



EMORY

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HEALTH

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Interfaith Health Program  
Hubert Department of Global Health

# Model Practice: Network Connections

## Schuylkill County's VISION

Presented by Kay Jones, Executive Director

### Core Partners

- PA Department of Health, Schuylkill Health Center
- Diakon Social Ministries
- Schuylkill Emergency Agency
- Penn State, Schuylkill Campus
- Schuylkill Interfaith Health Network



# ACCOMPLISHMENTS

## Objective 1: Develop an IHP Web Forum Topic: Systems Theory & Practice

### Outcomes:

- Created an opportunity for further leadership learning across the sites by developing a web posting to elicit comments on how systems thinking is being effectively used by participants.
- Developed an initial content posting and 4 additional expansions including examples from my own experiences
- Examples and stories were produced in a network-wide conference call featuring case scenarios of how systems work was being used by several of the sites
- Overall there were 90 online views to the Forum postings
- Additional resources were suggested and posted by site participants on the web-based IHP Forum



# ACCOMPLISHMENTS (CONTINUED)

## Objective 2: Contact faith group leaders to understand their health programming and interests in the Model Practices partnership framework

- Used connections both within our Emory group and from our local network in the Schuylkill County Interfaith Health Network to develop a list of national faith group leaders who are active in the health program work of their faith groups.
- Conducted structured phone interviews with 8 leaders to learn what programs were available through their faith group and to build awareness of the Model Practices
- Every leader was interested in learning more and participating in a conference call with Mimi and myself.
- Coordinated and facilitated a conference call with 7 representatives from national groups and IHP
- The leaders are interested in incorporating the MP and partnerships with public health into their work.
- Created a summary of the work being done in each faith group for future learning together (see handout)



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# CHALLENGES

## **The web-based Forum for network learning and capacity building**

- Minimal responses and activity occurred in the online Forum, but site representatives were very engaged in the conference call discussion

## **National religious organization engagement**

- Significant differences in the organizational structures across different religious groups
- Communication, roles, and contact points vary significantly across different religious groups
- Next steps for engaging religious group leaders/groups

# CAPACITIES

## Capacities involved:

- Organizational commitment to foster collaborations that align resources for the good of communities
- Capacity to listen deeply, inquire sincerely and respect differences and the distinctive strengths of partners
- Commitment to openness and ongoing learning that enables flexible responsiveness to priority community needs
- Ability to adapt to cultural differences and changing resources



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# OPPORTUNITIES

## Understanding the value of *the faith community as partners to public health*:

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

## Understanding the value of *public health partnerships for faith communities*:

1. Increased availability of resources such as accurate information and health intervention services
2. Increased opportunities to strengthen and expand work through collaboration





# QUESTIONS FOR DISCUSSION

1. What more would you like to know about this site's work?
2. How would the sites in this network want to build further engagement with national religious bodies and their health programs?
3. Let's discuss how best to frame the value-added of public health as a partner to the faith community.

