

Community Engagement of Mosques in Health Promotion in Birmingham

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INTRODUCTION

Many of the health conditions affecting people in the UK and in Birmingham are preventable, such as cardiovascular disease, diabetes and respiratory diseases can be prevented if underlying risk factors are addressed¹.

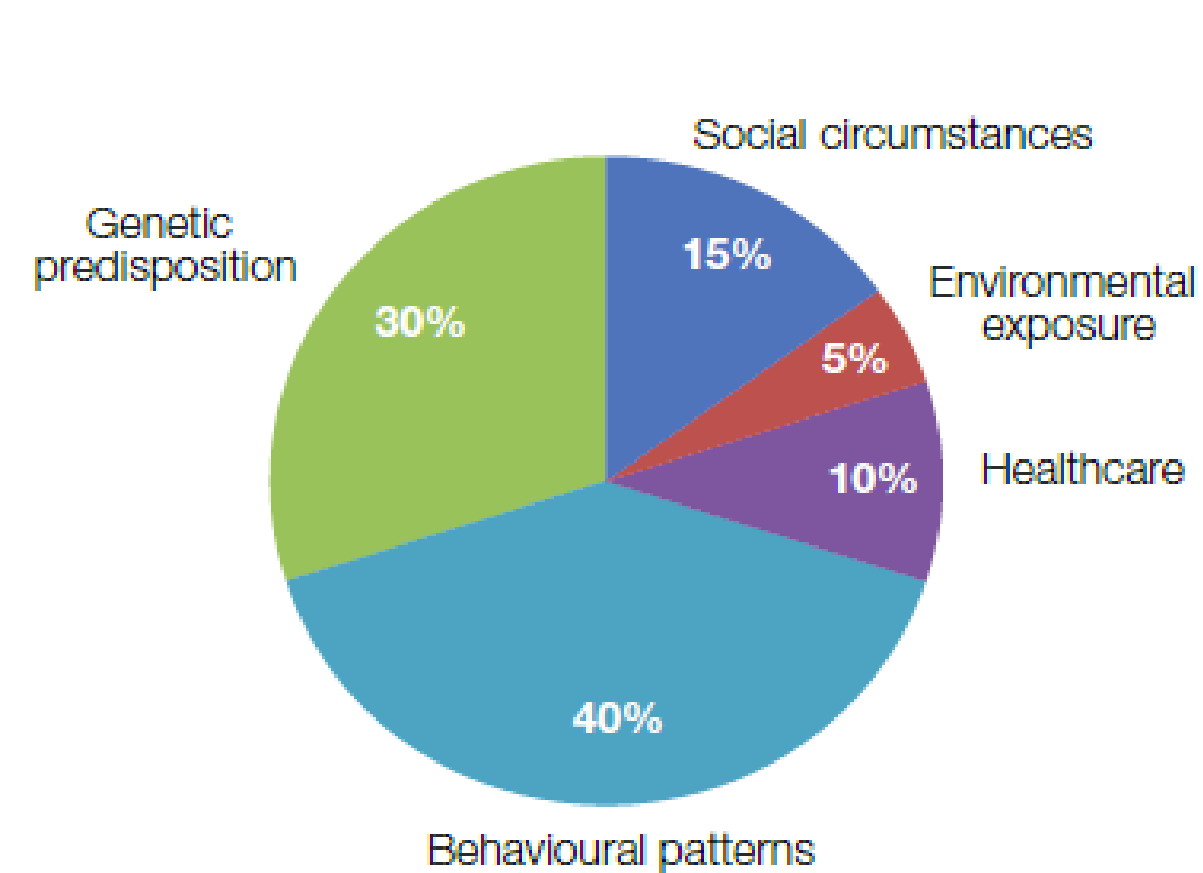
Significant **health inequalities** leading to premature mortality exist in Birmingham particularly in Sparkbrook ward and surrounding areas. Although tackling health inequities is complex, there is growing research that behavioural patterns make a significant contribution to premature deaths², see figure. Supporting communities to **encourage people to take control of their lives** by stopping smoking, being a healthy weight and eating a healthy diet is a way to promote behavioural change.

