

The Overcomers Health and Wellness Ministry  
Integrating Faith and Physical Wellness in African American Congregations

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## **Abstract**

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The recipe for optimal physical health and wellness includes faith-based ingredients that align with the promises of God. When these ingredients are active in the African American faith community, a culture of health and wellness flourishes within the church and beyond. The pastor plays an intricate role in inspiring members of the congregation to invest in their physical health and well-being by leading by example and embracing opportunities to educate and empower others. Health ministries in local churches have the capacity to affect lasting change through programs that target physical health and wellness, especially in rural communities. When pastors and congregants invest in their physical health, they are better equipped to fulfill their ministry call and purpose. This study illustrates how an investment into church health and wellness programs in rural communities strengthens relationships and creates paths to circumvent the health disparities.

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Integrating Faith and Physical Wellness in African American Congregations

By

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## Introduction

It's a blissful Sunday afternoon and families from various African American churches in the rural town of McClellanville, South Carolina are dining at the only African American owned restaurant, preserving tradition and embracing the culture of soul food. These moments of fellowship at Buckshot's restaurant that are nostalgic to the African American families with delectable buffet options, such as white rice and gravy, red rice, okra soup, collard greens, macaroni and cheese, fried fish, turkey wings, and baked or fried chicken, serve as a reminder of just how central food is in the African American community.

There is a deep connection between faith and food within the Christian tradition and within the Black communities.<sup>1</sup> Included in the history of the African American faith community are stories of families hosting the pastor of the congregation for Sunday dinners. It was also common for food to be the highlight of monumental occasions, such as church anniversaries, pastor anniversaries, choir anniversaries, and family and friend celebrations. While this key component of cultural identity has united families and strengthened relationships within the African American faith community, the overindulgence of soul food has had an adverse effect on African Americans, becoming a major contributor to sickness, disease, and even death. A southern diet rich in carbohydrates and fats is an important example of a culturally influenced environmental determinant of health that likely contributes to health disparities in this region of the United States.<sup>2</sup> The red rice, collard greens, fried chicken, and banana pudding aren't the culprits rather overconsumption of these foods is an example of how health disparities, the lack

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<sup>1</sup> Christopher Carter, *The Spirit of Soul Food: Race, Faith, and Food Justice* (Champaign: University of Illinois Press, 2021), 10.

<sup>2</sup> Steven Coughlin, *Black Health in the South* (Baltimore: John Hopkins University Press, 2023), 12, JStor.

of access to resources, and the lack of knowledge can have an adverse effect in the African American culture.

### **COVID-19's impact on the African American church and community**

In March of 2020, the COVID-19 pandemic heightened the African American church's awareness of the underlying health challenges in the African American community. Indeed, certain aspects of living in the South, such as higher rates of many conditions associated with a greater risk for severe health complications from COVID-19, widespread poverty, the lack of access to healthcare for many, and a long-standing tradition of hospitality, left those in the South at great risk.<sup>3</sup> I observed this in the rural town of McClellanville at the onset of the pandemic on the third Sunday of March of 2020 at the congregation I was currently serving. While there was minimal warning and minimal time to prepare, the church and community at large had to use all the resources within their reach to protect and prepare as many people as possible. Findings by Yancy show that for majority of black counties in the United States, the infection and death rates were more than three and six times higher, respectively, than in predominately white counties.<sup>4</sup> The African American church witnessed this firsthand and pivoted to a virtual house of hope and strength.

A recent report from the Pew Research Center indicated that three out of every four African Americans in their study responded that religion was important to them and nearly half of these individuals (47%) attended church weekly.<sup>5</sup> Religious institutions have historically been

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<sup>3</sup> Christian D. Johnson and Chen Ruoxi, "The COVID-19 Pandemic and Its Impact on the Southern United States," *Journal of Comparative Family Studies* (2020): 315, <https://www.jstor.org/stable/26976653>.

<sup>4</sup> Sandra L. Barnes, "God is in Control: Race, Religion, Family, and Community during the COVID-19 Pandemic," *In The Pandemic Divide: How COVID Increased Inequality in America*, (2022): 70, <https://doi.org/10.2307/j.ctv2vr9d90.8>.

<sup>5</sup> Marino, Bruce, "A Perspective: COVID-10 and African American Religion Institutions," *Ethnicity & Disease* 30, no. 3 (2020): 425, JSTOR.

safe havens for African Americans where they receive affirmative spiritual messages and social support that bolster coping resources in the face of difficult periods and circumstances.<sup>6</sup> With less than a week's notice, as a faith leader, I was obligated to respond with spiritual hope, resources, and a strategic plan for the unimaginable. The COVID-19 pandemic explained why active health ministries in African American churches worked so hard to educate and empower its leaders and members to invest in their health. According to Cassandra Chaney, in *The Family Stress and Coping Among Americans in the Age of COVID-19*, the health of many African Americans places them at higher risk for dying from the Coronavirus.<sup>7</sup> Blacks are more likely to have high blood pressure, diabetes, and general poor health than a typical person in the United States.<sup>8</sup> These preexisting conditions led to an alarming number of deaths of African American men, women, and children, including lay and clergy.

Not only are the preexisting health conditions a concern in the African American faith community, but the lack of physical fitness is also a concern. The Centers for Disease Control and Prevention reported that Blacks are less likely to report in engaging in regular physical activity as compared with whites, likely contributing to the disparities in chronic diseases, such as cardiovascular disease, stroke, high blood pressure, cancer, diabetes, and obesity.<sup>9</sup> Unfortunately, school closings in African American communities and the lack of community centers have contributed to the lack of physical activity as well as other factors such as stress, limited time, the distance and cost of fitness centers, and poor neighborhood conditions. Yet,

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<sup>6</sup> Marino, "Perspective: COVID-10 and African American Religious Institutions," 425.

<sup>7</sup> Cassandra Chaney, "Family Stress and Coping Among African Americans in the Age of COVID-19," *Journal of Comparative Family Studies* 51, no. 3/4 (2020): 257, <https://www.jstor.org/stable/26976649>.

<sup>8</sup> Chaney, "Family Stress," 257.

<sup>9</sup> Meghan Baruth, Sara Wilcox, Ruth P. Sanders, Steven P. Hooker, James R. Hussey, and Steven N. Blair. "Perceived Environmental Church Support and Physical Activity Among Black Church Members," *Health Education & Behavior* 40, no. 6 (2013): 712, <http://www.jstor.org/stable/45088162>.

despite the majority of African Americans not participating in physical activity, the group's rich history includes athleticism. This athleticism spans across generations and created opportunities for community bonding through baseball, softball, and basketball teams. The athleticism known in African American communities serve as a reminder of the potential that exists when increasing physical activity.

### **African American Clergy in Promoting Self-Care and Better Physical Health Amongst Parishioners**

Since clergy serve as leaders in their respective Christian communities and contend not only with cultural but also vocational obstacles to health, it makes sense that if they can cultivate habits of health that promote greater flourishing, then most other Christians can too—plus they serve a vital modeling role for their faith communities.<sup>10</sup> The call to ministry is one of the greatest opportunities to serve in the Christian faith and this call requires a level of spiritual and physical tenacity and health. As an African American pastor who is privileged to serve my third congregation in the African Methodist Episcopal Church, my health and wellness and the healthy flourishing of my congregants remains a primary concern and critical area of ministry. Prior to COVID-19, there were countless members and families I prayed with, encouraged, and supported through medical diagnoses, surgeries, and other medical ailments and procedures. Sadly, and in many cases, the health challenges led to their demise. Interestingly, I have also provided this same type of spiritual support to colleagues in ministry, especially since COVID-19. One would think there would be a difference between pastoral leadership and parishioners,

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<sup>10</sup> Melanie L. Dobson, *Health as a Virtue: Thomas Aquinas and the Practice of Habits of Health* (Cambridge: The Lutterworth Press, 2015), 77.

regarding health concerns. However, there is not much of a difference. Whether leader or follower, in the black community both groups seem to suffer from the health ailments.

Demanding work and unpredictable schedules place great burdens on the health and well-being of the almost quarter of a million clergy in the United States. Aspects of clergy life that may lead to poor health outcomes include abrupt relocations, insufficient salaries, demanding ministerial role expectations (e.g., weekly services, funerals, church management), and the lack of privacy.<sup>11</sup> The pastoral ministry is not limited to the traditional forty-hour, five-day work week like many other vocations. As a shepherd after God's own heart, pastors are expected to selflessly serve their congregations as beacons of hope and light and even through moments of distress and despair. When unfortunate tragedies shake a family to its core, when a terminal illness takes the life of the family matriarch, when a major plant employing thousands in the church and community abruptly shuts its doors, the pastor must answer the call to modify and adjust his/her schedule in order to be present as a servant leader. Does the pastor effectively demonstrate a ministry of presence as a servant leader while also balancing time for themselves and their families? This is a good question. Clinical psychologist Dr. Chanequa Walker-Barnes' offers perspective on the concept of self-care to explain this as one of the challenges of those in the pastorate. Pastors neither tend to care for nor intentionally focus on themselves.

In *Sacred Self Care*, Dr. Barnes invites readers to receive the wisdom found in Scripture when it comes to caring for ourselves. Sacred self-care, then, integrates our spiritual, physical, emotional, mental, and relational well-being.<sup>12</sup> While servant leaders invest time in serving the

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<sup>11</sup> B. Harmon, S. Strayhorn, N. West, M. Schmidt, B. Webb, L. Grant, and S. Smith, "Strategies for Designing Clergy and Spouse Obesity-Related Programs," *American Journal of Health Promotion* 35, no. 3 (2021): 399, <https://doi.org/10.1177/0890117120960574>.

