



Division of Public Health
College of Human Medicine
MICHIGAN STATE UNIVERSITY

Advancing Health Among African American Adults in Flint, MI: Recruitment Barriers and Facilitators for the Multilevel Church Challenge Blood Pressure Management Intervention

Vicki Johnson-Lawrence, PhD, Academic Principal Investigator
Sarah Bailey, PhD, Community Investigator
Patrick W. Sanders, PhD, Community Partner
Ariel Angel-Vincent, MPH, Project Coordinator
Rodlescia Sneed, PhD, Research Associate

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The Team: Partner Model for Community Engaged Research

Community Team:

- [S Bailey](#), PhD, Bridges Into the Future, Flint, MI
- [P Sanders](#), PhD, Community Outreach for Families and Youth, Flint, MI
- [G Moses-Cohen](#), PhD, Community Outreach for Families and Youth
- [E.Yvonne Lewis](#), BA, Genesee Health Plan & National Association for African American Health Consciousness, Flint, MI

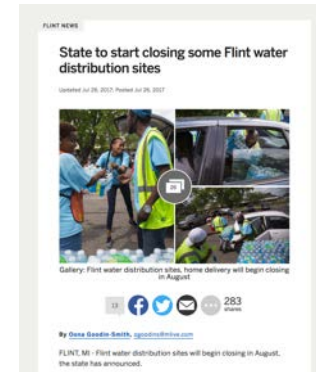
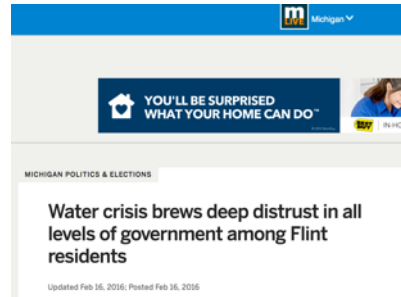
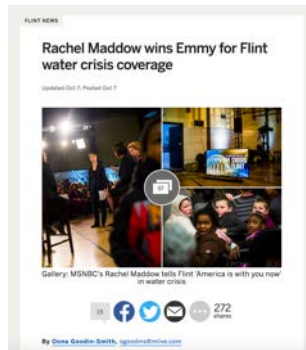
University Team:

- [R Sneed](#), PhD, [A Vincent](#)-Doe, MPH, [A Brewer](#), BA, [K Key](#), PhD, [J Scott](#), PhD, [M Summers](#), DPM, [K Calvin](#), BA, [J Johnson](#), PhD, [D Furr-Holden](#), PhD, [Ken Resnicow](#), PhD

(NIMHD; #U54MD011227)



Residents Manage High Levels of Direct and Vicarious Traumatic Responses to:



Arising Stressors	Pre-Existing Stressors
Economic concerns (e.g. housing)	limited employment opportunities
Emotional stress for families	Violence
Legionella outbreak worries	Poverty
Older adult & immunocompromised health worries	Childhood cognitive/behavioral concerns
Physical health (e.g. skin) concerns	School quality
Limited community trust	Competition over collaboration

> Our Questions

- Are residents managing their health well amidst continuous stress?
- The Church Challenge was helpful before- will it still be as valuable now?
- Who participates?





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The Church Challenge



Healthy Churches Healthy Individuals Healthy Communities

Research Objectives

- **Community Level Policy Intervention (Aims 1 & 2)**
 - **Aim 1**: Engage local churches to build study recruitment and multilevel intervention sustainment capacity.
- **Multilevel Blood Pressure Management Intervention (Aim 3)**
 - Reduce systolic blood pressure by 6 mmHg through participation in a community-designed multilevel church-based randomized controlled trial among African American Flint residents



Multilevel Blood Pressure Management

Level 3: Community

Healthy land use
Policy development
Policy changes
Process evaluation

Level 2: Church

Pastor Scriptures
Pastor Endorsements
Health Ministry
(Health Education)

