By Shalonda E. B. Horton, Elizabeth E. Alvear, and Daryl L. Horton

Health Ministry Partnerships: Creating a Habit for Health

CE 2.0 ANCC contact hours

ABSTRACT: *More than one third of the U.S. population is obese whereas 17% of youth ages 2 to 19 are obese. This paper describes the partnership between a predominantly African American church in central Texas with a state university nursing school to reduce obesity through a health-promotion program. Based upon the success of the partnership and impact of the program, this partnership could serve as an exemplar for other churches and universities in developing health programs.*

KEY WORDS: *African American, church health ministry, faith-based organizations, faith community nursing, obesity, university partnerships*

Shalonda E. B. Horton, MSN, RN, is a public health nursing instructor at The University of Texas at Austin. She volunteers as the health ministry leader of her church and partners with local organizations in improving the health of communities.

Elizabeth E. Alvear, MSN, RN, is a registered nurse at Seton Medical Center Austin where she works as an inpatient Diabetes Educator. The Seton Healthcare Family network of hospitals is a not-for-profit organization with a special concern to serve the poor and the vulnerable.

Daryl L. Horton, MA, BS, serves as the Assistant to the Pastor and Youth Pastor at Mt Zion Baptist Church. He serves on the Austin I.S.D. Student Health Advisory Committee and as a Commissioner for the African American Resource Advisory Commission in Austin, Texas.

Shalonda Horton received financial support from the Mt. Zion Baptist Church to pay for activities associated with the program. Daryl Horton is on staff at Mt. Zion Baptist Church. There are no conflicts of interest for Elizabeth Alvear.

Accepted by peer review 5/20/2013.

DOI:10.1097/CNJ.0000000000000030

By partnering with faith-based organizations, health outcomes among various ethnicities can be improved.

THE OBESITY PROBLEM

In 2003, the Surgeon General announced that obesity was the "fastest-growing cause of disease and death in America" (Office of the Surgeon General, 2007). Obesity has surpassed smoking as the leading contributor toward the burden of disease (Jia & Lubetkin, 2010). The prevalence of obesity has increased in the United States over the past 20 years, with all 50 states having obesity rates 20% or greater (Centers for Disease Control and Prevention [CDC], 2011b). Today more than one third of the U.S. population is obese (CDC, 2011b) and almost 17% of youth (12.5 million), ages 2 to 19 years, are obese (CDC, 2011c).

This epidemic affects health by placing individuals at risk for health problems such as cardiovascular diseases, Type 2 diabetes, cancer, dyslipidemia, liver and gallbladder disease, sleep apnea, respiratory problems, osteoarthritis, and gynecological problems (CDC, 2011a). In addition, obesity has been associated with depression and anxiety (Strine et al., 2008) and low self-esteem (Franklin, Denyer, Steinbeck, Caterson, & Hill, 2006; Strauss, 2000). U.S. medical expenses related to obesity doubled from $78.5 billion in 1998 to $147 billion annually in 2008 (Finkelstein, Trogdon, Cohen, & Dietz, 2009).

In 2006 to 2008 disparities in obesity prevalence were noted among non-White adult populations, with African Americans (AA) at 35.7%, Latinos at 28.7%, and Caucasians at 23.7%. In 45 states the prevalence of obesity for AAs ranged from 23% to 45.1% (CDC, 2010). In 2005 to 2008, this racial and ethnic disparity in obesity was also found among children, ages 2 to 19 years, with AA females at 24% compared to Caucasians at 14% and AA males at 18% compared to Caucasians at 15% (Freedman, 2011).

THE ROLE OF FBOS

According to Freedman (2011), efforts are needed to foster an environment of healthy living, thus reducing ethnic obesity disparities. Many have suggested that by partnering with faith-based organizations (FBOs), health outcomes among various ethnicities can improve (Asomugha, Derose, & Lurie, 2011; DeHaven, Hunter, Wilder, Walton, & Berry, 2004). According to AmeriCorps (as cited in National Service Resources, n.d.), FBOs include, but are not limited to, religious congregations and nonprofit organizations established by a religious congregation.

