

Faith Community

With their focus on fellowship and the inherent, fundamental value of every person, religious congregations are natural allies in the effort to enhance the lives of children and families.

Strategies

Two counties - **Cabarrus** and **Edgecombe** - engaged in Faith Community Initiatives. In **Cabarrus** County, the initiative began with a prayer breakfast led by a respected leader of the faith community and hosted at his church. Letters on the hosting church's stationery were mailed to 200 pastors inviting them and another representative from their church to attend the breakfast. A reminder post card was mailed and a follow-up phone call was made to the churches. At the prayer breakfast, the "Kids will be Kids" video about Health Check/Health Choice, produced by Buncombe County was shown and the lead pastor and Covering Kids staff made presentations.

Informational kits, which included a postcard where churches could indicate whether and how they wanted to be involved in the outreach and enrollment effort (menu of options) were distributed. A church, for example, could choose only to distribute program materials or could be actively involved by designating a "Captain," who would receive a kit with outreach tools and be trained to assist families in completing applications at a workshop held by Covering Kids staff. Later in the project, Hispanic Covering Kids outreach staff worked individually and on-site with several churches with a high concentration of Hispanics/Latinos. Following church services, the staff held information sessions and helped interested families apply. Where there was interest, he trained congregation members to take applications. In addition, the Pilot participated in Convoy of Hope, an event sponsored by congregations in the area, distributing program materials and applications. The Pilot also received assistance and advice from a respected parish nurse who works in a local hospital. The parish nurse linked staff with key leaders in the faith community and participated in task force meetings to plan the faith initiative. In collaboration with those in the faith community, the Cabarrus Pilot established a fund to cover enrollment fees for families who were unable to pay. (Note: An enrollment fee of \$50 per child/\$100 per family is required for families with incomes above 150% of the Federal Poverty Level.) The parish nurse was very supportive of the scholarship fund; her church was the first contributor.

The Neuse River Missionary Baptist Association and the Reddy Creek Missionary Baptist Association were key partners in the **Edgecombe** Pilot. The Associations helped identify which churches and ministers to approach. Ministers of churches were contacted by phone or in writing, informed about the program and asked if they would like to have someone come and speak to their congregations. They were offered faith community brochures, posters and other educational/promotional materials, and applications. Staff followed up with congregations to check and replenish their supplies. Some members of the Neuse River Baptist Association were trained in outreach and enrollment as well.

Materials and Messages

Several pieces were designed specifically for the faith community initiatives - for the prayer breakfast, the Captain's kit and/or to "stand alone." In Cabarrus these included: a letter from the local pastor to engage ministers in the effort; a handout, "How Can Your Church Get Involved"; a postcard for churches to indicate how they'd like to be involved; sample church bulletin inserts about Health Check/Health Choice, a Frequently Asked Questions guide (FAQs); information so that Captains could compute income and answer basic program eligibility questions; and a letter from leaders of Healthy Cabarrus (the county coalition) to churches in the community to solicit funds to cover enrollment fees for families who are unable to pay. A faith community brochure, which was developed by the Edgecombe Pilot, was later adapted and used in Cabarrus's initiative as well.

In his letter of appeal to ministers that accompanied the faith community kit, the local pastor from Cabarrus said: "The question now before all of us is will we make this opportunity of blessing known to our congregations. If you will become part of the communications process, more kids will be helped." Along with providing a brief description of the program (covered services and qualifications) and instructions for applying, the "Covering Kids through the Faith Community" brochure outlined the ways a church can help.

Items developed for other Covering Kids kits (e.g. list of contacts and a list of health and dental clinics, re-order forms, Covering Kids T-shirts, magnets, pins/buttons), materials created by the State/NCHSF (poster, brochures, fact sheets, envelope stuffers, income guideline cards, the NCHSF catalog) and applications were critical to the effort. Many pieces are also in Spanish. To target Hispanic/Latino families through the churches, the Cabarrus pilot also adapted materials that it had developed for its overall faith community initiative and reviewed those used in Forsyth County's Hispanic/Latino Initiative. (Note: The outreach worker in Cabarrus was a native Spanish speaker.)

Results

Of the 200 churches that we originally contacted in **Cabarrus**, thirty-five people (representatives from 10 churches) attended the prayer breakfast. Three of the 10 that were involved initially sent representatives to the "Captain's" training. Ultimately, fifteen churches (not including the Hispanic/Latino churches later targeted) and the parish nurse were actively engaged in reaching and enrolling families. Many were individually trained using the kit. Others were involved to a lesser degree, i.e., displayed information on their bulletin boards and handed out flyers and brochures to their congregants.

