



Institute for Agriculture and Trade Policy

Faith Communities and Healthy Eating

Issues and Opportunities for Moving Forward in Minnesota

Faith Communities and Healthy Eating: Issues and Opportunities
for Moving Forward in Minnesota

By the Local Foods program
Institute for Agriculture and Trade Policy
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The Institute for Agriculture and Trade Policy works locally and globally
at the intersection of policy and practice to ensure fair and sustainable
food, farm and trade systems.

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Introduction

In early 2008, Blue Cross and Blue Shield of Minnesota began planning for its new five-year Healthy Eating Minnesota Initiative. One component of this planning was a request to the Institute for Agriculture and Trade Policy (IATP) to explore the potential for the faith community, broadly defined, to be change agents in supporting healthy eating in Minnesota communities. The ensuing research and this report are the product of that exploration.

The research was led by IATP's Local Foods program. The program works to build thriving local food systems in the Upper Midwest and around the world by strengthening small- and medium-scale sustainable farming, expanding market opportunities for farmers, increasing access to healthy food and advancing supportive policy change.

To gather insight on the interest, potential and capacity of faith communities to address healthy eating, IATP interviewed leaders in various communities of faith throughout Minnesota.¹ This included leaders of "network-level" faith-based organizations, such as the Minnesota Council of Churches, as well as representatives from individual churches and other faith-based institutions. We also spoke with a selection of faith-oriented social service organizations.

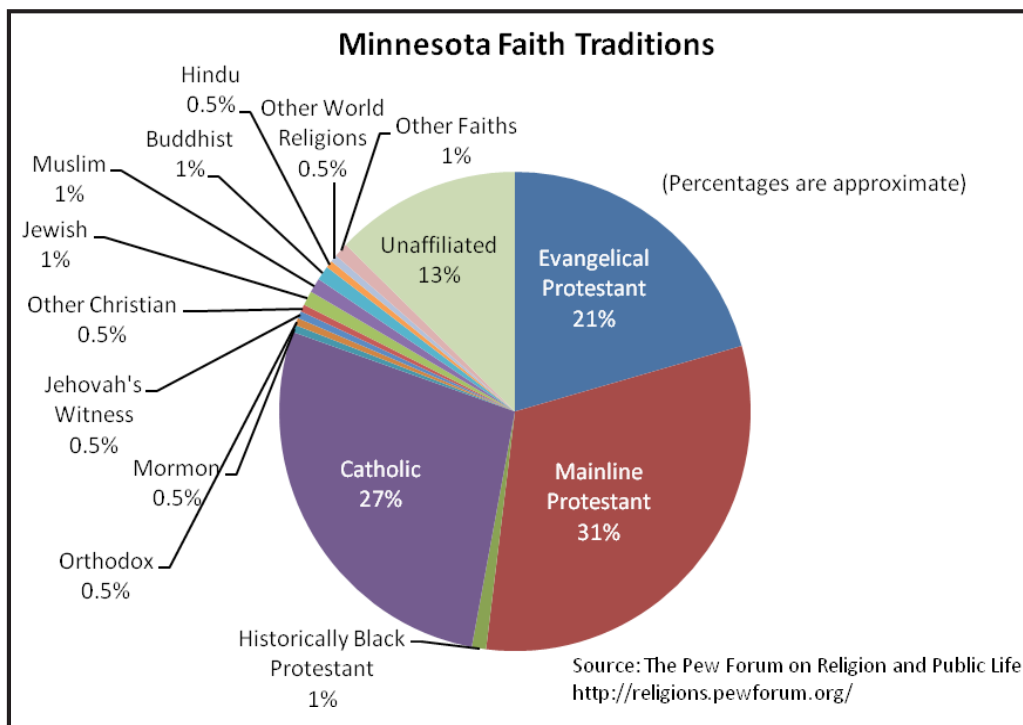
Our research does not reflect a comprehensive assessment among all faith communities in the state. Rather, we strove to gather insight from representatives from a cross-section of faith-related organizations and paint a picture of the broad trends, opportunities and constraints regarding faith communities and healthy eating. We explore the following topics:

