

Faith-Based  
Organizations

2012

Evaluation Report

Prepared by the CPPW  
Evaluation Team

University of Arizona  
College of Public Health  
&  
Pima County Health  
Department

# Table of Contents

---

<b>The Role of Faith-Based Organizations (FBOs) in Health Promotion ...</b>	<b>1</b>
<b>CPPW Faith Based Team Project Description.....</b>	<b>2</b>
<b>Evaluation Methodology.....</b>	<b>4</b>
<b>Results.....</b>	<b>5</b>
I. Faith-Based Organization Infrastructure and Policies.....	5
II. Communications about Health Topics .....	7
III. Health Opportunities Offered.....	8
IV. Direct Support of Healthy Lifestyles and Role Modeling.....	9
V. Breastfeeding.....	10
VI. Additional Accomplishments .....	10
VI. Staff Survey .....	11
<b>Conclusion .....</b>	<b>11</b>
<b>References .....</b>	<b>14</b>

## **The Role of Faith-Based Organizations (FBOs) in Health Promotion**

Consistent physical activity paired with good nutrition are practices believed to help prevent chronic diseases, particular those associated with overweight and obesity. Faith-Based Organizations (FBOs) are recognized for their potential to assist communities in various efforts that resulted in improved health conditions (1). FBOs play a key role in the success of community-based health promotion and prevention programs (2). These well-established institutions are resources where communities can overcome personal crises and barriers – including those related to health (3). Due to their central role in spiritual guidance, communication, social support and networking, FBO's can make important contributions to any health promotion effort (2).

FBOs participating in health promotion initiatives have been successful in addressing a number of health-related risk factors and behaviors such as smoking cessation, obesity prevention/reduction, and sexual/reproductive health (2-7). Within each of these efforts, spirituality and faith are viewed as a resource to help establish a sense of personal responsibility and respect for one's own life. Obesity prevention interventions that encourage physical activity and/or promote healthy eating have resulted in decreasing physical inactivity and established healthy eating behaviors amongst its congregation members. The dissemination and execution of culturally and spiritually appropriate materials and activities coupled with pastor/church leader support result in better health outcomes (4). FBOs can not only facilitate for programmatic successes in health interventions but can collaborate to change the built environment and assist in the coordination of programs with non-faith based community entities (2). FBOs have recently begun to engage themselves in unique HIV/AIDs prevention and intervention efforts through facilitation of support groups and activities that aim to reduce the stigma associated with the condition (5, 6). These new approaches seek to remove moral judgments of behaviors associated with HIV/AID, and have resulted in the provision of services and support to a marginalized segment of the congregation and the community as a whole.

**Faith-Based Organizations are hubs where communities gather for social activities and can be outlets for providing social services.**

FBOs are hubs where communities gather for social activities and can thus be outlets for social services. Trust among members is a valued asset of faith-based institutions, which may contribute to success. A faith-based approach can also ensure cultural appropriateness in health promotion efforts in serving communities facing disproportionate risk for chronic disease. Many FBOs have existing infrastructure and resources (i.e. people, buildings, and gardens) that can be used to encourage and promote healthy lifestyles (7, 8). FBOs are ideal partners in community organizing efforts around health promotion interventions and programs.

## CPPW Faith Based Team Project Description

As part of their involvement with the Communities Putting Prevention to Work Initiative, the Faith-Based Teams and the Carondelet Health Network focused on encouraging nutrition and physical activity policy and environmental change in Faith-Based Organizations (FBOs) across Pima County, Arizona.

Between August 2010 and February 2012, 84 FBOs of different denominations participated in CPPW. Carondelet Health Network CPPW staff included four registered nurses and seven community health workers (*promotoras*). Two of the nurses were “faith community nurses” and had extensive experience working with FBOs in Tucson. The promotoras were recruited as recognized bridge between the communities they reside in and the health care systems that are currently in place.

The FBOs were recruited through various means. The faith-based team already had contact with many FBOs in Pima County. The team looked to faith-based coalitions that had representation from a number of faith-based organizations. FBOs were also found in online and phone book listings. The FBO team conducted presentations to the local Interfaith Ministerial Alliance (IMA) organization, the vicar meetings for the Catholic Church and parish nurse meetings to recruit parishioners. Team members attended community health fairs to increase and the overall visibility for CPPW. Lastly, a snowballing technique was useful in recruitment as pastors, community social networks, and CPPW staff suggested names of other FBOs. Interested FBOs were invited to request further information or to complete an organizational assessment.

