

COMMUNITY, UNIVERSITY,  
AND CHURCH  
COLLABORATION EFFORTS  
FOR PUBLIC HEALTH

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# OBJECTIVES FOR PRESENTATION

I. Focus of Research

II. Research Question

III. Community Faith-Based Partnerships

IV. Gaps in Healthcare Services

V. Research Plan

I. Methodology

II. Quantitative and Qualitative Research

I. Mock Focus Group Video with Audience Analysis

VI. Findings and Questions

“ Faith needs the language of health in order to understand how it applies to life; health needs the language of faith in order to find its larger context, its meaning. ”

Gary Gunderson

# FOCUS OF RESEARCH

Three-phase, mixed-method study partnering with CrossWalk Church, Loma Linda University School of Public Health, and Azusa Pacific University School of Nursing with the goal of community assessment and engagement.

## Phase I: Community Engagement Strategies and Assessments

- Includes key informant interviews, community resident and congregational surveys, and focus groups

## Phase II: Intervention Development and Process Evaluation

## Phase III: Methods Outcome Evaluation

# RESEARCH QUESTION

Will a Community-Based Participatory research (CBPR) approach from a Faith-Based Organization (FBO) be able to change the health dynamics of a community?

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# HYPOTHESIS

The CBPR approach used by this FBO team will result in at least one measurable health outcome difference from Phase I assessment data.

“  
Congregations are where people come together,  
gathered by God to serve God’s intentions of  
renewing and redeeming the whole world,  
this is done not in domination, but in love.”

Gary Gunderson

# FBO PARTNER: CROSSWALK CHURCH

- Founded in 2003, this Seventh-Day Adventist (SDA) church had a membership <100 until 2014 when Pastor Tim Gillespie, DMin, took the helm and membership grew to over 900+.
- Dynamically located at the intersection of Loma Linda, Redlands, and San Bernardino in an industrial park.
- Congregation details:
  - Median age: 32
  - Highly educated, with medical and public health backgrounds
  - 10%+ of membership does not identify as SDA

