Keeping the Faith

ALAMEDA COUNTY, CA

THE HEALTH CONCERN

Alameda County, which is located on the east side of the San Francisco Bay, has a diverse population and no racial or ethnic majority. The county encompasses 813 square miles, and its population exceeds 1.5 million. This promising approach was initiated in response to the fact that the African American infant mortality rate is significantly higher than that of any other racial/ethnic group in Alameda County.

In the past decade, the overall infant mortality rate declined in California and Alameda County. The infant mortality rate was 4.9 deaths per 1,000 live births in Alameda County and 5.5 deaths per 1,000 live births in California (2000-2002) (*Alameda County Health Status Report 2006,* Alameda County Public Health Department, Oakland, California). The rate for African American infants, however, was 1.5 to 2.5 times higher than the rate for White infants. Sudden Infant Death Syndrome (SIDS) was the leading cause of death for African American infants. One modifiable SIDS risk factor is sleep position. National data suggest that despite the Back to Sleep Campaign, a higher percentage of African American parents continue to place their babies on their side or stomach to sleep.[1]

[1]Phares TM, Morrow B, Lansky A, Barfield WD, Prince CB, Marchi KS, et al. Surveillance for disparities in maternal health-related behaviors—selected states, Pregnancy Risk Assessment Monitoring System (PRAMS), 2000-2001. *Morbidity and Morbidity and Mortality Weekly Report.* 2004;53(SS04):1-13.

THE STRATEGY

The disparity in African American morbidity and mortality has long been a concern of the Alameda County Public Health Department. The health department had previously engaged community partners to utilize existing infrastructure to disseminate health messages focusing on the health of mothers and babies. These partnerships evolved over the past 10 years and include the area hospital, county health department, and local churches. Through that process, the health department identified churches as a gateway to African American women. This faith-based strategy drew on past experiences of churches partnering with the hospital-based parish nurse/health ministry and the Alameda County Public Health Department. Meetings were held with the Alameda County Health Department, the parish nurse program, and local church leaders. These meetings resulted in a commitment by pastors to have their churches establish or invigorate health ministries in local churches that would include SIDS risk reduction. This faith-based initiative uses church members to disseminate health messages. The health department and hospital assist with resources. "While African American women can be reached at beauty shops, grocery stores, etc., critical stakeholders of the communities we serve are churches. To reach the diversity of women we need to reach, we often have to engage them within the context of their faith community," states Devra Hutchinson, SIDS Coordinator/Faith Initiative, Maternal, Paternal, Child, and Adolescent Health, Alameda County Public Health Department. "SIDS risk reduction is a logical topic to include in our health promotion program in African American churches," states Hutchinson.

THE ACTION

Church members are recruited to participate in a peer health leadership training program. Recruitment for participants is made during services, posted on the church bulletin boards, and placed in church newsletters and other communiqués throughout the church ministry network. There is also wide dissemination of flyers, as well as communication by word of mouth. As a community partner, Alameda County Public Health, Improving Pregnancy Outcomes Program (IPOP, Federal Healthy Start project) uses master's level health educators to train selected reproductive-age women as peer educators, called Peer Health Leaders in this program. The health educators specialize in maternal and child health, which includes SIDS risk reduction awareness. This peer education model provides culturally sensitive and relevant maternal and child health education. The strength of the Peer Health Leadership Program is that its effectiveness stems from supporting informal community networks for under-reached reproductive-age women to provide culturally relevant maternal and child health resources. Although literature

The Action Continued

is used, oral communication of messages is a mainstay of disseminating health information. The peer educators can distill preventive health messages through the cultural, socioeconomic, and experiential realities of the women they are intended to reach.

SIDS risk reduction messages are incorporated into the health messages. Existing Back to Sleep literature, provided by the Alameda County Public Health Department, is distributed and discussed at church services and functions, health fairs, and community events. Although Peer Health Leaders reach pregnant and parenting women through churches and events, they are also based at a local mall, where many county services are located that women in the community use, for example, Women, Infants and Children (WIC), prenatal clinics, food stamps, and Head Start. This is a "one stop shop" environment. Peers provide safe sleep demonstrations using a portable crib and a doll. They also discuss and share SIDS risk reduction and other preventive health education information, that is, smoking and alcohol/drug use, as well as breast feeding, healthy eating, and other health topics. The focus is on educating community members using comprehensive health messages.

The Peer Health Leaders receive a stipend from the church from a grant funded by the March of Dimes for the Peer Health Leadership Program. Peer Health Leaders submit monthly encounter forms to track contacts and dissemination of SIDS Risk Reduction and other Maternal, Paternal, Child, and Adolescent Health education information and/or referrals. This program is currently sustained by funds from the California African American 5 a Day Campaign.

