Research Brief

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A Research Study of Health-Related Issues at the New Horizon Church International: Findings and Recommendations

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Abstract

This research brief examined health-related issues at the New Horizon Church International (NHCI) located in Jackson, Mississippi. A non-experimental, mixed-method research design was used that included a 23 item survey instrument and one focus group session. The majority of survey respondents were African American (96.3%); New Horizon church members (68.9%); and women (68.3%). The major health conditions identified were High Blood Pressure (50%), Diabetes (20%), and Obesity (18%). A high percentage (90%) of survey respondents reported having health insurance, and listed as their top three reasons for not seeking medical care "No Time" (23%), "Can't Afford It" (19%), and "Can Treat Myself" (15%). Noteworthy focus group findings included (1) participants stating some church and community members do not know where to get health information; (2) in spite of efforts promoting health and wellness, the church has been unsuccessful in getting its members to eat "healthy foods" in the church cafeteria; and (3) the identification of faith playing a major role in promoting "healing" at NHCI. Study recommendations included getting more input from men given they were under-represented in the survey and focus groups; addressing the three highest rated chronic conditions identified by survey respondents (High Blood Pressure, Diabetes, and Obesity); addressing the top three reasons for not seeking medical care (No Time, Can't Afford It, and Can Treat Myself); re-examining existing health information practices as related to distributing information to church members and the surrounding communities; and working with the JSU School of Public Health and School of Social Work to develop and implement interventions designed to promote health and wellness among NHCI members and the surrounding communities.

Introduction

This research brief discusses health-related issues at the New Horizon Church International (NHCI). The NHCI is located in Jackson, Mississippi, and is a member of the Fellowship of International Churches (FOIC) denomination (NHCI, 2018). The FOIC is made up of formerly independent churches who have joined together to fellowship, support each other, and accomplish a greater work of Christ through consecrated living, a strong commitment to the Bible as the Word of God, supernatural operations, and missions outreach to the world (NHCI, 2018). The self-described mission of the New Horizon Church International is "*We are a Loving Church That's Loving on God, Loving on People and Changing Communities*." The church uses the principles of Care, Commit, and Connect to operationalize its mission (NHCI, 2018). The church's website states "We care about the spiritual, emotional, mental, and economic development of/within our community" (NHCI, 2018). As currently displayed on the NHCI website, the church offers 12 ministries: Worship Arts; Prayer; Hospitality; Media; Men's and Women's; Marriage; Children; Youth; Young Adult; Outreach; In-reach; and Decorations and Events. The church's Health ministry (discussed in more detail later) was not specifically listed.

In general, churches have played various roles in addressing the physical and mental health needs of their membership. The involvement of churches have ranged from "no involvement" to "distributing health information" to "offering health ministries" to "providing health services" (DeHaven, Hunter, Wilder, Walton, & Berry, 2004) (Austin & Harris, 2011) (Collins, 2015) (Campbell & Wallace, 2015). There is some research showing faith-based health programs and services to be effective in helping to promote health and wellness activities among faith-based organizations such as churches (DeHaven, Hunter, Wilder, Walton, & Berry, 2004) (Collins, 2015). One of the goals of this research is to gain additional insight regarding the role some churches are playing in promoting the health of their membership. Additional research goals for this study included (1) helping NHCI leadership to identify issues, factors, and practices impacting church members' health; and (2) provide a basis for developing programs, services, activities, and practices that can be used to improve the health status of NHCI members and the surrounding communities. With churches beginning to play a larger role in promoting the health of their memberships (Campbell & Wallace, 2015), the findings from this research study can help provide guidance towards improving the health of church members and surrounding communities.

