

@ HEALTH & WELL-BEING ISSUE

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FOCUS: FAITH & HEALTH

Faith & Health Partners in Health and Well-Being

Religious groups and healthcare professionals can be teammates in the fight to prevent disease and promote good health in our communities. The Rapides Foundation is working this fall to get that message out to local religious congregations and the healthcare community and to encourage partnerships between the two.

Linking faith and health is actually not a new idea. After all, many hospitals here and abroad were started by faith groups. And medical missionaries have long been providing spiritual and physical help to people around the globe.

Yet there is a growing movement across the country to blend the missions of the faith and health communities in fresh collaborations. The Foundation highlighted this movement and several examples of successful programs during a recent forum in Alexandria. Six programs were documented, ranging from an Arkansas-based cancer education program within African-American churches, to neighborhood clinics in Dallas, and a parish nurse program in south Texas.

"Melding health and faith is a way of focusing on the wholeness of people, attending to one's body, mind and spirit," said Joe Rosier, President and CEO of the Rapides Foundation. "Our faith communities can be natural facilitators in this area, as we look for new, innovative ways to deliver healthcare, especially preventive services, to people." The Foundation is prepared to assist such faith-health endeavors with funds and technical assistance, he added.

In many of the communities within the Foundation's 11-parish service area in Central Louisiana, there are few social service or healthcare organizations. Yet even the smallest community has one or more churches, and these often serve as effective centers for all types of gatherings besides worship.

"Faith communities can help instigate positive, healthy behavioral changes by virtue of their focus on individuals and concern for equity. It's something of a new role for faith communities, but one for which they are ideally suited," states Dr. William Foege, senior health policy fellow at the Carter Center in Atlanta.

The Carter Center works to build the capacity for collaboration between faith and health organizations through its six-year old Interfaith Health Program. That program also tracks the activities of faith and health coalitions around the country, noting how they are "using health strategies to guide faith-based outreach to their communities."

According to Faith and Health, a publication of the Carter Center: "There is a movement here: alive, growing, drawing in more and more of the nation's 350,000-plus houses of worship and sending out millions of their faithful who serve the full spectrum of humankind, the infants and elderly, in the name of a compassionate and loving God." How faith and healthcare can best interact and serve communities is the subject of this quarter's newsletter.

By highlighting some successful examples from around the country, we hope you will find projects of interest that inspire you to carry on the important work of community health improvement. Even the smallest congregations can participate and we welcome any and all inquiries.



Methodist Healthcare Ministries — Wesley Nurse Program



Providing a holistic approach to health and wellness services for a medically underserved population is the mission of an innovative program sponsored by Methodist Healthcare Ministries of South Texas, which is affiliated with the Methodist Church.

The Wesley Nurse Program, launched in 1998, brings health services to thousands of clients living within the multi-cultural, largely Hispanic communities of central and south Texas.

Miriam Perez Cuevas is a registered nurse who was given the task of developing, organizing and implementing the program. "Through the Bishop's office here in south Texas, the Methodist Healthcare Ministries targeted 30 different church sites they thought might benefit from initiating a health ministry. Then we hired and trained part-time nurses to staff those positions."

In the first year, the Wesley Nurse program refined its mission, built community relationships and served about 25,000 people. Today, the nurses have transitioned to full time status at the church sites, and the numbers of clients served will likely top 95,000 in 1999.

"We cover a very large geographic area. That in itself makes us unique, because we are healthcare providers who are geographically distant, but who also must work as a team," said Cuevas. "What also sets apart this faith-

We work to unleash the strength within people, so they can make their own choices.

based health program is that, from inception, the program collected client statistics, so we do have a pretty good data base, with a heavy reliance on computers for daily communication between its far-flung sites."

Another distinction of the Wesley Nurse program is its modification of the "parish nurse model" of congregational healthcare that embraces body, mind and spirit. The Wesley Nurse takes this concept a step further, adding the function of "caregiver" to its role. This difference allows the Wesley Nurse program to

meet the needs of congregations in rural settings where the lack of healthcare facilities or transportation problems are barriers to maintaining one's health.

