

2-1-2006

## Techniques for Establishing Educational Programs Through the African American Faith Community

Joyce M. Woodson

*University of Nevada Cooperative Extension, woodsonj@unce.unr.edu*

Millicent Braxton-Calhoun

*University of Nevada Cooperative Extension, braxton-calhounm@unce.unr.edu*



This work is licensed under a [Creative Commons Attribution-NonCommercial-Share Alike 4.0 License](https://creativecommons.org/licenses/by-nc-sa/4.0/).

---

### Recommended Citation

Woodson, J. M., & Braxton-Calhoun, M. (2006). Techniques for Establishing Educational Programs Through the African American Faith Community. *The Journal of Extension, 44*(1), Article 25. <https://tigerprints.clemson.edu/joe/vol44/iss1/25>

This Tools of the Trade is brought to you for free and open access by the Conferences at TigerPrints. It has been accepted for inclusion in The Journal of Extension by an authorized editor of TigerPrints. For more information, please contact [kokeefe@clemson.edu](mailto:kokeefe@clemson.edu).



## Techniques for Establishing Educational Programs Through the African American Faith Community

### Abstract

In 1996, University of Nevada Cooperative Extension began to explore reaching the African American population through the faith community. The goal was to address the disproportionately high incidence of chronic disease in that population. Many meetings and discussions followed with clergy and their staff, which resulted in shared desire and concern for the health of their congregation. Through these experiences specific techniques are offered for effectively establishing educational programs for the African American community. This effort led to the development and implementation of other health and nutrition programs targeted to address life-threatening issues associated with the African American community.

### Joyce M. Woodson

Associate Professor  
[woodsonj@unce.unr.edu](mailto:woodsonj@unce.unr.edu)

### Millicent Braxton-Calhoun

Community Based Instructor  
[braxton-calhounm@unce.unr.edu](mailto:braxton-calhounm@unce.unr.edu)

University of Nevada Cooperative Extension  
Las Vegas, Nevada

## Introduction--Why Deliver Programs Through the African American Church?

Historically, the faith community has been a major focus of the spiritual, social, economic, educational, and political life of African Americans. Hatch (as cited in Johnston & Benitez, 2003) found that the African American church is where African Americans trust and feel secure about the information they receive. Additionally, Davis et al (1994) found that the faith community continues to address issues that meet the needs of their congregants. A review of literature (Johnston & Benitez, 2003; Markens, Fox, Taub, & Gilbert, 2002; Jackson & Reddick, 1999; Ammerman et al., 2003), shows that African American churches recognize the importance of spiritual, physical, and mental health, and welcome delivery of programs at their church.

Furthermore, many faith communities have their own health ministries and are partnering with academic institutions and health organizations to provide health programming. Markens et al. noted the interest on the part of the clergy; however, they saw possible barriers to participation.

Markens et al. (2002) found that although the involvement of Black pastors in an array of secular activities makes them open to participate in health programs, their over commitment to other issues can negatively influence their ability to participate. Second, although Black pastors appreciate being included in and benefiting from health research, minorities' history of being underserved and exploited can lead to suspiciousness and reluctance to participate.

In 2001, the University of Nevada Cooperative Extension administered a Community Health Survey through 10 predominately African American churches. Respondents (n=940) were asked their three preferred source for health information. The preferred sources were: 1) health care providers, 2) books and pamphlets, and 3) the church. (Woodson, Benedict, & Havercamp, 2001)

We strongly encourage using the African American church as a vehicle for delivery of extension

programs because the church is a place of trust. The following techniques offer some useful suggestions based on our experience.

