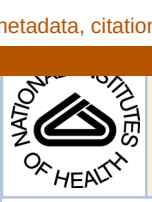

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Partnerships in Health Disparities Research and the Roles of Pastors of Black Churches: Potential Conflict, Synergy, and Expectations

Giselle Corbie-Smith, MD, MSc, **Moses Goldmon, EdD**, **Malika Roman Isler, PhD, MPH**, **Chanetta Washington, MPH**, **Alice Ammerman, DrPH, RD**, **Melissa Green, MPH**, and **Audrina Bunton, MPH**

Departments of Social Medicine, Medicine, and Epidemiology (Dr Corbie-Smith), Program on Health Disparities, Cecil G. Sheps Center for Health Services Research (Dr Corbie-Smith, and Mss Green and Bunton), NC TraCS Institute–Community Engagement Core (Dr Isler), Center for Health Promotion and Disease Prevention, and Department of Nutrition, Schools of Public Health and Medicine (Dr Ammerman), University of North Carolina-Chapel Hill, Chapel Hill, North Carolina; Action Research in Ministry Institute, Shaw University Divinity School, Raleigh, North Carolina (Dr Goldmon); Institute for Health, Social and Community Research, Shaw University, Raleigh, North Carolina (Dr Goldmon and Ms Washington)

Abstract

Background—The black church is a promising site to engage in health disparities research; however, little is understood about the pastors' perspectives. We used role theory to explore their expectations, potential conflicts, and synergy with research.

Methods—Four focus groups (n = 30) were conducted with pastors and analyzed using principles of grounded theory and content analysis.

Results—Pastors identified a variety of potential roles in research. They noted potential conflicts due to perceptions of research, the process, and pace of research. Areas of synergy included perceptions of health disparities research as consistent with the healthy mind, body, and spirit ideology, and clear benefits to congregations and communities. Pastors' research expectations included long-term commitments, honest and clear communication, investigator visibility, respect for church traditions/practices, and support in forming collaborations.

Conclusions—Understanding pastors' roles, potential areas of synergy and conflict, and collaboration expectations offers insight in support of successful church-academic partnerships.

Keywords

African Americans; health disparities; qualitative research

Introduction

The black church is an influential institution in the African American community.[1-4] The church's role has been cultural, political, social, and economic, and also influential in shaping health perceptions, behaviors, and access to health promotion programming.[5,6]

Correspondence: Giselle Corbie-Smith, MD, MSc, Cecil G. Sheps Center for Health Services Research, 725 Martin Luther King Jr Blvd, Chapel Hill, NC 27599 (gcorbie@med.unc.edu).

Disclosure: Dr Corbie-Smith is a health disparities scholar with the National Center on Minority Health and Health Disparities.

Because of their historical and trusted roles, African American churches are often considered promising partners to engage in the conduct of health disparities research. Effectively partnering with faith-based organizations to use existing church structures and approaches to implement health programs is more readily accomplished when these efforts are framed in the context of social justice and historical discrimination associated with health disparities.[7] However, little empirical work has been conducted to understand the perspectives of a key position within the black church—the pastor.

By virtue of their roles as leaders, pastors of black churches command significant influence within communities and the institution of the church;[1,2,8] however, little is known about how these roles are transferable to engagement in research or their expectations for involvement in research. Concepts in role theory—specifically, role overload and role conflict—may help to shape our understanding of pastoral roles in research.[9] Roles are comprised of the behaviors performed, expectations that guide the function of the role and the individual's personal conception of their role.[10] Role conflict exists when the pressures or expectations of one role are incompatible or inconsistent with those of another[9,11,12] while role overload—often a precursor of role conflict—stems from a lack of time to fulfill many role demands simultaneously.[9,11]

As a shift from traditional research models, a community-partnered approach goes beyond identifying community venues for attaining predetermined and unilateral goals (research question, recruitment, etc). From this approach, engagement is dynamic and ongoing through a collaborative process of research conceptualization, development of study design, project implementation and evaluation, identifying useful outcomes, and dissemination of findings.[13] To maintain a position that extends power and benefits beyond the academic researcher to the community partner(s) requires ongoing dialogue and collaboration.[13,14] Given the magnitude of health disparities within the black community, community partners —in this case, pastors—must be engaged in the full spectrum of the research process to gain the best improvements in health (Meade et al, 2009; Merzel et al, 2007). The ongoing nature of partnered research engagement can easily create the burden of additional roles and responsibilities for already heavily committed church leaders.

