



FOOD FOR PURPOSE

*eating, living, serving
purposefully...*

NUTRITION & WELLNESS ROADSHOWS FOR BLACK AFRICAN & CARIBBEAN CHRISTIAN LEADERS

A report by Food For Purpose
www.foodforpurpose.org
U.K. Registration no 11052070



Introduction

Large proportions of Black Asian Minority Ethnic (BAME) groups in London and the South East of England are linked to faith groups such as churches, mosques and other religious groups. Since 2005, there has been a 50% increase in the numbers of people attending Pentecostal Churches in London — a phenomenon explained by a large influx of immigrants from Africa during that period. (1) Besides their religious propagations; these groups commonly provide strong support and welfare networks to their members, thus being a useful vehicle for engagement in various initiatives. Within the Pentecostal African-Caribbean church, it has become clear in many cases, that the role of the Pastoral lead extends beyond delivering sermons; to a motivational leader and spiritual guide; and overall advisor on many private issues including health. The BAME communities – especially African- Caribbean and Asians, are at higher risk of certain nutrition related diseases namely – Obesity, Type 2 Diabetes, Heart disease, Hypertension and Kidney disease. In many cases, these diseases may be avoidable with the correct dietary and lifestyle modifications in place.

This project involved a programme of engagement and educational sessions specifically tailored to reach Black African-Caribbean church leaders to highlight the need for the church to be part of the solution towards prevention of avoidable chronic illnesses which are prevalent in the black community.



Background

The idea that the church can be part of a tier 1 service for the prevention and health management of conditions is a tenable one. At the core of the 'roadshows ethos' is the belief that the church is part of the solution in the minimisation of risk factors for avoidable nutrition related illnesses and the prevention of ill health.

By informing and educating church leaders on the importance of the church's roles in relation to balancing faith and health; the Food for Purpose team set out to be a 'go between' for churches and 'link' them in with local authorities as part of the holistic care of the congregation and benefit to their local community.

The roadshows comprised of specific talks about nutrition and wellbeing in African – Caribbean communities - focusing on eating healthier meals and food choices, and being more active with an appreciation of the cultural context. The issue of faith and health was also raised as a discussion topic. In particular, Food for Purpose sought to raise the need for 'balance' between the Pentecostal beliefs around healing and accompanying this with taking personal responsibility followed by appropriate actions.

Food for Purpose purports that the church is one of the most stable and recognised organisations throughout the history of black people. The influence of the church on lifestyle choices indicates that it can also be part of the solution to health and wellbeing; as well as a key player in the prevention of morbidity and mortality. The roadshows aimed at reaching 70-100 pastors/leaders over the three sessions.



Method

The sessions ran in three locations across South London as follows:

18th March 2018 – Woolwich – evening meeting

14th April 2018 – Bermondsey – breakfast meeting

19th May 2018 – Camberwell – Sunday service meeting

The duration of each session was approximately 2.5 hours. The sessions were interactive with sections of information sharing and interactive group work, a physical activity ‘taster’ with aerobic and muscle strengthening exercises. All attendees were offered the opportunity to have Body mass index - BMI, waist circumference and fitness levels measured, and very basic first line advice.

The Food for Purpose team presented information on:

- Health and faith in African-Caribbean churches
- Role of church leaders and health
- Type 2 Diabetes: measuring and managing risks, food preparation and portion sizes
- Obesity
- Physical activity

Guest speakers were also invited, these included officers from: Community Public Health team - Greenwich, Community & Voluntary Sector Engagement Division - Southwark Council, Healthwatch and community Southwark; and a researcher from Kings College working on the ‘Healthy Eating and Active Lifestyles for Diabetes (HEAL-D) in African and Caribbean communities;’ and ‘Let’s talk Sugar’ - a community project raising awareness of type 2 Diabetes.

Attendees participated in round table discussions, these tackled a series of questions relating to the role of the black church leaders and congregants around health and wellness. A series of discussion points were posed and are summarised in the results section. At the first two events – food and drink were provided as part of the meeting. For the final session which was part of a church service; baskets of fruit and water were provided for consumption after the church service.



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Results

An amalgamated summary from all sessions show some interesting and compelling information.

Attendance

Total attendees = 68

Ministers/pastoral leaders/deacons = 50

Sunday School Teachers/ Children's dept staff = 8

Parents = 7

Other = 3

Responses to main questions:

What priority does health have in your church?

(scores out of 10 where 10 = extreme importance and 0 – not bothered)

- Average score = 6/10



Leaders were asked to score their responses to the following questions:

Is health part of your role as a faith leader?

- 80% Yes
- 10% Unsure
- 10% No



Is it possible to combine the faith and health message in our church pulpits?

- 90% Yes
- 10% No



Round Table Topics

What are the pros and cons of addressing health and nutrition in church?

- Sends doubt & fear about the power of prayer. People may doubt God's power. Could be costly to run, in terms of finance.
- Churches can get professional in to address issues in our community and discuss fasting and how to break etc... Church can "evangelise health!"
- Help balance current knowledge and raise awareness.
- Children and young people – they will adopt healthier habits
- People may feel shamed if they are obese or intimidated; or offended if health is not a priority for them

What should the church leaders do to influence health in church?

