

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

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# The Mount Sinai Health System

- 7 Hospitals
- 37,000 employees
- 177,000 admissions per year
- 2,600,00 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





# Agenda

- 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>

Lumpkins et al. J Rel Health.2013;52(4)1093-1107)



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# 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*

Campbell, Hudson, Resnicow et. al. Annual Review of Public Health 2007.28:213-34.

[www.community.vcu.edu](http://www.community.vcu.edu);



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# Faith-Based Engagement

- 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>

\*\*Gunderson, G.R., and Cochrane, James, R. (2012). Religion and the Health of the Public: Shifting the Paradigm, New York: Palgrave MacMillan.



# 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



# Data

- 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



# Congregation Asset Survey

Program	Number / %
Any Ministry	36 / 82%
Visitation	29 / 69%
Senior Transportation	13 / 30%
Men's	25 / 57%
Women's	30 / 68%
Other	19 / 43%
Any Health Screen	14 / 32%
Blood Pressure	13 / 30%
Glucose	9 / 20%
Weight	10 / 23%
HIV	6 / 14%
Other	9 / 20%
Medical Clinic	10 / 23%
Health Education Classes	16 / 36%
Diabetes	3 / 7%
Nutrition	6 / 14%
Prenatal	7 / 16%
Walking Program	6 / 14%



## 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 Breakfasts
- 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



