



EMORY

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Interfaith Health Program  
Hubert Department of Global Health

# Moving Faith and Health into the Mainstream

## IHP Colorado Springs

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### Core Partners

- Penrose–St. Francis Health Services: Mission Outreach
- University of Colorado-Colorado Springs: Bethel School of Nursing
- Walgreens
- Colorado Springs Fire Department: Community Outreach
- El Paso County Public Health



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# ACCOMPLISHMENTS

## Objective: Enhance capacity for access to influenza vaccinations and health care access through increased partnerships in the Pikes Peak Region

- Health Care Educational Partners
  - Clinic participants surveyed: 34% had no insurance, 44% insured with no vaccine coverage and 22% insured (mostly Medicaid).
  - Yearly increase in including insurance enrollment through Connect 4 Health Colorado.
  - Changing need to address the underinsured as well as the uninsured.
  - Incremental increase in educational providers with documented follow-up appointments for further screening.
- Clinic outreach
  - **2014:** 16 clinics-1065 vaccinations; **2015:** 22 clinics-1215 vaccinations; **2016:** 31 clinics-1376 vaccinations
  - Targeted population is homeless and low income at social ministry sites, diverse low-income churches, and additional low-income neighborhoods.
  - Outreach and training for 2 clinics in diverse groups in Pueblo, Colorado.



# ACCOMPLISHMENTS (CONTINUED)

**Objective: Provide faith and health educational opportunities for clergy and public health, with focus on changing health outcomes for vulnerable and at risk populations**

- Four clergy conferences per year with an average of 30 in attendance at each conference.
- IHP partners identified a group, to include new and current partners, that identified vulnerable poverty areas of Colorado Springs resulting in state grant opportunities.
- IHP partners present the Emory Model Toolkit for Faith and Health nationally at APHA, Westberg, ANCC Nursing Magnet Conference and HMA.



# Model Practices

## Collaborations that Endure

The COS IHP collaboration has developed a unique ability to be separate yet integrated. Each partner has created an intentionality to its faith-based, community health role and adjusted to national, as well as local, changes in health care practice. Examples:

- Separate practices: Community Center Collaborative (CCC), PSF Neighborhood Nurse Centers, spirituality in physician practices, Healthy Communities Collaborative, Pikes Peak Flu and Immunization Coalition.
- Integrated: Flu clinics with Faith Community Nurses, students and partnering agencies

## Building and Maintaining Trust

Each partner, along with the agencies represented, has built trusted relationships in the community that overlap and build upon the trust of each member. One agency alone cannot maintain both the faith and health networks required to facilitate needed change.

Examples:

- Walgreens, Colorado Springs Fire Department provide additional staffing and vaccine at clinics
- Emory grants incorporate faith, community and public health initiatives due exclusively to COS IHP such as the Build Health Initiative in SE Colorado Springs.

## Relationships and Presence as Paramount

The relationships the partners have in the community are critical at all tables having discussions that can potentially affect change for our identified populations. This is an opportunity to present key components of the Model Practices Toolkit and IHP.

Examples:

- Local, regional and national Faith Community Nursing groups
- Community Health Needs Assessment processes with hospital system and health department.

# OPPORTUNITIES

## **Connect 4 Health Colorado (ACA) Enrollment Alignment with Fall Flu Clinics**

- Host enrollment events by lead marketing and provide flu shots as part of the event.
- Expand to Healthy Church Initiative partners for enrollment and vaccinations events as ministry to their neighborhoods.

## **Faith and Health Conferences**

- Continue to expand clergy events to include public health issues, such as pandemics and/or disaster roles while providing opportunities for congregations/FBO to include public health presence.
- Readiness for any vaccine or public health related crisis.
- Provide faith and health education opportunities in public health arenas.

## **Faith Community Nursing**

- Enhance the Faith Community Nurse practice beyond congregational models.
- Foundation classes
- Community health nursing roles



# CHALLENGES

- Adapting to changing environments
  - Public health staff turnover: There is a constant need to reintroduce and train on the integration of faith and health. It is more than engaging churches in a health role. *“Faith needs the language of health in order to understand how it applies to life; health needs the language of faith in order to find its larger context, its meaning.” Gary Gunderson*
  - ACA: Changing and identifying the population needing access.
  - Organizational and job changes for partners.
  - Ability to adapt quickly, in clinic settings, to volunteer staff and evolving client needs.
- Determining opportunity priorities
  - Presentations, grants, publications, etc. take time that does not always fit neatly into the “regular” jobs of the core partners.



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