

Church and Hospital: Anchors Partnering to Achieve Community Transformation

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Inequities in financial, health, educational, and social assets characterize many U.S. urban neighborhoods with concentrated poverty as a result of decades of structural racism and class bias. Churches and healthcare institutions are both striving to address these inequities. At their best, Christian leaders are eager to embrace the biblical imperative set forth by Jesus in Luke 4 “to bring good news to the poor, proclaim release to the captives, recovery of sight to the blind, let the oppressed go free and proclaim the year of the Lord’s favor.” It has been challenging, however, for church members to translate such lofty ideals into tangible actions that fiscally and physically transform the lives of low-income families and the communities in which they live. Thus, the goal of creating a front porch for the kingdom of God rarely moves from rhetoric to actual neighborhood revitalization.

Similarly, visionary leaders in the medical community understand that the social determinants of health, (housing, food, medical care, safety, employment, and transportation) are the most important determinants of healthy neighborhoods and family outcomes. Although medical care is critical for many specific illnesses, long-term health promotion and prevention are much more dependent on the health of a neighborhood. Hospitals are taking initial steps to improve those determinants so that individuals who are economically poor may thrive in vibrant neighborhoods. Doctors and administrators are often frustrated as they attempt to move beyond the walls of their hospitals to achieve the desired impact because of regulatory and payment restrictions on how healthcare dollars can be spent and how other agencies can blend funds with hospitals.

In an inner-city neighborhood on the South Side of Columbus, the United Methodist Church for All People and the Nationwide Children’s Hospital have formed a dynamic partnership between faith community and healthcare institution that generates significant transformation. Our work is grounded in shared goals and has been nurtured over time with deepening mutual trust.

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By investing our complementary strengths, we have enhanced the quality of life for people who are poor and marginalized.

The primary strength that Church for All People and its community development corporation bring to the partnership emerges from intentionally building relationships of mutuality over the past two decades with the people who live in the neighborhood. Today this congregation mirrors the demographics of its community: half white, half black, and with two-thirds of its members living below the poverty level. As the inclusive body of Christ, Church for All People is able to unite diverse individuals around common spiritual and neighborhood aspirational goals and generate social capital that is invested in positive change. Thus, the church functions in this partnership as the lead community integrator connecting neighborhood residents with the hospital and other key collaborators such as government agencies, area businesses, the United Way, and non-profit organizations.

Furthermore, because the church is so diverse, it more fully incarnates the presence of the Living Christ. This spiritual force

undergirds all the efforts to construct a front porch for the kingdom of God. Translated into the language of Asset Based Community Development, Church for All People brings to the partnership two essential assets: first, the energy of the people in the community, and second, the divine power that emerges from an inclusive body of Christ.

These assets inspire the church to take risks and be nimble. Church members launch ministries with what outside observers might describe as meager resources, trusting that God will take what is offered and multiply it, so that dreams are fulfilled. Time and again small early successes have inspired other entities to step forward, combining more assets with the passion that can achieve expanding results. This has been especially true in the partnership with Nationwide Children's Hospital.

Nationwide Children's Hospital is the country's largest pediatric healthcare institution and employs more than 12,000 people in its work to provide healthcare to thirty-four counties across central and southern Ohio. One of the most challenged populations of children treated by the hospital are those residing in the immediate vicinity of the hospital on the Columbus South Side. The Hospital Board has provided a clear mandate to staff to partner with residents to improve the neighborhood, enhance child health outcomes, and provide leadership in convening the many partners who have influence and a stake there. Moreover, neighborhoods afflicted by severe poverty are extremely expensive because of high-cost health use, such as emergency departments. The South Side of Columbus was no exception. As the hospital assumed full financial risk for excess utilization of children on Medicaid, the high cost of South Side children was an impetus to improve the community.

As a result, hospital staff from the Finance, Community Relations, Wellness, Community Education, and Pediatrics departments have developed a dashboard of goals in partnership with the mayor's office, Church for All People, and local residents. To achieve these goals, the hospital employs project managers, first-dollar investments, data management and analyses, political capital, and scientific expertise on best practices in community development for child health.

