

EPISCOPAL HEALTH  
FOUNDATION

# Informing EHF's Diocesan Engagement for Community Health: Congregation Survey Results



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# Introduction

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Rooted in faith and active in hope, the Episcopal Health Foundation (EHF) believes that all people are worthy of the opportunity to live healthy lives. We exist not alone but in community, and the health of our communities determines and is determined by the health of each individual member. We are pursuing a holistic vision of health centered on the community: ***we aim to transform the people, institutions, and places in our region to create healthy communities. EHF believes healthy communities are created when diverse people join together to develop community-driven, people-centered, health-oriented systems.***

EHF has several pathways to advance the Foundation's mission, including grant-making, answering critical research questions, convening and partnering with stakeholders, advancing learning on key issues, and ***partnering with the 150+ Episcopal congregations across the 57 counties of the Episcopal Diocese of Texas***. The work of partnering with Episcopal congregations is being advanced by EHF's Diocesan Engagement Team within the Impact Division, which can provide direct technical assistance, access to training for congregation members and connections with partner organizations with skills and issue expertise.

In order to inform our work with congregations in the Episcopal Diocese of Texas and help strengthen their ability to build healthy communities, EHF conducted a survey of congregations designed to help understand:

- how well congregations feel they understand the needs in their communities and what are their top community health concerns
- what congregations are currently doing that can serve as models for congregations and community partnerships
- which congregations feel ready to begin, improve or expand their ministries
- what resources or support might be helpful

Eighty-two congregations responded to the survey. Additionally, staff from EHF visited more than 30 congregations and met with clergy and groups of lay leaders, attended regional clergy gatherings across the Diocese and participated in several diocesan-wide gatherings in order to learn more directly how the Foundation can best partner with

"EHF envisions a *transformation of the relationship between the Church, our parishes and institutions, and the wider community: a reinvention of how our 80,000+ parishioners serve the community as Diocesan network, and in serving, become transformed themselves.*"

-Rt. Rev. Andrew C. Doyle, Bishop of Texas and Chair of the Board, EHF

congregations to support their role in creating healthy communities. The results of the survey were reinforced by what we heard in our visits with congregations.

We learned that many congregations are already deeply involved in their communities and have promising programs we can share. We heard stories about the ways issues like mental health, poverty and economic insecurity, and access to quality health care are impacting their communities. While many congregations know their community well, the majority expressed a need to understand and connect more deeply with their communities.

EHF would like to extend a special note of thanks to each and every one of you who have taken the time to share your stories with us. Together we have a tremendous opportunity to realize our vision for healthy communities for all. The results of this survey help lay the path for the first steps on that journey.

“We are located in a middle class suburban area where needs are not readily apparent. However, it is clear that financial resources and well cared for homes does not mean that serious concerns do not exist. We have seen need around parenting, addiction prevention and recovery, spiritual direction, and general counseling.”

– Survey Respondent, St. Julian of Norwich, Austin

## Survey Distribution and Responses

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The survey was developed specifically to engage congregations throughout the Episcopal Diocese of Texas to better understand their current outreach ministries and services for health, while also gaining more insight into the needs of their surrounding communities. Using the online platform, Survey Monkey, the surveys were distributed to Heads of Congregations. Multiple attempts were made to contact congregations that had not responded to initial emails including phone calls and follow-up emails. The survey was launched via email on March 17, 2015 and the last response was accepted on April 27, 2015.

The survey consisted of 12 questions pertaining to the following areas:

- Community Health Needs
- Existing Services and Ministries
- Support and EHF Communication

See Appendix A for the full list of questions. Responses were recorded and analyzed in Survey Monkey.

## Who Responded to the Survey

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Eighty-two congregations responded to the survey (see Appendix B). The responding congregations represent all of the geographic regions of the Diocese, as well as diversity of size, rural, urban and suburban congregations, and level of active involvement in the community. In addition to poll-based responses, we received powerful stories about the ways in which health-related concerns impacted the lives of families in our congregations and communities, such as the quote from St. Paul's in Katy, below. One person completed the survey from each congregation and while responses can be viewed as representing an important perspective from the congregation, they do not necessarily reflect a comprehensive view.

