Collaborative campus ministry and its impact on women's health

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COLLABORATIVE CAMPUS MINISTRY AND
ITS IMPACT ON WOMEN'S HEALTH

By

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ABSTRACT

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This project dissertation, entitled “Collaborative Campus Ministry and Its Impact on Women's Health,” provides a foundation from which to develop a collaborative campus ministry that approaches issues relating to women's health on a historically Black campus. The dissertation includes the results of a collaboration between the Campus Ministry Office, Health Service Center, and Counseling at Morris Brown College, along with local congregations and community agencies and organizations.

This project dissertation presents the development and findings of Sisters Aligned and Living Together (SALT): A Women's Health Conference. Project SALT provided basic information for the development and operation of a wellness program Health Education Resource Service (HERS) designed to address health concerns and challenges of many young African American women at Morris Brown College and other college campuses as well as in local congregations.
DEDICATION

This dissertation is dedicated to my parents, Rev. Joseph J. and Lillie M. Grant, who are my perfect Christian role models; my sister, Jacquelyn Grant Collier, who would not allow me to quit; my church family at Victory AME Church, who prayed me through; Dr. E. Earl McCloud, Jr., a real friend; Rev. Ronald Nored, my brother in Christ and my friend; Dr. Richard Hicks, my mentor in Black Campus Ministry; and the many students at Morris Brown College who shaped my ministry.
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>v</td>
</tr>
<tr>
<td>DEDICATION</td>
<td>vi</td>
</tr>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>vii</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>CHAPTER</td>
<td></td>
</tr>
<tr>
<td>I. HISTORICAL OVERVIEW</td>
<td>7</td>
</tr>
<tr>
<td>The City of Atlanta</td>
<td>7</td>
</tr>
<tr>
<td>Morris Brown College</td>
<td>8</td>
</tr>
<tr>
<td>The Organizational Structure at Morris Brown College</td>
<td>12</td>
</tr>
<tr>
<td>Historical Overview of Campus Ministry at Morris Brown College</td>
<td>13</td>
</tr>
<tr>
<td>II. MINISTRY SETTING</td>
<td>19</td>
</tr>
<tr>
<td>The Parish Area</td>
<td>19</td>
</tr>
<tr>
<td>Theological Stance</td>
<td>20</td>
</tr>
<tr>
<td>Theoretical Stance for Campus Ministry</td>
<td>24</td>
</tr>
<tr>
<td>III. THE MINISTRY ISSUE</td>
<td>29</td>
</tr>
<tr>
<td>Health Issues Facing African American College Women</td>
<td>29</td>
</tr>
<tr>
<td>Historical and Spiritual Rationale</td>
<td>34</td>
</tr>
<tr>
<td>Personal History</td>
<td>36</td>
</tr>
<tr>
<td>Motivation</td>
<td>38</td>
</tr>
<tr>
<td>Model of Ministry</td>
<td>39</td>
</tr>
<tr>
<td>Contributing to the Church Universal</td>
<td>44</td>
</tr>
<tr>
<td>IV. PREVIOUS EFFORTS TO ADDRESS MINISTRY ISSUES</td>
<td>45</td>
</tr>
<tr>
<td>Normative Literature</td>
<td>45</td>
</tr>
<tr>
<td>Empirical Literature</td>
<td>45</td>
</tr>
<tr>
<td>Methodology</td>
<td>47</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>48</td>
</tr>
</tbody>
</table>
CHAPTER

V. THE PROJECT .................................................. 51

Outline of the Project ........................................... 51
Goals and Objectives ............................................. 53
Sisters Aligned and Living Together (SALT):
  A Women's Health Conference ............................... 54
  Project Evaluation .......................................... 58

VI. CONCLUSION .................................................. 73

APPENDIX ........................................................... 76

College Survey .................................................... 77
Student Survey .................................................... 78
Alumni Survey ..................................................... 82
Former Chaplain Survey ......................................... 84
Pre-Conference Survey ........................................... 86
Session Survey ..................................................... 87
Presenter Questionnaire ......................................... 88
Post-Conference Survey .......................................... 89
Post-Conference Focus Group ................................... 90
Conference Evaluation Matrix ................................. 91

BIBLIOGRAPHY ..................................................... 92
INTRODUCTION

There are a number of issues that plague our society. Unemployment, poverty, managed health care, incurable diseases, and corruption in government, just to name a few, affect all of us regardless of age, gender, or professional status. Because the campus community is but a microcosm of the larger society, these issues give shape to the growing needs within the college community.

As we approach a new millennium, the observation and study of mechanisms on college campuses that have the potential for problem solving become critical. Campus ministry remains a major component that can create an atmosphere for affirmation, spiritual growth, and social legitimacy that allows students the freedom to "do ministry" out of and within their own contexts.

Campus ministry at Morris Brown College serves as a vehicle to assist students in understanding, expressing, and living out their faith in a diverse community. Rather than reacting to a community in crisis, campus ministry also can assist in developing strategies for helping and healing the community through prevention. Working together with the community to meet the many challenges facing students,
Programs offered through campus ministry can address critical life issues in creative, preventive, practical, and interactive ways. This can be achieved by creating an extended community that will participate in a collaborative effort. These resources, both on campus and in the community, in collaboration, can nurture the spirit of students and all who come in contact with them.

Programs such as seminars, dialogues, outreach, retreats, conferences, and worship provide opportunities for students, as well as faculty and staff, to celebrate community. Counseling, mentoring, and guided groups encourage personal opportunities for persons to be affirmed within the community.

In addition to meeting the needs of the students through campus ministry, other services on and off campus are vital resources for the survival and success of college students. The task is identifying those services and creating a support unit that will collaborates in hearing, helping, and healing the campus community.

The concept of collaborative care is not a new one and has been practiced in the medical profession for centuries. Just as a team of physicians collaborate on patient treatment and care to achieve the greatest benefit in service to the patient, campus ministry, along with other resources, can do the same.
Remaining true to the historical challenges that African Americans face educating their own, campus ministry must continue to nurture the social, spiritual, physical, and emotional needs in a church-related environment. The challenge of preparing students for leadership and survival with integrity has not changed through the decades. With a more complex society, today's students must be mentored on an effective, practical, spiritual path that will sustain their developing minds through any adversity.

By engaging students in a collaborative effort that involves areas such as campus ministry, counseling, health services, community services, and the local church, they will be afforded the opportunity to be strengthened, enhanced, and re-nourished spiritually, physically, and emotionally. This kind of collaboration will minimize the duplication of services and minimize the confusion students experience when they are given different approaches in addressing their issues. For example, when a student experiences depression, any one of or all of these areas are capable of providing a service. From the prayers to the pills to the physiological evaluations, all can give some course of direction. But the most effective approach and the greatest benefit would be in combining the efforts of these resources. This approach can also be enhanced by the inclusion of community agencies. In the community where
Morris Brown College is located, the possibilities for collaboration are unlimited.

In serving the Morris Brown College community for over twelve years, I have witnessed the struggles of many students who, like the woman with the issue of blood, tried one office after another to find solutions to resolve their issues. Often, the stress became so great that many students felt their only alternative was to withdraw from school. The stress of registration, financial aid, finding housing, demands of the professor, peer pressure, the papers, and on and on present health, spiritual, and emotional challenges for many. Because students are confronted with many issues, the approach in addressing them must be equal to the need. No one area can do it all. The collaborative concept helps to reinforce and support students throughout their academic experience.

Early in the Doctor of Ministry process, I was required to identify my strengths and weaknesses. My weaknesses included not saying being able to say “no,” which often leads to doing too much and feeling overwhelmed. This is a source of great internal struggle, which leads me to wrestle with being true to myself while trying to be true to “my calling.” After thoroughly examining my weaknesses, I realized that my abilities are not the only resources available to accomplish or achieve the desired goals in campus ministry.
Doing for others, when I know how, is very easy; however, enabling others to help themselves is an invaluable skill that I wish to strengthen. Because of my compassionate spirit, I often feel compelled to try to make things better for others. When someone comes to me broken, trying to repair them is second nature. As a result, attempting to meet the students' collective requests for assistance, whether it be counseling, mentoring, physical aid, or spiritual guidance, requires an enormous amount of time and energy.

Although I work eight hours a day, five days a week, overtime, on call nights and weekends, there is still not enough time. Because of this reality, meeting the many needs of the diverse student population at Morris Brown College is virtually impossible. It has been my experience that, while addressing the needs of many students, I often can't see the "forest for the trees"; therefore, I neglect to care for my own well being. As a result of my steadfast dedication, I experience extreme time constraints that present my own health challenges. Time is such a rare commodity that if it were bottled and stocked in local grocery stores, I would be its largest consumer. I have learned through my experience as chaplain that, in addition to the time needed to do ministry with and for others, time is much needed for my own spiritual, physical, and emotional wellness. "Physician, heal thyself" is not an idle statement.
It is out of my weaknesses that I realized that it takes the collaborative efforts of the college community, as well as the communities at large, to address adequately the growing and changing needs of the students. The focus of this dissertation is on a "Collaborative Ministry," which tapped the resources of the Morris Brown College Campus Ministry, Health Services, and Counseling, "The Wellness Cluster," Victory African Methodist Episcopal Church, Morehouse School of Medicine, and other related services.

The purpose of this project is to explore the potential of a "collaborative campus ministry," which encompasses campus, church, and community. Utilizing the resources in campus ministry, the normative and empirical relationships between the faith community, campus ministries will be studied. Also their impact on the health of women in the campus community and in the local community. Models will be offered for campuses and communities to emulate.
CHAPTER I

HISTORICAL OVERVIEW

The City of Atlanta

The "Black Mecca" is what many Atlantans call the City of Atlanta: a place where Blacks hold prominent political and social positions. The capital of the State of Georgia and the home of the 1996 Summer Olympic Games, Atlanta is one of the fastest-growing cities in the nation. From the cotton fields, the Civil War, and the Civil Rights Movement to the Herman Russell Company, Atlanta Life, CNN, Coca-Cola, and a billing as "The Convention Capital of the South," Atlanta has made an indelible mark in history as a city on the move. The home of Dr. Martin Luther King, Jr., Hank Aaron, Newt Gingrich, former ambassador Andrew Young, and many others, the voice of Atlanta has led this country in movements that have influenced and changed world views. From the hills of Alabama to Capitol Hill, Atlanta still makes a powerful impression. Atlanta boasts a population of 447,370 and growing.