- A. Key trends in Minnesota's faith communities
- B. Interest and activity related to healthy eating
- C. Challenges to increasing engagement in healthy eating
- D. Framing the issue of healthy eating
- E. Avenues for engaging faith communities
- F. Recommendations

A. Key trends in Minnesota's faith communities

Sixty-five percent of Minnesotans report that they worship regularly. Of these, 80 percent identify themselves as either Catholic or Lutheran.² Despite the predominance of Catholic and Protestant faiths, however, Minnesota's faith community is relatively diverse. The largest Hindu temple in North America is in Maple Grove, while the largest Cambodian Buddhist temple in the United States is in Farmington.³ There are an estimated 150,000 Muslims in the Twin Cities area alone.⁴

Minnesota is also home to the largest Somali population in the United States,⁵ as well as the second largest Hmong community.⁶ Immigrant communities often have strong religious traditions, making these groups important to consider when trying to understand Minnesota's faith community. If current trends continue, immigrant communities will make up 30 to 40 percent of the Twin Cities' population in 25 years.⁷ Rural Minnesota has growing populations of Latino/as, Africans, Southeast Asians and other immigrant populations.



Overall, membership in mainline Protestant churches is declining, although there is significant growth among evangelicals. The overall number of Catholics is also declining, although this masks the growing number of Latino/as within the Catholic Church. On a national level, nearly one in three Catholics is Latino/a. Latino/as represent only one in eight Catholics over the age of 70 but nearly half of those ages 18-29.⁸ Minnesota is also witnessing the growth of “mega-churches,” primarily in the suburbs, and an increasing number of “contemporary” and youth-oriented Christian churches and church services.

The greatest growth in Minnesota is occurring among faith-based institutions that have some connection to particular ethnic communities, such as the Hmong, Liberian and Oromo com-

munities. There are also a growing number of faith institutions that are multicultural in nature. One interviewee from a church in North Minneapolis noted that people come from all over the Twin Cities metro area to attend his church, in part because of the ethnic, cultural and economic diversity of the congregation. In his opinion, people are attracted to institutions that reflect their own communities and that focus outward to serve the community outside their doors. Minnesota is also likely to have more multi-faith families and institutions in the future as families blend across cultural and religious lines.

Several interviewees spoke of a growing desire among some Christians, particularly youth and young adults, that churches become more relevant to everyday life. Such individuals want churches to deal more with current events and social issues and to communicate in a language that engages younger people. Young people also have a strong penchant for taking action and may be unsatisfied with simply “talking about” issues.

Further, in some cases individuals are placing less emphasis on the denomination of a particular place of worship and more emphasis on the personal values they can find and express in their faith community of choice. This could potentially increase the appeal of issues like healthy eating that relate to daily life and can also have a strong social action component.

B. Interest and activity related to healthy eating

The level of interest and activity related to healthy eating varies greatly among those who participated in this study. For instance, interviews with leaders of “network-level” faith-based organizations suggested that healthy eating is not currently viewed as a high priority at the network level. However, many churches and other faith-based institutions in communities facing health crises say they view healthy eating as very important. Some of these faith institutions are now actively involved with health-oriented eating and nutrition initiatives. Other communities’ interest in environmental stewardship and various social justice issues has brought them into contact with healthy eating-related issues to some degree.

This said, when asked whether they think their own faith community is interested in “healthy eating,” many of the people with whom we spoke gave conditional answers, like “it depends” or “yes and no.” Some were asked to rate the level of interest on a scale of 1-10, but all said it depends on so many different variables that they could not give a numeric value. Most did note that any interest in healthy eating stemmed from a broader interest such as serving their community or addressing social concerns.

