

Health Promotion Activities in Six African American Churches in a Southeastern Community

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Abstract

This paper explores the health promotion resources for older adults in six predominantly African American churches. Data were collected to inventory the health promotion activities occurring in black churches that serve Southeast Raleigh, North Carolina. Findings indicated that many African American older adults, age 65 and older, participate in church related programs and that the black church is a good resource for promoting healthy aging. The faith community is involved in health promotion activities and provides support and physical activity programs for elders and their caregivers. Collaborating with churches may present opportunities for those concerned with eliminating health disparities and promoting healthy aging to extend their outreach in the African American community.

Introduction

African American elders experience health disparities and inadequate access to health care (U.S. Census Bureau, 2004; Hooyman & Kiyak, 2005). They disproportionately suffer the ill effects of chronic illnesses and other health problems and experience higher death rates from heart disease, stroke, cancer, chronic lower respiratory disease, influenza, pneumonia, and diabetes (The Office of Minority Health, 2002). Regarding healthy lifestyles, Walcott-McQuigg and Prohaska (2001) report that at any age African Americans are less likely to engage in leisure physical exercise. Although there has been increasing interest in developing health education and health promotion programs, research on these programs has focused primarily on the white population (Walcott-McQuigg & Prohaska,

2001). With the health issues that African Americans face and the growing number of aging African Americans in the United States, it is vital for health professionals, social services, gerontologists, and researchers to direct their attention to this population.

The black church seems to be a likely place for provision of services focused on health promotion for older adults. It makes significant contributions to the lives of African Americans, providing leadership, services to the elderly, and care and support to the black community (Taylor & Chatters, 1986; McRae, Thompson, & Cooper, 1999; Williams & Dilworth-Anderson, 2002; Chavis & Waites, 2004). The black church as a social institution in the United States has a history of serving the African American community, and “no successful movement for improving the conditions of life for African American people has been mounted without the support of the church” (Billingsley & Morrison-Rodriguez, 1998, p. 32). It plays a “unique role in advancing the physical, emotional, and spiritual well being of its members” (Watson, Bisesi, Tanamly, Sim, Branch, & Williams, 2003, p.198). The church also has good outreach potential, and a large proportion of older adults receive church social support (Levin & Taylor, 1993). Churches and senior centers are integral parts of the social support systems for older adults (Felton & Berry, 1992).

The importance of religion and church participation for individuals’ health and mental health as well as quality of life is well documented (Ayele, Gheorghiu, & Reyes-Ortiz, 1999; Koenig, McCullough, & Larson, 2001). The literature suggests that older adults with religious commitment exhibit healthier mental and physical states. Walls and Zarit (1991) conducted interviews with 90 African American elders in Philadelphia and found a significant relationship between feelings of well-being and the perception of support from local church congregations. Hold and McClure (2006) carried out a study that explored the perceptions of the religion-health connection. They conducted 33 semi-structured interviews with clergy and members of African American churches. Study participants reported that one’s spiritual health, church family,

giving problems up to God, and the belief in the body as a temple of God were all related to physical health. The tenets of most religions address the aging process in a positive way (Knapp, 1981; Moody, 1990; Cnaan, Boddie, & Kang, 2005), and older adults find religion to be a supportive aspect of their lives (Levin & Taylor, 1993; Felton & Berry, 1992). Older people particularly affirm the importance of services provided by religious organizations (Cnaan, Boddie, & Kang, 2005). What is less studied is the extent to which religious communities in the United States are involved in providing health promotion activities and programs to older people.

This study looks at six churches in Southeast Raleigh, an historically African American community in North Carolina, and inventories their health promotion activities and programs that target elders. North Carolina is a good location to explore this issue because of its socio-demographic characteristics. African American elders constitute 15.8% of the state's 65 and older population compared with the national average of 8% (U.S. Census Bureau, 2000). In North Carolina, African Americans, Latinos, and American Indians experience a lower life expectancy at birth and a higher poverty rate than white older adults (UNC Institute on Aging, 2007). In Southeast Raleigh, 71% of the residents are African American (Taliaferro, 2005). The community has approximately 120 Christian churches that vary from "small 'store front' churches with memberships of 20 to huge 'mega' churches with memberships of over 1000" (Taliaferro, 2005, p.21). Several churches have served the community for many years. As with many African American communities, the church plays an active role in Southeast Raleigh.