Rebuilding from the ashes of 1864, Atlanta has the largest commercial, industrial, and financial centers in the Southeast. Formerly a city divided by racial boundaries,
where Whites and Blacks did not eat at the same counter, drink from the same fountains, enter into the same doors, or attend the same schools, this city has become a melting pot of diverse cultures, lifestyles, and social, political, and religious practices. Additionally, Atlanta has a strong commitment to education, with over thirteen major colleges and universities within the city limits. Six of these institutions form a consortium of historically Black colleges and universities known as the Atlanta University Complex, of which Morris Brown College is a vital part.

**Morris Brown College**

Unlike other academic institutions that were founded during the late 1800s, Morris Brown College was founded by Blacks for the Christian education of Black boys and girls under the sponsorship of the African Methodist Episcopal Church of Georgia. As noted in the book, *Morris Brown College--The First Hundred Years: 1881-1981: A Century of Pride and Strength* (Sewell and Troup 1981, 52):

“The saga of Morris Brown College is eloquent testimony of the tenacity of the human spirit. It is the more remarkable when one considers the adverse circumstances under which the institution was founded, nurtured and finally matured into a veritable hallmark of the historically Black church-related college.”

Responding to a new revelation, that if African American children were going to be educated, African Americans were going to have to educate their own. Leaders
of the African Methodist Episcopal Church (AME) in 1881
organized Morris Brown College in the basement of Big Bethel
AME Church in Atlanta, Georgia. Born out of confrontation
with White America, which denied African American boys and
girls the same education as their fellow Americans, Morris
Brown College became the first educational institution
founded by African Americans for African Americans in
Georgia.

When Morris Brown College was started, the city had
made no provisions for educating African Americans beyond
the elementary level. The church leaders were faced with the
challenge of developing an institution that would provide a
good education and train individuals morally, intellectu-
ally, physically, and spiritually.

Because Morris Brown College was founded and built
by leaders of the church, it started out with a strong
emphasis on religious training. In the book by Sewell and
Troop (1981), the authors quoted a passage from the 1906-
1907 yearbook. It reads:

"Students are instructed in the teaching of the Holy
Bible. A systematic course of study to develop
strong Christian character, so as to enable him to
ward off any temptation that may present itself and
that he may encounter after his college days are ended. One hour each day is given Bible Study by all students in collegiate, scientific and normal courses, the textbook is the Bible (Sewell and Troup, 1981, 52)."

Therefore, the building of character under good Christian influence, hard training, the developing of mental powers, the inciting and invigorating of praise-worthy ambitions, along with the correct methods of studying, refinement and self-discipline, were and still are the labors of sacrifices made for educating our African American boys and girls. Whereas the accomplishments of these objectives were priority for Morris Brown College then, today they remain the primary concern of the institution.

The college has come a long way through every conceivable fluctuation that an educational institution can encounter. During the formative years, other institutions in Atlanta received aid from the Freedman’s Aid Society of the Methodist Episcopal Church, the Georgia legislature, and Northern philanthropies. Such aid provided financial stability for these institutions. However, one constant source for Morris Brown College was the financial support of the loyal constituency of the African Methodist Episcopal Church in Georgia. For this reason, Morris Brown College remains indebted to the generosity of those persons whose faith, commitment, and sacrifice have enabled the institution to stand proudly today as a prime example of higher education in the African Methodist Episcopal Church.
Today, Morris Brown College holds the distinction of having and maintaining its accreditation ever since this status was earned. More than 9,000 graduates have set and are continuing to set records of achievements in a competitive society.

The campus presently serves a population of approximately 2,000 students from 38 states and 23 foreign countries, representing a variety of ethnic, cultural, socio-economic, and faith backgrounds. Among the faiths represented are Islam (Muslim), Hinduism, and Christianity. The most prominently practiced faith at Morris Brown College is Christianity. This practice is expressed through many denominations. The most highly represented are Methodist, Baptist, and Church of God in Christ. However, on the eve of the twenty-first century, there has been an increase in students who practice Christianity but refer to themselves as non-denominational.

These historical events have helped to shape the present Morris Brown community. This history, rooted and grounded in a religious experience, can provide a spiritually wholesome place in which students and community may experience the presence and power of God.
The Organizational Structure at Morris Brown College

Morris Brown College is governed by the Board of Trustees, which is chaired by the Bishop of the African Methodist Church in the State of Georgia (Sixth Episcopal District). In addition to raising funds for the college, one of the many responsibilities of the board is to find and hire a competent and capable person to serve as the president of the institution. The president forms his or her cabinet, comprised of the vice presidents and top level administrators. This cabinet is called the Administrative Counsel. Under each vice president are department heads, directors, faculty, and staff.

The Chaplain is the department head for the campus ministry area under the Division of Student Affairs. Within the Division of Student Affairs are student-oriented programs that provide direct service to the students outside of the classroom context.

While campus ministry is a vital part of the student service oriented division, this organizational structure poses many restrictions on the function of the Chaplain. Additionally, this organizational placement limits how academia sees and responds to the programs and services made available to the campus community. During my time at Morris Brown College, it has been recommended that this position be declared a college-wide position and placed under the Office of the President. This concept is highly supported by the
The Morris Brown College Chaplain is hired by the Institution to serve as the spiritual leader/advisor for the entire campus community. This is a very important and significant fact. Historically, the College Minister was employed by the Bishop of the Sixth Episcopal District (the State of Georgia) of the African Methodist Episcopal (AME) Church, making this placement a denominational appointment. Thus, the term "Campus Minister" was more appropriate in that the campus minister's primary focus was to carry out the worship experience in the AME tradition. This did, however, create some conflict between the administration and a few of the appointed ministers. The implications of this practice not being recognized, it continued until the 1970's.

Historical Overview of Campus Ministry at Morris Brown College

This portion of my dissertation has proven to be the most exciting research experience I have ever conducted. This research did not take me to the library but to the homes of many alumni and former chaplains to conduct a historical interview.

With the assistance of many graduates, I have been able to trace the history of campus ministry back to 1931. In an interview with Rev. Gabriel S. Hardeman, a 1946
graduate of Morris Brown College and Seminary, I was able to reconstruct portions of the beginnings of campus ministry. Rev. Hardeman recalled his school days as a student on Morris Brown's campus at Boulevard Street. "During those days," said Rev. Hardeman, "we didn't really have a chaplain but Lockart, Joe Lockart, took charge of chapel." According to Rev. Hardeman, Joe Lockart, along with Mr. O. Slade, both of the athletics department, conducted religious services on campus. These two lay persons continue in the spirit of the founding religious leaders of the AME Church. He remembered moving from the old campus on Boulevard to the present location: "I remembered that Morris Brown made a deal with Atlanta University to occupy the property for one dollar for one hundred years."

After relocating in 1932, the present site became the campus of both Morris Brown College and the seminary, now known as Turner Seminary. Many AME pastors received their early religious experience on the campus of Morris Brown College. Rev. Hardeman said that, at that time, the dean of the seminary served as the chaplain and conducted worship services on campus. "It was Dr. Charles L. Hill, that was his name," he said as he reflected.

Rev. Benjamin Gay, a Presiding Elder of the AME Church in Atlanta and a 1949 graduate of Morris Brown College and Seminary programs, recalled that this same concept continued through his tenure at Morris Brown
College. It seems that sometime in the 1950s the concept changed, and the college hired a specific person to give leadership to the religious programs and activities at Morris Brown College.

Dr. Samuel Hopkins Giles served as the chaplain at Morris Brown College in the early 1950's and provided spiritual counsel for students considering ministry. He conducted worship services on the campus. After that period, Dr. Josephus Coan continued in the tradition, conducting services on campus that were mandatory for students. Two family members, Robert Barnett, class of 1961, and his sister-in-law, Betty Barnett, class of 1966, recalled those days and both agreed, "We went because we had to go!"

In the mid-1960s and early 1970s, no one can recall the leadership. Letha Baker Johnson, class of 1968, and Rosemary Green, class of 1970, remembered that chapel, at that time, was mandatory. Letha stated, "I really don't remember much after my freshman year, but I did go to chapel during my freshman year." When asked were there any other programs or services offered, both responded, "No."

For a short period during the 1970s the following persons served as chaplains at Morris Brown College: Rev. E. P. Yorpp (now deceased), and Rev. Julia Walker (first woman and United Methodist). Rev. Nathaniel Roberts succeeded Rev. E. P. Yorpp in 1976 and served as the chaplain until 1979. Many students were referred to his office by the disciplin-
ary council. The services provided by the campus ministry during his leadership included the following: (1) worship; (2) counseling; (3) organizational sponsored services; (4) Ministerial Alliance, for student ministers; and (5) the Chaplain's Council, a monthly meeting of all of the college chaplains. In a personal interview, Rev. Roberts recalled counseling students concerning drug problems, family problems, and many different kinds of discipline problems.

In 1979, Rev. T. N. Hercules was appointed as the chaplain of Morris Brown College and served until 1982. Under his leadership, Sunday morning worship services and Bible studies were held. Skip Mason, a historian and 1984 graduate of the college, talked about the many days he spent in Rev. Hercules' office to engage in spiritual conversation and to seek the advice from his fraternal brother during his pledge period. "Rev. Hercules was of great comfort to me during my pledge period," said Skip.

Rev. E. George, now deceased, was called to serve in 1982-83 but only served for a very brief period. In 1983, Rev. Ronald Mizer was employed by the institution to serve as the chaplain of Morris Brown College. In our conversation, Rev. Mizer shared that when he became the chaplain at Morris Brown there were not many activated programs in place. Much of the program only appeared on paper. As a result, he developed the campus ministry program to include Bible study, regular Sunday worship, a student
minister's association, special worship sponsored by Greek organizations, and Religious Emphasis Week celebrations. Rev. Mizer pointed out that his greatest challenges were financial and the lack of support of administration. He said, "The president of the college nor the administration value campus ministry. They don't see the importance of it. That's why we never had any money to support the program."