Involvement in research can amplify the multidimensional roles of pastors and demands associated with each role, creating a potential for role strain. Identifying role strain creates opportunities for developing solutions. This study follows previous research in distinguishing the areas of potential role strain experienced by pastors engaged in research, with the expectation that clarifying the self-identified roles of pastors, potential areas of synergy and conflict, and their expectations in research partnerships will increase their ability to engage in research.

Methods

Carolina-Shaw Partnership

The Carolina-Shaw partnership is a multidisciplinary collaboration between University of North Carolina-Chapel Hill (UNC) and Shaw University (Raleigh, North Carolina), funded by the National Center on Minority Health and Health Disparities.[13] The partnership was established in 2002 to target the elimination of health disparities through education, training, and research activities, while emphasizing collaborations on community-based research projects with the African American community. Three cores of the partnership worked together to address this goal: the community outreach core, charged with developing a church-based research infrastructure; the minority recruitment core, responsible for establishing a community-based research volunteer registry; and the community-based participatory research core, a technical assistance resource for community, UNC, and Shaw

investigators. This study and all activities of the Carolina-Shaw partnership were reviewed and approved by the University of North Carolina institutional review board.

Participant Identification and Recruitment

Between July and August 2003, pastors were recruited from 4 regions of North Carolina (southwest, northeast, central, and south central). Geographic Information System (GIS), along with economic distress tiers and disease prevalence data, was used to identify priority regions to recruit churches. Pastors of African American churches were then recruited from these priority regions to participate in focus group on research participation. Pastors were contacted by mail from the Shaw University Divinity School, received follow-up calls from project staff, and participants were offered $60 compensation for participation, time, and travel.

Data Collection

Four focus groups were conducted, with 6 to 8 pastors participating in each group. Sessions were approximately 2 hours in length, conducted offsite from participating area churches or at Shaw University Divinity School, and led by an experienced moderator using a structured discussion guide. Two African American moderators each moderated 2 of the 4 focus groups, one was a pastor and member of the senior leadership of Shaw University Divinity School and the other was the wife of a pastor and senior administrator in the Carolina-Shaw Partnership. A note taker was present at each focus group to audiotape sessions and take notes. At the beginning of each session, after providing informed consent, participants completed a demographic survey.

The moderators' guide included questions on the following areas: pastors' views on research, their willingness to engage in research and their perceptions of church members view of research, their perceived role in research, considerations for researchers in partnerships with churches, how researchers could become better informed about issues of concern to community members, and the best ways to keep pastors informed about research results and new opportunities to participate in research studies.

Data Analysis

Verbatim transcripts were analyzed using the principles of grounded theory[14] and the content analysis techniques of theme identification.[15,16] Glaser's method of constant comparative analysis requires the data to be reviewed in light of an initial conceptual formulation and coded repeatedly. Codes were initially based on the moderators' guide and expanded inductively using an iterative process. Research team members reviewed all new transcripts for emerging themes, extant codes were revisited, and the coding scheme refined. Written definitions for each code were developed and revised based on input from all research team members.

Five research team members coded all transcripts in overlapping teams of 2 coders. Coders met to reconcile differences and reach consensus in application of codes and emerging themes that were identified. In this form of analytical triangulation, important insights can emerge from the ways different analysts look at the same set of data, and also provides a means to ensure internal validity.[19] We used ATLAS.ti 5.2 software (ATLAS.ti Software Development GmbH, Berlin) to facilitate organization, management, and analysis of the qualitative dataset. Coded text was compared within and between interviews. We selected quotes illustrative of each domain and those that were exemplars of various perspectives.

Results

We conducted 4 focus groups with 30 pastors (Table 1). All were high school graduates with either vocational or college level training. The average age of the participants was 50 years; most were male, had congregations of more than 100 members, and pastored Baptist and rural churches.

Several themes surrounding the role of the pastor of an African American church and research participation emerged in our analysis. Pastors described roles they saw themselves playing, potential sources of conflict and synergy between their role as church leader and taking a leadership role in research, their expectations of church-academic partnerships, and interest in collaboration to address health disparities.

