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Faith and the Public's Health

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An abstract of
A thesis submitted to the Faculty of the
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2012

Abstract

Faith and the Public's Health

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In the following thesis "Faith and the Public's Health," I detail findings from research and interviews I conducted from March 2011 through February 2012. I identified more than 70 stakeholders; conducted 16 interviews (in person and on the phone); synthesized my notes from stakeholder interviews; attended four meetings; read books, peer-reviewed journals, and internet articles; and scanned the environment in order to supplement the content for my thesis.

During the initial phase of my research, I developed the following thesis statement: "Should there be a connection between faith and the public's health in the City of Decatur, and if so, what could this relationship look like?" As I attended meetings, conducted interviews, and reviewed the literature, I discovered numerous examples of cooperation between the faith and public health communities across the country and around the world that demonstrate the value of, and need for, this connection. People are excited and motivated to work at the unique intersection of faith and public health. There are many success stories. There are barriers to overcome, but these barriers are not insurmountable. Finally, people continue to hold onto hope and work together with vision, passion, and zeal. Therefore, my conclusion is, "Yes, there should be a connection between faith and the public's health in the City of Decatur."

However, the second part of my thesis question still remains, "What could this relationship between the faith and public health communities look like?" To this end, I would like to continue my work in order to address this question. I believe it would be exciting to secure grant funding in order to conduct a feasibility study pertaining to the creation of a "City of Decatur Faith and Public Health Coalition." In exploring the opportunity to create this coalition, I would seek to engage the stakeholders listed in my original thesis proposal: City of Decatur churches, Columbia Theological Seminary, Decatur City Services, the DeKalb County Health Department, the Housing Authority of the City of Decatur, Decatur Cooperative Ministry, Decatur Emergency Assistance Ministry, the United Way, and others as suggested by the stakeholders engaged.

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Chapter 1: Introduction

"It is not impossible to dream of thousands of congregations working alongside public health, sharing an understanding that health is a seamless whole - physical, mental, social, spiritual - that poverty and illiteracy and addiction and prejudice and pollution and violence and hopelessness and fatalism are forms of brokenness, disease that require the deployment of both their assets in building whole, healthy communities." Dr. William Foege¹

In the following thesis "Faith and the Public's Health," I detail findings from research and interviews I conducted from March 2011 through February 2012. In Chapter 1: Introduction, I describe my motivation for writing this thesis. I provide details related to the evolution of both my thinking and my approach to writing this thesis. I also include a high-level description of my approach and an overview of the content that follows.

I am a public health practitioner with a background in Behavioral Sciences and Health Education, and I currently work in the field of Public Health Informatics. I am also following God's call to ministry. I believe God calls us to love the whole person and to engage with each person we encounter as if they were Jesus. I am committed to pursuing ministry opportunities that embody my passion for the holistic health of the community. I define this holistic approach as being concerned with the spiritual, physical, mental, emotional, and social health of individuals and the broader community. Through the combination of my academic and vocational pursuits, I have come to see a natural pairing of concern for the faith and the health of the community.

¹ Gary R. Gunderson and James R. Cochrane, *Religion and the Health of the Public: Shifting the Paradigm* (New York: Palgrave Macmillan, 2012), 102.

What I have found personally to be a natural pairing between the faith and public health communities does not necessarily represent universal thinking about this union.

For example, the authors of *Churches That Make a Difference* state,

The early twentieth century saw a bitter falling-out between fundamentalists and followers of the so-called social gospel. The division has affected the church to this day. One branch, quoting the Great Commission, claims that nothing is as important as leading individuals to a saving relationship with Jesus Christ. These Christians see evangelism as the primary task of the church. The other side points to the parable of the sheep and goats in Matthew 25:31-46. There Jesus declares to those who fail to meet people's needs, "You that are accursed, depart from me!" (v. 41). This side stresses that the calling of Christians is to care for those who are poor and to seek justice. Both sides have it partly right - but neither has the whole picture. These selective readings of Scripture and interpretations of the church's mission have led to lopsided Christianity.²

This "lopsided Christianity" tends to be more polarizing than true to God's nature. It serves to divide rather than to unite. It can blind congregations from seeing the needs of their communities. It can prohibit the faithful response to God's call.

However, as will be demonstrated, many religious communities do seek to balance the work of evangelism with social justice. I have seen how collaborating with the public health community strengthens congregations' ability to achieve this balance. I am encouraged by this collaboration and am hopeful that I will be able to bring about a positive change in my community based on the call for congregations both to evangelize and to work for social justice.

To this end, writing this thesis has given me the opportunity to explore the connection between faith and the public's health in a very personal way. I live in a city that emphasizes the role of places of worship in the community. For example, on the City of Decatur's home webpage, the motto reads, "We are a neighborly city of homes,

² Ronald Sider, Philip Olson, and Heidi Rolland Unruh, *Churches That Make a Difference* (Grand Rapids: Baker Books, 2002), 45.

schools, places of worship, a thriving business community and 18,000 residents, just east of Atlanta."³ The City of Decatur logo (see figure 1) also includes the picture of a home, a school, and a place of worship. For this reason, I wanted to learn more about the city where I live, work, and worship in relation to the connection between homes, schools, and places of worship.



Figure 1: City of Decatur Logo

Over the past year, the approach to my thesis has evolved. In March of 2011, I submitted the following in my thesis letter of intent:

Thesis Statement: From my office window, I see numerous people walking along the sidewalks or using motorized wheelchairs as they move through the neighborhood. I wonder: What services are these residents tapping into? What's working well for them? What's not? What are the gaps? What are the churches doing to fill these gaps? How could churches better collaborate to meet these needs? Are any of these residents attending worship services or other programs at any of the eight churches in the City of Decatur? Are any of the residents attending any of the programs offered by Columbia Theological Seminary, and is the seminary providing any services? As a future pastor in this part of town, I would like to be aware of the resources available to residents who are in need in order to be able to promote the use of these assets.

Thesis Proposal: I propose to assess the health-related assets within the City of Decatur, those specific to the areas surrounding Swanton Heights and Allen Wilson Terrace. In order to conduct this asset mapping, I will engage with partners such as the eight City of Decatur churches, other faith-based organizations (such as Columbia Theological Seminary), the Decatur City Services, the DeKalb County Health Department, the Housing Authority of the City of Decatur, Decatur Cooperative Ministry, Decatur Emergency Assistance Ministry, and United Way.

After interviewing the Senior Pastor and Church Moderator at my church and the Resident Service Manager at the DeKalb Housing Authority, I modified my approach. Instead of looking only at the services City of Decatur churches and other faith-based

³ City of Decatur Home Webpage, <http://www.decaturga.com/> (accessed 11/1/11).

organizations could provide to the residents of Swanton Heights and Allen Wilson Terrace, I decided to look at services being provided to the greater Decatur community as well. Due to time and resource constraints, I also moved away from conducting asset mapping and instead conducted a current state assessment. To that end, in November 2011, I modified my thesis statement to read "Should there be a connection between faith and the public's health in the City of Decatur, and if so, what could this relationship look like?"

In light of this modification, I provided the following outline to my thesis committee in November 2011:

1. What does having a connection between faith and the public's health look like?
2. What are examples of this across the country?
3. In relation to the connection between faith and the public's health, what do places of worship, nonprofit organizations, government entities, and the public health community in the City of Decatur:
 - a. think is being done well,
 - b. highlight as "promising models,"
 - c. suggest as lessons learned, and
 - d. provide as their vision for the future?
4. What are additional suggestions for future activities related to the connection between faith and the public's health?

In early 2012, I modified my approach again. Based on my research and the experience of attending four multi-disciplinary meetings, I expanded my thesis to include domestic and a few global examples related to the connection between faith and the public's health. I also modified my interview questions to the following final form:

1. What motivates you to work toward furthering the connection between faith and the public's health?
2. When done well, what does this connection look like?
3. What are potential barriers to this connection?
4. What is your vision for the future for this connection?

In addition, I moved away from looking specifically at activities within City of Decatur churches. In the end, I spent more time interviewing public health entities and non-profit organizations than I did congregational leaders from the City of Decatur. I conducted my interviews in this manner in light of my familiarity and experience within the public health and non-profit arenas as opposed to only having a few connections within City of Decatur congregations. I address these limitations in the Conclusion chapter of my thesis.

As for my approach, I identified more than 70 stakeholders; conducted 16 interviews (in person and on the phone) between April 2011 and January 2012; synthesized my notes from stakeholder interviews; attended four meetings; read books, peer-reviewed journals, and internet sites; and scanned the environment in order to supplement the content for my thesis. I assumed that I could conduct all the interviews I wanted for my thesis by working alone. My thesis would have been strengthened if I had worked within a team to conduct the interviews, as we would have been able to interview more people by allocating stakeholders across an interview team. I also assumed that I could schedule all my stakeholders prior to the end of January 2012 for interviews. Some of my key stakeholders were unable to meet during the winter holidays, and due to time constraints on my end, I will not be able to include these specific interviews as a part of my thesis. As a part of the Suggestions for Future Activities section of my thesis, I include my plan for following up with those I was unable to interview.

I have organized my thesis into the following sections:

- Introduction
- Background/Definitions
- Research and Interview Findings from different stakeholders based on the following questions:
 - What motivates you to work in the connection between faith and the public's health?

- When done well, what does this connection look like?
- What are potential barriers to this connection?
- What is your vision for the future for this connection?
- Conclusion/Summary of Key Findings/Suggestions for Future Activities

Chapter 2: Background

"We continually emphasized that the health status of our community was the responsibility of many sectors - businesses, religious institutions, community organizations, school systems, and public health agencies as well as individuals. We focused attention on successful ventures, always recognizing the success of others. We saw each encounter with a group or an individual as a recruitment opportunity for promoting public health."
 Dr. Paul J. Wiesner⁴

This chapter addresses the relevance of the study of faith and the public's health. It also defines key terms, including definitions from research literature and definitions I used in conducting my interviews.

I did not have to look far to observe the connection between the faith and the health of the community. In the City of Decatur's 2010 Strategic Plan, the city cites the progress made to date on the Athletic Facility Plan developed in 2002. This plan was established to address the recreational needs of citizens. The plan includes the following update: "Seven local organizations formed a partnership to develop a citywide athletic facility master plan. The seven organizations within this partnership were the City of Decatur, City Schools of Decatur, Decatur-DeKalb YMCA, Samuel L. Jones Boys and Girls Club, Columbia Theological Seminary, United Methodist Children's Home, and Agnes Scott College."⁵ The athletic facility represents a citywide health initiative that involves both faith-based organizations and community organizations.

At the broader community level, a 2009 article describing a study conducted by the National Association of City and County Health Officials (NACCHO), observes the

⁴ Paul J. Wiesner, "Public Health Leadership in DeKalb County," Public Health Leadership Case Study, last updated April 20, 2004 (epowell),

<http://www.uic.edu/sph/prepare/courses/ph450/resources/dekalb.html> (accessed 9/1/11).

⁵ 2010 Strategic Plan, "2010 Strategic Plan 2020: On Our Way," City of Decatur, Georgia, <http://www.decaturga.com/index.aspx?page=590> (accessed November 1, 2011), 12.

partnerships between Local Health Departments (LHDs) and faith communities.

NACCHO found "that 361 LHDs (83.1%) reported partnership activities occurring with faith-based organizations... with the overall most commonly reported activity as exchanging information (66.6%)." ⁶ This significant collaborative interaction between LHDs and faith-based organizations may well be related to activities taking place at the national level in the United States.

For example, in his first inaugural address in January 2001, President George W. Bush stated, "Some needs and hurts are so deep they will only respond to a mentor's touch or a pastor's prayer. Church and charity, synagogue and mosque lend our communities their humanity, and they will have an honored place in our plans and in our laws." ⁷ Subsequently, President Bush created the White House Office of Faith-Based and Community Initiatives. He tasked the Faith-Based and Community offices at 11 federal agencies with the following mission: "to lower the legal and institutional barriers that prevented government and faith-based groups from working as partners." ⁸

President Barack Obama has since renamed this office as the White House Office of Faith-Based and Neighborhood Partnerships. In addition to the name change, President Obama has appointed an advisory council comprised of religious and secular leaders with varying backgrounds. The Office of Faith-Based and Neighborhood Partnerships seeks to "coordinate with faith-based and community organizations on social service outreach and

⁶ Priscilla A. Barnes and Amy B. Curtis, "A National Examination of Partnerships Among Local Health Departments and Faith Communities in the United States," *Journal of Health Management Practice* 15(3) (2009): 253.

⁷ Kevin J. Flannelly, Andrew J. Weaver, and Helen P. Tannenbaum, "What Do We Know about the Effectiveness of Faith-based Health Programs?" *Southern Medical Journal* 98(12) (December 2005): 1243.

⁸ The White House, <http://georgewbush-whitehouse.archives.gov/news/releases/2008/06/20080626-20.html> (accessed 3/31/12).

will work to utilize these organizations' efforts to advance the administration's policies, with a primary focus on poverty."⁹

Spawned, no doubt, by these citywide, county-level, and national-level initiatives, I found numerous additional examples of the connection between faith and the public's health. Nearly every day, during the information-gathering phase for my thesis, I came across another article, book, initiative, or stakeholder group at the intersection of faith and the public's health. This thesis addresses a subset of the examples I encountered.

Already in my thesis, I have used the terms faith, faith communities, places of worship, congregations, churches, synagogues, mosques, faith-based organizations, communities, community organizations, neighborhood partnerships, the public's health, holistic health, and social services. In order to provide additional clarity as I describe upcoming examples, I offer the following definitions of key terms.

The term faith-based organization (FBO) may be defined generically as "a catch-all category referring to health programs designed, conducted, or supported by groups affiliated with or based in a nonsecular setting."¹⁰ In a creatively titled book chapter, "'An FB-oh?': Mapping the Etymology of the Religious Entity Engaged in Health," Jill Olivier states,

As defined in a World Council of Churches (WCC) report: The term faith-based organisations (FBO) is used here to describe a broad range of organisations influenced by faith. FBOs include: religious and religious-based organisations and networks; communities belonging to places of religious worship; specialised religious institutions and religious social service agencies; and registered and unregistered nonprofit institutions that have a religious character or mission. They might be small, grassroots organisations with simple structures and limited personnel or large, global

⁹ ABC News, <http://abcnews.go.com/Politics/President44/story?id=6806913&page=1> (accessed 3/31/12).

¹⁰ Mark J. DeHaven, Irby B. Hunter, Laura Wilder, James W. Walton, and Jarett Berry, "Health Programs in Faith-Based Organizations: Are They Effective?" *American Journal of Public Health* 94(6) (June 2004): 1030.

institutions with highly sophisticated bureaucracies, wide networks, substantial financial resources, and significant human capacity.¹¹

In addition to Olivier's definition, I will use these other terms when referring to FBOs: churches, mosques, synagogues, temples,^{12,13} parishes, fellowships,¹⁴ faith-based social service organizations, health ministries, religious foundations, and seminaries.¹⁵ I also interviewed individuals from community organizations and governmental entities that do not have a religious affiliation. These groups will be identified as "community organizations" to differentiate these secular groups from FBOs.

As for the health of the public, I will use terms related to both community-level health (i.e., the public's health) as well as individual health. For community-level health, Paul Wiesner refers to public health as the "promotion of wellness and health, policy development, surveillance, epidemiology, and broad community collaboration."¹⁶ William Foege states, "Public Health looks at illness and other risk factors in aggregate populations and comes up with wholesale solutions, such as changing the environment through water improvement or changing the resistance of the population to a certain disease through a mass immunization campaign. Its philosophical base is social justice, and its scientific base is epidemiology."¹⁷ I will use elements from both Dr. Wiesner's and Dr. Foege's definitions when referring to community-level health. As for individual

¹¹ Jill Olivier, "'An FB-oh?': Mapping the Etymology of the Religious Entity Engaged in Health," in *When Religion and Health Align: Mobilising Religious Health Assets for Transformation*, ed. James R. Cochrane, Barbara Schmid, and Teresa Cutts (South Africa: Cluster Publications, 2011), 26.

¹² Michelle C. Kegler, Sarah M. Hall, and Mimi Kiser, "Facilitators, Challenges, and Collaborative Activities in Faith and Health Partnerships to Address Health Disparities," *Health Education & Behavior* 37(5) (October 2010): 665.

¹³ Barnes, "A National Examination of Partnerships," 254.

¹⁴ Moses V. Goldmon and James T. Roberson, "Churches, Academic Institutions, and Public Health: Partnerships to Eliminate Health Disparities," *North Carolina Medical Journal* 65(6) (November/December 2004): 369.