Health promotion programs are proactive activities that, for example, are set up to improve health through change of diet and exercise and serve as primary and secondary prevention programs (Chernoff, 2001). The health promotion programs that seem to be most successful are those built on social support systems, cultural or ethnic beliefs and traditions of participants, and use peer educators, particularly those that have a background similar to that of their clients (Chernoff, 2001). It is not an innovation to establish health

promotion programs in black churches; there is a history of such programs. Black churches have developed programs that feed the community, provide free health clinics, recreational activities, and childcare programs (Billingsley & Morrison-Rodriguez, 1998). In addition, they have provided social and emotional support programs that are "essential means to prevent the isolation that results from illness" (Thomas, Quinn, Billingsley, & Caldwell, 1994, p. 575). Cultural compatibility of community-supported activities that promote the health of older adults is paramount. Such programming can lessen misunderstandings between providers and older adults, empower elders to navigate the health system, aid them in making good health decisions, and improve health among racial and ethnic communities (Dorsett, 2006).

This study is part of a larger study that seeks to look at health promotion activities for older adults in Raleigh, North Carolina. It addresses two research questions: 1) What are the health promotion activities available to aging African Americans in black churches in Southeast Raleigh?; and, 2) Is the faith community, the black Church, a good resource for promoting healthy aging among older African Americans in Southeast Raleigh?

Methodology

This study consisted of a content analysis of qualitative data that included an inventory of health-promotion activities and programs, as well as follow-up interviews with church leaders. It began in January 2007 and ended in June 2007.

Sample

Six churches (four Baptist, one Episcopal and one Non-Denominational) serving the Southeast Raleigh area were selected from a list of African American churches in a report by Taliaferro (2005). The criteria for selecting these churches were congregation size (small, medium, and large), a predominantly African American membership, and referrals from participants in the larger study

(see Appendix Table 1). Church size distinction was determined through self-identification, as well as through church websites and other secondary sources such as pamphlets and newspapers (see Appendix Table 1). Church leaders from three of the six churches were interviewed to provide additional qualitative data. Interview participants were African American older adults, age 68-76, who were active in their respective churches and identified as knowledgeable about the older adult population and healthy aging issues.

Data Collection & Instruments

Once churches were identified by the investigators, a search was conducted for secondary data sources from church websites, pamphlets, programs and calendars as well as local newspapers and libraries. Activities that appeared to promote healthy aging for older adults (e.g., physical activity programs; nutrition and healthy diet programs; and social support activities for older adults or caregivers) were recorded on a coding form. The study's research questions, secondary data analysis questions and interview guide (see Appendix Table 2) directed data collection. An inventory for the identified churches was created. The collection process ended when a saturation point was reached, where searches continued to identify the same activities and services for each church.

Investigators obtained approval from the Institutional Review Board at North Carolina State University. Telephone calls were made to three churches that reported the most health promotion programming and face-to-face interviews with church representatives were scheduled. Prior to being interviewed, participants signed a consent form that explained the purpose of the study and how the information would be used. The co-investigator, under the supervision of the project's principal investigator, used a semi-structured questionnaire with open-ended questions to conduct the interviews (see Appendix Table 2). These interviews with key informants, two older African American males and one female, who were very much involved in the activities of the church, provided additional validity and richness to the inventory. All three persons

were active leaders of programs serving the older adult population in their church and community.

Data Analysis

This study used content analysis, a quantitative procedure which supported the qualitative data collection. Using procedures suggested by Neuendorf (2001), a systematic content analysis was accomplished to delineate health promotion activities in the identified churches. This included explicating the research questions and key variables, forming secondary data analysis questions, outlining a coding scheme, collecting and then coding the materials/data, and tabulating the results (see Appendix Figure 1). The coding scheme: a) coded health promotion activity, b) categorized the activity (e.g., activities that promoted good nutritional practices, physical activity, social support and health and wellness for older adults), and c) noted the frequency of identified activities. Materials were reviewed and coded by investigators who discussed inclusion criteria to improve reliability. The coded data were placed in an inventory table (see Appendix Table 1). Questions used to identify healthy aging programs during the content analysis period became interview questions.

The semi-structured interviews allowed investigators to gather in-depth data that reflected the supportive programs or activities available and capture a more authentic view of what was offered by the churches (Engel & Schutt, 2005). An Appreciative Inquiry (AI) approach was employed, which is "based on the insight that individuals and organizations get superior results from appreciating strengths, assets, and high point experiences instead of focusing on weaknesses and problems" (JP Consultants, Inc., 2007). The interviewer used this approach to facilitate a positive approach to asking questions so that the respondent could "communicate their concept of the nature, worth, quality, and significance of the program(s)" (Preskill & Catsambas, 2006, p. 76). Using the Appreciative Inquiry model for the interviews facilitated a non-threatening setting focused on the strengths of the health promotion

activities available. With this approach as a guiding framework for inquiry, the investigators asked questions that highlighted what churches were currently providing and what activities they would like to put in place. The inventory results and interview notes were analyzed and activities and program themes identified.