*“Katy has a very large income gap where many people do not have access to affordable healthcare and thus put a burden on our ERs. There is one clinic that we have begun to partner with (Christ Clinic), but they struggle to keep up with the demand due to low funding and facilities.”*

*– Survey Respondent, St. Paul's, Katy*

# Survey Results and Findings

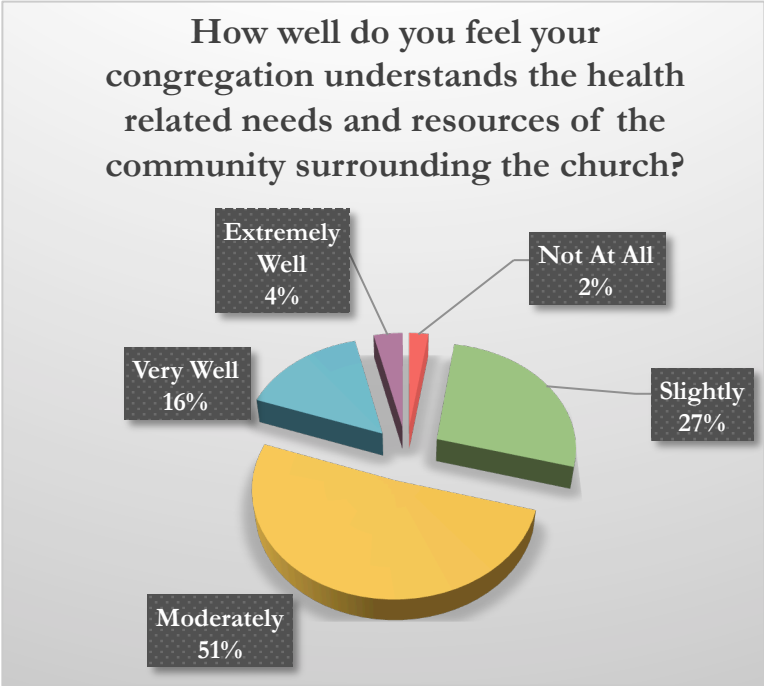
The results of the congregational survey provide a starting point for EHF as we offer our assistance to strengthen the role that congregations can play in building healthy communities. The responses provide a good overview of how well congregations feel they understand the needs of their communities, a perspective on the major challenges impacting communities and families, and current efforts to address these needs.

## 1) Community Health Needs

In one of the more striking findings of the survey, only 20% of congregations responding felt they understood their community’s health needs and resources well or extremely well. Nearly 1 in 3 respondents indicated they did not adequately understand the needs and resources of their neighboring communities while 51% described their knowledge as moderate. This seems to indicate that most congregations feel they don’t understand the needs and resources in their communities as well as they would like to.

However, when asked how they saw issues impacting the daily lives of families and individuals in the community, 68 of the 82 responded with very specific stories about what they saw happening in their community.

In an attempt to understand why people might feel like they don’t understand their community very well, we learned that many congregations have very specific ties to the community through their congregation including existing relationships with area schools and community organizations, while at the same time feeling there are gaps in their understanding of that very same community. It can be compared to the story of the blind man holding the trunk of an elephant and thinking it’s a rope –many congregations expressed self-awareness that they see only part of the picture.



In addition, many Episcopal congregations have a membership base that is more educated and affluent than the most vulnerable in their community. Given how

segregated most of our communities are along socioeconomic lines, many of us often go about our day without encountering people that are very different from ourselves unless we deliberately build those relationships. The survey responses may indicate an awareness of this disconnection between our congregations and the broader community that limits their knowledge of the most pressing community needs.

In response to the need for better understanding of key community health needs as well as existing assets that might be useful, EHF is developing two pathways of support. First, in terms of data and information, we are identifying information resources that can help congregations access data and information about specific health needs as well as resources and organizational assets in their community in a more comprehensive way. Some resources will be provided through links on the EHF website (such as the interactive [county health data maps](#)), or by connecting congregations to community health experts in their area. We can also help congregations build skills for gathering their own information by connecting them to training on how to conduct surveys and how to identify local assets. Second, in terms of relationship building, we will help congregations access training and resources to help build relationships across lines of race, class and culture in order to create common understanding, vision and plans for action across diverse groups.

“We have a constant stream of people coming into the church for assistance. We started a family homeless ministry and the slots were filled.”