The program defines the scope of practice for its nurses as everything that is allowable within the nurses' R.N. license. Only very basic and limited invasive procedures can be performed by the nurses, and physician advisors work with the nurses, as well.

The concept of "empowerment" rather than charity is important to the effectiveness of the Wesley nurses as they promote good health and disease prevention, said Cuevas. "We work to unleash the strength within people, so they can make their own choices. We must have faith in people that they can do this."

Though the Wesley Nurse program is unique to south Texas, Cuevas said the model could be implemented in other parts of the country. "We provide information to anyone who asks. What we are doing is helping churches that want to develop a model like ours or churches interested in developing any type of health ministry."

Building Relationships, Building a Healthier Community

To reduce the incidence of preventable diseases, health education is not enough. It's one thing to distribute health and wellness literature and make presentations to folks; it's another thing to help them change unhealthy lifestyles and learned behaviors.

A collaborative effort in New Orleans — where rates of death and disease are high — is taking aim at this issue, trying to build healthier lifestyles as it spreads compassion and trust and builds relationships within the urban community it serves. Called the Daughters of Charity Neighborhood Health Partnership, it is a project of the Archdiocese Office of Social Apostolate, Catholic Charities and Daughters of Charity Services of New Orleans.

Begun four years ago, The Health Partnership project links healthcare with social services, offering a variety of health and wellness programs in 22 schools, churches and social service centers in eight of the most underserved neighborhoods of New Orleans.

The key is getting people to come in to the centers, to take advantage of the services offered, explained David J. Ward, President/CEO of Daughters of Charity Services of New Orleans. "That's 80 percent of our challenge."

Officials in the program address this by working to build relationships within the community. "The principal intervention is relationships," said Ward. "Loving people and helping them to love themselves" is so important to the goal of changing health for the better, he said.

Reaching out, taking risks and discovering what the community wants and needs has been "real exciting," Ward added. By partnering with other agencies, churches and other community institutions for services and facilities, Daughters of Charity Services' programs are finding acceptance and success. "We are collectively imagining a healthier community. When works are good, they will grow."

In addition to the Neighborhood Health Partnership, DCS-NO is involved with many other preventive community

health services, networking with area medical centers, universities and government agencies.

Caring for the whole person — mind, body and spirit — is not a new concept for this faith-based enterprise. "Our philosophy (of Daughters of Charity) is that we are all ministers."

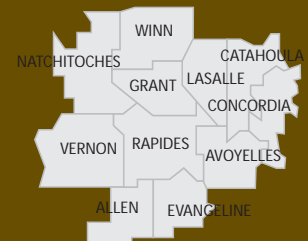


The Rapides Foundation is a philanthropic organization that provides grants to organizations throughout an 11 parish service area that share the foundation's mission to improve the health and well-being of Central Louisiana.



The Rapides Foundation

www.rapidesfoundation.org



Hope, Help and Health



“Things are changing in the way healthcare and wellness services are delivered,” said the Rev. Larry James, executive director of Central Dallas Ministries. As the head of the largest emergency assistance center in that city, running 15 social service and healthcare projects in east Dallas, Rev. James is at the forefront of that change.

One of the agency’s highly successful projects is Church Health Ministries, which includes seven community clinics, a parish nursing component and trained lay health promoters. The project had a modest start in 1990, offering people services from a small medical clinic staffed each Thursday night by two volunteer doctors, nurses and volunteers. The clinic later added the services of a pediatrician and an obstetrician-gynecologist.

“We knew we had to go beyond that,” remembers Rev. James. Three years ago, a conversation he had with a Baylor public health professional eventually led to “an incredible collaboration” that marshaled new resources and aggressively expanded the program. Church Health Ministries now partners with Baylor Healthcare Systems, Parkland Health and Hospital System, the Baylor School of Nursing, the Meadows Foundation and several neighborhood churches and non-profit organizations to deliver health and wellness services to poor urban neighborhoods. Since January 1998, more than 200 health care professionals have volunteered time in CHM clinics.

