FAITH-HEALTH SYNERGIES AMONG BLACK BAPTIST

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ABSTRACT

Background: U.S. health disparities are documented by race/ethnic, socioeconomic, gender, and geographic demographics. Since federal health record keeping began, regardless of other demographic factors, Black people continue to record statistical significant disparities. Four major Black Baptist conventions gathered in January 2005 to discuss challenges impacting Black people in the U.S.

Methodology: In 2005 a convenience sample of 2,500 Black persons among 10,000 Joint Baptist conventioneers participated in the study; 1,827 completed and returned an 80 item questionnaire. 500 surveys were lost due to computer malfunctions. Survey results covered: demographic, health/safety, health care, and faith/religion/health.

Results: 58.6% of respondents were women; 61% were married. Most (66.2%) reported good health and few were told by their physician they had a chronic disease. 33.5% never talk to their pastor about health problems or (42.7%) physician visits. Mental health responses: (98.7%) get along well with others; (93.6%) were satisfied with life; (92.8%) feel good about themselves; and (97.6%) were in good spirits most times. 40.6% were in social organizations. 96.1% felt religion was very important in their life; 91% thought religion affects physical/mental health; and 89.1% believed faith affects mental/physical health. 95.7% believe faith can change a health crisis. Most described religion and faith differently.

Discussion: The Black Church has history in social justice connected to community health. Responses to religion/faith affirm the interconnectedness of the synergy between faith-health. Empowered by religious fervor to interpret their health status as positive; they must also balance perceptions with evidence-based health decision making, health practices, and sustained healthcare utilization.

INTRODUCTION

- Since federal health record keeping began more than 100 years ago, Black people continue to record statistical significant health disparities.
- 80% of the seven major leading causes of excess deaths for Black people are: cancer, cardiovascular disease and stroke, chemical dependency (measured by deaths due to cirrhosis), diabetes, homicide and accidents (unintentional injuries), infant mortality, and HIV/AIDS.
- The foundation of some religious beliefs is based on the concept of soul, which provides definition of the experience of faith. The Christian apostle Paul states in the New Testament, "Faith is the substance of things hoped for; evidence of things unseen." Faith and spirituality are closely linked, and an important factor in spirituality is the need for the discovery of something unknown.[v]
- There is a growing body of evidence linking religion and religious practices to health and healthy behavior,[vi] and increased attention for leadership opportunities is directed to the faith community to improve individual and group well-being.[vii]
- The purpose of this presentation is to highlight critical issues on the synergy between faith, health, and healthcare among a selected group of Black Christian congregants, Black Baptist.

METHOD

Study Design

- On January 24-28, 2005 in Nashville, Tennessee the Joint National Baptist Convention gathered for a forum. Making this the first time the four largest Black Baptist conventions had gathered as one convention. A survey on faith, health, and health care was conducted among the attendees.
- The eligibility criteria for participation included being Black, 18 years of age or older and a Joint National Baptist Conference attendee.
- The underlying assumption is that every Black person who attended the convention was a person of African decent.
- A random sample of 2,500 Black men and women from among the 10,000 conventioneers participated in the study.
- Exactly 1,827 of those surveys returned were completed and used in the analysis. Five hundred persons completed surveys by personal interviews conducted by one of the graduate students using the same questionnaire. The information was stored in a hand-held personal digital assistant (PDA) device. However, due to a computer data storage error, none of the information from the PDAs was retrievable. All survey respondents were volunteers and no incentives were offered for their participation.

