Faith-Based Organizations

Partnerships to Reach At-Risk Populations

At-risk populations are those people most at risk of severe consequences from a public health emergency, including societal, economic, and health-related events. This fact sheet series describes populations and partnerships with which state/territorial health agencies work to reach at-risk populations. State/territorial health agencies recognize the value of working with particular populations to ensure effective messaging in reaching as many people in the community as possible. Health agencies also recognize the importance of working through different partnerships to reach myriad populations with messages and countermeasures. These fact sheets focus on the value of these partnerships and reaching diverse populations and include examples of how public health agencies have successfully done so.

Population

A faith-based organization (FBO) is any organization linked with religion, and typically delivers a variety of services to the public. These nonprofits, community organizations, and wider communities can be affiliated with, supported by, or based on a religion or religious group. One-third of American adults who volunteer learn about service opportunities through their congregation, and 72 percent of all volunteers say they attend weekly religious services.[1] About two-thirds of federally-supported residences for the elderly are operated by FBOs.[2]

Fifty-seven to 78 percent of U.S. congregations report participating in various health activities or social service delivery programs.[2] One survey of interdenominational African American clergy found that 76 percent had discussed HIV/AIDS with their congregations, and that they were supportive of other institutions addressing issues of sexuality that the clergy did not address directly.[3] Another study sampled 14 urban congregations and found that they address HIV and other health issues by sponsoring congregation-based health activities, providing resources and program support for community organizations and working with external organizations to enhance community-wide health campaigns.[4]

Partnerships

Because FBOs and houses of worship are familiar community-based institutions, they frequently succeed when outside health professionals cannot.[6] The benefits of partnerships between health departments and FBOs can include significantly increased knowledge of disease among community members, improved screening behavior and readiness to change, and reduced risks associated with disease and disease symptoms.[7] These partnerships help community groups operate and manage their programs effectively, access funding from various sources, train staff, and expand the types of social service programs in their communities.[8]

Partnerships between health departments and FBOs can advance health screening, health promotion/disease prevention, and risk-reductions work. Programs can focus on educating community members about healthy

Ten-Step Approach to Health Communications with Community- and Faith-Based Organizations (CFBOs) During Public Health Emergencies[5]

1. Incorporate health communications with CFBOs into an overarching public health strategy.
2. Assemble the appropriate health communications team.
3. Determine which factors place people at risk of disease.
4. Locate at-risk populations in the community.
5. Identify, engage, and collaborate with CFBOs that can help reach these at-risk populations.
6. Recognize and appreciate cultural beliefs and practices.
7. Work together to develop messages.
8. Use a variety of methods to convey and amplify messages.
9. Evaluate message impact and make improvements.
10. Maintain relationships with CFBOs.

lifestyle practices, providing health services and screenings, or advocating for the underserved.[8]

Partnership activities include exchanging information, working together on projects, providing services, influencing public policies, and educating individuals and families about healthy lifestyle practices.[8] One study found that activities that are less complex, are quantifiable, and can be readily identified as having been accomplished may be more likely to result in effective collaborations (for example, conducting community health events or disseminating information to the public).[7]

Such partnerships are common. In one study, 80 percent of local health departments reported partnering with faith communities.[8] Partnerships and programs can take the form of church-based health centers; church-based health promotion/disease prevention interventions; community mental health counseling and training programs; health policy initiatives; or others.[7] One study on the effectiveness of health programs in FBOs found that 55 percent of the programs were faith placed (based in a church setting), 20 percent were faith based (part of church's health ministry), and 25 percent were collaborative (combined faith placed and faith based features).[6]

Partnerships with FBOs can encompass general health promotion, or they can focus on specific disease topics, such as heart disease, weight and nutrition, breast cancer, prostate cancer, or smoking cessation.[6] In some cases, time-sensitive issues such as flu vaccination and public health emergencies are addressed.

