

# North Carolina Faith-based Organization Facility Use Assessment

FEBRUARY 2014

**REPORT**

FAITHFUL FAMILIES EATING SMART AND MOVING MORE • NORTH CAROLINA COUNCIL OF CHURCHES: PARTNERS IN HEALTH AND WHOLENESS • NORTH CAROLINA DIVISION OF PUBLIC HEALTH: COMMUNITY TRANSFORMATION GRANT PROJECT AND THE COMMUNITY AND CLINICAL CONNECTIONS FOR PREVENTION AND HEALTH BRANCH • VOICES INTO ACTION: THE FAMILIES, FOOD, AND HEALTH PROJECT

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**This report provides information on the development, implementation and results of the Faith-based Organization Facility Use Assessment that was used to understand shared use efforts and associated barriers in North Carolina faith-based organizations.**

## Background

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Physical activity rates among North Carolina adults and youth are below the national average. Currently, 26 percent of North Carolina high school students report meeting these recommendations compared to 28.7 percent nationally.<sup>1</sup> Less than half (46.8%) of North Carolina adults participated in the recommended amount of aerobic activity, compared to 51.6 percent nationally.<sup>2</sup> Increasing physical activity is necessary to promote health benefits and reduce chronic diseases such as heart disease, stroke, cancer and diabetes.<sup>3</sup> Providing communities with access to safe, affordable recreation facilities is an important strategy to increase physical activity.<sup>4</sup> Working with entities like faith-based organizations to promote community access to their facilities for recreational activities (referred to as shared use) is a promising strategy for increasing access to places for physical activity.<sup>5</sup>

Faith-based organizations can allow the use of their facilities through formal or informal agreements. Formal agreements (e.g., written contracts) or informal agreements (e.g., verbal permission) can be created to allow specific individuals or groups to use the facilities for a specific purpose, such as a faith-based organization allowing a group to rent a room to hold exercise classes on site. In some cases, faith-based organizations adopt specific “facility use policies” that set forth the requirements and fees associated with individuals and groups using their space. On the other hand, some faith-based organizations do not restrict use of their property to particular individuals or groups who have received advance permission. Instead, these faith-based organizations allow broader unstructured use by the community of indoor and/or outdoor spaces. This community use may be part of an intentional decision by the leaders of the faith-based organization to make space available to the community for unstructured recreational use, or it may occur simply through the custom of the organization and neighborhood. For example, many faith-based organizations have playgrounds that are used by neighborhood children and families, who may or may not be congregation members, during non-service hours.

**Shared use occurs when organizations (such as governmental entities or non-profit organizations) agree to open or broaden access to their property for community use, such as recreational activities.**

**—Safe Routes to School National Partnership**

As a part of the N.C. Community Transformation Grant (CTG) Project, the Division of Public Health staff was tasked with working with faith-based organizations to promote shared use of their facilities to increase physical activity among North Carolinians. To develop an understanding of

current community access to North Carolina faith-based organization physical activity facilities, several faith-based organization and community partners formed a partnership. The Partnership consisted of Faithful Families Eating Smart and Moving More, N.C. Council of Churches: Partners in Health and Wholeness, N.C. Division of Public Health (Community Transformation Grant Project and the Community and Clinical Connections for Prevention and Health Branch), and Voices Into Action: The Families, Food, and Health Project.

The Partnership created and conducted the Faith-based Organization Facility Use Assessment (Assessment). The Assessment focused on (1) whether North Carolina faith-based organizations provide facility access to outside groups and individuals for physical activity, and (2) for those organizations not providing this access, what the barriers are to doing so. The Assessment supports sharing information related to the availability of faith-based organization physical activity facilities to the community, as well as informing the creation of resources to support the implementation and promotion of faith-based organization shared use efforts.

## Methods

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### Assessment Development

The Partnership adapted an existing CTG Project tool designed to assess community access to school facilities and created the *Use of Faith Community Facilities by Outside Groups or Individuals* assessment tool. The Partnership pilot tested the assessment tool in five North Carolina faith-based organizations; representatives from these organizations found the assessment tool to be operational and easy to complete. The Partnership made final revisions after the pilot testing was completed.