Roles of Pastor in Health Disparities Research

Pastors identified a range of potential roles they could play in research collaborations. Table 2 gives the roles identified by respondents and illustrative quotes. Many pastors noted that their roles can be multidimensional and influenced by the research issue, the method of presentation, previous experience with research, pastor and congregation interest, fit with congregation priorities, and available time to participate. Pastors also noted the importance of making a distinction between their primary role of leader of the church vs this additional role of leader of a research effort in the church.

> If you ask me if I'm concerned…about my congregation and a particular health issue, the answer may be yes. Whether I want to spearhead research on it, I'm not sure. I may make an opportunity available for someone to address my congregation. But I don't think it becomes my role or my responsibility necessarily to spearhead research on that issue.

Respondents in all groups noted the pastor's authority within their church. However, many noted the responsibility and potential risks that need to be considered when exercising that authority in the context of research. For example, several pastors endorsed one pastor's comment, noting the need to give his congregants the “opportunity without pushing [them] into research participation.” Pastors also noted potential risks to their authority if they endorsed a project, yet were not fully informed about the research and could not answer questions. Another noted that if things go “bad” in the research, his reputation and authority would be at stake.

Pastors also noted that their ability to engage as partners in research is constrained by other obligations. Time to engage in research was limited due to church responsibilities, which was further constrained if a pastor was bivocational (ie, held another job in addition to church pastor). Limitations extended beyond time to authority, if their assignment as pastor was a recent, short-term or temporary appointment.

Areas of Potential Conflict in Research Participation

In all groups, pastors noted potential areas of conflict between church tenets and perceptions of research or the approach to research. For example, several noted and endorsed the perception among other pastors and congregants that “science and faith don't go together” and the thought that “scientists are trying to disprove God” through the research process. Pastors also noted the objective and impersonal approach to research and data collection was in conflict with the pastors' responsibility to focus on people and often intensive personal interactions. This sentiment exists for both the concept of research and for the researcher themselves—particularly in regards to how data are interpreted and disseminated. Pastors

also noted the tension between their need for action to address the health needs of their congregation and the slower pace of research.

> Sometimes scientists are viewed as people who have ideas that are in serious direct opposition to the bible. Whether you're talking about evolutionary theory or whatever…I think it would help if a pastor or minister felt like the researcher was someone that shares the Christian beliefs or has some ideas in common; then they would be not so apprehensive in sharing information that may bolster a theory that they're not in agreement with…A lot of people in church are surprised when they find out a doctor is a Christian. They think of people of science as people who are atheistic or people who are out there trying to disprove that God is in control.

> I was discussing a project with a coinvestigator and the thesis of the project was that the tenets of the church were contrary to prevention and health promotion; that naming and claiming prevented members of the church from lifestyle changes that would benefit their health. What she wrote to a scientist made perfect sense, but it would offend any church and church pastor to read the description and the language that she used to address the problem.

Pastors also expressed reservations about engaging in research that does not offer education for congregants on how to overcome adverse health behaviors or to reduce their risk for negative health outcomes. They noted a desire for research to have a direct impact on participants and extend its benefits beyond building research knowledge for academic investigators.

> So many times we can learn stuff and we can't do anything about or [are] not empowered to change and so all it does is add to the problem…I'm at risk for hypertension…if you can show me how to turn myself in another direction then it's alright, but just research for research sake…I have reservations.

Areas of Potential Synergy With Health Disparities Research

While pastors noted potential conflicts, all focus groups endorsed engaging in research as potentially being consistent with their roles as pastor. Pastors noted that research partnerships could be an opportunity to address the health concerns of their congregation and thus consistent with the church mission of a holistic approach for a "*healthy mind, body and spirit.*"

> You cannot preach the Gospel without preaching and addressing the health issue of mind, body, and soul. So it's a holistic ministry because you can't worship and praise the Lord if you are sick.

However, to fulfill this potential, pastors noted several characteristics of research and approaches to research that would be necessary: the research topic should address an interest of congregants, research teams should "give something back" or leave something in place once completed, and research should build on existing community strengths and infrastructures.

> If you ask this community to participate in some kind of research project—what are you going to bring back? What will come back to the community that will make this community better for having participated in a study?…I think that we should look for some type of return coming back to enhance our community.

Expectations of Research Partnerships

Pastors' roles were discussed in the context of research partnerships. Honesty, clear communication and visibility of investigators were elements they considered fundamental to

successful partnerships. Pastors also spoke explicitly about the expectation that research relationships be long-term commitments, sustained beyond data collection, and that the products of research would ultimately lead to improved congregational health.

