

FINAL REPORT

PAGE COUNTY (Luray)

**ValleyHealth–Page Memorial Hospital
Critical Access Hospital (CAH)**

**Virginia Department of Health
Office of Minority Health and Public Health Policy**

**Medicare Rural Hospital Flexibility Program (FLEX)
Agreement Number: 08-557-14**

Submitted by:

Congregational Health ReSource, LLC
Rev. Andrea C. Lomboy, Founder & President



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EXECUTIVE SUMMARY

Over one half of Virginia’s population attends church. By leveraging the 9,000+ churches in the Commonwealth as a force multiplier, the reach of public health can be much more extensive and effective. “The church is the only community-based organization that is found in virtually every community in this country. It is able to reach people of all ages, races, and economic backgrounds and it can strongly influence people’s values and personal life choices. Because the church is generally more integrated into the life of individuals and communities than our modern medical establishment, it can better enable people to assume responsibility for their own health.”¹

Churches are clearly underutilized as community health partners and lack health expertise and resources. By uniting the best practices of public health with faith-based principles and organizations, we can begin to close the gaps as health inequities are identified and their root causes are addressed at the core of communities. Congregational health (see Appendix A) brings together the best practices of public health and congregational-based principles emphasizing wellness, wholeness, prevention and education. And, simply cannot be ignored when considering public health.

Through collaborations and partnerships with other congregations and local, state and national organizations, the church can provide quality health information and core health-related services to its members. However, a more formal process needs to be developed and implemented in local congregations. The Virginia Department of Health (VDH) has an opportunity to maximize the capacity of public health efforts and can take steps in closing the gap by supporting future congregational health efforts.

The Congregational Health ReSource, LLC (CHR) was commissioned by the Virginia Department of Health, Office of Minority Health (VDH OMHPHP) to perform congregational health assessments using federal Medicare Rural Hospital Flexibility Program (FLEX) funds. The assessments were designed to fulfill the shared mission of each partner: to address the health needs of congregations using public health ideas and efforts.

In this pilot program, CHR was tasked with developing five congregational health assessments (clergy, civic, medical, government, and education) (see Appendix B), surveying the Town of Luray (Page County, Virginia), and providing recommendations to VDH OMHPHP and the community based on the findings. This pilot study is among the first faith-based efforts by the Commonwealth at a community-wide level focusing on a rural community.

Survey Findings

The Town of Luray has a population of nearly 4,900 people. The population is nearly 92% Caucasian, have an average income of \$43,00, and have graduated with either a high school diploma (73.1%) or a bachelor’s degree or higher (20.9%). Of those congregations completing surveys for this project, most are Evangelical, have been established for longer periods of time, and have higher percentages of senior adults. Over half of the congregations are nearly all Caucasian, while the other churches are over 75–95% African American.

Although none of the respondents to the survey said they had an active health ministry, all of the churches already support the health of its members in other ways. All of the senior leaders who answered the question felt that there is a connection between physical, emotional, and spiritual health, and all but one felt that it is the role of the church to assist its members to be physically healthy. All but one of the senior leaders leaned toward the idea of healthcare being a “right”. All but one was willing to offer health education, services, and materials to their congregations.

In each of these instances of “all but one” listed above, the “one” was unsure. The leaders also indicated that the main reason that they did not have a health ministry is that they were uncertain how to start one. This is an indicator that a “health ministry” is a fairly new concept. The pastors stated that they faced a number of barriers affecting the health of the members in their community: cultural, socioeconomic, social, and a variety of others (e.g., domestic violence, disabilities and mental health). And, among the top concerns of these pastors are heart disease, cancer, Alzheimer’s and aging, and a lack of awareness of preventative medicines. These concerns are consisted with major causes of death in Virginia.²

Responses from the civic and medical sectors showed a sincere interest in providing health related literature/resources and other materials to churches; and these sectors were also interested in developing partnerships with local congregations. The government and education sectors did not contribute to this pilot.

As a result of this pilot survey, CHR recommends developing 1) a model health ministry program at a statewide level, 2) a health ministry toolkit/manual, 3) a church member survey, and 4) a pilot model rural health ministry program for congregations, as well as continuing future research.

Engaging the faith community in these recommendations is essential to program success, CHR also recommends the following to produce an increase response to future surveys: 1) convene a town hall meeting once key leaders are identified, 2) develop focus groups based on the community sector, 3) offer incentives to complete the survey, 4) identify successful and active health ministries in local congregations to mentor or partner with other churches, 5) develop a model health ministry program at a statewide level 6) develop a health ministry toolkit/manual, 7) develop an individual church member survey, 8) develop a model rural health ministry program, and 9) continue future research.

¹Health and Welfare Ministries, General Board of Global Ministries, The United Methodist Church, New York, New York

²Virginia Department of Health, Office of Minority Health & Public Health Policy, *Virginia Health Equity Report 2008, Executive Summary*