

ABSTRACT: Faith-based health promotion (FBHP) is a concept utilized across multiple disciplines, including nursing, public health, government, social work, and medicine. This article presents a hybrid concept analysis of FBHP and construction of a working definition for further investigative study. Defining FBHP is especially valuable for faith community nurses (FCNs), public health nurses, and other healthcare professionals who seek to study and offer FBHP. The relationship and application of FBHP to FCN practice is explored.

KEY WORDS: faith-based, faith community nursing, faith-informed, health promotion, hybrid concept analysis, public health

CE 1.5 contact hours

What Is Faith-Based Health Promotion?

A Working Definition **By Chrysanthe Patestos**



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Individual faith, as well as participation in faith-based activities, has been clearly identified as a protective factor toward healthier lifestyle choices (Koenig, King, & Carson, 2012; Tettey, Duran, Andersen, & Boutin-Foster, 2017). Simultaneously, the partnership of community and faith-based organizations has been recognized as valuable in meeting the human service needs of communities (Duff & Buckingham, 2015; Levin, 2016; Young, Patterson, Wolff, Greer, & Wynne, 2015). Utilizing faith-based organizations for faith-based health promotion (FBHP) can impact health outcomes and help meet local, state, and national health objectives.

UNDERSTANDING FAITH-BASED HEALTH PROMOTION

Faith-based health promotion is a foundation of faith community nursing practice. However, little research has been done to evaluate FBHP outcomes, due, in part, to a lack of clarity regarding the concept of FBHP. By conducting a concept analysis of FBHP, a deeper meaning may be extracted, insight regarding measurement of FBHP can be offered, and direction can be offered to nursing practice.

A hybrid concept analysis was chosen to explore FBHP because it includes theoretical analysis of the concept across disciplines and empirical observation and measurement in practice. Schwartz-Barcott and Kim presented a three-phase process for concept development in 1986, which they expanded and elaborated upon in 2000 (McEwen & Wills, 2014). The three phases include the *theoretical*, the *fieldwork*, and the *analytical* phases.

The theoretical phase requires consideration in selecting a concept that

has relevance to nursing, followed by an interdisciplinary literature search across disciplines to which the concept may apply. The literature search aims to explore the nature of the concept and further examine its measurement and definition. At the end of the theoretical phase, a working definition emerges.

The fieldwork phase provides support for the working definition, seeking to further refine the concept by

A hybrid concept analysis...includes theoretical analysis of the concept across disciplines and empirical observation and measurement in practice.

selecting cases, and gathering and analyzing data. Exploration of environment and participants are foci of the fieldwork stage, using a qualitative approach.

The final analytical phase examines data from the first two phases. This phase is guided by questions that address the relevance to nursing, presence of the concept in current literature, and the justification of the concept selection. McEwen and Wills (2014) list possible concept analysis results, which include supporting the current meaning, discovering a different definition, completely redefining the concept, or discovering a new way to measure the concept. The analytical phase is the written report of the findings, either as a field study or as a concept analysis.

THEORETICAL PHASE: THE LITERATURE

A literature search was done through EBSCOhost including the Academic Search Premier, Alt HealthWatch, CINAHL with Full Text, and MEDLINE databases. Key words were *faith-based*, *health*, and *promotion*, utilizing the Boolean operator AND between each key word. Filters for

“English language” and “peer-reviewed articles” were applied. The search yielded 258 articles. A geography filter was applied to eliminate literature focused on studies outside of the United States, to address the language, grammar, and contextual influences that may impact expression, understanding, or use of the term “faith-based health promotion” as it is used in the United States. The application of the geography filter reduced the yield to 139. Articles that included the terms “faith-based” or “church” or “parish” or “religious congregation” or “religious” and “health promotion” or “health” in either the article title or subject were selected for the final list of 90 articles.

An additional search was done through Proquest’s Religion Database, using the search terms “faith-based health promotion” and applying the filter “peer reviewed” and the location filter “United States.” The Proquest search yielded 11 articles, 5 of which included the terms “faith-based” or “church” or “parish” or “religious congregation” or “religious” and “health promotion” or “health” in either the article title or article description. The aim of the literature review was to answer the questions: What is the essential nature of FBHP? How has FBHP been defined in the literature? How is FBHP measured?