Zip Codes 92374, 92373, 92354, 92408

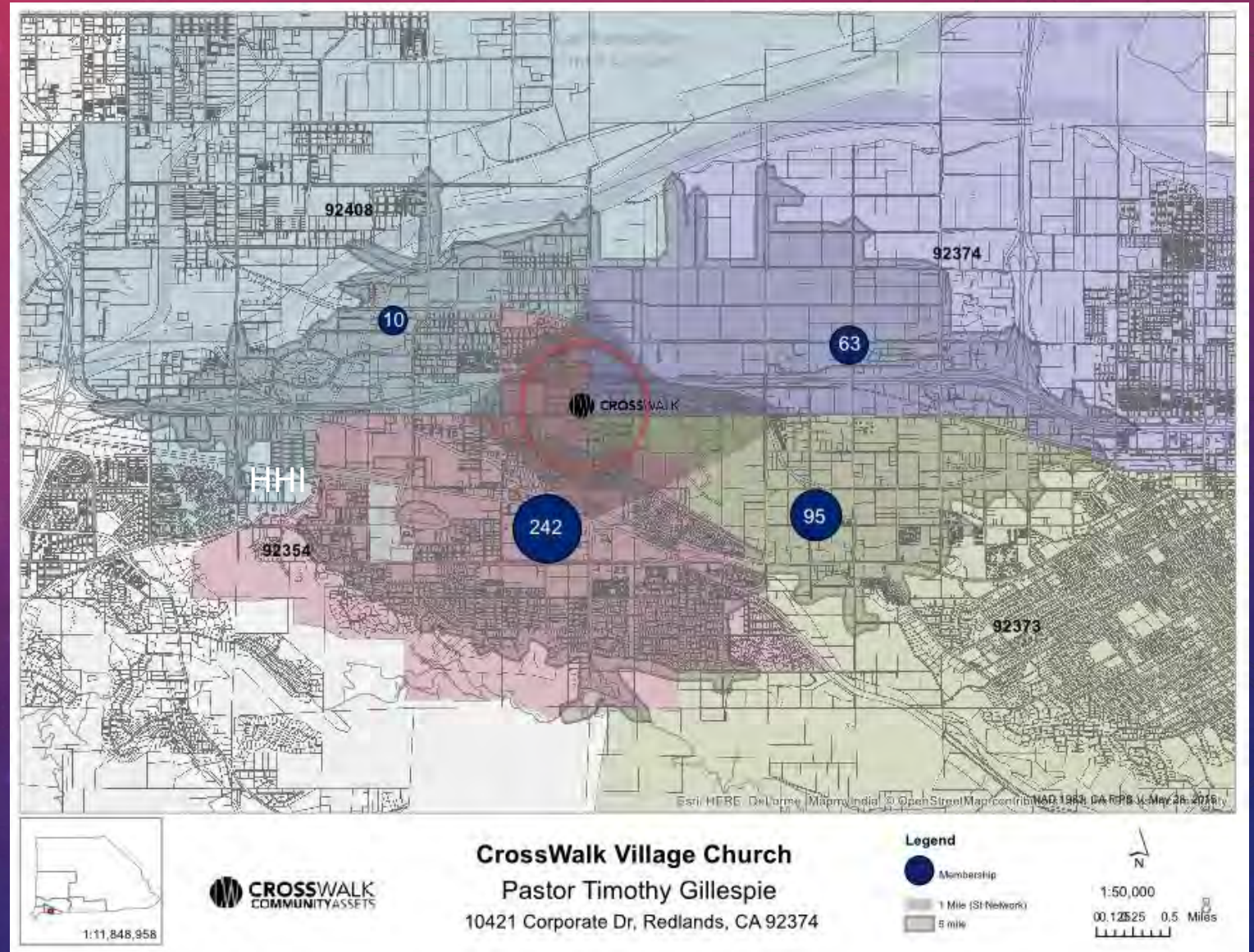
Median Age and Household Income

**92374** (Suburban: **2182** ppl per sq.mi.);  
Age 33.3; Household Income (HHI) \$50K

**92373** (Rural: **711** ppl per sq.mi.);  
Age 40.8; HHI \$66K

**92354** (Suburban: **3432** ppl per sq.mi.);  
Age 34.3; HHI \$49K

**92408** (Suburban: **1467** ppl per sq.mi.);  
Age 29.9; HHI \$31K

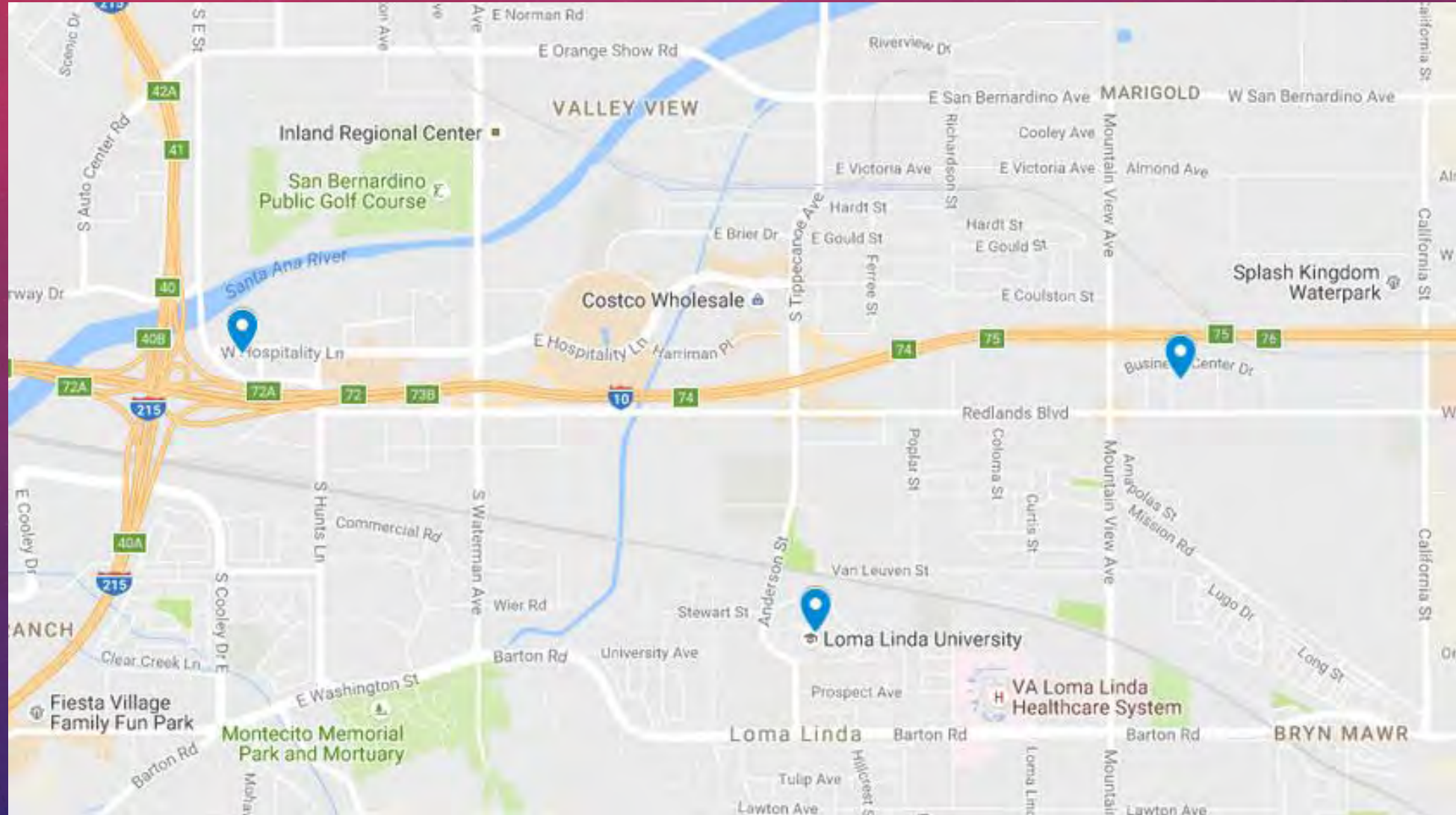




# FBO PARTNERS: UNIVERSITIES

- Loma Linda University's School of Public Health Office of Public Health Practice supplied research, resources, and expertise. MPH students participated as part of their practicum.
- Azusa Pacific University's School of Nursing (IERC) second-degree Entry-Level Master (ELM) students participate during their Community Health Nursing rotation.
- Both Universities required separate Institutional Review Board (IRB) approval.
- All FBO partners are intending to develop a model that would be applicable to other church-health initiatives.

