

Research Article

The Role of Faith Community Nursing in Underserved Communities in South Texas

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Abstract

Objective- This study seeks to understand how the Methodist Healthcare Ministries' Wesley Nurse program works with individuals and communities to improve health.

Design and Sample- The Wesley Nurses responded to an interview guide which instructed them to reflect on a story demonstrating an instance where they impacted the health of an individual or community. Interviews occurred in June of 2015. Fifty-three interviews were collected which provided information for 61 unique individual or community encounters.

Measures- Information collected included client gender, age, and insurance status. Wesley Nurses provided qualitative information regarding the situation, action, and response for the story they reported.

Methods and Analysis- Responses were analyzed using narrative and thematic content analysis.

Results- Key themes that emerged during analysis included the Wesley Nurse's: ability to connect hesitant clients with needed resources, leverage partnerships to provide free or reduced cost resources to clients, intervene to prevent health-related crises, and establish themselves as trusted community members who are invested in the health of the community.

Conclusions- The analysis indicates that the Wesley Nurse program is an effective method of reaching underserved community members and connecting them to essential resources that improve health.

Background

The Methodist Healthcare Ministries of South Texas Inc., established in 1995, is a private, faith-based, not-for-profit organization dedicated to creating access to healthcare for uninsured and low income families. Located in San Antonio, Texas, the service area for the Methodist Healthcare Ministries expands across 74 counties in South Texas and overlaps with the Rio Conference area of the United Methodist Church.

In 1997 the Methodist Healthcare Ministries created the Wesley Nurse program. Since its inception, the Wesley Nurse program has expanded to include over 80 registered nurses who are located throughout the 74-county service area. Presently, the Methodist Healthcare Ministries' Wesley Nurse program represents the largest group of paid faith community nurses in the country.

Wesley Nurses have historically integrated into the community via partnership with local churches, clinics, and community centers. From these locations, Wesley Nurses are able to offer health education, classes, screenings, spiritual support, and other services to the least served in the communities.

The Methodist Healthcare Ministries' 80 thousand square mile service area is home to more than 6 million people, nearly 60% of which are Hispanic or Latino. The percentage of the population living with income at or below 200% of the federal poverty level is 43%. According to the US Census Bureau 2014 estimates, 28% of the adult population does not have medical insurance. This area includes large expanses of rural, undeveloped regions and in 39 counties 100% of the population, nearly 1.5 million people, are living in a health professional shortage area (HPSA). South Texas is also home to several *colonias*,

which are residential areas lacking basic living necessities like potable water, electricity, and safe housing.

Due to these challenges and other social and geographic risk factors, the population in South Texas also suffers from poor health outcomes. Nearly 1 in every 5 individuals reported having "poor or fair" health on the CDC's Behavioral Risk Factor survey. Counties along the US-Mexico border had an average of over 22% of the population reporting poor or fair health. Among the Medicare population in the region, 58% are diagnosed with high blood pressure, 31.5% are diagnosed with Diabetes, and 30% suffer from heart disease.

The goal of the Wesley Nurse program is to connect people, congregations and communities to health and wellness. The focus of this paper is to explore how Wesley Nurse's believe their work is improving health in their communities and transforming the lives of their clients.

Methods

This publication was written using secondary data obtained by the researcher with support and permission from the leadership of the Wesley Nurse program. Data analyzed consisted of 53 Wesley Nurses responses to an interview guide that included encounter interactions based on 61 unique individual or community experiences.

The original interview guide template was developed by the leadership of the Wesley Nurse program and was administered in June of 2015 (Appendix 1). The nurse's client and community contact interactions were coded and analyzed independently by a single researcher. After an initial read through of the transcripts content, the data were coded by theme and a codebook was developed (Appendix 2). Demographic information and codes were then entered into Microsoft Excel for easier

sorting and analysis.

As key themes emerged, they were incorporated into a mind map which was used to further explore potential connections. Findings from these analyses are reported in the results section of this paper.

Recruitment and Sample

The client/community encounter interview guide was distributed to the full team of nearly 80 Wesley Nurses, and 53 responses were returned. Wesley Nurses were permitted and encouraged to submit multiple encounter forms. The responses collected contained information regarding 53 unique clients and 8 community interventions.

No clients or stories were excluded from the analysis phase. Wesley Nurses were instructed to reflect on a story that they felt demonstrated improved health in their community.