¹⁵ Kegler, "Facilitators, Challenges, and Collaborative Activities," 667.

¹⁶ Wiesner, "Public Health Leadership in DeKalb County," (accessed 9/1/11).

¹⁷ William H. Foege, *House on Fire: The Fight to Eradicate Smallpox* (Berkeley: University of California Press, 2011), 17.

health, I will use terms related to the care of an individual patient. A doctor interacting with a patient within the healthcare setting is an example of this individual patient care. As for health leaders who are engaged at the community and individual levels as described in my research, these will include "state and local health departments, hospitals, health centers and clinics, large health systems, and area health education centers."¹⁸

During my interviews, as I discussed the definition of these key terms, the inclusion of the word "evangelism" made some of the people I was interviewing uncomfortable. I discuss this particular feedback in the upcoming chapter on "Barriers." In addition to sensitivities caused by using such words as "evangelism," I also found that people were confused when I used words and phrases not familiar to them. To that end, I often found it easier to speak of the "impact of your activities within the community" when speaking to FBOs about the public's health. In addition, I found that using the term "religious organizations" made the most sense when speaking to public health practitioners and community organizations when referring to FBOs.

¹⁸ Kegler, "Facilitators, Challenges, and Collaborative Activities," 667.

Chapter 3: Stakeholder Overview

*"One, two, three, four
Can I have a little more?
five, six, seven, eight, nine, ten, I love you.
A, B, C, D
Can I bring my friend to tea?
E, F, G, H, I, J, I love you.
All Together Now..." The Beatles¹⁹*

This chapter summarizes the 16 interviews I conducted and the four meetings I attended. Specific, relevant information from these encounters follows in later chapters. I do not include details from each of the interviews in the following chapters. For instance, I found that some of my interviews, especially those conducted early on during the information gathering phase, lent themselves more to initial fact finding and opportunities for networking as opposed to providing detailed information which would be useful in the following chapters.

In addition, as the focus for my thesis evolved and I streamlined my set of questions, some of the information gathered during earlier interviews became less relative to this revised set of questions. Nevertheless, I gained valuable experience through each of my interviews, and each interview helped me in refining the approach for my thesis. Additionally, I had not planned to attend meetings as part of the information-gathering phase for this thesis. However, I am very thankful that I was able to attend the four meetings. I garnered a great deal of information and was able to establish valuable connections.

¹⁹ All Together Now Lyrics, Sing365.com, <http://www.sing365.com/music/lyric.nsf/All-Together-Now-lyrics-The-Beatles/82CD30806717548748256BC20014F368> (accessed 2/14/12).

Table 1 shows a comprehensive list of those I interviewed. This list begins with the most recent interview and progresses backwards chronologically to the earliest interview. The table shows each person's name, title, interview date, interview type (in-person interview or phone), an overview of the stakeholder/organization, and a few highlights from the interview.

Table 1: Interviews²⁰

Name/Title; Interview Date/Type	Individual/Organization Overview	Interview Highlights
<p>1. S. Elizabeth Ford, District Health Director, DeKalb County Board of Health</p> <p>1/31/12 phone interview</p>	<p>Dr. Ford has been the District Health Director of the DeKalb County Board of Health since February 2005. Dr. Ford manages all public health programs in DeKalb County. Her focus areas include bioterrorism, health disparities, infant mortality, asthma, obesity, and nutrition.</p> <p>The Board of Health works to protect and improve the health of those who live, work and play in DeKalb County. DeKalb County's most striking characteristic is the diversity of both its communities and its people. Although the county is mostly suburban, it includes an urban area (part of the city of Atlanta) as well as rural areas. Also, DeKalb's more than 660,000 residents represent more ethnic groups than any other county in the southeastern United States. The Board of Health continually strives to meet the varied health needs of all the residents of DeKalb County. However, we know that creating</p>	<ul style="list-style-type: none"> • The DeKalb County Board of Health desires a more active role within the faith-based community. We can provide speakers to address health topics at churches, distribute a faith-based newsletter for the entire county, provide healthy recipes to churches, and staff health fairs. • How can churches work better with their members on eating healthier? Many people attend church or are in relation with those who do attend church. The impact of church members eating more healthy food could be tremendous. • Folks should start walking programs at their churches. They could walk before or after a mid-week Bible study, to avoid having to walk in

²⁰ I collected all information in Table 1 directly from public website pages, interviews, and materials I received at the interviews.

Name/Title; Interview Date/Type	Individual/Organization Overview	Interview Highlights
	<p>healthier communities involves what we all do collectively to assure the conditions in which people can be healthy. The Board of Health works with the people of DeKalb County in the following ways:</p> <ul style="list-style-type: none"> • Partnering with neighborhoods, PTAs, civic groups, faith organizations and others to improve health. • Tracking health trends so that resources can be focused on the most pressing concerns. • Raising public awareness of local health issues. • Stopping the spread of disease through education and early detection. • Providing services to help people stay well. 	<p>"their Sunday best," but get out there and exercise nonetheless! Many church properties are perfect for adding walking trails for the members!</p>
<p>2. Thomas Tewell, Executive Director, Faith Based Ministries</p> <p>1/5/12 in-person interview</p>	<p>The Rev. Dr. Thomas Tewell has served as the Senior Pastor of the Presbyterian Church in New Providence, New Jersey, the Memorial Drive Presbyterian Church in Houston, Texas and the Fifth Avenue Presbyterian Church of New York City. He resides in Atlanta, Georgia where he is the Executive Director of Faith Based Programs for the Cousins Foundation. He oversees Macedonian Ministries, a ministry of renewal in the Presbytery of Greater Atlanta, which focuses on mentoring and coaching pastors to help their congregations grow spiritually, numerically, and in their commitment to the mission of Jesus Christ in the world.</p>	<ul style="list-style-type: none"> • In order to be nurtured and supported, pastors need to be mentored, trained, encouraged in a learning community environment, and provided with the opportunities to give back to their peers. • When we take pastors to the Holy Land, we allow time for rest and reflection every day; this "down time" is a significant part of the experience. • In relation to outreach ministries, we encourage churches to pick one or two things and to do them well! Pick something your congregation is

Name/Title; Interview Date/Type	Individual/Organization Overview	Interview Highlights
		passionate about and see where God leads!
<p>3. David Addiss, Director, Children Without Worms, The Task Force for Global Health</p> <p>12/22/11 in-person interview</p>	<p>As Director of the Children Without Worms program at the Task Force for Global Health, Dr. Addiss is responsible for the overall success of the program by providing leadership and technical expertise. Prior to joining the Task Force for Global Health, Dr. Addiss was a Physician Consultant at Holos Associates, PLC in Michigan where he provided services in preventive medicine, science, and global health. In addition, Dr. Addiss taught at Kalamazoo College, where he was a Fellow at the Arcus Center for Social Justice Leadership. Dr. Addiss was also a Senior Program Officer at the Science and Spirituality Program at the Fetzer Institute in Michigan, where he was responsible for directing and planning Fetzer's research program.</p>	<ul style="list-style-type: none"> • It is hard for Christians at times to be "present" and to "wait" until what they're to do is revealed; we get so focused on The Greatest Commandments and the Great Commission that when we're not "helping," we feel uncomfortable. • There are Buddhist peace activists who do well with being present until what they're to do is revealed; this is seen in their meditation practices. This also may be attributed to the lack of doctrine promoting self-regulation and the residual sense of not always having to act. • Public health practitioners often attribute the primary value of the pastor as one who is a credible resource for delivering public health messages for them. • In this light, Public health misses out on the true value of the pastor - i.e., they can be an advocate and partner, as they are a credible, trusted resource and role model within the faith community.
<p>4. Carol Naughton, Senior Vice President, Purpose Built Communities</p>	<p>Carol Naughton helped found Purpose Built Communities in 2008. She previously served for seven years as the Executive Director of the East Lake Foundation, a neighborhood-</p>	<ul style="list-style-type: none"> • Purpose Built Communities started by doing things FOR people, and they have been moving steadily towards doing things WITH

Name/Title; Interview Date/Type	Individual/Organization Overview	Interview Highlights
11/10/11 in-person interview	<p>focused organization that developed and continues to implement a bold, innovative and successful model of community revitalization that helps families break the cycle of poverty. An expert in public/private partnerships, Ms. Naughton has crafted innovative alliances in housing and education.</p> <p>Purpose Built Communities catalyzes and accelerates holistic community revitalization across the nation. Based on lessons learned from the revitalization of Atlanta's East Lake neighborhood and other successful, holistic neighborhood revitalizations, we help local lead organizations develop the strategies and partnerships they need to effectively address all issues that trap a neighborhood and its people in intergenerational poverty.</p>	<p>people. This is a slow progression, which often feels like two steps forward, and one step back.</p> <ul style="list-style-type: none"> • They really didn't change what they did; but they changed the conversation. They presented their authentic self; shared commonalities; and showed personal frailties - often in spontaneous and unexpected ways. • At Purpose Built Communities, they all have faith, a belief in a higher power; it's their faith that sustains them personally.
5. William H. Foege 11/9/11 in-person interview (at a book signing event)	Dr. Foege, Senior Fellow at the Bill and Melinda Gates Foundation, has held a succession of distinguished positions, including Director of the Centers for Disease Control and Prevention (CDC) and Professor and Health Policy Fellow at Emory University. Before becoming Director of the CDC, he was chief of its Smallpox Eradication Program.	<ul style="list-style-type: none"> • One of the most significant connections between faith and the public's health is seen in relation to the importance of grandmothers in the lives of children orphaned when their parents die due to AIDS. The grandmothers all know who these children are, and the grandmothers are all involved in a church, a temple, a synagogue, or a mosque. • Conversely, the government doesn't have

Name/Title; Interview Date/Type	Individual/Organization Overview	Interview Highlights
		the established relationships necessary to identify these children and they don't know how to connect with them effectively.
<p>6. Suzanne D. Mason, Manager, Global Learning Programs' Emory Global Health Institute</p> <p>10/27/11 in-person interview</p>	<p>The mission of the Emory Global Health Institute is to advance Emory University's efforts to improve health around the world. Established in September 2006 as a university-wide initiative, the Emory Global Health Institute supports Emory faculty, students, and alumni in their work to find solutions to critical global health problems.</p> <p>The Emory Global Health Institute builds on Emory University's long history of highly successful global health projects and partnerships. It does this by supporting:</p> <ul style="list-style-type: none"> • Innovative global health research studies and programs • Global health training programs for students and health professionals • Global health partnerships • Global health scholarship and information sharing through symposia, speakers' series, and curriculum development 	<ul style="list-style-type: none"> • Starting in 2006, their board has representation from all the deans of Emory's schools. • Our team manages the student advisory board, which provides networking, innovative thinking, support for summer programs and projects, and hosts "dine-out" events to connect. • There are many exciting initiatives being managed by Emory students, including participation from Many Atlanta-based churches. For example, Project Atlanta has the goal of developing a business plan for a non-governmental organization for clean water sources in Haiti. This program is called Deep Springs International.
<p>7. Susan Landskroener, Project Coordinator, the Religion and Public Health Collaborative and the Interfaith Health</p>	<p>The Religion and Public Health Collaborative is informed by a broad, multivalent understanding of the dynamic relations of religion and health, the Religion and Public Health Collaborative draws together religion and theology faculty with others in the School of Public Health, the</p>	<ul style="list-style-type: none"> • The greatest need is building bridges between the faith and public health communities. • This bridge building can happen via improved communication, developing and sustaining relationships, and making

Name/Title; Interview Date/Type	Individual/Organization Overview	Interview Highlights
<p>Program, Emory University</p> <p>10/19/11 in-person interview</p>	<p>Nursing School, the Medical School and the Ethics Center. It builds on strengths in the field already well established at Emory, including the Interfaith Health program and the Faith and Health certificate, the African Religious Health Assets Program, and the study of religion and reproductive health begun by the Women's and Children's Center.</p> <p>The Interfaith Health Program (IHP) builds and nurtures broad, rich, and deep networks for learning within and across health and faith systems-local, national, and global. As participants within these rich streams of knowledge and wisdom, we discover models, technologies, tools, and visions that strengthen the abilities of health and faith communities to make Shalom. We synthesize and share these discoveries and promote change through provocative writing, inspiring presentations, life-changing training, masterful facilitation, and landmark gatherings. We coach current and future leaders in the movement so that dynamic webs of influence form and spread. The IHP promotes vital learning at the intersecting boundaries where faith and health overlap, merge, and emerge transformed.</p>	<p>the time to learn each other's languages.</p> <ul style="list-style-type: none"> • There are many exciting projects going on including the local Edgewood/Kirkwood Project with support from the Office of University and Community Partnerships.
<p>8. Gary Gunderson, Senior Vice President, and Teresa Cutts,</p>	<p>The mission of the Center of Excellence in Faith and Health is to be the safe and lively space to teach, learn, train, educate, explore and research the</p>	<ul style="list-style-type: none"> • Work with the Congregational Health Network (CHN) is moving from the first phase of recruiting and

Name/Title; Interview Date/Type	Individual/Organization Overview	Interview Highlights
<p>Director of Research for Innovation, Center of Excellence in Faith and Health, Methodist Le Bonheur Healthcare</p> <p>10/19/11 phone interview</p>	<p>innovative practices that flow from the blended intelligences of faith and the health sciences. Into this shared generative environment, we welcome patients, families, healthcare professionals, clergy, academics from many disciplines and those who share more than one of these identities. We are dedicated to the improved health of our patients and the communities we serve, but are also grateful to be part of a global learning network that is dedicated to improving health in many places. (Additional information about the Congregational Health Network is included in table 2.)</p>	<p>training congregations to the next phase of developing a network with a variety of skills.</p> <ul style="list-style-type: none"> • We are currently focused on developing trusted relationships with congregations. We will focus next on the alignment with community members as we advance this work. • The work is done within the blended space of faith and health - both of which are complex spaces within which to navigate. • It is tricky to train people in the intersection of this space. It is better to find those who related well in this space and then find other skill sets to augment the other skills still needed.
<p>9. Beth Vann*, Executive Director, Decatur Cooperative Ministry</p> <p>10/18/11 in-person interview</p> <p>*Note: This is the second interview of two with Beth Vann. (Ms. Vann provided me with such valuable information during an earlier interview</p>	<p>The Decatur Cooperative Ministry (DCM) brings people together to serve the community. Founded in 1969, DCM is a faith-based nonprofit organization supported by more than 35 congregations from 14 denominations. People and congregations of all faiths are welcomed as partners. DCM works in conjunction with schools and educational institutions, government agencies, businesses, civic organizations, and community groups. Services, employment opportunities, and volunteer opportunities are open to all qualified applicants.</p>	<ul style="list-style-type: none"> • We have a long-range vision of systemic change centered around food! • Currently, we'd like to expand our sustainable food program to more than just the two groups currently served. • We start the next phase of Strategic Planning in November 2011. We will focus more around collaboration with the congregations. We will look at what the congregations need in terms of support; what this translates to for

Name/Title; Interview Date/Type	Individual/Organization Overview	Interview Highlights
that I wanted to follow up with her on my more detailed, specific questions as my thinking progressed.)	<p>We offer:</p> <ul style="list-style-type: none"> • Emergency shelter for women with children, • long-term transitional housing for families with children, • bill payment to prevent eviction, foreclosure, or utility cut-off, and • food for households at risk of hunger. 	DCM; how we would support this; and how we would secure the necessary funding.
10. Paul J. Wiesner 10/13/11 phone interview	<p>Paul J. Wiesner, MD, is a Clinical Associate Professor in the Department of Health Services at the University of Washington's School of Public Health. Dr. Wiesner's diverse resume includes careers at all levels of governmental public health (local, state and national), including the CDC and the DeKalb County (Georgia) Health Department. Dr. Wiesner became the DeKalb County Health Director in 1989.</p>	<ul style="list-style-type: none"> • When addressing the connection between faith and the public's health, we should immediately think "why get involved with each other in the first place" both from the perspective of 1) Places of Worship and from the perspective of 2) the Public Health community. • For example, if churches are heavily engaged in planning services, liturgy, music, Christian Education, and capital campaign drives, what motivates them to be involved in public health? • There's a tension in that it's rare that the faith community understands the wider, broader definition of public health at the community level. Often places of worship are concerned with the individual suffering (which is more like the "individual spiritual model" which mirrors the