Results

Selecting Southeast Raleigh for its high percentage of African American residents and churches proved to be beneficial. Church websites and materials revealed a number of historically black churches whose locations disposed them to serve the Southeast Raleigh community. Findings in both secondary data and face-to-face interviews showed that programs focusing on health and peer support made up the majority of the health promotion activities in the churches studied.

Findings from Secondary Data

Several churches had ministries that included a health or healthy aging focus. They provided physical, spiritual, and interactive activities for older adults and caregivers. This included senior ministries that sponsored support groups, brought in guest speakers, and had regular exercise classes such as yoga, walking groups, and gospel aerobics. The senior ministries usually met once a week. Some shared meals together once a month. Several church ministries also organized weekly nursing home visits and food pantries to provide support and care to their parishioners and older adults in the community. The investigators found the word “social” to describe several support and activity programs for older adults taking place in the six churches. Social activities often involved health related agendas. For example, one church sponsored a lunch and movie activity that included a social event and a healthy meal. Another church participated in Crop Walks. These are community-based fundraising events where groups walk together to support a project, such as taking a stand to end hunger (Carolina Church World Service, Crop Hunger Walks, 2007). Again, this activity had

both social and physical aspects. Other examples include Day at the Spa, gatherings such as the Christmas Social, Valentine Social, Clothing Drive, and other holiday celebrations. See Appendix Table 1 for data collected from all six churches.

Findings from Face-to-Face Interviews

As reported by key informants, health and physical activity programs occurred in the churches including weekly yoga classes, clean-up days for the community greenway, an escorted walk through the greenway for any community member, yearly health seminars for older males, a session on “how to prepare nutritional foods,” and a ministry that focused specifically on health related issues and activities. Although health topics were clearly covered by church programs, these church leaders saw a need for more, especially nutritional education programs.

Another important finding was the number of well established peer group programs attended by older adults. These programs included a caregivers’ group that met to discuss the needs of seniors in the church and community, an older women’s group, and an environmental justice group co-sponsored by an Episcopal church. The latter group, Partners for Environmental Justice, advocated for conservation of Southeast Raleigh’s wetlands and for community beautification.

When interviewees were asked what programs they would like to see in their churches, five themes emerged. The first theme focused on building a mentoring facility adjacent to the church where older adults could mentor younger generations or where “young kids [can go] so they would stay away from trouble and the drug dealers don’t get them.” Key informants indicated that church activities and programs often focused on the youth and younger families. They suggested a broader focus that might include an intergenerational perspective; one that embraces and brings together individuals and families across the generations. A second theme focused on the need for more programs serving older adults. For instance,

one participant advocated building a senior center in the Southeast Raleigh community that would provide quality services to elders through professional staff and elder volunteers. The need for quality caregiving and support for caregivers was a third theme addressed by this group. A fourth theme focused on the need for nutritional education focusing on healthy eating and illness prevention. Concern for the overall health in the community emerged as the fifth theme, as reflected in plans for mentoring programs, the intergenerational center, and environmental and community beautification. Health across generations is of concern as well as more activities to engage older adults in meaningful community health projects.

Discussion and Implications

Historically, the black church has been the main social institution to serve the African American community. The majority of African Americans see the church as a major asset to their community (Billingsley & Morrison-Rodriguez, 1998; Chavis & Waites, 2004; Taliaferro, 2005). We explored how black churches in Southeast Raleigh provide supportive programs that assist with healthy aging to determine if churches were a viable social institution in health promotion programming. Using qualitative data collected through face-to-face interviews with key informants along with secondary data sources, we found that churches played a key role in promoting programs relating to the health and peer support of African American older adults. Churches were involved in health promotion and provided supportive and physical activity programs for elders and their caregivers. The amount of attention to health promotion varied, but programs consistently included physical activity, nutrition, health education, social support, and volunteerism through mentoring or friendly visiting. The church emerged as a good resource for providing services and probably serves as a protective factor for African American older adults.

Health promotion activities as primary and secondary prevention are built into many adult ministries and many supportive “social” activities (e.g., Day at the Spa). The number of reported

“social” activities might reflect good marketing; a method to attract participants to engage with others and to participate in health promotion activities. Providing a good meal and social interaction with peers can be a starting point for building more formal and focused activities regarding health. The church can serve as a good location to house health promotion activities and programs. Familiar surroundings and activities with those who may share cultural and/or ethnic beliefs, traditions and practices provide an inviting climate. Peer mentors, who take on a leadership role and work within the church to plan and carry out activities and programs, are also assets evident in this study. They were on the frontline, assisting in building programs. Such conditions as familiar surroundings, peer leadership, and “social” gatherings were apparent in the church based activities and programs in this study. Collaborating with churches may present an opportunity for those concerned with eliminating health disparities and prompting healthy aging to work with the faith community and peer mentors to launch church-based health promotion program activities.