<sup>12</sup> Chanequa Walker-Barnes, *Sacred self-care: Daily Practices Nurturing our Whole Selves* (New York: Harper One, 2023), 9.

congregation, a question is: How much time do they invest in self-care? While self-care among clergy has been almost non-existent, Scripture illustrates the value of self-care, as we see Mark 4:38: “And he was in the hinder part of the ship, asleep on a pillow: and they awake him, and say unto Him, Master, carest thou not that we perish?”<sup>13</sup> Jesus invested in his physical well-being by resting, as evidenced by scriptural references in the Gospels.

When the pastor is pulled in countless directions how do they intentionally dedicate time for self-care? Dr. Barnes’ interpretation of self-care invites the pastor to focus on themselves and to demonstrate gratitude to God for their own self-care. Self-Care is another dimension of stewardship—stewardship of the self. Sacred self-care is the act of stewarding ourselves, including our bodies, minds, and spirits—the wondrous gifts that have been entrusted to us by God.<sup>14</sup> When we fail to care for ourselves as good stewards, we subject ourselves to illness, mental exhaustion, sleep deprivation, and other health concerns.

Self-Care is about Wellness. Sacred self-care is about wellness, that is, maximizing our spiritual, physical, emotional, mental, relational, financial, and vocational health and well-being.<sup>15</sup> Self-care should be visible in every facet of our lives.

Self-Care is Subversive. It raises the questions: How does the pastor of the congregation safeguard their time to get adequate rest at night? How does the pastor make certain that they are eating and preparing healthy meals? Sacred self-care is not an act of indulgence; it is an act of resistance.<sup>16</sup> Self-care gives us the right to say no to things and requests that do not preserve and protect us from overextending ourselves.

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<sup>13</sup> Mark 4:38, King James Version (KJV).

<sup>14</sup> Walker-Barnes, *Sacred*, 22.

<sup>15</sup> Walker-Barnes, *Sacred*, 25.

<sup>16</sup> Walker-Barnes, *Sacred*, 29.

Self-Care is Reparative. Carrying other people's pain is an existential burden for people who identify as empaths, really for anyone who tries to practice deep care and attention to the world around us.<sup>17</sup> Self-care has the capacity to be a healing agent, not only from the pain of those the pastor ministers to, but also from personal pain.

The intentional focus on the pastor's self-care protects the pastor against burnout and insurmountable stress and positions them to have a vision for self-care for their ministries. As I strive to practice what I preach, incorporating self-care strategies in my daily life have yielded greater productivity as I demonstrate care and concern for leaders and members while admonishing them to do the same.

The leader of the congregation holds a unique and influential role in producing transformative ministry experiences and particularly on health and wellness. For this reason, I present the following research question: "How can a faith-based physical wellness and fitness program transform congregations' commitment to well-being?" Central to this research question is health and wellness which has theological foundations on which I expound. I will also consider the impact of the pastors' health and wellness on empowering members of the congregation. To bring perspective and clarity, I give attention to the health disparities and challenges in the town of McClellanville, South Carolina, where I pastor. My ministerial context is Bethel AME Church's health ministry and the Overcomers Health and Wellness Ministry. Ultimately, my research aims to show the impact that attention to health and wellness has not only on Bethel AME Church but also on neighboring congregations and further the contributions that attending to this subject makes on the Body of Christ.

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<sup>17</sup> Walker-Barnes, *Sacred*, 31.

## Physical Health and Wellness: Theological Perspectives from Old and New Testaments

The Apostle John revealed in the Third Epistle of John “it is the will of God for us to prosper and being health, even as our soul prospers.”<sup>18</sup> This Biblical truth has inspired clergy and health ministries within Christian congregations to answer the call to embrace stewardship of the body. The Genesis account of creation is for both Jews and Christians, the starting point for our understanding of the human relationship to the Creator and all of creation.<sup>19</sup> In His wise providence, agape love, and Sovereignty, God included man in His creation plan with a purpose to reflect His image. In that divine activity, God created humanity in His image, setting humanity apart from the rest of creation with this distinctive attribute. This ‘imago Dei’ is understood as a composite of body and spirit, or “existence/essence,” in the words of Aquinas.<sup>20</sup> The human body and spirit are one and the believers’ success in the Kingdom of God is evidenced by their ability to fulfill their purpose and call united in body and spirit. The physical body is designed to operate as an instrument of righteousness while the spirit harkens to the Holy Spirit with humility and obedience.

To accomplish this, God provided humanity with the instructions, the guidance, and the menu to live healthy, productive, and sustainable lives. The Lord God planted a garden in Eden, in the east, and there he put wo/man whom he had formed. And out of the ground the Lord God made to spring up every tree that is pleasant to the sight and good for food.<sup>21</sup> This beautiful garden was filled with healthy food that provided nourishment and strength. Ironically, the enemy used what was created as good—that is, food, as a tool to tempt Adam and Eve, changing

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<sup>18</sup> III John 1:2, King James Version (KJV)

<sup>19</sup> Tracey C. Greenwood and Teresa Delgado, “A Journey Toward Wholeness, A Journey to God,” *Journal of Religion and Health* 52, no. 3 (2013): 943, <http://www.jstor.org/stable/24485042>.

<sup>20</sup> Greenwood and Delgado, “A Journey Toward Wholeness,” 943.

<sup>21</sup> Genesis 2:8-9, King James Version (KJV)

the trajectory of humanity forever. Since then, food has been a source of temptation that has only intensified over time.

In the Old Testament, scriptures promoted healthy habits and discipline and warned against gluttony and overindulgence. For example, Deuteronomy gives consequences for rebellious people who exercise gluttony and drunkenness, reminding the children of Israel and readers of the importance of discipline.<sup>22</sup> Solomon instructed his readers, “Do not be among those who drink too much wine, or with those who gorge themselves on meat. For the drunkard and the glutton will become poor, and grogginess will clothe them in rags.”<sup>23</sup> Solomon admonishes his audience to practice moderation by warning against the consequences and long-term effects of overindulgence.

The Biblical story of Daniel provides insight into the discipline of fasting in the Old Testament. Daniel resolved not to defile himself with the royal food and wine and requested permission to consume nothing but vegetables and water for ten days.<sup>24</sup> Later in Daniel, Daniel fasted again for a twenty-one-day period, exercising self-control to resist meat or wine.<sup>25</sup> As a result, Daniel increased in knowledge, wisdom, spiritual depth, and insight. While fasting focuses on the spiritual increase, the physical benefits are organic. In her book, *Greater Health God's Way*, Omaritan cites scripture that lends credence to the Lord's expectations that humans should maintain a healthy lifestyle. Unhealthy habits are contrary to the basic principles of the New Testament, what she calls “words of truth.”<sup>26</sup>

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<sup>22</sup> Deuteronomy 21:20-21, King James Version (KJV).

<sup>23</sup> Proverbs 23:20-21, King James Version (KJV).

<sup>24</sup> Daniel 1:8-14, King James Version (KJV).

<sup>25</sup> Daniel 10:2-3, King James Version (KJV).

<sup>26</sup> Greenwood and Delgado, “A Journey Toward Wholeness,” 1051.

Jesus demonstrated healthy habits throughout His earthly ministry, illustrating the importance of investing in self-care for the sake of the Kingdom. It wasn't uncommon for Jesus to withdraw himself from the crowd to rest. Throughout his earthly ministry, He entered physical and spiritual rest and renewal. In one instance, as referenced previously, on an occasion after Jesus ministered to the multitude, He entered the ship and withdrew himself into a rest and sleep that didn't allow him to be disturbed by the storm. In another instance pointed to in Mark 6:31, after the busyness of the day, Jesus recognized that the disciples didn't have a chance to eat or rest and encouraged them to follow His example "Come with me by yourselves to a quiet place and get some rest."<sup>27</sup> It is through Jesus' example of rest that we are reminded of the importance of rest to our physical health and well-being, while also intentionally encouraging our brothers and sisters to rest.

Ecclesiastes 3:1-8 teaches that there is a time to feast and a time to fast within the Christian tradition. Jesus incorporated fasting in His earthly journey. Prior to the launch of His earthly ministry, Matthew 4 reveals Jesus' wilderness experience. Knowing that Jesus had fasted for 40 days and was very hungry, the enemy tempts Jesus first by suggesting that if he is the Son of God, he should tell these stones to become bread.<sup>28</sup> Jesus responds to Satan's temptation by indicating the importance of the Word of God, and by quoting the verse in Deuteronomy, "man cannot live on bread alone but by every word that comes from the mouth of the Lord."<sup>29</sup> Every time Satan tempted Jesus, He responded with the Word of God. As the Bread of life, Jesus fills us with the sustenance needed to resist the temptations of the enemy.

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<sup>27</sup> Mark 6:31, King James Version (KJV).

<sup>28</sup> Hans Mal, "Jesus in the Wilderness: Isaiah 40:3," *In Calvin for the Third Millenium* (2008): 219, <http://www.jstor.org/stable/j.ctt24h3nv.36>.

<sup>29</sup> Deuteronomy 8:3, King James Version (KJV).

Why is it that during seasons of fasting, believers are often tempted with the very foods they are trying to resist? For example, when the church embarks upon a corporate fast at the beginning of the year, it's not uncommon for members to share their experiences of being tempted with lunch offers at work or family gatherings with buffet options that make it hard to resist. In wrestling with the why, we have the reassurance: "For we do not have a high priest who is unable to empathize with our weaknesses, but we have one who has been tempted in every way, just as we are – yet he did not sin."<sup>30</sup> When temptation is luring us to give in, the Bread of Life inspires us to resist the temptation by ministering to us through our temptations and allowing the temptation to strengthen our faith and dependence on God. He supplies our needs to persevere through the most vulnerable moments of life. Jesus' wilderness experience speaks to humanity today. Fasting was important to Jesus; it was central to His ministry practices. There are situations in life when bread for the soul is more important than bread for nourishment.<sup>31</sup> It is for our spiritual benefit that we allow the Bread of life to satisfy us.

