INSTITUTE’S MISSION & GOALS

- Encourage, nurture and strengthen the partnership between faith & public health

- Enhance the capacity of faith & public health partners to
  - identify root causes
  - recognizing & appreciating their assets
  - mobilize the strengths of each
Augment the partners effort in the work of eliminating health disparities and promoting health equity.
WHO ARE WE?

Joint Partnership between:

- MidAmerica Center for Public Health Practice @ UIC SPH
  www.midamericacacphp.com

- Center for Faith and Community Health Transformation
  http://chicagofaithandhealth.org/
DEVELOPMENT TEAM

Rani Saxena, MPH  - Program Manager
MidAmerica Center for Public Health Practice

Wesley Epplin, MPH – Program Manager
MidAmerica Center for Public Health Practice

Elena Grossman, MPH - Project Coordinator
BRACE IL @ UIC School of Public Health

Guddi Kapadia, MS, MPH  - Assistant Director
MidAmerica Center for Public Health Practice

Sophie Naji, BS - Program Manager
MidAmerica Center for Public Health Practice

Steve Binns – MPH Candidate
UIC School of Public Health
DEVELOPMENT TEAM

- Rev. Kirsten Peachey, MSW, MDiv, DMin - Co-Director Center for Faith and Community Health Transformation

- Marilyn Adderley Willis, RN, MSN - Community Liaison Community Engagement and Research Core, UIC Center for Clinical and Translational Science

- Rev. Bonnie Condon - Vice President of Faith Outreach Advocate Health Care

- Rev. Shirley Fleming, RN, CNM, MSN, MDiv., DrPH Co-Director Center for Faith and Community Health Transformation
WHY FAITH AND PUBLIC HEALTH?

- common history
- shared interest in health & justice
- current approaches limited
- power to transform & sustain
Health is a human right

Health is influenced by a complex web of individual & institutional social and physical factors

Assets and deficits co-exist in the universe

Focusing on assets gives life
Focusing solely on deficits is life-taking.

Transformation is possible.

Alignment of the assets of faith & public health can transform communities, eliminate health disparities and promote health equity.
OUR HISTORY
- Launched in 2012
- Included 7 teams
- Team Origins: Illinois, Michigan and Indiana
LEARNINGS

- Teams vs. individuals
- Subject matter request
- More time to interact with team and across teams
<table>
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<th>2012</th>
<th>2013</th>
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<td>Root Causes</td>
<td>Health Inequity</td>
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<td>Assets</td>
<td>Language &amp; interfaith engagement</td>
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<td>Gifts/ unique capacities of faith &amp; public health</td>
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<tr>
<td>Mobilizing for change</td>
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Winnebago County
How inequity plays a role in disbanding family

Samaritan Center for Congregation
How faith communities/congregation can translate and communicate the specific details of the Affordable Care Act

Age Options
Limited access to culturally relevant supports for the family caregivers of older adults
- **Arab American Family Services/Trinity Christian College**
  Developing Awareness, education and resources with a focus on family violence across the life span in the context of the community

- **Advocate Trinity Hospital**
  Develop a supportive community health worker/volunteer transition care partner program within faith organizations that helps support people with chronic disease
TEAM EXPECTATIONS

- Attend all 7 Sessions
- Common Goal
- Project Driven
- Strengthen Collaboration
SESSION 1:

INTRODUCTION & HEALTH INEQUITY
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INTRODUCTION & HEALTH INEQUITY
Avoidable, unjust, unfair distribution of the determinants of health that result in differences in the health status between populations.
By the end of the presentation, participants should be able to:

- List 3 health outcomes that demonstrate inequity between groups
- Describe how societal causes are related to health inequity
SESSION CONTENT

- Speakers—Public Health & Faith
- Weavers
- Centering
- Group Work
- Continental breakfast & lunch
- 8:00 AM – 4:00PM
SESSION 1: PUBLIC HEALTH GOALS

By the end of the presentation Participants should be able to:

- Give an example of a disparate health outcome through root causes
- Outline basic public health efforts geared toward addressing health inequity
By the end of the presentation participants should be able to:

- Describe how the concepts of “moral imagination” and “spirit power” relate to health equity
- List examples of faith-related collaboration for the Purpose of transformation
SESSION 1: FAITH GOALS

By the end of the presentation participants should be able to:

- Outline current ongoing efforts with & across faith communities for positive social change
- Nurture “moral imagination”
SUPPORT TEAM

- Content experts
- Mentors
- Weavers