

COLLABORATIVE RESEARCH IN A FAITH-BASED SETTING: COLUMBUS CONGREGATIONS FOR HEALTHY YOUTH

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Religious congregations have a long history of collaborating with agencies and universities to provide services and implement health promotion activities.¹ Yet despite this history, faith-based organizations seldom consider academic research when developing their own programs. For their part, researchers often avoid collaborative studies of religion and health behavior because of the intensely personal and political nature of the topic. Recently, however, a growing number of researchers and congregations are working together to examine the relationship between religion and health behavior.¹⁻³ Based on the experience of one such project—Columbus Congregations for Healthy Youth—this article describes how such collaboration offers a promising approach for conducting rigorous research in a faith-based setting. By focusing on the controversial area of adolescent sexual health, the project helps illustrate both the potential and the limits of collaborative research involving universities and congregations.

FAITH-BASED APPROACHES TO SEXUAL HEALTH PROMOTION

In 2001, the establishment of the White House Office of Faith-Based and Community Initiatives reflected a growing interest in faith-based approaches to a variety of social ills. Unfortunately, reasonable discussion of this approach has been undermined by the lack of rigorous evaluation of faith-based programs and a shared understanding of their potential and limitations. Nowhere has this controversy been greater than in the area of adolescent sexual health promotion. The premise of such programs is that if the young people become, in some way, “more religious,” they will be less likely to engage in risky sexual behavior. The research literature in this area is incomplete, however. Whereas religious involvement appears to have an important influence on adolescent sexual behavior,^{4,5} there have been few, if any, rigorous evaluations of faith-based sex education programs.⁶ The paucity of research may be due to the different, perhaps

incompatible, ways in which science and faith view the world in general and sexuality in particular. Many faith-based organizations are suspicious of university researchers, who may be viewed as secular and hostile towards religion. University researchers are also wary of religious congregations. As a result, public health agencies risk underestimating the potential role of congregations in adolescent sexual health promotion, while congregations may continue to rely on programs of uncertain effectiveness.⁶

Despite an atmosphere of controversy and suspicion, there is reason to believe that effective collaboration is possible. The HIV/AIDS epidemic has sensitized many clergy to the tragic consequences of neglecting adolescents’ sexual health.⁷ In addition, public health researchers continue to work with religious congregations to examine and address other health issues including nutrition,² physical activity,⁸ and mental health services.³ Many of these efforts are not merely traditional programs that happen to be located in a church, but incorporate an explicit faith component within the content of the program.⁹ Our challenge as researchers has been to design a process to enable successful collaboration in this critical yet controversial area of public health.

COLUMBUS CONGREGATIONS FOR HEALTHY YOUTH

In fall 2003, several congregations in Columbus, Ohio, along with The Ohio State University and local agencies, organized to form Columbus Congregations for Healthy Youth (CoCHY). The initial partners included faculty from the Public Health, Sociology, and African American Studies departments at the University, and a project officer from the Columbus Health Department who had long-standing ties with many local congregations. In addition, senior pastors and lay leaders representing different denominations (e.g., Baptist, Pentecostal, non-denomination) initially expressed interest in the project. CoCHY received funding from the Association of Schools of Public Health and the Centers for Disease Control and Prevention to examine the potential and limitations of faith-based approaches to the prevention of teenage pregnancy and sexually transmitted infections. Because these outcomes disproportionately affect black teenagers, and black churches have a long history of health promotion,¹ the project works predominantly with the African-American faith community.

To coordinate the interests of the project’s stakeholders, we drew on the principles of community-based participatory research (CBPR).^{10,11} Many CBPR projects include religious

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leaders and congregations as part of a broader coalition, but few published accounts describe the particularities of engaging in CBPR in faith-based settings. In the case of Columbus Congregations for Healthy Youth, four CBPR principles are particularly salient: (1) building relationships among university researchers, agencies, and community partners; (2) developing and understanding a community's knowledge about an issue; (3) framing community participation as a goal of the research process; and (4) linking research and action. These principles are reflected in CoCHY's goals and activities, which are organized into three areas: research, practice, and community development.