Over 271 FBOs were contacted and 94 participated in CPPW efforts. The denominations encompassed in these efforts included: Christian, Lutheran, Methodist, Presbyterian, Universalist, Catholic, Baptist, Seven-Day Adventist, Episcopalian, and Non-denominational. The race/ethnicity of the members for the faith-based organizations was White, African-American and Hispanic.

The Carondelet Health Network assisted the various FBO sites to engage in a series of health promotion activities.

1. **FBO assessments** – The completion of organizational health and wellness assessments helped the faith-based organizations identify their strengths and weaknesses in the areas of nutrition and physical activity. The faith-based assessment also encouraged faith-based organizations to identify priority areas for improvement. Conversations with staff and parishioners and an optional Parishioner Survey were also utilized to assist sites to determine short-term priorities for improvement.
2. **Receive support from CPPW partners** – Providing connections to CPPW partner organizations assisted sites to achieve the short-term priorities identified the assessments.
3. **Host guest speakers** – Speakers from agencies in Pima County were recruited to educate staff and parishioners at no cost on a variety of topics (ie. parenting, financial issues, mental health, drug awareness).
4. **Participate in the Congregational Health Leaders Training**

- 5. *Receive a toolkit in health and wellness promotion***
- 6. *Distribute pedometers*** – Members were encouraged to participate in walking clubs and challenges to encourage physical activity through the use of pedometers.
- 7. *Attend educational workshops and conferences on wellness***

## Evaluation Methodology

In the best interest to evaluate the efforts of FBOs, the evaluation team determined it would be best to conduct pre/post assessments and a short staff questionnaire. The pre/post assessment is used to measure any changes and/or improvements that have occurred within the FBOs and their surrounding communities as a result of their participation with the Communities Putting Prevention to Work initiative. The staff questionnaires were designed to identify existing and newly created cross-CPPW team and community agency collaborations and partnerships as a result of the initiative.

1. ***Faith-Based Community Assessment (Pre/Post):*** This assessment was adapted from the “Walk by Faith Promoting Healthy Congregations Assessment”. The purpose of this assessment tool was to help FBOs determine how well they supported healthy lifestyles among their congregations, increase awareness of the types of action steps FBOs can take to promote better health among members, and identify and further define action they can take that will make a difference. The components of the assessment tool include:

- I: Faith-based Organization Infrastructure and Policies
- II: Communications about Health topics
- III: Health Opportunities Offered Through the Organization
- IV: Direct Support of Healthy Lifestyles and Role Modeling
- V: Breastfeeding
- VI: Additional Accomplishments and Next Steps

The Faith-Based Assessment was distributed to all FBOs at the start and close to the end of the CPPW Initiative. The pre assessment was distributed by the Carondelet Health Network as hard-copy assessments while the post assessment was distributed by the CPPW Evaluation Team to the Faith-Based Team to distribute to all FBOs as a fillable Acrobat® fillable Portable Document File (PDF). FBO pastors and their committee members completed the assessment tool. The tool assessed the infrastructure, health and wellness policies, and surrounding environment of the FBOs. Slight modifications to the assessments were made shortly after the preliminary results were analyzed. After a series cutoff dates - December 7<sup>th</sup>, 2011 for pre assessment and February 6<sup>th</sup>, 2012 for post assessments- a final total of 69 FBOs participated in the pre assessment and 38 for the post assessment. The data from the pre assessment was entered into the online surveying service, SurveyMonkey® for storage and analysis while the post assessment data was collected online through Acrobat® services. Only those results from 36 pre and post matched FBOs were further analyzed.

2. ***Follow-up Staff Questionnaire:*** The Staff Questionnaire Survey was distributed to all faith-based team staff members to complete a questionnaire per work site they have worked with. This survey was completed towards the end of the CPPW initiative. The questionnaire was completed using a fillable Acrobat® Portable Document File (PDF). The three open-ended question form assessed the FBOs existing and newly created collaborations and partnerships with other CPPW teams and non-CPPW related agencies along with short-term and long-term priorities. A total of 35 questionnaires

were submitted via Acrobat® for further analysis. The following sections provide key findings to the Faith-Based Assessment and the Staff Survey.