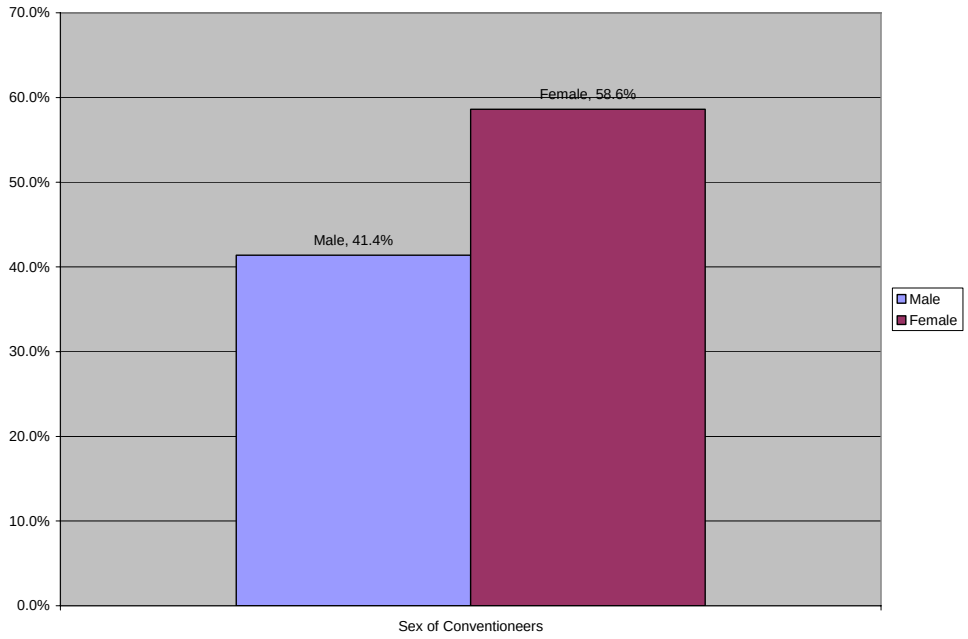
Survey Instrument Used To Collect the Information

- The assessment tool was a 14-page, 80-question survey consisting of three major sections including relevant demographic information.
- Demographic variables included sex, marital status, number of persons living in the household, educational level, employment status, and yearly household income.
- Section 1 of the survey instrument included 31 items to determine knowledge, attitudes and behaviors regarding health and safety issues such as general health status, exercise, eating and drinking habits, smoking, sleep behavior, emotional and/or psychological well-being, social involvement, seatbelt usage, and the environment.[viii]
- Section 2 of the survey consisted of 19 items that measured knowledge, attitudes and behaviors about health care practices including access to health services, health utilization and finance, screening patterns, and prevalence of reported health conditions.
- Section 3 of the survey instrument included 22 questions and assessed the knowledge, attitudes, and behaviors relative to faith, religion, and health influences and decision-making.[ix]

RESULTS

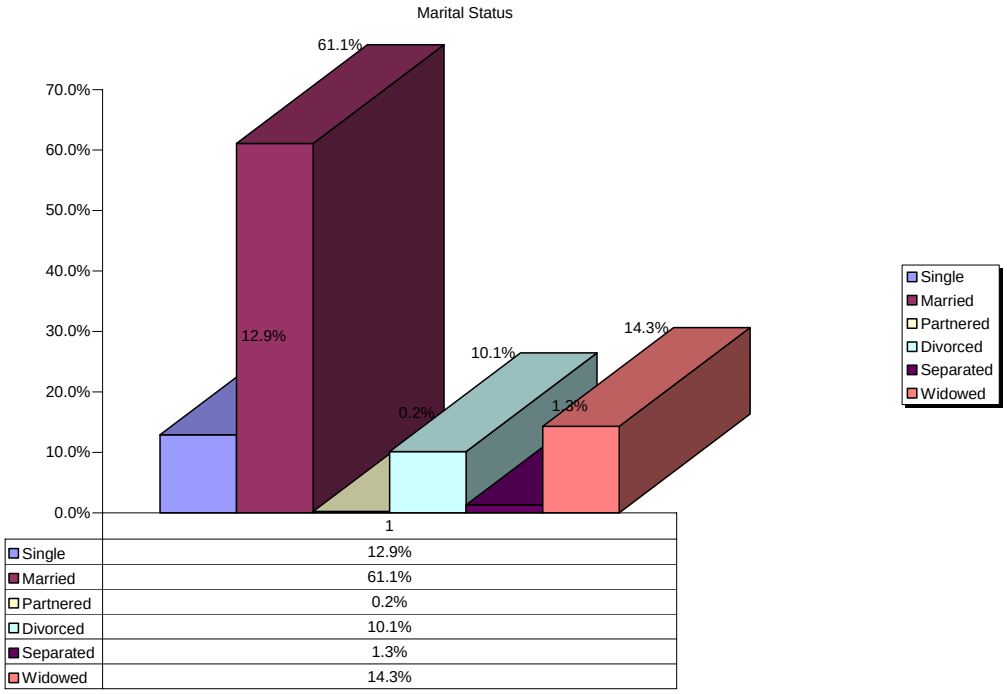
Demographic results included:

Figure 1.1 Demographic sex of conventioneers.



- Over-half (58.6%) of the respondents that participated in the survey were Black women.

