

**Evaluating Current and Exploring Future Opportunities for Partnership Between a
Faith-Based Organization and Virginia Cooperative Extension**

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Faith-Based Partnerships and Extension: Assessing a faith-based community's willingness to partner with and deliver Extension prevention programming related to social issues including prevention of opioid misuse and addiction

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Abstract

The opioid crisis is causing immeasurable disruption and placing a heavy burden on individuals, families, communities and the economy across the United States. Addressing this complex crisis will require prevention and intervention strategies on multiple levels. This study investigated perceptions of a faith-based partnership and the opportunity to expand the partnership with Virginia Cooperative Extension to deliver prevention programming aimed at drug misuse and abuse including opioids. The study evaluated program coordinator perceptions of a current partnership of two health-based Extension programs delivered in thirty-eight churches of the Baptist General Convention of Virginia in partnership with Extension faculty through a survey. Results indicate a strong partnership, high level of satisfaction of the programming delivered and a solid willingness to partner to deliver other programming, including drug misuse and abuse. However, respondents indicate varying levels of support for programming specifically aimed at opioids. While respondents shared uncertainty about whether opioids had impacted their community, statistics from the National Institute on Drug Abuse confirmed otherwise, suggesting need for increased awareness of community issues. The sample was small and results were inconclusive outside of the participant group. However, the study supports including a needs assessment and program component aimed at increasing knowledge around community needs. The study concludes there is an opportunity to expand the partnership with FBOs to include prevention programming aimed at drug misuse and abuse including opioids. Recommendations for future research include exploring drug misuse and abuse programming aimed at treatment and recovery, as well as exploring opportunities to partner with additional congregations in the Baptist General Convention and local Virginia Cooperative Extension offices.

Keywords: Faith Based Organizations, Extension Programs, Opioids

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Introduction and Background

The Opioid Crisis

“Opioid misuse, addiction, and overdose affect millions of Americans each year, causing immeasurable disruption and suffering in the lives of individuals, families, and entire communities while draining billions of dollars from our economy” (Skidmore, 2018, p. 2). According to the National Institute on Drug Abuse, more than 130 people die each day from opioids and some reports indicate the opioid crisis could claim 1 million lives by 2020 (Mitchell, 2018). “The reasons for the emergence and escalation of the opioid crisis are numerous and complex. Effectively addressing the opioid crisis will require multiple types of solutions and interventions at multiple levels, across social contexts” (Skidmore, 2018, p. 2).

In many states, the land-grant universities are responding to the crisis by leveraging their outreach and Extension systems (Skidmore, 2018). Virginia Cooperative Extension (VCE) is engaging Faith Based Organizations (FBO’s) as one strategic partner to reach families in local communities to address other life challenges, including obesity prevention, education, and diabetes and personal financial management. VCE has not yet partnered with FBO’s to address the opioid crisis. However, places of worship are particularly important for health promotion especially for underserved populations (Peterson, Atwood, & Yates, 2002). Spirituality is an integral part of a person’s well-being and often provides a motivational factor when changing health behaviors and meeting goals (Peterson, Atwood, & Yates, 2002). Therefore, working with FBO’s on issues related to opioid prevention and misuse may be an opportunity to reduce the impact of the opioid crisis.

This study provided an evaluation of a faith-based partnership between VCE and the Baptist General Convention in Virginia (BGCVA) related to existing social and lifestyle related challenges. In addition, the study assessed the FBOs willingness to participate in additional programming opportunities that are offered in the VCE portfolio, including programming related to the prevention and intervention of misuse

and abuse of opioids. Primary prevention strategies are designed to address the opioid crisis and other programs to empower communities, families and youth. Results from this study provide pathways to expand the partnership. By leveraging Extension resources and community partnerships that have proven successful in creating positive change, Extension can help break the cycle of poverty, encourage healthy lifestyles and prepare youth for responsible adulthood (National Institute of Food and Agriculture, 2019).

Purpose of the Study

[Addressing the Opioid Crisis, Cooperative Extension & Faith Based Organizations](#)

According to the U.S. Centers for Disease Control and Prevention (CDC), in 2016 there were 32,445 deaths involving opioids, approximately 89 deaths per day (Center for Disease Control and Prevention, 2017). The numbers continued to rise in 2018 with data from The National Institute on Drug Abuse reporting more than 130 people die each day from opioid overdoses (Center for Disease Control and Prevention, 2017). The crisis stretches beyond loss of life. The CDC estimates the total economic burden, in the United States could exceed 78 billion annually (National Institute on Drug Abuse, Advancing Additional Science, 2019). The opioid crisis is affecting men and women in most age groups, across geographic and socio-economic statuses, making it difficult to identify a specific group to target in order to present an intervention strategy (Glenza, 2018). Addressing the crisis will require prevention and intervention strategies at multiple levels and work with many partners in a concerted effort.

The VCE mission supports creating collaborative, local partnerships to deliver evidence-based prevention programming (EBP), hands-on learning experiences so individuals and communities can thrive (Virginia Cooperative Extension, 2019). Extension Agents, who lead the program efforts, often reside in the communities where they work and are invested in the community, bringing credibility to

their role as educators. Their outreach efforts work to translate science for everyday use by identifying emerging issues, encouraging healthy lifestyles and preparing youth with life skills to lead for a lifetime (National Institute of Food and Agriculture, 2019).

In 2017, the Extension Opioid Crisis Responses Working Group (EOCRW) was formed by the Extension Committee on Organization and Policy to organize resources, identify needs and potential opportunities, develop a strategic framework to coordinate a system-wide effort, and identify funding sources to support the work in this area (Skidmore, 2018). In a Behavioral Health Programs survey that included current or planned efforts for Extension, a majority of respondents agreed that Extension should play a role in the reduction of opioid use and abuse in their state (Skidmore, 2018). Mission, organization structure, local community education role and engagement of partners at the local, state and national level, uniquely position Extension to be a partner with local communities in addressing the opioid crisis.

Extension is engaging the FBOs as one strategic partner to reach individuals and families in local communities to provide health and wellness programs (Hosig, Partnering with Faith-Based Organizations, 2019). FBO members are driven by a sense of community and a spiritual relationship with a core mission of service to others. As a VCE specialist and state program leader, Dr. Kathy Hosig, has worked with FBO's for the past 10 years to deliver health and wellness programs. She found that active members in FBO's involved in lifestyle intervention have "achieved improvements in congregations' nutrition behavior, physical activity levels, and weight management, by improving social support, self-efficacy, and regulatory behaviors" consistent with findings of other researchers (Hosig, Partnering with Faith-Based Organizations, 2019), (Anderson, Winett, Wojcik, & Williams, 2010). In Virginia, VCE provides EBPs and leadership while the FBO provides the participants, coordination, trainers and facility to respond to community needs.

VCE is currently in the early stages of responding to the emerging opioid crisis and determining the appropriate response. With a mission of serving communities and the success of current partnerships, FBO's may emerge as an ideal partner to respond to the opioid crisis.

Extension agents and specialists seek to provide the most effective prevention programs that are driven by scientific data to meet the needs of the local community and to have a measurable impact. Finding the right balance of EBPs that can be adapted to meet local needs is key. For example, Empowering Healthy Families! (EHF) is evidence-based and involves the entire family in addressing disproportionately high obesity prevalence among African American school aged children in Virginia (Hosig, Partnering with Faith-Based Organizations, 2019). This program has been provided to 76 families in seven Baptist churches in the BGCVA in partnership with VCE (Hosig, 2019). The program seeks to increase self-efficacy, improve parenting practices and the home environment related to food and activity behaviors. The program outcomes measure increased awareness, knowledge gain, and changed behavior leading to long-term reduced prevalence of childhood obesity (Hosig, Church, Extension and Academic Partners Unpublished Logic Model, 2018). Similarly, Hosig has partnered to offer the Balanced Living with Diabetes (BLD) program, which has been provided to 35 churches with 506 participants. BLD uses lifestyle intervention to improve healthy eating and activity levels and knowledge regarding health nutrition to manage type 2 diabetes (Hosig, Partnering with Faith-Based Organizations, 2019).

