

Living Well at Worship: A Faith-based Approach to Improving Health and Wellness

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Background

Faith-based organizations are increasingly common settings in which to conduct health promotion programs as they are ubiquitous social institutions with well-established social networks to develop and reinforce sustainable health programs. Yet while growing evidence supports the efficacy of faith-based health interventions, less is known about the effectiveness of such interventions under real-world conditions.

The goal of LiveWell Greenville (LWG) is to create and maintain a healthy community through the promotion and support of policies, systems and environments that make the healthy choice the easy choice. LiveWell Greenville is comprised of over 150 partners working in 8 focus areas (schools, after school programs, worksites, doctor's offices, parks, trails, restaurants, and houses of worship). The goal of LWG's At Worship workgroup is to support Greenville's faith communities in helping members achieve a healthier lifestyle. LWG At Worship follows a community-based participatory research (CBPR) framework in which houses of worship are involved throughout the research process including the identification and framing of the research issue, the design of study measures and methods and the interpretation and dissemination of study results.

Methods

A pre-test, post-test pilot study was conducted with a convenience sample of adults from seven churches in Greenville, South Carolina. Between August of 2013 and June of 2015, participants completed a 1-year congregation-led health promotion intervention. Congregations utilized baseline survey results on congregants' health beliefs, practices and conditions to develop tailored health promotion initiatives with guidance from LWG technical staff. Examples of initiatives include health-focused sermons, bulletin inserts with health information, healthy cooking classes, a community garden, and Good-To-Go (a local produce truck that meets congregants as they exit their Sunday sanctuaries).

Baseline (n=590) and follow-up (n=394) surveys were administered during the primary weekly service for each congregation. Analyses included chi-square tests and t-tests to evaluate changes in individual health beliefs, practices and conditions.

Results

Respondents were primarily African American (84%), female (70%) and over 45 years old (72%). Following the 1-year congregation-led health promotion initiatives significant changes were observed in nutrition and physical activity behaviors and reported health conditions. A lower proportion of respondents reported a lack of motivation for exercise (from 30% at pre-test to 21% at post-test, $p<0.01$) and a higher proportion of respondents reported regular participation in physical activity at a gym (from 13% at pre-test to 21% at post-test, $p<0.01$). Additionally respondents reported decreased regular offerings of the following foods at church events: fried foods (from 66% at pre-test to 30% at post-test, $p<0.001$), chips (from 37% at pre-test to 24% at post-test, $p<0.001$), baked goods (from 54% at pre-test to 40% at post-test, $p<0.001$), sweets (from 34% at pre-test to 16% at post-test, $p<0.001$) and sodas (from 33% at pre-test to 20% at post-test, $p<0.001$). Finally, the proportion of respondents who reported a diagnosis of high blood pressure decreased from 45% at pre-test to 35% at post-test, $p<0.01$.

Discussion

Pilot study results suggest that tailoring a faith-based health promotion intervention is acceptable, feasible and effective in improving nutrition and physical activity behaviors.

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