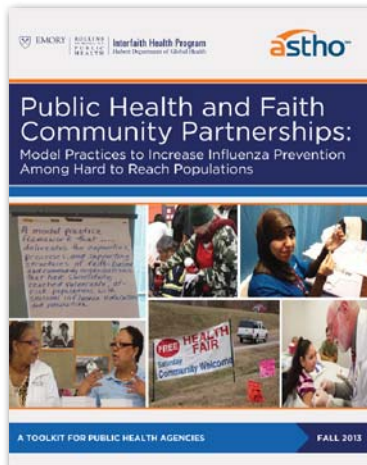


THE CURRENT

CONNECTING FAITH AND HEALTH

Public Health and Faith Community Partnerships



IHP, in partnership with the Association of State and Territorial Health Officials (ASTHO), is publishing a resource guide and toolkit, *Public Health and Faith Community Partnerships: Model Practices to Increase Influenza Prevention Among Hard to Reach Populations*.

The Model Practices Framework provides strategies to identify and engage faith-based organizations as partners in community health promotion and disease prevention outreach. Designed for both public health and religious leaders, the aims of the guide are to contribute to partnership-building capacity and to enhance the ability of public health to reduce the spread of influenza.

Increasingly, public health agencies recognize the importance of working collaboratively with non-traditional partners. The guide contains a set of model practices commonly employed across a network of ten diverse health, faith, and community based organizations that reached large numbers of vulnerable, at-risk, hard to reach, and minority populations with influenza prevention services. These seasoned practitioners have worked with IHP and ASTHO to describe community-based practices that uniquely engage the social structural and leadership strengths of faith-based organizations.

For those whose work includes partnership building or community outreach in a public health agency or health care organization, the guide is designed to assist in strengthening collaborative relationships with faith-based organizations and to ensure optimum success in building new ones. For those who work as part of a faith-based organization that collaborates with public health and health care organizations, the guide is designed to strengthen successful partnerships and to help identify the unique capacities the faith community can contribute to achieving public health goals.

The resource guide will be available for download in early 2014. If you would like to be notified when the guide has been published, please **contact us**.

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A Tribute to Reverend Christopher Benjamin Peter

By Sandra L. Thurman, Director, Interfaith Health Program



Our good friend and colleague, Reverend C.B. Peter, Lecturer in Theology at St. Paul's University in Limuru, Kenya, passed away August 23, 2013. I have had the privilege of working with many extraordinary people in my life . . . Presidents, Nobel Prize winners, diplomats, distinguished scientists, and scholars in many disciplines . . . but rarely have I worked with anyone who is as difficult to describe as Reverend CB Peter. He was truly extraordinary!

CB will be remembered for his humor, his uncanny ability to connect with students and colleagues, his wisdom and brilliance served up in jokes and parables, and references from the most obscure Old Testament scholars to his favorite science fiction writer, Stephen King.

His deep and abiding faith was lived out in so many ways, most notably in how he made people laugh. He could use humor to coax almost anyone into a discussion of the most controversial and uncomfortable issues and eventually lead them to at least consider their beliefs or assumptions from a slightly different perspective.

There was, however, never an ounce of piety or judgment in the way CB encouraged a dialogue. His respect and acceptance of all humankind, people from all walks of life, was a testament to his commitment to equality, social justice, and human rights deeply rooted in his Christian tradition.

The thriving partnership between Saint Paul's University in Limuru, Kenya and the Interfaith Health Program could not have been possible without Reverend Peter's thoughtful and patient leadership and hard work. He has become part of our family at Rollins and he will be greatly missed.

During his last trip to Atlanta, Reverend Peter visited the museum dedicated to one of his greatest heroes, Dr. Martin Luther King, Jr., who one remarked: "Everybody can be great, because anybody can serve. You don't have to have a college degree to serve. You don't have to make your subject and your verb agree to serve. You only need a heart full of grace, a soul generated by love".

CB served God and humanity with grace and love and he will live on in our hearts and minds with every story and joke we retell . . . and laugh out loud.

IHP's Mission

Established to actively promote the health and well-being of individuals and communities who face health disparities, the Interfaith Health Program (IHP) brings together a diverse community of scholars and public health practitioners to assure access to health programs and services.

Through alliances with national and global partners, IHP facilitates collaboration, provides training, builds networks, conducts research, and implements programs that improve the health and wellness of communities around the world.