FIELDWORK: DEFINING FBHP

Since the concept FBHP was identified in the previous stage, the fieldwork stage focused on defining FBHP and identifying measurements of FBHP in the literature. Cases were selected to include a broad range of concept usage, with particular attention to those from different study fields and a variety of educational topics. Attempts were made to select studies that represented diverse study participants; however, the search revealed that most studies focused on one specific ethnic or racial aggregate. Table 1 lists the final selection of the 14 FBHP studies examined.

Although not all the studies use the exact term FBHP, those that described health promotion activities in conjunction



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with faith were included. Evaluation revealed four common themes for use of the concept:

- Faith-based health promotion as faith intervention;
- Faith-based health promotion in an environmental context;
- Faith-based health promotion as faith intervention and in an

environmental context (herein referred to as *hybrid FBHP*);

- Faith-based health promotion as access to a specific cultural aggregate.

Studies were categorized based on contextual themes as illustrated in Table 1. Studies that could be considered as exhibiting more than one theme were indicated under each applicable theme.

Faith-based health promotion as faith intervention. Studies categorized as FBHP as faith intervention examined programs with a strong focus on religion and inclusion of religious materials, biblical references, or guidance from spiritual leaders in the form of health-related sermons. Cowart et al. (2010) studied *The Genesis Health Project*, an FBHP project

Table 1: Category of Contextual Themes of Faith-Based Health Promotion Studies

Abbreviated Reference	Context	FBHP Faith Intervention	FBHP Environmental Context	Hybrid FBHP	FBHP as Access to a Specific Aggregate
Allen et al. (2014). Dimensions of religiousness and cancer screening behaviors among church-going Latinas.	Religion & Health	X			X Latinas
Baig et al. (2014). Integrating diabetes self-management interventions for Mexican-Americans into the Catholic church setting.	Religion & Health		X		X Mexican Americans
Beard et al. (2016). Determinants of implementation effectiveness in a physical activity program for church-going Latinas.	Community Health		X		X Latinas
Cowart et al. (2010). Designing and pilot-testing a church-based community program to reduce obesity among African Americans.	Nursing			X	X African Americans
Kotecki (2002). Developing a health promotion program for faith-based communities.	Nursing		X		X African Americans
Levin & Hein (2012). A faith-based prescription for the Surgeon General: Challenges and recommendations.	Religion Government Public Health		X		
Lewis (2008). Spiritual assessment in African-Americans: A review of measures of spirituality used in health research.	Religion & Health	X			X African Americans
Matthews et al. (2006). A qualitative evaluation of a faith-based breast and cervical cancer screening intervention for African American women.	Public Health			X	X African American women
Dyess (2015). Exploration and description of faith-based health resources: Findings inform advancing holistic health care.	Nursing			X	
Parker et al. (2013). Helping to create an age-friendly city: A town & gown community engagement project.	Religion & Social Work			X	X Elderly
Reinert et al. (2008). Collecting health data with youth at faith-based institutions: Lessons learned.	Public Health Medicine		X		X African Americans, Youth
Schwingel & Gálvez (2016). Divine interventions: Faith-based approaches to health promotion programs for Latinos.	Religion & Health			X	X Latinos
Young et al. (2015). Empowerment, leadership, and sustainability in a faith-based partnership to improve health.	Public Health Medicine		X		X African Americans
Zotti et al. (2006). Evaluation of a multistate faith-based program for children affected by natural disaster.	Public Health Nursing			X	X Children

to reduce obesity and promote healthy lifestyles among African-Americans in Syracuse, New York. Ministers from six Black churches were recruited to lead the project. Key components were direct pastor involvement, inclusion of prayer at every meeting, and integration of biblical references in health promotion content. Two of the 14 studies were identified for this category.

Faith-based health promotion in an environmental context. Studies categorized as FBHP with an environmental context did not include religious content. Rather, these described health promotion programs that occurred in faith-based settings. For example, Beard, Chuang, Haughton, and Arredondo (2016) examined *Faith in Action*, a California church-based program aimed at increasing physical activity of Hispanic women. This program incorporated multiple levels of intervention, including physical activity, social support, access to rooms, and increasing entrance to safe parks. Clergy were not directly involved, and health promotion did not specifically contain religious references. Six of the 14 studies were identified for this category.