# Surveys

## 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

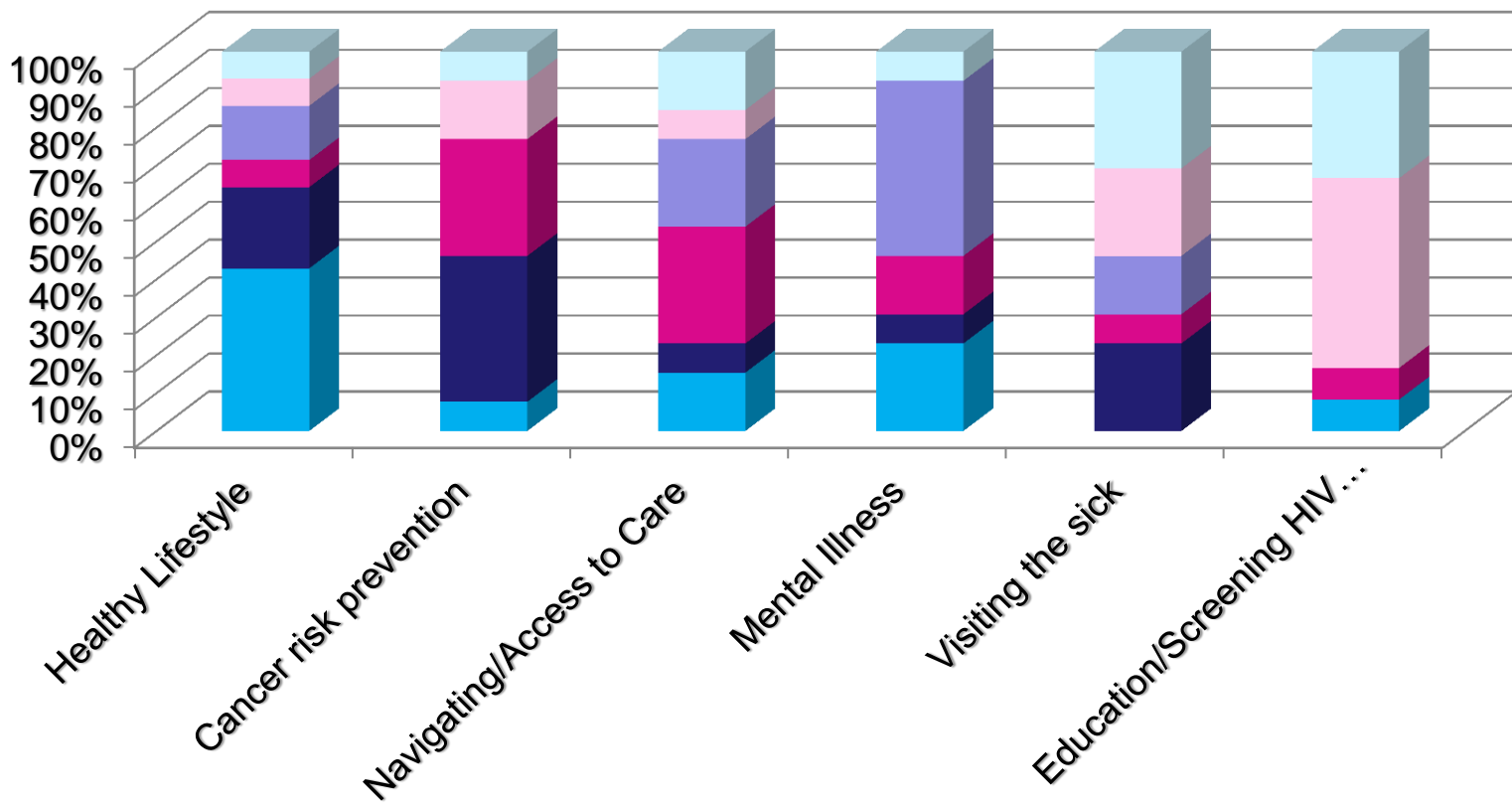
## Communication Preference

- Group meeting
- Newsletter
- Social media
- Augmenting a sermon
- Other



# Survey Results (N=14)

■ 1st Choice   
 ■ 2nd Choice2   
 ■ 3rd Choice  
■ 4th Choice   
 ■ 5th Choice   
 ■ 6th Choice



# Other Requests (no particular order)

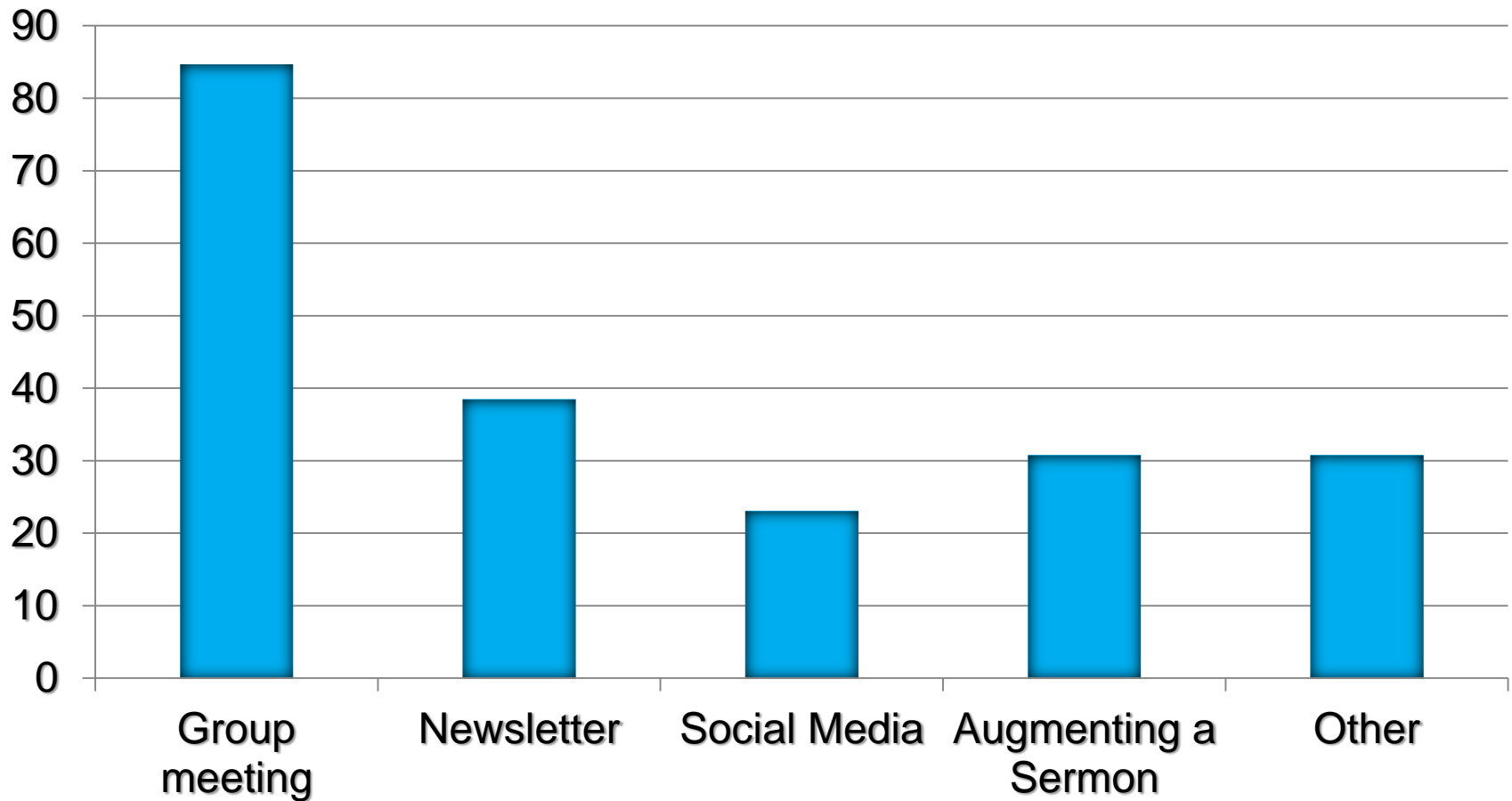
- Educating Caregivers
- Depression
- Asthma
- Living wills
- Cost for funerals
- Senior Homes
- Prostate
- Diabetes
- Alzheimer's Disease
- Parenting
- Child Development
- Family Care
  - (Childhood obesity, Learning disabilities, Adolescents)



