Perspective: A Call for Precision in Faith-based Initiatives Promoting Health among African Americans

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Perspective

"Haven't you yet learned that your body is the home of the Holy Spirit God gave you, and that he lives within you?... So use every part of your body to give glory back to God..."
1 Corinthians 6:19-20 (The Living Bible)

Over 30 years ago, Lasater and colleagues[1] demonstrated how churches can play a significant role in health promotion and disease prevention studies and launched a line of research that has evolved to focus primarily on African Americans (AAs). Religious institutions have historically been an essential resource for AAs and played a major role in the establishment and maintenance of communities in which they lived. African Americans as a population have the largest proportion of individuals reporting religion and weekly church attendance to be important.[2] As a result, places where AAs worship (ie, churches, mosques, and temples) offer real-world community settings with social infrastructures conducive to health promotion as well as conducting disease prevention and early intervention studies.[3]

Health scientists and practitioners have sought out faith-based organizations to launch programs designed to improve the health of vulnerable populations and ultimately reduce racial disparities in disease, disability, and death.[4-6] The bulk of these studies have been lifestyle interventions set in churches or designed to incorporate church practices (eg, prayer, scripture, music) in an effort to encourage and help AAs to eat healthier,

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be more physically active, or to follow recommended health screenings or disease management protocols[5,7]

Several faith-based interventions have employed a community-engaged approach that includes members of the church, often laity, in the design and delivery of programs. By their very nature of church member involvement, these programs, by and large, also have a faith or doctrinal orientation. The overall goal of this engaged approach is to increase capacity and ownership of these programs and foster sustainability of initiatives while maintaining fidelity to the church's belief system. The results have been promising, as faith-inclusive interventions have been generally more effective in church settings than those without religious or spiritual elements.[3] While results have been modest, efforts to identify specific religious or spiritual elements contributing to intervention effectiveness are getting more delineated.

Advances in the next generation of faith-inclusive intervention studies targeting AAs will need to come with an even deeper appreciation of social and cultural factors operating in the vast array of AA churches and other spiritual organizations.[8] This idea is not new as Resnicow,[9] Lasater[10] and their colleagues published seminal articles that highlighted the significance of social and cultural context for intervention effectiveness. These authors encouraged researchers to integrate contextual elements into their studies or programs; however, this line of work has primarily resulted in interventions with components that convey a respect for diverse AA worship traditions and expressions.

The worship experience is important in church culture, but it is not synonymous with faith among AAs. Faith is a cornerstone of AA churches or other spiritual organizations and has multiple dimensions, expressions, and applications. The term "faith-based" refers to an orientation for which one's belief in God or in religious doctrine or spiritual teaching governs attitudes, perceptions, and behavior. Any aspect of life, including health, can be viewed through lenses shaped by faith operating at multiple levels.

The word "health" is not a common term found in most American translations of the Holy Bible. Searches on popular religious search engines (eg, www.biblestudytools.com) indicate that health is only mentioned 17 times in the King James Version – the most common translation used in AA churches. Yet, the word health derives from the Old English word root "hal or halig," which means to be whole or holy (https://www.etymonline.com/word/health), indicative of the close ties between health and religious doctrine or spiritual teachings. The modest level of effectiveness of faith-oriented interventions may be rooted in the limited understanding of faith and health not as individual, but interdependent concepts and therefore how each have implications for the other.

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Interdependent relationships among seemingly incommensurable elements are important considerations in the current focus in health science on precision medicine. This approach is in its early stages; however, it presents an avenue for health scientists to enhance the effectiveness and efficacy of faith-oriented interventions targeting AAs. Precision medicine takes into account differences in people's genes, environments and lifestyles to formulate treatment and prevention strategies based on patients' unique backgrounds and conditions,[11] but much of its focus has been on biology and less on the recognition of the importance of social and community-level factors.[12]

Most of the work associated with precision medicine has involved leveraging data and knowledge from the Human Genome Project. These data will need to be integrated with multiple clinical and social science disciplines to reach its potential to improve population health,[13,14] and to better connect with the AA community.[15-17] Within-group heterogeneity (where the greatest differences exist) is a significant empirical finding from precision medicine research that has conceptual implications for faith-based studies targeting AAs. An overwhelming majority of AAs are Protestants (79%) and a substantial segment (35%) of this population attends a Baptist church.[2] The Baptist denomination is highly decentralized as it is composed of multiple associations or conventions loosely representing in-

dividual churches that are exclusively financed by their respective congregations and governed by their own set of by-laws. The deep structure of "local autonomy" has contributed to the considerable heterogeneity within this division of Protestantism. Variation in theological tenets and organizational structures have implications for the uptake, effectiveness, and sustainability of efforts to change health beliefs and behaviors among AA churchgoers. Individuals attending churches encouraging a literal interpretation of the Holy Bible are likely to have different experiences with faith-based interventions than those belonging to churches promoting a contextual understanding to the scriptures. Churches are diverse communities and awareness and consideration of nuances differentiating these spiritual institutions are essential for the development of efficacious and replicable interventions for AAs in religious settings.

Integrating the deep structure of faith into interventions will necessitate close collaborations with church leaders. Additionally, the next generation of faith-based research strategies targeting AAs will require an engagement with churches that extends beyond permission to use facilities and hiring a few liaisons that may be appropriate for some studies but not for more substantive engagement. Studies have shown that community-engaged approaches, such as community-based participatory research (CBPR) or community-partnered participatory research (CPPR) with equitable sharing of resources, responsibilities, authority and results, are effective for enhancing participation and improving outcomes.[18]

Mutually beneficial partnerships between health scientists and faith leaders can emerge from the commensurable elements of their work. At their core, interventionists and clergy encourage participants or parishioners to make lifestyle changes to improve their overall well-being. This shared goal can serve as the starting point for the formation of partnerships based on transparency, respect, power sharing, co-leadership, and two-way knowledge exchange.[19,20] These partnerships give rise to the development of interventions that maximize the strengths of science and faith and contribute to the health of congregants and ultimately, the community.

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Conflict of Interest

No conflicts of interest to report.

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Research concept and design: Bruce, Norris, Beech, Bowie, Thorpe; Data analysis and interpretation: Bruce, Norris; Manuscript draft: Bruce, Norris, Beech, Bowie, Thorpe; Administrative: Bruce

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