

# Developing Healthy Habits: A Faith-Based Interdisciplinary Action Framework

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This interdisciplinary action framework to influence health and well-being enables wholeness within a faith-based community. The framework provides health care professionals and practicum students the opportunity to serve while reducing negative health outcomes and social inequities, by integrating the elements of what is important to individuals. This article illustrates how innovative methods and collaborations are instrumental in stimulating one faith-based bilingual community to engage in healthy habits such as walking, developing a vegetable garden, and using a self-care transition coach.

Opportunities exist for new health and well-being models of care through partnerships with faith-based institutions to link biblical principles to the context of personalized health care goals, spiritual identities, and planned activities. “Healthy Habits,” a faith-based interdisciplinary action framework, is based on 3 facets. First, the model of Christian life where individuals are gifted by God with mind, body, spirit, and soul to move in the physical world and engage in rest, good nutrition, prayer, and physical activity (R.T. Juárez, e-mail communication, May 17, 2019). Second, the Healthy People 2020 Initiative addresses social and community context, education, health, and health care.<sup>1</sup> Third, the American Hospital Association’s (AHA) affordability agenda for collective commitment toward access, value, partnerships, well-being, and coordination.<sup>2</sup>

These contexts were critical as we supported the parish pastor’s vision to support parishioners’ health in the context of biblical teaching by engaging the community through the development of the Healthy Habits program at St. Patrick Catholic Church in Iowa City, Iowa, a bilingual community with 952 English-speaking families, and 123 Spanish-speaking families. (A. Icardi, e-mail communication, July 29, 2019). This paper discusses a unique program to enable shared values around health and well-being by leveraging the role of spirituality for healthy habits, capitalizing on collaboration, using the Healthy Habits action framework, discussing 4 innovative activities, and examining the uniqueness of this innovative approach compared with traditional models in faith-based institutions.

## INTEGRATION OF SPIRITUAL AND PERSONALIZED HEALTH CARE GOALS FOR WHOLENESS

The mere fact that individuals of all ages with different ethnic backgrounds attend faith-based services, and society is challenged with reducing chronic diseases, mental health issues, and social inequities, poses an opportunity for health care promoters to capitalize on existing forums to enable wholeness in its membership. Achieving wholeness is defined by Miller<sup>3</sup> as well-being that requires faith and spiritual identity for such a level of attainment. This Healthy Habits program envelopes Miller’s idea of wholeness and stands for achieving wholeness through lifestyle changes, spiritual identity,

### KEY POINTS

- Health care leaders are positioned to leverage community partnerships to enable new models for health and well-being.
- The Healthy Habits program is a faith-based interdisciplinary action framework.
- Personalized health care goals can be integrated with one’s spiritual identity and faith to enable wholeness and personal accountability for health and well-being.

## Interdisciplinary framework to promote “Health and Wellbeing” at St. Patrick



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**Figure 1.** Healthy Habits Framework.

preventive behaviors, personal accountability, and shared values. In addition, it supports spiritual knowing for nursing practice that calls for recognizing human beings in the context of their environments.<sup>4</sup>

### COLLABORATION AND INTERDISCIPLINARY STAKEHOLDERS

The Healthy Habits program involves a diverse collaborative team that includes health care professionals, an attorney, a priest, and the congregation as a whole. Stakeholders include:

- A nurse leader and clinical professor
- An acute care gerontological nurse practitioner and clinical professor
- A bilingual internal medicine physician and assistant clinical professor
- A community health nurse and lecturer
- A community-based physician who represents one of the community partners
- The parish priest, who is bilingual
- A nurse-attorney and clinical professor
- An obstetrics and gynecology physician and clinical professor

Each team member brings substantial expertise, partnerships, and commitment to the Healthy Habits program. Attributes of effective collaboration include strong working relationships, shared purpose, and cultural respect.<sup>5</sup>

### THE HEALTHY HABITS FRAMEWORK

The Healthy Habits framework is biblically based, bilingual, dynamic, and action-oriented to attain