It is estimated that more than 1,000 applications were distributed through the faith community initiative in Cabarrus County, including approximately 500 applications given out at the Convoy of Hope. During the eight months that the initiative was tracked, applications for 22 children were traced to this initiative; 14 children were approved (8 for Health Check and 6 for Health Choice). Over \$5,000 was contributed by those in the faith community to Cabarrus County's "scholarship fund" to cover Health Choice enrollment fees for families unable to pay.

Of the sixty-five ministers that were contacted in Edgecombe County, most agreed to be involved and make information available to their congregations, e.g., posters, brochures, applications. Three members of the Neuse River Baptist Association attended an outreach/enrollment training session. Over 500 applications were distributed to churches. Few enrollees could be traced to this initiative.

Staff reported that because of their efforts in the faith community, the perceptions that some of the religious leaders had about government assistance have improved and that churches in the surrounding counties have contacted them requesting information about Health Check/Health Choice.

Note: As with other initiatives, the numbers (children who applied and were approved) may understate the impact of these initiatives as they do not capture the applications that were prompted by but not coded to the initiative, e.g., applications obtained through the state toll-free hotline. Results were based on coded applications distributed locally and received by the DSS.

Lessons Learned

- Significant time investment. Despite the enthusiasm of church associations and the involvement of key leaders in the faith community, a major effort was required to engage pastors of churches. A significant amount of time and effort was involved in getting representatives from 10 churches to attend the early morning, prayer breakfast in Cabarrus County, e.g., a motivational letter from a highly-regarded pastor/church co-sponsoring the event, postcard reminders and follow-up calls. Scheduling meetings with pastors/ministers, individually, was very challenging as well.
- Lesser role more appealing. Relatively few churches ultimately took on a major role in enrolling members. Not surprisingly, most of the congregations were willing/more

comfortable displaying information on their bulletin boards and distributing flyers and brochures to their members. And many invited Covering Kids staff to speak to their congregations. Like others, church staff/members are already stretched thin. Church staff/members may have been reluctant to obtain personal information such as income that is required on the application from fellow congregants as well.

- Parish nurses can be important allies. Congregations that have a commitment to health ministry may also have a parish nurse program. A parish nurse who is already familiar with the community and the health needs of specific congregants is a helpful referral resource. It may be unrealistic to expect parish nurses to provide application assistance given other demands on their time, however.
- Benefits from ties. Outreach staff felt that the initiative helped to improve the perceptions held by some religious leaders about government assistance and to lay the groundwork for future work together. Additionally, ties with the faith community led to the establishment and growth of the scholarship fund in Cabarrus County.
- Useful tools/materials. Useful materials included: the brochure, "Covering Kids through the Faith Community"; the postcard with a menu of options for how congregations might be involved in outreach/enrollment; the FAQs for families; and a display board for staff presentations. Staff in Edgecombe County reported that the faith community brochure was particularly helpful in establishing relationships with those in the faith community and in providing essential information about the program that pastors found useful for their congregations. In working with the Hispanic/Latino churches, the Cabarrus pilot found that it was extremely beneficial to have a DSS employee who was Hispanic, and able to take and process applications – and who could serve as a re-enrollment worker. As with other initiatives, the State/NCHSF materials in English and Spanish were invaluable particularly applications, posters, fact sheets, income cards. See Appendix D1-2 for a letter of endorsement by a faith community leader in Cabarrus County and Edgecombe's faith community brochure.

Conclusions and Recommendations

We expected the faith initiative to be relatively easy to implement and successful in the short term. Despite a high degree of enthusiasm from associations of churches and leaders in the faith community, this was not the case. A significant amount of time and effort was involved in getting 10 churches to attend an early-morning prayer breakfast in Cabarrus County (e.g., a motivational letter, postcard reminders, and follow-up calls) and in actively engaging 16 in the effort eventually.

As with other initiatives, we feel that the time and energy spent on establishing these relationships will yield more over time. We know that even the handful of advocates that we've engaged could have a significant impact on enrollment and that that efforts do have a ripple effect (have received requests from churches in neighboring areas). If continued, it will be important to find cost-effective ways to maintain the connections and to share information and promote the program on an ongoing basis.

If we were to undertake an initiative to engage those in faith community again, we'd work more directly with the Sunday school and vacation bible school programs and through the teachers and youth group advisors. Strategies, materials and messages that we've designed for the schools initiatives should be considered and possibly adopted or adapted. We'd once again actively engage parish nurses in the outreach efforts. We strongly recommend that those in other communities work with faith community leaders to solicit contributions to fund Health Choice enrollment fees for families who are unable to pay.

