EMORY | ROLLINS SCHOOL OF PUBLIC HEALTH | Interfaith Health Program
Hubert Department of Global Health

Title Robert Wood Johnson Foundation Grant Results Report

Author Susan G. Parker, Robert Wood Johnson Foundation

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Location N/A

Background This document summarizes activities carried out by the Interfaith Health Program with funding from the Robert Wood Johnson Foundation (RWJF). Because RWJF provided funding for IHP for over a decade, this summary document offers an outstanding overview of IHP's history and activities from the early 1990s to the early 2000s.

THE PROJECT
The Interfaith Health Program

GRANTEE
The Carter Center (Atlanta, Ga.)
Establishment of the Interfaith Health Resources Center—Phase One
(06/01/1992 to 05/31/1996)
Development of the Interfaith Health Program – Phase Two
(05/01/1996 to 10/31/1999)

GRANTEE
Emory University, Rollins School of Public Health (Atlanta, Ga.)
Interfaith Health Program
(02/01/2000 to 08/31/2000)
Interfaith Health Program — Phase III
(05/01/2000 to 09/30/2002)

Contact
Rev. Gary Gunderson, D.Min.
(404) 727-5246
ggunder@emory.edu

WEB SITE
www.ihpnet.org

EXECUTIVE SUMMARY

In 1992, the Carter Center of Emory University launched the Interfaith Health Program, which brought together religious groups, religious foundations and public health organizations to find ways that the religious community could respond to community health problems. The Robert Wood Johnson Foundation (RWJF) provided $3.4 million in core funding over the program's first decade. The program raised additional funds for both general operations and specific projects from numerous sources, including the Georgia Department of Public Health ($200,000), the John Templeton Foundation ($200,000), the Pew Charitable Trusts ($97,500) and the W.K. Kellogg Foundation ($50,000).

The Problem. Low-income families in inner cities and rural areas have limited access to health promotion and disease prevention programs. In many such communities, the local church is one of the few remaining institutions that still commands the trust of the residents, and it often serves not only as a house of worship but also as a locus of concerned action, service and support on behalf of troubled and needy families. The Carter Center's involvement in this problem began with a 1989 symposium, "The Church's Challenge in Health," funded RWJF (ID# 013861) and the Wheat Ridge Foundation, a Lutheran charity.

RWJF Context. RWJF has long supported efforts to involve religious organizations in tapping into their congregations to respond to health needs. Its largest effort *is Faith in Action*, which has supported more than 1,000 interfaith organizations in enlisting volunteers to provide personal care services like shopping, transportation and home visits to people of all ages with chronic illnesses. See the National Program Report on Faith in Action and *www.faithinaction.org* for more information. RWJF program staff believed the interfaith concept could be extended to community-wide health education efforts, and hoped to foster alliances between the faith community and public health agencies.

The Project. RWJF's support encompassed three phases of the Interfaith Health Program's development. Phase One (ID# 019394) focused on collecting and disseminating information about church-related health promotion activities and on providing technical assistance for such activities. Phase Two (ID#s 027580 and 037830) fostered local collaboratives between faith and health leaders and build a consortium of theological and public health schools. RWJF transferred the program from the Carter Center to Emory's Rollins School of Public Health. Phase Three (ID# 038890) focused on building the program's institutional relationship with the Rollins School of Public Health and finding new funding as RWJF support came to a close.

Results. In its first decade, the Interfaith Health Program accomplished the following:

- Established a Best Practice Center to collect and disseminate information on faith-health collaborations. Its Web site, *www.ihpnet.org*, contains a searchable database of 464 initiatives.
- Spearheaded a youth firearm violence initiative.
- Established faith-health collaboratives in six regions (South Carolina; Los Angeles; Portland, Ore.; Oakland, Calif.; Dallas and Atlanta).
- Formed a consortium of theological and pubic health schools in five cities (Pittsburgh; San Francisco/Oakland; Columbia, S.C.; Atlanta and St. Louis).

- Provided technical assistance to some 30 foundations formed from the sale of religious hospitals.
- Created the Institute for Public Health Collaborations, under a cooperative agreement with the federal Centers for Disease Control and Prevention (CDC), to train local faith-health teams to address health disparities.

