

Divine Interventions: Faith-Based Approaches to Health Promotion Programs for Latinos

Andiara Schwingel¹ · Patricia Gálvez²

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Abstract Few interventions have used faith-based approaches in health promotion programs among US Latinos, a notably religious population. This article explores the perceptions of church leaders, *promotoras*, and program participants on the Catholic religious context and content of a community-based intervention addressing physical activity, nutrition, and stress management for Chicago Latinas aged 50+. Nineteen in-depth interviews were conducted. Viewed as trustworthy, natural, and authentic, the church setting nurtured community bonds. Moreover, the program's religious content encouraged Latinas to feel motivated, connected, and engaged with the program in meaningful ways. Overall, faith-based health promotion programs offer a promising approach for Latino-centered interventions.

Keywords Latino · Hispanic · Women · Health · Lifestyle · Faith · Religious content · Religious context · Catholic

Introduction

Latinos constitute the largest US minority population. Currently, 17 % of the population is Latino, and that figure is projected to increase threefold by 2050. Latinos experience a disproportionate burden of lifestyle-related chronic diseases and conditions (Center for

✉ Andiara Schwingel
andiara@illinois.edu

Patricia Gálvez
pgalvez2@illinois.edu

¹ Department of Kinesiology and Community Health, University of Illinois at Urbana-Champaign, 212A Huff Hall, 1206 S. Fourth St., Champaign, IL 61820, USA

² Department of Kinesiology and Community Health, University of Illinois at Urbana-Champaign, 212B Huff Hall, 1206 S. Fourth St., Champaign, IL 61820, USA

Disease Control and Prevention 2015). For instance, when comparing overweight and obesity rates, Latinos surpass the general population by 10 % points (The National Hispanic Caucus of State Legislators 2010). Among Mexican Americans, 77 % of men and 75 % of women are overweight or obese. 10.2 % of all Americans are diabetic, whereas 15.7 % of Latinos are diabetic (The National Hispanic Caucus of State Legislators 2010). Inadequate nutritional patterns (Morales Villegas 2009) and low levels of physical activity are significant public health challenges in the Latino population that have yet to be successfully addressed (Roger et al. 2012). Traditional health education programs have not always reached the Latino population (Whittemore 2007), signaling an urgent need to develop effective, sustainable, and culturally appropriate lifestyle interventions designed to improve their overall health (Pazzagli et al. 2013).

Faith-based approaches have proven effective channels for delivery of health promotion programs (Bopp et al. 2012; Walker et al. 2014). While incorporating religious material and settings into their programs, these faith-based approaches are still first and foremost health intervention programs, using religion as a means of connecting to the target community's cultural values and traditions, and thereby increasing the impact of the health-related content. For example, "Faithful Footsteps" is a faith-based health promotion program designed specifically for Catholic Latinos (Bopp et al. 2011). The 8-week program includes culturally and spiritually relevant health education materials and activities with flyers, bulletin inserts, a walking contest, and a health "fiesta" providing hands-on educational opportunities for cultivating physical activity. Martinez et al. (2013) implemented another such program, involving a 6-month *promotora*-delivered pilot intervention to examine the reciprocal relationship between churchgoing Latinas' leisure-time physical activity and their sense of neighborhood cohesion. Yet another faith-based program focusing on Latinos is the faith-community nursing program (Monay et al. 2010), in which Latinos with elevated blood pressure receive supportive counseling, blood pressure measurement, and hypertension-specific education on dietary changes. Finally, Colón-Otero et al. (2014) developed an educational program for Hispanics aimed at raising awareness about the importance of diet in breast cancer prevention and the availability of free breast cancer screening. The program involves an advertising campaign, which is followed by church-based seminars on self-examination, screening, and nutrition.

