Title:

A Community Health Intervention: Improving the Health of Clergy Members

Dana R. Martin, DNP

Department of Nursing, Pfeiffer University, Misenheimer, NC, USA

Session Title:

Scientific Posters Session 2

Keywords:

Clergy health, Community health and Interprofessional collaboration

References:

Cutts, T. F., Gunderson, G. R., Proeschold-Bell, R. J., & Swift, R. (2012). The life of leaders: An intensive health program for clergy. *Journal of Religion and Health, 51*(4), 1317-1324. doi:10.1007/s10943-010-9436-6

Proeschold-Bell, R. J., & McDevitt, D. M. (2012). An overview of the history and current status of clergy health. *Journal of Prevention & Intervention in the Community, 40*(3), 177-179.

Abstract Summary:

A collaborative, interprofessional intervention was utilized to improve the health of clergy members. Clergy members participated in a health retreat that involved holistic, educational sessions and exercise activities for eight days. The intervention resulted in improved health outcomes of the participants.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to discuss how to implement a collaborative, interprofessional approach to improving the health of certain populations within the community.	The learner will be provided with first-hand information about the study that he/she can then apply to his/her community.
The learner will be able to describe specific ways to support the improved health of the community.	The learner will be provided with valuable information found to augment community health measures aimed at improving the health of the community.

Abstract Text:

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). Therefore, while a focus for this intervention was to arm the clergy members with ways to combat chronic diseases, another focus was aimed at the emotional and mental well-being of the clergy members.

A small, rural university set out to implement an intervention to help this population learn how to more appropriately care for themselves. A small group of six clergy participated in a health retreat for eight days in the summer months of 2016. Prior to the retreat, the clergy members were required to seek

approval for participation in exercise activities from their primary care providers. A holistic focus was utilized, and the clergy members attended classes about improving their physical health, emotional health, and spiritual health. A collaborative, interprofessional group of nursing faculty, exercise science faculty, marriage and family therapy faculty, health administration faculty, and other clergy members provided much of the education. The educational information also included how to apply what they learned in their practice with their congregations.

The participants also engaged in exercise activities in the morning and after dinner each day. The morning exercise routine occurred in the workout center at the site of the health retreat, and the evening exercise routine consisted of an outdoor walk. An added benefit and motivating factor of increasing movement was the fact that each participant was given wearable technology that tracked their activity, and they were able to keep this technology after the retreat.

The outcomes of the health retreat have been positive. The clergy members stated that they enjoyed participating in the exercise activities because they were able to do so at their own pace. The camaraderie that developed among the clergy members led to an increased support network that continued after the retreat. Health benefits were also noted. One participant lost 31 pounds in six months. One of the participants has completed multiple 5K runs, and at least one is training for a marathon. All of the participants have reported a deliberate increase in movement and exercise, while also reporting that the retreat helped them understand the importance of taking care of themselves so that they will be better equipped to take care of their parishioners.