In my conversations with previous campus ministers and alumni, I discovered that campus ministry had little or no impact on life in the college community or the surrounding community. The relationships established were based upon special planned events and short-term contractual agreements. Inviting students, staff, and faculty to special convocations, engaging local preachers to conduct Bible studies and to preach in chapel were the extent of the shared ministry experience. According to several alumni, during the earlier years, chapel or vesper services were mandatory; therefore, the students' only concern was a "had to" connection. They neither expected nor demanded any services or support from campus. Campus ministry had its greatest impact during the early 1940s, 1950s, and early 1970s under the leadership of lay leaders, Dr. Samuel Hopkins Giles, Dr. Josephus Coan, and Rev. Julia Walker. When I attempted to contact Rev. Walker to ascertain the attributes of her success in campus ministry, she was too ill to engage in dialogue. While waiting for an appropriate
time to conduct my interview with Rev. Walker, in February of this year she passed away.
CHAPTER II
MINISTRY SETTING

The Parish Area

Morris Brown College is located on the southwest side of the City of Atlanta in a community that has suffered economic deprivation. This community has been identified for redevelopment with funds set aside for community revitalization through the federal government's "Empowerment Zone" plan. There are over twenty local churches in the surrounding community and a branch of the Young Women's Christian Association as well as a high school, middle school, elementary schools, and health care facilities within close proximity to the campus.

Morris Brown is part of the Atlanta University consortium, which also includes Clark Atlanta University, Morehouse College, Spellman College, Morehouse School of Medicine, and Interdenominational Theological Center.

The institution plays an integral part in the southwest Atlanta community. It owns and operates a restaurant lab which services the campus and community at large. Its hospitality administration program provides trained hospitality agents to manage a hotel facility on the
campus of ITC and hotels across the city. The Global for Human Workforce Center assigns students throughout the area to engage in community service outreach, and the college gymnasium is the permanent venue for Rev. Hosea Williams' annual Breadbasket event on Thanksgiving Day.

**Theological Stance**

Based upon Christian principles, God is clearly a God who moves beyond the boundaries of generation, so that God is relevant and speaks to the needs of people. God reveals God's self in the guiding, healing, sustaining, reconciling, and redemptive presence of the Holy Spirit. This is manifested in and through the lives of those who develop a personal and intimate relationship with God through Jesus Christ.

Morris Brown College is a Christian College. As such, it is a community of believers who seek daily to put Christ's love into action. The mission of campus ministry is to go beyond the campus "gated" community into the greater community to serve humanity by putting Christ's love in action. True power comes when we, as God's people, stand in unity as brothers and sisters working together, combining our gifts and talents to prevail over demonic forces, and celebrating our diversity as a strength rather than a weakness. Christian principles are among the means by which the world might be improved.
Christianity in the context of Campus Ministry at Morris Brown College is a belief in the total equality of God's children. It is inclusive of the total community regardless of race, religion, or nationality. It is based upon the concept of unity and affirmation. The Morris Brown College 1995-97 Student Handbook (1995, 19) states:

Although established by the AME Church, Morris Brown College imposes no denominational requirements on its students, faculty or staff. However, in accordance with the ideals and purposes of its founders, Morris Brown College seeks to be positively Christian in spirit and policy.

Campus Ministry brings together students, faculty, and staff from different cultures, beliefs, and experiences to affirm their worth and strength as a diverse population living, learning, and working in community. It undergirds the social, moral, intellectual, physical, and spiritual development of the community in an academic setting. It provides a spiritually wholesome place in which students, faculty, and staff can experience the presence and power of God.

In addition to affirming God's children, Campus Ministry serves as a vehicle through which spiritual nurturing, counseling, academic and personal intervention, and resource development and exchange are achieved to promote a successful campus life and life beyond the campus. It engages a diverse community in meaningful and enlightening experiences to bring understanding, acceptance, and awareness of ways to live their faith in community. Given
today's realities, Campus Ministry takes into consideration that the needs of the community are not all rooted in the same Christian experience. Therefore, its components are designed to encourage corporate ministry, which goes beyond denominationalism, embracing ecumenism. Wayne Bryan (1985, 44), in his article entitled, "An Ecumenical Ministry in Higher Education," stated:

Ecumenism maintains [sic] when all denominational participants bring together the full richness of their several traditions. When these traditions stand together in a lively dialogue of mutual activity, enriching, informing, enhancing, expanding, correcting and celebrating one another, then we have a startlingly brilliant rainbow that can be called ecumenism.

Ecumenism welcomes Christians of different traditions to come together "to achieve a wider kind of institutional unity" (Richardson, 1983, 175). This experience is expressed in worship, campus-wide programs, and outreach beyond the gated community (the campus).

The United Methodist Church Department of Higher Education (UMCHE) stated: "Campus ministry embodies the Church's mission to the world" (UMCHE, 1998, 10). Like the institutions of higher education in the African Methodist Episcopal Church, Morris Brown College is considered a church-related school. While Campus Ministry at Morris Brown College reflects the "Faith of the Founding Fathers and Mothers" of the African Methodist Episcopal Church, it does not limit the scope of the programs. Using Christian principles as the foundation, Campus Ministry is capable of
addressing the needs of both Christians and non-Christians within the community. These principles, which are formulated from the faith of the founders, are critical in developing the practices of the ministry in broader ways. It is not uncommon today to find, even on a campus that has a Christian foundation, persons of other faiths. For example, persons from the Nation of Islam have been a part of the community activities at Morris Brown College. Campus Ministry, being sensitive to their needs, embraced and encouraged their participation. Additionally, there are faculty members of the Hindu, Jewish, and Muslim faiths that are included in special programs and during religious emphasis week. The college minister is called upon to give public prayers for commencement, college convocations, Founder's Day, fund-raising events for the college, community affairs, and all of the sports activities of the college. These prayers are carefully developed to ensure inclusiveness.

The Sixth Commandment says, "Thou shall love thy neighbor as thyself." One could ask, Who is my neighbor? And the answer is: those who are a part of the community in which we live, work, study, worship, and socialize. This could be within the context of an institution as community, a township as community, or a part of the world as community. However we choose to define community, this Christian principle calls us to love those who share
similarities and those who are different. It calls us to be in community with our brothers and sisters in other denominations and of different religious traditions. Therefore, in the context of Campus Ministry, neighborly love is expressed through the work of a ministry that affirms God's love for God's creation, as it seeks to respond to the spiritual, emotional, social, cultural, and intellectual needs of those who are our neighbors.

In conclusion, Christian Campus Ministry is inclusive of the total community of God and is a movement based upon Christian faith and practice. It challenges the barriers that are commonly created by our differences (i.e., fraternity, sorority, titles, degrees, culture, geographies, etc.) by weaving together the diversities for the strength of community.

Theoretical Stance for Campus Ministry

During my journey in seminary, I was profoundly affected and influenced by the work and writings of James Cone, theologian and author of God of the Oppressed. His method of doing theology in or out of the context of the Black experience helped to shape my understanding of God's work in the history and the life of people of African descent. According to Cone, "Black Theology" incorporates the history of Black people and the Black Power Movement to
create an understanding of God's liberating power in the lives of those that have been and are oppressed. Cone and Wilmore (1993, 109) stated: "Black theology places our past and present action toward black liberation in theological context, seeking to destroy alien gods; and to create value-structures according to the God of black freedom." The importance of Black theology for Campus Ministry is that it demonstrates the need to affirm and value the experience and self-worth of those who are a part of historically Black college communities.

Additionally, the work of Jacquelyn Grant, Womanist theologian and author of White Women's Christ and Black Women's Jesus (1989), influenced me. Much like Black theology, Womanist Theology draws upon the experience of Black women in the context of Christianity. Grant stated, "Black women must do theology out of their tri-dimensional experience of racism, sexism and classism. To ignore any aspect of this experience is to deny the holistic and integrated reality of Black womanhood" (Grant, 1989, 207). Alice Walker first introduced the term "Womanist" in the early 1980s. According to Walker, Womanist describes a woman as outrageous, audacious, courageous, willful, responsible, in charge, and serious (Musser, 1989, 512).

The Womanist thought affirms the value and worth of women that have been ignored and oppressed because of gender, race, and class. Likewise, Womanist theology affirms
the worth, the health, and the wholeness of Black women in the Christian experience. The Womanist concept declares that women are quite capable of "taking care of business," including the business of health and wholeness.

Black Theology and Womanist Theology are not antithetical to each other. They both affirm the reality of Blackness. They both affirm the need to elevate the African American experience. Both emphasize the need to live in unity for the strengthening of the community. Ephesians 4:3-6 stated, "Make every effort to keep the unity of the Spirit through the bond of the peace."

Campus Ministry operates on the Biblical principle of unity: that we are all one in Christ. This oneness creates a community that is not separated by gender, race, nationality, or religious experience. Our mandate is to maintain a community of peace, unity, and love for our brothers and our sisters and to value the worth of all that are a part of this community.

Jesus championed the cause for those who were oppressed, downtrodden, outcast, and sick. Women were among the disclaimed, devalued, dehumanized, and disgraced. However, in the New Testament, all of the gospel writers present Jesus as one who healed and affirmed women. Jesus was noted for establishing relationships with undesirables, even when the politics of community did not approve. It was
clear that Jesus treated all of God's creatures with equality:

1. The woman who was accused of adultery and emotionally abused through public humiliation by the men in community (John 8:3-11).

2. The Canaanite woman who was stressed because her daughter was demon-possessed (Matthew 15:21-28).

3. The crippled woman who was healed on the Sabbath (Luke 12:10-15).

4. Mary, the sister of Lazarus, who was hurt and depressed over the death of her brother (John 11:5).

5. The woman with the issue of blood/gynecological issue (Luke 8:40-48).

All of these women today would have very well been considered to be "Womanish" or a "Womanist" in that they defied the culture to get to the one who was able to give them what they needed. But the God of the oppressed looked upon the lives of these women with much favor and delivered them from the oppressor. Evidence continues to show that just as the early Christians, women as well as men, experienced the love, healing, and liberating power of God through Jesus Christ. We today still rely upon that assurance that God is truly on our side.

"Black Theology" coupled with "Womanist Theology" and an understanding of Biblical principles serve as the foundation for Campus Ministry. Basic to them is an
affirmation of the whole person. Both Black and Womanist Theologians take the Bible as one of the sources from which we are able to determine the mandate to minister to the whole person. This means being concerned about the matters of the body, the spirit and the soul.
CHAPTER III
THE MINISTRY ISSUE

Recognizing the interdependent nature of church and community, campus ministry is a potential catalyst to restore the sense of communal life beyond the local church and college environment. The theology and practice involved in collaborative campus ministry can revive the church in community. A model for campus collaborative ministry will be designed to increase the function and role of campus ministry through women's physical, mental, and emotional health.