**Table 1.** Actions for Heathy Habits Framework

Framework Activities	Definitions	Objectives
<i>Education</i>	Facilitate learning by acquiring knowledge, skills, values, beliefs, or habits.	<ol style="list-style-type: none"> <li>1. Increase parishioner learning through self-care, health promotion, and well-being.</li> <li>2. Evaluate impact of all offerings or activities.</li> </ol>
<i>Community engagement</i>	A process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.	<ol style="list-style-type: none"> <li>1. Establish relationships, build trust, work with formal and informal leadership, seek commitment from community organizations and leaders to create processes for mobilizing the community.</li> <li>2. Participate in activities to promote healthy habits that impact body, mind, and spirit.</li> </ol>
<i>Needs assessment</i>	A process to determine needs, or gaps, between the vision of the future and the current state. A plan of action is developed to address the needs (or closing the gaps) to bring the community closer to its desired future state.	<ol style="list-style-type: none"> <li>1. Identify needs for parish community.</li> <li>2. Collect and analyze data to develop or modify programming.</li> </ol>
<i>Resources</i>	The people, materials, activities, devices, and other strategies that can be used to help an individual, family, or group to improve their health or prevent health problems or illnesses.	<ol style="list-style-type: none"> <li>1. Provide self-care transition coaching services.</li> <li>2. Provide access to brochures and consultation.</li> </ol>
<i>Prevention</i>	An action undertaken to delay or prevent physical illness or disability. Prevention includes improving one's diet, exercising, reducing stress, and eliminating unhealthy behaviors.	<ol style="list-style-type: none"> <li>1. Coordinate activities to support preventative health care activities.</li> <li>2. Create an environment to promote well-being, foster community, and engage in gardening fruits and vegetables.</li> </ol>
<i>Community participatory approach</i>	An approach to finding solutions to a given issue by including parishioners who are directly affected by the issue along with experts to develop strategies related to solving the issue.	<ol style="list-style-type: none"> <li>1. Implement programs that enable involvement of stakeholders and parishioners.</li> <li>2. Develop activities that are grassroots and empowering.</li> </ol>

wholeness or health and well-being (Figure 1). It provides the interdisciplinary team with a mechanism on which to plan initiatives to enable health and well-being in a faith-based community. This framework was developed based on perceived needs of parishioners as identified through a focus group, 2 needs-

based assessments, the goals of the Healthy Habits Advisory Group using the premises of Christian life, and the agendas of Healthy People 2020, and AHA's affordability agenda.<sup>2,3</sup> To ensure the framework was aligned with the perceived needs, lived experiences, and shared values of parishioners, we conducted face



**Figure 2.** Garden Ministry Members.

and content validity assessments in both the Spanish and English community. This opportunity allowed us to make modifications with the design and terminology to custom-tailor actions to local needs.<sup>6</sup>

For members of this faith-based institution, the primary drivers of the Healthy Habits Framework are awareness and their spiritual identity (*Figure 1*). As a faith-based community, people attend services for multiple reasons, but developing and expressing their faith is of utmost importance. Therefore, we see the faith-based setting as an opportunity to increase awareness of biblical principles and behaviors that maintain and enhance the body, mind, spirit, and soul in the context of attaining the Christian life (R. Juarez, e-mail communication, May 17, 2019). To attain wholeness, awareness and spiritual identity can be leveraged toward concrete activities that promote health and well-being within the community.

There are 6 subdrivers for attaining wholeness or health and well-being. *Table 1* presents these activities, their objectives, and definitions. These include: education, community engagement, needs assessment, resources, a community-based approach, and prevention. Our group established work groups to focus on local, targeted action strategies in these areas. In addition, we track metrics for each area of activities. The following are 4 innovative examples that illustrate the use of the framework in areas of community

engagement, prevention, self-care transitions, and nursing practicums.

### Example 1: Community Engagement

We worked collaboratively with a faith-based population affiliated by geographic proximity, special interest, and shared values to address issues affecting their health and well-being.<sup>7,8</sup> The tools utilized for engagement are focus groups and needs-based assessments. In this case example, specific health issues and well-being affected some members of this community. Key informants supported the need, not only for spiritual well-being, but also for physical and mental health among the elderly, new mothers, and the underserved, which is consistent with the teachings of the Catholic Church’s social teachings and mission.<sup>9</sup> The Spanish-speaking segment of this parish community also identified key issues of obesity in children, lack of health care resources, and need for exercise in their daily lives.