Methodology

A non-experimental mixed-method research design was used to conduct this study. A 23 item survey instrument was administered to 164 primarily, but not exclusively, New Horizon Church International (NHCI) members. The survey was developed to capture demographic and health-related information on topics such as health insurance, health care access, disease prevention, and health information delivery. The survey also included questions regarding perceptions on health conditions and health services in the Metro Jackson area. Respondents were eligible to take the voluntary survey if they were 18 years or older and lived in the Metro Jackson area. Survey respondents were primarily selected by convenience at public health fairs and Sunday Church service breaks at the New Horizon Church from February 2018 to May 2018. Secondary demographic and health statistics data were obtained from the U.S. Census Bureau; the Mississippi Department of Health; and the City-Data social networking and information website (USCB, 2018) (MSDH, 2018) (RWJ, 2018) (City-Data,

2018). Data was analyzed using SPSS 25 statistical software to identify mean scores, frequency percentages, and independent t-test values. The statistical significance (p-value) level was set at 0.05. Data was organized and presented in statistical summary tables.

To provide additional insight regarding survey responses, a focus group was conducted to discuss in more detail respondents' health practices, experiences, and recommendations. The focus group session was held in the New Horizon Church conference room. Six survey respondents participated in the focus group interview. The interview lasted approximately one hour and was tape recorded. Focus group responses were analyzed and grouped into themes representing common thoughts, feelings, attitudes, and perceptions on a particular topic. A copy of the survey instrument and focus group questions are included in the appendix section.

Findings

The survey was completed by 164 respondents. The majority of respondents were African American (96.3%) and New Horizon church members (68.9%). The participation rate of female survey respondents (68.3%) more than doubled the participation rate of males (31.1%). To help establish a context for examining survey responses, a comparison of survey demographic information to that of the City of Jackson and the state of Mississippi was conducted. Table 1 provides a comparison summary of those results:

Table 1 *Comparison of Demographic Information*

Characteristic	Survey	Jackson (2016)	Mississippi (2016)
Gender			
Male	31.1%	45.9%	48.3%
Female	68.3%	54.1%	51.7%
Race			
White	1.2%	16.6%	61.4%
Black	96.3%	81.9%	36.3%
Age (**Median**)	53.5	33	36.7
Education (**High school graduate**)	76.4%	84.6%	83%
Household Income (**Median**)	$50,000	$39,724	$40,528
New Horizon Church member			
Yes	68.9%	-	-
No	29.9%	-	-

Sources: (USCB, 2018) (MSDH, 2018) (City-Data, 2018)

As can be seen in Table 1, the New Horizon Church International (NHCI) survey respondents tended to be older in age; predominantly African American; had a higher household income; and had a lower high school graduation rate.

Self-Reported Health Conditions

Table 2 presents data on NHCI survey participants' self-reported health conditions. Also included for contextual purposes are self-reported percentages for the City of Jackson and state of Mississippi. Four diseases (heart disease, stroke, high blood pressure, and diabetes) were identified by NHCI survey participants to have equal or higher prevalence compared to city (Jackson) and state (Mississippi) levels. Of particular note were NHCI survey participants' self-reported health conditions of "High blood pressure" and "Diabetes" which were approximately 50% higher than the city level and state levels.

NHCI survey participants reported much lower levels of "Obesity" (approximately 42% lower) and "Depression" (approximately 23% lower) than city and state level percentages. Statistical significant differences were found in "Heart disease" (p value = 0.019), "High blood pressure" (p value = 0.036), and "Obesity" (p value = 0.003) when comparing gender difference. No statistically significant difference was found in self-reported health conditions between NHCI church members and non-NHCI church members.

Table 2   *Comparison of Self-report Health Conditions*

Health Condition	NHCI Survey	Jackson (2016)	Mississippi (2016)
Heart Diseases	3%	2.4%	3%
Stroke	4.3%	3.7%	4%
High Blood Pressure	50%	25.3%	24.8%
Obesity	18.3%	42.7%	40%
Asthma	6.1%	10.5%	11%
Diabetes	20%	10.9%	10.7%
Depression	6%	25.8%	26.8%
Mental illness	0.6%	-	-
Cancer	4.9%	6.3%	7.9%
Stress	5.5%	-	-
Other	3%	-	-

Source: (Zhang, Mozee, & Jackson, 2018) (City-Data, 2018) (MSDH, 2018) (RWJ, 2018)

Self-Reported Health Status

NHCI survey participants were asked to rate on a scale of 1 to 10 (with 1 being bad and 10 being excellent) their physical health, mental health, and their experience visiting medical offices. Table 3 presents the findings from those responses. The average rating for all respondents was 7.5 for physical health; 8.4 for mental health; and 7.7 for experience visiting medical offices. Again, the rating scale ranged from "1" representing bad to "10" representing excellent.