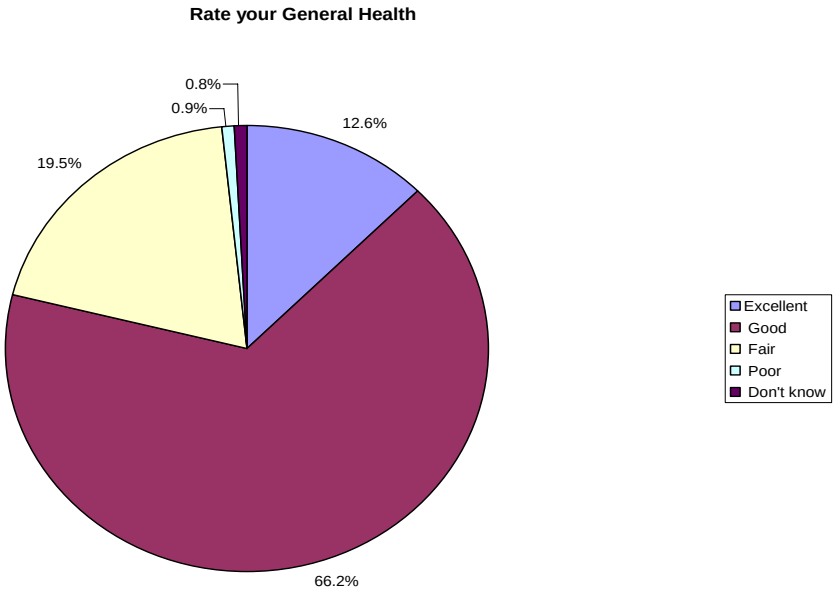
Figure 1.2 Marital status of conventioneers.



- 61% of the respondents were married

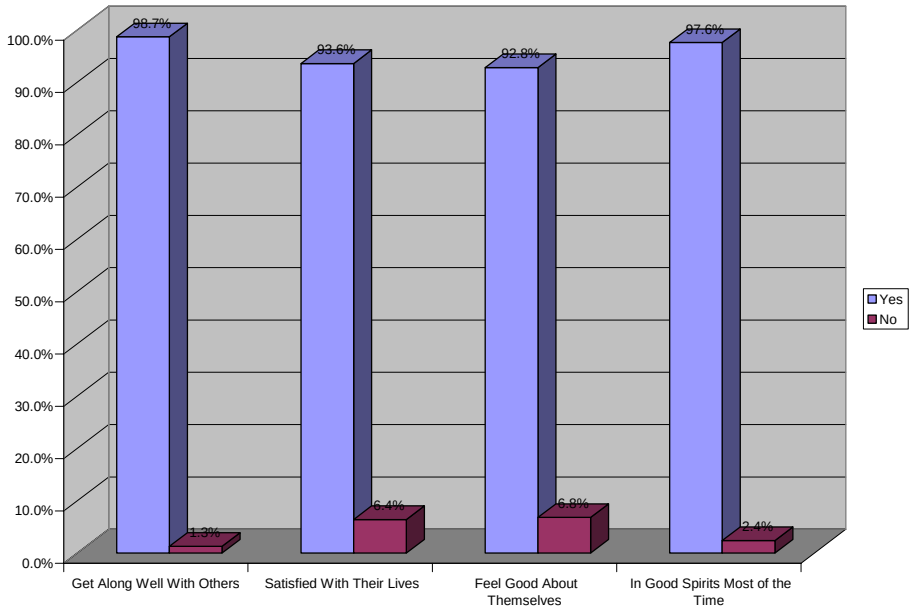
Health and Safety results included:

Figure 2.1 Rating of their personal general health.



