

Grant Outcome Report

Spiritually Sound - Physically Fit: A Program Tailored to the Health Needs of Inner-City Schenectady's Residents

The Problem

Cardiovascular disease is the leading cause of death in New York, taking the lives of nearly 60,000 residents each year. Blacks, in particular, are more likely to die prematurely than whites: they are 30% more likely to die from cardiovascular disease; 25% more likely to die from cerebrovascular disease; 19% more likely to die from congestive heart failure; and 48% more likely to die from a stroke.

KEY INFORMATION:

GRANTEE Schenectady Inner City Ministry

GRANT TITLE Spiritually Sound - Physically Fit

DATES December 13, 2007 – July 21, 2011

GRANT AMOUNT \$115,000

FUNDING Special Projects Fund

A recent Schenectady County health assessment found that mortality rates for cardiovascular and cerebrovascular diseases are above average in New York. In particular, the Schenectady County Public Health Services found that hospitalization rates related to heart disease and diabetes were different for blacks depending on where they lived: residents in the lowest-income zip code had higher hospitalization rates than those living in the highest-income zip code. To address these disparities, NYSHealth awarded the Schenectady Inner City Ministry (SICM) a grant to implement the Spiritually Sound - Physically Fit (SSPF) program in four predominantly black congregations and one drop-in HIV/AIDS center, all of which were located in the lowest-income zip code.

Grant Activities and Outcomes

Adapted from the New York State Department of Health's Move for Life! program, SSPF aimed to improve public and community health by educating and empowering the community on health issues. The program provided participants with a structured exercise and nutrition program developed specifically for blacks. In addition, participants received healthy community meals served at the drop-in center and healthy food and beverages available at church functions.

SSPF was implemented through a collaboration between several community organizations: the Damien Center, an HIV/AIDS drop-in center; the Cornell Cooperative Extension of Schenectady County, which provided a registered dietitian; the YWCA of Schenectady, which provided an exercise trainer and access to



its facilities; and three congregations—Friendship Baptist Church, Mt. Olivet Missionary Baptist Church, and Koinonia Christian Ministries.

Originally, SICM aimed to work with 4 congregations and the Damien Center to serve 170 participants. However, SICM was only able to engage three congregations, so participation was lower than expected with a total of 120 participants.

Although participants were offered a free membership to the YWCA, not all took advantage of the physical activities available. While participants did experience weight loss, the goal that 70% of participants would exercise at least 30 minutes 3 times per week was not met. Consequently, SICM modified the program to incorporate exercise during participant meetings. See Table A for expected and actual outcomes.

Table A: Participant Outcomes from Program (Year 1: n=53; Year 2: n=66)			
	Expected Outcome,	Expected Outcome,	Actual Outcome,
	Year 1	Year 2	Years 1–2 Combined
Weight loss	55%	50%	69%
Lose at least 5 pounds	45%	40%	40%
Lose at least 10 pounds	25%	20%	21%
Exercise 3 times per week for	70%	60%	Fewer than 60% of participants
at least 30 minutes			exercised regularly based on
			self-report. SICM was unable
			to develop another measure
			besides self-report.
Improved blood pressure rates	70%	70%	50%
Improved waist-to-hip ratio	60%	60%	71%

Program staff members felt that the data on outcome measures were limited by the number of participants who remained in the program. In addition, the waist-to-hip ratios were not considered reliable, so the program has since started using body mass index as an indicator of improved health.

SICM learned several valuable lessons from this initiative, which it will incorporate into future programming. First, church involvement depends on leadership and commitment to the program— churches without a pastor were less involved. It also took longer than expected for churches to agree to participate in a program. Even though initial interest was expressed, it was a challenge to bring the faith community together because of conflicting schedules.



PAGE 3 OF 4

In addition, compensating the congregation coordinator was an important factor to the success of the program. While the stipend was modest, it provided for a volunteer who was engaged and focused on the program.

To help improve outcomes, the program should have placed a greater emphasis on systematically using a buddy system. Incentives—such as lunch boxes, aprons, and t-shirts—were also helpful to engage and maintain participation.

The program did not engage many younger individuals, as most participants were older and/or retirees. Therefore, a different program should be developed to target a younger population.

Lastly, SICM found that it was challenging for participants to travel outside of their communities within the Capital District-Saratoga region. Churches in Albany and Troy expressed interest in participating, but congregants found traveling to Schenectady to take part in this initiative difficult. Because there was an interest in the initiative, however, a broader model could operate in the Capital District area.



The Future

A no-cost extension period allowed SICM to help participating congregations continue their work through gathering sessions. These sessions focused more on training individuals to assess their own goals rather than updating participant progress. With information provided by the Cornell Cooperative Extension, SICM purchased a DVD kit with a resource manual for each congregation, and provided training on the use of the kits during its last program session. Cornell Cooperative Extension, in partnership with the Schenectady County Health Department, can still provide educational sessions at some of the congregations if there is interest.

Two of the three participating congregations have continued the program, but none could afford to retain an exercise leader beyond the grant period. The individuals who run the programs within each congregation continue to encourage participants to take advantage of free YWCA memberships. Though SICM continues to offer the program to other congregations, no additional congregations are participating at this time. SICM sponsored a meeting with the pastors of the participating congregations and a representative from the Schenectady Alliance for Health, a Centers for Disease Control and Prevention-funded effort, to discuss ways to sustain SSPF.



BACKGROUND INFORMATION:

ABOUT THE GRANTEE

The Schenectady Inner City Ministry (SICM) is an ecumenical partnership of 58 congregations from 15 denominations committed to relating the resources of the churches to the human needs of the city and demonstrating the essential unity of the church. SICM's current programs include The Pantry, Schenectady County's largest emergency food program that provided groceries to 26,000 individuals—half of them children—in 2006; the Youth Summer Lunch program, providing 26,000 free lunches for inner-city children over a 7-week period in 2006; JOBS, Etc., a job readiness and placement center located in a low-income neighborhood; Damien Center, a hospitality/resource center for people infected/affected by HIV/AIDS; and Computers for Kids, providing 25 teens each year with skills in computer maintenance and applications and a refurbished computer upon graduation.

GRANTEE CONTACT

Rev. Phillip N. Grigsby Executive Director Schenectady Inner City Ministry 930 Albany Street Schenectady, NY 12307

Phone: (518) 374-2683 E-mail: revphil@sicm.us Website: http://www.sicm.us

NYSHEALTH CONTACT

Jacqueline Martinez Garcel

GRANT ID # 2007-1998118