LIBERTY UNIVERSITY

JOHN W. RAWLINGS SCHOOL OF DIVINITY

DEVELOPING HEALTH MINISTRIES BEYOND THE DISPARITIES IN THE COMMUNITY

A Dissertation in Praxis Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Education in Christian Leadership

by

Tasha R. Berry-Lewis

Liberty University, Lynchburg, VA

2024

DEVELOPING HEALTH MINISTRIES BEYOND THE DISPARITIES IN THE COMMUNITY

by Tasha R. Berry-Lewis

A Dissertation in Praxis Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Education in Christian Leadership

Liberty University, Lynchburg, VA

February 23, 2024

APPROVED BY:

Faculty Supervisor

_____ _____

Gary J. Bredfeldt, PhD Date

Collaborating Coach

_____ _____

Walter P. Turner, III – President Date
Chicago Baptist Institute

ABSTRACT

Since the COVID-19 pandemic, there has been an upswing in the lack of awareness concerning disparities and the lack of resources available in many of the neighborhoods in the Chicagoland area. The Washington Park and Bronzeville areas are two (2) communities among several others in the Chicago area that are considered to be low-income neighborhoods with minimal resources and an increasing concern of disparities.

As a church in the community, it is vitally important we provide a place of hope and trust for people to come for help and refuge. Developing a service such as a health and wellness ministry can prove to be beneficial to the congregants and the community by providing information not otherwise received through regular circumstances.

This praxis program is designed to assist churches in developing health ministries to address the disparities that exist in the community. The goal of this praxis pilot program was to help bridge the gap of disparities for the Washington Park and Bronzeville area and provide the community with information that is not being addressed by providing workshops to address major concerns within the community to dispel the disparities of health and lack of wellness in the area.

Keywords: disparities, church, community, health, pilot program, diabetes, wellness

Dedication

First, I dedicate this study to the Almighty GOD! Thank you for your love, your guidance, your strength, and your protection. Without you, I am nothing. To the loving memory of my MOM, I finally finished. Thank you for all the encouragement you have given me throughout the years. I wish you were here to share this day of joy. To my husband Kenneth, you are my rock!!! Thank you for your love, support, and encouragement. I could not have done this without you. To Marcus, Lena and Shania, thank you for your support!

Acknowledgments

I would like to acknowledge Dr. Gary Bredfeldt and the Liberty University Christian Leadership faculty. Your support, guidance, knowledge, and wisdom is greatly appreciated. Thank you for helping me through this process. I would also like to acknowledge Rev. Dr. Walter P. Turner, III (Collaborating Coach), Rev. Dr. Reginald E. Bachus (Pastor), Dr. Cora Suddoth-Gore, Dr. Maria J. McManus, Keisler Taylor, Kayla Glover, and Kendall Glover. Thank you all for your encouragement, support, and wisdom. I truly am grateful for each of you! Finally, to my family and friends. I love you all!

Table of Contents

List of Abbreviations

Center for Disease Control and Prevention (CDC)

Center for Sustainable Health Care Quality and Equity (SHC)

Chicago Baptist Institute (CBI)

Continuous Glucose Monitoring (CGM)

Faith Health Alliance (FHA)

Liberty University (LU)

National Minority Quality Forum (NMQF)

Office of Disease Prevention and Health Promotion (ODPHP)

Primary Care Physician (PCP)

CHAPTER ONE: THE PROBLEM IN PRAXIS

Introduction

The increased prevalence of health disparities continues to plague the cities, the states, and numerous countries. During the COVID-19 pandemic, these disparities became more prevalent in many of these cities and communities. This author is compelled to assist those in need and do whatever possible to dispel the disparities that exist in the areas that she comes in contact with and eventually expand to other areas. The primary area of this study was based in the Washington Park and Bronzeville communities located on the South Side of Chicago. According to the latest census study, these areas populate approximately 64,389 people with a median income of $34,800 per year. The average combination demographics for these areas consist of 83.3% Blacks, 4.2% Hispanics, 4.2 % Asians, 3.1% Other, and 5.2% White (City of Chicago, 2023).

The reason for the focus on these communities for the pilot praxis program is due to the lack of access to resources such as grocery stores, medical facilities, and pharmaceutical care. This author hoped to better educate the community to provide knowledge and resources that compare to other areas with better access to medical facilities, grocery stores, and pharmacies.

The Strategic Problem

Problem and Response: Program, Process, or Product

Since the beginning of the COVID-19 pandemic, this author has been involved in assisting the members of the church and the community with attaining access to COVID-19 and other vaccinations to ensure the safety of themselves, their families, the congregation, and the community.

While assisting with these vaccines, the author noticed several other concerns within the church and the community that were overlooked such as food insecurities, limited pharmaceutical access, and other health-related concerns within the Auburn Gresham community. Many of the grocery stores and pharmacies closed in the area and many of the residents were left to find other alternatives to get the necessary items needed to survive day-to-day. Unfortunately, Auburn Gresham is not the only community in Chicago that is suffering from health disparities and food insecurities, many other low-income communities are suffering from the same issues as Auburn Gresham. At the beginning of the pandemic, Auburn-Gresham reported the first COVID-19 death case in the State of Illinois. This death sparked fear and concern in the church and the community. While the fear of this pandemic was heightened by this incident, this author knew as a leader in the church, she needed to find ways to assist the church and the community with this pandemic and other health and wellness-related concerns.

During this time, this author was offered the opportunity to partner with The Faith Health Alliance (FHA) and the National Minority Quality Forum (NMQF) providing information and resources to assist in holding COVID-19 and Influenza vaccination clinics for the church and the community during the pandemic. As time progressed, it was evident there were other needs to be addressed in the church and in the community which were not new needs, just unmet needs. The Centers for Disease Control and Prevention (CDC, 2022) identifies health disparities as "preventable differences in the burden disease, injury, violence or opportunities to achieve optimal health that are experienced by socially disadvantaged populations."

The lack of concern for disparities piqued the interest of the author to develop a health ministry that would provide more in-depth information to the congregants and the community by hosting seminars and workshops that would provide expert advice from professionals in the

related fields of interest. Studies have shown that data predating the COVID-19 pandemic demonstrated that people of color experience increased infant mortality, pregnancy-related deaths, prevalence and severity of chronic conditions, and mental health risks relative to white peers (Horvath, 2022).

The ministry was not designed to be a substitute for the need for primary health care; however, it did offer additional information that is not received in the doctor's office. For example, these seminars provided additional in-depth diabetes education that could help individuals decide whether or not to integrate self-monitoring blood-glucose technology into their daily program by using devices such as Continuous Glucose Monitors (CGM). The ministry also sought quality experts who work for various companies such as DEXCOM and LIBRE and medical professionals from various local hospitals to present and offer information not otherwise provided in doctor's appointments where the time is limited and do not get the opportunity to ask questions the new advancements in the fields.

The goal of this praxis pilot program was to help bridge the gap of health disparities within the communities that are suffering from chronic conditions and provide the people with additional information to allow them to make better and more conscious decisions to help them live longer and more fulfilled lives. The further development of this ministry would operate by providing seminars and workshops to address the major concerns within the church and community to dispel the disparities of health and wellness in the area.

Defining Reality: The Current Need

Since the pandemic began in December 2019, there has been a heightened concern for health and wellness, considering the onset and the severity of the COVID-19 virus. While these concerns are not new to the Chicagoland area, they have been spotlighted through the current

COVID pandemic we are currently facing. Chicago's 900,000 South Side residents have experienced staggering health disparities for decades compared with North Siders, with a ten times higher risk of infant mortality and four times the rate of death from diabetes (Rucker-Whitaker, 2021). In addition to the higher risk of infant mortality and death from diabetes, there are also concerns about cardiovascular disease, cancer, chronic respiratory disease, and the continuation of COVID and Influenza, just to name a few. For this study, this author focused on the Washington Park and Bronzeville areas, located on the South Side of Chicago.

As previously mentioned the Washington Park and Bronzeville areas currently have a population of approximately 65,000 people with very limited access to health care, grocery stores, and pharmacies. The nearest hospital is located on the border of the Washington Park area and services more than half of the South Side of Chicago. Many of the local pharmacies have closed due to increased theft and crime in the area. Grocery stores are sparse with limited access to fresh meat, fruits, and vegetables. As with the pharmacies, many of the grocery stores have closed due to the increased crime in the areas. Considering this information, it is no wonder why this area is struggling concerning health and wellness.

According to the University of Chicago Medicine Community Health Needs Assessment (UCMCHNA, 2019) health outcomes are the measures that define the health and well-being of the community. The Needs Assessment goes on to say that health outcomes are a result of social determinants of health, access to clinical care, and health behaviors. This study also revealed the top causes of death in these communities are Heart Disease, Cancer, Injury, Diabetes, and Strokes. In addition, the Needs Assessment lists the Infant mortality death is more than double the percentage for Washington Park and Bronzeville areas than for the whole city of Chicago and

the life expectancy for the area is 72 years of age versus 77 years of age for the City of Chicago and 82 years of age for those living in the downtown area.

The first person reported in Illinois to die from COVID-19 lived on the south side of Chicago in the Auburn Gresham neighborhood. As of June 30, 2023, more than 8000 people in the Chicagoland area died from COVID-19 (City of Chicago-Covid Dashboard, 2023). With these staggering statistics and previously mentioned studies, it is obvious that the Chicago area which includes the Washington Park and Bronzeville community is lacking when it comes to thriving at the level of more affluent areas in the City.

As Christians, we are challenged to love and help one another. In 1 Peter 4:9-10, Peter says, “Offer hospitality to one another without grumbling. Each of you should use whatever gift you have received to serve others, as faithful stewards of God’s grace in its various forms.” The author of Hebrews 13:1-2 says, “Keep on loving one another as brothers and sisters. Do not forget to show hospitality to strangers, for by doing some people have shown hospitality to angels without knowing it.” And finally, Romans 12:13 says, “Share with the Lord’s people who are in need. Practice hospitality.”

In partnership with the Faith Health Alliance (FHA) and the National Minority Quality Forum – Center for Sustainable Health Care Quality and Equity (NMQF-SHC), this author has assisted the church by hosting COVID-19 and Influenza vaccine clinics. In those clinics, there were always questions regarding taking the vaccine while having other health-related issues such as diabetes, cardiovascular disease, and cancer. As time progressed and these concerns became more common, the author realized there was a greater need in the community than just hosting vaccine clinics. After meeting with the partnering organizations and polling the congregation and community, the author found there was a greater need for additional information and resources to

address the different health concerns that arose. The FHA and NMQF-SHC agreed to partner with and support the author in her quest to provide additional information and resources to the congregation and community to assist with the additional concerns of the congregation and the community.

As these ideas and opportunities presented themselves in the church and the community, the author became aware of Liberty University's praxis model offered in their Christian Leadership EdD program. Liberty University's Christian Leadership EdD Dissertation-in-Praxis (DiP) program allowed this author to present this idea as a DiP pilot model and as a health ministry program within the church. The development of this DiP program has helped the author find an appropriate way to implement a program by assisting those in need and completing her studies all while fulfilling God's commandment of helping and loving others.

It is this author's prayer to continue providing a service to the congregation and the community that will fill the gap of missing information that is not provided by their primary care and/or other professionals concerning the disparities within the area. While this ministry may not immediately resolve the disparities, it will provide some consolation to those unable to get the information from regular doctors' appointments.

Defining a Preferred Future: The Visionary Focus

Vision Statement

To provide service that follows God's Word by focusing on health and wellness in the Washington Park and Bronzeville communities.

Purpose Statement

The purpose of the program is to support the Washington Park and Bronzeville communities through the practical and direct application of the Word of God by providing access

to quality health information at the planned workshops and seminars. A pilot workshop will serve as the model for this program's future development.

Objectives

1. To follow God's Word by being of service to others in their time of need by providing workshops and seminars that address health-related information to help bridge the gap of health disparities in the Washington Park and Bronzeville area of the Chicagoland area.

2. To host quarterly workshops/seminars at the Chicago Baptist Institute that will provide medical information to the Washington Park and Bronzeville communities.

3. To obtain medical professionals and advocates in different medical specialties to inform and educate the Washington Park and Bronzeville communities by conducting workshops/seminars.

4. To develop strategies to promote pilot workshops/seminars at the Chicago Baptist Institute to reach the people of Washington Park and Bronzeville communities in the selected areas of the workshops/seminars.

5. To keep current on the latest trending medical information by informing the Washington Park and Bronzeville communities on up-to-date news, treatments, viruses, and vaccines.

Outputs

Output is defined as the results of the transformation which includes the attainment of the program's goal that justifies the existence of the program (Chen, 2015, p. 4). Kettner et al., (2017) say the purpose of measuring outputs is to determine (a) how much of an available service a client received and (b) whether the client completed treatment or received the full complement of services as specified in the program design. Given program expectations, what mix of services represents a full complement of services, and what is the minimum volume or quantity of these services that could be expected to produce a measurable result (Kettner et al., 2017). Outputs can also be the results believed to be necessary and sufficient to achieve the project's purpose (Schmidt, 2021, p. 207).

In looking at these definitions, the expected outputs concerning this pilot program were planned to be the amount and the type of training received and the information given concerning diabetes. The five specialists presenting on the day of the event will provide a sufficient amount of information that will give the community enough information to take the steps needed to manage their disease. The first presenter was to be an Endocrinologist. An Endocrinologist specializes in the glands of the endocrine (hormone) system. The pancreas is the main gland that produces insulin and problems within that system can cause diabetes. This specialist will focus on detailed information regarding the endocrine system, the formation of diabetes, options for care, and any other pertinent information related to diabetes.

The next presenter was to be a Primary Care Physician (PCP). The PCP is a healthcare professional who practices general medicine and is usually the main primary care professional for an individual. The PCP is usually the first medical professional to discover an individual's diagnosis of diabetes. This professional will focus on what warning signs they see in patients with diabetes, pre-diabetes, and any other pertinent information related to diabetes.

The next presenter was to be a Pharmacist. A Pharmacist dispenses medication and provides information to the patients about the medication and the use of the medicine (BLS.gov, 2023). The Pharmacist will discuss how they advise the physicians and other healthcare workers on the selection, dosage, interactions, and side effects of medications. The Pharmacist will focus on medication given to treat diabetes and the possibility of medications interacting with other medications taken by the patient.

Another presenter was to be a Nutritionist. A Nutritionist is an expert in the use of food and nutrition for managing various conditions and improving overall health. This specialist can

discuss proper nutrition and how food can affect the development of the disease, how food can combat the disease, along with any additional information related to diabetes.

The final presenter was to be a representative from DEXCOM. DEXCOM is a company that has developed innovative technology that has transformed how people manage diabetes. The DEXCOM representative will discuss the new technology available, how it works, how and where it can be obtained, and any other information related to diabetes and new technology.

The presentations given during this pilot program were planned to provide immediate results by presenting needed training for the individuals in these communities. For the Washington Park and Bronzeville communities, the number of disparities far outweighs the lack of disparities that are present with their counterparts who are located in the Lincoln Park or Bucktown area, where resources are more readily accessible to the community. When comparing the median income of Washington Park and Bronzeville to Lincoln Park and Bucktown's median salary which is $34,000 vs $141,000, respectively (City Data, 2023), it is no wonder why disparities exist in these communities. As long as there is a lack of education and knowledge there will be disparities within the lower-income areas in the City of Chicago (which dates back to the 1920s when the Great Migration occurred). The need for programs such as this can help these areas with updated and ongoing information, education, and training for the community. These specific outputs for this pilot program on diabetes can start the immediate changes needed for these lower-income communities.

Outcomes

Kettner et al., (2017) state an outcome is defined as a measurable change in quality of life achieved by a client between entry into and exit from a program. For this program, there are several outcomes that the author will pray be a result of this pilot program.

The first outcome would be the potential ability to bridge the gap of health disparities in the community. Many communities within the Chicagoland area do not have access to adequate health care or facilities to properly address their needs. This pilot program can provide access to many different medical facilities and professionals to assist with telehealth video appointments, local and nearby clinics, and other resources needed.

Another outcome would be the ability to improve the health and wellness of the community to create a better environment and longer life span for those at risk. This outcome can happen by providing information to the community. This information will allow the community to make better and more informed decisions regarding their health and wellness. These workshops and seminars can also result in information being delivered in a more efficient timeframe as opposed to a delay in time, as occurred with the COVID-19 pandemic. For example, many of the lower-income areas, such as Washington Park and Austin in Chicago, did not receive information promptly to allow them to make an informed decision concerning receiving the COVID-19 vaccine or what would occur as a result of not receiving the vaccine.

Finally, as with the outputs, an outcome could be sharing this program with other communities to provide the same results for them as well. While many other outcomes are important to this program the few aforementioned are the major outcomes related to this pilot program.

The Collaborating Organization, Team, and Coach

Many different organizations would benefit from a program such as this in this Washington Park and Bronzeville area, however, this author believes that it would be best to start with a familiar location with the hope of it growing to various locations within the area and in other communities. She chose to start this pilot program at the Chicago Baptist Institute, a

place where she believes the community and surrounding area will benefit from a program such as this one because of its lack of resources available to them. In addition to the location, she chose these particular collaborating teams because she knew they would help her disseminate information that would be beneficial to the community and her coach who is very familiar with the area and the organization.

Organizational Description, Mission, Vision

Organizational Description

The Chicago Baptist Institute (CBI) was organized in 1934 under the united sponsorship of the Chicago Baptist Association, the American Baptist Publication Society, The American Baptist Home Mission, and The Black Pastors and Churches of Chicago. The Institute began its work in one room on the second floor of the Supreme Liberty Life Insurance Company building located at 35th Street and South Parkway (now known as Dr. Martin Luther King Drive Boulevard) with less than forty students under the direction of Rev. H. M. Smith.