WHY IT WORKS

Tapping into informal networks of support and engaging credible voices in delivering the messages are key elements of any successful health education program. For this faith-based program, the support of and collaboration with local pastors, who have the respect and trust of the community, are essential for success. Pastors may be the "gatekeepers" to the church and its activities. They also provide leadership that shapes the choices the congregation will make in deploying its resources and member volunteers. Hutchinson is a passionate advocate for churches to use their influence to improve the community's health. In discussions with her pastor, she made her appeal based on shared cultural and religious values. She drew on biblical sources, such as "for a lack of knowledge we perish" (Hosea 4:6), to engage church leaders, like her pastor, to support and help ensure the receipt and dissemination of critical information (Back to Sleep Campaign messages) that impacts the lives of congregants and community members. This example illustrates the importance of learning church structure (leadership, decision-making roles, and advocacy) to effectively obtain support from local churches. It is also vital to connect the health promotion message and the role of the faith-based organization in relating that message to the spiritual beliefs and tenets of that particular faith.

In addition, this faith-based strategy recognizes the importance of the church as part of the informal networks of support for the African American women in this community. "Many people tend to seek counsel from their religious leaders even before talking with the doctor," reports Hutchinson. The Black church has served a dominant role as an informal health and

Why It Works Continued

social service provider throughout its history.[2,3] Studies suggest that churches provide a wide range of prevention and treatment-oriented programs that contribute significantly to the psychological and physical well-being of their congregants.[4] Furthermore, it has been documented that the Black church has great potential as a valuable collaborator with formal care systems to maximize preventive and treatment-oriented services.[5] Programs similar to the Peer Health Leadership Program have been shown to be successful in fostering social support, linkage with formal care systems, and promotion of well-being through lay health advisors, or "natural helpers."[6] Peer Health Leaders, recruited from the church and/or community, draw from their own knowledge and experience. This strategy, combined with training, results in an effective

community engagement program. The program is now expanding to include how to maintain healthy lifestyles focused on making good nutritional choices, establishing dietary goals to eat more fresh fruits and vegetables and to drink more water, and participating in daily physical activity.

THE NCCC PERSPECTIVE

The National Center for Cultural Competency (NCCC) chose this promising practice because it exemplifies key values of culturally competent health promotion that include the following:

- Ensures that its efforts exist in concert with natural and informal support systems;
- Ensures meaningful involvement of community members and key stakeholders in determining need and designing, implementing, and evaluating the approach.

  Community partners play several key roles including:
  - providing the cultural perspectives of the intended audience
  - providing credibility to the effort within the community
  - bringing expertise (e.g., knowledge of health beliefs and practices, and preferred sources of information for the intended audience);
- Identifies and uses credible voices within the community to deliver health promotion messages; and

[2]Fox JC, Blank MB, Kane CF, Hargrove DS. Balance theory as a model for coordinating delivery of rural mental health services. *Applied Preventive Psychology*. 1994;3:121-129.

[3]Blank MD, Fox JC, Hargrove DS, Turner JT. Critical issues in reforming rural mental health service delivery. *Community Mental Health Journal*. 1995;31:511-524.

[4]Hatch J, Derthick S. Empowering black churches for health promotion. *Health Values*. 1992;16:3-9.

[5]Levin JS. The role of the black church in community medicine. *Journal of the National Medical Association*. 1984;76:477-483.

[6]Eng E, Hatch J, Callan A. Institutionalizing social support through the church and into the community. *Health Education Quarterly*. 1985;12:81-92.

The NCCC Perspective Continued

- Recognizes the power of "word of mouth" in the communication of health promotion messages.

Additional NCCC resources on cultural and linguistic competence in health promotion follow:

- ***Infusing Cultural and Linguistic Competence into Health Promotion Training***
  http://www.11.georgetown.edu/research/gucchd/nccc/projects/sids/dvd/index.html
- ***A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials***
  http://www11.georgetown.edu/research/gucchd/nccc/documents/Materials_Guide.pdf

  En español: http://www11.georgetown.edu/research/gucchd/nccc/documents/Materials_Guide_Spanish.pdf
- ***Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Broker Programs***
  http://www11.georgetown.edu/research/gucchd/nccc/resources/brokering.html

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ABOUT THE NATIONAL CENTER FOR CULTURAL COMPETENCE

The NCCC provides national leadership and contributes to the body of knowledge on cultural and linguistic competency within systems and organizations. Major emphasis is placed on translating evidence into policy and practice for programs and personnel concerned with health and mental health care delivery, administration, education, and advocacy.

The NCCC uses four major approaches to fulfill its mission including (1) Web-based technical assistance, (2) knowledge development and dissemination, (3) supporting a *"community of learners,"* and (4) collaboration and partnerships with diverse constituency groups. These approaches entail the provision of training, technical assistance, and consultation and are intended to facilitate networking, linkages, and information exchange. The NCCC has particular expertise in developing instruments and conducting organizational self-assessment processes to advance cultural and linguistic competency.

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