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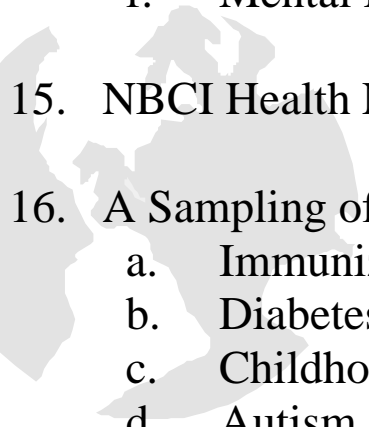

**THE NATIONAL  
BLACK CHURCH  
INITIATIVE  
PROGRAMMATIC  
CAPABILITIES**



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## Rev. Anthony Evans

President of National Black Church Initiative (NBCI)

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<http://www.naltblackchurch.com/>

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Rev. Anthony Evans has fought tirelessly to reduce health disparities, foreclosure, homelessness and black on black crime as well as promote financial literacy and help to preserve environmental justice across the country.

While still a college student, Rev. Evans mobilized local colleges in Vermont to donate \$15,000 to the investigation of the Atlanta child killings in the early eighties.

A native of Savanna, Ga., Rev. Evans earned a Bachelor's degree in Religion in 1981 from Middlebury College, Vermont. Rev. Evans was ordained in 1982 and went on to earn a Master's in Divinity in 1988 from Howard University School of Divinity.

He became NBCI's president in 1992 and continues to work on behalf of social and economic justice issues. He leads a coalition of 34,000 churches across the country fighting against health disparities, promoting financial literacy, protecting babies from abuse and neglect, and helping to preserve the environment.

In 1989, Rev. Evans publicly showed the ferventness of his convictions when he was arrested during a protest in front of the South African embassy until the end of minority rule and the freeing of Nelson Mandela. He helped continue that protest for nearly two years.

In 2005 in the wake of Hurricane Katrina, Rev. Evans and the NBCI mobilized over 15,000 volunteers to serve in the disaster relief effort. These volunteers came from NBCI member and sister churches. The volunteers came from many ethnic backgrounds, illustrating NBCI's policy of an interfaith and interracial approach to solving social problems. NBCI churches, along with other minority churches across the country, helped to raise more than \$1 billion in cash and social services.

In July 2006, Rev. Evans participated in a massive protest outside the Sudanese embassy to denounce the country's role in the genocide of its African citizens. In 2010 Rev. Evans organized a group of young hip hop artists and traditional black church leaders to launch an intensive initiative to aid Haiti and Haitians. He committed NBCI for seven years to work through Lott Carey Foreign Mission Convention to aid in the reconstruction of Haiti, especially in the areas of housing, parenthood, economic development and civil society.

Rev. Evans is now launching three significant programs that will affect millions of African Americans over the next seven years: NBCI's Health Emergency Declaration, NBCI's Financial Literacy Initiative, and NBCI's Educational Initiative.

Rev. Evans has a clear understanding of how public policy affects and determines the impact of these issues in which the black church fights for and against. He is determined to preserve the moral authority of the black church's voice in the public square.

## **Brief History of NBCI**

In 1991 a group of African American ministers in Washington, D.C., from various religious denominations in the metropolitan got together and launched the DC Black Church Initiative. They formed a coalition to address racial disparities in healthcare and responded to an urgent need at the time for expanded human and social services in the District of Columbia.

The Black church has historically filled the role of forming the moral conscience of its people and the entire American society, providing guidance on issues of race relations, fairness, peace and justice. The Black church is steadfast in its refusal to be a part of a society bent on undermining or not fully reporting the enormous contributions and achievements of the Black people.

In the African American tradition, church pastors have the authority of prophets and the ability to galvanize their communities and move them to action. NBCI remains committed to utilize the full power of the Black church to continually create the “beloved community,” as the Rev. Martin Luther King said.

Under the leadership of a founding minister and president, Rev. Anthony Evans (see bio), NBCI uses a powerful national network 34,000 African American and Latino churches to eradicate racial discrepancies in healthcare, education and housing. NBCI also works to preserve the environment.

The NBCI network is actively engaged in multiple programs and activities. In 2008 the Board of directors decided that NBCI should take leadership in broad areas of its mission. This is why it has spent two years researching our next steps and in 2010 will be kicking off many major initiatives as listed below:

### [NBCI Health Emergency Declaration \(HED\)](#)

The National Black Church Initiative Health Emergency Declaration (HED) is a comprehensive approach to tackling the tragic state of health in the Black community. Through the establishment of 35 health prevention communities, HED plans to educate communities across the country and promote preventive healthcare. Because of the Black Church’s leading role in the Black community, HED will have a greater and lasting impact on the African American community and seriously help to decrease the health disparities that are so prevalent within it.

### [NBCI Financial Literacy Initiative](#)

The National Black Church Initiative launches the most progressive savings plan in the nation’s history, asking African American families to save one year’s salary over the next seven years with its Savings for Life Program. During the good years of harvest God urged the people of Israel to store grain because there would be bad years. Given the economic principles that you cannot have continuous growth, you have to prepare yourself, your family and your community for the years where there is no growth at all. We are experiencing these times now.

### [NBCI Housing Literacy Program](#)

The National Black Church Initiative teamed with national mortgage and housing organizations to provide congregants and the public with information on how to keep their home. The first initiative product was the NBCI Foreclosure Prevention Guide, to help identify resources for the explicit purpose of assisting homeowners facing financial difficulties.

The program has grown to include the [Ten Easy Steps to Help Stop Foreclosure](#) guide to help homeowners navigate the housing crisis, and information for those intending to be first time homebuyers.

### NBCI Small Business Enterprise

Within the faith based community there are more than 50,000 small businesses, the engine of our nation's economic life. NBCI's objective is clear; we plan to organize them, educate them and empower them by providing informative material and seminars free of charge. NBCI will emphasize the traditional routes of government assisted small business programs, but we will also introduce these small businesses to creative financing, targeted marketing, how to sustain and maintain cash flow, and how to create an effective business plan that is implementable.

### The Baby Fund

The Baby Fund is a response to the rising tide of abuse, neglect, and death among infants and young children in our society. The Fund will be both a source of assistance and advocacy to meet the needs of children who have little or no voices of their own. The universal Church has a moral obligation to protect children. The philosophical and theological underpinnings of the Fund can be understood by all faith communities, noting the supreme value placed upon children in scripture when God said, "Suffer the little children to come unto me, and forbid them not: for such is the kingdom of God."

### NBCI Education Initiative

The National Black Church Initiative has devised an Education Initiative, and already have 250,000 volunteers working to drastically cut the dropout rate among young African American males and to increase graduation rates of males and females at the collegiate level, especially at historically black colleges and high school level across America. We hope to also focus on high school dropout rates among the weakest communities like Cleveland, New York, Detroit and Baltimore.

### NBCI Digital Divide Initiative

Far too often minority communities lack the ability to get online and when they are online they do not have the income or ability to access the Internet in the same beneficial way that others do. NBCI is committed to helping organizations, churches and all others bring broadband Internet access into African American and Latino communities. We will work with the Internet and cable industry to achieve these tasks, and do not believe that there should be a constant line in the sand over these issues. The Internet should not be a racial dividing line in America.

### NBCI Civil Society Initiative

A civil society lifts everyone to the same level of humanity, and forces people to deal with each other's humanity. Our ultimate goal is to erase human prejudice, discrimination, hatred and especially violence. This project compels the Black Church to go against the grain, and not be afraid to speak to the most powerful institution or individual. It will also require the Black Church to correct any level of ignorance and engage into conversation in order to transfer hate filled language into words of healing and dialog.


### NBCI Environment Initiative

In the spring of 2010 NBCI will launch a comprehensive environmental initiative that will deal with environmental justice issues.

## The National Black Church Initiative Current Fiscal Organizational Status

- NBCI is 501C status organization in good standing.

### THE BOARD OF DIRECTORS

<ul style="list-style-type: none"><li>• Anthony Evans President/CEO</li></ul>	
<ul style="list-style-type: none"><li>• Debra Bagby-Coley Chair of the Board</li></ul>	
<ul style="list-style-type: none"><li>• Nathan Grimsly Vice Chair</li></ul>	
<ul style="list-style-type: none"><li>• Jesse Coley Secretary of the Board</li></ul>	
<ul style="list-style-type: none"><li>• Floyd Benson Treasurer</li></ul>	
<ul style="list-style-type: none"><li>• Virginia Washington Former Chair of the Board</li></ul>	



## **NBCI Corporate Capability Statement**

NBCI has the capability of reaching African American and Latino target populations with health literature and information per zip code anywhere in the United States where there are black churches

NBCI has the capability to recruit African America and Latino populations for clinical trials

NBCI has the capability to reach not only its 34,000 African American churches but also the balance of the 150,000 African American churches in the country. **(We are about four months away from compiling a comprehensive directory of all black churches in the country)**

NBCI has the capability of reaching all of its 34,000 churches by e-mail

NBCI has the capability to conduct health surveys

NBCI has more than 856,000 e-mails of its membership

NBCI is building a very strong online social media presence through Facebook, Twitter and Instagram

NBCI has the capability to create and develop effective online health e-mail blasts to its membership and the general public

NBCI is publishing a quarterly 11-page health oriented newspaper as a means of reaching its targeted population at a minimum of 100,000 copies up to 500,000 copies starting in September of 2014

NBCI health team has the capability to conduct newspaper, radio and television interviews for health promotion campaigns

NBCI has produced over 80 YouTube videos

NBCI has extensive graphic and publishing capabilities

NBCI has the ability to produce, edit and distribute health sermons to all of its churches

NBCI has the ability to disseminate, through a close working relationship with 10,000 National Black Religious Broadcasters, health promotion awareness campaigns over the radio and internet

NBCI has the capability to publish health editorial articles through 247 black newspapers

NBCI serves as a guest columnist for those 247 black newspapers



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# **The National Black Church Initiative Corporate Capability Statement**

## ***Introduction***

The National Black Church Initiative (NBCI) is a coalition of 34,000 African-American and Latino churches working to eradicate racial disparities in healthcare, technology, education, housing, and the environment. Among our member churches we have 12,000,000 congregants, plus the ability to access all Black churches nationwide. NBCI's mission is to provide critical wellness information to all of its members, congregants, churches and the public. The National Black Church Initiative's methodology employs faith-based structures and sound health science utilizing best practices.

The National Black Church Initiative with its network of faith based communities and wide scope has a unique capacity to accomplish a variety of inter-disciplinary projects successfully. NBCI has been actively working to enact change within the African American community for the past 16 years.

## ***Program Development***

NBCI possesses the ability to develop critical programming for the benefit of the Black Church to address pressing concerns. NBCI benefits from a non-bureaucratic structure – we are able to promptly respond to pressing crises, formulate programs to address these issues, and implement programming to actively and productively create change.

### **NBCI Current Programs:**

- *Health Emergency Declaration (HED)*

The National Black Church Initiative's Health Emergency Declaration (HED) is a comprehensive approach tackling the tragic state of health in the Black community. Decades of attempts to reduce the health disparity gap by government and private organizations have been made and failed. The reason these plans did not work are many, but the underlying cause is the inability of these groups to establish a substantive foundation within the African American community. NBCI is taking decisive action to change this trend, a comprehensive paper delineates this Declaration and following programming on NBCI's website: <http://www.naltblackchurch.com/health/pdf/health-emergency-declaration.pdf>.

- *Preventive Health Programs*

In addition to NBCI's Health Emergency Declaration, NBCI has conducted number health related programs. One specific example was a July 2004 Hepatitis Screening, conducted in conjunction with the Hepatitis Association of Delaware and Roche Pharmaceutical. This program had 362 participants and screened 350 congregants for Hepatitis C, provided targeted educational materials, and served as a precursor for continued health-focused programming.

- *Dropout Prevention Initiative*

NBCI aims to prevent dropout and return students to school. According to the American Promise Study examining Cities in Crisis, “Nationwide, nearly one in three U.S. high school students fails to graduate with a diploma. In total, approximately 1.2 million students drop out each year. Among minority students, the problem is even more severe with nearly 50 percent of African American and Hispanic students not completing high school on time.” These statistics underscore what we already know – something needs to be done to protect our children’s future chances at success and that begins with a diploma. The methodology of this program will be to identify, assist, encourage, and sustain. Spelled out, NBCI will identify those in need or at risk, finding options to return children to school, creating a community of support and encouragement, and sustained, long-term solutions to the underlying causes fueling dropout rates. NBCI, preparing for collaborations with school districts nationwide, has raised 250,000 volunteers to supplement NBCI staff in the implementation of this necessary program.

- *Housing Initiative*

NBCI responded to the call of its congregants who were desperately seeking mortgage assistance, advice, and information by immediately approaching Fannie Mae and the Mortgage Bankers Association for help. Together we have created a Foreclosure Prevention Guide, which offers resources for families in economic distress, including a list of agencies to contact, steps for avoiding foreclosure, guidelines for making smart fiscal decisions, and a glossary of financial terms. The Foreclosure Guide can be found on NBCI’s website: [http://www.naltblackchurch.com/pdf/prevention\\_guide.pdf](http://www.naltblackchurch.com/pdf/prevention_guide.pdf).

- *Financial Literacy Initiative*

NBCI is proud to launch a Savings for Life Program - an ambitious, bold, and historic move on behalf of the Black Church. NBCI is urging its congregants to save one year’s salary over the course of this 7 year initiative. NBCI believes it must take action given the devastating economic times in which we have witnessed the destruction of Black families, Black communities, and Black economic structures. This program provides a bridge to move forward towards economic recovery and prosperity during a time when banks are experiencing historic lows in public support and trust. As a moral authority within the Black community NBCI recognizes our responsibility to safeguard the financial futures of our congregants, encourage sound financial choices and investments, and create partnerships with banking entities that share these goals.

### ***NBCI Communication and Distribution Network***

NBCI possesses the capacity to not only communicate with its 34,000 member churches but also with *all* African American churches - 89,500 churches nationwide. NBCI can distribute any amount of literature to this nationwide network. We have the capability to narrow the scope of our Distribution Network as necessary - our system is incredibly precise and effective, capable of distributing a million pieces of literature within two weeks to any area in which African Americans reside. We also have the ability to identify targeted groups within the African American community for special attention. One example of literature disseminated throughout NBCI's Communication and Distribution Network is the Immunization Health Note – a HED guide to specifically address the importance of H1N1 and general immunizations. The Immunization Health Note can be found on NBCI's website:

<http://www.naltblackchurch.com/health/pdf/immunization.pdf>.

Another example illustrating the power of NBCI's Communication and Distribution Network was NBCI's participation in the DTV campaign. NBCI successfully disseminated 3.5 million DTV Converter Box Applications and mobilized 35,000 volunteers to implement this campaign. More information on this campaign is available on our website and here:

<http://www.naltblackchurch.com/pdf/dtv-blackpress.pdf>

### ***NBCI Grant Capacity***

NBCI, as a non-profit during this difficult economic time, has a strong grant writing team. We have collaborated with government and private industry to create large grant proposals and NBCI has the capability to craft applications in competition with major stakeholders. Our grant writing team will provide research, preliminary concept articles, and either take the lead on the particular grant or collaborate with necessary entities to apply to and receive federal, state, and private sector grants.

### ***NBCI Evaluation***

NBCI has participated in large-scale evaluation programming and we possess the ability to evaluate its own programming for effectiveness. This includes but is not limited to surveys, tests, outcome evaluation, and input evaluation to determine the approach of the program has been effective and thereby has the potential for replication in other geographic areas or by other organizations.

### *NBCI Partnerships*

The National Black Church Initiative has been blessed with many successful strategic partnerships. Below is a list, while not complete, of some of these partners:

- Amerigroup
- America Saves
- Charlotte Saves
- The DC Department of Health
- The State Attorney’s Office of Prince George’s county
- Carefirst
- The Mid-Atlantic Dairy Association
- The National Dairy Association
- The National Medical Association
- Black Entertainment Television (BET)
- DTV, National Cable Association, & National Association of Broadcasters
- Pfizer
- Boehringer-Ingelheim

The National Black Church Initiative truthfully has too many projects, both past and present, to delineate in a document of manageable size. This statement is meant as a touchstone to provide information about NBCI’s potential and accomplishments to date. More information is available on the website [www.naltblackchurch.com](http://www.naltblackchurch.com).

### *NBCI Faith Community Financial Profile*

<b>No. of NBCI Churches</b>	<b>34,000</b>
<b>Estimated income of NBCI Non-Mega Church Congregants</b>	\$15,000 – \$5 million
<b>Estimated income per church</b>	\$250k – \$65 million
<b>Estimated income of NBCI churches</b>	\$20 - \$45 billion
<b>No. of Mega-Churches</b>	105
<b>No. of Small businesses in NBCI member churches</b>	70,000
<b>Average size of Mega-Churches</b>	8,500 - 20,000 people
<b>Estimated income of Mega Church Congregants</b>	\$40,000 – \$10 million
<b>Estimated income per church</b>	\$6 – \$70 million
<b>Average size of NBCI Churches</b>	250 people
<b>Percent of African American Ministers with M. Div Degrees</b>	6%
<b>Percent of congregants that Saves</b>	12%
<b>No. of churches who have credit Union</b>	3500-7500
<b>No. of churches who have separate Economic Development Corp.</b>	4,675
<b>No. of Congregants who own their cars</b>	83%
<b>Percentage of Congregants who are finically secure</b>	35%
<b>No. of Congregants who own their home</b>	30-52%
<b>No. of congregants who invest in the stock market</b>	13%
<b>No. of congregants who have purchased financial products</b>	15%

# National Black Church Initiative

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Contact:  
Rev. Anthony Evans  
202-744-0184

**For immediate release**  
December 5, 2011

## **The National Black Church Initiative Launches Innovative Multiple Myeloma Health Prevention Campaign**

**Washington, D.C.** – The National Black Church Initiative (NBCI), a faith-based coalition of 34,000 churches comprised of 15 denominations and 15.7 million African Americans, proudly announces the kick-off of an educational health campaign to increase awareness about multiple myeloma within the African American community.

Rev. Anthony Evans, President of NBCI says, “The National Black Church Initiative is proud to partner with Novartis Pharmaceuticals Corporation (“Novartis”) to increase awareness about this little known disease. The objective of this multiple myeloma campaign is to heighten awareness within the African American community. We believe that education empowers our parishioners to take the necessary actions to maintain bone health. It is imperative that those affected by multiple myeloma and their families follow the preventive behaviors illustrated in this campaign and to seek the advice of their physician to protect and improve bone health.”

NBCI endeavors to eradicate racial disparities in healthcare, technology, education, housing, and the environment and has been a leader in the faith-based community for more than 20 years. NBCI’s mission is to provide critical wellness information to all of its members, congregants, churches and the public. The National Black Church Initiative’s methodology is utilizing faith and sound health science.

This Multiple Myeloma Initiative falls under our Health Emergency Declaration (HED), an initiative that we believe to be our lifelong work. HED is a seven-year, programmatic preventive health campaign launched in faith-based communities nationwide to change the landscape of U.S. healthcare and dramatically transform the current African American health paradigm. A significant element of our HED programming is to address the high incidence rates of cancers within the African American community and to implement innovative cancer prevention strategies nationwide. Please visit our website for more information about HED and our Health Initiatives at <http://www.naltblackchurch.com/health/>.

Multiple myeloma is an incurable blood cancer of the plasma cells, a type of white blood cell found in the bone marrow. This disease can lead to bone problems including pain, fractures and spinal cord compression, when cancer cells wear away the bone. Nearly 95% of advanced stage multiple myeloma patients' disease spreads to their bones, giving rise to a variety of symptoms. For patients suffering from multiple myeloma, bone lesions may cause debilitating skeletal related complications and may impact a patient's quality of life and that of their caregiver. The earlier any lesion is diagnosed, the more likely it can be effectively managed.

This program is a response to the disproportionate impact of multiple myeloma on African Americans and statistics illustrate the necessity of implementing a national educational health campaign for this at risk population. In the US, multiple myeloma is the second most common blood cancer and an estimated 70,000 Americans are living with the disease. Myeloma was the ninth most commonly diagnosed cancer among African American men and the seventh most commonly diagnosed cancer among African American women, from 2003 to 2007. Additionally, African Americans have more than twice the incidence rate of multiple myeloma than Caucasians.

Compounding the impact of the high incidence rate within the African American community, the mortality rate for multiple myeloma in the US is two times higher in the African American population than that in the Caucasian population. The five-year relative survival rate for multiple myeloma is approximately 38 percent, one of the lowest of all cancers. Unfortunately, despite medical advances over the past decade, the average patient will live only three to four years after diagnosis.

NBCI's response to these grim statistics is a comprehensive, targeted campaign to educate African Americans about this debilitating disease and implement preventive health habits. Our partnership with Novartis strengthens our ability to enact change and dramatically improve the lives of African Americans nationwide. *To Stay in the Game, Maintain Your Frame* is a multi-faceted program to educate African Americans with multiple myeloma about the need for doctor-patient dialogue about their condition and how to become active participants in their health. Elements of the program include patient education materials and tips for better bone health, as well as short videos demonstrating how to perform activities of daily living that may help reduce the risk of falls and other skeletal injuries.

### **About NBCI**

The National Black Church Initiative (NBCI) is a coalition of 34,000 African American and Latino churches working to eradicate racial disparities in healthcare, technology, education, housing, and the environment. NBCI's mission is to provide critical wellness information to all of its members, congregants, churches and the public. NBCI offers faith-based, out-of-the-box and cutting edge solutions to stubborn economic and social issues. NBCI's programs are governed by credible statistical analysis, science based strategies and techniques, and methods that work. Visit our website at [www.naltblackchurch.com](http://www.naltblackchurch.com).

###





# To Stay in the Game, Maintain Your Frame

2011 Results Report



# Program Overview

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***Launch multi-faceted program to educate African Americans (AAs) with multiple myeloma (MM) about the importance of maintaining bone health; create a call-to-action through a partnership with the National Black Church Initiative (NBCI)***

- NBCI is a coalition of 34,000 churches spanning 50 denominations and representing 15.7 million AAs
- 20 years of experience as a health educator has put NBCI in a unique position to implement innovative programming within the AA community

## ***Objectives***

- Inform and educate about MM, particularly as it relates to metastatic disease
- Raise awareness of bone complications associated with MM
- Encourage doctor-patient dialogue about maintaining bone health following MM diagnosis

## ***Strategies***

- Reach at-risk patients (AA men, ages 60+) via national advocacy partnership/programming
- Provide patients with multi-media educational material regarding MM
- Maximize reach of message via multiple touch points – live, church-based programs; traditional and online media to coverage; and via digital and social media channels

# Key Program Components

## Partnership with NBCI/Engaging Third-Party Advisors

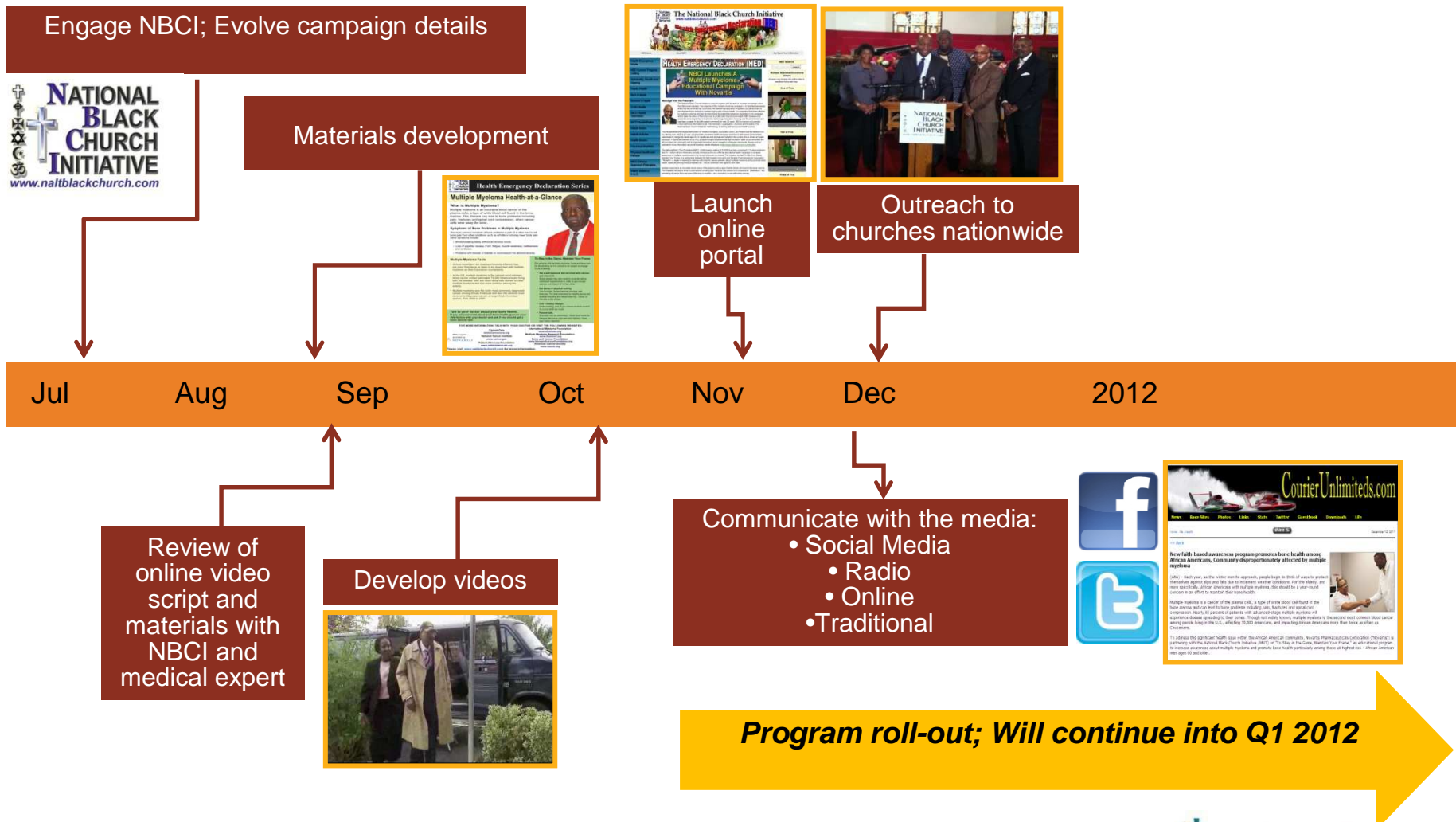
- Engage NBCI representatives and medical experts to guide and shape program and content
- Disseminate targeted patient education information through NBCI to families/patients emphasizing MM incidence among AAs and tips for ensuring better bone health

## Create educational content that will resonate with AA patients/caregivers and media (unbranded)

- NBCI “To Stay in the Game, Maintain Your Frame” microsite to feature information on reducing the risk of skeletal-related events (SREs) in MM
  - Short videos demonstrating activities of daily living that may help reduce the risk of falls and other skeletal injuries
  - MM & bone health “*Health at a Glance*” patient brochure for downloading and distribution via churches
- Scripts for in-church programs, content for NBCI email blasts
- Materials on campaign/MM & bone health for AA and mass media
- NBCI and Novartis social media (Facebook, Twitter, YouTube) content



# Program Roll Out



# Multi-channel national and grassroots MM media campaign

## Targeted Outreach to Traditional and Social Media and Patients/Caregivers via NBCI

### Media

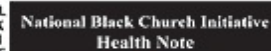
- Radio media tour (Dec. 14)
- MM expert & NBCI spokesperson talk with mainstream and AA stations
- Radio news release to national health radio programs and targeted AA stations
- National/local media outreach to AA/urban and lifestyle/health & fitness media, oncology trades
- NBCI press release distributed to AA and church-related media
- NBCI PSA shoot with support of Nat'l Assn. of Broadcasters (Dec. 15)
- Hardcopy and digital mat release
- NBCI distributed to AA newspapers
- NBCI print ad for AA newspapers

### Social Media

- Bone health videos for program microsite and Facebook page
- Novartis tweets included links to program microsite
- NBCI tweeted about program
- NBCI Facebook page and postings
- Outreach to online editors and social media site administrators

### NBCI Faith-based Communications

- NBCI microsite: "To Stay in the Game, Maintain Your Frame" ([www.maintainyourframe.com](http://www.maintainyourframe.com))
- In-church announcements (10,000 churches) each of 3 Sundays culminating with in-church scripted presentation distribution of materials to ~35,000 on 4<sup>th</sup> Sunday
- Weekly email blasts distributed for one month flagging initiative to NBCI email list (of over 250,000) with encouragement to forward to friends diagnosed with MM
- MM & bone health "Health at a Glance" brochure inserted into 50 church bulletins and posted on microsite



# Program extends MM awareness to AA community

## First-of-its-kind partnership between Novartis and NBCI continues into 2012

**Media and Twitter results have garnered more than 2,225 hits, reaching an audience of more than 14 million and counting!**

### Results to Date

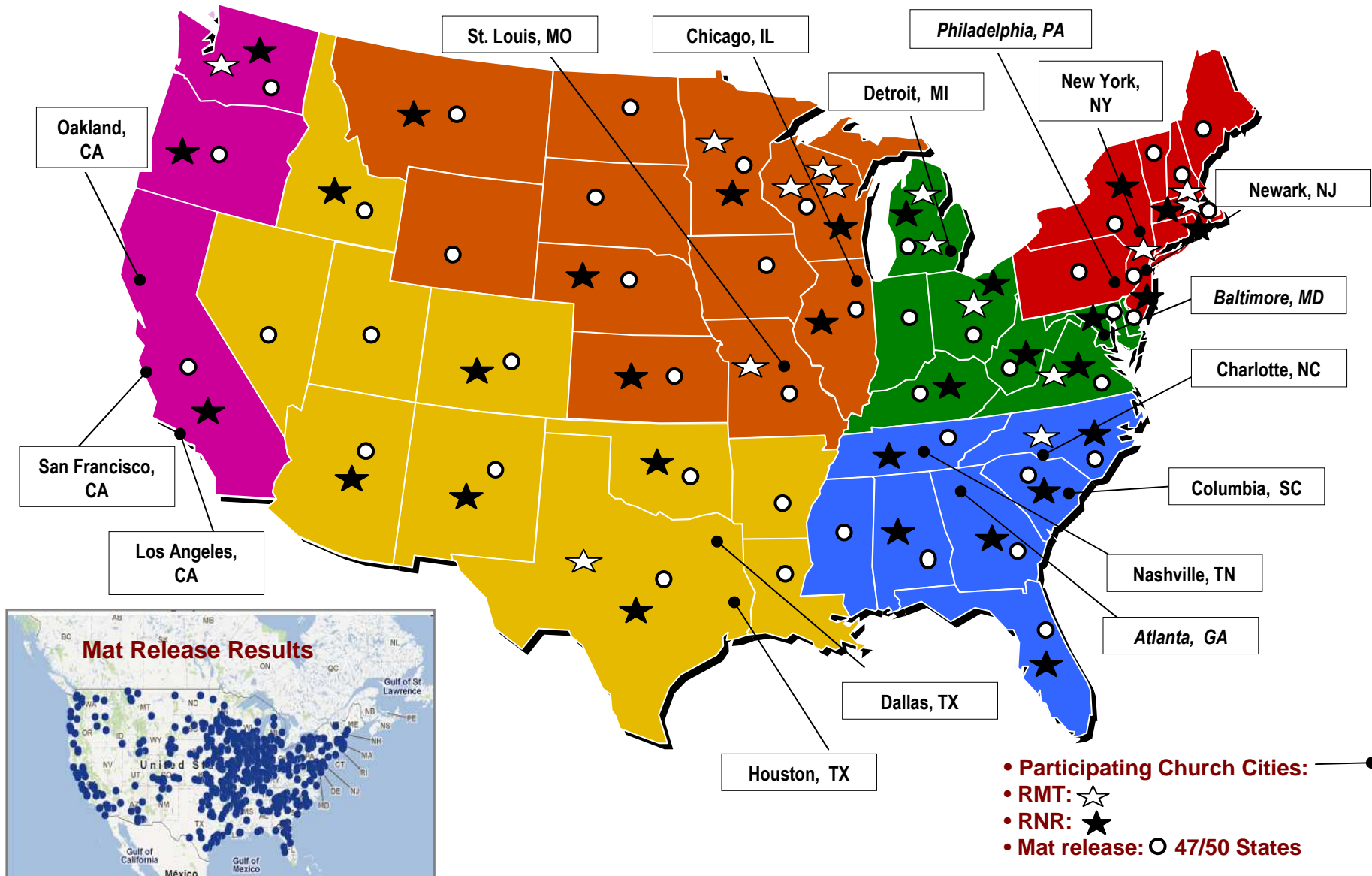
- RNR aired 951 times on 470 stations, reaching more than 9.2 million**
  - The **national RNR** aired in **23 of the top 25 markets** and **188 stations** also broadcasted the release online
  - The targeted **AA RNR** aired in **25 markets** and the distribution also resulted in an interview with NBCI representative Rev. Evans and **KBFB-FM** in Dallas, Texas
  - Mat release** has generated placements in nearly **800 online outlets**, in **47 out of 50 states**, reaching more than **622,000** to date
- RMT resulted in 9 interviews** with 15 airings and an audience reach of **4.8 million**
- To date, **22 NVS** and NBCI tweets generated **47 re-tweets**, reaching an audience of nearly **184,000**
- In-church services** held in **10,000** participating churches nationwide
  - 35,000** educational materials distributed
- Email blasts sent to **250,000** with encouragement to forward to friends with MM

The collage features several key elements:
 

- Website Screenshot:** Shows the NBCI website with a prominent banner for the 'Health Emergency Declaration (HED)' and a sub-header 'NBCI Launches A Multiple Myeloma Educational Campaign With Novartis'. It includes a 'Message from the President' and a 'Health Emergency Declaration Series' poster.
- Facebook Post:** A post from NBCI titled 'To Stay in the Game, Maintain Your Frame' with a call to action to check out the new health campaign.
- Twitter Tweet:** A tweet from @NBCIBlackChurch with the text: 'Check out #NBCI new health campaign... African American disproportionately suffer with #multiplemyeloma, it's time to raise awareness!'.
- Posters:** A 'Health Emergency Declaration Series' poster and a 'Multiple Myeloma Health-at-a-Glance' poster.
- Photo:** A photograph of Rev. Evans speaking at a podium during a church service.

# To Stay in the Game, Maintain Your Frame

National reach, local touch





# To Stay in the Game, Maintain Your Frame

2012 Plan of Action





# Extending education at the grassroots level

## **Expand program with the NBCI; extend reach and frequency of multiple myeloma messaging at grassroots level**

Engage MM disease partners (e.g., Centers of Excellence, MMRF, IMF, LLS, ACS, CancerCare) to broaden reach via consumer, trade, African-American media and social media outreach

- NBCI, local medical expert brief institutions – pharmacists, hematologists, oncologists, nurses, social workers, community affairs – about disease impact on African American men and “Stay in the Game, Maintain Your Frame”
- Explore opportunities for physician and patient presentations at local briefings
- Facilitate meetings via sales force; coordinate with Novartis Diversity Council
- Create tailored pitches for outreach to consumer, trades, local and African-American media
- Extend reach via NBCI and MM disease partners’ newsletters, websites, social media channels (e.g., Twitter, Facebook, YouTube)

Timing: Q1-Q2

KPI: Uptake of program materials; briefings at 2-3 institutions; generate 95% priority message, 85% supportive message in media coverage





The National Black Church Initiative 202-744-0184< dcbci2002@gmail.com>

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## PR Industry Award/Stay in the Game Program

1 message

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Hilary Mra < mrah@ruderfinn.com>

Thu, Mar 15, 2012 at 2:12 PM

To: dcbci2002 <dcbci2002@gmail.com>, Shadonna Edwards <saedwards79@gmail.com>

Cc: Susan Smirnoff <SMIRNOFFS@ruderfinn.com>, Afton Grier <griera@ruderfinn.com>

Hi Reverend Evans and Shadonna,

We wanted to let you know we have an opportunity to submit the Stay in the Game program for an upcoming Public Relations award called the Bronze Anvils (the Bronze Anvil recognizes outstanding public relations tactics and is an award provided by the Public Relations Society of America ). We would like to submit the program on behalf of the NBCI in the website category, based on the microsite created.

We are currently working on a one-page write-up about the program/website and will be sharing this with you next week to review along with Novartis. Are there any types of metrics we could include in our write-up (do you have any website metrics, like traffic to the site, etc?). Right now, we are focusing our results on the overall reach of the NBCI (through the coalition of 34,000 churches comprised of 15 denominations and 15.7 million African Americans), but please let us know if there are any other metrics from the website we could include.

Below is some more information on the Bronze Anvils and attached is their submission guidelines for reference. Let us know if you have any questions.

Best,

Hilary

**Hilary Mra** | Healthcare | **Ruder Finn** | 301 East 57th St, New York, NY 10022 | [ph: 212.593.6414](tel:212.593.6414) | [fax: 646.792.3903](tel:646.792.3903) | [mrah@ruderfinn.com](mailto:mrah@ruderfinn.com)

**Bronze Anvil (by Public Relations Society of America)** – award that recognizes outstanding public relations tactics

- **Recommended category:** Websites, use of a website as part of a public relations program. Include screen grabs or copies of key pages to support your one-page summary. Additionally, include the website URL for external sites.
- **Submission deadline:** March 30
- A concise summary no longer than one typed page must accompany the entry. The one-page summary is the single most important component of the Bronze Anvil entry. Judges evaluate the tactic on four key areas —planning/content, creativity/quality, technical excellence and results.

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Privileged and confidential information may be contained in this e-mail and any files transmitted with it are intended only for the use of the addressee. If you are not the addressee, or not the person responsible for delivering it to the person addressed, you may not copy or deliver this to anyone else. If you receive this e-mail by mistake, please notify us immediately by telephone or e-mail and delete it from your system immediately. The recipient should check this email and any attachments for the presence of viruses. The company accepts no liability for any damage caused by any virus transmitted with this email. Thank you.

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 **Bronze Anvils.pdf**  
336K



## 2012 Bronze Anvil Call for Entries

Early Deadline: March 16, 2012 – Save \$50!

Final Deadline: March 30, 2012

### **Recognizing the Very Best In Public Relations Tactics**

For more than 40 years, the Bronze Anvil Awards have recognized outstanding public relations tactics — the individual items or components that contribute to the success of an overall program or campaign. These tactics — whether a media kit, annual report, newsletter, video program, public service announcement (PSA), speech, blog, smartphone application, website or use of social media — are the hardworking parts of any public relations program. The Bronze Anvils celebrate the best of the best in tactics through categories reflecting their growing scope, creativity and importance in strategic public relations.

### **Bronze Anvil and Bronze Anvil Award of Commendation**

Judging is performed across the United States by teams of PRSA members and others with expertise in the specific categories. Only one Bronze Anvil may be awarded in each of the 37 categories and various subcategories. There are no more than three runners-up in any category, and only programs meeting Bronze Anvil criteria are selected. Runners-up receive the Bronze Anvil Award of Commendation. No awards are given in categories where judges determine that the entries do not merit them.

The winners and runners-up (if selected) will be announced in late May/early June 2012, and posted online at [www.prsa.org](http://www.prsa.org).

### **Bronze Anvil Entry Guidelines**

- Tactics produced at least in part between Jan. 1, 2011, and Dec. 31, 2011, are eligible. Tactics tend to have better chances of winning near their completion, when evaluation against initial objectives can be measured.
- Entrants must select a single category for each entry. However, entrants may choose to enter their program in more than one category, provided that it applies to the specific criteria stated within that category. The entry must be submitted with a separate category-appropriate, one-page summary, entry form and tactic, as well as a separate entry fee for each additional category entered. In deciding which category is most appropriate, entrants should examine tactic objectives and target audiences. Judges will not move entries into other categories.
- A concise summary no longer than one typed page must accompany the entry. The one-page summary is the single most important component of the Bronze Anvil entry. Judges evaluate the tactic on four key areas — planning/content, creativity/quality, technical excellence and results. (Media relations categories are not judged on technical excellence.) Within these areas, the summary should include measurable objectives, target audiences, budget and any other specific information requested in the individual category. Results — qualitative, quantitative or both — should provide evidence of how the stated measurable objectives were met, and how the entry impacted the success of a broader or ongoing program. The one-page summary should have no smaller than a 10-point typeface and one-inch margins.
- Enclose a copy of the tactic (as requested in the individual category).
- All tactics must be submitted in English. Tactics produced in a language other than English must be translated. A copy of the original, as well as the translated version, must be submitted.
- Binders are not required. However, if your entry requires a binder to contain the materials you submit, it should have a maximum standard one-inch spine. In keeping with PRSA's ongoing green efforts, we ask that you do not use plastic sheet covers.
- By entering the Bronze Anvil program, all entrants confirm that their programs and entries comply with the ethical standards of the profession, as embodied in the PRSA Code of Ethics. Should your entry have an aspect of "ethics performance" that is both instructive and vital to your program, please include commentary of no more than four sentences. Should the judges find two entries equally deserving of a Bronze Anvil, they may use this statement to break the tie. If at any point PRSA becomes aware of any aspect of a submission that may not be in compliance with the Code, it may, at its sole discretion, take appropriate action.

## **2012 BRONZE ANVIL CATEGORIES**

### **Traditional Media:**

#### **1. MEDIA RELATIONS — Consumer Products**

- 1A. Health Care
- 1B. Technology
- 1C. Food & Beverage
- 1D. Packaged Goods
- 1E. Non-Packaged Goods
- 1F. Other (Categories Not Elsewhere Defined)

Tactics, programs and events driven entirely by media relations for a consumer product. Submit press releases, media advisories, pitch letters, requests for coverage, etc., along with the one-page summary that includes measurable objectives and results, such as evidence of the resulting media coverage. Television coverage should be submitted on a DVD, and radio coverage on a CD. The Packaged Goods subcategory refers to traditional consumer products sold in packages, such as food products, pet products, household goods, toiletries, cosmetics, etc. The Non-Packaged Goods subcategory refers to consumer products, such as clothing, appliances, furniture, etc.