Hybrid faith-based health promotion. Studies categorized as hybrid FBHP focused on both the setting and religion or spirituality, intentionally integrating religious content in health promotion activities. Schwingel and

Resources for Health Promotion Planning

- Local city, county, and state health departments
- Disease-specific organizations such as:
 - American Heart Association—www.heart.org
 - American Cancer Society—www.cancer.org
- American Public Health Association—www.apha.org
- Centers for Disease Control and Prevention—www.cdc.gov/healthyliving
- Healthy People 2020 (and its variations such as Healthy Rural People)—www.healthypeople.gov
- World Health Organization—www.who.int
- Health Promotion Resource Center—www.aahd.us/resource-center/
- Wellness and Health Promotion Resources—www.naspa.org
- National Institutes of Health—search “faith-based health promotion” at www.nih.gov
- U.S. Department of Health & Human Services Faith-Based Strategic Goal 2—www.hhs.gov/about/strategic-plan/strategic-goal-2/index.html
- Best Practices in Global Health Missions—www.bpghm.org/health_topics/health-promotion-education
- Global Resource Center: Faith Based Organizations—www.hrresourcecenter.org/taxonomy_menu/1/118.html
- Westberg Institute for Faith Community Nursing—www.westberginstitute.org
- Spiritual Care Association—www.spiritualcareassociation.org

Gálvez (2016) developed a program for a specific cohort of Hispanic women ages 50 and over, who attended the same faith community. The program specifically included a religious component, with each meeting reflecting Roman Catholic teachings related to the health promotion content. Six of the 14 studies were identified as hybrid.

Faith-based health promotion as access to a specific cultural aggregate. Of the 14 selected cases, 12 focused on FBHP involving a specific ethnic, racial, or age-group. Prior to the final selection, it was noted that most FBHP

described in the literature focused on African-American or Hispanic populations. Data from the HealthyPeople 2020 Nutrition, Physical Activity and Obesity Leading Health Indicator show that African-Americans and Hispanics have lower rates of meeting the Federal Physical Activity Guidelines. Additionally, Hispanics and Black non-Hispanics have the highest obesity rates, 44.9% and 48% respectively (HealthyPeople.gov., 2017). Literature results may reflect investigators’ awareness of these statistics, intentional alignment with national health objectives, and the overall goal to promote health in groups whose participants are statistically at greater risk for issues addressed in the FBHP program.

Measurement of faith-based health promotion. The literature review produced little information regarding empirical measurement of FBHP. Rather, studies noted measurement of either health outcomes as a result of FBHP activities (Coward et al., 2010), or measurement of spirituality as it relates to healthy behaviors (Lewis, 2008). One study succeeded in measuring the combined effect of faith and health promotion through a qualitative approach by incorporating in-depth interviews of participants (Schwingel & Gálvez, 2016).

Specific definitions of FBHP could not be found. The closest definition, although older and not descriptive of faith community nursing today, was offered by

The concept of FBHP is important in community-oriented nursing practice.



Kotecki (2002) in her comparison of *faith-based initiatives* to parish (faith community) nursing:

Faith-based initiatives are inherently different from parish nursing. Faith-based initiatives potentially bring together community members, local congregations, and government influence in the form of funding. Parish nursing is more inclusive.

Generally, nurses within the same denomination provide care for members of a congregation. Thus, the spiritual belief system is shared between patient and nurse. In faith-based initiatives, persons of different faiths may come together to plan, implement, and receive the benefits of the program. p. 62

Kotecki's description of faith-based initiatives describes one aspect of FBHP, which is the collaborative approach of stakeholders to address community health. However, this definition does not address the *faith* in FBHP.

Today, faith community nursing is a specialty practice, and faith community nurses (FCNs) practice across denominational and cultural lines. In 2002, many FCNs were exclusively serving members of a particular congregation (not necessarily their own). Currently, FCNs focus as much on community outreach as they do for the members of a congregation. They also collaborate with stakeholders to address community health. Faith-based initiatives are a tool used by FCNs.