Data Analysis

Client demographic data was analyzed for 53 unique clients. The average age of the clients was 53 and the population was majority female. Insurance status revealed that two out of every three clients seen by the nurses had no form of insurance, and that the most common form of insurance was Medicare.

Information was also provided regarding the duration of visits. For a vast majority of the encounters, the Wesley Nurse devoted multiple interactions to providing assistance and support to the client. In some instances, clients had been interacting with the Wesley Nurse for multiple months or years.

Lastly, qualitative information was provided that described how the client-nurse relationship first developed. Table 1 emphasizes the importance of community connections for the Wesley Nurse, since the

majority of clients who worked with the Wesley nurses were referred to the nurse via other community connections or family members.

Method	Number of interactions N=61	Percentage
Referral	25	41%
Client initiated	15	25%
Nurse initiated	13	21%
Circumstance	6	10%
Not provided	3	3%

*Note: For the purposes of this table, information regarding nurses connection to community interventions is also included. In these instances, “client” refers to the community representative or group.

Results

The results of the analysis revealed several key themes that demonstrated how the Wesley Nurses felt they improved clients health. These themes included the Wesley Nurse’s: ability to build trust with clients that allowed the nurses to connect hesitant clients with needed resources, leverage partnerships to provide free or reduced cost resources to clients, provide care to prevent health-related crises, and establish themselves as community members who are available to provide support and are invested in the health of the community.

Building Trust with Clients to Increase Client’s Access to Care by Removing Barriers

Encounters revealed that 12 out of the 53 clients who worked with the Wesley

Nurses expressed hesitation regarding accessing Wesley Nurse services or health related services in the community. In order for this barrier to be removed, trust needed to be developed between the client and the Wesley Nurse. Of these 12 clients, 6 represented instances where the Wesley Nurse initiated contact and support for the client. Considering that only 21% of total interactions began with the Wesley Nurse initiating contact, it seems that Wesley Nurses are able to intentionally identify clients who are in need of services but are facing barriers to accessing care. These barriers include low amounts of trust in the healthcare system overall or a belief that healthcare is unobtainable.

“Client suffered a nail to the right eye in a work accident 17 years ago. Because of his undocumented status he was afraid to go to the doctor for help. In desperation, the family came to see me... The client had surgery to remove his blind, diseased eye and he is already feeling much better. He will be receiving a prosthesis for the eye in 6 weeks.” -Respondent 26

Of the clients who expressed distrust or hesitation, approximately 33% avoided a serious medical crisis due to Wesley Nurse intervention.

“I checked her BP [blood pressure] ... obtaining an initial reading of 232/100 mmHG. I recommended strongly to the client the need to be seen in emergency care. She shook her head and said it’s too long a wait in the emergency room and she feels nothing bad; I told her that it’s a health emergency and that an option would be the urgent care clinic in town.” -Respondent 50.

Cost was another barrier frequently reported by clients that was prohibiting them from accessing the services and healthcare they needed. However, information about financial situations and challenges can often be seen as private. The trust that Wesley Nurses build with their clients provides the

clients with a comfortable environment in which they can be honest about their situations and seek the help that is needed.

“Client’s non-fasting blood glucose was 411. I encouraged her to go to the emergency room, but she declined. She said she did not have the money for the co-pay for her insulin which was \$60...WN called Christian Assistance Ministry(CAM) and explained to them the situation. CAM agreed to give the client \$60.” -Respondent 41.

Each client is unique and Wesley Nurses must be able to adapt to support the client in overcoming the barriers that keep the client from being healthy. Though each barrier differs, the common theme within these encounters is that a trusting relationship between client and Wesley Nurse is critical for the Wesley nurse to understand the client’s situation. This allows the Wesley Nurse to attempt to resolve the barriers and thus allow clients to access care.

Strong Community Connections Enhance the Support Wesley Nurses Provide to Clients

In addition to receiving a majority of clients via client referrals, a Wesley Nurse’s connection to the community is also tied to their ability to provide assistance to clients in need. Throughout the interview responses, Wesley Nurses leveraged an average of 2.2 community connections per client in order to increase their access to needed services and care. In 57% of all Wesley Nurse interactions, the Wesley Nurse was able to successfully connect clients in need to free or reduced cost services.

“I was able to get the client to have his HgA1c, kidney function, and liver profile labs done at a reduced rate at Rice Medical Center. I have helped him with prescription assistance. I had paid for this with my Wesley Nurse discretionary fund

through donations from the church. I was able to get the Columbus Lions Club to pay for his vision checkup and glasses.” - Respondent 11.