> I think consistency and commitment ha[ve] a lot to do with participation; don't just to do it for this period of time and we don't see you again, we don't know where our information is, we don't know who's looking at our information. People need to know that they are getting results in their area, in their community, in their church. We don't need a phantom situation here, “where are they” and now “where's my data, whose looking at my name.” We need an ongoing continuous thing and not something just for the moment.

Pastors expected to be approached as “equal partners” whose contributions to the research process would be respected and that once a research question was identified, the problem would be addressed jointly, which is characteristics of a community-partnered approach. They also noted the expectation that pastors or other church leaders would be engaged in the process such that capacity to sustain any intervention would rest in the church or community.

> Along the same line, after the research is done, the churches involved should have some type of partnership or connection built on the structures in place that could impact not only their church but the community as well. I guess the empowerment of the churches to better use their resources in the pursuit of closing that gap.

Respect “my house.”—In line with other expectations, pastors spoke passionately about the need for researchers to defer to the pastor as the church leader and to respect the politics and mores of the church, similar to what would be expected if someone was entering another person's home.

> …as we go from parish to parish, it's like going from home to home. There are different atmospheres and people at different points and levels. I think that's just a part of being professional.

Respect could be demonstrated by forms of address (ie, “Reverend” or “Doctor” regardless of actual educational attainment), simple questions like “Is there anything I should know about your church?,” appropriate attire (eg, women not wearing pants) and behavior (eg, not smoking). Pastors also suggested that researchers should do their own research on the black church or particular denomination before approaching a congregation in order to understand and respect denominational differences. Pastors noted the importance of acknowledging the role of the black church in African American communities as a vital social and political structure. As one pastor noted “We've been here 19 years—we've done something right.”

> If you are going to come into the church environment, look at where you are coming and respect that church's mission. Do not allow women to wear pants, respect that because if you don't and you walk in there, and those ladies see you, then all of a sudden you are cut off…so respect those things, check out where you are going and how to present yourself.

> Each church has its own makeup… if you go to a Baptist church, it's different than a Methodist church. The policy of their church is different.

Interest in forming collaborations—Pastors noted a sense of responsibility and interest in collaborations with other pastors, churches, health care organizations, and other agencies with resources—particularly as they relate to building resources and skills, and combining efforts to address the health needs of their congregations.

> I think that we fail the people that God has sent us to lead if we don't come together and collectively pool what resources that we have to make available information to our congregation about health care, health disparities, all of those things that impact their ability to serve God.

> Universities and institutions know how to tap into the money stream to bring resources to do the studies. But we need the resources that maintain programs and so I think grantsmanship would be another area that would provide incentives because it now produces a new money stream.

They also described particular interest in participating in research partnerships when minority-serving institutions or minority representatives of other institutions were a part of the collaboration. The increased likelihood of participation is centered on belief in a more closely connected sense of identity and shared history with minority-serving institutions, a belief that those institutions or individuals understand and appreciate the culture, traditions, and contributions of the black church, and a level of comfort and innate sense of trust in their motives and desire to contribute to the mission of the black church that may not naturally exist with other institutions.

> When I saw Shaw…it would make me say “ok, that's a good representation,” if you all are trying to reach black churches, then let the black university approach us. That may help them to feel more comfortable and if you are going to send somebody from UNC, then let it be a brother that comes from UNC—we need to make our people feel comfortable.

Discussion

Pastors of black churches describe multiple roles that they see themselves playing as partners in research with both areas of potential conflict and areas of synergy to consider. These elements of roles and research partnership in the formation of church-academic collaborations give insight into potential areas of role conflict, role overload, and ways to ameliorate these types of role strain. Our findings identify potential research roles while looking for synergy with other roles pastors are expected to perform and addressing potential areas of conflict for pastors and their congregants.

As noted by participants in this study, partnering in research has the potential of extending the roles of pastors and demands associated with each role. The greater the number of roles during the time of the research partnership, the greater the potential for developing incompatibility or conflict between the obligations associated with those roles.[11] However, many of the research roles identified by pastors parallel existing roles and responsibilities of church leaders. By considering the points of overlap and building upon those, teams can avoid over-extension of role identity. Pastoral roles include leading, ensuring Christian identity, forming community, supporting the congregation's public ministry, mentoring, serving, consoling, correcting, nurturing, and providing meaning interpretation through preaching, teaching, counseling, organizing, and designing and leading liturgy.[20,21] While the titles given to the roles described by pastors in the focus groups are largely academic or rooted in community organizing, the types of roles described parallel the expected roles of pastors and church leadership.