Religion plays a vital role in the AA community (Baskin, Odoms-Young, Kumanyika, & Ard, 2009). When agencies partner with FBOs, obesity prevention efforts help reduce obesity among AA communities. Timmons' pilot study (2010) showed that it is not unusual for AA churches to meet the health needs of their congregation and health-promotion activities have been successful within churches (DeHaven et al., 2004; Ellis & Morzinski, 2013; Timmons, 2010). Faith-based health programs have generally been successful in promoting healthy lifestyle behaviors by offering a strong support base for regular church members who share similar values and beliefs. FBOs can be "driving forces to stimulate health promotion efforts" (Simoes & Sumaya, 2010, p. 24).

When universities and FBOs form partnerships, collaboration provides the infrastructure necessary for health-related program stability within the community. University–FBO partnerships "foster continued communication and negotiation among all partners" and "provide a structure for project stability" (Levy, Baldyga, & Jurkowski, 2003, p. 321). University–FBO partnerships that develop effective health-promotion programs are well documented in literature (Cowart et al., 2010; Harris, Parrish, Obano, Downing, & McAllister, 2007; Otterness, Gehrke, & Sener, 2007; Steinman et al., 2005; Zahner & Corrado, 2004).

Although university–FBO partnerships are effective, one barrier is using the church only as a program site and not as a "true partner" (Young & Stewart, 2006, p. 112). It is important to have strong collaboration between community partners and the church, which may foster a sense of ownership of the health program (Young & Stewart, 2006). This paper describes the efforts of a predominantly AA church in central Texas to reduce obesity among its congregation while partnering with a university nursing school. This partnership could serve as an exemplar for other communities in developing programs to promote health.

ESTABLISHING PARTNERSHIPS

The partnership between Mt. Zion Baptist Church and The University of Texas at Austin School of Nursing began in February 2009 to foster students' provision of spiritual care, an aspect of care that may be neglected in

practice (Lovanio & Wallace, 2007; Tiew, Creedy, & Chan, 2012). Prior to an agreement establishing Mt. Zion Baptist Church as a clinical site for nursing students, a faculty member, who is the health ministry leader at Mt. Zion, received permission to have nursing students partner with the church to plan, implement, and evaluate public health projects. The projects promoted congregational health and students' learning. Clinical conferences were conducted at the church to immerse students into their community.

The pastor's leadership and tangible support (i.e., pulpit announcements of classes, attending classes) built trust between the university, students, and the congregation. Each time students presented a public health project and/or class, the faculty member and students wore school colors with the university logo and a white lab coat to help the congregation make the connection with and the university. By the second year, the congregation expected the students and looked forward to partnering. Various ministry leaders began contacting the faculty member for classes tailored to their specific needs (i.e., the women's ministry requested a breast cancer awareness class; youth ministry requested a sexually transmitted infection prevention class). Initially, only undergraduate students rotated through the church for their public health nursing clinical. Recently graduate students rotated through the program. These 2 years of trust and partnership between the university and the church have made it feasible for advanced practice graduate nurses to complete part of their preceptorship at the church.

Mt. Zion Baptist Church (Mt. Zion) is a predominately AA congregation of about 1,325 members located in East Austin where AAs (23.7%) and Latinos (67.7%) compose a majority of the population (U.S. Census Bureau Fact Finder, 2011). Mt. Zion is an active congregation with a history of participating in activities that promote healthy lifestyle behaviors. Although the church is located in East Austin, members commute from surrounding areas.

The Mt. Zion vision statement is: "*Daily going with the presence of God in prayer, to the presence of man, in service and witness, as we move toward the image of Christ and the Church as seen in the Bible, through a people building ministry of worshiping, studying, sharing/caring, and serving"* (2008). The church's motto is "Striving to do His will" (Mt. Zion, 2008). In support, the health ministry adopted the motto, "Striving to be healthy in order to do God's will" (Mt. Zion, 2008). Based on anecdotal notes and key informant interviews, implementing an intervention at Mt. Zion was ideal due to the congregation's motivation to make positive behavior changes, their completion of two previous health challenges, recent establishment of a health ministry, and the trusted partnership with the local nursing school since 2009. Based on a graduate student's community assessment and the church's input, the *Habit for Health Challenge* began.