One limitation of this study is that faiths other than Protestant were not included. The sample size, which included only six of approximately 120 black churches serving the Southeast Raleigh area, is another limitation. Despite these limitations, the six churches reflected variation in size of congregation and denomination. Furthermore, the exploratory data obtained from this study can be used to guide further examination of a larger sample of churches or other faith-based institutions.

Black churches tend to focus on community service programs, serve a large percentage of low-income households, provide supportive services to older adults and are the “prime entry point for community health interventions” (Watson et al., 2003, p.194), thus suggesting they may be a supportive resource for health professionals interested in community-based ventures. Professionals concerned with eliminating health disparities and promoting healthy aging, including social workers, health care providers, social services, aging services, and health educators, can expand

their program outreach by developing church-based initiatives to reach older adults. One attempt to extend this collaboration can be found in “*African American Churches: Eating Smart and Moving More*,” a guide with helpful tools developed to assist churches in implementing programs for health and wellness (Eat Smart, Move More North Carolina, 2007). In addition, a resource list of the health promotion programs available to older African Americans in local churches can provide useful information on what is available and what is lacking within the community. Joint ventures can provide a good opportunity for community leaders, peer mentors, health care providers, aging services, social services agencies and the faith community to come together to improve health and address the health disparity experienced by African American older adults.

The researchers would like to thank the participating churches, and the three interviewees for their leadership and willingness to provide information regarding church programs. Their energy and commitment to service is to be admired. This project was funded by the John A. Hartford Foundation’s Social Work Faculty Scholar’s Program.

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Appendix

Table 1. Content Analysis Table

Church / Size	Activities	Description	Frequency	Data Collection
Baptist Size: Medium	1. Senior ministry 2. Health ministry 3. Intergeneration Center	1. Nine luncheons per year; guest speakers discuss health related topics, e.g. heart disease, health screening tests. Supportive group- leaders check on members if they miss meetings. 2. Nutrition education and cooking classes. Collaborates with another church to sponsor a yearly health clinic. 3. Church hopes to open an intergenerational day care to provide services for older adults and school-age children.	Monthly	<ul style="list-style-type: none"> • Church pamphlet • Website, 02-16-07 • The News & Observer published 06-26-06 • Interview
Non Denominational Size: Small	1. Senior Saints	1. Activities for older adults including Christmas Social, Valentine Social, Clothing Drive, Lunch & Movie activity and Day at the Spa	Monthly Activity	<ul style="list-style-type: none"> • Church pamphlet • Website, 02-16-07
Baptist Size: Large	1. Gospel Aerobics 2. Nursing Home 3. Visitation 4. Adult softball game	1 & 3. Exercise classes and physical activity 2. Organized visits to long term care facilities	Weekly Monthly	<ul style="list-style-type: none"> • Church pamphlet • Website, 03-29-07 & 06-29-07

Table 1. (cont.)

Baptist Size: Medium	1. Senior Ministry	1. Ministry designed to provide physical, social, spiritual and interactive activities for the mature but “young-at heart”. Open to disciples and a limited number of others at the discretion of the facilitator.	Twice a Week	<ul style="list-style-type: none"> • Church pamphlet • Website, 3-15-2007
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Table 1. (cont.)

Episcopal Size: Small	1. Yoga Class 2. Greenway clean up, crop walk & walking escort services 3. Health seminars for men 4. Meals on Wheels 5. Christian Social Ministries 6. Partners for Environmental Justice (PEJ) 7. Caregiver support group	1 & 2. Church organizes a twice a year greenway clean-up with community participation. Church members voluntarily escort those who want to walk on the greenway for exercise 3. Church organizes a three week long health seminar for males in the community and church members. Topics have included hypertension, prostate cancer, exams and screening test. 4 & 5. Church provides a food pantry and support to caregivers, the homeless, and those in need. Partnered with Interfaith Food Shuttle and delivers groceries. 6. PEJ - local group established to promote a good quality of life in Southeast Raleigh – involved with community beatification and a wetland conservation project. Project led by several older adult church members 7. Support group for those who are caring for elders or disabled adults.	Daily meals Several Yearly activities Periodic meetings	• Church pamphlet • Website, 02-15-07 • Interview
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Table 1 (cont.)