### Assessment Administration

Regional and statewide staff of Faithful Families Eating Smart and Moving More, N.C. Council of Churches: Partners in Health and Wholeness, N.C. Division of Public Health: Community Transformation Grant Project, and Voices into Action: The Families, Food, and Health Project administered the Assessment. Faith-based organizations completed the Assessment between Monday, October 28, 2013 and Monday, December 16, 2013. The Partnership analyzed the results.

## Results

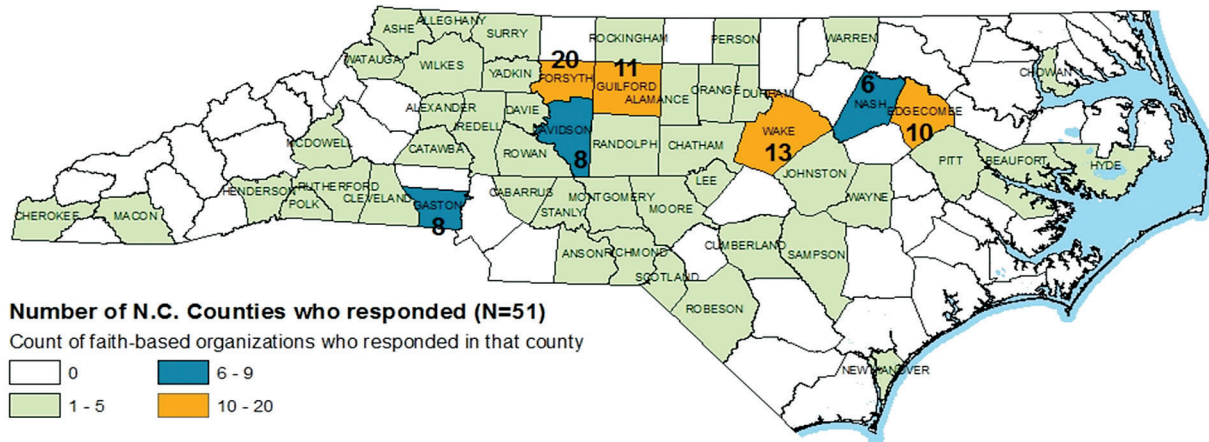
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### Demographics

The assessment was completed by 177 faith-based organizations across 51 of the 100 counties in North Carolina. The figure below shows the counties that participated in the Assessment. Appendix B shows the faith-based organization and community partner groups associated with those counties. The highest responses came from Forsyth County (n=20), Wake County (n=13), Guilford County (n=11) and Edgecombe County (n=10). The median membership size for the faith-based

organizations was 200 members with a maximum of 5,000 members. Respondents were mainly clergy (35.59%, n=63) and staff (9.60%, n=17). Respondents (30.51%, n=54) held multiple positions (e.g., trustee, nurse, health committee, congregant).

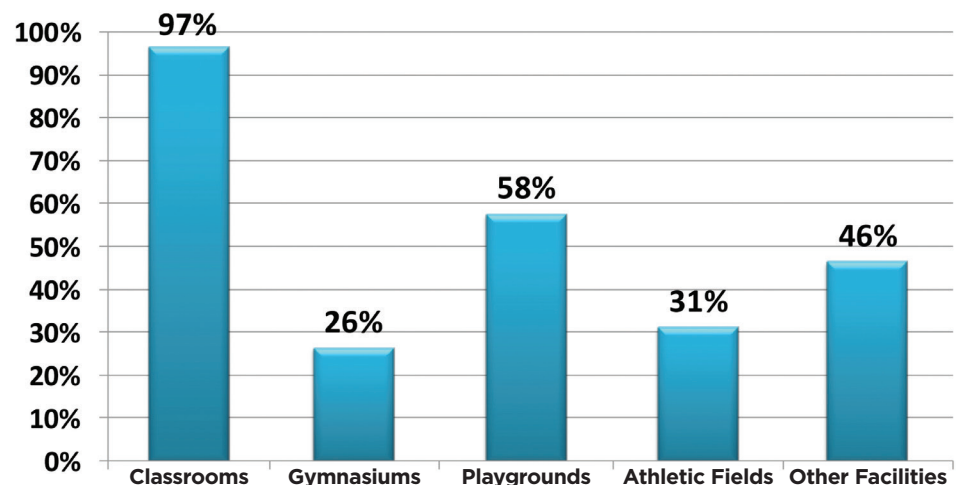
**Figure 1. N.C. Counties Represented in the Faith-based Organization Facility Use Assessment Respondents by County, October 28-December 16, 2013**



