



The Assessment of Rural African-American Churches' Capacity to Promote Health Prevention Activities

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ABSTRACT

Throughout history, the African-American church has played a vital role in social, political and educational arenas. Often viewed as the cornerstone of the African-American community, the African-American church is an excellent medium to promote health prevention and promotion interventions. This article identifies several elements for the facilitation of this process, identifies the role of culture within this concept and explores the history of the African-American church as it relates to health promotion activities. The African-American church has become a valuable mechanism by which health professionals are able to reach underserved populations.

INTRODUCTION

In rural African-American communities, the church is a major institution that community members can rely on to support their fundamental core values and beliefs. African-American churches have also served as centers for not only religion, but also civic and political activity, and health promotion and disease prevention. Few institutions have the level of potential to reach a greater percentage of the population than faith-based establishments. Thus, public health practitioners, researchers and policy-makers remain cognizant of this fact and are increasingly utilizing the church to access African-Americans for health improvement efforts. There is also growing evidence that religious involvement, in addition to providing increased access to health promotion interventions, exerts positive and diverse health benefits for the African-American community.¹ The participation of African-Americans in religious activities that promote health provides a path that can potentially improve their health status and quality of life. Therefore, rural African-

American churches are invaluable when planning health promotion interventions for rural African-Americans.

ROLE OF THE AFRICAN-AMERICAN CHURCH

Throughout history, the African-American church has been a central institution in the African-American community.² African-American churches cultivate economic development and promote education for congregation members. At the organizational level, the African-American church has, throughout the 20th century, promoted education, business and political activism within the African-American community. In addition to their contribution to society through organizational and social networks, African-American churches also contribute greatly to the culture of their people. More recently, the African-American church has been recognized as a resource by which public health issues may be promoted. As the church is often viewed as the "bridge" between community and public institutions,³ many public health programs are

developed for African-American churches to address cancer, hypertension and diet, all of which are important issues in the African-American community. According to one study, the philosophy and emphasis on God as an active participant in earthly affairs shared throughout African-American churches supports the delivery of non-spiritual activities within the African-American community via African-American churches.²

Given its historical role in the African-American community, the church is an ideal

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setting in which to offer health promotion activities for African-Americans. Such activities are warranted because African-Americans have lower life expectancies, are less likely to have health insurance, make fewer primary care visits, and have lower birth weights and higher infant mortality rates when compared to white Americans.⁴ Several studies have supported the idea of the church serving as a credible medium to inform racial/ethnic minorities about preventive care, and because of their ethic of service to others, African-American churches are particularly well suited for health promotion.²

KEY FACTORS FOR FACILITATION

There are many key factors that facilitate the development of effective public health prevention activities geared towards rural African-Americans. Partnerships, positive health values, availability of services, access to church facilities, community-focused interventions, health behavior change and supportive social relations are vital to the success of church-based programs.⁵ Key factors for facilitation and capacity building center on the ideas of collaboration, synergistic health promotion, lay health advocacy, churches as change agents, churches as natural infrastructures for social support and cultural appropriateness.

Collaboration

Establishing collaborative partnerships between health professionals acting on behalf of local, state and national agencies and African-American churches facilitates success in church-based programs. Successful partnerships must come through establishing trust, credibility and open communication. It is also important that the partnering health agency act equally with the church so that no one partner dominates the promotional activities. For example, the Health and Religion Project (HARP) study conducted through churches utilized volunteers to deliver behavior change messages related to cardiovascular disease. Findings from this study signify that partnerships developed with churches can serve as a channel for health promotion activities.⁶

Also imperative to the program's success is the enlistment of support and direction of the pastor and other church leaders.

Synergistic Health Promotion

In many African-American communities, the church promotes physical and mental health, along with meeting the spiritual needs of the congregation. Once again, leadership of the clergy plays a vital role, for church leaders need to demonstrate value and commitment to health promotion projects in order for them to be successful. Oftentimes, faith-based centers provide a model of caring in which the clergy can take an active role in assisting health care leaders to promote the behavior change necessary for health and "healing" of the mind, body and soul.⁷ Healthy lifestyle changes can be influenced through endorsement of health promotion interventions by clergy and other church leaders.⁸ As churches are abundant in many communities, the church can be utilized as a point of access for those persons who do not use more traditional health promotion resources. Most racial and ethnic minorities, persons with low socioeconomic status and other vulnerable populations have access to church-based health promotion programs. Thus, the availability of church resources may aid in sustaining and expanding health services arising from a sense of "independence and commitment to others within the church."⁵

Lay Health Advocacy

As churches often have a direct connection with individuals in the community, many racial and ethnic minorities may feel more comfortable participating in health promotional interventions at their place of worship. With over 345,170 reported churches in the United States, most communities have access to church services and resources.⁹ As such, many churches have volunteers willing to train as health promotion activity leaders.^{10,11} In addition, the structural design of church facilities makes churches ideal for holding meetings, educational programs, and in some instances exercise sessions. Church health promotion programs often attract congregation members as well as members of the community

at-large. As the church is often the "center" of many African-American communities, churches often have social, political and educational functions in their respective communities. Church values and the "spirit of volunteerism" make the church an effective partner for community-focused interventions.¹²

