



# Partnering with Faith-Based Organizations to Enhance Positive Outcomes for Home-Bound Seniors

Linda Moore\*

San Antonio School of Nursing, University of Texas Health Science Center, USA

## Abstract

This innovative pilot study consisted of initiating a clinical partnership between a faith-based institution and a single clinical group of nursing students in their final semester of a bachelor nursing program of study in south Texas. Following the goals of Healthy People 2020 of improving quality of life and promotion of healthy behaviors, nursing students made home visits to home-bound seniors who were members of the partnering faith-based organization. One of the goals of this pilot study demonstrated the importance of community engagement of nursing students with home-bound seniors that holistically enriched the lives of both the students and seniors.

**Keywords:** Home-bound individuals; Nursing students

## Introduction and Background

Seniors remaining in their homes, opting out of moving into assisted living communities or nursing homes is more the norm rather than the exception across America [1]. Official estimates from the 2010 census reveal that there are over 40 million Americans who are age 65 or older. This number will rise to greater than 72 million by the year 2030 [2].

The majority of American seniors reside within their primary residence until their death. Healthy People 2020 realizing this have as primary goals to improve the health, function and quality of life of older adults [3]. Who are the seniors who remain in their homes? They are individuals or couples who are in their sixties, seventies, eighties, nineties and older. One can easily recognize these individuals as they are our mothers, fathers, grandparents and great grandparents who remain living in their homes. These individuals desire to maintain their innate rights as any American citizen to have the freedom to live in and remain in the home which in some cases may have actually been the place where they were born. They are individuals of all ethnicities who have strong work ethics and spiritual convictions and a real longing to maintain within their homes, performing the usual chores that the average middle-age America family perform: cooking, housekeeping, laundry, yard maintenance and gardening.

Many of the seniors are devoted to their churches and beliefs which provide a spiritual sense of belonging and socialization. While the seniors thrive in their homes, it goes without reason that as they age, they experience a multitude of losses: personal health and agility, as well as death of friends or significant others which results in loneliness and social isolation.

Aging seniors may also experience the inability to perform basic needs which result in not being able to drive and perform the most basics such as going to the grocery store, attending appointments and the ability to attend their place of worship or other social activities [4]. Additionally, the health challenges existing in our aging seniors become increasingly complex. Seniors living in their homes, who have lost their ability to drive due to health disparities, must then rely on others (family or paid attendees) to come into their homes to bring food and house-hold supplies; take them to their appointments and other necessary outings. Eventually, as time passes, seniors have to limit their travels except for medical appointments, thus becoming home-bound, losing their abilities of social engagement and the simple pleasures that we take for granted [5].

The ability to create partnerships with institutions of higher education and churches of all dominations that have a pulse on their senior members who have become home-bound is a viable student clinical experience. Currently an untapped opportunity, home-bound church members would welcome visits from young adults who are working toward goals of becoming health care professionals. The impact of federal health care regulations whereby individuals who are readmitted to inpatient hospitals within a period of thirty days with the same diagnosis lend to higher costs charged to the hospital systems. In turn, these higher costs are passed on to the consumer through higher health care billing costs. Thus, having nursing students make home visits to home-bound individuals is a potentially fiscally responsible preventative health care approach [6].

## Purpose

The purpose of this pilot study was to develop a clinical nursing partnership with a community-based organization (church) which had home-bound seniors who could benefit from having weekly home visits from nursing students.

## Objectives

The aims of this innovative pilot study were two-fold in nature. Nursing students who are in their final semester of his/her bachelor program of nursing studies (through home visits) learned a multitude of professional skills to include honing their abilities of therapeutic communication both face to face as well as telephonic. Students also performed assessments that entailed physiological, psychosocial, environmental home safety. Part of the assessment included the utilization of the Hartford Foundation, Try this Assessment Tools where by students were able to analyze findings and provide more concrete information that enhanced the senior members' health and safety

\*Corresponding author: Linda Moore, Ed.D., MSN, RN, Assistant Clinical Professor, Nursing, San Antonio School of Nursing, University of Texas Health Science Center, United States, Tel: 210 286 8449; E-mail: [MooreLH@uthscsa.edu](mailto:MooreLH@uthscsa.edu)

Received January 25, 2016; Accepted February 04, 2016; Published February 11, 2016

Citation: Moore L (2016) Partnering with Faith-Based Organizations to Enhance Positive Outcomes for Home-Bound Seniors. J Comm Pub Health Nursing 2: 110. doi:10.4172/2471-9846.1000110

Copyright: © 2016 Moore L. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

outcomes [7]. Additionally, the students provided education on a variety of areas such as: medications, exercise and nutrition (Appendix 1).

There was value for the senior member as well. Nursing students performing visits in the home reinforced healthy behaviors as well as potentially uncovered situations which could lead to untoward events which could impact the senior's health. Additionally, the seniors developed a sense of purpose for they knew that they were helping in the development of health care leaders (future Registered Nurses).