## Results

A total of 84 Faith-Based Organizations of different denominations participated in the CPPW initiative between August 2010 and February 2012. Congregation size ranged from 30 to 8,000 members. The racial and ethnic makeup of each congregation varied, most members were white (Caucasian), African-American, and Hispanic/Latino. The results provided in this report refer to the 36 of these organizations that participated in both the pre and post assessment.

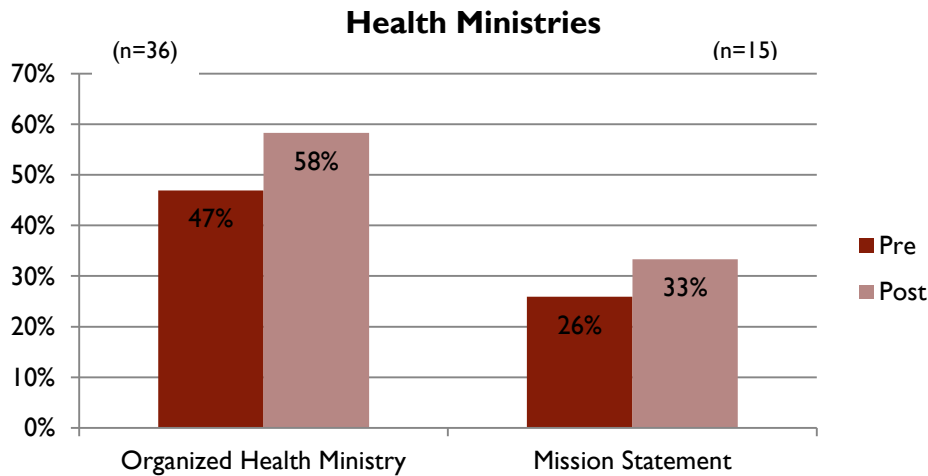
### Represented Denominations:

- Lutheran
- Methodist
- Presbyterian
- Universalist
- Roman Catholic
- Baptist
- Seven-Day Adventist
- Episcopalian
- Non-Denominational Christian

## I. Faith-Based Organization Infrastructure and Policies

### Health Ministries

Organized Health Ministries are run by a committee, parish nurse or qualified members(s) of the congregation that seek to provide health and wellness services to the congregation and community members. The number of FBOs with an organized health ministry increased from 15 (47%) to 21 (58%). Of the 21 FBOs with a health ministry at follow up, 12 (33%) stated they had a mission statement to guide their activities.



### Challenges to Establishing an Organized Health Ministry

- High and constant staff/volunteer turnovers.
- Difficulty engaging the congregation/community.
- Lack of commitment from leadership and the membership.

FBOs *with* Health Ministries reported that they had increased the number of different ways they provide support for health and wellness. There was a statistically significant increase in the number of FBOs that provide education and training on health topics, communicate health related policies and events to the congregation, coordinate/facilitate wellness events, and provide resource referrals to members.

<b>Health Ministry Support for Health and Wellness (N=36)</b>	<i>Pre</i>	<i>Post</i>
Counsels and advises members of the congregation on health topics	40%	57%
<b>Provides education and training on health topics</b>	<b>43%</b>	<b>60%*</b>
Creates health policies for the organization, such as a no smoking policy or serving healthy food options at organization events	27%	34%
<b>Communicates health and wellness, policies, events, and other information related to health to the congregation*</b>	<b>40%</b>	<b>71%*</b>
<b>Facilitates/coordinates organization-sponsored health and wellness programs</b>	<b>45%</b>	<b>65%*</b>
<b>Provides referrals to other community resources when needed</b>	<b>48%</b>	<b>80%*</b>
Establishes relationships with community resources to provide health-related services to the congregation	24%	46%

\*statistically significant  $p \geq 0.05$

FBOs *with* Health Ministries stated that support for the Ministry’s work was supported in the following ways:

<b>FBO Support for Health Ministry (N=36)</b>	<i>Pre</i>	<i>Post</i>
Allocates budget to pay for activities and/or staffing	35%	34%
<b>Offers opportunities for training on various health topics at least once per year for those who are implementing programs and activities</b>	<b>36%</b>	<b>66%*</b>
Makes health ministry a part of the organization’s governing committee(s)	48%	51%

\*statistically significant  $p \geq 0.05$

The greatest changes was in the increase in training opportunities for those implementing wellness activities (36%-66%)

### Physical Activity and Healthy Eating Policies

FBOs were asked about *established policies* (not practices) related to healthy eating and physical activity. Healthy food and beverage options were defined as...