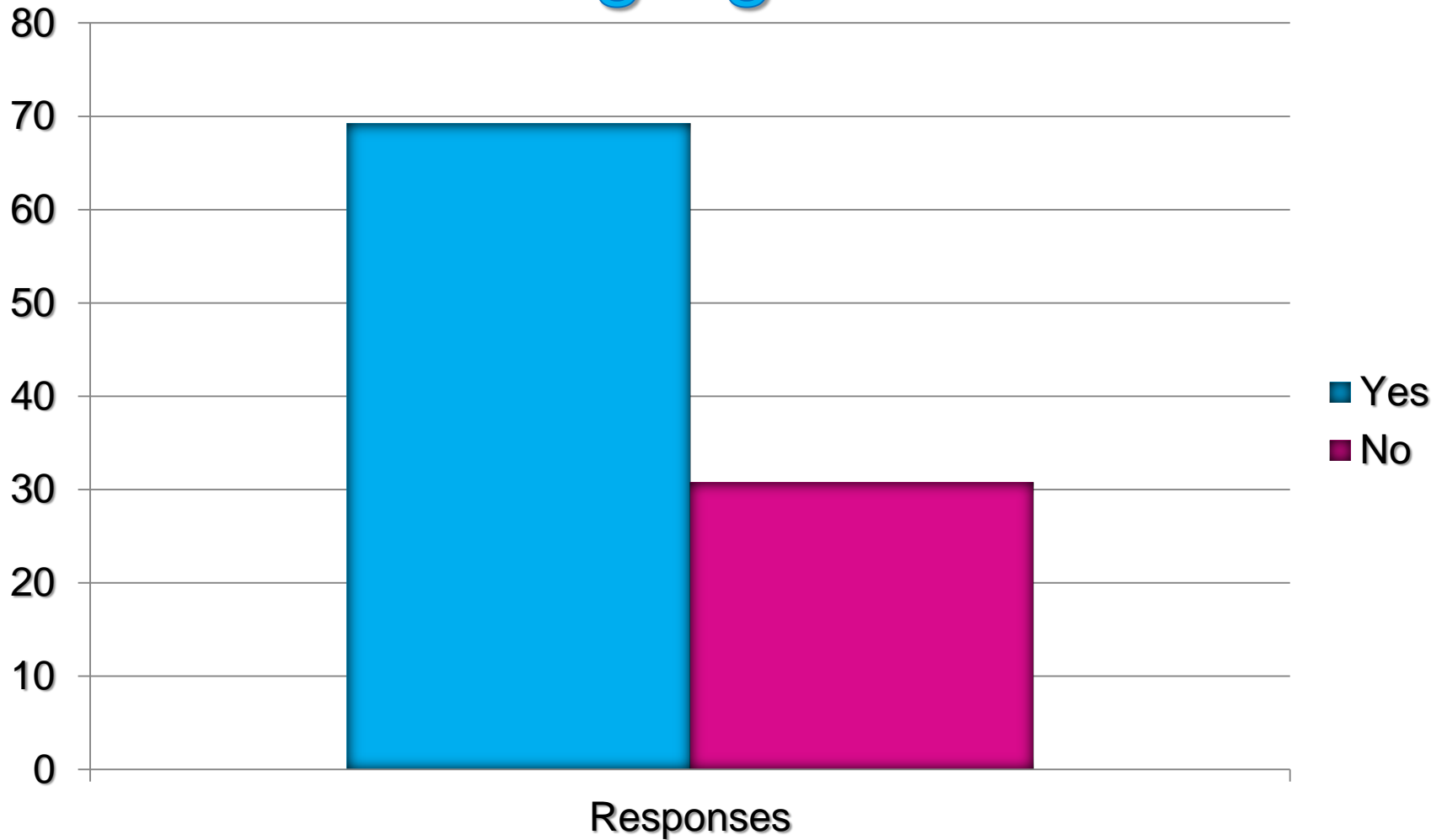


# Presentation Format

How should education programs be delivered?