Working definition of faith-based health promotion. The following working definition of FBHP was constructed from the analysis of literature:

Faith-based health promotion is a concept which recognizes the value of intentional integration of faith-informed content in health education and health counseling programs which aim to promote health, prevent disease, or lower risk of disease at the individual, community, and societal levels.

ANALYSIS: VALIDATING THE DEFINITION

The concept of FBHP is important in community-oriented nursing practice, particularly for specialties such as faith community nursing, public health nursing, and community health nursing. FBHP can be included in strategic plans to help meet local, state, and national health goals. However, the lack of consistent measurement of FBHP outcomes and the elusiveness of a conceptual definition creates challenges in utilizing FBHP as an evidence-based strategy to address health. The working definition of FBHP suggested here can assist nurse researchers in developing measurement tools that address the whole of what FBHP is, and

Faith-Based Health Promotion: A Faith Community Nursing Perspective

What is Faith Community Nursing?

The specialty practice of *parish nursing* was first recognized by the American Nurses Association (ANA), and a Scope & Standards of Practice was first developed in 1998. The title was changed to Faith Community Nursing with the 2005 revision of the Scope & Standards (ANA & Health Ministries Association [HMA], 2017). Although all nurses provide some form of spiritual care, the spiritual care education offered in most undergraduate nursing programs typically is minimal. Faith community nursing, however, is a:

specialized practice of professional nursing that focuses on the intentional care of the spirit, as well as the promotion of whole-person health and the prevention or minimization of illness within the context of a faith community and the wider community (ANA & HMA, 2017, p. 8).

Faith community nurses (FCNs) prepare by acquiring additional education in spiritual care, theology, religion, and denomination-specific foci and courses. To be recognized as an FCN, preparation for FCN practice can be gained through the *Foundations of Faith Community Nursing Curriculum*, created by the Westberg Institute. At the postbaccalaureate or graduate level, several nursing schools have developed curricula on faith community nursing. In recent years, seminaries and chaplaincy education organizations have begun offering courses for nurses interested in providing spiritual care (Healthcare Chaplaincy Network/Spiritual Care Association, 2017).

How does FCN practice include health promotion?

An important aspect of FCN practice is health promotion from a wholistic perspective. According to Standard 5b of the *Faith Community Nursing: Scope & Standards of Practice*, the FCN, "uses health promotion and health teaching methods in collaboration with the healthcare consumer's values, beliefs, health practices, developmental level, learning needs, readiness and ability to learn, language preference, spirituality, culture, and socioeconomic status" (ANA & HMA, 2017, p. 59). In other words, FCNs customize health promotion to fit the needs and faith beliefs of the person(s) being served.

FCNs practice in all major religions and denominations internationally. To use a definition applicable to all FCN practice, the World Health Organization (WHO) definition of health promotion is favored over a specific faith-based health promotion (FBHP) definition. According to the 2014 *Foundations of Faith Community Nursing Curriculum*, Unit III, Wholistic Health, Health Promotion Module, the WHO health promotion definition "is based on the positive and inclusive concept of health (physical, mental, social, and spiritual) as a critical human right and determinant of the quality of life everyone should have" (International Parish Nurse Resource Center [IPNRC], 2014, p. 2).

The WHO definition reads: "Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior toward a wide range of social and environmental interventions" (2018, para 1). It is important for FCNs to remember that each person may define health differently, based on culture and faith beliefs. To provide high-quality health promotion, FCNs must provide culturally and faith-belief appropriate information to individuals, families, groups, communities of faith, and the larger community in several ways:

- **Teaching and education, both formal and informal.**

FCNs may provide educational information for distribution; create articles for congregational websites, newsletter, and bulletins; provide classes; visit groups to provide programs; share information during

casual conversation before or after worship services or at home visits; demonstrate a technique during a home visit; or take a group on a field trip to read food labels. Education is planned to fit the need.

- **Advocacy.** FCNs not only act as a voice for the voiceless, they assist individuals and groups to find their voices. This may be accompanying an individual on a healthcare visit after assisting the individual to create a list of questions to ask the provider, or, more in depth, such as creating a partnership with a local hospital to provide mobile mammogram services for the community.
- **Personal health coaching.** Health coaching assists individuals to focus on specific health concerns. The FCN provides guidance so individuals can explore options, create plans of action, implement change, and assess the results within the boundaries of their personal culture and belief system.
- **Utilization of community resources.** FCNs navigate both the health/illness and the faith aspects of those in the communities they serve. Health promotion is supplemented by partnerships, gathered information about services and eligibilities, and referrals to service organizations.
- **Congregation, denomination, and public policy.** In certain circumstances, FCNs may take health promotion to a higher level by becoming active within congregational and denominational boards and committees. FCNs also can get involved in public policy when issues, such as environmental risks or lack of care, threaten the community.