The clinics are making a documented difference in this community, Rev. James said, with fewer people in the high health risk target group using local emergency rooms.

With services that address the needs of body, mind and spirit, Central Dallas Ministries takes a holistic approach to serving clients. “We create an environment of hope, so that people can order their lives, and that will lead to improved health,” said Rev. James. “People maintain health when they can see hope on the horizon.”

The agency’s varied programs, from life skills and high-tech training to a food pantry, legal aid and kids’ summer camp, all incorporate a respect for the individual and for his/her ability to solve his/her own problems. Most of the volunteers who staff the headquarters office of Central Dallas Ministries are neighborhood residents. That builds a sense of community, empowerment and of neighbors helping one another.

“We tend to start with looking at a person’s assets, rather than his needs,” explained Rev. James. “The genesis for renewal starts with every person and in every neighborhood.”

Working toward healthier communities means thinking about interdependence rather than independence, he believes. “It’s looking at communities in a new way.” Blending the goals of faith and health is a matter of justice and “doing what is right. The time is right for this kind of new partnership.”



Grant Update:

<u>Attakapas Council Boy Scouts</u>	\$10,000	1 yr
Implementation of a character education program in three Rapides Parish schools serving economically disadvantaged children		
<u>Catahoula Parish Council on Aging</u>	10,000	1 yr
Feasibility study for the development and construction of a social model adult daycare center		
<u>Central Louisiana Area Health Education Center</u>	10,000	1 yr
To develop a health education center at an Avoyelles Parish middle school		
<u>Central Louisiana Community Foundation</u>	5,000	1 yr
To secure consultation in developing an investment framework		
<u>Central Louisiana Foundation</u>	10,000	1 yr
To develop a community-wide strategy for diversity programming implementation		
<u>City of Marksville</u>	10,000	1 yr
Matching funds for the construction of a fitness trail for older adults in collaboration with the Avoyelles Council on Aging		
<u>Extra Mile-Region IV</u>	10,000	1 yr
To implement a pilot counseling center for victims of sexual assault in Ville Platte		
<u>Family Playhouse</u>	20,000	1 yr
To provide scholarships for low-income youth and to develop a plan for organizational stability		

Grant Update:

<u>Family Playhouse</u>	\$20,000	1 yr
To support involvement of non-traditional audiences in the spring production of the King and I		
<u>Grant Parish School Board</u>	56,194	1 yr
To pilot a vocational alternative school in collaboration with the Alexandria Technical College		
<u>LaSalle Arts Council</u>	10,000	1 yr
To develop a plan for the sustainability of the Centennial Cultural Center in Olla		
<u>Legal Services of Central Louisiana</u>	36,000	2 yrs
To provide paralegal services for individuals seeking to file orders of protection		
<u>Louisiana College</u>	(max)185,000	1 yr
Incremental matching funds for the enhancement of the physical plant for the current aqua therapy program		
<u>Nolley Memorial United Methodist Church</u>	8,567	1 yr
Implementation of the Kids Hope mentoring program in Jena		
<u>Pediatric Therapy Center</u>	155,000	3 yrs
Implementation of an early intervention program for at-risk children ages 0-3		
<u>Renaissance Home</u>	10,000	1 yr
Development of a strategic plan to prioritize future opportunities for organizational involvement for this agency serving troubled adolescents		
<u>Shepherd Center</u>	20,000	1 yr
Distribution of prescription drugs for low-income and older adults		
<u>Sisterhood of Central Louisiana</u>	10,000	1 yr
Organizational and programmatic development for this organization looking to provide family support services for Persons with AIDS living in South Alexandria		
<u>Southern University Center for Wellness</u>	10,000	1 yr
To develop a diabetes intervention program for residents of Concordia Parish		
<u>United Way of Central Louisiana</u>	(max)1,500,000	3 yrs
Matching funds to individual campaign contributions		
<u>United Way of Central Louisiana</u>	75,900	18 mos
Development of a printed and on-line resource directory for health and human services in Central Louisiana		
<u>Walk by Faith</u>	10,000	1 yr
Organizational and programmatic development for this agency looking to provide counseling and support services for women coming off welfare		
<u>Winnfield Kindergarten Annex</u>	90,554	3 yrs
To continue the nurse intervention program to identify isolated three year olds in at-risk health situations		



"In church, people witness to save souls. At the Witness Project®, they witness to save lives."

