Faith-Based and Public Health Partnerships: Reaching Vulnerable Populations

Interfaith Health Program, Rollins School of Public Health, Emory University
Centers for Disease Control and Prevention | Association of State and Territorial Health Officials (ASTHO)

By building strong partnerships across a broad range of faith-based, private, and public health organizations, we are able to reach vulnerable, at-risk, and minority populations for the prevention of seasonal and pandemic influenza.

Linking and activating these trusted community and faith-based networks makes it possible to engage a broader range of social structural factors that can impact cross-cutting, systemic barriers to health equity.

**PROJECT GOAL: EXTENDING CAPACITY FOR “REACH”**

**BUILDING ON:**
- HHS’ Center for Faith-Based and Neighborhood Partnerships work with IHP/Emory and nine sites during 2009 H1N1
- IHP/Emory with CDC (2001-2007) trained 78 teams of religious and public health leaders in 24 states to collaborate on eliminating health disparities.

**PROJECT OBJECTIVES: THREE MAIN PURPOSES**


2. Coordinate capacity building events, community outreach, and dissemination activities with partner organizations and new adopters.

3. Strengthen evaluation methods to capture population reach achievements and to describe practices to guide replication and successful future outreach endeavors.

**MULTI-SITE ACCOMPLISHMENTS**

**INFLUENZA OUTREACH AND EDUCATION**

1. Information disseminated
   - Individual educational encounters – 8000
   - Group education and training with key partners – First Ladies health luncheons and initiatives; health department community forums and trainings; and presentations at Interfaith Arkansas Alliance, APHA, and the Health Ministry Association
   - Communication through 3000 trusted networks with different mediums – e-newsletters to congregations, Family Nurse Program, FBOs, etc.
   - Community wide media – radio and TV spots reaching 35,000 southeast Asians in Lowell

2. Developed educational tools adapted for hard to reach populations:
   - Arkansas: [WWW.IMMUNIZEAR.COM/#FLUPREVENTIONTOOLKIT/C1MHS >>]
   - Chicago: [WWW.IHPEMORY.ORG/WP-CONTENT/UPLOADS/2016/06/LIVING-FAITH-LOVING-COMMUNITY-FLU-MATERIALS.PDF >>]

3. Reached primarily low income, uninsured, and minority populations
   - In Colorado Springs, 44% of 1,376 had no insurance coverage; 22% had never had a vaccination
   - Los Angeles vaccinated 6,135 people [Asian, 2,287; Hispanic, 2,270, Black, 1,553; Unknown, 34]

4. Across sites, held 205 clinics at churches, temples, mosques, fire departments, schools, community centers, food pantries, homeless shelters, malls, public housing, faith-based clinics, senior centers, Salvation Army toy site, migrant centers, and flea markets.
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OUR NETWORK
PARTNERSHIP-BUILDING WITHIN AND BEYOND THE NETWORK

TEN UNIQUE MULTI-SECTOR SITES

Webinar and Case Stories added partnership building tools:

Webinar: Public Health Reaching Out to the Faith Community: Why, How, and What Works

Case Stories:
- Volunteers as Groundwork
- Circle of Core Partners
- Partnerships to Promote Health Equity
- Faith Mission as Core Driver
- Collaboration That Endures

VIEW ALL SITE CASE STORIES BY VISITING:
www.ihpemory.org/the-network

OUR LEARNING NETWORK CHARACTERISTICS**

1. Makes possible: Mutual learning, cross fertilization, and creative adaptation of “what works”
2. Fosters: Naming and describing our capacity that underlies action gives credibility, validation, and encouragement
3. Provides: Trusted, transparent relationships in an environment that is safe and supportive
4. Enables: Diverse, multi-sector organizational participation and perspectives that expands partnership engagement and accessible resources

**Cross cutting themes identified in a 10 site organizational network analysis

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