HABIT FOR HEALTH CHALLENGE

Bopp et al. (2007) reported that incorporating spirituality, the church, and social connections within the church are effective for interventions when working with AA populations. Key components for faith-based health interventions include the following: Using "lay health workers with whom church members can identify," using culturally sensitive materials, and "empowering participants to be responsible partners in the program" (Cowart et al., 2010, p. 5). Other key elements include partnerships, positive health values, availability of services and access to facilities, community-focused intervention, health behavior change, and supportive relationships (Peterson, Atwood, & Yates, 2002). Mt. Zion's stakeholders took meaningful steps to incorporate these elements into the *Habit for Health Challenge*.

A university graduate student who preceptored at Mt. Zion established a relationship with the church and adapted an established health-promotion program, *Habit for Health Challenge*, as part of her required curriculum. The health ministry leader served as the graduate student's preceptor. Planning and implementation for the *Habit for Health Challenge* occurred over three semesters. During the first semester, the graduate student completed a 90-hour practicum for Public Health Nursing, which included a community assessment. She assessed the strengths and needs of a selected community and developed public health nursing diagnoses accordingly. To complete the assessment, the graduate student compiled demographic and epidemiological data for the 78702 zip code as a large percentage of the city's AA and Hispanic residents reside there. Next, she identified potential community partners who offered free or low cost culturally sensitive exercise programs, which included Mt. Zion Baptist Church. Then, the student performed a literature review to determine the perception of obesity among AAs and Hispanics, barriers to physical activities, and faith-based programs in AA churches.

The second semester consisted of a 60-hour practicum focused on planning a health-promotion program that applied community assessment data findings and relevant national, state, and local health goals and objectives. Relevant *Healthy People 2020* objectives included the following: promote healthy diets, achieve healthy body weights, and increase the number of community-based organizations (such as FBOs) providing population-based primary prevention services for physical activity (U.S. Department of Health and Human Services, 2013). By the end of the second semester, the graduate student produced a program proposal, detailing a market plan, budget, resources, constraints, and process objectives with preidentified evaluation measures. Throughout the semester the graduate student met with leaders from Mt. Zion to finalize the program proposal and ensure it accurately reflected the values of the church.

During the third semester, the graduate student completed a 90-hour practicum consisting of program implementation and evaluation. This population-focused health-promotion program took place at Mt. Zion Baptist

Church, referred to as the *Habit for Health Challenge.*

The church planning committee began this endeavor with the hope that participating church members would develop healthy habits by the completion of the challenge, thus the program's name, *Habit for Health Challenge*. The program makes exercising and healthy eating fun and rewarding for both children and adults. Over a 6-week period, the program provides weekly exercise classes and challenges participants to make a healthy change 1 week at a time. At the end of the challenge, top-performing individuals and teams are rewarded prizes for their hard work. The program goals were to increase levels of physical activity and increase healthy eating among church members.

It is important to have strong collaboration between community partners and the church, which may foster a sense of community ownership of the health program.

TONING THE TEMPLE

To incorporate the church's vision, the theme for the *Habit for Health Challenge* was "Toning the Temple." Temple in this context refers to the physical body and toning refers to physical strengthening, with the idea that by improving health through diet and exercise, one's temple will be in better condition for worship and service. The biblical reference for this theme was, "Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honor God with your body" (1 Corinthians 6:19-20, NIV).

