

## The Center for Faith and Community Health Transformation, Chicago, Illinois

The Center for Faith and Community Health Transformation (The Center) was formed to create health equity by building community, nurturing leaders and connecting with the unique spirit power of faith communities to promote social justice and abundant life for all. The Center is a joint initiative of Advocate Health Care and the Office for Community Engagement and Neighborhood Health Partnerships at the University of Illinois at Chicago (UIC). Since 2009, The Center has worked with a broad range of partners and colleagues in the faith and health movement to explore deeper ways of addressing the health disparities that affect many of our communities.



### Model Practice in Action

### Bridging Faith and Science to Promote Health Equity

Often interactions between public health and faith-based settings are transactional: Here's what I can do for you. What can you do for me? Prevailing models of faith-based health also often assume that health partners have important information about health and well-being and that faith communities are good places to receive that teaching.

The Center believes that faith wisdom should be on an equal footing with scientific wisdom and that building relationships across disciplines is where transformation begins.

Over the course of several years, The Center has led conversations and qualitative research activities with faith and health leaders about trust as a barrier for getting vaccinated for flu in the African American community. During the last two years, a more structured approach to listening has been conducted in focus groups, interviews, and surveys – all around trust and the role of trusted messengers. Intentionally learning from each discipline has created a deeper understanding of what drives mistrust around flu vaccine and has expanded the vision for what good flu prevention includes. Findings from our study showed that faith leaders identify poverty and social stress as more critical barriers than trust in preventing people from getting a flu shot. They also want their members to be educated about options available to them, but not to be influenced, instructed or manipulated. The pastors want their members get accurate information and to be able to ask questions so they could be stewards of their own healthcare decision-making. Finally, faith leaders want to frame flu vaccination within larger messages of love of self as made in the image of God and love of neighbor as necessary for everyone's health and well-being.

Health leaders also value these approaches, but they do not articulate them in this way. Health leaders are also often beholden to delivery targets for grants, accountabilities for outcomes, and a more narrow understanding of health and the human person so their thinking and messaging tends to reflect these constraints. Accessing the wisdom of faith leaders brings in another critical dimension of health promotion.



### What Does it Take?

**The following describes how to identify religious leaders and how to engage them as equal partners.**

- Be proactive in getting to know faith leaders. Set up one-to-one and small group conversations. Go out to their location. Don't choose only the high profile leaders. Many faith leaders in small settings are doing fascinating work and have deep wisdom to share.
- Find faith leaders who coordinate networks of other clergy and ask to come to a meeting. Reach out through the administrative structure of religious bodies. Most faith leaders rely on active lay people to carry out the work. If you find someone who works with a health ministry or wellness council, ask for an introduction.
- Privilege the perspective of faith leaders. Acknowledge that faith leaders will have a different take and that it is equally important to the public health perspective.
- Ask questions. What do you see that I wouldn't be able to see from my perspective? What do you have to teach me about this issue? What would be helpful for you to know from my perspective?
- Be very intentional about seeking an interfaith perspective. Different faith traditions see things in very different ways.
- Working with a "cultural broker" who can help you understand the community and gain entry can be helpful. "Gatekeepers" are at community organizations, homeless shelters, taskforces, churches, hospitals, nonprofits, etc. Ask program leaders at these places to make a connection.

## Environment Context and Barriers to Success

The Immunization Initiative is a statewide network of service providers in Illinois who work on increasing immunization rates to prevent diseases across the lifespan. The Immunization Initiative identified low vaccination rates in African American communities as a high need for intervention and trust in the health care system as a chief driver of vaccination decision-making. Even though people are affected by flu, when communities face violence and the daily wear and tear of getting by, it can be difficult to generate a sense of urgency about influenza prevention.

## Key Results or Implications of Success

The Center has hosted focus groups between faith and health leaders in multiple settings and across religious traditions. These focus groups led to the creation of a messaging campaign with materials and resources that reflect the wisdom and perspective of faith leaders and are influencing strategy for outreach on flu to the African American communities. These materials provide examples that support the Model Practices framework, particularly where it addresses trust.

## Program Impact

Faith and health leaders are learning about each other's languages and perspectives and are building relationships that allow for mutual resourcing and partnership. For example, this project has been foundational to the development of the MegaFaith Meets MegaScience collaborative that brings together faith and science leaders from five major academic health systems (Northwestern, University of Chicago, University of Illinois at Chicago, Advocate Health System and Rush Presbyterian St. Luke) to share their wisdom and forge closer working relationships to impact the health of medically underserved minority communities.

## Lessons Learned

Mistrust is an issue in vaccine hesitancy. Indeed, faith leaders have their own biases and reticence to get immunized for flu. Flu vaccine hesitancy in disadvantaged African American communities seem to be related to issues beyond access—trusted messengers/faith leader mistrust of the health system, mistrust of vaccine and public health messaging and social factors (stress, poverty, etc.). Clearly trust is a complex issue and is not the only reason that rates of vaccination are low in these communities.

“Building relationships across disciplines is where transformation begins”

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