## Facility Access

Assessment results showed that 87.57 percent (n=155) of faith-based organizations grant community access to their facilities to outside groups and/or individuals. Of the faith-based organizations that grant community access to their facilities, 83.66 percent (n=153) have more than two shared facilities in their faith-based organization. In addition, 96.73 percent (n=153) have classrooms, 26.32 percent (n=152) have gymnasiums, 57.62 percent (n=151) have playgrounds and 31.13 percent (n=151) have athletic fields that are open for community access. Furthermore, 46.38 percent (n=138) have facilities that fall into the 'other' category. These facilities include: kitchens, fellowship centers, community gardens, Youth Homes, auditoriums, sanctuaries and walking trails.

**Figure 2. Faith-based Organizations Allowing Community Access, by Facility Type (n=155)**





## Shared Use Policies or Agreements

The data below (figure 3) shows the percentage of community access to particular types of facilities by 'formal policy or agreement', 'informal policy or agreement', or 'no policy or agreement'.

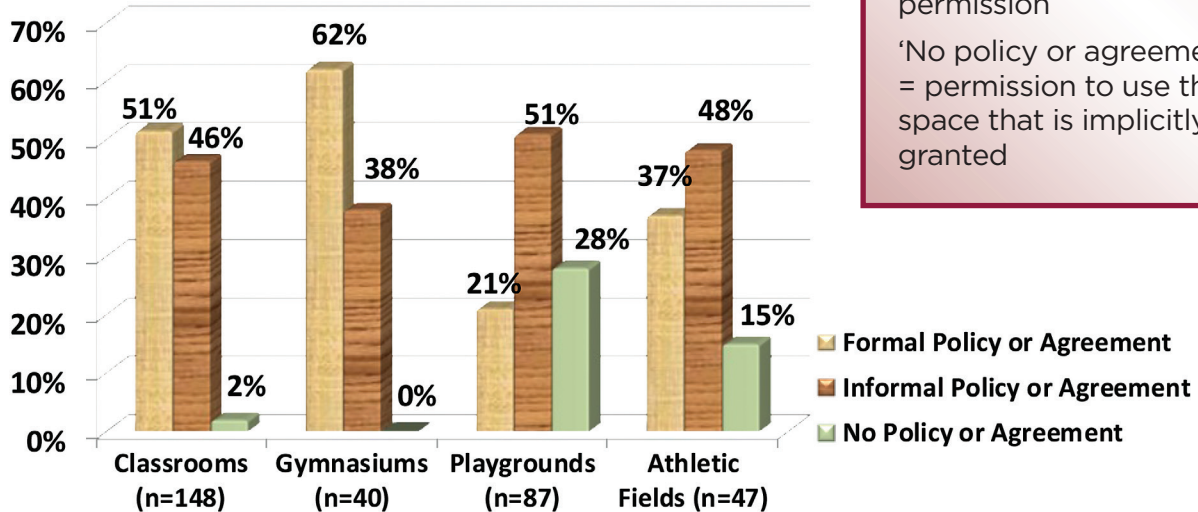
### Examples of Policies or Agreements

'Formal policy or agreement' = written contract

'Informal policy or agreement' = verbal permission

'No policy or agreement' = permission to use the space that is implicitly granted