As indicated by the survey results, the majority of respondents rated themselves relatively healthy in terms of both physical health and mental health. It should be noted that male respondents rated themselves higher in all three categories (i.e., physical health, mental health, and experience visiting medical offices) than female respondents. However, a statistically significant difference was found only when comparing gender differences in the mental health category (p value = 0.006).

Non-NHCI members rated higher in all three categories than NHCI members, but there was not a statistically significant difference found between the two groups. (See Table 3)

Table 3 *Mean Scores of Health Status*

Health status 1-10 scale	Overall Rating	Female	Male	Member	Non-member
Physical Health	7.54(sd=1.88)	7.37(sd=1.9)	7.92 (sd=1.7)	7.45(sd=2.0)	7.65(sd=1.5)
Mental Health	8.41(sd=2.64)	8.11(sd=3.0)	9.06 (sd=1.3)*	8.36(sd=2.7)	8.51(sd=2.6)
Experience of Visiting Doctor Office	7.69(sd=2.77)	7.58(sd=3.0)	7.96 (sd=2.2)	7.59(sd=2.9)	7.88(sd=2.4)

*$p<0.05$

Health Care Access

Table 4 presents survey findings on questions related to Health Care Access and Type of Insurance. Respondents indicated the doctor's office (68.9%) was the place most visited when they needed health care, followed by emergency room (9.1%), community health center (7.9%), and urgent care (1.8%). A high percentage (90.8%) of survey respondents indicated they had some type of health insurance. By way of comparison, the level of health insurance coverage for City of Jackson was 76% and the state of Mississippi was 75% (City-Data, 2018) (MSDH, 2018) (RWJ, 2018). Among the type of health insurance coverage reported by NHCI survey respondents, employer-based health insurance (64.6%) was the major health insurance type, followed by non-group private insurance (9.1%), Medicare (7.3%), Obamacare (5.5%), and Medicaid (4.3%). Approximately eight percent of respondents indicated they did not have any kind of health insurance covered.

Table 4 *Health Care Access and Type of Health Insurance*

Health Care Access	Percentage	Type of Health Insurance	Percentage
Doctor office	68.9%	Employer-based	64.6%
Emergency Room	9.1%	Medicaid	4.3%
Community health center	7.9%	Medicare	7.3%
Urgent care	1.8%	Obamacare	5.5%
Other	9.1%	Non-group private	9.1%
		Do not have insurance	7.9%

Avoiding Medical Care

Table 5 presents survey findings on questions related to avoiding medical care. Survey respondents selected from a list of reasons why they would avoid seeking health care. The reason "No Time" was selected by 23.8% of survey respondents. Other reasons cited included "Can't

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Afford It" (19.5%), "Can Treat Myself" (15.2%), and "No Transportation" (3.7%). These responses were consistent with national research data indicating "high medical cost" and "not enough time" as being major traditional barriers to seeking medical care (Kannan & Veazie, 2014) (Taber, Leyva, & Persoskie, 2015). Of particular note is the 20.7% of survey respondents who selected the "Other" category. Given the relatively high percentage of responses in the "Other" category, additional research is needed to identify what factors or issues constituted that percentage.

Table 5 *Reasons to Avoid Seeking Medical Care*

Reasons	Percentage
No Time	23.8%
No Transportation	3.7%
Can't Afford It	19.5%
Can Treat Myself	15.2%
Other	20.7%

Perceptions of Health Care and Health Information

Table 6 presents survey findings on healthcare perceptions; uses of health information; and lifestyle changes. Survey respondents were asked their level of agreement on several health care/health information statements. The scale used to rate survey responses ranged from "Strongly disagree" to "Strongly agree". A majority of respondents (41.5%) selected "Uncertain" as their level of agreement regarding the statement "The city of Jackson has better health care access than any other city in Mississippi". When respondents were asked their level of agreement regarding the statement "People living in Jackson enjoy better health than people living in other Mississippi cities", a majority of respondents (48.2%) also indicated they were "Uncertain".

