

Church-based Health Promotion in Jamaica for the Ageing Population

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ABSTRACT

High-quality management of health conditions is critical among the ageing population as this group is more likely to have experienced health ailments. To eliminate the disproportionate number of African American seniors suffering health conditions and to encourage healthy behaviours, churches within the African American community have initiated health promotion programmes and services. Some of the available health education programmes started out as pilot projects and now function on a regular basis. Given the success of the accessible church-based health promotion programmes (CBHPs), health organizations and agencies now support and encourage these programmes for disease risk populations (ie African Americans and Hispanic communities). Accordingly, health agencies across the United States of America (US) recognize the need to promote healthier habits among African Americans and other vulnerable groups as statistics continue to show a gap within the US healthcare system. A CBHPP appears to be more practical for specific populations given that the promotions are often designed with cultural relevancy. The following commentary proposes similar faith-based health promotions in Jamaica as a means to provide and to make more available delivery of healthcare and quality of life in the ageing Jamaican population.

Keywords: Ageing population, church-based health promotion programmes, Jamaica

Promoción de la Salud Patrocinada por la Iglesia en Jamaica para la Población en Envejecimiento

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RESUMEN

La gestión de alta calidad para crear condiciones de salud es crítica entre la población en envejecimiento, ya que este grupo presenta mayor probabilidad de haber experimentado dolencias de salud. A fin de eliminar el número desproporcionado de adultos mayores afroamericanos que padecen condiciones de salud y fomentar comportamientos saludables, las iglesias de la comunidad afroamericana han iniciado programas y servicios de promoción de la salud. Algunos de los programas de educación para la salud comenzaron como proyectos piloto y ahora funcionan de manera regular. Dado el éxito de la accesibilidad de los programas de promoción de la salud promovidos por la iglesia (PPSI), las organizaciones y agencias de salud ahora apoyan y estimulan estos programas para las poblaciones con riesgo de enfermedad (es decir, las comunidades afroamericanas e hispanicas). Por consiguiente, las agencias de salud

por todos los Estados Unidos de América (USA) reconocen la necesidad de promover hábitos más saludables entre los afroamericanos y otros grupos vulnerables, por cuanto las estadísticas continúan mostrando una brecha en el sistema de salud de los Estados Unidos. Un PPSI parece ser más práctico para poblaciones específicas, dado que las promociones se diseñan a menudo atendiendo a aspectos culturales. El siguiente comentario propone para Jamaica similares promociones de salud basadas en la fe, como un medio de proporcionar y hacer más accesible el cuidado de la salud y la calidad de vida para la población jamaicana en proceso de envejecimiento.

Palabras clave: Población en envejecimiento, programas de promoción de la salud impulsados por la Iglesia, Jamaica

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INTRODUCTION

High-quality management of health conditions is critical among the ageing population as this group is more likely to have experienced health ailments (1). To eliminate the disproportionate number of African American seniors suffering health conditions and to encourage healthy behaviours, churches within the African American community have initiated health promotion programmes and services (2–6). Some of the available health education programmes started out as pilot projects and now function on a regular basis (7–9). A number of the existing programmes have also been reviewed where weight loss, dietary modification, or a reduction in blood pressure are reported (2–6). A church-based diabetes education programme known as Fit Body and Soul, for example, saw significant improvement in African Americans health profile (10). Fit Body and Soul was developed to encourage lifestyle change among churchgoers. Equally, the Project Joy cardiovascular health initiative targeting African American women produced positive results (11, 12). Project Joy was also in response to the needs of African American women suffering from heart disease and the project served to provide heart health education (11, 12).

Given the success of the accessible church-based health promotion programmes (CBHPs), health organizations and agencies now support and encourage these programmes for disease risk populations [*ie* African Americans and Hispanic communities] (12). Accordingly, health agencies across the USA recognize the need to promote healthier habits among African Americans and other vulnerable groups as statistics continue to show a gap within the US healthcare system (12). A CBHP appears to be more practical for specific populations given that the promotions are often designed with cultural relevancy. The following commentary proposes

similar faith-based health promotions in Jamaica as a means to provide and to make more available delivery of healthcare and quality of life in the ageing Jamaican population.

