

Faith-Based and Public Health Partnerships: Strengthening Community Networks

April 16, 2013

Emory University, Rollins School of Public Health



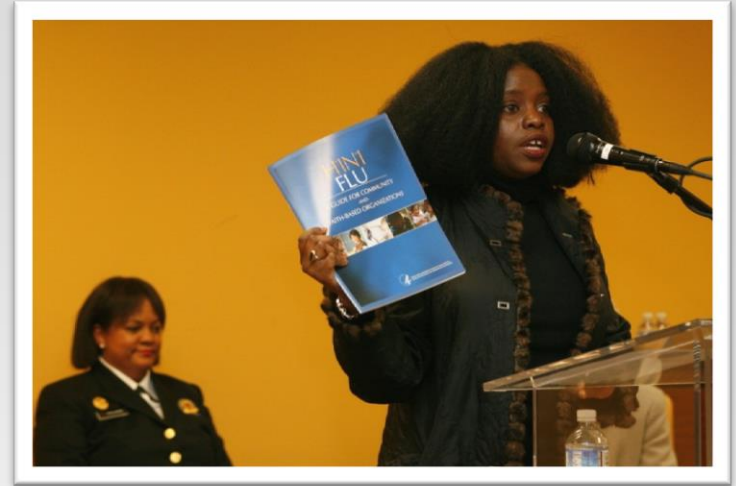
ROLLINS
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Interfaith Health Program
Hubert Department of Global Health



Welcome to the Webinar!

**Moderator: Acacia Salatti,
Acting Director of the DHHS
Center for Faith-Based and
Neighborhood Partnerships**



Thanks to all co-sponsors – the CDC, the Partnership Center, ASTHO, SOPHE, NACCHO, the DHHS Office of Minority Health, HRSA, and the National Vaccine Program Office

Webinar Logistics and Reminders

- This is a live meeting here at Emory and an on-line web cast!
- The last 10 to 15 minutes of the webinar will be set aside for Q and A. Please submit your questions throughout the webinar via Adobe Connect
- The PowerPoint for the webinar and an archive of it will be available for download after the webinar at www.interfaithhealth.emory.edu

SOPHE Continuing Education

- Today's webinar has been approved for 1.0 Category I continuing education contact hours (CECHs) for Certified Health Education Specialists (CHES) and Master Health Education Specialists (MCHES). SOPHE, including its chapters, is a designated multiple event provider of CECHs by the National Commission for Health Education Credentialing (NCHEC).
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 - Webinar CECH/CPH Fees:
 - \$ 12.00 for National SOPHE members
 - \$ 24.00 for non-members

Webinar Objectives

To . . .

- Build awareness of the value in engaging trusted networks in communities that include faith-based and community organizations as partners in reaching those who are vulnerable, at-risk, and minorities.
- Describe effective strategies for establishing partnerships with local trusted networks of faith-based and community partners for the purposes of planning and implementing interventions to reach priority populations.
- Increase knowledge of how to implement action steps that include strategies and practices to successfully reach vulnerable, at-risk, and minority populations through faith community and public health partnerships.

Project Goal and History 2009 - Present

Build and mobilize capacity within networks of faith-based and community organizations to demonstrate ways 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



Project Activities

- 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.

Ten Unique Multi-Sector Sites

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

Project Accomplishments 2009-Present

- **Capacity building across and beyond the 10 site network**
- **Educating and vaccinating those with limited access**
- **Evaluating and describing “what works”**
- **Developing innovations and adaptations to assure reach at the local level**

The “Reach” – Vaccination Impact

Impact	2009–10	2010–11	2011–12	2012-13
Vaccination Reach (persons)	78,708 (with partners)	13,686	15,103	16,381
		138 events	108 events	227 events
Educational Encounters (in-person individuals)	417,218	> 4710	9,570	Not counted across sites this year

Accomplishments 2012-2013

- **Sites continued outreach to vulnerable, at-risk, and minority populations with influenza prevention**
- **Conducted 4 “evaluation” activities:**
 - Model Practice Framework Development
 - Vaccine Hesitancy Focus Groups – MN
 - Successful Reach to African-Americans Case Study – Memphis, Chicago, and Detroit
 - Trust and Health Equity Clergy Conversation and Interviews – Chicago and Memphis