[Leveraging Current Extension Partnerships to Expand Programming](#)

The purpose of this study was to evaluate FBO's coordinator perceptions of their partnership with VCE, and the EHF and BLD programming that has been delivered in partnership with VCE. By assessing the partnership and programming, the study was able also assess coordinator's willingness to partner with VCE to deliver other prevention programming related to social issues including opioid misuse and

abuse. This study provides insight into the potential for FBO's to serve as a partner in tackling the opioid crisis in communities across the Commonwealth.

Significance of the Problem

[The Opioid Crisis Impact on Individual, Families, and Communities](#)

While assigning monetary value to lives is difficult, data can provide insight into the impact of the opioid crisis in terms of the economy, communities and families (Castellucci, 2018). The opioid crisis cost the economy \$95 billion in 2016, based on costs including patient treatment, productivity losses, criminal justice and child and family assistance (Castellucci, 2018). Council of Economic Advisors attempted to quantify societal cost and have estimated, using the value of life calculation, that the true cost is closer to \$500 billion, representing approximately 2.8% of the 2015 US gross domestic product (Ryan, 2018). To put this in context, this amount exceeds federal expenditures for education in 2015 (National Priorities Project, 2015).

While most data focus on economic losses, the ripple effect on youth receives little attention:

For the family, statistics can't tally the trauma felt by a seven-year-old who calls 911 to get help for an unconscious parent, or the responsibility undertaken by a twelve-year-old to feed and diaper a toddler sibling, or the impact of school absences and poor grades on a formerly successful high school student. Parental overdoses have an immediate impact on children. There's also a cumulative impact as these children become adults and are themselves at risk from the same influences that drove their parents to drugs, overdoses, and early deaths. (Levine, 2018, p. 3)

Responding to the opioid crisis requires action on many fronts, from intervention programs for those who are already using or abusing to prevention programs to promote healthy behaviors and informed decisions.

According to the CDC, the right preventive care at every stage helps people stay healthy, improve their health, delay disease, or prevent the disease from becoming worse. By doing so, people can lead productive and fulfilling lives, while reducing health care costs and impact on the economy (Center for Disease Control and Prevention, 2017). The key to reducing rising costs and improving health is disease prevention (Center for Disease Control and Prevention, 2017).

When we invest in prevention, the benefits are broadly shared. Children grow up in communities, homes, and families that nurture their healthy development, and adults are productive and healthy, both inside and outside the workplace. Businesses benefit because a healthier workforce reduces long term health care costs and increases stability and productivity (Center for Disease Control and Prevention, 2017, para 9).

The right preventative programming, at the right stage, has the opportunity to impact the individual, families, local communities, and create stable, productive communities that benefit many stakeholders.

Literature Review

[Prevention Programming to Empower Individuals, Families and Communities](#)

Prevention programming can be implemented at varying stages of a person's life and for different behaviors. There are many types of prevention programming that impact the individual, but if successful, the prevention programming will eventually positively impact families and the communities where the individual resides. Kumper et al. (2003) noted:

“Unfortunately, the causes of drug misuse are deeply rooted in a “family disease” of lifestyle, influenced by family environment and genetic risk factors. Prevention programs that change on-going family dynamic are the most effective because they create healthier and happier youth. What children truly need is for their parents to provide guidance and positive role modeling” (para 1).

Community-based programming is often delivered in the church, serving the needs of members and the surrounding communities, with partners that involve education, social welfare, social justice, and health programs (Young, Patterson, Wolff , Greer, & Wynne, 2014). While many programs are delivered at the community level, faith-based programming can occur at the individual, organizational and neighborhood level (Young, Patterson, Wolff , Greer, & Wynne, 2014). Churches and other FBO’s have sparked interest as a place from which to deliver health promotion and prevention programs (Sattin, et al., 2016). FBO’s can help counter barriers and can be an ideal setting to recruit participants, as the church often has long-term members that are influencers in the community (Sattin, et al. 2016). “FBO’s operate on the concept of discipleship- a personal relationship between a more experienced believer and a spiritual “seeker” that helps grow and mature” (Townes, Firesheets, & Francis, 2012, para 17).

Evidence Based Prevention Programming Improves Outcomes

EBP is based on rigorous study of the effects and outcomes of specific interventions or models. EBPs have proven reliable and consistent for positive changes in outcomes. Programs can be adapted to meet the needs of each audience without changing the core curriculum. Extension programs often offer an opportunity to engage participants in an intensive and interactive, approach to educate, increase skills, or change behaviors, of youth and their families in many different settings, so individuals can thrive and reach their greatest potential. Reaching their greatest potential improves

the lives of individuals, those around them, especially children which impacts future generations, and the community. Ultimately, as youth reach their greatest potential they have can lead healthy, happy and fulfilling lives. The challenge is meeting individuals where they are with the right programming and resources to produce intended outcomes.

Partnering with FBOs

FBOs provide an opportunity to connect with participants in a unique way. Participants in FBOs are often willing to be engaged in programs or activities that are consistent with the FBOs core mission of service to others (Townes, Firesheets, & Francis, 2012; Hosig, Partnering with Faith-Based Organizations, 2019). For BGCVA, the mission and vision focus on “Equipping and uniting churches and ministries for holistic ministry through our Christian Faith and honor our Baptist tradition while embracing unity, inclusivity and diversity.” Ministries include education, health, youth and young adults (Baptist General Convention of Virginia, 2019). The holistic approach in ministry acknowledges and seeks to develop the potential of the whole person; spiritually, emotionally, physically, socially and academically (Breakaway Outreach, 2019). Similarly, VCE’s mission in service to others, is to build local relationships and collaborative partnerships, providing access to scientific knowledge in a local context. VCE programming seeks to improve the economic, environmental, and social well-being of individuals, families and communities at the grass-roots level.

Religion and faith are linked to health. Most religions link keeping the body healthy to being able to serve (Hosig, Partnering with Faith-Based Organizations, 2019). In addition, FBO’s offer social support, and sometimes social pressure that can motivate behavioral change (Hosig, Partnering with Faith-Based Organizations, 2019). FBO’s provide access to participants, volunteers, and coordinators to help with programming, assist with message delivery and program participant recruitment, and are often

willing to host meetings (Hosig, Partnering with Faith-Based Organizations, 2019). Having members of the congregation liaise and serve as the primary communicators between Extension Specialist/Agents and the congregation removes initial barriers, allowing Extension Specialist/Agents to build trusting relationships more quickly. Hosig says building on these strong relationships is the key to success in partnering with FBOs.

In forming the partnership, Extension faculty provides the appropriate training, resources, and support for trainers to implement the programming. Training FBO-based volunteers or coordinators to deliver programming enables them to build capacity and continue the programming long term (Hosig, Partnering with Faith-Based Organizations, 2019). Additionally, Extension is able to offer other programs to educate and empower local community members that reach the entire family (Hosig, Partnering with Faith-Based Organizations, 2019). For the congregation, the partnership with VCE provides access to non-formal EBP to improve and empower the lives of those in their community in service to others (Hosig, Partnering with Faith-Based Organizations, 2019). The FBO may also see the program as an opportunity to recruit new members and grow their congregation (Hosig, Partnering with Faith-Based Organizations, 2019).