Name/Title; Interview Date/Type	Individual/Organization Overview	Interview Highlights
		<p>medical model).</p> <ul style="list-style-type: none"> • However, some churches are the exceptions. In addition, the rich experiences at the individual level can help inform the dialogue and action at the community level; we can learn from each other.
<p>11. Herman Tolentino, Olympia Anderson, and Ray King, Centers for Disease Control and Prevention, Public Health Informatics Fellows Program</p> <p>10/7/11 in-person interview (at the CDC Public Health Informatics Fellows Training)</p>	<p>The Centers for Disease Control and Prevention (CDC) offers a 2-year postgraduate fellowship in public health informatics, the systematic application of information technology to public health practice, research, and learning. Fellows receive training in both informatics and public health, are assigned to teams involved in research and development of CDC information systems, and are given the opportunity to lead one or more major projects during their fellowships.</p>	<ul style="list-style-type: none"> • Herman Tolentino, Olympia Anderson, Ray King and the other First Year Fellows went to the Adaptation Workshop in Memphis in August 2011. • They are working with the Methodist group to scope a future informatics project based on a Local Community Dashboard; the purpose of the dashboard is to provide information back to the community. • In particular, the Fellows posed questions to the Memphis group about reaching out to younger constituents (and not just waiting until they showed up at the hospital as adults) and how they connect with folks who don't have a church home.
<p>12. Joyce Essien</p> <p>8/30/11 phone interview</p>	<p>Joyce Essien, MD, MBA is a retired Captain from the US Public Health Service, at the Centers for Disease Control and Prevention. Dr. Essien is also affiliated with Rollins School of Public Health at Emory University and is a registered</p>	<ul style="list-style-type: none"> • There are many agendas within the connection between faith and public health, and there's a need to better navigate this space. • This work is challenging and you can often feel

Name/Title; Interview Date/Type	Individual/Organization Overview	Interview Highlights
	mediator.	<p>isolated and lonely.</p> <ul style="list-style-type: none"> • There is some fascinating work being done in Memphis with a partnership between the safety net hospital and a congregational health network of more than 400 faith communities. Let's get you connected! (See the description included in Interview #8. with Gary Gunderson and Teresa Cutts as a result of this connection.)
<p>13. Beth Vann*, Executive Director, Decatur Cooperative Ministry</p> <p>6/17/11 in-person interview</p> <p>*Note: This is the first interview of two with Beth Vann.</p>	Please see description included in Interview #9. with Beth Vann.	<ul style="list-style-type: none"> • DCM is currently working on stimulus grant related to homelessness prevention. • They are also interested in a future closer, more intentional collaboration with churches and hospitals to provide better access to healthcare. • There are people with healthcare needs just hanging around both hospitals and churches. They need transportation to/from hospital and they need advice on access to care, such as insurance eligibility.
<p>14. Melvin Whitlock, Resident Services Manager, Decatur Housing Authority</p> <p>5/27/11 in-person</p>	<p>Mr. Whitlock has served DeKalb County for 20 years as of June 12, 2011. He is also a co-pastor of a small church in Decatur with his wife.</p> <p>The provision of quality, affordable housing in Decatur is the responsibility of the Housing</p>	<ul style="list-style-type: none"> • Some churches provide their residents with access to food every other month. • On an annual basis, one church provides residents with for food, haircuts, and free car seats at their church. • Some churches offer after-

Name/Title; Interview Date/Type	Individual/Organization Overview	Interview Highlights
interview	<p>Authority of the City of Decatur. This organization offers many programs and services to meet Decatur's needs and assist individuals and families, at varying income levels, to afford quality housing. This organization has successfully developed market rate and affordable housing options including single-family, townhouse, and multifamily residences. In addition, they provide high quality public housing facilities and are currently upgrading the Allen Wilson Terrace public housing.</p>	<p>school reading programs, and some provide school supplies at first of school year.</p> <ul style="list-style-type: none"> • For the most part, however, the Decatur Housing Authority has secured support from other, non-religious organizations, and many of their own residents provide the volunteer support needed for their programs.
<p>15. Mary Frances Early, First Christian Church of Decatur (Disciples of Christ), Church Board Moderator</p> <p>4/27/11 in-person interview</p>	<p>Dr. Mary Frances Early was the first African-American to earn a degree from the University of Georgia (UGA). Dr. Early was born in Atlanta, Georgia, attended Atlanta's Turner High School and went on to graduate from Clark College (later Clark Atlanta University) with a bachelor's degree in Music Education in 1957. She began her postgraduate work at the University of Michigan then enrolled at the UGA in 1961, receiving her master's degree in music education in 1962. She also earned an Ed.S. degree in music education in 1967 from UGA.</p>	<ul style="list-style-type: none"> • We have not had direct involvement with the residents of the Decatur Housing Authority, but would like to see this change. • This study of faith and the public's health is a timely one for our church and important for our greater community. • I will help in any way needed!
<p>16. James Brewer-Calvert, First Christian Church of Decatur (Disciples of Christ), senior pastor</p>	<p>The Rev. Dr. James Brewer-Calvert states, "One of my favorite quotes is by Frederick Buechner. He wrote, 'The place God calls you to is the place where your deepest gladness and the world's deep hunger meet.' At that intersection, we meet the</p>	<ul style="list-style-type: none"> • We do not directly serve the community living at Allen Wilson Terrace and Swanton Heights. • However, we do encourage all of the community to come use the services at the park

Name/Title; Interview Date/Type	Individual/Organization Overview	Interview Highlights
4/8/11 in-person interview	Living Christ and discern our vocation. Speaking both personally and professionally, I am delighted to be able to practice my vocation, my calling, on a daily, full-time basis. The synergy of message, mission, and ministry comes alive everyday amongst the people of God, and I am blessed to meet you there...and here."	<p>across the street that is owned by our church.</p> <ul style="list-style-type: none"> • I am excited and willing to contribute in any way needed!

Table 2 includes a compiled list of the meetings I attended. It begins with the most recent meeting and descends chronologically to the earliest. It includes the meeting title, meeting date(s), information from the agenda and structure of the meeting, information about the organization and meeting participants, and highlights from the meeting.

Table 2: Meetings²¹

Title Date	Organization Overview	Meeting Highlights
1. Memphis Theological Seminary - Building Healthy Communities of Faith: From Disease to Health and Healing lecture series 1/9-10/12	Agenda included: History of Faith Health Collaborations, Public Health 101, Leveraging Strategy, Policy and Action to Achieve Health Equity, The Status of Health and Quality of Life of Children in the US, Moving Upstream to Interrupt the Burden of Chronic Disease (specifically in relation to diabetes), The Story of HIV: Past and Present, and Impact of Racism on Low Birth Weight Babies and Infant Mortality.	<ul style="list-style-type: none"> • One of the most compelling discussions was related to racism and infant mortality. One woman stated that she had never heard the connection made between racism and such negative impacts on infants. • Racism today equals inequality, lack of transportation options, access to quality grocery stores, and educational

²¹ I collected all information in Table 2 directly from public website pages, meetings, and materials distributed at the meetings.

Title Date	Organization Overview	Meeting Highlights
	<p>Participants included eight students seeking a Doctor of Ministry degree with a concentration in Faith and Health-Body and Soul, one faculty member, and one facilitator</p>	<p>opportunities.</p> <ul style="list-style-type: none"> • Conversely, "The church is in the hope business" - hope comes from God, hope comes through group dialogue, and hope comes when the church says, "You are not by yourself." • We discussed the role of the church in relation to women who are pregnant and are facing discrimination. We suggested that churches provide pastoral counseling, share a devotional together, pray, and provide a name with contact information of someone they can call. • A church can also host a community-wide baby shower and health fair for pregnant women; the church can provide things such as diapers, baby clothes, and toys.
<p>2. The Congregational Health Network: Adaptation Workshop - Immersion and Presentation, Methodist Le Bonheur Healthcare 11/30 and 12/1/11</p>	<p>The Congregational Health Network partners with local churches in Memphis, many located in the epicenter of the most egregious poverty and violence corridors, using seven adult hospital navigators, and at least two health liaisons in each of its partner churches. Through this partnership, Methodist LeBonheur Healthcare and its partner congregations are building a network of patient-centred care that begins in the congregation, moves into the hospital, and then back out into the congregational community.</p>	<ul style="list-style-type: none"> • The theme of this two-day meeting, whether planned or not, was "trust." Almost every speaker used this theme in their presentation, and they all claimed that earning trust was the most important element in the success of their work. • We learned about all of the different processes and steps involved and heard presentations from all different stakeholder groups involved in the Congregational Health Network (CHN) initiative in Memphis - clergy,

Title Date	Organization Overview	Meeting Highlights
	<p>The desire of the meeting facilitators is that each participant "sees something in Memphis that can be adapted to your work and world... In some ways, we see our work here as a box of parts, some of which will be useful for you to assemble in different ways in your home."</p> <p>Participants included Health and Human Services leadership (specifically from the Office of Faith-Based and Community Partnerships), state and local community partners, global partners, students, administrators, and clergy.</p>	<p>chaplains, navigators, liaisons, management, administration, local pastors, church volunteers, and global partners.</p> <ul style="list-style-type: none"> ● We celebrated the successes of the CHN and discussed future opportunities such as: 1) scaling up number of congregations, support personnel, and patients involved; 2) building capacity of congregations through providing them with educational opportunities; and 3) registering those in the congregations so they are able to access CHN services. ● We also discussed future issues to be addressed, relative to socially complex patients, capacity of congregation to be relevant to these complex patients, limitations on whether or not healthcare professionals really listen to what clergy know, and how to evaluate progress. ● They also know they need to reach out to other faith-based organizations, but are currently not there yet.
<p>3. The Christian Church (Disciples of Christ) Georgia Regional Assembly Workshop on</p>	<p>Region of Georgia: Our Mission is to be Christ's witness in the Georgia Region, growing, building and equipping vital faith communities.</p>	<p>The Community Outreach session highlighted numerous activities churches around the region of Georgia are involved in such as:</p> <ul style="list-style-type: none"> ● a robust food warehouse project in South Georgia

<p style="text-align: center;">Title</p> <p style="text-align: center;">Date</p>	<p style="text-align: center;">Organization Overview</p>	<p style="text-align: center;">Meeting Highlights</p>
<p>Community Outreach</p> <p>11/12/11</p>	<p>Disciples of Christ Statement of Identity: Christian Church (Disciples of Christ) in the United States and Canada: "We are Disciples of Christ, a movement for wholeness in a fragmented world. As part of the one body of Christ, we welcome all to the Lord's Table as God has welcomed us."</p> <p>Participants included clergy, church staff, lay leaders, and congregants of Christian Churches (Disciples of Christ) across the region of Georgia</p>	<p>(has now grown to six different sites) which combines both church and community workers within a non-profit organization funded by the county;</p> <ul style="list-style-type: none"> • a church food pantry in North Georgia that partners with the local Rotary Club to provide school children with meals over the weekends as well as during the summer; and • an Atlanta-based community garden that provides food for the Atlanta Community Food Bank. In addition, people who work in the garden can take food from their section, and people can also bring excess produce from their homes or their plot to donate to the Atlanta Community Food Bank.
<p>4. Public Policy and Advocacy Resource Fair, Decatur Presbyterian Church</p> <p>10/29/11</p>	<p>The Public Policy Advocacy Partnership is a growing group of member congregations of the Presbytery of Greater Atlanta that grew out of the work of the former Public Policy Advocacy Committee of the Presbytery. Their purpose is to witness to the transforming power of the Gospel; connect and empower congregations to fulfill their call to advocacy in the public arena; communicate with and help build and strengthen relationships among congregations and between congregations and state</p>	<ul style="list-style-type: none"> • There were many compelling presentations and impassioned pleas for connecting churches to the communities they serve with the policies being discussed in the coming 2012 General Assembly Session. For example, Voices for Georgia's Children encourages all to call their representatives to support the new juvenile code that better attends to non-violent cases. • There were also presentations that emphasized the importance

Title Date	Organization Overview	Meeting Highlights
	<p>legislators; provide leadership training to help members develop and nurture their gifts as advocates in the public arena.</p> <p>Workshops included: Issues Affecting Women and Children, Issues Affecting Low Income Persons, Issues Affecting the Environment</p> <p>Workshop Presenters: Interfaith Children's Movement, Voices for Georgia's Children, Atlanta Community Food Bank, GreenLaw, Georgia Water Coalition, Georgia Capitol Solutions (healthcare, insurance), and Georgia Budget and Policy Institute</p> <p>Legislative Panel: Rep. Stacey Abrams, House Minority Leader; Sen. Steve Henson, Senate Minority Leader; Rep. Ed Lindsey, House Majority Whip Moderator: Shelley Senterfitt, Family Law Attorney and Advocate</p>	<p>of churches becoming more involved in the community. For example, churches are integral contributors to the Georgia Food Bank Association. A large percentage of the pantry distribution sites are housed within faith-based organizations. Most people know how to find a church when they need food, and churches know who is in need of food in their congregation and community. In addition, church donations translate into substantial resources. For example, with every church dollar donated to the food bank, they then turn that dollar into \$7.04 of food bank food.</p> <ul style="list-style-type: none"> • Presenters also discussed how to have an impact on your legislators. Share that you are a person of faith, and share what church you attend. Stay informed on issues of importance to your church and your communities, call your representatives, and provide them with specific requests on your churches' behalf! It does make a difference!

In the following chapters, I integrate the findings from my interviews and meetings with research from the literature. I discuss motivating factors, stories when things are done well, potential barriers to success, and a vision for the future. I then

conclude with a proposal to continue this work and to conduct some of the interviews I was unable to complete during my timeframe for this thesis.

Chapter 4: Motivating Factors

When James and Cephas and John, who were acknowledged pillars, recognized the grace that had been given to me, they gave to Barnabas and me the right hand of fellowship, agreeing that we should go to the Gentiles and they to the circumcised. They asked only one thing, that we remember the poor, which was actually what I was eager to do. Galatians 2:9-10, New Revised Standard Version.

"Major facilitators to faith-health collaborative work were passion and commitment, importance of Faith-Based Organizations in communities, favorable political climate, support from community and faith leaders, diversity of teams, and mutual trust and respect." Michelle C. Kegler, Sarah M. Hall, and Mimi Kiser²²

We are all motivated by different things. This chapter includes a description of the differing factors that inspire and call the faith and public health communities to action.

The literature and my findings identify four categories of motivators that promote the connection between faith and the public's health. These categories are: 1) *meeting needs based on the volume of demand for services*, 2) *meeting needs due to a call to action or a mandate*, 3) *meeting needs based on organizational and personal strengths*, and 4) *meeting needs based on common drivers*.

The first motivator relates to *meeting needs based on the volume of demand for services*. There are considerable numbers of people in America with connections to the religious sphere. According to one study, "About 95% of Americans recently professed a belief in God or a higher power, a figure that has never dropped below 90% during the past 50 years, and 9 out of 10 people also said that they pray, most of them (67-75%) on a daily basis. Many Americans have stated that their faith is a central guiding force in their lives. More than two thirds (69%) recently reported that they were members of a church

²² Kegler, "Facilitators, Challenges, and Collaborative Activities," 665.

or synagogue, and 40% reported that they attended regularly."²³ Based on these statistics, the faith and public health communities have access to a significant percentage of the American population when they work through religious organizations. In support of this national fact, Methodist Le Bonheur Healthcare provides a local example. At the Congregational Health Network: Adaptation Workshop, staff reported that 80 percent of the people who come to their healthcare center are members of a congregation in Memphis.

Jill Olivier asserts that public health entities should work more closely with the faith-based community based on the stability of these organizations. She also encourages a close collaboration between faith and public health entities since churches, mosques, temples, and synagogues "are found in nearly all communities worldwide."²⁴ In addition, "It is increasingly recognised by major public health agencies and governments that religious entities remain widespread if not ubiquitous, and that they represent multiple assets that need to be better accessed and leveraged for that health of the public."²⁵ These "multiple assets" include valued public health messages when shared by religious leaders.

Not only do significant numbers of people worldwide connect with religious institutions, but many also give strong credence to the messages from their congregations. For example, "Churches are the heart of many neighborhoods in Baltimore, where HIV/AIDS affects more than 13,000 residents. And it is from the pulpit that many residents - especially African Americans, who make up 85 percent of Baltimore cases -

²³ William R. Miller and Carl E. Thoresen, "Spirituality, Religion, and Health: An Emerging Research Field," *American Psychologist* 58(1) (January 2003): 24.

²⁴ Olivier, "'An FB-oh?'" 27.