# PROXIMITY OF FBOs



# GAPS IN HEALTHCARE SERVICES

- Residents in San Bernardino County experience a gap in health care services even with the passage of the Patient Protection and Affordable Care Act (PPACA).
- Indicators for cardiovascular disease, asthma, diabetes, and mental health reflect some of the worst health outcomes in the state and country (Healthy San Bernardino County, 2015).
- Many community members are subject to environmental stressors and hazards compounded by social and economic elements, including poverty, unemployment, and violent crime.
- Thus, collaboration by the church and other private sector organizations is needed to augment and multiply government efforts to increase access to medical care and resources.

# RESEARCH PLAN

## Target Sample Demographics

How many total subjects? **1478**

Comprised of **Community: N=1259**

**Congregation: N= 219**

### Community

Focus groups: 40 = 10 participants/zip code  
x 4 zip codes

Key informant interviews = 4 = 1 interview/  
zip code

Surveys = **1215**

### Congregation

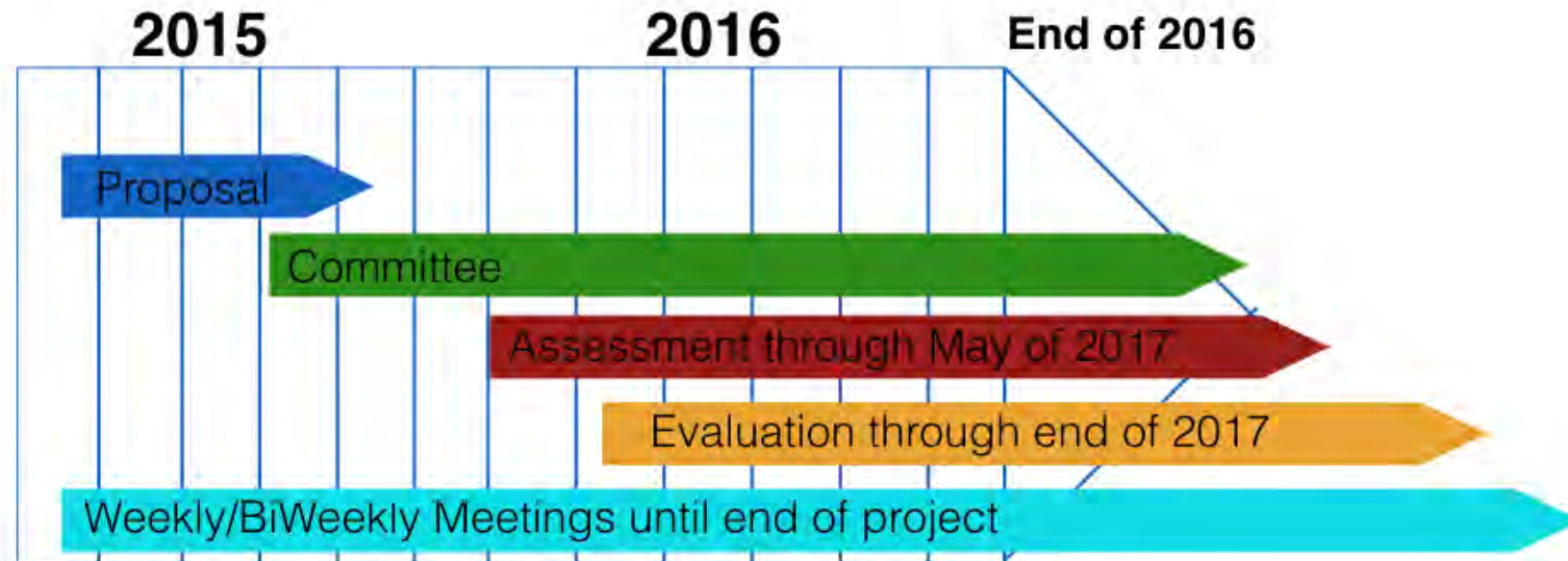
Focus groups: 20 = 10 participants/group  
x 2 groups

