Dear Community Leaders,

In the bible, Jesus tells us that “if a kingdom be divided against itself, that kingdom cannot stand” and “if a house be divided against itself, that house cannot stand” (Mark 24-25). To fully recognize the enduring depth of meaning in words “kingdom” and “house” in these scriptures, we have to take a thorough, introspective look at examples of our modern-day kingdoms and houses. One important metaphorical insight that we can recognize is that even in present times, a “kingdom – community” nor a “house – family or individual” divided from within, cannot “stand – heal, sustain, thrive”.

Furthermore, we can look at the history of our communities, families and individuals and see that when it comes to personal and community health and wellness, we are often “standing” on shaky ground; if at all. We can also see that while there may be many studies, resources and programs to deal with the ongoing crisis of health disparities in minority communities, they will remain marginally successful unless our leaders in our communities and in our homes are willing to support and facilitate change from within.

For these reasons, the Forest Park Ministers Association (FPMA) has endeavored to work as a connector and a catalyst for quality of life improvements for individuals, families, churches and communities in Clayton and Fulton Counties through our new Ministers for Healthy Communities Project (MHCP). We will launch the planning and preparation phase in January of 2020 and begin project implementation in June of 2020.

In order to be achieve our goals we will need the prayers, support, participation and collaboration of faith-based organizations, government officials, government agencies, academic institutions, healthcare organizations and community-based organizations from throughout the region. Therefore, the FPMA MHCP team respectfully requests a brief meeting with you as soon as possible to provide more information and to discuss opportunities for partnership and participation.

With this introductory letter you will find a synopsis of our inaugural MHCP Cohort as well as the goals and objectives of the project. We welcome your questions and feedback.

Respectfully,
Forest Park Ministers Association

MINISTERS FOR HEALTHY COMMUNITIES PROGRAM
Presented by the Forest Park Ministers Association.
Inaugural FPMA Community Health Leadership Conference – June 2020.

I. Press Conference
II. Community Summit for Clayton & Fulton County residents to discuss community health issues with local and regional government and health policy leaders.
III. Inaugural Cohort: Intensive Community Health Leadership training for 50 leaders from Clayton & Fulton County churches.
IV. Men's Generational Prayer Breakfast: Calling ALL Grandfathers, Fathers, Uncles, Brothers, Sons, Nephews, Neighbors, Teachers, Mentors & Ministers to break bread, pray, speak life, speak healing & wholeness into little boys, young men and the families within historically disadvantaged populations and underserved communities.
V. FPMA Healthy Communities Reception (THEME - The Intersection of Church & State)

The Challenge

In 2013, the **Centers for Disease Control and Prevention Health Disparities and Inequalities Report (CDC, 2013)** offered a comprehensive "assessment that highlights health disparities and inequalities across a wide range of diseases, behavioral risk factors, environmental exposures, social determinants, and health-care access by sex, race, ethnicity, income, education, disability status and other social characteristics." The report concluded that, "reducing disparities requires structure and leadership to engage a diverse array of stakeholders; facilitate coordination and alignment among organizations, agencies, and partners; champion the implementation of effective policies and programs; and ensure accountability." However, in 2015 Hunt and Whitman (2015) reported that instead of declining, the disparity rate minority populations widened for 8 of the 17 health status indicators examined for the national report USA (Hunt and Whitman, 2015). This report further states that the mortality gap is responsible for more than 60,000 more preventable Black deaths per year in the USA than all other populations. In sum, despite substantial effort and funds aimed at meeting the goals of federal initiatives such as the Healthy People 2010 program, minimal progress has been made.

Along with national health disparities in minority communities, we have found that health disparities in local communities are a clear reflection of the national crisis. In 2018 **The Nonprofit Quarterly** reported on a study from the **National Committee for Responsive Philanthropy (NCRP)** about metro Atlanta. Large disparities in mortality exist for low income minority communities such diseases as HIV, stroke, and diabetes, according to the Georgia Department of Public Health. As NPQ has noted regularly, disparate health outcomes are largely the result of what are known as the social determinants of health, with poverty being the largest single factor. As Anderson puts it, "lower incomes, lower levels of education, higher stress, unsafe neighborhoods, lack of insurance and a host of other social factors that combine, over the years, to create differences in quality of health."

Furthermore, the 2010 **State of Health Report from the Clayton County Board of Health** reports that Cardiovascular Diseases (strokes and heart attacks) are the leading causes of death for Clayton County residents; Clayton County residents continue to use the Emergency Room for primary care services and during the period between 2005-2006, there were 1,210 visits to the emergency room for uncontrolled diabetes, and 2,525 for uncontrolled hypertension. Births to teens age 15-19 have steadily increased from 2003-2007. By 2007, the overall birth rate had increased to 63.8 among this age group. Persons age 40-49 years account for approximately 34.6% of all HIV/AIDS cases in the County (2008). The general

lack of exercise, poor nutrition; and use of tobacco products are putting Clayton County residents at risk for high rates of premature death and chronic illnesses.