IHP's work is rooted in respect for diverse religious beliefs and practices, justice, and human rights for all people.

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FIND IHP ON FACEBOOK

THIS NEWSLETTER IS PUBLISHED BY:



Rev. Canon Gideon Byamugisha Speaks at Emory



On Friday, October 18, IHP hosted a conversation with the Rev. Canon Gideon Byamugisha on “**How Speaking Up and Standing Up Can Help Change the World.**”

Gideon Byamugisha is a priest in the Anglican Church of Uganda. His public witness of support and compassion for all people living with HIV/AIDS has helped to shape the global church’s best responses to the epidemic.

Gideon found out he was HIV positive in April 1991, soon after his wife became ill. Within a matter of weeks she was dead. His colleagues were largely supportive but pleaded with Gideon to keep his infection a secret. He refused, becoming the first known religious leader in Africa to publicly declare his HIV-positive status.

It took a decade for Gideon’s singular decision to grow into a broader response, but in 2002, forty-two other religious leaders added their voices to his to found INERELA+: the International Network of Religious Leaders Living with or Personally Affected by HIV/AIDS. Those voices number in the thousands today and represent a powerful social movement to replace stigma and discrimination with compassion and comprehensive education.

To view the photos or video, visit: <http://ihpemory.org/2013/10/10/how-speaking-up-and-standing-up-can-help-change-the-world/>

Wesley Health Ministry Symposium



The 15th Annual Health Ministry Symposium was held September 12-13, 2013 in San Antonio, Texas. The Health Ministry Symposium is designed to:

- Increase awareness of current and future issues, as well as trends, in faith community health ministry.
- Promote excellence in faith community health ministry and reinforce its impact on multicultural communities.
- Inspire, nurture and rejuvenate health ministry providers through sharing of ideas and networking with speakers and attendees.

IHP’s Mimi Kiser was a keynote speaker whose topic was “**Habits of Seeing: A New Lens to Self and Community Well-Being.**”

To download Dr. Kiser’s presentation, visit: <http://ihpemory.org/2013/09/20/wesley-nurse-health-ministry-symposium/>

IHP Activities

2013 HRSA Tri-Regional Summit

UMC Meeting on the ACA and Global Health

Community of Scholars Reception

Religion and Ethics Lecture Series

Religion and Public Health Roundtable Series

Health Ministry Association Conference Keynote

Public Health Ethics Club Ethics Dinner

Reception for Kenyan Minister of Health

Presentation at Queer Eats and Queeries

Committee on Community and Diversity

Collaboration with IRHAP and UCT 2014 Health Systems Performance

Global Field Experience Brown Bag Presentations

Global Health Teaching

VISIT [IHPEMORY.ORG](http://ihpemory.org) FOR MORE INFORMATION ABOUT IHP’S UPCOMING EVENTS

Developing the Picture

This summer, IHP sponsored an Emory student, Emily Griswold, to work in collaboration with the Christian Health Association of Kenya. This project grows out of the 2012 PEPFAR consultation. Emily writes about her experience:

“What did I do today? Well, I made a glorious spreadsheet . . .” This was perhaps not the response my parents expected when they imagined me doing field work in Kenya. Getting my hands dirty, meeting dozens of children at every turn, and getting sunburnt were probably more what they had in mind. But my time at CHAK was no less valuable for all the “luxuries” I had at my disposal: talented and knowledgeable coworkers, clean databases, great food, and (mostly) reliable electricity.

One of the important tasks a public health practitioner must tackle is developing a picture of the health system in a given country. How it works, who uses it, how is it funded, that sort of thing. This is often done from afar through national reports and databases. For me, I spent many hours learning about the different ways data from HIV/AIDS programs are reported. Contrary to being dry and procedural, this was a little like detective work—my goal was to trace information from a facility up to the national level across several different reports. Where were the proverbial apples and oranges? What’s an apple, anyway? Who said what? When? What did they have to do in order to say “x”? This process helped me learn about the strengths of different data sets and gave me insight into how they could be compared, or even improved.