*...low-fat, low-sodium, and/or sugar-free foods, such as fruits (fresh, canned or dried), baked chips or pretzels, vegetables prepared without fat or cream sauces, low-fat entrees (such as grilled or baked turkey or chicken, pasta with tomato sauce and low-fat cheeses), salads with*



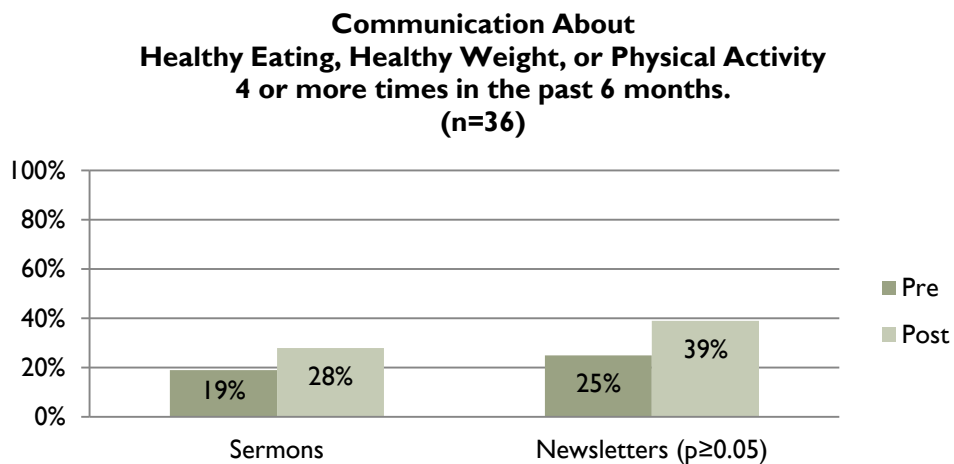
*low-fat dressing, low-sodium and sugar-free options. Healthy beverage options include 100% fruit/vegetable juices, skim or 1% milk, and water. Low carb foods are not healthy food options...*

As shown in the table below, two policies were adopted by a greater number of FBOs from pre to post assessment, using food as a reward for children (72%-83%) and including physical activities at events (66%-70%). At post assessment two (7%) additional FBOs established **and** enforced policies related to the use of food as a reward for children; and four (11%) additional FBOs established **but did not enforce** policies that included/encouraged physical activity at organization events. This table may reflect greater awareness on the part of staff that they were not fully enforcing wellness policies.

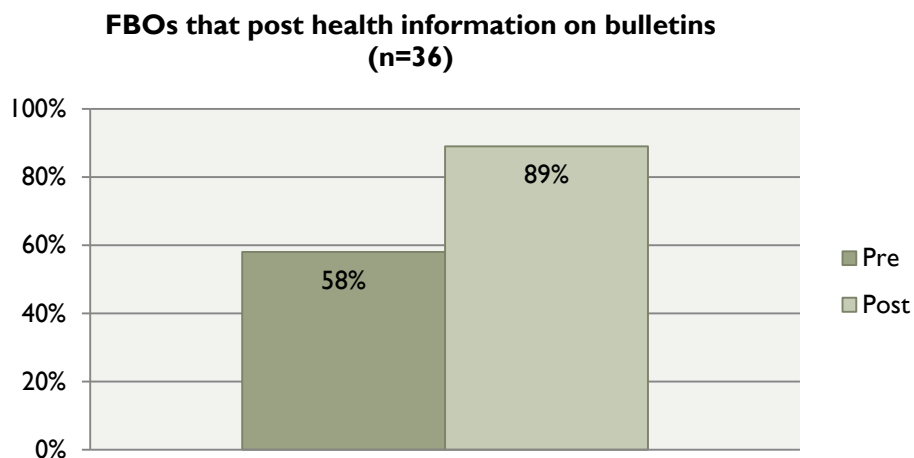
Policies (N=36)	Yes and enforced		Yes but not enforced		No	
	Pre	Post	Pre	Post	Pre	Post
Offering healthy food and beverage options in vending machines and at organization-sponsored events that include food.	27%	17%	6%	14%	67%	69%
Offering healthy food and beverage options in Sunday school and at youth events.	33%	21%	6%	18%	61%	61%
Not using food as a reward for children involved in organizations activities.	10%	17%	7%	11%	83%	72%
Including/encouraging physical activity at organization events, such as walk or stretch breaks during meeting or organized games at organization picnics.	24%	17%	6%	17%	70%	66%

## II. Communications about Health Topics

FBOs involved in CPPW demonstrated greater efforts to communicate with their congregations about healthy eating, healthy weight, and/or physical activity. The number of FBOs reporting that **sermons** included encouraging messages four or more times in the past six months increased from seven (19%) to ten (28%) sites. There was a significant increase in the number of FBOs that included encouraging messages in **publications** four or more times in the past six months, from nine (25%) to 14 (39%) sites.