Study Objectives

The objectives of this study were to 1) explore FBO coordinator perceptions of prevention programming (Empowering Healthy Families! and Balanced Living and Diabetes) being delivered in partnership with VCE and 2) determine the willingness of FBO leaders to expand the partnership with VCE to deliver other VCE programs, including programming associated with opioid misuse and prevention.

Definition of Terms

Baptist General Convention of Virginia – BGCVA – A Baptist religious denomination in Virginia made of 1075 rural, suburban and urban congregations and 29 associations involved in worship, fellowship, stewardship, evangelism, missions and discipleship (<https://www.bgcva.org/>).

BGCVA Program Coordinator– BGCVA Director of Health, Wellness and Social Justice provides guidance and technical support to health ministry coordinators and leaders in the individual BGCVA churches (<https://www.bgcva.org/about-us.html>).

Center for Disease Control and Prevention – CDC – Works to protect America from health, safety, and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, the CDC fights diseases and supports communities and citizens do the same (<https://www.cdc.gov/about/organization/mission.htm>).

Faith-Based organization/community (FBOs) – A group of individuals united on the basis of religion or spiritual beliefs.

Opioid – A drug (such as morphine or codeine) containing or derived from opium and tending to induce sleep and alleviate pain; broadly (<https://www.dictionary.com/>).

Virginia Cooperative Extension (VCE) – Credible experts and educators share university knowledge, information, and tools you can use every day to improve your life (<https://ext.vt.edu/>).

Limitations of the Study

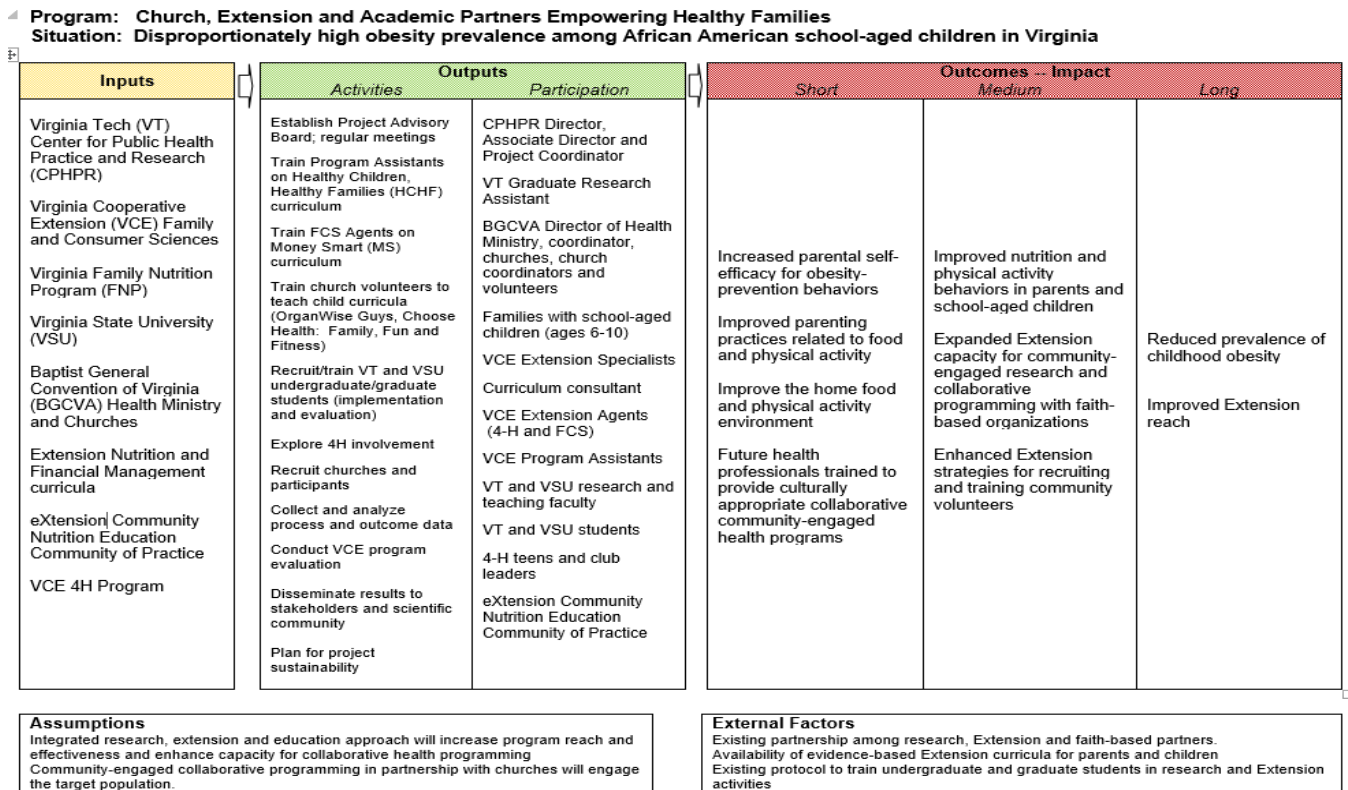
This study focused solely on the Baptist-based faith of member churches of BGCVA so results from this study do not necessarily correlate to other FBO's, as community engagement, capacity, community perceptions and religious mission may differ for other denominations (Goldsmith, Eimicke, & Pineda, 2005). Additionally, the BGCVA organization resides in Richmond, but serves Virginia congregations

located rural, suburban and urban areas across the state. The geographic, socio-economics, and traditions of the church may not reflect the same perceptions or willingness to participate as BGCVA. Not all churches may have valid email contacts or addresses, as the contact or email address may have changed since the partnership with VCE; some partnerships began as early as 2011. With Extension, not all partnerships are continuous and may part over time. Finally, emailed surveys have an average response rate of 30% (Survey Anyplace : Pro tips to engage surveys, quizzes and assessments, 2019)

Conceptual Framework

The logic model for the program serves as the conceptual framework for this project. This model describes links between resources, activities, outputs, audiences, and outcomes related to a specific problem (McCawley, 2019). The relationship between each component depicts cause and effect to determine impacts or anticipated outcomes. For this study the logic model was used to align survey questions to evaluate perceptions of the community impact of the programming. Figure 1.1 shows the logic model components for EHF programs.

Figure 1.1 – EHF Logic Model



Study Methodology

The quantitative and quantitative research design was used to determine coordinator perceptions of the program in which their church participated and to gauge their willingness to partner with VCE to deliver other health related and primary prevention programming including programs aimed at dealing with the opioid crisis. The quantitative design provides objective data that expresses demographic information, perceptions, and categorical interests that can be analyzed to statistical data. Additional qualitative online survey questioning provided coordinators with an opportunity for open commenting to gain in-depth knowledge about underlying reasoning.

Study Participants

Thirty-eight BGCVA member congregations have offered the EHF Program or BLD programs in partnership with VCE. The membership of the BGVCA Virginia churches in rural, suburban, and urban congregations is primarily African American. The Baptist-based ministry is located in Richmond, Virginia but serves most of Virginia. Health and wellness are part of their ministry as they seek to improve overall health outcomes for members and the community they serve (Baptist General Convention of Virginia, 2019). The population for this survey is all thirty-eight BGCVA churches that are partnering with VCE to provide EBPs. In total, thirty-one churches participated in BLD only. Four churches participated in EHF only, and three participated in both BLD and EHF.