As time went on the attendance grew and this growth prompted leadership to structure the school in three departments: Leadership Training Department, Missionary Training Department, and Seminary Department. In 1957, the Institute purchased and moved to 5120 South Dr. Martin Luther King Dr. The building was built for one of Chicago's oldest philanthropic organizations, founded in 1849. The building's architects also designed the original Chicago Public Library and Art Institute of Chicago. This building also housed the Parkway Community House, a noted Bronzeville community and arts center, during the 1940s and 50s—the center's director. Sociologist Horace Cayton, Jr., was the co-author of Black Metropolis, a seminal sociological study of Chicago's African American community. This building was designated as a Landmark by Mayor Richard M. Daley on May 13, 2009.

In March 2020, Rev. Dr. Walter P. Turner was elected unanimously by the Board of Trustees as the 8th President of Chicago Baptist Institute. Immediately following his appointment, the Institute was shut down due to the COVID-19 pandemic and did not acquire the appropriate funds to keep the school afloat with maintenance and repairs. Also, Dr. Turner discovered the previous administration withheld important information regarding the state of the Institute with low enrollment and depleting funds. With Dr. Turner's vision and leadership, Chicago Baptist Institute's rich history, and great legacy will transcend beyond the 21st Century.

Dr. Turner hopes to reach out to the community to bring more health and wellness awareness opportunities and services through Chicago Baptist Institute. Recently, Dr. Turner has partnered with CVS Pharmacy to build a state-of-the-art workforce initiative training center in the basement of the landmarked facility to help engage the community regarding work, health, and wellness. This project is scheduled to be completed in September 2023.

Organizational Mission Statement

Chicago Baptist Institute's mission statement is to provide students with a Bible-centered education that will reach, teach, train, and equip them to live by and proclaim the Gospel of Jesus Christ through community and worldwide Christian ministries.

Organizational Vision Statement

Chicago Baptist Institute's vision statement is to develop Godly minds for Christian ministry and service.

Organizational Setting and Demographics

Organizational Setting

The pilot program this author created consisted of health fair workshops/seminars for the community to assist with the health inequities that exist within the Washington Park and

Bronzeville areas. Considering all of the aforementioned information on the Washington Park and Bronzeville areas, this author felt that it would be an ideal place to start a health ministry program that would help the communities benefit from the information provided by the medical and corporate professionals that would be presenting at the workshops/seminars.

The building's architects also designed the original Chicago Public Library and Art Institute of Chicago. This building also housed the Parkway Community House, a noted Bronzeville community and arts center, during the 1940s and 50s—the center's director. Sociologist Horace Cayton, Jr., was the co-author of Black Metropolis, a seminal sociological study of Chicago's African American community.

Organizational Demographics

Chicago Baptist Institute resides on the Southside of Chicago located on the border of the Washington Park and the Bronzeville community. Bronzeville is comprised of three (3) different communities which include Grand Boulevard, Douglas, and Oakland. These four (4) areas are part of Chicago's seventy-seven (77) communities throughout the city. In the early 20th century, Bronzeville was referred to as the "Black Metropolis", one of the nation's most significant concentrations of African American businesses, and culture. The Great Migration, sometimes known as the Great Northward Migration or the Black Migration, was the movement of six million African Americans out of the rural Southern United States to the urban Northeast, Midwest, and West between 1910 and 1970 (National Archives, 2021). Between 1910 and 1920 the population of the Washington Park and Bronzeville area increased dramatically when thousands of black Americans escaped oppression of the South.

At the turn of the 20th century, housing construction boomed along with an increase in the African American population. The transition of white Americans leaving the area resulted in

resources declining and as the years passed the median wages decreased, increasing crime, and blockbusting occurred. Blockbusting refers to the practice of introducing African American homeowners into previously all-white neighborhoods to spark a rapid White flight and the decline of housing prices (Black Past, 2013).

Since these times, the Washington Park and Bronzeville area has continuously decreased in population and resources. According to the National Archives (2021), Black people who migrated during the second phase of the Great Migration were met with housing discrimination, as localities had started to implement restrictive covenants and redlining**,** which created segregated neighborhoods, but also served as a foundation for the existing racial disparities in wealth in the United States.

Organizational Leadership and Collaborative Team

Organizational Leadership

The Chicago Baptist Institute has been in existence since 1934 and has brought forth many prolific leaders within the world of Christianity in the Chicagoland area. In CBI's 89 years of existence, there have only been eight (8) presidents to lead this institution. Rev. Dr. Walter P. Turner, III is the 8th President elected to the position in March of 2020 and has worked diligently to overcome years of low enrollment, along with the effects of the COVID-19 pandemic that has placed a tremendous strain on the organization.

President Turner has served as the Senior Pastor of New Spiritual Light Missionary Baptist Church, located on the south side of Chicago, IL since 1990. In this position, he shepherds a congregation of baptized believers, who truly loves the Lord, and has established various support ministries to assist in reaching the church's vision.

Collaborating Team

To have a successful project, the team had to come together to play specific parts to ensure a successful event. For this project, this author collaborated with several different entities and organizations to make certain the program provided the necessary information for the target audience.

The first planned partnership/team was to be with the National Minority Quality Forum (NMFQ). This author first partnered with this agency after the start of the COVID-19 pandemic to assist with administering COVID-19 vaccines to the church and the community. NMFQ was founded in 1998 to address the critical need for strengthening national and local efforts to use evidence-based, data-driven initiatives to guide programs to eliminate the disproportionate burden of premature death and preventable illness for racial and ethnic minorities and other special populations (NMFQ, 2023). Partnership with NMFQ afforded numerous contacts with doctors, agencies, and companies this author would not have access to or with. This partnership has also allowed the author to attend the National Health Summit, where she was able to connect with numerous health professionals to find out the latest information that can be provided to the constituents of the church and the community.

The next planned partnership/team was to be with the Cook County Health – Diabetes Work Group (CCH-DWG). Cook County Health has been in existence since 1834 and has been servicing the City of Chicago and the residents of Cook County. Partnership with this group provided expertise and knowledge on diabetes, endocrine health, and specialists that could provide the church and community with information that would not otherwise be obtained through other means.

In addition, a partnership with Cook County Health also provided access to many physicians and specialists such as Rheumatologists, Nephrologist, and Primary Care specialists that will provide the necessary information the community and church are seeking.

Another planned partnership/team this author sought to collaborate with was Friend Health Clinics. Friend Health has provided primary healthcare services to vulnerable and medically underserved communities (Friend Health, 2023). Friend Health was developed by the Friend Family Foundation through funding from Michael Reese Health Trust, which enabled the merger of two University of Chicago clinical practices – the Woodlawn Infant Clinic and a Clinic housed at Friend Health's current flagship location on the University of Chicago campus (Friend Health, 2023). The Friend Health organization has five locations throughout the Chicagoland area that could provide access to community physicians and facilities that may prove to be helpful for the community and the church.

The final organization that was sought to assist this author and this program was Peer Plus Education and Training Advocates. Peer Plus Education and Training Advocates is a Not-For-Profit federally designated 501(c) 3 organization that identifies underserved populations in the Midwest area and provides culturally sensitive programs that address the multifaceted issues of people in need of essential health, educational, and psychosocial services (Peer Plus, 2023). Peer Plus organization can assist with properly hosting and holding events for the community, considering their extensive background in education and training. This assistance can also provide the author with guidance on obtaining the appropriate presenters for specific events.

Collaborating Coach

Rev. Dr. Walter P. Turner, III is the current President of the Chicago Baptist Institute and the Senior Pastor of the New Spiritual Light Missionary Baptist Church. Dr. Turner has been the

President of CBI since 2020 and pastor of New Spiritual for thirty-three years and is very aware of the disparities within the communities these facilities are located. This author has had countless conversations with Dr. Turner regarding the program she wishes to design for CBI and the community. He was excited about the possibilities of its growth and success. As one with several health issues of his own, Dr. Turner is very concerned for others concerning their health needs, so his approval for this program did not take much convincing from this author.

In 1997, Rev. Turner was elected as President of the Baptist Ministers Conference of Chicago and Vicinity. In this capacity, he leads a large group of Pastors throughout the city to deal with the challenges that face our communities. He is also Co-Chair for Pastors4PCOR, which partners with PCORI (the Patient-Centered Outcomes Research Institute) of Northwestern University and several major hospitals to provide health research training to churches. Rev. Turner serves as President of the Illinois Faith-Based Association (IFBA), which assists with community outreach and support services throughout the State of Illinois. These established faith-based entities have positively impacted over 50,000 lives annually through various outreach and human services. Considering President Turner's background and connections, this author was pleased to ask Dr. Turner to be her collaborating coach for this pilot program.

Chapter Summary

This praxis program was designed based on the numerous disparities that exist in the Chicagoland area, specifically in the Washington Park and the Bronzeville communities where the population of African Americans is high, and the resources are low in comparison to other communities in the city. The literature framework in the next chapter will discuss two major disparities that exist in these neighborhoods and the obligation of Christians to provide support to those in need.

CHAPTER TWO: LITERATURE FRAMEWORK

Introduction

There is an extensive amount of information regarding health disparities that exists which gives different aspects of the topic that pertains to particular discussion. For this study, the author is seeking to help decrease the health crises located in the Washington Park and Bronzeville communities located on the Southside of Chicago in the State of Illinois. Specifically, the author would like to view how are the Baptist churches engaging or assisting with the health disparities within their community. The author will begin this chapter by viewing the theological and theoretical framework of health disparities and how the church is responsible for assisting in these matters. This chapter will also include current themes concerning health disparities regarding this study to include literature and relevant models of the study. Finally, the author will conclude this chapter with a summary of the study.

Biblical and Theological Framework

Theology may be defined as learning, organizing, and communicating the truths about God as revealed in His Word (Evans, 2008, p.17). Readers of the Holy Scriptures cannot go to one verse, one passage, or even one book to discover the full biblical revelation on any subject. The various teachings on a particular truth must be brought together and harmonized in an orderly way (Evans, 2008, p.18). A theological framework is important to properly analyze the theological aspect of health disparities and the church, and how the church plays a major role in helping those in need. This section will consist of five subsections to include God's Image; Christian Life; Disabilities and Health Crisis in the Bible; Christian Communities in the Church; and Leadership Ethics. Each of these subsections has a significant contribution to the development of a theological model that will inform the reader of the reason for the program

needed for the dissertational study this author is proposing—specifically, the health disparity crises in the Washington Park and Bronzeville areas in Chicago, Illinois.

God's Image

The image of God is first addressed in Scripture in the Book of Genesis where God said, "Let us make mankind in our image, in our likeness, so that they may rule over the fish in the sea and the birds in the sky, over the livestock and all the wild animals, and over all creatures that move along the ground" (Genesis 1:26, NIV). According to Grudem (2020), humans have five specific aspects to our likeness to God: Moral, Spiritual, Mental, Relational, and Physical.

The *imago Dei* is humanity's identity, and this identity is basic to all human existence (Peterson, 2016). God created humanity to establish an earthly image of God in all the world (Peterson, 2016). So, humankind is duty-bound to God and His purpose for creation. The imago Dei is an ontological reality that makes human creatures persons; that humans are persons also makes them responsible before God for their behavior (Peterson, 2016).

Humans are morally accountable before God for their behavior and actions. "For it is written: Be holy because I am holy" (1 Peter 1:16, NIV). God requires us to imitate his moral purity (Grudem, 2020, p.571). Humans have an inner sense of right and wrong that sets them apart from animals and other creatures.

Spiritually, humans are capable of relating to God as persons to worship, pray, and listen to him. "God is spirit, and his worshipers must worship in Spirit and in truth" (John 4:24, NIV). Humans have the ability to reason think logically and learn which sets us apart from the animal world, which is a part of being in the image of God (Grudem, 2020, p.571). Humans also have an awareness of the distant future and an inward sense of being right with God (Grudem, 2020).

“He has made everything beautiful in its time. He has also set eternity in the human heart; yet no one can fathom what God has done from the beginning to end (Ecclesiastes 3:11, NIV).

Humans can function relationally under God’s principles whether in a marriage, a community, or a family. Man is like God in his relationship to the rest of creation. Man is given the right to rule over the creation (Grudem, 2020, p.573). “You made them rulers over the works of your hands; you put everything under their feet (Psalms 8:6, NIV). Finally, regarding the physical aspects, human bodies have been created by God as suitable instruments to represent physically our human nature, which is made to be like God’s nature (Grudem, 2020, p. 574). “Therefore, since we have these promises, dear friends, let us purify ourselves from everything that contaminates body and spirit, perfecting holiness out of reverence for God” (2 Corinthians 7:1, NIV).

The church has been given a great gift as being bearers of God’s image. This realization will give us a profound sense of dignity and significance as we reflect on the excellence of all the rest of God’s creation: the starry universe, the abundant earth, the world of plants and animals, and the angelic kingdoms are remarkable, even magnificent (Grudem, 2020, p.575). Even though the manifestation of God’s image has been marred and distorted by sin, illness, weakness, age, or any other disability, one still must be treated with respect and dignity which is due to God’s image bearer.

So as humans being made in God’s divine image, we are to emulate him in how we treat one another regardless of our gender, race/ethnicity, or illnesses. Creating a program that will help the community will prove the social dimensions of the Scriptures. Scriptures focus on humans experiencing community with God and one another (Pettit, 2008). The church can be a

light for those who are in a dimly lit space, especially those suffering from health disparities with no place to turn.

Biblical Imperatives and Principles

Disabilities and Health Crisis in the Bible

The study of disability in the Bible has arisen as an important and integral part of the movement to engage theological reflection through the lens of human disability (Melcher, et. al. 2017, p. 1). According to the field of disability studies, when certain conditions are identified as disabilities, this usually involves more than a medical diagnosis (Melcher, 2017, p. 29). Disability is a cultural construction that entails political, religious, sexual, and legal aspects and is dependent upon the particular social and cultural context in which human differences are located (Melcher, 2017, p. 29). There are many areas in the Bible where disabilities and health crises are mentioned, for the sake of this study, this author will show several areas of crisis and disabilities in the Bible which will connect the main purpose of this study.

Elijah prayed for his death in 1 Kings "Elijah was afraid and ran for his life, while he went a day's journey into the wilderness. He came to a broom bush, sat down under it, and prayed that he might die. 'I have had enough, Lord,' he said. 'Take my life; I am no better than my ancestors" (1 Kings 19:3-4, NIV). Elijah was depressed, his disability did not allow him to function for this time and he was unable to face the world until the angel of the Lord came to his rescue.

King Saul suffered from a mental illness. "Whenever the spirit from God came on Saul, David would take up his lyre and play. Then relief would come to Saul; he would feel better, and the evil spirit would leave him" (1 Samuel 16:23, NIV). Saul suffered from psychosis which led to him killing himself so he would not be captured by the enemy.

King Nebuchadnezzar suffered from psychosis believing that he was an animal and lived in the wild. "But when his heart became arrogant and hardened with pride, he was deposed from his royal throne and stripped of his glory. He was driven away from people and given the mind of an animal; he lived with the wild donkeys and ate grass like the ox; and his body was drenched with the dew of heaven, until he acknowledged that the Most High God is sovereign over all kingdoms on earth and sets over them anyone he wishes" (Daniel 5:20-21, NIV).

"I am worn out from my groaning. All night long I flood my bed with weeping and drench my couch with tears. My eyes grow weak with sorrow; they fail because of all of my foes" (Psalms 6:6-7, NIV). David was treated as an outcast in comparison to his brothers. He was threatened by the King and betrayed by his son. David recorded several reflections on his pain, depression, and mental struggles.

In the Book of Job, as a result of the events that occurred in his life, Job was depressed, he cursed the day he was born and he even wished death on his life, which are all forms of mental anguish and distress. Job's deep sorrow was a result of the death of his children and servants, loss of property, and bodily sores.

Another mention of a health crisis is in Deuteronomy 28:28, "The Lord will afflict you with madness, blindness, and confusion of mind." Disobedience can cause God to afflict people with physical and mental plagues. Mental illnesses are real disorders that have their origins in faulty biological processes. Mental disorders do not discriminate according to faith, but rather affect believers and nonbelievers alike (Stanford, 2017, p. 56).

While all of the aforementioned disabilities concern mental health illness, several other health crises in the Bible should be mentioned. In Luke 8, while Jesus was on his way to heal a young girl, a woman who had been subjected to bleeding for twelve years met him along the

way. “She came up behind him and touched the edge of His cloak, and immediately her bleeding stopped” (Luke 8:44, NIV). Her faith in what would happen by touching his cloak, healed her and she was able to continue her life without any additional health issues. As for the young girl, before Jesus arrived at the home someone came from the house and said the girl was dead. Jesus encouraged Jairus and told him not the be afraid, his daughter would be healed. Jesus ordered the girl to get up, her spirit returned to her, and she stood up and was healed.

In Luke 17, Jesus was on his way to Jerusalem, and as He went into a village where He was met by ten men who were plagued by leprosy. The ten men cried out to have pity on them, and then Jesus commanded them to go show themselves to the priest and as they went, they were healed.

These crises in the Bible were just a few of many that this author mentioned. Imagine how many other people were not able to get to Jesus and were suffering health issues. Those who did not know that he was able to help heal their bodies and their minds. As the church, we may not have the healing power that Jesus has. Still, we can provide the community with resources that may be able to assist them in getting the help they need to live a healthier and happier life along with closing the gap on the disparities which exist in the area. These resources can help with pertinent information on cardiovascular, diabetes, diet, pharmaceuticals, lupus, and other autoimmune diseases, just to name a few. In addition, this ministry can also provide resources that could help with meal planning and preparation that would be healthier for them as opposed to eating unhealthy fast foods. As Christian leaders, we should teach how we are to be good stewards of our bodies. “Don’t you know that you are God’s temple and that God’s Spirit dwells in your midst? If anyone destroys God’s temple, God will destroy that person: for God’s temple is sacred, and you together are that temple (1 Corinthian 3:16-17, NIV).