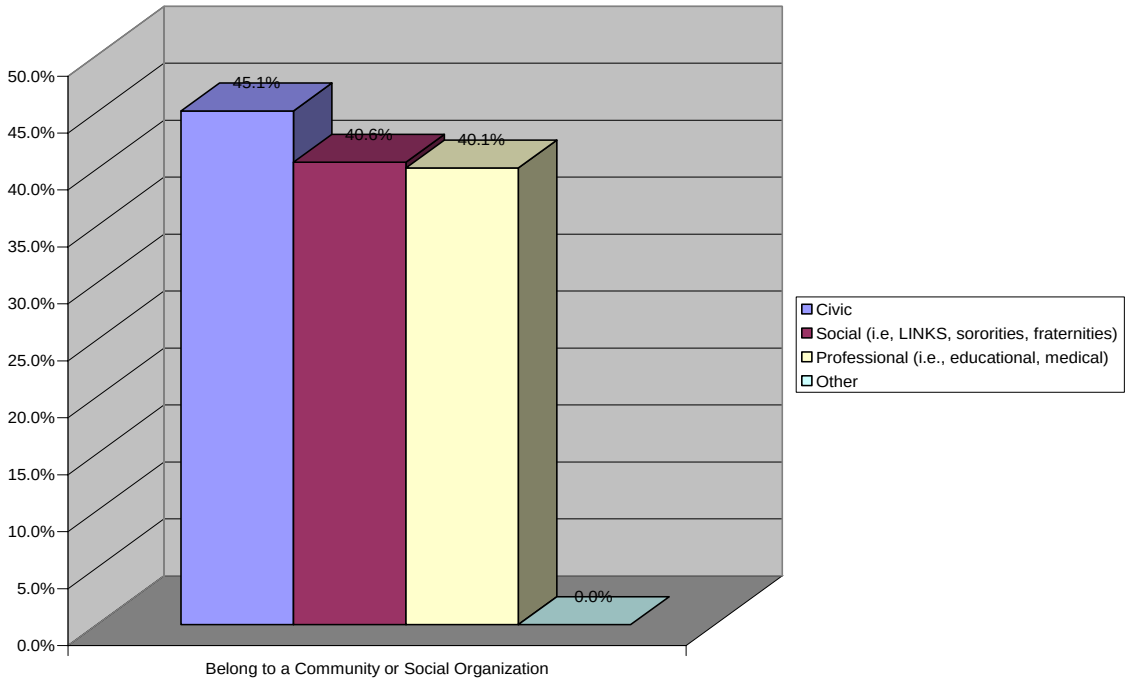
- 66.2% of respondents reported their general health as good health; 19.5% rated their health as fair; 12.6% reported excellent; .9% rated their health as poor and .8% didn't know.

Figure 2.2 Mental health responses of the conventioneers.



- (98.7%) reported that they get along well with others, (93.6%) are satisfied with their lives, (92.8%) feel good about themselves, and (97.6%) are in good spirits most of the time.

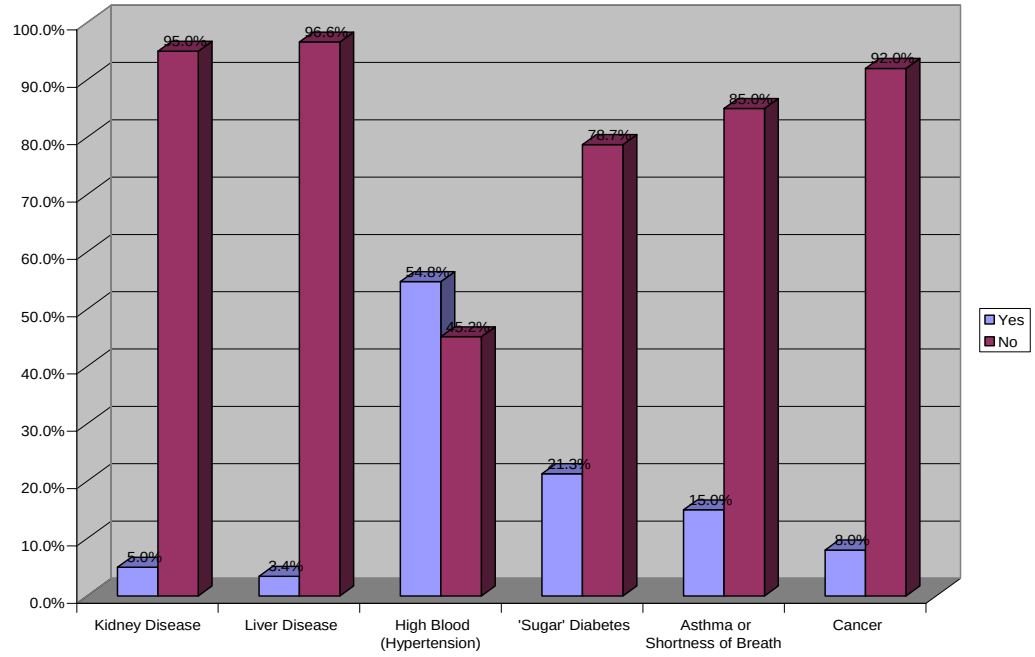
Figure 2.3 Conventioneers who belong to community or social organizations.