– **Survey Respondent,  
St. Andrew’s, Pearland**

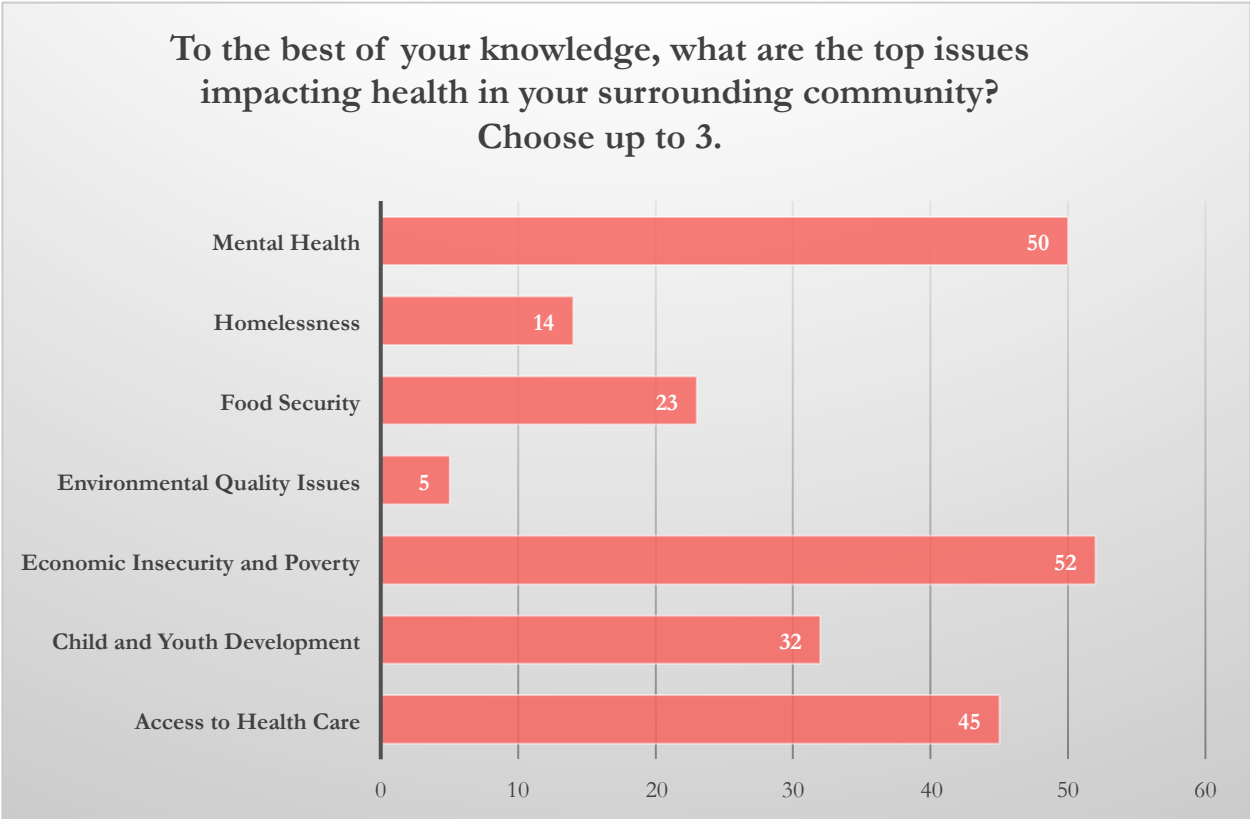
“I’m getting tired of doing funerals for young men in their early 20s who have died of drug ODs.”

– **Survey Respondent,  
St. Michael’s, Austin**

“As a relatively small town, there are not many (almost, any) options in regard to mental health care available in Brenham. People must travel—usually to Houston—at least to Bryan-College Station. The wage base is generally low so when someone is ill or injured, especially for a lengthy period, loss of a job often results or at least of course, no paycheck so the wheels come off. Good nutrition is a huge problem for children and youth. This was noted by our local Athletic Director, he commented that most of his athletes had nutrition/adequate food access. (Over 90% of the students at one of our three elementary schools qualifies for aided meal/lunch programs and it is well over 50% at our other two elementary schools).”

– **Survey Respondent, St. Peter’s, Brenham**

In addition to assessing their familiarity with community needs, respondents were asked to identify what they *thought* were the most pressing community health problems. Respondents were asked to select three issues from those shown in the graph below that most impact health in their community. The majority of respondents indicated economic insecurity and poverty, mental health, and access to health care as the issues most affecting health in their neighboring community.



The stories and responses from congregations describing the impact of these issues on families, reflected in the quotes throughout this report, indicate that our congregations are on the front lines and are well-positioned to provide leadership to address these needs. Those stories also reflect a deep awareness of the effect of those problems on people’s lives, as well as the toll they exact for everyone in the community including those not directly affected.