Diverse Communities in the Church

Biblical diversity is by no means an easy task. The successful creation of a community forged from two or more distinct groups is not natural; it is supernatural (Hardwick, 2017, p. 31).

> For he himself is our peace, who has made two groups one and has destroyed the barrier, the dividing wall of hostility, by setting aside in his flesh the law with its commands and regulations. His purpose was to create in himself one new humanity out of the two, thus making peace, and in one body to reconcile both of them to God through the cross, by which he put to death their hostility. (Ephesians 2:14-16, NIV)

In this passage, Paul discusses this new group being the "church" which is the new community reconciled to God. Having the right community and environment is crucial to helping and welcoming those with disabilities. The pursuit of diversity carries a deep spiritual dynamic. Diversity brings an impact that generally cannot be experienced in a homogenous group (Hardwick, 2021, p. 94).

Becoming more diverse in the Christian community means that the church must learn to become more aware of the different illnesses and not be afraid to discuss topics that may be uncomfortable for them. The Christian community should also become more accepting of those who are different. In a world that struggles with intolerance and indifference to those who are different, the church must dare to be different (Hardwick, 2021, p. 175). The church must also become more active and get involved in learning and volunteering in places that will allow support from the church. Finally, the church should become an advocate for those with mental illnesses and different health issues. For illnesses, whether physical or mental, the church should provide more support to help those in need and those who do not know where to go for help.

The church is obligated to help and assist one another by acting on what we have been taught through God's Word. We are called to be our brother's keeper; we are called to lift one another when our brothers are down; we are to love one another:

> This is how we know what love is: Jesus Christ laid down his life for us. And we ought to lay down our lives for our brothers. If anyone has material possessions and sees his brothers. If anyone has material possession and sees his brother in need but has no pity on him, how can the love of God be in him? Dear children, let us not love with words or tongue but with actions and in truth. (1 John 3:16-18, NIV)

Biblical and Theological Themes

Christian Life

As Christians, we are to proclaim what is written in Isaiah 61:1-2 and Luke 4:18-19, "The Spirit of the Sovereign Lord is on me because the Lord has anointed me to proclaim the good news to the poor. He has sent me to bind up the brokenhearted, to proclaim freedom for the captives and release from darkness for the prisoners, to proclaim the year of the Lord's favor and the day of vengeance of our God, to comfort all who mourns." This is a sign of liberation for God's people who are oppressed and in despair. The gospel of the kingdom that Jesus preached saves us from hell, but it should also save us for making a kingdom impact on the world through our "good works" that bring glory to God and benefit to people (Evans, 2019, p. 966).

Jesus gave two commandments when asked the question "Which were the greatest commandments in the law?" to which Jesus replied "'Love the Lord your God will all your heart and with all your soul and with all your mind.' This is the first and greatest commandment. And the second is like it: 'Love your neighbor as yourself.' All the Law and the Prophets hang on these two commandments" (Matthew 22:37-40, NIV).

Experiencing health crises and battling mental illness is a very taxing task, but as Christians, we are to "carry each other's burdens, and in this way, you will find the law of Christ" (Galatians 6:2, NIV). By developing this program, we could strengthen a community and congregation to help improve their health and well-being which in turn could help build the community and the church. This could also help decrease the stigmas that exist within the community.

Leadership Ethics

Leadership influences others and promotes change and ethics are moral principles of a person's behavior. As a leader in the church, one should seek out opportunities to help others in the congregation and the community. Exemplary leaders embrace commitment to search for opportunities to ensure that extraordinary things happen (Kouzes & Posner, 2017).

Ethics, concerning congregation, colleagues, and community, as well as in personal life, the ordained will live under the discipline of an ethic that upholds the highest standards of Christian morality.

> Here is a trustworthy saying: Whoever aspires to be an overseer desires a noble task. Now the overseer is to be above reproach, faithful to his wife, temperate, self-controlled, respectable, hospitable, able to teach, not given to drunkenness, not violent but gentle, not quarrelsome, not a lover of money. He must manage his own family well and see that his children obey him, and he must do so in a manner worthy of full respect. (If anyone does not know how to manage his own family, how can he take care of God's church?) He must not be a recent convert, or he may become conceited and fall under the same judgment as the devil. He must also have a good reputation with outsiders so that he will not fall into disgrace and into the devil's trap (1 Timothy 3:1-7, NIV).

The work of leadership has a decidedly outward focus to it. Shepherding is about feeding and protecting God's sheep and about seeking those who are not yet in the fold (Trull & Creech, 2017, p. 127). "As you go, proclaiming this message: 'The kingdom of heaven has come near.' Heal the sick, raise the dead, cleanse those who have leprosy, drive out demons. Freely you have received; freely give" (Matthew 10:7-8, NIV).

Ethics enables leaders and others to fulfill their roles by providing "a sense of calmness in doing the right thing and courage in resisting the wrong" and "a measure of discretion" that leaves "final judgment up to the individual" (Trull & Creech, 2017). Part of the church's engagement in the world is humble service. Another is prophetic witness…. The task of the church and its leaders is ultimately bearing witness through both deeds and word to the

alternative kingdom offered under the lordship of Christ (Trull & Creech, 2017, p. 129-130). In the same way, let your light shine before others, that they may see your good deeds and glorify your Father in heaven (Matthew 5:16, NIV).

Also, as Christian leaders, our ethics implore us to foster and collaborate with those organizations that will help us provide the highest quality of information to others. In providing this information, we must trust that we are receiving and giving sound information to provide to others. This helps build trust and trust is a major factor in human relationships.

Consider it pure joy, my brothers, and sisters, whenever you face trials of many kinds, because you know that the testing of your faith produces perseverance. Let perseverance finish its work so that you may be mature and complete, not lacking anything (James 1:2-4, NIV). A person's first response for dealing with health crises is to turn to God just as David did in the Bible. God is present, taking care of our needs and providing the sustaining grace needed to persevere in a fallen world (Stanford, 2017).

In summary, the theological framework that would prove useful for creating a health ministry program at the Chicago Baptist Institute would consist of implementing the following five subjects of God’s image, Disabilities and Health crises in the Bible, Diverse communities in the church, Christian life, and Leadership ethics to create a model that would prove to be sustaining for the church and the community. While many other theoretical frameworks may be implemented with the program these five subjects would be the major frameworks used for the program.

Theoretical Framework

In this section of the literature review, the researcher will examine the theoretical framework for this study which is based on the theological framework discussed in the previous

section. This theoretical framework consists of leadership and organizational theory and teaching, learning, and group theory concerning the program this author is proposing to implement concerning developing a health ministry in response to the health disparities in the Washington Park and Bronzeville communities in Chicago, Illinois.

In reviewing the theories on leadership and organization and teaching, learning, and group theory there are many characteristics and qualities needed for a leader to develop, organize, and implement a program relating to health disparities. This researcher believes the characteristics discussed are only some of the characteristics needed to directly implement the program and there are many more characteristics that Jesus possessed that are not mentioned in this study but are very important in being a Christian and following Jesus Christ.

Leadership and Organizational Theory

The leadership and organization theory will provide the characteristics and qualities needed for a leader to implement and manage a program that will assist many members of the community and the congregation. The term leadership is a word taken from the common vocabulary and incorporated into the technical vocabulary of a scientific discipline without being precisely redefined (Yukl, Gardner, & Uppal, 2020). As a consequence, it carries extraneous connotations that create ambiguity of meaning (Yukl et. al, 2020; Calder, 1977; Janda, 1960). Simply put, leadership is the ability of a person to influence, motivate, and help others to achieve the end goal of the organization.

An organization is defined as a group of people who work together in an organized way for a shared purpose (Cambridge Dictionary, 2023). An organization is a tool people use to coordinate their actions to obtain something they desire or value to achieve their goals.

This author will look closely into the leadership qualities, leadership theory, and the organization she is proposing for the program.

Leadership

There are many different skill sets a leader will require when leading a ministry. However, there is one major skill set the leader should have when leading a health ministry and that is a strong ethical background. Christian ethics is a form of divine command with an ethical duty of what they should do no matter the situation. The ethical imperatives that God gives are an unchanging moral character that pastors must possess. These ethics are based on God's commands in the revelation of Romans 1:19-20 "Since what may be known about God is plain to them because God has made it plain to them. For since the creation of the world God's invisible qualities – His eternal power and divine nature – have been seen, being understood from what has been made, so that people are without excuse.

According to Trull and Creech (2017), a Christian leader have to commit themselves to six professional ethical practices within the ministry:

1. Education- The minister will prepare for Christian service by experiencing a broad liberal arts education followed by specialized training in theology and ministry.

2. Competency – The church shepherd will develop and refine pastoral gifts and vocational skills in order to act competently in any situation that requires his or her services.

3. Autonomy – The minister is called to a life of responsible decision-making involving potentially dangerous consequences. As a spiritual leader, the minister will make decisions and exert pastoral authority in light of the servant-leader model exemplified by Christ.

4. Service – The minister's motivation for ministry will be neither social status nor financial reward but rather agape love, to serve others in Christ's name.

5. Dedication – The minister will profess to provide something of great value, the good news of God's salvation and the demonstration of God's love through Christian ministry.

6. Ethics – With congregation, colleagues, and community, as well as in personal life, the ordained will live under the discipline of an ethic that upholds the highest standards of Christian morality (p. 21-22).

These professional ethics will be key in starting a health ministry and educating oneself on the different disparities within the community they serve. Competency or knowledge of the needs of the community and basic knowledge of the health industry can provide a wealth of information to those who have no access to resources. Autonomy for the health ministry is respecting the patient's rights and their ability to make their own decisions regarding their care and not contradicting the medical professional. The leaders' service and dedication will be a motivation to the community and how their efforts towards the ministry will impact the lives of others. The leader's ethics will also provide the community with a sense of security that they are in the hands of trustworthy individuals who will be providing the most current and reliable information regarding their health and wellness.

Christian Leadership Theory

The role of leadership in an organization is crucial in terms of creating a vision, mission, determination, and establishment of objectives, designing strategies, policies, and methods to achieve the organizational objective (Xu & Wang, 2008). People who have the right gifts, passions, skills, purpose, and convictions often make good leaders. But leaders need more than just the right attitudes and attributes (Burns, Shoup, & Simmons, Jr., 2014, p. 26).

> It is not enough that leaders simply have the right skills. People yearn for leadership that is morally seamless, not in a futile quest for leaders whom we expect to be perfect, but in a legitimate expectation that we be led by individuals who seek to embed their lives in faith, who know full well the tenacity of selfish behavior and also know the slow but sure journey of grace and healing in our lives. (Granberg-Michaelson, 2004, p. 32)

Christian leadership is unique because of its Christian worldview. Christian worldview comprises a remarkable set of beliefs that offer the very best answers possible to the worldview

questions (Burns et. al., 2014, p. 50). The Christian worldview elements focus on certain implications for leadership by answering the questions of (1) How do we know things; and (2) How is knowledge possible? These questions can be answered with general and special revelation from the Bible, The Nature of God, and the Incarnation.

As followers of Christ, we should ascribe to the Christian Leadership Theory, especially when involving oneself in ministries and interacting with others. In viewing this model, a transformational leader is an ideal leader from a biblical perspective. The transformational leader has four essential characteristics that give this leader distinguishing marks.

First is the idealized influence. This feature of transforming leadership focuses on the leader's ability to model desirable behaviors (exceptional capabilities, persistence, determination, ethical conduct) and to inspire followers to emulate their leader (Burns, et.al., 2014, p.79). When handling mental health issues within the church, this leader can show others how patience, love, and nurturing can go a long way in dealing with crises.

The second characteristic is Inspirational motivation. Transforming leaders motivate and inspire by providing meaning and challenge to their followers' work (Burns, et. al., 2014, p. 79). These leaders are great communicators, they can instill the vision of what is to be shared to all that will follow. Communication in the case of individuals with mental illness and teaching others about individuals with mental illness will be key in reshaping the thinking and allowing others to learn what will change the stigmatic thoughts about mental illness.

The third characteristic is Intellectual stimulation. The emphasis seems to be on the leader's ability to encourage others to see things differently and thereby inspire their followers to try things they otherwise would not try (Burns, et. al. 2014, p. 80). This characteristic would allow others to renew their minds and the way they think. Just as Paul tells the Corinthians, "So

from now on we regard no one from a worldly point of view. Though we once regarded Christ in this way, we do so no longer. Therefore, if anyone is in Christ, the new creation has come: The old has gone, the new is here!" (2 Corinthians 5:16-17, NIV).

Finally, the fourth characteristic is Individualized Consideration. Transforming leadership requires attention to the individual needs of the follower (Burns, et. al., 2014, p. 81). This is often manifested in mentoring relationships, careful listening, and sensitivity to personal concerns (Burns, et. al., 2014, p. 81). Guidance and mentoring to individuals in the church and to those who are suffering from mental issues can form a sense of community that will help grow and build the church.

The Christian leadership theory will provide the ministry leader with the necessary tools to deal with all of the many different scenarios that they may encounter in dealing with individuals with health crises. This leader must be able to exhibit all of the characteristics mentioned and others depending on the situation they are facing. As long as the Christian leader is rooted in and equipped with the Word of God along with all of the other necessary qualities, they are ensured to provide the community with all of the resources available to them.

Organizational Theory

One of the major aspects of organizational theory is change. Most organizations resist change and do not want to participate in change. Leading change is one of the most important and difficult responsibilities for managers and administrators (Yukl et. al., 2020). It involves guiding, encouraging, and facilitating the collective efforts of members to adapt and survive in an uncertain and sometimes hostile environment (Yukl et. al., 2020).

Leading change and innovation involves an attitude-centered approach which involves changing attitudes, and values with persuasive appeal, training, team building, and cultural

change for the congregation and the community. While health disparities have been a major topic for years, there have not been many changes made concerning the decrease in disparities within the subject. “There is a lot of ideations but no action.”

Teaching, Learning, and Group Theory

Teaching, learning, and group theory offer very specific ways of providing information to the leaders and the recipients of the program. This section will examine how this program will provide and offer information to the leaders, so they can better inform the congregation and community on the disparities presented.

Teaching

Teaching is one of the oldest and one of the most respected professions to date. Teaching can be defined as engagement with learners to enable their understanding and application of knowledge, concepts, and processes. The church is a teaching-learning organization, and its future depends on the effectiveness of its leaders and members as they function as both teachers and learners (Bredfeldt, 2006). Implementing this pilot program as part of Chicago Baptist Institute can show their ability to provide information to the students and the community considering the institute is a teaching-learning organization. Health is part of God's requirement for us, and the church is obligated to teach others what God says about health and wellness. “Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not our own; you were bought at a price. Therefore, honor God with your bodies” (1 Corinthians 6:19-20, NIV).

The instruction for this program will be provided by several different organizations concerning the topic that will be taught. For example, if there is a seminar on Diabetes, the teaching will come from specialists relating to specific areas such as an Endocrinologist, a

Pharmacist, a Field Representative from a medical manufacturing company (DEXCOM), and a Nutritionist. The Endocrinologist can provide information regarding diabetes and how it affects an individual over time. This would be time to allow for questions they would normally not have time if they were seeing their regular physician, considering they are only allotted a minimal amount of time to see the doctor. The Field Representatives from medical manufacturing companies (DEXCOM, US MED) can provide groundbreaking information that the community would not be privy to, considering they are not spending much time with their physicians. There could also be a Nutritionist that provides information on the proper foods to eat to avoid diabetes and what foods they should avoid if they are suffering from the disease. In addition to those experts, a pharmacist could provide information on the different types of medications that are available for diabetes, the side effects that may occur, and if other medications may be counteractive with the diabetic medication.

Learning

Learning results from what the student does and thinks and only from what the student does and thinks. The teacher can advance learning only by influencing what the student does to learn (Simon, 2004). Learning is a process that involves changes in knowledge, beliefs, behavior, or attitude (Ambrose, Bridges, DiPietro, Lovett & Norman, 2010). As the leader of this program, it is this author's job to provide the information to help others learn what is needed to help them overcome the disparities they are facing.

Ambrose et. al., (2010) indicate seven principles of learning come from holistic and a developmental process that may be beneficial for the proposed program that will guide the community in learning the necessary information that will help influence their overall lives and perspective on health. The seven principles include:

1. Students' prior knowledge can help or hinder learning – Most people have prior knowledge of their health and information from others that may or may not be correct. This can affect how they learn if the information that was obtained was incorrect or misinterpreted.

2. How students organize knowledge influences how they learn and apply what they know – In some cases, people will generalize information thinking each illness and ailment is the same for everyone, but this program will help people to know each illness is specific to the person along with the medication that is prescribed to the individual.

3. Students' motivation determines, directs, and sustains what they do to learn – When people are provided specific and direct information that pertains to them, they are motivated to do better and make changes for the better.

4. To develop mastery, students must acquire component skills, practice integrating them, and know when to apply what they have learned – Providing this program on numerous topics consistently, can help people retain and develop mastery in their everyday lives.

5. Goal-directed practice coupled with targeted feedback enhances the quality of students' learning – This can be a very important part of learning for the student and the leader by soliciting feedback and asking specifically what information they are looking to receive and offering what the people want and need.