Church member evaluations of past health challenges noted they wanted an option to participate as an individual or to join a team; this option was incorporated. Church members who signed up individually recorded and reported their activities; members who signed up as a team had a team captain who recorded and reported team members' activities. Individuals and team captains received weekly emails containing words of encouragement, reminders of reporting activities (e.g., number of physical activity minutes), upcoming events (e.g., group exercise classes), and health education materials (e.g., healthy recipes). The *Habit for Health Challenge* applied culturally sensitive activities and materials such as opening sessions with prayer, using gospel music during exercise classes, sharing recipes from the American Heart Association (AHA) "Soul Food Cookbook," incorporating ideas voiced from the participants, and using a spiritual theme throughout all events.

Health information (blood pressure, weight, height, waist-to-hip ratio, and body mass index) was collected for each participant at the start/completion of the program. University nursing student volunteers and a nurse from the local health department obtained health data. Participants received a gift bag after obtaining their measurements.

The *Habit for Health Challenge* planning committee provided a different challenge weekly to foster healthy habits among participants, such as eating five servings of fruits/vegetables a day, no sodas for a week, and drinking eight cups of water daily. Points were awarded according to success in completing the weekly challenge, how many minutes a day participants exercised, and for attending scheduled exercise classes (taught by trained exercise instructors). At the end of the 6-week program, prizes were awarded to the three top-performing teams, and to the top two performing individuals (e.g., gift cards to healthy restaurants and/or athletic stores).

Church members who wanted to participate were recruited by advertisements distributed through emails, electronic announcements on hallway monitors, monthly newsletters, the health ministry bulletin board, and verbal announcements during worship services. Interested church members voluntarily registered as a team or as an individual participant, and obtained a handout explaining program guidelines. Participants could choose to end participation in the program at any time.

PROGRAM IMPACT

Mt. Zion collected data from the *Habit for Health Challenge* and the graduate student analyzed the data following Institutional Review Board approval. The data were de-identified for analysis purposes. Using EXCEL and Statistical Program for the Social Sciences version 18 software, a comparison of baseline and second data collections was conducted on blood pressure, weight, height, waist-to-hip ratio, and body mass index measures.

A total of 88 church members (30 males and 58 females), ranging from age 7 to 77 years, participated. The top-performing team exercised an average of 8.5 hours per week. The top-performing individual exercised an average of 12.5 hours per week.

Partnerships could potentially lead to the establishment of a national faith-based health research network, which could improve the health of the nation and decrease obesity rates.

Analysis of final results from the program revealed the following:

- 10% of the adults who participated in the initial and end data collections demonstrated a decrease in their body mass index of at least one point.
- 50% of adults had a systolic blood pressure < 130 at the initial data collection and diastolic blood pressure < 90; at the last data collection the adults within these ranges increased to 64%, a 14% increase in the number of adults with a recommended healthy blood pressure reading.

Having a collaborative partnership, as mentioned by Peterson et al. (2002), between the university and the church aided in the success of the *Habit for Health Challenge*. However, problems were identified that should be addressed in future replications of the program. During the second week of the *Habit for Health Challenge*, the guest exercise instructor canceled 2 days prior to the event. Furthermore, only four participants arrived for the class. Although the health ministry leader and graduate student were prepared to lead the class, it was decided to have a backup plan and to increase advertisement of classes. Fliers and sign-up sheets were posted on the health ministry bulletin board prior to events and announcements were made during worship services. In addition, an extra email was sent a week prior to an event encouraging participants to attend. As a result, exercise classes averaged 20 to 30 participants. For accountability, exercise instructors were called and confirmation emails sent.

The planning committee for future *Habit for Health Challenge* activities should consider scheduling in conjunction with other church activities to increase participation as suggested by some participants. During the *Habit for Health Challenge* the exercise classes were only offered on Saturday mornings based on availability of the facility and guest exercise instructors. A greater diversity in the types of exercise offered in the classes may increase participation. For example, participants' requested Zumba, which was added and recorded the highest attendance. In evaluations participants recommended having regularly scheduled Zumba, yoga, and line dancing in the future.

A total of 88 participants participated in the *Habit for Health Challenge*. However, health data only were collected on 50 participants (56.8%) during the first data collection and on 44 participants (50%) during the second data collection. To increase participant commitment to complete both sets of data collection, it may be useful to assess what prevented people from attending data collection days.