In order to engage the parish community, the first action taken by this work group was to host a health fair, inviting previously established partners such as the University of Iowa Mobile Clinic and the a dental student organization for free dental screenings, while inviting new partners such as the local grocery store nutritionist, Visiting Nurses Association for yearly flu immunizations, and a physical therapist with expertise in safe ergonomic techniques for all age groups.

To further establish the health ministries’ mission, an innovative pilgrimage was promoted during the Lenten season. Members of the parish registered via face-to-face sign up after each mass and recorded via social media or bulletin board their weekly “miles” of walking, running, cycling, or praying versus other service or exercise activity. The goal of this pilgrimage was to engage members of the church to “walk” from the church’s location to Rome. Each activity was converted from time spent in the activity to the number of steps completed. The pilgrimage brought the community together in their goal to reach the destination by Easter while promoting healthy habits. During this inaugural event, t-shirts with the health ministries’ logo, donated by Hills Bank, were given as a small incentive and appreciation of their participation. The parish was empowered by the fact that together they completed the number of steps needed to reach Rome. The momentum from the well-received pilgrimage was leveraged to promote future walks to Bethlehem and Calvary while building on our community partners who had heard about this activity.

### Example 2: Prevention Through a Vegetable Garden

In his 2015 papal encyclical *Laudato Si*, Pope Francis states, “Nature cannot be regarded as something separate from ourselves or a mere setting in which we

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live. We are part of nature, included in it and thus in constant interaction with it.”<sup>10</sup> Pope Francis urged education and interaction with the natural world for all ages and especially for the young, to better understand how food comes to us. He encouraged locally sourced food for retention of biodiversity as well as a decrease in energy consumption that is required in today’s industrialized food production and delivery.

The United States Centers for Disease Control and Prevention have recommended 5 servings of fruits or vegetables daily for children and adults to decrease risk of chronic health problems such as diabetes and heart disease. A study of state-specific fruit and vegetable consumption in 2015 showed that on average 12.2% of US adults meet federal recommendations for fruit intake, and less than 10% for vegetables. Men, younger adults, and individuals living in poverty get the fewest fruits and vegetables.<sup>11</sup> Culinary herbs are also commonly grown in our region. Culinary herbs can be used to flavor and add appeal to foods, without the use of excess salt. Excess sodium intake has been linked to health problems such as hypertension, stroke, and heart disease. Most Americans consume too much sodium, often in the form of processed foods. Nearly 9 of 10 children in the United States consume excess sodium, and 1 in 9 children have elevated blood pressure.<sup>12</sup> Our interdisciplinary group proposed a parish community garden, where parishioners plant, tend, and harvest plants that produce vegetables and culinary herbs that might be shared with the larger community, especially those in need. In 2019, a needs assessment was conducted in the form of parish visioning meetings. Emerging themes were tabulated. We planned a fence and hedge barrier to allow children to be free in the garden without danger from nearby parking areas, as well as to discourage foraging by deer. In June 2019, we planted a salsa garden as the first step for the parish garden, including tomato plants, pepper plants, and cilantro (*Figure 2*). In upcoming months and years, we will add the fencing, walkways, and other enhancements.

### **Example 3: Self-Care Transition Coach**

To support patients during their transition to home after hospitalization, a nurse with many years of inpatient care experience provides consultation and self-care coaching over the phone to individuals who are not provided formal home health care services. This self-care transitions coaching program was developed to proactively help individuals or their family caregivers manage the person’s self-care activities early after discharge. Availability of this resource was shared during weekly services, and a brochure was created describing the services and how to contact the nurse. Individuals or family members may contact the nurse by phone or e-mail, and the nurse calls them back within 24 hours.