In Clayton County for the period 2005-2006, the DCH reported that there were 1,210 visits to the emergency room for uncontrolled diabetes; 2,525 for uncontrolled hypertension; and 28,380 visits for preventable primary care services. Years of Premature Life Lost (YPLL) shows the Years of Potential Life Lost (YPLL) by Cause of Death for Clayton County for the period 2003- 2007. YPLL is defined as the potential life lost due to death before age 75 or premature death. The age of 75 years is used because in the United States healthy and accident-free individuals are expected to live at least to age 75. The leading cause of premature deaths in Clayton County, from 2003 to 2007, was homicide (626.0 years),

While previous and current efforts to reduce health disparities and improve the quality of life for historically underserved and high-risk populations in Clayton County and throughout the greater Atlanta area have made noteworthy progress, something is missing. It is apparent that health disparities in our communities remain at crisis levels.

This is why the FPMA has endeavored to contribute to the overall effort by providing world class Community Health Leadership training and resources for local churches and by partnering with local and national community health agencies and programs to more effectively deliver sustainable behavioral and mental health support to the communities they serve. The goal is to empower one-hundred (100) churches located within Clayton and Fulton county with training, funding, resources and partnerships to engage their church members and the communities in which they are located. We believe that this model of prevention and access to care can make significant progress simply because of the inherent cultural competency and longstanding trust and veracity already established by the local church with the community.

In order to achieve this goal, we are presently securing resources and preparing to provide intensive training for the inaugural class of church leaders in the FPMA Ministers for Healthy Communities Project. After completion of the training, participating churches will receive ongoing resources and support to launch a successful, sustainable, outcomes oriented, measurable Community Health Ministry. One of our objectives is to prepare church leaders with deeper insights regarding the multi-faceted (physical, behavioral, mental, emotional, spiritual) health needs of underserved populations. Another objective is to provide an effective platform to build relationships and collaboration with policymakers, clinicians, researchers, scientists, public health professionals and the general public.

SOLUTIONS

Clergy and Faith-Based Organizations, by virtue of their role, have the potential to provide beneficial and highly effective change within their communities due to their influence, resources, skills, and credibility. The Ministers for Healthy Communities Program (MHCP) is designed to utilize these assets to close the gap between academic medicine or academic health centers and communities of greatest need by connecting the two in a culturally competent fashion that enables residents to feel that they are listened to and heard and that it is safe to discuss their personal issues with medical professionals that sincerely care.

PROGRAM OVERVIEW

1. Prioritize health issues in their communities, and develop a plan to identify, analyze, adapt, and implement the most appropriate evidence-based practices to address these health issues.
2. Develop partnerships, identify potential funding opportunities, and collaboratively development proposals for public or private funding to sustain health interventions.
3. Develop a Community Health Action Policy Plan (CHAPP) that addresses prioritized health issues in communities.
4. Training will include discussions on addressing disparities in mental/behavioral health, access to care, cultural competency, health advocacy, disease prevention, disease reversal, substance use disorder, sexual health, economic factors, stress, nutrition and diet, trauma, emotional disorders, educational barriers and more.
5. Participants will receive training on strategic partnerships, utilizing media, measurement of outcomes, grant writing, government relations and public policy The didactics will be supplemented with a minimum of one visit to a community site that is working to address the
6. Upon completion, participants will demonstrate a vision and capacity for mobilizing the community and demonstrating leadership to improve and promote health.
7. Participants will be able to demonstrate ethical leadership principles in promoting and assuring the health of all. Topics will include defining and identifying the principles of ethical leadership, methods to build consensus, and assessment of the efficacy of different leadership styles. • Health Education.
8. Participants will devise strategies to educate the overall community on health promotion practices and to include strategies to address the social determinants of health as an integral component of health disparity reduction actions.
9. Participants will have developed talking points on health disparities in the community and the role of diverse sectors to promote and assure health equity.
10. Participants will be able to identify the political, policy, cultural, race-based, gender, and social and economic factors that influence the development, implementation, and modification in health policy.
11. Participants will be adept in identifying, analyzing, adapting, and implementing evidence-based practices appropriate to their setting to address community health issues. Outcomes will include the ability to design and oversee the performance of community health assessments, community action plan development, and the use of social media to drive messages and intended reform.
12. Participants will be able to critically analyze issues and challenges in achieving equitable public health via the use of basic evaluation and research methodology and how to engage local resources (e.g. academic institutions) in assisting in primary research, evaluation and strategic planning to address specific public health issues. Basic principles of Community Based

Participatory Research will become a core competency in working to solve problems and outcome measurements will assess efficacy.

13. Participants will develop strategic partnership across multidisciplinary stakeholders and identify potential funding opportunities to implement and sustain long-term community health initiatives in the private and public sector. Key tools developed will be grant-writing and strategic networking and partnership development.
14. Pre- and Post-testing will be utilized to assess the degree to which the instructional/didactic actions, along with cross-learning from other participants have been effective. Feedback from testing results will inform the year-long support that will be given to the participants.
15. Training Follow-up Participants will reconvene every three (3) months after intensive mentoring via technical assistance calls and webinars as well as a review of materials to assist in enhancing the learning curve.
16. Participants will discuss what they have learned about their communities, what they have done and what they propose as a small project. The completed proposal will be presented to the entire group for their review and comment.
17. All participants who successfully complete the program will receive a FPMA Ministers for Healthy Communities certificate of completion, showing professional designation in community health promotion.