When respondents were asked their level of agreement regarding the statement "Some chronic diseases are preventable by changing your lifestyle", approximately 88% of respondents selected either "Strongly agree" or "Agree". When respondents were asked their level of agreement regarding the statement "I frequently receive new/updated information related to maintaining my health", approximately 62% of respondents selected "Strongly agree" or "Agree". When respondents were asked their level of agreement regarding the statement "General health education information is available in my community", approximately 65% selected "Strongly agree" or "Agree".

Table 6 *Perceptions of Health Care and Health Information*

	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
The city of Jackson has better health care access than any other city in Mississippi	8.5%	12.8%	41.5%	19.5%	16.5%
People living in Jackson enjoy better health than people living in other Mississippi cities.	7.3%	18.9%	48.2%	15.9%	9.1 %
I frequently receive new/updated information related to maintaining my health.	4.9%	16.5%	16.5%	44.5%	17.1%
Some chronic diseases, such as diabetes and obesity, are preventable by changing your life style.	1.8%	2.4%	6.7%	37.2%	50.6%
I prefer my health care provider to share my racial or ethnic group.	6.7%	20.1%	24.4%	28.7%	18.3%
General health education information is available in my community.	2.4%	3.0%	28.7%	41.5%	24.4%

Focus Group Findings

To provide additional insight regarding survey responses, a six-person focus group session was conducted discussing respondents' health practices, experiences, and recommendations. An eleven (11) question, semi-structured interview guide was prepared to help facilitate the discussion. The questions included asking participants about their current health practices; challenges and barriers impacting their health; and questions regarding health and wellness programs at the New Horizon International Church (NHCI). During the focus group session, several significant themes and noteworthy observations emerged from the discussion. Table 7 provides a summary of major themes and discussion points emerging from the focus group session.

Table 7 *Themes from Focus Group Session*

Theme	Example(s) from Focus Group Discussion
Seeing increases among membership regarding certain types of diseases	Seeing more chronic and serious diseases like cancer; noting increase in Jackson's STD/HIV cases
NHCI has been providing health information to members and non-members since approximately 1994	NHCI offers lots of health-related activities, but members do not always take advantage of activities
	NHCI has a history of providing health information to members and the community (e.g., "Health Ministry/Guild" started around 1994)
	Growth in church making it more difficult to reach people
Issues of privacy/embarrassment keep people from coming forward	Many people with health problems (especially serious diseases like cancer) will not come forward / Do not want people to know / are "embarrassed"
People reluctant to use insurance due to associated costs	People have insurance but high costs, copays, and deductibles make them reluctant to use that insurance
Some people do not know where to go get help or information	Even though the church offer lots of health-related activities, some people still do not know where to go to get help
People/church members prefer less-healthy, better tasting, food & cooking	Church has tried serving healthy food in its kitchen, but people would not eat it / people prefer less healthy food
	Some people do not know how to cook healthy food
Need to post health information in more public places	Need to post health information in more public places like mom-and-pop stores, liquor stores, convenience stores, daycare centers, schools, senior citizens' homes
Need both old and new ways of reaching people with health information	Need old ways (e.g., using television, flyers) and new/ creative ways of communicating about health issues (e.g., using social media/internet; training young people to talk with other young people)
Role of Faith in "Healing"	It is not about health, it is about faith. Church offers "faith and spiritual" support as part of its health ministry. People hear about the "healing" taking place at church.

Discussion

This brief presented findings from research activities conducted at the New Horizon Church International (NHCI). Its purpose was to help NHCI leadership identify issues, factors, and practices impacting church members' health; provide a basis for developing programs, services,

activities, and information that can be used to improve the health status of NHCI members and the surrounding community; and gain additional insight regarding what churches are doing to promote the health of their membership. Below is a discussion of major issues and implications emerging from this study's research findings.