In response to the clear urgency to address specific community health issues expressed by congregations, EHF will form partnerships with organizations that can offer expertise and training to support congregations wanting to take action in these priority areas of need.



“**H**aving limited health resources becomes a burden on law enforcement and social service agencies that are not equipped with proper medical equipment and survival resources to assist individuals in need. High percentages of law enforcement calls are related to mental health, homelessness, lack of food and medical resources, and transportation.”

– Survey Respondent, St. Stephen’s, Liberty

“**C**hildren and youth are vulnerable to all kinds of impacts. Many come from single parents or dual working parents and are often neglected and unsupervised. Economic insecurity in their families complicates that problem and they often do not develop in healthy ways and they lack skills that allow them to function well in society. The cycle perpetuates itself. Mental health is affected also when many come from dysfunctional families.”

– Survey Respondent, St. Christopher’s, Austin

“**W**e are 30 miles from the nearest health facility and many do not have transportation.”

– Survey Respondent, Church of the Epiphany, Calvert

“**A**s an indicator of need, we are a community with about 50% of our children at-risk. With our limited access to primary care, I see so many with physical problems who wait until they are critically ill to find help, becoming sicker, more costly to treat, miss work and family, etc. We are a military-based community and many former military and families are without benefits and sometimes even work. There is a large and fragile group.”

– Survey Respondent, St. Christopher’s, Killeen

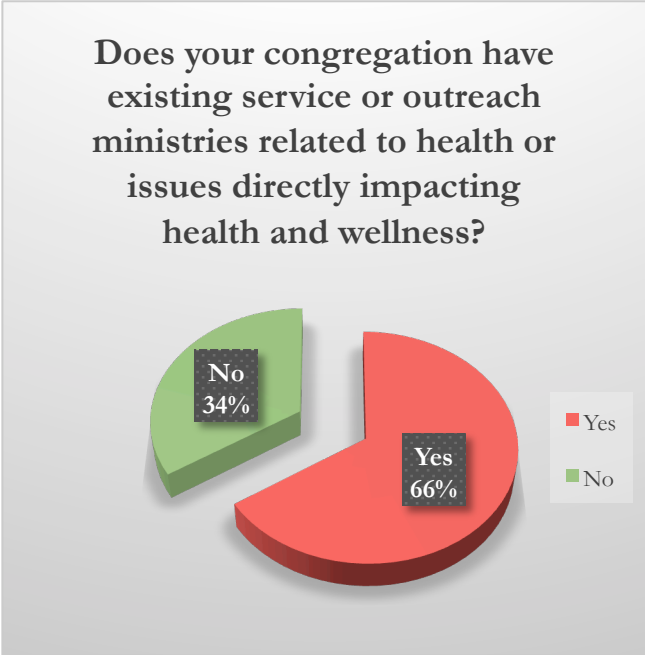
## 2) Existing Services and Ministries

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“**O**urs is a congregation of the homeless of Houston. Our people survive day-to-day searching out food and shelter. Many struggle with drug addiction, severe and persistent mental illnesses, lack of health care options, joblessness, rejection by family members and other social issues which tend to alienate them.”

– Survey Respondent, Lord of the Streets, Houston

Sixty-six percent of congregations reported having existing services or outreach



ministries related to health or issues directly impacting health and wellness, with 42% of all congregations considering their outreach programs to be strong or very strong. Still, a significant proportion of congregations (34%) indicated they do not currently have existing services or programs addressing such issues.

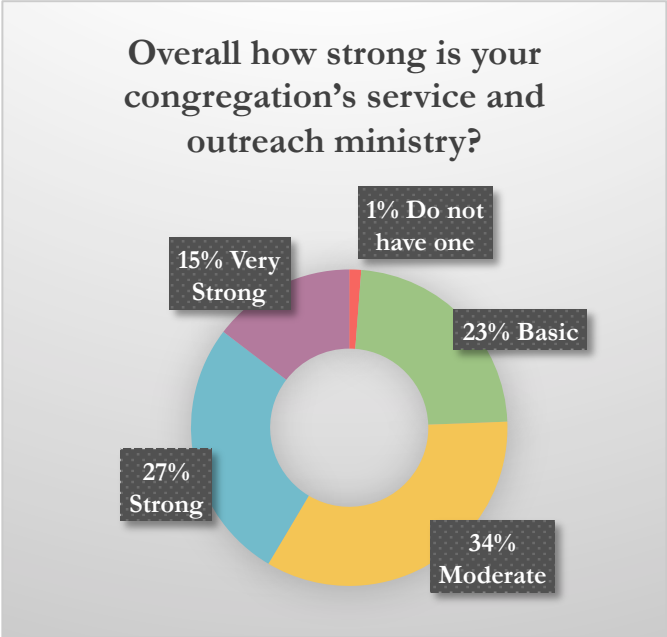
The survey responses identified some of the current ways congregations are helping to address the needs of their communities in rich and robust ways. We have many useful models that can serve as road maps for those who seek