Project Lessons. The project director offered five lessons for the field. For full text, see Project Lessons.

1. Community change requires a long-term commitment and local funders.
2. While data collection is important, it should not be allowed to distract from efforts to build a movement of people and organizations that will sustain the work.
3. When undertaking collaborations it is important to understand what the partner needs to survive as a structure — and it is not just money. "If you go slow about understanding who you are engaging you can go much faster once you start," the project director said.
4. Academics and community leaders benefit when they collaborate.
5. When attempting a new approach, such as faith and health collaborations, it is important to find ways to communicate what was accomplished and learned.

Communications. In 1997, Fortress Press published a book by the project director, Rev. Gary Gunderson, *Deeply Woven Roots*, about using the strengths of congregations in working toward public health goals. The program also maintained a Web site (*www.ihpnet.org*) and published a periodic newsletter, *Faith & Health*. See the Bibliography for details of these and other communications activities.

Post-Grant. The federal Department of Health and Human Services has chosen the Interfaith Health Program as one of 21 intermediaries for its Compassion Capital Fund, which provides funding and technical assistance to local faith-based organizations working in health. The program recruited nine religious hospital conversion foundations to commit $1.5 million in matching money for the initiative, and it will serve as national clearinghouse and technical assistance provider to the organizations the local foundations choose to support.

THE PROBLEM

Low-income families in inner cities and rural areas have limited access to health promotion and disease prevention programs. In many such communities, the local church is one of the few remaining institutions that still commands the trust of the residents, and it often serves not only as a house of worship but also as a locus of concerned action, service and support on behalf of troubled and needy families. In 1989, the Carter Center of Emory University conducted a symposium, "The Church's Challenge in Health," funded by RWJF (ID# 013861) and the Wheat Ridge Foundation, a Lutheran charity. The conference explored new ways to involve faith groups in building healthy lives. At the close of the conference, participants requested that the Carter Center develop a continuing forum to exchange and promote health-oriented activities among religious groups.

The Carter Center, founded by former President Jimmy Carter and First Lady Rosalynn Carter, has been active since 1984 in efforts to help close the gap between the health status of the poor and minorities and society at large. The Carter Center had also participated in a study of the potential for church-based health education to help meet the goals of the U.S. Public Health Service's Healthy People 2000 project. It has received a number of other RWJF grants

RWJF CONTEXT

RWJF has long viewed congregations and other faith groups as potential resources for encouraging better health behaviors among community residents. In 1983, it launched its *Interfaith Volunteer Caregivers Program* in 25 communities. A successor program, *Faith in Action*, has offered funding and training to more than 1,000 interfaith organizations around the country. Faith in Action programs enlist volunteers to provide personal care services such as shopping, transportation and home visits to people of all ages with chronic illnesses. For more information see *www.faithinaction.org* and the National Program Report on Faith in Action. RWJF staff believed the interfaith concept embodied in Faith in Action could be extended beyond the provision of informal personal care services to encompass community-wide health education efforts. They also hoped to foster alliances between the faith community and public health agencies, two domains whose interaction was usually limited to crisis response efforts.

THE PROJECT

In 1992, RWJF funded the creation of the Interfaith Health Resources Center, later renamed the Interfaith Health Program, with the first of four grants that spanned the program's first decade of operation. The program, housed first at the Carter Center of Emory University and later transferred to the university's Rollins School of Public Health, had as its mission to "seek new ways to more fully involve faith groups in building healthy lives for all people by reducing

unnecessary suffering; preventing disease, disability and premature death; and improving the quality of life."

The program raised additional funds for both general operations and specific projects from numerous sources, including the Georgia Department of Public Health ($200,000), the John Templeton Foundation ($200,000), the Pew Charitable Trusts ($97,500) and the W.K. Kellogg Foundation ($50,000). RWJF provided core support covering three phases of the program's development.