Study Data Collection

The 34 program coordinators with an email address were sent a survey link by email from Dr. Kathy Hosig (Appendix A). The email was sent by Dr. Hosig because of her relationship with the program coordinators in an attempt to encourage survey participation (Dillman et al., 2009). Email recipients were asked to respond to the survey within two weeks of the survey email date. Three days before the survey closed Dr. Kathy Hosig sent a reminder email provided by the researcher to further encourage participation. Eleven recipients responded to this request. Four program coordinators did not have email addresses and were contacted by phone. Because of an initial low response rate, the researcher contacted non-respondents by phone and left a message for those who was not reachable by phone to encourage participation. If a coordinator was reached and was willing to participate in the survey, it was administered by phone.

Study Instrumentation

The survey was created in Qualtrics® (Appendix B). The questions for the survey were derived from an understanding of the current programming objectives as identified in the program logic model developed by Dr. Hosig (Figure 1.1). The survey was designed using display logic to make sure the questions being asked were relevant to the respondent. Based on the duration time stamp, the survey took on average 11 minutes 38 seconds minutes to complete. The same questions were used and the same process was followed regarding skipped questions when people responded verbally to the survey by phone. Logical validity assessed congruency the of the objectives of this study.

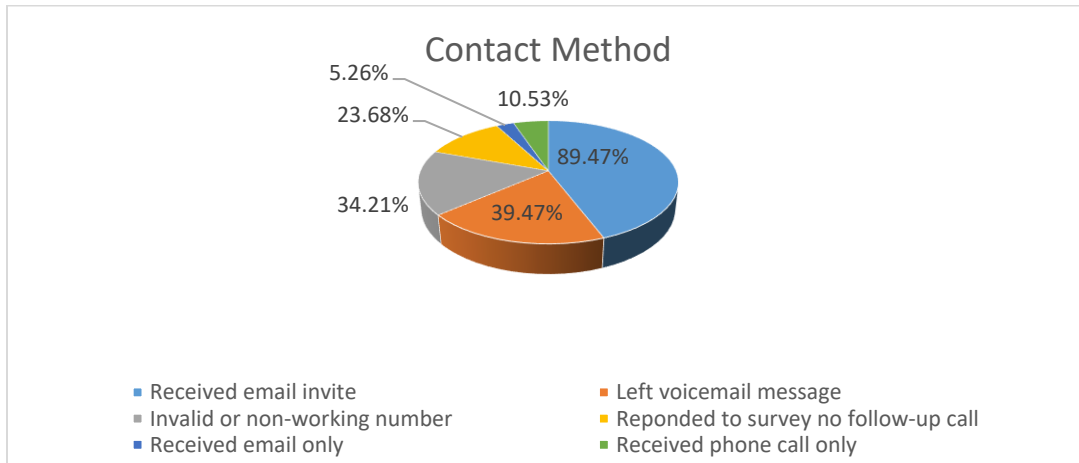
Data Analysis for the Study

Survey data was analyzed using descriptive statistics to determine coordinator perceptions of the program in which their church participated and to gauge their willingness to partner with VCE to deliver other health related and primary prevention programming including programs aimed at dealing with the opioid crisis. A summary report was developed that includes overall perceptions of the EHF and BLD programming and identified the areas in which they are interested in partnering, including programming aimed at dealing with the opioid crisis.

Study Findings

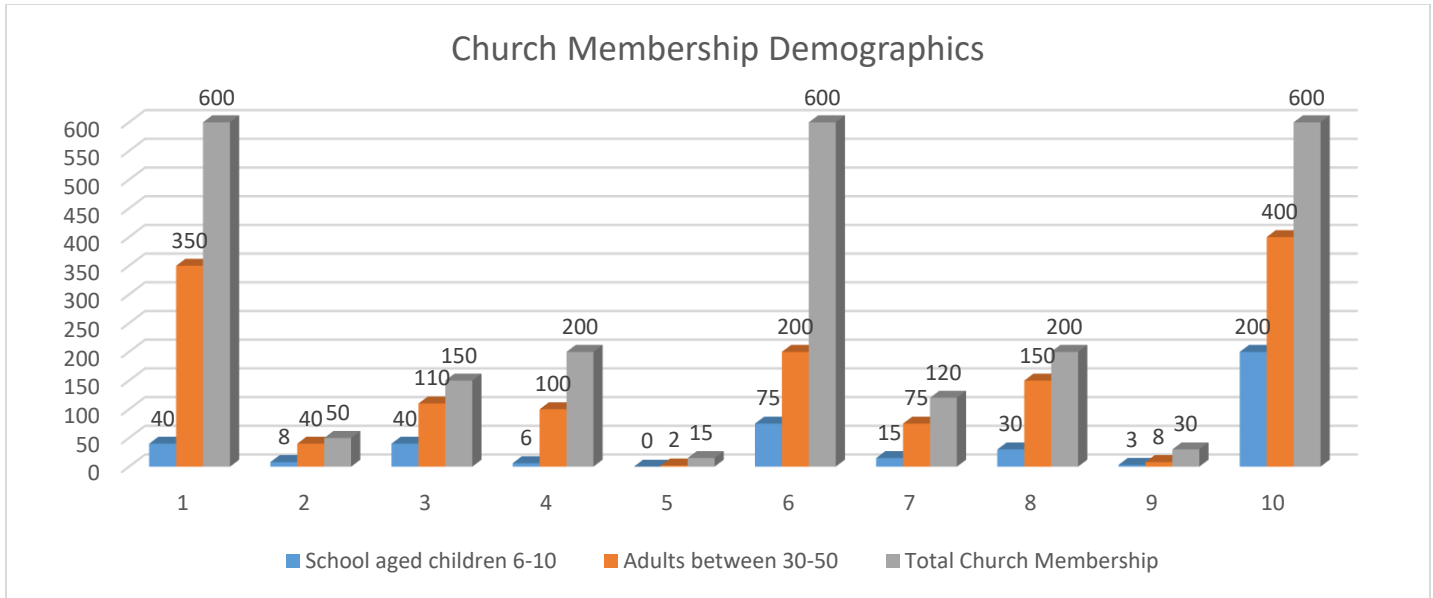
Thirty-eight church coordinators of EHF and BLD were invited to respond to the survey either by email or by phone. Four emails addresses were returned undeliverable and four coordinators were only reachable by phone. See Figure 2.1.

Figure 2.1 – Survey Contact Method



Fifteen total responses were recorded in Qualtrics, eleven responses were complete and four participants attempted the survey but exited within 35 seconds before any questions were displayed. This survey resulted in a 28.9% response rate with participant roles being identified as health and wellness ministry leaders (3), program coordinators for BLD only (5), program coordinator for both EHF and BLD (2), and an executive pastor. Geographically, there was representation of churches in the Virginia counties of Caroline, Chesterfield, Henrico, Northampton, Pittsylvania, Richmond, Spotsylvania, and Washington as well as the City of Hampton with total estimated membership ranging from 15-600; Of their membership respondents estimated that 50% of the churches had less than 200 members, 20% had between 200 – 500 and 30% of the churches had more than 500 members. Eight of the ten churches had less than 40 youth members ages between 6-10, common target ages for this programming. The bar graph in figure 3.1 details membership demographics for ten churches including the approximate total church membership, school aged children from ages 6-10, adults between 30-50 and total church membership.

Figure 3.1 – Number of members in churches responding to the survey



To understand more about perceptions of the programming, coordinators responded to statements based on anticipated program outcomes obtained from the program logic model (See Appendix C). Using a Likert scale from strongly agree to strongly disagree, responses were recorded for both BLD and EHF programs. Of the eleven full responses, ten coordinators provided responses for BLD and four for EHF. Three coordinators responded to questions related to both BLD and EHF programming. All respondents for BLD and EHF strongly agreed or somewhat agreed that they were willing to recommend the program to others. All respondents also agreed strongly or somewhat agreed that participants experienced positive results, including increased knowledge, activity, and making healthy food choices. Additionally, 100% of coordinators, agreed strongly or somewhat agreed that the partnership was a positive experience. They expressed a mixed response to whether the program strengthened their partnerships outside of the church community, with 25% responding with somewhat disagree. The chart in Figure 4.1 shows each statement and compares coordinators median response for EHF and BLD programming.

