

Faith-Based and Public Health Partnerships: Strengthening Community Networks

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May 2014

National Adult and Influenza Immunization Summit



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Presentation Objectives

- Provide background on faith-based and public health partnerships – history and characteristics
- Describe project activities and accomplishments – the context of “the model practices” reach to vulnerable, at-risk, and minority populations
- Describe the Model Practices Framework key practices that lead to sustainable community capacity that extends the reach of public health



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“Lack of trust can cause health programs to fail with harmful consequences. Measles outbreaks in the United Kingdom and the United States and the spread of polio across Africa from Northern Nigeria underscore the importance of building – and maintaining – public trust in health interventions and in the authorities who provide them.

Trust relationships must be built over time so that they become the social framework in which health interventions – and positive health outcomes – can thrive.”
[Heyman & Larson, JAMA, 2010, pg. 272]



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Rationale for FBO Partnerships

1. “Pervasive social structures and institutions in communities – congregations, FBOs, health care, education, etc.
2. Hold a kind of **trust** that makes possible a unique access to particular populations
3. Values and commitments that align with and can contribute to achieving public health goals



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Background and History

Eliminating Health Disparities

- Interfaith Health Program formed – 1992 The Carter Center
- Coalition for Healthy Cities and Communities – 1995
- APHA Caucus on Public Health and the Faith Community – 1996
- *Engaging Faith Communities as Partners in Improving Community Health* – 1997 CDC and the Interfaith Health Program
- *Strong Partners: Realigning Religious Health Assets for Community Health* – 1997 Interfaith Health Program and the CDC
- Interfaith Health Program, PHLS, and NACCHO at Fetzer Institute - 2000
- *Institute for Public Health and Faith Collaborations* – 2001
 - Team-based leadership development - 78 teams from 24 states



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Project Goal and History 2009 - Present

Build and mobilize capacity within networks of faith-based and community organizations to expand reach to vulnerable, at-risk, and minority populations for prevention and treatment of influenza.

Built on:

- CDC with IHP/Emory ('01 to '07) trained 78 teams of religious and public health leaders in 24 states to collaborate on eliminating health disparities.
- HHS' Center for Faith-Based and Neighborhood Partnerships work with IHP/Emory and 9 sites during 2009 H1N1



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Ten Unique Multi-Sector Sites

- **Chicago, IL**
Center for Faith and Community Health Transformation (Advocate Health Care and UIC)
- **Colorado Springs, CO**
Penrose-St. Francis Health Mission
- **Detroit, MI**
United Health Organization Outreach
- **Los Angeles, CA**
Buddhist Tzu Chi Medical Foundation
- **Lowell, MA**
Lowell Community Health Center
- **Memphis, TN**
Methodist LeBonheur Center of Excellence in Faith and Health
- **Minnesota**
Minnesota Immunization Networking Initiative (MINI)
- **New York City, NY**
South Brooklyn Interfaith Coalition (Lutheran Health Care)
- **Pennsylvania**
Schuylkill County's VISION
- **St. Louis, MO**
Nurses for Newborns Foundation

Likely Partners: *Intermediaries*

- **Individual Community Leaders**
 - Persons of faith with a health commitment
 - Persons of health with a faith commitment
 - “Boundary Leaders”
- **Organizations**
 - Community outreach programs – institutional mission, community health workers, coalition building
 - Community health, health of the “public” commitments

Likely Partners

Diversity of U.S. Religious Landscape

Level	Organizational/Structural Examples	Possible Health Program Links and Points of Partnership
National Associations	National Association of Evangelicals, Islamic Society of America, World Union for Progressive Judaism, National Council of Churches	<ul style="list-style-type: none"> May have an office for health programming that is connected across related denominations May have religious leaders who are champions of particular national or global issues
National Religious Bodies	Christian (Catholic, Southern Baptist, United Methodist, National Baptist Convention, Assemblies of God, etc.), Islamic branches (Shia and Sunni are the largest), Judaism (most within 4 branches or movements), Buddhism movements or schools (many within 3 major divisions)	<ul style="list-style-type: none"> May have health program offices Connectional identity and structures that reach local congregations vary greatly May have little and unpredictable "trickle down" dissemination impact However policy positions and resources from the structure can support and reinforce local actions
Middle/Judiciary Regional	Named synods, conferences, districts, dioceses, archdioceses, councils, provinces, presbyteries, conventions, unions, societies, etc.	<ul style="list-style-type: none"> Organizational structures that more closely link congregations and faith based organizations – clusters of states, a state, large metro area, or portion of state. May also have a health program office and staff Key determinant of public health partnership is leadership with a vision for an institutional role in the health of communities – discovered not created from the outside.
Local Congregations	Just over 300,000 worshipping congregations of all faiths in the U.S. (actually a small portion of religious institutions)	<ul style="list-style-type: none"> Majority have less than 200 members Some have health ministry programs Estimated > 10k Faith community nurses Not all congregations are linked to a denominational structure (trend away from that) Varied orientations to civic/public engagement Some have spun off community outreach service organizations