6. Students' current level of development interacts with the social, emotional, and intellectual climate of the course to impact learning – This learning principle can be met by ensuring that the information that is being provided is at a level of understanding that can be comprehended by the audience and the teacher is sensitive to their needs.

7. To become self-directed learners, students must learn to monitor and adjust their approaches to learning – This learning principle will come in time as the people will apply what they are learning and change their habits to enhance their situation and potentially be able to help others (p. 3-7).

Group Theory

When people work together, they are more likely to get the job done faster. There is much to be said about working in a group. You can certainly get more done and have many different ideas that will produce a better product than something from one person. Just as a body, though one, has many parts, but all its many parts form one body, so it is with Christ. For we were baptized by one Spirit so as to form one body – whether Jews or Gentiles, slave or free – and we were all given one Spirit to drink. Even so, the body is not made up of one part but of

many (1 Corinthians 12:12-14, NIV).

There are several organizations this author proposes to partner with to create the program she envisions. The first organization is the National Minority Quality Forum (NMQF). The NMQF is a research and educational organization dedicated to ensuring that high-risk racial and ethnic populations and communities receive optimal health care (NMQF, 2023). This nonprofit, nonpartisan organization integrates data and expertise in support of initiatives to eliminate health disparities. The purpose of partnering with this organization is to network with their connections and gain access to their partnering companies and organizations such as DEXCOM, PFIZER, Walgreens, Blue Cross/Blue Shield, and AETNA. The NMQF website also provides multiple resources to several organizations that highlight and promote minority health such as links to the National Library of Medicine and Minority Health Information Outreach and other resources not otherwise known to the general public.

Next, there is the Faith Health Alliance (FHA) a division of the National Minority Quality Forum's Center for Sustainable Health Care Quality and Equity (NMQF-SHC) which is a network of pastors to increase awareness of the benefits of COVID-19 and Influenza vaccinations in the African American communities throughout the United States (FHA, 2023). The purpose of this partnership is this agency can assist the author with best practices and different contacts with planning and hosting events. The Black church is a cornerstone of community health promotion, and this is certainly a gateway to begin and sustain health promotion in underserved communities. This author is currently a team member of the Faith Health Alliance, partnering with several churches in the Chicagoland area to host vaccination clinics and healthcare events.

Third, this author will partner with Peer Plus Education and Training Advocates. This

agency is a well-established organization that has been in business for over 20 years teaching and educating populations that are disproportionately impacted by social and environmental factors on health and wellness.

The final group, this author will be teaming up with is Chicago Baptist Institute. This is a facility the author is very familiar with and grew up in the community. This organization has been in existence for over eighty-nine years, and since that time only eight presidents have led the organization. For this author, this shows longevity and stability for the institute and the community.

In summary, the theoretical framework for this study consists of strong leadership with the ability to organize, teach, learn, and work with others to create a program that will help communities such as the Washington Park and Bronzeville areas defeat the disparities they are faced with in connection with health and wellness.

Thematic Framework

For this study, health disparities are considered the differences that exist among specific population groups in the United States in the attainment of full health potential that can be measured by differences in incident, prevalence, mortality, burden of disease, and other adverse health conditions (NIH, 2016). This section of this study will relate to the current themes that exist in the area of health disparities. While many health disparities can be discussed, this author will focus on some of the major concerns that exist in the Washington Park and Bronzeville areas.

Many articles state health disparities began to emerge around the mid-1980s; however, this author believes (in the City of Chicago) health disparities began when the Great Migration occurred beginning in the 1930's. In particular, the Washington Park and Bronzeville areas

suffered a great deal when whites began to move out of the area and took a significant number of resources along with them.

Current Literature Themes

There is an extensive amount of literature on health disparities to include the numerous different types of disparities that are addressed in the literature. This author will discuss two of the most prevalent disparities that exist within Washington Park and Bronzeville communities and the surrounding area. While these two issues do not encompass all of the disparities that exist, they will begin the discussion on the lack of care and treatment being offered to the communities.

Diabetes

The Illinois Department of Public Health defines diabetes as a chronic condition characterized by elevated levels of blood glucose (blood sugar) as a result of the body's decreased ability to use or produce insulin, a hormone secreted by the pancreas. There are an estimated 34.2 million people in the United States who have diabetes and an additional 88 million people with pre-diabetes – borderline diabetes (IDPH, 2021). That is an alarming one in ten people on this earth with diabetes and one in three that are pre-diabetic. Unfortunately, approximately 20% of the people with diabetes and about 80% of the people with pre-diabetes are unaware of their condition (IDPH, 2021).

Diabetes is described as a beta-cell disease. People with type-1 diabetes, their bodies attack the beta cells which produce insulin that is needed to convert food into energy. This type of diabetes requires immune suppression treatment to stop the attack on the beta cells. In people with type-2 diabetes, their bodies are unable to produce enough insulin, or the insulin does not function properly. This type of diabetes requires insulin to replace what the body is not

producing.

Diabetes affects minority populations disproportionately compared to white adults. The risk of having a diagnosis of diabetes is 77% higher among African Americans, 66% higher among Latinos/Hispanics, and 18% higher among Asian Americans (ADA, 2023). Despite the high prevalence of the condition, minorities experience a lower quality of care and greater barriers to self-management compared with white patients (Meng, Diamant, Jones, Lin, Chen, Wu, Pourat, Roby, & Kominski, 2016).

Comorbidities and other health risks. In Illinois diabetes was prevalent in 35% of adults with coronary heart disease, 33.6% of adults diagnosed with stroke, 33.4% of adults with cardiovascular disease, 24.9% of adults with high cholesterol, 26.2% diagnosed with adults with high blood pressure, 14.3% among adults who are overweight or obese and 14.4% among adults diagnosed with depressive disorder (IDPH, 2021). The majority of patients with diabetes have at least one comorbid condition 97.5%, and 88.5% of the patients have at least two or more comorbid conditions (IDPH, 2021). The presence of comorbidities can profoundly affect a patient's ability to manage their diabetes, leading to ineffective diabetes control and diabetes-related health complications, including vision loss, heart disease, stroke, kidney failure, and nerve damage (IDPH, 2021).

Treatment/Prevention/Control. According to IDPH (2021), diabetes prevention and control can be accomplished through coordinated efforts including but not limited to, the following:

1. Offering no or low-cost chronic disease prevention and management programs.
2. Coordinating programs with existing services and/or community programs.
3. Promoting and hosting programs in places that are accessible to residents (e.g., senior centers, community centers, worksites, schools, and churches).

4. Providing incentives for program participation.
5. Making programs accessible through both in-person and virtual offerings.
6. Connecting program promotion to trusted local champions, such as clinical providers, faith-based leaders, etc.
7. Establishing social support structures to enhance program participation and engagement (IDPH, 2021).

In addition to the above-mentioned efforts, the field of public health has been pushed to be innovative and attentive to the demands and concerns of the communities. The response and innovative strategies that have been used to incrementally gain the confidence of highly vulnerable populations and communities should serve as a model for delivering programs around the prevention and control of chronic diseases, such as diabetes (IDPH, 2021). Continuing to identify and address areas of need and coordinating across community programs will be critical to reducing diabetes prevalence and supporting disease management in Illinois.

Mental Illness

According to the American Psychiatric Association (2022), Mental illness are health condition involving changes in emotion, thinking, or behaviors (or a combination of these). Many people have mental health concerns from time to time, but it becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect one's ability to function (Mayo Clinic, 2022). Mental Health involves effective functioning in daily activities resulting in (1) Productive activities (work, school, caregiving); (2) Healthy relationships; and (3) the Ability to adapt to change and cope with adversity (APA, 2022). Mental Illness refers collectively to all diagnosable mental disorders – health conditions involving (1) Significant changes in thinking, emotions, and/or behavior; (2) Distress and/or problems functioning in social, work, or family activities (APA, 2022).

Statics. Nearly one in five adults in the United States live with a mental illness (52.9 million people in 2020), with nearly one in twenty-five adults living with a serious mental illness. (NIMH, 2022). In the State of Illinois, one million seven hundred and fifty-four thousand (1,754,000) adults suffer from a mental health condition. In February 2021, 38.5% of adults in Illinois reported symptoms of anxiety or depression with 28% being unable to get counseling or therapy (NAMI, 2022).

One in twenty adults in the U.S. adults experience a serious mental illness each year (NAMI, 2022). In Illinois, four hundred and three thousand (403,000) adults have a serious mental illness (NAMI, 2022). One in six U.S. youth aged 6-17 experience a mental health disorder each year (NAMI, 2022). One hundred forty-five thousand Illinoisians aged 12-17 have depression (NAMI, 2022). Ten thousand four hundred and thirty-one people in Illinois are homeless and one in five live with a serious mental illness (NAMI, 2022). On average, one person in the U.S. dies by suicide every 11 minutes (NAMI, 2022). In Illinois, one thousand four hundred and eighty-eight (1,488) lives were lost to suicide and three hundred and seventy-six thousand (376,000) adults had thoughts of suicide last year (NAMI, 2022).

Types of Mental Illnesses. According to Medline Plus (2022), there are many types of mental illnesses including:

- Anxiety disorders, including panic disorders, obsessive-compulsive disorder, and phobias.
- Depression, bipolar disorder, and other mood disorders
- Eating disorders
- Personality disorders.
- Post-traumatic stress disorders.

- Psychotic disorders including schizophrenia (Medline Plus, 2022).

While this list does not list each diagnosis specifically, the researcher has included the major categories of illnesses and disorders.

Causes of Mental Illnesses. Mayo Clinic (2022) states, that mental illnesses are thought to be caused by a variety of genetic and environmental factors including:

- Genes and family history
- Life experiences – stress, abuse (during childhood)
- Biological factors – chemical imbalances
- Traumatic Brain Injury (TBI)
- Exposure to viruses and toxic chemicals in vitro
- Use of alcohol or recreational drugs
- Serious medical conditions
- Isolated socially (Mayo Clinic, 2022).

The causes of mental illness are multifaceted and vary depending on the type of disorder and the person with the disorder and it is becoming clear through research that many of these conditions are caused by a combination of biological, psychological, and environmental factors.

Symptoms. Mental illnesses can take many forms, ranging from mild (interfering in one's daily life in limited ways without large disruptions) to severe which could require hospitalization. The Mayo Clinic (2022) indicates the following are examples of signs and symptoms of mental illness:

- Feeling sad or down.
- Confused thinking or reduced ability to concentrate.
- Excessive fears or worries, or extreme feelings of guilt.

- Extreme mood changes of highs and lows.
- Withdrawal from friends and activities.
- Significant tiredness, low energy, or problems sleeping.
- Detachment from reality (delusions), paranoia, or hallucinations.
- Inability to cope with daily problems or stress.
- Trouble understanding and relating to situations and people.
- Problems with alcohol or drug use.
- Major changes in eating habits.
- Sex drive changes.
- Excessive anger, hostility, or violence.
- Suicidal thinking (Mayo Clinic, 2022).

There are times when symptoms of a mental health disorder can appear as physical problems such as stomach or back pains, headaches, or other unexplained aches and pains. If a person is experiencing any of these symptoms, contacting a primary care physician or a mental health professional for proper diagnosis and care is suggested.

Mental health conditions are treatable, and improvement is possible. Unfortunately, many different cultures and backgrounds treat those with mental illnesses differently which prevents those with mental illnesses from getting and seeking proper treatment.

Treatment. After proper diagnosis, then a treatment plan can take place considering how severe the diagnosis is. Mental health treatment is based upon an individualized plan developed collaboratively with a mental health clinician and an individual (and family members if the individual desires) (APA, 2022). Self-help and support can be very important to an individual's coping, recovery, and well-being (APA, 2022).

Thomas (2017) states,

> When someone crosses the threshold into illness, Christians in churches can usefully work closely with health professionals. As a church, we don't simply hand people over to primary care or psychiatric services. We should work with them. With such Christians, we have established relationships and long-term understandings of the whole person. This provides us as church leaders with an excellent starting position. It enables the church family to contribute throughout, even when medical services become involved. (p. 85)

Complications. In addition to all other issues associated with mental illness, some complications are associated as well. According to the APA (2022), the following is a list of complications that are associated with mental illnesses:

- Unhappiness and decreased enjoyment of life.
- Family conflicts.
- Relationship difficulties.
- Social isolation.
- Problems with tobacco, alcohol, and other drugs.
- Missed work or school, or other problems related to work or school.
- Legal and financial problems.
- Poverty and homelessness.
- Self-harm and harm to others, including suicide or homicide.
- Weakened immune system, so your body has a hard time resisting infection.
- Heart disease and other medical conditions

By no means is this author indicating that those having a mental illness are violent or will become violent at some point. Research supports that people with mental illness pose a danger to society. But a closer look reveals that the situation is more complex, and some studies show there are links between mental health and violence but there are people with severe mental illnesses that are not violent (APA, 2021).

In summary, while this author only discussed diabetes and mental illness, two major disparities that exist within the Auburn Gresham community and the surrounding areas. This author proposes to encompass a full list of disparities including but not limited to Infant Mortality, Cardiovascular Disease, Cancer (Colon, Breast, Prostate, etc.) Autoimmune Diseases (Lupus, Graves' Disease, etc.) and End Stage Renal Disease. She also proposes to shed light on pharmaceuticals, food, and any other disparities that may or may not exist as needed to help bridge the gap of disparities that exist within the Auburn Gresham community and the surrounding areas.

Relevant Models

Peer Plus Education and Training Advocates

This author has searched for programs and other entities that have created programs that she is proposing for the Auburn Gresham community. One agency by the name of Peer Plus Education and Training Advocates is a Not-For-Profit agency that identifies underserved populations in the Midwest area and provides culturally sensitive programs that address the multifaceted issues of people in need of essential health, educational, and psychosocial services. This agency also provides non-medical education, training, and related workshops.

Peer Plus also has an extensive network of health centers, free clinics, local hospitals, and social service agencies that support them in their efforts and their mission. They also seek out community health centers and other organizations located primarily in underserved communities that may provide health screenings but no on-site education.

Partnership with Peer Plus Education and Training Advocates could prove beneficial to the author for several reasons. First, it can serve as a model for how to engage the community. Considering this agency has been in existence for over 20 years and has engaged the community

for this length of time, their experience in this area can assist this author in the art of engagement and capturing the audience to ensure the community is getting the right information from the right individuals. This partnership can also provide networking resources from their connections to agencies, hospitals, and sponsors to assist this author with building her connections to provide the same information to the Auburn Gresham community and the surrounding areas. Finally, the partnership can allow the two entities to come together and provide greater resources beyond what is currently provided and reach a greater audience with information on all the disparities that exist within the Midwest.

Faith Health Alliance

The Faith Health Alliance led by Rev. Dr. Terris King and Bishop Dr. J. L. Carter stated, "African Americans have suffered vaccine disparities, COVID-19 infections and death and other health inequities – through less knowledge and access, social and economic barriers and discrimination and bias in the health system" (FHA, 2023).

The partnership with Faith Health Alliance began with resources on administering COVID-19 vaccines and information to the congregation during the height of the pandemic. Since the beginning of this partnership in 2021, it has grown to include additional resources related to the Influenza (flu) vaccines. As of recent, the partnership is extending to include other health issues and concerns within the African American church.

National Minority Quality Forum/Center for Sustainable Health Care Quality and Equity

The National Minority Quality Forum (NMQF) Center for Sustainable Health Care Quality and Equity (SHC) provides clinical teams and community leaders education, training, and support in:

1. Identifying gaps in health care and outcomes for all disease conditions, and

2. Implementing evidence-based quality improvement education and community- and patient engagement.

SHC focuses on primary care in underserved and vulnerable communities, including people of color, rural populations, older adults, children, people with disabilities, people with limited financial means, health literacy, and other social risks identified through NMQF's state-of-the-art health geographic information system (GIS). Applying the rapid cycle improvement and collective impact model, SHC promotes patient-centered, team-based care that respects the clinician, patients, and caregivers in achieving high-quality and equitable health outcomes (NMQF-SHC, 2023).

Partnership with NMQF-SHC can provide the author with the necessary training, resources, and support to provide the Auburn Gresham community and surrounding areas with sustainable health information to promote a better community.

Chapter Summary

In summary, this chapter contains many elements of how human beings are to live in God's image by helping our fellow man. First, one should follow the Biblical and theological framework by following God's duty-bound purpose to imitate him and treat everyone with love, kindness, and respect regardless of race, gender, ethnicity, or illness. Next, one should follow the theoretical framework by ensuring they have the appropriate leadership and organizational ability and skills concerning health disparities. Having the right characteristics and qualities as a leader will determine if you have the ability and knowledge to sustain a program that will serve the community. Finally, the thematic framework concludes with the current literature which ensures one is on task with other studies that relate to the subject.

CHAPTER THREE: THE STRATEGIC PLAN

Introduction

This chapter provides a strategic plan that includes the praxis problem that served as the basis for the program, the vision statement, the purpose statement, objectives for the program, outputs, outcomes, and definitions of essential terms to be identified for the program. It is anticipated that this pilot program will help create additional programs that will address the inequities related to health, food, and pharmaceutical disparities to provide a balance between the disparate and non-disparate communities in the Chicagoland area.

Praxis Problem Summary

As previously mentioned in chapter one, this author was involved with assisting the members of the church and the Auburn Gresham community with obtaining access to COVID-19 and other critical vaccinations to ensure the safety of themselves, their families, the congregation, and the community.