A major help to me in this was the quality of CHAK’s systems and the skill of its employees. We were able to work together to tell a story about how everything fit together, what could be trusted, and why. A key strength of their programs is their focus on accurate and reliable data. This was made clear in the training sessions I attended for Kenyan health workers, who learned how to use data to improve their programs. I was also able to see it in action during my field work, where I conducted interviews and focus groups at three hospitals in different parts of Kenya. Clients and staff shared their experiences with me about the HIV programs and the relationships between and among patient, health worker, and institution. It is clear that CHAK’s programs are excellent -- services are provided with a caring, compassionate focus on the human needs of patients. This attitude was often framed as intricately tied up in the faith-based background of the hospital, which was itself bound to the goal of providing quality services. One does not cause the other, but for many people the link between them, both today and historically, is inextricable.

How faith-based services compare to others in Kenya is a question that is still unanswered. But the perception that there are benefits to the faith-based approach is common. Even where it’s not, the commitment to serving the needs of Kenyans with HIV is undeniably strong. I was proud to see it in action.



ABOUT THE AUTHOR:

Emily Griswold is an MPH Candidate 2014 in Global Health at the Rollins School of Public Health

A Shared Mission

This summer, IHP sponsored an Emory student, Whitney Williams, to work with the Mukuru on the Move team on an ongoing IHP initiative. Whitney writes about her experience:

The 8 weeks I spent becoming part of the Mukuru on the Move team proved richer and more fulfilling than I could have imagined.

We spent the majority of our time together preparing for a series of participatory workshops in partnership with Lea Toto, an organization that provides comprehensive care and psychosocial support services to approximately 8,000 children and adolescents living with or affected by HIV in 6 informal settlements in Nairobi. Each day consisted of a series of activities to prepare for the workshops including role plays, meetings, and debrief sessions. Role plays allowed facilitators to practice and adjust the curriculum as well as allowed all team members to offer constructive feedback to facilitators. These activities helped us understand the aims of the curriculum so we were all well versed in what each exercise aimed to accomplish. We clarified objectives and addressed challenges through daily meetings, discussions, and debrief sessions. My Emory colleagues and I quickly learned that our Kenyan colleagues highly valued full and active team member participation -- I have vivid memories of sitting in our offices for hours until we reached a consensus. This approach to conflict resolution and objective clarification revealed to me that consensus and team solidarity are largely built through time and a shared mission. While it was sometimes hard to sit and resolve conflicts as a team, I do think we were stronger for it.

By the end of the summer, we conducted two workshops with 22 adolescent Lea Toto patients and one workshop with leaders of community organizations. Responses from Lea Toto staff on the workshop outcomes were overwhelmingly positive. Lea Toto staff members were impressed by the participatory nature of the workshops: how they engaged youth and sought to understand their perceptions of community resources as well as their needs and knowledge related to HIV. They noted how empowering an experience this could be for youth. They seemed excited and impressed by the possibilities.

I am so blessed to become part of the Mukuru on the Move team over the summer. While I miss the morning prayers preparing us for the day’s work and uniting us as we departed for home at the end of the day, I appreciate that my professional relationship with the team didn’t end after I left Mukuru and for the opportunity to continue working with them to analyze the results from the workshops and strategize next steps in their partnership with Lea Toto. I am so grateful for the ability to stay involved in this project and the opportunity to continue building the relationships I formed with my team members. I thank my team members for their love, patience, kindness, humor, insights, and hard work.



ABOUT THE AUTHOR:

Whitney Williams is an MPH Candidate 2014 at the Rollins School of Public Health

IHP Stands In Solidarity with LGBT Students



Emory's Candler School of Theology recently bestowed a Distinguished Alumni Award on Reverend Eddie Fox.

In response to this decision, the Interfaith Health Program chooses to stand in solidarity with lesbian, gay, bisexual, and transgender students (LGBT) and allies at Candler just as we do with our LGBT partners and friends and their allies who are part of diverse religious traditions in the United States and around the world.

We are eager to be part of ongoing efforts to build a community at Emory characterized by inclusion, access, and equity for all people. IHP's Sandra Thurman and John Blevins have both written responses in relation to Candler's decision.

To read those responses, along with responses from Candler's LGBT student group and other community members, visit: <http://ihpememory.org/2013/12/16/ihp-stands-in-solidarity-with-lgbt-students/>

AIDS Legacy Series: Interview with Congressman John Lewis



“If we are to have a major effort to put an end to AIDS and have a society — national, worldwide — that is free of AIDS, then we all must participate in this battle. None of us can be conscientious objectors in this war or in this battle.”

