The Importance of Community Engagement by Hospital Based Chaplains: Why Do it? How to Do it?

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Center for Spirituality and Health
Icahn School of Medicine at Mount Sinai
The Mount Sinai Health System

- 7 Hospitals
- 37,000 employees
- 177,000 admissions per year
- 2,600,000 outpatient visits per year
Center for Spirituality and Health

- Clinical Services
- Education
- Research
- Community Engagement
Driving Principles

- Use evidence based models
- Data
  - Document methods
  - Measure performance
  - Review outcomes
The role of Faith and Community Based Organizations (FBOs & CBOs) in health promotion

Process used to engage faith based organizations

Results

Population health implications
The Important Role of FBOs in Health Promotion

- Of the religiously affiliated, 60% attend church at least monthly
- Churches serve both their congregants as well as the community
- Clergy can have a profound impact on their congregants

http://www.pewforum.org/2015
Changes in the Health Care Model

- Increasing recognition that health promotion cannot be confined to the medical setting
- Increasing efforts to provide health services in the community setting
- Value based purchasing
Examples of FBOs in Health Promotion

- Health ministries
- Health fairs
- Health screens
  - Blood pressure
  - Cholesterol
  - Cancer
  - HIV
  - Hepatitis C
- On site education
  - Invited lectures
  - Sermons
  - Written material
- Delivery of evidence based disease management programs
Hospital Relationships with FBOs

Services provided:
- Health fairs
- Lectures
- Health screens
- Research

Challenges
- Episodic
- Lack of continuity
- May not be culturally competent
- Outreach vs. engagement
Who Drives Hospital Relationships?

- Community Relations Department
- Social work
- Health educators
- Public affairs
- Auxiliary Boards
- Researchers

Challenges:
- Lack of coordination

What can be the role of health care chaplains?
Why Chaplains?

- Chaplains understand the importance of different faiths and religions regarding:
  - Lifestyle
  - Attitude toward illness
  - Medical decision making

- Chaplains understand the nuances of the culture of congregations.
Outreach vs Engagement with FBOs

- Model should be relevant and meaningful to the faith-based organization
- Community engaged projects are co-created
- Continual work to improve the design of locally relevant methods and attitudes towards research
- Commitment to co-learning
- Promote equity, sustainability, accountability
- The complexity of a church community must be considered in providing a framework for intervening at multiple levels of influence on health behaviors and practices
- Church based health promotion considers that faith based organizations can become essential partners


www.community.vcu.edu
Recognition of the importance of FBOs in health promotion*

Partnering with FBOs in envisioning the nurturing of the presence of religious, spiritual, faithful imagination in relationships to effect transformation in health outcomes by seeking the Leading Causes of Life (LCL**).

* [http://www.cdc.gov/minorityhealth/resources/Faith.html](http://www.cdc.gov/minorityhealth/resources/Faith.html)

Stage 1
Engaging the Community
Trust Building: Engagement Process

- Monthly community clergy faith based breakfasts
- Forums to provide an opportunity for interreligious dialogue and discussion of health concerns
- Events are in small groups, provide a safe space, give leaders a platform to explore health topics and access to experts in health education
Alternating Topics

- Learning about health and spiritual topics occurs in an environment of a shared social construct –
  - Respect of faith and a search for meaning
- Opportunity to exchange stories among chaplains and other clergy
- Appreciate value of the Narrative Process
87 FBOs and CBOs have attended breakfast lectures

Topics include

- Health prevention
- Disease management
- Access to care
- Use of scriptures to work with the sick
<table>
<thead>
<tr>
<th>Program</th>
<th>Number / %</th>
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<tbody>
<tr>
<td>Any Ministry</td>
<td>36 / 82%</td>
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<tr>
<td>Visitation</td>
<td>29 / 69%</td>
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<tr>
<td>Senior Transportation</td>
<td>13 / 30%</td>
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<tr>
<td>Men’s</td>
<td>25 / 57%</td>
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<tr>
<td>Women’s</td>
<td>30 / 68%</td>
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<tr>
<td>Other</td>
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<tr>
<td>Any Health Screen</td>
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<tr>
<td>Blood Pressure</td>
<td>13 / 30%</td>
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<tr>
<td>Glucose</td>
<td>9 / 20%</td>
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<tr>
<td>Weight</td>
<td>10 / 23%</td>
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<tr>
<td>HIV</td>
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<tr>
<td>Other</td>
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<tr>
<td>Medical Clinic</td>
<td>10 / 23%</td>
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<td>Health Education Classes</td>
<td>16 / 36%</td>
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<tr>
<td>Diabetes</td>
<td>3 / 7%</td>
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<tr>
<td>Nutrition</td>
<td>6 / 14%</td>
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<tr>
<td>Prenatal</td>
<td>7 / 16%</td>
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<tr>
<td>Walking Program</td>
<td>6 / 14%</td>
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Stage 2
Role of a healthcare chaplain as the community liaison

Rev. Dr. Zorina Costello
Multi-Faith Initiative on Community And Health
M.I.C.A.H. project

- Health Education for Congregations
- Wellness Events tailored to each FBO needs
- Pathway to access to health care
- Opportunities for programs on prevention and early detection
- Collaboration with Mount Sinai and other community partners
Engagement Process

- Continue Clergy Breakfats
- Build relationships within the hospital
- Establish an Advisory Committee
- Implement multifaceted engagement
  - Attending worship services
  - Meeting one to one with leaders
  - Responding to requests
  - Learning about individual differences and similarities of congregations
Work Within Mount Sinai