African American church-based health promotion programmes

The African American church has well been a central location to facilitate health promotions that include cancer and blood pressure screening, weight control, cholesterol and diabetes education, stroke prevention, fruit and vegetable and physical activity promotion. As such, the church remains the ideal place for designing and promoting health-based programmes and services because, in addition to religious worshipping, the church has long been the pillar and strength of community leadership and social institutions within African American communities (12). Black churches in the Americas also played a critical role in the development of people of African origin communities by providing financial support, spearheading political advocacy and organizing community building (12–14). The variety of services were accessible by the church because African Americans were denied the opportunity to participate in the civil society through enslavement, legal segregation, economic exclusion and other racist institutional mechanisms (12). During slavery, for example, the church was very significant in the lives of enslaved Africans as the church permitted them to retain their African identity (12). The church, in the community, was a place where enslaved Africans came together to practise their African-centred religious traditions which allowed them to freely express themselves without the interference of whites (12). A CBHP is more practical as throughout the African Diaspora; the church is a provider of social networking and leadership within the community. Today,

the church continues to function in similar ways and remains an influential institution in people of African origin communities throughout the Americas (12). There is a large segment of African Americans, for example, who attend church services. A 1994 study noted that approximately 24 million African Americans had church memberships and over 65 000 Black churches of different denominations were in operation (12, 15). As such, it is not surprising that their churches present an ideal place to offer health promotions and preventative activities around healthcare.

Moreover, one striking feature of African American CBHPs is that they are culturally appropriate in that participants cultural practices or religious beliefs are integrated into the curriculum design. A church-based health promotion programme that targets African Americans, for instance, might comprise of religious elements (prayers, biblical scriptures and gospel music/negro spirituals). It has been cited by some researchers that religion in itself is an essential component of African American culture given that it is shared by many throughout African American communities (16, 17). The presence of religion in the lives of African Americans is tremendously high, therefore; it is not shocking that the church would support health programmes. Religion for African Americans includes attending regular church services, daily prayers, religious ceremonial participation, spirituality and their beliefs about God (16, 17). A diabetes pilot project and survey to encourage healthy eating habits among African Americans women found 83% of them said that attending church services were important, while 82% said they prayed more than four times a week. Sixty-three per cent of the women also responded that the church was a respected institution to promote healthy lifestyle behaviour (18). The women who took part in the study also said that the church influenced their attitude and practice towards what they called sin behaviours, which involves smoking and drinking in comparison to their attitude toward eating healthy and exercise participation (18). Elements of religion influence how African American women perceived what healthy or unhealthy behaviour is.

Initiating Church-based Health Promotion

Historically, the church has played a significant role in the lives of African peoples in North America. Although African Americans and African Jamaicans have their unique histories and cultures, they have a shared history of slavery and social exclusion, which in turn parallel

their experiences with the function of the church as a communal space and a place of worship (12).

Analogous to African Americans, a large segment of the Jamaican population are churchgoers. In a 1990 report it was noted that Jamaica was a very religious country with more churches per square kilometre on the Island nation than any other place in the world (19). While there are no statistics available on the number of Jamaicans attending church or other place of worship, anecdotal evidence suggests that like their African American counterparts, the population continues to have strong ties to the church. One indicator of this is the plethora of storefront churches in communities across the Island. Annual church crusades, conferences and conventions are also very common. It is a typical phenomenon for churchgoers on the Island and the wider community members to attend church events (*eg* Bible study classes, Ladies Sunday, Christmas/Easter concerts, fundraising dinners or other church functions).

Initiating a collaborative relationship involving faith-based institutions with community health agencies in Jamaica is highly fitting. As previously mentioned, the church has long served as the backbone of community leadership and places of social interaction. Religious establishments like Christian churches are reachable in most communities and it is widespread to find neighbourhoods with churches or other places of worship such as Rastafarian community or reasoning circles. Also, it is very unusual for faith-based institutions to move outside of a community because places of worship usually remain in neighbourhoods and exist as ideal 'agencies' (12).