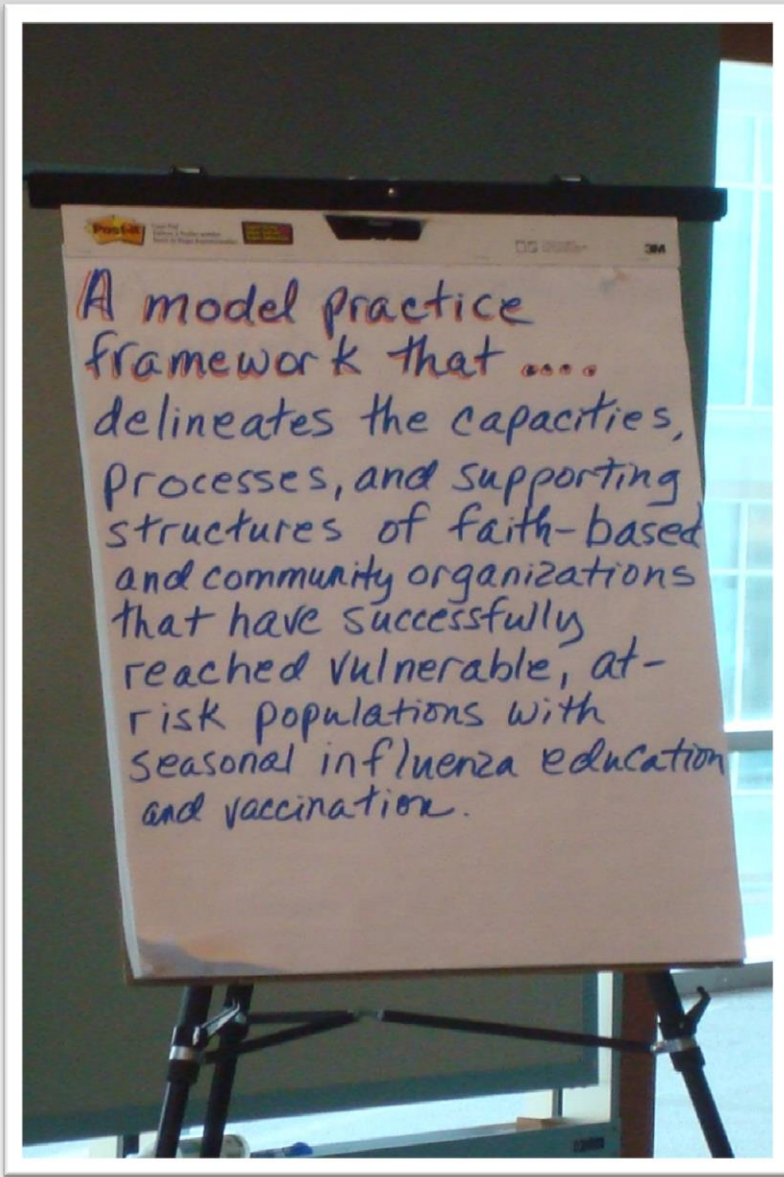
Model Practice Framework Development - *Methodology*

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)

February 28 – March 1

Four sites met in person here to identify the *key elements and distinctive characteristics of those elements* of faith-based and community organizations' efforts that have successfully reached vulnerable, at-risk, and minority populations with influenza education and vaccination.