On November 26, 2013, IHP Director, Sandra Thurman, interviewed Congressman John Lewis as part of the AIDS Legacy series capturing the extraordinary history of the AIDS movement. Following are Congressman Lewis' comments:

“Not any of us can stand on the sidelines. We all must be in the arena and fight the good fight – that means our government and governmental organizations, non-profit groups, worldwide organizations like the United Nations and others. It's OK to declare, and it's good, that we have worldwide AIDS day – you've got to reward it with a day of celebration or a day of pausing and saying what we must do . . . but we've got to do something every single day. **Every single day.**

We've got to do more than wearing a ribbon or a pin if we're going to have healing in our national community and our world community. Business, yes. Stars, yes. But leaders -- political leaders, religious leaders, the media, educators -- we all must be engaged in this fight. Not any of us, not one of us, can afford to stand on the sidelines . . . and we can win this battle.

I travel a great deal all over America. I've traveled to different parts of the world and I've seen the impact of AIDS on families, on little children, left to struggle and struggle alone because of AIDS, and we all must be engaged.

Leaders must lead. Leaders must get out front.

We must create the climate, the environment, so not a single person feels they're in this battle all alone.”

To view Congressman Lewis' interview in its entirety, visit <http://ihpememory.org/2013/12/02/interview-with-congressman-john-lewis/>



The IHP Public/Private Partnership



The Interfaith Health Program continues its second year of activities in partnership with the Centers for Disease Control and Prevention (CDC) Division of Global HIV/AIDS Public-Private Partnership (PPP) initiative to build programmatic, capacity-building, sustainability, and technical assistance initiatives with faith-based organizations providing HIV prevention, treatment, and support services.

In the second year, the IHP PPP is focused on these five priorities:

- 1 **Increase understanding of the contributions of FBOs to comprehensive HIV prevention, treatment and support:**
 - *Describe the scope of faith-based health systems to HIV prevention, treatment, and support:* In the 2013 project year, the IHP PPP developed a framework describing the contributions of faith-based health systems to country-level HIV prevention, treatment, and support services in Kenya. This year, the IHP PPP will identify another country for carrying out a similar descriptive analysis, using the same framework.
 - *Describe the contributions of faith-based organizations in addressing the broader social forces that contribute to HIV vulnerability:* Faith-based organizations offer distinctive contributions to sustainable efforts to address social forces and disparities that leave some communities more vulnerable to HIV infection and/or disease progression. The IHP PPP will work to research and document these contributions.
- 2 **Expand FB partnership networks:** These networks will span international, national, regional, and local levels and reach a broad spectrum of religious leaders from across religious traditions.
- 3 **Improve collaborations in resource-poor settings:** Working with its Kenyan partners, the IHP PPP will implement health asset mapping in seven informal settlements around Nairobi to respond to the particular needs of HIV-positive adolescents related to sexual health, education, and economic opportunities.
- 4 **Provide leadership development initiatives for current and future generations of leaders in undertaking HIV policy advocacy:** The IHP PPP will implement an Executive Leadership Institute to build networks between religious leaders and leaders from government and civil society to support advocacy and strategic planning.
- 5 **Build organizational and programmatic capacity of faith-based organizations:**
 - *Mentorship across the Christian Health Association Platform:* Working with the Secretariat of the Christian Health Association Platform, the IHP PPP will provide a mentorship framework in which a smaller Christian Health Association will work with the Christian Health Association of Kenya to strengthen administrative and programmatic structures.
 - *Building partnerships between faith-based organizations, civil society organizations, and HIV treatment programs in local communities:* Local organizations are an important resource for psychosocial services but partnerships between these organizations and health facilities can be difficult to establish. Through a community institute, the IHP PPP will establish local teams representing these institutions in communities in Kenya to create a holistic model of clinical and psychosocial treatment that can help people living with HIV stay in care.

IHP Services

Focused on our abiding interest in building a movement for faith and public health, IHP staff offer the following services:

- Serve as consultants with educational institutions, social service agencies, foundations, denominations, and faith groups
- Convene meetings and conferences, tapping our database of a broad interfaith spectrum of leaders and organizations which are the backbone of faith and health work
- Present workshops and participate in forums
- Write reports, articles, and books for publication
- Facilitate networking and referrals
- Conduct training workshops and seminars on various faith and health topics, including:
 - Inter-religious literacy
 - Alignment of assets to address health disparities
 - Religion and adolescent sexual health
 - Leadership development for faith and health

To discuss IHP providing any of these services for your organization, please Contact Us