to develop stronger service ministries. In conversations with congregational leaders, EHF asked why they were doing what they were doing and what they were hoping to accomplish. Some can provide very specific answers about the long-term impact they hoped to achieve, but, for many churches the answer is, “we are doing what we are doing because that’s what we did last year and the year before.” Asking questions about the purpose and goals of ministry efforts can be an invitation to review the mission, purpose and goals of service ministries and help make them more effective.

In response to the opportunity to strengthen transformational impact, EHF will support strategic planning and self-assessments, and share best practices and learning among congregations.

“KidsHope USA is a mentoring program that matches churches to elementary schools and we have over 20 mentors from our church that are making a huge difference.”

– Survey Respondent, St. Dunstan’s, Spring



“Our church has historically supported the local health ministry in Tomball called TOMAGWA. A Good Shepherd parishioner was one of the principals who founded TOMAGWA. Since that time we have had a presence on their Board and have supported the ministry with money and volunteers.”

– Survey Respondent, Good Shepherd, Tomball

“We are part of ECHOS, The Metropolitan Organization (TMO), and are working with Christus Health System. We have health fairs during the year.”

– Survey Respondent, Santa Maria La Virgen

“We partner with Stand Up for Kids by providing space for a weekly drop in center for homeless LGBTQ youth. We cook monthly for Montrose Grace Place which is housed at Grace Lutheran Church, which also serves this population. We are also partners with Amazing Place, a center for folks with early dementia. We house Fey y Justicia Worker Justice Center, which serves folks in the immigrant community whose wages are stolen and who are asked to work in unsafe working conditions.”

– Survey Respondent, St. Stephen’s, Houston

“We have an active Refugee ministry, where we welcome political refugees from other countries, set up their apartment, and then work directly with them to ensure they get food, health care, and a job. We also are starting a community garden to teach and offer fresh and healthy food to the community.”

– Survey Respondent, St. John’s, Austin

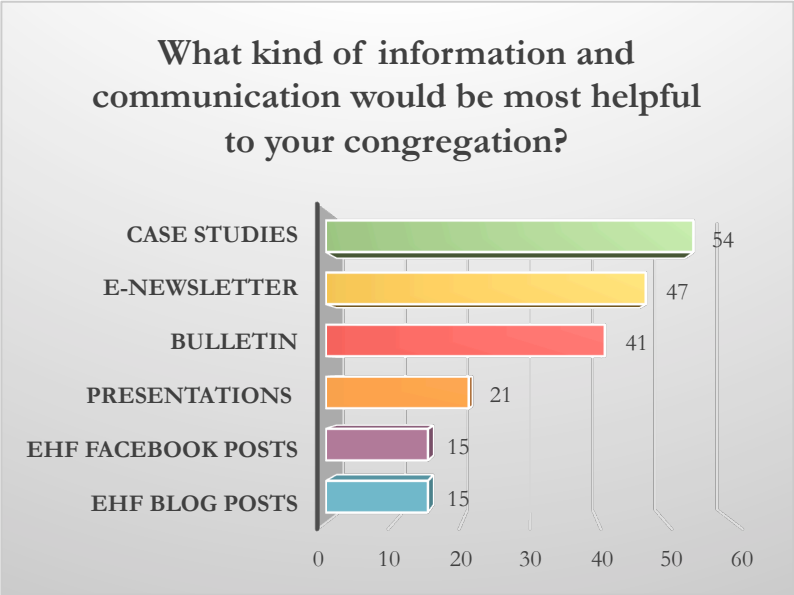
“We host a large number of AA and other 12-step groups, which address addiction and mental health. We have 2 yoga classes and an exercise class. These are only \$5 a class and provide a great entry point for wellness for folks. We also partner with a local elementary school and have done meals for evening meetings and participated in a healthy eating fair there.”