The broader literature on religion and health promotion interventions has discussed the use of religious context (e.g., partnership with church leaders, use of church resources) and, but less frequently, religious content (e.g., the inclusion of prayers and stories of Saints in the program curriculum). In terms of context, churches provide a trusted and credentialed community setting that legitimizes health promotion programs to local populations and may facilitate the promotion of health-related activities to those who would otherwise be resistant (Baruth et al. 2014; Campbell et al. 2007a). In *Religion and the Health of the Public: Shifting the Paradigm* (2012), Gunderson and Cochrane discuss the importance and potential of faith-based organizations as agencies for creating a positive transformation in health. Ramírez-Johnson et al. (2014) likewise argue that faith-based organizations play a significant role in promoting health and social involvement in a predominantly Latino community in Texas. Faith-based institutions have led to effective community health programs by fostering partnerships between university researchers and local communities and have thus been essential for recruitment, participation, and sustainability of health behavior (Campbell et al. 2007a). Faith leaders are respected and trusted "gatekeepers" of the community that directly influence social action and spiritual habits within their congregations, thereby playing a vital role in developing community outreach for health-based programs (Baruth et al. 2014). Studies by Bopp et al. (2013) and Campbell et al. (2007a)

further demonstrate that pastor support is beneficial to developing sustainable and effective health promotion programs.

Interventions that incorporated religious content have successfully used Bible study (Kim et al. 2008; Manget and Sands 2008) and relevant Scripture references (Bopp et al. 2009; Dornelas et al. 2007; Fitzgibbon et al. 2005; Parker et al. 2010) to discuss health issues, prayers during workshops (Bopp et al. 2009; Kim et al. 2008; Whitt-Glover et al. 2008), sessions on spiritual approaches to body care (Manget and Sands 2008), materials focused on culture and spirituality (Resnicow et al. 2002), gospel music (Peterson and Cheng 2011; Resnicow et al. 2002; Whitt-Glover et al. 2008; Young and Stewart 2006), theological discussions about health topics (Whitt-Glover et al. 2008), and other activities with Catholic themes (Bopp et al. 2011). Perez and colleagues argue that including religious content in programs targeted at Latinos is crucial because it is a culturally sensitive approach that expedites the transmission and retention of health education information (Perez et al. 2012). A review by Lujan and Campbell (2006) further supports the need for the health sector to accommodate the religious priorities of Mexican Americans. Indeed, churches are the center of many Latino communities, and the significance of the Catholic faith to older Latino adults, especially, is substantial. According to the Pew Research Center, 19.6 million Latinos—more than half (55 %) of the nation’s estimated 35.4 million Latino adults—identify as Catholic. Furthermore, Latinos make up 40 % of the total US Catholic population that attends worship services at least once a week (Pew Research Center 2014).

The present study adds to the limited body of knowledge on the relationship between Latinos, religion, and health promotion interventions. From a qualitative standpoint, this study investigates various community actors’ perceptions—including those of priests, *promotoras*, and Latino participants—on “Abuelas en Acción,” a Latino-centered, community-based health and lifestyle intervention program that incorporates Catholic context and content.

Methods

Participants and Recruitment

Self-identified Latina women, aged 50 years and older, were recruited from a predominately Latino neighborhood in the Chicago area through church services and flyers. Snowball sampling was used to recruit additional participants. Thirty-four participants completed baseline measurements and enrolled in the program between 2013 and 2014 (from here forward, “participants” will refer specifically to this group of thirty-four Latinas). Participants’ mean age was 64 years, and most women were born in Mexico and had lived in the USA for an average of 32 years. All women considered themselves religious, with a majority (97 %) identifying as Roman Catholic. More than half of the sample was married (65 %), and less than half (41 %) was currently employed. Most women reported living with a family member (82 %). A majority of the women reported having a chronic health condition (85 %) and being in poor or fair health status (83 %).

Three Spanish-speaking community leaders (*promotoras*), trained by the university-based research team, administered the program. All activities including data collection, *promotora* training, and program implementation were held at a local Catholic church.

The Program

Abuelas en Acción (AEA) is a behavioral lifestyle change program addressing physical activity, nutrition, and stress management for Latinas aged 50 and older. The curriculum is based on several well-established, evidence-based behavioral change programs (Callahan et al. 2007; Kanaya et al. 2012; Teufel-Shone et al. 2005). AEA is grounded in applying “transtheoretical” (Prochaska and Velicer 1997) principles to the behavioral change elements of the program, and in applying “Social Cognitive Theory” (Bandura 2001) principles to enhance participants’ self-efficacy. The curriculum is comprised of three core elements: an individual meeting, six educational workshops, and weekly follow-up motivational phone calls. The content of the workshops includes: (a) get ready, get set: an introduction to healthy living, (b) healthy eating, (c) get active, (d) buying healthy food, (e) be active your way, and (f) stress management and overcoming barriers. AEA consists of a 6-month active phase and a 3-month maintenance phase (only biweekly phone calls). More information on the development of the program has been published elsewhere (Schwingel et al. 2015).