**Figure 3. Faith-based Organizations Allowing Community Access, by Facility Type and Policy Type**

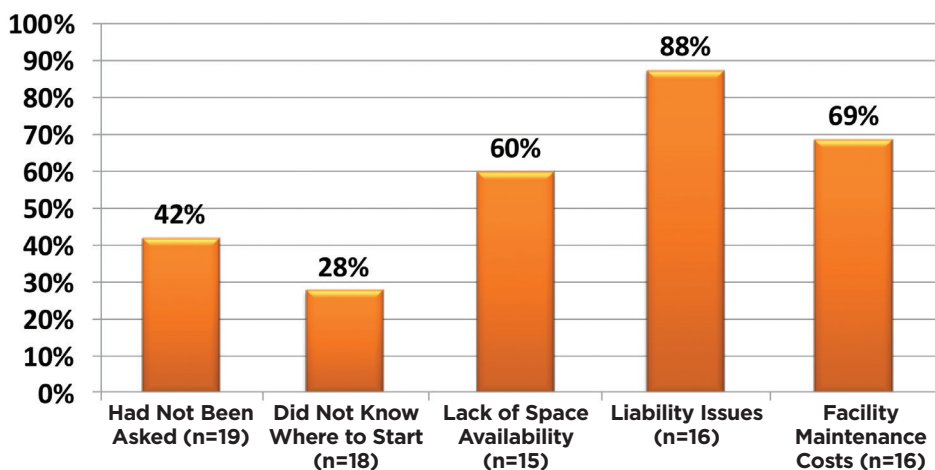


## Barriers to Facility Access

Of the 177 organizations that completed the survey, 12.43 percent (n=22) of faith-based organizations do not allow community access to their facilities. The data below shows the barriers

reported by organizations that do not allow access of their facilities to the community.

**Figure 4. Barriers Expressed by Faith-Based Organizations that Do Not Allow Community Access to Facilities**



# Limitations

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There are notable limitations to the Assessment. In particular, it was not designed to serve as a comprehensive assessment of North Carolina faith-based organization facilities. Since it was based on a convenience sample (i.e., partners reached out to faith-based organizations they already knew to complete the Assessment) the results may not be representative of the general experiences of North Carolina faith-based organizations. Faith-based organizations that completed the Assessment might represent the most interested in the topic and/or physically active organizations, causing a higher number of faith-based organizations that allow community access to their facilities to be represented in the data.

# Conclusion

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This report provides a brief account of access to North Carolina faith-based organization facilities for physical activity to outside groups and individuals, and highlights some barriers to providing shared use. Of the North Carolina faith-based organizations assessed, the majority allowed community residents access to their facilities to participate in physical activity. This access is granted through formal policies or agreements (e.g., written contracts) and informal arrangements (e.g., verbal permission), and in some cases, with no particular agreement or policy. Faith-based organizations open the following facilities to the community: classrooms, gymnasiums, playgrounds and athletic fields. Faith-based organizations that did not allow access to the community reported that some of the barriers to opening up their space included space availability, liability concerns and facility maintenance costs.

Further exploration of faith-based organization shared use efforts is needed. The following are questions for research and practice:

- What are the benefits of implementing formal versus informal shared use policies or agreements?
- Do shared use efforts by faith-based organizations increase physical activity rates?
- What are other ways that faith-based organizations are opening their facilities to the community?
- Why did some faith-based organizations offer community access to certain types of facilities while others did not?

Regardless of the survey's limitations and the need for further research, the Assessment findings have implications for future practice. For example, persons working in public health can work with faith-based organizations to determine the types of facilities faith-based organizations may choose to open to the community as well as the types of policies or agreements they may choose to implement

(i.e., formal or informal), especially for those with no policies or agreements. Additionally, they can work with faith-based organizations to offer physical activity classes in their classrooms and gymnasiums use athletic fields as walking trails, and open playgrounds for youth activities. On the other hand, faith-based organizations can also reach out to public health workers and partners to learn about implementing shared use policies or agreements. In addition, faith-based organizations can incorporate shared use of their facilities as a part of a mission to improve the health and well-being of their congregants and community residents.

