

# HEALTH & WELLNESS IN BLACK FAITH INSTITUTIONS

STUDY RESULTS  
(2017-2024)

THE  
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## WHAT WE WANTED TO KNOW

*How do Black churches and faith leaders talk about heart health and related concerns like diabetes, high blood pressure, obesity, and depression?*

Questions?

Want More Information?

Contact the Principal Investigator,  
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## BACKGROUND

Black faith communities have always been more than places of worship—they are trusted centers for guidance and support. Many people turn to faith leaders for advice on spiritual, mental, and physical well-being. Being active in church is linked to better health in general, and Black Americans are the most religious demographic. However, Black Americans still face higher rates of heart disease and related issues like high blood pressure and obesity. During the COVID-19 pandemic, these challenges grew worse, with higher rates of severe illness and mental health struggles compared to other groups.

## WHAT WE DID

1) We analyzed data from national surveys and then 2) spoke directly with fifteen faith leaders and thirty-two congregation members from different denominations. *This* report focuses on the second part of the study. Although most of the faith leaders were from Protestant churches, we also interviewed an Imam from a historically Black Mosque. Our focus was on heart health, but because this research happened during the COVID-19 pandemic, we also asked about how churches responded to COVID-related challenges.

# Mental Health Matters

## *Our Findings*

Faith communities play a big role in supporting mental health, especially when in-person services were paused during the pandemic. However, stigma around mental health—especially for men—remains a challenge. People often talked about mental health privately, with faith leaders, but not with other members. Other key points:

- Participants described feeling responsible to help and watch out for members who are “struggling”—typically in response to a stressful life event, rather than an ongoing issue.
- Some ministries, for example the singles ministry, may touch on mental health issues like sadness or worry, but mental health was not included in health ministries.

*"I believe there is things that we have not yet shared in our communities, or we're not open about, especially around issues of mental health. We now have to be more willing to express those things and seek that help that we need." -Participant*

## *Our Recommendations*

- Small groups like men’s, women’s, or youth ministries provide safe spaces for support.
- Mental health should be included in health ministry activities.
- Check in on someone who seems distant or misses church unexpectedly.
- Faith leaders should remind members that seeking professional help for mental health is not a lack of faith—it’s part of caring for yourself.
- Keep a list of local therapists handy for those who need long-term help.
- Connect mental health with scripture, particularly those that deal with sorrow and weariness.

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DR. KEISHA BENTLEY-EDWARDS AT [KLB77@DUKE.EDU](mailto:KLB77@DUKE.EDU)**

# HEART HEALTH & RELATED CONCERNS

## *What We Learned*

Some churches had health ministries before the pandemic, offering activities like blood pressure checks, walking groups, and health fairs. But many leaders felt more comfortable talking about spiritual health than physical health. Privacy concerns and busy schedules also made healthy habits harder to maintain. Other key points:

- Some of the faith leaders felt that physical health was an individual rather than a congregation concern.
- Health issues were addressed by the Health ministries. The more active health ministries were typically led by members who were also health professionals.
- The diagnoses and treatment for chronic health conditions like high blood pressure and diabetes were seen as private issues.
- For more “serious” health problems like a heart attack or stroke, various ministries (ex. Sick and Shut-in or Missionary Society) were activated to help that *specific* person and their family.
- When faith leaders shared with their congregations that they were facing health problems, or that their doctors wanted them to lose weight, the members rallied by changing to health-conscious menus at church-wide events, and with frequent accountability check-ins.
- Active church members were often so busy balancing church, family, and work commitments that there was little time left in the day for healthy meals or exercise.

On meal decisions for evening church activities ...

*"The nights I did that was the hamburgers, the hotdogs, fried fish, and all that. But, we have a young man that's a chef in our church. He would prepare the meals in the kitchen. And, his meals were more, I would say, healthful."*

*-Participant*

## **Our Recommendations**

- Health ministries and urgent-level ministries (like the sick and shut-in) should be better connected. This will allow prevention efforts to address the consequences of ongoing health problems before they are a crisis.
- Combine Bible study with light exercise like walking or stretching.
- Offer healthy food options at church events.
- Provide healthy snacks for evening activities.
- Faith leaders can share their own health issues or healthy habits to inspire others.

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# RESPONDING TO COVID-19



**STOP!**

PLEASE KEEP OUR  
SANCTUARY SAFE AND  
OUR MEMBERS HEALTHY

WEAR A MASK &  
SOCIAL DISTANCE

## ***What We Learned***

Churches stepped up during the pandemic by offering COVID testing, giving out masks and food boxes, moving services online, and sharing vaccine information. Many leaders encouraged members to talk with trusted healthcare professionals before making vaccine decisions. Some leaders shared their own choices to help others feel comfortable. Other key points:

- All of the faith institutions we spoke to switched to online worship services to promote safe practices.
- Worship services opened gradually with hybrid (online and in-person) attendance that occurred with social distancing, masks, or even outdoors.
- Faith leaders and members became more aware of the prevalence of chronic conditions like high blood pressure and diabetes, that increased the chance of worse outcomes from COVID.

## ***Our Recommendations***

- Black faith leaders and their congregations took several approaches to addressing Covid vaccine hesitancy. For us, this showed the value of *adaptive public health messaging*, or providing different ways to discuss health issues so that they are meaningful to people with a variety of needs and concerns.
- Only a few participants reported that they explicitly told another individual what to do around COVID-19 prevention and vaccines. Instead, the focus was on education and conversation, not pressure.
- For us, it was clear that health systems should grow collaborative partnerships with faith leaders that extend beyond COVID-19. The pandemic produced effective strategies that can also improve other chronic health conditions in Black communities.

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