Some individuals did not register but unofficially participated in the program. These individuals stated, "I just want to be healthy. I'm not into competing." An assessment should be done on how to incorporate individuals who want to participate without feeling they have to compete.

Participants were asked to email their activity minutes to the planning committee. To make reporting easier and increase the consistency of reporting, a volunteer from the church web site developed the capability for future participants to submit their program activities securely online. This will decrease the workload of team captains. Safety measures are being developed to ensure only authorized persons have access to the information. Other recommendations include having a physical mailbox where participants can submit their minutes, and a computer available at church for those who do not have access to a computer at home.

PARTNERSHIP EVALUATION

Since the initiation of the agreement in 2009 between Mt. Zion and the university, students have had a presence in the church. Many of the church ministries have made special requests for the students to address health concerns. Students have written policies (i.e., automated external defibrillator), conducted community assessments, and provided health classes (i.e., heart health promotion, preventing sexually transmitted infections, and college preparation).

Maintaining this long-term partnership between the church and university has evolved into a trusting relationship. This trust has paved the way for other university–FBO partnerships. Furthermore, because Mt. Zion experienced a positive partnership, the church partnered with other organizations including "Be Our Voice," a collaborative program of the National Initiative for Children's Healthcare Quality (NICHQ, 2010) to fight childhood

obesity, the American Academy of Pediatrics, and the California Medical Foundation. Mt. Zion also partnered with the AHA in hosting *Go Red* worship services in support of a national campaign to end heart disease through education and awareness (AHA, 2013b). In 2012, Mt. Zion joined the AHA's *Heart360* program, an online system for individuals to track their health goals and numbers (i.e., weight and physical activity) (AHA, 2013a). These partnerships have helped Mt. Zion take steps to address obesity in its community.

Overall, the university–FBO partnership has been positive. All students who rotate through the church receive a general orientation. However, as the *Habit for Health Challenge* involved a greater amount of coordination and planning compared to previous projects, the graduate student was not familiar with the church's administrative process (i.e., process for reserving classrooms, deadlines for turning in announcements). In the future it is recommended that the health ministry leader conduct an additional orientation with students for complex health classes and programs.

CONCLUSION

The *Habit for Health Challenge* at Mt. Zion is a program unique to the Austin community. As Mt. Zion continues the program and implements improvements, it will continue to improve church members' overall health, which could lead to decreased obesity rates in the Austin area. In addition, the trusted partnerships established with the church, such as the university, nursing school, AHA, and Be Our Voice, have been successful in promoting health at Mt. Zion and its surrounding community. Perhaps such partnering can lead to the replication of similar programs within other FBOs. These partnerships could potentially lead to the establishment of a national faith-based health research network, which could improve the health of the larger community and nation (Asomugha et al., 2011) and decrease obesity rates, particularly among AA populations.

American Heart Association. (2013a). *Heart360*. Retrieved from https://www.heart360.org

American Heart Association. (2013b). *Go red for women*. Retrieved from http://www.goredforwomen.org/home/about-heart-disease-in-women

Asomugha, C. N., Derose, K. P., & Lurie, N. (2011). Faith-based organizations, science, and the pursuit of health. *Journal of Health Care for the Poor and Underserved*, *22*(1), 50–55.

Baskin, M. L., Odoms-Young, A. M., Kumanyika, S. K., & Ard, J. D. (2009). Nutrition and obesity issues for African Americans. In R. L. Braithwaite, S. E. Taylor, & H. M. Treadwell (Eds.), *Health issues in the Black community* (3rd ed., pp. 431–460). San Francisco, CA: Jossey-Bass.