Level 1: Individual

Group Setting

Physical Activity

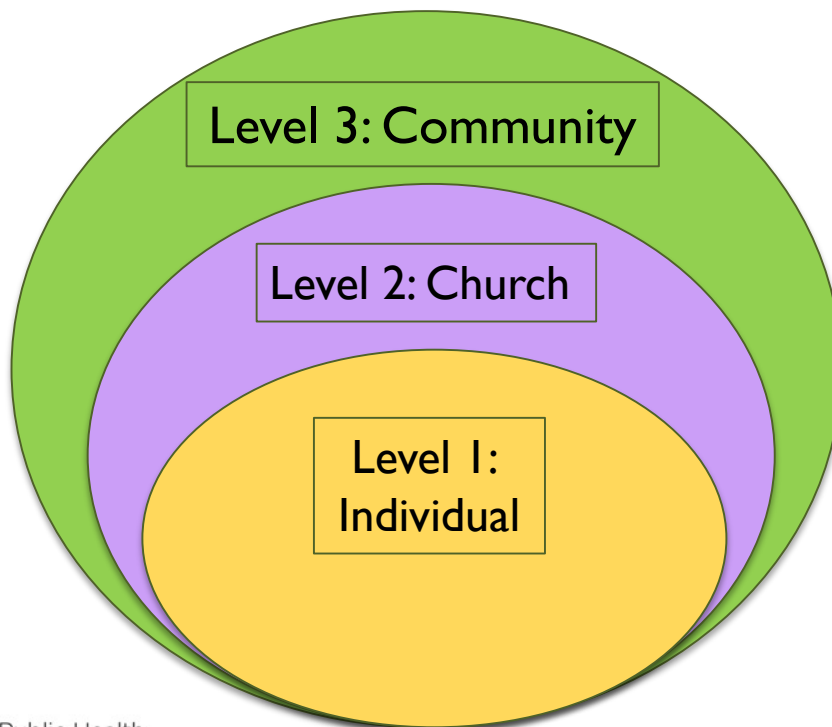
Fitness Classes
Peer Support Groups

Nutrition

DASH Diet Classes
Cooking Classes
Historical Eating Sessions
Spirituality Classes
Food Pantry