Figure 4.1 – Respondent agreement with statements related to BLD and EHF

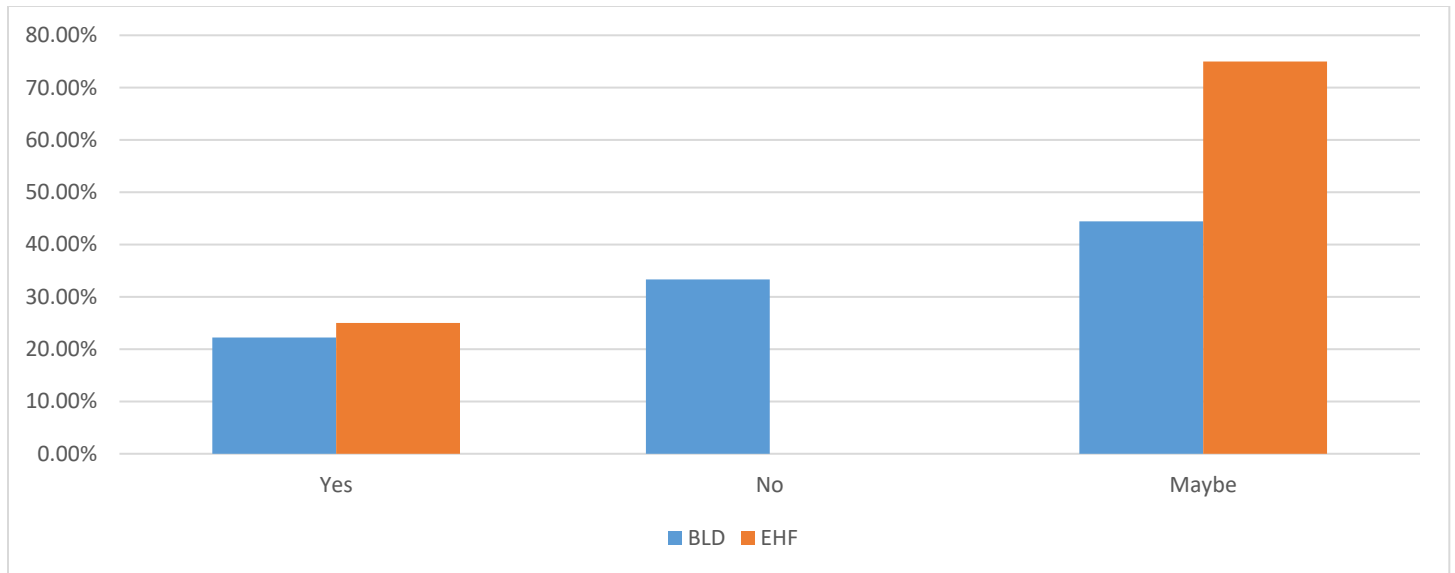
Statement	BLD (n=9)		EHF (n=4)	
	Median	Range	Median	Range
Our partnership has been a positive experience for participants of the Empowering Healthy Families! program	1.11	1-2	1	1
Participants have expressed excitement about the Empowering Healthy Families! program	1.56	1-3	1.25	1-2
Participants have experienced positive results while engaging in the program including improved physical activity, making healthy food choices, and/or increased knowledge about improving overall health	1.22	1-2	1.5	1-2
Parents have benefited from the partnership with Extension and the Empowering Healthy Families program and have increased awareness about food choices and physical activity	2	1-3	1.75	1-3
School-aged children, 6-10, have benefited from the partnership with Extension and the Empowering Healthy Families program and are making better food choices and engaged in physical activity	n/a	n/a	1.75	1-3
Offering this program to our church members and the community has strengthened our partnership with others outside of our church family	1.89	1-4	2	1-4
I would recommend the Empowering Healthy Families! program to other church program coordinators	1	1	1.25	1-2

1- Strongly agree 2- Somewhat agree 3- Neither agree or disagree 4- somewhat disagree 5- Strongly disagree

2-

After data was collected about perceptions of the programming, coordinators were asked to respond to a series of questions to gather more insight into the church’s intent to offer future programming. They were first asked, if the church planned to continue programming after the initial partnership with VCE ended. Three church coordinators responded yes and seven responded maybe. The bar graph in 4.2 shows the comparison for those who planned to continue the programming for EHF and BLD.

Figure 4.2 Church plans to continue programming without VCE partnership



Coordinators were asked to identify factors that would encourage the church to continue offering the program. The respondents shared having consistent reminders regarding healthy choices throughout the program, continuing the collaboration with Extension, overcoming the scheduling challenges of weekend work schedules and weekend visitation.

When asked to share any additional comments about the programming, coordinators shared the following:

For EHF:

- Great program!
- The Empowering Healthy Families program is useful and beneficial to all age groups. This program empowers us with useful tools for making healthy choices.

For BLD:

- Program really helpful food choices, exercise continue outside church and partnerships. We found it very helpful, very informative and everyone that participated benefited from it.
- Although this program is targeted for people with diabetes or family members, the information is great for anyone.

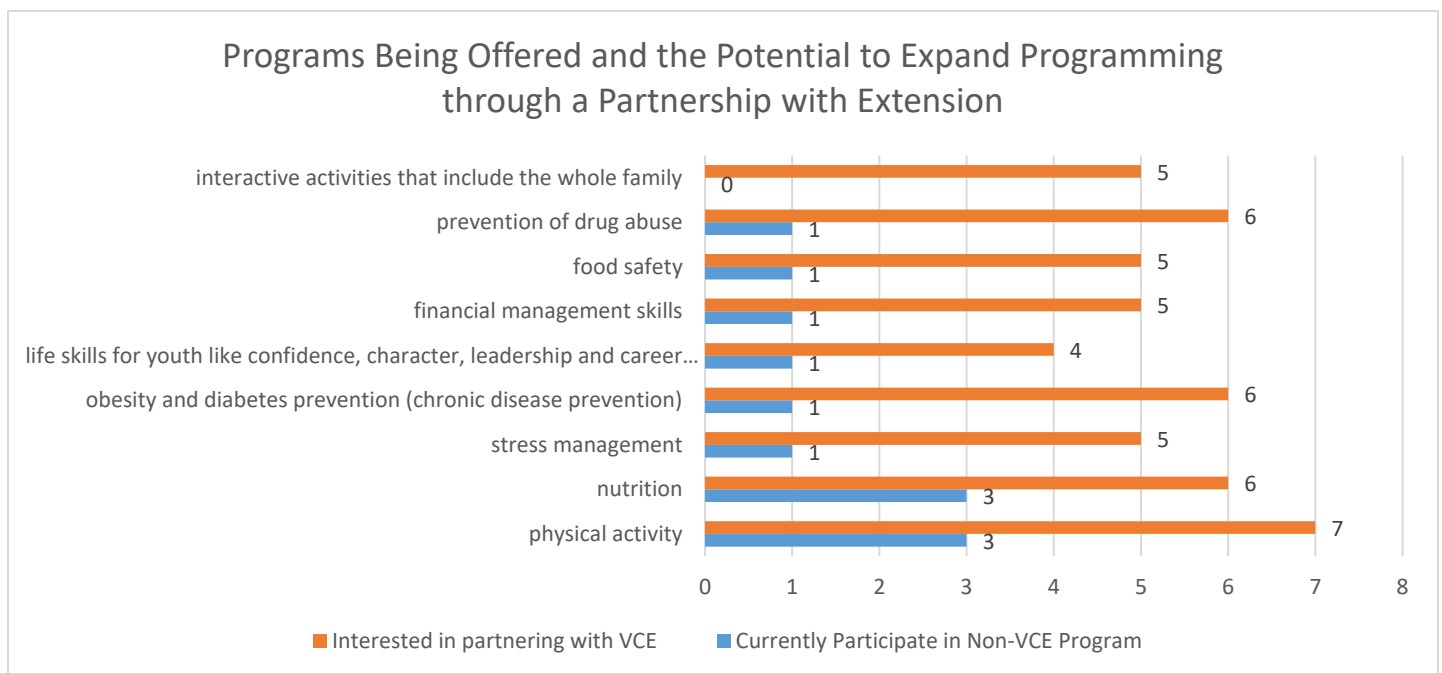
These comments further confirmed other responses that coordinators recognize the value

and benefit of the partnership.

