

Race, Relocation, & Resource Utilization among Urban Ministry Workers

Hana J. Shin, Hanna Lee, Sherry Walling, Jean Min, Sean Love, Lee Perry, & Cynthia B. Eriksson
Fuller Graduate School of Psychology

ABSTRACT*

Research among inner-city civil and social service professionals has overlooked the population of urban ministry workers, staff from faith-based organizations who work as advocates and leaders of inner-city programs. Because urban ministry workers either relocated specifically for the work or grew up in the neighborhood, racial diversity and resources for their psychological, physical, and spiritual well-being vary widely. The current study surveyed urban ministry workers ($n = 284$) in five U.S. metropolitan cities, analyzing the effect of race and relocation on resource utilization. Binomial logistic regression analysis found that race significantly predicted utilization of medical services ($\chi^2 = 10.39, p = .02$). Participants of Latino/a descent were .29 times less likely to utilize medical health services than the other racial groups. Neither race nor relocation significantly predicted differences in likelihood of psychological or spiritual service utilization. Well-being of staff directly impacts quality of services provided to inner-city communities. Implications of the effects of race on resource utilization and associated barriers are discussed as they affect policies and practices of urban ministry organizations.

* NOTE: The current abstract reflects updated results that differ from the abstract printed in the conference program.

WHO ARE URBAN MINISTRY WORKERS?

Urban ministry workers serve the inner-city community as mentors, educators, advocates, and teachers. Many choose to live in the same neighborhoods in which they work, attempting to improve the quality of life in the community. These workers serve the inner-city, yet themselves may be at risk for exposure to violence and psychological distress. Because resources of support may be protective factors, the current study investigates whether urban ministry workers are using mental health, medical, and spiritual support services.

Local leaders – Urban ministry workers raised in the community in which they work, identifying with the culture of the community

Relocated leaders – Urban ministry workers who entered the community from a culturally different environment, such as a rural or suburban area.

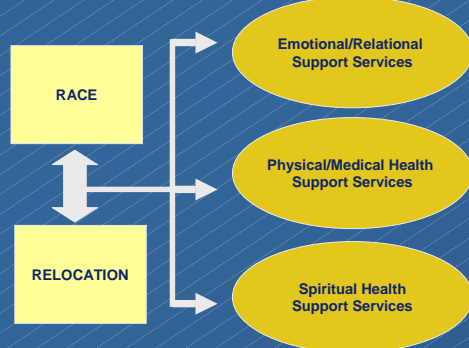
HYPOTHESES

#1: RACE & RELOCATION

- Relocated leaders will be comprised mostly of White Americans, while local leaders will be comprised mostly of people of color

#2: RESOURCE UTILIZATION

- Local workers of color will utilize resources less than relocated White Americans



METHODS

Participants

Study participants were 284 US-based urban ministry workers from five US cities belonging to one of 23 organizations. 905 individuals were sent questionnaires; 284 responded (31%).

Gender: 184 females (64.8%) and 97 males (34.2%)

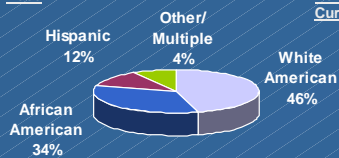
Age: $M = 35.5, SD = 12, range = 18-70$ years

Marital Status	n	%
Married	149	52.5
Single	111	39.1
Divorced	15	5.3

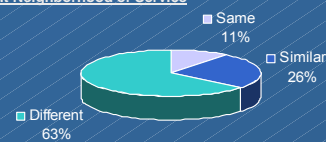
City of service	n	%
Memphis, TN	101	35.6
Phoenix, AZ	76	26.8
Los Angeles, CA	52	18.3
Chicago, IL	48	16.9
Philadelphia, PA	4	1.4
City missing	3	1.1