### **Food's Place in the Middle Eastern World: Table Fellowship and the Eucharist as a Vital**

#### **"Food" Practices**

The importance of hospitality and enjoying food with guests was important throughout the Middle Eastern world, and Jesus took this vital practice even further. Christ took the joy of food to new levels through His own indiscriminate table fellowship and his surprising feeding miracles.<sup>32</sup> Jesus capitalized on opportunities to socialize with those from all walks of life and minister to their spiritual and physical needs around food. Luke's Gospel contains stories of

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<sup>30</sup> Hebrews 4:15, King James Version (KJV).

<sup>31</sup> Mol, "Jesus in the Wilderness," 221.

<sup>32</sup> Laura M. Hartman, "Consuming Christ: The Role of Jesus in Christian Food Ethics," *Journal of the Society of Christian Ethics* 30, no. 1 (2010): 50, <http://www.jstor.org/stable/23562861>.

Jesus sharing a meal with people. Hence, the meals with Jesus represent something bigger. They represent a new world, a new kingdom, a new outlook.<sup>33</sup> As author Tim Chester elaborates on the impact meals had in Jesus' ministry in *A Meal with Jesus*, he concludes meals are more than food. They are social occasions.<sup>34</sup> Food in the Middle Eastern culture centered around the social - friendship, community, and welcome.

In Luke's Gospel, Jesus entered a certain village and visited the home of Mary and Martha. While Mary found herself at the feet of Jesus, taking in His Word, Martha was preparing a meal for Jesus. In her frustration with Mary's lack of assistance, Martha complained to Jesus and He told her, "Martha, Martha, you're fussing for too much and getting yourself worked up over nothing. One thing only is essential, and Mary has chosen it, it's the main course, and won't be taken from her."<sup>35</sup> Jesus is emphasizing meals are opportunities to share and spread the Gospel of Jesus Christ and thus the significance God's Word as the main course in fellowshiping.

In Luke 22, Jesus instructs Peter and John to "go and prepare us the Passover, that we may eat."<sup>36</sup> Peter and John follow Jesus' instructions and as they gather, Jesus expresses his longing to share in The Passover before He suffers: "And He took bread and gave thanks, and brake it, and gave it unto them saying, this is my body which is given for you; this do in remembrance of me. Likewise, He also took the cup after supper, saying: "This is the new testament in my blood, which is shed for you."<sup>37</sup> Just as God provided the Children of Israel with physical nourishment through manna, the Bread of Life (i.e., Jesus) made the ultimate sacrifice

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<sup>33</sup> Tim Chester, *A Meal with Jesus: Discovering grace, community & mission around the table* (Wheaton: Crossway, 2011), 10.

<sup>34</sup> Tim Chester, *A Meal with Jesus*, 10.

<sup>35</sup> Luke 10:38-42, King James Version (KJV).

<sup>36</sup> Luke 22:8, King James Version (KJV).

<sup>37</sup> Luke 22:19-20, King James Version (KJV).

and offers spiritual nourishment to all those who will come to Him. It is because of His sacrifice that we can sacrifice the guilty pleasures of food in this world. The practice of the Eucharist was instituted by Christ to a small group of apostles, the same apostles who gave rise to the first Christian communities after Christ's death. In that sense, the Eucharist, as spiritual food, is a community defining and community building practice.<sup>38</sup> In the AME Church, this blessed Sacrament is shared monthly and culminates with a moment of fellowship.

Just as gathering with the poor and outcast means encountering Christ, so gathering around the blessed bread and wine is a significant contact with Christ. Simply on the molecular level, whatever is eaten does become incorporated into one's bodily makeup. Symbolically, eating Christ then, if he is present, allows the Christian to add some molecules of God into the body.<sup>39</sup> It is vital that the pastor challenges the congregation to grow, spiritually, when partaking in the Service of Holy Communion. The Eucharist as spiritual food offers both physical and spiritual sustenance, like the representation of "living water" in the narrative about the woman at the well.<sup>40</sup>

It's through the Eucharist, the Body and Blood of Jesus Christ, that we redefine the meaning and significance of food. In Genesis, before the fall, eating from any tree except the tree of the knowledge of good and evil demonstrated our trust and obedience to God. After the fall, we attempted to live life independent of God which was a display of disobedience and distrust. For example, the Old Testament points out: "Although they knew God, they did not honor him as God or give thanks to Him, but they became futile in their thinking, and their foolish hearts were darkened."<sup>41</sup> As a result of the fall, we no longer honored God by living by

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<sup>38</sup> Hartman, *Consuming Christ*, 53.

<sup>39</sup> Hartman, *Consuming Christ*, 53.

<sup>40</sup> Hartman, *Consuming Christ*, 54.

<sup>41</sup> Romans 1:21, King James Version (KJV).

His word, or expressed gratitude by receiving the food on which we depended, as a gift from him.<sup>42</sup>

Christian ethicist Laura Hartman presents the question, “If the Eucharist transforms Christians, does it transform Christian eating practices?” She provides examples of how the Eucharist inspires Christians to exercise daily Christian food ethics. What Christians eat in the Eucharist and what they eat in the rest of their lives, should be integrated: lessons of the Eucharist should apply to other Christian eating.<sup>43</sup> The Eucharist is an opportunity to grow in discipline and in a willingness to sacrifice, which translates into how we should consume material food.

Sin distorts all our relationships, including our relationships with food.<sup>44</sup> It is very easy for food to consume our thoughts and influence our decisions throughout the course of the day. Before we’ve finished breakfast, we’re already thinking about lunch and dinner with snacks in between, proving the adage: “We don’t eat to live, we live to eat.”

The sacrifice that Jesus made at Calvary paved the way for believers to live in victory and spiritual freedom through the power of the Holy Spirit and thus demonstrating that the Bread of Life, and not food sources, has power and control over us. That is why scripture says, “I beseech you therefore, brethren, by the mercies of God, that ye present your bodies as a living sacrifice, holy, acceptable unto God, which is your reasonable service.”<sup>45</sup> Jesus presented his body as an acceptable sacrifice and by the mercy of God, Jesus purchased our redemption through His sacrifice at Calvary’s Cross. Similarly, the Apostle Paul admonishes us to offer our body to God as a form of sacrifice to God. Paul described this sacrificial act as holy and acceptable unto God

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<sup>42</sup> Tim Chester, *A Meal with Jesus*, 79.

<sup>43</sup> Hartman, *Consuming Christ*, 55.

<sup>44</sup> Tim Chester, *A Meal with Jesus*, 73.

<sup>45</sup> Romans 12:1, King James Version (KJV).

and as our reasonable service. In essence, caring for our bodies allows us to offer our bodies to God as an act of obedience and an acceptable form of worship. It is the least we can do out of appreciation for all that God has done and will do for us.

In the “Role of Religious Leaders in Promoting Healthy Habits in Religious Institutions,” authors Mark Anshel and Mitchell Smith describe ways in which leaders of different faiths approach physical, mental, emotional, and spiritual health, highlighting the common belief that taking care of the physical body is a religious practice. In line with this thinking, scriptures show the Apostle Paul similarly challenging the dualistic (Greek) thinking of Christians at Corinth who separated their physical bodies from a spiritual life. Paul corrected them by telling them that how they treated their bodies mattered spiritual as well as the physical levels and that they were not owners, but stewards of their bodies.<sup>46</sup> As proof, the Apostle Paul presents the Church of Corinth with a thought provoking question in I Corinthians 6:19-20, “Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own, you were bought at a price. Therefore, honor God with your body.” This is a key passage inspiring believers to adopt healthy lifestyles and to avoiding overeating and unhealthy lifestyles. Furthermore, it is critical to showing that we are not owners but rather stewards of our bodies. It is a privilege for the Holy Spirit to make our bodies a dwelling place and in return, we honor God with our body through the way in which we take care of ourselves. A lack of stewardship of our physical bodies leads to sickness which ultimately limits our spiritual mobility in the Kingdom of God.

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<sup>46</sup> Mark H. Anshel and Mitchell Smith, “The Role of Religious Leaders in Promoting Healthy Habits in Religious Institutions,” *Journal of Religion and Health* 53, no. 4 (2014): 1051, <http://www.jstor.org/stable/24485158>

### **Physical Health and Wellness – The Pastor as Model for Congregations**

It is apparent that religious beliefs and practices are intrinsic to a healthy lifestyle. Religious leaders have an opportunity to become the catalyst that helps members of their respective institutions to create a climate of healthy behavioral patterns as an intrinsic part of religious and spiritual practice.<sup>47</sup> The Pastor, the Shepherd of the flock, becomes one of the most trusted faith leaders in the congregation, community, and beyond. Congregations trust the pastor to demonstrate strong leadership skills, to operate in Godly wisdom, to execute their God given vision, and to compel them to pursue victory in every area of their lives.

The Pastor has the capacity to affect change throughout the church and community. In the arena of health and wellness, like other areas, the Pastor must lead by example. Pastors are viewed as respected “gatekeepers,” have significant authority, and are trusted by their congregation and the community, making them well-suited for encouraging, organizing, and invigorating health change.<sup>48</sup>

To further support this position, research and scholarship in the areas of health and wellness provides necessary evidence to support the notion that faith leaders can influence the church health environment. For example, authors Baruth, Bopp, & Webb, etc. found a positive association between the number of health and wellness activities offered within a faith-based organization and faith leaders’ fruit and vegetable consumption, minutes of physical activity, and perceived health status, and a negative relationship with faith leaders’ body mass index.<sup>49</sup> In other words, the more physical activities faith leaders participate in, the higher their fruit and

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<sup>47</sup> Anshel and Smith, “The Role of Religious Leaders,” 1052.