That's the short description of an innovative outreach program developed in Arkansas almost 10 years ago to bring cancer education and intervention to African-American women in their churches and community centers. Importantly, the program can be adopted for women of all backgrounds.

Research shows that African-Americans have the highest overall age-adjusted rates of cancer incidence and mortality of any population group in the United States. African-American women have a lower five-year survival rate for breast cancer and a higher incidence and mortality rate for cervical cancer.

Yet minority, elderly and poor women, especially in rural areas, are less likely to practice cancer screening. Lack of knowledge, cost, transportation problems, fear and misunderstanding are among the barriers to participation in cancer screening for these groups. In Central Louisiana for example, we know that women have less of a chance of surviving breast cancer due to late detection and treatment.

To explore these problems, two health professionals affiliated with the University of Arkansas, Deborah Erwin, Ph.D., a medical anthropologist, and Thea Spatz, Ed.D., a health education specialist, initiated a research project in 1990. The success of that endeavor led to the establishment of the Witness Project®, the first program in Arkansas to target socioeconomically-disadvantaged women through African-American churches.

Cancer survivor role models "witness" to small groups of women about their personal experiences with the disease, and along with lay health advisors stress the value of early detection and treatment. Sessions demonstrate that the diagnosis of cancer is neither a death sentence nor a punishment from God.

"The Witness Project® allows women to step out and talk about cancer," said Dr. Erwin during the Rapides Foundation's recent faith and health forum. "These women who are survivors are competent messengers." Dr. Erwin is currently associate professor in the University of Arkansas for Medical Sciences division of surgical oncology and associate director for education at the Arkansas Cancer Research Center.

The educational sessions address the fears and beliefs many women hold about cancer, provide accurate information about the disease and teach about breast self-exams. Both the message and the messenger incorporate spiritual and faith components that are essential to the lives of the participants.

"The project doesn't necessarily try to change beliefs, but incorporates the women's beliefs into the presentation," explained Dr. Erwin, thereby respecting the cultural and religious views of their audiences.

The fact that the overwhelming majority of African-American women in the Arkansas Delta region attend church makes it a convenient, non-threatening site for the Witness Project® sessions. Programs are often tied in with other church activities. "It is important for the minister to endorse the program," said Dr. Erwin.

The Witness Project® has trained 150 women in Arkansas in 25 counties, and, with support from the Centers for Disease Control, has spread to 12 other states, including Louisiana (Monroe). It has received awards from the American Cancer Society, the National Cancer Institute, the Biennial Symposium on Minorities, and from sponsors of the National Breast Cancer Awareness Month.

The program has had a demonstrable effect within its target population. "We have increased mammography rates, pap tests and breast self-examinations," since the program's inception, said Dr. Erwin. "It's a cancer education and intervention program that works."

The Witness Project allows women to step out and talk about cancer.

Faith Based Health Teams Make a Difference

Add better health to better education, and the sum will be improved economic opportunity for a community.

Such an equation is behind an organization in Flint, Michigan that utilizes community and faith-based health teams to strengthen the overall well-being of the city and surrounding Genesee County.

Called Faith Access to Community Economic Development, or FACED, the non-profit agency was organized in 1992 under the auspices of Concerned Pastors for Social Action in Flint, a group whose aim was to work for social justice and related issues. There were a number of problems organizers wanted to address: poor housing conditions, job losses in the automobile manufacturing industry, lack of education, and health concerns in the low-income sector.

FACED began to work with the local health department on a children's immunization and diagnostic screening program, which had help from local churches that donated vans for transportation. The focus of this initial project was on the northwest quadrant of the city of Flint, where few medical services were available and poverty was prevalent.