This author also noticed other concerns and issues within the church and the community that were overlooked and not addressed such as limited pharmaceutical and medical access and limited access to grocery stores and fresh food. Upon further research, this author realized these disparities are not only occurring in the Auburn Gresham community but throughout the Chicagoland area in many of the lower-income neighborhoods including areas such as Washington Park, Englewood, and Bronzeville, just to name a few. On March 16, 2020, the first reported COVID-19 death was a 64-year-old African American woman from the Auburn Gresham area in Chicago, Illinois. This Auburn Gresham area is known as one of the lower-income areas in the city that is suffering from many disparities and inequities. The fear created

by this incident triggered this author to find ways to assist the church and the surrounding communities with health, food, and pharmaceutical needs.

Vision Statement

To provide service that follows God's Word by focusing on health and wellness in the Washington Park and Bronzeville communities.

Purpose Statement

The purpose of the program is to support the Washington Park and Bronzeville communities through the practical and direct application of the Word of God by providing access to quality health information at the planned workshops and seminars. A pilot workshop will serve as the model for this program's future development.

Objectives

1. To follow God's Word by being of service to others in their time of need by providing workshops and seminars that address health-related information to help bridge the gap of health disparities in the Washington Park and Bronzeville communities in the Chicagoland area.

2. To host quarterly workshops/seminars at the Chicago Baptist Institute that will provide medical information to the Washington Park and Bronzeville communities.

3. To obtain medical professionals and advocates in different medical specialties to inform and educate the Washington Park and Bronzeville communities by conducting workshops/seminars.

4. To develop strategies to promote pilot workshops/seminars at the Chicago Baptist Institute to reach the people of Washington Park and Bronzeville communities in the selected areas of the workshops/seminars.

5. To keep current on the latest trending medical information by informing the Washington Park and Bronzeville communities on up-to-date news, treatments, viruses, and vaccines.

Outputs

Output is defined as the results of the transformation which includes the attainment of the program's goal that justifies the existence of the program (Chen, 2015, p. 4). Kettner et al.,

(2017) say the purpose of measuring outputs is to determine (a) how much of an available service a client received and (b) whether the client completed treatment or received the full complement of services as specified in the program design. Given program expectations, what mix of services represents a full complement of services, and what is the minimum volume or quantity of these services that could be expected to produce a measurable result (Kettner et al., 2017). Outputs can also be the results believed to be necessary and sufficient to achieve the project's purpose (Schmidt, 2021, p. 207).

In looking at these definitions, the expected outputs concerning this pilot program were the amount and the type of training received and the information given concerning diabetes. The five specialists presenting on the day of the event were to provide a sufficient amount of information that would give the community enough information to take the first steps in managing their disease. The first presenter was an Endocrinologist. An Endocrinologist specializes in the glands of the endocrine (hormone) system. The pancreas is the main gland that produces insulin and problems within that system can cause diabetes. This specialist focused on detailed information regarding the endocrine system, the formation of diabetes, options for care, and any other pertinent information.

The next presenter was planned to be a Primary Care Physician (PCP). The PCP is a health care professional who practices general medicine and is usually the main care professional for an individual. The PCP is usually the first professional to discover an individual's diagnosis and will focus on what they see as warning signs with diabetes patients and any other pertinent information for the community.

The next presenter was to be a Pharmacist. A Pharmacist dispenses medication and provides information to the patients about the medication and the use of the medicine (BLS.gov,

2023). The Pharmacist can discuss how they advise the physicians and other healthcare workers on the selection, dosage, interactions, and side effects of medications.

Another presenter was to be a Nutritionist. A Nutritionist is an expert in the use of food and nutrition for managing various conditions and improving overall health. This specialist can discuss proper nutrition and how food can affect the development of the disease, how food can combat the disease, along with any additional information for the community.

The final presenter planned to be a representative from DEXCOM. DEXCOM is a company that has developed innovative technology that has transformed how people manage diabetes. The DEXCOM representative will discuss the new technology available, how it works, where it can be obtained, and any other information the community requires.

The presentations given during this pilot program were designed to provide an immediate result by providing needed training for the individuals attending the event. For the Washington Park and Bronzeville communities, the number of disparities far outweighs the lack of disparities that are present with their counterparts who are located in the Lincoln Park or Bucktown area, where resources are more readily accessible to the community. When comparing the median income of Washington Park and Bronzeville to Lincoln Park and Bucktown's median salary which is $34,000 vs $141,000, respectively (City Data, 2023), it is no wonder why disparities exist in these communities. As long as there is a lack of education and knowledge there will be disparities within the lower-income areas in the City of Chicago (which dates back to the 1920s when the Great Migration occurred). The need for programs such as this can help these areas with updated and ongoing information, education, and training for the community. These specific outputs for this pilot program on diabetes can start the immediate changes needed for these lower-income communities.

Outcomes

Kettner et al., (2017) state an outcome is defined as a measurable change in quality of life achieved by a client between entry into and exit from a program. For this program, there are several outcomes that this author will pray be a result of this pilot program.

The first outcome would be the potential ability to bridge the gap of health disparities in the community. Many communities within the Chicagoland area do not have access to adequate health care or facilities to properly address their needs. This pilot program can provide access to many different medical facilities and professionals to assist with telehealth video appointments, local and nearby clinics, and other resources needed.

Another outcome would be the ability to improve the health and wellness of the community to create a better environment and longer life span for those at risk. This outcome can happen by providing information to the community. This information will allow the community to make better decisions regarding their health and wellness. These workshops and seminars can also result in information being delivered in a more adequate time as opposed to a very delayed time as happened with the COVID-19 pandemic. Many of the lower-income areas, such as Washington Park and the Austin area in Chicago, did not receive adequate information promptly to allow them to make an informed decision concerning receiving the COVID-19 vaccine or the results of not receiving the vaccine.

Finally, as with the outputs, an outcome was to share this program with other communities to provide the same results for them as well. While many other outcomes are important to this program the few aforementioned are the major outcomes related to this pilot program.

Essential Terms

The following definitions offer clarity to the research study:

1. *Community:* A unified body of individuals; people with common interests living in a particular area (Merriam-Webster, 2023).

2. *Crisis:* A time of intense difficulty, trouble, or danger; Critical point (Merriam-Webster, 2022).

3. *Disability:* A physical, mental, cognitive, or developmental condition that impairs, interferes with, or limits a person's ability to engage in certain tasks or actions or participate in typical daily activities or interactions (Merriam-Webster, 2022).
4. *Health:* The condition of being sound in body, mind, or spirit; the general condition of the body (Merriam-Webster, 2023)

5. *Health Disparities*: Preventable differences in the burden of disease, injury, violence, or opportunity to achieve optimal health that is experienced by socially disadvantaged populations (CDC, 2023).

6. *Mental Illness:* Health conditions involving changes in emotions, thinking, or behavior (or a combination of these). Associated with distress and/or problems functioning in social, work, or family activities (APA, 2022).

7. *Medical/Health Professionals:* Maintain health in humans through the applications of the principles and procedures of evidence-based medicine and caring (NIH, 2023).

8. *Pandemic:* Occurring over a wide geographic area (such as multiple countries or continents) and typically affecting a significant proportion of the population (Merriam-Webster, 2023).

9. *Seminar:* A meeting for giving and discussing information (Merriam-Webster, 2023).

10. *Workshop:* A usually brief intensive educational program for a relatively small group of people that focuses especially on techniques and skills in a particular field (Merriam Webster, 2023).

Operational Plan

The Operational Plan for this pilot program began with this author designing a Diabetes seminar for the Washington Park and Bronzeville communities. These predominantly African American areas are known for high rates of health disparities including higher rates of diabetes and a lower overall life expectancy rate (Chicago Department of Public Health, 2021). This pilot

diabetes seminar sought to provide these communities with needed and necessary information to assist with combating this deadly disease and bridge the gap with the lack of information they are not receiving elsewhere.

Location

The location selected for the seminar was to be at the Chicago Baptist Institute (CBI). CBI is located on the South Side of Chicago on the border of the Washington Park and Bronzeville communities. In considering this location, the author looked for an easily accessible location that was central to all of the areas. CBI is located on the southwest corner of 51st Street and Dr. Martin Luther King Dr. with access to the public transportation system (Chicago Transit Authority – city buses and trains) and plenty of street parking. CBI is a multi-level building with ample classroom space to host this pilot event on diabetes. The room for this space is located on the third floor of the building with stairs and an elevator. The room also had the ability to hold more than one hundred people and had proper lighting and ventilation to host such an event. The room was to be set up auditorium style with the presenting panel at the head of the room so that the attention will be focused on the presenter(s).

Partnerships

There are several partnerships the author planned to collaborate with to make this pilot program possible. The first partnership was made with the President of CBI. This partnership has allowed this author to have a place to host this pilot seminar and future events. This author shared her plan and vision to help better serve the Washington Park and Bronzeville communities by hosting Health and Wellness events. CBI is currently home to a higher learning curriculum in the fields of Theology, Biblical Studies, and Christian Education which is in line with what this author is basing her program. One of Dr. Turner's objectives, since becoming the

President of CBI includes reaching out to the surrounding communities to bring more awareness and support to the community. This organization has been based and rooted in God's Word as their guide and source to reach the world, just as this author is planning.

Other partnerships that were offered to this author through Dr. Turner and CBI was access to CVS Pharmacy and the City of Chicago. CBI has recently partnered with CVS Pharmacy to construct their lower level into a CVS MinuteClinic and a Workshop Development area to help assist the community with work and health disparities and also provide outreach in the community and the surrounding areas. This partnership between CVS and CBI can provide the author with access to pharmacists and other medical professionals to present at the seminar for this pilot program and future events. Dr. Turner's access to the City of Chicago and its public health information will be due to a close relationship with the newly seated Mayor of Chicago. This partnership with Dr. Turner and the City of Chicago can provide the program with additional resources from several different medical facilities and personnel to ensure high-quality and valuable information that will be provided to the community.

Additional organizations this author planned to partner with for this pilot program was the National Minority Quality Forum (NMQF), Center for Sustainable Health Care Quality and Equity, Faith Health Alliance, Peer Plus Education and Training Advocates, Cook County Health, DEXCOM, and Aetna Health. These partners will provide a variety of support to the author. The NMQF, Center for Sustainable Health Care Quality and Equity, and the Faith Health Alliance was to provide monetary support to help fund the event. In addition to the monetary support, these organizations were to provide resources to medical organizations and facilities which could provide additional resources for the event such as references of available specialists to present or handouts to provide to the community.

The Peer Plus Education and Training Advocates partnership would assist by guiding how to successfully host events. Peer Plus Education and Training Advocates has been in business for over 20 years bringing awareness to the communities and hosting events similar to this pilot program. DEXCOM, Cook County Health, and Aetna Health partnerships are based on previous events that have been attended by the author and the current relationship that she has formed with each of the organization's employees to provide support to her event.

Date and Time

Planning the correct date and time for an event can be a major factor in ensuring the success of an event. After reviewing the calendar and knowing November has been designated as Diabetes Awareness Month, this author believed this would be an ideal time to host this pilot event. Also, in looking at the month, this author looked very closely at the date and the time for the event. In viewing the calendar, this author decided the earlier days in November would be ideal to avoid conflicts with other holidays such as Veterans Day on November 11th and the Thanksgiving holiday, later in the month on November 23rd. In essence, the author decided to host the event on November 4, 2023.

Now that the date had been selected and the target audience and the location where the event was to be held, the author needed to ensure the correct time was selected to ensure a good turnout for the event. Selecting the correct time for an event allows the attendees to have the remainder of their day to complete other tasks they need to attend. In consideration of this information, the author believed that a start time of 10:00 a.m. would be sufficient for this event. Also, this author believed that the event would not last more than two and a half to three hours to allow each of the speakers enough time to present, allowance for the audience to ask questions, and time after the presentation to visit with the speakers and vendors. This author believed

anything longer than the time allocated could be a bit overwhelming and time-consuming for the presenters and the attendees.

Presenters

Next, this author strategically put together a team of presenters by reaching out to several contacts who specialize in Diabetes health with the hope of building a team that would have provided the necessary information to the community. The author searched for a team of specialists who are experts in their respective fields and able to communicate in a way that will be beneficial to the Washington Park and Bronzeville communities in the time allotted for the session. These specialists should be able to give a complete description of the illness the person is battling against, along with better options and solutions to what they are facing. The team of specialists consisted of a Primary Care Physician (PCP), an Endocrinologist, a Pharmacist, a Nutritionist, and a representative from a company to represent the new technology in the field (i.e., DEXCOM) which appeared to be a well-rounded team of specialists. However, consultation with the Peer Plus Education and Training Advocates and the Diabetes Workgroup assisted the author with other providers if additional specialists are needed.

The author began by reaching out to The Diabetes Workgroup which consists of many professionals in the field of diabetes, Endocrinologists, representatives of DEXCOM (a leading company in diabetes products), a pharmacist, Primary Care Physicians (PCP), Nephrologists and Dieticians, to name a few. Then the author set up meetings to request their services for the date and time of the event. In selecting these professionals, this author hoped for a very informative session concerning each profession. For example, it was envisioned that the Endocrinologist would provide information on what diabetes is, and how it affects the body and the endocrine system. The Pharmacist would provide information on the medications related to diabetes and

counter effects of other medications. The PCP would provide information on the importance of keeping doctor's appointments and other ailments that can develop from diabetes. The DEXCOM representative would provide information on new technology being used to manage and treat diabetes. The Nephrologist would provide information on how diabetes affects the kidneys and what can be done to slow down or prevent damage to the organ. Finally, the Dietician would provide guidance and meal plans on what is acceptable and what is not acceptable for diabetics to eat.

In requesting these specialists, this author looked for local professionals to ensure there would be no cost associated with travel and lodging, considering her budget is very nominal for this event. After the request was made to the team, the author sent a formal written request to each of the presenters to solidify the date, place, and time of the event. This written request also served as a request for any additional needs the presenter may have for the day of the event such as a screen, a projector, or a laptop. This author would also request alternate presenters to ensure that the event will move forward, in case of an emergency.

Resources

After the presenters were selected, the author moved forward with setting the agenda and planning the particulars for the program which will include resources needed for the event. The resources required included money, materials, staff, and other items to ensure a successful event will take place.

The author began by formulating a budget to establish what funds will be needed to host the program and ensure its success. On many occasions, major corporations and health organizations will help fund the cost of these community-based programs to help inform the area about trending news on specific topics. As previously mentioned, this author has partnered with

the National Minority Quality Forum/Center for Sustainable Health Care Quality and Equity (NMQF-SHC), the Faith Health Alliance (FHA), and the Diabetes Work Group (DWG). These organizations have previously provided funds to several churches to host COVID-19 vaccine clinics, town halls, and informational sessions. Considering these organizations are fully vested in helping with health equity for all, this author requested funding from these organizations along with others to help fund this event. While it does not take much to host an event such as this pilot program, this author's budget amount for this event was approximately one thousand dollars ($1000). These funds allowed the author to purchase or rent equipment such as a screen, and a projector in case the presenter needs it for their presentation. The cost for a screen and projector rental would be approximately three hundred ($300) dollars for the day. Another budget item was in the amount of four hundred ($400). This money was to be distributed to the first twenty attendees who fill out the survey at the end of the event by offering a twenty-dollar ($20) gift card to a market that assists the attendees in staying on the right path of their health and wellness and help the author with data collection for this pilot program.

There was no cost to host the event at CBI as the author has partnered with CBI to help the Washington Park and Bronzeville communities increase awareness of health-related disparities, but the author offered a small stipend to the employees of the Institute to help with the setup of the event and the clean up after the event is completed. Finally, the author budgeted three hundred ($300) dollars for the purchase of water and a healthy snack for those in attendance.

Promotion and Publicity

The promotion and publicity were a very important aspect of this pilot program and were key in this event being successful. If the marketing and advertisement of this pilot program were

not carried out properly, it could have resulted in a lack of participation in the event and the failure of the pilot program. The author began by creating a flyer that will highlight the event, the presenters, and the bonus gift card incentive for the first twenty individuals to complete the survey. This flyer was distributed to local nursing homes, churches, schools, hospitals, and grocery stores to attract the attention of those suffering from Diabetes in the Washington Park and Bronzeville communities. The cost of a flyer was free; however, the price of reproduction and posters incurred a cost of two to three hundred dollars. In addition to passing out flyers in the community, the author posted to all available social media platforms including Facebook, Instagram, and Twitter weekly to promote and highlight different presenters for the event and to keep the date of the event in the forefront of the community's thoughts. The author also reached out to a friend who hosts an online Christian radio show on WVTC to request airtime to promote the event with recurring advertisements up to the date of the event.

Training

The next aspect of the operational plan was training. Training concerning this event was very minimal for the author and the event. The specialists acquired for the event were considered to already be properly trained in their respective fields and therefore, there was no training required on the author's part. As for event staff, the author selected two to three (2-3) individuals to serve as the event staff. These individuals were assigned individual duties to assist the author for the day. The event staff assisted with the setup of the room to include A/V equipment, speakers, and room layout. The staff also assisted with the cleanup after the event had ended. These staff members guided and directed the presenters and the attendees through the building to the correct location of the event and other areas of the building.

Assessment Plan

Assessment refers to the wide variety of methods or tools that are used to evaluate, measure, and document the readiness, learning process, skill acquisition, or educational needs of a program. While this definition was merged from various definitions of assessment plans, it solidifies what this author is attempting to accomplish with this pilot program. In addition, Dr. Bredfeldt noted that the assessment will also include the outcomes, indicators of success, benchmarks, data requirements, collection methods, assessments of results, and adjustments to the plan. In viewing the different assessments to be used for this diabetes pilot program, this author contends it should include something that can be clearly and simply processed so that the results can be filtered back to the attendees so they can greatly benefit from these workshops and seminars.