Health departments and FBOs can work together to achieve shared goals. It is important that partnerships account for the particular features, characteristics, and dynamics of the institutional and broader community settings.[9] Other factors that may lead to successful programs include having a budget, having partner organizations that contribute financially to address community and state health objectives, and providing or coordinating direct services to clients.[7] In a scientific paper, after developing a partnership among four African American churches, a neighborhood health center, a church-based community organization, and a counseling and therapy agency, researchers noted that "in addressing patterns—such as culture, race, trust and control—common to these divergent systems, several key factors transcend the differences and make possible effective interaction. These factors include time, good communication, relationship building, and mutual respect."[3]

In Practice: Stories from the Field

The Minnesota Immunization Networking Initiative (MINI), led by Fairview Health Services (a faith-based healthcare system) is a partnership between FBOs, for-profit and nonprofit organizations, and federal and state government bodies. Their purpose is to increase influenza immunization rates among minority and uninsured populations in the greater Twin Cities area. The MINI clinics use non-traditional locations like places of worship and community fairs in order to reach their target population. Since 2007, they have utilized their partnership model to vaccinate more than 27,000 people who might not have been immunized otherwise. The Minnesota Department of Health helps to promote the clinics through its website and also works to ensure quality by giving the clinics its Mark of Excellence, which signals to the public that it is a safe and qualified place to receive a vaccine.[10]

North Dallas Shared Ministries is a cooperative effort of 52 congregations that combine resources to efficiently deliver effective and appropriate assistance to Dallas' poorest individuals and families. Inside the Children's Medical Clinic, the Children's Immunization Clinic provides vaccinations, well-child check-ups, and physicals. Vaccinations are provided to children regardless of insurance status or where they live.[12]

The Lowell Community Health Center has partnered with a local Buddhist temple to provide community health education and outreach to the growing Cambodian community in Lowell, Massachusetts. By linking spirituality and health promotion, the Cambodian health center staff partner with Buddhist monks to address smoking, as well as other public health issues including influenza prevention. Except for incense, the temple has been designated as smoke free and public service announcements about smoking directed to the Cambodian population include scenes from the temple with the monks discussing tobacco-related health issues. These initiatives have spurred a fuller partnership with the Cambodian community, as a new health center at the Cambodian Mutual Assistance Association has now received HRSA/BPHC funding. This health center offers a monk on-site with a traditional meditation center, a mental health center, and opportunities for community members to work with traditional healers.[3]

The Interfaith Health Program (IHP) at Emory University, with support from ASTHO, CDC, and HHS provides capacity building, sharing of best practices, and technical assistance on influenza and evaluation of programs to 10 diverse sites providing influenza vaccinations in FBOs. The 10 participating sites held 227 vaccination events and vaccinated 16,381 individuals during the 2012-13 influenza season. Extending the capacity of public health, many were reached through home visits and in non-traditional settings such as soup kitchens, crisis centers, temples, mosques, churches, and child care and senior centers.[11] *In addition, the partnership between IHP and ASTHO has led to the development of a toolkit for state public health agency staff to use in building and strengthening their partnerships with FBOs in their communities.*[13]

Because Montana's population is spread out geographically, health care organizations face challenges in providing services. Nine counties have no physician and 80 percent of the communities in this frontier state have fewer than 3,000 inhabitants. Love, INC (In the Name of Christ) in Bozeman, Montana, has made its mission to meet the needs of the people of Bozeman. The organization consists of 18 churches of different denominations and a total volunteer force of 900. The individuals provide transportation to healthcare, home healthcare for those returning from hospitals to very remote areas, and other services that help address health and related needs in ways that are very difficult for local providers and health clinics. Love, INC has successfully enhanced access by increasing service availability in Bozeman and serves as an example for the rest of the state.[3]

Sources

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Share Your State Or Territory's Story

ASTHO's "Have You Shared" initiative systematically collects and disseminates stories that highlight promising and useful practices and implementation strategies developed by state and territorial health agencies. If your jurisdiction has a project or program that may be of interest to other states or territories, complete a brief web form describing the story you would like to share at http://www.astho.org/Forms/HaveYouShared/. An ASTHO staff member will follow up with you for more information. A complete archive of ASTHO's state stories is available at www.astho.org/stories.