RESEARCH GOALS AND ACTIVITIES

The research goal of CoCHY is to understand how African American adolescents' religiosity influences their involvement in risky sexual behavior. It has been suggested that religious involvement may be particularly important for young African Americans in protecting them from the considerable social, economic, and historical forces that threaten healthy development.¹² Yet even among African American young people who are religiously active, some engage in risky sexual behavior while others do not. If faith-based programs are to benefit African American teens, it is essential to know why they respond to religion in different ways.

CoCHY aims to address this need by considering the perspectives of young people, parents, and pastors through three complementary data collection activities: (1) focus groups with parents of adolescents in participating congregations, as well as with youth ministers, church staff, and lay leaders; (2) a three-wave annual survey of teenagers; and (3) in-depth, semi-structured interviews with 60 teens. Each of these activities is described below:

Focus groups

During summer 2004, CoCHY conducted one set of focus groups with the parents of teenagers in participating congregations and another set of focus groups with youth pastors and other church leaders who regularly interact with young people. The focus groups addressed how different dimensions of religiosity such as beliefs, activities, peers, and family influence young people's involvement in sexual behavior. [The results of these focus groups will be presented in a forthcoming manuscript.]

The focus groups with parents took place in seven different local congregations. The research team worked with the church staff at each congregation to create a list of all the parents of teenagers (ages 13–19 years), who were then invited to participate. Not surprisingly, participants already knew one another in many congregations—a characteristic that usually facilitated rather than hindered the group's willingness to discuss a difficult topic. This familiarity was also intended to help build a network of parents in each congregation who would become familiar with the project and could support pastors' interest in interpreting the results and developing health promotion efforts.

In addition, three focus groups were conducted with youth pastors and congregation leaders at a neutral site, the Columbus Health Department. Unlike the parent focus groups that were congregation-specific, the pastor focus groups con-

sisted of pastors and lay leaders from congregations in Columbus that included an array of denominations. A total of 19 pastors were recruited. Again, many of the pastors were acquainted with one another, and in some instances discussions evolved of how to remain in contact with one another.

Survey

In 2005, CoCHY will begin conducting the first wave of a three-year panel study of 500 teenagers. The survey instrument consists of multi-item scales on different dimensions of teens' religious activity and beliefs, sexual behaviors and attitudes, and characteristics of their family and peer networks. The one-hour survey will be administered to teenagers aged 13–19 recruited through 24 local congregations. Research staff will supervise administration of the surveys, typically in local congregations during scheduled youth group meetings. To improve the accuracy of data collection, teens recorded their answers on hand-held computers (PDAs) in response to written questions and audio prompts via headphones (i.e., computer assisted audio self-interviewing).¹³ This state-of-the-art methodology offers several important benefits. First, it enables teens to self-administer the entire survey, thereby increasing the confidentiality of responses. In addition, preprogrammed skip patterns enable those with little or no sexual experience to avoid sections that ask about more sensitive sexual behaviors (e.g., oral sex). This prevents them from learning about behaviors through the survey. Such a design was essential to win the support of participating congregations.

In-depth interviews

In year three of the study, the research team plans to conduct 60 in-depth interviews with six different types of young people, based on their gender and patterns of sexual behavior as reported on the first two waves of the survey. Specifically, this includes religiously active males and females who are either persistently sexually active, persistently abstinent, or who have initiated sexual intercourse during the course of the study.

Each interview will last about 30 minutes and will address areas similar to those covered in the survey. However, the interview format will permit respondents to go into greater detail and allow the interviewer to probe. The interviews will be conducted by a licensed clinician who can minimize potential distress experienced by the teen participants and can refer them to appropriate resources as necessary.

LINKING RESEARCH AND PRACTICE

CoCHY aims to improve adolescent health promotion practice within religious congregations. Consistent with CBPR's emphasis on linking research and action, academic researchers and agency representatives are working with local congregations to consider how the findings from our collaborative research should influence their own congregation's health promotion efforts. Given the diverse array of participating organizations and the sensitive nature of the topics addressed, we recognize that efforts may vary from congregation to congregation. By framing itself as a research project, however, CoCHY has the flexibility to let each congregation control how to employ the results of the study.