Catholic Context

Examples from past studies of strategies for incorporating religious contexts include establishing relationships with churches (Coward et al. 2010; Ramírez-Johnson et al. 2014; Yanek et al. 2001), working with pastors and training them to conduct health interventions (Coward et al. 2010; Yanek et al. 2001), training lay church members (Kennedy et al. 2005; Resnicow et al. 2002; Yanek et al. 2001), implementing activities through churches (Faridi et al. 2010; Yanek et al. 2001) by utilizing resources such as church bulletins (Yanek et al. 2001), and incorporating health messages in church activities (Wilcox et al. 2007). Drawing on these studies, AEA developed a religious context by employing church facilities as a delivery site for the program and all other related activities (e.g., evaluation). Study participants were also recruited from church activities (e.g., mass, senior group). The principal investigators established strong relationships with priests to familiarize themselves with the needs of the community and to design the program. Establishing close ties with the clergy is in keeping with findings from Campbell et al. (2007a), which suggest that working with church members at all stages of the intervention (from design to implementation) is key for success.

Promotoras were indispensable partners. They were recruited through the church and trained to deliver the program to the community. In the Latino community, “*promotoras de salud*” (promoters of health), often simplified to “*promotoras*,” are lay health advisors who demonstrate leadership, compassion, and camaraderie while living in the communities they serve (Elder et al. 2009). *Promotoras* in AEA were volunteers that received no financial compensation to work for the program.

Catholic Content

AEA effectively formed partnerships with Catholic Church leaders to develop the religious content of the program. The investigators worked closely with priests in developing a series of discussion themes for each workshop that focused on Roman Catholic teachings that corroborate the specific health behavior changes each session implements. Anshel and Smith (2014) confirm the beneficial impact of collaborating with the clergy by highlighting

how priests and other church leaders function as educators, conveying knowledge to individuals by formulating meaningful associations between Scripture and health information. The religious content that was designed linked important Catholic figures to participant experiences and health behaviors. A literature review on interventions using religious content (Bopp et al. 2011; Duru et al. 2010; Krukowski et al. 2010; Peterson et al. 2002, 2008; Resnicow et al. 2002; Wilcox et al. 2010) revealed that the aspects of religiosity most meaningful to potential participants were prayer, Scripture, and knowledge of the lives of Saints. Each theme of the workshops was paired with a prominent Catholic Saint who exemplified the behavior discussed in each lecture. When appropriate, parables and other readings from the Bible and the Catholic catechism were included to promote discussion linking religious beliefs with healthy behavior. In addition, prayers were offered after each workshop. Table 1 shows the religious activities included in each workshop.

Data Collection

The data collected included individual in-depth interviews from 2 priests, 14 participants, and 3 *promotoras*. A native Spanish-speaking research assistant conducted all interviews in Spanish at the end of the 6-month program. Participant interviews averaged 90 min, priests 30 min, and *promotoras* 120 min. During the interview, they were asked about their perceptions and overall experience of the program, as well as their feelings about its faith-based approach.