After the completion of the assessment, the Partnership continues to support faith-based organizations in their efforts to increase North Carolinians' physical activity rates by creating greater community access to facilities for physical activity. For example, the Partnership is working with a national public health law organization to create resources to assist faith-based organizations to overcome identified barriers to opening their facilities for use by the community, such as liability concerns. Also, the Partnership developed a listing of faith-based organizations that grant community access to their facilities for physical activity to share with community residents based on Assessment results.

## References

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5. Safe Routes to School National Partnership. (2013). Share Use: Increasing Access to Physical Activity Opportunities. Retrieved November 26, 2013 from: <http://www.saferoutespartnership.org/sites/default/files/pdf/Shared-Use-Increasing-Access-to-Physical-Activity-Opportunities.pdf>.



## Appendix A. Faith-based Organization and Community Partner Programs Highlights

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### Faithful Families Eating Smart and Moving More

*A partnership between the N.C. Division of Public Health and N.C. Cooperative Extension*



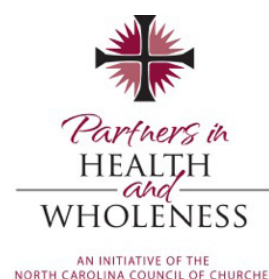
The Faithful Families Eating Smart and Moving More Program (Faithful Families) promotes healthy eating and physical activity in communities of faith.

Resources for the program include a 9-session Faithful Families curriculum and the *Eating Smart and Moving More Planning Guide for Faith Communities*.

The Faithful Families curriculum is co-taught by professional nutrition and physical activity educators and trained lay leaders from faith communities in small group sessions. Lay Leaders bring the spiritual elements into each session, through discussion questions and “Thinking it Through” prompts in each lesson. Learn more about the program at [www.faithfulfamiliesesmm.org](http://www.faithfulfamiliesesmm.org).

### N.C. Council of Churches—Partners in Health and Wholeness

The N.C. Council of Churches is a statewide nonprofit that brings together people of faith around issues of Christian unity and social justice. The Council has 17 denominational members which represent approximately 6,000 congregations and 1.5 million individuals across the state. The Council’s programs focus on immigration and farmworker rights, environmental stewardship, and clergy and congregant health.



The mission of Partners in Health and Wholeness (PHW), the Council’s faith-based health initiative, is to promote health as a practice of faith and to improve the health of clergy and congregants through increased physical activity, healthy eating and tobacco use prevention and cessation.

To date, PHW has certified more than 270 congregations across 64 counties for their health-related efforts; awarded more than \$130,000 in mini-grants to help places of worship grow their health ministries; distributed 234 free Automated External Defibrillators and provided more than 1,000 hours of free CPR training to congregations; worked with 20 faith communities to increase access to healthy, local food in their local communities through the purchase of Healthy Eating Equipment; held regional meetings with people of faith, helping to draw the connection between health and faith; and recently launched a new breastfeeding initiative in Wake County.

To learn more or to get in touch with a member of PHW’s staff, please visit them online at: [www.healthandwholeness.org](http://www.healthandwholeness.org).

## N.C. Division of Public Health: Community Transformation Grant Project



N.C. Division of Public Health (DPH) was awarded a Community Transformation Grant in October 2011. The original funding, \$7.4 million per year over five years, was eliminated in the FY2014 Omnibus Appropriations Bill. As a result, North Carolina received \$7.4 million per year for only three years. This funding assists communities to make healthy living easier in North Carolina. Achieving this goal requires improving access to healthy living opportunities for all North Carolinians

including racial and ethnic minorities, those of low socioeconomic status and individuals living in rural areas. The aim of the grant is to support public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and control health care spending. DPH is working with state and local partners to decrease tobacco use; increase physical activity; improve nutrition; and improve the delivery and use of clinical preventive services.

