Critical Issues and Trends: Population Health; Spiritual Health

Faith-Based Initiatives in Health Promotion: History, Challenges, and Current Partnerships

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Abstract

Faith-based institutions and organizations represent a longstanding yet underutilized resource for health promotion and disease prevention efforts. The White House Office of Faith-Based and Neighborhood Partnerships, and its affiliated office within the Department of Health and Human Services, are the highest-profile markers of federal efforts, but most faith-health partnerships are not federally funded and date back many decades. Formal partnerships between the faith-based and public health sectors encompass activities in the fields of health behavior and health education, health policy and management, epidemiology and biostatistics, and environmental health. These partnerships are instrumental for achieving both domestic and global health promotion priorities.

INTRODUCTION

In this journal's inaugural issue, Chapman[1] called for greater dialogue on the health impact of spirituality and on spiritually-oriented health promotion programs. In the decades since, behavioral and epidemiologic research on religious and spiritual factors in population health and illness has grown to encompass thousands of studies,[2] and congregational and denominational health promotion interventions have proliferated throughout the United States and across faith traditions and disease outcomes.[3] The federal faith-based initiative in human services of the past two presidential administrations has gained this work a higher profile, but with concerns voiced about legal and constitutional issues, professional boundary conflicts, and ethical matters regarding the intersection of the faith-based and public health sectors.[4] This commentary takes stock of where we are and advocates for expanded faith-based efforts in health promotion and disease prevention.

HISTORY

Notwithstanding its recently elevated profile, a role for faith-based organizations in health promotion, health care delivery, and public health is hardly new. Religious institutions have organized delivery of human services, including health care, throughout history. The earliest hospitals were established by religious institutions, centuries ago, and medical centers today are commonly branded with respective religions or denominations (e.g., Catholic, Methodist, Jewish, Adventist, Presbyterian, Lutheran). Congregational health promotion programs for underserved communities, well-documented in the literature,[3] have been a staple of the health education field for decades, exemplified by the pioneering Health and Human Services Project of the General Baptist State Convention of North Carolina, dating to the 1970s.[5]

The intersection of the faith-based and public health sectors is multidimensional. Also involved are institutions, organizations, and agencies representing the voluntary, philanthropic, missional, and congregational sectors; local neighborhood and community organizations; and local, state, regional, and federal governments. The participation and leadership role of government, especially as a funding source, has raised concerns about collaborating with faith-based groups. This issue is discussed in detail elsewhere,[6,7] but some background is offered here.

CHALLENGES

A new era of public-private partnerships in human services began with congressional legislation implemented during the Clinton Administration. Through P.L. 104-193, signed by President Clinton in 1996, the "charitable choice" doctrine was established as a mechanism enabling religious organizations to provide federally funded services on the same basis as other nongovernmental providers, so long as they abide by parameters of the establishment clause of the Constitution. This was elaborated in 2001, by the Bush Administration, through E.O. 13198 and E.O. 13199, creating the White House Office of Faith-Based and

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Community Initiatives (OFBCI). Subsequently, controversy arose over the mission of the Office and motives underlying its establishment, perceived by some as a handout to the religious right.[7] Actually, OFBCI was directed by a democrat and Ivy League professor and much of the institutional religious right opposed the Office and sought its elimination. The Office's mission, simply, was to identify barriers to participation by faith-based organizations in social services delivery, to propose development of innovative pilot and demonstration projects, and to coordinate outreach efforts to disseminate information.[7] The legislation creating OFBCI contained no provision authorizing federal funding for any program.

Over time, as leadership of OFBCI transitioned, political passions cooled and the Office functioned successfully and with less pushback for several years. In 2008, a Brookings Institution report made recommendations to the incoming Obama Administration regarding the Office, essentially vetting its constitutionality, offering guidelines for repurposing it, and outlining a revised agenda.[8] Accordingly, in 2009, the Office was retained by the Obama Administration, renamed as the Office of Faith-Based and Neighborhood Partnerships (OFBNP).[9] Institutionalization within the executive branch was further validated when President Obama reauthorized faith-based offices established by the Bush Administration in about a dozen cabinet-level departments, including an Office of Faith-based and Neighborhood Partnerships within the Department of Health and Human Services. The lead author of the Brookings report was recently appointed as director of OFBNP.

Most faith-based efforts in health promotion do not entail a federal role, of course, or involvement of OFBNP. Nonetheless, issues debated throughout the Office's tenure mirror concerns expressed regarding faith-based efforts in health promotion, health care delivery, and health policy, whether governmental or private-sector. The history of conflict between religious institutions and those of medicine and science is well documented and legitimate concerns remain regarding their intersection. Still, there is another story to tell: faith-based institutions that fulfill a prophetic charge to act justly and mercifully through redressing population-health disparities.[4]

CURRENT PARTNERSHIPS

As noted, partnerships between the faith-based and public health sectors are not new. Programs, interventions, and collaborative projects have existed for decades, including initiatives within the core areas of academic public health, a template that can be used to highlight key faith-based efforts at health promotion and disease prevention.