Due to the Wesley Nurse’s focus on underserved individuals and communities, access to resources and services is critical to their ability to help those in need. Wesley Nurses are active members of the community, and through networking and partnership are often able to leverage resources for clients at no cost to the Wesley Nurse program. Not only is this a sustainable practice, but it encourages further collaboration amongst community partners that can lead to more tight-knit communities and to community-wide approaches to healthcare solutions.

“I arranged for the client to see a PCP (Primary Care Physician) here in town with whom I have an arrangement to see my uninsured clients at a reduced cash price. That fee is then paid out of a fund established by a grant for non-emergent acute medical care for Wesley Nurse clients.” -Respondent 23

In addition to the need for strong ties to the professional healthcare community, individual donations collected by the Wesley Nurses can help connect the community to it’s members who are in need. This helps the Wesley Nurses continue to build relationships with community members and allows individual community members to impact each-other's lives in ways that were not possible before.

“I referred him to see his doctor for the pain and a podiatrist who I had a previous working relationship with. He was waiting for the podiatrist when he fell in the shower. I was able to have a shower chair delivered to his home through donations from the community... I assisted the client in having home health ready and an extra large hospital bed so that he could be comfortable in the recovery process after

spine surgery.” -Respondent 12

Wesley Nurses are expected to build relationships to support their work and the health of the community. Due to the complex needs of chronically underserved clients, the level of care needed often exceeds the skills that the Wesley Nurse offers as a Registered Nurse. In these circumstances the Wesley Nurse is able to continue helping the client by guiding them through the often complicated healthcare system and by leveraging their connections to provide previously unobtainable resources and services to the clients.

Wesley Nurses Being There for Clients Impacts Overall Health

The target population of the Wesley Nurse program includes clients who are uninsured, economically disadvantaged, or otherwise in need. These populations are frequently categorized as vulnerable populations, and they often face regular barriers to achieving access to care and the ability to live a healthy lifestyle.

In the health field, there is a saying that “an ounce of prevention is worth a pound of cure”. However, providing access to preventative care is often expensive and challenging when targeting underserved communities. Of the 61 unique stories described in the interview responses, 82% involved the administration of preventative services to clients. Wesley Nurses regularly provide educational opportunities, one on one training for medication administration and adherence, and exercise courses. Targeting preventative services to high risk populations has the potential for high impact, and the Wesley Nurse program may have valuable insights to offer in this area.

“The client, who speaks very little English, stated she was diabetic and WN found out she had not been offered diabetes education though she had diabetes for many years. Because of this one client the WN

found out there were 5 clients who needed diabetes education. WN offered to do a series of classes in Spanish.” -Respondent 31.

Additionally, 82% of clients were also connected to important community resources. This demonstrates a level of access that clients would not otherwise have, and in many cases clients reported appreciation and gratitude to the Wesley Nurses for their support.

“Client approached me at a community outreach event where we were giving flu shots to low-income clients. She stated she needed surgery but had no money and asked if I could help her... it was revealed she suffered from extremely debilitating and painful endometriosis that was causing her to miss regular work as a housecleaner. She was in pain, depressed and feeling guilty that her not working meant she couldn’t help support her two young children. Client was approved [for a charity specialist referral] ... The client had the recommended surgery and returned home after a regular hospital stay. She was able to return to work about eight weeks after her surgery, and reports improved mood and overall joy.” -Respondent 25

A significant 23% of cases reported in the interview responses revealed that the services provided by the Wesley Nurses saved their clients from serious health complications that may have been life threatening.

“WN was approached to host a “pink party” for women, which is an education program on breast and cervical health/cancer prevention. WN was contacted by a participant of the event via telephone and was informed that she was one of the individuals diagnosed with breast cancer because of this event that was held. She stated that she was very thankful for me hosting the program and otherwise wouldn’t have received a mammogram and [her

cancer would have] gone undetected for an undetermined amount of time... She was beginning treatment immediately thanks to this program.” - Respondent 30

Wesley Nurses provide general support, prevention, and education to the individuals in their communities on a regular basis. By being available to the community and building a trusted reputation, Wesley Nurses are often sought out by clients for support with bigger health concerns. Clients frequently expressed sincere gratitude for the support of the Wesley Nurse and the comfort that they feel knowing someone is out there who is always willing to help them in times of need. Often times, by performing their day to day tasks the Wesley Nurses encounter opportunities to impact client’s health in ways that are only possible through the intentional relational component of the Wesley Nurse program and the expert hiring of nurses who are personally driven to help those in need.