- 40.6% of the respondents belong to a social organization

Health Care results included:

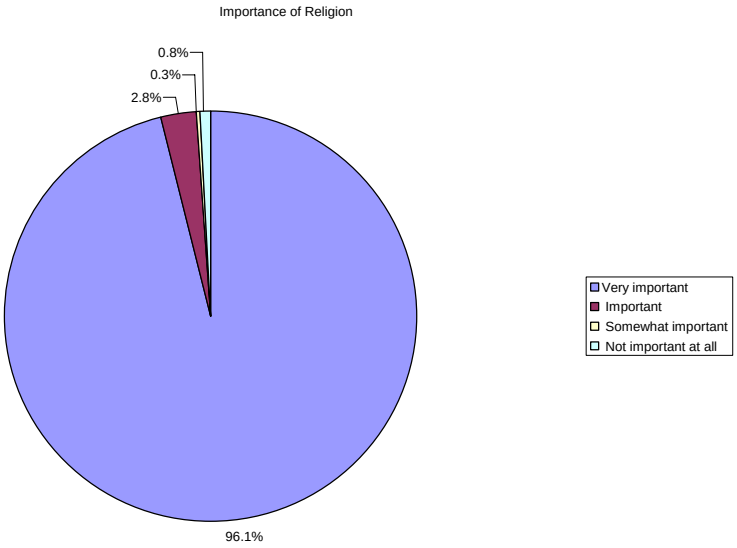
Figure 3.1 Responses to have you been told by their physician to have a chronic disease.



- (5%) were told by their physician to have kidney disease, (3.4%) were to told to have liver disease, (21.3%) diabetes, (15%) asthma, and (8%) cancer.

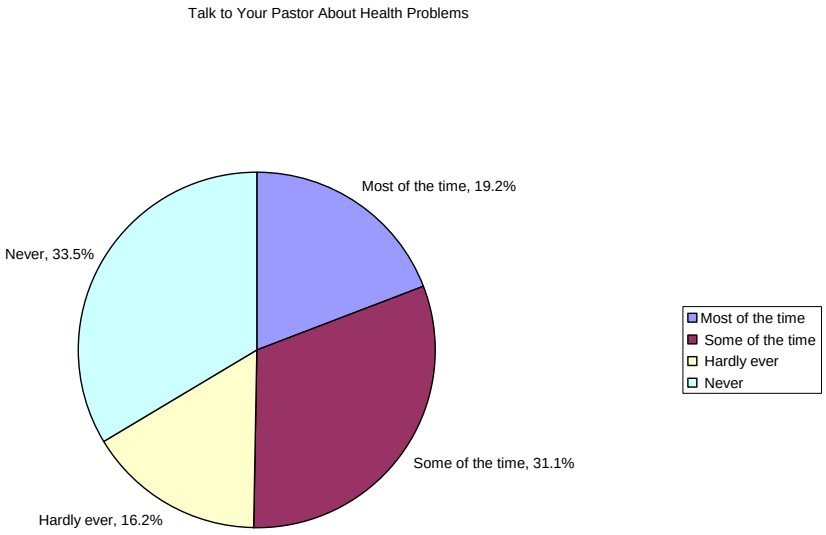
Faith, Religion and Health results included:

Figure 4.1 Importance of religion in the life of conventioneers.



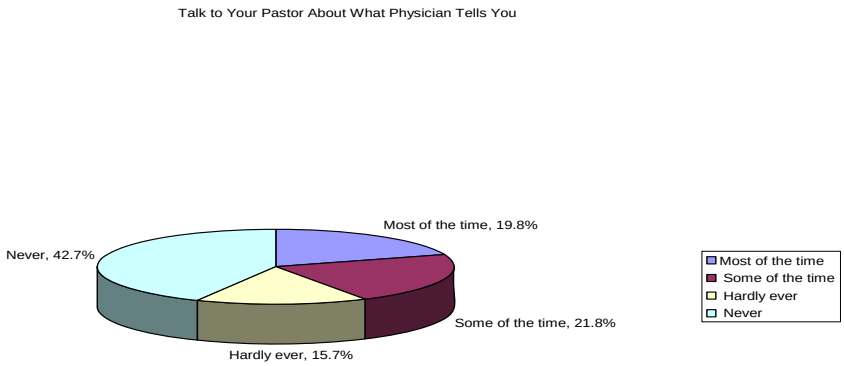
- (96.1%) felt that religion was very important in their life.