## Method

The nursing faculty made the initial contact with the faith-based organization and through written, telephonic, electronic and face to face meetings, the partnership was established. The memorandum of understanding (MOU) was signed between the school of nursing and the faith-based organization. The faith-based organization identified senior participants who were members of the church but who have become unable to travel from their homes due to increasing health disparities. The identified senior participants agreed to allow nursing students to make home visits. The faith-based organization provided the physical addresses and telephone contacts of the senior participants. Additionally, the faith-based organization provided the clinical group a classroom within the church to act as a base of operations.

Prior to going out on their initial visits, the nursing students attended an orientation that provided an overview of the clinical activity to include: communication skills; assessment skills, completion of forms and driving safety tips. The nursing faculty member provided equipment for the students to use to complete the assessments. Additionally, the nursing faculty member drove to each of the seniors' homes and was present at the home site, acting in the role of consultant if the students required assistance. This allowed the students to develop a degree of autonomy and independence as they emerge from the role of student into the role of provider of care (future Registered Nurses). Each week the students completed, as part of their weekly clinical assignments, a reflective journal activity which allowed the students to express how the clinical experience has impacted them as they grow in the role of future nursing leaders and how they made a difference in the client(s) that they cared for. At the end of the clinical experience, the senior participants completed an evaluation that also addressed how this experience has impacted them and if they would want to continue this partnership. Results of the students and senior participants' feedback were reviewed by both the nursing faculty and the church appointed leader to determine if changes need to be incorporated to improve outcomes.

## Results

A total of five home-bound seniors agreed to participate in the study. Working in pairs, a total of ten nursing students made weekly home visits. A total of eight weekly visits were made by the nursing students. All of the nursing students expressed the impact of how making home visits enhanced their professional growth. All of the home-bound seniors expressed appreciation of having the nursing students come to his/her home. One of the seniors expressed that having the students making visits to her home was reassuring, "my family does not live close and having the nursing students come to my home brings about a degree of comfort." All seniors requested to continue to be visited with upcoming nursing clinical rotations.

## Summary and Recommendations

This pilot study consisted of initiating a partnership between a

faith-based institution and a single clinical group of nursing students in their final semester of school. One of the goals of this pilot study was to demonstrate the importance of community engagement of nursing students and home-bound seniors that holistically enriched the lives of both the students and seniors. Future studies may hint toward expansion of partnerships by linking students in multiple disciplines of studies to make visits to home-bound seniors as well as home-bound individuals of varying ages whom may have a wide range of health and psychosocial disparities. This model may prove beneficial in the health care industry to reduce health care costs especially for individuals who have high risk health conditions that may be rectified or reduced by having these types of home visits by students in the varying health care disciplines. By schools of nursing partnering with churches and community centers, the vision of this experience could be realized and replicated across America. This translates into the demonstration of positive outcomes in terms of health and well-being of seniors, facilitating positive growth and development of future nursing leaders. Finally this may be an innovative method to potentially thwart health care costs through the health care visits performed by nursing students.

## Implications for Further Research

This initial pilot study demonstrated the positive effects of having nursing students perform home visits to home-bound seniors. By the year 2040, the expectation is that our senior population (65 years and older) will balloon to 21.7% of the U.S. total population [8]. Thus, the importance of considering viable out-reach partnering initiatives with health care educational programs is both a positive experience for the home-bound individual as well as enhancing professional growth in our future nursing health care providers. Implications for further study include:

- a) Surveying urban and rural multi-denominational churches to determine numbers of their senior congregational members who are aging in place and have become home-bound
- b) Surveying urban and rural community centers who may have knowledge of former attendees who are aging in place and have become home-bound
- c) Replication of this study using a larger senior participant group and a larger core set of nursing students
- d) Developing partnerships with other health care educational students (physical therapy) with nursing students to perform home visits to home-bound individuals

## References

1. (2015) Aging in 2015: HHS and the White House Conference on Aging. White House Conference on Aging, USA.
2. Administration on Aging (2015) U.S. Department of Health and Human Services – Administration for Community Living.
3. Older Adults (2015). Healthy People 2020.
4. Anderson ET, McFarlane JM (2015) Community as partner: theory and practice in nursing. (6<sup>th</sup> edn), JB Lippincott, Philadelphia.
5. Thoughts on Transportation while watching the 2015 White House Conference on Aging (2015) Transportation.gov. U.S. Department of Transportation.
6. Readmissions Reduction Program (2015). Centers for Medicare and Medicaid Services.
7. Hartford Institute for Geriatric Nursing (2015) New York University College of Nursing, New York, NY.
8. Administration on Aging Statistics (2013) Administration for Community Living. U.S. Department of Health and Human Services.