Measures

Race



Relocation: Neighborhood of Origin Compared to Current Neighborhood of Service



Resource Utilization

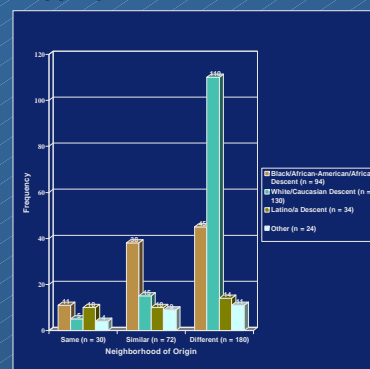
Items for resource utilization were adapted from other measures of resource utilization to assess whether urban ministry workers had used the following services in the past 12 months (Jackson et al., 1999; Jaycox, Marshall, & Schell, 2002).

Emotional/relational support services: crisis hotlines, crisis centers, individual counseling/psychotherapy, group counseling/therapy, psychoeducation, pastoral counseling, lay counseling, or other.

Physical health services: emergency room, general physician, dentist, optometrist, chiropractor, OB/GYN, alternative/homeopathic remedies, or other physical health specialist.

Spiritual support services: clergy, church leader, trained lay counselor, personal spiritual director/mentor, Sunday school/Bible teacher, supervisor/team leader, mission teammate/coworker, religious small group/support group, religious internet forum, other.

RESULTS



HYPOTHESIS #1:

- A significant relationship was found between race and neighborhood of origin, $\chi^2 (6, N = 282) = 54.01, p < .001$. Participants of White/Caucasian descent reported less similarity between their neighborhoods of origin and work communities than other racial groups.
- Of the 30 workers who work in the same neighborhood in which they grew up, 21 (70%) were either of Black/African-American or Latino/a descent.

HYPOTHESIS #2:

- Binomial logistic regression analysis confirmed that overall, race significantly predicted the log-likelihood of physical health resource utilization, $\chi^2 (3, N = 268) = 10.39, p = .02$. Specifically, participants of Latino/a descent were .29 times less likely to utilize physical health services than the other racial groups, $\beta = -1.24, \chi^2 (1, N = 268) = 7.54, p < .01, odds ratio = .29, 95\% CI = [.12, .70]$.
- Neither race nor neighborhood of origin significantly predicted the log-likelihood of emotional/relational support or spiritual health support services.

OVERALL TRENDS OF RESOURCE UTILIZATION

- Over two-thirds of participants (65.6%) utilized medical services in the past 12 months, compared to spiritual support services (43.2%) and emotional/relational services (23.6%).

Top 6 Emotional/Relational Support Services		
1.	Individual Psychotherapy	13.5%
2. & 3.	Clergy	7.7%
2. & 3.	Lay Counselor/Spiritual Director	7.7%
4.	Other	4.4%
5.	Group Counseling/Psychotherapy	2.9%
6.	Mental Health Education	2.6%

Top 6 Physical Health Support Services		
1.	General Physician	51.8%
2.	Dentist	35.7%
3.	OB/GYN	25.7%
4. & 5.	Optometrist	13.9%
4. & 5.	Other Physical Health Specialist	13.9%
6.	Emergency Room	11.8%

Top 6 Spiritual Health Support Services		
1.	Personal Spiritual Mentor	22.3%
2.	Clergy	17.6%
3.	Organizational Co-Worker	13.3%
4.	Church Ministry Leader	11.2%
5.	Religious Small Group	10.8%
6.	Organizational Team Leader	8.3%

IMPLICATIONS AND FUTURE DIRECTIONS

- Results inform how urban ministry organizations can meet the psychological, medical, and spiritual needs of their staff. Although the majority of urban ministry workers are utilizing medical services, results indicate that many are not utilizing psychological or spiritual support services.
- Urban workers of Latino/a descent significantly were likely to underutilize medical services than the other racial groups. Future research should investigate what particular organizational, economic, and/or cultural factors may contribute to this differential underutilization.
- Variation in perceived need for services and barriers to utilization may be factors necessary to investigate in future analyses. Understanding of needs and utilization is imperative for organizations to adequately respond to needs of staff.

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