In terms of existing activities, everyone with whom we spoke was able to identify small-scale initiatives related in some way to healthy eating that are taking place at local levels. These include institutions planting community gardens for their own members or for donation to hunger relief efforts, nutrition education curricula in faith-based schools, health fairs, and community events featuring healthy or sustainably produced food. (A number of these activities are profiled in our accompanying collection of case studies, “Faith and Food: Action Strategies for Health Eating,” available at iatp.org/faith.)

There appears to be relatively little such activity taking place at the “network” level. Nearly all of the network-level leaders with whom we spoke noted that on-the-ground strategies are almost

always pursued by local institutions such as churches, synagogues and faith-based social service organizations. Networks may help coordinate activities, but implementation generally takes place at the grassroots (e.g., congregational) level.

One area where socially oriented network-level work is occurring is with policy advocacy. A number of faith-based networks have policy arms and some have engaged in issues at least tangentially related to healthy eating. These include sustainable agriculture, environmental protection and health care. Healthy eating could potentially fit into these priorities.

Another example of network-level activity concerns secular and faith-related organizations other than religious institutions. In talking with people in individual institutions we learned that a number of faith-based institutions do work with social service and other networks that serve the faith community. For example, one organization works with primarily African-American churches of different denominations to promote healthy eating and living. Another coordinates an annual interfaith food drive in which thousands of faith-based and secular organizations participate. A third administers a senior nutrition program and other health and wellness services for older adults, and also addresses other needs such as housing and employment that can affect individuals' diets. Because these networks are already set up to address social issues, it makes sense that they play a strong role with faith communities.

A key factor in whether a faith community is interested in healthy eating seems to be the population it serves and the need it sees. In some cases this population includes only the members of a particular church or other institution. In others it includes the surrounding community or even communities on the other side of the world. It was particularly interesting to find that many of the faith-based institutions that serve lower income individuals do have health and related social ministries. Conversely, those who expressed less interest in healthy eating tended to serve populations in which food insecurity or diet-related health concerns are not front and center.

A related factor in whether a faith-based institution is likely to be interested in healthy eating relates to the roles that the institution plays in the community. Several interviewees noted that in their communities, churches and other faith institutions tend to be the center of community. They are “where the people are” and where people turn to meet a variety of needs. In other communities, churches and other institutions are places people attend less frequently or look to more for spiritual engagement rather than for any sort of social services. By the same token, whereas some institutions see serving the world outside their doors as integral to their mission, others are more internally and individually focused.

C. Challenges to increasing engagement in healthy eating

When exploring the potential for faith communities to become more involved with healthy eating, a range of challenges should be acknowledged. Some of the most pivotal include:

Competing priorities: Competing priorities are a major challenge for increasing engagement in healthy eating. As one interviewee noted, sometimes needs are so great that even top priorities may not receive adequate attention. In his community, concerns about poverty and

violence often take priority—even though, as he asserted, diet-related disease may claim more lives. He also noted that in his neighborhood healthy foods tend to be less accessible and more expensive than healthier options. The very complexity of these issues can make them a daunting prospect for faith organizations that are already stretched.

Time constraints for staff and volunteers: Another challenge is the availability of staff and volunteer time to lead and sustain new initiatives. All of our interviewees stressed the importance of having committed people working at the ground level. Technical assistance and outside resources can play a role but are not sufficient to create and sustain success. Many of the interviewees asserted that more ambitious faith-based efforts require dedicated, paid staff and that relying on volunteers may not sustain more complex initiatives. Volunteer-run efforts are particularly difficult in small congregations where members may already be volunteering in a number of capacities and in underserved communities where transportation, employment and other factors may limit people’s ability to volunteer.

A committed champion: Nearly every social action initiative that the interviewees knew of—whether food-related or otherwise—came about only because there were people in the individual institution willing, able and passionate enough to commit the time needed to get it started. Unless there is someone willing to step up and lead a new initiative, it is unlikely to move forward, even if the issue has been identified at the organizational level as a high priority.