²⁵ Cochrane, *When Religion and Health Align*, xix.

get their messages. To many people, the pastor's word is sacred."²⁶ Not only is this word sacred, but it also has the potential to promote health and healing. Andrea Walker reports, "A recent survey of 300 clients with HIV who get treatment through the Jacques Initiative health program at the University of Maryland said faith is important in their lives, and 44 percent said faith became even more important after they were diagnosed with the disease."²⁷ Even when people disagree with messages from the faith community, they still often draw on these messages to derive meaning for their lives. For example, John Blevins' work with youth related to religious teachings on sexuality shows that

Young people are asking critical questions about these teachings by employing the resources of those traditions themselves. They raise their critiques in light of a particular reading of scripture or by asking whether theological virtues such as love or trust can be displayed in relationships other than a traditional heterosexual marriage. The conversations in which the young people raised these kinds of questions are theological in nature, despite the fact that the young people were not explicitly articulating theological positions.²⁸

Sizeable numbers of people profess a belief in a higher power, attend church, and pay attention to the messages delivered within church. These combined factors present great opportunities to the public health community. The prevalence of religious connections and the sacred nature of the messages imparted through religious entities combine to provide outreach opportunities for the public health community to connect with large populations. This is timely in that public health's need for connection with the community is growing. As stated by James Cochrane, "Serious challenges now confront public health on several levels - think of the deep human ambiguities around the HIV

²⁶ Andrea K. Walker, "Teaching about HIV/AIDS in the church: City wants churches to play a bigger role but may face resistance," *BaltimoreSun.com*, December 6, 2011, www.baltimoresun.com/health/bs-hs-aids-church-20111204,0,402248.story (accessed 12/16/11).

²⁷ Walker, "Teaching about HIV/AIDS," (accessed 12/16/11).

²⁸ John Blevins, "Tough Negotiations: Religion and Sex in Culture and in Human Lives," in *When Religion and Health Align: Mobilising Religious Health Assets for Transformation*, ed. James R. Cochrane, Barbara Schmid, and Teresa Cutts (South Africa: Cluster Publications, 2011), 123.

pandemic, of the need for rapid community responses to new flu strains, of increasingly well documented health disparities, or of the social determinants of ill-health."²⁹ In responding to this growing demand, public health recognizes the value of drawing upon the religious community. Public health has recognized the value the religious community brings to bear; in addition, public health at times is mandated to work with the religious community.

There are numerous examples in which my findings support the second motivating factor, *meeting needs due to a call to action or a mandate*. For example, in a study conducted by Michelle Kegler, "A few respondents discussed the importance of a favorable political climate as a facilitator of faith-health collaborations, referring to President Bush's faith-based initiative and similar state-level efforts. According to respondents, government support encouraged dialogue about faith and health as well as provided funds for related projects."³⁰ Beginning in 1996, faith-based organizations (FBOs) began to compete for federal grants,³¹ and "in 2001, FBOs were one of the primary recipients of the \$30 million allocated through the Department of Health and Human Services to expand services to vulnerable populations."³²

In addition to receiving funding for initiatives connecting faith and the public's health, partnerships have also been encouraged by entities such as the Institute of Medicine (IOM). The 2002 IOM report, the *Future of the Public's Health*, recommends that public health "directly support community initiatives by addressing community needs, providing technical assistance, and developing solutions that improve health

²⁹ James R. Cochrane, Barbara Schmid, and Teresa Cutts, *When Religion and Health Align: Mobilising Religious Health Assets for Transformation* (South Africa: Cluster Publications, 2011), xix.

³⁰ Kegler, "Facilitators, Challenges, and Collaborative Activities," 671.

³¹ Kegler, "Facilitators, Challenges, and Collaborative Activities," 666.

³² Barnes, "A National Examination of Partnerships," 253.

status."³³ Public health departments endorse the 10 essential public health services. One of these essential services is "'Mobilizing Community Partnerships,' and, as a result, many local health departments are increasing partnerships with faith communities to address public health issues."³⁴

As public health is being called upon to respond to governing bodies such as the IOM and implement national guidelines such as the 10 essential public health services, Gary Gunderson calls religious organizations to respond to God's calling.

Those of us in the religious community should feel embarrassment and shame at the state of health in our society. For too long we have drifted with the tide, accepting the failure to feed and immunize children, confront gunrunners and tobacco pushers, and stop environmental abuse. We should be outraged that the mentally ill could remain outside the range of health-care reform. Our faith traditions challenge us with the knowledge that this is not what God intends. We have drifted with the apathetic tide when we could have been doing far more. Our faith and our science both compel us to seize the moment and work together because it is the right thing to do.³⁵

Phillip Cryan encourages FBOs to draw on their prophetic roots as found in the Bible.

Cryan states that the Bible provides us with "a set of profound stories - Bible stories," that allow people to "make arguments and exhortations, or pose questions, in relation to those already-familiar stories."³⁶ People of faith are motivated to action based on the messages in these stories, and they use Bible stories and texts as tenets for faithful living.

I found it interesting (and encouraging) that three of the public health practitioners I interviewed cited scripture as a motivating factor for connecting faith with the public's health. They referred to treating your body as God's temple (I Corinthians 3:16), training

³³ Barnes, "A National Examination of Partnerships," 253.

³⁴ Barnes, "A National Examination of Partnerships," 253.

³⁵ Gary Gunderson, *Deeply Woven Roots: Improving the Quality of Life in Your Community* (Minneapolis: Fortress Press, 1997), xiv.

³⁶ Phillip Cryan, "Strategic Practice for Social Transformation," Strategic Practice Grassroots Policy Project. http://strategicpractice.org/system/files/isaiah_report.pdf (accessed 1/21/12).

a child in the way they should go (Proverbs 22:6), and how our love for self and neighbor is a direct reflection of our love for God (Matthew 4:23-25). Those from FBOs often mentioned the Great Commission (Matthew 28:18-20) wherein Jesus calls for us to make disciples of all nations. They also quoted Matthew 25:31-46, the passage where Jesus states that feeding the hungry, giving the thirsty something to drink, welcoming the stranger, clothing the naked, and visiting the sick and the prisoner, is the same as doing these things for Him.

In addition to following Scripture, FBOs, community organizations, and health entities follow tenets provided in their organization's mission statements. For example, Methodist Le Bonheur Healthcare's mission is to improve the quality of health at the community level. Their mission is not just a research project nor is it focused on a specific disease, but is public health/community-oriented. Methodist Healthcare seeks a connection with the patient before, during, and after their time at the hospital. They are passionate about continuity of care and prevention. They care about the individual as a person - not just an inpatient bringing revenue into the hospital. Gary Gunderson backed up this statement during our 10/19/11 phone interview when he said that the faith interests of a faith-based hospital should be focused on more than just end-of-life issues and bedside chaplaincy. During my 1/5/12 in-person interview with Tom Tewell, he drew explicit connections between the mission of the Church and serving the community. Oftentimes, he said, churches focus inward on the well-being of the congregants. They see serving others as a way to increase church membership numbers. However, serving the community **is** an end in and of itself. Serving others is the right thing to do, and it is what God has called us to do. It is why God has placed our churches in their current

location, the specific "street corner," if you will, in each of our communities. We are called to reach out and serve *these* communities!

From a public health perspective in DeKalb County, Georgia, Paul Wiesner stated, "We sought to move the emphasis from supplying personal services to individuals, particularly those deemed 'most-in-need,' to the broader mission of providing essential services to the whole community."³⁷ From a community organization perspective, The Purpose Built Communities' mission is "to catalyze and accelerate holistic community revitalization (a strategic, comprehensive, long-term approach to solving entrenched community problems and breaking the cycle of intergenerational poverty) across America by inspiring and advising visionary local leaders."³⁸ They achieve this mission by addressing "community issues in education, housing, job opportunities, transportation and other critical areas to combat the multiple forces that keep families in poverty."³⁹ In my 11/10/11 in-person interview with Carol Naughton, she shared that at Purpose Built Communities, they all have faith. They all have a belief in a higher power, and it is their faith that sustains them personally. This faith in turn helps them to work towards the larger purpose and mission of their organization.

The third motivating factor, *meeting needs based on organizational and personal strengths*, dovetails nicely with organizations adhering to their mission statements. Leaders often create mission statements based on the historical strengths and characteristics of organizations and the individuals within those organizations. Religious organizations have a longstanding history of care and compassion. As an illustration,

³⁷ Wiesner, "Public Health Leadership in DeKalb County," (accessed 9/1/11).

³⁸ Purpose Built Communities, "Building Brighter Futures Together," <http://purposebuiltcommunities.org/> (accessed 11/6/11).

³⁹ Purpose Built Communities, "Building Brighter Futures Together," (accessed 11/6/11).

Christopher Ellison states, "Indeed, compassion and kindness, especially toward the less fortunate, are theological imperatives in most major religious traditions, and helping behavior is central to the rhetoric and rationale of many religious communities."⁴⁰

Religious leaders not only exhibit compassion, but they also have regular contact with their community, which provides an increased awareness of specific needs.⁴¹ This "power to bring people into meaningful relationships in the context of God's love is at the root of every congregational strength."⁴²

In addition to organizations assessing their own strengths, others recognized their strengths as well. In both the literature and my interview and meeting findings, outside entities identified the strengths of organizations they wished to engage as partners. For example,

Community members, universities, and government agencies see churches as institutions that should be included in public health partnerships. Reasons include: (1) churches share a mutual concern with public health institutions about the issues that impact the health knowledge, attitudes, behavior, access, and outcomes of racial and ethnic minority, low-income, and other underserved populations, (2) the faith tenets of most churches encourage the promotion of holistic health, healing, and living, (3) churches are the historical center of comfort, guidance, and inspiration, particularly in African American communities, (4) churches offer a variety of resources (human, intellectual, capital, social, and spiritual), and (5) churches are uniquely situated to facilitate participation of people from hard-to-reach populations.⁴³

During my 1/31/12 phone interview, Dr. Elizabeth Ford confirmed these statements.

When she moved from California to the South, she quickly realized the power and strength of the faith-based community in this region. The faith community drives policy,

⁴⁰ Christopher G. Ellison and Jeffrey S. Levin, "The Religion-Health Connection: Evidence, Theory, and Future Directions," *Health Education & Behavior* 25(6) (December 1998): 705.

⁴¹ Leslie Gee, Douglas R. Smucker, Marshall H. Chin, and Farr A. Curlin, "Partnering Together? Relationships Between Faith-based Community Health Centers and Neighborhood Congregations," *Southern Medical Journal* 98(12) (December 2005): 1248.

⁴² Gunderson, *Deeply Woven Roots*, 28.

⁴³ Goldman, "Churches, Academic Institutions, and Public Health," 368.

is politically active, and is very astute in getting attention drawn to their agenda. Danah Craft, from the Georgia Food Bank Association, directed her comments at FBOs during the 10/29/11 Public Policy and Advocacy Resource Fair at Decatur Presbyterian Church. Craft stated that FBOs place great value on their fellow humans and embrace the belief that all humans are of value. FBOs operate from the understanding that we are all responsible for those around us, and they act on this. Sadly, as Craft pointed out, governmental agencies often do not fully understand this value proposition.

However, based on the final motivator, *meeting needs based on common drivers*, the literature indicates that there are commonalities between the faith and public health communities. Both faith and public health communities "share a passionate commitment to improving the quality of life of vulnerable populations."⁴⁴ They advocate for vulnerable populations,⁴⁵ and they have "a common commitment to justice and equity across religious perspectives."⁴⁶ In addition, "Leaders of faith-based community health centers and neighborhood congregations both embrace a holistic vision for health and endorse the importance of their complementary roles in community health promotion."⁴⁷ In Chapter 5: When Done Well, I present some examples of things that can occur when the faith community and the public health community work together and leverage each other's strengths.

⁴⁴ DeHaven, "Health Programs in Faith-Based Organizations," 1034.

⁴⁵ Barnes, "A National Examination of Partnerships," 261.

⁴⁶ Kegler, "Facilitators, Challenges, and Collaborative Activities," 669.

⁴⁷ Gee, "Partnering Together?" 1245.

Chapter 5: When Done Well

Two are better than one, because they have a good reward for their toil. For if they fall, one will lift up the other; but woe to one who is alone and falls and does not have another to help. Again, if two lie together, they keep warm; but how can one keep warm alone? And though one might prevail against another, two will withstand one. A threefold cord is not quickly broken. Ecclesiastes 4:9-12, New Revised Standard Version.

This chapter presents examples of successful and synergistic interactions between the faith and public health communities. The literature, along with the findings from my interviews and meetings, support these examples in the following three areas: 1) success stories from collaborative endeavors, 2) faith-based organizations (FBOs) with holistic approaches to health, and 3) public health engaging with FBOs to accomplish their goals.

The literature focuses on collaborative efforts between faith-based organizations and public health organizations. In these joint efforts, the two entities combine and cooperate to leverage resources and draw upon each other's strengths. Kegler found that faith and health partnerships include activities associated with program development and implementation. Some of these activities involve participation in "local or regional summits and conferences to further align faith and health interests, health fairs and screenings, classes on various health topics for church members, and chronic disease prevention activities like a walking program and a buddy system to promote mammograms."⁴⁸ Oftentimes, interdisciplinary partnerships are involved in these activities. For example, team members include "pastors, physicians, parish nurses, lay health advisors, chaplains, community leaders, theological educators, health educators,

⁴⁸ Kegler, "Facilitators, Challenges, and Collaborative Activities," 675.

researchers, and other stakeholders."⁴⁹ By collaborating, stakeholders contribute their unique gifts and talents.

Rather than having duplication of efforts or gaps in getting the work done, these combined efforts increase the chances for successful programs. For example, Sider tells the story of a partnership between an urban congregation in Pennsylvania and its surrounding community. The mission of this coalition is "to enhance the good work already happening and address areas of need not currently being tackled."⁵⁰ The congregation was deliberate about not instigating a new initiative just for the sake of creating a new program. Rather, they "helped organize community leaders and organizations in their neighborhood into a coalition called CityLights."⁵¹ City Lights is comprised of over twenty different stakeholder groups including neighborhood congregations and nonprofit entities. They meet regularly to share updates on current projects and to plan for future activities. They also pray for each another. In addition to supplying the physical meeting space, one of the churches also provides "consulting, volunteers, funds, and board members for projects initiated by the neighborhood partners."⁵²

My interview and meeting findings also represent similar collaborative efforts. During my 11/10/11 in-person interview with Carol Naughton, she recounted a number of positive initiatives with the faith-based community during her years of service with both the East Lake Foundation, and now with its parent organization, Purpose Built Communities. She ascribed the East Lake Foundation's success to their holistic approach

⁴⁹ Goldman, "Churches, Academic Institutions, and Public Health," 368.

⁵⁰ Sider, *Churches That Make a Difference*, 236.

⁵¹ Sider, *Churches That Make a Difference*, 236.

⁵² Sider, *Churches That Make a Difference*, 236.

to community revitalization. Due to this innovative approach, the East Lake community has seen a dramatic reduction in violent crime, improvement in student test scores, and an increase in property values.⁵³ Multiple groups work collaboratively to bring about this success. These entities contribute to East Lake's "cradle-to-college academic, enrichment, recreational, mentoring and scholarship programs for children; and counseling, support groups and training for adults."⁵⁴ Naughton also described how the Greater Piney Grove Church instituted a program for the middle school and high school students in their area who were assigned to "out of school suspension." The church provided them with a place of safety and security, while also providing mentoring, tutoring, and meals.

During my 10/18/11 in-person interview with Beth Vann, she described a new food co-op program at Decatur Cooperative Ministry (DCM). The program connects the community with two churches in the Decatur area. Many DCM clients cannot afford quality food when they also have to pay for rent, utilities, and for their prescriptions. Because of the pressure of working multiple jobs, they often resort to meals that are easy to procure and prepare. Frequently, "convenient" food does not mean healthy food, and unhealthy food often compounds chronic health conditions such as heart disease and hypertension. Furthermore, even when clients get food from a food bank, there is often limited access to fresh produce. In response to these needs, DCM's food co-op provides fresh food from community gardens on the same day it is harvested. DCM also gives its clients access to food from the food bank on a more regular basis (as opposed to just once per quarter).

⁵³ East Lake Foundation. "Providing Tools to Build Brighter Futures," <http://purposebuiltcommunities.org/network-members/atlanta.html> (accessed 11/6/11).

⁵⁴ East Lake Foundation. "Providing Tools to Build Brighter Futures," (accessed 11/6/11).

Another food co-op initiative is located in Effingham County, in South Georgia. This collaboration consists "of more than 30 participants including agencies, churches, and six food pantries in the county."⁵⁵ The food co-op organizers believe their combined efforts make a difference in the lives of those living in hunger. They state that with "more than 3,458 families living below the poverty level, one group can't do it all. Food OutReach Co-op of Effingham can help you reach every area of Effingham County with our network of pantries, churches, and other agencies."⁵⁶ The food co-op director is a member of a local church in Effingham County. He is passionate about making a positive impact on the health of the community. To this end, he urged the pastors at the Christian Church (Disciples of Christ) Georgia Regional Assembly Workshop on Community Outreach on 11/12/11 to engage their communities in meaningful ways, such as through a food co-op.