CoCHY's definition of itself as a research project has emerged as a source of tension in the project's development. As university researchers, we have been tempted to expand our initial project and seek further funding to test promising approaches to sexual health promotion that might work in faith-based settings. Such efforts, however, would compromise the project's commitment to enable each congregation to develop its own program. At this point, therefore, we have decided to remain true to our initial research aims and support individual congregations in establishing or improving their own programs. Eventually, a standardized program or curriculum may still be feasible, although it would depend on congregations identifying shared experiences and maintaining a trusting relationship with university researchers. We expect that such a program ultimately will be most effective and sustainable.

For the time being, we aim to encourage sexual health promotion efforts at individual congregations through our collaboration with two service learning courses. With funding from The Ohio State University's Service Learning Initiative, we have developed a process to team undergraduate and graduate students with congregations interested in developing their adolescent health promotion activities. At the graduate level, Public Health 850—"Public Health in Action" utilizes a case study approach to detail the health-related interactions between an individual and the community in which that individual resides. At the undergraduate level, Sociology 391—"The Community" introduces students to urban sociology and the importance of community capacity-building as a means of promoting individual and community well-being. In winter 2005, teams of students will begin working with congregations to help them assess their health needs and resources relating to young people. Such information will then be developed into a full-fledged grant proposal for program development. Through the Service Learning Initiative, CoCHY has the budget to support some proposals; others will be directed towards external sources of funding from local foundations. Smaller congregations with similar interests and approaches have teamed-up to prepare their proposals. Thus far, 12 congregations and students are working on eight distinct proposals, all of which we hope will be funded.

COMMUNITY DEVELOPMENT

CoCHY strives to support community development by establishing and maintaining lasting, trusting relationships among university researchers and representatives of local agencies and congregations. These relationships are often difficult to document in the process of successful coalition-building, especially as they endure and evolve beyond a single grant or project cycle.¹⁴ Examples of such objectives include the attendance and frequency of regular meetings among CoCHY partners; congregations', researchers', and agency representatives' satisfaction with the decision-making process; and expansion of the project's depth and breadth through the receipt of additional funding for research and programming.

The Steering Committee is the organizational nexus of CoCHY's efforts to build and maintain effective working relationships among participating congregations, agencies, and researchers. Approximately every 60 days, meetings are

held to review the progress of the project and coordinate the planning and implementation of its activities. In this sense, the Steering Committee is distinct from a community advisory board, in that members not only provide advice and credibility, but have real decision-making power over how that advice is used.

The Steering Committee consists of the Principal Investigator and three co-investigators from Ohio State University, representatives from seven local congregations, and representatives from the Columbus Health Department and the Franklin County Board of Health. The congregations represented vary in size and denomination, though all are predominantly African-American. Initially, the congregations expressed concern about focusing the project exclusively on African American teenagers, and in response, a concerted effort was made to reach out to other congregations. This diversity, however, is not represented on the Steering Committee at this time.

A congregation was invited to be a member of the Steering Committee if an individual representative displayed a particular interest in the project and had the support of her/his senior pastor. (In some cases, the senior pastor serves on the Committee.) After speaking with pastors and congregational leaders about the project, many inquired about becoming involved and volunteered to be Steering Committee members. The Principal Investigator, co-investigators, and Columbus Health Department representative selected the initial congregations based on individual representative's enthusiasm, while being sensitive to the inclusion of politically important congregations and a diversity of denominations. To accommodate the interest in membership, the Steering Committee agreed to limit congregational members' terms to two years. In addition, congregations that fail to meet the responsibilities of membership (e.g., regular attendance at meetings) may be replaced. (In the first six months of meetings, one church was replaced due to non-participation.) Once the Steering Committee was established, we discussed whether or not to include teen and parent representatives. The Steering Committee decided that the committee should remain at its current size with its current members, believing that adding new members at this time would delay the project's progress.

The Steering Committee makes decisions by consensus, with the Principal Investigator (KJS) having final decision-making power when the Committee is unable to reach consensus. Nonetheless, the Principal Investigator seeks to avoid exercising such power, recognizing that such action may jeopardize the collaborative relationship. An early example illustrates this: In creating decision-making guidelines, the Steering Committee discussed whether congregational representatives should be compensated for their time in meetings. The Principal Investigator and others expressed concern that payment could set a precedent that would limit representatives' willingness to attend other meetings without pay. It was argued that agency representatives were compensated by their employers for the time spent at Steering Committee meetings (which serves as an in-kind contribution from the agencies to the project), and university investigators were already paid via salary recovery. Some congregational representatives felt they should also be compensated for their efforts. After considerable discussion, the group

decided to pay congregational representatives and the Principal Investigator let the decision stand. At the next meeting, the group reviewed the grant budget and decided how much the project could afford to pay.