Long time horizon: A fourth challenge in working with faith communities is the need for a long time horizon. Several interviewees noted that faith communities can take a long time to embrace and address new issues. Although smaller projects, such as hosting a Community-Supported Agriculture (CSA) drop site, might be doable in the short run, broader and more systemic healthy eating efforts are likely to take longer to develop, garner support for and implement. One network-level interviewee noted that an issue like healthy eating might require an entire paradigm shift in how faith communities perceive their role. Another suggested that a 5-10 year time frame would be needed to engage faith players in healthy eating in a substantive way. Those faith communities that face more immediate social concerns, and for whom health is a familiar issue, however, may be better poised for near-term action.

Practical ways to take action: Initiatives need to include easy, practical, actionable vehicles for participation. “How-to” resources, tips for local action and examples of successful initiatives can help new efforts get started. As one interviewee asserted, if faith communities are to address healthy eating, it is important to “make it easy” to engage in ways that are meaningful at the individual and organizational levels.

Negative connotations: Those working with faith communities must be careful not to come across as judgmental when encouraging people to change their behavior. Several interviewees noted that encouraging people to eat “better” could implicitly imply that people are currently doing something wrong. This is of particular concern in underserved communities that, for reasons beyond their control, may not easily be able to access or afford healthy foods.

Concerns about engagement in policy change: Engaging individuals and institutions in policy-related strategies can be particularly challenging. Some faith-based communities avoid issues that are viewed as controversial, and some see policy as outside their realm. One interviewee emphasized that to engage members in policy, the place to start is *not* by asking

them to sign an action alert or write to their congressperson. Rather, it may be more effective to engage them on a personal level and offer practical ideas for making changes in their own lives. Those individuals who become most passionate about that issue can then engage in policy efforts if they so desire. Also, most faith leaders are not professional policy advocates and may need supportive resources to pursue policy-based strategies.

D. Framing the issue of healthy eating

There are many ways to present the issue of healthy eating and framing is key when working with faith communities. In some cases it may be most effective to talk about healthy eating itself. In others it might mean speaking in terms of other related values. In all cases, geography should be taken into account, as perceptions and interests may vary among and within rural, suburban and urban communities.

To the extent that healthy eating can advance existing priorities—such as framing access to fruits and vegetables in low-income neighborhoods as an issue of social justice—healthy eating has the potential to become a higher priority. Communities of faith may also need to connect their priorities to the teachings of their particular faith traditions. Healthy eating can be presented as a way for people to live their faith and values.

Among the healthy eating-related activities already taking place, health itself is not necessarily the primary motivation for these efforts. Although some of the institutions that serve populations with significant health disparities do have health-specific ministries, many others do not. Regardless of whether their efforts address health or healthy eating directly, however, nearly all of the healthy eating-related initiatives that interviewees cited were also linked to broader social justice values and teachings of their faith traditions. For example, some Catholic communities talk about food-related issues in terms of three guiding principles or values:

1. A human right to healthy, safe, accessible and affordable food;
2. Fair financial returns to those involved in producing our food; and
3. Care for the land from which our food comes.

In this way, the link is made to Catholic teaching on human rights to life's basic necessities, the dignity of work, care for Creation, care for the poor and vulnerable, and responsibility to others. Also, to the extent that the Catholic institutions we interviewed are deliberate about their food purchasing, that effort is more typically rooted in broader environmental, economic and social concerns than in the health of those eating the food.

Similar sentiments were echoed by other interviewees, with many expanding the framing of food-related work from personal health to social justice. For example, one of the organizations with whom we spoke discusses healthy food through a lens of hunger and poverty. They take students through a “hunger simulation,” the goal of which is to raise awareness about the difficulty many people face in providing healthy meals for their families. Another representative spoke about her underlying message of “taking care of that which you have been provided”—which includes one's own body, but also the broader community and the environment. Similarly, others talked about a “body-mind-spirit connection” and the health of the whole person—including housing, education and employment, thereby tying health to other areas of their lives. Many spoke about serving their neighbors and building community.