#### **2. MEDIA RELATIONS — Consumer Services**

- 2A. Travel and Tourism/Hospitality
- 2B. Health Care Services
- 2C. Technology
- 2D. Financial Services
- 2E. Other (Categories Not Elsewhere Defined)

Tactics, programs and events driven entirely by media relations for a consumer service. Submit press releases, media advisories, pitch letters, requests for coverage, etc., along with the one-page summary that includes measurable objectives and results, such as evidence of the resulting media coverage. Television coverage should be submitted on a DVD, and radio coverage on a CD.

#### **3. MEDIA RELATIONS — Business-To-Business**

- 3A. Professional and/or Financial Services
- 3B. Products
- 3C. Other (Categories not elsewhere defined)

Tactics, programs and events driven entirely by media relations for business to business. Submit press releases, media advisories, pitch letters, requests for coverage, etc., along with the one-page summary that includes measurable objectives and results, such as evidence of the resulting media coverage. Television coverage should be submitted on a DVD, and radio coverage on a CD.

#### **4. MEDIA RELATIONS — Associations/Nonprofit Organizations**

Tactics, programs and events driven entirely by media relations for an association or nonprofit organization. Submit press releases, media advisories, pitch letters, requests for coverage, etc., along with the one-page summary that includes measurable objectives and results, such as evidence of the resulting media coverage. Television coverage should be submitted on a DVD, and radio coverage on a CD.

#### **5. MEDIA RELATIONS — Government**

Tactics, programs and events driven entirely by media relations for a government agency or public service organization. Submit press releases, media advisories, pitch letters, requests for coverage, etc., along with the one-page summary that includes measurable objectives and results, such as evidence of the resulting media coverage. Television coverage should be submitted on a DVD, and radio coverage on a CD.

#### **6. FEATURE STORIES\***

Feature articles that have been written by a practitioner, and submitted and published through his/her efforts. Submit text of feature article, as well as documentation of publication and placement. The one-page summary should include target audience, measurable objectives and any documented results.

#### **7. EDITORIALS/OP-ED COLUMNS\***

Opinion articles written as editorials, guest columns or letters to the editor. Submit text of article and documentation of publication. The one-page summary should outline measurable objectives, audience, results and budget.

### **Online Communications:**

#### **8. PODCASTS**

Audio or video programs/shows produced solely as podcasts, downloadable for play on portable media players (e.g., iPods, MP3 players, etc.). The one-page summary should include rationale for podcasting strategy, statistics or other means of quantifiable measurement to support stated objectives, as well as a copy of the actual podcast being entered on an CD, DVD or USB flash drive.

#### **9. WEBSITES**

- 9A. External
- 9B. Internal/Intranets
- 9C. Online Media Room

Use of a website as part of a public relations program. Include screen grabs or copies of key pages to support your one-page summary. Additionally, include the website URL for external sites. Online media rooms should be for media only.

#### **10. WEBCASTS**

Media files distributed over the Internet using streaming media technology. May be live or recorded. Submit the one-page summary and a DVD or USB flash drive of the webcast, as well as the actual site URL.

#### **11. SOCIAL MEDIA**

Use of social media, including Facebook, Twitter, Foursquare, Google +, YouTube, etc. as part of a public relations program. Include screen grabs or copies of key pages to support your one-page summary. Additionally, include the website URL for external sites.

## **12. BLOGS**

Web-based journals, or blogs, that communicated either a corporate, public service or industry position. The one-page summary should include rationale for blogging strategy, target audiences and statistics, or other means of quantifiable measurement to support stated objectives. Screen downloads of the blog being entered, as well as the actual site URL, must be submitted as part of the story.

## **13. BLOGGER CAMPAIGN**

A proactive outreach to the blogger community on behalf of a product, service or organization. The one-page summary should include rationale for blogger outreach strategy, statistics or other means of quantifiable measurement to support stated objectives, as well as a copy of (a) the outgoing messages and (b) the resulting blog entries either printed, or on a CD or USB flash drive.

## **14. SMARTPHONE APPLICATIONS**

Use of smartphone applications as part of a public relations program. Include copy and any images of key pages to support your one-page summary. Additionally, include brief instructions on how to download the application.

## **15. WEB WIDGETS**

Use of Web widgets as part of a public relations program. Include copy and any images of key pages to support your one-page summary. Additionally, include brief instructions on how to download the Web widget.

### **Tactics:**

## **16. WORD-OF-MOUTH**

16A. General Word-of-Mouth Marketing Program

16B. Viral Marketing Program

16C. Street Marketing Program

Tactics that get key audiences talking or provide an avenue for conversation through the use of different techniques, such as viral marketing, sampling programs, loyalty programs, etc.

## **17. CREATIVE TACTICS**

Unconventional, creative tactics or approaches used as part of a public relations program. Documentation of how the tactic specifically contributed to the measurable results of the campaign should be included in the one-page summary. (If objects are large or bulky, a photograph or video representation should be sent.)

## **18. PRESS CONFERENCES**

One-time events held specifically to announce news to target media about a product, service, issue or organization. A series of events or a multi-day effort does not belong in this category. The one-page summary should address logistics, execution and quantifiable measures that demonstrate how the press conference achieved its stated objectives.

## **19. PRESS KITS/MEDIA KITS**

19A. Products

19B. Services

19C. Events/Commemorations/Other

19D. Digital

News releases, photographs and other background information compiled for an organization, product or issue. Submit one copy of the press kit or media kit along with the one-page summary. For Digital Press Kits/Media Kits (category 19D), submit the one-page summary and the digital press kit/media kit on a CD, DVD or USB flash drive.

## **20. VIDEO NEWS RELEASES**

Pre-produced videos distributed to television stations to inform target audiences of an event, product, service or organization. Entries may consist of an edited DVD, and sound bites on a single DVD or USB flash drive. The one-page summary should include usage statistics or other means of quantified measurement to support stated objectives.

## **21. B-ROLL**

Includes video footage, with or without audio, distributed to television stations for use in stories about an event, product, service, issue or organization. Entries may be submitted on a single DVD or USB flash drive. The one-page summary should include usage statistics and other means of quantified measurement to support stated objectives. Video footage edited and produced as a packaged news story/feature with audio should be entered in category 20 (Video News Releases).

## **22. SATELLITE MEDIA TOURS**

Live broadcasts offered to and aired by television stations to inform target audiences about an event, product, service or organization. Entries may consist of one or two of the representative placements on a single DVD or USB flash drive. The one-page summary should include statistics or other means of quantified measurement to support stated objectives.

## **23. TELEVISION PSAs**

Video productions of one minute or less distributed to television stations as unpaid public service announcements. Single productions or a series addressing the same issue may be submitted on a single DVD or USB flash drive. The one-page summary should include documentation of results.

## **24. RADIO PSAs**

Audio productions of one minute or less distributed to radio stations as unpaid public service announcements. Single productions or a series addressing the same issue may be submitted on a single audio CD, DVD or USB flash drive. The one-page summary should include documentation of results that support stated objectives.

## **25. PRINT PSAs**

Ads distributed to newspapers and/or magazines as unpaid public service announcements. Single ads or a series of ads addressing the same issue may be submitted but copies of the actual print PSA must be included in the entry. The one-page summary should include documentation of results that support stated objectives.

## **26. INTERNAL VIDEO PROGRAMS**

26A. Corporate/Organization News

26B. Corporate/Organization Features

Video programs targeted toward internal audiences such as employees, members, etc. Entrants should submit programs on a DVD or USB flash drive as a reasonable representation. The one-page summary should include documentation of results that support stated objectives.

## **27. EXTERNAL VIDEO PROGRAMS**

Video programs directed primarily at external audiences. Entrants should submit programs on a DVD or USB flash drive as a reasonable representation. The one-page summary should include documentation of results that support stated objectives.

## **28. AUDIO PROGRAMS**

Submit audio on a CD, DVD or USB flash drive along with a one-page summary. Summary should include usage statistics or other means of quantified measurement to support stated objectives.

## **29. NEWSLETTERS**

29A. Fewer Than 17 Pages

29B. 17 Pages or More

29C. Digital

Publications designed, written and published periodically to provide brief and timely information to target audiences while supporting an organization's overall objectives. Submit three consecutive issues, along with a one-page summary. For Digital Newsletters (category 29C) submit the one-page summary and the digital newsletters on a CD, DVD or USB flash drive.

## **30. BROCHURES**

30A. Fewer Than 17 Pages

30B. 17 Pages or More

30C. Digital

Pamphlets, booklets or other small publications designed to inform a target audience about an organization, product, service or issue. Submit one copy of the publication, along with the one-page summary. For Digital Brochures (category 30C), submit the one-page summary and the digital brochure on a CD, DVD or USB flash drive.

## **31. MAGAZINES**

31A. Internal Audiences Primarily

31B. External Audiences Primarily

Publications designed to provide in-depth information about an organization or topic on a regular basis. Magazines typically differentiate from newsletters by the number of pages and length of articles. Submit three consecutive issues along with the one-page summary.

## **32. PUBLICATIONS**

32A. Single Issue Newsletters/Booklets/ Calendars

32B. Books

Single-issue publications designed for a special purpose. Books and other publications not eligible for consideration in other categories should be entered here. Submit one copy of the publication along with the one-page summary.

## **33. ANNUAL REPORTS**

33A. Companies (Up to \$500 million)

33B. Companies (More than \$500 million)

33C. Nonprofit Organizations

33D. Digital

Publications that report on an organization's annual performance. Submit one copy of the publication, along with a one-page summary. For Digital Annual Reports (category 33D) submit the one-page summary and the digital annual report on a CD, DVD or USB flash drive.

## **34. DIRECT MAIL/DIRECT RESPONSE**

Communications designed to solicit a specific, immediate response by the target audience. This can be a single communication or a series. Quantifiable, specific actions by the target audience recipients resulting solely from the sponsor's communication should be detailed in the summary. Submit one copy of the publication along with a one-page summary.

## **35. SPEECHES\***

Submit text of speech along with a one-page summary. Summary should include information about the audience, purpose of speech and any documented results against the stated objectives.

## **36. ADVERTORIALS\***

Paid advertising written as editorial matter to gain support for a product, issue, program or organization. Submit text of editorial matter and documentation of publication. The one-page summary should include target audience, measurable objectives and budget.

## **37. RESEARCH/ EVALUATION**

Research that provides a meaningful contribution or input to a public relations program, or an evaluation documenting the value or benefit of a public relations program or tactic. Sample of the methodology and findings of any research should be included in the entry, along with a one-page summary. One-page summaries for evaluations should detail how and why this method is unique and valuable.

**\*Entries in categories 6 – Feature Stories, 7 – Editorials/Op-Ed Columns, 35 – Speeches and 36 – Advertorials must be written in their entirety or substantively by the entrant, and not merely “pitched.”**

### **Entry Fees and Deadlines:**

Early Deadline and Pay-By-Check Deadline: **Friday, March 16, 2012, 5 p.m. EST** (in-hand)

The regular entry fees of \$175 for PRSA members and \$275 for nonmembers will be charged for each entry received by the early deadline. All entries being paid for by check are due by the early deadline and incur a \$25 processing fee, per entry.

### **Final/Late Deadline: Friday, March 30, 2012, 5 p.m. EST (in-hand)**

Entries received after the early deadline will incur a \$50 late fee per entry. All entries must be received no later than 5 p.m. EST (in-hand) on March 30, 2012, and be paid for by credit card, only (if submitted after March 16, 2012).

### **All entry fees are non-refundable.**

If receipt of entry is required immediately, send your entry by traceable delivery.

### **Need Help Preparing Your Entry?**

- View video highlights from the PRSA Professional Development workshop, “Anvil Thinking: The Route to Award-Winning Work,” led by longtime Silver Anvil judges and past recipients **Sean Curry**, partner and CFO, c3 Communications, and **Sherry Goldman**, president, Goldman Communications Group. This video will show you how to prepare a Silver Anvil entry that gets noticed by teaching you the secrets of success, including using research to develop clear objectives, creating a winning strategy and providing clear benchmarks for evaluation.
- Email us at [awards@prsa.org](mailto:awards@prsa.org). We will answer your questions or connect you with someone who can provide further guidance on preparing your Bronze Anvil entry.
- Join the Bronze Anvil conversation on Twitter: [#PRSANVIL](https://twitter.com/PRSANVIL)

### **BRONZE ANVIL ENTRY CHECKLIST**

Remember to enclose the following:

- Printed online entry form (one per entry) — If you are not paying online with a credit card, please enclose a check.
- Check, if applicable. (Note that all checks are due no later than **March 16, 2012**. There is a \$25 processing fee per each entry paid by check.)
- Entry. (Tactic, as requested in each individual category.)
- One-page summary. (Minimum of 10-point typeface and one-inch margins.)

Mail your completed entry form, copy of the tactic, one-page summary and payment to:

PRSA Bronze Anvil Awards  
33 Maiden Lane, 11th Floor  
New York, NY 10038

Entries are not returned and become the property of PRSA. The decisions of the judges are final.



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• **NBCI Program Media Experience** • • •





**Novartis/Maintain Your Frame RMT**  
**Wednesday, December 5, 2012**  
**8:45 A.M. – 1:15 P.M. ET**  
**\*\*ALL TIMES EASTERN\*\***

**SPOKESPERSONS: Dr. Doris Browne & Reverend Anthony Evans**

**TOTAL BOOKINGS TO DATE: 9**

<u>TIME (ET)</u>	<u>STATION</u>	<u>CITY (DMA)</u>	<u>SHOW</u>	<u>TALENT</u>	<u>AUDIENCE CUME</u>	<u>AIR</u>
8:45-8:50	KKVI-FM News/Gospel	Dallas, TX/ Internet	The Valder Beebe Show	Ms. Valder Beebe	500,000	Live
9:30-9:45	WALR-FM Urban AC	Atlanta	Business in the Black	Twanda Black	514,100	Taped
10:00- 10:10	Metro Networks/ Washington, DC	Washington, DC	News Feature	Doug Parrish	2,000,000	Taped  <b>Rev. Evans only</b>
10:10- 10:20	WGNU-AM Urban Gospel/ Talk	St. Louis	WGNU Cares	Peyton Colston	50,000	Taped
10:20- 10:30	American Urban Radio Networks	National	Health News Feature	De'Saundra Harris	3,000,000	Taped
10:40- 10:50	WSRB-FM (Urban AC)  WPWX-FM (Urban)  WYCA-FM (Gospel)	Chicago	Real Talk	Debra Rhodes	861,400	Taped
11:00- 11:30	Sirius XM Satellite Radio/ H.U.R. Voices (Channel 141)	National	The Health Chat	Dr. Akmal Muwwakkil & Dr. Diana Broomfield	1,200,000	Taped

11:45-12:00	KSOC-FM Urban AC	Dallas	The Community Calendar	Jamie "Jazze" Goodspeed	295,600	Taped
1:00-1:15	KMEL-FM Urban Contemporary	San Francisco	East Bay Focus	Kareem "Radio Reem" Chadly	602,100	Taped

## **How is NBCI Organized**

NBCI is organized by dividing the country into five geographic areas:

The National Black Church Initiative South East Faith-Based Command Center located in Atlanta, GA

The National Black Church Initiative North East Faith-Based Command Center located in New York, NY

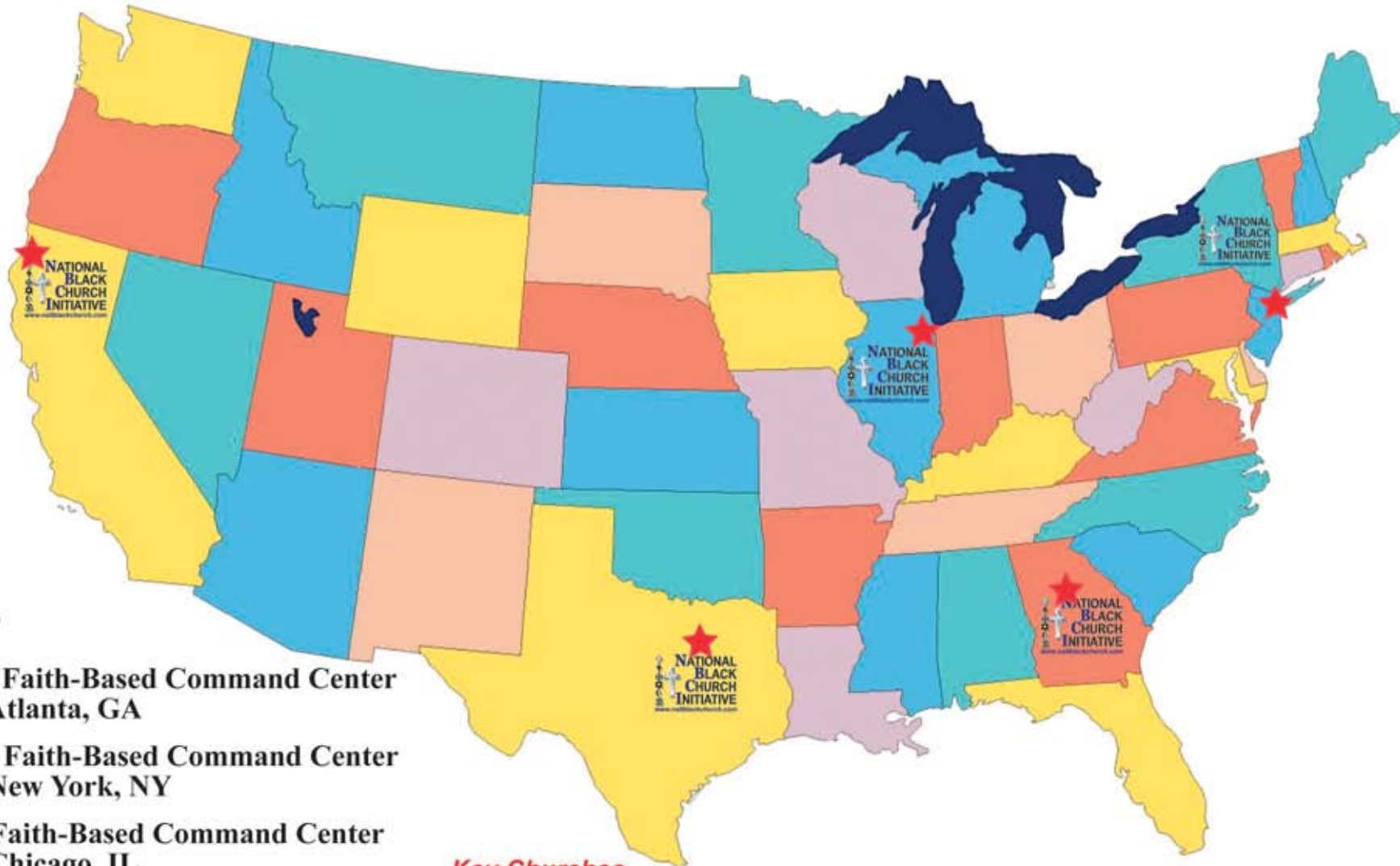
The National Black Church Initiative Mid-West Faith-Based Command Center located in Chicago, IL

The National Black Church Initiative South West Faith-Based Command Center located in Dallas, TX

The National Black Church Initiative Western Faith-Based Command Center located in Oakland, CA

# How NBCI Is Organized?

NBCI is organized by dividing the country into five geographic areas.



1. South East Faith-Based Command Center located in Atlanta, GA
2. North East Faith-Based Command Center located in New York, NY
3. Mid-West Faith-Based Command Center located in Chicago, IL
4. Western Faith-Based Command Center located in Oakland, CA
5. South West Faith-Based Command Center located in Dallas, TX

## Key Churches

- We divide every metropolitan city and rural area into key churches. These churches are placed strategically to cover all geographic areas.
- The number of key churches that we designate for any given area depends upon the size of the population of the state or the city.

# **NBCI Faith Communities Demographics and Statistical Composition**

NBCI has created a statistical analysis of its churches, locations and demographics

The South East Faith Command	16,830 Churches
The West Faith Command	8,502 Churches
The Mid-West Faith Command	3,047 Churches
South West Faith Command	3,265 Churches
Western Faith Command	2,356 Churches

**THE NATIONAL BLACK CHURCH INITIATIVE DEMOGRAPHIC AND STATISTICAL COMPOSITION**

Faith Command	No. of Churches	Age Range	Gender %		Race %	
			Male	Female	Black	Hispanic
<b>SOUTHEAST FAITH COMMAND</b> <i>Atlanta, GA</i>						
<b>A</b>						
<b>Florida</b>						
Tallahassee	268	30-75	36%	64%	100	
Miami	280	42-80	35	65	100	
West Palm Beach	12	34-80	39	61	100	
Fort Lauderdale	58	45-80	35	65	100	
<b>Georgia</b>						
Atlanta	2,560	28-85	45	55	100	
Savannah	99	39-85	34	66	100	
<b>B</b>						
<b>Louisiana</b>						
Baton Rouge	600	45-85	34	66	100	
New Orleans	356	46-85	35	65	100	
<b>Alabama</b>						
Birmingham	780	28-85	45	55	100	
Montgomery	656	32-85	45	55	100	
<b>C</b>						
<b>Arkansas</b>						
Little Rock	86	35-85	40	60	100	
<b>Tennessee</b>						
Memphis	860	28-85	45	55	100	
Nashville	906	28-85	45	55	100	
Chattanooga	458	28-85	45	55	100	
<b>D</b>						
<b>Kentucky</b>						
Louisville	362	33-85	38	62	100	
Lexington	198	35-85	38	62	100	
<b>Mississippi</b>						
Jackson	1,807	24-85	41	59	100	

Faith Command	No. of Churches	Age Range	Gender %		Race %	
			Male	Female	Black	Hispanic
<b>E</b>						
<b>North Carolina</b>						
Charlotte	450	25-85	45	55	100	
Winston Salem	346	25-85	45	55	100	
Raleigh	462	25-85	45	55	100	
Durham	241	25-85	45	55	100	
Greensboro	250	25-85	45	55	100	
<b>South Carolina</b>						
Columbia	838	29-85	40	60	100	
Charleston	682	29-85	40	60	100	
<b>F</b>						
<b>Washington, DC</b>	1,609	45-85	40	60	100	
<b>Virginia</b>						
Richmond	606	35-85	45	55	100	
Northern-Virginia	1,000	35-85	33	67	100	
<b>NORTHEAST FAITH COMMAND New York</b>						
<b>A</b>						
<b>New York</b>						
New York City	2,680	47-85	32	68	99	1
Albany	156	38-85	50	50	100	
<b>New Jersey</b>						
Newark	680	45-85	31	69	100	
Trenton	692	45-85	31	69	100	
<b>B</b>						
<b>Pennsylvania</b>						
Philadelphia	1,001	38-85	35	65	100	
Pittsburgh	500	43-85	35	65	100	
<b>C</b>						

16,830



Faith Command	No. of Churches	Age Range	Gender %		Race %	
			Male	Female	Black	Hispanic
<b>Maryland</b>						
Baltimore	1,008	28-85	45	55	100	
Prince George's County	985	28-85	45	55	100	
<b>D</b>						
<b>Massachusetts</b>						
Boston	400	47-85	32	68	100	
<b>Connecticut</b>						
Hartford	200	38-85	38	62	100	
New Haven	200	38-85	38	62	100	
<b>MIDWEST FAITH COMMAND</b>						
<i>Chicago</i>						
<b>A</b>						
<b>Ohio</b>						
Columbus	162	47-85	32	68	100	
Cleveland	289	47-85	32	68	100	
Dayton	316	47-85	32	68	100	
Cincinnati	186	47-85	32	68	100	
<b>B</b>						
<b>Illinois</b>						
Chicago	800	27-85	40	60	100	
<b>C</b>						
<b>Kansas</b>						
Kansas City	89	38-85	38	62	100	
Topeka	69	38-85	38	62	100	
<b>Wisconsin</b>						
Milwaukee	58	38-85	38	62	100	
<b>D</b>						
<b>Michigan</b>						
Detroit	969	38-85	38	62	100	
<b>E</b>						

8,502

Faith Command	No. of Churches	Age Range	Gender %		Race %	
			Male	Female	Black	Hispanic
<b>Indiana</b>						
Indianapolis	109	38-85	38	62	100	
<b>SOUTHWEST FAITH COMMAND</b>						
<i>Dallas</i>						
A						
<b>Texas</b>						
Dallas	956	26-85	48	52	96	4
Houston	1,206	26-85	48	52	96	4
<b>B</b>						
Forth Worth	603	26-85	48	52	98	2
San Antonio	500	26-85	48	52	95	5
<b>WEST FAITH COMMAND</b>						
<i>Oakland</i>						
A						
<b>California</b>						
Oakland	1,356	41-85	33	67	100	
Los Angeles	700	41-85	33	67	94	6
San Francisco	300	48-85	32	68	94	6

3,047

3,265

2,356

**34,000**



## Key Churches



- We divide every metropolitan city and rural area into key churches. These churches are placed strategically to cover all geographic areas.
- The number of key churches that we designate for any given area depends upon the size of the population of the state or the city.

For example, a city like the District of Columbia that has a population under 1 million, has 24 key churches.

A city like Chicago or Atlanta has 78 to 100 key churches.

Those churches that surround the key churches are called cluster churches and they feed into those key churches for information and programming.

## NBCI Communication and Distribution Network

- [NBCI Communications and Distribution Network Capacity and Demographic Statement.pdf](#) [58kb]

NBCI has 34,000 churches. Because of our enormous size, we are able to conduct targeted distribution of health literature and other materials. This makes us one of the largest distribution networks in the country. We can easily limit this distribution network to NBCI churches, NBCI sister churches, or other churches outside our distribution network.

With this enormous distribution network, we can touch every metropolitan and rural area in the country where African Americans and Latinos reside. We also have the capacity to create literature both in Spanish and in English. Having this reach gives us a unique service to reach into metropolitan areas and deliver literature to zip codes, wards of cities (city election boundaries), as well as to certain neighborhoods. Over the years, we have been able to perfect this particular distribution network. This is one of NBCI's strong suits, and we are developing new techniques and strategies to improve the accuracy and speed of delivery of critical health information and other materials that will strategically affect the African American and Latino communities.

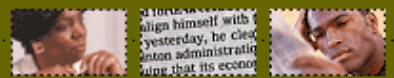
In the future we are looking to incorporate our technology information initiative by connecting key churches through wireless communication. We accomplish this task by sending the literature to our key churches that, in turn, distribute that literature through our cluster churches. With this type of accuracy we are able to target certain churches, individuals, genders or races.

We have the capacity to distribute large volumes of health information to target populations for specific health concerns.

We can deliver gender specific health literature to women concerning breast cancer, heart disease and other diseases like osteoporosis. If we are talking about breast cancer, we are one of the few national organizations that have the capacity to distribute a large volume of health information to women who are a part of our congregations.

The targeting of those women for this literature is usually done by the Center of Diseases Control (CDC). CDC concludes that a particular age group is vulnerable to this disease state and should be tested. NBCI surveys its congregation and maps out a strategy to deliver targeted information to a specific group of women in our congregation.

We also have the ability to identify or target health information for men. If the literature is for men who are fifty-five and over concerning a disease like prostate cancer or other male diseases we will provide the same manner of information distribution within our congregations for them. We are able to accomplish this task through the NBCI /DCBCI Health Note.



12/8/2008



National Newspaper Publishers Association



ARTICLE

## PRESS RELEASES

### NATIONAL BLACK CHURCH INITIATIVE SUCCESSFULLY DISTRIBUTES 3.5 MILLION DIGITAL TV CONVERTER BOX APPLICATIONS



Rev. Anthony Evans

Church network educates parishioners on the Feb. 17, 2009 digital TV transition

WASHINGTON – [The National Black Church Initiative \(NBCI\)](#), under the leadership of Reverend Anthony Evans, today announced the distribution of about 3.5 million applications for the federal government's converter box coupon program to African-American congregants nationwide. The government is offering coupons to all U.S. households to offset the cost of preparing for the transition to digital television (DTV) on February 17, 2009.

In partnership with the National Association of Broadcasters (NAB), NBCI disseminated literature containing information about the upcoming transition and an application form for the government's converter box coupon. The \$40 coupon allows residents to purchase a converter box, a low-cost option for consumers to continue receiving television signals if they are not connected to cable. NBCI has also conducted more than 20,000 educational sessions in faith-based communities all across the country.

NBCI is a partner in NAB's national multiplatform campaign to educate the transition's most disproportionately affected populations, including persons with disabilities, seniors, rural communities and racial minorities, about the DTV transition.

"This is a huge victory for NBCI, and I congratulate our member churches, our 35,000-volunteer force, dedicated ministers and NAB. NAB has played a pivotal role in helping us get out the word about the big digital switch and should be commended for its leadership," said Rev. Anthony Evans, president of NBCI.

Ms. Debra Coley-Bagley, chair of NBCI's Board of Directors added, "We are so very proud of the leadership NBCI has demonstrated on this national DTV education campaign. This clearly mirrors the broad depth and capacity that the black church is able to bring to bear concerning any national public education campaign or health preventative initiatives. There is still much work to be done, but thus far this has been an enormously successful venture. We look forward to completing the task."

Rev. Mark McCleary, who is working closely with NBCI in organizing the churches and volunteers behind the DTV campaign, said, "We have worked very hard on this project and our volunteers have given one hundred and twenty percent on helping to get out the word on DTV. Rev. Evans' leadership is clear and decisive. He is well-organized, and our volunteers in churches around the country cannot be more pleased of how he is handling this campaign."

#### About NBCI

[The National Black Church Initiative \(NBCI\)](#), a coalition of 16,000 African-American and Latino member churches works to eradicate racial disparities in healthcare. In addition to our member churches, we have 18,000 sister churches. NBCI is a faith-based health organization dedicated to providing critical wellness information and preventive health screening to all of its members. The African-American community ranks first in eleven different health risk categories. NBCI's purpose is to partner with national health officials to provide health education, reduce racial health disparities, and increase access to quality healthcare.

#### CONTACT

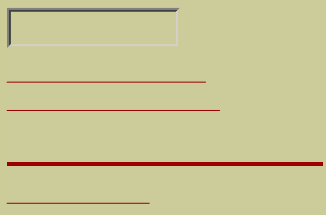
[Rev. Anthony Evans](#)  
(202) 744-0184

[Download the NBCI press release on the DTV campaign.](#)

OFFICIAL SITE:



BUILT BY:





# ¿Tiene Su Hijo/a Algunos De Estos Síntomas?

- No **balbucea** a los 12 meses
- No hay gestos tales como señalar, mostrar, alcanzar o saludar a los 12 meses
- No responde al llamar su nombre a los 12 meses
- No dice una palabra a los 24 meses
- Cualquier pérdida del habla, balbuceo o habilidades sociales a cualquier edad
- Una preocupación con partes de objetos o juguetes

## Si Es Así, ¿Qué puedo hacer?

**1** Hable con su médico acerca de sus preguntas. Nadie más conoce a su hijo mejor que Usted.

**2** Llene el cuestionario de autismo en la parte posterior de esta página o en el web y regréselo a su médico. Para más información sobre autismo visite: [www.AutismSpeaks.org/signs](http://www.AutismSpeaks.org/signs)

**3** Inicie el proceso de intervención **inmediatamente**. Su hijo puede recibir una **evaluación gratuita** sin un diagnóstico formal. Si su hijo tiene menos de 36 meses, comuníquese con su oficina local del programa de intervención temprana tan pronto usted tenga preguntas. Éste es un programa estatal para niños desde el nacimiento a los tres años el cual usted puede usar mientras espera una evaluación de su médico. Si su hijo es mayor de 36 meses, póngase en contacto con su distrito escolar local.

**4** Si tiene preguntas: póngase en contacto con **Autism Response Team** en Autism Speaks. Ellos pueden responderle sus preguntas y proveer recursos de orientación gratuitos. En Inglés: 888-AUTISM2 (888-288-4762) • En Español: 888-772-9050 [familyservices@autismspeaks.org](mailto:familyservices@autismspeaks.org) • Text "ART" to 30644

**ACTÚE AHORA: La Intervención Temprana Puede Hacer Una Diferencia de por Vida**



Parcialmente adaptado de [www.cdc.gov/actearly](http://www.cdc.gov/actearly)



**AUTISM SPEAKS®**  
It's time to listen.

[www.AutismSpeaks.org](http://www.AutismSpeaks.org)

# Lista de Prueba de Autismo Para Niños Pequeños (M-CHAT)

El M-CHAT es una prueba válida para niños entre 16 y 30 meses de edad, que se usa para evaluar el riesgo de trastornos del espectro autista (ASD por sus siglas en inglés). La Academia Americana de Pediatras (AAP por sus siglas en inglés) ha aprobado el uso de esta prueba a los 18 y 24 meses de edad para detectar los trastornos del espectro autista. Las preguntas pueden ser respondidas en menos de 2 minutos con las instrucciones que se encuentran en <http://www.mchatscreen.com>. Un profesional entrenado puede hablar sobre los resultados con usted y le guiará para encontrar el recurso más adecuado. Además de llenar estas 23 preguntas debe de hacer una entrevista de seguimiento para aclarar algunas de las respuestas.

Por favor, responda las siguientes preguntas tomando en cuenta como su hijo es **usualmente**. Trate de responder todas las preguntas. Si el comportamiento de su hijo es poco común (por ejemplo, usted lo ha visto una vez o dos veces), *responda la pregunta como si su hijo no lo hace*.

- |   |    |    |
|---|----|----|
| 1. ¿Disfruta su niño (a) cuando lo balancean o hacen saltar sobre su rodilla?   | Sí | No |
| 2. ¿Se interesa su niño (a) en otros niños?   | Sí | No |
| 3. ¿Le gusta a su niño (a) subirse a las cosas, por ejemplo subir las escaleras?  | Sí | No |
| 4. ¿Disfruta su niño (a) jugando "peek-a-boo" o "hide and seek" (a las escondidas)?   | Sí | No |
| 5. ¿Le gusta a su niño (a) jugar a pretender, como por ejemplo, pretende que habla por teléfono, que cuida sus muñecas, o pretende otras cosas? | Sí | No |
| 6. ¿Utiliza su niño (a) su dedo índice para señalar algo, o para preguntar alguna cosa?   | Sí | No |
| 7. ¿Usa su niño (a) su dedo índice para señalar o indicar interés en algo?  | Sí | No |
| 8. ¿Puede su niño (a) jugar bien con juguetes pequeños (como carros o cubos) sin llevárselos a la boca, manipularlos o dejarlos caer)?          | Sí | No |
| 9. ¿Le trae su niño (a) a usted (padre o madre) objetos o cosas, con el propósito de, mostrarle algo alguna vez?                                | Sí | No |
| 10. ¿Lo mira su niño (a) directamente a los ojos por más de uno o dos segundos?   | Sí | No |
| 11. ¿Parece su niño (a) ser demasiado sensitivo al ruido? (por ejemplo, se tapa los oídos)?   | Sí | No |
| 12. ¿Sonríe su niño (a) en respuesta a su cara o a su sonrisa?  | Sí | No |
| 13. ¿Lo imita su niño (a)? Por ejemplo, si usted le hace una mueca, su niño (a) trata de imitarlo?  | Sí | No |
| 14. ¿Responde su niño (a) a su nombre cuando lo(a) llaman?  | Sí | No |
| 15. ¿Si usted señala a un juguete que está al otro lado de la habitación a su niño (a), lo mira?  | Sí | No |
| 16. ¿Camina su niño (a)?  | Sí | No |
| 17. ¿Presta su niño (a) atención a las cosas que usted está mirando?  | Sí | No |
| 18. ¿Hace su niño (a) movimientos raros con los dedos cerca de su cara?   | Sí | No |
| 19. ¿Trata su niño (a) de llamar su atención (de sus padres) a las actividades que estada llevando a cabo?                                      | Sí | No |
| 20. ¿Se ha preguntado alguna vez si su niño (a) es sordo (a)?   | Sí | No |
| 21. ¿Comprende su niño (a) lo que otras dicen?  | Sí | No |
| 22. ¿Ha notado si su niño (a) se queda con una Mirada fija en nada, o si camina algunas veces sin sentido?                                      | Sí | No |
| 23. ¿Su niño le mira a su cara para chequear su reacción cuando está en una situación Diferente?  | Sí | No |

**Como anotar en el M-Chat.** Por favor anote 1 punto si responde "no" a las preguntas 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 17, 19, 21 o 23, o si respondió "sí" a la 11, 18, 20 y la 22. Si la puntuación final fue 3 o más, debe de hacerle un seguimiento a su hijo con su médico para una referencia. Si respondió "no" a dos o más preguntas 2, 7, 9, 13, 14, 15, debe de preguntarle a su médico por una entrevista de seguimiento. Estos están considerados como elementos críticos del MCHAT. Aunque su puntuación final haiga sido bajo el 3, y bajo del 2 en las preguntas críticas, y si todavía tiene preguntas, lleve este formulario completo y sus preguntas a su médico para una evaluación más profunda y una referencia a un especialista. Es importante darle seguimiento con un especialista ya que su pediatra podría no reconocer algunos retrasos o síntomas.

# NBCI HED Medical Director Dr. Doris Browne



**Browne and Associates, Inc. (BAI) is a service-disabled veteran, woman-owned, small business that specializes in improving quality health outcomes through increasing awareness and inspiring behavior changes. BAI is dedicated to providing health information and education services. Our leadership skills and expertise in health promotion, disease management and prevention affords operating at the highest level of culturally appropriate best practices.**

## **Doris Browne, MD, MPH President & CEO**

Dr. Browne has more than 30 years of experience in executive medical management and leadership at the national and international levels. She is well published including textbooks, book chapters, and articles. Throughout her career, she has been dedicated to eliminating health disparities focusing on prevention, health education, and wellness programs. She has served as Principal Investigator, Program Manager and a consultant for Medical Care Development International; Systems Assessment Research Corporation; and Synergy Enterprise Incorporate. Dr. Browne recently retired from the Division of Cancer Prevention, National Cancer Institute (NCI), National Institutes of Health (NIH) where she managed the breast cancer chemoprevention portfolio. She is a retired Colonel of the US Army Medical Corps.



Her background includes clinical care, research, public policy initiatives, pharmaceutical studies, clinical trials, disease prevention and a wide range of health care delivery issues. She served as Chairperson, Breast Cancer Education and Prevention Initiatives, planned and implemented conferences and workshops.

She was a Woodrow Wilson Public Policy Scholar (2007) at the Woodrow Wilson International Center for Scholars where her research focused on estrogen receptor negative breast cancer health disparities. Colonel Browne's military experience includes responsibility for the biomedical research programs for the Army and the Department of Defense (DoD); Health Affairs' prevention and standards for analysis, review, and formulation of policies, guidelines and programs on women's health issues, oversight for health promotion and disease prevention, and TRICARE preventive benefits; planning the disaster medical management support for radiation accidents/incidents including management of radiation casualties, training and technical assistance in HIV/AIDS, clinical trials, and chronic disease management.



Dr. Browne serves on numerous Boards and committees. In her early career she developed an education manual on sickle cell anemia for the former Department of Health, Education and Welfare (now DHHS).

Dr. Browne graduated from Tougaloo College (BS), University of California at Los Angeles (MPH), and Georgetown University (M.D.) and completed an internship, residency, and fellowship at Walter Reed Army Medical Center. She achieved national and international recognition as an expert in the medical management of radiation casualties, women's health, breast cancer, and HIV/AIDs. She was the DoD representative to the National Action Plan on Breast Cancer. She is a former Chair of the Cancer Research Committee of the National Medical Association (NMA) and is its representative to the National Breast Cancer Awareness Month (NBCAM) Board of Sponsors. Dr. Browne served as Chair of the Government Liaison Committee for the American Medical Women's Association and is a member of the Governing Board of the Intercultural Cancer Council and Medical Care Development. She has served as a reviewer for both public and private grant applications.

She is Secretary of the Board of Trustees of Tougaloo College, member of numerous professional societies and organizations including the National Medical Association, American Society of Clinical Oncology (ASCO), African Organization for Research and Training in Cancer (AORTIC), American College of Physician (ACP), American College of Physician Executive (ACPE), Leadership Washington, Trinity Episcopal Church, and others. She is the 2007 recipient of the Minorities in Research Sciences' award for Professional Achievement and the 2010 recipient of an NIH Merit Award.



## **NBCI (HED) Health Emergency Declaration Health Model**

Under NBCI health model HED we have the capacity to provide the following services:

Health Promotion and Awareness Campaigns on any disease state

**Example**      Immunization

Health Education Model

**Example**      Multiple Myeloma

Health Literature Creation and Distribution to the targeted population

**Example**      Autism

Health Curriculum Development and Implementation

**Example**      COPD

Clinical Trials Education and Recruitment

**Example**      Autism

# National Black Church Initiative

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March 28, 2010  
**For Immediate Release**  
**PRESS ADVISORY**

Contact Person:  
Rev. Anthony Evans  
202-744-0184

## The National Black Church Initiative Declared a National Health Emergency in the Black Church

[The National Black Church Initiative](#), a coalition of 34,000 African American and Latino churches across America, held a press conference in which Rev. Anthony Evans, President of the National Black Church Initiative, declared a National Health Emergency (HED) in the Black Church. The passage of the Healthcare Reform Bill passed by Congress offering universal health care for Americans is a good first step, but more is needed to close the in the areas of prevention to close the health disparity gap between African Americans and their white counterparts. Baltimore represents the first health community under HED in establishing 35 separate health communities across the country, kicking off a seven year commitment to create a healthier lifestyle for all African Americans through education, pre-screening, improved diet, physical exercise, and clinical trials. Attendants include Mayor Stephanie Rawlings-Blake, Dr. Garth Graham, Deputy Assistant Secretary for Minority Health, Director, Office of Minority Health in the Office of the Secretary of HHS. Michelle Spencer, Chief of Staff, Dr. Anne Bailowitz, Acting Chief Medical Officer, and Kay Sibetta, Health Disparities Director will represent Olivia Farrow, Interim Health Commissioner for the Baltimore City Health Dept. The Right Most Rev. Harlie Walden Wilson, II, Senior Pastor at Israel Baptist Church of Baltimore City.