<sup>48</sup> M. Baruth, M. Bopp, B. Webb, & J. Peterson, “The Role and Influence of Faith Leaders on Health-Related Issues and Programs in their Congregation,” *Journal of Religion and Health* 54, (2015): 1748, <https://doi.org/10.1007/s10943-014-9924-1>

<sup>49</sup> M. Baruth, M. Bopp, B. Webb, & J. Peterson, “The Role and Influence of Faith Leaders,” 1748.

vegetable consumption, indicating better health, but the lower the physical activity and vegetable and fruit consumption, the higher their weight. This finding is one proof of the importance of faith leader's modeling good health and wellness for their congregations. Parishioners look to their ministerial leaders to be role models for healthy lifestyles and behaviors which can also be promoted through sermons, Bible Study series, Sunday morning worship activities.

Another study explored the influence pastors have on promoting health and wellness in a congregation to reveal that the major challenges within the congregation were similar to the challenges seen across the country. This study included fifteen faith leaders who believed they had influence on their congregation for issues related to health and wellness, and four faith leaders who believed they did not have much influence on their congregation.<sup>50</sup> The findings reported by these faith leaders suggested that smoking, lack of exercise, poor diets, and alcohol misuse were some of the biggest health problems facing their congregations.<sup>51</sup> I can attest to these health issues emerging within my congregation and recall instances where members struggled with these health challenges.

A common theme across faith-based programs targeting African Americans is the importance of the pastor in supporting program efforts.<sup>52</sup> Further, the high prevalence of obesity and chronic health conditions substantiate the need for improved and more routine physical activity and dietary behaviors among clergy, as obesity and diet are established risk factors for chronic health conditions.<sup>53</sup> Clergy's influence on health and wellness behaviors in congregations has the potential to serve as a discipleship tool. Therefore, the health behaviors and practices of

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<sup>50</sup> M. Baruth, M. Bopp, B. Webb, & J. Peterson, "The Role and Influence of Faith Leaders," 1748.

<sup>51</sup> M. Baruth, M. Bopp, B. Webb, & J. Peterson, "The Role and Influence of Faith Leaders," 1754.

<sup>52</sup> M. Baruth, S. Wilcox, & R. Evans, "The Health and Healthy Behaviors of a Sample of African American Pastors," *Journal of Health Care for the Poor and Underserved*, 25 (2014): 230, <https://doi.org/10.1353/hpu.2014.0041>

<sup>53</sup> M. Baruth, S. Wilcox, & R. Evans, "The Health and Healthy Behaviors," 230.

pastors may hold major influence on whether health promotion efforts are supported and succeed within the church environment.<sup>54</sup>

As an African American female pastor with over fifteen years' experience within the African Methodist Episcopal Church, I have grown to understand the significance of self-care and investing in my health and wellness. I have witnessed denominational leaders and colleagues selflessly give of their time, talent, and resources for the sake of the ministry only to succumb to health challenges and in many unfortunate instances, die prematurely. The demands of the ministry and the lack of accountability gave little to no time to invest in their physical health and wellness. They gave to everyone within reach until they could not give anymore. Because of the respected position of clergy, and their expertise in spirituality, many people assume they are disciplined when it comes to healthy behaviors and caring for their own bodies. In addition to the challenge associated with living a healthy lifestyle that the general population faces, clergy may encounter additional, unique barriers as a result of the sheer nature of their work.<sup>55</sup> While this unfortunate reality plagues the African American faith community, a health ministry initiative or progressive health ministry can contribute to the pastors increased focus on their physical health.

It is no doubt that the call to pastoral ministry requires availability and accessibility beyond the traditional eight-or-twelve-hour workdays, making it difficult for pastors to invest in their health and well-being without interruption. As critical as exercise and healthy eating are to our physical bodies, I have incorporated dedicated time for exercise, educating myself and others, alongside healthy eating for a large portion of my ministry. I embraced the Apostle Paul's

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<sup>54</sup> M. Baruth, S. Wilcox, & R. Evans, "The Health and Healthy Behaviors," 230.

<sup>55</sup> M. Baruth, S. Wilcox, & R. Evans, "The Health and Healthy Behaviors," 229.

teaching in I Corinthians, “Therefore, whatever you eat, or drink, or whatever you do, do it all for the glory of God.”<sup>56</sup> As I have sought to serve at my optimal best, I have learned that I must practice what I preach and surrender myself as an instrument for God’s glory. I have used countless minutes of exercise for prayer, meditation, and reflection. To deliver messages under the unction of the Holy Ghost, I strived to maintain a healthy physical body. Through my personal commitment to health and wellness I empathize with congregants who live in the rural communities that are subjected to health disparities and challenges. I have also had my share of challenges with discipline and consistency in my pursuit of my personal physical health and wellness goals.

### **Physical Health and Wellness – The Disparities**

African American history in the South tells of the incredible tenacity and perseverance of African Americans, while also exposing the enemy of slavery, injustices, racism, and disparities that show up in the African American communities, including the faith community. In “Black Health in the South,” authors, Williams, Coughlin, and Akintobi, provide insight into the cultural factors that compound health disparities in the South. As Williams describes traditional soul food, he describes the ingredients as including high levels of fat, cholesterol, and sodium. Rooted in tradition and history are recipes that families made to provide for their children.

Health disparities are specific health differences linked closely to environmental, economic, and/or social disadvantage.<sup>57</sup> Several factors contribute to health disparities among African Americans. Factors can be internal, within the control of African Americans, or external, controlled by other individuals and systemic policies and practices.<sup>58</sup> In the rural town of

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<sup>56</sup> I Corinthians 10:31, King James Version (KJV).

<sup>57</sup> Ellen Idler, *Religion as a Social Determinant of Public Health* (New York: Oxford University, 2014), 15.

<sup>58</sup> Idler, *Religion*, 16.

McClellanville, internal factors include a lack of knowledge and understanding of the adverse effects unhealthy eating has on the physical body. This results in a lack of motivation to engage in fitness progress, challenges, or health informational sessions. A lack of self-confidence or low self-esteem can be another internal factor that hinders African Americans from investing in their physical health, especially for someone who struggled with obesity and experienced ridicule in their childhood.

External barriers can include the availability of healthy and affordable food options in the community, and safety issues that may deter one from exercising in the community.<sup>59</sup> In the town of McClellanville, external factors include a lack of healthy food options. Gas stations and the Dollar General Discount store are filled with affordable, unhealthy highly processed food options. They sell “quick” meals that make dinner easy for a single parent household or family with limited time between the end of the workday and dinner. The lack of exercise options is another barrier that African Americans face. Walking outdoors is the primary fitness option; however, it must be done with caution because of the lack of sidewalks in the unincorporated town. Cold winter days and unfavorable weather can interrupt one’s exercise routine. The nearest healthy grocery store is approximately 35 miles beyond McClellanville and the nearest fitness center is approximately 30 miles beyond McClellanville.

As a rural town, McClellanville, has limited access to weight loss programs, nutritional education and physical fitness centers, however social media platforms have contributed to increased awareness and intentional focus on one’s physical wellbeing. It is a sad reality that the health disparities in African American communities are still very much prevalent in 2025. The

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<sup>59</sup> Idler, *Religion*, 17.

health risks and diseases that plague African Americans are attributed to the highly processed foods that are found in the variety stores that are common to the African American community.

*The Spirit of Soul Food: Race, Faith & Food Justice* by Christopher Carter speaks to the cultural connections that exist between African Americans, food, and the principles of compassion, love, and justice. Christopher Carter invites African Americans to consume foods that preserve and flourish our communities. Personally, I want to explore how my diet could reflect my cultural identity as an African American and be consistent with the principal values of my Christian faith: love, justice, and solidarity with the marginalized.<sup>60</sup> The research has led me realizing the health disparities that exist in African American communities across the nation. Food insecurities and food deserts contribute to the poor food choices that African Americans are often forced to make.<sup>61</sup>

### **The Ministry Context of Bethel AME Church**

Nestled in one of the largest counties in South Carolina is the rural town of McClellanville, South Carolina which is home to historic churches, family-owned businesses, and a well-known shrimping and fish village. This community is divided by 2.2 miles of the incorporated town which is made up of 613 residents, 95% White and 5% African Americans and 6.8 miles of the unincorporated town of 902 residents, 88% African Americans and 12% White. In the incorporated town, 37% of residents have household incomes of \$100-200,000 and 29% of residents have household incomes of \$50,000-\$100,000. In the unincorporated town, 42% have household incomes of \$50-100,00 and 51% under \$50,000.<sup>62</sup> The variation between the

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<sup>60</sup> Carter, *The Spirit of Soul Food*, 10.

<sup>61</sup> Carter, *The Spirit of Soul Food*, 4.

<sup>62</sup> U. S. Census Bureau, McClellanville, South Carolina Statistics, <https://censusreporter.org/profiles/16000US4543585-mcclellanville-sc/>, accessed January 14, 2025.

incorporated and unincorporated sections of McClellanville speak to the disparities that have an adverse effect on the African American community.

Despite the disparities, the oldest African American church in the community, Bethel AME Church, plays an intricate role in bridging the gap caused by the disparities and advocating for equality. In 1867, shortly after the Civil War and into the Reconstruction era, Bethel was organized in a brush arbor and became a place of worship and fellowship for African Americans. In a society structured by white supremacy and anti-Black racism that explicitly sought to police and surveil Black communities, religious spaces were some of very few spaces where Black people could gather free of ~~that~~ policing and surveillance.<sup>63</sup> The first sanctuary for Bethel AME Church was built in 1872 by an African American architect and builder. Presently, Bethel AME Church is comprised of 450 members, with 40% being senior citizens; 20% middle aged adults; 20% young adults; and 20% are youth.