Likely Partners

Diversity of U.S. Religious Landscape

Level	Organizational/Structural Examples	Possible Health Program Links and Points of Partnership
Local Ecumenical or Interfaith Agencies	Regional or State Councils of Churches, Ministerial Alliances, Interfaith AIDS Networks, Council of Islamic Organizations of Greater Chicago, Jewish Community Relations Council of New York	<ul style="list-style-type: none"> May have a health program and/or health partners, also may have a champion leader who is an advocate for a health issue May have special interests in certain groups or issues – children, violence, prisons, interfaith dialogue
Parachurch Organizations	Habitat for Humanity, Bread for the World, Heifer International, World Vision, YM/WCA, Aga Khan Foundation	<ul style="list-style-type: none"> Many are focused on global reach All are linked in different ways to congregations for resource support
Charitable Aid Organizations	Catholic Charities, Lutheran Social Services, Islamic Relief, Church World Service, Salvation Army, American Jewish World Service, Jewish Social Service Agencies, Buddhist Tzu Chi Medical Foundation	<ul style="list-style-type: none"> Many combine domestic and global program work All reach those beyond those of their tradition to serve those in need Are ideal public health partners when interests intersect
Seminaries and Higher Education	ATS is a membership organization of more than 270 graduate schools (post-baccalaureate professional and academic degree programs) Numerous other rabbinical and bible schools	<ul style="list-style-type: none"> Several seminaries have participated in IHP's Faith Health Consortium A number have programs that address seminarian/future clergy health

Project Activities & Accomplishments

- Selected and established formal agreements with 10 diverse multi-sector sites in the U.S. for outreach to vulnerable populations for influenza prevention and treatment.
- Coordinated capacity building events, community outreach, and dissemination activities with partner organizations and new adopters.
- Strengthened evaluation methods to capture population reach achievements and to describe model practices for recommendations to guide replication and successful future outreach endeavors.

The “Reach:” Cumulative Vaccination Impact

Impact	2009–10	2010–11	2011–12	2012-13	2013-14
Vaccination Reach (persons)	78,708 (with partners)	13,686	15,103	16,381	19,430
		138 events	108 events	227 events	268 events

Populations Reached:

Education and Vaccination Outreach

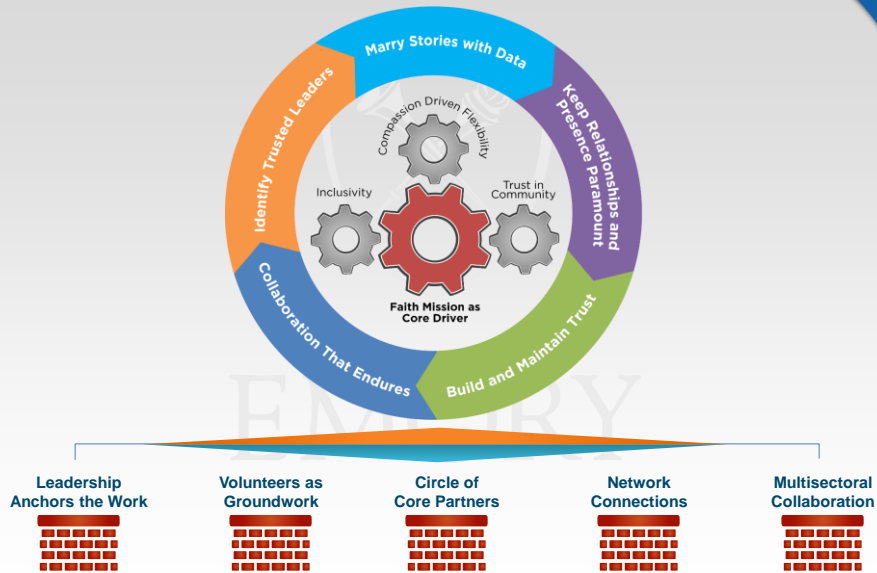
- **Places:** churches, temples, mosques, community centers, migrant farmworker camps, senior housing, shopping malls, homeless shelters, crisis centers (food pantries, soup kitchens)
- **People:** low-income (uninsured, underinsured, homeless), minorities, geographically isolated, different religious traditions, migrant farm workers, cultural and ethnic groups, immigrants and refugees
- **Partners:** Schools, health systems, fire departments, community centers, FQHCs, health departments (state and city/county), Walgreens, EMS, immunization coalitions, religious leader alliances

Model Practice Framework Development - *Methodology*

A practice based discovery process using a modified Delphi technique to synthesize distinctive elements from across 10 sites.

- Document review and thematic analysis
- In-person inductive identification of key elements of practice (4 of 10 sites)
- On-line survey to validate key elements and characteristics (16 respondents across 10 sites)
- Multi-site in-person meeting to define and describe operational components of the practices

Model Practices Framework:



Leadership Anchors the Work



Volunteers as Groundwork



Circle of Core Partners



Network Connections



Multisectoral Collaboration



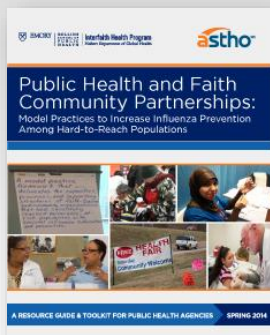
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The Toolkit!



