Tell A Church - Lessons Learned From a Church-based Tuberculosis Health Education Program

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ABSTRACT
Historically, the church has been the center of the African American community – contributing to the spiritual and physical well-being of its congregations. Community health education outreach utilizing African American churches could prove effective but is often neutralized by historical feelings of distrust in research and outreach by secular organizations. During the summer of 2007, the "Think TB" project, a tuberculosis education program, attempted to utilize the church as a health education venue and overcome the historical hurdles that usually hamper church-based health education promotion. This paper discusses the "Think TB" program's challenges and successes.
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Introduction - Why the Church?

Public health professionals have been searching constantly for a successful venue for effective health promotion to reach African Americans. Public service announcements on various media conduits and health education dissemination through health fairs have been used extensively with varying effects (Thorson & Beaudoin, 2007; Mayer, Cornell, & Villaire, 2004). Currently, the church has become a targeted venue to initiate health dialogues (Hatch & Derthick, 1992) with African Americans because the church plays a pivotal role in the emotional, social and spiritual lives of this community (Taylor & Chatters, 1986; Campbell et al., 2007). However, before presenting to congregations, health educators must address issues of access, cultural and spiritual sensitivity, and topic appropriateness. If prepared properly, receptive church audiences will welcome honed presentations that address the aforementioned factors, and embrace educational messages regarding pertinent health topics.

This paper outlines several lessons learned as a result of implementing the "Think TB" program throughout several Gainesville, Florida churches and offers directions for future church-based health promotions that seek to work with African American churches.

Think TB: Spread the Word, Not the Disease - Background

In the summer of 2007, the Rural Women's Health Project, in partnership with the Alachua County Health Department, created a health education program for the African American community regarding tuberculosis. The health education-promotion program, entitled "Think TB," was administered by two University of Florida – Area Health Education Center 'Community Health Scholars' – neither of whom was from the priority community. The "Think TB" program attempted to address preexisting issues of cultural and spiritual sensitivity and topic appropriateness in regards to tuberculosis education. However, church accessibility and project timing issues limited dissemination. The "Think TB" program was based on the health belief model (Becker, 1974; Glanz, Lewis, & Rimer, 1997) and aimed to alert participants to their susceptibility to tuberculosis, the threat the disease posed, the benefits of being screened, and recognizing common TB symptoms.

Skepticism and Scheduling

Historically, African Americans have exhibited a high level of skepticism regarding health programs sponsored by the government. This historical mistrust is often attributed to the consequences of the Tuskegee Syphilis Study of 1932 until 1972. It not only has affected health department outreach, but also has limited the accessibility of the African American community, especially within the church, to community-based health organizations (Blumenthal & DiClemente, 2004; Katz et al., 2007). The skepticism about health "research" from various institutions, regardless of the aim of the research, has led to a disconnect between the church and health or academic institutions. When the "Think TB" education program was ready to be initiated, church diffusion was the central objective of the program. "Think TB," although designed as an educational initiative, was described at first to church contacts as a "summer research project," which undoubtedly led to initial resistance from solicited churches. In retrospect, the language used to describe the aims of "Think TB," may have led to some early access barriers. However, even in the churches where access

was granted; church "gate-keepers" had to be convinced that the project was primarily educational.

The "Godfather syndrome" (asking an influential individual for permission to speak with a prospective group) was experienced in communications with each of the 32 prospective churches. Whereas a majority of these churches expressed an interest in hosting the "Think TB" educational workshop, in many churches the scholars were unable to reach a 'gatekeeper." The unavailability of prospective gatekeepers coupled with sporadic contact from semi-interested churches led the scholars to realize that patience and flexibility would be essential in the scheduling of "Think TB" sessions.