### **The Health Ministry of Bethel AME Church**

In 1979, the pastor, officers, and members of Bethel AME Church were blessed to dedicate a new church, larger than their previous church. As they walked through the doors of their new edifice, they walked into unlimited possibilities because the church was designed with ministry growth and expansion in mind. Opportunities were not only created for youth ministry expansion, but also for the launch of a health ministry. Inspired by their passion for healthcare and nursing, two dedicated members of Bethel AME Church implemented a health ministry in the early 1980's with the blessings and support of their pastor.

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<sup>63</sup> Diane J. Chandler, "Spiritual Formation: Race, Racism, and Racial Reconciliation," *Journal of Spiritual Formation & Soul Care* 13, no. 2 (2020):3, doi:10.1177/1939790920960540

The vision of the health ministry was to educate the church body and community about the diseases that plague African Americans by having monthly health moments and partnering with local health centers to host health fairs. The health ministry demonstrated a vested interest in empowering members to overcome diabetes, blood pressure, high cholesterol and other diseases. As the health ministry continued to flourish, the coordinators of the ministry used their knowledge and experience as nurses to promote healthy living. During an interview with one of the present coordinators, Sis. Mildred described their commitment to the health ministry and how they embraced an opportunity to increase their focus on nutrition and fitness through the FAN program.

The African American church has evolved into a multi-faceted organization, serving the needs of members but also the surrounding communities through various partnerships that involve educational, social welfare, social justice, and health programs. The church's role in the community makes it a natural partner in addressing health disparities among African Americans.<sup>64</sup> The health ministry had the opportunity to participate in a health-conscious program sponsored by local hospitals in a partnership with the AME Church. This program, known as FAN (Faith, Activity, and Nutrition), used a Christian based approach to help create a healthy church environment. The FAN Program became available to AME churches on a first come, first served basis. Through its participation in the FAN Program, the health ministry of Bethel AME Church received nutritional information, health sessions with professionals, exercise equipment, all of which proved to be effective, and as evidenced by improved physical

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<sup>64</sup> Crystal Y. Lumpkins, Allen Greiner, Christine Daley, Mabachi M. Natabhona, and Kris Neuhaus, "Promoting Healthy Behavior from the Pulpit: Clergy Share Their Perspectives on Effective Health Communication in the African American Church," *Journal of Religion and Health* 52, no. 4 (2013): 1095, <http://www.jstor.org/stable/24485120>.

fitness, weight loss, and increased understanding of nutrition. The FAN program thrived as a part of the health ministry at Bethel AME Church. Unfortunately, the health ministry at Bethel AME Church was met with unexpected challenges and circumstances that resulted in its pause.

Eventually, the health ministry became inactive.

In November of 2021, shortly after my appointment as pastor of Bethel AME Church, I discovered that the health ministry had not been active since the early 2000's. I met with one of the previous health coordinators, Sis. Mildred, and received her recommendation for a new health ministry coordinator with her commitment to serve in an advisory role. I approached the incoming health ministry coordinator with a vision for the health ministry and an open mind to hear her vision. Not only did Sis. Karen share her vision for the health ministry, but she also established a team of volunteers that had medical backgrounds to serve with her.

Sis. Karen has led the way in revitalizing our health ministry and has sought out qualified health professionals to address critical topics of concern. The re-establishment of the health ministry includes a strategic plan to ensure the sustainability of the program. The mission of the health ministry is to “educate and empower the faith community to embrace optimal health.” In January of 2022, we reengaged the congregation with our monthly health moments to address monthly health topics. We have partnered with a local outreach facility, East Cooper Community Outreach, to connect families and members with resources to help them with their healthcare and basic needs.

### **An In-Depth Exploration of the Health-e-AME Faith Based Physical Activity (PA)**

#### **Initiative and the F.A.N. Program in South Carolina AME Churches**

In the mid-2000's, there were two programs that were introduced to the African Methodist Episcopal Churches in South Carolina. The first program, Health-e-AME Faith Based

physical activity initiative and the second program, Faith, Activity, and Nutrition (FAN) offered support to health ministries within AME Churches. The African Methodist Episcopal Church in South Carolina is comprised of over 600 churches and it is geographically divided into six regional conferences, with each conference being divided into two to three Presiding Elder Districts. Through the leadership of the Presiding Prelate of the 7<sup>th</sup> Episcopal District, the 7<sup>th</sup> Episcopal District Health Director, and the collaboration and partnership of the Medical University of South Carolina and the University of South Carolina, the Health-e-AME initiative was implemented with grant funding through the U.S. Centers for Disease Control and Prevention.

This faith-based program was established based on studies that revealed the mortality rate in African Americans were much higher than White adults rooted in higher rates of physical activity in Whites versus African Americans. For example, mortality rates for cardiovascular disease in Whites compared to Blacks were 384.3/100,000 versus 510.5/100,000 for men, and 273.6/100,00 versus 376.6/100,000 for women. Blacks are also 1.8 times more likely than Whites to have a fatal stroke, 1.5 times more likely to die of heart disease, and 4.2 times more likely to have end stage mortality disease.<sup>65</sup> Research revealed how vital the church is to providing support to African Americans in addressing the health concerns. In addition, a community based participatory research approach, in which academic institutions partner with community organizations so that decision making and resources are shared in an atmosphere of mutual respect and benefit, can assist in addressing the underrepresentation of people of color in

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<sup>65</sup> Sara Wilcox, Marilyn Laken, Thaje Anderson, Melissa Bopp, Deborah Bryant, Rickey Carter, Octavia Geathers, et. al. "The Health-e-AME Faith-Based Physical Activity Initiative: Description and Baseline Findings," *Health Promotion Practice* 8, no. 1 (2007): 69. <http://www.jstor.org/stable/26736578>.

prevention research.<sup>66</sup> Regarding health concerns, collaboration of the Black church and academic institutions become the perfect recipe to devise a program that addresses the health concerns of African Americans. South Carolina has a higher-than-average population of African Americans (29.5%), has the highest rates of stroke mortality in the nation, and ranks 42 of 52 in overall cardiovascular disease mortality rates.<sup>67</sup>

To begin to address the health problems of black South Carolinians, the 7<sup>th</sup> Episcopal District AME Church leadership, along with MUSC and USC, collaborated to launch the Health-e-AME Faith Based PA Initiative with the ultimate goal of increasing physical activity amongst participants to reduce health disparities. To strengthen the sustainability of the program, the program included training for church health directors along with focus groups which were conducted across the state to receive input on desired programs. Spiritual and religious components were integrated into all physical activity promotion messages, according to Wilcox, Laken, Anderson, et. al.<sup>68</sup> The framework for the program was based on two theoretical models, social ecological and transtheoretical model. Social ecological models best captured the process by which members of faith communities minister to each other.<sup>69</sup> This model places emphasis on the social relations of members within the church, interactions that promote healthy, fruitful engagement. On the other hand, the transtheoretical model asserts cognition should be targeted for person who are ambivalent about change, whereas behavior should be targeted for persons

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<sup>66</sup> Sara Wilcox, Marilyn Laken, Thaje Anderson, Melissa Bopp, Deborah Bryant, Rickey Carter, Octavia Geathers, et. al. "The Health-e-AME Faith-Based Physical Activity Initiative," 70.

<sup>67</sup> Sara Wilcox, Marilyn Laken, Thaje Anderson, Melissa Bopp, Deborah Bryant, Rickey Carter, Octavia Geathers, et. al. "The Health-e-AME Faith-Based Physical Activity Initiative," 71.

<sup>68</sup> Sara Wilcox, Marilyn Laken, Thaje Anderson, Melissa Bopp, Deborah Bryant, Rickey Carter, Octavia Geathers, et. al. "The Health-e-AME Faith-Based Physical Activity Initiative," 71.

<sup>69</sup> Sara Wilcox, Marilyn Laken, Thaje Anderson, Melissa Bopp, Deborah Bryant, Rickey Carter, Octavia Geathers, et. al. "The Health-e-AME Faith-Based Physical Activity Initiative," 71.

who are cognitively ready to make changes.<sup>70</sup> This model reveals that the effectiveness of a faith-based health program is contingent on the mindset of the participants.

These models influenced the development of tailored and structured physical activity throughout the AME Church. Three action-oriented physical activity programs fell under this umbrella of programming: praise aerobics, chair exercises, and walking programs.<sup>71</sup> These programs included gospel music that was familiar to participants. Programs were also designed for those in contemplation and preparation stages of change. For instance, one program, an eight week, “Steps to Fitness” program focused on equipping participants with the skills needed to change while also incorporating scriptures related to the topic for the week while including a 20 to 30 minute group workout. For those who were not seeking change, churches were trained in how to incorporate physical activity messages into pastors’ sermons, on bulletin boards, church programs, into health fairs, and announcements. Wilcox, Laken, Anderson, et. al., further describe how a UCLA researcher helped them to adapt physical activity strategies from work sites and community organizations to a faith community setting. These strategies were designed to change the sociocultural environments within organizations and to incorporate physical activity and healthy food choices into routine activities.<sup>72</sup> Churches were encouraged to provide healthy food options and include physical activity at church events.

The interactive training provided health ministries within the AME Churches in South Carolina the knowledge and resources needed to implement the physical activity program. Facilitators guided participants through weekly lessons and the participants received copies of all

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<sup>70</sup> Sara Wilcox, Marilyn Laken, Thaje Anderson, Melissa Bopp, Deborah Bryant, Rickey Carter, Octavia Geathers, et. al. “The Health-e-AME Faith-Based Physical Activity Initiative,” 70.

<sup>71</sup> Sara Wilcox, Marilyn Laken, Thaje Anderson, Melissa Bopp, Deborah Bryant, Rickey Carter, Octavia Geathers, et. al. “The Health-e-AME Faith-Based Physical Activity Initiative,” 71.