The press conference was held at 12:15 p.m. on March 28, 2010 at the [Israel Baptist Church of Baltimore City](#), 1220 North Chester Street, Baltimore, MD 21213.

Rev. Anthony Evans, president of the National Black Church Initiative, said, "This is a historic event in the Black Church because for the first time, the Black Church has set a course of healing their minds, bodies, and souls. In declaring this health emergency we acknowledge that our present lifestyle is not the road that will sustain our communities and reduce health disparities. The NBCI Health Emergency underscores that the African American community desperately needs help to create a healthy lifestyle that will sustain the Black Church and Black community. Over the next seven years across this country, the church will utilize its extraordinary moral authority to confront every major disease state and challenge its members to get healthy. This involves a commitment to 2.5 hours of education every week and proven, targeted health literature

coordinating with federal, state, and local health authorities to create and sustain health communities through scientific based preventive health models. We are committed to shaping up the Black Church and setting it on a course of spiritual redemption and health until the Lord comes.”

Rev. Mark McCleary, chair of NBCI Minister Alliance, says, “Rev. Evans has given us our instructions for the next seven years and we plan to organize our churches toward good, sound, health practices. We are committed to increasing water consumption, increasing sleep, increasing fruit and vegetable intake, and increasing physical exercise. We are grateful that we will have health panels to help guide us along this extraordinary path. I would personally like to thank Rev. Evans for his visionary leadership on this critical issue of health that confronts the Black Church. It is truly an emergency given our health statistics.”

### **About NBCI**

The National Black Church Initiative (NBCI) is a coalition of 34,000 African American and Latino churches working to eradicate racial disparities in healthcare, technology, education, housing, and the environment. NBCI’s mission is to provide critical wellness information to all of its members, congregants, churches and the public. The National Black Church Initiative’s methodology is utilizing faith and sound health science. The National Black Church Initiative's purpose is to partner with major organizations and officials whose main mission is to reduce racial disparities in the variety of areas cited above. NBCI offers faith-based, out-of-the-box and cutting edge solutions to stubborn economic and social issues. NBCI’s programs are governed by credible statistical analysis, science based strategies and techniques, and methods that work.



# National Black Church Initiative's Health Emergency Declaration

NBCI HED

# The National Black Church Initiative (NBCI)

The National Black Church Initiative is a coalition of 34,000 African American churches that is committed to eliminating health disparities through health information seminars and health promotion activities.

# THE NATIONAL BLACK CHURCH INITIATIVE HEALTH EMERGENCY DECLARATION

*A National Health Prevention Program*



**Rev. Anthony Evans  
President**

**National Black Church Initiative**

**P.O. Box 65177**

**Washington, DC 20035**

**202-744-0184**

**[www.naltblackchurch.com](http://www.naltblackchurch.com)**

# NBCI Health Emergency Declaration (HED)

The National Black Church Initiative is declaring a national health emergency in the Black Church due to the chronic health condition of African Americans and its horrible health statistical composition.



# What is HED?

The black church will utilize its moral authority and its vast network of churches and create a science-based health prevention program that deals with every major chronic disease that directly impacts the state of black health. We plan to utilize innovative health techniques and strategies within the existing structure of the black church thus turning the black church into a health educator. For instance, every church will be required to institute 2.5 hours of health education a week.

# The 15 Elements of HED

- Health education
- Prescreening and early detection
- An acute understanding of family medical history
- Increased visits to the doctor
- Improving nutritional diet
- The screening of oral health diseases and the maintenance of good dentistry
- Increasing and improving physical exercise
- Drug therapy and compliance
- Age appropriate health screening
- Reduction and elimination of alcohol and tobacco consumption
- Reduction of stress
- A complete elimination of violence both in words and deeds
- Prescreening for mental health disease states
- Maintenance of good mental health practices
- Avoidance of accidents
- Building trust between health officials and the Black community and better communications

# Ten Characteristics of HED

1. 35 focused health communities
2. Faith based marketing health strategy
3. Certification of African American Churches as Health Prevention Centers
4. 2.5 hours of health education weekly
5. Use of proven scientific health prevention modeling
6. Use of web and videotape as educational reinforcement tools
7. Enhanced health literature – NBCI Health Note
8. NBCI Communication and Distribution Network
9. NBCI Patient Education Assistance: Congregational-Based Health Personnel Corps (CBHPC)
10. Clinical trails

# 35 Focused Health Communities

- ◆ HED will be set up in 35 African American Communities across America.
- ◆ The communities will be headed by a key church and divided into sections, which will focus on different disease states at different times.
- ◆ The selection of these communities will be based on a number of factors.

# Factors for Community Selection

- NBCI will look at the social and economic conditions within the community.
- NBCI will look at the availability of access to healthcare for residents of the community.
- NBCI will look at the community's African American and Latino population.
- NBCI will need to look at the health statistics of the community and the healthcare system of the community.
- NBCI will examine the availability and quality of physicians and specialized care in the area.
- NBCI will also be looking at state spending on healthcare and who in the community is covered by health insurance.
- NBCI will look at the availability of grocery stores who supply healthy eating alternatives, especially in minority communities.
- NBCI will look at the rate of cancer, diabetes and obesity with the African American population.

# NBCI Health Panels

- ◆ NBCI will utilize its Health Panel made up of community health professionals to help set the agenda and the priority of HED in each community.
- ◆ We will recruit local partners like the Department of Health and the American Lung Association.
- ◆ We will set the health priorities according to the program objectives of HED.

# The Role of the MPH

- ◆ The MPH will act as the chief health liaison between the health panel and the churches.
- ◆ They will help create and administer the evaluation of the program.
- ◆ Compile statistical data for the program.
- ◆ They will train the congregational based volunteers on the objectives and goals of HED.
- ◆ They will train the volunteer health personnel in the various areas of patient advocacy, serving on the health panel and assisting in training.
- ◆ They will conduct the trainers of trainers of the key church volunteers assisted by the congregational volunteer health personnel.
- ◆ They will assist the NBCI President in administering the program.

# Use of Congregational-Based Health Personnel Volunteer

- ◆ These individuals will work with patients who have chronic diseases, are educationally challenged or are physically challenged.
- ◆ They will serve as patient advocates.
- ◆ They will help patients navigate the healthcare system so that they can receive the adequate healthcare that is due to them.
- ◆ They will make sure that these patients take their medication on time and correctly.
- ◆ Some will serve on our health panel depending upon their expertise.
- ◆ Some will assist the MPH in instituting trainers of trainers sessions and educating the volunteers at the key churches.



# Diagram of Program Personnel

## **NBCI Health Program Staff**

Will provide the overall direction of the program, both administratively and programmatically.

## **NBCI Health Panel**

The Health Panels will help set the agenda and the priorities of the BoF/COPD campaign.

## **MPH**

The chief health liaison between the health panels and the churches.

## **Congregational Based Health Personnel Volunteer**

Assist the MPH in helping to implement the elements of the program.

## **Churches**

# Health Priorities

The following are the health issues that will be the main focus of HED

- Heart disease
- Cancer
- Obesity
- AIDS
- Hyper-tensions
- Diabetes
- Liver Disease
- Smoking
- Alcoholism
- Drug Abuse
- Violence
- Depression
- Mental Illness
- Suicide
- Bi-Polar
- Disorders
- Respiratory diseases
- Arthritis
- Disabilities
- Alzheimer
- H1N1 Flu

# Faith Based Marketing Strategy

One of the critical issues regarding African American health and why health education programs are not successful is the organizations who are implementing the program have very little experience with the African American community. In addition they lack the professional marketing skills to market to the African American community. Over the years NBCI has created a marketing approach that has been enormously successful. The approach consists of three elements.

# Elements of NBCI Faith-Based Marketing Approach

- ◆ Understanding the complexity and functioning of the Black Church
- ◆ Understanding the nature and vision of the pastor of the church.
- ◆ Understanding the nature of geographic areas and traditions of Black congregations.
- ◆ Understanding the composition and the educational level of the church that is being approached.

# Certification of African American Churches as Health Prevention Centers

- A physician as a member of their congregation who is willing to offer some direction
- Whether the ministry enjoys the support of the pastor and he offers encouragement
- Are there more than three qualified health professionals with four years of health education or more and are certified
- Are there sufficient volunteers to support a program within the congregation
- Does the church conduct annual health awareness weeks or an annual yearly health fair
- Does the senior pastor offer a health sermon once or twice a year

# Certification of African American Churches as Health Prevention Centers

- Does the church distribute to the membership health information produced by their local health department or other health entities
- Is there a qualified individual who can evaluate the cultural competency of the health literature being distributed
- Is the church a member of a national health promotion organization (i.e. NBCI)
- Does the person who heads the health ministry attend conferences or health seminars sponsored by qualified health organizations
- Does the church's health ministry disseminate relevant health information which is timely, like the H1N1 health virus is now

# Certification of African American Churches as Health Prevention Centers

- Can the health ministry provide volunteer training conducted by someone who has experience in the field
- Is the health ministry recognized by the local health department
- Are there qualified individuals who are capable of giving accurate science based information to the congregation
- Does the church have a defibrillator and qualified personnel to administer it
- Does the church offer first aid and CPR training
- Does the church offer cooking class
- Does the church encourage physical activity
- Does the church teach life guard training
- Is there anyone in the church capable of performing the Heimlich Maneuver

# Scientific Health Models

These are the methodologies that NBCI will employ to radically change African American's behavior when it comes down to good health practices within their lives. NBCI plans to heavily market these models within the Black Church and hopes to also move outside the African American church.

NBCI will not be introducing any models that have not been scientifically proven to be successful. NBCI will not be reinventing the wheel. NBCI believes that there are sufficient models available that have been proven successful, and the goal will be to implement and duplicate these models to reach a larger group of targeted populations who need them.



# Scientific Health Models

In addition to the models below, we will also implement models by Dr. Yancy of UCLA, who believes that the black faith community is particularly "ripe" for addressing this area of health disparities because of the many opportunities to model healthy behaviors and to create experiential learning as a part of the organization's routine activities.

Yancy's work focuses on making environmental changes that not only affect individuals, but the entire African American Community. A few examples of these proven, scientific health models that we plan to implement under HED are listed in appendix section of this paper.

# Example of a successful Scientific Health Model

## **Brown Bag Health Model dealing with drug therapy and compliance –**

Here NBCI will partner with the Black Pharmacist Association and individuals who have chronic health diseases. Said individuals will bring all of their medicines in a brown paper bag. The Pharmacist will teach them the correct way of taking those medicines as well as share critical tips on how to take them.

For instance, AIDS, heart disease, diabetes and lung cancer patients will all be able to learn more about their medications. This action will be taken to increase the knowledge of the individual and by increasing their knowledge increase compliance. The crisis of African Americans in drug therapy is that after they start feeling better they stop taking medication.

# HED Television

NBCI plans to launch an internet based health television using the latest technologies to discuss health issues that primarily affect African Americans. It will feature videos on how to shop for proper food along with 60-80 segments on every disease stat that affects African Americans.

# NBCI web-based faith health radio

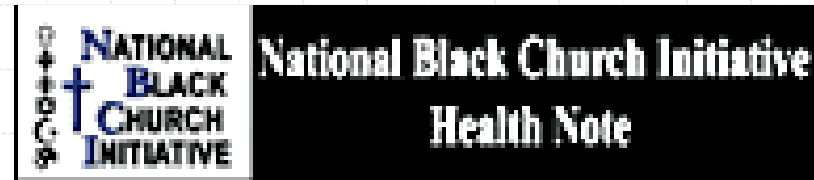
- ◆ NBCI will record up to 12 hours of programming a week and create a site especially for the downloading of current radio based programs that deal with preventive health.
- ◆ NBCI will compile certain important podcasts on health, covering every major health outlet in the country, like NPR, CBS, NBC, ABC, FOX, CNN and others.
- ◆ The individual will hear the health conversation, some music of the Black Church, as well as health sermons encouraging them to take the next step.

# Utilization of Social Networks

- ◆ NBCI plans to fully utilize the present social networking systems, like MySpace, Facebook, LinkedIn, Plaxo, Twitter, Google, Yahoo and others.
- ◆ NBCI is working on a computer program that will remind an individual by phone call, email, Twitter or other web based communication tools of their doctors appointment, exercise time, healthy recipes, proper diets, healthy products, when and how to take their medications and other health tips that illustrate the importance of HED.

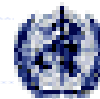
# NBCI Health Note on HED health priorities

- ◆ We will create a NBCI Health Note on each HED health priority and produce 150,000 copies and provide it to the targeted population in the 35 target communities.
- ◆ We will utilize the NBCI Communication and Distribution network to achieve this goal.



**H1N1 FLU (SWINE FLU) and YOU**

*How to prevent it and stay healthy*

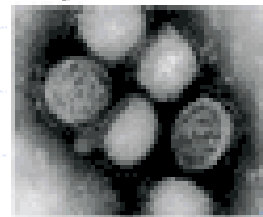


World Health Organization

**WHO raises its pandemic alert level 5 on H1N1 flu**

## **What is this new H1N1 virus**

This virus was originally referred to as "swine flu" because laboratory testing showed that many of the genes in this new virus were very similar to influenza viruses that normally occur in pigs in North



America. But further study has shown that this new virus is very different from what normally circulates in North American pigs. It has two genes from flu viruses that normally circulate in pigs in Europe and Asia and avian genes and human genes. Scientists call this a "quadruple reassortant" virus.

**Call 1-800-CDC-INFO • (1-800- 232-4636)**

# NBCI Communication and Distribution

- ◆ NBCI has 16,000 African American churches and 18,000 sister churches. Because of its enormous size, it is able to conduct targeted distribution of health literature and other materials. This makes NBCI one of the largest distribution networks in the country. NBCI can easily limit this distribution network to NBCI churches, NBCI sister churches, or other churches outside our distribution network.
- ◆ NBCI has the capacity to distribute large volumes of health information to target populations for specific health concerns based upon geographic areas.

# Clinical Trials

NBCI understands the importance of clinical trials for African-Americans. It is important that African-Americans are proportionately represented in clinical trials of common diseases such as diabetes, AIDS, cancer and heart disease. For the past four years NBCI has conducted seminars in its faith-community to encourage more African Americans to participate in clinical trials.

NBCI feels that all clinical trials should be conducted with the highest of ethical standards and adhere to current federal laws, rules, and regulations that govern these trials. It is critical that these protocols are in place before NBCI or NBCI member congregates participate in any clinical trial regimen.



# Criteria for approving clinical trials

The following issues should be settled before any participation occurs

- There must be a signed consent form.
- There must be an education session explaining the purpose and value of the clinical trial and its possible outcomes in terms of data and the management of a particular disease
- There must be education on the effects of drug therapy or therapy in general.
- There must be adequate coverage for all unforeseen possibilities.

# Criteria for approving clinical trials

The following issues should be settled before any participation occurs

- All government protocol in reference to safeguards must be adhered to.
- The individual who agreed to participate should follow the clinical trial's instructions in order to achieve the best results.
- All clinical trials must be reviewed by NBCI's health consultant Dr. Anthony Esquire, and other individuals whom Dr. Esquire deems appropriate.

# Research Data and Evaluations

One of the most exciting possibilities of National Black Church Initiative's Health Emergency Declaration is the enormous opportunity for the collection of critical, actionable research data.

Of course this data along with existing data would help NBCI create a more effective preventive tool and also strengthen the program for the maximum results for the targeted population that it is focused on.



# Why HED will work

# Tackling racism

NBCI believes that it can do little to nothing to truly affect the racial structure that exists in America's society, even though race issues have continued to improve. A small sign of this is the ADA's apology to African American physicians and their commitment to work to solve health disparities.

# The lack of access to care: President Obama's health reform

The President is proposing ambitious and costly healthcare reform. NBCI strongly supports the goals of the President. However, we believe that even if healthcare reform passed the congress this year the problem of institutional transfer in developing culturally competency among healthcare workers, will take years and even decades to achieve.

We will not argue that the access to that care in any form would improve health disparities, but we are not trying to simply improve health disparities, we want to eliminate them. So we approve of the forward thinking of President Obama, but unless there is a major emphasis scientific based, well funded prevention programming in the Black community that impacts behavior the numbers will not change.

# Latest Therapies

HED will utilize the full power of the Black Church to demand African Americans be included in new therapies so that African Americans can receive the latest medicines and be treated more promptly.

NBCI will do this by encouraging its congregates to participate in clinical trials and offer Grand Rounds to our healthcare providers who are a part of our congregation, others and people who are particularly affected by that disease state.

NBCI will let them know who is developing these therapies, what the nature of these therapies is and how one can participate in these therapies if your attending physician approves that the benefit outweighs the risk.

# Funding

- ◆ HED will educate key members of congress about the insufficient funding for African American health, and how funding needs to be quadrupled in this area to deal with health disparities. The key is that there must be more funding for programmatic response instead of research.
- ◆ NBCI does understand the value of actionable research, but when research is done simply for researches sake and is not applied to the world then research does not maintain the value that it promises in dealing with health disparities.
- ◆ HED will create a diversified structure of funding, consisting of, but not limited to, federal government, HHS, CDC, NIH, state and local health entities, health foundations, corporations and an extensive capital campaign among its 34,000 churches to endow the initiative over the next ten years.



# Staffing

HED avoids the issues of poorly staffing projects by creating a system that is based upon four layers of effectiveness. One, a strong administrative health staff; two, health panels consisting of African Americans and Latino health professionals; three, a corps of highly trained and highly motivated Master of Public Health clinicians; four, Congregational-Based Health Personnel Volunteer Corps.

This is all backed by thousands of educated volunteers who have the necessary background to assist.

# Strategic Planning

HED health panel's primary objective is to create a five year strategic plan for that geographic area. This is one of the factors why the duplication of these successful, science based health models will not be a problem.

The level of staffing training and commitment from the Black Church will allow for the program to be easily documented and reproduced in other communities.

# Cultural Competency

HED will not have the initial problems concerning cultural competency in both its personnel and its curriculum because of how it is structured. Training will be provided on a bi-annual basis around the issue of cultural competency for the entire HED staff.



# You've Got the Power!

## Clinical Trials Fact Sheet



**National Medical Association**  
1012 10th Street, NW, Washington, DC 20001  
www.NMAnet.org  
202.347.1895  
202.371.1162 fax



## WHAT IS A CLINICAL TRIAL?

A clinical trial is the scientific term for the step-by-step process that studies or tests in humans a new procedure, drug, vaccine or device for prevention, treatment, screening or quality of life. The majority of clinical trials conducted in the United States test new drugs.

- **Prevention trials** look at drugs, vaccines or lifestyle changes that may help prevent disease.
- **Diagnostic trials** look at ways of detecting or finding out more about a disease.
- **Treatment trials** may monitor new drugs or evaluate new combinations of established treatments.
- **Screening trials** may be conducted to find out if a screening test (such as for prostate cancer) is useful in detecting the disease at an early stage and, as a result, reduce the number of deaths from the disease.
- **Quality of Life trials** may study the psychological impact of the disease and ways to improve a person's comfort and quality of life.

## WHY SHOULD MINORITIES PARTICIPATE?

In the past, most drugs were tested on white men. Groups such as African Americans, Hispanic Americans, Native Indians, Asian Americans, and women, had generally not been a part of drug clinical trials. Studies have shown that sometimes drugs work differently in people in these groups. It is important to make sure we understand how to use drugs to get the best results in all people.

## BENEFITS

- Opportunity to get a new drug before it's available to the general population.
- Possibility of being among the first to benefit from a new treatment or new information about a current treatment.
- Special care and close oversight by trial doctors.
- Possibility of free health screenings and exams.
- Opportunity to contribute to medical and scientific knowledge, possibly for your good and/or the good of future generations.

## PARTICIPANT PROTECTIONS

- Participant's own understanding of the process
- Informed Consent Process (where you learn about all the expected risks and benefits of a clinical trial)
- Institutional Review Boards (a group of scientists, doctors, clergy and consumers that review and approves the action plan for every clinical trial)
- Your Physician
- The Food and Drug Administration
- The National Institutes of Health
- US Department of Health and Human Services/Office for Human Research Protections

## RISKS

- The new treatment may not work well for you.
- It might be less effective than the standard treatment.
- The new drug may have known and unknown side effects.
- Sometimes side effects can occur after the trial stops.
- You may receive a placebo — (an inactive pill, liquid, or powder) that has no treatment value. However,

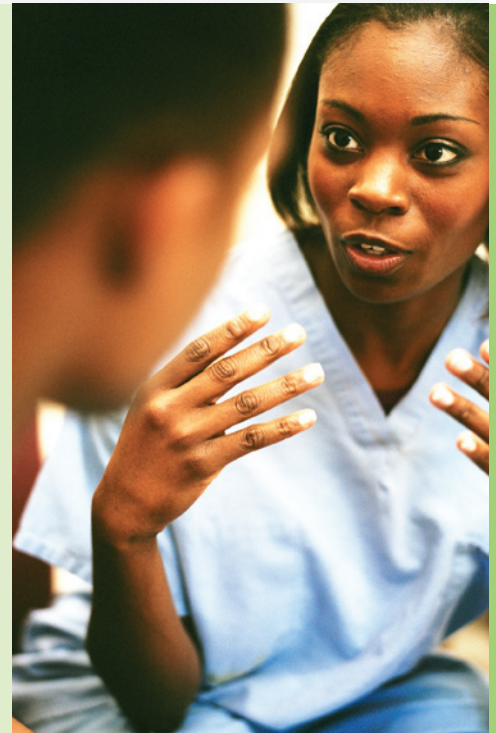
placebos are not used when doctors already have treatments that work or getting no treatment could put you at harm.

- For some trials, there may be expenses, such as for other medical tests, which may not be covered by your insurance or by a trial sponsor.

## QUESTIONS YOU SHOULD ASK

- What is the purpose of the study/trial?
- Who is sponsoring the study/trial?
- What about my safety? How is it monitored?
- What are the possible risks? (Present and long term)
- What are the possible benefits to me?
- Can I leave the trial at any time?
- What kinds of tests, procedures, or treatments might be performed? (How many and how often?)
- How long will the trial last? Will you continue to keep an eye on me after the trial is over? If yes, for how long?
- What is required of me in the trial?
- Will it cost me anything to participate in the trial?
- Who will have access to my name and records? How will you protect my privacy?

These are just a few of the questions you should ask and get answered.



## FOR MORE INFORMATION ABOUT CLINICAL TRIALS

Start and end with your healthcare provider. Other sources of general information include:

- **National Medical Association** Our website provides more information on clinical trials and links to other sources for clinical trial information ■ [www.NMANet.org](http://www.NMANet.org) ■ 202.347.1895.
- **The National Institutes of Health** Their website provides information on clinical trials for a wide range of diseases and conditions ■ [www.clinicaltrials.gov](http://www.clinicaltrials.gov) ■ 1.888.346.3656.
- **The Food and Drug Administration** Their website provides information on clinical trials and human subject protections ■ [www.FDA.gov](http://www.FDA.gov)

Use the space below to jot down any questions you may have on clinical trials. Take your questions with you on your next visit to the doctor.

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- [Health Emergency Home](#)
- [HED Current Projects Listing](#)
- [Spirituality, Health and Healing](#)
- [Family Health](#)
- [Men's Health](#)
- [Women's Health](#)
- [Child Health](#)
- [NBCI Health Television](#)
- [Health Notes](#)
- [Health Articles](#)
- [Health Books](#)
- [Food and Nutrition](#)
- [Physical Health and Fitness](#)
- [NBCI Clinical Approach Principles](#)
- [Health Initiative A to Z](#)

## HEALTH EMERGENCY DECLARATION (HED)

NBCI SEARCH

Google™ Custom Search

search

**The National Black Church Initiative (NBCI) has declared Autism Awareness Sundays throughout the month of November as a part of our Health Emergency Declaration, in recognition of the significance of autism spectrum disorders to the African American community**



**connectme**  
to a clinical research program in autism

[www.ConnectMeTrial.com](http://www.ConnectMeTrial.com)

**ConnectMe to a clinical research program in autism.**

If your child is 6 to 12 years old, he or she may be eligible to participate in the ConnectMe clinical research program. The program includes three clinical research studies that will evaluate the safety, tolerability, and effectiveness of an investigational drug on social interaction and communication skills in children with autism, Asperger's Disorder, or Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS).

The ConnectMe-91 study is currently enrolling patients. ConnectMe-68 and ConnectMe-69 are follow-up studies. If your child is eligible for and participates in ConnectMe-91, he or she may have the option to join the follow-up studies.

### What is the purpose of the ConnectMe-91 study?

The purpose of this study is to evaluate the safety and tolerability of the investigational drug in children with autism, Asperger's Disorder, or PDD-NOS and to identify participants who may be eligible to join the follow-up studies.

### Who can participate in the study?

Your child may be eligible to participate if he or she:

- Is 6 to 12 years old
- Meets the diagnostic criteria for autism, Asperger's Disorder, or PDD-NOS
- Is verbally fluent or uses some phrase speech
- Was not born 5 or more weeks premature or with a birth weight of less than 5 pounds
- Does not have a major psychiatric disorder (e.g., schizophrenia, major depressive disorder)
- Does not have a history of a seizure disorder

Study doctors will discuss all of the eligibility requirements with potential participants and their parents and caregivers as part of the screening process.

### How long will the study last?

The study may last up to 50 weeks and require up to 13 visits to the study site.

### What will happen during the study?

The study will include a:

- 2-week screening period to determine if your child is eligible for the study
- 6-week period when your child will take a daily dose of the investigational drug that is based on his or her weight
- 42-week (about 10 months) period when your child will take a daily dose of the investigational drug that the study doctor determines works best for him or her

All participants will undergo common tests and procedures during the study, including blood and urine tests and physical exams. The study team will also use several standard surveys or questionnaires to evaluate your child's condition. All study drug and study-related evaluations will be provided at no cost.

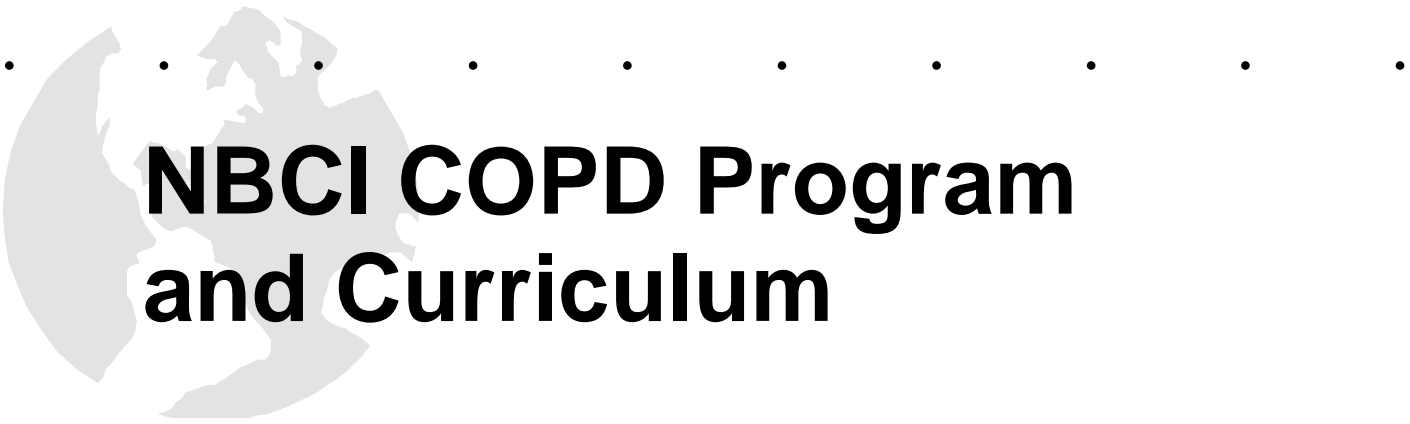
### Where is the study taking place?

The ConnectMe clinical research program is taking place around the world. Please visit the website, [www.ConnectMeTrial.com](http://www.ConnectMeTrial.com) for more information including study site locations near you.

**By spreading autism awareness, we can help families with affected children seek more information.**

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# NBCI COPD Program and Curriculum



# National Black Church Initiative

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Rev. Anthony Evans  
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November 10, 2011  
For Immediate Release

## **NBCI Proudly Announces the Kick-Off of an Innovative COPD Education Program**

*NBCI Partners With Boehringer Ingelheim Pharmaceuticals, Inc. to  
Save Lives*

**Washington DC** – The National Black Church Initiative (NBCI), a faith-based coalition of 34,000 churches comprised of 15 denominations and 15.7 million African Americans, proudly partners with Boehringer-Ingelheim Pharmaceuticals to bring a COPD Screener Survey, a ground-breaking COPD screening tool, to fifty churches in Baltimore, Maryland on November 15, 2011. **A press conference announcing this exciting program will be held on Tuesday, November 15, at 10:30am at First Apostolic Faith Institutional Church in Baltimore, Maryland. Please join us at 27 South Caroline Street in Baltimore to kick-off this critical program.**

As a leader in the faith-based community, NBCI has undertaken the momentous mission of re-designing the paradigm of health education for African Americans. As a result of over 20 years of experience and years of research on chronic diseases and racial disparities NBCI has created the Health Emergency Declaration (HED) Initiative, a seven year programmatic approach. NBCI is proud to partner with Boehringer Ingelheim Pharmaceuticals, Inc, a respected leader in the pharmaceutical industry – a company that prides itself in ‘value through innovation’. This innovative spirit is what led them to a unique partnership with NBCI to reach the faith-based community to impart critical wellness information on a disease affecting Americans in epidemic proportions – COPD.

COPD, short for Chronic Obstructive Pulmonary Disease, is a general term used to describe lung diseases including emphysema, chronic bronchitis, or both. Given that there is no cure for COPD, information on strategies, diagnosis, treatment and disease management becomes critical. More than 12 million Americans have been diagnosed with COPD, and it is estimated that another 12 million people likely have the disease but don’t even know it. African Americans

are disproportionately affected with COPD, especially African American men – 1,823 Maryland residents died from COPD in 2005, ranking the state the 27th highest in COPD mortality in the U.S.<sup>1</sup> – underscoring the need for immediate action.

NBCI's COPD Screening Survey responds to this need by identifying at risk individuals, educating participants on warning signs, screening for COPD symptoms, and providing educational resources for professional medical attention.

Rev. Anthony Evans, President of NBCI says, "NBCI is proud to announce the kick-off of this Health Emergency Declaration (HED) COPD Initiative in Baltimore, Maryland. The first stage of this initiative is to conduct a COPD Screening Survey in 50 churches in Baltimore, Maryland to cull necessary information from our congregants. In the second stage, 12 churches will participate in a 12-week COPD Education Seminar – a more intensive program to reach those in the African American community affected by COPD. Finally, we will conduct a Trainer-of-Trainers amongst health officials in Baltimore to properly diagnose and manage COPD."

### **About NBCI**

The National Black Church Initiative (NBCI) is a coalition of 34,000 African American and Latino churches working to eradicate racial disparities in healthcare, technology, education, housing, and the environment. NBCI's mission is to provide critical wellness information to all of its members, congregants, churches and the public. NBCI offers faith-based, out-of-the-box and cutting edge solutions to stubborn economic and social issues. NBCI's programs are governed by credible statistical analysis, science based strategies and techniques, and methods that work. Visit our website at [www.naltblackchurch.com](http://www.naltblackchurch.com).

COPD114808PAR-B

## Flow of COPD Program and Justification

	Creations of health panels and orientation
	Orientation for lead organizers and volunteers
	Orientation for volunteers
Week One	Pre-test on COPD
Week Two	Health Sermon
Week Three	Distribution of Health at a Glance
Week Four	First COPD Health Education Seminar Topic: COPD Overview
Week Five	Second COPD Health Education Seminar Topic: Getting Tested for COPD
Week Six	Third COPD Health Education Seminar Topic: COPD Treatments
	Distribute Drive 4 COPD Literature
Week Seven	Fourth COPD Health Education Seminar
Week Eight	Distribution of Health Note
Week Nine	Fifth COPD Health Education Seminar Topic: Living with COPD Part One
Week Ten	Sixth COPD Health Education Seminar Topic: Living with COPD Part Two
Week Eleven	Seventh COPD Health Education Seminar Topic: COPD Caregivers
Week Twelve	Post Test and Celebration

### ***Justification***

The Flow of information on COPD will serve as building blocks.

The idea here is simple, to use the Pre-Test as a tool to discover what congregants *don't know*, then to provide them with the necessary information to fill in those blanks in knowledge - the Health-at-a-Glance, COPD Health Note, and the COPD Health Sermon. This will be followed up with the reinforcement, the Post-Test which assesses all they've learned and later, the COPD lectures.

The kickoff of this program will be on September 19, 2011.



# COPD Health Education

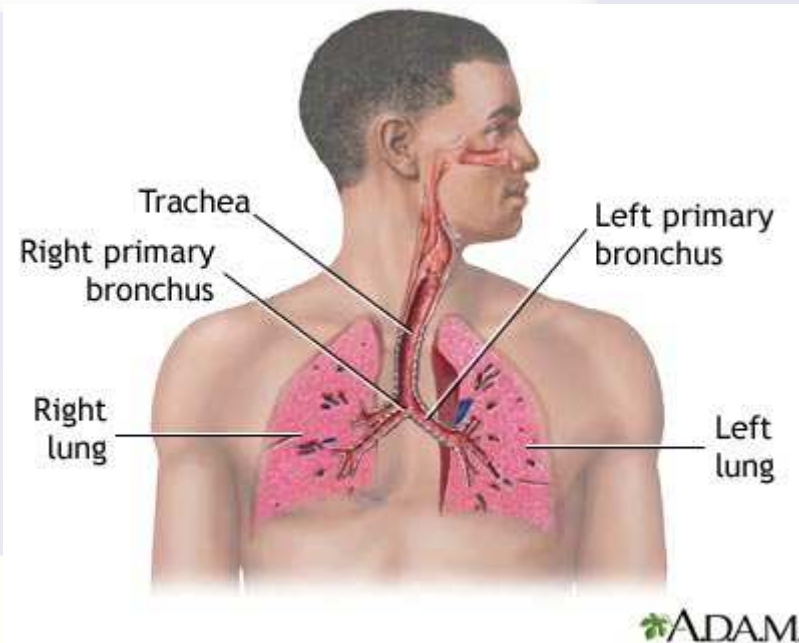


## COPD Overview

**THE CHURCH  
AS A HEALTH  
EDUCATOR**

# What is COPD?

- **COPD**: Short for **C**hronic **O**bststructive **P**ulmonary **D**isease<sup>1a</sup>
- General term used to describe lung diseases including:
  - Emphysema<sup>1a</sup>
  - Chronic bronchitis<sup>1a</sup>
  - Refractory (irreversible) asthma<sup>1a</sup>
- There is no cure for COPD, but there are treatments available to manage its symptoms<sup>1b</sup>



# COPD Facts and Figures

- An estimated 210 million people have COPD worldwide<sup>1a</sup>
- In the U.S. alone:
  - More than 12 million adults have COPD<sup>2a</sup>
  - Another 12 million likely have it, but don't know it<sup>2a</sup>
  - 4<sup>th</sup> leading cause of death<sup>1b</sup> and 2<sup>nd</sup> leading cause of disability<sup>3</sup>
  - Kills one person every four minutes<sup>2a</sup>
  - Kills twice as many African American men than African American women<sup>4</sup>
  - Cost the healthcare system more than \$49 billion<sup>5</sup>
  - African Americans have more emergency room visits and similar disease severity when compared to Whites who have smoked cigarettes over a longer period of time and are heavier smokers<sup>6</sup>



# Who is At Risk for COPD?

- Smokers (cigarettes, pipes, cigars) and people exposed to secondhand smoke<sup>1a, 1b</sup>
- People exposed to pollutants that irritate and damage lungs.<sup>1c</sup> Pollutants include: chemical fumes, smoke from a wood- or coal-burning stove, dust,<sup>1d</sup> asbestos, mildew, and mold<sup>1e</sup>
- Genetic factors (Alpha-1 Antitrypsin Deficiency)<sup>1d</sup>
- People at least 40 years old<sup>2a</sup>
  - 7 out of 10 people with COPD are younger than 65<sup>3</sup>
  - Most are at least 40 years old when symptoms start<sup>2a</sup>
- Women
  - More than twice as likely as men to be diagnosed with chronic bronchitis<sup>4</sup>

# What are the Signs & Symptoms of COPD?

- Symptoms may include:
  - Shortness of breath<sup>1a</sup>
  - Constant coughing (with or without mucus or phlegm)<sup>1a</sup>
  - Wheezing<sup>1a</sup>
  - Tightness in the chest<sup>2a, 3a</sup>
  - Constant clearing of the throat<sup>2a</sup>
  - Not being able to take a deep breath<sup>3a</sup>
- Symptoms are often wrongly attributed to:
  - Old age<sup>2a</sup>
  - Being out of shape
  - Asthma<sup>3b</sup>
- Some mistakenly think symptoms will decrease or stop altogether once they quit smoking
- COPD symptoms are chronic (occur all the time/frequently)<sup>1b</sup>



*Patient Portrayal*

# How is COPD Diagnosed?

- COPD is often diagnosed using a lung test known as spirometry<sup>1a</sup>
- Spirometry measures the health and how well your lungs are working<sup>1a</sup>
  - Relatively simple and easy test to take<sup>1b</sup>
  - Diagnoses COPD before symptoms even start showing<sup>2</sup>
  - Shows severity, or stage, of COPD<sup>1c</sup>

# What are the Stages of COPD?

## Stage I – Mild<sup>1</sup>

- Airways have narrowed slightly<sup>1</sup>
- You may have a cough that won't go away, with or without mucus or phlegm<sup>1</sup>

## Stage II – Moderate<sup>1</sup>

- Airways have become narrower<sup>1</sup>
- May be easily winded, especially during brisk activity (e.g., exercising, climbing stairs)<sup>1</sup>

## Stage III – Severe<sup>1</sup>

- Airflow in and out of lungs is limited<sup>1</sup>
- May run out of breath doing the simplest activities<sup>1</sup>
- Quality of life may be affected<sup>1</sup>

## Stage IV – Very Severe<sup>1</sup>

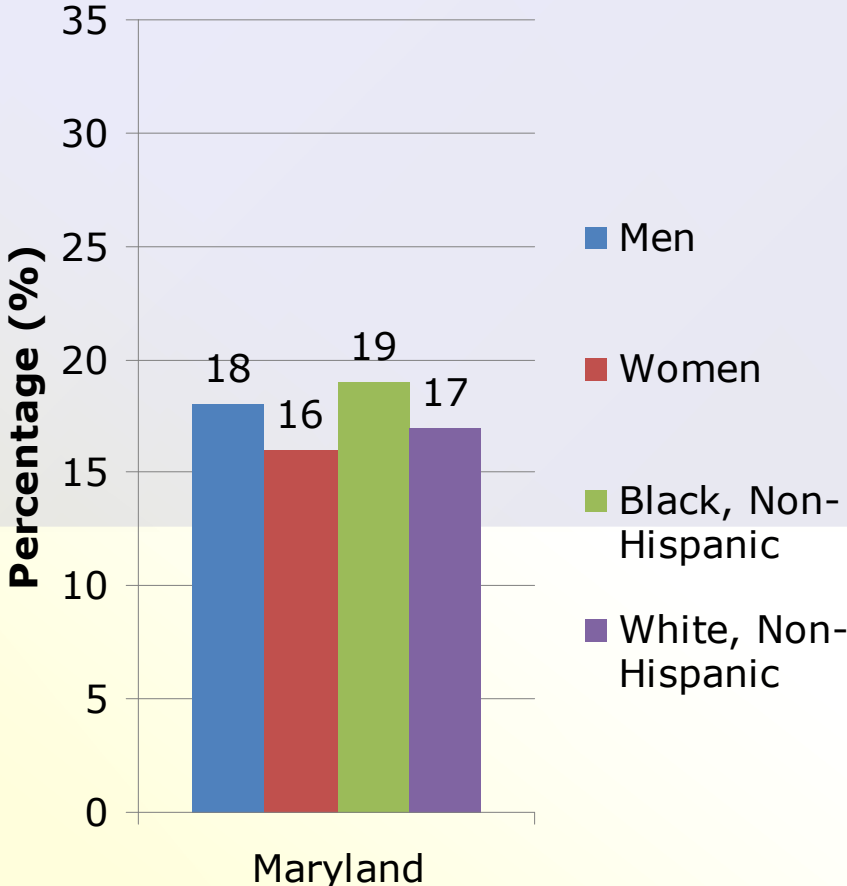
- Airflow is severely limited (obstructed)<sup>1</sup>
- At risk for other serious problems (e.g., lung or heart failure)<sup>1</sup>
- Quality of life may be diminished<sup>1</sup>

# COPD – Why is it Important to Our Community?

- About 28 African Americans per every 100,000 died from COPD in 2006<sup>1</sup>
- 1,823 Maryland residents died from COPD in 2005, ranking the state the 27<sup>th</sup> highest in COPD deaths<sup>2</sup>
- In 2001, more Black women (ages 45-64) had chronic bronchitis than Black men, White women or White men in the same age group<sup>3</sup>
- Nearly 1 in 5 African American adults smoke<sup>4</sup>

# Smoking Rates in Baltimore City & Maryland

Percentage of adults who currently smoke cigarettes by sex and race (2007)