In addition to the aforementioned food co-ops, the literature provides numerous examples of ways congregations contribute to the health of the public. Some of these examples include the following:

- building "community trust; understanding of community values and traditions; communication structures; a history of social change activism;"⁵⁷
- "educating individuals and families about healthy lifestyle practices, providing health services and screenings, and advocating for the underserved;"⁵⁸
- "hosting health promotion programs in areas such as health education, screening for and management of high blood pressure and diabetes, weight loss and smoking cessation, cancer prevention and awareness, geriatric care, nutritional guidance, and mental health care;"⁵⁹
- organizing programs that focus on "reducing cholesterol and blood pressure levels, increasing fruit/vegetable consumption and reducing weight, increasing

⁵⁵ SavannahNow.Com, The Savannah Morning News, <http://savannahnow.com/effingham/2006-09-28/force-full-effect-effingham-county> (accessed 11/13/11).

⁵⁶ SavannahNow.Com, The Savannah Morning News, (accessed 11/13/11).

⁵⁷ Kegler, "Facilitators, Challenges, and Collaborative Activities," 666.

⁵⁸ Barnes, "A National Examination of Partnerships," 254.

⁵⁹ DeHaven, "Health Programs in Faith-Based Organizations," 1030.

use of mammography and breast self-examination, increasing knowledge about prostate cancer, and increasing readiness to change regarding smoking cessation;"⁶⁰

- participating in "various social service delivery programs, including food and clothing, housing and homelessness, domestic violence, substance abuse, employment, and health programs;"⁶¹ and
- providing "HIV/AIDS programs that include testing, workshops and education."⁶²

My interview and meeting findings also highlight FBOs engaged in similar public health-related services. During my 10/18/11 in-person interview with Beth Vann, I learned about an initiative called "Healthy Belvedere." This is a project in DeKalb County funded by Kaiser Permanente. Kaiser is providing financial support to a consortium of African American churches focused on addressing health disparities. Churches are modifying the menus for their potluck meals to include healthy food choices. These churches are hosting health fairs and are providing health screenings. They are also connecting congregants and community members with medical services through Grady Hospital and with insurance options through Medicaid and Georgia's PeachCare program.

During my 10/13/11 phone interview with Paul Wiesner, he described a program, focused specifically on the homeless population, at the University Congregation in Seattle, Washington. They serve a daily meal to approximately 70 homeless youth. They participate with other churches in providing funding to the University Church Emergency Fund that supplies rent money to those in need. These churches' contributions also support two shelters where approximately 40 youth sleep and eat breakfast each day. Additionally, Dr. Wiesner leads a monthly meeting related to policy development and

⁶⁰ DeHaven, "Health Programs in Faith-Based Organizations," 1032.

⁶¹ DeHaven, "Health Programs in Faith-Based Organizations," 1030.

⁶² Walker, "Teaching about HIV/AIDS," (accessed 12/16/11).

advocacy, specific to the homeless population. As Dr. Wiesner is a former DeKalb County Health Director, the melding of his community work at church with his passion for the public health-related activities of policy development and advocacy seems perfectly natural.

However, not all churches are blessed by having a former health director as one of their spiritual leaders! In the study by Barnes related to the connection between Local Health Departments (LHDs) and FBOs, she suggests that LHDs can "focus on more policy development and assessment"⁶³ as FBOs expand their services to the community, relieving LHDs of this responsibility. In this light, the literature describes public health engaging with FBOs to accomplish their goals. As described in Chapter 4: Motivating Factors, public health entities recognize the value that religious entities bring to public health initiatives. Goldman recommends,

When engaging churches in partnerships, it is important to involve pastors from the outset. Pastor "buy in" legitimizes church and community involvement in a manner that facilitates adoption, participant recruitment, and decision-making. As respected leaders in the community, pastors can help to: (1) design and plan culturally-appropriate research and interventions; (2) serve as advocates that will bridge the communication gap between health professionals, church, and community members; (3) develop comprehensive sustainable ministries of health; and (4) help to ensure a more culturally diverse healthcare workforce by encouraging church and community youth to pursue careers in the health professions.⁶⁴

Furthermore, William Foege commends the religious community for their collaborative role in the eradication of smallpox in Africa and India. Dr. Foege describes the invaluable role of missionaries in identifying the location of smallpox outbreaks. African missionaries, such as Hector Ottemuller, contacted Dr. Foege to notify him of a smallpox outbreak in his village. Dr. Foege describes the situation, "Ottemuller was a

⁶³ Barnes, "A National Examination of Partnerships," 260.

⁶⁴ Goldman, "Churches, Academic Institutions, and Public Health," 370.

minister by training... His consuming interest lay in improving the lives of the people in his rural area. He was involved in agriculture and water supply schemes, although the people also called upon him for health advice. Thus it was not surprising that he was the first to receive the report of a rash disease feared by all in his area."⁶⁵

In addition having a direct connection with those in their communities, missionaries had alternative methods for gathering information as well. For example, missionaries would tune into their shortwave radios at 7:00 PM every night to assess their communities' needs for assistance. The missionaries then sent runners into their local villages to bring back news of smallpox outbreaks.⁶⁶ These missionaries shared the findings with Dr. Foege and his team, who were then able to focus in on eradicating smallpox. As for eliminating smallpox in India, Dr. Foege states,

Indeed, in my view, the single most important reason for the successful eradication of smallpox, after decades of ineffectual efforts in India, was the seamless coalition that developed between India's smallpox program leaders and the array of international participants involved. A coalition can have great energy yet yield poor outcomes because people stake out their own turf. This did not happen in the India smallpox eradication program. Rather, the key groups joined together - a chaotic collaboration in the beginning but increasingly disciplined, coordinated, and purposeful. Over time, dozens of other groups and special interests joined too, including UNICEF, bilateral agencies, health and nonhealth government agencies, nongovernmental organizations, church groups, laboratories both in India and abroad, corporations, and various volunteers.⁶⁷

This powerful collaboration led to the eradication of smallpox in India. In the same way, public health practitioners continue to reach out to the faith community in order to address public health needs. During the Memphis Theological Seminary - Building Healthy Communities of Faith: From Disease to Health and Healing lecture

⁶⁵ Foege, *House on Fire*, 54.

⁶⁶ Foege, *House on Fire*, 57.

⁶⁷ Foege, *House on Fire*, 144.

series from 1/9-10/12, public health practitioners reached out to the faith community through the seminarians who were present. While addressing the health needs of our youth, Drs. Diane Allensworth and Dawn Hood stated that FBOs can be part of the solution as you: "1) embrace and nurture all young people, with particular emphasis on the marginalized; 2) offer programs and activities that directly address educational needs (tutoring, mentoring, community service) and health needs at your facility; 3) advocate for just approaches to education and health services within the larger community; and 4) promote interventions demonstrated to be effective for increasing academic achievement and/or high school graduation rates."⁶⁸ Dr. Madeline Sutton called on the faith community to develop an HIV/AIDS ministry. Dr. Sutton suggested the following steps for faith leaders: "1) Know your purpose. Share accurate information to dispel HIV myths. 2) Get support from members of the clergy and the congregation. 3) Create a mission and a vision statement. 4) Tailor your ministry to the needs of your community."⁶⁹ Drs. Joyce Essien and Fleda Jackson shared their experiences from the 2008 "Save 100 Babies: A Summit for Action on Black Infant Mortality" initiative held at Ebenezer Baptist Church. Church leaders were instructed on those factors, which are key to successfully stemming "the crisis of black infant mortality through: healthy families, enduring faith, positive social support, safe housing, healthy nutrition, quality education, fair employment, accessible transportation, and quality health care."⁷⁰

⁶⁸ Diane Allensworth and Dawn Hood, "Addressing the Health and High School Graduation of our Youth: A Call to Action for Churches and Other Faith-Based Organizations" (lecture, Memphis Theological Seminary, Decatur, GA, January 9, 2012).

⁶⁹ Madeline Sutton, "HIV/AIDS in the United States: Implications for Communities of Color and Faith Institutions" (lecture, Memphis Theological Seminary, Decatur, GA, January 9, 2012).

⁷⁰ Joyce Essien and Fleda Mask Jackson, "Save 100 Babies: A Summit for Action on Black Infant Mortality" (lecture, Memphis Theological Seminary, Decatur, GA, January 10, 2012).

As illustrated, there are numerous examples of the faith and public health communities working well together for the greater good. However, as is demonstrated in Chapter 6: Barriers, the faith and public health communities have obstacles to overcome in working towards a collaborative approach to holistic health. I address these barriers and the shared vision for the future in the following chapters.

Chapter 6: Barriers

"What we've got here is a failure to communicate." Strother Martin (from Cool Hand Luke)⁷¹

"All my life, I've judged my success by how happy everyone in the church was. You're telling me that if I'm really on mission with God, one sign of my success will be the presence of conflict." Ronald Sider (from a local pastor)⁷²

Numerous barriers have hampered effective interactions between the faith and public health communities. These barriers will have to be overcome before more meaningful and longer-term progress can be made. This chapter addresses the issues that the stakeholders I interviewed described as barriers to working together. It also provides examples of barriers from the literature.

After compiling my notes for the chapters on Motivating Factors, When Done Well, Barriers, and Vision, I recognized that I had gathered 50% more information for the Barriers chapter than I had for any of the other three chapters. In other words, the literature provides a significant body of information on the obstacles that impede effective and meaningful interaction between the faith and public health communities. In order to emphasize the significant challenges these numerous barriers pose, I have purposefully placed the Barriers chapter in between the When Done Well chapter and the Vision chapter. I have done this in an effort toward bridging the gap between the work we have done well and the work we have yet to do. By examining these barriers at this juncture, I plan to demonstrate that we have accomplished some good things, which we hope to continue. However, at the same time, we cannot ignore the challenges before us.

⁷¹ Wikipedia, [http://en.wikipedia.org/wiki/What_we%27ve_got_here_is_\(a\)_failure_to_communicate](http://en.wikipedia.org/wiki/What_we%27ve_got_here_is_(a)_failure_to_communicate) (accessed 2/25/12).

⁷² Sider, *Churches That Make a Difference*, 304.

The public health and community organization leaders I interviewed identified barriers related to the internal focus of congregations. Congregational leaders are busy preparing for their worship services, music programs, Christian education initiatives, liturgical seasons, and capital campaign drives. With all of these responsibilities, public health practitioners wondered why congregations are even interested in engaging in public health activities. Leslie Gee echoes this sentiment in her work with the health center/congregation collaborations. She states, "A substantial barrier to health center/congregation collaborations appears to be a simple lack of interest. Some religious leaders noted that they do not see medical issues as their concern and view the role of the community health center as independent of the focus and purpose of the congregation."⁷³

The community organization leaders I interviewed also admonished churches for the lack of sustainable, external commitments. Churches are inclined to spend considerable amounts of time serving and nurturing their congregants prior to tending to those in the community. This inward focus influences a congregations' commitment to outreach. For example, stakeholders from community organizations told me that churches had provided volunteer services for their communities in the past. The community leaders saw these volunteer activities as "annual events that helped the congregants feel good about serving." However, these offerings did not have a lasting impact on the residents. For this reason, community organizations now spend more time "filtering" the requests from congregations to serve. They seek to find those groups that are willing to make quality, long-term commitments to the people in the community. Only after they have been able to determine this level of commitment, do they accept particular religious organizations as partners.

⁷³ Gee, "Partnering Together?" 1249.

Mark Chaves confirmed the concerns that community organizations have about churches not making long-term, sustainable commitments. Chaves states "congregations are more likely to engage in activities that address the immediate, short-term needs of recipients for food, clothing, and shelter than in programs requiring more sustained and personal involvement to meet longer term needs."⁷⁴ He also stated that less than 10% of congregations participate in programs dealing with longer-term needs such as "domestic violence, substance abuse, tutoring/mentoring, and work/employment issues."⁷⁵

As described in the Background chapter, public health practitioners and community organizers also cited the topic of evangelism as a barrier to working together. Within the work environment, public health practitioners and community leaders do not ascribe to a particular faith tradition. For their community programs, they do not exclude any faith traditions, and they invite people to participate in community-related events regardless of their profession of a spiritual connection or a lack thereof. Conversely, members of differing faith traditions may often evangelize and proselytize based on their religious tenets. These mandates create barriers when faith-based organizations (FBOs) pressure community participants to ascribe to their particular practices and traditions while collaborating with public health and community organizations. Michelle Kegler's work addresses distrust of the faith communities based on their evangelism. According to Kegler, "Another barrier was lack of trust from the community about the motives of a particular FBO. Some of the participants acknowledged that people questioned the motives of the team or feared that FBOs would attempt to convert people."⁷⁶

⁷⁴ Mark Chaves and William Tsitsos, "Congregations and Social Services: What They Do, How They Do It, and with Whom," *Nonprofit and Voluntary Sector Quarterly* 30(4) (December 2001): 670.

⁷⁵ Chaves, "Congregations and Social Services," 670.

⁷⁶ Kegler, "Facilitators, Challenges, and Collaborative Activities," 674.

Evangelism is more personal than communal which raises concern among public health and community leaders. Congregations often place their focus on the "individual" as opposed to focusing on the community as public health does. For example, in Chapter 18 of the Gospel of Matthew, Jesus said He would leave the 99 sheep and search for the one lost sheep. According to some Christian traditions, as long as one person is brought to Christ, it is okay that the other 99 need to "fend for themselves" for a while. This approach can cause tension and create obstacles between the faith community and public health entities.

Congregations sometimes create internal barriers for themselves as well. We are often so busy and preoccupied with increasing the attendance at our church services that we miss opportunities to serve. One faith-based organization shared an example of their work in providing a church with mentoring services. During a board meeting, this church expressed a desire to increase the number of visitors attending their church. They were planning a campaign to canvas the surrounding neighborhood and distribute flyers inviting people to come visit. The board members then transitioned to a discussion about the church building being used as a polling place for the upcoming 2008 election. They were concerned about the amount of foot traffic in their building during the balloting. The members were trying to figure out ways to decrease the impact of these voters to their physical church site. For example, they discussed the use of plastic runners in the hallways to keep dirt off their carpet.

The mentor assigned to this church group asked, "What if you view this upcoming election as a blessing and not a burden as members of the community walk through your church building?" In response, a suggestion was made to sell coffee, baked items, and

newspapers on Election Day. However, they later decided to be hospitable and offer these items for free. In doing so, they increased the numbers of visitors to their church over the following weeks and months. The mentor exclaimed, "Just by being open and hospitable, people were drawn to this church - no flyers and canvassing the neighborhood needed!" The church also started paying more attention to their surrounding community. They "adopted" a local school, and began providing tutoring and after-school care for the children at this school.

As described in Chapter 5: Motivating Factors, congregants are moved to help others who are less fortunate than they are. However, as one public health practitioner stated, we must be aware of the "potentially pejorative nature of this assistance." We want to help "the helpless" and meet the needs of "the needy." The danger lies in those "in power" helping "those in need." We have set ourselves apart as being the ones in control, and we have all of the answers. We in turn treat people as if they are objects without their own gifts, talents, abilities, capacity to function, and ability to thrive. We derive our identities from helping people, and we especially like to help those who are the "most grateful" for the services we offer.

We may find it difficult to respond, when asked to serve in a way that is different from what we are used to. For example, during an interview, I asked one of the community organizers how the churches in the area could better meet his community's needs. He told me that their residents and current set of volunteers were addressing many of their needs successfully. I was then invited to take part in a number of upcoming events as a participant but not as a volunteer. I remember struggling with the concept of "just being present" at these events. In the same way, church volunteers often feel more

comfortable when they are providing a service, and may struggle to see that simply "being in relationship" is of great value as well.

Barriers also exist when the faith community and the public health community do not agree upon the role of spirituality in healing. For example, at the Adaptation Workshop at Methodist Le Bonheur Healthcare, on 12/1/11, we discussed potential divisions between healthcare professionals and clergy concerning end of life situations. The healthcare professional may tell the patient and the family that there are no additional treatment options available, and that they need to prepare for the death of the patient. The clergy member may then tell the patient and the family that God has the final say. If God wants that person to live, then that person will live, regardless of what the medical staff says. At the workshop, we discussed the need for the medical staff and clergy in this scenario to collaborate for the sake of the patient and the family. Kegler's study describes a similar situation. She cites that oftentimes, "prayer is viewed as the most appropriate faith-based response to health problems."⁷⁷ The health community does not necessarily embrace this spiritual approach, and this situation can lead to conflict.