Phase One (ID# 019394)

The initial objectives of the program included the collection and dissemination of information about church-related health promotion activities, technical assistance for faith groups pursuing such activities, and efforts to promote interdisciplinary training among the fields of ministry, nursing and public health. The initial data-gathering process evolved into a field study in which program personnel held 20 meetings in cities around the country with leaders of religious and public health organizations. The meetings identified opportunities and barriers to mobilizing faith groups into effective partnerships and helped program staff develop relationships with clergy and public health officials who were collaborating on health-related initiatives. The program also worked with national organizations in both the faith and public health fields — including the American Public Health Association, the Health Ministries Association, the National Interfaith Alliance Against Substance Abuse, and the Center for Substance Abuse Prevention — to encourage involvement in collaborative efforts between the two.

Results of Phase One (ID# 019394)

During this phase, the program achieved the following results:

- **The program set up a Best Practice Center, collecting and disseminating information on models of collaboration between religious and public health organizations as well as lessons learned.** Program staff identified and profiled 464 cases of church-based health initiatives. Dissemination efforts included a newsletter; a Web site (www.ihpnet.org) that includes a searchable database of these initiatives; articles; presentations and workshops.
- **A pilot project in Atlanta trained lay health promoters from congregations.** With project funding from the Pew Charitable Trusts, the program established three networks of 12 to 20 congregations each. Lay leaders from each congregation worked with faculty from the Emory School of Nursing to design a training curriculum for developing health programs in their congregations. Project outcomes included both provision of individual health services (blood pressure checks, nutrition consultation) and collaborations by the networks, such as an

effort to get a local emergency response center to focus more on community wellness, including adolescent health.

- **The program spearheaded a youth firearm violence initiative.** Prompted in part by concerns raised at its regional meetings, the program organized a conference on youth violence, funded by the Carnegie Corporation. The result was the Carter Center's "Not Even One" project, based on the premise that no child should be harmed by firearm violence. The project operated in three regions — the Los Angeles area, New Mexico, and Atlanta — where it gathered and analyzed data on the circumstances surrounding each injury and death of a child caused by firearms.

Phase Two (ID#s 027580 and 037830)

The traditional focus of the faith community's health efforts has been providing services to individuals and families. For its second grant (ID# 027580), the program set as its challenge expanding that focus to address the health of entire communities. In addition to maintaining the Best Practice Center, program staff proposed to work intensively in three of the 20 cities it studied in Phase One to help local leaders address public health issues. It also planned to form an academic consortium of seminaries and public health schools that would develop interdisciplinary curricula to train leaders in the faith and health fields.

In late 1999, the program moved from the Carter Center to Emory University's Rollins School of Public Health. The move increased the program's integration with other Emory departments as well as its accessibility to potential community partners. RWJF's third grant (ID# 037830) transferred the remaining funds from the previous grant to the Rollins School.

Results of Phase Two (ID#s 027580 and 037830)

- **The program established "Whole Communities Collaboratives" in six regions to promote partnerships among religious organizations, public health agencies and nonprofit organizations in order to improve community-wide health outcomes.** The sites chosen were South Carolina; Los Angeles; Portland, Ore.; Oakland, Calif.; Dallas and Atlanta. (The Atlanta effort grew out of the Phase One activities there.) Program staff and consultants provided training and other consultative services to local leaders. The results proved disappointing, according to the project director. In most of the sites, the hospitals and public health organizations faced other pressures that distracted them from focusing on the project.
- **The program formed the Faith and Health Consortium, an academic collaboration linking theological and public health schools in five cities (Pittsburgh; San Francisco/Oakland; Columbia, S.C.; Atlanta and St. Louis).** The consortium, partially

funded with a $200,000 seed grant from the John Templeton Foundation, developed interdisciplinary curricula on faith and health issues and carried out educational projects that involved religious groups and the community. Among the accomplishments were:

- In Atlanta, the project developed two interdisciplinary courses that examined the intersection of faith and community health and were offered by Emory University's School of Theology, Public Health and Nursing.
- In Oakland, Calif., second-year seminarians at the Graduate Theological Union spend a year working with congregations in neighborhoods where the University of California at Berkeley School of Public Health is doing fieldwork.
- Faculty at St. Louis University School of Public Health provided evaluation assistance to three new foundations created as the result of sales of religious hospitals.

