Executive Summary: Improving Healthcare Access for Hispanics in Faith-Based Communities: A DNP Project to Address Barriers and Enhance Health Knowledge

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Doctor of Nursing Practice

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Main Points

- A culturally tailored, faith-based intervention resulted in a 29% increase in primary care utilization.
- Health insurance enrollment increased from 42 to 49 participants during the 12-week project.
- Health literacy scores improved substantially, with post-test scores rising to 80–100% compared to baseline averages of 40–60%.
- High participant engagement demonstrated the effectiveness of faith-based settings as trusted platforms for health interventions (Maxwell et al., 2022; Harmon et al., 2020).
- Tangible resources (e.g., toolkits, incentives) enhanced motivation and participation (Sarkar et al., 2024; Cuthbertson et al., 2022).

Background

Hispanic populations in the United States continue to experience significant disparities in healthcare access, preventive service utilization, and chronic disease outcomes. These disparities are influenced by multiple factors, including limited health literacy, language barriers, lack of insurance, socioeconomic challenges, and mistrust of healthcare systems (Maafs-Rodriguez & Folta, 2023; Derose & Rodriguez, 2020). In North Carolina, where the Hispanic population continues to grow, these barriers contribute to increased rates of unmanaged chronic conditions such as hypertension and diabetes (Escobedo et al., 2022; U.S. Census Bureau, 2020).

Local community data further highlighted these concerns, revealing that while many individuals had been diagnosed with chronic conditions, a significantly smaller proportion

actively engaged in disease management or routine healthcare. Faith-based organizations serve as trusted and culturally relevant environments within Hispanic communities, yet they remain underutilized for structured health promotion initiatives (Maxwell et al., 2022).

Purpose

The purpose of this Doctor of Nursing Practice project was to implement and evaluate a culturally and linguistically tailored, faith-based health education intervention designed to improve health literacy, increase primary care utilization, promote preventative screening exams, and improve participants' ability to navigate the healthcare system.

Methodology

This quality improvement project was guided by the Social Ecological Model and implemented using the Plan–Do–Study–Act (PDSA) framework (Mikell & Snethen, 2020; Maafs-Rodriguez & Folta, 2023). The intervention was conducted over a 12-week period in a Hispanic faith-based organization in North Carolina. The project targets Spanish-speaking individuals, including those who are uninsured and underserved.

The intervention consisted of six educational workshops delivered in Spanish following church services, supplemented by small-group discussions, community engagement activities, and the provision of health promotion toolkits. Topics included primary care access, chronic disease management, nutrition, physical activity, dental health, and mental health.

Data were collected using pre- and post-intervention surveys, demographic surveys, and feedback surveys to assess participants' information, health literacy, healthcare utilization, and preventive behaviors. Additional process measures included attendance, participant engagement, and implementation fidelity. Toolkits were also implemented as tangible objects for patients to use during their education process.

Descriptive statistics were used to evaluate changes in health literacy scores, insurance status, and primary care utilization. Comparative analysis of pre- and post-intervention data was conducted to assess project outcomes and the effectiveness of the educational materials. Data were entered and organized in a Microsoft Excel spreadsheet for analysis.

Results

The project included 126 participants representing a wide range of ages and educational backgrounds. Language proficiency data indicated that only 24 of 126 participants were fluent in English, reinforcing the importance of Spanish-language interventions. Furthermore, primary care utilization increased by 29% during the intervention period, indicating improved engagement with preventive healthcare services. Insurance coverage also increased, suggesting enhanced awareness and navigation of available resources. Additionally, health literacy improved significantly, with post-intervention assessment scores showing substantial gains compared to baseline levels. Participants demonstrated increased understanding of chronic disease management, preventive screenings, and healthcare system navigation.

Engagement increased when interactive and incentive-based strategies were incorporated, consistent with findings in prior literature on culturally tailored, community-based interventions (Sarkar et al., 2024; Cuthbertson et al., 2022). These findings support the effectiveness of culturally tailored, faith-based health interventions (Maxwell et al., 2022).

Strengths

This project's strengths include its culturally responsive design, use of a trusted community setting, and integration of bilingual education tailored to participant needs. The combination of group workshops, individualized support, and tangible resources enhanced engagement and knowledge retention (Harmon et al., 2020; Maxwell et al., 2022). Strong

collaboration with community leaders further contributed to the project's success and its potential for sustainability.

Limitations

Limitations of this project include that it was conducted at only one site, which may make it harder to apply the findings to other settings. Differences in attendance and the use of self-reported data may have affected the accuracy of the results. Participants' limited technology skills made it difficult to use digital data collection methods. In addition, the lack of a control group makes it difficult to determine if the intervention directly caused the outcomes.

Implications

This project demonstrates that culturally tailored, faith-based interventions can effectively address healthcare disparities in Hispanic populations. For nursing practice, it highlights the critical role of advanced practice nurses in delivering community-based, culturally responsive care that improves health literacy and promotes preventive behaviors (Maafs-Rodriguez & Folta, 2023). At the community level, the project strengthened partnerships between healthcare providers and faith-based organizations, creating opportunities for sustained outreach and education (Maxwell et al., 2022). At the systems level, the findings support value-based care initiatives by promoting preventive service use and reducing reliance on acute care, aligning with national priorities such as Healthy People 2030 and ACO quality measures (USDHHS, n.d.; CMS, n.d.).

Conclusions

This DNP project demonstrated that a faith-based, culturally tailored intervention can significantly improve health literacy and increase primary care utilization among Hispanic participants. By addressing linguistic, cultural, and systemic barriers, the project provided a

practical and scalable model for reducing healthcare disparities. Sustained implementation and expansion of similar interventions have the potential to improve long-term health outcomes, enhance healthcare access, and promote health equity within underserved communities (Derose & Rodriguez, 2020; Escobedo et al., 2022).

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