# Involve representative from Congregation?



# Developing and Maintaining Relationships

- One-to-one meetings with leaders
- Attendance at services
- Serving as liaison for requests



# Community Activities

Type of Activity	Number of Participants	Number of Occasions
Blood Pressure	49	2
Breast cancer screen	85	3
Colon cancer screen	111	5
Diabetes	145	4
Educ. Materials	14	2
Flu Vaccines	19	1
Health Education Panel	118	3
Health Fair	226	6
Hep C Screen	66	4
HIV Screen	46	4
MICAH Overview	5536	56
Stroke Prevention	18	2



# 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.**

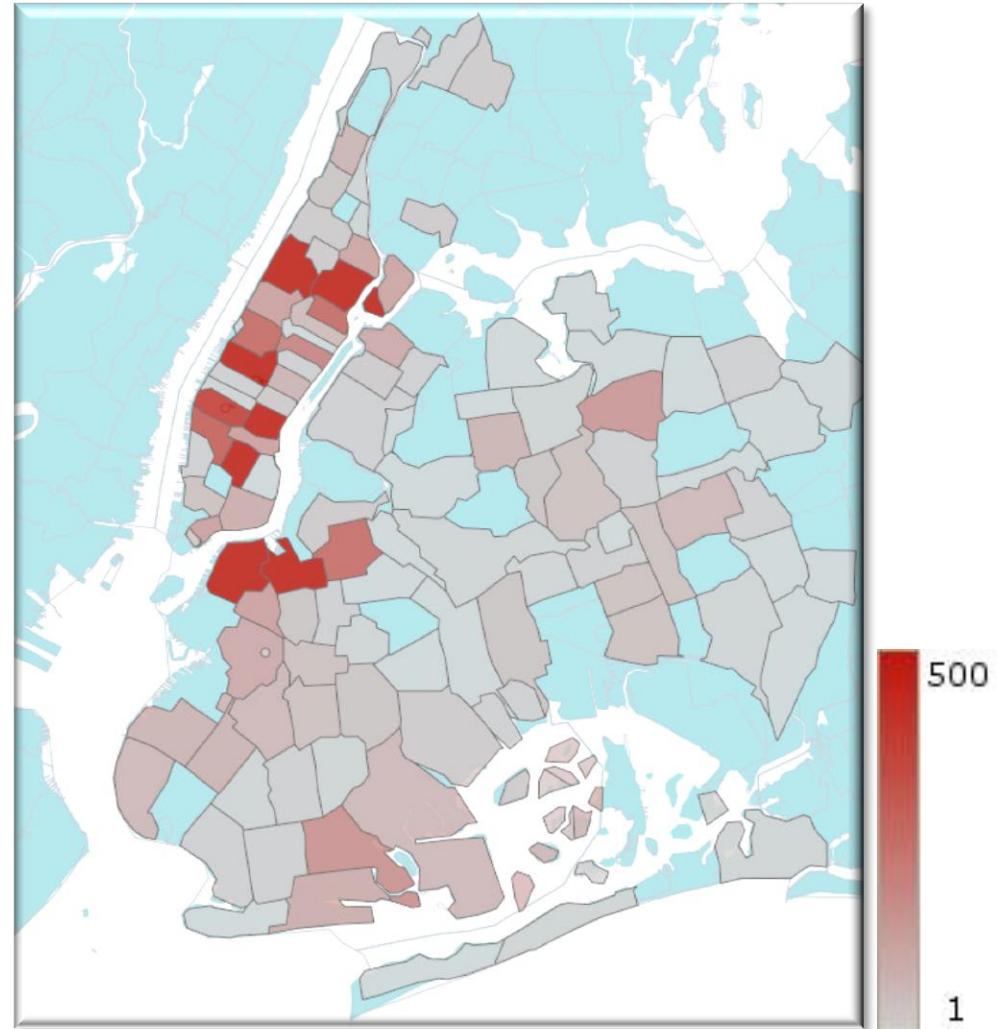
- ❑ One of various outputs of Governor Andrew Cuomo's Medicaid Redesign team efforts to transform the NYS Medicaid program
- ❑ An effort between the New York State Department of Health (NYSDOH) and the Federal government to improve the health of the Medicaid population and the uninsured.
- ❑ A performance-based 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-based<sup>1</sup>

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

