FAITH BASED WOMEN’S HEALTH OUTREACH

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• Interests include health disparities research, underserved communities, faith-based outreach, women’s health, public health and minority health policy
• I believe my life’s purpose is to preach the kingdom of God and heal the sick, thus, I created this project to learn more about faith-based interventions for women’s health outreach.
INTRODUCTION

- African American women suffer disproportionately from hypertension, diabetes, obesity, heart disease, breast cancer and cervical cancer than any other ethnic group.
- Health promotion within social systems such as faith-based institutions may have the unique ability to impact health behavior.
- **Hypothesis:** The African American church offers an opportunity deliver important health information while providing social support.
  - The goal of this project was to understand how faith impacts healthcare decision making as well as train lay health educators to return to faith-based organizations equipped to provide education and support.
OBJECTIVES

- Recruit women in leadership at faith-based institution
- Identify topics for women’s health outreach in faith-based communities
- Development of a faith-based women’s health outreach curriculum
- Conduct workshops to prepare women’s health ministry leaders
- Identify areas of improvement in physician-patient faith-based medical decision making
METHODS

• Women in positions of leadership were recruited from One Church to participate in a focus group to help determine the role of faith in health care decision making.
• Additionally, women who were interested in becoming apart of the church health care ministry participated in workshops to teach breast and cervical health education, wellness and healthy lifestyle strategies.
• 19 women participated in focus groups, while 25 women attended workshops.
A total of 25 women attended workshops conducted on 3 separate dates. Models were used to teach breast self exams. Statistics of breast and cervical cancer prevalence, survival outcomes, screening intervals and follow up were discussed. Stories of family members, friends and personal experiences with breast and cervical cancer were shared.
RESULTS

- 89% participants were between the ages of 20-40.
- 63% of women have primary care providers, 21% do not and are uninsured and 16% do not have primary care providers but are insured.
- 68% of women saw their primary care physicians within 6 months of survey, 90% within the last 3 years and 10% in more than 3 years.
- 10% of women rated their health as fair, 68% as good and 21% rated their health as optimal.
- Mindfulness and wellness was the highest rated women’s health topic in this group.
- 68% of women reported receiving pap smear testing.
- 21% reported completed breast self exams.
RESULTS

• Sample responses to “How can your health care provider help you make faith-based health care decisions?”

• “By having their faith and beliefs as part of their bio and marketing efforts. The care program can also have a faith/spiritual component.”

• “Because I would want my provider to be aware of my faith, I would hope that they would encourage me to make decisions regarding my health from a faith-based perspective, even if he/she didn't share my faith. They could help me make faith-based healthcare decisions by definitely being aware of who I am and tailoring their advice accordingly when necessary.”

• “Depends on whether they believe in the same faith system as me; if they do then most definitely I would appreciate the honest truth as it relates to diagnosis, health issues and treatment. Encouraging me to trust God ultimately, but not condemning my health to death ie this would never get better, I’m going to die or there is no hope.”

• “By encouraging scripture which might relate to my condition.”

• “Ask more about why I don't want certain treatments rather than impose opinions”

• “By giving me the opportunity to pray before making a decision.”
CONCLUSION

• Faith-based women’s health ministries can impact lifestyle choices.
• In this focus group:
  • Minority women of faith want health care practitioners to acknowledge their faith and help them make informed faith-based medical decisions.
  • Wellness encompasses physical and spiritual well-being.
  • Majority of women reported spiritual alignment was important to them, 1/3 of women reported spiritual alignment was more important than physical health.
  • None reported physical health was more important than spiritual alignment, but all agreed physical health was important to them.

• As faith and spiritual alignment is a greater priority than physical health in this cohort, a faith-based approach to women’s health can help minority women of faith tackle common women’s health issues.

• 89% of women felt that continuing to participate in church-based health and wellness groups could improve their health status.

• These new health educators have reported satisfaction with information received at workshops and feel equip to motivate women to seek preventative care.
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