## **Lessons Learned: Techniques for Working with the African American Faith Community**

- Take the necessary time to establish rapport with members of the community.
- Become knowledgeable about the African American Faith Community, e.g., location, number of churches, denominations, clergy leaders, size of congregations.
- Establish possible contact within the community for introduction to a church.
- Seek an understanding of the church protocol to gain information about how the church operates and functions.
- Visit a worship service. During the worship service visitors may be asked to stand and give their name and church affiliation. Respond to this invitation. It may be the first opportunity you will have for your name to be heard by others.
- Schedule an appointment to visit with the church clergy. If there is a health committee or health coordinator, plan to meet with this person to gain input and to discuss possible programming ideas and how you may be a resource relative to their current programming.
- After receiving direction from clergy, make an appointment to schedule classes with the appropriate person (church secretary or church health coordinator).
- Schedule classes in keeping with church calendar. Be aware that it may not be possible to secure immediate dates. Again, take time and have patience.
- Discuss methods of publicizing classes within the church with the appropriate person and the need for class registration.
- Be certain that the church will be open at appropriate time for class.
- Begin programming as scheduled. Check to verify that the person responsible for opening and closing the church is present, especially if your class or workshop is the only activity held at the time.

We found that when we met with church clergy, she or he would often ask, "Where do you worship?" The question was not meant to recruit us as members, but to legitimize our intentions and add to the church leader's comfort level. It didn't matter where we worshipped, but that we worshipped someplace. Responses were not discussed; it just gave the clergy insight into the person asking to present programming to their congregation. Any appearance of lack of interest on the part of the clergy was often due to the priority of spiritual needs of the congregation.

Try not to judge clergy that you meet; they will often present a "wait and see" attitude. After a workshop and meetings with church committees, a minister of a congregation commented to a faculty member, "I see you really follow through on what you say you are going to do." Following this comment he gave his complete support. He stressed the value of our health and nutrition programming during Sunday service. We found that support from the clergy was important for sustainability of programming within the church.

It is important to be aware of holidays of religious significance. Also, churches may have conferences and other related activities. The interest and desire to address health issues is real; however, "church business" takes precedence. It is therefore advisable to request time on the church calendar several weeks or months in advance. Churches are most receptive to programs that are not long term. Experience has shown four-session workshops to be most successful. Programs should repeat within 4-6 weeks in order to reach more people and not give the appearance of interest in research only. The faith community will accept research if the procedure and value are explained. We found that the clergy understood the need for research.

## **Conclusion**

Extension faculty and educators can be successful in implementing programming through the African American faith community. As with any ethnic group, no single strategy should be used to reach the audience. Working with the African American faith community can be labor intensive, yet it is a rewarding experience.

## **References**

Ammerman, A., Corbie-Smith, G., St. George, D. M. M., Washington, C., Weathers, B., & Jackson-Christian, B. (2003). Research expectations among African American church leaders in the PRAISE! project: A randomized trial guided by community-based participatory research. *American Journal of Public Health*, 93 (10), 1720-1727.

Davis, D. T., Bustamante, A., Brown, C. P., Wolde-Tsadik, G., Savage, E. W., Cheng, X., & Holland, L. (1994). The urban church and cancer control: A source of social influence in minority communities. *Public Health Reports*, 109 (4), 500-506.

Jackson, R. S., & Reddick, B. (1999) The African American church and university partnerships: Establishing lasting collaboration. *Health Education and Behavior*, 26 (5) 663-674.

Johnson, G. N. L., & Denitez, B. (2003) Faith: A project in building capacity. *American Journal of Health Studies*, 18, 2/3.

Markens, S., Fox, S. A., Taub, B., & Gilbert, M. L. (2002) Role of Black churches in health promotion programs: Lessons from the Los Angeles mammography promotion in churches program. *American Journal of Public Health*, 92, 5.

Woodson, J., Benedict, J., & Haverkamp, M. (2001). Results of the community health survey. Center for Applied Research, University of Nevada Reno.

[Copyright](#) © by Extension Journal, Inc. ISSN 1077-5315. Articles appearing in the Journal become the property of the Journal. Single copies of articles may be reproduced in electronic or print form for use in educational or training activities. Inclusion of articles in other publications, electronic sources, or systematic large-scale distribution may be done only with prior electronic or written permission of the [Journal Editorial Office](#), [joe-ed@joe.org](mailto:joe-ed@joe.org).

If you have difficulties viewing or printing this page, please contact [JOE Technical Support](#)