The majority of residents in the area of Sparkbrook in Birmingham identify as being Muslim according to the 2011 Census data³. Emerging evidence shows that linking faith with health has the potential for positive health outcomes^{4,5}.

Birmingham City Council joined the All-Parliamentary Party Group (APPG) on Faith and Society Faith Covenant, which aims to support faith groups, and organisations and local authorities in working together to promote open and practical work.

This project aims to build on the Faith Covenant and explore the benefits of **using faith, health evidence, asset based community approaches and engagement to reduce health inequalities** by illustrating how communities can promote health and mental wellbeing.

Proportional contribution to premature death⁶

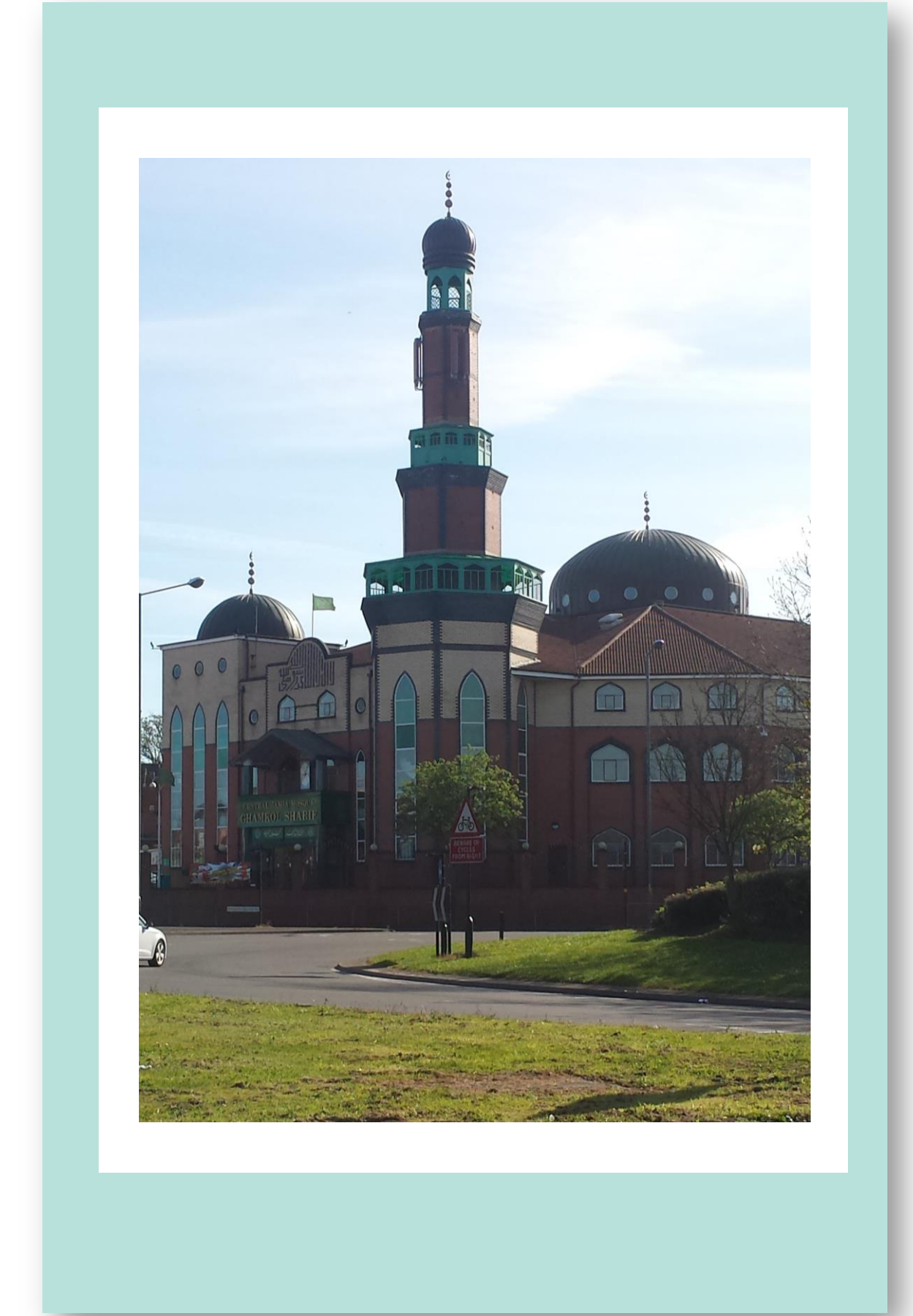


METHODS

A collaborative **asset-based community pilot** project to explore the role of faith institutions as conduits of health improvement incorporating both faith-based and faith-place based health initiatives. The project involved mosque communities, local authority and a local third sector organisation. The main aim was to engage with the community on promoting health and wellbeing through their faith; producing a toolkit on health promotion initiatives currently taking place within mosques to share examples of good practice.

This was summarised in a toolkit using a life course approach. A synthesis of epidemiology, national guidance and case study examples from mosques on health promotion are included within the toolkit aimed at **faith leaders to support them to promote health and wellbeing in the community**.

Topics include promoting child health, healthy eating, physical activity and mental wellbeing. Other areas included preventing obesity, violence and addressing smoking, shisha and substance use disorders, early identification and protecting against diseases as well as wider economic and environmental determinants of health.



RESULTS

Mosques were undertaking a range of initiatives around health and wellbeing. Some used faith to embed health initiatives; others brought elements of **faith into activities** aimed to promote health and wellbeing.

Examples of initiatives included:

- mental health first aid
- mindfulness sessions centred around reflection in faith
- park walks in between prayers
- healthy eating classes for children

- encouraging congregants to access local services aimed to improve lifestyle behaviours
- mosque job clubs
- community allotments

Through engaging with community and hosting a launch event with community speakers, a **reciprocal learning process** occurred, so that the agenda of health and wellbeing was raised and prompted with community leaders and we were able to learn about the current community efforts to improve health and wellbeing so that good examples could be shared widely.

A **self-assessment framework** summarising the areas of health promotion and ways to develop further was included to encourage practical implementation of health promotion in the community