**THE CHURCH  
AS A HEALTH  
EDUCATOR**



# COPD Health Education



## Getting Tested for COPD

**THE CHURCH  
AS A HEALTH  
EDUCATOR**

# Find Out if You Have COPD

COPD can be diagnosed and treated at any stage, but it is best treated when caught early.<sup>1a, 2a</sup>

However, some people may not notice COPD symptoms in the early stages. Or they may not know the symptoms they have are related to COPD.<sup>3a</sup>

Only with the right test can your healthcare provider confirm that you have COPD, and not another breathing condition like asthma.<sup>3a</sup>

- Ask your healthcare provider about a breathing test called a pulmonary function test (PFT)<sup>4b</sup>
- One type of PFT is called spirometry – this test measures the health of your lungs and how well they are working<sup>4b</sup>



# Is It COPD?

- COPD is diagnosed using a test called spirometry<sup>1a, 2</sup>
  - Non-invasive and painless test<sup>1a</sup>
  - Detects COPD even before you have symptoms<sup>2a</sup>
  - Shows severity, or stage, of the condition<sup>2a</sup>
- Spirometry is measured by blowing into a tube connected to a machine (spirometer), which detects the amount of air blown out and the strength of that breath<sup>1a</sup>
- You may need to undergo other tests such as a chest x-ray so your healthcare provider can rule out other possible conditions<sup>2b</sup>

# What are the Stages of COPD?

## Stage I – Mild<sup>1</sup>

- Airways have narrowed slightly<sup>1</sup>
- You may have a cough that won't go away, with or without mucus or phlegm<sup>1</sup>

## Stage II – Moderate<sup>1</sup>

- Airways have become narrower<sup>1</sup>
- May be easily winded, especially during brisk activity (e.g., exercising, climbing stairs)<sup>1</sup>

## Stage III – Severe<sup>1</sup>

- Airflow in and out of lungs is limited<sup>1</sup>
- May run out of breath doing the simplest activities<sup>1</sup>
- Quality of life may be affected<sup>1</sup>

## Stage IV – Very Severe<sup>1</sup>

- Airflow is severely limited (obstructed)<sup>1</sup>
- At risk for other serious problems (e.g., lung or heart failure)<sup>1</sup>
- Quality of life may be diminished<sup>1</sup>

# Who Should Get Tested?

- Smokers or people who have ever smoked (cigarettes, pipes, cigars)<sup>1a</sup>
- People exposed to air pollutants such as chemicals, dust, fumes, and secondhand smoke<sup>1a, 1b</sup>
- People who have COPD symptoms, including:
  - Shortness of breath, especially during simple tasks<sup>1b, 2a</sup>
  - Coughing (with or without mucus or phlegm)<sup>1b, 2a</sup>
  - Wheezing<sup>1b, 2a</sup>
  - Tightness in the chest<sup>2a, 3a</sup>
  - Clearing of the throat<sup>2a</sup>
  - Not being able to take a deep breath<sup>3a</sup>



# Why Should You Get Tested?

- Only with a proper diagnosis and treatment plan can you control COPD symptoms and slow or delay the progression of the disease<sup>1a</sup>
- Leaving symptoms untreated or undiagnosed may cause them to get worse quickly

# Where Can You Get Tested?

- Ask your healthcare provider about taking a spirometry test
- For more information:
  - Visit the resource websites or call the resources listed in the COPD Health Note
  - Check out the COPD Foundation’s website to see when they are offering the Mobile Spirometry Unit for free testing in your area: [www.COPDFoundation.org](http://www.COPDFoundation.org)



# COPD Health Education



## COPD Treatments

**THE CHURCH  
AS A HEALTH  
EDUCATOR**

# Treating COPD

- Although there is no cure for COPD,<sup>1a</sup> there are ways to prevent and treat it<sup>1b</sup>
- Talk to your healthcare provider about all of your options for treating COPD
- Be sure to follow your healthcare provider's directions, including:
  - Making lifestyle changes
  - Taking your medicine as instructed<sup>2</sup>
  - Taking your medicine when you are supposed to (for example, every day)
  - Using the same dosage (amount of medicine) at the same time each day
  - Going to the pharmacy and filling your prescription; refilling your medicine before you run out<sup>2</sup>

# Goals of Treatments

- Help you breathe easier<sup>1</sup>
- Relieve symptoms<sup>1</sup>
- Improve your ability to exercise<sup>1</sup>
- Improve your quality of life<sup>2</sup>
- Reduce the chance of a flare-up (also known as an “exacerbation”)<sup>1</sup>
- Help reduce the risk of death from COPD<sup>1</sup>



# Quit Smoking

- ***Stop smoking!***
  - Smoking speeds up the progression of COPD and quickly decreases your lung's ability to function right<sup>1, 3</sup>
  - Quitting smoking is the only thing known to slow or delay COPD progression<sup>2,3</sup>
- Ask your healthcare provider about ways to quit, including:
  - Smoking cessation therapies (gums, patches, medicine)
  - Support groups
- Join NBCI's smoking cessation program – your church will be running one soon



# Rescue Medicines

- Taken only when you suddenly need help breathing<sup>1,2a,3</sup>
- These include short-acting bronchodilators, which work quickly but don't last as long as daily (maintenance) COPD medicine<sup>2b,3</sup>

# Daily (Maintenance) Medicines

- Maintenance therapies are those you take every day.<sup>1a,2</sup> These include:
  - *Long-acting bronchodilators*: A type of medicine that is inhaled to relax and widen the lung airways so more air can get in and out. The effects last up to 24 hours<sup>1b, 1c, 2</sup>
  - *Corticosteroids*: An inhaled medicine to reduce the swelling in the airways<sup>1d</sup>
  - *Combination Therapy*: Some COPD therapies include both a bronchodilator and a corticosteroid; some include more than one type of bronchodilator<sup>3</sup>

# Oxygen Treatment

- Used for people whose lungs no longer provide their body with enough oxygen<sup>1a,2</sup>
- Inhaled into your lungs through tubes placed in the nose<sup>1b,2</sup>
- If you need oxygen treatment, then your healthcare provider will measure how much oxygen is in your blood and how much is needed<sup>1c,2</sup>

# Surgery

- Some people with severe or very severe COPD may require surgery<sup>1</sup> such as:
  - *Lung volume reduction surgery*, in which only the sickest part of the lung is removed so that the remaining, relatively good part of the lung can expand and work better<sup>1,2</sup>
  - *Lung transplants*, in which the lung is partially or fully removed and replaced by a lung (or lungs) from a donor<sup>1</sup>

# Recap: Taking COPD Treatments

- Talk to your healthcare provider before starting any treatment
- Quit smoking<sup>1a</sup>
- Take your medicine as directed<sup>1b</sup>
- Make sure you understand how to use your medicine
- Do not stop taking your daily medicines without talking to your healthcare provider, even if you start feeling better<sup>1b</sup>
- Refill your prescription early, before you run out



# COPD Health Education



## Pulmonary Rehabilitation

**THE CHURCH  
AS A HEALTH  
EDUCATOR**

# Pulmonary Rehabilitation (Rehab)

*A type of therapy that helps increase the strength of your lungs through exercise to reduce shortness of breath<sup>1</sup>*





# The Benefits of Pulmonary Rehab

- Better lung function<sup>1a</sup>
- Fewer symptoms such as feeling out of breath or being easily tired<sup>1a</sup>
- Stronger muscles<sup>1a</sup>
- Improves your knowledge about the disease and how to manage it<sup>1a</sup>

***Medicare and most private insurance carriers will reimburse for pulmonary rehab<sup>1b</sup>***

## Before You Get Started ...

- Before starting a rehab program, your healthcare provider may need to first assess your overall health<sup>1</sup>
- This may include:
  - Asking you about your medical history, including any injuries you may have had in the past<sup>1</sup>
  - Getting a list of all the medicines you are taking<sup>1</sup>
  - Conducting a physical exam to make sure you are fit enough to exercise<sup>1</sup>
  - Measuring your lung function with a spirometry test before and after you take medicine called a bronchodilator that widens and relaxes your airways<sup>1, 2</sup>
- Your health will be re-tested throughout the program to monitor your progress<sup>3</sup>

# A Program Designed for You

- Your healthcare provider and other health professionals will work together to tailor a rehab program that meets your goals and needs<sup>1</sup>
- These experts may include:
  - Primary care doctor<sup>1</sup>
  - Pulmonologist<sup>1</sup>
  - Nurse<sup>1</sup>
  - Respiratory therapist<sup>1</sup>
  - Dietitian<sup>1</sup>
  - Exercise specialist<sup>1</sup>



# What Your Program May Include

- Exercise conditioning, including aerobics to strengthen your body and lungs<sup>1</sup>
- Breathing retraining and techniques<sup>1</sup>
- Disease management tips<sup>1</sup>
- Diet and nutrition counseling<sup>1</sup>
- COPD education<sup>1</sup>
- Emotional and psychosocial evaluation and support<sup>2</sup>
- Evaluation of your progress<sup>1</sup>



# Recap of Pulmonary Rehab

- Helps you be more active<sup>1</sup>
- Helps improve strength to do every day activities like walking up the stairs<sup>1</sup>
- Educates you about COPD, which is an important step in improving your health<sup>1</sup>
- Covered by Medicare and most private insurance carriers<sup>2</sup>; check to see what your plan covers



# COPD Health Education



## Managing COPD

**THE CHURCH  
AS A HEALTH  
EDUCATOR**

# Managing Your COPD

- COPD is a serious lung condition
- It can make it difficult for you to perform even basic tasks, like walking to the mailbox or climbing stairs<sup>1a</sup>
- There is no cure, but COPD is preventable and treatable<sup>1b, 2a</sup>
- If you have COPD, then your healthcare provider may prescribe medication and advise you to make lifestyle changes so that you can live a healthier and active life<sup>2b</sup>

# Quit Smoking

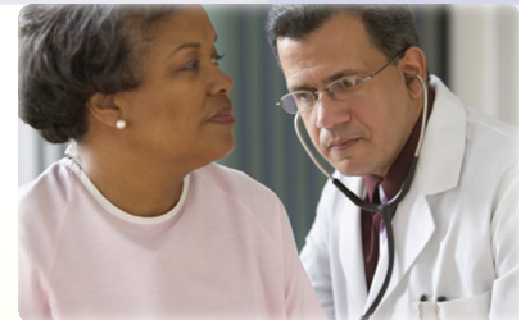
- Stop smoking now since it can make COPD worse<sup>1a, 2</sup>
  - Remove temptations by avoiding smoky areas or people who smoke
- Get help
  - Talk to your healthcare provider about tools and programs to help you quit<sup>1b</sup>
  - Join NBCI's smoking cessation program, which will be running in several Baltimore churches soon
  - Visit [Smokefree.gov](http://Smokefree.gov)





# Live Healthier

- Get active<sup>1</sup>
  - COPD shouldn't stop you from doing the things you want to do
- Maintain a healthy weight<sup>1</sup>
  - Talk to your healthcare provider about your weight and what it should be<sup>1</sup>
    - People who are overweight may need to lose weight to breathe easier<sup>1</sup>
    - People who are underweight may need to gain a few pounds to avoid losing too much weight when COPD gets worse. They also may be more prone to infections and illnesses<sup>1</sup>
- Practice good hygiene
  - Wash your hands often<sup>1</sup>
  - Avoid touching your mouth, eyes, and nose<sup>1</sup>
  - Call your healthcare provider at the first sign of a cold<sup>1</sup>



# Live Healthier (Continued)

- Get plenty of rest<sup>1</sup>
  - You're more likely to get sick, and suffer worsening symptoms, when you're too tired<sup>1</sup>
  - Take your time – don't try to do too much at one time. Ask for help when you need it<sup>1</sup>
- Rearrange your home<sup>1</sup>
  - Place items you use regularly in places that are easy to reach<sup>1</sup>
  - Buy products that help make daily chores easier, such as a shower stool<sup>1</sup>
- Learn more
  - Talk to other people with COPD about the condition<sup>1</sup>
  - Find out ways you can take charge of your COPD<sup>1</sup>

# Live Healthier, Avoid Irritants

- Indoor air can be more polluted than outdoor air.<sup>1</sup> But there are ways you can improve the air in your home:
  - Open windows and run exhaust fans<sup>1</sup>
  - Don't let anyone smoke in your home<sup>1</sup>
  - Remove clutter and anything that collects dust<sup>1</sup>
  - Wash bed linens every week<sup>1</sup>
  - Run a dehumidifier to lower humidity levels<sup>1</sup>
  - Keep pets off furniture<sup>1</sup>
  - Clean floors and carpets<sup>1</sup>
  - Install an air filtration system<sup>1</sup>
  - Remove household chemicals such as paints, varnishes, and cleaning products<sup>1</sup>

# Take Your Medicine

- Follow your healthcare provider's direction closely<sup>1</sup>
  - Take your medicine as directed,<sup>1</sup> using the same dose at the same time each day
  - Refill your prescriptions – give yourself enough time so you don't run out<sup>1</sup>
  - Schedule regular appointments with your healthcare provider, even if you feel fine<sup>1</sup>
    - Well-visits are required under the new healthcare policies<sup>2</sup>
- Talk to your healthcare provider about taking vaccines against flu and pneumonia<sup>1</sup>
  - Local pharmacies and grocery stores may offer these shots for free during the seasons<sup>1</sup>



# When COPD Gets Worse

- Reduce the chance for “flare-ups” (also known as “exacerbations”)<sup>1, 2, 3</sup>
- You may have 1 or 2 each year for many reasons<sup>3</sup>
- Flare-ups worsen as your COPD progresses<sup>3</sup> so help prevent or reduce them by:
  - Taking your medicines as prescribed<sup>3</sup>
  - Following a pulmonary rehab program<sup>3</sup>
  - Leading a healthy life by eating a nutritious diet, stop smoking, exercising and getting plenty of rest<sup>3</sup>

Signs that your COPD may be getting worse may include:

- Wheezing<sup>3</sup>
- Increased cough<sup>3</sup>
- Increased shortness of breath<sup>3</sup>
- Increased mucus production<sup>3</sup>
- Shallow or rapid breathing<sup>3</sup>
- Increased heart rate<sup>3</sup>
- Change in mucus color<sup>3</sup>
- Fever<sup>3</sup>

# Make a Plan with Your Healthcare Provider

- Find out if and when your healthcare provider wants to see you when you experience a flare-up<sup>1</sup>
  - Ask how you can get an appointment as soon as it happens<sup>1</sup>
- Ask if there are medications to help manage COPD flare-ups<sup>1</sup>

# When You're Feeling Anxious or Depressed

*It's common for people to experience anxiety or depression after being diagnosed with COPD. They may feel frustrated when trying to complete tasks that once seemed simple. They may feel scared whenever they have trouble breathing.<sup>1</sup>*

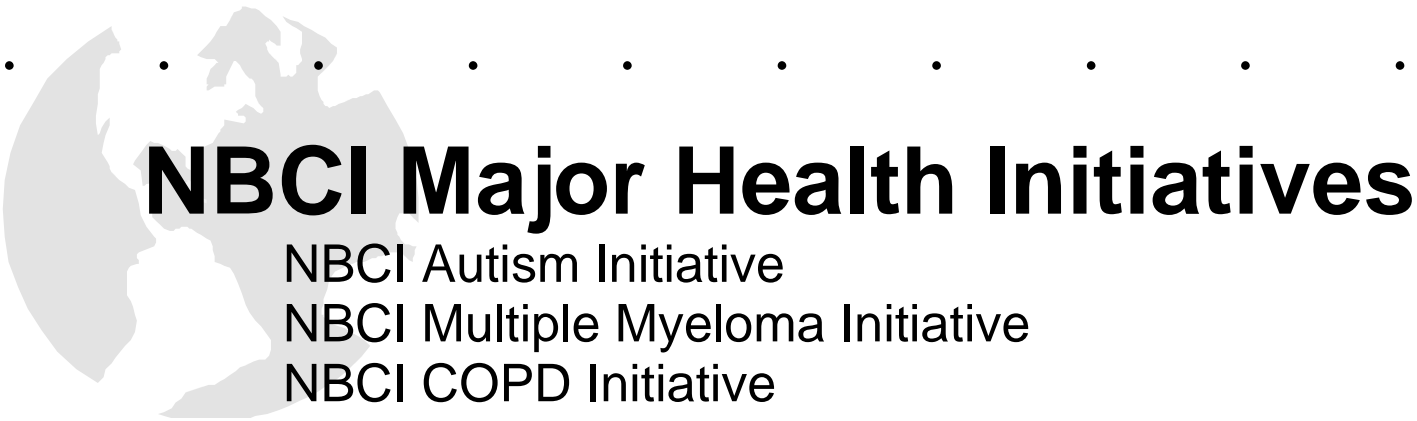
There are things you can do now to help you overcome feelings of anxiety or depression:

- Learn more about COPD and what is happening to your lungs
- Find ways to feel your best. This might include exercising, starting a new hobby, or making changes to improve your home<sup>1</sup>
- Talk to someone you trust about your feelings<sup>1</sup>
- Ask your healthcare provider about your treatment options, including antidepressant medicine<sup>1</sup>

# Find the Support You Need

- Check out a local COPD support group where you can share information with and find encouragement from other people who have COPD<sup>1</sup>
- Ask your pastor about NBCI COPD support groups, which will be running throughout Baltimore
- Call the COPD Foundation's C.O.P.D. Information Line at 1-866-316-COPD (2673) to speak with someone about COPD<sup>1</sup>
- Refer to your COPD Health Note for more helpful information





# **NBCI Major Health Initiatives**

NBCI Autism Initiative

NBCI Multiple Myeloma Initiative

NBCI COPD Initiative

NBCI Physical Education and Nutrition Initiative





**HED is a seven year faith-based health model that utilizes scientific based proven health strategies and pull from best practices to reduce chronic health disease patterns that impacts African American congregants.**

## **NBCI Success Stories: National Health Programs**

Autism is a growing and significant problem in the black community. NBCI has partnered with major advocacy organizations like Autism Speaks and other affinity organizations to provide comprehensive education, early diagnosis and intervention. NBCI has worked with pharmaceutical companies in administering clinical trials. We will continue to lend our support to these critical efforts.



The National Black Church Initiative has partnered with Autism Speaks as a part of our Health Emergency Declaration, in recognition of the significance of autism spectrum disorders in the African American community



<http://www.natblackchurch.com/health/autism-speaks.html>

**NBCI Launches**  
To Stay in the Game, Maintain Your Frame  
Campaign  
with **NOVARTIS**

**INTERNATIONAL MYELOMA FOUNDATION**  
*Improving Lives • Finding the Cure®*

**Multiple Myeloma Health-at-a-Glance**

**What is Multiple Myeloma?**  
Multiple myeloma is an incurable blood cancer of the plasma cells, a type of white blood cell found in the bone marrow. This disease can lead to bone problems including pain, fractures and spinal cord compression, when cancer cells wear away the bone.

NBCI along Novartis, has developed the only comprehensive online educational tool kit on Multiple Myeloma in the African American community. We will continue to work with affinity organizations to strengthen this outreach effort until a cure is found.

<http://www.natblackchurch.com/health/multiple-myeloma.html>

**COPD is the fourth leading killer in this country and the black community remains grossly unaware of the enormous impact it is having on the quality of life and one's respiration system. This disease state continues to be misdiagnosed at an enormous rate in the African American community. NBCI is committed to bring comprehensive education, early detection and prevention and critical information on treatment options. We remain committed in working with the National COPD Alliance.**

**Boehringer  
Ingelheim**  
**COPD  
Demonstration  
Project**



<http://www.natblackchurch.com/health/copd-education.html>



The purpose of this website is to give every African-American, especially NBCI members and congregants, the latest scientific information concerning physical exercise and nutrition in the Black community. The African-American community has reached a tipping point in the areas of physical exercise and nutrition.



This September will mark a milestone in the African American community by launching the largest comprehensive physical exercise and nutrition program through 34,000 African American churches across the country.

INDIVIDUALS & FAMILIES [www.healthcare.gov/families](http://www.healthcare.gov/families)

# Health coverage for you and your family

The Health Insurance Marketplace will help you get coverage that meets your needs and fits your budget. **Open enrollment begins October 1, 2013.** Get ready now by answering a few quick questions to learn if you qualify for lower costs.

## Already have insurance?

Find out what the health care law is doing for you.

### THE MARKETPLACE

### MOST POPULAR

### MAY INTEREST YOU

What is the Health Insurance Marketplace?

What if I'm self-employed?

What does Marketplace insurance cover?

What is the Marketplace in my state?

What if I have a pre-existing condition?

Why should I have coverage?

How can I get lower costs on coverage?

Do I qualify for Medicaid?

What are my rights and protections?

When will Marketplace prices be available?

What if someone doesn't have coverage?

What if I need coverage now?



# NBCI Health Notes

The National Black Church Initiative Health Note is an innovative, 2-8 page, 11x17 brochures that highlights a particular health topic. It is an attempt to create an easy to read brochure that shares critical information as to the nature of a disease, its symptoms, locations to access free to moderately priced healthcare services (in an individual's city or state), top websites concerning the disease, and key contact phone numbers.



# **NBCI Social Health Networks and Health Notes**

NBCI plans to fully utilize the present social networking systems, like Facebook, LinkedIn, Plaxo, Twitter, Google +, Yahoo and other, to not only interlink congregations around the corner or across the country, but to also use them as another tool to get out health tips. These sites, which will be created by NCBI staff, will promote the health priorities, disperse health calendars and release the latest NBCI Health Note edition (as discussed below). NBCI will send out tens of millions of e-mails and tweets as reminders to encourage its congregants to always think in the areas of improving their health. NBCI is working on a computer program that will remind an individual by phone call, e-mail, Twitter or other web based communication tools of the doctor appointments, exercise times, healthy recipes, proper diets, healthy products, when and how to take their medications and other health tips that illustrate the importance of HED.

## **Enhanced Health Literature -- NBCI Health Note**

The National Black Church Initiative Health Note is an innovative, 2-8 page, 11x17 brochures that highlights a particular health topic. It is an attempt to create an easy to read brochure that shares critical information as to the nature of a disease, its symptoms, locations to access free to moderately priced healthcare services (in an individual's city or state), top websites concerning the disease, and key contact phone numbers.

The note demonstrates how faith-based communities can utilize their theology to promote good health practices. It also creates an environment that promotes a healthy working relationship between the patients and the health care professionals to achieve a specific health outcome compliance.

The NBCI/DCBCI Health Note was created to deal with complex health issues in a simplified but substantive manner.

# Health Note

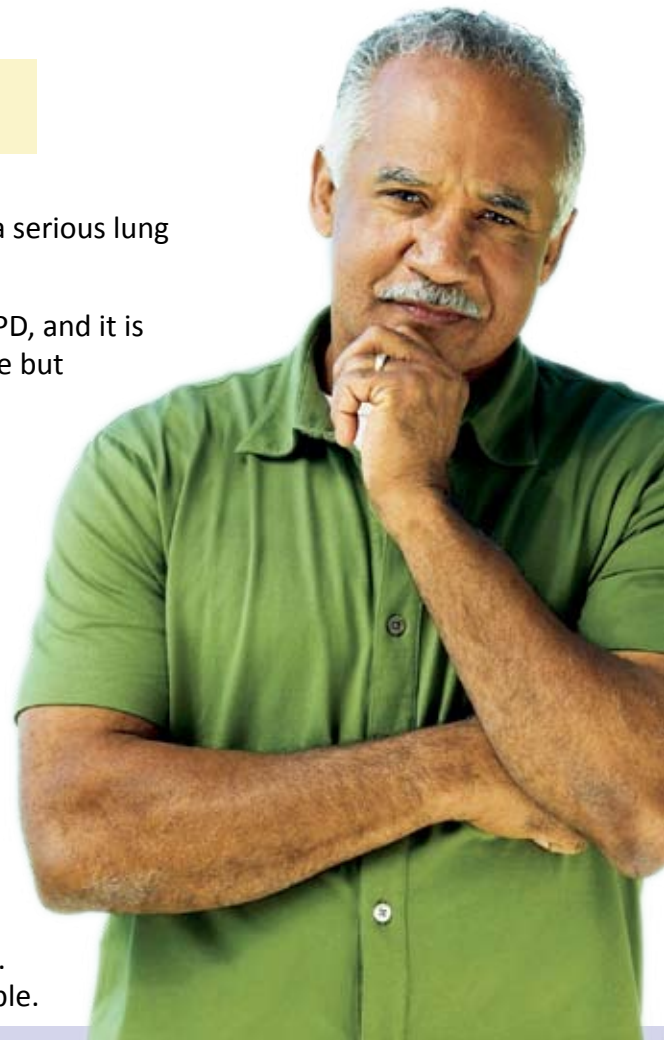
## What is COPD?

COPD is short for Chronic Obstructive Pulmonary Disease. It is a serious lung disease that includes emphysema, chronic bronchitis, or both.

More than 12 million Americans have been diagnosed with COPD, and it is estimated that another 12 million people likely have the disease but don't even know it.

- COPD is the 4<sup>th</sup> leading cause of death and 2<sup>nd</sup> leading cause of disability in the United States (U.S.).
- Every four minutes, someone dies from COPD in the U.S. That's more than 124,000 people per year.
- COPD is projected to cost the U.S. economy a total of \$49 billion in 2010.
- African Americans have more emergency room visits and similar disease severity when compared to Whites who have smoked cigarettes over a longer period of time and are heavier smokers.

If you have COPD, then the airways that carry air to and from your lungs are partly blocked, making it hard to breathe. COPD is a progressive disease, meaning it gets worse over time. While it cannot be cured, COPD is both preventable and treatable.



## Are You at Risk for COPD?

Although COPD is commonly thought of as a disease of the elderly, 7 in 10 people with COPD are younger than age 65. COPD can be caused by many factors that damage the lungs and the airways, including:

### SMOKING

Cigarette smoking is the most common risk factor for COPD, though you can also develop COPD if you smoke a pipe or cigar or are exposed to secondhand smoke.

Smoking accounts for as many as 9 out of 10 cases of COPD.

19.8% of adult African Americans smoke.<sup>1</sup>

Although you can't undo the damage that smoking has already caused, quitting smoking is the most important thing you can do to prevent or slow damage to your lungs.

### ENVIRONMENTAL EXPOSURE

Breathing in air pollution – including chemical fumes and dust from the air or workplace – can also contribute to COPD. Pollen can irritate the lungs of a person with COPD. You can also develop COPD from indoor pollution, especially if you use wood- and coal-burning stoves in a poorly-ventilated area for cooking and heating.

### GENETIC FACTORS

In rare cases, a genetic condition known as alpha-1 antitrypsin (AAT) deficiency may cause COPD. People who have this condition have low levels of the AAT protein, which prevents the loss of the lungs' elastic fibers. In its absence, emphysema is almost inevitable. If you have this condition and smoke, COPD can worsen very quickly. About one in every 2,500 Americans has this deficiency.

<sup>1</sup>CDC. Cigarette Smoking Among Adults—United States, 2007. MMWR 2008; 57(45): 1221-6

## COPD Symptoms

Symptoms of COPD may include:

- Shortness of breath
- Constant coughing (with or without mucus or phlegm)
- Wheezing
- Tightness in the chest
- Constant clearing of the throat
- Not being able to take a deep breath

In the early stages, you may not notice these symptoms. Many people think the symptoms of COPD are simply a sign of aging, but they are not. As the disease gets worse, symptoms can become more severe and make it difficult to perform even basic tasks, such as walking to the mailbox or climbing stairs. If you have any of these symptoms, then talk to your doctor.

## Diagnosing COPD

People who are developing COPD may not show symptoms until the disease is well-developed. It is also often misdiagnosed as asthma. If you have the risk factors for COPD – smoke or have long-term exposure to air toxins – then talk to your doctor about being tested for COPD. If you experience constant coughing or shortness of breath, then ask your doctor about taking a spirometry test.

### WHAT IS SPIROMETRY?

Spirometry is a non-invasive and painless test that measures how well your lungs are working. The test is simple – you blow into a tube connected to a machine known as a spirometer, which detects the amount of air blown out and the strength of that breath. It can detect if you have COPD even before you start showing symptoms.

The spirometry test also shows your doctor the severity, or stage, of the disease. Your doctor may order other tests to see if your symptoms are caused by lung disorders other than COPD.

### THERE ARE FOUR STAGES OF COPD:

**Stage I – Mild:** The airways in your lungs have narrowed slightly, and you may have a cough that won't go away.

**Stage II – Moderate:** Your lung airways have become narrower, and you may become easily winded during brisk activities like exercising or climbing stairs. By the time you experience shortness of breath, you may have already lost 50 percent of your lung function.

**Stage III – Severe:** Airflow into and out of your lungs is limited, and you may run out of breath quickly doing the simplest of activities.

**Stage IV – Very Severe:** Airflow into and out of your lungs is severely limited. At this stage, you are at risk for other serious problems such as lung or heart failure. You also may have a very low quality of life.

### WHERE CAN I GET TESTED?

Your primary care doctor can administer the test, or can refer you to someplace that can. You also can visit the COPD Foundation's Mobile Spirometry Unit (MSU) for a free test. Visit [www.COPDFoundation.org](http://www.COPDFoundation.org) to find out when testing will be available in your area.

### WHY SHOULD I GET TESTED FOR COPD?

With a proper diagnosis, your doctor can prescribe a treatment plan that can help you control symptoms and slow or delay further damage to your lungs. Leaving symptoms untreated or undiagnosed may cause the disease to get worse quickly.

## COPD Treatments

There is no known cure for COPD, but there are several treatments available that can help manage its symptoms at any stage. Talk to your doctor before you start any treatment plan to find out what therapies are best for you.

### YOUR TREATMENT PLAN MAY INCLUDE:

**Quit Smoking:** This is the single most important thing you can do to help slow the progression of COPD. It is also important to avoid smoky areas. Talk to your doctor about the tools available to help you quit smoking.

**Rescue Medications:** These are taken when you suddenly need help breathing. A short-acting bronchodilator is a type of rescue medication that works quickly. Rescue medications are only meant to be taken when needed, but the effects are not long-lasting.

**Daily (or Maintenance) Medications:** Your doctor may prescribe you a COPD treatment that is meant to be taken every day. One example is a long-acting bronchodilator, which is an inhaler that relaxes and widens the airways so that more air can get in and out. The effects of long-acting bronchodilators last up to 24 hours. Once prescribed a COPD treatment, make sure you know how to use your medicine and follow your doctor's direction, using the same dosage at the same time each day.

You should not stop taking your daily medicines if you start feeling better. Although your symptoms may seem as if they are improving, COPD is a progressive disease and the damage to your lungs is not reversible.

**Corticosteroids:** These treatments reduce the swelling in the airways. Some COPD medications contain both a bronchodilator and a corticosteroid, and others may contain more than one type of bronchodilator.

**Oxygen Treatment:** Some people with COPD may require supplemental oxygen to help them breathe. This is used in people whose lungs no longer provide their body with enough oxygen. A doctor will measure how much oxygen is in your blood and determine the amount needed. Oxygen treatments supply oxygen directly into your lungs through tubes that you place in your nose. This way, your lungs do not have to work as hard to get oxygen.

**Pulmonary Rehabilitation:** This therapy helps increase the strength of your lungs through exercise to reduce shortness of breath. Pulmonary rehabilitation also educates patients about COPD. Research has shown that pulmonary rehabilitation can improve lung function.

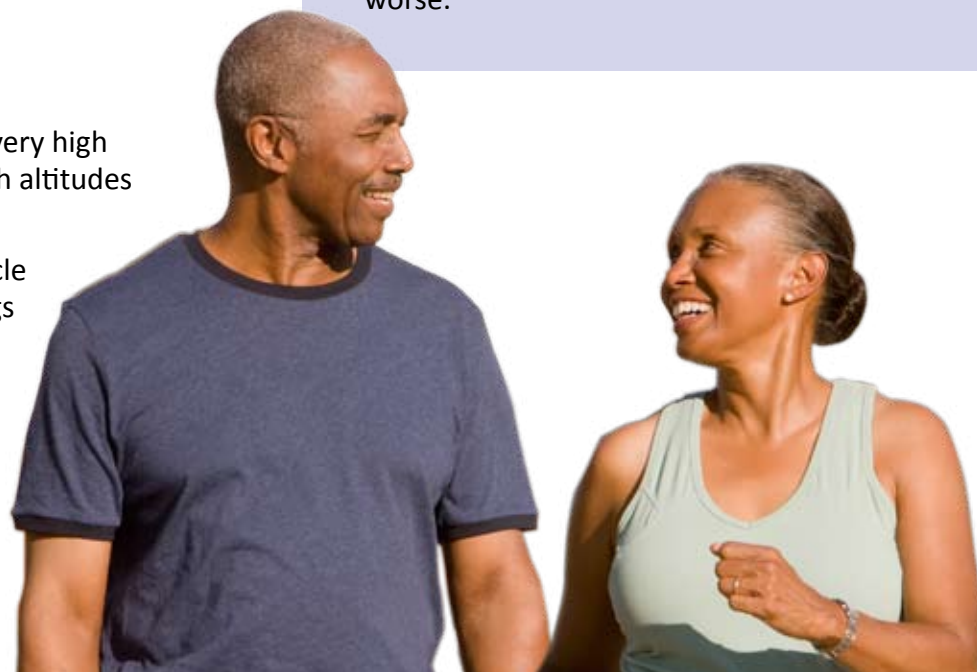
**Surgery:** People with severe COPD may be candidates for lung surgery, including transplants. Another surgical option is lung volume reduction surgery, which involves taking out the sickest part of the lung. Speak to your doctor to see if this is an option for you.



## Managing COPD

Steps can be taken to make living with COPD more manageable. If you have COPD, then you can reduce breathing problems by avoiding things that might irritate your lungs. You can prevent COPD or lessen the symptoms simply by:

- Not smoking
- Avoiding lung irritants and allergens
- Using protective gear, like a face mask, to avoid inhaling airborne substances in the workplace
- Preventing infections
- Getting an annual flu shot
- Having good nutrition
- Drinking lots of fluids
- Staying out of very low or very high temperatures and very high altitudes
- Maintaining proper weight
- Exercising to increase muscle tone and to keep your lungs healthy and strong



## Dealing with Weather Changes

Weather is one of many factors that can trigger your COPD symptoms.

Your symptoms can get worse when the air is very cold (below freezing) or when it is hot (above 90 degrees Fahrenheit) and humid. If the cold and strong winds bother you, try wearing a scarf or face mask loosely over your nose and mouth, and breathe through your nose on wintry days. The scarf, or muffler, and breathing through your nose warm the air before it enters your lungs, which helps avoid making your symptoms worse.

## How COPD Affects Our Community

- In 2001, more Black females aged 45-64 had chronic bronchitis than Black males, White males or White females in the same age group
- In 2006, the COPD age-adjusted mortality rate for African Americans was 28.1 per 100,000
- 1,823 Maryland residents died from COPD in 2005, ranking the state the 27<sup>th</sup> highest in COPD mortality in the U.S.

## Topics for Discussion with Your Doctor

1. What should I do if I think I have (or a loved one has) COPD?  


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2. I am a current smoker, or have ever smoked in the past.  Yes  No
  - o If you answered "yes," for how long? \_\_\_\_\_
3. Are the symptoms I am (or my loved one is) experiencing related to COPD? (Check all that apply and list any additional symptoms)
  - Shortness of breath
  - Constant coughing (with or without mucus or phlegm)
  - Wheezing
  - Tightness in the chest
  - Constant clearing of the throat
  - Not being able to take a deep breath
  - Others: \_\_\_\_\_
4. How can I tell if I have (or my loved one has) COPD versus asthma?  


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5. I am (or my loved one is) currently being treated for the following (List any illnesses you are/your loved one is being treated for):  


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Share this list with your doctor, and be sure to ask about spirometry.

## Additional Notes

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## For More Information about COPD

### American Lung Association

[www.lungusa.org/lung-disease/copd](http://www.lungusa.org/lung-disease/copd)

### COPD Foundation

[www.COPDFoundation.org](http://www.COPDFoundation.org)

The COPD Foundation provides many resources including:

- **COPD Information Line:** Toll-free number staffed by volunteers with COPD who can answer almost any question you may have about COPD. The information line also provides information for caregivers of people with COPD. 1-866-316-COPD (2673).
- **COPD Digest:** Free, quarterly publication about COPD. Contact the COPD Information Line for a copy, or read it online at the COPD Foundation's website.
- **Mobile Spirometry Unit:** Provides free spirometry tests. Contact the COPD Foundation to find out when it is visiting your area.

### DRIVE4COPD

[www.DRIVE4COPD.com](http://www.DRIVE4COPD.com)

DRIVE4COPD is a national public health campaign that aims to find the "missing millions" of people who may have COPD and don't even know it.

### Know COPD

[www.knowcopd.com](http://www.knowcopd.com)

Learn all about COPD, including tips for managing it, hear stories from people living with the disease, and request a free copy of "The Guide to Better Breathing."

### The National Institutes of Health National Heart, Lung and Blood Institute COPD Learn More Breathe Better®

[www.nhlbi.nih.gov/health/public/lung/copd](http://www.nhlbi.nih.gov/health/public/lung/copd)

### U.S. COPD Coalition

[www.USCOPDCoalition.org](http://www.USCOPDCoalition.org)

# National Black Church Initiative

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Washington, DC 20035  
202-744-0184  
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February 9, 2011  
**For Immediate Release**

Contact:  
Rev. Anthony Evans  
202-744-0184

## THE NATIONAL BLACK CHURCH INITIATIVE HAS DECLARED AN IMMUNIZATION EMERGENCY

*We vow to immunize all of our members*

**Washington DC** – The National Black Church Initiative, a coalition of 34,000 churches comprised of 15 denominations and 15.7 million African Americans, has recently declared a health emergency in the black church. As a part of our Health Emergency Declaration (HED) Initiative we are actively addressing disease states affecting African Americans at disparate rates and an essential component of this initiative is immunization. As the CDC and the World Health Organization has outlined, immunization, one of the most important and cost-effective public health interventions, has saved over 20 million lives in the last two decades and protected countless children from illness and disability. Immunization coverage has still not realized its potential, however. As of the end of 2009, 23.2 million children under one year of age worldwide went without all three recommended doses of the DTP vaccine; 23.7 million children in the same age group have not received a single dose of the measles vaccine. NBCI will no longer stand by while preventive measures aren't utilized – immunization coverage within the African American community must be improved.

NBCI has devised a strategy to immunize every man, woman and child within our membership over the next two years and are reaching out to pharmaceutical companies and state and federal agencies to fund this extraordinary and necessary initiative. Immunization is an affordable means of protecting whole communities and of reducing poverty – a necessary preventive measure which saves lives.

Rev. Anthony Evans, President of NBCI says, “As you can see the health community realizes the benefits of immunization and the science is clear – immunization not only saves lives but a lot of money. For the black community, the fight to immunize our community is winnable. We have the strategy, we have the will – the only thing we lack is funding.”

## **About NBCI**

The National Black Church Initiative (NBCI) is a coalition of 34,000 African American and Latino churches working to eradicate racial disparities in healthcare, technology, education, housing, and the environment. NBCI's mission is to provide critical wellness information to all of its members, congregants, churches and the public. The National Black Church Initiative's methodology is utilizing faith and sound health science. NBCI offers faith-based, out-of-the-box and cutting edge solutions to stubborn economic and social issues. NBCI's programs are governed by credible statistical analysis, science based strategies and techniques, and methods that work. Visit our website at [www.naltblackchurch.com](http://www.naltblackchurch.com).

# National Black Church Initiative Health Note

## *Health Emergency Series*

What you need to know about H1N1 to protect yourself and family.



## Immunizations and African Americans

### *Aiming for 100% Participation*

Parents are concerned about the health and safety of their children. There are many steps you can take to protect your children. Immunization is one powerful and important step. It's not only for the kids. It's for the entire family, including parents, grandmothers and grandfathers. Vaccines work to protect infants, children, and adults from illness and death caused by infectious diseases. Immunization is one of the best ways to maintain good health.

### **Get your entire family immunized! Now!**

- In 2007 the National Immunization Survey (NIS) showed that more than 77% of children, age 19 months to 35 months, were fully vaccinated with all the recommended vaccines series. There were no significant differences in vaccine coverage among any racial or ethnic groups, according to the study.
- African American adults are less likely than non-Hispanic white adults to have received the flu vaccine in the past year or to have ever received the pneumonia vaccine.
- In 2006, Non-Hispanic Blacks aged 65 and older were 30% less likely to have received the influenza (flu) shot in the past 12 months, as compared to non-Hispanic whites of the same age group.
- In 2006, African American adults aged 65 and older were 40% less likely to have ever received the pneumonia shot, as compared to non-Hispanic white adults of the same age group.
- Although African American children aged 19 to 35 months had comparable rates of immunization for hepatitis, influenza, MMR, and polio, they were slightly less likely to be fully immunized when compared to non-Hispanic white children.

Source for statistical data: Office of Minority Health, <http://www.omhrc.gov/templates/content.aspx>

# Common Myths about Immunizations



## ***“Immunizations hurt.”***

They may hurt a little, and your baby may cry for a few minutes. There may be some temporary swelling where your child was injected. However, protecting your child's long-term health is worth a few tears.

## ***“Vaccines are not needed because these diseases were disappearing even before the vaccines were developed.”***

This is not true. Many diseases do not occur or spread as much as they used to, thanks to better nutrition, less crowded living conditions, antibiotics, and, most importantly, vaccines. However, this does not mean that the bacteria and viruses that are responsible for these diseases have disappeared. Immunizations are still needed to protect children from these diseases.

## ***“Chickenpox is not a fatal disease, so that vaccine is not necessary.”***

This is not true. Each year, about 9,000 people are hospitalized for chickenpox. About 100 people die from the disease. The chickenpox vaccine will protect most children from getting chickenpox. Since the vaccine was licensed in 1995, millions of doses have been given to children in the United States.

## ***“I am breast feeding so my child doesn't need immunizations.”***

Immunizations are still needed. While breast feeding is the best nutrition for your baby, it does not prevent infections the way vaccines do. Your child may have fewer colds, but breast feeding does not protect against many serious illnesses such as whooping cough, polio, and diphtheria like immunizations do.