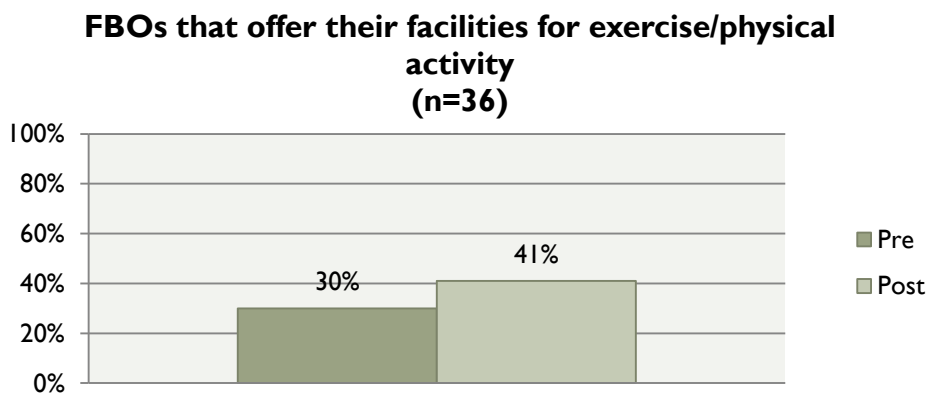


There was also a significant increase in the number of FBOs that communicated health information or messages to its congregation by **posting on organization bulletins, walls, or other places where congregation members can easily view**, from 21 (58%) to 31 (89%).



### III. Health Opportunities Offered

FBOs also made efforts to increase the opportunities for congregation members to engage in exercise/physical activity by providing or sponsoring exercise facilities in the building(s) or on organization grounds for use by parishioners.



There was a significant increase in the number of FBOs providing facilities for physical activity, from 10 (30%) to 14 (41%) sites.

#### IV. Direct Support of Healthy Lifestyles and Role Modeling

When FBOs and faith leaders “practice what they preach,” this facilitates and motivates a parishioner to make healthy choices and thus provide inspiration and motivation for the entire congregation. At post assessment, thirty-two (94%) of FBOs reported holding events and/or meetings that involve serving food and/or beverages and 29 (83%) sites served food and/or beverages to children/youth at youth events or in Sunday school. Of these 29 sites, at post assessment 25 (86%) did not use as food as a reward/prize with children/youth during Sunday school or youth events; an improvement from the start of CPPW when only 22 (sites did not use food as a reward with children/youth.

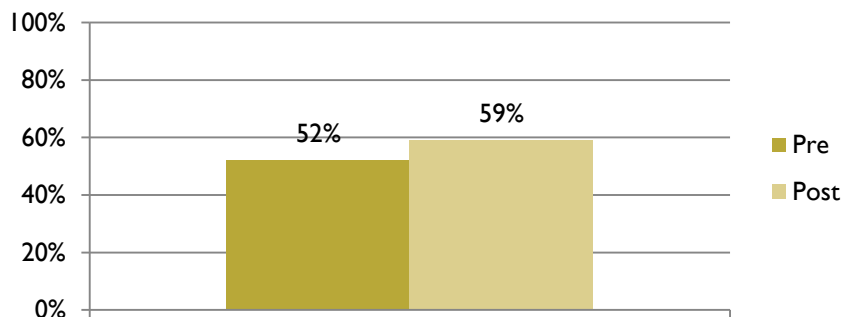
At the start of CPPW, only 17 sites (52%) provided any sort of physical activity opportunities at organization-sponsored events. By the end of the initiative, an additional 2 sites (7%) began to offer physical activity opportunities such as making games/sports available at picnics for their congregation members. This brings the total number of sites that provide physical activity opportunities at organization-sponsored events up to 19 (59%) sites.