Health Issues Facing African American College Women

The Centers for Disease Control (CDC) issued a national report on their website about the leading causes of death for women. According to the report, African American women in the southern region are faced with serious health issues that are having a devastating effect on the quality of their lives. The CDC indicated that injuries resulting from violence, including physical and sexual assault, domestic abuse, and suicide, are the leading causes of death among women in America. The report listed AIDS as the fourth
leading cause of death for women between the ages of 25 and 44 and that 12 million new cases of sexually transmitted diseases (STDs) are reported.

Sexually transmitted diseases, depression, and date rape rank highest among college women as health issues. In my conversation with the health service director at Allen University in Columbia, South Carolina, she stated that most students do not come for medical consultation until their situation gets out of control, largely because they do not know signs or symptoms, and in some cases the fear of admitting to their sexual activity. There is often a relationship between STDs, date rape, and depression. In addition, the norm for society is to train women to care for homes, babies, husbands, aging mothers and fathers; women learn very little about self-care. In many cases, women do not take care of themselves because of the fear, shame, or guilt that they experience and because they are more consistently socialized toward self-sacrifice. They have in one way or another internalized their victimization.

In addressing the question of violence, Carolyn McCrary in her article, "The Wholeness of Women," stated: "Women's internalizations are magnified in terms of this preoccupation with external relationships and in their elevation of the 'bad objects', persons or relationships as normative and acceptable" (McCrary, 1998, 276)
I recall a conversation with a freshman who was date raped during the first few weeks of school. After going to dinner and a movie, they returned to his dorm. He forced himself on her and warned her that no one would believe her because he was a minister. She carried this burden for over two months until she started to weep in chapel, after hearing me preach a sermon entitled, "You Look Good, But Are You Well?" The sermon pointed out that we could not always tell what is going on in the inside by looking at the outside. She shared her story and when asked why she did not seek help, she responded, "I was afraid and ashamed to let anyone know." Why was she ashamed? In a sense, she had internalized her victimization. I assured her of God's love for her and that God values those who are victimized. The most difficult question she asked was: "How could a minister do that to me?" My response was: "Everyone who calls upon the name of the Lord will not enter into the kingdom of God. He's just a sinner who can be saved by the grace of God through repentance." I then referred back to the title of my message and said to her, "He looked good, but he was not well." She smiled and together we began to deal with all of the health issues, the violence, the depression, the violation, and the spiritual emptiness. Public Safety, Health Services, Counseling, and Campus Ministry joined forces to give aid in her healing process.
Morris Brown College, like many other institutions, is wrestling with ways to address these concerns before they become major obstacles in the lives of these young women. It is clear that it will take many areas working together to have the greatest impact within the community. In order to have a healthy community, we must pull our resources together so that we may teach healthy choices and empower young women to take part in managing their own health. Campus Ministry seeks to accomplish this task.

James H. Evans, Jr., author of We Shall All Be Changed, said, "One of the tasks of ministry is to advance the spiritual health of the Christian community. Ministers are called to be 'physicians of the soul'." Evans also said, "one cannot separate the health of the soul from that of the whole person" (Evans, 1997, 46). Therefore, campus ministry approaches ministry in a holistic way, ministering to and promoting the spiritual, physical, and emotional wellness of the community.

Spiritual health has a profound effect on the wellness of the community. Additionally, if the community is in poor physical health, this affects the potential of developing a healthy spiritual attitude, and the participation in programs designed to promote healthy living is affected. Through pastoral care and counseling, we are able to guide students through the process of examining, understanding, and improving choices, while living out their faith in the
context of their experience as college students. Additionally, a collaborative effort with other services such as Health Services, Counseling and Testing, Career Services, local congregations, and community organizations broadens and strengthens the resources, programs, and services of campus ministry.

Using Biblical principles supporting good health, campus ministry speaks to these issues through theme teaching and preaching, dorm chats, retreats, and a series of seminars related to health and spirituality. In addition to the many special program developed and implemented through Campus Ministry, the office also participates in programs like Women's Week, AIDS Awareness Week, Drug Awareness Week, and Health Forums conducted by the Health Services Department at Morris Brown College. This kind of collaborative participation allows the program to address these issues from a spiritual and biblical perspective.

Presently, the project for the completion of the Doctor of Ministry Degree will increase the awareness of African American women's health issues affecting college women. The following objectives have been selected to implement the project and meet its overall goals:

1. Identify the health-related issues as seen and experienced by college women.
2. Provide health-related information to college women on the health problems specific to African American College women.

3. Discuss Biblical interpretations for spiritual, social, mental, and physical well-being.

4. Provide opportunities for participants to interact with health care professionals.

5. Provide information to college students about how they can use both college and community based resources to assist them in making health-related decisions.

Ultimately, spirituality/religion is inclusive of issues that concern the whole person. Consequently, campus ministry must aid young female students in becoming whole. With this mission in mind, it is necessary for campus ministry to carve out programs, services and special projects that will achieve the desired goals.

**Historical and Spiritual Rationale**

"Daughter, thy faith has healed you."--Luke 8:48

The woman with the issue of blood defied the culture, customs, and traditions of her time when she, an "unclean" woman, dared to touch a man in public because she believed that she would be healed. When she made her way through the crowd and touched him, she received what she was looking for.

Jesus said something very interesting to this daring woman: "Your faith has healed you." In essence, Jesus
affirmed the healing power within this sister. Because of her act of faith, healing took place. Maya Angelou, in *Acts of Faith* said, "As soon as healing takes place, go out and heal somebody else." (Angelou, June 15) This statement should be a part of our mission in life because we are as strong as our weakest link. I contend that Black women are a reflection of each other, and they are each other's keeper. In that is the power to heal self and kind.

Appropriate health models can apply beyond the areas of health to all areas of life and community. These models can equip women with skills in decision making, problem solving, improving human relationships, goal setting, etc. It is my contention that this perspective has a role of action in campus ministry. Historically, the campus minister has informally and formally engaged in life decision making with college students. This activity is perceived as a secondary function in the work of the ministry. On the contrary, it is at the heart of the true mission of campus ministry. However, the ministry must be equipped with trained personnel with the desire, and vision to provide qualitative and effective life planning skills to its college participants. This is a very important factor for the success of the overall program in campus ministry.

Review of campus ministry structure in terms of human and material resources, access to community service agencies, appropriate channels for communication, and partnerships
indicates limited use of the actual services and resources that may increase the student's potential for success.

Personal History

During the late 1970s and through the 1980s, over a ten-year period, I worked as an activity coordinator, counselor, and court service worker for youth at risk for the State of Georgia. In the mid-1980s through early 1990s, I served as the youth minister for three conservative traditional congregations in the African Methodist Episcopal Church in Atlanta. In 1987, upon completing my Masters of Divinity at the Interdenominational Theological Center, I was appointed chaplain of Morris Brown College.

As activity coordinator for the Challenge School, an alternative educational environment for youth at risk, I planned various cultural, social and educational activities for youth offenders. These activities and events included, college visitations, career and job fairs, the production of a center newsletters, entertainment, sports outings and community service outreach. During this period, one of the significant events that helped to shape my ministry was the crisis of missing and murdered children. The media portrayed many of these children as "throw aways," children who lived on the fringes of society. Two of the children killed were children I worked with through the Fulton County Youth Services and the Challenge School. Their stories were a part
of my life; I knew first-hand their value as human beings and what had been removed from their life experience by the lack of resources. It became clear that more had to be done to decrease and change the growing apathy and stereotyping occurring in our society. In particular, there was a role for community institutions to provide the needed support that would change this portrayal.

As counselor for the Atlanta Group II for Girls, my understanding of the relationship between neglect and abuse and its outcomes in personal behavior was heightened. I worked with young girls who were warded to the State of Georgia because of various crimes committed. Negative environment and family factors were considered in the placement of these convicted youth. I carried out treatment plans, conducted group sessions, taught life skills, and helped guide these girls back into society as productive citizens.

As a court service worker, I developed aftercare treatment plans for previously incarcerated youth in transition. These experiences provided mentors and were models of human service designed to support personal and collective well-being and health. This was a process of extracting and sifting the best tools to heal and restore a vital part of the community. It is my contention that the community has the means to produce alternative health models for youth being studied and labeled by psychologists, prayed
over by church leaders, turned over to social workers by mothers, victimized by the invisible fathers, and feared by the community.

Finally, as Youth Minister at Flipper Temple and Turner Monumental Church, both in Atlanta, and at St. Paul AME Church in Lithonia, I developed a youth ministry for the church and community, including a Children's Church with officers, Junior Church, Youth Friday Night Jam, teen bible study, tutoring for church and community participants, and youth conferences. While serving as the Youth Minister at Flipper Temple AME Church, I was appointed as chaplain of Morris Brown College. This was truly a exciting and creative time in my life and ministry. Serving in both places afforded me the opportunity to consciously experience collaborative ministry. Because the resources in campus ministry were very limited at Morris Brown College, my pastor allow me to develop programs that were inclusive of the students at the college. Flipper Temple, which is in walking distant of Morris Brown College, was the ideal place to began the development of the collaborative concept.

Motivation

I am motivated by the expressed desires of young people to be affirmed and valued as significant numbers of society with minds and willing spirits to contribute to society as well as having needs to be fulfilled.
In addition to their desire, there is a network of untapped and underutilized resources within the Atlanta University Center (AUC) and surrounding community that will provide creative and innovative opportunities for the community to bond and enhance the total educational experience and encourage a holistic approach to preparing students for life's journeys. I am also motivated by the call upon my life and my commitment to love and serve God's children.

**Model of Ministry**

Following Donald Messer, my model of ministry has been identified as the "servant-leader" model. According to Messer, the servant-leader model has many strengths and weaknesses. Messer points out four dangers in following the servant-leader model: (1) it is critically important that a person not simply focus on either the servant or the leader, (2) the minister settles for too little power, (3) the minister sends mixed signals, and (4) the danger of a cultural or chameleon ministry.