- **Program staff consulted on a state-funded project to involve congregations in teen pregnancy and youth development initiatives.** With a $200,000 grant from the Georgia Department of Public Health, program staff held a series of meetings between religious leaders and public health officials aimed at bridging differences over the department's efforts to prevent teen pregnancy.
- **Program staff worked with some 30 foundations formed from the sale of religious hospitals.** Assistance included helping the foundations focus their missions on public health, improving accountability, and building connections with other actors, such as the federal Centers for Disease Control.

Phase Three (ID# 038890)

The final RWJF grant (ID# 038890) focused on building the Program's institutional relationship with the Rollins School of Public Health and finding new funding as RWJF support came to a close. A primary objective for this phase was training and networking support for clergy, denominational staff, interfaith coalition officials, evaluation experts, health professionals and staff at religious hospital conversion foundations.

Results of Phase Three (ID# 038890)

- **The program established a three-year cooperative agreement with the federal Centers for Disease Control and Prevention (CDC) to create the Institute for Public Health and Faith Collaborations.** The purpose of the Institute is to train local teams, which include leaders of both faith and public health communities, to develop collaborative projects that address racial, ethnic, social, economic and geographic disparities in health. Program staff assembled a group of public health, religious and community leaders to design a four-day curriculum for the Institute. The first Institute training program was held in September 2002. CDC provides $375,000 per year to fund the Institute.

PROJECT LESSONS

1. **Community change requires a long-term commitment and local funders.** Establishing and maintaining relationships among religious organizations, public health and hospitals depends on local funders that see the value of collaboration and are willing to support its development over the long term. (Project Director).
2. **While data collection is important, it should not be allowed to distract from efforts to build a movement of people and organizations that will sustain the work.** The Program's anti-violence initiative put too much emphasis on gathering data about youth violence, and not enough on organizing responses and building capacity to address the problem. (Project Director).
3. **When undertaking collaborations it is important to understand what the partner needs to survive as a structure — it is not just money.** In working with different organizations, people sometimes believe that simply addressing financial concerns will pave the way to a successful collaboration. But it is also necessary to understand what gives the organization its meaning and vitality and make sure those areas are acknowledged and addressed. For example, a department of public health's reputation as providers of impeccable science may be critical to those who work there. If a congregation understands that, members may better respond to a public health department's need to collect data and conduct studies on the effectiveness of a collaboration. "If you go slow about understanding who you are engaging you can go much faster once you start," the project director said. (Project Director).
4. **Academics and community leaders benefit when they collaborate.** Academics can ground their research in real-life issues facing communities and community leaders can benefit from conceptualizing their work in a broader theoretical framework. (Project Director).
5. **When attempting a new approach, such as faith and health collaborations, it is important to find ways to communicate what was accomplished and learned.** Such communication can extend an initiative's influence. (Project Director).

COMMUNICATIONS

In 1997, Fortress Press published a book by the project director about using the strengths of congregations in working toward public health goals. The book, *Deeply Woven Roots,* is now used in about 40 seminaries as a textbook, according to the project director. The Program also maintained a Web site (www.ihpnet.org) and published a periodic newsletter, *Faith & Health,* and staff members wrote book chapters, articles and reports. The program held regular conferences and workshops for faith and health collaborations. See the Bibliography for details.

POST GRANT

The federal Department of Health and Human Services has chosen the Interfaith Health Program as one of 21 intermediaries for its Compassion Capital Fund, which provides funding and technical assistance to local faith-based organizations working in health. The program recruited nine religious hospital conversion foundations to commit $1.5 million in matching money for the initiative, and it will serve as national clearinghouse and technical assistance provider to the organizations the local foundations choose to support.

Report Prepared by: Susan G. Parker
Reviewed by: Robert Narus and Molly McKaughan
Program Officer: Terrance Keenan

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KEYWORDS (FOR WEB SEARCHING)

019394, 027580, 037830, 038890
Goal Group: Access
Goal Group: Health & Well Being
Team: vulnerable populations
Taxonomy: Vulnerable populations, public health leadership and capacity
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