The agency then launched a community-based public health initiative that featured trained, faith-based health teams and targeted a low income, largely African-American area. These teams, whose members come from within local religious congregations, have evolved since the early 90's to address such issues as smoking cessation, cardiovascular disease prevention, nutrition and specific disease screenings. Services include one-on-one support and referrals, workshops and presentations and a resource library of healthcare literature.

Program administrator Yvonne Lewis explained that the health teams are the interface between the faith community, business and local healthcare institutions. "The essence of what we do is collaboration," she said. FACED has found success networking with local colleges and universities, health associations, foundations, government health and human service



agencies and community groups.

It is important, she said, that health programs within churches be "faith-based" and not "faith-placed," meaning that the programs are only effective if the congregation is deeply involved in planning and conducting the effort.

"We're whole people — body, mind and spirit," said Lewis. She urges churches to look closer at the health of their congregations, and help them along the path to good health.

"The church must identify its commitment to leadership both within and outside the church," she added. "Don't isolate your ministries within the confines of the walls of the church."

Bridging The Health Information Gap.



Sitting in a North Carolina church one Sunday in the late 70's, John Hatch listened to the preacher read an announcement of an upcoming cancer screening program for women. Hatch was then appalled when the African-American minister scorned the effort, "I don't know why they want to bother our women with this. If you get cancer, you're going to die."

That example of misinformation within his community so troubled Hatch, then a public health academician and researcher at nearby University of North Carolina, that he felt compelled to take action. He helped spearhead the development of a church-based, lay health advocate program that gives technical health training to volunteers who then reach out to members of their communities with information about a range of issues, from hypertension and cancer to maternal and child health and more.

"We began to get human-to-human dialogue," Hatch recalls. That initial "demonstration project" in 21 churches has grown to become an institutionalized component of the Health and Human Services department of North Carolina's General Baptist State Convention, representing about 1,700 congregations. The department also sponsors cutting-edge forums on topics such as grief counseling, clergy stress management and Alzheimer's disease caregivers.

"The church is the premier organization for betterment and change within the black community," said Dr. Hatch, who is now an adjunct professor at North Carolina Central University and the William Rand Kenan Jr. Professor Emeritus at UNC Chapel Hill School of Public Health. Throughout a distinguished 35-year career in public health research and teaching, Dr. Hatch has been

involved with numerous projects that link faith and health, especially related to the African-American and rural communities. He is the immediate past moderator of the Medical Commission of the World Council of Churches, based in Geneva, Switzerland, which gave him a global perspective on health and development, especially grassroots, self-help strategies.

Hatch points out that in the United States, "so many of the things we are being disabled by now relate to lifestyle," rather than factors such as poor water, sanitation and other problems public health officials once faced.

He acknowledges that it has typically been difficult for healthcare intervention efforts to reach African-Americans -- who statistically are plagued with greater incidences of health problems such as high infant mortality rate and diabetes. "With churches, there is an existing structure, with a high level of loyalty," he explained. "One can plug healthcare education into events and activities already on the church calendar."

Though some people question why churches should get involved in health, Hatch points out there are scriptural imperatives for healthy behaviors, and that promoting good health should be a natural for congregations. "We believe this ministry helps churches do what they were already committed to doing."

Religious organizations can often be more effective and can go farther with health intervention than government agencies. Church-based health programs "say to people, 'We care about you,'" he said. "The state can't do that."

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www.rapidesfoundation.org



The Rapides Foundation's website is now online. Located at www.rapidesfoundation.org, the site provides comprehensive grant program information as well as workshop dates and application deadlines.

"Given the vast amount of information that must be made available to potential grantees as well as the general public, the Internet is a natural medium for us to utilize," says Joe Rosier, President/CEO of The Rapides Foundation. "This site makes our foundation and programs more accessible to our 11 parish service area stretching from Texas to Mississippi."

Toll-Free Foundation Number **1-800-994-3394**

The Rapides Foundation has a toll-free number for callers outside the Alexandria/Pineville area. "This is a major convenience for people contacting the foundation, especially for those grant and technical programs requiring contact with the foundation prior to submitting an application," says Allen Smart, Program Officer for The Rapides Foundation.



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