Key informant interviews = 3

Surveys = **196**

# Project Timeline— CROSSWALK CHURCH

Community Health Needs Assessment  
and Engagement



- Proposal**  
Data Review and Survey Development
- Committee**  
Identify services that Crosswalk can provide for the community
- Assessment**  
Windshield Surveys, focus groups, and Key Informant Interviews
- Evaluation**  
Assess outcome with Stakeholders and community partners

**IOI**

# QUANTITATIVE AND QUALITATIVE RESEARCH

## Quantitative

- Survey Methods
  - Qualtrics link will be sent by the church office to the congregation for the congregational survey, and the informed consent is imbedded in the survey.
  - Community Participants will be given a Qualtrics link as well if they wish to take the electronic online version.

## Qualitative Research

- Focus groups, key informant interviews
  - Community-based participatory research approach is being used to engage community members, business affiliates and CrossWalk church for focus group and key informant interviews.
  - To ensure methodological and data analytic rigor, double entry of data to assure no missing values during assessment phase.
- Inter-rater reliability during **Qualitative thematic analysis**

# mock FOCUS GROUP VIDEO

You, the audience, are invited to watch a simulated focus group.

Identify Themes and Subthemes?

Community identity?, Community assets & hazards?, and Community health?





# FINDINGS AND QUESTIONS

- THEMES: ??
- 1)
  - a.
  - b.
- 2)
  - a.
  - b.
- 3)
  - a.
  - b.

# FINDINGS AND QUESTIONS

- Themes and subthemes:
  - Lack of SAFETY
    - Walking to school, no sidewalks, not trusting unknowns around school
    - Lack of safe recreation or outdoor/nature spaces (yards, parks, community centers)
  - Presence of Drugs
  - Limited support services or infrastructure to support healthy environment

# FINDINGS AND QUESTIONS CONTINUED

- themes and subthemes coincided with the guide, including sense of community identity, community assets and hazards, and perceptions of community health.
- COMMUNITY consist of *neighbors and people in their churches and schools*. Though *forgotten and overlooked*, they were also heard.

# ACTUAL FINDINGS AND QUESTIONS

- Community ASSETS
  - Location – everything is near, within walking distance
  - Diversity of residents and accepting of everyone
  - Considered this principal a local leader – bringing them resources
- Community HAZARDS –
  - perceived lack of police response
  - unsafe driving in the local neighborhoods
  - using/selling of drugs

# FINDINGS AND QUESTIONS CONTINUED

- Community HEALTH
  - Chronic stress →
  - Mental distress with few treatment aids → vigilance and on-guard
  - Lack of healthy physical outlets

# SUMMARY OF IOI as of 10/16

- Continuing in the assessment phase
  - With modest interventions in response to voiced needs
    - A church based free health and legal clinic began July 2016
    - Church offered yoga classes, children's vacation bible school, parenting classes, ??
    - Offering a second level ESL class at local elementary school
    - Working with another school to assess how church and university can effectively partner

# REFERENCES

- Gunderson, G. (1997). *Deeply Woven Roots*. Minneapolis, MN: Augsburg/Fortress
- Healthy San Bernardino County. (2015a). Community Dashboard. Retrieved from <http://www.healthysanbernardinocounty.org/modules.php?op=modload&name=NS-Indicator&file=index>
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