The nurse starts by assessing the individual’s situation and level of health literacy, identifying knowledge gaps and self-care needs. The nurse works with them to identify goals and priorities.<sup>13</sup> The self-care coach uses her expertise to help the individual to break down complex discharge plan activities into smaller more easily accomplished tasks and to organize long lists of medications into a limited number of discreet administration times (e.g., breakfast, lunch, dinner, and bedtime). Sometimes the nurse can tell over the phone that the individual or caregiver needs to communicate with the primary care provider or be seen in the office immediately. Other times, the nurse helps the person to write down questions they need to have answered at the next appointment. The nurse often partners with the individual or caregiver to analyze a problem, explore and then evaluate resources and options so the person can choose the best potential solution.<sup>13</sup> With an expert to talk to and plan with, this individualized caregiving provides valuable care coordination and attention to fully implement the care plan given unique circumstances. Throughout the partnership, the nurse provides emotional support and encouragement.

### **Example 4: Prelicensure BSN Community/Public Health Practicum**

A group of prelicensure nursing students in their last semester prior to graduation are assigned to this faith community practicum.<sup>14</sup> A practicum held in a faith community provides students with a greater understanding of population-focused health. This specific practicum differs from others in which their classmates are involved, because here the meaning of wellness includes the spiritual, physical, emotional, and psychological well-being in the context of the faith that the community practices. The commonalities with their peers are that each team of students performs a cultural inquiry and health assessment specific to their assigned population. The students assess, speak with key informants, analyze the strengths and areas for improvement in the faith community, and form a nursing diagnosis. They plan and implement appropriate interventions and then evaluate outcomes and sustainability of those interventions. Among the interventions the students provided over the past 3 years were assistance with Faith Community Health Fairs using the health topics from the survey; and presentations to specific ministries in the church on requested health topics (e.g., the Knights of Columbus men’s group requested the topic of men’s health screening and heart health, and the Mothers of Young Children group requested women’s health screenings across the lifespan). Other developed resources included nurses notes on health topics not covered in the fairs, which are available in the weekly bulletin and church website in English and Spanish. In addition,

appropriate evidence-based health information is available in the Healthy Habits resource library.

## HEALTHY HABITS COMPARED WITH TRADITIONAL FAITH-BASED PROGRAMS

The St. Patrick Church's Healthy Habits program does have some similarities and unique differences compared with traditional initiatives within faith-based institutions.<sup>15,16</sup> For example:

1. This program is chaired by a nurse leader, but includes physicians, nurse faculty, students, an attorney, and a priest.
2. This faith-based interdisciplinary group is guided by spirituality and faith.
3. This model does not employ a parish nurse.
4. The physicians involved feel called to promote preventive care.
5. This nursing practicum differs from other practicums because the concept of wellness includes the spiritual, physical, emotional, and psychological well-being in the context of religious faith.
6. The typical models used in faith community and parish nursing are paid and have its support from health care institutions such as a local hospital, the department of public health, or a long-term care facility.
7. This model is a voluntary health ministry composed of professional parishioners with an affiliation to a health care institution and the University of Iowa College of Nursing and College of Medicine.

## DEVELOPING AND TESTING NEW FAITH-BASED MODELS OF CARE

In this faith-based community, both physicians and nurses were part of this community without prior knowledge of each other's talents and common interest in health promotion. In this setting, professionals contributed their expertise to help shape interventions in the parish community that tapped into community partners known to these individuals for collaboration and sponsorship. The future of this program will depend on sustainable innovative interventions to: keep parishioners' engaged in health and well-being, grow membership to expand on new interest and resources, build on community partnerships, and leverage existing health care systems for patients during transitions of care.

## CONCLUSION

The shared goal of promoting health and well-being, diverse areas of expertise, good communication, and understanding resulted in a program that maximized collaboration among interdisciplinary partners. The collective focus was concentrated on creating action strategies that made faith visible. The activities

presented may not meet the needs of all segments of the congregation, but they created awareness about the need to attain wholeness and extended the varied but subtle resources of the community, such as expertise, to achieve collective goals that enhance wholeness.

AHA's affordability agenda is well aligned for faith-based communities and was found useful as guiding principles when applied to the "Healthy Habits" program.<sup>2</sup> If all health care disciplines, leaders, and institutions try to define the value of health on personalized goals, spiritual identity, and shared values, then there will be greater ownership by individuals and their communities or environments to enable health, well-being, or wholeness by proactively managing their health and future health care needs.

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