Participants were also asked to select, from a list of topics, which topics areas are currently being addressed through programming offered in their churches. They were then asked, using the same list, to share their interest in partnering with Extension to deliver these programs. The list of programs are on the VCE website as currently being addressed through VCE community-based programming.

Respondents could select multiple program interest areas. Respondent for this survey indicated few programs being offered that align with the VCE portfolio of programs, however indicated significant interest in program aimed at prevention of drug abuse, chronic disease prevention, nutrition, physical activity, and programming that included the entire family. Figure 5.1 compares those areas where programming is currently offered in churches not with VCE with vs the programs where churches have interest in partnering with VCE. The graph helps in comparing relevant opportunity and willingness of coordinators to capitalize on other partnership opportunities.

Figure 5.1 – Potential to Expand Programming with VCE

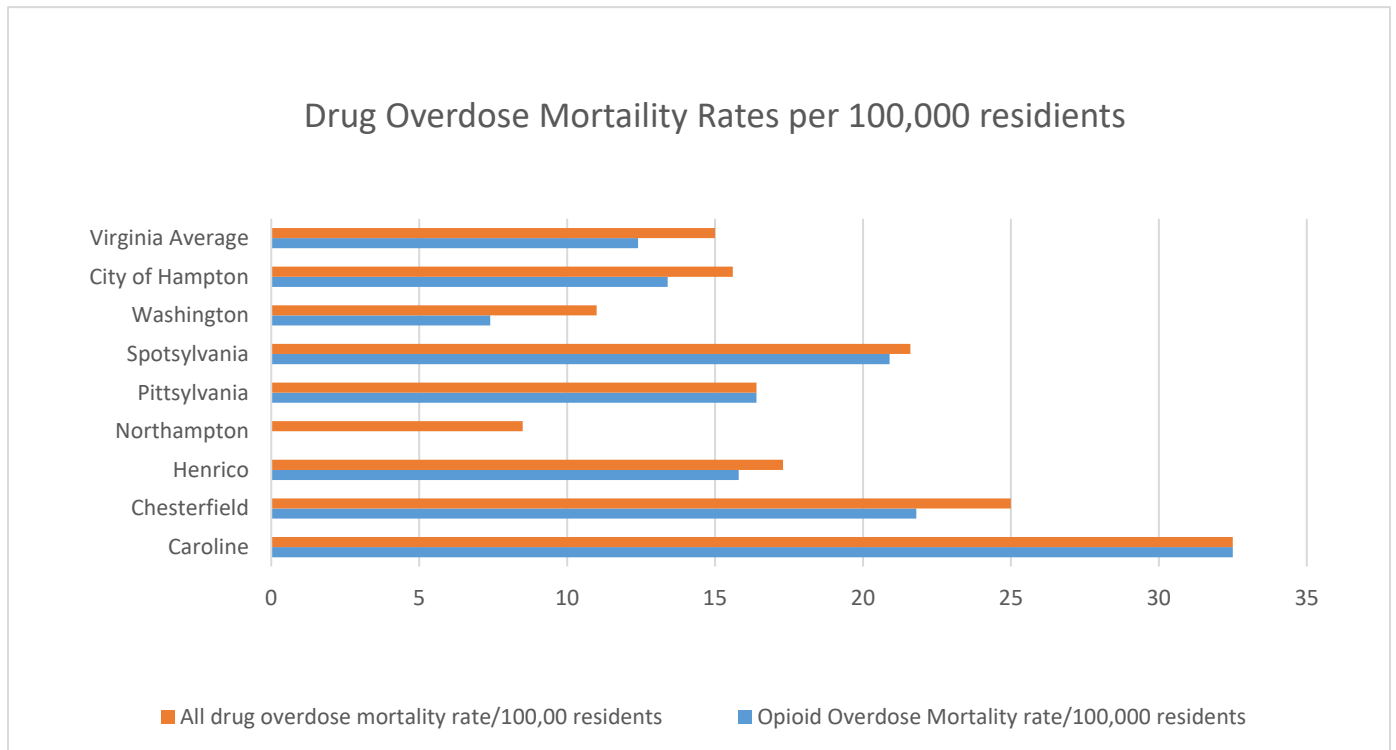


When considering an expanded partnership with VCE, participants were asked specifically about the potential to partner for programming for drug abuse and the opioid crisis. As previously noted in Figure 5.1, 6 respondents, or 54%, expressed interest in partnering with VCE to provide programming aimed at prevention drug abuse. Participants were then asked to select programming they felt the church should provide for drug abuse. Forty seven percent felt the church should provide programming aimed at prevention. Prevention programming aligns with other VCE programming efforts. Additionally, 24% supporting programming aimed at people in treatment and 29% for people in recovery. All participants felt the church could be involved in any programming related to substance abuse.

When asked if their community had been impacted by the opioid crisis, only 20% of respondents selected yes, 10% said no, and 70% said they were unsure. When asked if they were willing to offer programming aimed at prevention of drug abuse 60% responded yes with the remaining 20% responding no or maybe.

Since 70% of respondents were unsure about the impact of the opioid crisis on their local communities, additional statistical data was located for the counties included in the survey results. Figure 6.1 shows each county and the drug overdose mortality rates per 100,000 residents in 2017 (Virginia Department of Health, 2019). This data helps to add context to the responses.

Figure 6.1 – Drug Overdose Mortality Rates for Virginia



At the end of the survey, respondents had the opportunity to share their name, email and phone number to be contacted to receive additional information about partnering with VCE. Five of the eleven respondents voluntarily shared their information. This information was removed from other survey data to maintain confidentiality for survey participants.

Study Discussion

The purpose of this study was to evaluate FBO’s coordinator perceptions of their partnership with VCE, and the EHF and BLD programming that has been delivered in partnership with VCE. By assessing the partnership and programming, the study was able also assess coordinator’s willingness to partner with VCE to deliver other prevention programming related to social issues including opioid misuse and abuse. This study provides insight into the potential for FBO’s to serve as a partner in tackling the opioid crisis in communities across the Commonwealth.

The results indicate a high level of satisfaction with the partnership with VCE. Coordinators expressed participant enthusiasm was high and positive results were achieved with both programs. All coordinators indicated a strong willingness to recommend the program to others. We can conclude for this sample that the overall positive interaction with VCE and the program lends to coordinators willingness to partner with VCE to deliver other programs, as strongly indicated in the results.