<u>Survey Responses</u>

There were 164 respondents who completed the survey instrument. In comparison to the City of Jackson's population as a whole, the socio-economic characteristics of the NHCI survey group included being older; a higher percentage African American; having a higher median household income; having a higher percentage of individuals with health insurance coverage; and having a lower education level. Of particular note for this research study was the much higher percentage of females (68%) who completed the survey verses males (31%) who completed the survey. From a research perspective, this large gender gap among the respondents suggest caution be exercised when interpreting results and designing interventions for the church as a whole. Unless the survey results closely mirror the male/female composition of the NHCI, a more balanced approach would be needed to ensure the health needs of men are adequately addressed.

In terms of the major health conditions identified by survey respondents, High Blood Pressure (50%), Diabetes (20%), and Obesity (18%) ranked the highest. This ranking suggests current and future church interventions should be prioritized to address those health conditions. Although seemingly under-represented in the survey responses, male respondents tended to view themselves as being in better physical health, mental health, and visiting the doctor's office more frequently than female respondents. Given that results for both male and female respondents were self-reported and not medically verified, the results seem to imply NHCI male members may have better health practices than female NHCI members. Additional investigation of this finding appears to be warranted as related to developing and implementing health-improvement activities.

Another noteworthy survey finding was the church having a high percentage of its members with health insurance (90%) and the top three reasons respondents gave for <u>NOT</u> seeking medical care --- No Time (23%), Can't Afford It (19%), and Can Treat Myself (15%). This finding suggest a reluctance on the part of survey respondents to use their health insurance. From an intervention standpoint, each of the three barriers (i.e., No Time; Can't Afford It; Can Treat Myself) would require a different intervention (e.g., offering medical services/information at non-traditional times; helping respondents identify alternative solutions for making medical costs more affordable; providing respondents with proven evidenced-based practices for self-treatment).

Other noteworthy survey findings included the high percentage of respondents who selected "Strongly agree" and "Agree" regarding acknowledging some chronic diseases are preventable by changing your lifestyle (88%), and the high percentage of respondents selecting "Strongly agree" and "Agree" regarding general health information being available in their community (65%). What makes these finding particularly noteworthy is that a high percentage of those same respondents reported high incidences of diabetes, high blood pressure, and obesity. This finding raises questions regarding whether NHCI members are using the health information and services being provided through the church; whether the health information and services being offered are effective; and/or whether respondents have a different viewpoint regarding what diseases are preventable and the usefulness of the health information. Based upon the survey responses, there appears to be a

disconnect between (1) knowing that a change in lifestyle can help prevent certain chronic diseases; (2) the availability of health information; and (3) using the health information to reduce the incidence of some chronic diseases.

Blending Focus Group & Survey Responses

A focus group was conducted to gather more information on health-related issues. Six survey respondents (all female) participated in the focus group session. In reviewing survey responses in conjunction with the focus group session responses, several noteworthy observations emerged. Although NHCI has a long history (since approximately 1994) of providing health information to its members, focus group participants stated some church and community members still do not know where to go for health information. This observation seems to run counter to survey findings of approximately 65% of survey respondents selecting "Strongly agree/Agree" regarding health information being available in their community, and approximately 62% of survey respondents selecting "Strongly Agree/Agree" regarding frequently receiving new/updated health information. However as pointed out by focus group participants, there are a number of issues impacting members and non-members ability to get information including a growing NHCI church congregation; the lack of health information being available in places outside of the church; and the methods in which health information is made available (e.g., via print, online, radio, television).

Two issues directly crossing both survey and focus group responses involved (1) the reporting of serious diseases like cancer, and (2) a reluctance to use health insurance. Regarding the first issue, 4.9% of respondents listed cancer as the condition they received a diagnosis. During the focus group session, there was some speculation the reported percentage could be higher due to concerns regarding privacy and embarrassment. The growing incidence of cancer among the general population and in churches has been noted by some researchers as an issue warranting more attention in churches (Campbell & Wallace, 2015). Focus group participants stated they know members who are reluctant to seek help for such diseases due to not wanting other people to know, and the illness raising possible questions regarding their belief and faith (e.g., they have done something "wrong" or against their Christian faith) (Daher, 2012).