Knowledge Dissemination through the Grapevine

Host churches for the "Think TB" health education sessions provided receptive audiences that were eager to learn about a health problem prevalent in their community. Participants responded to the program's method of delivery because the "Think TB" program utilized popular education approaches, such as upbeat and lively presentation techniques that solicited church members' comments. There was also a section during the presentation that featured participants contributing their comments regarding the connection between faith and health that were amalgamated into a large poster and presented back to the respective church contact during a follow-up interaction as a gift of appreciation.

The presentations also featured take-home materials that participants could use to educate other members of their community. By educating the leaders and members of the church, the "Think TB" program envisioned rapid dissemination of knowledge throughout the African American community because, according to one church member and participant, "everybody knows somebody who goes to church, and we love to spread the word!" To encourage church members who attended the "Think TB" presentations to inform others about what they learned, participants were challenged with the fact that "a person with active tuberculosis can infect six other individuals – how many people could a person with active tuberculosis knowledge infect?"

The "snowball effect" of health education dissemination was effective – so effective that the program's main contact reported an increase in probable tuberculosis cases reported by the community at the Alachua County Health Department. Because the community was now aware of the symptoms of tuberculosis infection and the services available at the health department, participating church members and individuals reached by newly educated church members were now able to refer suspected tuberculosis cases. Although several cases were not tuberculosis-related, personnel from the health department were pleased to be utilized by the community. Another unintended consequence of the snowball effect within the African American community was an increased interest in the "Think TB" presentation program. When the initially recruited churches discovered that a neighboring church had hosted a "Think TB" session, the scholars and implementing organizations, received several calls from previously recruited and non-recruited churches to host the "Think TB" health education session. The 'informal grapevine' within the African American church community led to an increase of awareness regarding the program and references for the program and the scholars. Ultimately, no other churches could be accommodated due to the project's completion date. However, the lesson learned from the "informal grapevine" was that if future church-based programs hoped to gain traction and access to churches; patience, flexibility and an initial session with one church would aid in accessing more churches.

Church-based Health Education Works

When granted church member access, an innovative, interactive and exciting health education and health promotion program can be an effective tool within the church. At the conclusion of each "Think TB" health education session, participants consistently stated that they were unaware of the health department's services and were pleased to know that the health department offered health education programs tailored to churches. The lack of participant awareness of health department services illuminates the ongoing problematic cycle between the African American church and the health department. Historical mistrust and issues of health-topic appropriateness have created barriers for reaching the church. The health department has had difficultly gaining access and subsequently has had difficulty programming in-church educational services. "Think TB" aimed to alter this cycle and bridge the gap between the health department and church by presenting a culturally and spiritually sensitive health education session. The program aimed to have consistent and sustained follow-up with the churches to show accountability and illustrate that the health department and partner institutions were concerned about educating the African American community at church

Regardless of the real or perceived barriers, church-placed health education works to reach a segment of the community not often catered to by its local health department. After dealing with issues of access, well-planned and implemented health

education programs with genuine follow-up can lead to health message traction and dissemination among African American church members and their community. Some "tips" for improving the likelihood for success are given in Table 1.

According to an old adage, to disseminate a message effectively one should telephone, television and tell a woman. The lessons learned from the "Think TB" program have demonstrated that effective health promotion will occur when health educators and promoters telephone, television and tell a church.

Table 1. Tips for Success in Disseminating Health Messages

Define the aims of the program	Well-defined goals help to quickly summarize your program to 'time-crushed' gatekeepers.
Meet face-to-face with church gate-keepers	An in-person meeting with a church gatekeeper will help to increase your program's credibility and build trust between you and the respective church.
Be reverent to both the cultural and spiritual sensitivity of the specific church	Some health messages may not be inline with church doctrine or community messages – so tailor your intervention appropriately. Attempt to understand the values and belief systems of the church and when in doubt ask the gatekeeper.
Practice flexibility and patience	Any opportunity, even if it's just 5 minutes, is an opportunity worth accepting. What is important is meeting the church on their terms.
Follow-up with the church	Consistent follow-up and contact with the church builds long-term trust as well as develops future partnerships.

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