## ***“These diseases have been virtually eliminated from the United States, so my child doesn't need to be vaccinated.”***

Without immunizations at the right times, your child can still catch infectious diseases that may cause high fever, coughing, choking, breathing problems, and even brain injury. These illnesses may leave your child deaf or blind or cause paralysis.

## ***“Diphtheria, Tetanus, Pertussis (DTP) vaccine can cause Sudden Infant Death Syndrome (SIDS).”***

There is no scientific evidence that links the DTaP or DTP shot and SIDS. This myth continues because the first dose is given at 2 months of age, when the risk of SIDS is greatest. However, these events are not connected.

## ***“It is unsafe to immunize a child who has a cold and fever. Is this true?”***

A child with a minor illness can be safely immunized. Minor illnesses include the following:

- Low-grade fever
- Ear infection
- Cough
- Runny nose
- Mild diarrhea in an otherwise healthy child

## ***“Some children have serious side effects from vaccines so they must not be very safe.”***

Reactions to vaccines may occur, but they are usually mild. Severe reactions to vaccines are very rare. Symptoms of a more serious reaction include the following:

- Very high fever
- Generalized rash
- Large amount of swelling at the point of injection

If any of these symptoms occur, call your doctor or the nearest clinic right away. If your child experiences any side effects after a vaccination, talk to your pediatrician. Together you can decide whether your child should receive another dose of the same vaccine.

## ***“Giving a child more than one immunization at a time can be dangerous.”***

Studies and years of experience show that vaccines used for routine childhood immunizations can be safely given together. Side effects when multiple vaccines are given together are no greater than when each vaccine is given on separate occasions. Talk to your pediatrician if you are concerned about the number of vaccines your child is scheduled to receive.

# Immunization – A Family Affair

You can use these charts as guides to make sure that your children are on the proper immunization schedule or simply hand this pamphlet to your doctor.

*He will know what to do.*



## Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2009

*For those who fall behind or start late, see the catch-up schedule*

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B <sup>1</sup>	HepB	HepB	HepB	see footnote 1	HepB	HepB	HepB					
Rotavirus <sup>2</sup>			RV	RV	RV <sup>2</sup>							
Diphtheria, Tetanus, Pertussis <sup>3</sup>			DTaP	DTaP	DTaP	see footnote 3	DTaP					DTaP
Haemophilus influenzae type b <sup>4</sup>			Hib	Hib	Hib <sup>4</sup>		Hib					
Pneumococcal <sup>5</sup>			PCV	PCV	PCV		PCV				PPSV	
Inactivated Poliovirus			IPV	IPV			IPV					IPV
Influenza <sup>6</sup>			Influenza (Yearly)									
Measles, Mumps, Rubella <sup>7</sup>							MMR		see footnote 7			MMR
Varicella <sup>8</sup>							Varicella		see footnote 8			Varicella
Hepatitis A <sup>9</sup>							HepA (2 doses)				HepA Series	
Meningococcal <sup>10</sup>											MCV	

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 0 through 6 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of

the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

## Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2009

*For those who fall behind or start late, see the schedule below and the catch-up schedule*

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis <sup>1</sup>		see footnote 1	Tdap	Tdap
Human Papillomavirus <sup>2</sup>		see footnote 2	HPV (3 doses)	HPV Series
Meningococcal <sup>3</sup>		MCV	MCV	MCV
Influenza <sup>4</sup>		Influenza (Yearly)		
Pneumococcal <sup>5</sup>		PPSV		
Hepatitis A <sup>6</sup>		HepA Series		
Hepatitis B <sup>7</sup>		HepB Series		
Inactivated Poliovirus <sup>8</sup>		IPV Series		
Measles, Mumps, Rubella <sup>9</sup>		MMR Series		
Varicella <sup>10</sup>		Varicella Series		

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 7 through 18 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of

the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

Source for charts: Center for Disease Control, [http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2008/08\\_0-6yrs\\_schedule\\_pr.pdf](http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2008/08_0-6yrs_schedule_pr.pdf) and [http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2008/08\\_7-18yrs\\_schedule\\_pr.pdf](http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2008/08_7-18yrs_schedule_pr.pdf)

## How do you know what immunizations you need: Immunization and Adults

### Why immunize?

Some of these illnesses, once contracted, do not have a cure, and all may cause tremendous health problems or even death. Vaccines are among the safest medical products available; they are very effective, and can prevent the suffering and costs associated with these preventable diseases.

### Which vaccinations do adults need?

All adults require tetanus and diphtheria (Td) immunizations at 10 year intervals throughout their lives. Adults who deferred Td boosters during 2001 and early 2002 because of vaccine shortages should get back on track – the supply problems have been resolved. Additionally, adults younger than 65 years of age should substitute a tetanus, diphtheria, acellular pertussis (Tdap) vaccination for one Td booster.

Adults born after 1956 who are not immune to measles, mumps, or rubella should be immunized.

Women 26 years of age or younger should be immunized against human papillomavirus (HPV), the virus that causes about 70 percent of all cervical cancer cases in the U.S.

All adults 65 years of age or older, as well as persons 2 to



64 years of age who have diabetes or chronic heart, lung, liver or kidney disorders need protection against pneumococcal disease, and should consult their healthcare providers regarding this vaccine.

Influenza vaccination is recommended for all adults 50 years of age or older, women who will be pregnant during influenza season, residents of long-term care facilities, as well as for all children 6 months through 18 years of age, and persons who have certain

chronic medical conditions. Other individuals who should seek annual influenza immunization include healthcare workers and those who live with or provide care for high-risk persons, including those who live with or who provide care for infants younger than 6 months of age.

Hepatitis B vaccine is recommended for adults in certain high-risk groups, such as healthcare workers and public safety workers exposed to blood on the job, household and sex contacts of persons with chronic hepatitis B virus (HBV) infection, sexually active people who are not in long-term, mutually monogamous relationships, people seeking evaluation or treatment for sexually-transmitted disease (STD), men who have sex with men, injection

drug users, travelers to countries where HBV infection is common, people with end-stage renal disease and HIV-infected persons. Hepatitis B vaccine is also recommended for anyone seeking protection from HBV infection. To increase vaccination rates among people at highest risk for HBV infection, hepatitis B vaccine is recommended for all adults in the following settings: STD treatment facilities, HIV testing and treatment facilities, facilities providing drug-abuse treatment and prevention services, healthcare settings targeting services to injection-drug users or men who have sex with men, correctional facilities, end-stage renal disease programs and facilities for chronic hemodialysis patients, and institutions and nonresidential daycare facilities for persons with developmental disabilities.

FIGURE 1. Recommended adult immunization schedule by vaccine and age group — United States, 2009

VACCINE ▼	AGE GROUP ►	19–26 years	27–49 years	50–59 years	60–64 years	≥65 years	
Tetanus, diphtheria, pertussis (Td/Tdap) <sup>1,3*</sup>		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs					Td booster every 10 yrs
Human papillomavirus (HPV) <sup>2,3*</sup>		3 doses (females)					
Varicella <sup>3,*</sup>		3 doses					
Zoster <sup>4</sup>					3 doses		
Measles, mumps, rubella (MMR) <sup>5,6*</sup>		1 or 2 doses			1 doses		
Influenza <sup>6,*</sup>				1 doses annually			
Pneumococcal (polysaccharide) <sup>7,8</sup>			1 or 2 doses			1 doses	
Hepatitis A <sup>9,9*</sup>		2 doses					
Hepatitis B <sup>10,9*</sup>		3 doses					
Meningococcal <sup>11,9*</sup>		1 or more doses					

\*Covered by the Vaccine Injury Compensation Program

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

No recommendation

Source for chart: Center for Disease Control: <http://www.cdc.gov/mmwr/PDF/wk/mm5753-Immunization.pdf>

Source for text: National Foundation for Infectious Diseases, <http://www.nfid.org/>

## How to avoid the flu

**Is it contagious? Yes.**

**The CDC has determined that this H1N1 influenza A virus is contagious and is spreading from human to human. However, at this time, it is not known how easily the virus spreads between people.**

### How influenza is spread

The main way that influenza viruses are thought to spread is from person to person in respiratory droplets of coughs and sneezes. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and deposited on the mouth or nose of people nearby. Influenza viruses may also be spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose (or someone else's mouth or nose) before washing their hands.

Try to stay in good general health. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food. Try not to touch surfaces that may be contaminated with the flu virus. Avoid close contact with people who are sick.

The single best way to prevent seasonal flu is to get *vaccinated*. Good habits like covering your cough and washing your hands can help stop the spread of germs and prevent respiratory illnesses like the flu. There also are *flu antiviral drugs* that can be used to treat and prevent the flu.

#### **Avoid close contact.**

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

#### **Stay home when you are sick.**

If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.

#### **Cover your mouth and nose.**

Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.

#### **Clean your hands.**

Washing your hands often will help protect you from germs.

#### **Avoid touching our eyes, nose or mouth.**

Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

#### **Practice other good health habits.**

Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

**What you need to know about H1N1 to protect yourself and family.**

### People with swine flu who are cared for at home should:

- Check with their health care provider about any special care they might need if they are pregnant or have a health condition such as diabetes, heart disease, asthma, or emphysema
- Check with their health care provider about whether they should take anti-viral medications.
- Stay home for 7 days after the start of illness and fever is gone.
- Get plenty of rest.
- Drink clear fluids (such as water, broth, sports drinks, electrolyte beverages for infants) to keep from being dehydrated.
- Cover coughs and sneezes. Clean hands with soap and water or an alcohol-based hand rub often and especially after using tissues and after coughing or sneezing into hands.
- Avoid close contact with others. Do not go to work or school while ill.
- Be watchful for emergency warning signs that might indicate you need to seek medical attention.



*This health note emphasizes the importance of immunization and staying healthy, but our nation is facing a possible epidemic consisting of H1N1 and the seasonal flu simultaneously hitting during flu season. It will be important that you know that those who are young, elderly, pregnant, or have chronic health diseases should prepare themselves to be immunized against the common flu as well as H1N1.*



### Here are some facts that you should know about in helping to avoid the flu.

#### *Q. How worried is the U.S. government about the spread of the H1N1 virus and what is the government doing to respond?*

The flu is a serious illness, and the **2009 H1N1** virus is a serious flu virus. We know that it spreads among people easily and is affecting younger people disproportionately. We also know that a number of people, many with underlying conditions, have died from this virus. The government is taking it very seriously, and the President and the Administration are actively engaged in combating the spread of **H1N1** and developing a national action plan that builds on the efforts and lessons learned from this spring's initial onset to prepare for the possibility of a serious fall flu season.

Officials are closely monitoring the spread of the disease across this country and watching what is happening in the Southern Hemisphere, where the flu season has already begun. Our concern is what will happen this fall when we head into flu season in this country, and we are monitoring the **H1N1** virus to see how it evolves and whether it is expected to produce more severe disease. So far the disease has been moderate, but Americans have died and many have fallen ill.

As we prepare for the fall flu season, we will be working closely with our partners in the medical community to develop, test, produce, distribute, and administer an **H1N1** flu vaccine and to distribute and dispense antiviral medications for those who may require treatment for the **H1N1** virus.



#### *Q. What can I do to prevent the spread of illness?*

All Americans share in the responsibility to plan for this fall's flu season. Given the unique combination of regular seasonal flu, as well as the **H1N1** virus, it's important for everyone to take action to reduce the transmission of influenza. American families and businesses should

prepare their own household and business plans and think through the steps they will need to take if a family member or a co-worker contracts the flu. We ask all Americans to visit [FLU.GOV](http://FLU.GOV) to find information that will help them take the necessary steps to prepare for flu season and limit the spread of the flu virus. Here are some everyday actions that you and your family can take to stay healthy.

- Stay home if you get sick. CDC recommends that you stay home from work or school and limit contact with others to avoid infecting them.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread that way.



***“Wash your hands with soap and water for 20 seconds”***

Follow the advice of your local public health department regarding school closures, avoiding crowds and other measures to reduce flu transmission. These measures will continue to be important after an **H1N1** vaccine is available because they can prevent the spread of other viruses that cause respiratory infections.

#### *Q. What is the best way to keep from spreading the virus through coughing or sneezing?*

If you are sick, limit your contact with other people as much as possible. If you are sick, stay home until at least 24 hours after you are free of fever or feverishness without the use of fever-reducing medications. Cover your mouth and nose with a tissue when coughing or sneezing. Put your used tissue in the wastebasket. Then, clean your hands, and do so every time you cough or sneeze.

**What you need to know about H1N1 to protect yourself and family.**

## Where to get immunizations

**Contact your local health department for information**  
<http://www.immunize.org/states/>

This web site provides direct links to each state's immunization web site. Each state site provides addresses and contact information for a free clinic near you.

**Flu Clinic Locator of the American Lung Association:**  
[www.flucliniclocator.org](http://www.flucliniclocator.org)

*(Note: Most sites do not present this information on their home pages. Search a site for specific information on where to get shots.)*

### VACCINES FOR CHILDREN PROGRAM

In the past, private providers referred children to public health department clinics for vaccinations when the children lacked health insurance or their health insurance did not cover vaccinations. Since 1994, the Vaccines for Children (VFC) program, established by Section 1928 of the Social Security Act, has allowed children to receive vaccinations as part of routine care, supporting the reintegration of vaccination and primary care. The VFC program serves children through 18 years of age, without insurance, those eligible for Medicaid, American Indian/Alaska Native children, and under insured children who receive care through Federally Qualified Health Centers (FQHCs) or Rural Health Centers (RHCs).

*For more Information see:*

<http://www.cdc.gov/vaccines/programs/vfc>

### Other Helpful Web Sites on Immunization

<http://www.naltblackchurch.com/>

<http://www.immunize.org>

<http://www.cdc.gov/vaccines/pubs/parents-guide/default.htm>

[http://www.bam.gov/sub\\_diseases/diseases\\_immuneplatoon\\_vaccines.html](http://www.bam.gov/sub_diseases/diseases_immuneplatoon_vaccines.html)

[http://pediatrics.about.com/od/immunizations/Immunizations\\_for\\_your\\_Kids.htm](http://pediatrics.about.com/od/immunizations/Immunizations_for_your_Kids.htm)

<http://www.pkids.org/immunizations.php>

<http://www.healthpowerforminorities.org/specific/vaccinations/Child.cfm>

<http://izcoalitions.org/>

<http://www.path.org/vaccineresources/>

<http://www.omhrc.gov/>

<http://www3.niaid.nih.gov/topics/minorityHealth/default.htm>

### National Vaccine Injury Compensation Program (VICP)

On October 1, 1988, the National Childhood Vaccine Injury Act of 1986 (Public Law 99-660) created the National Vaccine Injury Compensation Program (VICP). The VICP was established to ensure an adequate supply of vaccines, stabilize vaccine costs, and establish and maintain an accessible and efficient forum for individuals found to be injured by certain vaccines. The VICP is a

no-fault alternative to the traditional tort system for resolving vaccine injury claims that provides compensation to people found to be injured by certain vaccines. The U. S. Court of Federal Claims decides who will be paid.

*For more Information see:*

<http://www.hrsa.gov/Vaccinecompensation/>

**Recent Ruling on Vaccines and Autism**  
Recent court rulings stated that vaccines are not responsible for children developing autism. The rulings focused on the measles, mumps and rubella (MMR) vaccine.

**sanofi pasteur**

The vaccines division of sanofi-aventis Group

*Funded in part by a grant from sanofi pasteur*

### Contacts for National H1N1 Hotline Information



The Centers for Disease Control and Prevention (CDC)  
**Hotline 1-800-CDC-INFO (232-4636)**  
<http://www.cdc.gov/>

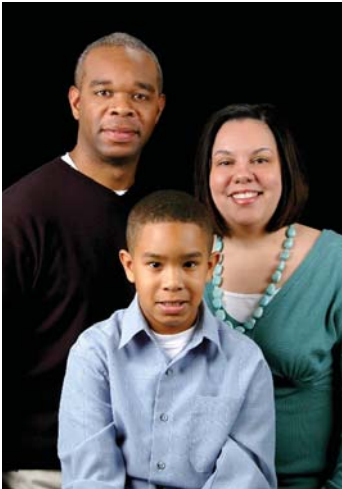
World Health Organization  
Avenue Appia 20 • 1211 Geneva 27 • Switzerland  
Telephone: + 41 22 791 21 11  
Facsimile (fax): + 41 22 791 31 11  
<http://www.who.int/en/>

Pan American Health Organization  
Regional Office of the World Health Organization

525 Twenty-third Street, N.W., Washington, D.C. 20037,  
United States of America  
<http://new.paho.org/hq/>  
Country/City Code:  
(202) Tel: 974-3000 Fax: 974-3663

## How Vaccines Prevent Disease

*Previously titled “How Do Vaccines Work?”*



*Parents are constantly concerned about the health and safety of their children and they take many steps to protect them. These preventive measures range from child-proof door latches to child safety seats. In the same respect, vaccines work to safeguard children from illnesses and death caused by infectious*

*diseases. Vaccines protect children by helping prepare their bodies to fight often serious, and potentially, deadly diseases.*

### Disease Prevention—Protect Those Around You

Disease prevention is the key to public health. It is always better to prevent a disease than to treat it. Vaccines prevent disease in the people who receive them and protect those who come into contact with unvaccinated individuals. Vaccines help prevent infectious diseases and save lives. Vaccines are responsible for the control of many infectious diseases that were once common in this country, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, and *Haemophilus influenzae* type b (Hib).

Vaccine-preventable diseases have a costly impact, resulting in doctor’s visits, hospitalizations, and premature deaths. Sick children can also cause parents to lose time from work.

Each child is born with a full immune system composed of cells, glands, organs, and fluids that are located throughout his or her body to fight invading bacteria and viruses. The immune system recognizes germs that enter the body as “foreign” invaders, or *antigens*, and produces protein substances called *antibodies* to fight them. A normal, healthy immune system has the ability to produce millions of these antibodies to defend against thousands of attacks every day, doing it so naturally that people are not even aware they are being attacked and defended so often (Whitney, 1990). Many antibodies disappear once they have destroyed the invading antigens, but the cells involved in antibody production remain and become “memory cells.”

Memory cells remember the original antigen and then defend against it when the antigen attempts to re-infect a person, even after many decades. This protection is called *immunity*.

Vaccines contain the same antigens or parts of antigens that cause diseases, but the antigens in vaccines are either killed or greatly weakened. When they are injected into fatty tissue or muscle, vaccine antigens are not strong enough to produce the symptoms and signs of the disease but are strong enough for the immune system to produce antibodies against them (Tortora and Anagnostakos, 1981). The memory cells that remain prevent re-infection when they encounter that disease in the future. Thus, through vaccination, children develop immunity without suffering from the actual diseases that vaccines prevent.

### Why are Childhood Vaccines So Important?

- It’s true that newborn babies are immune to many diseases because they have antibodies they got from their mothers. However, the duration of this immunity may last only a month to about a year. Further, young children do not have maternal immunity against some vaccine-preventable diseases, such as whooping cough.
- If a child is not vaccinated and is exposed to a disease germ, the child’s body may not be strong enough to fight the disease. Before vaccines, many children died from diseases that vaccines now prevent, such as whooping cough, measles, and polio. Those same germs exist today, but babies are now protected by vaccines, so we do not see these diseases as often.
- Immunizing individual children also helps to protect the health of our community, especially those people who are not immunized. People who are not immunized include those who are too young to be vaccinated (e.g., children less than a year old cannot receive the measles vaccine but can be infected by the measles virus), those who cannot be vaccinated for medical reasons (e.g., children with leukemia), and those who cannot make an adequate response to vaccination. Also protected, therefore, are people who received a vaccine, but who have not developed immunity. In addition, people who are sick will be less likely to be exposed to disease germs that can be passed around by unvaccinated children. Immunization also slows down or stops disease outbreaks.

Source: <http://www.cdc.gov/vaccines/vac-gen/howvpd.htm>

# National Black Church Initiative

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For immediate release  
**PRESS RELEASE**

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## NATIONAL BLACK CHURCH INITIATIVE DECLARES HEALTH EMERGENCY ON H1N1 IN THE BLACK CHURCH

*African American health leaders join the Black Church in news  
conference*

**Washington, DC** – In light of President Obama’s Health Emergency Order on H1N1 the National Black Church Initiative (NBCI), with 34,000 churches around the country representing 13 Black religious denominations, is declaring a national health emergency on H1N1 in the Black Church. This health emergency falls within NBCI’s Health Emergency Declaration, which is a seven-year project to close the health disparity gap in the African American community. This emergency means that the Black Church will coordinate with health officials at the federal, state and local levels to make sure that every African American in the country is vaccinated against the H1N1 flu virus. The reason for this move is to not allow African Americans to once again become the overwhelming victim of another disease, especially one that can be as deadly as H1N1.

The press conference will be held on Wednesday, Nov. 11, 2009 at 10:30 a.m. at Saint Stephen's Baptist Church, 5757 Temple Hills Road, Temple Hills, Maryland 20748. Attending the press conference will be: African American religious leadership, National Black Church Initiative; National Medical Association; Center for Disease Control; Office of the Surgeon General; Blacks in Government; National Black Nurses Association; Association of Black Cardiologists; National Institute of Health; National Dental Association; Howard University Hospital; National Organization of Black County Officials; NAACP; Black Leadership Forum, Inc.; Rainbow Push; Congressional Black Caucus.

NBCI understands the seriousness of the H1N1 crisis, and we, as members of the clergy, are calling on all families in America, especially minority families, to get vaccinated once the vaccine is available. NBCI wants the public to understand that this is a pandemic, and is not business as usual. We cannot, as responsible clergy, allow the public to consider this as another regular flu season, and ignore the warnings about the importance of being vaccinated against H1N1. According to the best information available the vaccine is safe for all ages. This is why

we are urging the American public to get vaccinated and protect themselves, their families, their neighbors and their communities.

Rev. Anthony Evans, President of NBCI, said, “This is the proper role of the Black Church: to make sure that it uses its vast influence to promote and work with African American physicians in dealing with this crisis. It is important that the church uses its moral authority to make sure that accurate information concerning the flu is disseminated properly in and outside of its faith communities. It is also important that the church be seen as a key stakeholder in advocating the need for everyone to be vaccinated against H1N1 in order to sustain the Black Church and help to continue to build a civil society.”

The church is at its best when it uses its moral authority during a period of crisis, and despite not wanting to alarm anyone, this is a time of crisis and the church must speak. NBCI believes that people should get their entire family vaccinated and not forget to immunize against other diseases as well. This is a pandemic and it only comes once in a lifetime and must be taken very seriously. Here is the basic information that everyone needs to know concerning the H1N1 vaccine as cited by the CDC:

### **When to Get Vaccinated**

Vaccination against 2009 H1N1 should begin as soon as vaccine is available and continue throughout the influenza season, into December, January, and beyond. This is because the timing and duration of flu activity can vary. Flu seasons can last as late as April or May. By early October 2009, extensive 2009 H1N1 flu activity was being reported in the United States. It’s possible that there may be waves of 2009 H1N1 activity during the 2009-2010 flu season that hit communities more than once over the course of the season. While 2009 H1N1 viruses are likely to be the most common cause of influenza this season, CDC still expects that seasonal influenza viruses will circulate and continues to recommend that people get a seasonal flu vaccine to protect against seasonal flu viruses.

The [ACIP has issued separate recommendations on who should get the 2009-10 seasonal vaccines](#).

### **Who Should Get Vaccinated**

CDC’s Advisory Committee on Immunization Practices (ACIP), a panel made up of medical and public health experts, met July 29, 2009, to make recommendations on who should receive the 2009 H1N1 vaccine when it becomes available. While the federal government has purchased enough vaccine so that anyone who wants to get vaccinated can, ACIP’s statement on the “[Use of Influenza A \(H1N1\) 2009 Monovalent Vaccine](#)” recommends that vaccination efforts should focus first on people in five target groups who are at higher risk for 2009 H1N1 influenza or related complications, are likely to come in contact with influenza viruses as part of their occupation and could transmit influenza viruses to others in medical care settings, or are close contacts of infants younger than 6 months (who are too young to be vaccinated). These five target groups make up an estimated 159 million people in the United States.

### **Vaccine Effectiveness**

The ability of a flu vaccine to protect a person depends on the age and health status of the person getting the vaccine, and the similarity or "match" between the viruses or virus in the vaccine and those in circulation. CDC analyzes circulating influenza viruses on an ongoing basis to determine how closely matched they are to vaccine viruses and publishes the information weekly in [FluView](#). In addition, every year CDC monitors vaccine effectiveness. For more information about flu vaccine effectiveness, see [How Well Does the Seasonal Vaccine Work?](#)

Rev. Mark McCleary, Chair of NBCI Minister Alliance, said, "It is imperative that every family in America get vaccinated from the H1N1 flu virus. This is extremely important and it cannot be overlooked or ignored. This is why we are using the full force of the church to urge compliance. After this has passed our community, I must urge every family to evaluate their immunization status and to vigorously update any vaccinations they may need. A family that has the proper immunizations is a family that is on the road to a healthy existence. This push for immunization is a part of the National Black Church Initiative's Health Emergency Declaration (HED), where the church will utilize its moral authority over the next seven years in order to help families stay healthy."

### About NBCI

The National Black Church Initiative (NBCI), a coalition of 16,000 African-American and Latino member churches works to eradicate racial disparities in healthcare. In addition to our member churches, we have 18,000 sister churches. NBCI is a faith-based health organization dedicated to providing critical wellness information and preventive health screening to all of its members. The African-American community ranks first in eleven different health risk categories. NBCI's purpose is to partner with national health officials to provide health education, reduce racial health disparities, and increase access to quality healthcare.



**NATIONAL  
BLACK  
CHURCH  
INITIATIVE**

# National Black Church Initiative Health Note

## **H1N1 FLU (SWINE FLU) and YOU**

*How to prevent it and stay healthy*

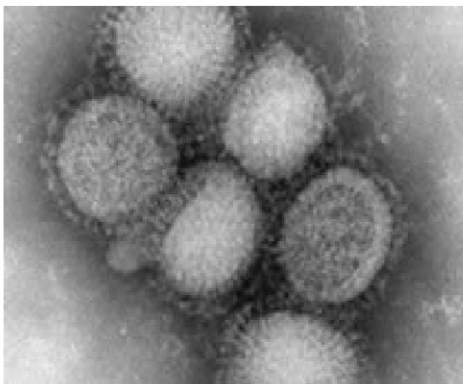


World Health  
Organization

**WHO** raises its pandemic  
alert level 5 on H1N1 flu

## **What is this new H1N1 virus**

*This virus was originally referred to as “swine flu” because laboratory testing showed that many of the genes in this new virus were very similar to influenza viruses that normally occur in pigs in North*



*America. But further study has shown that this new virus is very different from what normally circulates in North American pigs. It has two genes from flu viruses that normally circulate in pigs in Europe and Asia and avian genes and human genes. Scientists call this a “quadruple reassortant” virus.*

**Call 1-800-CDC-INFO • (1-800- 232-4636)**

## How to prevent the flu and stay healthy

Is it  
contagious

Yes.

The CDC has determined that this H1N1 influenza A virus is contagious and is spreading from human to human. However, at this time, it is not known how easily the virus spreads between people.

### How H1N1 flu is spread

The main way that influenza viruses are thought to spread is from person to person in respiratory droplets of coughs and sneezes. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and deposited on the mouth or nose of people nearby. Influenza viruses may also be spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose (or someone else's mouth or nose) before washing their hands.

### People with swine flu who are cared for at home should:

- Check with their health care provider about any special care they might need if they are pregnant or have a health condition such as diabetes, heart disease, asthma, or emphysema
- Check with their health care provider about whether they should take antiviral medications
- Stay home for 7 days after the start of illness and fever is gone
- Get plenty of rest
- Drink clear fluids (such as water, broth, sports drinks, electrolyte beverages for infants) to keep from being dehydrated
- Cover coughs and sneezes. Clean hands with soap and water or an alcohol-based hand rub often and especially after using tissues and after coughing or sneezing into hands
- Avoid close contact with others do not go to work or school while ill
- Be watchful for emergency warning signs that might indicate you need to seek medical attention

### How to avoid the flu



#### *First and most important: wash your hands.*

Try to stay in good general health. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food. Try not to touch surfaces that may be contaminated with the flu virus. Avoid close contact with people who are sick.

The single best way to prevent seasonal flu is to get **vaccinated** each year, but good health habits like covering your cough and washing your hands often can help stop the spread of germs and prevent respiratory illnesses like the flu. There also are **flu antiviral drugs** that can be used to treat and prevent the flu.

#### *Avoid close contact.*

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

#### *Stay home when you are sick.*

If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.

#### *Cover your mouth and nose.*

Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.

#### *Clean your hands.*

Washing your hands often will help protect you from germs.

#### *Avoid touching your eyes, nose or mouth.*

Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



## How to prevent the flu and stay healthy

### What are the symptoms

The symptoms of H1N1 flu in people are similar to the symptoms of regular human flu and include fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have reported diarrhea and vomiting associated with H1N1 flu. In the past, severe illness (pneumonia and respiratory failure) and deaths have been reported with H1N1 flu infection in people. Like seasonal flu, H1N1 flu may cause a worsening of underlying chronic medical conditions.

### Steps to take if you have the symptoms

Antiviral medications can sometimes help lessen influenza symptoms, but require a prescription. Most people do not need these antiviral drugs to fully recover from the flu. However, persons at higher risk for severe flu complications, or those with severe flu illness who require hospitalization, might benefit from antiviral medications. Antiviral medications are available for persons 1 year of age and older. Ask your healthcare provider whether you need antiviral medication.

Influenza infections can lead to or occur with bacterial infections. Therefore, some people will also need to take antibiotics. More severe or prolonged illness or illness that seems to get better, but then gets worse again may be an indication that a person has a bacterial infection. Check with your healthcare provider if you have concerns.

### Warning!

Do **not** give aspirin (*acetylsalicylic acid*) to children or teenagers who have the flu; this can cause a rare but serious illness called Reye's syndrome. For more information about Reye's syndrome, visit the National Institute of Health website at

[http://www.ninds.nih.gov/disorders/reyes\\_syndrome/reyes\\_syndrome.htm](http://www.ninds.nih.gov/disorders/reyes_syndrome/reyes_syndrome.htm)

- Check ingredient labels on over-the-counter cold and flu medications to see if they contain aspirin.

- Teenagers with the flu can take medicines **without aspirin**, such as **acetaminophen (Tylenol®)** and **ibuprofen (Advil®, Motrin®, Nuprin®)**, to relieve symptoms.
- Children younger than 2 years of age should not be given over-the-counter cold medications without first speaking with a healthcare provider.
- The safest care for flu symptoms in children younger than 2 years of age is using a cool-mist humidifier and a suction bulb to help clear away mucus.
- Fevers and aches can be treated with **acetaminophen (Tylenol®)** or **ibuprofen (Advil®, Motrin®, Nuprin®)** or nonsteroidal anti-inflammatory drugs (NSAIDs). Examples of these kinds of medications include:

Generic Name	Brand Name(s)
Acetaminophen	<b>TYLENOL</b>
Ibuprofen	<b>Advil</b> <b>Motrin</b> <b>NUPRIN</b>
Naproxen	<b>ALEVE</b>

**When providing care to a household member who is sick with influenza, the most important ways to protect yourself and others who are not sick are to:**

- keep the sick person away from other people as much as possible (see “placement of the sick person at home”)
- remind the sick person to cover their coughs, and clean their hands with soap and water or an alcohol-based hand rub often, especially after coughing and/or sneezing.
- have everyone in the household clean their hands often, using soap and water or an alcohol-based hand rub
- ask your healthcare provider if household contacts of the sick person-particularly those contacts who may have chronic health conditions-should take antiviral medications such as oseltamivir (Tamiflu®) or zanamivir (Relenza®) to prevent the flu.

# How to prevent the flu and stay healthy

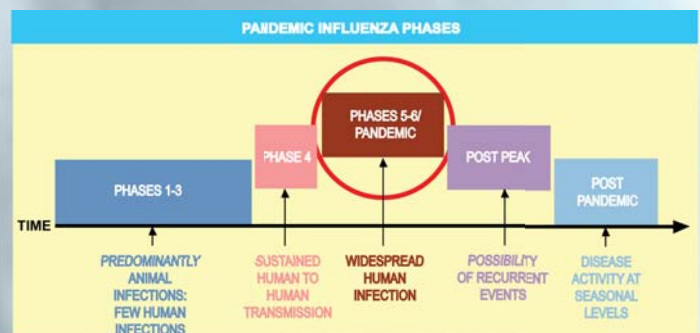
## Placement of the sick person

- Keep the sick person in a room separate from the common areas of the house. (For example, a spare bedroom with its own bathroom, if that's possible.) Keep the sickroom door closed.
- Unless necessary for medical care, persons with the flu should not leave the home when they have a fever or during the time that they are most likely to spread their infection to others (7 days after onset of symptoms in adults. Children may pass the virus for longer than 7 days).
- If persons with the flu need to leave the home (for example, for medical care), they should cover their nose and mouth when coughing or sneezing and wear a loose-fitting (surgical) mask if available.
- Have the sick person wear a surgical mask if they need to be in a common area of the house near other persons.
- If possible, sick persons should use a separate bathroom. This bathroom should be cleaned daily with household disinfectant.

## Protect other persons in the home

- The sick person should not have visitors other than caregivers. A phone call is safer than a visit.
- If possible, have only one adult in the home take care of the sick person.
- Avoid having pregnant women care for the sick person. (Pregnant women are at increased risk of influenza-related complications and immunity can be suppressed during pregnancy).
- All persons in the household should clean their hands with soap and water or an alcohol-based hand rub frequently, including after every contact with the sick person or the person's room or bathroom.

- Use paper towels for drying hands after hand washing or dedicate cloth towels to each person in the household. For example, have different colored towels for each person.
- If possible, consideration should be given to maintaining good ventilation in shared household areas (e.g., keeping windows open in restrooms, kitchen, bathroom, etc.).
- Antivirals can be used to prevent the flu, so check with your healthcare provider to see if some persons in the home should use antiviral medications.



## If you are the caregiver

- Avoid being face-to-face with the sick person.
- When holding small children who are sick, place their chin on your shoulder so that they will not cough in your face.
- Clean your hands with soap and water or use an alcohol-based hand rub after you touch the sick person or handle used tissues, or laundry.
- Caregivers might catch flu from the person they are caring for and then the caregiver might be able to spread the flu to others before the caregiver shows symptoms. Therefore, the caregiver should wear a mask when they leave their home to keep from spreading flu to others in case they are in the early stages of infection.
- Talk to your health care provider about taking antiviral medication to prevent the caregiver from getting the flu.
- Monitor yourself and household members for flu symptoms and contact a telephone hotline or health care provider if symptoms occur.

## How to prevent the flu and stay healthy

### Using Facemasks or Respirators



- Avoid close contact (less than about 6 feet away) with the sick person as much as possible.
- If you must have close contact with the sick person (for example, hold a sick infant), spend the least amount of time possible in close contact and try to wear a facemask (for example, surgical mask) or N95 disposable respirator.
- An N95 respirator that fits snugly on your face can filter out small particles that can be inhaled around the edges of a facemask, but compared with a facemask it is harder to breathe through an N95 mask for long periods of time. More information on facemasks and respirators can be found at [www.cdc.gov/swineflu](http://www.cdc.gov/swineflu)
- Facemasks and respirators may be purchased at a pharmacy, building supply or hardware store.
- Wear an N95 respirator if you help a sick person with respiratory treatments using a nebulizer or inhaler, as directed by their doctor. Respiratory treatments should be performed in a separate room away from common areas of the house when at all possible.
- Used facemasks and N95 respirators should be taken off and placed immediately in the regular trash so they don't touch anything else.
- Avoid reusing disposable facemasks and N95 respirators if possible. If a reusable fabric facemask is used, it should be laundered with normal laundry detergent and tumble-dried in a hot dryer.
- After you take off a facemask or N95 respirator, clean your hands with soap and water or an alcohol-based hand sanitizer.

### Household Cleaning, Laundry, and Waste Disposal

- Throw away tissues and other disposable items used by the sick person in the trash. Wash your hands after touching used tissues and similar waste.
- Keep surfaces (especially bedside tables, surfaces in the bathroom, and toys for children) clean by wiping them down with a household disinfectant according to directions on the product label.
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first.
- Wash linens (such as bed sheets and towels) by using household laundry soap and tumble dry on a hot setting. Avoid "hugging" laundry prior to washing it to prevent contaminating yourself. Clean your hands with soap and water or alcohol-based hand rub right after handling dirty laundry.
- Eating utensils should be washed either in a dishwasher or by hand with water and soap.

## *How to prevent the flu and stay healthy*

### WHAT IS SOCIAL DISTANCING?

#### *How it help stop the spread of the flu.*

Limiting close face-to-face contacts with other people is an important protective behavior to limit the risks of exposures from droplet, aerosol, or contact transmission in the event of a flu outbreak. Simply put, social distancing is a way of keeping our distance from each other to lessen the spread of flu to help slow the spread of disease and is an important tool in an influenza outbreak.

#### *7 steps you can do to lessen the spread of Flu.*

##### *Practice social distancing:*

- 1** Consider limiting the frequency of face-to-face contacts
- 2** Consider limiting casual (social) interactions that may normally occur at work and throughout the day
- 3** Do not report to work if you are sick
- 4** Take staggered break times at work
- 5** Establish flexible work hours or an alternative
- 6** Consider using e-mail, text messaging and personal mobile phones to communicate instead of face-to-face contact
- 7** Think about the necessity of conferences and group gatherings during an influenza outbreak



### HOW CHURCHES SHOULD PREPARE FOR THE FLU OUTBREAK

- **CONSULT WITH LOCAL HEALTH OFFICIALS**
- **DEVELOP AND PLAN**
- **FOLLOW THE INSTRUCTIONS OF THE HEALTH AUTHORITY**
- **AGREE TO SERVE ON LOCAL BOARD AND HELP REASSURE PEOPLE AND WORK CLOSELY WITH EMERGENCY WORKERS**
- **SCHEDULE PRACTICE DRILLS OF THE PLAN**
- **STOCK PROTECTION MASKS FOR THE CONGREGATION**

## For More Information



The Centers for Disease  
Control and Prevention (CDC)  
Hotline 1-800-CDC-INFO (232-4636)

***<http://www.cdc.gov/>***

is available in English and Spanish, 24 hours a day, 7 days a week.  
*Phone numbers for local health authorities*

### **District of Columbia**

Call 311

***<http://dchealth.dc.gov/doh/site/default.asp>***

### **State of Maryland**

1-877-MDFLU4U (633-5848)

***<http://www.governor.maryland.gov/flu/index.html>***

### **Prince George County**

301-583-3750

***<http://www.princegeorgescountymd.gov/flu/index.html>***

### **Commonwealth of Virginia**

1-877-ASK-VDH3 or 1-877-275-8343

***<http://www.vdh.virginia.gov/>***

### **State of Pennsylvania**

1-877-724-3258

***<http://www.dsf.health.state.pa.us/health/cwp/view.asp?q=252990>***

## ***How to prevent the flu and stay healthy***

### **State of New York**

Call Department's hotline at **1-800-808-1987**

New York City residents should **call 311**

***<http://www.nyhealth.gov/>***

### **State of New Jersey**

**866-321-9571**

***<http://www.nj.gov/health/er/h1n1/>***

### ***Major Websites***

World Health Organization



Avenue Appia 20  
1211 Geneva 27  
Switzerland

**Telephone: + 41 22 791 21 11**

**Facsimile (fax): + 41 22 791 31 11**

***<http://www.who.int/en/>***

Pan American Health Organization



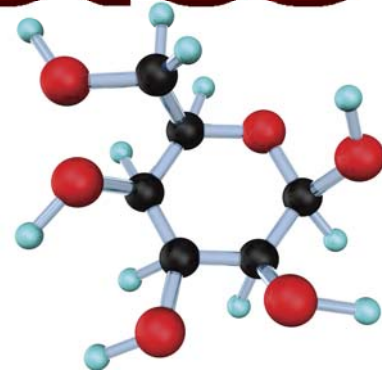
Regional Office of the World Health Organization  
525 Twenty-third Street, N.W., Washington, D.C. 20037, United States of America

***<http://new.paho.org/hq/>***

**Country/City Code: (202) Tel: 974-3000 Fax: 974-3663**

## What is **Diabetes?**

Diabetes mellitus (MEL-ih-tus), or simply, diabetes, is a group of diseases characterized by high blood glucose levels that result from defects in the body's ability to produce and/or use insulin.



### Type 1

Type 1 Diabetes was previously known as juvenile diabetes as it is usually diagnosed in childhood and young adulthood. In Type 1 Diabetes, the body does not produce insulin. Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for the body to function properly. Only 5-10% of people with diabetes have this form of the disease. With the help of **insulin therapy** and other treatments, those diagnosed with Type 1 Diabetes can learn to manage their condition and live long, healthy, happy lives.

**Type 2 Diabetes is the most common form of diabetes.**



Millions of Americans have been diagnosed with Type 2 Diabetes, and many more are unaware they are at risk. Some groups have a higher risk for developing Type 2 Diabetes than others - **African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and other Pacific Islanders**, as well as the aged population are all more likely to suffer from Type 2 Diabetes.

In Type 2 Diabetes, either the body does not produce enough insulin or the body's cells ignore the **insulin**.

The body breaks down all of the sugars and starches from the food we eat into glucose - the basic fuel for cells within the body. Insulin is a necessary part of the digestive process - insulin takes the sugar from the blood into the cells. When glucose builds up in the blood instead of going into cells, it can lead to **diabetes complications**.