### Community Transformation Grant Project Strategies

The CTG Project aims to create healthier communities by implementing sustainable policy, systems and environmental changes in four strategic directions that increase:

- smoke-free local government buildings and indoor public places
- tobacco-free government grounds, including parks and recreational areas
- smoke-free multi-unit housing in public housing, affordable housing, and market-rate housing
- 100 percent tobacco-free community colleges, state and private universities and college campuses
- new or revised comprehensive plans that include health considerations
- organizations that allow access to physical activity facilities
- small retail stores that offer and promote healthier food and beverage options
- new or enhanced farmers' markets, mobile markets, and farm stands
- primary care providers who implement quality improvement systems for high blood pressure, high cholesterol, and tobacco use screening, treatment and referral
- systems for referrals of patients with high blood pressure, high cholesterol and tobacco use to existing community prevention and self-management programs, services and resources



The CTG Project funds 10 lead local health departments to coordinate the planning and implementation of these strategies across multi-county regions. The local efforts assist in identifying statewide systems changes that will support the strategies. Members of the CTG Project state team track local progress and identify successes, barriers and lessons learned to inform promising and best practices.

## N.C. Division of Public Health: Community and Clinical Connections for Prevention and Health Branch



The N.C. Division of Public Health, Chronic Disease and Injury Section is the home of the Community and Clinical Connections for Prevention and Health (CCCPH) Branch. The CCCPH Branch works with partners to implement evidence and practice-based interventions to improve physical activity and nutrition; reduce obesity; prevent and control diabetes and promote cardiovascular health, with a focus on high blood pressure. Visit the website at [www.communityclinicalconnections.com](http://www.communityclinicalconnections.com).

## Voices into Action: The Families, Food, and Health Project

*A partnership between the N.C. State University, N.C. A&T State University and N.C. Cooperative Extension*



Voices into Action (VIA) uses research and community partnerships to encourage and support projects and activities that impact food access and places to be active. Voices into Action currently work in Lee, Harnett and Wake (Southeast Raleigh) Counties.

Voices into Action listens to community voices through Community Food Assessments, which includes research and workshops that will map local food resources and assist in better understanding community priorities regarding food access.

Mini-grant funds are available for community projects that have proven a commitment to the goals of VIA and come to the table with a sustainable plan.

Community partners and leaders serve on the Community-Based Action Group for Lee, Harnett, or Wake County. These members know and understand the resources in their community. Each group helps determine priorities for action and has a say in how mini-grant funds are distributed.

Voices into Action also conducts research with mothers and grandmothers in each community with an interest in learning about how families shop for, prepare, and eat food. Voices into Action research findings, along with the Community Food Assessments, help inform the mini-grant projects and will be made available to the community. Visit the website at <http://voicesintoaction.org>.



## Appendix B. Faith-based Organization Facility Use Assessment County Representation by Partner Group

Counties (n=51)	CTG (n=48)	FF (n=27)	NCCC (n=13)	VIA (n=2)	Counties (n=51)	CTG (n=48)	FF (n=27)	NCCC (n=13)	VIA (n=2)
Alamance	X				McDowell	X	X		
Alexander	X				Montgomery	X		X	
Alleghany	X				Moore	X			
Anson	X		X		Nash	X			
Ashe	X	X			New Hanover		X		
Beaufort	X				Orange	X	X		
Cabarrus	X				Person	X	X		
Catawba	X				Pitt	X			
Chatham	X				Polk	X	X		
Cherokee	X				Randolph	X	X	X	
Chowan	X				Richmond	X	X	X	
Cleveland	X				Robeson		X	X	
Cumberland	X	X	X		Rockingham	X	X	X	
Davidson	X	X	X		Rowan	X	X		
Davie	X	X	X		Rutherford	X			
Durham	X	X			Sampson		X		
Edgecombe	X	X			Scotland	X		X	
Forsyth	X	X	X		Stanly	X			
Gaston	X	X			Surry	X		X	
Guilford	X	X	X		Wake	X	X		X (Southeast Raleigh)
Henderson	X				Warren	X	X		
Hyde	X	X			Watauga	X			
Iredell	X				Wayne	X	X		
Johnston	X	X			Wilkes	X			
Lee	X	X		X	Yadkin	X			
Macon	X	X							

CTG=Community Transformation Grant Project  
FF=Faithful Families

NCCC= N.C. Council of Churches  
VIA=Voices into Action