Kegler groups the barriers to collaboration between the faith and health communities into the following categories: "discomfort with FBOs, distrust of either health agencies or FBOs, diversity within faith communities, different agendas, separation of church and state, and the lack of a common language."⁷⁸ I find these categories to be efficient and effective for organizing the presentation of subsequent information in this chapter. Regarding the "separation of church and state" category, the Background chapter presents information relative to current federal initiatives, namely

⁷⁷ Kegler, "Facilitators, Challenges, and Collaborative Activities," 674.

⁷⁸ Kegler, "Facilitators, Challenges, and Collaborative Activities," 665.

the 1996 Charitable Choice Act. This act allows FBOs more latitude in obtaining governmental funding for social and welfare issues.⁷⁹ The implementation of this funding structure has helped to decrease the number of barriers between "church and state." To that end, the remaining literature findings fit into the "discomfort with FBOs" category as well as the "distrust of either health agencies or FBOs" category.

People may tend to be uncomfortable with FBOs for a number of reasons. Religious organizations often have difficulties in addressing issues of sexuality, sexually transmitted disease education programs,⁸⁰ reproductive health, and mental illness.⁸¹ For example, "When the Rev. Keron Sadler of the NAACP tried to persuade churches around the country to play a more active role in HIV/AIDS education, she drew some hostile reactions. One pastor said his congregants might think he was gay. Another said AIDS is a curse. Yet another walked out of the room rather than discuss the topic."⁸² Andrea Walker continues that some churches have difficulty discussing issues they do not condone (such as gay sex, promiscuity and drug use).⁸³ In addition, churches can pass harsh judgments on lifestyles and thus discourage people from seeking help.

Religious organizations may sometimes send conflicting messages. John Blevins' work with young people reveals a complex set of issues that young people face when assessing religious messages about sexuality. For example, "Those messages present prohibitions (abstinence) and expand possibilities (it is okay to be straight *or* gay because

⁷⁹ Barnes, "A National Examination of Partnerships," 260.

⁸⁰ Linda M. Chatters, Jeffrey S. Levin, and Christopher G. Ellison, "Public Health and Health Education in Faith Communities," *Health Education & Behavior* 25(6) (December 1998): 693.

⁸¹ Kegler, "Facilitators, Challenges, and Collaborative Activities," 667.

⁸² Walker, "Teaching about HIV/AIDS," (accessed 12/16/11).

⁸³ Walker, "Teaching about HIV/AIDS," (accessed 12/16/11).

God made us to be sexual). They speak of the gift of sexuality and they exhort youth to delay any expression (wait for marriage)."⁸⁴

There are often disturbing messages from our pulpits. The Bible speaks of "righteous anger" and prayers for divine vengeance and feelings of divine abandonment."⁸⁵ Additionally, religious organizations have conveyed negative messages as found in the troubling newsworthy stories such as "the mass suicide at Jonestown, sexual abuse by clergy, or parents refusing on religious grounds to accept medical services for their children."⁸⁶

Moreover, congregations may create stressful situations and exacerbate feelings of inadequacy. Some congregations demand "substantial investments of time, energy, money, and other precious resources, potentially at high cost to families, work, and leisure pursuits."⁸⁷ Others congregations may perpetuate gossip and constantly be in turmoil due to financial issues or clashes between the clergy and the congregants. Still other congregations may foster feelings of guilt, shame, and withdrawal of community support.⁸⁸ In illustrating this point, Gary Gunderson states,

The mentally ill, divorced, the racially different, the drug addicted, the poverty stricken, and the nonconformists, have often felt degraded or shamed by the congregation because the congregation has pushed them further to the margins. Parents of children with disabilities are especially sensitive to the toxic effect of many congregations, quickly finding that *no church* [emphasis added] is better than one that further devalues their child.⁸⁹

⁸⁴ Blevins, "Tough Negotiations," 120.

⁸⁵ Ellison, "The Religion-Health Connection," 713.

⁸⁶ Miller, "Spirituality, Religion, and Health," 32.

⁸⁷ Ellison, "The Religion-Health Connection," 713.

⁸⁸ Ellison, "The Religion-Health Connection," 713.

⁸⁹ Gunderson, *Deeply Woven Roots*, 31.

I have illustrated the potential negative impact of congregations in relationship to their congregants and community. Additionally, for a number of reasons, the faith community may be skeptical of the public health community and vice versa. This skepticism can foster distrust. I will address this final category, "distrust of either health agencies or FBOs," as described by Kegler. It is natural for "organizations to protect their own territory and interests."⁹⁰ However, these protective instincts can be a barrier to achieving desired results. Linda Chatters states, "In many respects, these conflicts reflect basic issues of territory encroachment, disputes concerning the appropriate roles of clergy versus health professionals, authority to define particular behaviors as illness or as moral limitations, and, given a particular definition, what are the appropriate measures to be pursued to ameliorate the condition."⁹¹

Racism is yet another example of a barrier that marginalizes those we seek to serve. It also serves to detract us from achieving our goals. Chatters claims "for religious institutions in minority communities (e.g., Black churches), resistance to public health interventions may reflect long-standing mistrust of formal institutions."⁹² This resistance may be the result of "mistrust due to past misuse and abuse, culturally insensitive methods and materials, and one-way research and intervention efforts that benefit academic and public health institutions, but fail to provide tangible benefits to church and community members."⁹³

With this plethora of barriers, it is no wonder Gunderson states, "To many, the congregation is the weakest link in the religious chain, the institution most resistant to

⁹⁰ Kegler, "Facilitators, Challenges, and Collaborative Activities," 672.

⁹¹ Chatters, "Public Health and Health Education in Faith Communities," 692.

⁹² Chatters, "Public Health and Health Education in Faith Communities," 692.

⁹³ Goldman, "Churches, Academic Institutions, and Public Health," 368.

change, and the least obvious place in which to look for the future."⁹⁴ Public health also struggles with a legacy of inadequacy. Kegler states, "There's enormous mistrust, particularly with the county public health department. People are very reluctant to have the public health department involved because they have seen too many times how that particular agency comes in with their latest trick to fix everything and then they disappear into the sunset and nothing changes."

These barriers can seem overwhelming, and at times almost paralyzing. However, this cannot cause us to stagnate; we are called to move forward. We must continually learn from these challenges and modify our approaches, based on these lessons learned, as we work toward the future. Accordingly, we now turn our attention to the faith and public health communities' vision.

⁹⁴ Gunderson, *Deeply Woven Roots*, 15.

Chapter 7: Vision

"Defiance of conventional wisdom on what's achievable; aspiration to make the impossible possible; faithful pursuit of a path to deep, positive transformation even when everything seems to be heading in the opposite direction: these are characteristics not just of Isaiah as an organization engaged in strategic practice but of the organization's namesake. The ability to forcefully articulate and broadly disseminate a long-term vision is a prophetic quality. Isaiah members and staff frequently cite from Isaiah, 58:12 on the role their organization can play as social-change prophet. The verse reads: 'You shall be called the repairer of the breach, the restorer of streets to dwell in.'" Pastor Grant Stevensen, Isaiah President⁹⁵

"Many peer into the future wondering which powerful kind of organization will provide the unifying stories around which our communities will find their meaning. The fact is that the faith communities, including Christian, Jewish, Muslim, Buddhist, provide powerful, energizing narratives that have demonstrated the capacity to guide societies through times of profound change many times in the last several thousand years. Stories of exodus, crucifixion, salvation, repentance, mercy, jubilee, covenant, denial, journey, and faithfulness have proven capable many times before and are by far the most likely to be trusted again in our current wilderness of meaning." Gary Gunderson⁹⁶

I witnessed the common element of hope coupled with the desire for a better future during each of my interviews and meetings. Passion for serving, and for making a difference in the world, motivates us to learn from our past and to plan for the future. This chapter addresses 1) stakeholders' visions of new models for working together, 2) suggestions for moving forward, and 3) examples of proposed collaborative projects.

One community organizer stated that her organization has achieved success more readily when those they serve perceive *love* to be the motivating factor for their work within the community. For this organizer, the statement "They will know we are Christians by our love" reflects the desire that her organizations' actions will speak louder

⁹⁵ Cryan, "Strategic Practice for Social Transformation," (accessed 1/21/12).

⁹⁶ Gunderson, *Deeply Woven Roots*, 68.

than its words. Because they are personally motivated by a love for Christ, this credo challenges them as they serve in a community, which may or may not ascribe to the Christian faith. She calls for the faith community to join them in serving in an unconditional manner as well. Within the HIV/AIDS arena, the health community is also calling the faith community to embrace a new model of working together. William Blattner is the associate director of the Institute of Human Virology at the University of Maryland's School of Medicine. He states, "We are trying to work with opinion leaders, which are often religious and community leaders, to recognize that stigmatizing attitudes have a profoundly negative affect on prevention... We are trying to get them to recognize we're here to help people, not judge them, and get pastors to have a more enlightened approach."⁹⁷

In addition, the citizens of the City of Decatur have expressed a vision for working together within their 2010 Strategic Plan. They strive to establish more variety in those groups that work toward achieving the city's vision of assuring "a high quality of life for its residents, businesses, and visitors both today and in the future."⁹⁸ The citizens claimed that in the past, "there were many organizations and groups in or near Decatur that were uninvolved in its public life, from institutions like churches and colleges to refugee organizations and neighborhood associations."⁹⁹ Their call to action is for these groups to work together because "working through groups has proven to be more effective than acting as individuals and has had the additional benefit of building connections and a sense of community."¹⁰⁰

⁹⁷ Walker, "Teaching about HIV/AIDS," (accessed 12/16/11).

⁹⁸ 2010 Strategic Plan, City of Decatur, Georgia, (accessed November 1, 2011), 51.

⁹⁹ 2010 Strategic Plan, City of Decatur, Georgia, (accessed November 1, 2011), 29.

¹⁰⁰ 2010 Strategic Plan, City of Decatur, Georgia, (accessed November 1, 2011), 29.

As I addressed in Chapter 6: Barriers, there are many obstacles to overcome in working together effectively. However, there are many practical suggestions for moving a combined greater vision forward. One public health practitioner reflected on his past work with the faith community. If he had the chance to do things differently, he stated that he would spend more time working with the collaborative initiatives as opposed to working primarily with individual congregations. A greater emphasize on collaborative work would shift the attention from congregations primarily interested in increasing attendance at their churches to a more significant collaborative focus with the potential for greater the impact to the community.

Michelle Kegler addresses practical steps to take when faith-based organizations (FBOs) and public health practitioners initiate working together. She states, "The first is to simply acknowledge that FBOs are diverse and do not all share the values of public health. Some FBOs, however, will be very interested in improving the health of their members. Other major barriers, such as overcoming distrust between the two sectors and finding a common language, can be addressed by creating situations in which one-on-one relationships can be developed."¹⁰¹ In addition to finding a common language, Gary Gunderson challenges the faith and public health communities to have a mutual respect for each other. He states, "If a religious tradition has survived for 3,000 years, it deserves credit for its insight into how the world works. On the other hand, for 2,900 of those years we were generally satisfied with life expectancy of less than 50 years. Public health science deserves most of the credit for extending that to 75 years in the last century.

¹⁰¹ Kegler, "Facilitators, Challenges, and Collaborative Activities," 677.

Maybe health scientists know something too."¹⁰² Katherine Marshall provides additional "avenues for action" including the following:

(a) supporting purposeful efforts to generate better information on faith-run health programs, assets, and policies, and to integrate this information into health sector planning and implementation at community, national, regional, and global levels; (b) creating dialogue processes that might lift barriers to common action by identifying practical areas for common action and increasing understanding even on areas where there must be "agreement to disagree;" and (c) working from both development policy and faith leadership to set concrete objectives that can be communicated, acted upon, and monitored for enhancing health delivery to poor countries and communities.¹⁰³

The following stakeholders utilize these steps for collaboration as they plan for the future. The City of Decatur established a goal to "assure the efficient use and coordination of all community facilities by strengthening community partnerships."¹⁰⁴ They plan to accomplish this goal by convening "an annual forum for non-profit, public, religious, and institutional organizations to share ideas, resources, and strategies to meet the strategic goals of the community."¹⁰⁵ Additionally, Decatur-area churches have approached the Decatur Cooperative Ministry (DCM) with a concern. Oftentimes, when disenfranchised patients are discharged from a local hospital, they are disoriented and in need of additional care. They may walk to a church near to the healthcare center and ask for help. Churches are not always in the position of being able to provide services to this patient population. These patients need follow-up care, transportation to and from doctor's appointments, and access to medical insurance. DCM will collaboratively engage

¹⁰² Gunderson, *Deeply Woven Roots*, 56.

¹⁰³ Katherine Marshall, "Frontiers of Public Health and Social Transformation: Faith at the Table," in *When Religion and Health Align: Mobilising Religious Health Assets for Transformation*, ed. James R. Cochrane, Barbara Schmid, and Teresa Cutts (South Africa: Cluster Publications, 2011), 232.

¹⁰⁴ 2010 Strategic Plan, City of Decatur, Georgia, (accessed November 1, 2011), 58.

¹⁰⁵ 2010 Strategic Plan, City of Decatur, Georgia, (accessed November 1, 2011), 58-9.

stakeholders from the local congregations and healthcare centers to identify ways to address these needs.

During my 1/31/12 phone interview with Dr. Elizabeth Ford, she suggested a number of new initiatives. She would like for the DeKalb County Board of Health to conduct public health-oriented presentations at churches, distribute a health-related newsletter, provide healthy recipes for church events, and staff health fairs at churches. She would like to see congregations actively engage in all of these activities with the health department. She recommended that each congregation select one congregant per month to provide medical oversight for their church. This person would review menus for church potluck meals, oversee food preparation and consumption, and would be prepared to tend to anyone needing medical attention during church activities. She also suggested that pastors provide sermons on health-related topics. Similarly, a committee for the Baltimore-based NAACP is creating a manual for churches on how to teach HIV/AIDS prevention methods. This manual "will provide pastors with optional sermon messages, such as teaching that the Bible says people should not judge others."¹⁰⁶

To augment these examples of collaborative projects, I include proposed steps for future work with the faith and public health communities in the following chapter. I also present my study limitations and an overview of the lessons I learned.

¹⁰⁶ Walker, "Teaching about HIV/AIDS," (accessed 12/16/11).

Chapter 8: Conclusion

"All Things Must Pass." George Harrison¹⁰⁷

"I'm not crazy!" Anita Renahan-White¹⁰⁸

I have been working on my thesis since April 2011. As I come to the final stages of the writing process, I am sad to be at the end of this project. I have enjoyed being engaged in this project and do hope to stay connected with the faith and public health communities after the completion of my thesis. To this end, I will provide some of my lessons learned and study limitations, and a proposal for future work, in this final chapter.

When I began working on my thesis, one of the original questions I set out to address was, "Should there be a connection between faith and the public's health in the City of Decatur, and if so, what could this relationship look like?" As I attended meetings, conducted interviews, and reviewed the literature, I found numerous connections between the faith and public health communities. In discovering these collaborative efforts, I started to question the relevance of my thesis question. I began to wonder if the connection between faith and the public's health was evident to all in the City of Decatur, but just not to me. However, in reviewing the City of Decatur's 2010 Strategic Plan, I noticed the following graphic (see figure 2). This figure represents "the raw comments compiled from all three Round Table sessions. It shows both what defines the City of Decatur and what the participants hope for the future. The relative size of the word reflects the number of times it was mentioned."¹⁰⁹

¹⁰⁷ Wikipedia, All Things Must Pass, [http://en.wikipedia.org/wiki/All Things Must Pass](http://en.wikipedia.org/wiki/All_Things_Must_Pass) (accessed 2/28/12).

¹⁰⁸ Personal epiphany on 1/15/12.

¹⁰⁹ 2010 Strategic Plan, City of Decatur, Georgia, (accessed November 1, 2011), 24.

insurmountable. Finally, people continue to hold onto hope and work together with vision, passion, and zeal.

My research provided me with a considerable amount of information. However, there are a number of limitations with my study. First, I recognize the geographic limitations of my original focus as it was primarily on the City of Decatur. Within this original focus, I was determined to explore as many faith communities in Decatur as possible. A public health practitioner cautioned me to be wary of the limitations in attempting to extract my findings across all faith communities, since most of the churches in Decatur are Christian-based congregations.

As I conducted my study, my geographic focus did change. I spent considerable amounts of time investigating and learning about initiatives that affected the state of Georgia and across the nation as a whole. Additionally, I brought in a few international examples. However, my exposure to this broader set of stakeholders and literature was limited due to time constraints.