The partnership between Church for All People and Nationwide Children's Hospital comes to life in a series of interconnected "Healthy Neighborhoods Healthy Families" initiatives. The most visible aspect of this work involves the development of affordable housing using a subsidiary non-profit owned by the church with primary funding provided by the hospital, which is operated by a board of directors comprised of church members, hospital leaders, and community residents. Over the past eleven years the partnership has developed 400 housing units with a total investment of more than \$50 million. Housing is the springboard for other transformative efforts that improve neighborhood safety and address income mobility. One recent project involved the construction of fifty-eight new affordable rental apartments with an onsite job-training center. Church for All People manages the training space and Nationwide Children's Hospital is the lead trainer/employer,

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offering entry level jobs to low income residents who are eager to advance on career pathways with a living wage. A jointly operated Neighborhood Leadership Academy trains cadres of diverse community residents, who go forth to develop asset-based initiatives of their own. Significant progress also is being made in areas of health and wellness, and youth development.

Such partnerships, like other relationships, require investments in time, treasure, and talent. First, a significant amount of trust is required that partners will offer right-of-first-refusal on projects, shared credit in development, opportunity to achieve both spiritual and community health goals, and community building. Such trust is the result of continuous working relationships and the commitment to build infrastructure and perspective within each other's organizations. Second, treasure is a key component. Hospital investment in staffing and volunteer time at Church for All People allows flexibility in processes that can be cumbersome in a large corporation and encourages quick decision making. Moreover, modest financial support of the community development mission at Church for All People allows the church to avoid the constant pursuit of small grants and focus instead on strategic initiatives at the city and state level. Finally, some individuals within the hospital find meaningful volunteer mentoring, tutoring, or other service activities associated with the church. In short, the distinctions between organizations can blur at times.

This ongoing interaction, like any relationship that develops depth and perspective, is continuing to enrich both partners. Different hospital staff now sit on the boards of various initiatives. The hospital hosts the annual reception for community development work by the church, and staff at the church participate in the training of hospital staff on the challenges of living in poverty and possible solutions. Individual hospital staff participate because of their own personal faith journeys, through a relationship with individual residents or children in the community, or because of a belief that healthy children grow out of sustainable communities.

Like any relationship, the partnership between the church and the hospital has occasionally encountered rocky ground. Individuals at each organization sometimes perceive conflict between the main goals of their respective institutions (church as body of Christ and hospital as medical care) and the neighborhood development and advocacy mission. In addition, there are challenges from other communities and churches about the special relationship that has developed. Some may even question why hospital funds should be directed through a faith-based institution to conduct parts of the work. Still, the partnership has grown stronger and deeper over

the past decade, and the work continues to blossom.

In conclusion, we believe the partnership between Church for All People and Nationwide Children's Hospital is a promising practice that demonstrates how community transformation can be achieved when a faith community joins forces with a local health care institution. Now is an opportune time to explore replicating such collaborations across the country, because the call to faith communities to stand with marginalized people and communities is closely aligned with a growing national movement for healthcare institutions to address the social determinants of health such as poverty, housing, hunger, and violence. As the partnership between Church for All People and Nationwide Children's Hospital demonstrates, taking advantage of this alignment can optimize both fulfilling the call of Luke 4 and improving health and hope outcomes in neighborhoods. An added benefit is the furtherance of the faith journey of many among the individual partners.

Many faith communities are already closely associated with healthcare institutions either through denominational or local affiliations. These historic relationships can serve as the foundation for creating fresh collaborations that will improve the quality of life in nearby communities.

Trust at personal and institutional levels is the key ingredient along with a willingness to learn the vocabulary and goals of the other partner. Building trust takes time and intentionality. It emerges from authentic relationships of mutuality that interconnect individuals from the neighborhood to people in the faith community and those in the healthcare institution. In addition, small initial ventures produce early success and deepen relationships. This then generates the confidence and excitement to dream bigger and go further in seeking the kingdom and a healthy body of Christ.

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