

SPECIAL TOPICS

ORIGINAL RESEARCH: FEATURED ABSTRACT FROM THE  
19TH NATIONAL CONFERENCE ON CHRONIC DISEASE PREVENTION AND CONTROL

# Developing a Rural Health Promotion Specialist Program to Provide Preventive Health Care to the Medically Indigent

Joy N. Maltese, Cary Brewton

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PEER REVIEWED

### **Track: Partnerships**

The objective of this program was to recruit and train individuals to help promote preventive health care in underserved rural areas. The program took place in Troup County and Heard County communities in rural west Georgia.

The District Four Public Health Chronic Disease Prevention Initiative made minor modifications to the Racial and Ethnic Approaches to Community Health (REACH) 2010 program (designed for urban areas) and implemented it in our rural communities. To recruit lay volunteers, we primarily focused on the faith community but also included private businesses such as laundromats and community centers. Volunteers were trained in blood pressure screenings, body mass index (BMI) measuring, diet counseling, exercise, and resources to support individuals screened. A resource library was established with supporting information that included pamphlets and flip charts to help facilitate volunteers' interaction with individuals at risk. Health promotion specialists collected and submitted contact data for aggregate review to the District Health Services Chronic Disease Prevention staff.

After one-day training was provided to 15 health promotion specialists on February 7, 2004, 134 people were screened over a three-month period between February and June 2004. Of the individuals screened, 98% were African American, lived in rural areas of west Georgia, and were medically indigent or had limited access to health care. The data showed that 39% of the individuals screened were prehypertensive and 37% were either in stage 1 or stage 2 hypertension for their systolic measurement. The BMI measurements showed that 34% were overweight and 40% were considered obese. Overall, 76% of those screened showed hypertensive risks that correlated to 74% that were overweight or obese.

Futhermore, eight individuals who had stage 2 hypertension reported not taking medications as directed by their doctor. The health promotion specialist was able to encourage these people to resume their medications and recorded a return to normal blood pressures usually after two to four weeks of taking medications on a regular basis.

Having lay volunteers trained as Health Promotion Specialists in rural areas is critical in preventing stroke and heart attack and reducing unnecessary emergency department visits in the absence of a health care provider. Individuals screened and counseled responded well to the advice given by people they know and trust in their churches, community centers, and local businesses. We currently have a waiting list for people to be trained and hope to expand this initiative to every community in our health district and, eventually, throughout Georgia.

**Corresponding Author:** Joy N. Maltese, RN, Chronic

Disease Prevention Initiatives Coordinator and Stroke and Heart Attack Prevention Coordinator, Georgia Department of Human Resources, Division of Public Health, District 4 Health Services, 122A Gordon Commercial Dr, LaGrange, GA 30240. Telephone: 706-845-4035. E-mail: [jnmaltese@gdph.state.ga.us](mailto:jnmaltese@gdph.state.ga.us).

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