My research addresses all faith traditions as represented in the literature. However, all of my faith-based interviews were with stakeholders within Protestant faith traditions. Consequently, I have significantly more information on Protestant faith traditions than any other faith tradition.

I was not able to interview as many stakeholders from congregations in the City of Decatur as I had originally planned. However, I did gather the initial information needed to prepare for these interviews (see table 3) for all "places of worship"¹¹⁰ as accessed from the City of Decatur's homepage. (Note: I only gathered information from those places of worship listed which included an active website address.) Based on the

¹¹⁰ City of Decatur Home Webpage, <http://www.decaturga.com/> (accessed 11/1/11).

information that was available, I have captured mission statements, summaries of current outreach activities, and the visions for the future of these congregations. I propose conducting interviews with the stakeholders from these places of worship at a later date.

Table 3: City of Decatur Places of Worship¹¹¹

Name and Contact Information	Vision and Mission	Community Outreach Activities	Plans for the Future
<p>1. <i>All Souls Fellowship</i> <i>Shayne Wheeler, Pastor</i> 647 East College Ave. Decatur, GA 30030 404-270-9900 www.allsoulsfellowship.org</p>	<p>Mission: At All Souls, we live in Worship of God, Relationship with others, and Service to the world. This is our purpose in ministry and it is our process of growing one another in our life in Christ.</p> <p>"I sometimes find it to be very difficult to define our church. My first instinct is to point to children's programs, music, community groups, or the teaching. While all are important in the life of All Souls, none are the driving force behind our ministry. What I would say is our driving force is our passion to see the implications of God's grace expressed in our community. As worshippers of Jesus Christ, our calling is to embrace the gospel more fully down into</p>	<p>Community Activities: The act of serving another in Christ enacts something far more profound and deep than simply helping someone out. The one being served gets a taste of unconditional love and perhaps experiences hope or beauty for the first time in weeks, months, or years. In this, worldviews change, brokenness is healed, and the Good News of Jesus becomes tangible. But service is not a one-way act.</p> <p>Outreach Activities: Street GRACE - Working toward eliminating the commercial sexual exploitation of children Decatur Cooperative Ministry - Brings people together to alleviate and prevent</p>	<p>"Check back here for information on how to serve within our church and our community." www.allsoulsfellowship.org</p>

¹¹¹ I collected all information in table 3 directly from public website pages.

Name and Contact Information	Vision and Mission	Community Outreach Activities	Plans for the Future
	<p>the depths of our soul and then to live in our neighborhood, workplace, and family as ambassadors of that grace." - Shayne Wheeler</p>	<p>homelessness while affirming the dignity of each family <i>Moving in the Spirit</i> - a nationally recognized youth development program that integrates high quality dance instruction with performance, leadership and mentor opportunities for young people in Atlanta</p>	
<p>2. Atlanta Friends Meeting Georgia Lord, Clerk Jonah McDonald, Office Coordinator 701 West Howard Ave. Decatur, GA 30030 404-377-2474 www.quaker.org/atlanta</p>	<p>Who We Are: The Atlanta Friends Meeting of the Religious Society of Friends is an un-programmed, non-pastoral Quaker Meeting. We believe that each person has the capacity to know directly the will of God, requiring neither a specific liturgy nor the interpretation of an intermediary.</p>	<p>Atlanta Friends' Testimonies and Concerns Testimonies are not our creed, they are expressions of spirituality in action. These testimonies are rooted in the traditional Quaker belief that there is that of God in all people. Simplicity; Peace; Integrity; Community; Equality; Human Rights and Healthcare.</p>	<p>Volunteer The American Friends Service Committee uses volunteers in many ways. Our main volunteer page is updated frequently with ways you can get involved across the country.</p>
<p>3. Baha'is of Decatur bahais.decaturnga@gmail.com www.bahai.us</p>	<p>A faith focused on building a just, peaceful and sustainable world - one neighborhood at a time. Bahá'í activities for adults, youth and</p>	<p>The Junior Youth Spiritual Empowerment Program is open to young people aged between approximately 12 and 14 and assists them to</p>	<p>A Global Civilization: The creation of a global commonwealth continues to be a central teaching and focus of the Bahá'í Faith.</p>

Name and Contact Information	Vision and Mission	Community Outreach Activities	Plans for the Future
	<p>children are open to all. Everyone is welcome to join a path of service and collective learning about the process of spiritual community building.</p> <p>The central theme of Bahá'u'lláh's message is that humanity is one single race and that the day has come for humanity's unification into one global society. The Bahá'í teachings affirm that there is only one human family and that all people share the same universal human rights. This commitment to human rights is based on the recognition of the fundamental dignity of the human being as a creation of God.</p>	<p>navigate through a crucial stage in their lives.</p> <p>Those in their early adolescent years possess altruism, a sense of justice, eagerness to learn about the universe, and a desire to contribute to the construction of a better world.</p> <p>The program helps them form a strong moral identity and empowers them to contribute to the well-being of their communities and the world at large.</p> <p>Social Action Areas of Focus: Human Rights Advancement of Women Environment and Sustainable Development Social and Economic Development Bahá'ís at the United Nations Interfaith Relations Race Unity</p>	
<p>4. Decatur First Christian Church James Brewer-Calvert - Pastor 601 W. Ponce de Leon Ave. Decatur, GA</p>	<p>Our Denomination: The Christian Church (Disciples of Christ) is a movement for wholeness in a fragmented world. As part of the one body of Christ, we</p>	<p>In 1999, residents of the Ponce de Leon Heights neighborhood joined hands with members of the First Christian Church of Decatur to revitalize 1.3 acres of</p>	<p>Future Plans for the Park:</p> <ul style="list-style-type: none"> • A 30' x 30' pavilion on the concrete pad • Power and water to the site • Additional play

Name and Contact Information	Vision and Mission	Community Outreach Activities	Plans for the Future
<p>30030 404-378-3621 www.decaturdisciples.org</p>	<p>welcome you to the Lord's Table, as God has welcomed us.</p>	<p>church property with the goal of creating a community park. The park is provided by the First Christian Church of Decatur as a community service to all its neighbors. Hosts the Following: AA / Alcoholics Anonymous ALANON Narcotics Anonymous MOMS Club Retired Teachers of DeKalb County Supports These Ministries to Children: Aid to Children of Imprisoned Mothers, Inc. (AIM) Decatur Cooperative Ministry (DCM) Decatur Emergency Assistance Ministry (D.E.A.M.) Operation Christmas Child Total Family and Children's Services Ronald McDonald House</p>	<p>equipment Persons needed to help with visitations at Clairemont Place, Regency House, Clairemont Oaks, Coventry Place, Wesley Woods Tower, Campbell-Stone Assisted Living, Stewart House, Ivy Hall, Sunrise, Fountain View Center for Alzheimer's, and other assisted living establishments. Numerous volunteer opportunities are available all year long.</p>
<p>5. Decatur First United Methodist Church Dr. David S. Naglee 300 E. Ponce de Leon Ave. Decatur, GA</p>	<p>Decatur First United Methodist Church is an open and welcoming church - a vibrant and growing family of faith for all those who are seeking fellowship with the Lord. We</p>	<p>Who to Serve At Decatur First UMC we are passionate about service and helping others. Our theology compels us to make a difference in the world and to follow</p>	<p>Partial List of Projects: There are many ways to put your faith into action at DFUMC Aldersgate Homes Angel Tree Appalachia Service Project</p>

Name and Contact Information	Vision and Mission	Community Outreach Activities	Plans for the Future
<p>30030 404-378-4541 www.decaturfirst.org</p>	<p>value worship, community, spiritual development, ministry and mission. At Decatur First UMC you'll find a warm welcome and authentic concern for you and others. Our church is a place where you can feel God's presence, grow in your faith and discover ways in which you can make a difference in the world. We invite you to join us.</p>	<p>the example of Christ by reaching out to the less fortunate. Those we reach out to include many categories of individuals and families in various states of need or crisis. Read below to find out more about the specific individuals and groups served by the outreach activities of our congregation. Click on the link to learn in detail how you can get involved and put your faith into action.</p> <p>Outreach to Children Outreach to the Disabled Outreach to the Elderly Outreach to Individuals & Families Outreach to Persons Struggling with Illness Outreach to Women in Need Emergency Relief</p>	<p>Atlanta Hospital Hospitality House Breakthru House Christian Toy Team Decatur Cooperative Ministries (DCM) Decatur Emergency Assistance Ministry (DEAM) Global Health Action Habitat for Humanity Heifer Project International Honduras Mission Trip Mountain View Personal Care Home Northside Shepherds Center Nursing Home and Assisted Living Ministries Organic Garden Our House Rape Crisis Center Senior Connections in DeKalb Share the Warmth United Methodist Children's Home UMCOR Vacation Bible School Teachers Wesley Community Centers Wesley Woods</p>
<p>6. Decatur Presbyterian Church Rev. Dr. J. Todd Speed, Senior Pastor 205 Sycamore</p>	<p>Missions - "Who is My Neighbor?" Decatur Presbyterian Church strives to discern and fulfill God's purpose through Jesus Christ</p>	<p>We Support the Following Agencies: Habitat for Humanity Global Village School Decatur Cooperative Ministry</p>	<p>Global Missions - Missions Throughout the World: "Mission is bearing witness to God's love for the world in Jesus</p>

Name and Contact Information	Vision and Mission	Community Outreach Activities	Plans for the Future
<p>St. Decatur, GA 30030 404-378-1777 www.dpchurch.org info@dpchurch.org</p>	<p>for our community, and our world. We do this by welcoming all God's children. Decatur Presbyterian Church is a multi-generational fellowship of loving and faithful Christians in the Reformed Tradition striving to discern and fulfill God's purpose through Jesus Christ for our congregation, our community, and our world.</p>	<p>DCM offers a variety of programs and services. Family Transitional Housing Hagar's House Project Take Charge Expanding Horizons Technology Center Decatur-area Emergency Assistance Ministry AIDS Alliance for Faith and Health Clifton Sanctuary Ministries Crossroads Community Ministries DeKalb Rape Crisis Center Our House Souper Bowl</p>	<p>Christ." Ministry to Untouchables Norvisi Fellowship Crisis Nurseries in Zambia The La Gonave Partnership with the Presbytery of Greater Atlanta HEBRON USA Ndumberi Feeding Programme Equal Exchange Coffee Choon and Yen Hee Lim Jim and Jodi McGill Missionary in Central Asia Dan and Elizabeth Turk Mark Adams</p>
<p>7. Decatur United Church of Christ Rev. Glenna Shepherd 109 Hibernia Ave. Decatur, GA 30030 404-373-2933 www.decaturucc.org</p>	<p>Decatur United Church of Christ is a progressive, inclusive church, influenced by liberation, ecumenical and traditional Christian theologies. As a beautifully diverse congregation, we respect and value each person's spiritual path. We journey with one another across lines that often divide. Whether you come from a church background, a religious background</p>	<p>Ongoing Local Outreach Activities Decatur UCC has many ongoing opportunities for service. Contact the church office at 404-373-2933 or office@decaturucc.org for more information. Some UCC Activities Include: Open Hand delivers meals to the sick and homebound Rev Glenna Shepherd's Address to Georgia Immigration Protest</p>	<p>Global Outreach Decatur UCC has many ongoing opportunities for service. Contact the church office at 404-373-2933 or office@decaturucc.org for more information. Bread for the World is an organization that advocates for those who are hungry all around the world. It offers an opportunity for those who are passionate about these issues to participate in</p>

Name and Contact Information	Vision and Mission	Community Outreach Activities	Plans for the Future
	<p>other than Christianity, or no religious background at all, you are welcome here. Decatur UCC is a congregation of the United Church of Christ. The UCC is a mainline denomination of 5,600 churches and 1.2 million members. We are people of God's extravagant welcome, who listen for the Still speaking God and insist that "Jesus didn't turn people away, and neither do we." We believe in a Still Speaking God, and in doing so we speak in contemporary ways because we affirm the responsibility of the church in each generation to make this faith its own in reality of worship, in honesty of thought and expression, and in purity of heart before God.</p>	<p>Rally People's Solidarity Gathering/Reunion de Pueblo</p>	<p>strategic letter writing campaigns.</p>
<p>8. First Baptist Church of Decatur Rev. Julie Pennington-Russell, Pastor 308 Clairemont Ave.</p>	<p>Who We Are: We are a community of Christ followers who are being transformed by God through the power of the Holy Spirit. We meet in Decatur, GA, but</p>	<p>Our Ministries: The Bible puts a great deal of emphasis on helping the poor in ways that offer them dignity and opportunity. We do our part by offering</p>	<p>Before Christians can act or pray intelligently, we must understand what needs and issues should be addressed. Community Connections Make</p>

Name and Contact Information	Vision and Mission	Community Outreach Activities	Plans for the Future
<p><i>Decatur, GA</i> 30030 404-373-1653 www.fbcddecatur.com www.decaturyouth.org</p>	<p>First Baptist folks live and minister all over the Atlanta Metroplex. We are passionate about helping men, women, teenagers and children experience God's love and grace through a relationship with Jesus.</p> <p>We are a big church but we're not pretentious and our doors are wide open to all who are seeking God. We've been around a long time (150 years) but God is always re-shaping us in new ways. Our congregation is made up of people spanning many generations, walks of life and stages of faith.</p>	<p>the following services: Hagar's House Shelter for Women with Children Tutoring, computer assistance, reading to and playing with children. Druid Hills men's shelter Open Door Community Projects Clothing Room Transitional Housing FBCD Project Take Charge Assistance Circles of Support Decatur-area Emergency Assistance Ministry Food Co-op, co-sponsored with Decatur Cooperative Ministries Sunday Morning Assistance Ministry Interview Alleviating Poverty Master's Hands Ministry Martin Luther King Day of Service Care Packages for Soldiers Season of Giving/Decatur Missional Christmas Annual Fair Seasonal Short Term Opportunities Jobless Not Faithless Help</p>	<p>the acquaintance of community leaders to find out how they would like to see FBCD contribute to the community. Make sure leaders are aware of church programs and outreach.</p>

Name and Contact Information	Vision and Mission	Community Outreach Activities	Plans for the Future
		Refugee Ministry Co-sponsor Prayers & Squares Care in Crisis Ministry Disabilities Team Work Faith and Justice Ministry Study Women on Mission ECOCare - Environmental Ministry Georgia Center for the Book Missions Communication Ministry World Awareness Study & Action Disabilities Ministry. A year of celebrating our heritage of mission action and embracing current needs on the occasion of our church's 150th anniversary Mission Cambodia March 2012 Mission Congo Summer 2012 Mission Taiwan Summer 2012 Mission USA	
9. First Church of Christ, Scientist 446 Clairemont Ave. Decatur, GA 30030 404-373-8383	Who We Are: The heart of Christian Science is Love. It's about feeling God's goodness. It's based on the Bible and is explained in <i>Science and Health with Key</i>	Our Work: Many Christian Scientists have found that prayer results in healing because of everyone's connection with God. If God is divine Love	Future of the Church: The Church, its officers, and members will always be governed by the By-Laws in the Church Manual. However, the Manual

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www.christiansciencega.com	<p>to the Scriptures and other writings by Mary Baker Eddy. It addresses major points about God, good and evil, life and death, sacrament, salvation, and more. Christian Science encourages people to see things from a spiritual perspective, as Jesus taught. Jesus said, "He that believeth on me, the works that I do shall he do also..." (John 14:12). Mary Baker Eddy said, "these mighty works are not supernatural, but supremely natural..." (<i>Science and Health</i>, p.xi:14). This can mean resolving difficult challenges with health, relationships, employment, and so on through prayer, although people who practice Christian Science are free to make their own choices about what to think and do in each situation, including health care.</p>	<p>and has infinite wisdom, how could He cause sin or sickness? If God is all-powerful and ever present, is there anything He can't address? Through prayer, we can learn more of God's nature and ability to touch and heal our lives and the world. Christian Science changes lives for the better in many ways. It improves health and results in physical healing. Over the past 140 years, more than 80,000 healings have been verified and published in The Christian Science Journal, Christian Science Sentinel, The Herald of Christian Science, Reading Rooms, and public talks/lectures.</p>	<p>is a very short, public book, and Christian Science churches and societies are democratically run. This provides for transparency and sufficient flexibility to adapt to the needs of humanity as the church goes forward.</p>
<p>10. <i>Hope Church</i> <i>Jeremy Dixon,</i> <i>Pastor</i> <i>Meets at</i></p>	<p>Beliefs: We believe that Christ intended for our personal faith to be expressed in a social context - that's</p>	<p>Our Work: We see our Life Groups as settings that allow for individuals, who share a common</p>	<p>Our Focus: We view individual and collective acts of kindness, the demonstration of</p>