Regarding the second issue ("the reluctance to use health insurance"), 90% of survey respondents indicated they had some type of health insurance. Also, 9.5% of survey respondents indicated they avoided seeking medical care due the reason "Can't Afford It". During the focus group, participants discussed how not being able to make copayments, meet insurance deductibles, and afford office visits were often mentioned by church members and non-members as reasons for not using their health insurance. The focus group participants also mentioned that for some church members and non-members, meeting other daily living needs were a higher priority than spending money on medical-related issues.

Another issue indirectly crossing both survey and focus group responses involved the church's experience with healthy foods. As stated earlier, approximately 65% of survey respondents selected "Strongly agree/Agree" regarding health information being available in their community, and approximately 62% of survey respondents selected "Strongly Agree/Agree" regarding frequently receiving new/updated health information. During the focus group discussion regarding NHCI's health and wellness activities, it was mentioned the church's cafeteria tried serving "healthy foods" but it was not well-received by the church congregation overall. The research

literature has identified the serving of "food" as being associated with many of the church's ceremonies, rites, and traditions (Collins, 2015). Given all the health information and activities taking place at NHCI, it would be assumed the church congregation would have embraced the serving of "healthy foods". This somewhat contradictory finding raises several issues as to getting individuals to change their behavior regarding "healthy foods", and what kinds of "healthy foods" would be acceptable to the church congregation. As indicated during the focus group discussion, just having access to health information is not enough to change people's food/eating preferences.

Role of Faith in Promoting Healing

During the focus group, the role of "faith" in promoting "healing" was discussed. The initial context for the discussion was how the church offers faith and spiritual support as part of its health ministry. The issue of faith in promoting healing emerged in more detail regarding how individuals experiencing serious illnesses such as cancer would come forward asking the church for healing. The focus group stated there were examples of individuals being "healed" based upon their faith and the spiritual support of the church. It was stated many such individuals were initially reluctant to seek help regarding their disease and wanted it to remain private. The issue of faith and its connection to "healing" has been found to be a major component of many churches "health ministries and wellness" activities (Campbell & Wallace, 2015) (Collins, 2015). Some research has found a positive connection between church practices and health in the areas of reductions in cholesterol, blood pressure, weight, and disease symptoms; and an increased use of mammography and breast self-examination (DeHaven, Hunter, Wilder, Walton, & Berry, 2004). Other research has found the frequency of church attendance to be a significant predictor of depression with more church attendance being associated with lower depression levels (Norton, 2008). The exact impact of "faith" in promoting "healing" is an ongoing research issue (Collins, 2015) (Campbell & Wallace, 2015) (DeHaven, Hunter, Wilder, Walton, & Berry, 2004).

As related to this research study, the issue becomes how effective are the spiritual interventions in comparison to the medical interventions. On the survey instrument, 9.1% of the respondents selected "Other" when asked where do you usually go when you are sick or need advice about your health. Based upon the structure of the question, it is very difficult to know how much of the 9.1% response was specifically related to seeking spiritual advice and assistance. Based upon feedback from focus group participants, an individual's and church congregation's "faith" does play some role in promoting health among individuals.

Conclusions

Churches in general, and African American churches in particular, have performed various roles in promoting health and wellness services to their congregations (Collins, 2015) (Austin & Harris, 2011). These services have ranged from health screenings to disease prevention initiatives to weight management programs to alcohol and smoking cessation programs. This research brief presented survey and focus group findings examining health-related issues at the New Horizon Church International (NHCI). The goals of this research project were to: (1) help NHCI leadership identify issues, factors, and practices impacting church members' health; (2) provide a basis for developing programs, services, activities, and information that can be used to improve the health status of NHCI members; and (3) gain additional insight regarding what churches are doing to promote health among their members and surrounding communities. Survey and focus group

findings indicated several chronic health conditions appear especially prevalent at NHCI (e.g., high blood pressure, diabetes, and obesity). Based solely upon the survey ratings, it appears the overall physical and mental health status at NHCI was above average with mental health being at a higher level than physical health. Surprisingly, male survey respondents reported higher levels of both physical and mental health status than female survey respondents. This finding seems to run counter to the research literature stating females tend to enjoy higher levels of physical/mental health and tend to live longer (Baker, et al., 2014). The ratio of female-to-male respondents completing the surveys and participating in the focus group session dictate caution be used in projecting data interpretations upon the entire NHCI congregation regarding health interventions.