- Stop separating spiritual from wellbeing. Church needs continuity in health training.
- Put health and wellbeing on church meeting agenda
- Convene a working group to deal with these issues
- Address mental health in simple terms – demystify this for congregants. Recognise that people do get sick. Leaders be less secretive
- Recognise limitations as leaders - we cannot do it all
- Leaders need to be able to signpost members to local services

For future events, what other topics would you like us to cover?

- More information of how we as churches will get involved in health research
- Children's health – how we can affect health in our teens. They rely on junk food.
- Cooking our foods healthily. Classes need to be run by our own people who eat our foods.
- More education – a good look at Diabetes and other metabolic syndromes, blood pressure and heart disease



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Discussion

Most attendees agreed that the church was a platform where key health messages should be shared. It was clear that many leaders were impassioned by the Biblical passages which discussed health. More so, the attendees agreed that it was wrong for the church to be ignorant of health risks and to further be a burden to the NHS and other agencies.

Leaders were keen to 'open' the pulpit to experts as long as this did not compromise the gospel message. The audience in one location wanted to know why the information around diabetes and health risks was hidden. This in itself was interesting as the many health campaigns in the UK do address health and wellbeing. Perhaps the feeling was one of cultural 'non-relevance,' or inability to connect with the mainly anglicised messaging that does exist, but which does not embrace the ethnic or even 'faith' component. Amongst the disadvantages of discussing health at the pulpit, participants drew attention to the need for sensitivity and not shaming people – as well as the understanding that some people are just not expecting to discuss health in church!

The church was deemed part of the solution to the world, and health was not to be excluded. The issue of poor doctrinal teachings regarding health was raised, and a more balanced teaching alongside the Christian faith message was welcome and referenced severally using various Bible passages. This did not negate the belief in miracles or healings for the majority, though there was a leader who felt people of lower or weaker faith may doubt the power of God if the emphasis on modern science was to be raised at the pulpit. Secretive and cryptic behaviours of leaders were both pinpointed as possible causes of confusion for church members when it came to openly talking about illness.

Since some leaders were seemingly 'never ill,' it was thought that members may be led to feel that illness meant weakness to their faith, and therefore guilt and shame may arise. The general feeling was that more black leaders needed to be real, open and honest about their own health, and share with the church how they were managing their treatment. It was deemed more appropriate that hypertension and diabetes were referred to as illnesses, and not just blamed on the devil or some demonic negative force. During the discourse, one group fed back stating that all leaders needed to realise that 'we all get sick' because of our humanity. A more balanced view of the holistic health of Christians as tripartite beings (spirit, soul and body) was preferred.

Children's health and the importance of arming Sunday school teachers with facts that can be taught as part of lessons were discussed. The recent press releases about the lower activity levels in Black and Asian children were mentioned. The fact that Black and Asian children were more likely to leave school overweight (2) was clearly a concern. In one group it was deemed a 'responsibility' for the church to take action if the government were unable to do something about it.

Fear for children's safety was a major factor for parents disallowing children 'outdoors' to be more active. Ideas of how churches can be more active and health conscious were exchanged in the audience.

The difference between 'being busy' and working long hours or 'working hard,' compared to actually increased activity levels was discussed and demonstrated by the exercise lead. Differences between activity levels of black women and their white counterparts were noted – again PHE data showing black women to be less active. (3)

Dr Amanda Moore from Kings' College shared her project 'Let's talk sugar' this raised an awareness of the impact of type 2 diabetes. The video clips served to raise the need for parents to consider the impact of ill health on the lives of their children, as well as themselves. Parents were concerned that their diabetes could affect their children emotionally.

Representatives from the two borough councils shared opportunities for churches to be part of local health and wellness initiatives and access free training and funding opportunities. The leaders were encouraged to hear that the work of the church, was appreciated and respected by the local councils. Both Greenwich and Southwark openly welcomed leaders' ideas and engagement to foster better relationships and healthier communities.

Mental health: In one session (Woolwich) an overwhelming focus on mental health was noted. The need for more transparency, demystification, education and compassion in the black church was discussed among leaders. It was felt that there was 'no health without mental health.' Alongside obesity, type 2 diabetes, heart disease and other nutrition related chronic illnesses; mental illness was deemed a high risk, misunderstood area for black churches which needed to be addressed.

From the post event evaluations, over 60% of leaders wanted to be part of a community working group to raise the importance of health and wellness in the black African Caribbean church and community.

Conclusions and Recommendations

- The black Pentecostal church is part of the solution to lowering and avoiding ill health in South London
- Black church leaders and their teams are influential in affecting the lifestyle habits and choices of congregants
- The church is a positively powerful environment regularly attended by thousands of people across South London. It offers an ample opportunity for sharing balanced spiritual, emotional and physical health messages for both children and adults.
- There is a need for more ethnically and culturally diverse resources designed to reach the black community. There remains an inequality in terms of resources and access to treatments for both physical and mental health in South London
- Healthy cooking sessions which reflect the food and culture of BAME groups are needed. Sessions run by African and Caribbean people would appeal to the black community, these should be funded in proportion with the local demography.
- Black leaders would benefit from tools and education to help them to prioritise health in their congregations



References/Useful Links

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5. HEAL-D
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Report prepared by:
Shola Oladipo - CEO Food for Purpose
0207 101 3170 / 07921 887 051