Additionally, coordinator's shared significant interest in partnering to deliver programming related to healthy living including nutrition, exercise and chronic disease and drug abuse prevention; all areas in which few churches are currently offering programming. The area of least interest was programming aimed at youth and teaching life skills. This may be because fifty percent of church coordinators indicated less than 15% of their population was between ages 6-10. Drug abuse prevention ranked highest among the programming most desired for churches to partner with VCE. Currently, only one church is offering programming aimed at drug abuse prevention.

When asked specifically about the impact of opioids on their community, 70% indicated they were unsure of the impact. Data from the National Institute on Drug Abuse shows Virginia lost 1,241 people in 2017, an average of 14.8 persons 100,000 residents; the rate has risen steadily since 1999 (National Institute on Drug Abuse, 2019). Counties represented in this survey responses were compared to the state data, six of the eight counties were higher than the average in Virginia for opioid mortality rates. These findings suggest there may be a disconnect between the perceived impact and actual negative impact of opioids in these communities. The result could also indicate the need for an individualized needs assessment to provide customized programming aimed at specific needs and include programming aimed at raising awareness regarding significant social issues in communities in Virginia.

Programming should also include a component aimed at increasing knowledge around identified community needs.

Coordinators also agreed the church should provide regarding drug abuse, 72% felt programming aimed at prevention was appropriate, 36% felt programming aimed at people in treatment was appropriate. Sixty percent of respondents shared their church would be willingness to partner and provide programming aimed at prevention of drug abuse. While the results show lack of awareness of the opioid crisis in Virginia and how the crisis is impacting communities around the state, the churches have strongly indicated willingness to be a partner in providing support at varying levels.

Also, one goal of this VCE program is to build capacity for churches to continue the programming after the initial partnership ends. This survey results show that less than 30% of churches planned to continue the program after the initial partnership ended. For this group, the responses raise significant concerns around sustainable impact of the programming and partnership in these communities. One coordinator commented the church's capacity, or church members willingness lead the efforts after the initial partnership with Extension was a barrier in continuing the programming. Another coordinator suggested program scheduling was a challenge, specifically engaging participants during weekend sessions. Results suggest encouraging the church to create a long-term sustainability plan for health and wellness programming is important for continued success of the program and in reaching additional audiences.

As other research has indicated and confirmed, FBOs are a place to deliver community and faith-based health promotion and prevention programming. The partnership with Extension has netted positive relationships and positive outcomes, supporting continued exploration of a program partnership

expansion. Additionally, building trust has shown to be key indicator in expanding partnership and coordinators willingness to recommend the program indicate progress for BGCVA member churches.

The responses for health promotion for this study is rooted more in traditional programming like physical activity and nutrition. No research was found for churches actively offering programs around drug abuse and misuse, and while this sample of churches have interest in exploring a partnership, they are focused on prevention programming. More research is needed to determine to what extent churches are willing to offer programming aimed at drug misuse and abuse including opioids.

Finally, additional limitations were revealed as the study was in progress. Programs and partnerships began as early as 2011 through 2019 and have dated contact information. Four emails addresses return undeliverable initially, the deadline was extended as only 6 participants responding to the survey, only increasing the results by one survey. Follow-up calls were placed using the coordinator's contact information on file. Through these four individuals were reached. Two completed the survey by phone and the other two asked for a call back at a scheduled time but were not reached at that time. For the remaining participants, voice-mail messages were left for eighteen and another thirteen were not reached because of a non-working or invalid contact phone number. Additionally, one coordinator, who did not complete the survey indicated they tried to complete the survey but wasn't sure how to submit it or move to the next page. These comments could be an indicator as to why four respondents of the surveys viewed the message for more than 30 seconds but questions were not answered.

Although extensive efforts were made, the number of respondents to the survey is small. Results from this survey are only conclusive for the respondents and generalizable to other FBO's, or even for the BGCVA church membership. For those that responded, there is promising opportunity for VCE to

leverage its current partnership with other health promotion and prevention programming offerings including social issues addressed in the VCE programming portfolio and programming aimed at drug abuse prevention including opioids.

Future research conducted with FBO's, specifically BGCVA, could be successful as a qualitative effort. Face to face interviews would lend additional content to explain why people responded the way they did to this survey. A larger sample size with random sampling across a population would provide generalized results relative to BCGVA and FBOs. This may also provide information about how to improve the sustainability of the program. For example, including VCE programming informational sessions, for other program areas, to encourage a partnership with the local VCE unit offices.

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Appendices

[Appendix A – Recruitment Material](#)

Recruiting Email from Kathy Hosig to Coordinators including an attachment about the programs.

Hello church coordinators for Balanced Living with Diabetes and/or Empowering Healthy Families,

It has been a while since I had the pleasure of being in some of your churches and seeing you in person. We started working together in 2011 and are still going! We partnered with 30 churches for our diabetes program and hope to partner with 24 churches for our family-based program.

Some of you helped with both Balanced Living with Diabetes and Empowering Healthy Families. Empowering Healthy Families is a family-based program for BGCVA families with children in elementary school. We started that program because people in BLD asked how to keep their kids and grandkids from getting diabetes. I am attaching a description of that program.

We need your help with a short survey to see how we can meet your needs and the needs of BGCVA as well as we can.

Crystal Graham is a graduate student at Virginia Tech studying Faith-Based organizations and partnerships with Virginia Cooperative. She is collecting data to assess perceptions of the Empowering Healthy Families! and Balanced Living with Diabetes program. In addition, this survey will assess your interest in partnering with Virginia Cooperative Extension to deliver other programming in the future.

Data from this survey will provide a snap shot to further our work with BGCVA and other Faith Based Organizations. Findings from the study will be presented in a format that does not reveal your identity. At the end of the survey you will have the opportunity to request further contact, but this information will be kept separate from your other responses. Your participation is voluntary and will not affect current or future partnerships with Virginia Cooperative Extension.

To participate please click the survey link below. The survey will take approximately 10 minutes to complete.

Please complete the survey by Monday, October 28, 2019 if possible.

[Faith Based Partnership and Extension Survey](#)

Thank you so much for your help with our programs and for your feedback through this survey.

Sincerely,

Kathy Hosig



Baptist General Convention and Virginia Tech Are Partnering Again!

BGCVA and Virginia Tech are partnering again for a new project called **Empowering Healthy Families!** Participants in our Balanced Living with Diabetes program asked for a program to help families with young children keep their kids healthy and reduce their risk of getting diabetes and other diseases.

We have a 5-year grant from USDA to work with BGCVA churches to provide 2 different programs to 24 congregations. Each church will get both programs, in random order, with one program each year over two years.

Families with children aged 6 to 11 will have separate education for parents and children but will eat together and play together during program sessions. Each program is 9 weeks long, with 1 session per week. Cooperative Extension agents and program assistants will work with parents. Church members will be trained to use Cooperative Extension curricula to work with the kids and will receive a modest stipend. Participants will receive compensation for the time they spend to help with research to evaluate the program.

The two programs are:

- **Healthy Children, Healthy Families.** This is about healthy eating and physical activity and ways to help parents and their kids make healthy choices every day. We will also work with the church to improve the nutrition and physical activity environment to support healthy choices for the whole congregation. Churches will receive funds to help make changes in the health environment.
- **MoneySmart.** This is about making smart decisions about money for parents and kids to make the most of what they have.

We hope your church will join us!

Contacts:

Kathy Hosig, PhD, MPH, RD; Associate Professor, Population Health Sciences, Virginia Tech
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(540) 231-6637; khosig@vt.edu

Rev. Dr. J. Elisha Burke, Director, Health, Wellness, Men & Social Justice, BGCVA
(804) 228-2421; eburke@bgcva.org



Email reminder with deadline extension as second call for participants from Kathy Hosig.