The types of opportunities provided by the FBOs for their congregations range from health screenings to physical activity breaks.

##### **Top Physical Activity Types Provided at FBO Events:**

- ✓ Physical Activity Clubs (i.e. walking clubs, zumba classes)
- ✓ Structured playground play for children.
- ✓ Maintenance of FBO grounds.
- ✓ Purchase of new equipment.

**Percentage of FBOs that provide physical activity opportunities at organization sponsored events. (n=36)**



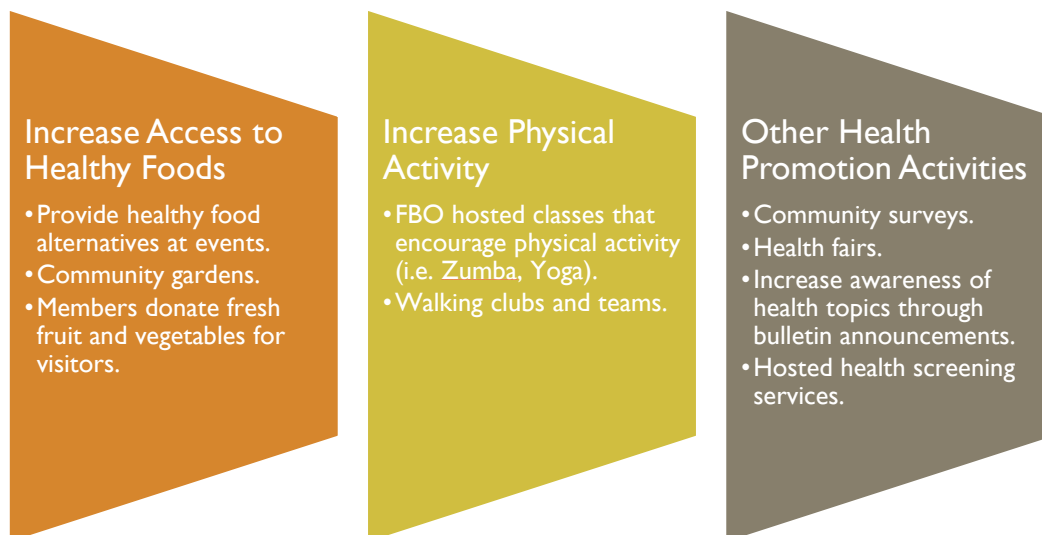
## V. Breastfeeding

The number of sites that offered a private clean space for breast feeding increased from 12 ( ) to 15 sites (44%). Of these 15 sites, only 5 (33%) indicate having signs informing people about this clean and private space. Reasons for not sponsoring a space for members to breastfeed were asked of those sites. The majority of sites do not believe that there is a need for a breastfeeding space since the majority of its congregation's members are elder adults. In addition, the physical space that is available is very limited and will be used for higher priority items according to the FBOs.

## VI. Additional Accomplishments

The diagram below lists techniques that participating FBOs implemented to promote healthy foods and physical opportunities within their organizations.

Ten out of 26 (38%) sites indicate having made policy changes as a result of their involvement with CPPW. The majority of these sites established walking teams/clubs and created a policy change to only provide healthy snacks in sponsored events. Seventeen out of twenty-nine (59%) of sites made changes to their physical environment. These sites indicate creating community gardens and maintaining the grounds for child play as their environmental change.



## VI. Faith-Based Team Staff Questionnaire

The CPPW Faith-Based Team completed the staff questionnaire, which aimed to investigate the existing and newly created collaborations that occurred between FBOs and other agency, CPPW teams, and government entities. By the end of CPPW, 19 sites out of 34 (56%) participated in the Congregational Health Leaders.

### *Community Collaborations and Connections*

The following table outlines the collaborating partner and the number of sites that received benefit of this collaboration.

Agency	Number of Sites
Community Food Bank	20
Other Faith Based Organizations	7
United Way	6
Health/Human Services Agencies	6
PRO Neighborhoods	4
College of Public Health (Policy)	3
College of Public Health (Evaluation)	1
K-12 Schools	1
Pima County Health Department (Media)	1

The team identified working with agencies and teams that were not listed and at times chose “other” to achieve their project’s goals.