First, I agree with Messer's position that there should be a hyphen between the words servant and leader. This identifies the working relationship between the servant and the leader qualities and keeps us from focusing only on one of these necessary qualities.
As chaplain at Morris Brown College, the college relies on me for two distinct purposes; manager/leader and service provider. This presents a challenge for the college in that the administration struggles placing the chaplain in the appropriate area in an academic setting. The concept of the servant-leader model would indeed provide some framework for the administration to understand the value and importance of both roles functioning together. On the other hand, students seem to have a better grasp of the chaplain's role as a leader and one who serves by seeing, hearing and responding to their needs and concerns. This awareness causes great conflict when students seek the guidance and counseling of their spiritual leader, and administration finds it unnecessary, citing that it is the responsibility of other officials of the college. I recall in 1990, we received a call that a student had a fetal accident. The authority needed verification of the student's identity and assistance in contacting the next of kin. The secretary contacted my office immediately for assistance. The Vice President for Student Affairs insisted that I was not needed and notification would be made by the VP for Student Affairs. I left the office and several minutes later, I received an emergency page requesting that I return immediately. I arrived I was handed the telephone with an hysterical mother on the other end. I was asked, "please talk to her and try to calm her down, Rev. Grant".
Initially, the Vice President saw the value in the “servant” but not the “leader”.

This brings me to the second point that Messer made, of too little power. The organizational structure of Morris Brown College, places the chaplain's office/ campus ministry within the Division of Student Affairs. As a result, the chaplain does not have complete authority to do ministry. This means that the minister may be supervised by someone who is not responding to a divine call, not seminary trained, not spiritually motivated to advise or oversee and does not fully understand the value and functions of ministry on the college campus. I have found that a few of colleagues on other campuses in the Atlanta University Center, face the challenge of too little or no power. We often hear of ministries where the minister has too much power, thus suffocating and destroying the church for selfish gains. Although this is a sad reality, I am convinced that too little power can also have a devastating effect the ministry. Messer said, "Service of any kind requires a degree of power if one is to accomplish anything of value." (1989,104)

In addition to its divesting effects on the ministry, being a part of a system that surrenders too little power sends mixed signals, but in a different way than Messer spoke to. When too little power becomes the issue, the students that are served began to question the
competence of the spiritual leader and may very well loose trust in their ability and available to help. In some instances, students clearly see the struggle, form alliances, and play one against the other. Subsequently, this can determine the future success or failure of the ministry.

Finally, Messer pointed out the danger of a cultural or chameleon ministry. He describes this as trying too hard to blend with other cultures. While I understand how easily one can become caught up attempting to accommodate or empathize with various cultural differences, this has not been a challenge at Morris Brown College.

Messer also discussed the four strengths of the servant-leader model: (1) ministry as service to humanity rather than to status; (2) ministry in which authority is derived from service, not ascribed by position; (3) ministry that recognizes the ambiguity and paradoxical nature of life and that uses an empathetic approach to the human condition; and (4) ministry as pathfinding. (106-112)

First, the most important element in ministry is service. It is what we do and not who we are that determines the effectiveness of ministry. We are called as servants of God, to be servants for the people. It is only as we serve that we have the greatest impact in the lives of others.

Second, power is gained through loving service. Submitting to God's will as a servant, has been a great
asset to the ministry at Morris Brown College. I have
discovered that respect and power is given to those in
leadership who are not too high to serve the people.

Third, it is important that, as we serve the people,
we understand and accept their flaws without condemnation.
It is our responsibility as healers, leaders, comforters,
preachers, and teachers to encourage hope for our human
conditions. This is one of the major contentions with
ministry at Morris Brown College. Students are comfortable
bringing their struggles to a person who does not find cause
to judge but offers ways to move them toward reconciliation.

Fourth, it is easy to find both immediate and
temporary solutions to problems, but a true pathfinder looks
beyond the present crisis and motivates persons to establish
values and to reorganize.

Although there are other strengths in the servant-
leader model, the ability to minister or serve through
presence is another worth noting. Just being there and being
visible makes a difference in the lives of many. I can
remember as a child that whenever I was sick my mother's
presence made the difference for me; it made me feel much
better. The ministry of presence is an important aspect of
the ministry at Morris Brown College. It is therefore my
position that a collaborative campus ministry extends the
role of the college to give greater service and presence to
its community and to humanity.
Contributing to the Church Universal

If spiritual health is present, it makes possible physical, mental, and emotional health of our community. The issues of hunger, hopelessness, fear, violence, ignorance, and health and wholeness can be creatively and effectively approached. This study reintroduces the concept of health in community, utilizing campus ministry as the mechanism for action. A campus ministry collaboration uses the credibility, longevity, and influence of the faith community to improve the social conditions of the people it presumes to serve. The dawn of a new millennium presents new challenges to age-old dilemmas of personal and community health.
CHAPTER IV
PREVIOUS EFFORTS TO ADDRESS MINISTRY ISSUES

Normative Literature

Because of the nature of this selected issue, the normative literature is scarce. Searches of libraries, the Internet, campus ministry letters, and other denominational literature bore little fruit. Biblical, theological, historical, and ethical sources do not address the issue. There are very few resources on the general issue of campus ministry, much less its impact on women's health.

Empirical Literature

The Campus Ministry Office of the General Board of Higher Education and Ministry of the United Methodist Church has developed and provided many articles, abstracts, and guides addressing issues related to campus ministry. Their approach has been to make available to United Methodist and Methodist-related institutions and chaplains a collection of resources for ministries in higher education.

The United Methodist Church, through its Ministries of Education and Board of Higher Education, has collected models of ministries and experiences of chaplains and campus
ministers to provide others with practical resources for ministry on the college campus. Additionally, these offices distribute newsletters, ministry bits, tracts, and speech reviews and offer training and conference information to chaplains. The National Association of College and University Chaplains and the National Campus Ministry Association both compile and circulate articles, guidelines, and standards for the chaplaincy and campus ministry on a monthly and quarterly basis.

Mark Senter, author of "Five Myths of Youth Ministry" (1987), addressed the role and function of youth ministry in the church as its relevance contributes to the analysis of the college campus community. Donald G. Shockley in "Campus Ministry: A Contrarian Investment Strategy, (1985)" addressed the dwindling interest by churches in campus ministries. The level of interest by the church is one of the significant variables in the project model of collaboration.

Additionally, the abstracts, "Conflict and communication apprehension in campus ministry: A quantitative analysis" and "Community service among college and university students: Individual and institutional relationship," both where studies that explored behaviors and relationships within the college and community context. The first abstract dealt primarily with the college campus and the second focused on the community at large.
The most compelling source is a dissertation, "Spiritual Development: A Descriptive Study of College Freshmen at a Selected Institution of the Christian College Coalition," by Alan Stevens Cureton (1984). This study validates my notion that there is a uniqueness in ministry on the Black college campus.

The project methodology, which includes interviewing campus ministers/chaplains across the country and interviews with scholars and authorities from historically Black and White institutions, will contribute to this body of literature.

**Methodology**

Data collection instruments will be developed to determine a baseline of knowledge, experience, and demographics about the campus female participants. Focus groups and/or a questionnaire will be administered to assess the college students' perceptions and practices of health and the role of campus ministry. Information will also be collected from the participating churches to determine the type and level of health education programs that are established or planned by the church leadership.

One-on-one interviews, telephone surveys, and focus group studies will be conducted. Strategies for organizing health resources in the church and community will be examined. Also important are Biblical interpretations for
social, mental, and physical well-being and the perspectives for personal and family practices related to living with illness.

Once the data have been collected and stored, the project analysis will describe significant variables, consistent perceptions and responses held by the participants. Possible areas for further investigation will be summarized.

Definition of Terms

The campus ministry at Morris Brown College plays a significant role within its community. This ministry creates and enhances community participation by using the church and education as its vehicle for constructive and positive change.

Theoretically, any campus ministry may be defined as the main artery to a college/university in establishing a network for its entire body of faculty, staff, and students. Developing health models and support systems for members and community constituencies ideally are part of the normal religious posture.

For clarity, certain terms used in this study are defined below.

1. Collaborative campus ministry: The campus community working together with the local church, community organizations, and other institutions within the surrounding
community to maximize and mobilize available resources. Such a ministry brings together educational, spiritual, cultural, and social experiences and expressions to respond to relevant needs.

2. **Campus ministry**: A college-based office that provides the spiritual nurturing, counseling, academic and personal intervention, and resource development and exchange for the entire campus community, including students, faculty, support staff, and administrative personnel. It also initiates special activities that are designed to promote successful campus life.

3. **Health**: The comprehensive and holistic well-being of an individual spiritually, socially, economically, mentally, physically, and politically. The health of the individual is affected and influenced by the health of the community. Community health is the ability of the collective members to equally participate in the life-giving and life-sustaining activities, such as employment, religion, neighborhood, schools, and recreation.

4. **Health service**: The Student Health Center treats most illnesses and injuries and administers first aid. The center provides information and material about wellness, prevention, and illness to assist students in making life choices.

5. **Counseling**: Provides short-term crisis intervention counseling.
6. **Health Education Resource Services (HERS)**: An outreach service that provides women's health information for the community.

7. **Wellness Cluster**: A collaboration of resources that is designed to address spiritual, emotional, and health needs.
CHAPTER V

THE PROJECT

Outline of the Project

In that there is only a modicum of information on campus ministry and its impact on women's health, we are breaking new ground. New definitions will have to be developed to guide this work. It is safe to hypothesize that a systematic set of problems exists in campus ministry related to health, but also that these problems extend far beyond the realm of campus community and beyond the realm of the overall church body into the community. Therefore, the notion of campus, church, and community in partnership to address these challenges becomes the most viable option.

Richard Hicks (n.d.a.), retired director of the Office of Campus Ministry for the General Board of Higher Education and Ministry of the United Methodist Church, suggested that such a hypothesis has validity. He suggested that the church displays an inability to see not only the significance of the general issue of campus ministry but also issues not typically associated with campus ministry, such as women's health. These do not fall within the traditional parameters. This project explores practical
approaches that successfully link the agenda of campus ministry to the day-to-day concerns of the student through community institutions. The goal of this project is to plan and institute a model for collaborative campus ministry.