Previous research indicates that another key barrier to participation in research can be role overload for bivocational pastors, whose time commitments may present difficulty in participation in outside initiatives; a finding that we also found expressed by participants in our current study.[22] Given the potential for role overload, we suggest investigators hoping to partner with pastors allow more time to cultivate relationships to attend to the issues of time constraints, multiple personal and professional roles, and the pastor's need for detailed

information. Given the historical mistrust between medically underserved communities and academic research institutions, ongoing engagement and partnership will be necessary to establish the trust and mutually identified benefits that produce meaningful health outcomes.[14] This would be a continuous process that requires maintenance throughout the engagement and phases of the partnership.

Participants in our focus groups reiterated and extended the findings from other research on the role of pastors and the black church in research. Prior research has noted the expectation of partnerships with church leaders and congregants of honest, open communication and acknowledgment and respect of pastoral authority.[23-25] These forms of communication and acknowledgment contribute to shared decision-making for planning and implementation of tasks. Respondents in our study went further to describe the need for capacity building and collaboration among pastors of other churches as a way to increase institutionalization of research efforts.

Beyond research that clearly challenges church tenets, pastors also described more nuanced concerns about research partnerships. They noted concerns about research participation may stem from the seeming dichotomy of applying an objective, rigorous scientific model in a spiritual context that focuses on individuals and emphasizes the importance of relationships. They noted the potential risks that come with their role as church leaders if research is not conducted in an appropriate manner and the tension between their need for action to address congregational health and the slower pace of research. This tension between research and action is not unique to black churches and is well described in a variety of community-based research settings; however, it may be magnified by the black church's history of social action and the current emphasis on faith-based initiatives to address health disparities. While role conflict is traditionally understood to result from incompatibilities or inconsistencies between roles, the black church has an extensive history of involvement in health promotion activities[6,8,26-31]—both similarly related to health disparities research. In the course of this research, we were faced with the need to address this conflict. One focus group had an involved discussion of the environmental and health impact of industrial hog farms that disproportionately affects lower-income and minority residents. Pastors identified this as a pressing need that they wanted to partner with researchers to address both during and after the group interviews. To address this request, we linked interested pastors with a public health epidemiologist and activist conducting research on the impacts of industrial hog farms to consider options for directly address the problem.

These findings should be considered in the context of their limitations. As in any qualitative work, the results offer the foundation for theory building and hypothesis generation to further explore the considerations for engaging pastors as partners in health disparities research. Additionally, while the pastors in this study were from a mix of rural and urban areas, it is likely the historical and social context of black churches in the southeastern United States could result in perspectives that may differ between pastors in other regions. As research and public health efforts move toward more faith-based initiatives, the experiences and perspectives of pastors of other churches should be explored to ensure appropriate engagement of those church leaders and congregations.

Our study also has notable strengths. First, the focus group moderators had close ties to the faith community. In planning this study, we chose moderators who could be considered cultural insiders to quickly build rapport with participants. We felt this approach resulted in rich interview data with high internal validity, offsetting potentially socially desirable responses. Similarly, our analyses were enhanced by the diversity of our research team and the perspectives of a coauthor who is a bivocational pastor.

Our findings provide the underpinnings for a framework for addressing and supporting the role of pastors of black churches in research partnerships. Pastors noted important areas of synergy with addressing the health of their congregations and saw the value in research. Future research should include the development and application of measures that encapsulate principles of collaborative research. Given these initial findings, strategies that alleviate the potential for role strain and conflict among pastors engaged in research partnerships can be incorporated into research plans. Addressing areas of potential conflict and the real possibility of role strain among pastors of black churches increases the potential for fruitful research partnerships to address health disparities in African American communities.