Bopp, M., Lattimore, D., Wilcox, S., Laken, M., McClorin, L., Swinton, R., ..., Bryant, D. (2007). Understanding physical activity participation in members of an African American church: A qualitative study. *Health Education Research*, *22*(6), 815–826. doi:10.1093/her/cyl149

Centers for Disease Control and Prevention. (2010). *Compared with whites, Blacks had 51% higher and Hispanics had 21% higher obesity rates*. Retrieved from http://www.cdc.gov/Features/dsObesityAdults/

Centers for Disease Control and Prevention. (2011a, March 3). *Overweight and obesity: Health consequences*. Retrieved from http://www.cdc.gov/obesity/causes/health.html

Centers for Disease Control and Prevention. (2011b, July 21). *Overweight and Obesity: U.S. obesity trends*. Retrieved from http://www.cdc.gov/obesity/data/trends.html

Centers for Disease Control and Prevention. (2011c, October 12). *Childhood overweight and obesity*. Retrieved from http://www.cdc.gov/obesity/childhood/index.html

Cowart, L. W., Biro, D. J., Wasserman, T., Stein, R. F., Reider, L. R., & Brown, B. (2010). Designing and pilot-testing a church-based community program to reduce obesity among African Americans. *The ABNF Journal: Official Journal of The Association Of Black Nursing Faculty In Higher Education, Inc., 21*(1), 4–10.

DeHaven, M. J., Hunter, I. B., Wilder, L., Walton, J. W., & Berry, J. (2004). Health programs in faith-based organizations: Are they effective? *American Journal of Public Health*, *94*(6), 1030–1036.

Ellis, J. L., & Morzinski, J. A. (2013). Training lay volunteers to promote health in central-city African American Churches. *Journal of Christian Nursing, 30*(2), 112–116. doi:10.1097/CNJ.0b013e318283ba3a

Finkelstein, E. A., Trogdon, J. G., Cohen, J. W., & Dietz, W. (2009). Annual medical spending attributable to obesity: Payer-and service-specific estimates. *Health Affairs*, *28*(5), w822–w831. doi:10.1377/hlthaff.28.5.w822

Franklin, J., Denyer, G., Steinbeck, K. S., Caterson, I. D., & Hill, A. J. (2006). Obesity and risk of low self-esteem: A statewide survey of Australian children. *Pediatrics*, *118*(6), 2481–2487. doi:10.1542/peds.2006-0511

Freedman, D. S. (2011). *Obesity—United States, 1988–2008*. Morbidity and Mortality Weekly Report. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a15.htm?s_cid=su6001a15_w

Harris, L. H., Parrish, T., Obano, N., Downing, B., & McAllister, N. (2007). State and historically black colleges and universities' collaboration to improve cancer care to underserved populations. *Journal of National Black Nurses Association, 18*(1), 30–35.

Jia, H., & Lubetkin, E. I. (2010). Trends in quality-adjusted life-years lost contributed by smoking and obesity. *American Journal of Preventive Medicine*, *38*(2), 138–144. doi:10.1016/j.amepre.2009.09.043

Levy, S. R., Baldyga, W., & Jurkowski, J. M. (2003). Developing community health promotion interventions: Selecting partners and fostering collaboration. *Health Promotion Practice, 4*(3), 314–322. doi:10.1177/1524839903252565

Lovanio, K., & Wallace, M. (2007). Promoting spiritual knowledge and attitudes: A student nurse education project. *Holistic Nursing Practice*, *21*(1), 42–47.

Mt. Zion Baptist Church. (2008). *Vision statement*. Retrieved from http://mtzion-baptist.org

National Initiative for Children's Healthcare Quality. (2010). *Be Our Voice*. Retrieved from http://www.nichq.org/advocacy

National Service Resources. (n.d.). *FACES AmeriCorps applicants toolkit: Reference sheet #1 (Definitions of FBOs and CBOs)*. Retrieved from http://www.nationalserviceresources.org/faces-toolkit-ac-ref-1

Office of the Surgeon General. (2007). Testimony before the Subcommittee on Education Reform Committee on Education and Workforce United States House of Representatives: *The obesity crisis in America*. Retrieved from http://www.surgeongeneral.gov/news/testimony/obesity07162003.htm

Otterness, N., Gehrke, P., & Sener, I. (2007). Partnerships with faith communities. *Journal of Nursing Education, 46*(1), 39–44.

