Faith-Academic Initiatives for Transforming Health (FAITH) Network to Address Health Disparities

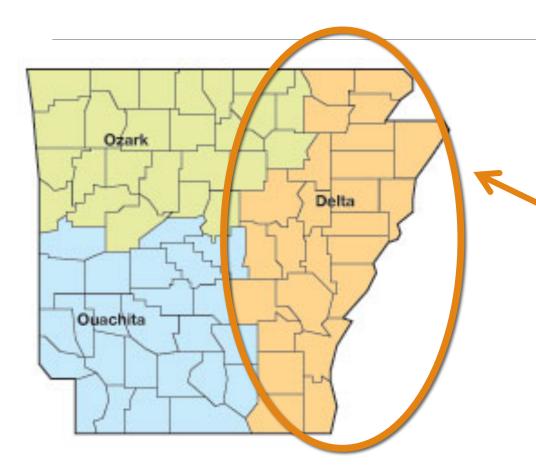
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The setting: Arkansas Delta



Primarily rural with agriculture based economy

Characterized by:

- Poor economic conditions
- Higher prevalence of chronic health conditions
- Increased risk of early mortality
- Poor access to quality health services

Highest percentage of cities with predominately African-American populations

Mental Health & Rural African-Americans

African-Americans living in the rural South are particularly susceptible to mental health concerns.

This population is more likely to:

- have more stress from unemployment, poverty, and racism/discrimination
- receive little to no care at all or wait much longer to get help for mental health problem, and
- become ill, stay ill longer, and suffer more because they do not get the care they need.

Addressing mental health in rural communities

Religion + Poor health= Non-Traditional Approaches

Community Based Participatory Research (CBPR)

Establish partnerships and engage diverse groups of clergy and congregants across denominations

Develop evidence-based health promotion interventions

Beliefs about Depression in the rural African-American Faith Community

"There's a word (depression) that makes them feel like that they're on the borderline of going crazy."

"Ain't nobody gonna' talk about being depressed, 'cuz they kinda put some labels on you, and them labels makes them stay underground."



Beliefs about Depression in the rural African-American Faith Community

> Depression is a result of a lack of faith in God

> Depression is caused by a generational curse

> Depression is caused by a demonic possession or attack of the devil

> Depression occurs among those who do not actively engage in religious activities (e.g. prayer, attending church service)

Other thoughts not unique to the faith community:

> Depression is not a real medical condition

> Depression is a sign of personal weakness

Bryant, K., Greer-Williams, N., Willis, N. & Hartwig, M. (2013). Barriers to diagnosis and treatment of depression: Voices from a rural African American faith community. Journal of the National Black Nurses Association, 24(1), 31-38.

Roles & Recommendations to Address Depression in the rural African-American Faith Community

	The Church	Pastor/Clergy	The Lay
Roles	Holistic approach to man	Provide spiritual guidance	Pastoral support
		& support	
	Support system	Preach & minister hope	Peer support
	Provide health	Recognize depression	Lead as an example
	information, referrals &	and take appropriate	
	health services	actions	
Recommendations	Incorporate a program in	Educate pastors/clergy	Train lay members in the
	the church that gives	about depression	church to be "depression"
	persons the tools they		experts
	need to manage stress		
	Address the needs of		
	men differently		
	Change depression	Gain the support of the	
	terminology	pastors	
	Educate the community		
	about depression		

Bryant, K., Haynes, T., Yeary, K., Greer-Williams, N. & Hartwig, M. (2013). A rural African American faith community's solutions to depression disparities. *Public Health Nursing*. DOI: 10.1111/phn.12079

Trinity Life Management: A Faith-Based Stress Management Intervention





Source: Bryant, K., Moore, T., Willis, N., & Hadden, K. (2015). Development of a Faith-based Stress Management intervention in a Rural African American Community. Progress in Community Health Partnerships: Research, Education, and Action, 9(3), 423-430.

FAITH in the Delta (2013-16)

The specific aims of the study were to build the capacity of both community members and academics to conduct and collaborate in partnered health research in the Arkansas Delta region.

The goal was identify a key health issue and pilot an evidence-based intervention.

Funding Source: National Institutes of Health/NIMHD (R24)

Renewed and Empowered for the Journey to Overcome In Christ Everyday (REJOICE)





From left to right: Pastor Johnny Smith, Community PI; Dr. Tiffany Haynes, Academic PI; Dr. Karen K. Yeary, PhD, Academic Co-PI; and Pastor Jerome Turner, Community PI

Funding Source: National Institutes of Health/ NIMHD U01MD010644

Haynes, T., Yeary, K., Turner, J., Smith, J., Curran, G., Bryant-Moore, K., Ounpraseuth, S., Kramer, T., Harris, K., Hutchins, E. (2018) Reducing Depressive Symptoms through Behavioral Activation in Churches: A Hybrid-2 randomized effectiveness-implementation design. Contemporary Clinical Trials, 64, 22-29.