- Collaboration with Community Relations
- Engaging providers with resources to provide health education, screening and prevention
- Discussing potential improvement in access to care
- Inclusion of pre-existing Population Health programs with data that support measurable outcomes
Preliminary Work with Community

- Reviewed the establishment of the M.I.C.A.H. project
- Opened up a dialogue about health disparities
- Observed which congregational leaders self-selected by asking for more information and programs
- Collaboration and co-creation of tailored health education programs by utilizing MSHS resources
- Responding to requests while setting realistic goals
Importance of Religious Health Ministries

- These ministries may be formal or informal
- May have clergy or non-clergy assigned as leaders
- Leaders may have professional health industry experience or feel that God is calling them to be helpers
- Pastor, Imam, Rabbi, Minister, Monk, Cleric
- Ministries may already address Cancer, HIV/AIDS, Youth, Elder Care, Mental/Behavioral Health, Political Advocacy, Social Action etc.
Conducting a Survey of Topics

- Based on input from Advisory Committee, a survey was developed
- Survey asked for leaders to rank order topics of importance to their congregants
- Survey also asked about preference of educational format
Topics

- Healthy life style
- Cancer risk and prevention
- Navigating access to health care
- Mental illness
- Visiting the sick
- Educational programs
- Health screening
- HIV/AIDS
- Other

Communication Preference

- Group meeting
- Newsletter
- Social media
- Augmenting a sermon
- Other
Survey Results (N=14)
Other Requests (no particular order)

- Educating Caregivers
- Depression
- Asthma
- Living wills
- Cost for funerals
- Senior Homes
- Prostate
- Diabetes
- Alzheimer’s Disease
- Parenting
- Child Development
- Family Care
  - (Childhood obesity, Learning disabilities, Adolescents)
How should education programs be delivered?

- Group meeting: 80
- Newsletter: 30
- Social Media: 20
- Augmenting a Sermon: 30
- Other: 30
Involve representative from Congregation?

Responses

Yes

No
Developing and Maintaining Relationships

- One-to-one meetings with leaders
- Attendance at services
- Serving as liaison for requests
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<th>Type of Activity</th>
<th>Number of Participants</th>
<th>Number of Occasions</th>
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<td>Blood Pressure</td>
<td>49</td>
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<tr>
<td>Breast cancer screen</td>
<td>85</td>
<td>3</td>
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<td>Colon cancer screen</td>
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<td>5</td>
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<td>Diabetes</td>
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<td>Hep C Screen</td>
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<td>MICAH Overview</td>
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<td>Stroke Prevention</td>
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Potential Impact on Population Health

The Center is recognized as a valuable partner of the Mount Sinai DSRIP program (Delivery System Reform Incentive Payment)
What is DSRIP?

DSRIP = Delivery System Reform Incentive Payment.

- One of various outputs of Governor Andrew Cuomo’s Medicaid Redesign team efforts to transform the NYS Medicaid program

- An effort between the New York State Department of Health (NYSDOH) and the Federal government to improve the health of the Medicaid population and the uninsured.

- A performance-based program; not a traditional grant. Must hit performance goals before payment is made.
Mount Sinai Performing Provider System

- MSPPS initiative serves all 7 hospitals within the Mount Sinai Health System in 4 counties
- 56 Health Centers Clinics
- 58 Care Management Providers
- Over 600 Mental Health & Substance Abuse Providers
- 78 SNF/Rehab Facilities
- 11 Hospice Programs
- 53 Community Based Organizations
- Recently added 3 Faith Based Organizations

Provider density by zip codes
Goals of the Program

- Provide incentives to healthcare providers to build infrastructure and programs to improve population health
- Expand access, allowing patients to receive care at the right place and at the right time to maintain their health
- Reduce avoidable hospital admissions by 25% by DY 5
- Shift the payment system “from volume to “value”
  - Fee for Service vs. Value-based payments
  - 80-90% of Medicaid MCO payments are VBP by the year 2020
  - 35% of the payments by fully capitated MCO’s should be risk-based¹

¹. Medicaid Institute “Navigating the New York State Value-Based Payment Roadmap"
Partnerships with Community Organizations (CBO/FBO)

- Community-level partnerships are key to making DSRIP work
  - Need to look beyond traditional medical system model
  - Community-level organizations are important in keeping people healthy
- CBO/FBOs are the way to reach into communities and reach people who are not engaged, or not well engaged in the medical care system
Stage 3
Next Steps
Improve Access to Care

- Develop navigation services
- Develop a Resource Guide
- Develop a Call Center for referrals
- Potential to train navigators from within the congregations
- Include Congregations in the Community Resource Guide as Assets
- Help train congregations to access the call center resources
Lessons Learned

- Advisory Committee process takes time to develop and to build consensus
- Congregational timeframes/calendars have a life of their own which poses challenges in matching providers to needs
- A large percentage of time is devoted to building and sustaining relationships
- Hospital resources may not always be co-located in a data base or easy to access
- Access to care and navigational services may have different pathways
- Engagement project may evoke a historical narrative from the community
- Congregations like being affiliated with the hospital and enjoy the opportunity to learn about healthcare
- Congregational leadership enjoy a safe space to discuss spiritual questions and interfaith dialogue
Future Goals

- Developing more relationships
- Measuring health outcomes of programs
- Placement of additional health promotion programs that can be sustained within the FBOs and CBOs
Questions / Comments