– Survey Respondent, St. Alban’s, Waco

### 3) Support and EHF Communication

EHF envisions partnering with congregations in a variety of ways to strengthen their capacity to serve as effective agents for community health transformation. The survey asked congregations what types of support would be most helpful. The responses seemed to indicate that consultation on their specific situation, such as individual consulting and peer networks, would be particularly helpful. Additionally, research and data addressing community needs as well as training and congregational development tools were of interest.

In response to expressions of need for particular types of support, EHF is developing partnerships with organizations that can provide training and support to congregations in leadership development, strategic planning, community needs assessments and multicultural communication skills. EHF has identified a number of existing conferences and events where parish leaders can learn strategies for social innovation and community development. These and other opportunities will be continually updated on the Diocesan Engagement pages of the EHF [website](#).



In relation to communication, we received strong feedback that it would be useful for congregations to have case studies of successful congregation ministries (54%), e-newsletters with community health resources (47%), and bulletin announcements featuring health facts (41%).

# Conclusion and Next Steps

The congregations of the Episcopal Diocese of Texas are critical partners in EHF’s vision for healthy communities. Episcopal churches in the Diocese of Texas have a long history of serving their communities and our congregational survey helped to capture some of the ways they continue to make an impact. The survey also points to specific concerns congregations would like to address like poverty and economic insecurity, mental and behavioral health, and access to care, and the ways congregations can envision a beneficial partnership with EHF.

The potential scope of the work EHF can do with congregations is very broad. Information from the survey, combined with the many conversations EHF staff has had with congregational leaders, provides a road map for the kinds of support EHF can provide in alignment with its mission, vision and goals. Below we have identified next steps based on the needs and interests specifically expressed in the survey.

Of course, the work outlined here in response to these survey findings represents only first steps in EHF’s efforts to partner with congregations and leadership within the Diocese of Texas. Over the next few years, we look forward to developing those relationships and engaging transformative work to achieve healthy communities.

Examples of EHF Resources in Development to Support Congregations	
Need or Interest Identified	EHF Response
<i>Help improve understanding of community needs</i>	<ul style="list-style-type: none"> <li>To provide training on how to access and use existing data tools to help gain a big picture understanding of community needs</li> <li>EHF will develop partnerships with groups that can provide training for congregational leaders around multicultural communication, asset-based community development and community organizing to better connect to the community</li> </ul>

<p><i>Top areas of interest and community need around mental health, access to care, poverty and economic insecurity</i></p>	<ul style="list-style-type: none"> <li>• EHF will compile a web-based resource center with materials and information from existing groups and organizations with expertise in areas that may be relevant to congregations</li> <li>• EHF will form partnerships with organizations that can provide expertise and specific support to congregations with an interest in addressing these issues</li> </ul>
<p><i>Training for congregation members to help develop communication, community development and leadership skills</i></p>	<ul style="list-style-type: none"> <li>• EHF is identifying existing training and events that address these skills areas and offering support to parishioners to attend</li> <li>• EHF will form partnerships with organizations that offer training in these skill areas to and develop training opportunities for congregation leaders</li> </ul>
<p><i>Individual consultation and support for congregation and ministry leaders</i></p>	<ul style="list-style-type: none"> <li>• EHF staff members are available to consult with individual congregations and can help congregations contract with people or organizations with specific expertise who can help advance their community efforts</li> </ul>
<p><i>Story-based case studies of existing congregations effectively engaging in the community</i></p>	<ul style="list-style-type: none"> <li>• EHF will identify successful programs that are effective case studies and will develop and release case studies throughout the Fall 2015</li> </ul>

# Appendix A: The Survey

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## EHF DOT Congregation Survey

### 1. Contact Information

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First and Last Name:  
Congregation:  
Email Address:  
Phone Number:

### 2. How well do you feel your congregation understands the health related needs and resources of the community surrounding the church?

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- 1 - Not At All       2 - Slightly       3 - Moderately  
 4 - Very Well       5 - Extremely Well

### 3. To the best of your knowledge, what are the top issues impacting health in your surrounding community? Choose up to 3.

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- Mental Health       Access to Health Care  
 Environmental Quality Issues       Food Security – Access to adequate quantity and quality food  
 Homelessness       Economic Insecurity and Poverty  
 Child and Youth Development       Other (please specify)

### 4. In what ways do these issues impact the daily lives of families and individuals in your community? Please provide brief example or stories.