Introduction

- Purpose
- Who is the Guide For?
- How Can the Guide Be Used?

Faith-Based Organizations

- What are FBOs?
- Diversity of the U.S. Religious Landscape
- Types of Faith-Based Organizations

Faith-Based Partners

- Likely Partners in the Public Sphere
- Why FBOs as Partners?
- Government and FBO Partnerships

The Model Practices

- How Was the Model Practices Framework Developed?
- The Network
- The Fourteen Practices



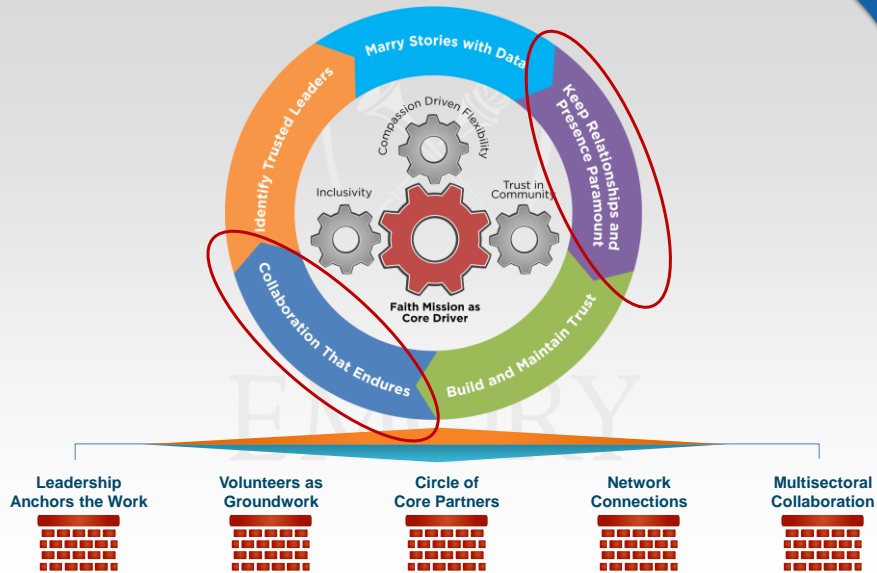
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Model Practices Framework:



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Collaboration That Endures

Definition: Build partnerships and relationships that are not tied to specific health topics but are held together over time by the depth of long term commitments to the kind of impact that can be accomplished together.

How does one recognize and build this?

- There is a culture in collaborative activities that values what is done together as equal to or more important than what is done individually.
- With adeptness at bi-directional organizational literacy, serve as a conduit that connects and aligns the strengths and priorities of diverse faith and health partners.



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Case Example: Brooklyn

- The NYC Department of Health and Mental Hygiene's (DHMH) Offices of Emergency Management and Minority Health have come to rely on the South Brooklyn Interfaith Coalition for Health and Wellness (SBICHW).
- The Coalition's faith community nurse director has forged relationships with a large network of congregations and supported them in developing health ministry programs, equipping them to respond to the health needs of their members and community. Their commitment is to work in communities that serve uninsured, immigrant, undocumented, homeless, and the underinsured.
- When the NYCDHMH is concerned about neighborhoods that have unusually low vaccine rates, they turn to the SBICHW. The coalition's longevity in the community and the foundational platforms of health ministry capacities in congregations makes them a responsive and important partner in addressing public health disparity priorities.

Keep Relationships and Presence Paramount

Definition: Give diligent and visible attention to relationship building with communities and partners by giving time, being present, listening, and sharing power.

How does one recognize and build this?

- Be in the community, go to the community, be a presence in the community, and accompany community leaders.
- Ample formal and informal occasions are built in to the collaborative work for listening ***, development of a common vision, and shared decision making.
- Create spaces and interactions (meetings, informal conversations around the work, etc.) where it is accepted and people understand that their work can be an expression of their deepest values and faith commitments.
- Maintain contact as a year round caring, non-issue specific partner – be there “before during and after.” Find a way to have “staying power.”

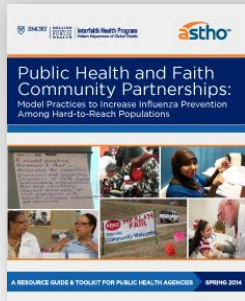
The face to face contact at our flu clinics is more than a “grab and stab” model that can happen when there is not an understanding that vaccination clinics also need to be places of trust, respect, and dignity as well as sites for health prevention education. One new community partner this year was Walgreens. They were very accommodating and most willing to “do flu shot clinics.” But what they found was a community they hadn’t engaged with before.



Summary Points

- **Partnerships are increasingly important to achieving public health goals**
- **Local faith and community-based organizations can play a vital role in building *trust* and extending the reach of public health efforts**
- **Successful engagement requires *time* and *structures* for ongoing communication and partnership *relationship* building**

Thank You



Toolkit available at:
www.ihpemory.org

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