The African Methodist Episcopal (AME) Health-Smart Church Model Program
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The African Methodist Episcopal (AME) Health-Smart Church Model Program (Health-Smart AME), which is a first-of-its-kind program in the 11th Episcopal District of the AME Church, was developed in part from feedback by pastors and church leaders from five representative AME churches in Florida. The major purpose of the program is to empower members of AME churches with proven effective strategies and behaviors for (a) promoting their own health and (b) overcoming and preventing obesity, hypertension, diabetes, heart disease, and some cancers. Health-Smart AME is novel in that it (a) is culturally sensitive, evidence-based, practical, and portable; (b) is designed to be implemented in a cost-effective and time-efficient manner by trained church members (i.e., Health Empowerment Coaches); and (c) uses literacy-sensitive tools for increasing healthy eating and physical activity behaviors (called “health-smart behaviors”) among adult and child church members under whatever conditions that exist in their lives. Health-Smart AME is indeed needed given that obesity is higher among African Americans than other racial/ethnic groups in Florida and that the Florida Surgeon General has identified achieving a healthy weight among all Floridians as Florida’s highest priority. Health-Smart AME is funded by a grant from the Florida Blue Foundation.

Health-Smart AME consists of the following program implementation components and tools: (a) administering the Motivators of and Barriers to Health-Smart Behaviors Inventory (MB-HSBI) to participants; (b) providing these participants with individual consultation on setting health-smart goals and ways to overcome their assessed barriers to health-smart behaviors; (c) showing the five sections of the Family Health Self-Empowerment DVD and having small group discussions about each section; (d) reviewing each section of the Health-Smart Behavior Resource Guide and having small group discussions about each section; (e) encouraging participants to engage in at least 150 minutes per week of physical activity and providing suggestions for physical activities (e.g., walking group, Zumba dancing) at the participating church or in the community; (f) having a panel of health professionals and participant role models answer participants’ anonymous health-related questions; and (g) having the church pastor give a health-smart tip at every church service and include a health-smart tip on every church service program.

Health-Smart AME currently is being implemented in 20 of the more than 400 AME churches across Florida. Four trained Health Empowerment Coaches at each of the 20 participating churches are implementing the program with an average of 20 adult participants (totaling about 400 adults across the 20 participating churches). Approximately half of the adults at each church are parents or guardians of children between 6 and 17 years old (totaling about 200 children across the 20 participating churches). Adult participants with children are being taught how to promote health-smart behaviors among their children in addition to being taught how to engage in these behaviors themselves. In other words, parents are being trained to be “health coaches” for their children at home.

An intervention-group and wait-list control-group repeated measures research design is being used such that 10 participating churches are designated as intervention churches and 10 churches are designated as wait-list control churches. Two types of data are being collected from adult participants: (1) self-report questionnaire data and (2) biometric data (i.e., height, weight, blood pressure, and heart rate). Only biometric data is being collected from participating children. Data will be collected three times during the program. Seca Corporation, Omron Healthcare, Inc., and the Florida Department of Health donated medical equipment for Health-Smart AME.

The Health-Smart Church Program (a version of the program not customized for AME churches) has been shown to significantly reduce weight, BMI, and systolic blood pressure, and to significantly increase health-smart behaviors (e.g., limiting fat and sugar intake) among participants (adult and child family members or adult-only family members) in the targeted churches.