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<p><i>PushPush Theater</i> 121 New St. 213-272-4843 www.go2hope.com</p>	<p>why we are called "the body of Christ." Therefore, our purpose is to create a culture of "HOPE," where fellowship is essential to the discovery of God's presence and power in everyday life, not just on Sunday morning.</p>	<p>bond, to get connected in the church, to fellowship, and to build relationships. More than just a Bible study, a life group supports its members, keeps its members accountable, and provides a non-threatening environment for its members to dialogue about their spiritual journey and development. We believe that this is a great way to help you grow!</p>	<p>signs and wonders, approachable dialogue about faith, mentoring, and simple, meaningful worship as a great way to make our plea. This approach is intended to create the platform for outreach that infuses Christ and His kingdom into the places that people spend most of their time, these being: family and home environments, places of business, educational institutions and the public square.</p>
<p>11. <i>Holy Trinity Episcopal Church</i> Rev. Joan Pritchard 515 E. Ponce de Leon Ave. Decatur, GA 30030 404-377-2622 www.holytrinitydecatur.org</p>	<p>Mission: Holy Trinity is an Episcopal Church that serves Decatur and the Atlanta area in many ways. We are a diverse parish that has been celebrating God's love for over 114 years. Our parish mission is to open hearts to God and doors to community. We do this through worship, Christian formation, building community and reaching out to others. We are about discovering, celebrating and</p>	<p>Our Work: Decatur Emergency Assistance Ministry (DEAM) provides emergency assistance (including rent, utilities and food) to Decatur area residents. Lutheran and Episcopal Campus Ministry at Agnes Scott College Blood Drive: At least one Sunday a year, our Parish hosts a LifeSouth blood drive Holy Trinity Initiative for Affordable Housing Annual Hunger Walk</p>	<p>The Future: We are continuing our long-term association with Episcopal Community Services of Louisiana and will know later what our work assignment will be. We can be sure that we will be assigned meaningful work through this effective program, even as it is updated. Volunteer housing is limited.</p>

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	sharing the gifts of God.	Christmas Outreach Hagar's House Accessibility Ministries provides sign-language interpretation for Sunday services at 10:30 and five feast days, including Christmas and Easter. Fall School Supply Drive Martin Luther King Jr. Service Project	
<p>12. Lutheran Church of the Messiah Rev. Nathan D. Hilkert 465 Clairemont Ave. Decatur, GA 30030 404-373-1682 www.lmessiah.org</p>	<p>Our Mission: We are a spirit driven, people powered congregation. Our aim is to serve God, to be a caring community and to participate in the fullness of life as Christ promised. Our church has served Atlanta as a place of Christian worship, fellowship and community outreach for over 75 years. Originally established in 1932, the Lutheran Church of the Messiah has grown from its earliest roots in Atlanta's Kirkwood section to the Decatur home we know today. We are a small church community with a friendly and welcoming</p>	<p>Ministries and Outreach: At Lutheran Church of the Messiah, we feel passionately that it is our responsibility to serve our greater community. Our commitment to outreach is so strong, in fact, that this is one of the cornerstones of our mission statement: "To glorify God while attending to the needs of the community." We provide a spiritual presence in our community through public and private worship, and by witnessing through our very lifestyles. The Service Committee coordinates all outreach ministries,</p>	<p>Our Future: We provide a spiritual presence in our community through public and private worship, and by witnessing through our very lifestyles. Through faith and love, we support and serve one another to strengthen our homes, our community, and God's world.</p>

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	<p>congregation committed to learning about, teaching and sharing God's love. Lutherans are Christians who specifically emphasize God's free gift of grace in Jesus Christ as alone sufficient to set us right before God. Lutheranism is the world's largest Protestant denomination and the third largest in North America. We are Christians who happen also to be Lutherans.</p>	<p>both hands-on and which we support financially. Messiah supports the following local, national and international agencies:</p> <ul style="list-style-type: none"> Atlanta Airport Chaplaincy Atlanta Hunger Walk Campus Ministry at Georgia Tech and Agnes Scott Christmas Angle Tree DCM Transitional Housing Decatur Cooperative Ministry (DCM) Decatur Emergency Assistance Ministry (DEAM) Family Promise of DeKalb County Hagar's House Habitat for Humanity DeKalb Little Red Wagon (Lutheran World Hunger Appeal) Lutheran Community Food Ministry at Redeemer Lutheran Services of Georgia Lutheran World Relief Prison Ministry for Women Refugee Relocation Program S.O.S. (Sandwiches 	

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		on Saturday) Samaritan House Villa International	
<p>13. Oakhurst Baptist Church Rev. Lanny Peters 222 East Lake Dr. Decatur, 30030 404-378-3677 www.oakhurstbaptist.org</p>	<p>Mission: We are a Baptist congregation with a rich and unique evolution, from large and quintessential SBC model to radical example of engaged Christian discipleship. Through the crucible of racial integration in the 1960s, the church learned that we could take a stand for integrity and not only survive, but eventually - through much toil and transformation - even thrive. Largely because of the leadership of a relative outsider (a Canadian) as pastor and a small band of powerful, faithful people who were converted around the issue, the church was able to transcend its cultural captivity. A large percentage of the church membership left, and those remaining found a new identity in writing a covenant. All this helped create an environment in</p>	<p>Outreach Activities: The identity of the church has been shaped by a dynamic engagement with the world - seeing needs and making efforts, large and small, to meet them. Some missions began in our own backyard with neighborhood and area ministries, such as homelessness, housing, the Hess Drive home for developmentally disabled men, after-school programs, prison ministry, and the disability mission group. Many church members also experienced spiritual growth by addressing broader justice issues, such as peacemaking, hunger, the environment, civil rights, refugees, and Cuba. During the era when the covenant was drafted, particularly, the whole church got organized around missions, so that missions became such an integral part</p>	<p>Mission Opportunities at Oakhurst Cooking for the Recovery Program: Volunteers cook evening meals one or more times per month. Good Fellowship Club: A program for senior citizens, which emphasizes Bible study and prayer, crafts, and fellowship. Volunteers drive the van or lead in crafts or programs. Oakhurst Elementary School: The church is a Partner in Education for the school. One activity for volunteers is tutoring students or reading to Kindergarten students at the school. Mentoring: Adult volunteers work one-on-one with children and youth to befriend and encourage youth from the church and the Oakhurst neighborhood. Decatur Cooperative</p>

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	<p>which church members would continue to examine cultural issues in light of a more radical vision of the gospel, as well as the principles of the Radical Reformation, which historic Baptists had helped to start centuries ago. At each crossroads issue - including women's rights, homelessness, gay and lesbian rights, peace and justice, disability rights and others - the church wrestled and reaffirmed this particular commitment to authentic Christian living. There exists now a firmly rooted culture of expectation that we will model among Baptists and other Christians a radical form of integrity to our own tradition coupled with openness and relevance to a multi-cultural, inter-faith world.</p>	<p>of the church that sometimes we don't notice we're doing it. Nearly every aspect of the church (sermons, Sunday School classes, even fellowship) was about doing God's work in the world, and that grounding influences our church today. This enthusiasm for missions grew in large part out of fidelity to the Bible and to the example of Jesus' life. We have also supported members whose work is itself Christian mission in the world. Currently, the Oakhurst Recovery Program is our largest and most visible ministry. Other missions - some annuals, some perennials - keep the church actively engaged with the world. Our practice of "Sounding the Call" to form new mission groups reflects our emphasis on lay leadership and grassroots activism.</p>	<p>Ministry: This organization of Decatur area churches ministers to the people of Decatur in a variety of ways. DCM is supported financially by the church.</p> <p>Decatur Emergency Assistance Ministry: DEAM seeks to meet the needs of the poor and those in crisis within Decatur. Oakhurst supports DEAM financially, with the collection of food, and with volunteers.</p> <p>Oakhurst Recovery Program: Oakhurst Baptist Church has provided housing for homeless men on the church premises in some form since 1982. In the early 1990's this ministry evolved into a residential drug and alcohol treatment program for homeless men.</p>
<p>14. <i>Oakhurst Church</i> <i>Timothy Lloyd,</i></p>	<p><i>What is the Vision of Oakhurst Church?:</i> It is the vision of</p>	<p><i>Our Neighborhood:</i> Oakhurst Church hopes to partner with</p>	<p><i>Our World:</i> At Oakhurst Church, we are discerning how</p>

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<p><i>Pastor 630 East Lake Dr. Decatur, GA 30030 404-377-2117 www.oakhurstchurch.com</i></p>	<p>Oakhurst Church to become a faithful, organic expression of historic Christianity indigenous to the culture and ethos of the Oakhurst community, the City of Decatur, and the east side of Atlanta. Our community takes aesthetics, art, music, ecological redemption and progressive culture very seriously. Therefore, in all we do as we worship, commune and grow together, we will seek to incorporate these values into how we practice resurrection. We hope to author much of our own sacred music, bring the arts into worship, and find creative new ways to help folks grow in their faith while embracing a progressive orthodoxy. Our desire is to be a community whose ethos is defined by our embrace of beauty, creativity, creation and sacredness in our expression of Christianity.</p> <p><i>What is the Mission</i></p>	<p>our neighborhood finding practical ways we can serve the needs of those in our backyard. The following are a few ways we are dreaming about how we can be great neighbors.</p> <p>Oakhurst Church Food Co-Op: At Oakhurst Church, we have a dream to start our own food co-op in service to the Oakhurst Community. If you are interested in helping make this happen please email tim@oakhurstchurch.com.</p> <p>Oakhurst Community Garden: It is our hope to partner with the Oakhurst Community Garden. If you are interested in helping make this happen, please email tim@oakhurstchurch.com.</p> <p>Serving Our Seniors: We would love to develop a monthly event where folks from Oakhurst Church and our community would gather on a Saturday morning once a</p>	<p>we believe God wants us to be involved in serving internationally.</p>

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	<p><i>of Oakhurst Church?</i>: To practice resurrection. It is our desire to be the Church to our community through embodying a visible, tangible, practice oriented Christianity. As an indigenous manifestation of the Christian faith in Oakhurst we hope to embody the love of God through our intentional practice of this startling and unsettling surprise we call resurrection.</p> <p><i>Why Does Oakhurst Church Exist?</i>: To integrate those near Oakhurst, Decatur and the east side of Atlanta into a community where they might practice the resurrected Christian life for the sake of the world. We hope to exist as a conduit in the world whereby God's transforming, restoring, and renewing power can infiltrate and flow into creation. We believe the renovation of the world starts with resurrection in the human heart.</p>	<p>month to help seniors in our neighborhood complete tasks with which they need assistance. We would help with tasks such as cleaning gutters, raking leaves, planting flowers, etc...</p> <p>Festivals, Events & Partnerships: Oakhurst and Decatur have many festivals and events. We hope to find ways our community can partner with the great things already happening in our community.</p> <p>Our City: At Oakhurst Church, we hope to embody the Christian faith through our intentional practice of resurrection.</p> <p>Loving Our Homeless: Will seek to find practical ways we can serve the needs of our homeless in Decatur and East Atlanta.</p> <p>Refugee Community In Clarkston: Next door to Decatur is one of the largest refugee communities in the US. Will seek to find ways we can</p>	

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	<p>Therefore, at Oakhurst Church we hope to inspire and enable folks to experience and practice this resurrection in their daily lives through powerful, transformative encounters with the living God. We believe these encounters occur profoundly in the context of our three core practices: worship, community and growth. As God works this resurrection in our hearts, we hope to continually discover how we can effectively engender justice and redemption in the darkest places in our community, city and world.</p>	<p>partner with those already actively serving this community. Human Trafficking: Atlanta is the #1 city in the US for child sex trafficking. This is unacceptable. We will seek to raise awareness of this dark reality in our city, with the hope that it might eventually be eradicated completely.</p>	
<p>15. <i>Oakhurst Presbyterian Church</i> Rev. Nibs Stroupe Rev. Caroline Leach 118 Second Ave. Decatur, GA 30030 404-378-6284 oakpres@earthlink.net</p>	<p>Our Mission: We are a community of diversities, which empowers us to confront God's truth in the world. Through Jesus Christ, the dividing walls are broken down, leading us to affirm that we are called to be one family - through the life, death and</p>	<p>Community Outreach: Bread for the World Renewing our commitment to end hunger in God's world, joining thousands of churches across the world to create hope and opportunity for hungry people PCUSA</p>	<p>Future Activities: Funding mission trips abroad for Oakhurst youth and adults. PCUSA International Peacemaking Inviting leaders from churches internationally to share experiences as peacemakers. Immokalee</p>

Name and Contact Information	Vision and Mission	Community Outreach Activities	Plans for the Future
www.oakhurstpresbyterian.org	<p>resurrection of Jesus Christ. God is active in the life of Oakhurst and has given us a vision of hope, inspiring us in the proclamation of the absolute power of God's love and God's grace. We are rooted in the truth that nothing can separate us from the Love of God!</p>	<p>Multicultural Church Network A bold new vision, speaking to hearts of people around the world Earth Covenant Ministry Responding to biblical & denominational calls to renew right relationship with God's Earth Third-Sunday Offering Supporting a variety of relief and justice initiatives around the world.</p>	<p>Workers Advocacy for immigrants with low-wage jobs in Florida. Bread for the World Renewing our commitment to end hunger in God's world, joining thousands of churches across the world to create hope and opportunity for hungry people.</p>
<p>16. <i>St. Thomas More Catholic Church</i> <i>Msgr. Paul Fogarty, Pastor</i> <i>624 Ponce de Leon Ave.</i> <i>Decatur, GA 30030</i> <i>404-378-4588</i> www.stmgaparis.org</p>	<p>Mission Statement: It is the mission of the Saint Thomas More Pastoral Council to help build an active, vital Church founded upon the basic principles of a discipleship directed ministry. Through coordination with parish organizations we will: Support and assist the Pastor and staff on operational and spiritual concerns. Develop a vibrant fellowship with deliberate ministries of compassion to the community, giving foundation for a</p>	<p>Parish Commissions: Perhaps the strongest way to display your faith is to get out there and help your fellow man in need. There are a plethora of ways to serve - ranging from cooking meals for families in crisis to sewing for cancer patients to manning hotlines for young, pregnant mothers. St. Thomas More ministries only work because of the generosity of its members, and their willingness to take on the work needed to</p>	<p>Future Activities: Support our Church in becoming a center of Christian vitality, innovation and excitement, thus stimulating the growth collectively and individually in commitment to God, the body of Christ, and to the work of Christ in the world.</p>

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	<p>Ministry of Grace that focuses upon People, Principles, and Practices. Provide, promote, and practice ministries that will bring fresh spiritual vitality to the Church's membership, both gathered and scattered.</p> <p>Support our Church in becoming a center of Christian vitality, innovation and excitement, thus stimulating the growth collectively and individually in commitment to God, the body of Christ, and to the work of Christ in the world.</p>	<p>create a strong parish community.</p> <p>Everyone has something to offer, and there is a ministry that is looking for you!</p> <p>Responsibility for ministries is divided by our commissions.</p> <p>Human Concerns Commission, Education Commission, Worship Commission, Parish Life Commission, and Close to Home Ministries.</p> <p>Birthright Catholics for Life Our Lady of Perpetual Help Decatur Emergency Assistance Ministry Decatur Cooperative Ministry Hagar's House Central Night Shelter Meals on Wheels AIDS Ministry St. Vincent de Paul Society Advice and Aid Pregnancy Problem Center College Women's Center Friends of L'ARCHE Atlanta Adult Mission Trips</p>	

After conducting interviews with the City of Decatur stakeholders listed in table 3, the second part of my thesis question still remains, "what could this relationship between the faith and public health communities look like?" I would like to continue my work in order to address this question. I believe that it would be exciting to secure grant funding in order to conduct a feasibility study pertaining to the creation of a "City of Decatur Faith and Public Health Coalition." In exploring the opportunity to create this coalition, I would seek to engage the stakeholders listed in my original thesis proposal: City of Decatur churches, Columbia Theological Seminary, Decatur City Services, the DeKalb County Health Department, the Housing Authority of the City of Decatur, Decatur Cooperative Ministry, Decatur Emergency Assistance Ministry, and the United Way. Based on the work I have done with my thesis, I would also endeavor to include the local healthcare institutions and others recommended by those on this stakeholder list. If deemed feasible, this coalition could be organized as a "learning community." Services offered through this learning community could include: training, technical assistance, monitoring and evaluation, and strategic/business planning. I will continue to be in prayer about this potential opportunity!

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