### 5. Does your congregation have existing service or outreach ministries related to health or issues directly impacting health and wellness, such as those indicated above?

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- Yes       No

### 6. Please provide a brief description of your existing ministries or programs related to supporting healthy communities.

### 7. Overall how strong is your congregation's service and outreach ministry?

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- 1 - We don't currently have one       2 - Basic       3 - Moderate  
 4 - Strong       5 - Very Strong

## **8. What kind of support would be most helpful?**

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- Consulting with individual congregation to support specific program needs
- Convening and training on issue specific topics
- Online resource library of health related initiatives or programs relevant to congregations
- Peer networks with similar congregations or groups working on similar issues
- Research and data related to community needs and assets
- Training and tools for conducting community needs assessments
- Community organizing training
- Cross cultural communications skill and training to support working in diverse communities
- Health policy and advocacy training for working on health issues at a local and state level
- Tools for transitioning charity based ministries towards community transformation and development
- Tools for evaluating the effectiveness of current ministries
- Resources related to the service and health missions of the church for use in spiritual formation and congregational development
- We are not interested at this time
- Other

## **9. If you have a project or initiative for engaging your congregation in the community that you would like to discuss with EHF, please provide the description:**

## **10. What kind of information and communication would be most helpful to your congregation?**

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- E-newsletter specifically for congregations highlighting news from congregations and featuring resources for congregations related to community health transformation
- EHF Facebook posts featuring content relevant to congregations
- Bulletin announcements featuring health facts and news (for use in church bulletins)
- EHF blog posts featuring resources for congregations
- Case studies documenting the development of successful congregation service partnerships and ministries
- Presentations at Diocesan events

## **11. Is there anything else you would like us to understand about your congregation and the surrounding community?**

## **12. Do you have any other comments, feedback, or questions for EHF at this time?**



## Appendix B: Participating Congregations

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All Saints', Austin	St. Francis, Tyler
All Saints', Cameron	St. James, Austin
All Saints', Crockett`	St. John's, Austin
All Saints', Hitchcock	St. John's, Center
Ascension, Houston	St. John's, Palacios
Christ Church, Eagle Lake	St. Julian of Norwich, Austin
Christ Church, Matagorda	St. Luke the Evangelist, Houston
Christ the King (Atascocita), Humble	St. Luke's, Lindale
Epiphany, Burnet	St. Mark's, Bay City
Epiphany, Calvert	St. Mark's, Beaumont
Epiphany, Houston	St. Martin's, Copperas Cove
Good Shepherd, Austin	St. Martin's, Houston
Good Shepherd, Tomball	St. Mary's, Bellville
Grace, Galveston	St. Mary's, West Columbia
Grace, Georgetown	St. Matthew's, Henderson
Holy Apostles, Katy	St. Michael's, Austin
Holy Comforter, Spring	St. Michael's, La Marque
Holy Spirit, Waco	St. Paul's, Freeport
Lord of the Streets	St. Paul's, Katy
Palmer Memorial, Houston	St. Paul's, Kilgore
Resurrection, Austin	St. Paul's, Leigh
San Mateo, Bellaire	St. Paul's, Pflugerville
San Pedro; St. Peter's, Pasadena	St. Paul's, Waco
Santa Maria Virgen	St. Paul's, Woodville
St. Paul's, Navasota; St. Francis of Assisi, Prairie View	St. Peter's, Brenham
St. Aidan's, Cypress	St. Peter's, Lago Vista
St. Alban's, Austin	St. Phillip's, Palestine
St. Alban's, Houston	St. Richard's, Round Rock
St. Alban's, Waco	St. Stephen's, Beaumont
St. Andrew's, Bryan	St. Stephen's, Houston
St. Andrew's, Houston	St. Stephen's, Liberty
St. Andrew's, Pearland	St. Thomas', Wharton
St. Catherine of Sienna, Houston	St. Thomas, Rockdale
St. Christopher, League City	St. Thomas the Apostle, Houston
St. Christopher's, Austin	Trinity, Baytown
St. Christopher's, Houston	Trinity, Galveston
St. Christopher's, Killeen	Trinity, Houston
St. Cyprian's, Lufkin	Trinity, Jacksonville
St. David's, Austin	Trinity, Longview
St. Dunstan's, Houston	Trinity, Marble Falls
St. Francis, College Station	Trinity, The Woodlands