- Faith Community Nursing Network
- Carondelet Faith Community Nursing Services
- National Alliance for Mental Illness
- CODAC
- University of Arizona Cooperative Extension
- Border Links
- College of Pharmacy at the University of Arizona
- Interfaith Community Services
- Southeastern Arizona Health Education Center
- Drug Demand Reduction (Army)
- Imagine Greater Tucson
- Watershed Management Group
- San Miguel High School
- Pima Council on Aging
- Caridad Community Kitchen

Overall the team identified the following list of services received by the FBOs from the partnering agencies as a result of establishing connections community-wide.

- ✓ Educational materials and supplies.
- ✓ Incentives for establishing health ministries or to promote physical activities.
- ✓ Technical assistance on establishing community gardens and providing nutritional classes.
- ✓ Health screenings.
- ✓ Mentorship and guidance with policy initiatives and establishing health promotion activities.

## Short-Term Priorities

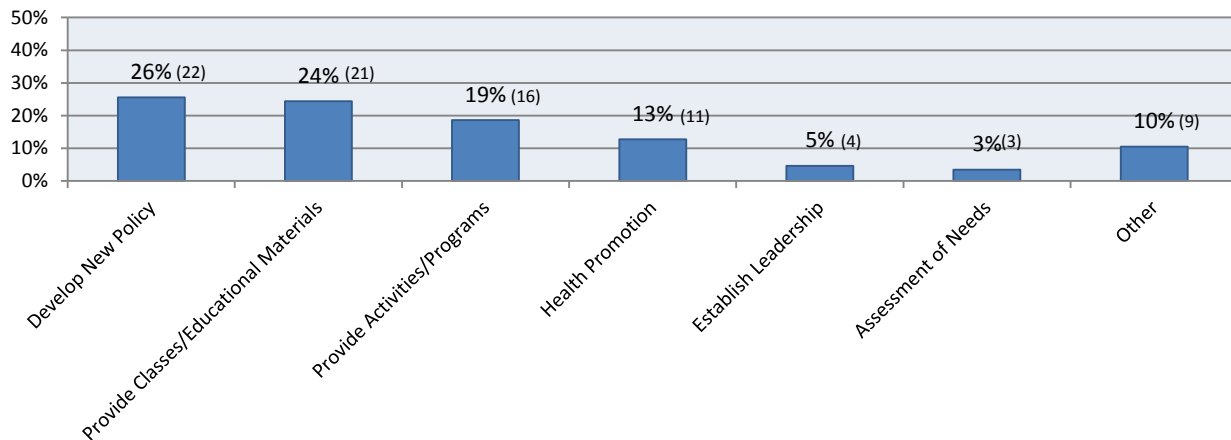
The CPPW Faith-Based Team was asked to list each or their site’s five top short-term priorities.” For each priority the progress and completion of this priority was documented. The team provided priorities for a total of 35 matched sites. From these sites, 95 short-term priorities were listed of which 9 priorities were categorized invalid in the analysis process. Therefore, 86 short term priorities were included in a thematic analysis. At the time of the assessment, only 27 (31%) out of the 86 short term priorities were completed

Each short-term priority was categorized by common themes found throughout the responses. The themes are the following:

1. **Develop new policy:** Various sites wanted to address healthy eating and/or physical activity through establishing new policies that establish health ministries, restrict the types of foods at events, and/or structuring physical activity breaks in organized events.
2. **Provide classes/educational materials:** Multiple sites wished to provide health information to its members. In addition, multiple sites listed providing a series of health education classes that covered topics related to healthy eating, physical activity, promotion of health, and prevention of chronic diseases.
3. **Provide activities and/or programs:** Sites wished to provide opportunities for physical activity and health promotion not previously available to them. Common identified activities and programs were: establishing health fairs, walking clubs, and provide health screenings.
4. **Health promotion:** Sites prioritized the promotion of healthy eating and increase physical activity through postings, newsletters, sermons, etc. Sites wish to promote health to its congregations in various ways.
5. **Establish leadership:** Many sites identified wishing to find leadership within its congregation to lead health ministry efforts. Multiple sites indicated wanting to find a “health champion.”
6. **Assessment of needs:** A few sites had listed assessment of needs as a priority. Those that did list assessment wished to use the results of assessment tools to recruit pastors and other congregation members to partake in the health ministry’s efforts.

The chart below demonstrates the distribution of the 86 analyzed short term priorities by theme category. The most common items were categorized in: develop new policy (n=22, 26%), provide classes/educational materials (n=21, 24%), and provide activities and/or programs (n=16, 19%).

