Diabetes Awareness and Screening Event Application 2017-2018

One in three adults have prediabetes and most do not know they have it. As a result, Cabarrus Health Alliance (CHA) has received funding through the Kate B. Reynolds Charitable Trust to implement the Healthy Partnerships for Active Living (PALS) grant program.

As part of the PALS program, CHA is accepting applications for churches to host Diabetes Awareness and Screening Events at their church, valued at over \$1,000. The goal of this event is to raise awareness of the impact of diabetes in Cabarrus and Rowan County as well as provide education on diabetes risk factors, symptoms and lifestyle changes to prevent and/or manage diabetes. Physical activity, healthy eating, glucose monitoring and medication management are emphasized as key strategies. Selected churches will commit to offering future Diabetes Awareness and Screening events annually at their church without assistance from CHA staff. It is important that we continue to screen community members and connect them to resources.

This two hour church outreach event will include:

- Pre-diabetes screening using CDC paper based screening test and referral to a diabetes prevention program or self-management program
- Showing of the Weight of the Nation—Diabetes and Obesity Clip (15-minute clip)
- Personal stories from Health Champions impacted by diabetes
- Healthy cooking demonstration
- Community resource education
- Door prizes and giveaways such as water bottles and exercise bands for each attendee!

Future Diabetes Awareness and Screening events <u>must include a church-wide paper based</u> <u>prediabetes screening and one activity</u>. Paper based screening can use the CDC prediabetes risk quiz form found at: <u>www.cabarrushealth.org/diabetes</u>. Activities can include a prediabetes/diabetes education and resource table, a guest speaker, and/or a showing of a physical activity or nutrition related movie.

Churches that have demonstrated the ability to host a Diabetes Awareness and Screening Event will also have an opportunity to:

- 1. <u>Participate</u> in continuing education opportunities to learn new ideas on how to provide Diabetes Awareness to their community.
- 2. <u>Apply to participate</u> in the Faithful Kitchens Certificate Program. This certificate program is the first of its kind in our community AND consists of a four-step process where church staff and their Pastor will work with CHA staff to achieve official certification and recognition of their healthy kitchen. Selected churches will receive kitchen equipment based on available funding and need.



Application Instructions:

- 1. You must survey at least 20 people for every 100 active members from your congregation using the survey at the end of this application (i.e. 400 active members = 80 surveys needed). Surveys will be used to demonstrate that you are serving an underserved, financially needy community.
- 2. Complete this application.
- 3. Mail your completed application and surveys by Friday, August 4, 2017.

Attention: Jenn West Cabarrus Health Alliance 300 Mooresville Road, Kannapolis, NC 28081

We will contact you no later than August 11, 2017 to discuss your application. If you need assistance completing the application or have questions, please contact Jenn West: (704) 920-1337 or jennifer.west@cabarrushealth.org.

CONTACT INFORMATION

| Your Name: | Your Role at th | ne Church: | |
|--|-----------------|------------|--|
| Phone Number: | | | |
| Preferred method of contact: □Phone | | | |
| Church Name: | | | |
| # Active church members: | Phon | e Number: | |
| Address: | | | |
| Pastor's Name: | | | |
| Phone Number: | Email: | | |
| Preferred method of contact: □Phone | | | |
| Lead Diabetes Event Volunteer Coordina | • | , , , , , | |
| Name:Phone Number: | Email: | | |
| Preferred method of contact: Phone | | | |



| 1. Do you have a health ministry or committee? □YES □NO |
|---|
| 2. How did you hear about this opportunity? □ Facebook □ Carolinas HealthCare System Faith Community Health Ministry □ Novant Faith Community Health Ministry □ Other: |
| 3. Why would you like to have a Diabetes Awareness and Screening Event at your church? |
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| 4. How will you market the event to get people there? |
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| 5. Do you know people in the community that would be willing to share their story about how diabetes has impacted their life? We will need two people to share at your event. □YES □NO |
| 6. Has your church offered any screenings, physical activity/nutrition education, or other wellness related activities? □YES □NO |
| a. If you answer yes, please answer the questions below. |
| 1.) Please list wellness activities that have been offered at your church. |
| 2.) On average, how many people attend wellness events/activities offered at your church? |
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| | 3.) If you had challenges in getting people to participate, are there things you would do differently for future events to increase attendance? |
|----|---|
| | |
| | help plan and host your first event. You will need to commit to planning and hosting event per year beginning 2018 without CHA staff. Below are questions that will help |
| | ore about how you may continue these events. |
| a. | Share at least two ideas on how to offer diabetes education (i.e. risk factors, symptoms) and/or connect them to community resources (i.e. exercise classes, medical providers, cooking classes) |
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| | |
| b. | What challenges do you anticipate and how do you plan on addressing these barriers? |
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| | |
| C. | List any resources you may need to put your future ideas into place. |
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| 8. Please share anything else that you think will help our staff learn more about your church commitment to improving the health of our community. | 's |
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Thank you! We appreciate your effort in completing this application.



Diabetes Awareness and Screening Event Survey

The Cabarrus Health Alliance (CHA) is looking churches who have an interest in raising awareness around diabetes. Our church has decided to apply to work with CHA and have a Diabetes Awareness and Screening Event this year. We need your help to demonstrate that our community would benefit from having this FREE by providing background of the population we serve. This event will provide diabetes education/screening, cooking/physical activity demonstrations, and giveaways such as water bottles and exercise bands. Your responses will be anonymous and only CHA staff will see them.

| 2. What is your race? | | | |
|--|---|--|--|
| 3. How many people live i4. What is your total HOU! | • | | |
| □\$24,120-32,480 | □\$32,481-40,840 | □\$40,841-49,200 | □\$49,201-57,560 |
| □\$49,201-57,560 | □\$57,560+ | | |
| 6. Are you currently cover 7. If "Yes", what is your av | licaid or do you currently have red by health insurance? Yes_ erage out-of-pocket expenses p they qualify for the free/reduc | No per year for healthcare services? \$ | \$/year es No |
| | Diabetes Awareness a | nd Screening Event Surve | ey . |
| church has decided to app your help to demonstrate population we serve. This | ly to work with CHA and have a that our community would ber event will provide diabetes edu | ho have an interest in raising awa a Diabetes Awareness and Screeni nefit from having this FREE by pro- neation/screening, cooking/physic r responses will be anonymous ar | ing Event this year. We need viding background of the cal activity demonstrations, and |
| What is your age? What is your race? How many people live i What is your total HOU! | | | |
| □\$24,120-32,480 | □\$32,481-40,840 | □\$40,841-49,200 | □\$49,201-57,560 |
| □\$49,201-57,560 | □\$57,560+ | | |
| 6. Are you currently cover 7. If "Yes", what is your av | licaid or do you currently have red by health insurance? Yes_ erage out-of-pocket expenses p they qualify for the free/reduc | No per year for healthcare services? \$ | \$/year esNo |



1. What is your age?