Table 1 AEA religious activities per workshop

Name of workshop	Religious activities
<i>Workshop 1</i> Saint Paul invites you to a healthier life (<i>San Pablo la invita a una vida más saludable</i>)	Reading and discussion: Acts 9:1–6, 17–20. Hebrews 12:1–2. Final Prayer: To St. Paul for Perseverance
<i>Workshop 2</i> Energize body and spirit with healthy eating (<i>Energízate física y espiritualmente con una alimentación saludable</i>)	Initial Hymn: Abre mis ojos (Open my eyes) Reading and discussion: Mark 6:32–44. Daniel 1:3–5, 8–17. Final Prayer: The history of the Holy Child of Atocha
<i>Workshop 3</i> Use physical and spiritual energy to live more active (<i>Use su energía física y espiritual para vivir más active</i>)	Reading and discussion: Genesis 1:27–31. 2 Corinthians 12:14–26. Other religious quotes Closing Hymn: Juntos Como Hermanos (Together As Brothers)
<i>Workshop 4</i> Choose the better option with Mary and Martha (<i>Elija la mejor opción con María y Marta</i>)	Reading and discussion: Luke 10: 38–42
<i>Workshop 5</i> Use the talents God has given you and be active in their own way! (<i>Use el talento que Dios le ha dado y sea activa a su manera!</i>)	Reading and discussion: Matthew 25: 14–30. History of Blessed Pier Giorgio Frassati. Final Prayer: To Pier Giorgio Frassati
<i>Workshop 6</i> Overcome stress with the Lord : because his yoke is easy and releases your load (<i>Supere el Stress con el Señor: Porque su yugo es fácil y libera su carga</i>)	Reading and discussion: Matthew 11:28–30. Isaiah 11:2–3

The Institutional Review Board at the University of Illinois at Urbana-Champaign approved the study. A statement of informed consent was obtained from all participants before data collection.

Data Analysis

Four Spanish-speaking investigators transcribed all of the interviews, checked them for accuracy, and analyzed them using thematic analysis (Braun and Clarke 2006). Initially, each researcher separately coded and analyzed the data using Nvivo10 software (QSR International 2014) to look for themes. Subsequently, the team compared codes for agreement, retaining only those themes that the majority of investigators coded and that the entire team unanimously agreed upon after extensive discussion. The final themes represented the perspectives of the majority of participants, priests, and *promotoras*. When negative cases arose, the team discussed each case, using them as an opportunity to further refine each theme (Patton 2002).

Results

Findings from the interviews underscored advantages of the Catholic faith-based approach to health promotion programs targeting Latinos. Perspectives from participants, *promotoras*, and church leaders emphasize the importance and pervasive influence of faith in Latino culture and demonstrate a positive correlation between religion and healthy lifestyle changes. Findings are presented below and in Table 2.

Trustworthy and Comfortable

The advantages of delivering health interventions in the trustworthy setting of the church were illustrated by Daniel (a pseudonym for a White male priest interviewee) when he said, “I think that it makes easier for some people to say ‘ok, I am going to participate because is at the church or because it was announced in the church.’” “How people see the church, people feel at home here [local parish],” declared Thomas (a pseudonym for a White male priest interviewee). The clergy seem to be remarking upon how expressions of trust by parishioners indicate a high level of comfort and identification with the local parish community. Daniel also stated that “Sometimes, there are programs from health clinics or others local organizations, but people are more comfortable to participate in activities that belong to the church or are in the church,” which reflects how Latinos might view opportunities to engage in activities supported/run by the church more positively than non-church affiliated opportunities because the religious community has been able to earn their trust.

Priest perceptions thus support the hypothesis that Latinas benefit from faith-based approaches to health promotion programs since they have developed trust in the church as an institution. Perceived as good influences, “God”/priests are figures Latinas trust and count on for spiritual and instrumental support. For example, Victoria (a pseudonym for a 62-year-old Latina participant) said, “Priests are always available to help the community.” “I understand that I do not have to feel alone...because of ‘God,’” said Mariana (a pseudonym for a 58-year-old Latina participant).