The NHCI has a long history of providing health information and services to its members and the surrounding community. Even with this long history, the focus group discussion indicated the church is still having issues providing health information and services to its members and non-members. There are many barriers identified as hindering members and non-members from seeking medical care. The most cited barriers based upon survey and focus group responses included "No Time", "Can't Afford It", and "Can Treat Myself". These findings are particularly relevant given that over 90% of survey respondents indicated they had some type of health insurance. As was emphasized during the focus group session, having health insurance and being able to use that health insurance can be two very different things. Costs associated with using health insurance appears to be an issue among survey respondents.

The role of "faith" in promoting "healing" among the church congregation seems to be a powerful factor/tool in promoting the health of NHCI members and non-members. Issues connected with faith seem to be especially relevant when members are facing serious health conditions such as cancer. Additional research is needed to ascertain the efficacy of faith-alone interventions verses medical care-alone interventions verses faith-and-medical care interventions.

As stated before, the NHCI has a long history of providing health information and services to its members and the surrounding community. While the mission of the NHCI health ministry has not changed, there has been changes occurring which impact the effectiveness of the health ministry. These changes include a growing church congregation; increases in certain types of chronic and serious diseases occurring among church members and non-members; the perceived effectiveness of traditional health information and outreach activities; and the availability of new tools to promote the health and wellness of members and non-members (e.g., the internet, social media). Indeed, some researchers have found "health ministries" to be an effective intervention strategy in improving the health of church members and surrounding communities (Austin & Harris, 2011).

One difficulty that seems to remain the same is getting individuals to change their behavior and habits regarding certain health practices such as food choices (Collins, 2015) (Campbell & Wallace, 2015). As discussed by focus group participants, some communities lack a healthy environment to help them to stay healthy and encourage healthy behavioral changes. For example, the Kroger "big box" grocery store in South Jackson recently closed and the community has experienced an increase in the number of fast food restaurants serving less healthy food options. It was also mentioned that the South Jackson community lacks an effective health information delivery system. The survey results indicated that most respondents Strongly agree/Agree (88%) "some chronic disease can be prevented by prevention" and "general health information is available

in their communities" (65%). However, when these results were compared with the prevalence of chronic diseases reported in the survey, a disconnect between respondents' perceptions and their health conditions seems to exist. Due to differences in church and community members' educational levels, health literacy rates, and learning styles, it appears a variety of methods and approaches are needed to address the health information issue. This finding is in keeping with research literature stressing the need to have multiple education and lifestyle strategies available for different communities (Collins, 2015) (Austin & Harris, 2011).

Recommendations

Below is a listing of recommendations developed from this study's research findings. They are being included to help NHCI leadership develop and/or revise programs, services, activities, and information that can be used to improve the health status of NHCI members and non-members. These recommendations include:

* Get more input from male members and non-members regarding their perceptions on health-related issues, and to ensure the health needs of men are being adequately considered in future health ministry activities.

* Current and future church interventions should be prioritized to address the three highest rated chronic conditions identified by survey respondents --- High Blood Pressure (50%), Diabetes (20%), and Obesity (18%).

* Address the top three reasons respondents gave for not seeking medical care [i.e., No Time (23%), Can't Afford It (19%), and Can Treat Myself (15%)].

* Re-examine existing health information practices as related to distributing information to members and the surrounding community (with particular attention to using that information to promote a change in lifestyle that can reduce the incidence of some chronic diseases).

* Expand the availability of health information to public places outside of the church such as mom-and-pop stores, liquor stores, and convenience stores, daycare centers, schools, senior citizens' homes; and expand the methods in which health information is made available (e.g., via print, online, radio, television).