Churches as Change Agents

In addition to the aforementioned roles, African-American churches also serve as a medium for health behavior change. For example, the North Carolina Black Churches United for Better Health (BCUBH) project was funded to promote the implementation of a cancer prevention dietary guideline to eat at least five fruits and vegetables per day. Results from the program indicate that BCUBH successfully increased fruit and vegetable consumption in rural African-American adults.⁸ Another example includes a randomized trial in a predominantly African-American urban population, which compared the effectiveness of two interventions to assist smokers along the Stages of Change continuum.⁵ The intensive intervention group received interventions from the "environment." These interventions consisted of spiritual messages related to health, smoking cessation testimony during services and individual (or group) support, while the minimal intervention group received the African-American pamphlet from the American Lung Association, entitled "Don't Let Your Dreams Go Up In Smoke." Results of the study illustrate that the minimal intervention group was not as likely to make positive progress in the stages of change as the intensive intervention group.⁵ Thus, within the context of church programming, spiritually based interventions are more likely to facilitate positive health behavior change than self-help interventions.¹³ Interventions should not only stimulate behavior change, but also redefine attitudes towards health.

Natural Infrastructure for Social Support

Churches are able to provide a framework for health promotion programming



through their social networks and social support. Social support relationships are provided to congregation members and local community in order to eliminate barriers to health care resources.¹⁴ Defined as “the helpful resources provided by another person,”¹⁵ social support through churches influences healthy lifestyle behavior changes. Social support relationships associated with healthcare may be formal or informal in nature. Informal social support relationships include spouses or significant others, children, parents, relatives and friends. However, formal social support relationships consist of relationships that are agency-based, such as hospital- and community-sponsored social support groups.¹⁵ Nevertheless, this social support should occur between health professionals, clergy and members of the congregation. Results of a longitudinal study of men and women found that women were more likely to adopt and maintain physical activity changes if recommended by family.¹⁶ American women between the ages of 35 and 50 identified social support as the major reason facilitating physical activity.¹⁷

Cultural Appropriateness

In the African-American community, the role of culture is significant in all aspects of an individual's life. Therefore, examination of the role of culture is vital to any health promotion intervention when dealing with African-Americans. Culture influences the knowledge, attitudes and practices of African-Americans, which consequently affects the group members' responses to healthcare information. As a result, healthcare information that does not coincide with the individual's cultural beliefs and/or practices may be interpreted as insensitive or maladaptive.¹⁸ In addition, cultures vary with respect to the meaning they assign to illness in reference to their way of making sense of the subjective experience of illness and distress. Illness culturally defined refers to innate attitudes and beliefs cultures hold about whether an illness is “real” or “imagined;” whether it is the body or the mind (or a combination); whether it justifies sympathy; stigma sur-

rounding the illness; and possible causes. Cultural meanings have valid consequences in terms of motivation to seek treatment, coping with symptoms, family and community support, choosing a health care provider and avenues taken to receive treatment.¹⁹ Although African-Americans have increased risks for many diseases, many past outreach efforts have failed. This may be due in part to the history of minorities being underserved and exploited, leading to suspiciousness and reluctance to participate in health promotion activities.²

HISTORY OF USING THE CHURCH FOR PREVENTION ACTIVITIES

In order to reach their population successfully, many African-American churches collaborate with local, state and national health agencies. This collaboration often plays a critical role to the success of a program. These partnerships represent an increasingly prominent strategy for promoting health through community development.^{20,21,22} A review of literature illustrates the successful collaboration between health entities and faith-based organizations. Some partnerships are created to focus on exploratory research with the researcher identifying the population(s) of interest. Examples include church-based surveys on hypertension prevalence and knowledge,²³ levels of physical activity²⁴ and mental health services.²⁵ Other partnerships are formed in order to develop and study health interventions that would lead to the adoption of positive health behaviors. These partnerships consist of efforts targeted to improve diet and exercise behaviors,²⁶ smoking cessation,²⁷ health promotion,²⁸ breast cancer screening² and cardiac health.²⁹

ADVANTAGES AND DISADVANTAGES OF UTILIZING THE AFRICAN-AMERICAN CHURCH

As with any health promotional intervention, there are advantages and disadvantages of utilizing the church as a medium to conduct activities. The African-American church has the potential to reach 60-80% of African-Americans in a supportive

autonomous environment. In addition, as evident from the above mentioned activities, the African-American church has a history of including health promotional activities in the mission of the church. Churches have a strong volunteer ethic, making them open to developing innovative programs according to the needs of their respective congregation and community members.³⁰ Nevertheless, many African-American clergy are involved in secular organizations related to community issues, making them over-committed to other issues, which can negatively influence their ability to participate.

CONCLUSION

A contemporary portrayal of African-American life tends to focus on the social and economic problems and challenges facing this group. However, this perspective often disregards the resources and strengths within the African-American community. One such strength is the African-American church. Previous studies demonstrate that the rural African-American church possesses the capacity to conduct successful health prevention and promotion activities. This article has provided a comprehensive review of literature on faith-based health intervention activities, key elements for the facilitation of the faith-based intervention planning process as well as a discussion on the role of culture related to faith-based health interventions for African-Americans. African-American churches have a far-reaching tradition of assisting those in need and possess unlimited potential concerning the ability to promote healthy lifestyle activities. Thus, African-American churches are important sources of information and services for congregation members as well as the community at large. Vital to the success of such programs is the establishment of meaningful relationships between health professionals and religious clergy.²

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