BACKGROUND

Mission

The mission of the Asheville Buncombe Institute of Parity Achievement (ABIPA) is to promote economic, social, and health parity achievement for African Americans and other underserved populations in Buncombe County through advocacy, education, research, and community partnerships. One of these community partnerships is with the Land of Sky Area Agency on Aging.

As ABIPA is focused on improving health conditions for African Americans by providing education, health services and advocacy from a unique understanding of the African American experience, three of the ABIPA staff members were trained as Master Trainers in the Living Healthy Chronic Disease Self Management Education Programs provided by Land of Sky and the NC Center for Health and Wellness at UNC Asheville.

Living Healthy
The Living Healthy Chronic Disease Self-Management Education Program (CDSME) was developed by Stanford University and is a two-and-a-half-hour workshop offered once a week for six weeks in community settings. People with different chronic health problems attend together and subjects include: 1) techniques to deal with problems such as frustration, fatigue, and pain, 2) appropriate exercise for improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, and 6) decision making. Research shows that participants demonstrate significant improvements in exercise, communication with physicians, general health, fatigue, disability, and social/role activities limitations. They also spent fewer days in the hospital, and trended toward fewer outpatient visits and hospitalizations.
BEST PRACTICES

Let’s learn more about how ABIPA was successful in the implementation of the Living Healthy workshops in churches, community centers, housing developments throughout Asheville by listening in to a discussion with ABIPA Executive Director Je’Wana Grier-McEachin:

Q: How have you gotten interest in the Living Healthy workshops within the communities of color in the Asheville area?
A: It is important to bring the information to people—what we have learned is to go to places where they naturally gather at times that they naturally gather. For example:

The Seventh-day Adventists meet on Saturdays—we talked to the health ministries director, and scheduled the classes directly following service with a fellowship dinner. The Living Healthy Chronic Disease and Diabetes Self Management classes both had a good subset of 15 people who were there consistently. Once we had people in the first two sessions, we had them. What is important is to get them to the first one—at a time that is a part of the normal routine, something for them to look forward to.

We also have utilized Lunch ‘n Learn potlucks—food helps get people to the first meeting, and the socialization keeps them coming back. Every Wednesday for six Wednesdays we offered a lunch n’ learn—it was a great retention practice because people were already coming—they were coming there to eat their lunch. They were also then staying and learning something. We are providing information they can use, but they are also getting another service at the same time, a balanced meal. We were even getting referrals from others to join—the Lunch n’ Learns grew because of word of mouth and formal referrals. A win-win for that community setting.

Q: Can you talk more about your outreach to the church communities?
A strategy has been the PRAISE Program*. It is a friendly competition between congregations to become designated as a Healthy Church. We offer a money prize that is given back into the church if certain deliverables are met—including a policy change
with their physical activity and healthy eating, and a Living Healthy workshop is required.

Year One awarded 11 prizes ranging from $100 for honorable mention to $1,000 based on different ratings. The first year had two “Gold” winners, the second year we had five Gold winners—the friendly competition really worked!

Because some of the congregations are small we encouraged them to work together. We reached out to two churches—they were like a block away from each other but were different religions—Baptist and AME Zion. In this particular instance we had a consistent number of about 20 participants in every workshop, including one of the pastors. By the end, they were wanting to get together for potluck lunches in the future! Now the churches are excited about scheduling for next year.

Q: Have you experienced any challenges or barriers?
A: We have found that some people are not always ready for the workshop the first time around. It is important to keep strategizing.

At the Housing Authority, we were scheduled to do workshops every quarter—but it depended on who was coming and if we had enough people sign up. What we did there was to combine with a free dinner option provided through the Go Ready Kitchen at the Edington Center. We would provide the workshop after the dinner, all on-site, and called it a “Dine and Discussion.”

At the Steadfast House, the set-up is not the best. But we are still able to deliver with fidelity—we provide the information in a way so that they are not intimidated, don’t feel that we are preaching at them or talking down to them. It is important to be aware of your tone, there is mental illness that we don’t see. We try to key in to who they are, the personalities and gifts. It can make you sad too, you can feel the weight.

One of the participants would take a pen and draw during the workshops—so the next workshop, I brought some color pencils. Whether the action plans are personal or not, we can pick something up about the person and nurture that. You can make a connection with the person—it makes your service delivery better.

Q: Any words of advice?
A: We have learned that you may go in with one objective, but then after observation, you recalibrate and adjust accordingly.

A good momentum for best practice—deliver with fidelity but also deliver to your audience. Tie the workshops in with what works for them—match the people’s needs.
Meet people where they are, and supply them with what they need. We want health to be better, but we are doing it in a more intentional fashion. We can shift the culture of community health.

*Promoting exercise, encouraging healthier eating, and increasing participation in health screening programs among members of Asheville’s African-American community are the goals of the PRAISE program undertaken jointly by UNC Asheville, ABIPA and many area churches. Called “PRAISE” (Preventive Health Education Resulting in Action Inspiring Success for Everyone), the program seeks to expand the number of health ministries at local African-American churches, and strengthen these programs through expanded health screenings, increased healthy food offerings at church gatherings, and more church-based opportunities for congregants to be physically active. The program is supported by a $25,000 grant from the 2015 Community Health and Benefit Investment Program of Mission Health.

To learn more about ABIPA and their efforts, please visit: www.abipa.org

To learn more about Living Healthy Chronic Disease Self Management Education across North Carolina, please visit: www.healthyagingnc.com

To learn more about UNC Asheville’s partnership with ABIPA on the PRAISE program, please visit: https://news.unca.edu/articles/unc-asheville-partners-abipa-african-american-churches-promote-health

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