Table 2 Study findings on themes and sample quotes

Theme	Sample quote (<i>subject pseudonym</i>)
Trustworthy and comfortable	I think that it makes easier for some people to say “ok, I am going to participate because is at the church or because it was announced in the church” (<i>Daniel, White male priest</i>)
	How people see the church, people feel at home here [local parish] (<i>Thomas, White male priest</i>)
	Sometimes, there are programs from health clinics or others local organizations, but people are more comfortable to participate in activities that belong to the church or are in the church (<i>Daniel</i>)
	Priests are always available to help the community (<i>Victoria, 62-year-old Latina participant</i>)
	I understand that I do not have to feel alone...because of ‘God’ (<i>Mariana, 58-year-old Latina participant</i>)
Natural and authentic	I knew the people, so I felt very comfortable with them. Also, they felt very well with me. We connected because we knew each other from sometime ago (<i>Olivia, Latina promotora</i>)
	We constantly see each here at the church, for example Sundays, weekdays, or on the street, and we could talk about the program (<i>Carolina, Latina promotora</i>)
	I see participants in church; I could talk about the program right there (<i>Olivia</i>)
	When they leave the church, after the program, to go home, walking they can turn the block and see that it is nice to go out for a walk (<i>Carolina</i>)
	Going to church...I feel that I am doing something good for me (<i>Regina, 52-year-old Latina participant</i>)
	Prayer helps us a lot (<i>Zoe, 73-year-old Latina participant</i>)
Engaging and appealing	Participants used to come a lot to the church, so they look forward to listen the religious part of the program ... when people see that this program is not only related to doing more exercise, but is something for their own spirit life, their faith... it motivates them to attend more” (<i>Daniela, Latina promotora</i>)
	I liked that they talked about religion, because we need to pray (<i>Zoe</i>)
	Participants often come to church, then they want to hear the religious stories of the program, so ... it was like that when we were began to read the Bible, they were more involved, those who were normally quiet started to talk (<i>Daniela</i>)
	There was a history of... I do not remember right now the name of the Saint, but it was about a man who climbed mountains, and he felt close to ‘God’, especially when climbing to the top, it was nice because I related it with me, when I was in Mexico... (<i>Elena, 58-year-old Latina participant</i>)
	Because from the religious reading I learn about good experiences... good advice... I like a lot the religious part (<i>Regina</i>)
	When we read the Bible and then we talked about it ... participants could see the importance of nutrition just like ‘God’ wants...people began to see and relate to the content of the program (<i>Daniela</i>)
Holistic and spiritual	It was good, because it also speaks of the spirit, and actually the program also helps one to be within the faith... if you say one combines food, or what one is doing with faith and says “this will help me stay healthy”... so this is like combining faith, spirit, and how to be happy, which makes a lot of sense (<i>Victoria</i>)
	Combining religion with health ...both are very important ... it helped us to think more ... you are also nourishing spiritually (<i>Emilia, 57-year-old Latina participant</i>)
	It was interesting, in the nutrition section, ‘God’ wants us to nourish our body ... how ‘God’ wants our bodies to be healthy, and how to keep it healthy (<i>Daniela</i>)

Natural and Authentic

The church setting and its various activities (e.g., mass, social groups, older adult meetings) facilitate social integration among Latinos. The sense of community and familiarity

the church setting provides was key to the implementation of AEA, as it allowed Latina participants and *promotoras* alike to relax and be themselves around each other. Olivia (a pseudonym for a Latina *promotora* interviewee) commented on the church's ability to facilitate organic relationships when she said, "I knew the people, so I felt very comfortable with them. Also, they felt very well with me. We connected because we knew each other from sometime ago." The sense of community the church builds contributes to the comfortable setting, perhaps playing an integral role in ensuring a smooth implementation of the AEA program.

Promotoras mentioned that housing the program in the church helped them stay in touch with program participants. Due to their affiliation with the same religious community, participants and *promotoras* developed personal bonds and were likely to meet each other outside the program during other church activities and events. During these periods, *promotoras* had an opportunity to connect with participants and "touch base." This enhanced program implementation as *promotoras* could follow more closely the progress of each participant and could provide additional support if necessary. For example, Carolina (a pseudonym for a Latina *promotora* interviewee) said, "We constantly see each other here at the church, for example Sundays, weekdays, or on the street, and we could talk about the program." "I see participants in church, I could talk about the program right there," said Olivia. Carolina and Olivia's quotations exemplify how the investigators' partnership with in-church *promotoras* benefited participants by nurturing the program's community dynamic. Further, the church functioned as a central location for the community, which *promotoras* found to be advantageous since upon departing, participants could immediately apply what they had learned. As Carolina observed about participant's ability to apply teachings on physical activity, "When they leave the church, after the program, to go home, walking they can turn the block and see that it is nice to go out for a walk."