Model Practice Framework Development – *Essential Elements*

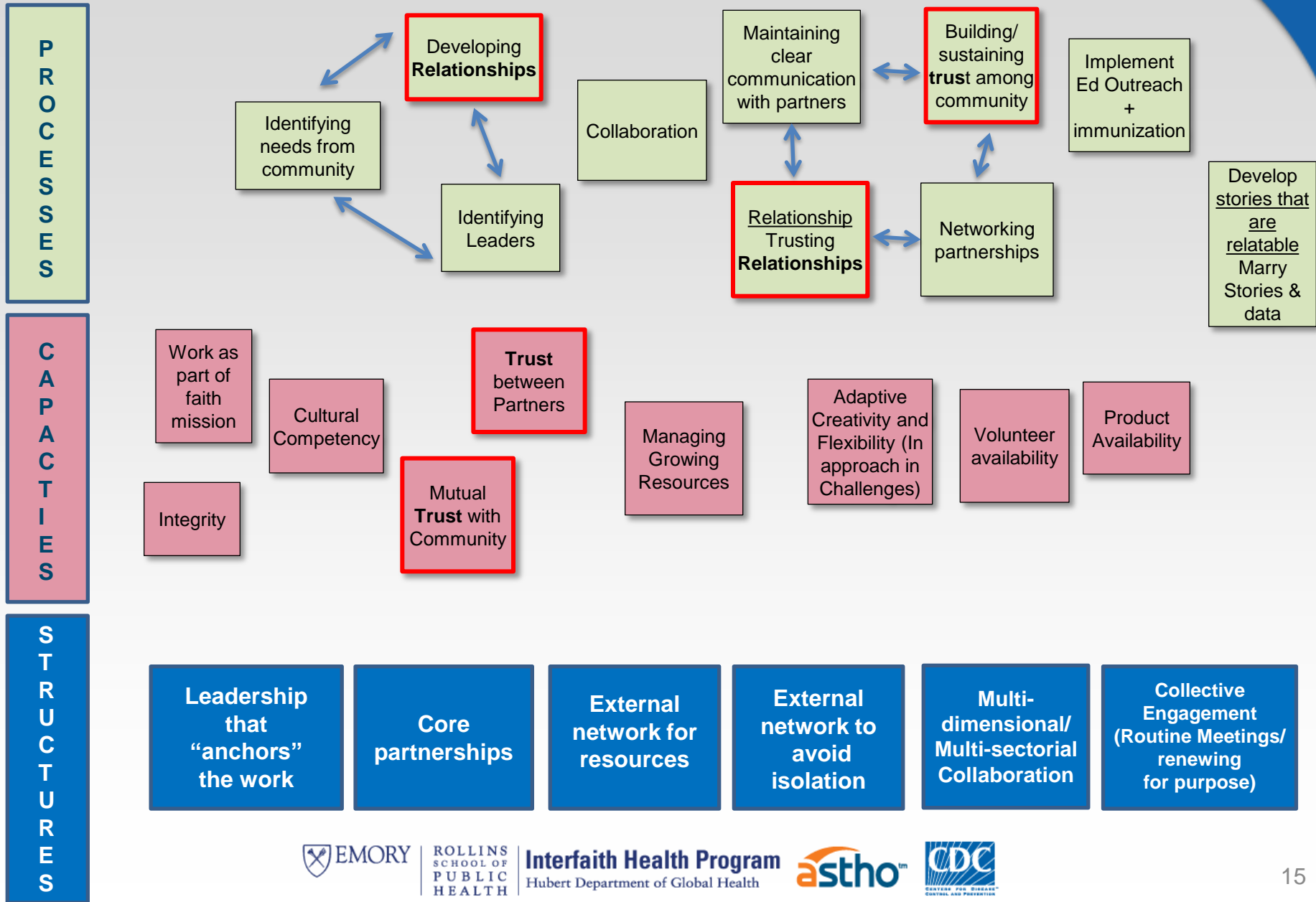
Processes

1) Developing relationships

- Trading utility. Not utilitarian. Real relationships, quality to the relationship that is significant.
 - Willing to push the envelope because of the relationship.
 - Both win in building relationship FOR community. Not just getting what we want, getting what we both want while winning for community.
 - Don't play politics, integrity, how we do things versus what we do.
 - Reliable, fidelity to relationship is paramount.
 - Invite many people to the table. Overtime some will fall away but ones who really care about core of work will stay
- One on ones. Go into neighborhoods. Use brokers. (Grassroots)
 - For high-level folks, we throw out big net (Public health)
 - People don't just trust the organization, but trust ME.
 - Provide points of power in that relationship. So person feels more powerful



Draft Model Practice Framework



Ifetayo Johnson

Project Healthy Living, Detroit

Since 1999 Ifetayo B. Johnson has served as the Executive Director of United Health Organization (UHO) and Project Healthy Living.

