Faith communities as health partners: examples from the field

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Faith communities have a critical role to play in improving the health and well-being of North Carolinians. Research indicates that faith communities are ideal venues for health promotion, because they are connected to hard-to-reach populations, large numbers of people attend services each week, and faith communities have existing resources that can be used to support these initiatives [1]. These resources include volunteers, available space and land, strong networks for social support, and leadership structures that can support healthy behaviors. Faith-based organizations thus have a unique opportunity to improve the health and well-being of the communities they serve. We describe 2 faith-based health promotion interventions in North Carolina.

The North Carolina Council of Churches—a statewide ecumenical organization representing 18 denominations, 6,200 congregations, and 1.5 million individuals—is working to improve the health of clergy and congregants through its faith-based health initiative, Partners in Health and Wholeness. The mission of the initiative is both to promote health as a practice of faith, illustrating the spiritual significance of leading healthy lifestyles, and to improve the health of clergy and congregants through increased physical activity, healthy eating, and prevention or cessation of tobacco use.

Since 2010, the Council has recognized more than 100 congregations across 36 different counties for their health-related efforts. These congregations, located in both rural and urban areas, are made up of more than 35,000 individuals of different socioeconomic levels, races, ethnicities, and genders. They are demonstrating their commitment to health as a practice of their faith by serving healthier church meals, adopting formal church policies related to healthy eating and physical activity, addressing health as a faith issue from the pulpit, maintaining tobacco-free buildings, planting community gardens, hosting youth events that encourage healthy lifestyles, providing healthy snacks and beverages to children and youth, and more.

The work of Partners in Health and Wholeness would not be possible without the endorsement of key denominational leaders and other clergy as well as the support of community health partners, such as local health departments and North Carolina Cooperative Extension, which provide free or low-cost resources to congregations. Using sustained funding from the Blue Cross and Blue Shield of North Carolina Foundation, and partnering with American Red Cross Health and Safety Services of North Carolina, and Blue Cross and Blue Shield of North Carolina, the Council of Churches will begin offering the following opportunities in late summer and early fall of 2012: mini-grants for congregations that have been certified by Partners in Health and Wholeness; a Faith and Health Leadership Council for clergy; and free training in cardiopulmonary resuscitation and the use of automated external defibrillators for selected congregations across the state.

Faithful Families Eating Smart and Moving More (Faithful Families) was developed in 2007, after a statewide stakeholder meeting initiated by the North Carolina Division of Public Health and North Carolina Cooperative Extension. Out of this meeting, 2 principles emerged: That faith-based health promotion work in North Carolina should focus on communities with limited resources, and that any program developed should be accessible and open to individuals belonging to any faith tradition. Working with an advisory committee made up of members of multiple faith traditions and people at various levels of leadership (community-based, state-level, etc), Faithful Families developed a 9-lesson curriculum, adapted in part from the North Carolina Expanded Food and Nutrition Education Program’s successful Families Eating Smart and Moving More curriculum. It includes dialogue starters to help participants connect their health to their faith. Created for use with low-income families, the Faithful Families curriculum also includes a planning guide for creating and implementing new policies (eg, deciding to incorporate physical activity into all events or to serve water and fruits

15. Huang TT, Glass TA. Transforming research strategies for understanding and preventing obesity. JAMA. 2008;300(15):1811-1813.
and vegetables at events) and making environmental changes (e.g., planting community gardens, mapping out walking routes).

Since 2007, Faithful Families has been implemented in more than 45 faith communities across North Carolina, in predominantly low-income and minority communities [2, 3]. Self-reported data from 941 adults in participating faith communities shows that 70.5% of participants are African-American, 62.6% qualify as low-income under the federal poverty guidelines, and 71.6% are overweight or obese.

In addition to providing 9 weekly classes to more than 560 participants, Faithful Families has led communities of faith to make more than 170 policy and environmental changes. A majority of the faith communities that participate in the program have implemented multiple policy changes; the most common is a decision to serve water and healthy options like fruits and vegetables at all meetings and events. More than four out of five participants (83%) in the Faithful Families classes have reported a change in one or more nutrition behaviors [2].

Working with faith communities is an emerging and promising public health strategy. This type of multilevel, community-based approach has been effective in helping members of faith communities become advocates for policy and environmental changes that promote healthy eating and physical activity [4, 5]. Through programs like Partners in Health and Wholeness and Faithful Families Eating Smart and Moving More, faith communities are making North Carolina a better place to live, work, play, and pray. For more information, visit http://www.healthandwholeness.org and http://www.eatsmartmovemorenc.com/FaithfulFamilies/FaithfulFamilies.html.

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References

