013). On our current path, per the report, "Alabama will experience a dramatic increase in chronic disease in the next 20 years. But there is an *alternative path*. By making reasonable improvements in preventing and managing chronic disease, we can avoid 681,000 cases of chronic conditions in 2023."

Target Population- Target Service Area:

The Tri-County Health Improvement Special Project (TCHISP)", target populations will include African Americans, ages 30-50 residing in Greene, Hale, and Sumter counties, with known health factors that puts them in jeopardy of developing cardiovascular disease, with a primary focus on those who has no history of CVD.

Goals and Objectives

The overarching- goal of the "Tri-County Health Improvement Special Project (TCHISP)", is to integrate Community Health Workers (CHW) into churches in Greene, Hale, and Sumter to support churchgoers, *with no history of heart disease*, in making healthy life style choices to prevent or reduce the onset of CVD. The overall objective of the TCHISP is to increase knowledge of church goers regarding the risks associated with cardiovascular disease, while reducing their chances of acquiring CVD.

Evidence Based Model

The evidence-based curriculums that will be the driving force behind achieving the goals and objectives of the "Tri-County Health Improvement Special Project (TCHISP)" are:

- National Heart Lung Blood Institute (NHLBI) CHW Health Disparities Initiative - The Community Health Worker Health Disparities Initiative is an evidence-based curriculum aimed to help reduce health disparities in underserved and minority communities across the United States. Community Health Workers (CHWs) will be engaged to deliver heart health education and skill-building strategies to encourage community members to make healthy behavior changes so they can enjoy their lives and raise their families. The Initiative's current focus is heart disease, which is responsible for one out of every three deaths in the country. This curriculum consists of 12-sessions that will be implemented in a church setting by CHWs.
- Community Health Worker Interventions - This model uses community health workers (CHWs) or *promoters* to conduct community-wide smoking cessation classes or link tobacco users to local cessation resources. CHW interventions can provide important cessation services to low-income populations in rural areas who cannot otherwise access individual cessation classes or services in clinical settings. The church component of this curriculum will be used in that the setting for the program involves church goers.
- Centers for Disease Control and Prevention (CDC) Heart Age Calculator. This tool will be used to measure the change the participant's heart age through the 3-year project. An individual can work to improve their heart age and lower their risk for experiencing a cardiovascular event when they are knowledgeable of the risks.

Funding Preference Requested: Rural Alabama Prevention Center is requesting a funding preference because the 18 Alabama's Delta Counties targeted in the application all have been designated by the Department of Health and Health Services as Health Profession Shortage Areas (HPSA) and Medically Underserved Areas (MUA). They are among the poorest in Alabama and the nation in these categories. (Resource data <http://hpsafind.hrsa.gov/>).