Anticipated Outcomes/Indicators of Success

Anticipated Outcomes

There are numerous different anticipated outcomes or indicators of success that can be the result of this pilot diabetes seminar. For starters, the first anticipated outcome would be for the attendees to learn more about diabetes. There is a phrase coined by Francis Bacon in his Meditationes Sacrae in 1597 “Knowledge is Power.” This phrase allows us the ability to increase our power by having the information necessary to move forward in life. Proverbs 24:5 says, “A wise man is strong, yea a man of knowledge increaseth strength.” Other anticipated outcomes can include the knowledge of new technologies that are available to help monitor the disease such as the continuous glucose monitors (CGM). Another outcome would be knowledge of the new medications that are available on the market that will be better for them as opposed to what they are currently taking for the disease.

Indicators of Success

The previous outcomes can be linked to the indicator for success in this seminar. An indicator of success would be the adherence to the information given which will result in a decrease in statistical references for the African Americans with diabetes in the Washington Park and Bronzeville area. Unfortunately, that indicator would take years to show on the Center for Disease Control (CDC) or the Illinois Department of Public Health (IDPH) statistical information. An additional indicator of success would be for the community to reach out to the author and inform her of the changes they have made in their lives from attending the seminar to changing their eating habits, becoming compliant with their medication, and an increase in physical activity. Lastly, another indicator of success for this seminar would be for the community to request other seminars on different topics. This indicator can show that the community is showing interest and would like to see other topics addressed for other issues that they may have.

Ethical Considerations

The author created a survey in such a manner that it would not identify individuals with personally identifiable information (PII) that could potentially violate their rights or their identity. In addition, the author informed the community that the survey would be used to analyze and assess the information from this seminar with the hopes of helping the community with future events such as this one.

This program has complied with all guidelines and ethical considerations according to Liberty University's Institutional Review Board (IRB). According to Liberty University's IRB guidelines, "Participants must be confident that you will take the necessary steps to ensure that their information is kept anonymous or private and confidential" (n.d.). For this reason, all

gathered information will be kept in a locked file cabinet in the restricted possession of the author. The survey was created to protect identity and will be saved for three years after the study. All surveys included an informed consent statement to the requirements of the IRB.

Quantitative Assessments

The outcome and indicators will be gathered through the quantitative measure of a survey collected at the end of the seminar. For this diabetes pilot program, the author has set a benchmark of fifty individuals. This benchmark of fifty community members provides sufficient statistical data for this first event that will gauge future events and show if this event was successful enough to address future topics. The information gathered will include how well the program was received and what they felt the program was lacking concerning their needs. These attendees could also provide additional information on the ability to move forward with additional programs and the type of programs they are interested in for future events. The author could also set up an email to request additional feedback if questions arise after the event has ended. Since a benchmark is a point of reference by which something is measured, this diabetes program can be a point of reference by which other programs can be created and it can also be created for different communities that are also suffering from these diseases and disparities.

Data Collection/Method

Data collection in a research study helps us investigate client satisfaction with a service, student attitudes toward school, consumer buying behaviors, and public knowledge of the benefits of nutritional supplements (Johnson & Morgan, 2016, p. 1). For this pilot program, the data collection will provide the author with the necessary information on whether or not the program was successful. The data collection for this program will be in the form of a survey. This survey will consist of 6 questions that reflect on this seminar and what they have learned in

the seminar, whether the information was clear and understandable, and can apply what they have learned to their everyday life (Appendix A).

The survey will be presented at the beginning of the program to inform the attendees of the importance of the data to be collected and that it should be filled out at the end of the event to assess how the program met their needs, if at all. The survey for this program will be in the form of a Likert scale evaluation. The Likert scale is a rating scale used to measure opinions, attitudes, or behaviors. This scale functions by having a person complete a questionnaire that requires them to indicate the extent to which they agree or disagree with a series of statements (Roy, 2020). Likert-style items are the dominant method used to measure attitudes (Riconscente & Romeo, 2010; Scholderer, 2011; Johnson & Morgan, 2016). Respondents will choose the option that best corresponds to how they relate to the statement or question. A Likert-type scale assumes that the strength/intensity of the experience is linear, i.e., on a continuum from strongly agree to strongly disagree, and makes assumptions that attitudes can be measured (Roy, 2020, p. 37). Upon completion of the questionnaire, it will be collected and given directly to the author to ensure confidentiality and allow her to evaluate and assess this pilot program for this study and potential needs for future events.

Instruments

Basic research tells us that multiple-item measures of a construct are inherently more stable and subject to less random variability than a single-item measure (Johnson & Morgan, 2016). The assessment of the results of the data collection will be analyzed by a software called Statistical Package for the Social Sciences (SPSS). The SPSS is a widely used program for statistical analysis in social science. It is a software program used by researchers in various disciplines for quantitative analysis of complex data. This software is equipped to analyze the

data received from the attendees and provide a summary of the data submitted. To generate useful information from the Likert scale data, the author will have to input the results using the SPSS predictive analytic software or a similar statistical program. At that time, the author will be able to provide more information on the summary of the data collected from the diabetes pilot program.

Summary and Significance

In summary, the importance of this program stems from the disparities that exist in the world, especially in the Chicagoland areas of Washington Park and Bronzeville. The lack of equitable health care access, delivery, and coverage, combined with racialized poverty, segregation, environmental degradation, and discrimination, harm Black Americans and drive poorer health outcomes, which are exacerbated in carceral settings (the carceral system has been extended outside of physical prison walls and into minoritized communities in the form of predictive policing). This pilot program will help guide the author to develop additional programs to help Chicago neighborhoods bridge the gap by providing access to resources about health and wellness to those with little to no healthcare access. By partnering with The Chicago Baptist Institute, The National Minority Quality Forum, the Center for Sustainable Health Care Quality and Equity, Faith Health Alliance, the Diabetes Work Group, Cook County Health Care, and many others, we can help decrease the risk of morbidity and mortality and offer hope to those that are unknowing and unable to care for themselves.

This program also fulfills God's commandment of loving your neighbor in Romans 13: 8-10, NIV:

> Let no debt remain outstanding, except the continuing debt to love one another, for whoever loves others has fulfilled the law. The commandments, "You shall not commit adultery," "You shall not murder," "You shall not steal," "You shall not covet," and whatever other command there may be, are summed up in this one command: "Love your

> neighbor as yourself." Love does not harm a neighbor. Therefore, love is the fulfillment of the law.

Paul shows us in this 13th Chapter of Romans that we are to show compassion and righteously seek the benefit and well-being of others. This pilot program is designed to benefit and help others as Jesus commanded.

CHAPTER FOUR: IMPLEMENTATION AND ASSESSMENT

Introduction

This chapter will assess the implementation of the pilot praxis program event based on Chapter Three. This chapter will begin with the praxis project plan reviewing the vision statement, the purpose statement, objectives, the intended outputs, and the intended outcomes. Next, this chapter will review the Praxis Project Assessment using the Stake model looking at the intended vs. the actual review of the need, the participant, the context, the resources, the assessment of the project processes (transactions), and the actual assessment of outputs and outcomes. Finally, a summary of the results will be projected.

Praxis Project Plan

As previously mentioned in Chapter One, this author has been involved with assisting the members of the church and the Auburn Gresham community with obtaining access to COVID-19 and other critical vaccinations to ensure the safety of themselves, their families, the congregation, and the community.

This author has since noticed other concerns and issues within the church and the community that were overlooked and not being addressed such as limited pharmaceutical and medical access and limited access to grocery stores and fresh food. Upon further research, this author realized these disparities are not only occurring in the Auburn Gresham community but throughout the Chicagoland area in many of the lower-income neighborhoods including areas such as Washington Park, Englewood, and Bronzeville, just to name a few. On March 16, 2020, the first reported COVID-19 death was a 64-year-old African American woman from the Auburn Gresham area in Chicago, Illinois. This Auburn Gresham area is known as one of the lower-income areas in the city that is suffering from many disparities and inequities. The fear created

by this incident triggered this author to find ways to assist the church and the surrounding communities with health, food, and pharmaceutical needs.

Vision Statement

To provide service that follows God's Word by focusing on health and wellness in the Washington Park and Bronzeville communities.

Purpose Statement

The purpose of the program is to support the Washington Park and Bronzeville communities through the practical and direct application of the Word of God by providing access to quality health information at the planned workshops and seminars. A pilot workshop will serve as the model for this program's future development.

Objectives

- To follow God's Word by being of service to others in their time of need by providing workshops and seminars that address health-related information to help bridge the gap of health disparities in the Washington Park and Bronzeville communities in the Chicagoland area.

- To host quarterly workshops/seminars at the Chicago Baptist Institute that will provide medical information to the Washington Park and Bronzeville communities.

- To obtain medical professionals and advocates in different medical specialties to inform and educate the Washington Park and Bronzeville communities by conducting workshops/seminars.

- To develop strategies to promote pilot workshops/seminars at the Chicago Baptist Institute to reach the people of Washington Park and Bronzeville communities in the selected areas of the workshops/seminars.

- To keep current on the latest trending medical information by informing the Washington Park and Bronzeville communities on up-to-date news, treatments, viruses, and vaccines.

Intended Outputs

Outputs are defined as the results of the transformation which include the attainment of the program's purpose and that justify the existence of the program (Chen, 2015, p. 4). Kettner et al., (2017) state that the purpose of measuring outputs is to determine (a) how much of an available service a client actually received and (b) whether the client completed treatment or received the full complement of services as specified in the program design. Given program expectations, what mix of services represents a full complement of services, and what is the minimum volume or quantity of these services that could be expected to produce a measurable result (Kettner et al., 2017). Outputs can also be the results believed to be necessary and sufficient to achieve the project's purpose (Schmidt, 2021, p. 207).

In looking at these definitions, the expected outputs regarding this pilot program were the amount and the type of training received and the information given about diabetes. It was intended that the five specialists presenting on the day of the event would provide a sufficient amount of information for the community members to take the first steps in managing their disease. The first of the presenters would be an Endocrinologist. An Endocrinologist specializes in the glands of the endocrine (hormone) system. The pancreas is the main gland that produces insulin and problems within that system can cause diabetes. The plan was to have this specialist focus on detailed information regarding the endocrine system, the formation of diabetes, options for care, and any other pertinent information.

The next presenter was to be a Primary Care Physician (PCP). The PCP is a health care professional who practices general medicine and is usually the main care professional for an individual. The PCP is usually the first professional to discover an individual's diagnosis. Their

presentation was to focus on what they see as warning signs with diabetes patients and any other pertinent information for the community.

The next presenter was to be a pharmacist. A Pharmacist dispenses medication and provides information to the patients about the medication and the use of the medicine (BLS.gov, 2023). The Pharmacist can discuss how they advise the physicians and other healthcare workers on the selection, dosage, interactions, and side effects of medications.

The fourth presenter was intended to be a Nutritionist. A Nutritionist is an expert in the use of food and nutrition for managing various conditions and improving overall health. The focus of this specialist presentation was intended to discuss proper nutrition and how food can affect the development of the disease, how food can combat the disease, along with any additional information for the community.

The final presenter was intended to be a representative from DEXCOM. DEXCOM is a company that has developed innovative technology that has transformed how people manage diabetes. The DEXCOM representative was to discuss the new technology available, how it works, where it can be obtained, and any other information the community requires.

The intent was that the presentations given during this pilot program would provide an immediate result by providing needed training for the individuals attending the event. For the Washington Park and Bronzeville communities, the number of disparities far outweigh the lack of those present with their counterparts who are located in the Lincoln Park or Bucktown areas, where resources are more readily accessible to the community. When comparing the median income of Washington Park and Bronzeville to Lincoln Park and Bucktown, the median salary is $34,000 and $141,000, respectively (City Data, 2023). This income difference explains why disparities exist in these communities. As long as there is a lack of education and knowledge

among Chicago's communities, there will be disparities within the lower-income areas in the City of Chicago. Programs such as this can help these areas with updated and ongoing information, education, and training for the community. These specific outputs for this pilot program on diabetes can start the immediate changes needed for these lower-income communities.

Intended Outcomes

Kettner et al., (2017) state an outcome is defined as a measurable change in quality of life achieved by a client between entry into and exit from a program. For this program, there are several outcomes that this author will pray be a result of this pilot program.

The first outcome would be the potential ability to bridge the gap of health disparities in the community. Many communities within the Chicagoland area do not have access to adequate health care or facilities to properly address their needs. It was intended that this pilot program would provide access to many different medical facilities and professionals to assist with telehealth video appointments, local and nearby clinics, and other resources needed.

Another intended outcome was to measurably improve the health and wellness of the community to create a better environment and longer life span for those at risk. This outcome can happen by providing information to the community. This information will ultimately allow the community to make better decisions regarding their health and wellness. These workshops and seminars can also result in information being delivered in a more adequate time as opposed to a very delayed time as happened with the COVID-19 pandemic. Many of the lower-income areas, such as Washington Park and the Austin area in Chicago, did not receive adequate information promptly to allow them to make an informed decision regarding receiving the COVID-19 vaccine or the results of not receiving the vaccine.

Finally, an intended outcome was to share this program with other communities to provide the same results for them as well. While many other outcomes are important to this program the few aforementioned were the major outcomes related to this pilot program.

Praxis Project Assessment (Intended vs. Actual)

The Stake model was developed by Dr. Robert Stake a retired Associate Director of the Center for Instructional Research and Curriculum Evaluation (CIRCE) at the University of Illinois. Dr. Stake's model takes an innovative and suggestive approach to the problem of formal evaluation by making the significant point that the two basic acts of evaluation are description and judgment. Stake noted the principal way of processing this data is by finding the congruencies and incongruencies between the intended program and the actual program by looking at the antecedents, the transactions, and the outcomes and outputs between both the intended and the actual of each.

This model was used to assist this author by comparing the information she had before the event and the surveys she collected at the event along with the follow-up information collected at the post-event. The antecedent information regarding this program relates to why this program was chosen in the beginning which is the overwhelming health disparities among the communities of color. This program was created to help bridge the gap in education in these communities. The transaction took place at the event where the panel (specialists) spoke and presented on the condition of diabetes informing the attendees of information they were not otherwise informed. This transaction was presented verbally, through PowerPoint presentations, displays, and physical handouts. Finally, the outcomes will be based on the consequences (effectiveness) of the program. This information was obtained through the surveys and follow-up calls to the participants.

Assessment of Project Antecedents

The Need

As previously mentioned in Chapter One, since the pandemic began in December of 2019, there has been a heightened concern for health and wellness along with the accelerated concerns of disparities in the communities of color. This author hopes to help the church and these various communities by providing health and wellness seminars to assist with filling the gap of missing information that is not provided by their primary care and/or other professionals regarding the disparities these communities are experiencing.

This praxis pilot program provided the community with the opportunity to hear from medical professionals regarding diabetes awareness. In addition, this seminar also allowed the participants to ask questions they would not otherwise be able to ask to several different professionals including a nephrologist, an endocrinologist, a dietitian, a registered nurse, and a representative from DEXCOM.

After the event, the author asked the participants to complete a survey to provide feedback regarding the content, clarity, and comprehension of the information presented. There were eighteen surveys received by the participants and the consensus of the surveys agreed they were satisfied with the event and the information provided was very informative and useful. All eighteen of the surveys indicated they would attend future events on different topics related to health and wellness.

The Participants

The original participants expected for this event included a Primary Care Physician (PCP), an Endocrinologist, a Pharmacist, a Dietician, a Nephrologist, and a representative from DEXCOM. This author believed this group of specialists would have provided a well-rounded

and complete picture of diabetes including warning signs of developing diabetes and what you should do if you already have the illness.

After weeks of toiling over those who would attend the event, this author had a panel that included an Endocrinologist, a Nephrologist, a Nutritionist, a Clinical Registered Nurse, and a Representative from DEXCOM. Each of the specialists was well-versed in their respective areas of practice and provided some detailed information regarding diabetes. While this author originally proposed for a Dietician to present at the event, she later found that a Nutritionist would provide better context for the subject of Diabetes.

In addition to the panel, there were 25 attendees present at the event. These 25 attendees appeared very attentive during the presentation and asked several clarification questions to gain a better understanding of the topic. Of these 25 attendees, this author randomly selected 5 individuals with diabetes to inquire additional information for the outputs and outcomes.

The Context

In Chapter Three, the author noted in the operational plan this pilot program would be held at The Chicago Baptist Institute (CBI) 5120 S. Dr. Martin Luther King Jr. Dr., Chicago, IL 60615 located in the Washington Park and Bronzeville community. After numerous conversations with the President, Dr. Walter P. Turner, III, it was found that this location would not be ready in time for this event. CBI had been under construction for the past few months leading up to the event, and therefore it was deemed it would not be safe to occupy the building for this event. In turn, this author was referred to Rev. Dr. James C. Boyd, Jr. of First Unity Missionary Baptist Church located at 5129 S. Indiana Ave., Chicago, IL 60615. Dr. Boyd was very gracious in allowing this author to hold the event in his church's annex, located next door to the church. While this venue was not this author's first choice for holding the event, it turned out

to be an appropriate location with ample parking, easy accessibility from the side doors, and a more open floor plan for seating and presentations.

Resources

In Chapter Three the author proposed a budget for one thousand dollars ($1000). These proposed funds were to cover the cost of renting a projector and a screen for three hundred dollars ($300), purchasing twenty-five Walmart gift cards with a face value of twenty dollars ($20) each totaling four hundred dollars ($400) and snacks for three hundred dollars ($300) water, and fruit.

The actual cost of hosting the event totaled one thousand dollars ($1000), however, the money was allocated differently as initally proposed. The equipment rental for the event totaled three hundred and fifty dollars ($350) for a projector and a screen. The author purchased ten black tablecloths for one hundred dollars ($100) to give the room a more uniform and aesthetic appearance. The author also paid two hundred dollars ($200) for the space rental. There was no initial cost for the location of the event, however, there were a few concerns at the Chicago Baptist Institute and the facility was under construction with no possibility of being ready for the November 4th event date, so the author secured another location three blocks west of CBI at First Unity Missionary Baptist Church 5129 S. Indiana Ave., Chicago, IL 60615.