For all components, the result is the empowerment of individuals, groups, congregations, and communities to strive and achieve improved wholistic health.

Is there a difference in FBHP and health promotion in FCN practice? Faith community nursing practice focuses on the intentional care of the spirit. From this practice perspective, all health promotion strategies are faith-based. For this reason, there is rarely a differentiation between “faith-based health promotion” and “health promotion” in FCN literature, education, and research.

How do FCNs provide health promotion services?

Key features of health promotion for FCNs include four components. The first is to maintain a wholistic view of health. In addition to culture and faith, an individual’s view of health is created from influences, such as education, health literacy, financial status, availability of services, tradition, social influences, and opinions of both the faith community and family faith leader. FCNs consider these perspectives when assessing and planning health promotion strategies.

For example, encouraging an individual to address physical health also requires consideration of social, financial, transportation, spiritual, or other challenges.

- **Case Study:** Mary, a member of the congregation you serve as an FCN has been directed by her Primary Care Provider to increase her physical activity. She is overweight, prediabetic, and reports being “very stressed.” A helpful and simple solution, it would seem, is for her to attend the free evening Christian music exercise class, held at your church at 6:00 p.m. two evenings a week. Mary has no car. Her husband does not arrive home until 7:00 p.m., and there is no public transportation between Mary’s house and the church. She has three children living at home, all under age 12, and no money for childcare. If Mary is at exercise class, she will be unable to fix an evening meal for her family. As the FCN,

what health promotion options might you offer to increase her physical activity in a way that is spiritually nurturing?

A second component of FCN health promotion is a focus on participatory approaches that encourage individuals to become part of their health promotion planning and implementation.

- How might you involve Mary in the planning and implementation of physical activity in a way that is appropriate for her situation, cultural traditions, and faith beliefs? Once she has implemented the plan, how will you assist her to evaluate and modify her approach?

The third component of health promotion is a focus on the social determinants of health.

- Are there additional social, environmental, economic, or other factors that need consideration with Mary?

The final component is to build on existing strengths.

- How might you assist Mary to discover assets and strengths available to her physically, mentally, socially, and spiritually? (IPNRC, 2014, pp. 1–29).

Is health promotion “one-size-fits-all”?

While providing intentional care of the spirit, FCNs customize health promotion to fit individuals, groups, congregations, and communities in a way that takes into consideration the person’s “values, beliefs, health practices, developmental level, learning needs, readiness and ability to learn, language preference, spirituality, culture, and socioeconomic status” (ANA & HMA, 2017, p. 59). Health promotion is first customized to meet the need and restructured as needs are met or new needs emerge. Although the intention and foundations of practice are the same, each FCN practices differently, based on his/her gifts and strengths and the characteristics and need of those being served.

In 2006, Shelly and Miller beautifully described FBHP as a practical theology of Christian nursing:

Because God’s love is active and empowering, our theology must also be practical and dynamic. In nursing, knowing God’s love impels us to care for anyone in need, as it has always inspired nurses in the past. Nursing demonstrates God’s love in a ministry of compassionate care for the whole person—physical, psychosocial, and spiritual. It aims to foster optimum health and bring comfort in suffering and death. The health toward which we strive is part of the greater work of God in his people to bring completeness, soundness, and well-being (shalom) to the total person—in relationship to God, self, others, and the environment. Nursing is a work of God’s grace. We are privileged to share in that work . p. 259
—Sharon Hinton, JCN contributing editor

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how FBHP is operationalized in the context of nursing practice. Future research needs to include going into the field and observing FCNs doing FBHP to help validate the definition. The sidebar by Sharon Hinton in this article provides another perspective on FBHP from the community FCN perspective. Through defining terms, and by conducting research and disseminating the results, valuable contributions to FBHP will be made. 

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