Baptist Size: Medium	1. Walking path 2. AARP Stepping Program 3. Senior Recreation Ministry 4. Missionary group 5. Food pantry	1. Church's boyscout troop made a walking path on church grounds 2. Walking programs sponsored by AARP 3. Senior Ministry that provides nutrition and exercise information and instruction as well as social support programs. 4. Missionary group visits elders in their homes. 5. Food for those who need assistance	Bi monthly senior meetings	• Church pamphlet • Website, 06-11-07 • Interview
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Table 2. Secondary Data Analysis Questions and Interview Questions

Source(s) of information _____

Date of Interview (if applicable) _____

Questions:

Name of Interviewee: _____

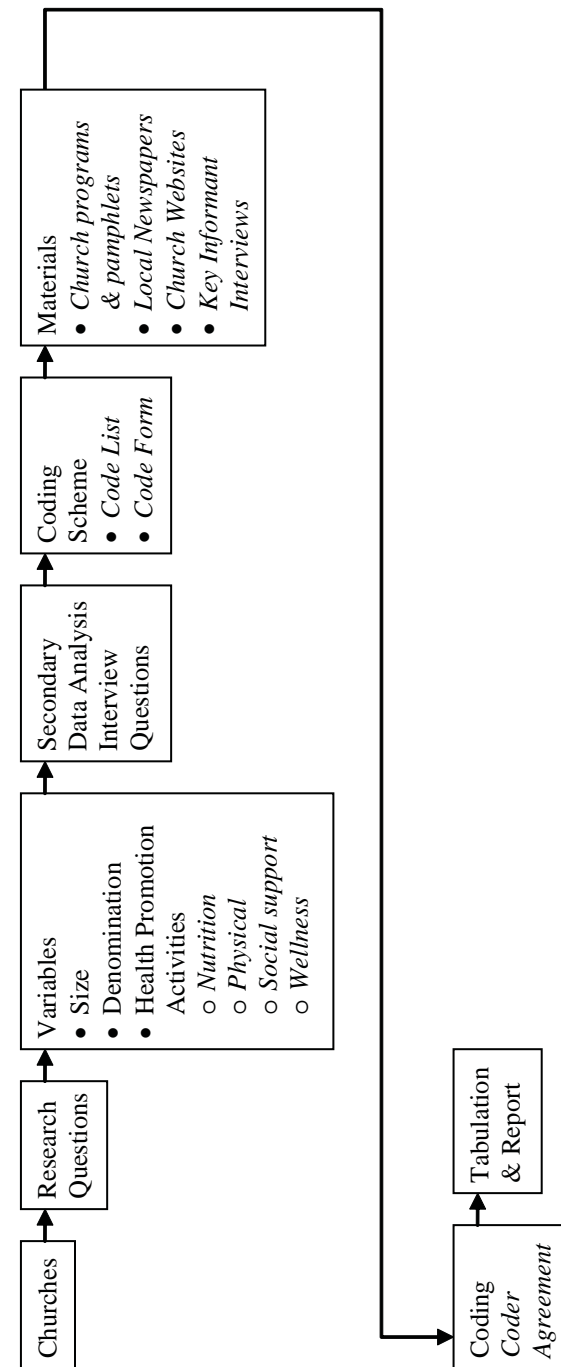
Contact information (address, telephone, e-mail address) _____

Pastor's Name: _____

1. Located in Southeast Raleigh or Serves the Southeast Raleigh community
Yes _____ No _____
2. What is the number (approximant) of older adults in the congregation?

3. What is the size of the church according to membership? _____
4. What is your regular Sunday Attendance? _____
5. What denomination is the church? _____
6. In what way has the church provided active-friendly amenities such as good and safe walking paths, recreation center/space or pools to older adults?
Is there a fee associated to using these programs or facilities?
Yes _____ Amount _____ No _____
7. What kind of nutrition program, meals on wheels, or information/ education programs about healthy diets does the church provide for older adults?
8. Are there any other healthy diets programs that the church would like to provide?
9. What are some professional/clinical health programs to support healthy aging (physical, mental and social wellness) such as: senior centers, health fairs, wellness programs provided by the church in past year and/ or presently?
10. What are some supportive peer groups (for example bible studies, caregivers support group, grandparent raising grandchild support groups) for older adults provided by the church in past year and/or presently? Are there any support groups the church would like to provide in the future?
11. What other health related services, programs, or activities does the church provide?
12. Are there any other programs, activities and groups that the church would like to provide older adults if money and time were not the issue

Figure 1. Content Analysis Model



Adopted from Neundorff (2001) in The Content Analysis Guidebook, Thousand Oaks, CA: Sage Publications