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Table 1
Demographic Characteristics of Pastor Focus Group Participants (n = 30)

Variable	n	%
Male	26	87
Female	4	13
Education		
Some undergraduate college/technical school	6	20
Completed college	7	23
Masters degree	8	27
Doctorate degree	7	23
Honorary doctorate	2	7
Denomination		
African Methodist Episcopal	2	7
Christian Methodist Episcopal	2	7
Baptist	12	40
Missionary Baptist	5	17
Nondenominational	3	10
General Baptist State Convention	1	3
Bible Way Church	1	3
Seventh Day Adventist	1	3
United Church of Christ	1	3
Kemba	1	3
Employment		
Full-time pastor	15	50
Employed elsewhere in addition to church	14	47
Self-employed	1	3
Length of time as pastor of current church		
Average, 6.4 y; range, 1-21 y		
Length of time as pastor		
Average, 13.9 y; range, 2-47 y		

Table 2
Pastors' Self-identified Roles in Research

Synergistic Roles	Definition	Representative Quotes
Leader	One who emphasizes the importance of the initiative and helps create sustained buy-in from the congregation and church at large	We would have to be in the forefront and emphasize how important this research is to our congregation and to our children and making life better for all people concerned. And certainly we would not be able to take the task on solely…the pastor would keep it alive, talk about it, make sure that the congregation is aware that this thing is going on and how important and how much we feel that they should be a part of it.
Role model	One who models the importance of engagement, the effects of health disparities, and the ability to address them through behavior change	I believe that a pastor should actively be involved in it…you can't lead from behind, so you've got to be out front. When my members started seeing me losing weight they asked me "what am I doing?" That opened me up to now start explaining my ritual, and now "Pastor, can I join you," "Can I go with you?," and so everything starts at the head.
Informant	One who is viewed as a credible information source and lay expert on the initiative	I work with people who come to me for every answer. Even though you may be sitting in front of them ready to give them an intelligent answer, they may not ask you. As soon as they leave you they go talk to the next one. I need to be able to give them an intelligent answer or lead them back in front of you that you might give them the answer.
Bridge	One who serves as a liaison and conduit for information between the church and research institutions	If it's something that we are informed about, we are willing to sell/commit to…the congregation will follow I see the pastor as being the go-between between the people doing the research and the congregation.
Spokesperson	One who has access to the church as a captive audience, can speak on behalf of the initiative and is able to frame it within the local theological context	Role the pastor can play just being vocal about it and just emphasizing it and making it a priority consideration, something that is ever before the people…but just bringing in points to emphasize the importance of health, emphasize the importance of wellness to remind them that God wants them to be healed. But being, I would say, being more vocal about it than anything else…and when they gather, like the masses gather…that's the time to keep emphasizing it, and being very vocal about it from the pulpit.
Resource builder	One who identifies and mobilizes the necessary resources (personnel, supplies, etc) present within the church to implement the initiative	And identify people within the congregation that can also run with the vision and people that are really passionate with certain parts and create a team effort. That is empowering.
Empowerment specialist	One who utilizes historical influence and motivational capabilities to engage traditionally unreached participants in the initiatives	The pastor empowers people. I think that's been true historically. So we can empower folks that probably would not normally be empowered.
Collaborator in study design	One who is knowledgeable of the local context and able to inform the development of the initiative to be specific to the congregational needs and expectations	I think in being involved in the planning process. Again, as a means of being informed so that we can lead the congregation or lead persons who are saying they will participate…lead them into what is expected. By being a part of the planning process, then we know what is going to be coming down and we would be able to let people know what to expect.
Organizational gatekeeper	One who uses their community influence to create a forum for like groups to be informed about and engage in the initiative (eg, association meetings)	And what we had to do is maybe get it out and say that "we are going to have a health disparity person come that's going to talk to us on that issue at that time, and then all the churches, [NAME] you even can come." Everybody can come.
Sanctioner	One who orients, talks, engages with researchers prior to, and exchanges information before contact with the congregation and provides sanctioning for the research presence	It's important for that person to get with the pastor, and then when they actually come to the congregation, it would be important for them to say well, uh, "Your pastor and I talked about this"…he cares for his congregation so he wanted me to come and to talk with you because that's how much he loves you.
Protector	One who is responsible for brokering protection and	We are actually putting our membership out there so if something goes bad with this thing or if feedback's not there, they are gonna go directly to

Synergistic Roles	Definition	Representative Quotes
	minimizing exploitation or maltreatment of the congregation	the pastor because “Pastor, you brought us into this,” so we need to be assured and our membership need to be assured that they are protected.