



Summary of Key Themes from Interviews with DC Health Ministers

In 2018, the DC Health Matters Collaborative through the DC Health Literacy Working Group invited Wesley Theological Seminary's Heal the Sick program to conduct research to determine how to improve health literacy within our community.

To-date, our research has included reviewing health literacy practices and strategies nationwide and interviewing health ministers. Most recently, we summarized our health minister interviews. Based on all our research, we have drafted one-page fact sheets to educate and increase awareness in our health care providers about how health literacy impacts our community and what they might do to help improve current outcomes.

The information below highlights our interviews with health ministers, in Wards 5, 7 and 8, in Washington, DC. Five churches and one outreach ministry, with populations greater than 90% African American, were part of the sample survey.

Interviews were held face to face and via telephone with responses immediately collected and others written and uploaded into the google doc. Interviews were slotted for up to 60 minutes.

Even though this was a small sample size, our desire was to gather qualitative and quantitative data. The qualitative data collected was of great use for understanding how cultural, spiritual, and faith aspects affect predominately African American faith-based congregations.

Health Ministry leaders served congregants of various sizes, 250 to 2,500 members. About 1/3 of members live within walking distance of their church.

Assessing Culture, Customary Health Practices and Beliefs, Cultural View/Practices, Congregation Health Influencers

Based on our interviews, the following are cultural characteristics of the church:

- ✚ Health is missional, holistic, not absent of disease, responsibility of individuals.
- ✚ More than half of respondents indicated income
- ✚ Access to insurance for healthcare, education, and healthy foods is key
- ✚ Church members go to the doctor when they get sick, get regular check-ups and utilize primary care
- ✚ Health ministers actively encourage members to go to the doctor
- ✚ Delay in seeing the doctor until a problem escalates
- ✚ Talk of "trying" to have healthier lifestyle
- ✚ Mental health – difficult to discuss-stigmatic

- ✦ Culture encourages fried food and some use of “old fashioned remedies” i.e. drinking water helps with hypertension
- ✦ Pastors, first ladies, health minister, lay ministers, food pantry directors, nurses ministry, health and wellness leaders influence health in the church
- ✦ Pastors model diet, exercise, healthy food choices, discusses medication compliance and stress reduction.
- ✦ Health ministers influence congregations by placing information in monthly bulletin, and church lobby, health education(panels, food samplings, health advocacy,
- ✦ Use of social media, i.e. Facebook postings for health messaging

Connection of faith and health, Culture and Spirituality Interrelated, Barriers to Health Engagement

Based on our interviews, health ministers identified the following culture, faith and spirituality connections:

- ✦ Prayer; Pastors offer prayer for the sick on Sundays; Church participation; Trust in health ministers
- ✦ Strong scriptural belief in maintaining health; God is present in health
- ✦ Maintenance of personal health; health needed for God’s mission
- ✦ Engagement in preventive screening is understood as important in ensuring good health outcomes
- ✦ The framework of African American culture provides an opportunity to focus on nutrition, healthy eating; Church is part of African American culture – baptism, singing, communion, community; Sharing across generations
- ✦ Healthy fitness and nutrition educational activities, including yoga classes, organized walks i.e. women cancer walks
- ✦ Many members express lack of trust in medical establishments-outside organizations have a different agenda – not what community or congregation wants to see for itself
- ✦ Fear that there may be a serious health issue, fear of doctor confirming concerns (particularly for men)
- ✦ Sense that food culture should not be changed:” *don’t mess with Thanksgiving dinner*”, tradition (learned way of cooking i.e. chicken)

Church Leadership, Community Partnerships and Final Issues

The following are church leadership structure, resource challenges facing health ministers and outlook for the future:

- ✦ Churches have a pastoral leadership structure: pastors, ministers, evangelist, deacons, trustees. Health leaders include nurses’ ministry, health ministers, health and wellness coordinators.
- ✦ Leadership of most churches understand role of church in health. New Pastors may be an exception
- ✦ Congregations awareness about health being part of the church’s mission varies
- ✦ Communication between health ministers and pastor/church leadership occurs, but not on a regular scheduled basis. Communication is both informal and formal.

- ✚ Most churches partner with other organizations to conduct health events – health fairs, large scale distribution of food,
- ✚ All health ministers are willing to work with DC health care providers; Some churches already have partnerships with health entities
- ✚ Ways to work together include health education programs, co-sponsoring community events, screenings, health fair, other partnerships
- ✚ Ministers have some volunteers from outside the ministry
- ✚ Churches identify lack of resources to encourage participation i.e. enough incentives

Please click the link below so you can provide us with feedback about the helpfulness of this resource.

<https://forms.gle/gHSWsCczLw4eSKeE7>

For questions or additional information please contact
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