In addition, during the interviews, participants classified faith and church as important and natural elements of their daily lives. Regina (a pseudonym for a 52-year-old Latina participant) said, "Going to church...I feel that I am doing something good for me." "Prayer helps us a lot," said Zoe (a pseudonym for a 73-year-old Latina participant). These positive feelings about prayer and other church activities may be indicative of how our program was perceived as a natural and authentic part of Latino culture.

Engaging and Appealing

The religious content of the program also proved appealing to our target population. Putting religious content at the center of the workshops fostered a stronger relationship between Latinas and the program; the material—including praying and reciting stories about the lives of Saints and religious figures—resonated with participants' values and interests in faith. For example, Daniela said, "Participants used to come a lot to the church, so they look forward to listening to the religious part of the program...when people see that this program is not only related to doing more exercise, but is something for their own spirit life, their faith...it motivates them to attend more." Zoe also said, "I liked that they talked about religion, because we need to pray." These quotations suggest that the religious content enriched the participants' initial incentive for attending the program, helping them maintain high levels of engagement and motivation throughout the duration of the workshops. Daniela commented further on the program content's capacity to engage participants when she said, "Participants often come to church, then they want to hear the

religious stories of the program, so ...it was like that when we were began to read the Bible, they were more involved, those who were normally quiet started to talk.”

Participants highlighted the religious content as vital to their ability to better connect with the health education topics. Some participants, for example, found the stories about Saints easy to relate to and they identified with the protagonists. Elena (a pseudonym for a 58-year-old Latina participant) said, “There was a history of...I do not remember right now the name of the Saint, but it was about a man who climbed mountains, and he felt close to ‘God,’ especially when climbing to the top. It was nice because I related it with me, when I was in Mexico.” “Because from the religious reading I learn about good experiences...good advice...I like a lot the religious part,” said Regina. Overall, the religious content functioned as an effective catalyst for participants to connect with the health education material and understand the importance of taking care of their lifestyles and health. Daniela was most explicit about the motivating effect of the religious content when she said, “When we read the Bible and then we talked about it...participants could see the importance of nutrition just like ‘God’ wants...people began to see and relate to the content of the program.”

Holistic and Spiritual

Not only did the religious content help participants maintain high levels of engagement and motivation, but it also encouraged a more holistic experience of the program, as participants felt they were improving their lifestyles both physically and spiritually. The exposure to religious texts, prayers, and hymns during each workshop facilitated an understanding of the importance of holistic well-being. For example, Victoria said, “It was good, because it also speaks of the spirit, and actually the program also helps one to be within the faith...if you say one combines food, or what one is doing with faith and says, ‘this will help me stay healthy’...so this is like combining faith, spirit, and how to be happy, which makes a lot of sense.” In addition, Emilia (a pseudonym for an 57-year-old Latina participant) expressed the importance of sustaining the spirit along with the body when she said, “Combining religion with health...both are very important...it helped us to think more...you are also nourishing spiritually.” Daniela further articulated an appreciation for understanding physical health as a form of spiritual enrichment when she said, “It was interesting, in the nutrition section, ‘God’ wants us to nourish our body...how ‘God’ wants our bodies to be healthy, and how to keep it healthy.” These quotations underscore the importance of the program’s religious content for nourishing both participants’ physical health and spiritual well-being.

Discussion

AEA seems to highlight the importance of faith and its apparently pervasive influence in Latino culture. Further, the ideas shared and values expressed by the participants seemingly nurture the argument for rapprochement between religion and healthy living. Various community actors’ views (those of Latino participants, *promotoras*, and faith leaders) on the program suggest that integrating Catholic context and content into a community-based lifestyle intervention offers a promising, culturally sensitive approach to engaging Latinas in healthy lifestyles.

Our findings confirmed that Latinas place a large amount of trust in the church, priests, and “God.” The church’s comfortable setting and sense of community played an integral role in ensuring the smooth functioning of AEA. The intervention involved church facilities in all activities, encouraging participants to form closer ties with the program and content delivered. According to Allen et al. (2012), religious institutions have been described as strong behavioral influences on multiple aspects of Latinos’ lives, such as family. Peterson et al. (2002) state that churches are networks that influence health behavior through social systems at individual and community levels. A study on African-American congregations reports that, much like in Latino congregations, churches—in addition to representing knowledgeable and respected authority—are viewed as trustworthy because people often receive social or spiritual support from them (Parril and Roberts Kennedy 2011).

