Public Health and Faith Community Partnerships: Model Practices

April 29, 2014
Emory University, Rollins School of Public Health
Welcome to the Webinar!

Moderator: Connie Jorstad
Director of Emerging Infections at ASTHO, the Association of State and Territorial Health Officials

Project Overview: Mimi Kiser
Emory University, Rollins School of Public Health, Interfaith Health Program

These activities have received support from the HHS Center for Faith-Based and Neighborhood Partnerships and funding from the Centers for Disease Control and Prevention Cooperative Agreement to Improve the Nation’s Public Health Infrastructure with State Public Health Agencies/Systems (Cooperative Agreement #U50/CCU313903-05).
**Webinar Logistics and Reminders**

- This event is occurring during a meeting here at Emory and is a live, online webcast!

- Today’s session has been approved for 1.5 Entry and Advanced-level 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). This session also has been approved for 1.5 CPH Renewal Credits by the National Board of Public Health Examiners. Additional information available at the conclusion of the webinar.

- You may submit any questions throughout the webinar via the Adobe Connect Q&A pod at the bottom of your screen.

- The PowerPoint for the webinar and an archive of it will be available for download after the webinar at [www.ihpemory.org](http://www.ihpemory.org)
Webinar Objectives

To . . .

- Describe the characteristics of faith-based and community organizations likely to be strong partners in reaching hard-to-reach, vulnerable, at-risk, and minority populations.

- Describe effective strategies for establishing and/or strengthening partnerships between public health and local trusted networks of faith-based and community partners for the purposes of planning and implementing interventions to reach priority populations.
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
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
Project Accomplishments 2009-Present

• Developing innovations and adaptations to assure reach at the local level

• Evaluating and describing “what works”
  - Model Practices Framework and the toolkit

• Educating and vaccinating those with limited access

• Capacity building across and beyond the 10 site network
## The “Reach” – Vaccination Impact

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<tr>
<td>Vaccination Reach (persons)</td>
<td>78,708 (with partners)</td>
<td>13,686</td>
<td>15,103</td>
<td>16,381</td>
<td>19,430</td>
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<td>138 events</td>
<td>108 events</td>
<td>227 events</td>
<td>268 events</td>
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Evaluation Accomplishments: 2012-2013

Conducted four “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)
- Multi-site in-person meeting to define and describe operational components of the practices
Model Practice Framework Development
Model Practices Framework: Four Core Drivers

- Inclusivity
- Trust in Community
- Compassion Driven Flexibility
- Faith Mission as Core Driver
Model Practices Framework: Five Processes

1. Identify Trusted Leaders
2. Collaboration That Endures
3. Build and Maintain Trust
4. Keep Relationships and Presence Paramount
5. Marry Stories with Data
Model Practices Framework: Infrastructure

Leadership Anchors the Work
Volunteers as Groundwork
Circle of Core Partners
Network Connections
Multisectoral Collaboration
Model Practices Framework:

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Interfaith Health Program
Rollins School of Public Health
Emory University
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
Wisdom from the Field: Panelists

Chicago
Kirsten Peachey and Shirley Fleming,
Center for Faith and Community Health Transformation

Minnesota
Pat Peterson, MINI – Minnesota Immunization Network Initiative, Fairview Health Services

Pennsylvania
Kay Jones, Schuylkill County VISION

Lowell, Massachusetts
Molyka Tieng, Lowell Community Health Center
Model Practices: *Wisdom from the Field*

**Topic areas and questions for panelists:**

1. Initial steps in forming partnerships, particularly the ones that have endured and successfully address community health priorities

2. Strategies that work to reach hard-to-reach groups (culture, race, income, citizen status, “the healthy”, etc.)

3. Experiences with effective communication methods -- social media, innovative technology, or … ?

4. What are the challenges in faith-based and public health partnerships? What barriers have you experienced and how have you addressed or overcome them?
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
Thanks to participants, panelists, and co-sponsors!

- Follow up – PowerPoint, toolkit, toolkit evaluation survey, and archive of webinar available at: www.ihpemory.org
- Continuing Education
SOPHE Continuing Education

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  o Webinar CECH/CPH Fees:
    ▪ $ 18.00 for National SOPHE members
    ▪ $ 36.00 for non-members