United Health Organization

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Core Partners
• Henry Ford Health System Faith Community Nursing Network (FCNN)
• Urban Health Resource
• Covenant Community Care
• National Association of Health Service Executives
• Detroit Medical Society
Objective 1: To Increase knowledge about and access to the Model Practices Framework in Metro Detroit
• Henry Ford Health System Faith Community Nursing Network (FCNN) consists of nurses and health ministry leaders from 21 Detroit area churches. FCNN represents a potential reach of over 4500 congregants in predominantly African American communities. FCNN received training in the use of the Public Health and Faith Community: Model Practices to Increase Influenza Prevention Among Hard-to-Reach Populations website with an emphasis on the identification and development of the Trusted Leader and building Network Connections.

Objective 2: To increase health education and flu immunization outreach to at-risk populations primarily through faith-based organizations (FBO) and community based organizations (CBO) in metropolitan Detroit.
• Four flu clinics in churches vaccinating approximately 62 African American adults, the distribution of 300 Walgreen flu vaccination vouchers, six health education presentations to approximately 750 participants focused on vaccinations, Influenza, Ebola, health care enrollment and use of the Affordable Care Act and healthy lifestyle choices. Nine of the churches reported increased health activities due to partnering through network connections such as aerobics, nutrition and health education classes and other health activities.
ACCOMPLISHMENTS (CONTINUED)

Objective 3: To increase partnership and network capacity.

Expanded our partnership capacity with:
- Black Family Development
- Black Women’s Health Imperative
- Care Harbor Mobile Clinic
- Center for Urban Higher Education
- Covenant Community Care
- Detroit Medical Society, American Medical Association
- Fifth Third Bank
- First Responders 4 Fitness
- Henry Ford Health System Faith Community Nursing Network (FCNN)
- Improving Minority Wellness & Equity for Life Fellowship
- Michigan Chapter of the National Kidney Foundation
- Michigan Diabetes Prevention Network
- National Association of Health Service Executives
- Urban Health Resource
- Women of Evangelical Lutheran Church in America
CHALLENGES

• The FCNN group went on summer hiatus before we could conduct the posttest to measure outcomes.

• We chose to change our major funding activity this year to our financial detriment. This has limited some of our outreach capacity.

• One of our key staff members retired taking a wealth of organizational history and knowledge and significantly increasing the work load for the remaining staff.
CAPACITIES

• **Leadership Anchors the Network**
  – As a trusted entity in Detroit we often serve as the “glue” that binds networks together. We have been able to help bring together and lead discussions around collaboration and utilization of the Model Practices Framework.

• **Volunteers as Groundwork**
  – Our extensive network of volunteers and years of using volunteers as our core workforce help us provide insight on ways our partners could recruit, effectively use, value and show their appreciation for their volunteers. As an embedded partner, we provide gentle encouragement to the volunteers and feedback to our partners about how they are being perceived by their volunteers. This allows the partners to take corrective action where needed, prevent unnecessary dissension among the group, and provide direction and accolades resulting in higher volunteer retention.

• **Network Connections**
  – UHO has spent a large part of this year serving as the conduit for various groups in our network to connect to each other, providing support, and filling in services where needed. For example, because it was difficult to set up immunization clinics this year, vouchers from Walgreens were distributed to interested FBOs. UHO assisted churches in finding sources for immunizations in the area and several had one of the UHO partners come in to provide vaccine on site.
• Serving as the trusted conduit to connect network partners to each other in a manner that facilitates easy access between organizations that can supply information and populations needing that information. This is especially important as it relates to trusting the source of emergent health issues -- becoming a trusted source for information about the Ebola “outbreak” and being a source for health screening to several churches, UHO has been able to bring in partners like the Breast and Cervical Cancer Control Program which was then able to provide Breast Cancer education to the women of the church.

• Shaping the strategy and design of the IM-WEL2 Initiative (Improving Minority Wellness & Equity for Life) Fellowship Program in Detroit that will train FBOs and CBOs to increase Medicaid enrollment and encourage the use of preventive health services and the appropriate use of health care among Medicaid enrollees.

• Developing a network of churches, health ministries and pastors to share successful health strategies, health education and emergency preparedness. The Pastors’ Council has held several local conferences that now include health as a major topic -- how health issues impact both the pastors and their congregations. The pastors then share strategies and ways to bring classes and other resources to their churches – including mini clinics, diabetes prevention, aerobic classes, nutrition classes, urban gardening, emergency preparedness, support groups and much more. UHO serves as a point of contact to connect churches with partners who can supply many of these services.
Pastor at New Calvary getting Blood pressure before flu shot

Waiting for flu shot

New Cavalry Health Fair and Flu Clinic

Flu clinic at Citadel Church

Discussion on immunizations

ACA Education

Healthy Cooking demo

Henry Ford Community Nurse Network Training
QUESTIONS FOR DISCUSSION

1. What more would you like to know about this site’s work?

2. UHO, like other organizations in this network, functions as an intermediary that acts as a conduit across organizations and relationships to ensure health resources are distributed more equitably. Your organization is free standing and embedded in the community. Is this an advantage? How does public health recognize and support the UHO’s in its communities?