In addressing this issue from a praxis standpoint, four areas of study are proposed. First, it is proposed to study the awareness level of clergy, laity, campus women, and other community women on health issues such as breast care, substance abuse, assault, domestic violence, HIV-affected families, and impact on campus and community. Specifically, awareness about existing health perceptions, about the type of distribution of information, and the health issues that may be uncomfortable or anxiety-filled will be presented. Second, we will observe and report on individual and church involvement in health maintenance and positive health routines for the purpose of expanding the body of literature on collaborative campus ministry. Third, we will gather data on any instances of Biblical interpretation of health and faith and how they impact health decision making relative to campus and family life. Fourth, we will explore the relationship between lay/clergy leadership and medical and social resources in campus ministry and church-wide activities.
Goals and Objectives

The Black church has historically been a connecting and interdependent institution in the African American community. For decades, the Black church has been the stabilizing element within our communities. It has collaborated with many social agencies in attempting to meet the needs of our communities. In keeping with this concept and expanding upon it, this project is committed to building collaboration between the college community, the church, and the community at large and strengthening the connection between saving lives and souls. The Black church, the Black college, and the Black community have a role in the well-being of our people.

What are needed are strategies that infuse the need for consistent healthy behaviors with consistent faith behavior. The community needs individuals equipped with the information, resources, and sensitivity to develop ministries and programs that can empower the sick and increase the involvement of people in protecting their health.

The goal of this project is to increase the awareness of health-related issues affecting African American women with special attention given to college women. The following objectives were selected to meet the goals of the project:

1. Identify the health-related issues as seen and experienced by college women.
2. Provide health-related information to college women on the health problems specific to African American college women.

3. Discuss Biblical interpretations for spiritual, social, mental, and physical well-being.

4. Provide opportunities for participants to interact with health care professionals.

5. Provide information to college students about how they can use both college and community-based resources to assist them in making health-related decisions.

**Sisters Aligned and Living Together (SALT): A Women's Health Conference**

In an effort to explore campus ministry in collaboration with other resources, I called together women from the church, community and campus to engage in dialogue. At our first gathering, women from, Victory AME Church of Atlanta, Bishops Memorial AME of Columbia South Carolina, Morris Brown College, Clark Atlanta University, Morehouse School of Medicine and The Interdenominational Theological Center of Atlanta, Benedict College and Allen University of Columbia, looked at various issues affecting women in today's society. We addressed social, cultural, spiritual and health issues that create changes and challenges for women of all ages. We recognized similar health issues and practices of women that were handed down through generations. In our conversation, we realized how powerful yet powerless we are,
and all agreed that we needed to equip our younger sisters to make better/healthier choices to improve the quality of life. As a result of the new relationships formed and the new commitment to embrace, educate, empower as well as to be empowered, “Sisters Aligned and Living Together” was formed. We all agreed that the way to spread the word would be to plan a women's health conference to attract college women, disadvantaged women, powerless women, powerful women, professional women, clergy, laity, and others to share with sisters.

Program Components

The conference was organized into six main areas: conference workshops, conference resource development, conference seminars, worship celebration, support services, and evaluation.

Conference workshops. One of the conference components carried out workshops for female participants on the issues related to lifelong healthy behaviors and the praxis of faith. These workshops were designed to develop effective strategies that address the issues of living with trauma and sickness, establish health education and community outreach models on campus and in the church, and devise practical ways to extend the relevance of healthy behaviors into Christian worship and education. The workshops are divided into information sessions facilitated by a presenter and break out sessions for informal dialogue with a monitor.
Conference Health Education Resource Services (HERS). Another component is the Health Education Resource Services (HERS), which was developed to distribute information that connects lay/clergy leadership to medical and social resources that will increase the effectiveness of outreach activities. Mobile medical services as available are also a part of HERS.

Conference seminars. The conference structure carries out panel presentations to establish the theoretical, religious, and practical framework for addressing each health area. Seminars on specific topics focus on the following aspects: (1) strategies for organizing health resources in the church and community; (2) Biblical interpretations for spiritual, social, mental, and physical well-being; and (3) perspectives for personal and family practices related to living with illness. Seminars are full participation sessions and complement the workshops in order to provide conference participants with a perspective that will promote the necessary components for effective personal, church, and community work in health education.

Worship celebrations. As a highlight, the conference structure has three worship celebrations. These worship services motivate and encourage the conference participants to become active in protecting their health. National and
local religious leaders are presented in the worship setting, along with inspirational music.

**Special incentives.** Throughout the conference, activities are planned to increase personal enjoyment. Activities are: (1) "Herstory Wall," a large white paper wall for writing impressions and feelings during the conference; (2) advocacy buttons/slogan, where participants design a health advocacy button or slogan banner that inspires them or others; and (3) "Tribute to Sheroes," recognizing local and national women clergy and church leaders working for personal and community health and welfare.

"Siphering" education and dialogue sessions. Young people between the ages of thirteen and seventeen have a series of workshop sessions specifically targeting adolescent family life and health issues. The format for these sessions includes an information presentation by trained health care professionals working specifically with adolescent issues. Roundtable discussions target specific strategies for healthy decision making, effective communication, values clarification, self-image, and anatomy and physiology. These conference participants also participate in action projects designed to strengthen personal reflection and community awareness.

**Conference support services and activities.** To support the participation of all women, services were
provided to assist with the transportation, child care, and medical needs of the target population. The conference had support services such as the following: (1) "Inner-attainment", consisting of music, dance, and/or drama that reinforces spiritual, physical, social, mental, and emotional well-being; (2) Prayer-Meditation Power Cells; (3) mobile medical and counseling services; (4) child care for ages one to eleven; (5) transportation services; (6) vendors and exhibitors; (7) audio and video tape services; and (8) Affinity Sessions.

Project Evaluation

The conference evaluation is designed to address four specific investigative questions:

1. How informative are the workshops, seminars, and presentations? Are participants' expectations being met? Are participants getting information otherwise unavailable to them?

2. What is the most effective emphasis of the conference: motivational, general information, or specific health concerns?

3. What informative dissemination mechanisms are most effective: lectures, panel discussions, or sermons? What topics should be added to or deleted from the conference agenda?
4. How will the participants use the conference information to improve their individual, family, and community health-related practices?

By documenting the degree to which these objectives are accomplished, as well as conference implementation issues, we attempt to assess the impact of the conference activities on the overall conference goal. The findings from this analysis will be used to construct future conference process and impact indicators. The analysis used to address the investigative questions is a combined impact and process analysis. The impact analysis studies the effect of the conference on increasing the participants' level of awareness about health-related practices. Additionally, by drawing on information about the relevance of the workshop topics, we are able to increase our understanding of as well as describe the barriers that interfered with the participants' expectations being met.

Preconference outreach activities. The Women's Institute for Church, Family, and Community Wellness coordinates with local churches a variety of preconference activities to increase the interest and participation of African American women in the conference. Activities include identifying volunteers to promote participation in national health campaigns (e.g., pink and red ribbon campaigns, Stop the Violence).
Postconference outreach activities. Postconference outreach efforts utilize the activities and experience of local and regional health education providers to build the conference resource network for health education and community outreach. Health Education Resource Services (HERS), established at the conference, continues to call upon local and state health agencies to support community outreach.

Conference Planning Committees

To achieve the conference community outreach activities, the following planning subcommittees were established: Coordinating Committee, Program Committee, Logistics, Hospitality, Finance, Promotions, and Health Education. To ensure that this event does not pose a financial hardship and thereby limit the participation of the service population, the committee is committed to raising the entire conference budget of $55,000. Efforts are made to secure both in-kind and monetary contributions.

Evaluation Methodology

Evaluation of Questions 1 and 4: (1) How informative are the workshops, seminars, and presentations? Are participants' expectations being met? Are participants getting information otherwise unavailable to them? (4) How will the participants use the conference information to improve their individual, family, and community health-related practices?
Postconference focus group. A purposeful sample of six conference participants was selected to participate in a postconference focus group. The purpose of the focus group was to collect detailed and illustrative information about the experience of participants after the conference. This information was used as a case study to fill in the qualitative gaps about the conference implementation and its observed impact. The focus group probed participants about what they expected to get out of the conference, specific health-related challenges facing African American families, as well as the skills and information needed to help them become more knowledgeable health care consumers. Ultimately, this information is useful in planning future presentations.

Target population. Focus group participants were identified prior to the last session of the conference. Eligible participants included conference planners, registrants, and presenters.

Methodology. The evaluator facilitated all of the focus group for approximately one hour. The facilitator described the purpose of the focus group and the intended use of the information. The participants were asked three broad questions about their motivation for participating in the conference, health-related challenges facing African American families (especially women), and the information and/or resources needed to negotiate these challenges. The
session was documented by hand-written notes taken by the facilitator.

**Evaluation of Research Questions 2 and 3:** (2) What is the most effective emphasis of the conference: motivational, general information, or specific health concerns? (3) What informative dissemination mechanisms are most effective: lectures, panel discussions, or sermons? What topics should be added to or deleted from the conference agenda?

**Workshop/presentation questionnaires.** Five-point Likert scale questionnaires were used to capture information about the content, format, and quality of the information presented. Attendees were also queried on how they might use the information provided.

**Target population.** All conference participants, including physicians, health care professionals, and clergy, were targeted.

**Methodology.** Questionnaires were disseminated by the discussant prior to each session and collected at the end of the session.

**Evaluation Summary**

Ultimately, findings from these analyses will be used to construct "premises" for future conferences. These premises will be shaped by the concerns and outcomes valued by all the conference participants. The premises will be
used to construct various assessment instruments, including baseline surveys and posttests to measure the knowledge, skills, and awareness of all conference participants. The data collected from these instruments are useful to conference planners as they plan future conference activities, including workshops, recruitment of participants and presenters, implementation, and evaluation.

Conference Findings

According to the Conference Registration Cards, a total of 106 women registered for the SALT Conference. In addition there were a number of unregistered participants. Table 1 summarizes the demographics of the conference participants.
<table>
<thead>
<tr>
<th></th>
<th>South Carolina</th>
<th>Georgia</th>
<th>Other (NY, CA, &amp; AL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Registrants</td>
<td>59</td>
<td>38</td>
<td>9</td>
</tr>
<tr>
<td>(Total = 106)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Registration:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Bird</td>
<td>8</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Regular</td>
<td>11</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>On-Site</td>
<td>10</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Special*</td>
<td>13</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Age:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-18</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>19-23</td>
<td>7</td>
<td>20</td>
<td>2</td>
</tr>
<tr>
<td>24-30</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>31-39</td>
<td>18</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>40 and over</td>
<td>29</td>
<td>12</td>
<td>4</td>
</tr>
</tbody>
</table>

*Includes volunteers, workshop presenters, and special guests.
As evidenced by the table, a majority of the participants were from South Carolina. In addition, the demographics indicate that most of the out-of-state participants registered through either the regular or on-site process. Finally, the age breakdown indicates that participants forty years of age and older outnumbered all other age groups.