Individual Setting

Accelerometry
SMS Messaging
Educational Materials



> RCT: Physical Activity Components



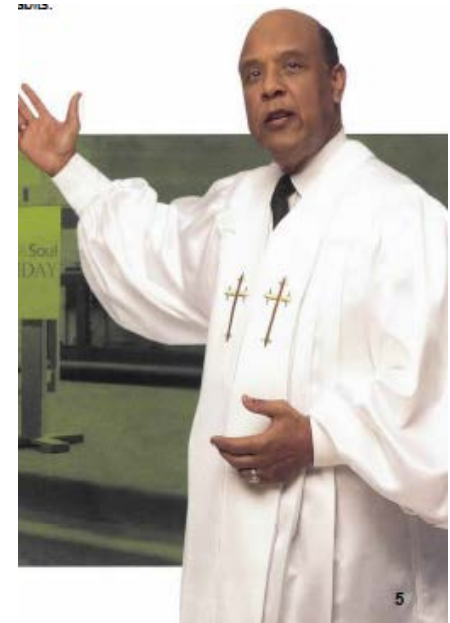
➤ RCT: Motivation Components



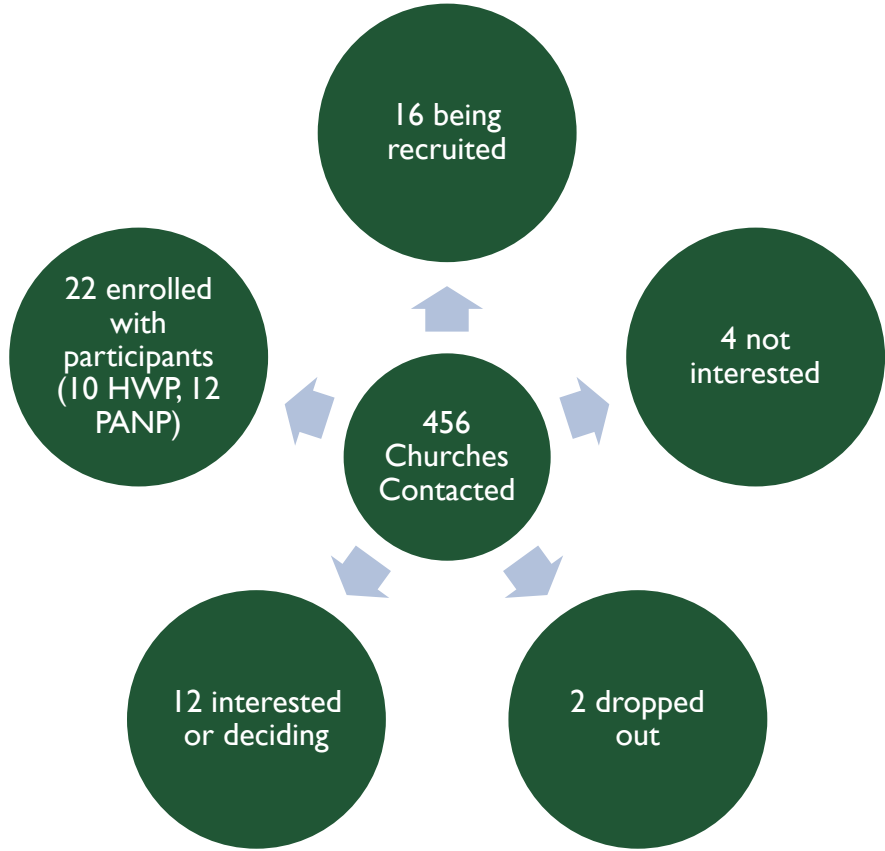
- Scriptural Messaging
- Body & Soul
 - Peer Counseling



- Peer Support
- SMS Messaging



Implementation: Engagement with



➤ Recruitment Contact

- **Primary Points of Contact:**

- Pastors, church leadership, church health ministries, church groups, church or faith partner sponsored community events

- **Forms of Contact:**

- Direct engagement between pastors, information meetings, consultants invite peers, individual meetings, phone calls, attend bible study, attend Sunday services, make Sunday oral and video announcements, flyers in Sunday bulletin



➤ Required Contact

- Faith Partners:
 - 1-2 team members may have contact before church enrollment
 - 1-3 phone calls between pastors before enrollment
 - Attend church events regularly (picnics, anniversary celebrations, etc)
 - 1-2 in person meetings (30 minutes -1 hour)
 - Share information with health ministries already known
- Academic Partners:
 - 1-2 team members have contact before church enrollment
 - Project coordinator requires 1-5 meetings to secure health ministry contact
 - 1-3 phone calls to motivate health teams and leadership to complete memos of understanding and church organizational assessment
 - 2-3 church in-person visits, including with the pastors, the potential health team, full attendance and announcement at Sunday services, attendance at weekly bible study sessions





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Preliminary Findings

➤ Findings: Barriers to Recruitment

- Lack of time/ participant burden
- Fewer church congregants/members/attendees
- Addressing immediate material needs
- High worry about health



➤ Findings: Facilitators of Recruitment

- Awareness of importance of chronic disease management
- Church membership concern
- Mistrust of “new” grants in the community



> Who's Participating?

- 482 people recruited
- 377 people screened
- 257 people enrolled
- Nearly all African American
- Generally over 55 years of age



Correlates of Enrollment After

- Churches
 - Seasonality of faith community activities
 - Churches want to choose their intervention
 - Church membership decline, coinciding with the water crisis
- Participants
 - Screenings were required
 - Chronic disease burden was high
 - Cognitive wellbeing assessment may be stress-inducing or a deterrent to participation



➤ Conclusion

- Trust building was required
- Resident stress influenced health promoting interest
- The role of churches in Flint have substantially changed- especially as secular trends in the role of “church”
- Context is constantly changing