* Integrate traditional methods for distributing health information (e.g., using television, distributing paper handout materials) with new/creative ways (e.g., using social media and other forms of electronic communications).

* To help reach more young people, develop a training program for youth teaching them how to promote healthy behavior.

* Work with the JSU School of Public Health and School of Social Work to develop and implement interventions designed to promote health and wellness among NHCI members and the surrounding community. Some research have found that forming "academic and church partnerships" could help with disease prevention, health and wellness promotion, and reducing health disparities within the

African American church and community (Collins, 2015) (Austin & Harris, 2011) (DeHaven, Hunter, Wilder, Walton, & Berry, 2004).

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Health Survey

Instructions: Please complete this questionnaire for us. There are no correct or incorrect answers. THANKS!

Demographics

1. Do you live in Jackson? ___Yes; ___No.   If you checked yes, please list your zip code _____
2. Your race/ethnicity: _____; **3.** Est. annual household income: _____
4. Years of education: _____;   **5.** Sex/Gender: ___Male; ___Female;   **6.** Your age:_____(years)

Your Health

7. Please circle from the following list of health conditions that you have a diagnosis for: heart disease   stroke   high blood pressure   obesity   asthma   diabetes   depression   mental illness   cancer   stress   other _____

Using a 1 – 10 scale, with 1 being bad and 10 being excellent, rate your:

8. Physical health: 1   2   3   4   5   6   7   8   9   10
9. Mental health: 1   2   3   4   5   6   7   8   9   10
10. Experience visiting medical offices: 1   2   3   4   5   6   7   8   9   10

11. Do you get an annual wellness/health check-up? ___Yes; ___No

12. Where do you usually go when you are sick or need advice about your health? Doctor or health provider's office ___; Emergency Room ___; Community Health Clinic ___; Urgent Care ___; Other ___.

13. What kind of health insurance do you have? Employer-based ___; Medicaid ___; Medicare ___; Obamacare ___; Non-group Private ___; Do not have insurance ___.

14. What is the impact of health care costs on your household budget? Affordable ___; Difficult but manageable ___; Unaffordable___.

15. Why would you **NOT** see a doctor if you were sick? No time___; No transportation ___; Can't afford it ___; Can treat myself ___; Other ___.

16. Do you take herbs or other natural supplements for your health? ___Yes; ___No

Your Opinion (circle 1, 2, 3, 4, or 5)

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
17. The city of Jackson has better health care access than any other city in Mississippi.	1	2	3	4	5
18. People living in Jackson enjoy better health than people living in other Mississippi cities.	1	2	3	4	5
19. I frequently receive new/updated information related to maintaining my health.	1	2	3	4	5
20. Some chronic diseases, such as diabetes and obesity, are preventable by changing your life style.	1	2	3	4	5
21. I prefer my health care provider to share my racial or ethnic group.	1	2	3	4	5
22. General health education information is available in my community.	1	2	3	4	5

Focus Group Protocol & Questions

Date:

Place:

Focus Group #:

Participants:

Time: 1-1.5 hours

Welcome

Overview of Topic

Guidelines:

* Voluntary Participation --- Taking part in this study is completely voluntary. You may refuse to answer any specific question. Participants may withdraw at any time without penalty or prejudice.

* There are no right or wrong answers, only differing points of view.

* We will be taping the discussion and ask that only one person speak at a time.

* No participants' names will be mentioned in the report.

Focus Group Questions:

1. How would you evaluate your health condition? What are your general thoughts about the relationship between your health conditions and the current health system?
2. Do you have a community health center in your community? What are your general thoughts about community health centers' role in maintaining community health?
3. What are your general thoughts about disease prevention?
4. What are your general thoughts about health education?
5. What are your general thoughts about the delivery of health information in the church and community?
6. What would you like to see changed in the health system?
7. What do you see as barriers/challenges to maintaining your health?
8. How would you describe the overall health of New Horizon church members?
9. What are your general thoughts about the Health Ministry at New Horizon church?
10. What are your general thoughts on the church food menus, offerings, and food pantry?
11. What are your general thoughts about wellness programs and services offered at New Horizon Church?