



# A Community Health Intervention: Improving the Health of Clergy Members

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## Background

- Clergy members represent an integral component of spiritual health in society.
- Due to the emphasis of spirituality in nursing, there is a distinct connection between clergy members and nurses.
- Clergy members have the overwhelming job of caring for others and often overlook their own health.
- Cutts, Gunderson, Proeschold-Bell, and Swift (2012) reported that clergy members develop higher rates of chronic diseases, like coronary artery disease and diabetes, than do people who are not clergy members; community health interventions related to improving the health of clergy members is a clear need for this population.
- The etiology of high rates of chronic diseases in clergy members is due, in part, to the high levels of stress in this population (Proeschold-Bell & McDevitt, 2012).
- A focus of intervention for clergy members should be to arm them with ways to combat chronic diseases and to promote their emotional and mental well-being.

## Purpose

This program evaluation describes a clergy health program as an intervention to improve the health of clergy members. It discusses program evaluation data as appraised through anecdotal reports by participants of their health during the year after the retreat.

## Program Evaluation Plan

### Design

- The qualitative data gained during the clergy follow-up conversations was used for program evaluation measures.

### Participants

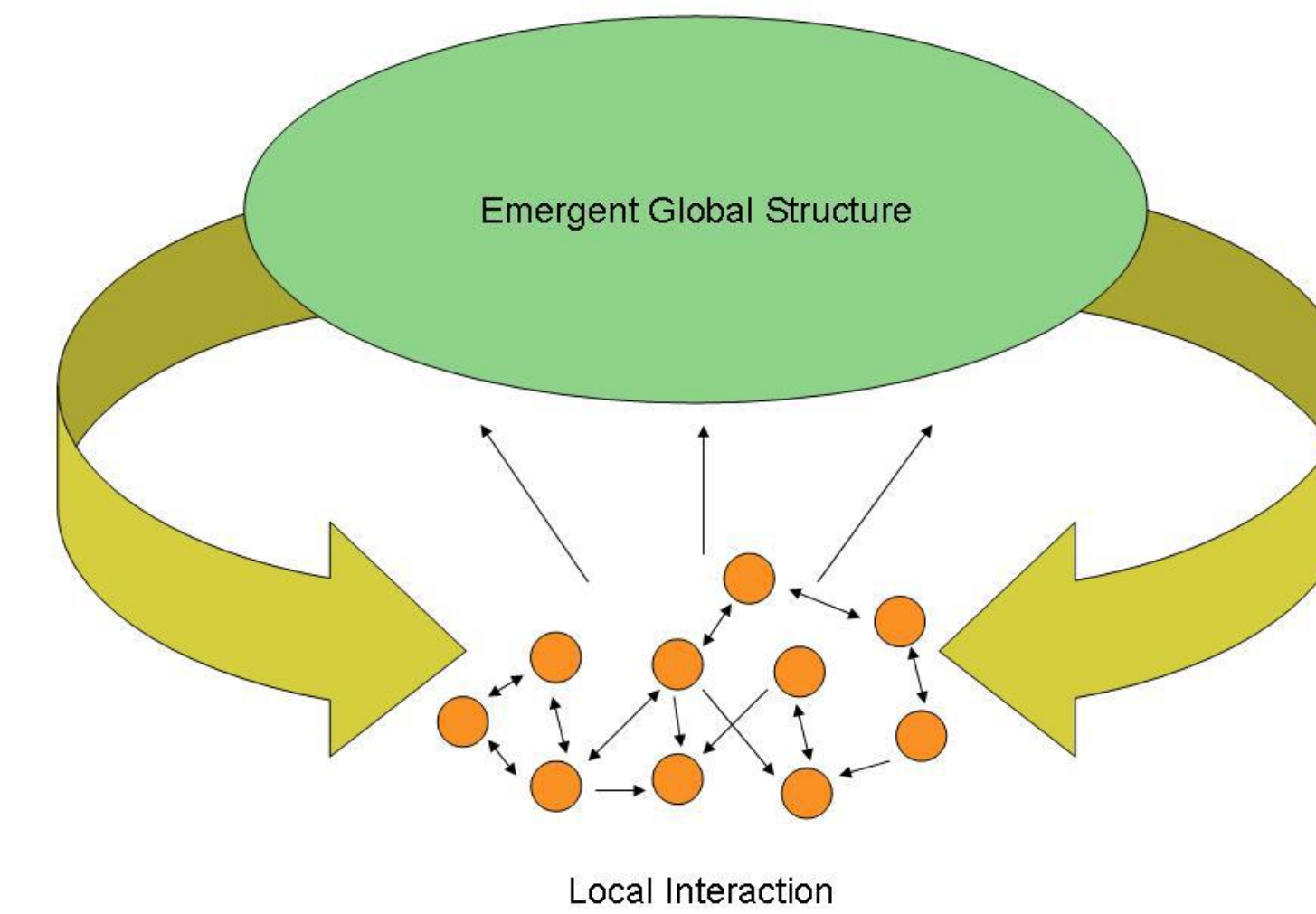
- Six female clergy members were recruited from the Methodist conference in two Southern states. They ranged in age from 39 to 55 years of age.