<sup>72</sup> Sara Wilcox, Marilyn Laken, Thaje Anderson, Melissa Bopp, Deborah Bryant, Rickey Carter, Octavia Geathers, et. al. “The Health-e-AME Faith-Based Physical Activity Initiative,” 72.

program materials, incentives, handouts, and video tapes. The content from this program was also accessible on the health-e AME website and included other resources and photographs of training events. To increase engagement and awareness of the program, eleven presiding elders of the 7<sup>th</sup> Episcopal District participated in a two-week pedometer challenge that was widely publicized; the winner was recognized at a statewide meeting. The main purpose of this activity was to engage church leaders in programming and to have them serve as visible role models.<sup>73</sup> The impact of the program was assessed via 571 survey respondents who were from small, medium, and large churches. Twenty-one people reported that they had implemented at least one physical activity program into their church.<sup>74</sup> 38% reported no problems implementing the program. The partnership between the AME Church in the 7<sup>th</sup> Episcopal District, MUSC, and USC paved the way for greater opportunities to understand the importance health and wellness in the African American faith community.

### **The F.A.N. Program**

In another 2014 research study generated by Saginaw Valley State University and the University of South Carolina in partnership with the African Methodist Episcopal church, the health and health behaviors of South Carolina African Methodist Episcopal Church pastors was assessed. While studies examining the health of clergy are limited, especially the health of African American clergy, this study provides insight into the state of the health of African American pastors and also providing insight into where health promotion efforts should take place. Ultimately, because pastors are so influential, they can assist in improving faith-based

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<sup>73</sup> Sara Wilcox, Marilyn Laken, Thaje Anderson, Melissa Bopp, Deborah Bryant, Rickey Carter, Octavia Geathers, et. al. "The Health-e-AME Faith-Based Physical Activity Initiative," 72.

<sup>74</sup> Sara Wilcox, Marilyn Laken, Thaje Anderson, Melissa Bopp, Deborah Bryant, Rickey Carter, Octavia Geathers, et. al. "The Health-e-AME Faith-Based Physical Activity Initiative," 73.

health promotion efforts targeting church members' health.<sup>75</sup> This study was implemented through another AME Church health-based initiative - the Faith, Activity, and Nutrition Program designed for African Methodist Episcopal churches and their pastors.

The Faith, Activity, and Nutrition (FAN) program was a 15-month physical activity and dietary intervention implemented in 74 AME churches in South Carolina. The primary goals of FAN were to increase moderate to high intensity physical activity with fruit and vegetable consumption.<sup>76</sup> Recruitment for the FAN program was similar to the previously explained Health-e-Initiative program, however, invitations were sent to pastors directly which was then followed up by phone calls to the pastors of the churches. Pastors identified a liaison from the church who then recruited members of their congregation to participate in a measurement session. The measurement session consisted of participants introduction to the program through training, completing consents and surveys, and submitting to a physical assessment.

This comprehensive introduction to the program created a safe space and built trust between the pastors and the members of their congregations. A majority of pastors were overweight or obese (94%), had hypertension (68%), and rated their health as at least good (80%).<sup>77</sup> The data provided insight into the health of African American pastors by indicating that pastors rated their health in a more positive manner than what was assessed by healthcare professionals, researchers and doctors. This information sheds light on the disconnect between pastors and their physical health. The results highlight that African American pastors, including both men and women, may be a high-risk population regarding health conditions; this population should be targeted in future health initiatives.<sup>78</sup> The FAN program highlights the 603 AME

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<sup>75</sup> Baruth, S. Wilcox, & R. Evans, "The Health and Healthy Behaviors," 230.

<sup>76</sup> Baruth, S. Wilcox, & R. Evans, "The Health and Healthy Behaviors," 230.

<sup>77</sup> Baruth, S. Wilcox, & R. Evans, "The Health and Healthy Behaviors," 232.

<sup>78</sup> Baruth, S. Wilcox, & R. Evans, "The Health and Healthy Behaviors," 235.

churches in South Carolina with approximately 275,000 members as furnishing a great opportunity to reach and improve the health of a large number of African American pastors and their congregants.<sup>79</sup>

### **The Physical Health and Wellness of Bethel's Congregants - Testimonials**

Great religious leaders are women and men who discern a prophetic call to change the world. Dreams of transformation – both spiritual and temporal – motivate and inspire these leaders.<sup>80</sup> The ability to affect change as pastoral leaders creates transformative opportunities within congregations that can change the trajectory of one's life and purpose. My focus on health and wellness in the African American faith community, and specifically at Bethel AME, inspired me to create a survey and interview questions that would provide insight into the knowledge and lifestyle of my focus group, further validating my argument for this need.

To accomplish this, I created a focus group with three African American members of my congregation who reside in a rural community: two participants were female, with one being a minister and the third participant was a male. This focus group alongside other interviewees served as a pilot project to test my hypothesis about the connection between black church tradition and the health and wellness of congregants and pastoral leaders. Said briefly, I wanted to produce findings to give me information about the black church's role in developing health and wellness ministries and the benefits and/or drawbacks of such ministries stewarded by the black church. Female one is between 61-70 years old with an annual income of \$70-79K; Female two is between 31-40 years old with an annual income of \$40-49K, and the male is between 41-50 years old with an annual income of \$60-69K. Female one has a normal weight, desires to

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<sup>79</sup> Baruth, S. Wilcox, & R. Evans, "The Health and Healthy Behaviors," 237.

<sup>80</sup> J. Tribble. *Transformative Pastoral Leadership in the Black Church* (New York: Palgrave Macmillan, 2005), 3, ProQuest Ebook Central.

maintain her current weight, as she exercises at least forty-five minutes on average four to five times/week and is very knowledgeable on weight loss methods. Female two is overweight, desires to lose 25 pounds, exercises at least 30 minutes when her schedule permits and is also very knowledgeable about weight loss methods. The male participant is overweight, desires to lose 30 pounds, exercises at least 30 minutes when possible and is somewhat knowledgeable about weight loss methods.

I also conducted an interview with a lifetime minister of my church who I will name, Mary, for the sake of anonymity. When I approached Mary about the possibility of an interview, I was transparent about the purpose of the interview and provided various meeting options to increase comfort, including virtual, in-person on site, and in-person off site. Mary opted to meet off site for a healthy meal.

As a child growing up in the rural town of McClellanville, Mary described the southern soul food that she ate and how it contributed to health diseases in her adult life. Due to the challenges with her health, Mary consulted a dietician through her medical provider and began her journey to improve her health and lose weight. Mary remains on her journey and has made significant progress, losing over 40 pounds in a little over a year. Mary identified meal prepping as a solution to the challenges with balancing the demands of ministry and the unexpected challenges of life. Mary celebrated how her weight loss has increased her effectiveness in ministry as her health is no longer slowing her down as it once did. As a part of a weight loss group within the church, Mary identified inconsistency and the lack of education as barriers to increasing the healthy lifestyle focus within the congregation.

The interview and survey responses confirmed that there is an interest and a desire for improved health and wellness. Mary's description of her childhood diet and lifestyle was a

reminder of the importance of understanding the history of food in the African American culture. The traditional soul food in the South was also considered comfort food to African Americans during periods of slavery and civil rights. Mary attributed her health struggles to a lack of education and understanding and successes with weight loss to food planning and education about healthy eating.

During the interview, as Mary shared her struggles and successes with weight loss, she also shared how vital her faith has been throughout her journey and about the similar testimonies from fellow believers. Mary's testimony further reinforced the need for a health ministry and focus on health and wellness.

### **The Overcomers Health and Wellness Ministry**

Shortly after the revitalization of the health ministry at Bethel AME Church, I proposed the launch of the Overcomers Health and Wellness Ministry, to specifically promote the physical health and wellness of members. The Overcomers Health and Wellness Ministry created physical fitness and weight loss challenges for participants to encourage them to strive towards health and wellness goals. The first challenge launched in January 2023 was a 40 Day health and wellness challenge. Participants had the option of selecting one of two challenges: the first challenge focused on increasing healthier eating habits and the second challenge focused on those who wanted to lose weight. Participants submitted their specific goal to the health ministry coordinator with a commitment to update their progress weekly. Participants were encouraged to develop healthy eating habits achieved through meal planning strategies; they were also committed to thirty minutes of exercise at least five times a week. The Overcomers Challenge was a faith-based approach to improving physical health and including a prayer of commitment.

There were twenty-three participants in the Overcomers Challenge, eleven participants participated in challenge one for those who set goals to adopt healthier eating habits and twelve participants in challenge two for those who focused on weight loss. The platform GroupMe was used to share announcements, scriptural inspiration, and research-based information. GroupMe captured healthy conversations and became one of the best means of communication among the participants who were all believers with a common goal of improving their health and wellness. The Overcomers Challenge included six weekly virtual sessions on the Zoom platform. The sessions were facilitated by the health ministry coordinator and me, as Pastor, while also including time with a nutritionist. The challenge created a space for ongoing support with the health ministry coordinator.

In 2024, I repeated the program inviting interested church members to participate in a 30 Day Overcomers Challenge from September-October. This challenge gave participants the option to select the same one of two challenges as the previous Overcomers Challenge. Included was daily devotionals that inspired and motivated participants to meditate on selected scriptural verses or passages as well as other meditative techniques encouraging physical health and fitness. The camaraderie and encouragement throughout the challenge helped participants to maintain a focus on their goals and persevere through the unexpected challenges.

Fourteen participants completed the Overcomers Challenge Pre-Test. The participants' age range are as follows: Two participants were between 21-30; two participants were between 31-40; two participants were between 41-50; three participants were between 51-60; three participants were between 61-70. Seven participants committed to challenge one and seven participants committed to challenge two. Two participants weight loss was less than 10lbs; four participants weight loss goal was 10-20lbs; one participant had a weight loss goal of 21-40lbs;

one participant had a weight loss goal of 41-70lbs; and six had no interest in losing any weight. When asked how they were successful in previous weight loss attempts, five participants attributed their success to a modified diet; seven participants to increased exercise; one participant a weight loss program; one participant an appetite suppressant medication; one nothing; and for six, the question wasn't applicable.