Of course, CoCHY's relationship with congregations extends beyond the Steering Committee. Most focus group participants were *not* Steering Committee representatives. To date, we have established contacts with 36 congregations. One of the great challenges, however, is maintaining a good working relationship with those congregations if we do not have any regularly scheduled interaction. For example, holding a parent focus group at a congregation has helped us build trust with both pastors and congregants. Yet building on that trust and excitement has been challenging, and we are unsure whether occasional phone calls are enough to sustain interest.

To address this concern, we are arranging a series of activities that should offer numerous opportunities to interact with a wide range of congregations. First is conducting a series of community meetings to present our initial findings from the focus groups to study participants, other congregation members, and the community at large. This will enable community members to help us interpret the research findings and develop a shared understanding of the research question. A second purpose of the community meetings is to help each congregation initiate a dialogue among church leaders, parents, and teenagers about how their faith community can protect young people from risky sexual behavior. To that end, these meetings will dovetail with our efforts to build interest and support for the Service Learning Initiative and survey. We anticipate that these different activities will create a synergy that will help build lasting, trusting relationships among the project's partners.

CONCLUSION

CoCHY's first year was an encouraging start towards fulfilling our goals of research, practice, and community development. To the extent that these goals are complimentary, we expect CBPR represents a promising approach to academic-community partnerships in faith-based settings.

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REFERENCES

1. Jackson RS, Reddic B. The African American church and university partnerships: establishing lasting collaborations. *Health Educ Behav* 1999;26:663-74.
2. Ammerman A, Corbie-Smith G, St. George DM, Washington C, Weathers B, Jackson-Christian B. Research expectations among African American church leaders in the PRAISE! Project: a randomized trial guided by community-based participatory research. *Am J Public Health* 2003;93:1720-7.
3. Flannely KJ, Weaver AJ, Smith WJ, Handzo GF. Psychologists and health care chaplains doing research together. *J Psychol Christianity* 2003; 22:327-32.
4. Rostovsky SS, Regnerus MD, Wright MLC. Coital debut: the role of religiosity and sex attitudes in the add health survey. *J of Sex Res* 2003;40:358-67.
5. Steinman KJ, Zimmerman MA. Religious activity and risk behavior among African-American adolescents: concurrent and developmental effects. *Am J of Comm Psych* 2004;33:151-61.
6. Whitehead BD, Wilcox B, Rostovsky SS. Keeping the faith: the role of religion and faith communities in teen pregnancy prevention. Washington: National Campaign to Prevent Teen Pregnancy; 2001.
7. Coyne-Beasley, T, Schoenbach VJ. The African-American church: a potential forum for adolescent comprehensive sexuality education. *J Adolesc Health* 2000;26:289-94.
8. Yanek L, Moy T, Koffman D. Project Joy: faith based cardiovascular health promotion for African American women. *Public Health Rep* 2001;116 Suppl:68-81.
9. DeHaven MJ, Hunter IB, Wilder L, Walton JW, Berry J. Health programs in faith-based organizations: are they effective?. *Am J Public Health* 2004;94:1030-6.
10. Israel BA, Schulz AJ, Parker EA, Becker AB. Review of community-based research: assessing partnership approaches to improve public health. *Ann Rev Public Health* 1998;19:173-202.
11. Minkler M, Wallerstein N. Community based participatory research for health. San Francisco: Jossey-Bass; 2003.
12. Winfield LF. The knowledge base on resilience in African American adolescents. In: Crockett LJE, Crouter ACE, editors. *Pathways through adolescence: individual development in relation to social contexts*. Hillsdale (NJ): Lawrence Erlbaum Associates; 1995. p. 87-118.
13. Romer D, Hornik R, Stanton B, Black M, Li X, Ricardo I, et al. "Talking" computers: a reliable and private method to conduct interviews on sensitive topics with children. *J Sex Res* 1997;34:3-9.
14. Schulz AJ, Israel BA, Lantz P. Instrument for evaluating dimensions of group dynamics within community-based participatory research partnerships. *Eval and Prog Planning* 2003;26:249-62.