She is an activist in the Healthy Cities movement and has directed several community projects focused on disease prevention and health and wellness promotion.

During Project Healthy Living, Johnson coordinates the delivery of free and low-cost health screenings to over 15,000 participants in seven Michigan counties annually. In recent years, she has been a national presenter on preventative health, health disparities, influenza, and childhood obesity prevention.



Kay Jones

Schuylkill VISION, PA

Kay Jones is one of the founding members of the Interfaith Health Network of Schuylkill County.

At present she is the Executive Director of Schuylkill County's VISION, a capacity building nonprofit emphasizing health, education, conservation and the arts.

She is a Commissioned Health Minister in the United Church of Christ.



Essential Elements -- *Trust*

Trust between partners

Definition: the capacity to build relationships where each partner has a clear understanding of their responsibilities

- Commitment between partners need to be clearly defined
- Deeply engage the community as partners on all decision making levels
- Keep commitment and don't over promise
- Be passionate about your shared agenda
- Serve as a portal/transfer of trust

Trusting relationships

Definition: The process by which a safe space, resources are created where faith can be openly revealed, integrity assumed and respect of differences elevated for the development of a team that focuses on the good of the people

- Appreciation of how faith impacts work from diverse perspectives
- Holistic vision - spirituality in health
- Takes time to build trust - listen and not sell
- Let community leaders know they are most important

Essential Elements -- *Relationships*

Relationship Building

Definition: Relationship building within communities requires mutuality, personal and corporate integrity, inclusivity and a commitment to the sharing of power

- Identify trusted brokers
- Individual and organizational commitment
- Shared risk/burden
- Enact a deep, caring, sustainable partnership that addresses multi-dimensional issues of how we live, work, and play

Maintaining relationships

Definition: providing a context and on-going environment that supports and sustains inclusivity, engagement, and transparent/equitable sharing. Focus on building continuity of relationships, building on existing networks of trust and access, facilitated by trusted liaisons that are knowledgeable and culturally sensitive.

- Be there before, during, and after
- Tell the 'stories'
- Share resources
- Focus on relationship instead of 'titles'

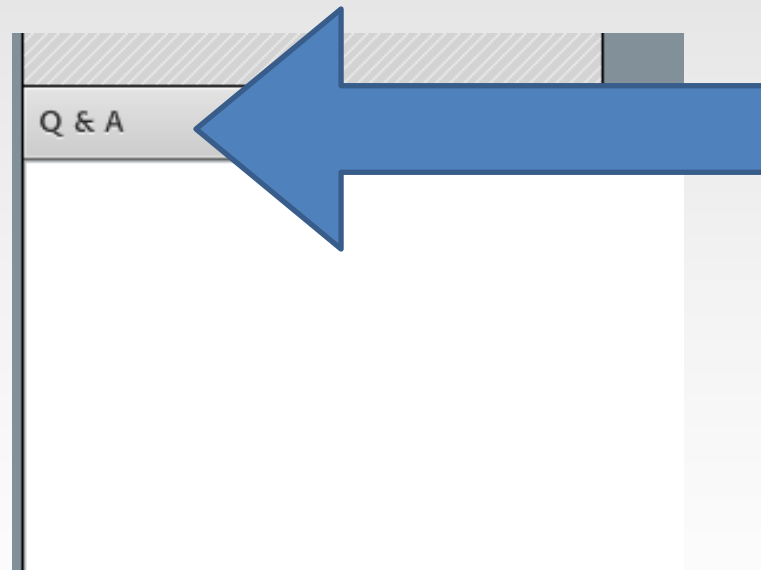
Summary Points

- **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 to the people**
- **Successful engagement requires *time* and *structures* for ongoing communication and partnership *relationship* building**

Questions and Answers

Instructions

- If you haven't already, be sure to submit your questions via the Q&A pod on at the bottom of your screen



Thanks to participants, panelists, and co-sponsors!

- Follow up – evaluation survey, PowerPoint, and archive of webinar available at:
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