

Social and Environmental Supports for Healthy Eating and Physical Activity in Rural Churches



Michelle C. Kegler*, Cam Escoffery*, Iris Alcantara*, Johanna M. Hinman*, Ann Addison+, Karen Glanz*

*Emory Prevention Research Center (EPRC), +Primary Care of Southwest Georgia & EPRC Community Advisory Board

Introduction

The prevalence of obesity is increasing among the U.S. adult population. Obesity is a risk factor for diabetes, cardiovascular diseases, and musculoskeletal disorders.

Rural residents face many challenges to a healthy lifestyle. **Social factors** (i.e., low SES) that are more common in rural areas have been linked to obesity and poor diet quality. **Structural factors** contributing to obesity in rural areas include distance to supermarkets, fewer exercise facilities, sidewalks, and streetlights, and safety concerns.

Social support can also impact these health behaviors.

A **multisectoral approach** is needed for action to prevent obesity through healthy eating behaviors and regular physical activity.

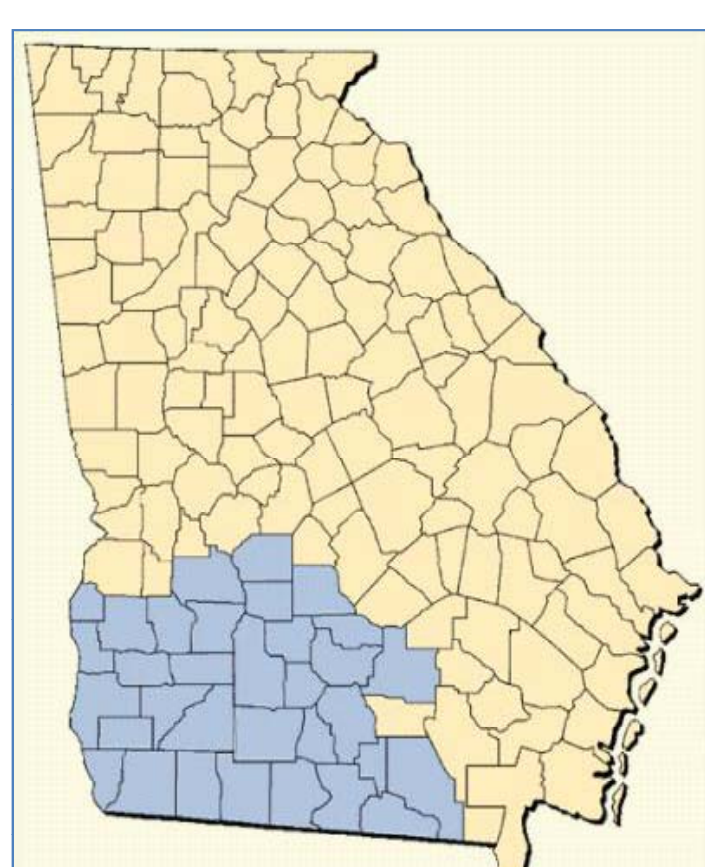


As a prominent institution in the lives of many rural residents, the **church** – and its **social and environmental** context – may contain leverage points for obesity prevention.

Purpose

The purpose of this **qualitative study** was to provide an in-depth understanding of how the church environment may affect healthy eating and physical activity in rural communities.

Study Participants



Study participants were 60 long-term residents (10+ years) of rural Southwest Georgia, African American or White, 50-70 years of age, who lived with at least one other person. We used purposive sampling to recruit equal proportions of both genders and races. (One person who reported almost never going to church was excluded from these analyses.)

Methods continued ...

Data Collection Procedures

We conducted 60 in-depth, semi-structured interviews. Interviewers matched study respondents by gender and race. Interviews averaged 60 minutes, and were recorded and transcribed verbatim. Our Community Advisory Board helped to develop the interview guide.

Sample Questions:

- Does your church have activities with food? If yes, what kinds of activities?
- Does leadership from the pulpit talk about eating healthy?
- Do you and your church friends ever talk about eating healthy? If yes, tell me about one of those conversations.
- What programs, if any, does your church have to encourage people to eat healthy or to lose weight?
- What kinds of exercise or recreation facilities, such as gymnasiums or outdoor fields, does your church have, if any?



Data Analysis

We used qualitative analysis software QSR-N6 for data storage, retrieval, and analysis. After a coding structure was developed, 2 coders independently coded each transcript and resolved discrepancies through consensus. Themes were identified using matrices organized by gender and race. Data saturation was achieved for major themes.

Results

Description of Study Participants

- 96.4% church members
- 73.2% described themselves as very religious or spiritual
- 52.6% male & 76.8% were married
- Mean age of 63 years (SD=8.8)
- African American participants had lower education levels and lower annual household incomes than the white participants

Results continued ...

Findings on Healthy Eating

Church Activities with Food

Almost all of the respondents reported their churches had activities with food. The majority said their churches had not taken any steps to serve healthy foods.

On the fifth Sundays we have worship services at 8:00, and right after that we have breakfast. And I mean, those guys throw down like grits, sausages, eggs, two kinds of sausage, the patties, and the links. (African American Male)



Messages on Eating Healthy and Losing Weight

The majority said their church leaders do not talk about eating healthy or losing weight, though the majority of those asked felt that it was appropriate for church leaders to discuss healthy eating.

... Because the preacher's chunky. An overweight preacher is not going to get up to talk about eating healthy food. (White Male)

Social Support from Church Friends

The majority reported that they have had conversations about healthy eating or losing weight with church friends. One of the most common topics was related to making healthy food choices.

Church Programs for Healthy Eating and/or Weight Loss

The vast majority of participants reported no nutrition or weight loss programs at their church.

Findings on Physical Activity

Current Exercise Facilities

Facilities reported were geared for younger church members. The majority of white respondents reported having some facilities, while a majority of African American respondents reported not having facilities.



Results continued...

Findings on Physical Activity

Messages on Physical Activity from Church Leaders

The majority of respondents stated their church leaders did not discuss being physically active, but thought it would be appropriate to do so.

Well he talks about, he and his wife they do exercises, they do walking and he tells you about it, it makes you feel better, you know that you need to do your exercise every day, but he's a kind of older guy but he says he does his exercises. (African American Female)

Social Support from Church Friends for Physical Activity

Roughly half of the participants said they talk about being physically active with friends at church. The most common topic was walking or exercising to lose weight.

Programs for Physical Activity

The vast majority of respondents reported that there were no programs at their church to help adults to be more physically active.

Conclusion

Although participants felt it was appropriate to discuss eating healthy and being physically active at church, church leaders seldom discussed these topics. A majority described social support from friends at church. Church-based nutrition and physical activity programs were rarely reported, and existing facilities were geared toward younger church members.

These findings provide a strong foundation for developing church-based health promotion programs in rural communities.

It is also important to position the church setting in the wider community – identifying what aspects of health programs should and should not be centered in a faith-based environment.



Acknowledgements

The Emory Prevention Research Center is supported by the Centers for Disease Control and Prevention, Prevention Research Centers Program under cooperative agreement number U48 DP000043.