Environmental issues are also of increasing interest, with many faith groups involved in “caring for Creation” and being stewards of the earth. Although many faith-based environmental efforts focus on energy and climate change, some have embraced sustainable agricultural practices as a vehicle for sound stewardship. We identified a few cases where conceptual links are being made between agricultural practices and health, such as the impacts of pesticides and water pollution on human health. Environmental consequences of industrial agricultural practices were also cited as an issue of concern by some faith-based groups.

E. Avenues for engaging faith communities

There are many avenues for engaging faith communities, ranging from the personal to the institutional. The most frequently cited by those we interviewed include:

Existing ministries in faith-based institutions: The most obvious avenue for engaging the faith community is through existing health ministries, social justice committees, social outreach programs and other entities at faith-based institutions such as churches and synagogues. Although this is where many of the existing faith-based healthy eating-related activities are taking place, much more could be done. For example, social outreach programs could leverage the commercial cooking facilities in their churches more fully by holding healthy dinners for low-income neighbors, canning produce grown in the church garden, holding cooking classes for youth and adults, and so on.

Clergy: Several interviewees talked about the importance of engaging the clergy and other institutional leaders. Many successful health-related efforts have been started by pastors and other leaders for whom health was a personal passion. By serving as a positive example themselves, they spurred their members to adopt healthier behaviors and engage others by launching walking clubs, biking clubs and similar pursuits. One interviewee observed that the ministry used to be one of the healthiest professions, but is now one of the least. She attributed this change to a range of factors, including the number of (unhealthy) meals eaten at church institutions and increasing stress due to declining membership and financial resources. Church staff can also be positively affected by employer-sponsored health insurance plans that provide incentives for healthier eating and more active lifestyles.

Parish nursing: Another avenue mentioned by a number of interviewees is parish nursing. Parish nurses, on staff at some faith-based institutions, minister to both the physical and spiritual health of individuals, focusing on wellness, health promotion and disease prevention. In addition to serving as a conduit between faith-based institutions and the health care system, particularly for older individuals who may not have someone to assist and advocate for them when they are facing health issues, parish nurses also provide health screenings and wellness education. Parish nursing is often the most explicit link to health in a congregation.

Faith-based K-12 schools: Schools are viewed by many interviewees as a particularly advantageous avenue for engaging faith communities given that they not only serve daily lunches to young people (and often breakfast and snacks as well) but can also incorporate education about healthy eating both in and outside of their classrooms. They may be a key channel for promoting healthy eating habits early in life. Faith-based schools that participate in the National

School Lunch Program are required to have a wellness policy⁹ that provides for nutrition education, among other activities. The popularity of hands-on educational activities such as school gardens is also growing. One interviewee suggested that working through networks such as the National Catholic Education Association could enable broader impact.

Faith-based health care facilities: Hospitals, assisted-living and long-term care facilities may provide opportunities to engage older members of the community. A number of faith-based hospitals and long-term care facilities have already signed on to the “Healthy Food in Health Care” pledge through Health Care Without Harm¹⁰ and are serving healthy and/or sustainably produced foods to their patients, staff and residents.

F. Recommendations

Clearly, the level of interest, capacity and potential for faith communities to address healthy eating vary greatly. Different communities have different priorities and different needs, and engagement strategies must reflect their unique contexts and interests. There are, however, enough commonalities to make the following recommendations:

Link healthy eating to existing priorities: Presenting healthy eating as another way to address the existing values, priorities and interests of a particular faith community is likely to gain more traction than presenting it as a brand new area of involvement. Communities that face significant health disparities do seem to be more likely to have health-focused ministries, and in this case framing healthy eating in terms of health might be appropriate. However, others can see healthy eating as a way to live their values around social justice, environmental stewardship, caring for their neighbors and other teachings of their particular faith traditions.

Take a positive, non-judgmental approach: It is important to present healthy eating in a positive light. Encouraging people to add healthy foods to their diets and framing healthy eating as a way to live their values hold promise. Efforts that encourage people to make different choices must also recognize the many factors (transportation, cost, time, etc.) that may constrain the ability to make those choices.