Discussion

Though further research is recommended to further understand the impact the care delivered by the Wesley Nurses has on the communities in which they practice, the importance of their role in communities is unquestionable. This analysis indicates that the Wesley Nurse program is an effective method of reaching underserved community members and connecting them to essential resources.

Additional research targeted at the client’s experience would further substantiate the impact discussed within this research article and would provide valuable insights to the true impact on communities. Learning from other community members how Wesley Nurses are viewed within their communities and how well their services are received would also add value to understanding the impact of this program within the community.

Limitations

Information provided reflects a personal account, which may introduce some recall bias, and outcomes were not substantiated with evidence. Since the information analyzed was provided by the Wesley Nurse, the researcher does not have insight into the client's perspective or reaction to the information provided in the interview responses.

All data was analyzed anonymously. Information regarding geographic location, Wesley Nurse experience, or social factors were not taken into account. The researcher also did not have contact with the Wesley Nurses during the analysis. All qualitative analysis was performed using the written stories provided and does not include any additional supporting information like field notes or audio recordings. Analysis took place almost 2 years after the initial data collection occurred.

Conclusion

Wesley Nurses primarily impact the health of their clients simply by being available for them. Trust and integration into the communities both take time, but they are two key components to the success of the

Wesley Nurse. Trust is developed by providing a helping hand, by listening to concerns, and by consistently serving as a safe place for support and prayer in times of need. This is the strength of the Wesley Nurse, and by nature of being themselves they become important leaders and participants in their communities. Clients lives are enriched by knowing they have a place to go when they are down on their luck, and that there is someone out there checking in to see if they are okay.

Understandably, this is not the typical approach to health care, nor is it the standard role for a clinically trained registered nurse. However, the clinical skills obtained via the registered nurse training equip the Wesley Nurses with the tools needed for early detection and response to the health crises that they witness on the job.

Wesley Nurse continue to provide support to clients in need and navigate them through the health care system every day. Though their approaches may seem atypical, there appears to be a lot of information we could learn from programs like the Wesley Nurses that could dramatically change the way we engage in health care and support the underserved in our communities.

References

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A Wesley Nurse Story- Template

The goal of collecting these stories is to determine, “How does Wesley Nurse engagement transform lives and/or communities to improve health?” Thank you for taking the time to complete the story format with this goal in mind.

Is this a client/family/community?

If client/family- age, gender, insurance?

Length of interaction (choose one):

One visit

Multiple visits (how many and length of time)

Ongoing (Length of time so far)

How did the WN come into contact?

Did patient/family/community partner reach out?

Did WN reach out?

Did a third party refer or introduce?

What happened?

What steps did the WN take?

What was the response?

Did the WN follow up or did the client/family/community partner contact the WN?

What was potentially averted with WN intervention?

How was health improved?

If this is a community story, what were the effects of the interaction?

Codebook

Trust: The development of a trusting relationship occurs between the WN and the client. This trust may be built as the WN overcomes fear or hesitation, or it may be spoken outright by the client to the WN.

Connection: The type of connection that the WN made for the client that was vital to the client's health and wellbeing. This is meant to capture the depth and specifics of the resources offered, not the breadth. These connections include: access to surgery, access to physicians, access to healthy foods.

Spirituality: Spiritual support that is provided by the WN that is seen as contributing to the client's health and wellbeing. Most often this is seen when WNs and the client's pray together or support the client's interactions with the church.

Hesitation: Clients express hesitation to accept the services offered by the WN or to receive healthcare overall. Clients who express suspicion of the WN or health related services are also classified in this code.

Prevention: The WN provides preventative services to the clients and/or community. These types of preventative services include: screenings, safety tools and instructions, and access to vaccinations.

Holistic: Services provided by the WN that treat at least two of the following: physical health, behavioral health, and spiritual health.

Crisis averted: The WN's interactions with the client have directly contributed to the client avoiding a serious threat, harm, or loss of life. Examples that would fall under this code include administering life saving treatment and early diagnosis of an impending health condition like a stroke, heart attack, or cancer.

Free or reduced: The WN is able to help the client acquire services or resources for a free or reduced cost. Instances where the WN is able to cover costs from a discretionary fund, collect donations from the community, or acquire resources from community partners in exchange for nursing services to be offered by the WN.

Community Spread: The volume of resources and/or services that the client is able to access via the WN's support that they would have otherwise been unable to access. This code is meant to reflect the strength of the WN's network and presence within the community.