Our study also underscores the advantages of the church over other community organizations (e.g., health clinic). Lancaster et al. (2014) confirm the effectiveness of the church context, stating that churches are powerful institutions, superior to other community organizations when it comes to promoting healthy behaviors. In a study on overweight African-American and Caucasian women (Sbrocco et al. 2005), results show that there is a higher rate of adherence to healthy eating and regular physical activity if the intervention is delivered in a church setting versus a university setting. The church group reported less disinhibition, less interpersonal distrust, and less overall ineffectiveness compared to the university group.

Some studies have noted that programs situated in faith organizations have the added benefit of appealing to large numbers of congregates whom more traditional organizations, such as health clinics, have difficulty reaching (Baruth et al. 2014; Bopp et al. 2013). Wells et al. (1990) mention that women, more so than men, participate in and value church activities and for this reason are more likely to participate in health promotion programs through the church. Add to this gender disparity the fact that Latino populations often lack proper health insurance coverage and are unaware/unable to access health promotion programs offered by health clinics or other organizations, and the church becomes an appealing candidate for housing health promotion programs targeted at Latinas. Health promotion programs could easily be added to the church-run “free activities” that have already proven effective at attracting participants from Latino congregations.

The AEA program also elicited commentary on how priests functioned as a source of trust and help, and how an invitation from a priest increased the likelihood that Latinas would participate in the program. Previous studies have confirmed that church leaders contribute significantly to health promotion within congregations and communities, indicating that they play a key part in the success of community health interventions (Campbell et al. 2007a, b; Peterson et al. 2002). According to Anshel and Smith (2014), priests and other church leaders possess the credibility and the communication skills necessary to persuade their congregates to join activities they support. The clergy are viewed as authority figures and are well suited to advise their congregates on behavioral health issues (Baruth et al. 2014). Ramírez-Johnson et al. (2014) confirm the importance of faith-based organization partnerships in the delivery of health and social services to Texas Latino populations. Their study found that the higher the clergy education level, the greater their involvement in health initiatives.

In addition to priests and church leaders, “God” too served as a unique source of trust according to findings from the AEA program. Trust in “God” played an especially significant role in preventing relapses and keeping participants focused on their goals. As Koerner et al. (2013) explain, “God” is involved in coping strategies for many Latinos,

helping them tolerate stressful situations or maintain positive attitudes. For older Latinas, “God” actively participates as a partner in their lives and health (Jurkowski et al. 2010).

AEA confirmed the efficacy of the Catholic Church setting and its various activities that facilitate social integration, as Latinas felt comfortable around each other. Kraus et al. indicate that this familiarity among congregant members promotes the formation of social networks in which they share beliefs, values, behaviors, attitudes, and activities (Krause et al. 2011). The growth of social networks increases adherence to and promotion of lifestyle changes among peers (Umberson and Karaz Montes 2010). Including AEA *promotoras* and participants in the same church community strengthened existing relationships and allowed new ones to form. Krause et al. (2011) argue that familiar scenarios are beneficial because they generate stronger communication and commitment among peers. Many other advantages have been reported pertaining to the use of lay leaders from the church community in conducting health programs (identified in AEA as *promotoras*). According to Lancaster et al. (2014), these lay leaders become well acquainted with local community members and are welcomed into the social network. Their familiarity with program participants helps not only in the implementation of the program but also in the recruitment phase. *Promotoras* understand the needs of program members, develop meaningful relationships with those involved in the church (e.g., staff, priests), and are accustomed to the everyday activities of the church. Lancaster et al. mention that lay church leaders provide relevant community-based resources and can serve as a link between healthcare planners and the community (Lancaster et al. 2014). Krause et al. (2011) also highlight the capacity of lay leaders to mediate between health programs and the congregation when they discuss how fellow church members play a key part in encouraging older people to live healthier lives.