# Symptoms



### Type 1 Diabetes

- Frequent urination
- Unusual thirst
- Extreme hunger
- Unusual weight loss
- Extreme fatigue or irritability

### Type 2 Diabetes\*

- Any of the type 1 symptoms – Frequent urination, unusual thirst, extreme hunger, unusual weight loss, extreme fatigue or irritability.
- Frequent or persistent infections such as skin, gum, or bladder infections
- Blurred vision
- Cuts/bruises that are slow to heal
- Tingling or numbness in the hands or feet

*\*Often people with Type 2 Diabetes have no symptoms*

# Prevention

Unfortunately, you cannot prevent Type 1 Diabetes. However, you can reduce your risk of developing Type 2 Diabetes through lifestyle changes. You can prevent or delay the onset of Type 2 Diabetes through a healthy lifestyle. Have a healthy diet, increase your level of physical activity, and maintain a healthy weight. Making these positive changes will help to increase your overall health and prevent, delay or maintain Type 2 Diabetes.

**Lower your risk for Type 2 Diabetes and heart disease.**

### My Health Advisor

Just enter basic health information and My Health Advisor calculates your risk for Type 2 Diabetes, heart disease, and stroke.

### Your Risk

Find out if any of these risk factors apply to you.

### Prediabetes

Are your blood glucose levels higher than normal? Prevent the onset of diabetes and its many complications.





# Take Action – if you have diabetes symptoms or believe you are at risk please see your doctor today.

## Diabetes Education



Diabetes is a serious disease. Awareness is an essential component for prevention and diabetes management. Enroll in a diabetes management course, especially if your diabetes symptoms are not in control.

*Call your local Diabetes Association for information on enrolling in a diabetes class or speak with your physician.*

## DIABETES MANAGEMENT

*Many people avoid the long-term problems of diabetes by taking good care of themselves.*

### Diet - MyFoodAdvisor™

Track what you eat to manage your diabetes and prevent the onset of complications.

- Use your diabetes meal plan. If you do not have one, ask your health care team about one.
- Make healthy food choices such as fruits and vegetables, fish, lean meats, chicken or turkey without the skin, dry peas or beans, whole grains, and low-fat or skim milk and cheese.
- Keep fish and lean meat and poultry portions to about 3 ounces (or the size of a deck of cards). Bake, broil, or grill it.
- Eat foods that have less fat and salt.
- Eat foods with more fiber such as whole grains cereals, breads, crackers, rice, or pasta.



# African Americans and Diabetes



## Fitness

**Prevent Type 2 Diabetes by getting and staying active.**

**Get 30 to 60 minutes of physical activity on most days of the week.**

- Brisk walking is a great way to move more.
- Stay at a healthy weight by using your meal plan and moving more.



## Physical & Mental Health

- Check your blood glucose (blood sugar). You may want to test it one or more times a day. Be sure to take this record to your doctor visits.
- Ask your doctor if you need aspirin to prevent a heart attack or stroke.
- Stop smoking. Ask for help to quit.
- Check your feet every day for cuts, blisters, red spots, and swelling. Call your health care team right away about any sores that do not go away.
- Brush your teeth and floss every day to avoid problems with your mouth, teeth, or gums.
- Check your blood pressure if your doctor advises.
- Report any changes in your eyesight to your doctor.
- Ask for help if you feel down. A mental health counselor, support group, member of the clergy, friend, or family member who will listen to your concerns may help you feel better.
- Learn to cope with stress. Stress can raise your blood glucose (blood sugar). While it is hard to remove stress from your life, you can learn to handle it.
- Attend church regularly - consult with your pastor.



**TOBACCO**



## Drug Therapy

Take medicines even when you feel good.

Tell your doctor if you cannot afford your medicines or if you have any side effects.

## Endocrinologist

An endocrinologist is a specially trained doctor that diagnoses diseases affecting your glands. They know how to treat conditions that are often complex and involve many systems within your body - like diabetes. Regular visits to an endocrinologist will help maintain your diabetes and keep you healthy.



## Cardiologist

If you have diabetes, take care of your heart. Having diabetes means you are more likely to have a heart attack or a stroke—but it doesn't have to—if you take care of your diabetes. Regular visits to a cardiologist will make sure you are heart healthy and is an essential component to your diabetes maintenance.



## Additional Resources

### American Diabetes Association

Website: <http://www.diabetes.org/>

Email: [AskADA@diabetes.org](mailto:AskADA@diabetes.org).

Phone: 1-800-DIABETES (1-800-342-2383)

### The National Institute of Health (NIH)

#### National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

Website: <http://www2.niddk.nih.gov/>

Phone: (301) 496-3583

### The Obesity Society

Website: [www.obesity.org](http://www.obesity.org)

Phone: (301) 563-6526

### The American Stroke Association

Website: <http://www.strokeassociation.org/STROKEORG/>

Phone: 1-888-4-STROKE

### The American Society of Hypertension

Website: <http://www.ash-us.org/>

Phone: (212) 696-9099



**A Sampling of NBCI HED  
Online Health Email Blasts**

Immunization  
Diabetes  
Childhood Obesity  
Autism  
COPD  
Multiple Myeloma

# NBCI Will Educate the Black Community About HIV/AIDS

Because of the growth of HIV/AIDS in the Black community, the National Black Church Initiative is working with public health experts to eliminate AIDS in all segments of the African American community.

Visit [www.naltblackchurch.com/health/aids-education.html](http://www.naltblackchurch.com/health/aids-education.html)

NBCI calls on all sexually active teens and adults (even if you are married) to practice one year of abstinence.

We pray and encourage that you will use the time to reflect on your risky and destructive behavior, get comprehensive AIDS education and testing, and seek counseling and treatment if necessary.

**The church will stand with you through your journey.**

**Although African Americans are only 13.6% of the U.S. population, they account for 43% of HIV infection cases in 2009.**



- **African American males** have almost 7.6 times the AIDS rate as White males.
- **African American females** have 20 times the AIDS rate as White females.
- **African American men** are 10 times as likely to die from HIV/AIDS as Non-Hispanic White men.
- **African American women** are over 22 times as likely to die from HIV/AIDS as Non-Hispanic White women.
- **African American children** are twice as likely to be diagnosed with HIV infection, as compared to the White children.
- In 2010, **African Americans** were 8.5 times more likely to be diagnosed with HIV infection, as compared to the White population.

## New Educational Materials about Cancer and Multiple Myeloma Available Online

The National Black Church Initiative (NBCI) is pleased to announce that new educational resources on cancer and multiple myeloma are available on the "To Stay in the Game, Maintain Your Frame" webpage, [www.MaintainYourFrame.com](http://www.MaintainYourFrame.com). Multiple myeloma is an incurable blood cancer which currently affects approximately 70,000 American adults.

African Americans are disproportionately affected by the disease — they are more than twice as likely to be diagnosed with the disease than Whites — and the mortality rate for multiple myeloma in the US is two times higher in the African American population compared to the Caucasian population.

These new resources include:



- [Cancer Health Tips: Nutrition and Physical Activity](#) tip sheet, which provides some tips on good nutrition and staying active after a person has been diagnosed with a cancer, such as multiple myeloma.



- [Finding Support fact sheet](#), which provides information about where you can find support after you have been diagnosed with cancer.



- [When Your Loved One Has Cancer Q&A](#), which provides answers to some common questions caregivers may have as they navigate managing to take care of a loved with cancer while still taking care of themselves.

In 2011, NBCI launched a partnership with Novartis Pharmaceuticals Corporation on "To Stay in the Game, Maintain Your Frame." To Stay in the Game, Maintain Your Frame is an educational program designed to educate African Americans about multiple myeloma, the importance of maintaining bone health, and the need for doctor-patient dialogue to be an active participant in their health.

This program was  
developed with support  
from Novartis



# SPRING BOOT CAMP for CHRISTIAN CHURCHES

IT'S TIME TO COMMIT TO BE FIT!  
TRAIN LIKE A PRO WITH THE NATIONAL BLACK  
CHURCH INITIATIVE

Sessions Led by Two  
Former NFL Players



Roger Brown



Darryl Wren

NBCI will bring the opportunity for a spectacular  
training camp experience to your church!

Each person pays

**Only**  
**\$25.00**  
per session


All sessions are an hour and a half

One hour of physical fitness training

One half hour of classwork to learn about:

- nutrition
- shopping for good food
- simple fitness & wellness

We will offer morning and afternoon sessions.

 [facebook.com/TrainLikeAProDC](https://facebook.com/TrainLikeAProDC)

# Health Emergency Declaration

## NBCI holds a news conference on autism in the Black Community with Autism Speaks



Please visit the Autism Speaks Early Access to Care Initiative page at

[naltblackchurch.com/health/autism-speaks.html](http://naltblackchurch.com/health/autism-speaks.html)

If your child is autistic, NBCI and  
Autism Speaks want to help:

**Call the Autism Response Team (ART)  
888-Autism 2 (288-4762)**



Please click this link below to request this literature

[naltblackchurch.com/about/autism-literature.php](http://naltblackchurch.com/about/autism-literature.php)



Information for parents with concerns about their child  
(as\_parent\_flyer\_gs\_v16-smallest\_0.pdf)



Information for clinicians, educators and other professionals to promote early access to care  
(early-access-to-care-professionals.pdf)



A short introduction to the "Talking to Parents About Autism" kit and its materials  
(autismcalltoacteng\_2013.pdf)

## National Black Church Initiative Health Emergency Declaration (HED)

*We will teach you how to manage and live  
successfully with your Diabetes*

# 10 Effective Ways to Manage Your Diabetes

A Diabetes Educator will be on hand, so if you or anyone you know has been struggling with management of Type 1 or 2 Diabetes, please come and let us help you!

**December 12, 2012**

**From 6:30 pm to 8:30 pm**

**Israel Baptist Church of Baltimore City**

**1220 N. Chester & Preston Streets**

**Baltimore, Md. 21213**

Contact: **Min. Greg Allen**

**@ 443-653-6203**

or the church **@ 410-732-3494**



# Reverend Evans Announces the NBCI "Do Not Text While Driving" Campaign



Reverend Evans, President of the National Black Church Initiative announces the NBCI "Do Not Text While Driving" Campaign in Maryland with teenage and youth members of the "Do Not Text While Driving"



[www.teentextanddrive.com](http://www.teentextanddrive.com)

32,000 teens die every year from texting and driving. NBCI hopes to change this tragedy with its "1 Million Teen Text and Driving Club" members.

**TAKE THE PLEDGE  
TO NEVER TEXT  
AND DRIVE!**

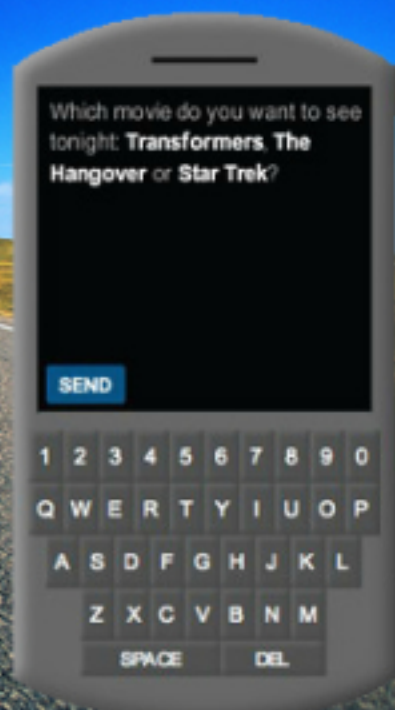
**No text message, e-mail  
or website is worth your  
life or the life of others  
on the road.**

- [Teen to Teen - BFF Pledge](#)
- [Teen to Parent Pledge](#)

**Think you can get away  
with txting and driving?**

### Gauge Your Distraction

This game measures how your reaction time is affected by external distractions. Regardless of your results, experts say, you should not attempt to text when driving.



# NBCI Communication and Distribution Network

The National Black Church Initiative has partnered with **Autism Speaks** as a part of our Health Emergency Declaration, in recognition of the significance of autism spectrum disorders in the African American community

Now we need your help

NBCI is pleased to have provided informational materials your church in Atlanta, Georgia for parents, physicians and educators in those congregations interested in learning more about autism.

NBCI now requires your help to determine the effectiveness of our literature distribution efforts.



Please click this link below to take a short survey at:  
[naltblackchurch.com/about/autism-literature.php](http://naltblackchurch.com/about/autism-literature.php)

You may also request the literature on this page through the survey as well!



Information for parents with concerns about their child (as\_parent\_flyer\_gs\_v16-smallest\_0.pdf)



Information for medical professionals and educators to promote early access to care (early-access-to-care-professionals.pdf)



A short introduction to the "Talking to Parents About Autism" kit and its materials (autismcalltoacteng\_2013.pdf)

*Forward this message to a friend or your Pastor!*



# Health Emergency Declaration

The National Black Church Initiative along with the Joint Center for Political and Economic Studies, and The National Medical Association

## The Affordable Care Act its Promises and Challenges



There will be speakers from the Health and Human Services, the National Medical Association and from private health plans.

**RESCHEDULED DATE!**

**December 5, 2013**

10:00 a.m. - 12:00 noon

**Mt. Zion Baptist Church  
5101 14th St NW  
Washington, DC 20011**

For more information please contact **Rev. Evans** at **(202) 744-0184**

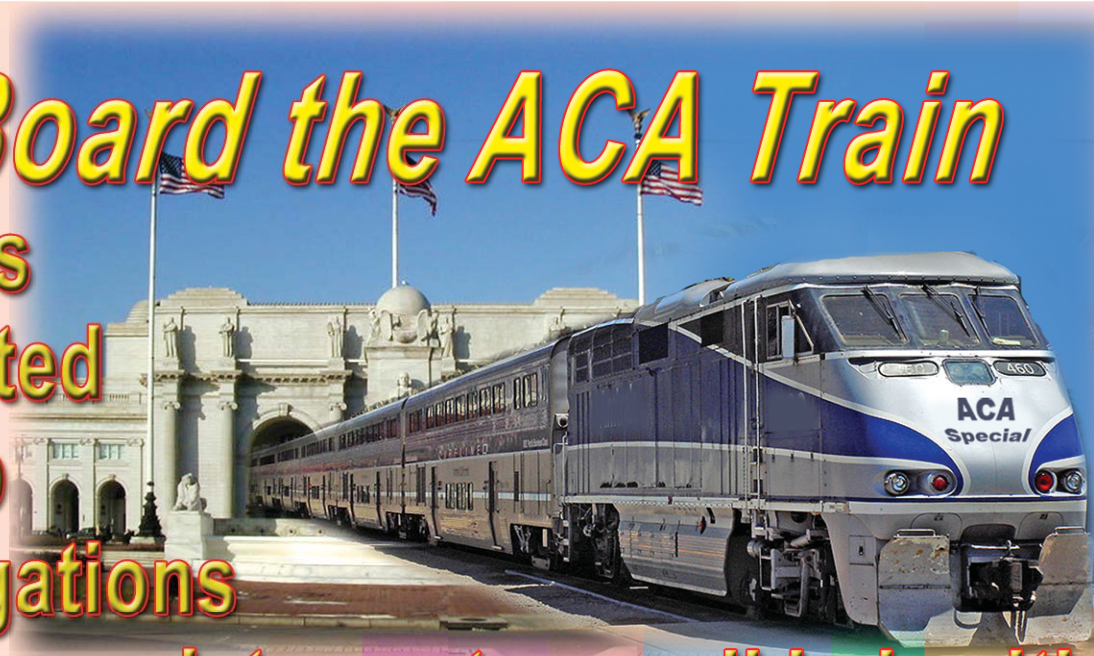


Help Us Insure Every Eligible African American Through The Affordable Care Act (ACA)

# Get On Board the ACA Train

Our Churches have committed to signing up their congregations and providing assistance to enroll in health exchanges by mail, by phone or in person.

[www.healthcare.gov](http://www.healthcare.gov)



*The National Black Church Initiative (NBCI) is a coalition of 34,000 churches working to eradicate racial disparities in healthcare, technology, education, housing, and the environment among its 15.7 members. NBCI's mission is to provide critical wellness information to all of its members, congregants, churches and the public.*

# “Assure patient access to all available and necessary treatment.”



The top priority and objective of the National Black Church Initiative's Health Emergency Declaration is to work with government stakeholders through the Affordable Care Act to assure patient access, availability, and treatment, and to achieve 100% enrollment for all eligible African Americans.

Health disparities are a significant challenge facing African Americans today, especially in several key disease areas. NBCI has developed a National Action Plan that will guide efforts to eliminate these disparities. We will also seek partnerships with key organizations that also have a deep understanding of our population's needs.

## How to Enroll

Living without health insurance is a risk no one should have to take. The good news is that help for the uninsured is on the way. Although the new coverage options included in the health reform law will not be available until 2014, some help is available now. If you are one of the 50 million Americans who are uninsured, or if you are looking for health coverage for an uninsured friend, loved one, or colleague, find out what resources are available in your state by visiting these websites or by calling their help lines:

Sponsored by the [U.S. Department of Health and Human Services:](#)

Visit [Healthcare.gov](#) to explore coverage options in your state and to find out which private insurance plans, public programs, and community services are available to you.

- [Healthcare.gov](#) and [CuldadodeSalud.gov](#)

If you have a pre-existing condition, you may qualify for health coverage in PCIP with no waiting periods or exclusions for pre-existing conditions. Check out the link below, or call 1-866-717-5826: (TTY: 1866-561-1604).

- [Pre-existing Condition Insurance Plan \(PCIP\)](#)

Obtain information about Medicaid and the Children's Health Insurance Program, both of which offer affordable coverage for children in low-income families. Even if you have been turned down in the past, you may be able to get health coverage for your child now. *Learn more about health coverage programs in your state* by calling 1-877-Kids-Now (1-877-543-7669).

- [Insurekidsnow.gov](#)

Sponsored by [Young Invincibles:](#)

If you are under the age of 26, click on the link below to download the Young Invincibles' toolkit for your state, and to find out how to get covered.

- [Getting Covered Tool Kit](#)

Sponsored by the [Foundation for Health Coverage Education:](#)

The Foundation website has information about private and public health coverage options in every state. It also offers help over the phone 24 hours a day, 7 days a week at 1-800-234-1317.

NBCI encourages all young and healthy adults to sign up for ACA



**HED is a seven year faith-based health model that utilizes scientifically-based, proven health strategies and pull from best practices to reduce chronic health disease patterns that impacts African American congregants.**

## **NBCI Success Stories: National Health Programs**

Autism is a growing and significant problem in the black community. NBCI has partnered with major advocacy organizations like Autism Speaks and other affinity organizations to provide comprehensive education, early diagnosis and intervention. NBCI has worked with pharmaceutical companies in administering clinical trials. We will continue to lend our support to these critical efforts.



The National Black Church Initiative has partnered with Autism Speaks as a part of our Health Emergency Declaration, in recognition of the significance of autism spectrum disorders in the African American community



AUTISM SPEAKS®  
It's time to listen.  
[www.AutismSpeaks.org](http://www.AutismSpeaks.org)

<http://www.natblackchurch.com/health/autism-speaks.html>

### **NBCI Launches**

**To Stay in the Game, Maintain Your Frame  
Campaign**

with  **NOVARTIS**



**INTERNATIONAL MYELOMA FOUNDATION**  
*Improving Lives • Finding the Cure®*

### **Multiple Myeloma Health-at-a-Glance**

**What is Multiple Myeloma?**

Multiple myeloma is an incurable blood cancer of the plasma cells, a type of white blood cell found in the bone marrow. This disease can lead to bone problems including pain, fractures and spinal cord compression, when cancer cells wear away the bone.



NBCI along Novartis, has developed the only comprehensive online educational tool kit on Multiple Myeloma in the African American community. We will continue to work with affinity organizations to strengthen this outreach effort until a cure is found.

<http://www.natblackchurch.com/health/multiple-myeloma.html>

**COPD is the fourth leading killer in this country and the black community remains grossly unaware of the enormous impact it is having on the quality of life and one's respiration system. This disease state continues to**

**be misdiagnosed at an enormous rate in the African American community. NBCI is committed to bring**

**comprehensive education, early detection and prevention and critical information on treatment options. We remain committed in working with the National COPD Alliance.**



**Boehringer  
Ingelheim**

**COPD  
Demonstration  
Project**



<http://www.natblackchurch.com/health/copd-education.html>

# **Major African American Stakeholders for Affordable Care Act**

**Dr. Rahn Bailey**, *113th President, National Medical Association*  
**Dr. Mike Lenoir**, *President-Elect, National Medical Association*  
**Dr. Ryle Bell**, *Professor, Howard University, College of Dentistry*  
**Mr. Mark Tillman**, *President, Alpha Phi Alpha Fraternity*  
**Ms. Jessie Bellizaire**, *Black Nurses Association*  
**Dr. Kim Johnson**, *National Minority Aids Council*  
**Dr. Edward Chappelle**, *President, National Dental Association*  
**Ms. Marie-Michele Leger**, *Senior Director of Clinical Health Affairs, Academy of Physician Assistants*  
**Ms. Mary Merritt**, *Executive Director, American Diabetes Association*  
**Ms. Karyne Jones**, *President and CEO, National Caucus on Black Aged*  
**Dr. John Montgomery**, *Vice President, Commercial Business, Humana*  
**Dr. David Kountz**, *President, International Society of Hypertension in Blacks*  
**Dr. Mark Alexander**, *100 Black Men of America*  
**Ms. Toni Oliver**, *Vice President, National Association of Black Social Workers*  
**Ms. Rosalind Holiday-Moore**, *Substance Abuse and Mental Health Services Administration, Office of Behavioral Health Equity*  
**Reverend Anthony Evans**, *President, National Black Church Initiative*  
**Mr. Reginald Ware**, *CEO, Blackdoctor.org*  
**Dr. Shirl Simmons-Grey**, *Northeastern Region Area One Coordinator, SigmaGamma Rho*  
**Mr. Barry Lenoir**, *President, United Black Fund*  
**Commander Jacqueline Rodrigue**, *Office of Minority Health*  
**Dr. Nicole Hewitt**, *Office of Minority Health, Center for Medicare and Medicaid Services*  
**Mr. Thomas Dortch**, *100 Black Men of America*  
**Ms. Whitney Greer**, *Executive Editor, Blackdoctor.org*  
**Mr. Horace Knight**, *National Association of Black Health System Pharmacists*  
**Ms. Sharon Chalmers-Melvin**, *74th President of the Auxiliary to National Medical Association*  
**Dr. Ronald Copeland**, *Senior Vice President and Chief Diversity and Inclusion Officer, Kaiser Permanente*  
**Ms. Emmanuelle St. Jean**, *Senior Program Manager, National Council on Aging*  
**Dr. Karyn Wills**, *Medical Director, Aetna*  
**Ms. Karen Anderson**, *Director, Roundtable on the Promotion of Health Equity and Elimination of Health Disparities, National Academy of Science Institute of Medicine*  
**Darryl R. Matthews, Sr**, *Executive Director, National Medical Association*  
**Dr. Sharon D. Allison-Ottey**, *Project Director and Health Strategist*

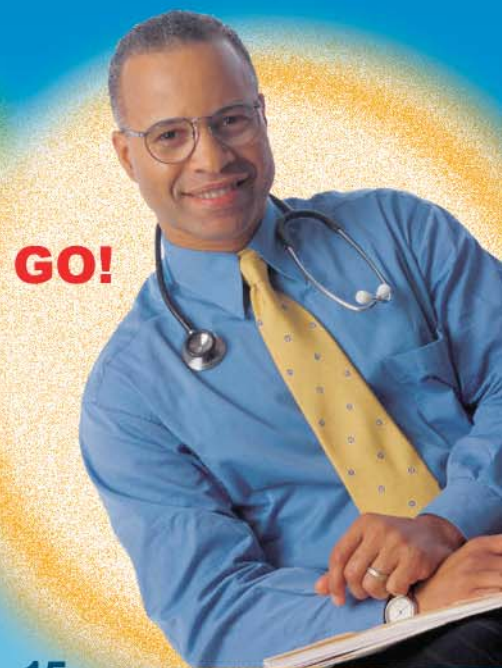
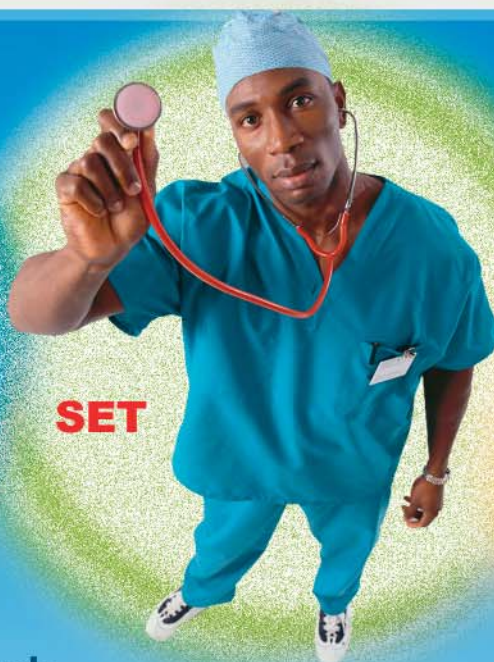


# National Black Church Initiative

## **AFFORDABLE CARE ACT (ACA)**



**The National Black Church Initiative  
Encourages 100% Participation of  
All African Americans Who Are Eligible**



The National Black Church Initiative is a coalition of 34,000 churches spanning 15 denominations and representing 15.7 million African Americans committed to eradicating racial disparities in health care, technology, education, housing, and the environment. NBCI's mission is to provide critical wellness information to all of its members, congregants, churches and the public. NBCI offers faith-based, out-of-the-box and cutting edge solutions to stubborn economic and social issues. NBCI's programs are governed by credible statistical analysis, science based strategies and techniques, and methods that work.

Visit our website at [www.naltblackchurch.com](http://www.naltblackchurch.com).



The purpose of this website is to give every African-American, especially NBCI members and congregants, the latest scientific information concerning physical exercise and nutrition in the Black community. The African-American community has reached a tipping point in the areas of physical exercise and nutrition.



This September will mark a milestone in the African American community by launching the largest comprehensive physical exercise and nutrition program through 34,000 African American churches across the country.

INDIVIDUALS & FAMILIES [www.healthcare.gov/families](http://www.healthcare.gov/families)

# Health coverage for you and your family

The Health Insurance Marketplace will help you get coverage that meets your needs and fits your budget. **Open enrollment begins October 1, 2013.** Get ready now by answering a few quick questions to learn if you qualify for lower costs.

## Already have insurance?

Find out what the health care law is doing for you.

### THE MARKETPLACE

### MOST POPULAR

### MAY INTEREST YOU

What is the Health Insurance Marketplace?

What if I'm self-employed?

What does Marketplace insurance cover?

What is the Marketplace in my state?

What if I have a pre-existing condition?

Why should I have coverage?

How can I get lower costs on coverage?

Do I qualify for Medicaid?

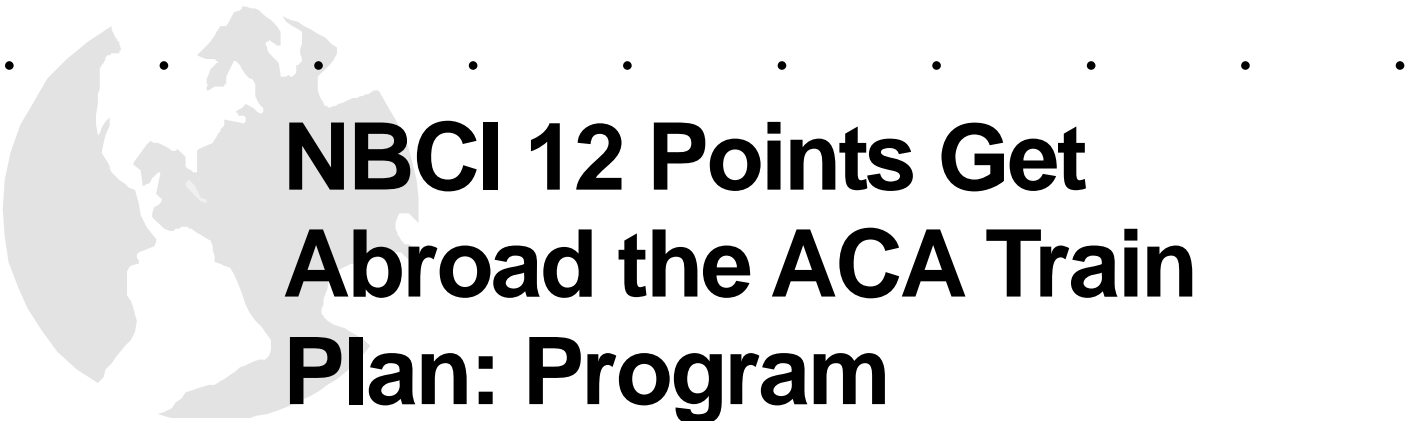
What are my rights and protections?

When will Marketplace prices be available?

What if someone doesn't have coverage?

What if I need coverage now?

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**NBCI 12 Points Get  
Abroad the ACA Train  
Plan: Program  
Elements of Success**



# **NBCI 12 Points Get Abroad the ACA Train Plan: Program Elements of Success**

*These principles are NBCI outline for strengthen and Sustain  
ACA as a Health Model. We understand ACA is not just  
enrollment but is policy driven by data to obtain cost saving  
and efficiency of the entire health system while providing  
access to all Americans*

## **I**

### **Print and Distribution of NBCI ACA Literature**

**Organize ACA Enroll Saturdays and Sundays at 100,000  
Black Churches in Texas, Georgia, Mississippi, Florida,  
Pennsylvania, New York, Delaware, New Jersey, North and  
South Carolina, Ohio, Louisiana, Arkansas, Michigan and  
California**

## **II**

**Educate about the ACA Law and all of its Benefits**

**Empower NBCI Church Volunteers and HED Health  
Church Corp**

## **III**

**Activate NBCI 34,000 Church-Based Volunteers**

## **IV**

**Activate NBCI HED Health Church Corp**

## **V**

**Utilizing Church and Health Volunteers to Help Enroll the  
Insured By**

**Paper, Phone, Online**

## **VI**

**Visit 15 States to Bring Together Key Stakeholders to  
provide a Trainer of trainer of best practices. Facilitate a  
healthy working environment among Affinity groups**

**Coordinate a smooth working arrangement to assurance a  
smooth and effective implement of ACA**

**NBCI will bring together these key stakeholders**

**Pharmaceutical Companies**

**Federal and State health officials**

**Federal and State Vendors**

**Private Insurers**

**The Black Church**

**Black and Latino Physicians**

**State Navigators/Assistance**

**Key private and public concerned non-profits health entity**

## **VII**

**Work closely with Federal and State exchanges concerning drug therapy, compliance and benefits utilizing best practices developed and perfected by the pharmaceutical industry**

**Engage the NBCI Volunteer Health Pharmacist Corp**

## **VIII**

**Work to Pursue and create an effective online to attract the 18-35 target population to join ACA**

## **VIII**

**Work closely with Federal and State exchanges to Maximize all the benefits of the law**

**Activate the NBCI Volunteer Health Corps**

## **X**

**Work with American Hospital Association on Enrollment, the proper use of the emergency under ACA and Preventive Health Model like NBCI**

**Focus of cost saving and efficiency**

## **XI**

**Work with Republicans Governors through their plans concerning the poor and insure enrollment into Medicaid**

**Work with NBCI Elderly Population**

**AAAP**

## **XII**

***End Product: Produce an online handbook of these best practices and share with all federal and state exchanges to implement ACA in the African American community***

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# NBCI Success to Date







## Success to Date

These are estimated upon NBCI Church-based volunteers reporting

*We can increase these numbers tenfold if the budget is met*

Activate NBCI 34,000 Church-based Volunteers

Activate 7,500 NBCI HED Health Church Corps

55,000 ACA Phone Inquiries

34,879 Paper Applications

25,976 Online

.....

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# Budget

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## **Budget Lines of Get On Board the ACA Train**



<b>Administration</b>	<b>\$ 95,000</b>
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<b>Labor</b>	<b>\$360,000</b>
--------------	------------------

<b>Travel</b>	<b>\$ 10,000</b>
---------------	------------------

<b>Enrollment Saturdays and Sundays</b>	<b>\$275,000</b>
---	------------------

<b>Black and Latino Radio and Newspaper</b>	<b>\$ 75,000</b>
---	------------------

<b>ACA Literature Printing</b>	<b>\$ 100,000</b>
--------------------------------	-------------------

<b>Website and Graphic Support</b>	<b>\$ 75,000</b>
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<b>Program Material</b>	<b>\$100,000</b>
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<b>Total</b>	<b>\$1,165,000</b>
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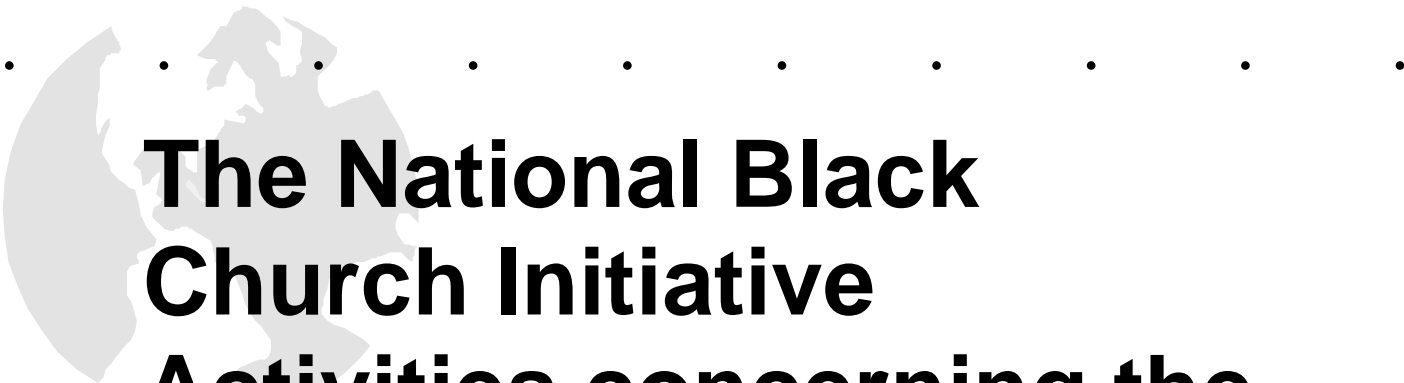


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# APPENDIX





**The National Black  
Church Initiative  
Activities concerning the  
Affordable Care Act  
(ACA) March 2009 to the  
Present**

# **National Black Church Initiative**

P.O. Box 65177  
Washington DC 20035  
[202-744-0184](tel:202-744-0184)  
[dcpci2002@gmail.com](mailto:dcpci2002@gmail.com)  
[www.naltblackchurch.com](http://www.naltblackchurch.com)

## **The National Black Church Initiative Activities concerning the Affordable Care Act (ACA) March 2009 to the Present**

### **2009**

March 2009

#### **Issued the first Press release in support of President Obama Healthcare Law**

National Black Church Initiative Urges Legislators to Pass President Obama's Healthcare Bill  
NBCI urges all of its member churches to call congress. The National Black Church Initiative (NBCI), a coalition of 34,000 churches across the United States, strongly urges the Senate to work with President Barack Obama to pass a healthcare bill that features universal healthcare for all.

<http://www.naltblackchurch.com/pdf/health-care-support.pdf>

### **2010**

March 2010

#### **Kick-off of the National Black Church Initiative Health Emeremgy Declaration**

The press conference was held March 28, 2010 at the Israel Baptist Church, Baltimore, MD, kicking off a seven year commitment to healthier lifestyles for all African Americans through education, pre-screening, improved diet, physical exercise, and clinical trials Baltimore represents the first HED health community, one of 35 such communities across the country.

<http://www.naltblackchurch.com/health/hed-kickoff.html>

## October 2010

### **First meeting with major black religious leaders**

Meeting with the 15 major religious leaders concerning the implications of the healthcare for our churchgoing members

## **2011**

### May 2011

**First congressional briefing on the ACA law**

## **2012**

### June 26, 2012

#### **NBCI Protest in Favor of Affordable Care Act at US Supreme Court Building**

Reverend Evans, President of the National Black Church Initiative holds a protest in favor of The Affordable Care Act at the US Supreme Court Building, June 26th, 2012.

<http://www.youtube.com/watch?v=vmGMurLpsG0>

## **November-December 2012**

Met with NBCI faith Command Leaders to issue directive to begin organizing for ACA

Met with NBCI HED Health Crop

## **2013**

March 7-8 2013

### **NBCI co-sponsor Health Summit with the National Medical Association on ACA and Health Disparities'**

The 2013 Summit on African American Health held in Washington DC on March 7-8, 2013 was a highly successful meeting, and we thank those who attended for your participation.

Over 50 representatives from a cohort of diverse organizations met to discuss the health issues facing African Americans with a focus on disparities in key disease areas. We developed a National Action Plan that will guide efforts to eliminate health disparities.

<http://www.naltblackchurch.com/health/2013-summit.html>

March 9, 2013

*We would told by one of the interns at HHS faith-based to work with and through Families USA*

### **First letter to Mr. Philippe Villers**

March 9, 2013

Philippe Villers  
President and Co-Founder  
Families USA Foundation  
1201 New York Ave, Suite 1100  
Washington, DC 20005

Dear Mr. Villers,

We would like to join with your organization to enroll eligible African-Americans in the Affordable Care Act. NBCI working with the National Medical Association and other African-American groups has dedicated itself to having full enrollment of all eligible African-Americans for the ACA by 2014. We plan to kick off our activities on April 9<sup>th</sup>, 2013. We would love for your organization to be a part of it. We would love to have an opportunity to discuss the logistics



in moving forward and working through a strategic partnership prior to the kickoff of our activities.

The National Black Church Initiative (NBCI) is a coalition of 34,000 churches working to eradicate racial disparities in healthcare, technology, education, housing, and the environment. NBCI's mission is to provide critical wellness information to all of its members, congregants, churches and the public. NBCI offers faith-based, out-of-the box and cutting edge solutions to stubborn economic and social issues. NBCI's programs are governed by credible statistical analysis, science based strategies and techniques, and methods that work. Visit our website at [www.naltblackchurch.com](http://www.naltblackchurch.com).

Sincerely,

Rev. Anthony Evans  
President

**It took Mr. Villers 3 weeks to response**

March 20, 2013

**National Black Church Initiative publish it first ACA literature**

<http://www.naltblackchurch.com/health/pdf/aca-brochure2013.pdf>

April 2, 2013

Met with HED congregational leaders to begin organizing NBCI 34,000 volunteer crop around ACA

April 3, 2013

**Second letter to Mr. Villers**

April 3, 2013

Philippe Villers  
President and Co-Founder  
Families USA Foundation  
1201 New York Ave, Suite 1100  
Washington, DC 20005

Dear Mr. Villers,

Thank you for returning my phone call.

We would like to join with your organization to enroll eligible African-Americans in the Affordable Care Act. NBCI, working with the National Medical Association and other African-American groups, has dedicated itself to having full enrollment of all eligible African-Americans for the ACA by 2014. We plan to kick off our activities on April 9<sup>th</sup>, 2013. We would love for your organization to be a part of it. We would love to have an opportunity to discuss the logistics in moving forward and working through a strategic partnership prior to the kickoff of our activities.

The National Black Church Initiative (NBCI) is a coalition of 34,000 churches working to eradicate racial disparities in healthcare, technology, education, housing, and the environment. NBCI's mission is to provide critical wellness information to all of its members, congregants, churches and the public. NBCI offers faith-based, out-of-the box and cutting edge solutions to stubborn economic and social issues. NBCI's programs are governed by credible statistical analysis, science based strategies and techniques, and methods that work.

As indicated during our phone discussion, as of last month I have contacted our fifteen major African-American denominational leaders and debriefed them on the issues that confront the African-American community concerning the Affordable Care Act (ACA). I told them that unless the African-American community starts, today, in notifying eligible members of our congregation, we are going to be behind the eight-ball when it becomes time to enroll in October of this year. Our goal is 100% enrollment. We are doing this for a number of reasons. Paramount to those reasons is that if all African-American members are enrolled at 100%, the Congress cannot de-fund the ACA. It is our impression that if Republicans take control of the Congress in the mid-term elections, they will dismantle the ACA, given the contentious history of the past four years.

Therefore, I have taken the initiative to institute the following directive concerning NBCI's leadership structure.

- I have asked our faith command leaders in the South, North, Midwest, Southwest, and West to notify every bishop across African-American denominational lines that enrolling eligible members of their congregation in ACA is first-priority.
- On April 2<sup>nd</sup>, I activated NBCI's 34,000 congregational-based, volunteer corps to begin to educate themselves on the enrollment rules and regulations of ACA, through news accounts. I have also indicated that once we have a formal partnership with HHS and other governmental entities responsible for enrollment, they will receive a one to two page instruction on how to identify and where to go to help eligible members take advantage of the ACA.
- I have asked Rev. Sheldon Williams, NBCI's faith command leader in the Northeast, to work with NBCI's transportation staff members to organize over 20,000 church vans in key

states so that we will be able to transport those individuals to the appropriate government agencies.

- We have asked HHS to help us identify their members who are responsible for community outreach and enrollment. We have yet to receive any concrete information from any of the government entities. This tells us that they are not yet prepared to engage the public. It is also a clear indication that those vendors will probably have little, if any, impact when it comes to enrollment given that the implementation of the ACA is a year behind because of legal challenges.

- We have spoken with state governmental officials who are responsible for implementation of the ACA in Maryland, Illinois, California, and, as of tomorrow, Massachusetts concerning which office will be responsible for receiving enrollment, who are responsible for outreach and community education, where are the resources concerning community education (flyers, ads, radio spots, the Internet, etc.).

NBCI has committed over 4 staff members to this project and hopes to grow this to additional 6 staff members, not to mention the 34,000 congregations of volunteers. We would love to partner with you to create a strategic plan to move forward in enrolling eligible individuals which are right in our congregations. Through NBCI's 34,000 church network, we will have access to about 150,000 black churches across the country, in all African-American denominations. We have conducted national campaigns over the last twenty years. Our latest was the 2012 election and the DTV campaign. Please contact Marcellus Alexander with NAB to get a perspective on NBCI's capacity for outreach. You can also speak with Susan Smirnoff of Ruder-Finn in New York to get the same perspective.

