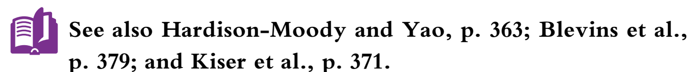
We've Come This Far by Faith: The Role of the Black Church in Public Health


See also Hardison-Moody and Yao, p. 363; Blevins et al., p. 379; and Kiser et al., p. 371.

In this issue of *AJPH*, three articles highlight the role of faith-based organizations (FBOs) as resources for tackling major health challenges and improving population health. In the United States, racial/ethnic inequities in health remain substantial, pervasive, and persistent over time. These articles attest to opportunities to partner with the Black Church to reduce and ultimately eliminate health disparities.

THE UNIQUE ROLE OF THE BLACK CHURCH

The Black Church is the longstanding institutional backbone of the African American community and represents the collectivistic culture interwoven into the fabric of the lives of African Americans.[1] It has been a locus of hope, spiritual guidance, and social support for African Americans. It has spearheaded advocacy efforts for political and social justice while providing health and other services for the disadvantaged communities it serves. Since its inception, the Black Church has been a place of refuge and healing for the oppressed and marginalized and remains a gateway to reach and mobilize African Americans for meaningful change and reform. A strong sense of kinship and social connectedness is evident among its parishioners, and the Black Church has epitomized resilience, as it has engaged in capacity building and survived in the face of adversity, scarcity of resources, and historical threats.

There is a rich history of the Black Church being used as a partner with public health agencies and medical institutions for community health interventions. Numerous collaborative, community-based interventions involving the Black Church have been successful in promoting positive health behaviors by engaging those at the forefront of influence in the community in codeveloping and implementing interventions.[2] Moreover, the Black Church has been the centerpiece of academic–community research partnerships that integrate jointly created health interventions. It facilitates community engagement and enhances the cultural relevance and uptake of health initiatives by linking them to religious tenets and contexts. These spiritually oriented, evidence-based interventions have been effective in enhancing health knowledge, diet and physical activity patterns, and overall cardiovascular health through congregation-wide health promotion.

In this issue of *AJPH*, Hardison-Moody and Yao (p. 363) provide an example of a healthy eating and physical activity promotion initiative in partnership with key stakeholders from FBOs (Faithful Families). They illustrate the potential of disseminating faith-based interventions from local congregations to the state and national levels by building a culture of health through community-driven policy as well as system and environmental change. Faithful Families, grounded in the socioecological model for behavior change, "meets congregations where they are" by equipping churches with support and resources for program implementation. According to the authors, "recognizing and honoring the profound assets that faith communities possess" is essential to partnership longevity.

Similarly, the annual Balm in Gilead, Incorporated, Healthy Churches 2020 National Conference and its associated initiatives exemplify the possibilities of harnessing the strengths of FBO coalitions to combat health disparities. The Balm in Gilead, Incorporated, founded in 1989, hosts national and regional conferences that are "soul-stirring" forums unifying faith with health and wellness by linking clergy and members of African American FBOs across multiple denominations to public health agencies and academic institutions.[3] The conferences have a multiplatform emphasis on eradicating chronic disease health disparities through collective understanding of the role of religion and spirituality in this population. They encourage adoption and dissemination of health initiatives by showcasing exemplars of health promotion in the African American faith community.

The articles by Blevins et al. (p. 379) and Kiser et al. (p. 371) both demonstrate how public health professionals can respectfully engage faith-based leaders during times of crisis to strengthen infectious disease–prevention efforts (e.g., Ebola transmission prevention, influenza vaccination provision). Both initiatives reflect cultural humility and alignment with (not dismissal of) traditional religious and spiritual practices valued and embedded in communities. The culturally enriched Ebola transmission prevention protocol galvanized multiple faith communities to support and lead cooperative response efforts in their networks. Similarly, at the heart of

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the Interfaith Health Program were national partnerships with FBOs (including Black churches) and health systems to increase immunization rates through collaborative action. These interventions illustrate that successful public health interventions often require careful assessment of a community's infrastructure and creative maximization of its inherent strengths while ensuring rigorous evaluation activities. This is a departure from a "one size fits all" approach to a "this size fits" a particular community approach that is truly praiseworthy.

ROLE IN ADDRESSING MENTAL HEALTH

An important priority for the Black Church is to become more proactive in addressing the mental health and substance abuse crises that are adversely affecting the African American community. A recent study calls attention to the importance of addressing mental health. It found that in the past 20 years suicide rates declined for White children aged 5 to 11 years but almost doubled for Blacks of the same age.[4] Unfortunately, there is often a view that mental illness is a failure of one's religious faith or a mark of shame. Overcoming the stigmatization of mental illness is imperative, as stigma can lead to a reluctance to seek needed therapy. The Black Church could use its influence to transform negative beliefs toward those struggling with mental illness to supportive attitudes and initiatives that promote psychological well-being as a part of spiritual well-being. Mental health could easily be integrated into church-based health interventions focused on health issues such as hypertension, diabetes, and obesity.

The Black Church is well positioned to accomplish this feat. Previous research reveals that in times of emotional distress, African Americans, like others, are more likely to turn to clergy than to formal mental health services.[5] Many faith leaders are ill equipped to engage with these individuals because of a lack of formal training, limited mental health resources, or theological biases. However, it is noteworthy that research has found that some African American religious services embody the therapeutic elements that are present in psychiatric therapy.[6] More efforts are needed such as a recent initiative by the Hogg Foundation in Texas that is providing training and technical assistance to clergy and members of African American churches to reduce mental illness stigma and create a welcoming climate to advance mental health wellness and recovery.[7]

CONCLUDING THOUGHTS: THE NEXT CHAPTER

Public health entities and FBOs often share the goal of improving community health. This can be successfully achieved through genuine engagement and partnerships. The featured articles in this *AJPH* issue describe successful collaborations between FBOs and public health and underscore the importance of adaptability, trustworthiness, and long-term relationship building when collaborating with FBOs. They are a timely reminder to public health practitioners and researchers to recognize and respectfully engage with FBOs, such as the Black Church, in our efforts to improve health in the communities we serve. AJPH

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CONFLICTS OF INTEREST

No conflicts of interest.

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