How 1 Corinthians 6:19-20 Can Lower Your Blood Pressure

Lifestyle interventions delivered in churches by community-based health care workers may help bring down blood pressure among African-Americans, a new study finds.

Hypertensive church members who attended weekly sessions devoted to lifestyle modification achieved an average drop of more than 16 points in systolic blood pressure levels, researchers reported in *Circulation: Cardiovascular Quality and Outcomes.*

The new study shows that "a program of lifestyle behavior modification that is usually delivered by the health care system can be delivered in the church setting," said coauthor Dr. Gbenga Ogedegbe, a professor of population health and medicine at the NYU School of Medicine in New York City.

Populations reached by this intervention often have less access to medical care, Ogedegbe said.

The new study, dubbed FAITH (Faith-Based Approaches in the Treatment of Hypertension), enrolled 373 black men and women with blood pressure levels of at least 140/90 mmHg, or 130/80 mmHg among those who also had diabetes or chronic kidney disease. Participants were all attendees at 32 African-American churches.

In half of the churches, participants received the full intervention, including 11 90-minute sessions that focused on recommended health behavior changes, such as adoption of a diet low in salt and fat and high in fruits and vegetables, increased physical activity and weight loss, Ogedegbe said. The curriculum of the sessions was tailored to the church members in that it included prayer, scripture and faith-based discussion as it related to health. Along with the 11

sessions, participants also received three phone motivational phone calls.

In the other churches, participants got just one session on lifestyle and hypertension management and then 10 additional sessions on health education topics that were led by health experts.

At six months, both groups had significant drops in systolic blood pressure (the top number, reflecting the pressure when the heart pumps blood out to the body). The full intervention group saw their systolic pressure go down by an average of mmHg, while the control group saw an average reduction of mmHg.

The difference between the groups is spurring Ogedegbe and his colleagues to tweak their intervention to make it even more effective.

The new results weren't surprising to Naa-Solo Tettey, coordinator of cardiovascular health education and outreach coordinator at the Ronald O. Perelman Heart Institute and director of the HeartSmarts program at New York-Presbyterian/Weill Cornell Medical Center in New York City.

"Working with faith-based organizations creates a structure of sorts," Tettey said. "The weekly sessions they were holding are similar to those from other faith-based programs. You do see changes in health outcomes with these."

Tettey believes the secret of success is long term interventions, like the one used in the new study.

"More than just an initial intervention, there needs to be some kind of health coaching," she said. "I have found that there is a major disconnect when it comes to nutrition. People don't know what's in a healthy diet. So it's important to have a nutritionist on board."

An even more effective approach might be to include some of the health messages in the actual church service, Tettey suggests. “The idea is to make a connection between the body temple and health behaviors,” she explained. “We do use biblical scriptures to help them connect with the message. If your body is a temple, then it’s important how you treat it.” {eoa}