

A Mighty Force:

Challenges and Opportunities in Mobilizing A Statewide African-American Young Woman's Auxiliary Health Ministry



STATE BAPTIST YWA
Woman's Baptist Education
& Missionary Convention

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Introduction

For African Americans living in the southeastern United States, churches play a significant role in their lives. Ministers and church leaders have recognized the importance of health as a legitimate concern. In 2002, the State Baptist Young Woman's Auxiliary (YWA) of the Woman's Baptist Education and Missionary Convention in South Carolina unanimously accepted the challenge and charge to incorporate health as an integral part of its overall program, thus moving beyond its primary objective of raising endowment funds for two historically black colleges.

The State Baptist YWA recognized that the faith community is able to play a vital role in addressing health issues and other related concerns and that all leaders must collaborate, seek guidance, and accept technical assistance to aid in implementing effective health and human services program efforts. This is particularly important to address health disparities.

Purpose

The purpose of the presentation is to share selected activities and challenges of the State Baptist YWA in implementation of a health ministry program.

Objectives

The objectives of the State Baptist YWA Health Ministry is to:

- (1) Improve the quality and years of healthy life by eliminating health disparities.
- (2) Improve the holistic health of individuals and families through advocacy and education.
- (3) Develop strategies to obtain financial support and implement statewide health ministry initiatives.
- (4) Develop statewide and regional strategic plans.
- (5) Develop national, state, and local level partnerships.



Figure 1. Health Ministry Regions of the State Baptist YWA

Methods

Employing community organizing and community-based participatory research elements internally and externally has been key and instrumental in the success of the State Baptist YWA Health Ministry.

In accordance with the stated objectives, the following steps were put in place to implement the health ministry:

Step 1: Conceptual Framework adopted and utilized for development and implementation of regional strategic health ministry plans.

Step 2: Organized and generated eight health ministry regions, and identified regional coordinators. (Please refer to Figure 1.)

Step 3: A partnership developed with the South Carolina Cancer Disparities Community Network at the University of South Carolina.

Step 4: Conducted specific initiatives and projects as part of implementation of the health ministry.

Selected Program

M.E.S.S. (Mothers Eliminating Secondhand Smoke) is one of the many awareness and educational programs that has been developed in partnership with the YWA and/or implemented in congregations. The specific aims were to: (1) document the success of implementing M.E.S.S. in three African American churches in Greenville County, South Carolina; (2) describe the impact of M.E.S.S. on knowledge, beliefs, attitudes, practices, and policies relating to the purpose of M.E.S.S.; (3) utilize lessons learned on how M.E.S.S. may be implemented in other faith-based and community settings.



Methods

Three YWAs from each of three participating churches were chosen to serve as program coordinators. All were provided a comprehensive training by a team that included a preventive medicine physician. The M.E.S.S. training encompassed four key components: Introduction to Tobacco, Secondhand Smoke and Passive Smoking, M.E.S.S. 101, and Developing an Action Plan. Baseline surveys (see Figure 2), pre- and post-evaluation tests, tobacco-free policy and pledge motivation (see Figure 3) were utilized as the primary components in the study. Intervention activities included: (1) hosting educational and information sessions about tobacco and secondhand smoke; (2) developing small print media and bulletin facts sheets; and (3) encouraging participants to commit voluntarily to adopting and enforcing smoke-free environments.



Figure 2. Baseline Survey



Figure 3. Faith-Based Smoke-free Pledge

Results

Two of three participating churches completed post-test surveys. All pre-tests did not have matching post-tests and vice versa. About 30% of respondents (n=100) from the three churches reported ever smoking. About 8% reported being current smokers. Pledges to not smoke at home, in vehicles, and at the church increased as a result of the M.E.S.S. program (to 53%). However, the M.E.S.S. program appears to not have impacted attempts to quit smoking and current smoking at homes and in vehicles. All three churches implemented no smoking policies for their churches, and about half as many incidents of smoking are reported in the churches following the program. Before the M.E.S.S. program, about 10% of respondents had participated in tobacco prevention education within faith communities, 38% outside faith communities, and almost all respondents had told their children not to smoke. After the M.E.S.S. program, respondents participating in tobacco prevention education within the faith community increased significantly from 10% to 42%; while respondents who had received tobacco prevention education outside the faith community rose slightly from 38% to 42%.

Discussion

Findings showed that churches can be viable educational channels for tobacco prevention education and are receptive of such education. Congregational members participating in programs were willing to make pledges related to tobacco use. Participating churches were also willing to adopt non-smoking policies. It appears that M.E.S.S. impacted smoking in churches; however, it is uncertain at this time how M.E.S.S. impacted tobacco use outside the church environment. M.E.S.S. training and program delivery continues in YWA congregations.

Health Ministry Results

- Developed and implemented "Health Ministry Program Strategic Plan."
- Health ministry annual planning and training sessions, and regional planning meetings scheduled monthly. Also, produced a newsletter, called *A Mighty Force*.
- Ten separate cancer health disparities educational programs developed and implemented in regions. M.E.S.S. is one such program.
- First faith and health statewide community "Call-to-Action" cervical cancer conference (March 2007) which led state level stakeholders to "Moving-to-Action" (June 2008) to address cervical cancer.
- First *Witness Project* (Breast and Cervical Cancer) training which has resulted in more than 130 YWAs and others trained as Witness Role Models and/or Lay Health Advocates to deliver and evaluate the evidence-based program.
- Articles published in special issues of the *Journal of the South Carolina Medical Association* on colorectal cancer (August 2006) and cervical cancer (December 2009).



Discussion

Despite the adoption of a conceptual framework for a health ministry in 2002 by the parent body leadership, many challenges were encountered in mobilizing the YWA health ministry efforts. The YWA became *A Mighty Force* by taking the lead in developing a health ministry that assists its congregations and communities to implement innovative health ministry programs that improve health and prevent disease. The YWA continue to engage in implementation of the health ministry with a concerted focus on eliminating health disparities.



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