The author also changed the amount of the gift cards from twenty dollars ($20) per gift card to ten dollars ($10) to keep on budget with the amount that was spent for the event. Finally, the author purchased an assortment of apples, snack-size peanut butter, and water for the event to keep in line with the health and wellness theme of the event. The cost of the snacks and water totaled one hundred dollars ($100).

While the cost of the event remained on budget, the author had to make several changes to ensure that her budget did not go over the allotted amount previously mentioned in chapter three.

Assessment of Project Processes (Transactions)

In viewing the vision, purpose, and objectives of the pilot praxis program, this author's vision was to provide a service that follows God's Word by focusing on the health and wellness in the Washington Park and the Bronzeville community by providing access to quality health information through a planned workshop or seminar. Several transactions changed within the operational plan for this praxis program. As mentioned above in the context and the resources, there were changes to the location and budget to accommodate the event and to ensure the event was a success.

The author also planned for the date of November 4th at 10:00 a.m., and the event was held on that date. However, the time of the event started at 10:15 a.m. to allow participants to come in and be seated for the start of the event. Another transaction the author anticipated was a team of specialists consisting of a Primary Care Physician, an Endocrinologist, a Pharmacist, a Nutritionist, and a Representative from DEXCOM which would have provided a comprehensive picture of diabetes and assist with options and solutions to managing the disease. In turn, the author was able to provide a team consisting of an Endocrinologist, a Nephrologist, a Dietician, a Registered Nurse, and a Representative from DEXCOM.

The team of presenters all arrived early, prepared, and ready to present at the start of the event. However, the time of the event started at 10:15 a.m. to allow participants time to arrive and be seated for the start of the presentation.

This team provided PowerPoint presentations, visual displays, and handouts showing images, statistics, and facts of information related to diabetes. One of the displays from the Dietician showed a 16 oz. bottle of soda that had several cubes of sugar in the bottle indicating the amount of sugar in every serving bottle of soda. This image was very shocking to the participants as they viewed the display counting the amount of sugar cubes inside the bottle.

Each of the presenters spoke for about fifteen minutes each providing detailed information about their area of expertise and allowing for questions with replies at the end of their segment. The Endocrinologist and the Nephrologist presented with PowerPoints, the Dietician presented with displays and handouts, the Registered Nurse presented with handouts and the DEXCOM Representative presented with showing the device and his cellular phone on the operation of the Continuous Glucose Monitor (CGM).

Assessment of Outputs and Outcomes

Actual Outputs

According to Schmidt (2021), the outputs can be the results believed to be necessary and sufficient to achieve the project's purpose. Each of the presenters provided a simple yet thorough explanation of their respective areas of expertise.

First, the Endocrinologist – Susana Mascarell, MD of Cook County Health spoke about the prevalence and the estimated number of people in the world with diabetes. She also stated there are 88 million people with pre-diabetes and 85% of those people do not know they have it. Dr. Mascarell went on to say diabetes mellitus is the seventh (7^{th}) leading cause of death with major health impacts on kidneys, two to four times increase in heart disease and strokes, blindness, amputations, and nerve damage. She went on to explain what diabetes is what happens

in the body of someone who develops diabetes and what a person should do to help prevent diabetes.

The next presenter was the Dietician – Sarah Muhammad of Cook County Health – Provident. Ms. Muhammad began her presentation with the My Plate diagram and what a healthy plate looks like. She also discussed the benefits of a variety of vegetables, limited fruits (especially for diabetics – considering the type of fruit and its sugar content), lean protein, grains, and dairy.

Ms. Muhammad captured the audience with the displays of sugary drinks (Coke, Pepsi, and Lipton Tea). These bottles did not have the actual liquid in them but cubes of sugar to show how much was used in each of the bottles. Each of the bottles was passed around to show (up close) how excessive the amount of sugar is used for one bottle. This certainly captured the attention of the attendees and helped them think about the sugar and calories they are consuming from such a small bottle of soda.

The third presenter was the Nephrologist – Michael Arvan, MD of JR Nephrology and Associates, Advocate Health of Oak Lawn, IL, and DaVita Dialysis. Dr. Arvan began his presentation by discussing how Diabetes can cause Chronic Kidney Disease (CKD). His first point was to talk about kidney function and what it looks like in a person. He continued with what a normal kidney function range is compared to what CKD range and the different stages of CKD.

Dr. Arvan continued his presentation by discussing how CKD is diagnosed by several different tests including urinalysis and blood tests that show signs of elevated protein or creatine. Dr. Arvan finished his presentation by providing information on how to prevent the worsening of Diabetic CKD by keeping your blood pressure less than 130/80; taking Angiotensin-Converting

Enzyme (ACE) inhibitors such as lisinopril or Angiotensin Receptor Blockers (ARB) such as losartan, or irbesartan; losing weight or ensuring your BMI is under 30; taking SGLT2 inhibitors for diabetes such as Farxiga or Jardiance; keeping your HbA1c under 7%; keeping your cholesterol under 100; and/or stop smoking.

The fourth presenter was the Representative from DEXCOM – Mr. Bruce T. Tayor. Mr. Taylor started his presentation by telling us a story about how he was taking a physical exam for the Olympics in 1979 and this is where he was ultimately diagnosed with Type 1 Diabetes. While he stayed on the course and continued to compete in the Olympics as a powerlifter, this diagnosis changed the course of his life.

Mr. Taylor discussed his co-founding the Diabetes Care project with the National Minority Quality Forum to address the worldwide epidemic of diabetes and the impact of diabetes and the impact on local and global communities. He actively participates on several advisory boards related to diabetes and is a highly regarded expert in this field. Mr. Taylor finished his presentation by showing the Continuous Glucose Monitoring (CGM) system, how it works, and how his family can monitor him if he is away from home.

The final presenter was Registered Nurse – Chandra F. Dunmars-Hall Clinician Instructor of Loyola Hospitals (Retired). Ms. Dunmars-Hall spoke on the topic of "What Now." She stated, "Now that you have all of this wonderful information, what now?", "Where do you begin with all of the information that was given?" She stated you must ensure that you are taking your medications as prescribed by the doctors so that you will not cause damage to your kidneys as Dr. Arvan presented. She continued with exercising regularly and eating as Ms. Sarah Muhammad presented.

Ms. Dunmars-Hall also stated if you check your blood glucose regularly, it will help you stay in compliance with all your diet, exercise, and medication because you will feel obligated to maintain your numbers in a normal range, as Mr. Taylor demonstrated.

Actual Outcomes

This author's first intended outcome for this pilot praxis program was to bridge the gap of health disparities in the Washington Park and Bronzeville communities by creating a program to provide access to information on health care. The actual outcome of this praxis program was a diabetes awareness seminar held on November 4, 2023, at First Unity Missionary Baptist Church located at 5129 S. Indiana Ave., Chicago, IL 60615 at 10:15 a.m. in the Washington Park and Bronzeville Community. This event was attended by 25 participants, 6 volunteers, 5 presenters, and the author as the host. Of the twenty-five (25) participants, eighteen (18) of the participants completed surveys and five (5) of the eighteen participants completed a follow-up one-on-one interview with the author. Of the five participants, four of the participants were diabetic, three (3) of the participants had been diabetic for over twenty (20) years and one (1) of the participants had been a diabetic for fourteen (14) years. The one (1) participant who was not a diabetic, referenced she had family members and friends that were diabetic.

The first outcome was completed as the parameters for the intended outcome were met by the event was held on the date and time as projected and the presenters were there informing the community about the diabetes disparity that is occurring and providing solutions and resources to combat this inequity in the community. All eighteen (18) of the surveys received were very satisfied with the seminar and how the information was presented in the seminar. In the five (5) one-on-one interviews, the participants were asked "Did you find the information presented valuable to you?" All of the participants answered "yes" with interviewee number four (4),

indicating it was also reinforcement from the information she was taught previously but needed to be reminded.

The next intended outcome was to improve the health and wellness of the community by creating a better environment to create longer life spans for those at risk. While this outcome will take years to observe, this author asked a few questions of the one-on-one interviewees to align with this outcome. The first question asked in line with this outcome was "Have you made any changes in your life based on the information presented at the event?' Interviewee 1 stated, "He has made changes to his diet to be more in compliance with what his doctor has mentioned to him and he did not listen." Interviewee 2 stated, "Even though, I am not diabetic, I have made some changes based on what the doctors and the dietician talked about at the event." Interviewee 3 stated, "She is working on doing better, now that she is more aware of what is going on in her body." Interviewee 4 stated, "She makes changes regularly based on her numbers. She refuses to deprive herself of anything considering she loves pizza and bread."
Interviewee 5 stated, "She is working on doing better and looking to work out regularly."

Also, the author asked the interviewees "If they think they will be able to sustain these changes for a better outcome of their illness?" Interviewee 1 stated, "He is praying he will be able to sustain these changes so that he can live healthy for a long time." Interviewee 2 stated, "She hopes to stay aware and educated so that she will not fall prey to being a diabetic. She also hopes to stay as active as possible." Interviewee 3 stated, "She hopes to do better, considering all that is going on in her life and the information that she has received." Interviewee 4 stated, "Moderation is the key. As long as she does things in moderation, she should be fine."
Interviewee 5 stated, "She is praying she can sustain this; she may need some additional help

with a group or a buddy to help keep her on track. She feels that the support of others will help her get through the tough days."

The final intended outcome was to create and share other programs to provide better opportunities to these communities. This author asked the question in the survey "Would you attend future events, like this one?" All eighteen of the survey respondents replied "yes" to the question. The follow-up question asked the respondents to list future event topics and the responses were Cancer Awareness, Hypertension, Weight loss, Diet and Nutrition, Migraines, Cardiovascular Health, Diabetes, Gastrointestinal Issues, Lupus, Thyroid Issues, Mental Health, and Autoimmune Issues. As with the Diabetes awareness program, these additional topics are just as important to the communities that are facing inequities in these areas.

Summary of Results

In summary, this author believes this pilot praxis program on Diabetes Awareness has met the vision, purpose, and objectives listed in the visionary focus in chapter one of this document by providing the service to the Washington Park and Bronzeville community by following God's Word and supporting those in need. The author also believes this pilot praxis program met the goals of the output and outcome by holding the event with subject matter experts on the topic of diabetes which provided a wealth of information in respect of the lack of awareness in the community. Finally, this author believes that the outcomes of bridging the gap of health disparities have begun and will continue as more events take place on various topics and assist those individuals in improving the health and well-being of themselves, their community, and others.

CHAPTER FIVE: CONCLUSIONS, IMPLICATIONS, AND APPLICATIONS

Introduction

The purpose of this study was to develop a program to help the church and the community by providing access and information on medical resources not otherwise received. Since the pandemic began in December 2019, there has been a heightened concern for health and wellness, considering the severity of COVID-19. While these concerns were not new to the Chicagoland area, they have been spotlighted through the past four (4) years. Chicago's 900,000 South Side residents have experienced staggering health disparities for decades compared with North Siders, with a ten times higher risk of infant mortality and four times the rate of death from diabetes (Rucker-Whitaker, 2021). In addition to the higher risk of infant mortality and death from diabetes, there are also concerns about cardiovascular disease, cancer, chronic respiratory disease, and the continuation of COVID and Influenza, just to name a few.

This chapter will conclude with the findings and the impact of the pilot praxis program. These findings will include the actual versus the intended outputs and outcomes of the program along with the impact the program had on the attendees. This chapter will also provide implications and applications for the organizations and leaders that plan to implement programs such as this praxis model. Finally, this chapter will provide advice to future research practitioners and a project summary.

Findings, Impacts, Conclusions

In viewing the results of this study, the intended output for this pilot program was to provide adequate training to the Washington Park and Bronzeville communities regarding the topic of diabetes. This training was to be presented by an Endocrinologist, a Primary Care Physician, a Pharmacist, a Nutritionist, and a Representative from DEXCOM. The actual output

of training was provided however, the presenters were different from the author's initial intended list of presenters. The actual presenters included an Endocrinologist, a Nephrologist, a Dietician, a Nurse, and a Representative from DEXCOM. While the presenters were different from the initially intended presenters, the information provided was impactful and appreciated by the attendees. The attendees remained engaged in each presentation by taking notes throughout the speaker session and then asking questions at the end of each presentation to gain a better understanding or clarification of the information presented.

As mentioned in the previous chapter, there were twenty-five (25) attendees present for the presentation and of those twenty-five (25) attendees, eighteen (18) attendees submitted surveys. In those eighteen (18) surveys, all of the participants were very satisfied with the presentation and stated the information was clear, understandable, and informative. In addition, all of the participants requested future events on various topics such as cancer awareness, cardiovascular disease, weight loss, diet and nutrition, migraines, and gastrointestinal issues.

Also, of the eighteen (18) surveys received, the author randomly selected five (5) surveys to conduct one-on-one interviews to obtain additional information regarding the event. These five (5) individuals provided additional insight into their thoughts on the event and if the information was beneficial to them on their health journey. Four (4) of the five (5) individuals were diabetic for more than fourteen (14) years. Each of the five (5) individuals found the presentation to be informative, with one (1) of the individuals stating the seminar was a reinforcement of previous education received. In addition, four (4) of the five (5) one-on-one individuals also stated these seminars helped to remind them of their illness and hoped to stay aware and educated with new technology that may help them in the future.

In viewing the intended outcomes of the praxis program, the author hoped to help bridge the gap of health disparities in the community by improving the health and wellness of the community by providing information to allow for better choices and decisions on health, and finally sharing this program with other churches and communities to provide similar results for communities suffering with the same inequities. While this author is aware it would take years of study and surveys to prove these outcomes, the author also believes "Knowledge is power" and this information can make an impactful change in the lives of the community, right now.

Based on the information observed at the event, the surveys received after the event, and the one-on-one interviews held, the author has concluded this praxis pilot program can help bridge the gap of information and address the concerns of the congregation and the community concerning health inequities that are present. While this pilot praxis program only covered the topic of diabetes, there is a vast number of health disparity topics that are plaguing the seventy-seven (77) communities within the Chicagoland area and many communities across the world.

Implications for Organizations and Leaders

As a leader of the church, you are required to have a variety of skills to handle the different responsibilities and tasks that may arise within the church. Many of these responsibilities may not be discussed in formal training, however, leaders are expected to approach and deal with these situations with grace, dignity, and confidence. In general, the literature describes leadership as seeking adaptive and constructive change, while management provides order and consistency to the organization (Burns, Chapman & Guthrie, 2013, p. 26). What better way to encourage God's people to obey the truth and pursue godly living than to create a health ministry to help God's people live better lives.

As previously mentioned in Chapter Two, leadership is the ability of a person to influence, motivate, and help others to achieve the end goal of the organization. According to Trull and Creech (2017), Christian leaders should commit themselves to six professional ethical practices, education, competency, autonomy, service, dedication, and ethics. In viewing these two statements, this author believes it is incumbent upon the church leaders to be aware of the inequities and disparities that exist in the church and the community.

Developing a team to ensure the needs of the congregation are being met and reaching out further to the community will ensure a safe and healthy space to worship. When people work together, it is more than likely the goals will be accomplished. Surveying and researching the congregation and the community will provide a guide to what is needed for the church. Asking the members what specific topics regarding health would they like to learn more about, could begin the conversations of where to start looking for resources to hold an event. Next, partnering with local health clinics and organizations such as Peer Plus could launch events such as this pilot praxis program.

Creating a health ministry for the church can be as large or as small as the ministry can handle. The church can host large events that would cover a variety of topics such as diabetes, mental illness, and colorectal topics. Or the church can host an event with a specialized topic, such as this pilot program on diabetes. Finally, if the church is unable to host events, leadership can provide resources such as flyers that would provide the same information given at an actual event, along with contact information for follow-up questions.

According to the Office of Disease Prevention and Health Promotion (ODPHP, 2024), residents of impoverished communities often have reduced access to resources that are needed to support a healthy quality of life. Developing a health ministry in the church can assist these

communities with access to healthcare, healthy foods, and other resources that may increase their ability to obtain and sustain employment, stable housing, safer neighborhoods, and potentially larger congregations.

Applications for Organizations and Leaders

Galatians 6:10 says, “Therefore, as we have opportunity, let us do good to all people, especially to those who belong to the family of believers.” Paul commanded the church to do good to all. The idea of service is implicit in the image Christ applied to his followers, who are to be “the salt of the earth” and “the light of the world” (Matthew 5:13-14). These scriptures along with many others, guide us to be of service to the church and the community. Developing a health ministry such as this pilot praxis program, could prove beneficial to the congregation and possibly help grow the church.

Religious congregations are credible, stable entities that have significant reach within underserved neighborhoods as well as a history of providing and supporting social services, including health promotion and care (Derose, Williams, Branch, Florez, Hawes-Dawson, Mata, Oden, & Wong, 2019). Congregations provide physical infrastructure and complex social networks that can be leveraged for health promotion and services (Derose et al., 2019). According to the 2021 National Congregations Study, an estimated 84% of congregations provide social services either formally or informally, down from 87% in 2019, up from 58% in 1998 and 82% in 2006-2007, and 57% of congregations engaged in some type of health program (Derose et al., 2019, National Congregation Study, 2021).