The Sessions

Table 2 data were obtained from the conference registration cards. The table summarizes the workshops participants were most interested in attending. The table lists the workshop day, time, and title. The total number (n) of people registered for that session is also listed.

As evidenced by table 2, the top three workshop sessions were as follows: (1) Helping and Healing (n = 25), (2) Broken But Chosen (n = 23), and (3) Ready to Exhale (n = 19). It should be noted that three workshops tied for fourth place in popularity with 18 registrants: Health Habits, Faith and Facts, and It Takes a Whole Village.
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Title of Session</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday,</td>
<td>AM</td>
<td>Keeping Up with Changes</td>
<td>12</td>
</tr>
<tr>
<td>August 8, 1997</td>
<td></td>
<td>Getting Through the Night</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Helping and Healing</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spinning as Fast as They Can</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>PM</td>
<td>Making Choices</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Habits</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Whose ABCs?</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bridges</td>
<td>14</td>
</tr>
<tr>
<td>Saturday,</td>
<td>AM</td>
<td>Ready to Exhale</td>
<td>19</td>
</tr>
<tr>
<td>August 9, 1997</td>
<td></td>
<td>Broken But Chosen</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hope and Dignity</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ain't I a Woman?</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>PM</td>
<td>Breaking the Silence</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Who's on the Lord's Side?</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Faith and Facts</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>It Takes a Whole Village</td>
<td>18</td>
</tr>
</tbody>
</table>
Conference Surveys

The preconference surveys (n = 16) indicated the following: (1) 50 percent of the respondents had a medical referral service at their churches, on their campuses, or in their community; (2) 53 percent of the respondents with a medical referral service actually used it; and (3) 42 percent of the respondents attended because they were invited by someone.

Participants expected to learn about: (1) Black women's related health issues, (2) how health and faith interact, (3) spiritual healing, (4) managed care, and (5) how to maintain good health.

Primary health concerns of conference participants included asthma, diabetes, STDs, prenatal care, violence/rape, high blood pressure, holistic health care, maintaining good health care, stress/depression, weight control, and breast cancer. Stress/depression was of the most concern.

According to the workshop surveys (n = 140), over 90 percent of the participants strongly agreed that (1) their workshop expectations were fulfilled, (2) their workshop experiences were positive, (3) the material covered was relevant to their interests, and (4) they learned things in the workshops that they could not have learned elsewhere.

Participants agreed that they would generally share the information with family members, friends, classmates, and co-workers. Indications of how they would use the
information communally included conducting health fairs and outreach ministries. Personal use included management of stress, reading product labels more diligently, practicing safer sex habits, relaxation, prioritization, and personal self-examinations. While participants enjoyed the conference, recommendations for improvement included the following: (1) include more time for group discussion and interaction, (2) provide more take-home materials, (3) use microphones in the session, (4) ensure workshop discussion matches the workshop title, and (5) increase conference attendance.

The Focus Group

Three broad questions were posed to focus group members: (1) What were your expectations of the SALT conference? (2) What were some of the challenges in meeting those expectations? and (3) What would you recommend to rectify these issues?

Expectations. The responses to conference expectations generally reflected three areas: breadth, depth, and response. Several focus group participants stated that they expected a more focused conference theme than they witnessed. One respondent, a conference planner, said that "the absence of a more focused theme occurred because there were so many important issues affecting Black women's health" that they found it "difficult to eliminate topics."
The "largeness" of the issues directly impacted the workshop sessions in terms of time. Focus group participants overwhelmingly agreed that there was not enough time to discuss adequately the workshop topics, resulting in few opportunities for the presenters and participants to interact. The final area deals with response. Some participants expected more integration between the health status of African Americans and health-related policies, the ultimate goal of this emphasis being a dual strategy development including the construction of both personal and community agendas as they relate to health.

**Challenges.** The focus group participants identified several challenges in implementing the SALT conference. The first had to do with social stigma on two levels. On the first level, participants suggested that the social stigma attached to some health issues (i.e., substance abuse, domestic violence) is deeply rooted in the African American community; consequently, these issues will be difficult to resolve. The second level of stigma deals with the myths and misconceptions of the "Strong Black Woman." Essentially, participants stated that the stereotype of the strong Black woman prevents many women from seeking health-related assistance when they need it. Consequently, the true weight of the health-related burden being carried by African American women rarely gets noted. One respondent, a conference planner, pointed out the poor attendance at the crisis-oriented
workshops as evidence of our collective denial. She stated, "We [Black women] are dealing with some difficult issues that we refuse to acknowledge. This need to feel we can handle anything is going to kill us!" The final challenge deals with the lack of interaction between the various age groups at the conference, specifically teens, college-age women, and women over forty. Respondents indicated that more inclusive and cross-cutting workshops would yield more useful discussions.

Recommendations. The focus group members made several recommendations to address these challenges and improve the implementation and outcome of future conferences. They are presented in the following topical areas:

1. Conceptualization: (a) develop a central conference theme, and (b) keep the worship service.

2. Time Management: (a) extend the conference by one day, (b) offer workshops multiple times, (c) include break-out sessions during the conference, (d) allow for more personal time between the workshops and evening worship service, and (e) remain flexible.

3. Publicity: (a) increase the publicity surrounding the conference to attract more participants, and (b) send conference announcements out sixty days prior to the event.

Conclusions and Recommendations

Both participants and presenters agreed that less
is more. The issues surrounding lack of time, dialog, and response would be simultaneously resolved if the next conference offers a more defined and limited conference theme. Such a focus would allow topics to be discussed in greater detail in the workshop sessions.

Workshop sessions should not only offer personal goals and follow-up agendas, but community and policy agendas as well. The diversity of the target population requires that issues be presented along a continuum so that the novice and the expert can walk away with not only affirmations but action agendas equivalent to their level of interests.

It must be noted that the college age women who attended the conference, participated in those sessions that related to issues dealing with faith, self empowerment and depression. When given the opportunity to choose session dealing with those health issues identified as the top five issues facing college women, they opted either not to include these sessions in the conference or not to attend them. Outside of the general session on sexual abuse/violence conducted by a student form an Atlanta college, many of the college women did not attend the smaller group addressing the issue. However in an informal setting, in the hotel room, we exchanged and experienced the pain of young women struggling with abuse and fear. Thus, I
would conclude that these sisters are looking for a safe environment to share their journey.
CHAPTER VI
CONCLUSION

I am proud of being an African American woman, and I value all of the challenges and changes that have shaped who I am. As a woman, I have faced many physical, emotional, and spiritual issues that made me feel powerless over my condition. Helping women to recognize and "tap the power" within themselves has become my passion. Affirming the collective and individual power of women will transform personal lives, relationships, and communities and improve the spiritual, emotional, and physical lives of African American women.

Knowledge is power; therefore, in order to empower women, there must be an exchange of information to inform their decisions. The SALT Conference proved to be a way to bring together the collective energy of women seeking knowledge and power. SALT provided a platform for women to identify issues, resources, power, and to experience freedom of being a receiver of care rather than a caretaker.

When we identify our issues, we identify our help; when we receive our help, we experience the power; when we tap the power, we taste the freedom to be physically, spiritually, and emotionally whole. With this new self-
discovery and awareness, the quality and the longevity of life for African American women will improve.

As apart of the commitment to the well-being of the campus community and the health of young African American college women, we must recognize the strength in collaboration. Combining resources to address the needs of the student population increases the chances of their needs being met more fully. The concept of collaboration also helps to affirm in women their own power to take control of their health, and to encourage sisters to make healthy choices for themselves. Providing a safe place to allow young women to expose their vulnerabilities and to explore their strength is central for survival in today's society. Campus ministry, along with the efforts of outside and campus resources must strive to make this a reality in the lives of these women and of students in general.

Finally, in order to effectively do campus ministry, the health of the campus minister is also paramount. Each Monday morning when I come into my office, I read the poster on my wall. It's entitled, "The Courage To Be Myself." The words help to remind me that I have a right to be healthy, think healthy, live healthy, and surround myself in a healthy environment. It encourages me, as I wish to encourage other young women, to give ourselves permission to be healthy. This is what it says:

I have the courage to . . .
Embrace my strengths
Get excited about life
   Enjoy giving and receiving love
   Face and transform my fears
Ask for help and support when I need it
Spring free of the Superwoman Trap
   Trust myself
Make my own decisions and choices
   Befriend myself
Complete unfinished business
Realize that I have emotional and practical rights
Talk as nicely to myself as I do to my plants
Communicate lovingly with understanding as my goal
   Honor my own needs
Give myself credit for my accomplishments
   Love the little girl within me
Overcome my addiction to approval
Grant myself permission to play
Quit being a Responsibility Sponge
Feel all of my feelings and act on them appropriately
Nurture others because I want to, not because I have to
Choose what is right for me
   Insist on being paid fairly for what I do
Set limits and boundaries and stick by them
Say “yes” only when I really mean it
   Have realistic expectations
Take risks and accept change
   Grow through challenges
Be totally honest with myself
Correct erroneous beliefs and assumptions
   Respect my vulnerabilities
Heal old and current wounds
Savor the mystery of Spirit
   Wave good-bye to guilt
Plant “flower” not “weed” thoughts in my mind
   Treat myself with respect and teach others to do the same
Fill my own cup first, then nourish others from the overflow
   Own my own excellence
Plan for the future but live in the present
   Value my intuition and wisdom
Know that I am lovable
Celebrate the differences between men and women
   Develop healthy, supportive relationships
Make forgiveness a priority
Accept myself just as I am now

   Author Unknown

My sisters, You've got the “Power”!
College Survey

Name of Institution: ____________________________________________

Address: ____________________________________________

Phone No.: __________________ Fax: ____________________________

Department: ____________________________________________

Contact Person: ____________________________________________

METHOD:
Phone: ____ Mail: ____ Personal Interview: ____ E-Mail: ____

Questions:

1. What are five (5) major health issues among women most frequently reported on your campus?
   1. __________________________ 2. __________________________
   3. __________________________ 4. __________________________
   5. __________________________

2. Is there a working relationship between your department and Campus Ministry?

3. Do you see the value of a collaborative effort between Health Services and Campus Ministry?

4. If yes, how? (Give one example)
Student Survey

The information gathered in this survey will be used as a part of a dissertation project for the Doctor of Ministry program at the Interdenominational Theological Center in Atlanta, Georgia. The target population for this survey is African American college women and other women of African descent.