When participants were asked how they would describe their eating habits during a typical day, four participants said they ate mostly healthy foods, with some unhealthy items daily; four participants said they are always busy so they ate whatever they have time for; one participant said they eat unhealthy foods four days out of the week; five participants said they eat unhealthy food two-three days out of the week. There wasn't a participant who said they eat only healthy foods, with few exceptions. Participants were asked how knowledgeable they were about health and wellness and effective weight loss methods. Eight participants said knowledgeable; four were somewhat knowledgeable; two were not knowledgeable; and zero were very knowledgeable. Participants were asked about their exercise routine. Eleven participants exercise one to two days a week; three participants exercise three-five days a week; and no participants exercise six to seven days a week. I asked participants what has been most challenging on the journey to a healthier version of themselves and nine participants said consistency; eight participants said time and schedule; five said will power; and one said health and wellness education. When asked how important their faith has been to their progression towards health and wellness goals, twelve participants said extremely important and two said somewhat important. Participants were asked how often they read, and study Scriptures related to health and wellness. Five said on a regular basis; four read on occasion; two read rarely; and

three not at all. In conclusion, eating habits, education, exercise, and faith influenced their health and wellness goals.

The final question was an open-ended question: “How can the church/faith community inspire improved health and wellness?” Participants responded with the following statements. “A supportive and prayerful community for discipline and strength is very inspiring on this journey.” “By doing challenges like this one.” “[By offering] a continuous health ministry program.” “The scripture that comes to mind is ‘Your body is the Lord’s temple!’ The church should make more of an effort to implement health education and programs.” For some people, “church will be the only place they will receive this information.” “By [the church] offering exercise classes, fitness training, and having regular meetings with a dietician.” “[By reinforcing] awareness and exercise twice a week.” “[By supporting notions about] will power and knowing that the struggle is real, and God is too. If Jesus had to go through trials and obstacles, then what about me.” “Just seeing others progress gives me motivation.” “The GroupMe helps with the tips and comments.” “Church/faith community can help to improve health and wellness by having monthly health and wellness classes.” “The church/faith community inspire health and wellness and can teach eating and healthy eating habits.” “[It] can have healthy eating workshops and be more involved.”

The Overcomers Wellness challenge yielded fruitful results as nineteen of the twenty-three participants achieved or progressed towards their goal. Eleven of the twelve participants in challenge one achieved their goal which ranged from increasing their daily water intake to increasing their fruits and vegetables and decreasing their fried food intake. Eight of the eleven participants in challenge two achieved their goal of losing ten pounds or less. As nineteen

participants made great progress, the four that did not progress towards their goals remained actively involved in the healthy conversations in GroupMe.

I spent time reflecting on the responses of the Overcomers and their desire to live a healthier lifestyle, the barriers that limit their access to health and wellness resources, and the vital role that the church plays. I collaborated with the health ministry director and team to enhance the Overcomers Health and Wellness Ministry. The Overcomers attended health empowerment sessions and participated in virtual workout sessions led by a certified personal trainer/nutritionist. A vision for the Overcomers Health and Wellness Ministry has been established which includes healthy fellowship meals on-site and at restaurants, along with building a community garden at the church's parsonage.

### **The Conclusion**

The Overcomers Health and Wellness Ministry innovation project will continue to transform the health and wellness of members of Bethel AME Church and will create opportunities for community growth and development. Members will live healthier lifestyles, have a greater impact in the Kingdom of God, and live longer lives for the glory of God. The success of the Overcomers Health and Wellness ministry is not only attributed to the dedication of the members but to the investment in prayer and the study and application of God's word to health goals. The Overcomers Health and Wellness ministry embraces a rich African American culture with a determination to preserve the heritage of soul food while also improving the health of African Americans and decreasing the onset of disease. The stability and consistency of the Overcomers Health and Wellness Ministry can reduce and even eradicate generational curses, while impacting future generations.

## APPENDIX

## Overcomers Challenge Pre-Test

Thank you for your investment in your health. As we journey together, I'd like to ask you to complete the brief assessment below which will help measure the effectiveness of the challenge. God Bless!

\* Indicates required question

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1. **Gender** \*

Mark only one oval.

- ☐ Male  
☐ Female

2. **Age Range** \*

Mark only one oval.

- ☐ 21-30  
☐ 31-40  
☐ 41-50  
☐ 51-60  
☐ 61-70  
☐ 71+

3. **Please identify the challenge you are participating in:** \*

Mark only one oval.

- ☐ Challenge 1 - Healthier Lifestyle (Improve Diet, Water Intake, Exercise)  
☐ Challenge 2 - Weight Loss

4. **If your goal is to lose weight, how much weight are you looking to lose? \***

*Mark only one oval.*

- ☐ Less than 10 pounds
- ☐ 10-20 pounds
- ☐ 21-40 pounds
- ☐ 41-70 pounds
- ☐ Over 70 pounds
- ☐ N/A

5. **What has worked for you in the past to lose weight? Select all that apply. \***

*Check all that apply.*

- ☐ Modified Diet
- ☐ Increased Exercise
- ☐ Weight Loss Program
- ☐ Appetite suppressant medication
- ☐ Nothing!
- ☐ N/A

6. **How would you describe your eating habits during a typical day? \***

*Mark only one oval.*

- ☐ I eat only healthy foods, with few exceptions
- ☐ I eat mostly healthy foods, with some unhealthy items daily
- ☐ I eat unhealthy foods 4+ days of the week
- ☐ I eat unhealthy foods 2-3 days a week
- ☐ I'm always busy so I eat whatever I have time for

7. **How knowledgeable are you on health and wellness/effective weight loss methods?** \*

*Check all that apply.*

- ☐ Not Knowledgeable
- ☐ Somewhat Knowledgeable
- ☐ Knowledgeable
- ☐ Very Knowledgeable

8. **How many times a week do you exercise?** \*

*Mark only one oval.*

- ☐ 1-2
- ☐ 3-5
- ☐ 6-7

9. **What has been most challenging on the journey to a healthier you?** \*

*Check all that apply.*

- ☐ Consistency
- ☐ Health and Wellness Education
- ☐ Time/Scheduling
- ☐ Will Power

10. **How important has your faith been to your progression towards your health and wellness goals?**

*Check all that apply.*

- ☐ Extremely Important
- ☐ Somewhat Important
- ☐ Not Important

11. **How often do you Read/Study Scriptures relating to Health and Wellness? \***

*Check all that apply.*

- ☐ Regular Basis
- ☐ On Occasions
- ☐ Rarely
- ☐ Not at all

12. **How can the church/faith community inspire improved health and wellness?**

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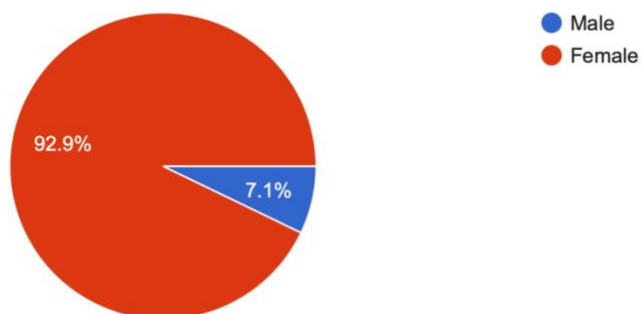
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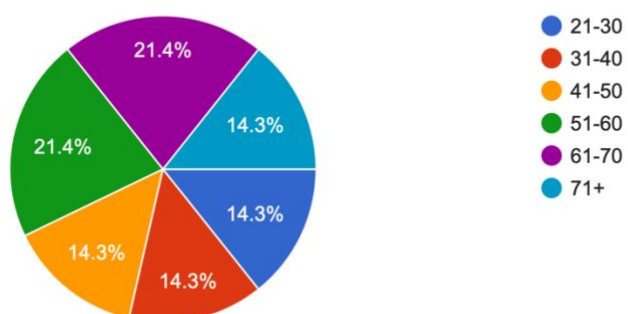
### Gender

14 responses



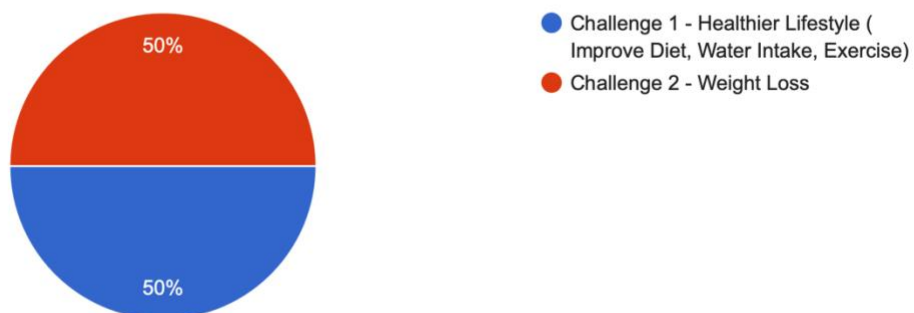
### Age Range

14 responses



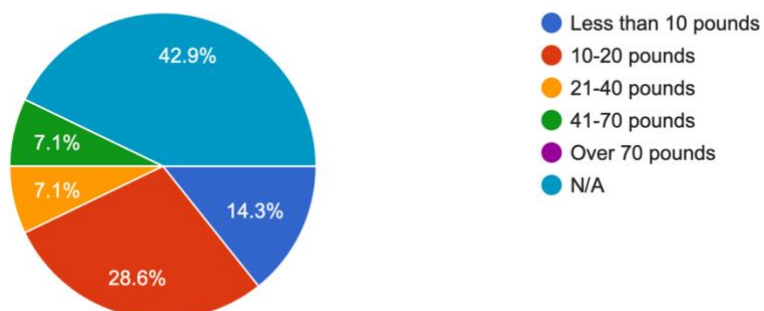
Please identify the challenge you are participating in:

14 responses



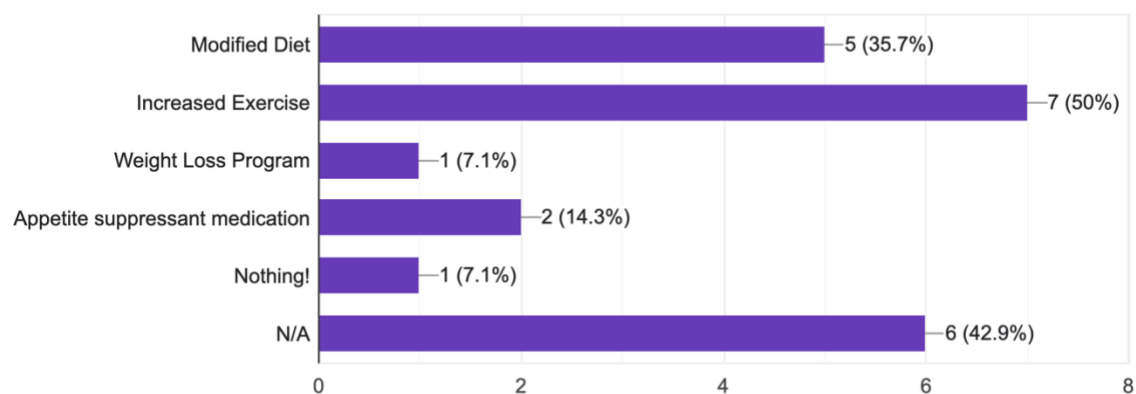
If your goal is to lose weight, how much weight are you looking to lose?

14 responses



What has worked for you in the past to lose weight? Select all that apply.

14 responses



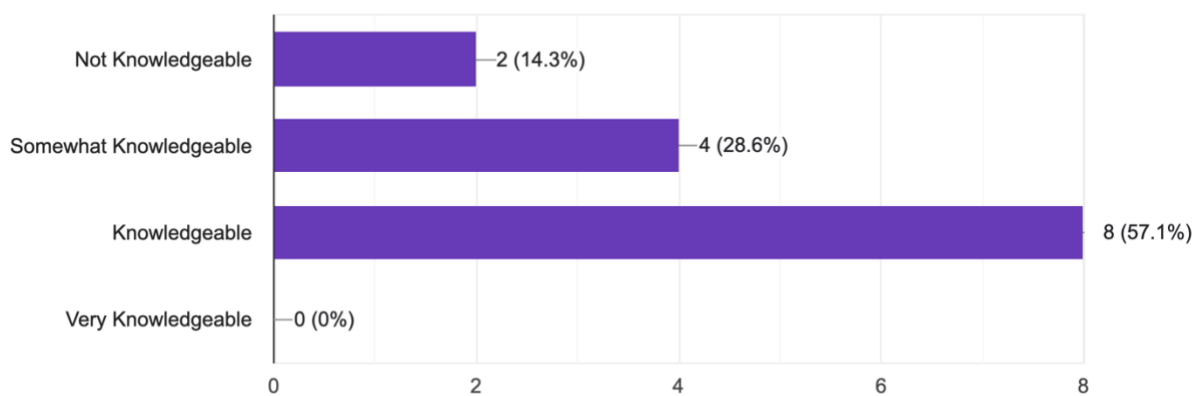
How would you describe your eating habits during a typical day?

14 responses



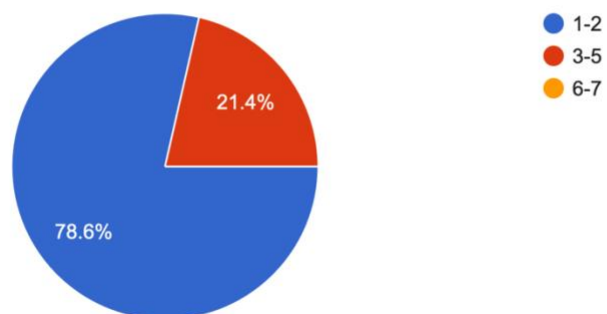
### How knowledgeable are you on health and wellness/effective weight loss methods?

14 responses



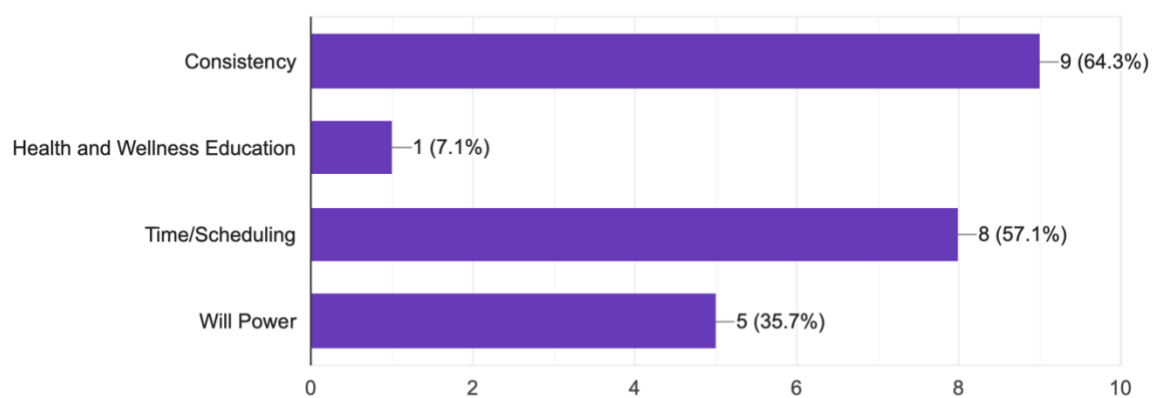
### How many times a week do you exercise?

14 responses



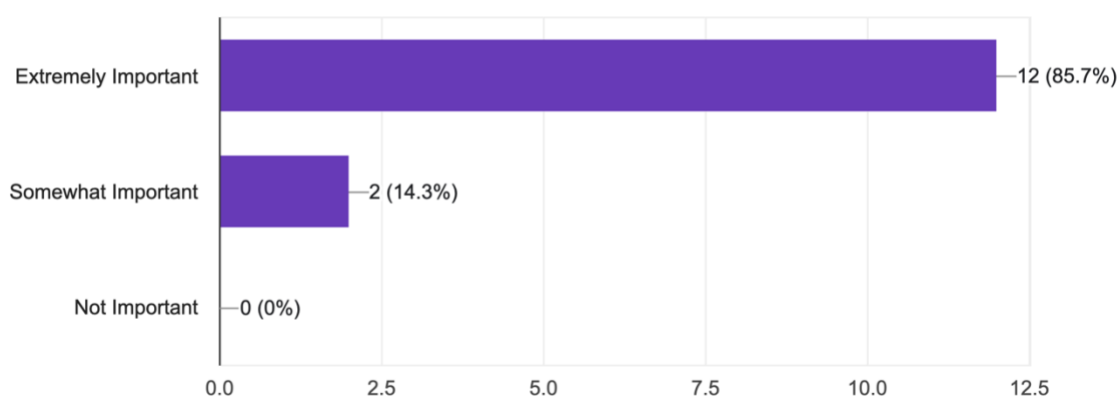
### What has been most challenging on the journey to a healthier you?

14 responses



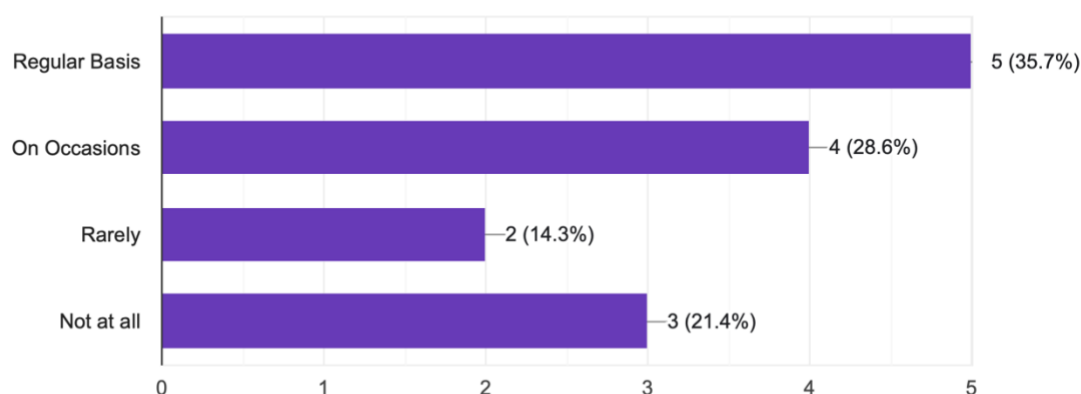
### How important has your faith been to your progression towards your health and wellness goals?

14 responses



### How often do you Read/Study Scriptures relating to Health and Wellness?

14 responses



### How can the church/fait community inspire improved health and wellness?

12 responses

A supportive and prayerful community for discipline and strength is very inspiring on this journey.

By doing challenges similar to this one

A continuous Health Ministry Program

The scripture that comes to mind is "Your body is the Lord's temple!" The church should make more of an effort to implement health education and programs. For some people, church will be the only place they will receive this information!

By offering exercise classes, fitness training and having regular meetings with a dietician

Awareness, and a exercise call twice a week

Will power and knowing that the struggle is real and God is too. If he Jesus had to go through trials and other obstacles then what about me. Trusting God!

Just seeing others progress gives me motivation.

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