We look forward to sitting down with you and appropriate staff members of Families USA both in New York and DC to discuss a strategic alliance moving forward. Here are some key dates that you should keep in mind as we roll out our plan to assure 100% enrollment. By April 15<sup>th</sup>, all of the proper notifications will go out to the fifteen major African-American Protestant denominations. By April 30<sup>th</sup>, we will have announced our intentions to enroll 100% with a news conference in Washington at the historic 19<sup>th</sup> Street Baptist Church on 16<sup>th</sup> Street. As you can see, we have begun the task and we look forward to partnering with you and other organizations to assure the full success of the Affordable Care Act.

Your humble servant,

Rev. Anthony Evans

President

June 20, 2013

**It took two months for Ron Pollark to call and set a time meet. This meeting was a response to my two letters to Mr. Villies dated March 9**

June 26, 2013

**This is what I wrote to Mr. Gilbert who never wrote back as a result of the meeting with Ron who told me to write Mr. Gilbert**

The National Black Church Initiative is ready to reach our goal of 100% of

AC

Dear Mr. Gilbert:

I had a wonderful meeting with Ron. We reach out to Families USA about four month ago to state our enthusiasm and readiness. We have been around for over 20 years and we have one of the most comprehensive and effective health models that are specifically geared toward the African American community. It is called the Health Emergency Declaration (HED) <http://www.naltblackchurch.com/health/>

The National Black Church Initiative (NBCI) is a coalition of 34,000 churches working to eradicate racial disparities in healthcare, technology, education, housing, and the environment. NBCI's mission is to provide critical wellness information to all of its members, congregants, churches and the public. NBCI offers faith-based, out-of-the box and cutting edge solutions to stubborn economic and social issues. NBCI's programs are governed by credible statistical analysis, science based strategies and techniques, and methods that work. Visit our website at [www.naltblackchurch.com](http://www.naltblackchurch.com).

We have already begun to organize our church communities around HED in about 15 to 20 states. We have people on the ground and ready to go. We have a volunteer corp of 34,000 church members across this country. They are called congregational based volunteer corps from our HED health model.

What we lack is accurate health scientific literature that explains in layman terms who are eligible for ACA and who are not. We have produced a one pager that we have been passing out to our membership. Ron and I agree that that piece of literature needs to be enhanced and critically looked at before it goes out again due to the changing mechanics of ACA.

We would love to work with you and enroll America to enhance that one pager and create a fact-based seminar on ACA as well as a trainer of trainers teaching in 8 major cities in the country. Our immediate issue is resources and our ability to employ our staff to consolidate the gains that we have made in those states to date. We are trying to find monies for two objectives. 1) Staff time and the other is 2) literature production/distribution.

I would love to sit down with you to discuss a substantive partnership based on mutual respect and program objectives. As you can see, we have the human capital and experience necessary to carry out this task. I ask you to visit our website to read all about our extraordinary capacity under HED. We are also working with the National Medical Association and soon will come out with a targeted public relation plan to encourage those who are eligible for ACA to visit websites such as Enroll America.

Time is of the essence, this is why we continue to reach out to affinity partners such as you. We are looking forward to a productive and substantive relationship as we take the lead to make sure there is 100% participation in ACA.

Thank you.

Rev. Anthony Evans  
President  
National Black Church Initiative  
Baby Fund Project  
P.O. Box 65177  
Washington, DC 20035  
[202-744-0184](tel:202-744-0184)

[www.naltblackchurch.com](http://www.naltblackchurch.com)

## June 26- Sept 10 2013

**It is important to note that there were no significant contacts between NBCI staff and Families USA or Enroll America between these dates. One can easily argue that since my first inquiry on March 9, 2013 that Families USA and Enroll America never intended to work with the National Black Church Initiative in a sincere and honest way. The communications after this date bears this out.**

## Sept 12, 2013

**There were no follow through and no response on Families USA/Enroll American part. Here we are complaining**

to Ron

Ron:

I am very happy to report that NBCI has been working very hard around the country on a shoe string budget to push ACA. Your person at Enroll America (Gilbert) never responded. After trying over a month to get someone, I received a call from a young woman who identified herself as the African American Coordinator. She had nothing to offer but the words I can't and we can't. She promised to send me an email that has not arrived to this day.

Of course we are pushing forward because of our black and Latino congregants that you promised foundations that you will provide technical assistance and direction to continue to ask us for those things which we have no budget for. Enroll America has been given millions of dollars to serve African American and Latinos, but they are no way on the ground around the country as I have surveyed our ministers in those 12 states that you have identified.

We desperately want to get this job done. We are still asking for a partnership. Enclosed is a brochure that we have produced that we need funding to print and distribute. As of this Friday, we will send out 786,000 email blasts to our congregants but we need a half a million of these brochures to be printed. Can you help us with those millions that Family USA and Enroll America received for this purpose.

Please call me as soon as possible to talk about any logistics. I am not sure what else to do. We have reached out to your colleagues in New York and got a response three months afterwards. We have reached out to you, we have reached out to Enroll America and nothing has been done.

Please help us.

Rev. Anthony Evans

----- Forwarded message -----

From: **Press Express** <[print@pressexpressinc.com](mailto:print@pressexpressinc.com)>

Date: Wed, Sep 11, 2013 at 5:54 PM

Subject: RE: Next to the final edits, but there will be more

To: dcbci2002 <[dcbci2002@gmail.com](mailto:dcbci2002@gmail.com)>

[Here is the pdf file of the revised brochure](#)

Elda

## Sept 13, 2013 To Ron Pollack

**If these so, why have none of our churches been contacted? And none of our pastors heard of any activities of Enroll American or been ask to attend any meetings in the states you cited. Please do not lie to me or give me a bunch of empty words**

**Take Care  
Rev. Evans**

On Thu, Sep 12, 2013 at 8:31 PM, Ron Pollack <[RPollack@familiesusa.org](mailto:RPollack@familiesusa.org)> wrote:  
Dear Rev. Evans, Thank you for your e-mail. I am sorry that you have experienced an apparent lack of responsiveness from some of the staff at Enroll America. That organization has grown from eight people to approximately 170, and they have "boots on the ground" in ten states -- AZ, TX, GA, FL, NC, NJ, PA, OH, MI, and IL. Since I receive weekly reports from the organization's leadership, and since that work has been repeatedly been positively acknowledged by media in those states, I am confident that their efforts -- including special efforts within communities of color -- are increasingly effective.

I have read the draft brochure that was appended to your e-mail. Two of the four pages are not directly associated with information about new opportunities inherent in the Affordable Care Act. Unfortunately, there are a few inaccuracies as well -- most notably, the admonition for people with pre-existing conditions to sign up for the PCIP program, a program that has stopped taking new enrollees several months ago. We at Families USA have produced specific ACA-related materials for the Latino and African American communities, informational materials that the National Council of La Raza, NAACP, National Urban League, and numerous organizations asked to co-brand because they found the materials very useful for their chapters.

We are in the midst of radically expanding our Story Bank so that we can provide clear examples of people who can and will benefit from the ACA. We are in the midst of a huge media campaign, often with state-specific media teleconferences, so that the word spreads about enrollment opportunities from October 1 through March 31. I will be happy to review any of these matters with you. Best regards, Ronny

Sept 12, 2013

Here is what we wrote our NBCI religious leadership

## **National Black Church Initiative**

P.O. Box 65177  
Washington DC 20035  
202-744-0184  
[dcbci2002@gmail.com](mailto:dcbci2002@gmail.com)  
[www.naltblackchurch.com](http://www.naltblackchurch.com)

September 12, 2013

Rev. L. B. West  
Pastor  
Mt. Airy Baptist Church  
Chairman of the Board of the  
National Baptist Convention

1100 North Capitol NW  
Washington, DC 2002

Dear Pastor West:

You asked me to report on our progress concerning enrolling eligible African Americans and Latinos into the President's Affordable Care Act. I am sad to report that we have received little or any cooperation or support from both Families USA and Enroll America. During our time in Charlotte a representative from the Robert Woods Foundation asked for an assessment of these two groups with the National Black Church Initiative. We can only come down to one assessment, that they are poorly organized, that they do not have a clue on how to work effectively with African American organizations, particularly religious organizations. We offered some assistance but they have rejected it.

We are prepared to submit a more substantive report to the 15 heads of the major black denominations concerning the above organizations. It is my understanding that Enroll America has received over 12-15 million dollars to assist African American and Latinos in enrolling but there is no evidence that they have made any impact.

We are very happy to report that NBCI with its designated 7,500 volunteers have conducted over 1,000 educational sessions and 300 meetings. We have also organized 7,800 church vans to take our congregants to the designated enrollment centers when they become open.

Families USA and Enroll America have misrepresented themselves with those foundations and collected all of that money and doing nothing with it concerning the African American community and ACA.

I plan to reach out to Philippe Villers, President of Families USA, to express our disappointment.

Your humble servant in Christ,  
Rev. Anthony Evans  
President

**October 2013**

**October 11, 2013**

**October 11, 2013**

**For Immediate Release**



## **NBCI Supports President Obama and Rollout of ACA Republican Governors Blocking Medicaid Expansion Should be Ashamed**

[National News](#)

Originally published October 12, 2013

### **Black Ministers Slam State Governors' Resistance to Obamacare**

by AFRO Staff

Governors who refuse to expand their state Medicaid programs to accommodate the Affordable Care Act (ACA) are “doing an extreme disservice to their citizens,” the National Black Church Initiative (NBCI) said Oct. 11.

The NBCI, a coalition of 34,000 churches representing 15.7 million African American churchgoers, labeled governors who are blocking implementation of President Obama’s signature health care reform initiative as “wrong, misguided, and placing more undue financial burdens on the backs of the poor and middle class.”

“We are ashamed to see governors throughout our country refusing to expand Medicaid in their states as a part of the ACA – what we see as President Obama’s greatest accomplishment and indeed one of the greatest laws in American history,” NBCI President Rev Anthony Evans said in a statement released Oct. 11.

The Black ministers’ group “applauds President Obama and his administration on the greatest legislation accomplishment in decades.” They characterized the statute as a “monumental law [that] will provide quality and affordable health care access to millions of underserved in the African American community” and added that “its implementation is long overdue.”

The statement was issued at the end of the second week of a chaotic inaugural sign-up period for health insurance under the ACA. Yet, the NBCI statement pointed out, “more than twenty states, mainly Republican-led ... are refusing to expand Medicaid or leaning in that direction.”

Evans singled out the GOP for criticism, too. “As a party that proclaims Christianity is the center of their ideology, I am dumbfounded at these governors’ inactions. Every citizen in the United States has a God-given right to accessible and affordable health care,” he said.

“NBCI will do everything in its power to advocate for a decision reversal in these states, and will work tirelessly to make sure the mission of the ACA reaches each American.”

December 5

We held an ACA form at Mt. Zion Baptist Church

<http://www.youtube.com/watch?v=9n2SHznt0QQ>

**2014**

*As a result, NBCI Launched Get Abroad the ACA Train*

January 14, 2014

**NBCI Launches *Get On Board the ACA Train Initiative***  
*Thousands of Churches Pledge Congregant Support for Enrollment*

**NBCI Launches *Get On Board the ACA Train Initiative***

*Thousands of Churches Pledge Congregant Support for Enrollment*

**Washington DC** – The National Black Church Initiative (NBCI) a faith-based coalition of 34,000 churches comprised of 15 denominations and 15.7 million African American churchgoers is launching a new program centered on increasing enrollment in healthcare exchanges as a part of the Affordable Care Act (ACA).

With the help of over 34,000 member churches, NBCI has committed to organizing enrollment drives at member churches and providing assistance to those wishing to sign up either in person, by phone or via the [healthcare.gov](https://www.healthcare.gov) website.

“We are thrilled to see so many of our member congregations excited about this enrollment drive” says Rev Anthony Evans, NCBI President. “Health disparities are a significant challenge facing the African Americans today, especially in several prominent and chronic key disease areas. We want to see our brothers and sisters get the health care coverage they so desperately need and deserve.”

NBCI’s action plan will guide efforts, starting in several key cities, to eliminate health disparities by enrolling members in the proper health care insurance plans and making sure preventive care they need. NBCI will also seek partnerships with key organizations that also have a deep understanding of African Americans’ population health needs.

The Black Church, as always, will serve as the linchpin to these efforts, proving to be the most effective information source for so many of the insured who stand to gain from the newest offerings of the Affordable Care Act. NBCI will continue its partner programs around health and wellness under the umbrella of the Health Emergency Declaration.

# National Black Church Initiative

P.O. Box 65177  
Washington DC 20035  
[202-744-0184](tel:202-744-0184)  
[dbc2002@gmail.com](mailto:dbc2002@gmail.com)  
[www.naltblackchurch.com](http://www.naltblackchurch.com)

Contact:

Rev. Anthony Evans  
202-744-0184

January 14, 2014

**For Immediate Release**

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## **About NBCI**

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# **NBCI " *Get On Board the ACA Train*" Press Release**



# National Black Church Initiative

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[www.naltblackchurch.com](http://www.naltblackchurch.com)

Contact:

Rev. Anthony Evans  
202-744-0184

October 11, 2013

**For Immediate Release**

## **NBCI Supports President Obama and Rollout of ACA** *Republican Governors Blocking Medicaid Expansion Should be Ashamed*

**Washington DC** - The National Black Church Initiative (NBCI), a coalition of 34,000 churches representing 15.7 million African American churchgoers, applauds President Obama and his Administration on the greatest legislation accomplishment in decades – the Affordable Care Act (ACA). This monumental law will provide quality and affordable health care access to millions of underserved in the African American community, and its implementation is long overdue.

The more than twenty states, mainly Republican-led, that are refusing to expand Medicaid or leaning in that direction are doing an extreme disservice to their citizens. Governors attempting to stop the implementation of the ACA by denying Medicaid expansion in their states are wrong, misguided, and placing more undue financial burdens on the backs of the poor and middle class citizens of their states.

Rev Anthony Evans, NBCI President, says “We are ashamed to see governors throughout our country refusing to expand Medicaid in their states as a part of the ACA – what we see as President Obama’s greatest accomplishment and indeed one of the greatest laws in American history. One of the most fundamental teachings of the church is to care and provide for the poor. As a party that proclaims Christianity is the center of their ideology, I am dumbfounded at these governors’ inactions. Every citizen in the United States has a God-given right to accessible and affordable health care. NBCI will do everything in its power to advocate for a decision reversal in these states, and will work tirelessly to make sure the mission of the ACA reaches each American.”

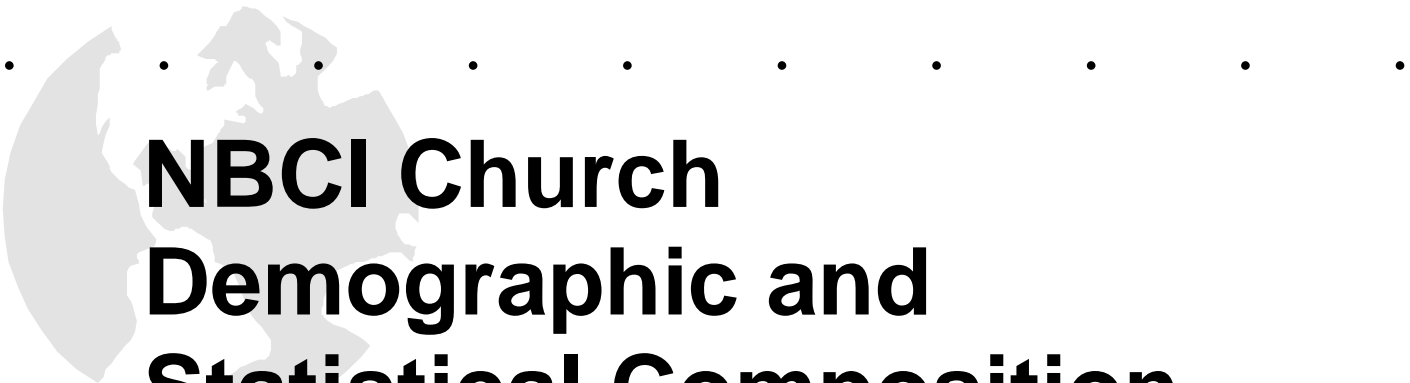
Taking advantage of all that the Affordable Care Act has is an offer that no state should refuse. In not expanding Medicaid, these governors will continue to harm the underserved populations of their states, and make what should be an inalienable right a privilege given to few. Health care for all was President Obama’s vision, and NBCI will do everything it can to make sure it does its part in making the law a reality.

## **About NBCI**

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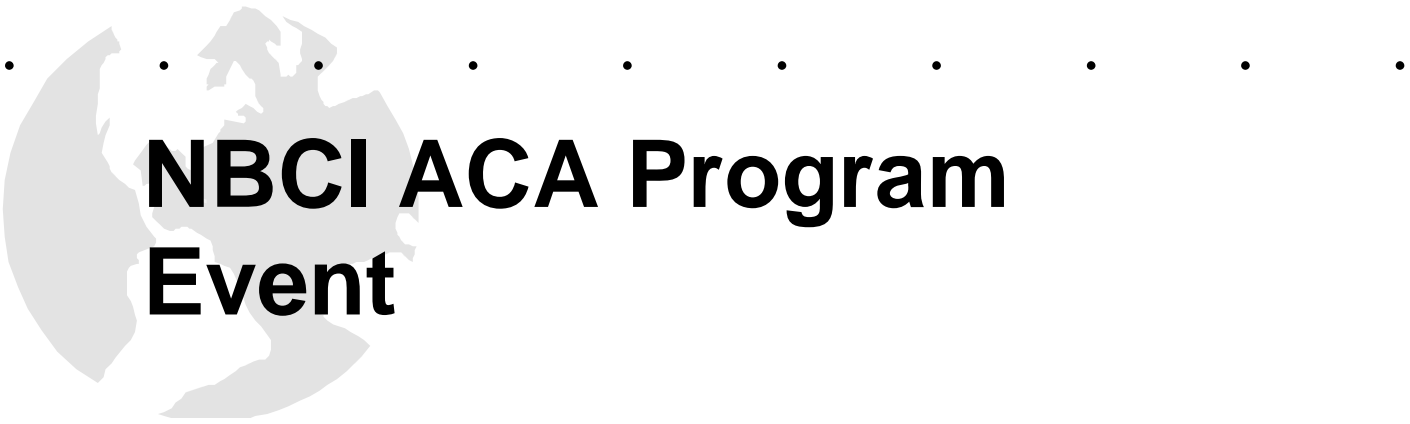


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# NBCI Church Demographic and Statistical Composition





# Health Emergency Declaration

The National Black Church Initiative along with the  
Joint Center for Political and Economic Studies,  
and The National Medical Association

## **The Affordable Care Act its Promises and Challenges**



There will be speakers  
from the Health and  
Human Services,  
the National Medical  
Association and from  
private health plans.

**December 5, 2013**

**10:00 a.m. - 12:00 noon**

**Mt. Zion Baptist Church  
5101 14th Street, NW  
Washington, DC 20011**

For more information please contact Rev. Evans at (202) 744-0184



# Millions of African Americans Are Not Covered Under ACA





## Despite website improvements, millions of Blacks not covered

Dec 30, 2013 |

By Freddie Allen, NNPA Washington Correspondent

Comments: 0 Comments | Leave A Comment



*Anton Gunn (NNPA Photo by Freddie Allen)*

WASHINGTON (NNPA) – As the Obama administration makes strides to improve the functionality of HealthCare.gov, the flagship website for the Affordable Care Act, Republican lawmakers continue to block federal funds that would help millions of poor Blacks get health insurance coverage.

A progress report on the improved performance of HealthCare.gov cited hundreds of software bugs that generate errors and hardware and infrastructure ill-equipped to handle any significant volume to site.

“For some weeks in the month of October, the site was down an estimated 60 percent of the time,” stated the progress report.

Two months later, after insiders revealed that the site crashed on a test run with just a few hundred concurrent users, HHS officials said the site is more stable and can handle 50,000 users at a time.

Anton Gunn, director of External Affairs in the Office of Intergovernmental and External Affairs (IEA) at the U.S. Department of Health and Human Services, said that in the first two months, 1.2 million Americans selected marketplace health insurance plans or they received a determination that they were eligible for Medicaid or the children’s health insurance program. Another 1.9 million people have completed the application process through healthcare.gov and are still in the process of shopping for a plan.

“The bottom line is that healthcare.gov, beginning December 1, is night and day from where it was on October 1,” Gunn said.

Last week, HHS announced that ex-Microsoft executive Kurt DelBene would replace Jeff Zients as the leader of the HealthCare.gov project. According to a statement released by the Health Department, DelBene will oversee field operations for HealthCare.gov and provide advice on additional enrollment channels, marketing and communications.

Applicants who want to enroll in Marketplace coverage that begins on January 1 should have completed the application and selected a plan by December 23 and pay the premium by December 31 or the date chosen by the insurer. Open enrollment closes on March 31.

Despite the website upgrades that include a feature that allows visitors to window shop for health care plans without creating an account, one of the biggest threats to the success of the Affordable Care Act is Republican obstruction at the state level.

According to a recent report released by the Department of Health and Human Services, if all states expanded Medicaid coverage, 95 percent of Blacks who don't have health insurance might qualify for Medicaid, the Children's Health Insurance Program (CHIP), or tax credits that would decrease the burden of paying premiums out-of-pocket. Blacks account for 16 percent of Americans that fit into the eligible uninsured category and “more than 2.2 million African American adults live in states that are not expanding Medicaid,” stated the report.

Blacks often go without health insurance coverage at higher rates than their White counterparts.

According to a report by the Kaiser Family Foundation, 25 percent of nonelderly Black adults lack coverage compared to 15 percent of Whites. The report found that, as of two weeks ago, 25 states were not expanding Medicaid.

“In states that do not expand Medicaid, nearly five million poor uninsured adults will fall into a ‘coverage gap.’ These individuals would have been eligible for Medicaid if their state had chosen to expand coverage,” stated the report. “In the absence of the expansion, they remain ineligible for Medicaid and do not earn enough to qualify for premium tax credits to purchase Marketplace coverage, which begin at 100% FPL [federal poverty level]. Most of these individuals have very limited coverage options and are likely to remain uninsured.”

The Kaiser report said that 40 percent of uninsured Black adults that live 138 percent below the federal poverty level (\$15,856 for an individual, \$32,499 for a family of four) “will fall into the coverage gap.”

The report found that many of the states that have chosen not to expand Medicaid are in the South, contributing to the disproportionate effect the move will have on Blacks that live there.

The report stated: “For example, over one-third (34%) of the 2.2 million uninsured White adults in the coverage gap reside in Florida (14%), Texas (12%), and Pennsylvania (8%), while over four in ten (43%) of the 1.3 million uninsured Black adults in the coverage gap reside in Florida (16%), Georgia (15%) and Texas (12%).”

Blocking Medicaid expansion that would help millions of poor people receive affordable health care will also have a significant economic impact on those states, as well.

In Georgia alone, where 15 percent of all uninsured nonelderly Blacks live, the state will forego \$8.2 billion between 2013 and 2022 and more than 70,000 jobs. In Florida, where 16 percent of Black adults in the coverage gap reside, assuming that state expanded Medicaid in 2014, by 2016 the Sunshine State would have gained 71,300 jobs and \$8.9 billion in increased in economic activity.

In states that chose to expand Medicaid, the federal government plans to pick up 100 percent of the tab for the first three years and no less than 90 percent after the first three years. Some states that didn't partner with the federal government to expand Medicaid under the ACA are currently picking up as much as 50 percent of the cost.

Rep. James E. Clyburn (D-S.C.) said that his state is in that group.

"For various reasons, Medicaid rolls are growing in a lot of these states and they are doing themselves a tremendous injustice by not participating in the Affordable Care Act," said Clyburn.

Gunn said that the important thing to remember is that no matter who you are whether you're unemployed, underemployed or fully employed, if you don't have affordable, accessible health insurance coverage, you should check out the marketplace.

"You should go to [healthcare.gov](http://healthcare.gov) or call 1-800-318-2596 and learn about your options," said Gunn.

On a recent call with reporters, Gunn also encouraged young people, who might believe that health insurance is still too expensive, to log on to [healthcare.gov](http://healthcare.gov) to see if they qualify for any subsidies or tax credits.

"A three-day hospital stay can cost you \$30,000," said Gunn. "If you don't have \$30,000 laying around, if you don't \$7,500 to fix a broken arm laying around, it would be wise to protect yourself and have health insurance coverage."

Valerie Jarrett, a senior advisor to President Obama said that Republican lawmakers need to end their constant obsession with repealing or sabotaging the Affordable Care Act that is currently providing benefits to an estimated 7.3 million African Americans.

She said, "We are always willing to explore opportunities to strengthen the Affordable Care Act, but what the president is not going to do, as long as he is in office, is repeal it."

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# Partial List of National Black Church Initiative Clients



FannieMae

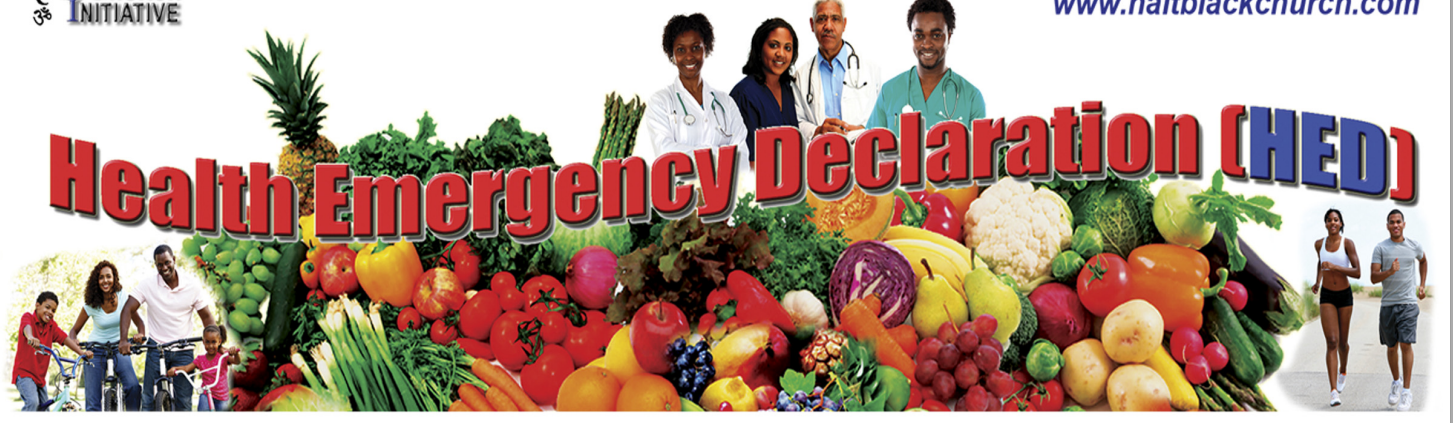




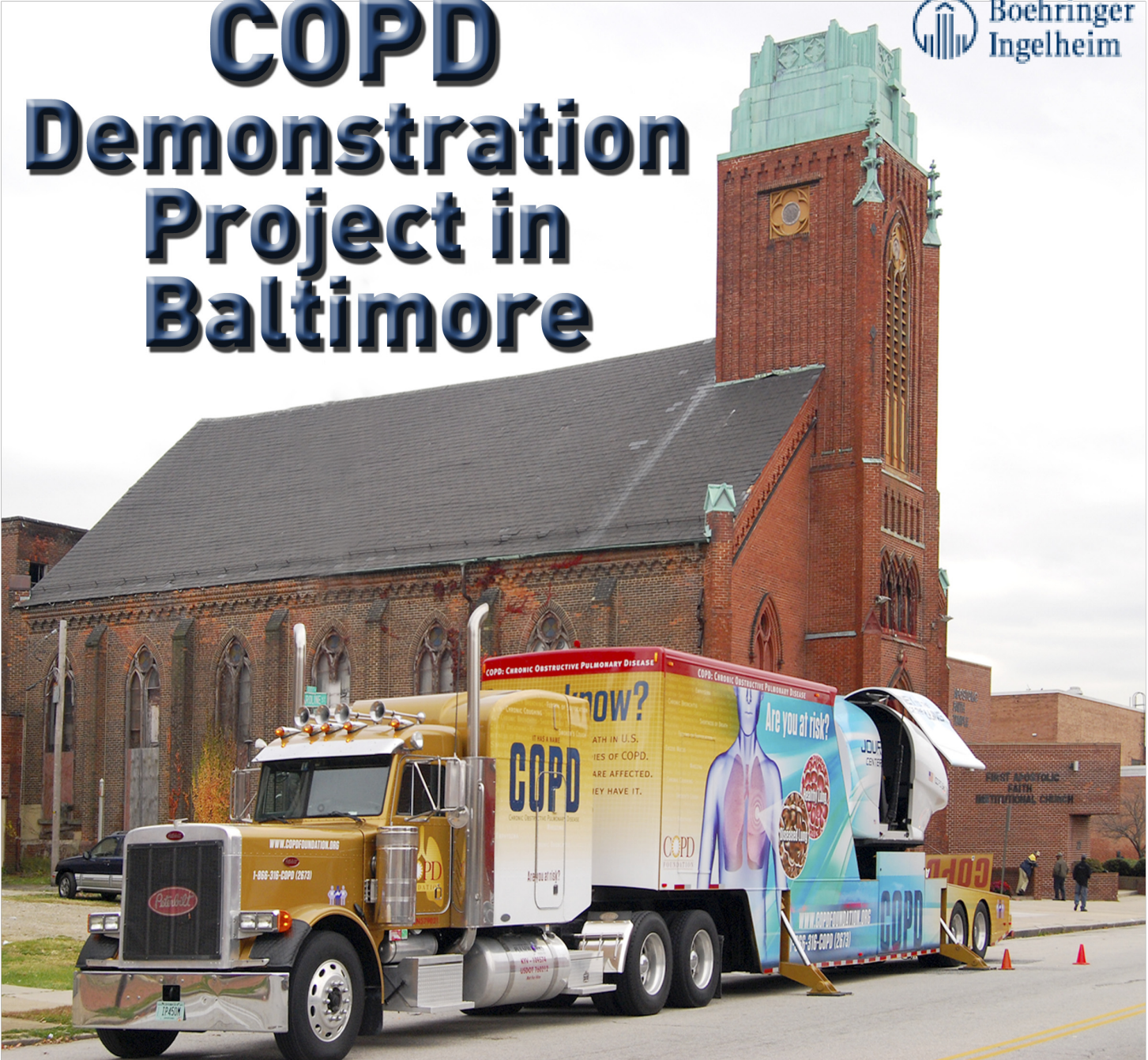
# The National Black Church Initiative

[www.naltblackchurch.com](http://www.naltblackchurch.com)

## Health Emergency Declaration (HED)



# COPD Demonstration Project in Baltimore



**NATIONAL BLACK CHURCH INITIATIVE**  
**TWELVE-WEEK COPD DEMONSTRATION PROJECT**  
**BALTIMORE, MARYLAND**

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*The statistical data illustrates the successful application of the HED model.*

**SECTION III: THE CHURCHES.....7-15**

*The participating churches congregational data underscores the effectiveness of the HED model and reveals an extraordinary picture concerning its health composition.*

**SECTION IV: PRE/POST TESTING.....16-20**

*The statistical data underscores the importance of evaluation and captures the increase in both comprehension and understanding of the COPD Disease State.*

**NATIONAL BLACK CHURCH INITIATIVE**  
**TWELVE-WEEK COPD DEMONSTRATION PROJECT**  
**BALTIMORE, MARYLAND**

The National Black Church Initiative (NBCI) and Boehringer-Ingelheim Pharmaceuticals (BI) partnered to implement a twelve-week COPD Demonstration Program in Baltimore, Maryland, to highlight the tremendous lack of support services in the African-American community to prevent the fourth leading cause of death in the United States— Chronic Obstructive Pulmonary Disease (COPD). This partnership between NBCI and BI was created to enhance NBCI’s preventative health initiative—the Health Emergency Declaration (HED). Part of this plan involved recruitment of 34,000 African-American churches as health ambassadors which includes over 15.7 million parishioners. This unprecedented access has laid the foundation for new research opportunities within the African-American community. We believe, in the future, this will transform the way health intervention is disseminated within the African-American community. BI, because of its commitment to innovation, capitalized on the opportunity to implement the HED Health Information Preventative Method to explore how its organization communicates with minority communities. BI now has an advantage over other large pharmaceutical companies on how to effectively utilize faith-based communities and inform them of respective brand products and services. However, this project was a non-branded health initiative.

COPD, short for Chronic Obstructive Pulmonary Disease, is a general term used to describe lung diseases including emphysema, chronic bronchitis, or both. Given that there is no cure for COPD, information on strategies, diagnosis, treatment and disease management becomes critical. More than 12 million Americans have been diagnosed with COPD, and it is estimated that another 12 million people are unaware that they even carry the disease. African-Americans are disproportionately affected with COPD, especially in the African-American men. In 2005, 1,823 Maryland residents died from COPD—ranking the state the 27<sup>th</sup> highest in COPD mortality in the U.S. This statistic underscores the need for immediate action.

The HED was designed for easy integration into existing health programs or church-based health ministries. For the extent of the twelve weeks, health industry experts including The Baltimore City Health Authority, along with the COPD Foundation and the Maryland State Health Department were given consistent progress reports for the HED demonstration project. Consultation and enhanced technical support was sought from these agencies in order to enhance the project. This gave the HED the advantage to adjust the direction of demonstration project as a result of feedback from the respective health agencies during the project’s duration. This maximized the effectiveness of the demonstration project for the 64 participating Baltimore churches. As part to the HED plan, complete integration into other successful health programs helps solidify, in the minds of the public (in this case, church members) the importance of health education, specifically, screening health literature and the evaluation of COPD and its impact on the health of people, including their families, their church, and their communities. During the news conference, the COPD Foundation donated its COPD Shuttle— The COPD Shuttle was designed to make viewers feel as if they are inside the human body, offering a rare glimpse into the lungs, heightening their understanding of COPD, and providing a catalyst for thousands to seek assessment and treatment especially for smokers. (*COPD Foundation, Programs, The COPD Foundation website, May 2010*). The COPD Foundation also provided recommendations for speakers for the COPD lectures. (*HED program, pp.30 – 31*)

***As a result of overwhelming interest in the demonstration project from the African-American religious community, the trajectory of programmatic focus changed to include four additional components:***

- ***The inclusion of statistical data of 52 additional churches beyond the original 12,***
- ***The creation of a web page on the NBCI website, and***
- ***The use of video tape to record and circulate the “COPD Health Sermon”***
- ***The use of social media like YouTube was used to disseminate the “COPD Health Sermon” to educate our faith-based community concerning the impact of COPD. (The COPD Health Sermon is on YouTube.)***

This change in strategy allowed the COPD Demonstration Project to reach additional tens of thousands of NBCI's members. The HED health model also utilized social media websites like, FaceBook, YouTube, etc., as a means of enhancing the COPD Demonstration Project. Should BI choose to expand the demonstration project beyond Baltimore, additional and dynamic programmatic methodology is available. All changes were approved by the HED health panel that governs Baltimore and its surrounding areas. (*The National Black Church Initiative Health Emergency Declaration: A National Health Prevention Program*, pp. 32 – 33)

## The Development of NBCI/COPD Website

The NBCI/COPD website was created to address the overwhelming interest from members of NBCI who were not selected as part of the twelve-week program. Part of the tenets of the HED includes the opportunity for broad and immediate participation in the respective program throughout our regions through the use of social media—even when limited to a demonstration pilot program. This high momentum interest in the demonstration program is evidence (and the HED predicted) that *there is an acute hunger for health information within the African-American community*.

This hunger for health information is a result of both the Black Church emphasizing the importance of health and the chronic health statistics of the African-American community.

### NBCI SPONSORSHIP OF THE COPD FOUNDATION'S COPD SHUTTLE

As the twelve-week plan evolved, there were many discussions between BI and NBCI, as well as the COPD Foundation as to how to provide some measure of testing. The HED emphasizes four critical health education tenets: education, dissemination of critical health information, screening and testing, and evaluation. Each of these four tenets was involved in the COPD project.

The COPD Shuttle gave participants a visual of the effects of COPD on the human body—specifically, the human lungs. The COPD Shuttle also transported more than 25 of our area ministers in Baltimore, who attended the kick-off press conference. (See video tape on NBCI COPD web page). Maryland State Senator Anthony Muse was also a part of the press conference. Additionally, he was made aware of the importance of supporting legislation in Maryland that increases needed services to support families who are currently suffering from COPD.



### START AND THE IMPACT OF THE TWELVE-WEEK COPD DEMONSTRATION PROGRAM

As determined by the NBCI HED Health Committee, the twelve-week demonstration project was applied to 52 additional African-American churches instead of the original 12 to create a substantial sampling that would illustrate the need in the African-American community for COPD education.

The NBCI will coordinate five interactive lecture series with the COPD Foundation. The COPD Foundation is recommending speakers for the lecture series. All of the COPD lectures will be held at Israel Baptist Church in Baltimore.

NBCI will notify the commissioner of health for Baltimore City, the COPD State of Maryland Coalition, NBCI congregation health personnel, and all other related health entities concerned with COPD in the state of Maryland of its twelve-week demonstration program. We estimate that there are between 450-500 parishioners per church, and we are going to need approximately 5,000 pieces of literature for each designated COPD activity.

Initially, the twelve-week COPD demonstration project should have only impacted approximately 5,500 NBCI members in its Northeast Faith Command region in Baltimore which has an average of 450-500 congregants per church. However, due to the diligence of the NBCI's program staff and the implementation technology and social media, which included a multi-media campaign, the impact reached 20 times as many NBCI members.

**We confidently approximate that over 100,000 NBCI members were impacted.**

***Specific tactics included:***

- Health screenings to over 50 churches, impacting over 30,000 congregants***
- A NBCI partnership with the COPD Foundation for its COPD kick-off event***
- NBCI and COPD Foundation staff members distributed COPD Shuttle informational flyers that offered free screening to an additional 21 churches, impacting an additional 11,000 NBCI congregants.***

This statistical picture is evidence of tremendous success of the COPD Demonstration Project in reaching the residents of Baltimore with science-based COPD health science messages. (HED, pp. 29, 44 – 45)

## **This outline represents the implementation plan of the Twelve-Week COPD Demonstration Project in Baltimore:**

### **Week 1:**

**February 13—February 18** All of the participating churches will be notified of the upcoming COPD education interactive lecture series and all related activities. They will be provided with a schedule and notebook of activities so they can properly prepare their congregation concerning all upcoming events. We will designate a member in each congregation through NBCI congregation members' corps to help us inform parishioners concerning all COPD activities.



### **Week 2:**

**February 19** We will administer the twelve-question Pre-COPD Test.

**February 20—22** Distribution of flyers on the 1<sup>st</sup> interactive COPD lecture to the participating churches

### **Week 3:**

**February 23** First interactive COPD lecture: “Overview of COPD and the Importance of getting tested—Especially for Smokers”

### **Week 4:**

**February 27—March 1** Distribution of flyers on the 2<sup>nd</sup> interactive COPD lecture to the participating churches

**March 4 (1<sup>st</sup> Sunday)** Record “COPD Health Sermon”

### **Week 5:**

**March 8** Second interactive COPD lecture: “Treatment and Management of COPD”

### **Week 6:**

**March 10—14** Distribution of flyers on the 3<sup>rd</sup> interactive COPD lecture to the participating churches

**March 11 (2<sup>nd</sup> Sunday)** The distribution of NBCI’s *COPD Health-at-a-Glance*

### **Week 7:**

**March 15** Third interactive COPD lecture: “Living with COPD Part I”

### **Week 8:**

**March 16-21** Distribution of flyers on the 4<sup>th</sup> interactive COPD lecture to the participating churches

**March 18 (3<sup>rd</sup> Sunday)** The distribution of NBCI’s *COPD Health Note*

### **Week 9:**

**March 22** Fourth interactive COPD lecture: “Living with COPD Part II”

**March 23—28** Distribution of flyers on the 5<sup>th</sup> interactive COPD lecture to the participating churches

### **Week 10:**

**March 29** Fifth interactive COPD lecture: “COPD and Caregivers”

### **Week 11:**

**April 1** We will administer the eighteen-question Post-COPD Test. There will be a celebration upon the culmination of the program.

### **Week 12:**

**April 8** This is wrap up week. During this week we will gather all statistical data as well as the results of the pre-tests and post-tests.

## *SECTION II: STATISTICAL DATA*





## THE IMPACT OF THE HED COPD PRE-TEST AND POST-TEST EVALUATION

We distributed 5,000 COPD pre-tests and post-tests, not only to our original 12 church congregations, but we expanded the demonstration project to 52 additional churches—only 38.9 % participated. As indicated in the HED, health surveys are rarely administered in African-American churches. However, under the HED, evaluation is a key component so that the information disseminated is both informative and can be put to practical use. This was a huge success. All of the COPD pre-tests were distributed according to the HED guidelines. Those guidelines are: (a) the ministers must be informed, (b) the HED congregational-based volunteer personnel must be trained, and (c) that it must be announced to the congregation after the approval of the pastor. In essence, this creates a platform for a successful distribution of and participation in the COPD pre-test and post-test.

This is a summary statement on the pre-test and post-test administered under the NBCI/COPD demonstration project in Baltimore:

***The statistical data regarding the impact of the HED methodology has been positive. Most of the questions clearly illustrated that there were some dramatic increases and in some cases only a moderate increase of understanding and comprehension of the COPD disease state. The pre-test and post-test evaluation results also reflected in general a great hunger to learn more about the fourth leading killer in the US among African-American congregations.***

To better illustrate this point, let us take Question 3 on the pre-test and Question 12 on the post-test. We also are going to look at Question 4 on both the pre-test and post-test.