"The Power of the Faith Community to Promote Health Equity"



Conference Aims:

- Partnership Development & Continued Engagement
- Dissemination of Research Findings, Best Practices, etc.
- Generation of new research ideas
- To increase the capacity of researchers & community members in CBPR

Funding Source: Patient Centered Outcomes Research Institute (PCORI) EAIN 2975; Health Resources and Services Administration (HRSA)-Nursing Workforce Diversity (NWD); UAMS Translational Research Institute



"The Power of the Faith Community to Promote Health Equity, Part II"

April 7, 2017





Funding Source: Patient Centered Outcomes Research Institute (PCORI) EAIN 2975; Arkansas Minority Health Commission; Health Resources and Services Administration (HRSA), Nursing Workforce Diversity (NWD); UAMS Translational Research Institute

Delta Pastors Visit Springdale





• Translation of successful research

programs/interventions from one ethnic minority community to another

Development of the FAITH Network

FUNDED BY: PATIENT CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI) EAIN 4026

Faith Leader Focus Groups (Fall, 2016)

Purpose to elicit beliefs, attitudes and opinions about the faith community's role to

- addressing health,
- what the faith community is currently doing, and
- developing a network of faith organizations to address health.

Seven focus groups: Springdale, Dumas, Pine Bluff, North Little Rock, Marvell, Arkadelphia and Blytheville

Focus Group Results/Themes

- Bringing People Together
- Communication with Pastors/Congregations
- Current Church Activities
- Current Community Resources
- Resources Needed from the FAITH Network
 - Mental Health Training, Health Education, Wellness Facility/Center, Connection to Services in the Community, Grantsmanship, and others
- Community Health Coordinator

Focus Group Results/Themes (cont.)

- Barriers to Building a FAITH Network
 - Not having a holistic approach to mankind, stating health is not on the radar
 - Church at times promotes unhealthy lifestyles and behaviors
 - Pastors not living in the same city where they pastor
 - Pastors not sharing information
 - Racial Tensions
 - Lack of Vision from Church Leadership
 - · Churches focused on their congregations, not the community
 - Problems with Awarding Grants
 - Mindset

What is the FAITH Network?

The FAITH Network is a partnership between communities of faith, community-based organizations, and researchers that focuses on improving the health of underserved communities in Arkansas. As such, we are committed to improving health through:

Research: The FAITH Network commits to:

- Increasing the participation of communities of faith in Arkansas in health related research
- Providing training in patient centered research
- Connecting members of the faith community to researchers nationwide

Educational Outreach: The FAITH Network commits to:

• Providing access to evidence-based health promotion and education programs to communities of faith

• Serving as a hub of educational resources for any faith community interested in improving the health of their congregation and community

Unity: The FAITH Network commits to:

• Partnering with and working alongside organizations, regardless of religious affiliation, that share our ultimate goal of improving health for underserved communities in Arkansas.



(Left to right) Rev. Gregory Nettles, Pastor Rick Iban, Rev. Natasha Murray, Rev. Edward Richardson, Chaplain Steve Sullivan, Rev. William Givens, Rev. Bryant Whitted, Rev. William Robinson Jr., Rev. Johnny Moore (not pictured)

2016-17 Community Advisory Board (CAB)



Funding Source: Patient Centered Outcomes Research Institute (PCORI) EAIN 4026

Vision for the FAITH Network

- Development of evidence-based interventions/programs
- Disseminate research findings
- Translation of evidence-based interventions/programs (Implementation Science)
- Recruitment of research participants
- Identify partners in health research
- Connection to resources and other partners
- Provide health education
- FAITH Network "Research" Advocate Training Program



FAITH Network Summit – September 9, 2017 "Emotional Wellness: What can the Faith Community Do?"



FAITH Network "Research" Advocate Training Program

The goal of the FAITH Network "Research" Advocate Training Program is to build members of the faith community ability to engage in partnered health research and other activities that will improve the health and well-being of Arkansans, particularly those from vulnerable and underserved populations.

- ✤ 15- hour face-to-face curriculum (5 three hour sessions)
- ✤ 40-hour paid internship



Other Events/Programs



For More Information Contact: Dr. Keneshia Bryant-Moore (501) 526-6698 or KJBryant@uams.edu



2018 FAITH Network Summit

September 14, 2018

11:00 AM - 4:00 PM

Location:

Centre at University Park

Little Rock, AR 72204

Future Plans...

Continue Annual FAITH Network Summit and Co-sponsor two regional events each calendar year

Offer the FAITH Network "Research" Advocate Training Program in Spanish and Marshallese

Provide information about and connect members of faith communities to research training opportunities

Partner with other organizations to deliver evidenced-based health education programs to communities of faith in Arkansas

To serve as a hub of educational resources for any faith community interested in improving the health of their congregation and community

Questions?