Church-based organizations also offer the opportunity to attract a potential audience of thousands given the active role the church plays in communities. Additionally, the church is an ideal site to recruit new members and retainment. The church tends to be a stable organisation with members who regularly attend over many years (12). Another critical factor to keep in mind is that the church already has resources available, such as meeting rooms, community outreach events/programmes and ongoing activities. This factor makes FBHPs secure for worshippers and community members to reach (12). Capitalising on the strengths of the church-based establishments is very important, especially in an era when other traditional healthcare institutions may be less feasible or hard to reach especially in rural communities where transportation might be less accessible (12).

The Jamaican healthcare system at the community level can offer opportunities for expanding preventive

health services (*ie* blood pressure/diabetes screenings, healthy living workshops', fitness classes, health education *etc*) for their ageing population as well as other community member to choose a healthy lifestyle. Supporting CBHPPs is just one way that the health promotion at the community level can promote positive health behaviours among the ageing population as they do not routinely participate in health promotional activities.

A significant challenge to implementing CBHPPs could be potential lack of funding and/ or sponsorship. Financing and maintaining a CBHPPs might be too difficult given budgetary constraint on health developments in the country. Formative research in Jamaica would be necessary to determine the financial feasibility of such health programmes. Perhaps, a partnership between healthcare professionals and health promotion researchers *etc* could undertake this research. The findings would be of significant benefit to many in the healthcare community including governments, policy-makers, non-profit agencies, hospitals and doctors offices. For one, research findings would recognize and address any concerns (*eg* gaps or limitations) with CBHPPs.

Another issue to effective and efficient CBHPPs is the challenges to implement a policy that can work. For one, achieving or an attempt to change an already established health policy could sometimes be met with disapproval. This dissatisfaction could be the result of many factors including evidence-based practice. Generally, in making the best decisions about policy development, policy-makers and collaborators hinge on evidence-based research (20). However, a problem with this approach is the lack of consensus (*ie* complexity of proof, different interpretations *etc*) about the evidence of research (21). Therefore, this approach makes it challenging to apply the policy.

Furthermore, a co-operative partnership between faith-based institutions and community health agencies also need to develop evaluation and monitoring strategies. Tracking the progress of these programmes are critical components due in part that it will allow the partnerships to assess whether FBHPPs has achieved its objectives and to disseminate findings to a broader audience (5). Regular evaluation of CBHPPs would allow for improvement and follow-ups to monitor the outcomes and progress of the programme.

CONCLUSION

Jamaica has seen a significant shift when it comes to disease prevalence, which impacts the health systems

(22). Just like the rest of the world, environmental changes and lifestyle modifications have resulted in an increase in non-communicable diseases (NCDs) such as metabolic diseases, autoimmune disorders, diseases of the respiratory system, various cancers among other illnesses (22). Behavioural risk factors that include obesity is another health concern in addition to diabetes and hypertension which are on the rise among the elderly (22). Statistics also show that NCDs have emerged as the leading cause of morbidity and mortality on the Island (22). It is safe to say that many of these non-communicable conditions, mainly, chronic ailments affect the ageing population and locating the proper resources to care for them is already challenging because of an overburden healthcare system that lacks adequate facilities. As such, it is crucial that Jamaica implements sustainable strategic plans for their growing ageing population to reduce the diseases afflicting this group. Church-based health promotion programmes in Jamaica is a uniquely innovative approach that can be used as a vacuum in providing health services/programmes aimed at this group and other disease risk population who are church attendees or community members.

From a socio-ecological point of view, the accessibility of faith-based institutions that are present in Black and vulnerable communities are more attractive. The health delivery of services/programmes in these organizations can reach a broad sector of the population, specifically the ageing who are often vulnerable to health problems and lack quality healthcare. Certainly, this type of health intervention could serve to lessen the risk of disease, while improving the health and well-being of Jamaica's ageing population.

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