Health Behavior and Health Education

Since the 1970s, congregational and denominational health promotion programs in underserved communities have focused on preventing morbidity and mortality due to chronic diseases such as diabetes and hypertension.[10] The North Carolina program,[5] noted earlier, established a model for partnerships throughout the United States between health educators and religious congregations and denominations, generating programs targeting processes and impacts related to patient education, training lay advisors and community development leaders, establishing screening and referral centers within churches, providing home health services, and strengthening formal and informal social support networks.

An essay in the new *Encyclopedia of Lifestyle Medicine and Health* describes the history and breadth of research on religious and spiritual determinants of health behavior and on the efficacy of faith-based health behavior–change interventions.[11] Summarizing this literature is beyond the scope of this commentary: a PubMed search for articles at the intersection of "religion," "spiritual," "faith," or "church" and "health behavior," "health education," or "health promotion" turned up more than 10,000 publications dating back 60 years. This is not surprising. Religious beliefs and attitudes, Vaux[12] long ago noted, have the power to influence health and illness behaviors related to diet, hygiene, exercise, sleep, vaccination, compliance, stress, violence, birth control, sex, genetic screening, disability, death and dying, and other health-related activities.

Health Policy and Management

Partnerships between medical centers and faith-based organizations, especially denominations, noted earlier, are apparent. In the United States and globally, such organizations are a major player in primary care delivery, especially to underserved populations.[4] But there is another dimension to a faith–health care connection: a substantial literature in the health services research field, first reviewed in the 1980s,[13] has identified religious and spiritual correlates of utilization rates of physicians, primary care, dentists, maternal and child health care, family planning services, pediatric care, psychiatric care, ambulatory care, hospital services, preventive services, medications, extended care, and more. A third dimension: many religious denominations—including Roman Catholics, Methodists, Baptists, and Jews—weighed in regarding the recent health care reform debate in the United States, advocating for a legislative remedy for population-health disparities on the basis of faith-grounded bioethical principles.

Epidemiology and Biostatistics

The faith-based sector contributes to health promotion and disease prevention in another significant way: through reinforcement of behaviors, beliefs, attitudes, and social relationships of epidemiologic significance. This references the thousands of published studies indicating dimensions of religious participation or spirituality associated, on average, with decreased risk of morbidity and mortality for numerous population-health outcomes, physical and psychiatric.[2] Local congregations and faith-based organizations also represent a substantial, and largely untapped, voluntary-sector resource for community efforts at public health preparedness, such as complementing health departments during outbreaks or public health crises, staffing the U.S. Medical Reserve Corps, participating in community data gathering, and providing a locus for delivering preventive health care and monitoring the health of communities and neighborhoods.[7]

Environmental Health

Faith-based organizations and individual congregations have long engaged in advocacy targeting constructive change to improve the health of communities and the nation as a whole.[10,14] These health-impacting efforts target features of the physical and sociopolitical environments. Public health missions emphasizing environmental health development (building wells, draining swamps, providing mosquito nets, etc) extend these efforts globally. Domestically, faith-based institutions work for healthy community environments through many religious resource channels: congregations, denominations, interfaith and ecumenical systems, charitable structures owned by religious groups, religiously influenced community organizations, and the active membership of all of the above.[14]

CALL TO ACTION

The potential of faith-based partnerships in health promotion encourages expansion of domestic efforts, but also extends beyond our national borders. Such initiatives provide a mechanism for the United States to fulfill its global health commitments.

Among the highest-profile successes of the OFBNP is the President's Emergency Plan for AIDS Relief (PEPFAR), established in 2003, by the Bush Administration, and continued under President Obama.[15] PEPFAR was developed to scale up prevention, care, and treatment programs in low-resource settings throughout sub-Saharan Africa, and "holds a place in history as the largest effort by any nation to combat a single disease."[15] Drawing on the human and tangible resources of faith-based and community organizations, more than 250 million prevention outreach encounters were recorded during the Bush years. Under President Obama, PEPFAR is a component of the larger U.S. Global Health Initiative, established in 2009. This exemplifies the promise of faith-based initiatives as part of multisector, coordinated global health efforts.

Just as faith-based resources have helped to drive PEPFAR, so too may such resources be valuably integrated into national health promotion efforts, such as Healthy People 2020. A key project to consider is a faith-based companion document for Healthy People, summarizing evidence from research and intervention studies for all official topic areas. Such an effort would, for the first time, comprehensively catalog "historical and ongoing public health programs and initiatives with significant faith-based content" and provide a baseline for "development of detailed goals, objectives, and implementation plans for federal faith-based efforts" in health promotion and disease prevention.[4] This would be a valuable step in institutionalizing faith-based partnerships as an integral component of national health promotion efforts.

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