Peterson, J., Atwood, J. R., & Yates, B. (2002). Key Elements for church-based health promotion programs: Outcome-based literature review. *Public Health Nursing*, *19*(6), 401–411.

Simoes, E. J., & Sumaya, C. V. (2010). Protecting and enhancing health: Community engagement, collaborations, and incentives for prevention. *The Journal of Primary Prevention 31*(1–2), 21–29.

Steinman, K. J., Wright, V., Cooksey, E., Myers, L. J., Price-Spratlen, T., & Ryles, R., (2005). Collaborative research in a faith-based setting: Columbus Congregations for Healthy Youth. *Public Health Reports, 120*(2), 213–216.

Strauss, R. S. (2000). Childhood obesity and self-esteem. *Pediatrics*, *105*(1), e15.

Strine, T. W., Mokdad, A. H., Dube, S. R., Balluz, L. S., Gonzalez, O., Berry, J. T., ..., Kroenke K. (2008). The association of depression and anxiety with obesity and unhealthy behaviors among community-dwelling US adults. *General Hospital Psychiatry, 30*(2), 127–137. doi:10.1016/j.genhosppsych.2007.12.008

Tiew, L. H., Creedy, D. K., & Chan, M. F. (2012). Student nurses' perspectives of spirituality and spiritual care. *Nurse Education Today*. Online publication. doi:10.1016/j.nedt.2012.06.007

Timmons, S. M. (2010). African American church health programs: What works? *Journal of Christian Nursing*, *27*(2), 100–105. doi:10.1097/CNJ.0b013e3181cfb1f3

U.S. Census Bureau. (2011). *American fact finder*. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml

U.S. Department of Health and Human Services. (2013, March 8). *Healthy People 2020: Topics and objectives*.

Young, D. R., & Stewart, K. J. (2006). A church-based physical activity intervention for African American women. *Family & Community Health*, *29*(2), 103–117.

Zahner, S. J., & Corrado, S. M. (2004). Local health department partnerships with faith-based organizations. *Journal of Public Health Management and Practice, 10*(3), 258–265.

Instructions for Taking the CE Test Online

- Read the article. The test for this CE activity can be taken online at www.NursingCenter.com/CE/CNJ
- There is only one correct answer for each question. A passing score for this test is 13 correct answers. If you pass, you can print your certificate of earned contact hours and the answer key. If you fail, you have the option of taking the test again at no additional cost.
- If you prefer to mail in the test, access it and the enrollment form at www.journalofchristiannursing.com. Print the enrollment form and mail it with payment to the address listed. You will receive your earned CE certificate in 4 to 6 weeks.
- Visit www.nursingcenter.com for other CE activities and your personalized CE planner tool.
- For questions or rush service options, contact Lippincott Williams & Wilkins: 1-800-787-8985.

Registration Deadline: March 31, 2016

Disclosure Statement:

The author and planners have disclosed that they have no financial relationships related to this article.

Provider Accreditation:

Lippincott Williams & Wilkins, publisher of Journal of Christian Nursing, will award 2.0 contact hours for this continuing nursing education activity.

Lippincott Williams & Wilkins is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This activity is also provider approved by the California Board of Registered Nursing, Provider Number CEP 11749 for 2.0 contact hours. Lippincott Williams & Wilkins is also an approved provider of continuing nursing education by the District of Columbia and Florida CE Broker #50-1223. Your certificate is valid in all states.

The ANCC's accreditation status of Lippincott Williams & Wilkins Department of Continuing Education refers only to its continuing nursing educational activities and does not imply Commission on Accreditation approval or endorsement of any commercial product.

Payment and Discounts:

- The registration fee for this test is $24.95 for nonmember; $17.95 for NCF members.
- We offer special discounts and institutional bulk discounts for multiple tests. Call 1-800-787-8985 for more information.

CE For additional continuing education articles related to faith community nursing go to NursingCenter.com/Inc/CEConnection and search "faith community nursing."