1. College/University__________________________________________________________

2. Age: □ 16-18
   □ 19-21
   □ 22-25
   □ 26 and up

3. Classification: □ Freshman
   □ Sophomore
   □ Junior
   □ Senior
   □ Graduate School

4. Residence: □ On Campus
   □ Off Campus

5. Faith: (check one)
   □ Christian/Protestant (Baptist, Methodist, COGIC, etc.)
   □ Christian/Catholic
   □ Muslim
   □ Buddhist
   □ Hindu
   □ Other: __________________________________________

6. Where do you go to seek help for health-related concerns on campus?
   _______________________________________
   _______________________________________

7. What do you consider to be the top three (3) health issues among college women?
   1. _______________________________________
   2. _______________________________________
   3. _______________________________________
8. Have you experienced any health-related problems since your enrollment in school?

- Yes
- No

9. If yes, during that time, did you seek help from any of the following departments?

- Campus Ministry
- Yes
- No

- Health Services
- Yes
- No

- Counseling Services
- Yes
- No

- Disability Student Services
- Yes
- No

10. In your opinion, when experiencing health problems, are these services important to the campus community?

- Yes
- No

11. What is the importance?

Campus Ministry:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Health Services:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
12. Do you see a relationship between these services?
   
   □ Yes
   □ No

13. When experiencing health problems, which of the following has/have helped you in your healing process? (Check all that apply)
   
   □ Medication
   □ Counseling
   □ Prayer
   □ Visitation
   □ Scripture
   □ Hospitalization
   □ Isolation
   □ Meditation

14. Which of the following issues do you consider important among college women?
   
   □ Sexually Transmitted Diseases (STD)/AIDS
   □ Sexually Transmitted Diseases (STD)/Others
   □ Depression/Stress
   □ Rape/Violence
   □ Pregnancy
   □ Gynecological
   □ Eating Disorders
15. Rank the following health issues in the order of importance, using #1 to represent the highest ranking. Use each number (1-7) once.

[ ] Sexually Transmitted Diseases (STD)/AIDS
[ ] Sexually Transmitted Diseases (STD)/Others
[ ] Depression/Stress
[ ] Rape/Violence
[ ] Pregnancy
[ ] Gynecological
[ ] Eating Disorders
Alumni Survey: Historical Data

Name: ____________________________________________________________

1. Year Attended Morris Brown College ________________________________

2. Did you attend Chapel? Yes No

3. Who was your College Minister? ______________________________________

4. What programs were in place? _______________________________________

5. Did you use the services of the college minister? Yes No

6. What kind of issues were addressed? ________________________________

7. How were the issues addressed? ____________________________________

8. What other resources were available on campus? _______________________

9. What resources were lacking? _______________________________________

82
10. What kind of services did campus ministry offer?

Comments:
Former Chaplain Survey: Historical Data

Name: 

Year Served: 

Whom did you precede? 

Who preceded you? 

What programs were in place? 

1. How were students referred? 

2. What kind of issues did you address? 

3. How were these issues addressed? 

4. What resources were available on campus?
5. What resources were lacking?

________________________________________________________________________

________________________________________________________________________

6. What kind of services did campus ministry offer?

________________________________________________________________________

________________________________________________________________________

Comments:________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Additional Data:

Contact Number: __________________________________________________________________

Present Profession: __________________________________________________________________

Location: __________________________________________________________________________
SALT Pre-Conference Survey

**Instructions:** The purpose of this survey is to collect feedback from conference participants for use in informing future SALT conferences. This is an anonymous survey, so please be candid. Thank you for your participation in this effort.

1. Age: ____________________
2. City and state of current residence: ______________________________________
3. Occupation/Classification: ________________________________________________
4. Highest level of education (please circle one):
   - HS
   - AA
   - BA/BS
   - MA
   - MD/PhD
5. Annual individual income: ________________________________________________

Please respond to the following questions as completely as you can. Use the back of this form if necessary.

6a. Do you have a medical referral service in your community? Yes No
6b. If yes, do you use the service? Yes No
6c. If no, why not?

7. Why did you decide to attend the SALT conference? (please be specific)

8. What do you expect to learn at the SALT conference that you could not learn elsewhere? (please be specific)

9. What are your primary health concerns?

10. How do you plan to use the information from the SALT conference to enhance your current health care practices?
SALT 98 Women's Health Conference
Session Survey

Workshop Title:
_______________________________________________________

Circle the group you represent:
Layperson        Health Care Professional       Clergy

INSTRUCTIONS: Please take a few minutes to evaluate the session by responding to all items listed below. Rate each item, as appropriate, by circling a number from 1 to 5, where:

1 = Strongly Disagree           4 = Agree
2 = Disagree                    5 = Strongly Agree
3 = Neutral

Please circle your response:
1. My personal objectives and expectations were fulfilled.  1 2 3 4 5
2. My learning experience during the workshop was positive.  1 2 3 4 5
3. The material covered/discussed was relevant to my interests.  1 2 3 4 5
4. I learned things which I could not learn anywhere else.  1 2 3 4 5

Please write your response:
5. Would you recommend this session to others? Yes No

   Why or why not?

6. Indicate the weaknesses of this session:

7. Indicate how you will use the information to enhance your health care practices and faith.

Please return completed evaluation form to the session monitor/discussant
THANK YOU FOR YOUR COOPERATION
SALT 98 Women's Health Conference
Presenter Questionnaire

**Presenters:** Please complete the following questionnaire which will enable the conference planners to better organize the conference next year and in subsequent years. This questionnaire should take approximately 5 minutes to complete. In appreciation of your cooperation, we will send you a copy of this session's evaluation.

1. **Session Title:**

2. What was your primary reason for presenting at the SALT Women's Health Conference this year?

   - I had research results I wished to communicate.
   - I wanted to address this particular subject with this specific audience.
   - I gave this presentation before and it was successful.
   - Other: ________________________________

3. Was the audience receptive?  Yes  No

4. Describe the audience participation/interaction.

5. Was the discussion of value to you?  Yes  No (Why?)

6. Would you encourage colleagues to propose presentations for next year's conference?  Yes  No

7. Did you receive adequate preparation information from the conference planners?  Yes  No

   Comments:

8. Did you find the "Call for Presentations" an adequate tool for describing your presentation or preparing for the presenter role?  Yes  No

   If "No," what improvements would you suggest?

   ________________________________________
SALT Post-Conference Survey

Instructions: The purpose of this survey is to collect feedback from conference participants for use in informing future SALT conferences. This is an anonymous survey, so please be candid. Thank you for your participation in this effort.

1. Age: ____________________
2. City and state of current residence: ______________________________________
3. Occupation/Classification: ________________________________________________
4. Highest level of education (please circle one):
   HS   AA   BA/BS   MA   MD/Ph.D.
5. Annual individual income: _________________________________________________

Instructions: Please respond to the following questions as completely as you can. Use the back of this form if necessary.

6. How many sessions/workshops did you attend?________________

7. Were your conference expectations met? Yes   No
   If No, explain: ___________________________________________________________
SALT 98 Women's Health Conference

Post-conference Focus Group Interview Guide

I. INTRODUCTIONS (5-10 minutes)
   A. Facilitator Greeting.

   B. Describe the purpose of the post-conference focus group (goals and objectives).

   C. Describe the procedures and ground rules.

II. REFLECTIONS ON THE CONFERENCE (30 minutes)
   A. Purpose of the evaluation: To illuminate themes and issues surrounding the conference.

   B. Discuss how their conference expectations were met. What were the successful components?

   C. Discuss how their conference expectations were not met. What were the gaps in the activities?

   D. Discuss how the conference can be improved to help meet the participants' expectations. Develop some recommendations and action steps.

III. CONCLUSIONS (15 minutes)
   A. Give participants their incentive gifts.
### Conference Evaluation Matrix

<table>
<thead>
<tr>
<th>Objective</th>
<th>Method</th>
<th>Evaluation Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide health-related information to conference participants on the</td>
<td>Workshops</td>
<td>(A) Focus Group Interviews.</td>
</tr>
<tr>
<td>health problems specific to African American families, especially</td>
<td></td>
<td>(B) Questionnaire: Using a 5-point Likert rating scale and open-ended questions</td>
</tr>
<tr>
<td>women.</td>
<td></td>
<td>probing participants on the utility of the information.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(C) Presenter Questionnaire: Open-ended responses to participant questions.</td>
</tr>
<tr>
<td>2. Provide information to conference participants about the various</td>
<td>Workshops</td>
<td>(A) Focus Group Interviews.</td>
</tr>
<tr>
<td>resources (i.e., church referral services, members, support services,</td>
<td></td>
<td>(B) Questionnaire: Using a 5-point Likert rating scale and open-ended questions</td>
</tr>
<tr>
<td>etc.) to assist them in making health-related decisions.</td>
<td></td>
<td>probing participants on the utility of the information.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Discuss the structure and mechanics of health management organizations</td>
<td>Workshops</td>
<td>(B) Questionnaire: Using a 5-point Likert rating scale and open-ended questions</td>
</tr>
<tr>
<td>(HMOs) for the benefit of health plan subscribers and others.</td>
<td></td>
<td>probing participants on the utility of the information in helping them</td>
</tr>
<tr>
<td></td>
<td></td>
<td>develop concrete plans.</td>
</tr>
<tr>
<td>4. Provide opportunities for participants to interact with health care</td>
<td>Workshops</td>
<td>(B) Questionnaire: Using a 5-point Likert rating scale and open-ended questions on</td>
</tr>
<tr>
<td>professionals.</td>
<td></td>
<td>increased awareness.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(C) Presenter Questionnaire: Open-ended responses to participant questions.</td>
</tr>
</tbody>
</table>
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