Work at multiple levels: Particularly in underserved areas, social service organizations play a strong role in working with the faith community to meet community needs. In addition, networks of faith-based schools, parish nurses, health care providers, etc., may provide leverage for launching larger initiatives and reaching a greater number of institutions.

Foster ownership: While some communities of faith are very open to working with outside change agents, the faith community itself needs to feel a strong sense of ownership for new initiatives. Outside groups must be invited into the community and must meet members where they are, rather than judging them or prescribing things they should do. It is also important to be aware of other groups that are doing similar work and that may have a history (whether favorable or unfavorable) within a given faith community.

Pursue culturally appropriate strategies: Views about food and health may reflect intertwined beliefs about faith and cultural identity. The U.S. food system often works against traditional cultural teaching, sometimes with devastating health consequences. The health impacts of a “typical American diet” among recent immigrants and Native populations are particularly acute. While this may create new opportunities for engagement around healthy eating, that engagement must be rooted in respect for cultural traditions and the unique food and health-related experiences of different communities.

Create outreach materials and other resources to make engaging around healthy eating easier: Many interviewees said that if their faith community were to address healthy eating, they would need resources to help them move forward. Requested resources include educational materials about healthy eating, curricula for schools, “how-to” guides for implementing particular projects, information about how to engage in policy, people to contact for help, and examples of different projects they might do. The faith communities themselves can gauge how to link healthy eating to their own faith traditions and values, but they do need more information about why healthy eating is important and how to take practical steps forward.

Increase funding for dedicated staff: The top need cited by all of the interviewees is for dedicated (paid) staff to pursue and sustain new initiatives. Several interviewees noted examples of initially successful initiatives that fell apart when a particular leader left or moved on to other areas of interest. All of the people with whom we spoke said that one cannot rely indefinitely on volunteers for larger initiatives, as even the most dedicated volunteers can become subject to “burn out.” The availability of staff resources for new initiatives is largely a financial issue. Faith communities may need additional financial support to obtain the staff capacity to launch and sustain initiatives of a significant scale.

Notes

¹Given the diversity of religious and faith groups that are present in Minnesota, the term “communities of faith” (or “faith-based communities”) has been selected to refer to these groups as a whole. The term “institution” has been selected to refer to individual places of worship (such as churches, synagogues and so on), and is inclusive of any religion or faith.

²Personal communication with Chris Morton, Minnesota Council of Churches, September 29, 2008.

³Jeff Strickler, “Rock of [younger] ages,” *Minneapolis Star Tribune*, Faith and Values section, October 4, 2008.

⁴Islamic Center of Minnesota Web site, http://www.islamiccentermn.org/icm/user/script_files/aboutus.asp (accessed February 24, 2009).

⁵Minneapolis Foundation, “Immigration in Minnesota: Discovering Common Ground: Africa—focus on Somalis,” <http://www.minneapolisfoundation.org/immigration/africa.htm> (accessed February 24, 2009).

⁶Txong Pao Lee and Mark E. Pfeifer, “Building Bridges: Teaching about the Hmong in our Communities,” Hmong Cultural Center presentation, 2007, available at <http://www.hmongstudies.org/LearnaboutHmongwebsite.html> (accessed February 25, 2009).

⁷Jeff Strickler, “Ethnic groups plant new places of worship,” *Minneapolis Star Tribune*, Faith and Values Section, April 5, 2008.

⁸Pew Forum on Religion & Public Life, U.S. Religions Landscape Survey: Summary of Results, <http://religions.pewforum.org/reports> (accessed February 24, 2009).

⁹All schools that participate in any programs authorized by the 2004 Child Nutrition Act—including the National School Lunch Program—were required to have developed a wellness policy by the 2006-2007 school year.

¹⁰For more information about the Healthy Food in Health Care pledge, please see <http://www.noharm.org/us/food/pledge>.