Question (3) on the pre-test and Question (12) on the post-test, show an acute understanding of the COPD disease state and impact that it has had on those who attended the COPD education seminars. Simply stated, the HED approach and the implementation of NBCI's COPD Twelve-Week Demonstration Project in Baltimore has been a huge success. With the overall analysis of the data presented in both the pre-tests and post-tests one can conclude with certainty that with adequate and sustained resources, COPD and the African-American Community can be a point of both discovery and success in educating the general population on the adverse effects of COPD.



Question (4) on both the pre-test and post-test shows a dramatic increase in understanding that the COPD disease state primarily concerns the issue of lung disease. 73 percent of the 38.9 percent who participated in the pre-test and post-test got it correct. In the post-test, on Question 4, 94.3 percent got it correct. Therefore, this illustrates a 21.3 percent increase in understanding and comprehension that COPD deals with the lung and breathing functions of the body.



## *SECTION III: THE CHURCHES*

# NBCI TWELVE-WEEK COPD DEMONSTRATION PROJECT IN BALTIMORE, MARYLAND *64 Participating Churches*

*The statistical data that we have submitted is arguably the most exhaustive collection of personal data reflecting the lifestyle of the Black Church. This data is rare. In some cases, particularly when evaluating the tobacco smoker data and because of the sensitive nature of the data, key personnel jobs could be in jeopardy if this data is leaked to the general public. This data was given in the strictest of confidence, and 90 percent of the time NBCI signed confidentiality agreements. Most of the pastors authorized the collection of the data from their respective congregations, and NBCI agreed that the information obtained as a result of the COPD Black Church study would not be used for any other purpose other than this report for BI Pharmaceuticals. What makes NBCI unique is its easy access to niche populations that most research organizations do not have. The Black Church is by tradition reluctant to any revelation of the statistical composition of itself. Part of the NBCI Confidentially Agreement contained that no third party entity could become privy to how the statistical data was obtained.*

*In recent years, The Black Church has gained a clearer understanding of the power it holds in highlighting critical health indicators regarding the general public through its access to data on its parishioners. By sharing this information with a responsible party, the Black Church can gain greater involvement in developing effective treatment for many diseases, especially for COPD.*

## **Points of clarification:**

- *The percentage of screened smokers can be characterized as accurate from the personal observations of their respective pastors through years of interaction.*
- *The number of congregants is based on the number on the church roll, not necessarily the number of congregants that actually attend services weekly.*

## The Original 12 COPD Demonstration Churches\*

### 1. **Israel Baptist Church**

Pastor H.W. Wilson  
1220 N. Chester St.  
Baltimore, MD 21213  
*Number of Congregants: 1300*  
*M/F Composition: M40/F60*  
*Congregants Income Range: \$15K-125K*  
*Congregants Median Age: 49*  
*Number of Smokers: 18%, 234*

### 2. **Faith United Baptist Church**

Pastor Peterson  
2840 The Almeda  
Baltimore, MD 21218  
*Number of Congregants: 200*  
*M/F Composition: M40/F60*  
*Congregants Income Range: \$10K-75K*  
*Congregants Median Age: 43*  
*Number of Smokers: 5.5%*

### 3. **Concord Baptist Church**

Pastor Jones  
5204 Liberty Hghts.  
Baltimore, MD 21207  
*Number of Congregants: 100*  
*M/F Composition: M40/F60*  
*Congregants Income Range: \$20K-78K*  
*Congregants Median Age: 60*  
*Number of Smokers: 13%*

### 4. **Rising Zion Baptist Church\***

Rev. Theodore D. Addison, Sr. Pastor  
2300 Llewelyn Avenue  
Baltimore, MD 21213  
*Number of Congregants: 200*  
*M/F Composition: M33/F67*  
*Congregants Income Range: \$20K-60K*  
*Congregants Median Age: 59*  
*Number of Smokers: 9.5%*

5. **Garden of Prayer Baptist Church\***  
 Bishop-Elect Melvin B. Tuggle II  
 1148 Homestead Street  
 Baltimore, MD 21218  
*Number of Congregants: 350*  
*M/F Composition: M45/F65*  
*Congregants Income Range: \$10K-85K*  
*Congregants Median Age: 51*  
*Number of Smokers: 9%*
6. **Greater Gethsemane Baptist Church\***  
 Dr. Reginald Thomas, Sr.  
 2525 E. Preston St.  
 Baltimore, MD 21213  
*Number of Congregants: 1500-2000*  
*M/F Composition: M45/F55*  
*Congregants Income Range: \$25K-150K*  
*Congregants Median Age: 39*  
*Number of Smokers: 11.7%*
7. **Bibleway Baptist Church\***  
 Rev. Tony A. Lawson Sr.  
 2423 E. Biddle St.  
 Baltimore, MD 21213  
*Number of Congregants: 250*  
*M/F Composition: M20/F80*  
*Congregants Income Range: \$10-75K*  
*Congregants Median Age: 42*  
*Number of Smokers: 7.8%*
8. **Good Tidings Baptist Church\***  
 Rev. Dr. Roy B. Johnson, D.D.,  
 Senior Pastor  
 1401 Edison Highway  
 Baltimore, MD 21213  
*Number of Congregants: 150*  
*M/F Composition: M30/F70*  
*Congregants Income Range: \$15K-65K*  
*Congregants Median Age: 49*  
*Number of Smokers: 15%*
9. **First Baptist Church\***  
 Rev. Theodore Anthony, Interim Pastor  
 525 North Caroline Street  
 Baltimore, MD 21205  
*Number of Congregants: 300*  
*M/F Composition: M32/F68*  
*Congregants Income Range: \$10-80K*  
*Congregants Median Age: 47*  
*Number of Smokers: 14%*
10. **Mt . Zion Hill Baptist Church\***  
 Rev. Marvin L. McFadden  
 4800 Harford Road  
 Baltimore, MD 21214  
*Number of Congregants: 300*  
*M/F Composition: M50/F50*  
*Congregants Income Range: \$25-75K*  
*Congregants Median Age: 42*  
*Number of Smokers: 11.6%*
11. **Nazarene Baptist Church\***  
 Pastor Alphonzo Davis  
 1201 Harford Ave.  
 Baltimore, MD 21202  
*Number of Congregants: 155*  
*M/F Composition: M27/F73*  
*Congregants Income Range: \$25-100K*  
*Congregants Median Age: 38*  
*Number of Smokers: 8.5%*
12. **New Cornerstone Baptist Church\***  
 Rev. Tommie Page  
 1530 E. Preston St.  
 Baltimore, MD/21213  
*Number of Congregants: 301*  
*M/F Composition: M50/F50*  
*Congregants Income Range: \$10-77K*  
*Congregants Median Age: 57*  
*Number of Smokers: 11.6%*

# The Additional 52 Demonstration Churches

## 1. Fountain Baptist Church

Pastor Chambers  
1215 E. Monument St.  
Baltimore, MD 21202  
*Number of Congregants: 278*  
*M/F Composition: M30/F70*  
*Congregants Income Range: \$15-80K*  
*Congregants Median Age: 42*  
*Number of Smokers: 8%*

## 2. Zion Baptist Church

Pastor M. Prentice  
1700 N. Caroline St.  
Baltimore, MD 21213  
*Number of Congregants: 362*  
*M/F Composition: M45/F55*  
*Congregants Income Range: \$20-110K*  
*Congregants Median Age: 41*  
*Number of Smokers: 15%*

## 3. Greater Harvest Baptist Church

Pastor E. Gillard  
1612 W. Saratoga St.  
Baltimore, MD 21213  
*Number of Congregants: 462*  
*M/F Composition: M51/F49*  
*Congregants Income Range: \$30-100K*  
*Congregants Median Age: 40*  
*Number of Smokers: 19%*

## 4. Friendship Baptist Church

Pastor Smith  
6000 Loch Raven Blvd.  
Baltimore, MD 21239  
*Number of Congregants: 182*  
*M/F Composition: M30/F70*  
*Congregants Income Range: \$15-55K*  
*Congregants Median Age: 50*  
*Number of Smokers: 14%*

## 5. Memorial Baptist Church

Pastor C. Keene  
1311 N. Caroline St.  
Baltimore, MD 21213

*Number of Congregants: 550*  
*M/F Composition: M40/F60*  
*Congregants Income Range: \$15-95K*  
*Congregants Median Age: 39*  
*Number of Smokers: 17%*

## 6. Grace Memorial Baptist Church

1100 N. Eden St.  
Baltimore, MD 21213  
Pastor Irvan Pope  
*Number of Congregants: 650*  
*M/F Composition: M39/F61*  
*Congregants Income Range: \$15-125K*  
*Congregants Median Age: 49*  
*Number of Smokers: 11%*

## 7. New Friendship Baptist Church

Pastor M. Palmer  
1515 E. Eager St.  
Baltimore, MD 21213  
*Number of Congregants: 450*  
*M/F Composition: M45/F55*  
*Congregants Income Range: \$10-75K*  
*Congregants Median Age: 37*  
*Number of Smokers: 7%*

## 8. Mt. Calvary Baptist Church

Pastor  
1142 N Fulton Ave.  
Baltimore, MD 21217  
*Number of Congregants: 651*  
*M/F Composition: M35/F65*  
*Congregants Income Range: \$10-150K*  
*Congregants Median Age: 47*  
*Number of Smokers: 8%*

## 9. Mt. Hattin Baptist Church

Pastor C. Burston  
2409 Asquith St.  
Baltimore, MD 21214  
*Number of Congregants: 780*  
*M/F Composition: M28/F72*  
*Congregants Income Range: \$10-89K*  
*Congregants Median Age: 65*  
*Number of Smokers: 9.5%*

**10. Mt. Carmel Baptist Church**

Pastor Gillard  
212 E. 25<sup>th</sup> St.  
Baltimore, MD 21218  
*Number of Congregants:* 671  
*M/F Composition:* M34/F66  
*Congregants Income Range:* \$20-98K  
*Congregants Median Age:* 52  
*Number of Smokers:* 10.7%

**11. Mt. Sinai Baptist Church**

Pastor R. Cotton  
922 E. Preston St.  
Baltimore, MD 21202  
*Number of Congregants:* 350  
*M/F Composition:* M50/F50  
*Congregants Income Range:* \$15-97K  
*Congregants Median Age:* 42  
*Number of Smokers:* 13%

**12. Jerusalem Baptist Church**

Pastor Mamie Cooley  
2401 Loch Raven Rd.  
Baltimore, MD 21218  
*Number of Congregants:* 362  
*M/F Composition:* M526/F74  
*Congregants Income Range:* \$10-70K  
*Congregants Median Age:* 61  
*Number of Smokers:* 11%

**13. New Lebanon Calvary Baptist Church**

Pastor W. Quick  
501 Milton Ave.  
Baltimore, MD 21205  
*Number of Congregants:* 852  
*M/F Composition:* M50/F50  
*Congregants Income Range:* \$15-89K  
*Congregants Median Age:* 40  
*Number of Smokers:* 15%

**14. New Lebanon Baptist Church**

Pastor W. Quick  
501 Milton Ave.  
Baltimore, MD 21205  
*Number of Congregants:* 351  
*M/F Composition:* M30/F70  
*Congregants Income Range:* \$10-87K  
*Congregants Median Age:* 49  
*Number of Smokers:* 12%

**15. Ebenezer Baptist Church**

Pastor  
306 E. 23<sup>rd</sup> St.  
Baltimore, MD 21216  
*Number of Congregants:* 362  
*M/F Composition:* M45/F55  
*Congregants Income Range:* \$10-86K  
*Congregants Median Age:* 48  
*Number of Smokers:* 14.4%

**16. Concord Baptist Church**

Pastor Jones  
5204 Liberty Heights  
Baltimore, MD 21207  
*Number of Congregants:* 291  
*M/F Composition:* M16/84  
*Congregants Income Range:* \$10-72K  
*Congregants Median Age:* 55  
*Number of Smokers:* 9.6%

**17. Flat Rock Baptist Church**

Pastor  
1701 W. Mulberry St.  
Baltimore, MD 21223  
*Number of Congregants:* 581  
*M/F Composition:* M38/F62  
*Congregants Income Range:* \$10-75K  
*Congregants Median Age:* 48  
*Number of Smokers:* 12.7%

**18. Fresh Oil Church and Ministries**

Pastor  
219 N. Mount St.  
Baltimore, MD 21213  
*Number of Congregants:* 651  
*M/F Composition:* M39/F61  
*Congregants Income Range:* \$10-68K  
*Congregants Median Age:* 47  
*Number of Smokers:* 11.5%

**19. Timothy Baptist Church**

Pastor  
1214 W. Saratoga St.  
Baltimore, MD 21223  
*Number of Congregants:* 352  
*M/F Composition:* M39/F61  
*Congregants Income Range:* \$10-15K  
*Congregants Median Age:* 61  
*Number of Smokers:* 7%

**20. Solid Rock Baptist Church**

Pastor  
7 E. North Ave.  
Baltimore, MD 21213  
*Number of Congregants:* 358  
*M/F Composition:* M5/F65  
*Congregants Income Range:* \$10-82K  
*Congregants Median Age:* 50  
*Number of Smokers:* 9.2%

**21. Enon Baptist Church**

Pastor  
601 N. Shroeder St.  
Baltimore, MD 21213  
*Number of Congregants:* 220  
*M/F Composition:* M30/F70  
*Congregants Income Range:* \$10-74K  
*Congregants Median Age:* 47  
*Number of Smokers:* N/A

**22. New Hope Baptist Church**

Pastor  
850 Harlem Ave.  
Baltimore, MD 21213  
*Number of Congregants:* 296  
*M/F Composition:* M37/F63  
*Congregants Income Range:* \$15-62K  
*Congregants Median Age:* 65  
*Number of Smokers:* 4.9%

**23. Pennsylvania AME Church**

Pastor  
1128 Pennsylvania Ave.  
Baltimore, MD 21201  
*Number of Congregants:* 415  
*M/F Composition:* M37/F63  
*Congregants Income Range:* N/A  
*Congregants Median Age:* 55  
*Number of Smokers:* 7.8%

**24. Kingsway Bible Baptist Church**

Pastor Benjamin Crawford  
4301 St. Georges Ave.  
Baltimore, MD 21213  
*Number of Congregants:* 652  
*M/F Composition:* M38/F62  
*Congregants Income Range:* \$10-89K  
*Congregants Median Age:* 51  
*Number of Smokers:* 8.7%

**25. The New Samaritan Baptist Church**

Pastor Donald Palmore  
5936 Falkirk Rd.  
Baltimore, MD 21239  
*Number of Congregants:* 782  
*M/F Composition:* M31/F61  
*Congregants Income Range:* \$10-95.5K  
*Congregants Median Age:* 47  
*Number of Smokers:* 10.7%

**26. Ray of Hope Baptist Church**

Pastor C. Franklin Jr.  
3000 Parkside Dr.  
Baltimore, MD 21214  
*Number of Congregants:* 358  
*M/F Composition:* M49/F51  
*Congregants Income Range:* \$10-88K  
*Congregants Median Age:* 52  
*Number of Smokers:* 7.2%

**27. Faith Church of the Lord Jesus Christ**

Pastor  
2718 Harford Rd.  
Baltimore, MD 21218  
*Number of Congregants:* 389  
*M/F Composition:* M29/F71  
*Congregants Income Range:* \$10-98K  
*Congregants Median Age:* 62  
*Number of Smokers:* 8.9%

**28. Nazarene Temple Apostolic Faith Church**

Pastor Allan Fleet  
2312 Harford Rd.  
Baltimore, MD 21218  
*Number of Congregants:* 399  
*M/F Composition:* M52/F48  
*Congregants Income Range:* \$10-110K  
*Congregants Median Age:* 49  
*Number of Smokers:*

**29. Rising Sun Baptist Church**

Pastor Melvin Lee  
1901 Register St.  
Baltimore, MD 21213  
*Number of Congregants:* 251  
*M/F Composition:* M48/F52  
*Congregants Income Range:* \$10-98K  
*Congregants Median Age:* 48  
*Number of Smokers:* 7.8%

**35. United Baptist Church**

Pastor C. Solomon  
1615 E. Eager St.  
Baltimore, MD 21212  
*Number of Congregants: 770*  
*M/F Composition: M37/F63*  
*Congregants Income Range: \$10-89K*  
*Congregants Median Age: 59*  
*Number of Smokers: 7.5%*

**36. Temple Baptist Church**

Pastor Jerome McNeill  
1800 Wolfe St.  
Baltimore, MD 21212  
*Number of Congregants: 358*  
*M/F Composition: M49/F51*  
*Congregants Income Range: \$10-87K*  
*Congregants Median Age: 55*  
*Number of Smokers: N/A*

**37. Ark Church**

Pastor J.L. Carter  
1263 E. North Ave.  
Baltimore, MD 21202  
*Number of Congregants: 685*  
*M/F Composition: M45/F55*  
*Congregants Income Range: \$10-99K*  
*Congregants Median Age: 57*  
*Number of Smokers: 6.9%*

**38. Church of the Redeemed of the Lord**

Pastor J. Stokes  
4321 Old York Rd.  
Baltimore, MD 21212  
*Number of Congregants: 623*  
*M/F Composition: M47/F53*  
*Congregants Income Range: \$10-110K*  
*Congregants Median Age: 39*  
*Number of Smokers: 5.5%*

**39. Old Landmark Baptist Church**

Pastor  
818 Broadway  
Baltimore, MD 21205  
*Number of Congregants: 578*  
*M/F Composition: M52/F48*  
*Congregants Income Range: \$10-85K*  
*Congregants Median Age: 61*  
*Number of Smokers: N/A*

**30. Mt. Airy Apostolic Faith Church**

Bishop Leroy McRae  
1909 Wolfe St.  
Baltimore, MD 21214  
*Number of Congregants: 1008*  
*M/F Composition: M37/F63*  
*Congregants Income Range: \$10-120K*  
*Congregants Median Age: 49*  
*Number of Smokers: 8.7%*

**31. Grace Christian Baptist Church**

Pastor Elbert Street  
1107 N. Broadway  
Baltimore, MD 21214  
*Number of Congregants: 575*  
*M/F Composition: M42/F58*  
*Congregants Income Range: \$10-72.5K*  
*Congregants Median Age: 62*  
*Number of Smokers: N/A*

**32. Baltimore Tabernacle of Prayer**

Pastor Elder Marline Francis  
1500 Harford Rd.  
Baltimore, MD 21218  
*Number of Congregants: 474*  
*M/F Composition: M46/F54*  
*Congregants Income Range: \$10-75K*  
*Congregants Median Age: 39*  
*Number of Smokers: 5.5%*

**33. New Frontier of Faith Baptist Church**

Pastor Williams  
1100 Beaumont Ave.  
Baltimore, MD 21212  
*Number of Congregants: 752*  
*M/F Composition: M46/F54*  
*Congregants Income Range: \$10-85K*  
*Congregants Median Age: 39*  
*Number of Smokers: 6.9%*

**34. Zion Hill Baptist Church**

Pastor  
931 E. Preston St.  
Baltimore, MD 21212  
*Number of Congregants: 987*  
*M/F Composition: M44/F56*  
*Congregants Income Range: \$10-100K*  
*Congregants Median Age: 59*  
*Number of Smokers: 12.6%*



**40. New David Baptist Church**

Pastor  
1401-15 N. Milton Ave.  
Baltimore, MD 21213  
*Number of Congregants: 372*  
*M/F Composition: M50/F50*  
*Congregants Income Range: \$10-68K*  
*Congregants Median Age: 52*  
*Number of Smokers: 8.6%*

**41. Mt. Olive Baptist Church**

Pastor  
5136 E. 36<sup>th</sup> St.  
Baltimore, MD 21218  
*Number of Congregants: 487*  
*M/F Composition: M42/F58*  
*Congregants Income Range: \$10-75K*  
*Congregants Median Age: 65*  
*Number of Smokers: N/A*

**42. Faith Tabernacle Baptist Church**

Pastor  
1626 Druid Hill Ave.  
Baltimore, MD 21217  
*Number of Congregants: 387*  
*M/F Composition: M38/F62*  
*Congregants Income Range: \$10-72K*  
*Congregants Median Age: 55*  
*Number of Smokers: 7.3%*

**43. Freedom Baptist Church**

Pastor  
3455 Erdman Ave.  
Baltimore, MD 21213  
*Number of Congregants: 199*  
*M/F Composition: M20/F80*  
*Congregants Income Range: \$10-55K*  
*Congregants Median Age: 49*  
*Number of Smokers: N/A*

**44. Kingsway Bible Baptist Church**

Pastor  
4301 St. George's Ave.  
Baltimore, MD 21212  
*Number of Congregants: 871*  
*M/F Composition: M42/F58*  
*Congregants Income Range: \$10-87K*  
*Congregants Median Age: 55*  
*Number of Smokers: 8.6%*

**45. Pilgrim Christian Baptist Church**

Pastor  
2305 McElderry St.  
Baltimore, MD 21205  
*Number of Congregants: 385*  
*M/F Composition: M25/F75*  
*Congregants Income Range: \$10-95K*  
*Congregants Median Age: 48*  
*Number of Smokers: 12%*

**46. Prince of Peace Baptist Church**

Pastor  
600 N. Linwood Ave.  
Baltimore, MD 21205  
*Number of Congregants: 357*  
*M/F Composition: M40/F60*  
*Congregants Income Range: \$10-80K*  
*Congregants Median Age: 49*  
*Number of Smokers: 9.7%*

**47. St. Joseph's Baptist Church**

Pastor  
1601 Rutland Ave  
Baltimore, MD 21213  
*Number of Congregants: 781*  
*M/F Composition: M49/F51*  
*Congregants Income Range: \$10-110K*  
*Congregants Median Age: 42*  
*Number of Smokers: 11%*

**48. New Life Evangelical Baptist Church**

Pastor  
2401 E. North Ave.  
Baltimore, MD 21213  
*Number of Congregants: 121*  
*M/F Composition: M45/F55*  
*Congregants Income Range: \$10-100K*  
*Congregants Median Age: 42*  
*Number of Smokers: 10.9%*

**49. Sweet Prospect Baptist Church**

Pastor  
901 E. Eager St.  
Baltimore, MD 21202  
*Number of Congregants: 152*  
*M/F Composition: M30/F70*  
*Congregants Income Range: \$10-75K*  
*Congregants Median Age: 60*  
*Number of Smokers: 9.6%*

**50. Hallelujah Baptist Church**

Pastor  
1133 Greenmount Ave.  
Baltimore, MD 21202  
*Number of Congregants: 357*  
*M/F Composition: M40/F60*  
*Congregants Income Range: \$10-85K*  
*Congregants Median Age: 29*  
*Number of Smokers: 7.9%*

**51. Trinity Baptist Church**

Pastor  
1601 Druid Hill Ave.  
Baltimore, MD 21205  
*Number of Congregants: 298*  
*M/F Composition: M22/F88*  
*Congregants Income Range: \$10-87K*  
*Congregants Median Age: 40*  
*Number of Smokers: 9.9%*

**52. Providence Baptist Church**

Pastor  
1401 Pennsylvania Ave./  
Baltimore, MD 21217  
*Number of Congregants: 352*  
*M/F Composition: M37.5/F62.5*  
*Congregants Income Range: \$10-75K*  
*Congregants Median Age: 39*  
*Number of Smokers: 8%*

## *SECTION IV: PRE/POST-TESTING*



## STATISTICAL BREAKDOWN BY QUESTION

### PRETESTING

1. *How old are you?*
  - Under 35 8%
  - 35-49 11%
  - 50-59 12%
  - 60-69 6%
  - 70+ N/A
  
2. *Why are you interested in this COPD program? (Select as many as apply)*
  - To learn more about COPD 42%
  - To get more information about COPD for yourself 12%
  - To get more information about COPD for someone else 13%
  - I'm not interested 2%
  - Other (please specify)
  
3. *What kind of disease is COPD?*
  - Liver disease 4%
  - Lung disease 55%
  - Kidney disease 0%
  - Heart disease 0%
  - None of these 6%
  
4. *What disease(s) does COPD include?*
  - Chronic bronchitis 30%
  - Emphysema 20%
  - All of the above 23%
  - None of these 0%
  - Don't know 10%
  
5. *What are common symptoms of COPD? (Select as many as apply)*
  - Coughing 32%
  - Hand tremors 9%
  - Neck spasms 6%
  - Shortness of breath 31%
  - Frequent urination 1%
  - Wheezing 7%
  - None of these 11%
  - Don't know
  
6. *What are common risk factors for COPD? (Select as many as apply)*
  - Drinking alcohol 3%
  - Exercising 1%
  - Smoking 62%
  - None of these 0%
  
7. *There is a cure for COPD*
  - True (3%) False (3%) Don't Know (42%)
  
8. *Nine out of 10 COPD-related deaths are from smoking.*
  - True (3%) False (3%) Don't Know (12%)

9. *COPD gets worse over time.*  
 True (42%)                  False (30%)                  Don't Know (0%)
10. *Approximately 10 million Americans have COPD.*  
 True (42%)                  False (18%)                  Don't Know (0%)
11. *Would you like to learn more about COPD?*  
 Yes                  65%  
 No                  10%  
 Not sure                  7%
12. *Do you plan on attending the COPD Health Education Seminars?*  
 Yes                  31%  
 No                  30%  
 Not sure                  12%

## POST TESTING

1. *How old are you?*  
 Under 35    11%  
 35-49        18%  
 50-59        13.5%  
 60-69        4%  
 70+            3%
2. *Why are you interested this COPD program? (Select as many as apply)*  
 To learn more about COPD                                  52%  
 To get more information about COPD for yourself                  15%  
 To get more information about COPD for someone else              20%  
 I'm not interested    15%  
 Other (please specify)
3. *Did you participate in one or more of the COPD Health Education seminars?*  
 Yes    32%  
 No    68%
4. *What kind of disease is COPD?*  
 Liver disease                  2.7%  
 Lung disease                  94.3%  
 Kidney disease                  3%  
 Heart disease                  0%  
 None of these                  3%
5. *What disease(s) does COPD include?*  
 Chronic bronchitis                  20.5%  
 Emphysema                          39%  
 All of the above                  25%  
 None of these                          0%  
 Don't know                          0%

6. *What are common symptoms of COPD? (Select as many as apply)*

- Coughing 37.5%
- Hand tremors 3%
- Neck spasms 1.7%
- Shortness of breath 42%
- Frequent urination 1.9%
- Wheezing 0
- None of these 0
- Don't know n/a

7. *What are common risk factors of COPD? (Select as many as apply)*

- Drinking alcohol 1.6%
- Exercising 0
- Smoking 74%
- None of these 0

8. *There is a cure for COPD.*

- True 11%
- False 55%
- Don't know 11.2%

9. *Nine out of 10 COPD-related deaths are from smoking.*

- True 52%
- False 1.2%
- Don't know 4%

10. *COPD gets worse over time.*

- True 11%
- False 42%
- Don't know 0

11. *Approximately 10 million Americans have COPD.*

- True 55%
- False 11%
- Don't know 0

12. *Thinking about the COPD information you've received, was it:*

Informative?  Very 52%  Somewhat  Not very  Not at all

Useful?  Very 34%  Somewhat  Not very  Not at all

Relevant to you?  Very  Somewhat  Not very  Not at all  
15.7%

Easy to Understand?  Very 34%  Somewhat 4%  Not very 1.6%  Not at all

13. *Again, thinking about the COPD program:*

I learned something new by attending this program.

- Strongly agree 51%
- Somewhat agree 2%
- Somewhat or Strongly disagree N/A

I found this program interesting.

- Strongly agree 42%
- Somewhat agree 5%
- Somewhat or Strongly disagree N/A

I will do what this COPD program suggests.

- Strongly agree 31%
- Somewhat agree 2%
- Somewhat or Strongly disagree N/A

I did/did not attend the COPD Health Education Seminar(s).

I did attend 31%

I did not attend 27%

14. *Do you feel you received too much, too little, or just enough information about COPD?*

Too much 25%

Too little 6%

Just enough 32%

15. *How would you rate your overall opinion of this COPD educational program?*

Positive 21%

Somewhat positive 9%

Somewhat negative 8%

Very negative N/A

16. *After attending this program, how likely would you be to talk with your doctor about COPD?*

Very likely 11%

Somewhat likely 21%

Not very likely 1%

Not at all likely n/a

17. *How likely would you be to recommend this program to the following people?*

(Select one response for each)

A family member?

Very likely 37%

Somewhat likely 7.6%

Not very likely N/A

Not at all likely N/A

A friend?

Very likely 27%

Somewhat likely 4.5%

Not very likely N/A

Not at all likely N/A

Someone that you know with COPD?

Very likely 3.6%

Somewhat likely 7%

Not very likely 21%

Not at all likely

18. *How likely are you to become involved in COPD advocacy efforts, such as participating educational programs, supporting COPD public policies or volunteering? (Select one response)*

Very likely 1%

Somewhat likely 1.1%

Not very likely 31%

Not at all likely n/a

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## NBCI Three-Year Diabetes Management Projects



### NBCI is launching a three year early detection and diabetes management initiative

Its goals are to provide critical education to African Americans at risk of being diagnosed with diabetes. We will create literature with a checklist of risk factors and once it is checked properly, they will be told what steps they need to take to lower their risk or seek treatment.

The second goal is to persuade African Americans who have diabetes to come in compliance with their drug therapy to prevent amputation of limbs or diabetic comas.

The third goal is to engage African Americans in the forthcoming National Black Church Initiative physical fitness and nutrition initiative. A diabetes module of physical fitness and nutrition will be created to deal specifically with individuals affected by the disease. All materials created will be based upon the American Diabetes Association models or acceptable medical protocols.

Year one, a survey will be conducted to get an accurate number of individuals who will self-identify whether they suffer from diabetes. A diabetes map of all 34,000 NBCI churches will be created. NBCI and all of its partners will meet to discuss the objectives that they hope to achieve over the next three years.

In addition, NBCI will launch and conduct more than 50 major diabetes educational sessions throughout NBCI five commands and each of those sessions will be conducted by an African American endocrinologist or diabetes specialist who is a physician.

In year two, NBCI will conduct at least 150 seminars and events on the subject of diabetes management. These sessions will be curriculum based. Strong emphasis will be placed on drug compliance and following physician advice.

Year three, will be focused on pulling together the data and reinforcing best practices of the first two years. NBCI and all its partners will convene to discuss, review and assess the outcomes on all of the objectives cited at the beginning of this major initiative. NBCI will produce a client handbook of best practices and share it with the participants of this initiative along with a compilation of diabetes drug-treatment options and information.

The findings of this initiative will be shared with all major African American health clinicians and with the American Diabetes Association, the Center for Disease Control and the National Institute of Health.



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# NBCI Mental Health Initiative



NBCI will launch a comprehensive mental health initiative dealing with all aspects and areas of good mental health practices and utilizing best practices to identify the best workable model for the African American community. The purpose is to create an environment to breakdown the issues of access and stigma/acceptance of mental health disease in the African American communities.

This initiative will be launches in July 2014



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# NBCI Prostate and Breast Cancer Initiative



NBCI will launch a comprehensive prostate and breast cancer initiative dealing with all stages and areas of prevention, early detection and management of cancer. We will utilize proven methods of education and dissemination of information in targeting specific populations in the African American communities. We will utilize the NBCI Multiple Myeloma Initiative as a best practice model to duplicate. We will also encourage specific segments of the African American community to participate in clinical trials.

This initiative will be launched in August 2014.



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# NBCI Health Press Releases



# National Black Church Initiative

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Contact:  
Rev. Anthony Evans  
202-744-0184

**For immediate release**  
December 5, 2011

## **The National Black Church Initiative Launches Innovative Multiple Myeloma Health Prevention Campaign**

**Washington, D.C.** – The National Black Church Initiative (NBCI), a faith-based coalition of 34,000 churches comprised of 15 denominations and 15.7 million African Americans, proudly announces the kick-off of an educational health campaign to increase awareness about multiple myeloma within the African American community.

Rev. Anthony Evans, President of NBCI says, “The National Black Church Initiative is proud to partner with Novartis Pharmaceuticals Corporation (“Novartis”) to increase awareness about this little known disease. The objective of this multiple myeloma campaign is to heighten awareness within the African American community. We believe that education empowers our parishioners to take the necessary actions to maintain bone health. It is imperative that those affected by multiple myeloma and their families follow the preventive behaviors illustrated in this campaign and to seek the advice of their physician to protect and improve bone health.”

NBCI endeavors to eradicate racial disparities in healthcare, technology, education, housing, and the environment and has been a leader in the faith-based community for more than 20 years. NBCI’s mission is to provide critical wellness information to all of its members, congregants, churches and the public. The National Black Church Initiative’s methodology is utilizing faith and sound health science.

This Multiple Myeloma Initiative falls under our Health Emergency Declaration (HED), an initiative that we believe to be our lifelong work. HED is a seven-year, programmatic preventive health campaign launched in faith-based communities nationwide to change the landscape of U.S. healthcare and dramatically transform the current African American health paradigm. A significant element of our HED programming is to address the high incidence rates of cancers within the African American community and to implement innovative cancer prevention strategies nationwide. Please visit our website for more information about HED and our Health Initiatives at <http://www.naltblackchurch.com/health/>.

Multiple myeloma is an incurable blood cancer of the plasma cells, a type of white blood cell found in the bone marrow. This disease can lead to bone problems including pain, fractures and spinal cord compression, when cancer cells wear away the bone. Nearly 95% of advanced stage multiple myeloma patients' disease spreads to their bones, giving rise to a variety of symptoms. For patients suffering from multiple myeloma, bone lesions may cause debilitating skeletal related complications and may impact a patient's quality of life and that of their caregiver. The earlier any lesion is diagnosed, the more likely it can be effectively managed.

This program is a response to the disproportionate impact of multiple myeloma on African Americans and statistics illustrate the necessity of implementing a national educational health campaign for this at risk population. In the US, multiple myeloma is the second most common blood cancer and an estimated 70,000 Americans are living with the disease. Myeloma was the ninth most commonly diagnosed cancer among African American men and the seventh most commonly diagnosed cancer among African American women, from 2003 to 2007. Additionally, African Americans have more than twice the incidence rate of multiple myeloma than Caucasians.

Compounding the impact of the high incidence rate within the African American community, the mortality rate for multiple myeloma in the US is two times higher in the African American population than that in the Caucasian population. The five-year relative survival rate for multiple myeloma is approximately 38 percent, one of the lowest of all cancers. Unfortunately, despite medical advances over the past decade, the average patient will live only three to four years after diagnosis.

NBCI's response to these grim statistics is a comprehensive, targeted campaign to educate African Americans about this debilitating disease and implement preventive health habits. Our partnership with Novartis strengthens our ability to enact change and dramatically improve the lives of African Americans nationwide. *To Stay in the Game, Maintain Your Frame* is a multi-faceted program to educate African Americans with multiple myeloma about the need for doctor-patient dialogue about their condition and how to become active participants in their health. Elements of the program include patient education materials and tips for better bone health, as well as short videos demonstrating how to perform activities of daily living that may help reduce the risk of falls and other skeletal injuries.

### **About NBCI**

The National Black Church Initiative (NBCI) is a coalition of 34,000 African American and Latino churches working to eradicate racial disparities in healthcare, technology, education, housing, and the environment. NBCI's mission is to provide critical wellness information to all of its members, congregants, churches and the public. NBCI offers faith-based, out-of-the-box and cutting edge solutions to stubborn economic and social issues. NBCI's programs are governed by credible statistical analysis, science based strategies and techniques, and methods that work. Visit our website at [www.naltblackchurch.com](http://www.naltblackchurch.com).

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# National Black Church Initiative

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Contact:  
Rev. Anthony Evans  
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April 11, 2013  
**For Immediate Release**

## **NBCI Opposes Illinois Medical Marijuana Bill**

*Black Church Condemns Legalization of Gateway Drug as Dangerous*

**Washington DC** - The National Black Church Initiative (NBCI) strongly opposes Illinois' Medical Marijuana Bill. The passage of this bill is a dangerously slippery slope toward legalization. The science that governs the issue of Medical Marijuana is conclusive - it is not safe and effective as medicine. Passage of this legislation has serious socioeconomic and cultural ramifications, and should be reconsidered by lawmakers who are erroneously giving into popular messaging that this illegal drug is a suitable substitute for sound medicine.

NBCI has over 3,700 member churches in the State of Illinois - many in Illinois. As concerned constituents, we are urging lawmakers to vote against the Medical Marijuana Bill. Marijuana has ravished the African American community to the point of destruction. It is chief poison causing our African American men to sit in city, county and federal jails and prisons. By voting for such a bill elected officials will be sending a message that marijuana is acceptable to be utilized for ambiguous medical purposes. This is the wrong message to send when over 65% of our young men and women who have either used or is presently experimenting with marijuana. It will lead to addiction, poor school scores and attendance, involvement with gangs, and decreased motivation.

Rev Anthony Evans, NBCI President says "Marijuana is a gateway drug and the Medical Marijuana Bill is no different. The Black Church is not in the business of creating an environment that gives our children an excuse to get high. Presently, there are so many societal roadblocks for African American youth. Giving them access to medical marijuana is the nail in the coffin, killing their chances of becoming a contributing member of society, a wife or a husband, a father or a mother and someone who can maintain steady employment."

One of the chief reasons why African American youths cannot find a job is that they cannot pass the urine test. The Black Church is not about to stand by and give them an excuse to get high

and to wreck their lives and harm others. We will not let you and other pseudo-scientists produce a generation of pot heads. The evidence underpinning medical marijuana's detrimental impact on society is strong:

While each state medical marijuana law differs, in Colorado a state with a population of 5.1 million there are 108,000 card holders-2% of the population. Michigan with 9.8 million residents has 130,000 medical marijuana users. Illinois has 12.8 million in population and, while states' cases vary, Illinois is likely to end up with at least 200,000 individuals high school senior age and older consuming excessive amounts of marijuana, an illegal drug under state and federal law. Hundreds of thousands more will buy or receive marijuana from these card holders, and states run the risk of gangs and illegal drug cartels selling greater amounts after this step towards legalization. Furthermore, there are FDA approved drugs including a marijuana pill, Marinol, available for patients with special needs which erases the need for wholesale marijuana legalization. NBCI urges lawmakers to consider these dire consequences before passing legislation that will further endanger African American Youth.

Vote No on HB1.

### **About NBCI**

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# National Black Church Initiative

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June 26, 2012

Contact:  
Rev. Anthony Evans  
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## NATIONAL BLACK CHURCH INITIATIVE MARCH TO DEMAND ACCESS TO UNIVERSAL HEALTHCARE FOR AFRICAN AMERICANS

The National Black Church Initiative (NBCI) is a faith-based coalition of 34,000 African American and Latino churches. We believe healthcare is not a privilege for the few; it is a guaranteed moral and constitutional right. On Tuesday, June 26, we will march on the steps of the United States Supreme Court to demand universal access to healthcare for African Americans. African Americans consistently poll at the bottom of all major health indicators. The death rate for Black Americans with diabetes is 40% higher than other races and cultures. Black people with diabetes experience kidney failure about four times more often than diabetic white Americans. 60.1% of African-American males are overweight and 78% of Black women lead the population in obesity and being moderately overweight. Among non-Hispanic blacks, age 20+, 4.5% of men and 3.8% of women have heart failure. Prostate cancer is the leading cancer diagnosed in men in the United States and for reasons that are unclear, incidence rates are significantly higher in African American men than in white men.

We believe that Obamacare is not a panacea, but parts of the plan should be kept and others should be discarded. We believe in a single payer approach. We demand care within one year, not within four years. And this can be easily achieved by placing the 21 percent uninsured African Americans under 65 on the Medicaid roles.

**What:** The National Black Church Initiative demands universal healthcare for African Americans on the basis that they are citizens and that this country owes those benefits in reference to their reparations.

**When:** Tuesday, June 26, 2012 @ noon

**Where:** On the steps of the United States Supreme Court in Washington, DC

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### **About NBCI**

The National Black Church Initiative (NBCI) is a faith-based coalition of 34,000 African American and Latino churches. Comprised of 15 denominations and 15.7 million African Americans, the NBCI is working to eradicate racial disparities in healthcare, technology, education, housing, and the environment. NBCI's mission is to provide critical wellness information to all of its members, congregants, churches and the public. For more information, visit our website: [www.naltblackchurch.com](http://www.naltblackchurch.com)

# National Black Church Initiative

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January 6, 2014

**For Immediate Release**

## NBCI Supports Ban on Cellphone Use During Flights

*It Will Cause Chaos in the Sky*

**Washington DC** – The National Black Church Initiative (NBCI), a faith-based coalition of 34,000 churches comprised of 15 denominations and 15.7 million African American churchgoers, supports the current ban on cellphone use while flying. Removing the current ban will encourage bad behavior at 30,000 feet in the air and is a recipe for chaos.

NBCI agrees with official aviation representatives and proponents of the present safety rules, who say that unless conclusive evidence is presented, passengers and flight crews should adhere to the current rules and regulations banning cell phone use in the skies. The technical and social factors that are entangled in the issue make simple cell phone usage much more complex than it seems, and it is not a simple discussion – rather it is a real safety hazard. The myriad of distractions will undoubtedly prove to be problematic, and on top of that there is no hard technical evidence proving that allowing cell phone use is absolutely benign.

Rev. Anthony Evans, NBCI President says, “I am an experienced flyer and a pastor who understands human behavior. Cellphone use will create an atmosphere of chaos. It is uncomfortable that approving such a regulation will create an unworkable environment for flight attendants, pilots and the flying public. Ban the cellphone use. We as human beings can do without our phone for two hours.”

NBCI will continue to advocate for the protection and safe travel of all passengers, and encourages regulators to reconsider any proposals that allow dangerous distractions simply to appease the masses.

## **About NBCI**

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