### Collection Methods

- Unscripted telephone follow-up every three months after participation began (October 2016, January 2017, April 2017, and July 2017). Participants were called and asked how they were doing. Additional follow-up questions were individualized according to participant response.

## Theoretical Framework

- Complexity Science



• Cranfield University (n.d.)

## Intervention

A program was developed at a small, rural, Methodist university to provide health education and easily integrated activity for Methodist clergy members. The program began with a week-long retreat at a mountain lake resort area and provided holistic health education through a collaboration of university faculty and staff in various specialty areas. Health education included the following:

- Cardiovascular Health (Nursing Faculty)
- Nutrition (Nursing Faculty)
- Bone Health (Nursing Faculty)
- HIIT and NEAT (Exercise Science Faculty)
- Cognitive Benefits of Exercise (Exercise Science Faculty)
- Stress Management (Marriage & Family Therapy Faculty)
- The Ministry of Presence (Health Administration Faculty)
- Clergy Health (University Clergy Member)
- Weight Loss Success Story (Peer Clergy Member)
- Application to the Community (Nursing Faculty)

During the retreat, clergy also had access to the following:

- A Fitness Center
- A morning and evening walk around the lake each day
- A field trip to the grocery store in order to apply concepts of food label-reading and healthy grocery shopping.
- All participants were given wearable technology to track steps, stairs, miles walked, and calories burned and consumed.

The program lasted one year with follow-up via telephone conversation at three, six, nine, and twelve months.

## Program Evaluation Findings

At the nine month evaluation, the following qualitative data was reported as program evaluation information:

- One clergy member reported a 31 pound weight loss
- One clergy member began running 5Ks and was training for a marathon
- One clergy member reported a decrease in two pant sizes
- One clergy member reported a decrease in one pant size
- All participants reported a deliberate increase in movement and activity
- All participants reported that the program helped them understand the importance of taking care of themselves so that they could effectively take care of their parishioners.
- All participants stated that they valued the wearable technology and that it motivated them to take more steps and log their dietary intake.

## Conclusion

- The program evaluation revealed that an intervention involving health education for clergy members was an effective approach to improving the health of this population.
- The program evaluation data obtained demonstrated the value of continuing the program.
- Providing the wearable technology should be incorporated into the future programs.



## Discussion

- At the retreat, the participants were told that it was okay for them to take care of themselves. Their reaction after this discussion was one of relief. Some of them even mentioned that no one had ever told them it was important for them to care for themselves.
- The motivation provided by the wearable technology was greater than expected. The participants responded that it brought positive reinforcement to see their number of steps and calories burned. The wearable technology also provided reminders during the day to get up and move at least 250 steps per hour, which also motivated the participants.

## Implications

- Based on the results of this program evaluation, the implications for nursing indicated the importance of health teaching to high risk populations.
- The program evaluation also reflected the vital component of interprofessional health education to specific populations. Each discipline can educate the participants in relevant practice and/or teaching specialty areas.

## References

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