Figure 1: The toolkit

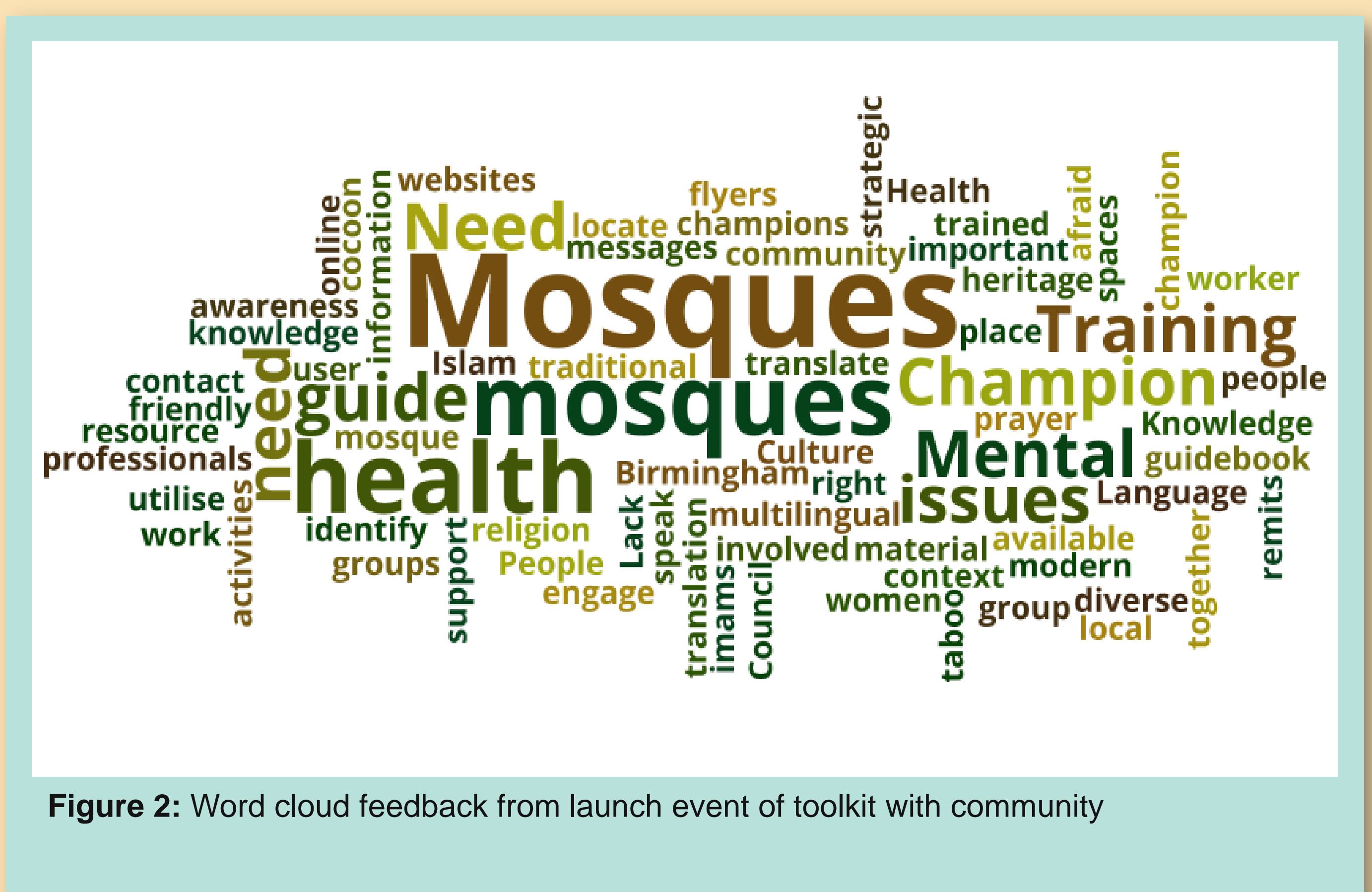


Figure 2: Word cloud feedback from launch event of toolkit with community

DISCUSSION

We found that linking faith with health, both faith-based and faith-placed occurred in mosques in Birmingham. A range of health and wellbeing initiatives were taking place mostly due to volunteer efforts.

However, initiatives were either one-off events or were running for certain times of the year and there was a lack of a sustained structured approach to health and wellbeing plans in mosques for all sections.

The toolkit is the first step to support mosque communities to recognise ways to approach the health issues in the community and plan initiatives in a sustainable way.

The impact and usage of the toolkit will be evaluated. The toolkit can be used as a **template and be adapted by other communities** in other areas to promote linking health and wellbeing with faith to reduce health inequalities.

Exploring different asset-based ways to engage communities with common interests in health and wellbeing can be achieved.

CONCLUSIONS

- The toolkit was positively received at the launch event with lively discussions and it was great to observe communities and different partners across health and third sectors together to support community development and health promotion.
- It is hoped that the toolkit will be a **stimulus for collaboration** across mosques and service provider organisations going forward.

The main key points that emerged from table discussions on the launch day which should be considered in implementation of the guide are:

- Developing **volunteer health champion training** – to enhance understanding of the role mosques play, to identify volunteers in the congregation and help them identify health and wellbeing champions
- Developing ways for mosques to keep up to date with **health information/campaigns and availability of services** they can link with, particularly mental health
- How to facilitate **joint working** across mosques and other community organisations

ACKNOWLEDGEMENTS

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