Findings on the significance of Catholic faith in the everyday lives of AEA participants reflect the prominent role that faith plays in the lives of a majority of Hispanics, both US and foreign-born. A Pew Research Center survey found that 65 % of Catholic Hispanics consider religion to be very important in their day-to-day lives, especially older adults (Pew Research Center 2014). Similar to this study, an earlier study corroborates the claim that Latino churches and religion are important elements of Latina lifestyles, especially among Spanish-speaking communities (Castro et al. 1995). These findings support attempts such as AEA’s, which seek to partner with Latino churches in order to reach large groups of Latinos.

In addition to the benefits of the religious context, the religious content of AEA also motivated individuals to attend the program and seek healthier lifestyles. The exposure to religious texts, prayers, and hymns during each AEA workshop enriched meaningful connections to the program and instilled messages about the importance of overall well-being. Krukowski et al. (2010) studied a health promotion program in which Catholic participants were assigned to two different groups: one with a religious curriculum and one with a secular curriculum. The religious content group reported higher rates of motivation, as participants joined more program sessions and completed more program assignments than those in the secular group. This is consistent with findings from studies on other minority groups. The literature on African-American communities describes how Scripture readings motivate participants to engage in colorectal cancer screening (Holt et al. 2009). Other studies on African-Americans show that including religious themes motivates participants to follow recommended health behaviors and improves their opinion of the benefits of behavioral changes (Campbell et al. 2007b; Holt et al. 2009). Another study on Christian Taiwanese reported on how religious content contributes to the effectiveness of coping mechanisms, problem solving tactics, and empowerment strategies. Using prayers

and Scripture during a stress therapy program motivated and helped participants to develop methods for overcoming coping barriers they faced in their daily lives (Pan et al. 2012).

Findings from AEA thus support the hypothesis that religious content only enhances the program's core content. As mentioned in previous interventions, the religious content strengthens the belief that "the body is the temple of God." Participants come to see taking care of one's physical health as a way of better serving "God" and expressing gratitude for the body "He" has given them (Allen et al. 2014; Benjamins and Buck 2008). African-American focus groups found a further association between such spiritual motivations for taking care of one's body and improvements in eating and exercise habits (Kim et al. 2008). In a study on Catholic Latinos and the impact of religious practices on cancer-screening knowledge and participation, members of several focus groups alluded to specific religious teachings that encouraged healthy maintenance of one's body (Allen et al. 2014).

The stories about the lives of Saints also resonated with some of the AEA participants. In the "Faithful Footsteps" program, the inclusion of materials linking patron saints of specific chronic diseases (e.g., Bernard Clairvaux, patron saint of cancer) to program content increased the likelihood that participants would retain information about physical activity recommendations and understand the subsequent health benefits post-intervention (Bopp et al. 2011).

Finally, there was an overarching belief that the inclusion of religious content alongside health topics in AEA nourished both physical health and spiritual well-being in participants, where physical health refers to the medical and physical care of one's body and spiritual well-being or spirituality refers to the care of one's non-corporeal sense of self, or soul, and non-corporeal connections to divinities, such as "God." According to Benjamins (2006), spirituality can affect preventive care, impacting overall health. Jurkowski et al. (2010) conducted a study in which Latinas identified spirituality as an essential component of general health. Jorna et al. (2006) tested a church-based "holistic" health intervention—that is, an intervention targeting both physical health and spiritual well-being—to increase physical activity in Australian women and found that this holistic approach was successful in achieving the goal set. A systematic literature review of faith-based programs aimed at reducing the risk of cardiovascular disease in minorities and women found that secular programs need to acknowledge the role of spirituality in health promotion in order to design more effective programs (Sternberg et al. 2007). The practice of using religious content in health promotion programs such as AEA effectively addresses the value of different dimensions of health, such as spirituality, that other health promotion programs often overlook.

In conclusion, results from our study suggest that Catholic faith-based health promotion programs that incorporate both religious context and content can serve as effective interventions to improve the lifestyles and overall health of Latinas living in the USA. Thanks to the religious context, Latinas experienced and perceived an increased level of trust toward health promotion programs facilitated by faith-based organizations. Viewed as natural and authentic, the church setting used for the program nurtured the community dynamic. Moreover, the religious content fostered a stronger relationship between Latinas and the program, as they felt motivated, connected, and engaged with the program in meaningful ways. The religious content also encouraged a more holistic experience of the program, nourishing participants' physical health and spiritual well-being.

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