Figure 4.2 Results of respondents talking to their pastors about health problems.



- One third never talk to their pastor about health problems; 31.1% some of the time; 19.2% most of the time; and 16.2% hardly ever talk to their pastor about health problems.

Figure 4.3 Results of respondents talking to their pastors regarding what the physician tells them.



- 42.7% never talk to their pastor about what their physician tells them; 21.8% some of the time; 19.8% most of the time and 15.7% hardly ever talk to their pastor about what their physician tells them.

DISCUSSION

The responses to faith, religion, and health do affirm the interconnectedness of the synergy between faith on health and healthcare decision-making. Results of this study provide insight to Black Baptist's faith help sustain them holistically and plays a major role in their lives. The data demonstrate that the Black Baptist's perception of being healthy is influenced by their religious belief, possibly due to their religious and spiritual understanding of life. Life for Black Baptist's is centered in their religious beliefs and there faith specifically is a way of living.[x] Empowered by religious fervor to interpret their health status as positive; they must also balance perceptions with evidence-based health decision making, health practices, and sustained healthcare utilization.

CONCLUSION

A thoughtful scrutiny of the constructs of health and health care enable a new paradigm – Optimal Health – to emerge.[xi] The Black Church has and must forever be the institution that helps Black people to continue to grow and develop in journeying to reach their best possible emotional, intellectual, physical, spiritual, and socio-economic greatest state of aliveness, which is **Optimal Health**.[xii] In order to maximize the synergy between faith, health and health care; individuals, groups, and communities must harmonize physical, social, psychological, and spiritual well-being.[xiii] The spiritual component can serve as the foundation on which the other three components rest.[xiv] Considering many in this study who attended church or religious services three (3) or more times within the past 30 days and they rarely talked to their pastor concerning health problems or what their physician told them; the religious/church service through sermons, Sunday school, Bible class and various ministries can serve as a platform for health promotion in the Black Church and the Black community

LIMITATIONS

A number of qualifications may limit the interpretation of the findings from this study. A sample of convenience was used for this study. The use of a nonrandom sample limits the generalizability beyond the sample of African American attendees at the 2005 Joint National Black Baptist Conference. The sample consists of a higher proportion of participants of high socioeconomic status than does the national population of African Americans.

REFERENCES

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[v] Rueben C. Warren, Warren, Harold C.J. Lockett, and Adrian A. Zulfiqar. 2002. The Social Context for Faith and Health. In *The Health Theory, Behavioral Education, Change and Practice in Imperative Diverse Populations*, ed. Jay Carrington Chunn, 127-151. New York: Kluwer Academic/Plenum Publishers.

[vi] See Bruce Epperly, *Spirituality and Health, Health and Spirituality: A New Journey of Spirit and Body* (Mystic, CT: Twenty-Third Publications, 1997), esp. the chapter, "Christianity and Health."

[vii] Warren, Rueben C., "The Impact of Horizontal and Vertical Dimensions of Faith on Health and Health Care." The Journal of the Interdenominational Theological Center, 72.

[viii] Many of the Health and Safety, and Health Care Practice questions used for the survey were adapted from the Centers for Disease Control and Prevention's 2004 Behavioral Risk Factor Surveillance System State Questionnaire.

[ix] Additionally, survey questions found in the Faith, Religion, and Health section were developed by the research team and consultants to the Institute for Faith-Health Leadership at ITC.

[x] Rueben Warren, "The Impact of Horizontal and Vertical Dimensions of Faith on Health and Health Care," The Journal of the Interdenominational Theological Center 34 (2007): 71-85.

[xi] See John Chissell, *Pyramids of Power: An Ancient African Centered Approach to Optimal Health* (Baltimore, MD: Positive Perceptions Publications, 1993).

[xii] See John Chissell, *Pyramids of Power: An Ancient African Centered Approach to Optimal Health* (Baltimore, MD: Positive Perceptions Publications, 1993).

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[xiv] Rueben C. Warren, Warren, Harold C.J. Lockett, and Adrian A. Zulfiqar. 2002. The Social Context for Faith and Health. In *The Health Theory, Behavioral Education, Change and Practice in Imperative Diverse Populations*, ed. Jay Carrington Chunn, 127-151. New York: Kluwer Academic/Plenum Publishers.