**Distribution of Short-Term Priority Items by Priority Type  
(N=86)**



## Conclusion

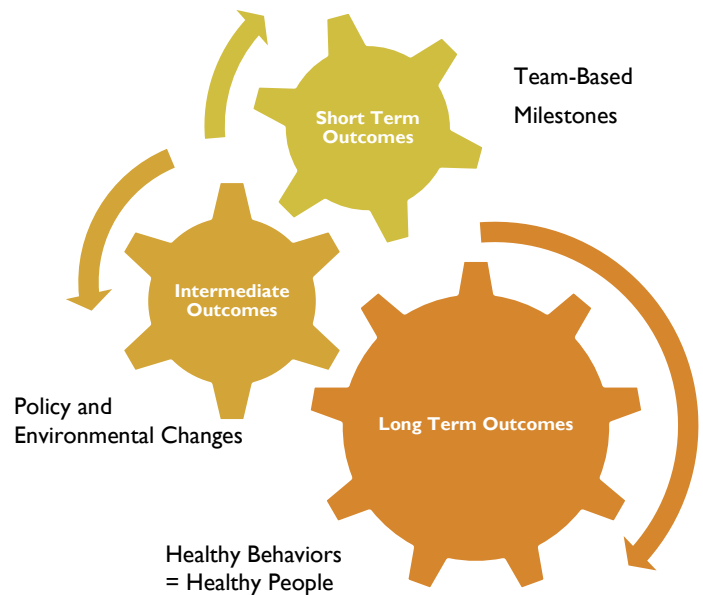
This report provides a comprehensive overview of the several outcomes (short term and intermediate) achieved by faith-based organizations as part of their involvement with the CPPW initiative. Overall we identified the successful establishment of health ministries a majority of FBOs and identified the various ways FBOs have engaged its members in partaking healthy eating and physical activity. The diverse partnerships and networks that were developed through the CPPW initiative are projected to remain beyond this initiative.

Though many FBOs did not identify major changes to policy and the environment, the short term outcomes (i.e. walking clubs, playground establishments, etc.) are promising signs of continued growth and development of healthy initiatives. With continued growth we expect the long-term outcomes to result in people partaking in healthy behaviors which result in overall healthy people, healthy communities.

It is crucial for the continued success of FBOs to develop creative ways to address the top three identified challenges with establishing and maintaining health ministries.

- High and constant staff/volunteer turnovers.
- Difficulty engaging the congregation/community.
- Lack of commitment from leadership and the membership.

The recruitment of community health workers (*promotoras*) and community nurses to facilitate project implementation goals resulted in the completion of projects and provided accountability and continued awareness on the importance of health and wellbeing in the FBO. The provision of health education, referrals, and physical activity opportunities were clear outcomes from the FBOs involvement with the CPPW initiative as these findings were found to be statistically significant. Lastly, this initiative provides a testament to the incredible potential FBOs in disease prevention and health promotion activities.



## References

1. Services US Department of Health and Human Ser. Let's Move Faith and Communities: Toolkit for Faith-Based and Neighborhood Organizations. In; 2012.
2. Church GSA. Southeast Raleigh Minority Faith-based Health Promotion Project. 2009.
3. Duru OK, Sarkisian CA, Leng M, Mangione CM. Sisters in Motion: A Randomized Controlled Trial of a Faith-Based Physical Activity Intervention. *Journal of the American Geriatrics Society* 2010;58(10):1863-1869.
4. Bopp M, Fallon EA, Marquez DX. A faith-based physical activity intervention for latinos: Outcomes and lessons. *American Journal of Health Promotion* 2011;25(3):168-171.
5. Griffith DM, Campbell B, Allen JO, Robinson KJ, Stewart SK. YOUR Blessed Health: an HIV-prevention program bridging faith and public health communities. *Public Health Reports* 2010;125(Suppl 1):4.
6. Griffith DM, Pichon LC, Campbell B, Allen JO. Your blessed health: a faith-based CBPR approach to addressing HIV/AIDS among African Americans. *AIDS Education and Prevention* 2010;22(3):203-217.
7. Brown H, Barroso C, Kelder S. Physical Activity, Watching Television, and the Risk of Obesity in Students, Texas, 2004-2005.
8. Francis SA, Liverpool J. A review of faith-based HIV prevention programs. *Journal of religion and health* 2009;48(1):6-15.