More than six-in-ten Black adults (63%) say having less access to care is a major reason for these disparities (Hatfield, Tyson, & Lopez, 2023). Considering the aforementioned statistics, it is feasible for the church to provide social services to the church and the community to help

change the trajectory of the number of disparities in these communities. It is also imperative that the church address the needs of the congregation and the community for the same reasons. While this may not be an easy task for leadership, it will improve the knowledge of the congregation and community to make more informed decisions regarding their health and wellness. My people are destroyed by a lack of knowledge. Because you have rejected knowledge, I also reject you as my priests; because you have ignored the law of your God, I also will ignore your children (Hosea 4:6, NIV). The Prophet Hosea is clearly warning the priests to be examples to the people by following the Word of God and providing knowledge, just as the leaders of today should be doing by providing knowledge and helping the people.

Advice to Future Research Practitioners

The expansion of research relating to health disparities will continue to grow as long as inequities exist in the world. The church can be a major contributor to this research with proper training, education, partnerships, and engagement. Partnerships with local clinics, hospitals, and national organizations such as NMQF, Cook County Health and Friend Health Clinics could help the church train and educate the congregation and the community on the numerous different disparities that exist and help find solutions to bridge the gaps.

These partnership would also provide training and education that could serve a dual purpose by informing the community of the critical information needed and the community providing information to the organizations for research. This conduit of information can shift critical perceptions impacting each entity.

The engagement between these organizations would allow an ongoing relationship to provide and gain understanding of the diseases, to share new and improved medication and

technologies available for treatment. Cultural sensitivity and inclusion can be of utmost importance to build a relationship between the community and medical field.

Continued research must examine the correlation between developing health ministries and the decrease of disparities in the lower income communities. The more health ministries are developed to address the disparate and inequitable concerns in these communities the more data will be available to prove the outcome of improved health and wellness with longer life spans.

Project Summation

In closing, the purpose of this study was to develop health ministries to address the increasing disparities prevalent in lower-income communities in Chicago. The author developed a pilot praxis program with the topic of diabetes to address the disparity of the 1.3 million adults who are suffering from the illness in Illinois. Diabetes affects the minority population disproportionately compared to white adults. The risk of having a diagnosis is 77% higher among African Americans, 66% higher among Latinos/Hispanics, and 18% higher among Asian Americans (ADA, 2023).

This praxis pilot program was developed to bridge the gap of health disparities within the community that are suffering from chronic conditions and provide additional information (not otherwise received) to allow the community to make more conscious decisions regarding their health and wellness. Based on the outcomes of this praxis pilot program to bridge the gap of health disparities in the Washington Park and Bronzeville communities, the author successfully achieved the outcomes of this study and received favorable responses from the attendees including requesting additional future seminars on a variety of topics.

While there is still much work and research to be done on health disparities, it is this author's prayer that this study will encourage others to develop health ministries in their local

church to help dispel the inequities. It is also the author's goal to personally continue this work and contribute to bridging the gap of the numerous disparities that exist in the community and the world.

REFERENCES

American Psychological Association (APA, 2021) *Mental Illness and Violence: Debunking Myths, Addressing Realities*. Volume 52, Number 3.

American Psychiatric Association (APA, 2023) *Mental Illness*. Retrieve from www.psychiatry.com

American Psychiatric Association (APA, 2022) *What is Mental Illness?* Retrieved on June 22, 2022, from https://psychaiatry.org/patients-families/what-is-mental-illness

American Psychiatric Association (APA, 2022) *Stigma, Prejudice and Discrimination Against People with Mental Illness* Retrieved on June 26, 2022, from https://www.psychiatry.org/patients-families/stigma-and-discrimination

Ambrose, S. A., Bridges, M. W., DiPietro, M., Lovett, M. C., & Norman, M. K. (2010) *How learning works: 7 Research-based principles for smart teaching*. Jossey-Bass Publishing.

Black Past (2013) *Blockbusting.* Retrieved from https://www.blackpast.org/african-american-history/blockbusting/#:~:text=Blockbusting%20refers%20to%20the%20practice,from%20prejudice%2Ddriven%20market%20instability.

Bredfeldt, G. Liberty University (20230601) *Planning for Assessment*. https://canvas.liberty.edu/courses/462823/pages/watch-planning-for-assessment?module_item_id=50349746

Bredfeldt, G. (2006) *Great leader great teacher: Recovering the biblical vision for leadership*. Moody Publishing.

Bureau of Labor Statistics (2023) *Pharmacist – Occupational Outlook Handbook*. Retrieved from https://www.bls.gov/ooh/healthcare/pharmacists.htm

Burns, B., Chapman, T. & Guthrie, D. (2013) *Resilient Ministry: What pastors told us about surviving and thriving*. IVP Press

Burns, J. S. & Shoup, J. R. & Simmons, D. C. (2014) *Organizational leadership: Foundations & practices for Christians.* IVP Press.

Cambridge Dictionary (2023) *Organization*. Retrieved from https://dictionary.cambridge.org/us/dictionary/english/organization.

Center for Sustainable Health Care Quality and Equity (2023) retrieved from https://nmqf-shc.org

Center for Disease Control and Prevention (CDC, 2023) *Health Disparities. Healthy Youth*. Retrieved from www.cdc.gov/healthyyouth/disparities/index.htm

Center for Disease Control and Prevention (CDC, 2022) *Health disparities & inequalities report (CHDIR)* Retrieved from https://www.cdc.gov/minorityhealth/CHDIReport.html.

Chen, H. T. (2015) *Practical Program Evaluation: Theory-driven evaluation and the integrated evaluation perspective 2nd Ed*. Sage Publishing

City-Data (2023) Retrieved from https://www.city-data.com

Cook County Health (2023) *Cook County Health.* Retrieved from https://cookcountyhealth.org/about/

Derose, K., Williams, M., Branch, C., Florez, K., Hawes-Dawson, J., Mata, M., Oden, C., & Wong, E. (2019) *A community-partnered approach to developing Church-based interventions to reduce health disparities among African Americans and Latinos.* J Racial Ethn Health Disparities. 2019 April; 6(2): 254 – 264. Doi:10.1007/s40615-018-0520-z.

Evans, T. (2008) *Theology: You can count on*. Moody Publishing.

Evans, T. (2019) *Tony Evans Bible commentary*. Holman Bible Publishers.

Faith Health Alliance (2023) retrieved from https://foryourhealth.news/faith-health-alliance/

Friend Health (2023) *Friend health*. Retrieved from https://friendfhc.org/about.html

Granberg-Michaelson, W. (2004) *Leadership from inside out: A guide for leading, living, working, and praying.* Crossroad General Interest Publishing

Grudem, W. (2020) *Systematic theology 2nd edition.* Zondervan Academics

Gueronniere, G. D.L., Gardner, T. M., Meyers Douglas, R. T., Palacio-Carr, V., & Reid, D. A. (2022) *Unchanging Civil Rights through quality health services and care.* Retrieved from Legal Action Center https://www.lac.org/resource/unchaining-civil-rights-through-quality-health-services-and-care

New International Bible. (2011). Zondervan. (Original work published 1978)

Hardwick, L. (2021) *Disability and the church: A vision for diversity and inclusion.* Inter-Varsity Press.

Hardwick, L. (2017) *I am strong: The life and journey of an autistic pastor*. eLectio Publishing

Horvath, L. (2022) *Health equity: Inequitable access to healthcare's racist roots.* Retrieved from https://healthcare.rti.org/insights/health-equity-racism-and-proximity-to-hospitals.

Illinois Department of Public Health (IDPH, 2021) *Diabetes in Illinois*. https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/diabetes/2021_Illinois_Diabetes_Burden_Report.pdf

Jansen, T., Aguayo, L., Whitacre, J., Bobitt, J., Payne, L., & Schwingel, A. (2019). *Diabetes disparities In Illinois. Preventing chronic disease*, *16*, E19. https://doi.org/10.5888/pcd16.180154

Johnson, R. L. & Morgan, G. B. (2016) *Survey scales*: *A guide to development, analysis, and reporting*. Guildford Press.

Kettner, P. M., Moroney, R. M., & Martin, L. L. (2017) *Designing and managing programs: An effectiveness-based approach 5th edition*. Sage Publishing

Kouzes, J. M. & Posner, B. Z. (2017) *The leadership challenge 6th edition: How to make extraordinary things happen in organizations.* Wiley Publishing

Mayo Clinic (2022) *Mental illness.* Retrieved from https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968

Melcher S. J., Parsons, M.C. & Yong, A. (2017) *The Bible and disability: A commentary*. Baylor University Press.

Medline Plus (2022) *Mental disorders.* Retrieved from https://medlineplus.gov/mentaldisorders.html

McKinley, L. E., McAnally, K., Moyers, S., & Hagger, M. S. (2020). *Behavioral health theories, equity, and disparities in global health: A basic process model.* https://doi.org/10.1007/978-3-030-05325-3_58-1.

Morgan, G. (2006) *Images of organization.* Sage Publishing

National Archives (2021) *The great migration (1910 – 1970).* Retrieved from https://www.archives.gov/research/african-americans/migrations/great-migration#:~:text=The%20Great%20Migration%20was%20one,the%201910s%20until%20the%201970s.

National Alliance Mental Illness (2022) *The state of mental health in America*. Retrieved on June 24, 2022, from https://namiillinois.org/the-state-of-mental-health-in-america

National Alliance Mental Illinois (2022) *Mental health in Illinois*. Retrieved on June 24, 2022, from https://nami.org/NAMI/media/NAMI-media/StateFactSheet/Illinois

National Congregation Study (2015) *Religious congregation in the 21st century America 2015* Retrieved on January 17, 2024, http://www.soc.duke.edu/natcong/Docs/NCSIII_report_final.pdf.

National Institute of Health (2023) *Medical-health professionals*. Retrieved May 27. 2023, from https://www.nih.gov

National Institute of Mental Health (2022) *Transforming the understanding and treatment of mental illness*. Retrieved on June 21, 2022, from https://www.nimh.nih.gov/health/statistics/mental-illness

National Minority Quality Forum (2023) *The National Minority Quality Forum.* Retrieved from https://www.nmqf.org/

New International Bible. (2011). Zondervan. (Original work published 1978)

Office of Disease Prevention and Health Promotion (ODPHP, 2024) *Poverty: Healthy people 2030.* Retrieved on January 16, 2024, from https://health.gov/healthypeople/priority-areas/social-determinants- health/literature-summaries/poverty

Peer Plus Education and Training Advocates (2023) retrieved from https://www.peerpluscares.org

Peterson, R. S. (2016) *The imago Dei as human identity: A theological interpretation*. Eisenbrauns

Pettit, P. (2008) *Foundations of spiritual formations: A community approach to becoming like Christ*. Kregel Publishing.

Roy, A. (2020) *A comprehensive guide for design, collection, analysis, and presentation of Likert and other rating scales: Analysis of Likert scale data*. Ajit Roy publishing.

Rucker-Whitaker, C. (2021) *How do we close Chicago's health gap?* Retrieved from https://www.chicagobusiness.com/equity/how-fix-chicagos-health-equity-problem.

Schmidt, T. D. (2021) *Strategic project management made simple: Solutions tools for leaders and teams.* Wiley Publishing.

Stanford, M. S. (2017) *Grace for the afflicted: A clinical and biblical perspective on mental illness.* Inter-Varsity Press.

Thomas, Alan (2017) *Tackling mental illness together: A biblical and practical approach*. London, England. Inter-Varsity Press.

Trull, J. E. & Creech, R. R. (2017) *Ethics for Christian ministry: Moral formation for 21st century leaders*. Baker Academic.

University of Chicago Medicine (2023) *Community profile – Bronzeville needs assessment* Retrieved on February 3, 2023, from https://www.uchicagomedicine.org/-/media/pdfs/adult-pdfs/community/chna-community-profiles/auburn-gresham-community-profile.pdf

Xu, G. Y. & Wang, Z. S. (2008) *The impact of transformational leadership style on organizational performance: The intermediary effects of leader-member exchange*. IEEE Xplore.

Yukl, G., Gardner, W. L. III., & Uppal, N. (2020) *Leadership in organizations. 9th edition*. Pearson Publishing.

APPENDIX A

DIABETES SEMINAR SURVEY

Your feedback is critical to ensure we are meeting your educational needs. We would appreciate it if you could take a few minutes to share your thoughts with us so we can serve you better.

Please return this form to Tasha Berry-Lewis at the end of this workshop. Thank you.

Workshop Content	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
1. How would you rate this Diabetes Seminar?					
2. How organized was the seminar?					
3. How clear was the information provided in this seminar?					
4. How likely are you to use this information provided today in your everyday life?					
5. How do you feel about the length of the seminar?					

Future Events	Yes	No
1. Would you attend future events?		

If so, please list topics for future events.

_____

If you would like information on future events, please provide an email.

_____

APPENDIX B - IRB APPROVAL LETTER

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

August 17, 2023

Tasha Berry-Lewis
Gary Bredfeldt

Re: IRB Application - IRB-FY23-24-268 Developing Health Ministries Beyond The Disparities In The Community

Dear Tasha Berry-Lewis and Gary Bredfeldt,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds that your study does not meet the definition of human subjects research. This means you may begin your project with the data safeguarding methods mentioned in your IRB application.

Decision: No Human Subjects Research

Explanation: Your study/project is not considered human subjects research because it will consist of quality improvement activities, which are not "designed to develop or contribute to generalizable knowledge" according to 45 CFR 46. 102(l).

Please note that this decision only applies to your current application. Any modifications to your protocol must be reported to the Liberty University IRB for verification of continued non-human subjects research status. You may report these changes by completing a modification submission through your Cayuse IRB account.

For a PDF of your IRB letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study Details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page.

Also, although you are welcome to use our recruitment and consent templates, you are not required to do so. **If you choose to use our documents, please replace the word *research* with the word *project* throughout both documents.**

If you have any questions about this determination or need assistance in determining whether possible modifications to your protocol would change your application's status, please email us

at irb@liberty.edu.

Sincerely,

[redacted]
Administrative Chair
Research Ethics Office

APPENDIX C- Request Letter

August 15, 2023

Rev. Dr. Walter P. Turner, III
President
Chicago Baptist Institute
5120 S. Dr. Martin Luther King Drive
Chicago, IL 60615

Dear President Turner,

As a graduate in the John W. Rawlings School of Divinity at Liberty University, I am conducting a pilot praxis program as part of the requirement for a Doctor of Education degree. The title of my research program is Developing Health Ministries Beyond the Disparities in the Community and the purpose of my research is to support the Washington Park and Bronzeville communities through the practical and direct application of the Word of God by providing access to quality health information at the planned workshops and seminars.

I am writing to request your permission to conduct my pilot praxis program at Chicago Baptist Institute located at 5120 S. Dr. Martin Luther King Drive, Chicago, IL 60615.

For this research project, the participants that attend the seminar will be asked to complete the attached survey at the end of the program. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to grant permission please provide a signed statement on an official letterhead indicating your approval.

Sincerely,

[redacted]

Tasha Berry-Lewis
Student, Liberty University
John W. Rawlings
School of Divinity

APPENDIX D – Approval Letter

August 16, 2023

Tasha R. Berry-Lewis
Graduate Student – Liberty University
9524 S. Seeley Ave
Chicago, IL 60643

Dear Mrs. Berry-Lewis,

This letter acknowledges that I have received and reviewed the request by Tasha R. Berry-Lewis to conduct a research project entitled "Developing Health Ministries Beyond the Disparities in the Community" and I approve of this research to be conducted at our facility.

When the researcher receives approval for her research project from Liberty University Institutional Review Board, I agree to provide access for the approved research project. If we have any concerns we will contact Liberty University IRB at irb@liberty.edu.

Sincerely,

[redacted]

Walter P. Turner, III
President
Chicago Baptist Institute

APPENDIX E – Consent Form

DIABETES SURVEY - CONSENT FORM

Title of the Project: Developing Health Ministries Beyond The Disparities In The Community
Principal Investigator: Tasha R. Berry-Lewis, Graduate Student, Rawlings School of Divinity, Liberty University
Co-Investigator: Gary Bredfeldt, Ph.D., Faculty

Invitation to be part of a Research

You are invited to participate in a research study. To participate, you must be 18 years of age or older. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of this study is to assist the Chicagoland communities with decreasing the disparities in the area by providing health-related seminars to provide valuable information on health inequities.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. After the presentation is over, I will ask you to fill out a survey about the seminar and provide your name, email address, and telephone number for follow-up questions approximately 2 weeks after the seminar.

2. In approximately 2 weeks after the seminar, I will contact you to find out if any of the information provided at the seminar was helpful to you and your condition and if you have changed to incorporate any of the information presented.

How could you or others benefit from this study?

The direct benefits participants should expect to receive from taking part in this study can lead to greater awareness of their health. It may prompt you to think more about your lifestyle choices and how they affect your diabetes management. This awareness can motivate positive changes in your behavior and habits.

Benefits to society include helping provide valuable data to researchers, healthcare professionals, and organizations by working to better understand and combat diabetes. Your input can help improve the understanding of the condition, its causes, and potential treatment options.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will my personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

Participant responses will be anonymous and will be kept confidential by replacing the names with pseudonyms.

Interviews will be conducted in a location where others will not easily overhear the conversation.

Data will be stored on a password-locked computer. After three years, then all electronic records will be deleted, and the hardcopy records will be shredded.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. At the conclusion of the survey, participants will receive a $10 Walmart gift card.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number in the next paragraph. Should you choose to withdraw data collection from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Tasha R. Berry-Lewis. You may ask any questions you have now. If you have questions later, you are encouraged to contact her at [redacted] or [redacted] You may also contact the researcher's faculty sponsor Dr. Gary Bredfeldt at [redacted]

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the IRB. Our physical address is

Institutional Review Board, 171 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

Before signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

_____

Printed Subject Name

_____

Signature & Date