Hello again, BLD and EHF coordinators,

Thank you very much if you completed the online survey already. We have 6 so far.

We would love to have even more feedback, so Crystal extended the deadline for a week, until Monday, November 4.

If you have a few minutes, we would love to hear from you!

To participate please click the survey link below. The survey will take approximately 10 minutes to complete.

Please complete the survey by Monday, November 4, 2019 if possible.

[Faith Based Partnership and Extension Survey](#)

Sincerely,

Kathy

Script for calls to individual coordinators for calls and messages.

Survey by phone call –

Good morning/afternoon is this _____,

I hope you are well today! I am Crystal Graham and I am calling from Virginia Cooperative Extension on behalf of Kathy Hosig, who worked with BGCVA church coordinators for Balanced Living with Diabetes and/or Empowering Healthy Families programs. Would you have a few minutes?

Is there a better time to contact her/him? Could I leave my contact information for them to return my call?

I know it's been a while since Kathy had the pleasure of being in your church and seeing you in person. She started working with many in 2011 and is still going!

You might recall helping with both Balanced Living with Diabetes and Empowering Healthy Families. Empowering Healthy Families is a family-based program for BGCVA families with children in elementary school. We started that program because people in Balanced Living with Diabetes asked how to keep their kids and grandkids from getting diabetes.

We need your help with a short survey to see how we can meet your needs and the needs of BGCVA as well as we can.

If you have not already, would you be willing to participate in this survey today. It will take approximately 10-15 minutes to complete.

As I mentioned I am Crystal Graham, and am a graduate student at Virginia Tech studying Faith-Based organizations and partnerships with Virginia Cooperative. I am collecting data to assess perceptions of the

Empowering Healthy Families! and Balanced Living with Diabetes program. In addition, this survey will assess your interest in partnering with Virginia Cooperative Extension to deliver other programming in the future.

Data from this survey will provide a snap shot to further our work with BGCVA and other Faith Based Organizations. Findings from the study will be presented in a format that does not reveal your identity. At the end of the survey you will have the opportunity to request further contact, but this information will be kept separate from your other responses. Your participation is voluntary and will not affect current or future partnerships with Virginia Cooperative Extension.

[Faith Based Partnership and Extension Survey](#)

Thank you so much for your help with our programs and for your feedback through this survey.

Message

I hope you are well today! I am Crystal Graham and I am calling from Virginia Cooperative Extension on behalf of Kathy Hosig, who worked with BGCVA church coordinators for Balanced Living with Diabetes and/or Empowering Healthy Families programs.

I understand you either currently serve or served as the coordinator for one of the churches that participated in this program.

We are requesting your help with a short survey to see how we can meet your needs and the needs of BGCVA as well as we can. You may recall receiving an email from Kathy last week and I'm doing some follow-up.

If you would be willing to participate in this survey please contact me at 540.231.3360 or 540.320.3225. The survey should take no more than 15 minutes.

I appreciate your consideration and look forward to speaking with you.

Appendix B – Survey Questions

Demographics

- 1) What is your role within your church?
 - Health Wellness Ministry leader
 - Program Coordinator for Balanced Living with Diabetes
 - Program Coordinator for Empowering Healthy Families!
 - Program Coordinator for both Balanced Living with Diabetes and Empowering Healthy Families!
 - Other

(If other is selected) please specify your role in the church _____

- 2) What is the zip code of your church? (Blank)
- 3) How many members are in your church? (Blank)
- 4) How many church members are adults between ages 30-50? Approximate number (blank)
- 5) How many school aged children, from age 6-10, are in your church? Approximate number (blank)
- 6) Has your church partnered with Extension to offer Empowering Healthy Families! program?
Yes – If yes is selected go to question #7
No – If no is selected go to question #10
Unsure – if unsure is selected go to questions #10

Empowering Healthy Families! program

- 7) Please rate the following statements for the Empowering Healthy Families! program
 - a. Our partnership has been a positive experience for participants of the Empowering Healthy Families program.
 - b. Participants have expressed excitement about the Empowering Healthy Families program.
 - c. Participants have experienced positive results while engaging in the program including improved physical activity, making healthy food choices, and/or increased knowledge about improving overall health.
 - d. Parents have benefited from the partnership with Extension and the Empowering Healthy Families program and have increased awareness about food choices and physical activity.
 - e. School-aged children, 6-10, have benefited from the partnership with Extension and the Empowering Healthy Families program and are making better food choices and engaged in physical activity.
 - f. Offering this program to our church members and the community has strengthened our partnership with others outside of our church family.
 - g. I would recommend the Empowering Healthy Families! program to other church program coordinators.
- 8) Does your church plan to continuing offering the Empowering Health Families! program after the initial partnership with Virginia Cooperative Extension ends?
Yes
No
Maybe - If Maybe is selected Open/Blank –
Please share more about your church’s consideration to continue offering the Empowering Healthy Families! program.
- 9) Please share any additional comments about the Empowering Healthy Families program. Open/Blank

10) Has your church partnered with Extension to offer Balanced Living with Diabetes program?

Yes – if yes is selected go to questions #11

No – if no is selected go to question #14

Not sure – if not sure is selected go to question #14

Balanced Living with Diabetes

11) On a scale of 1 to 5 with 5 being strongly agree and 1 being strongly disagree please rate the following statements: (sliding scale)

- a. Our partnership has been a positive experience for participants of the Balanced Living with Diabetes program.
- b. Participants have expressed excitement about the Balanced Living with Diabetes program.
- c. Participants have experienced positive results while engaging in the program including improved physical activity, making healthy food choices, and/or increased knowledge about improving overall health.
- d. Parents have benefited from the partnership with Extension and the Balanced Living with Diabetes program and have increased awareness about food choices and physical activity.
- e. Offering this program to our church members and the community has strengthened our partnership with others outside of our church family.
- f. I would recommend Balanced Living with Diabetes to other church program coordinators.

12) Does your church plan to continuing offering the Balanced Living with Diabetes program after the initial partnership with Virginia Cooperative Extension ends?

Yes

No

Maybe - if Maybe (Open/Blank) Please share more about your church's consideration to continue offering the Empowering Healthy Families! program.

13) Please share any additional comments about the Balanced Living with Diabetes program. Open/Blank

Potential to Expand Partnership with Extension

14) Does your church currently participate in programs related to: (check all that apply)

- physical activity
- nutrition
- stress management
- obesity and diabetes prevention (chronic disease prevention)
- life skills for youth like confidence, character, leadership and career exploration
- financial management skills
- food safety
- prevention of drug addiction
- interactive activities that include the whole family

15) Have you ever heard of Virginia Cooperative Extension? Yes/No

16) Virginia Cooperative Extension serves local communities by offering programming to help families to reach their full potential. Would your church be willing to explore a partnership with Extension professionals to offer programming in the following areas: (check all that apply)

- physical activity
- nutrition
- stress management

- obesity and diabetes prevention (chronic disease prevention)
- life skills for youth like confidence, character, leadership and career exploration
- financial management skills
- food safety
- prevention of drug abuse
- interactive activities that include the whole family

17) Has your community been impacted by the opioid crisis? Yes/No/Not sure

18) What programming do you feel the church should provide related to substance abuse? (check all that apply)

- Provide programming aimed at prevention
- Provide programming to support people in treatment
- Provide programming that support people in recovery
- The church should not be involved in programming associated with substance abuse

19) Would you be willing to partner with Virginia Cooperative Extension to explore ways to reach community members with programming aimed at prevention of substance abuse? Yes/No/Maybe

20) Please provide your name and contact information below if you would like to receive additional information about partnering with Virginia Cooperative Extension.

End of Survey. Thank you for participating.