



June 2008



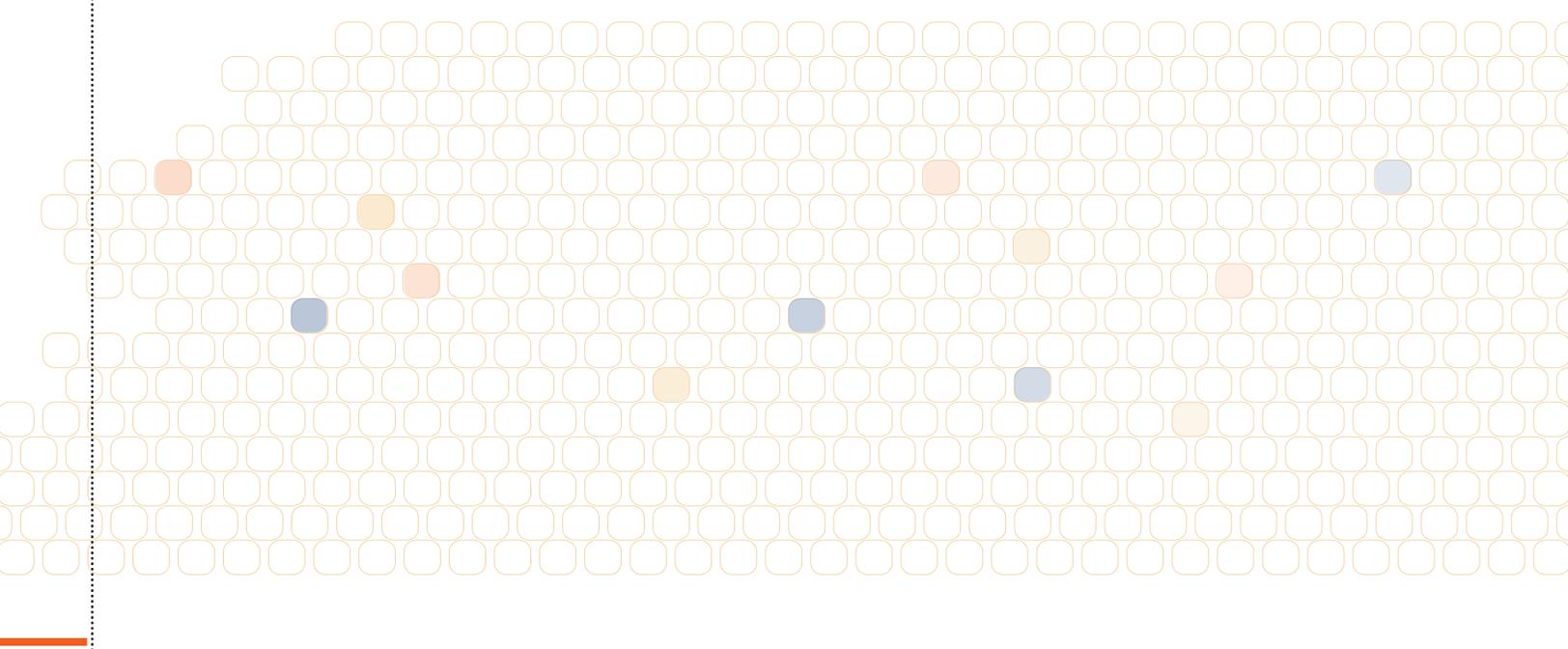
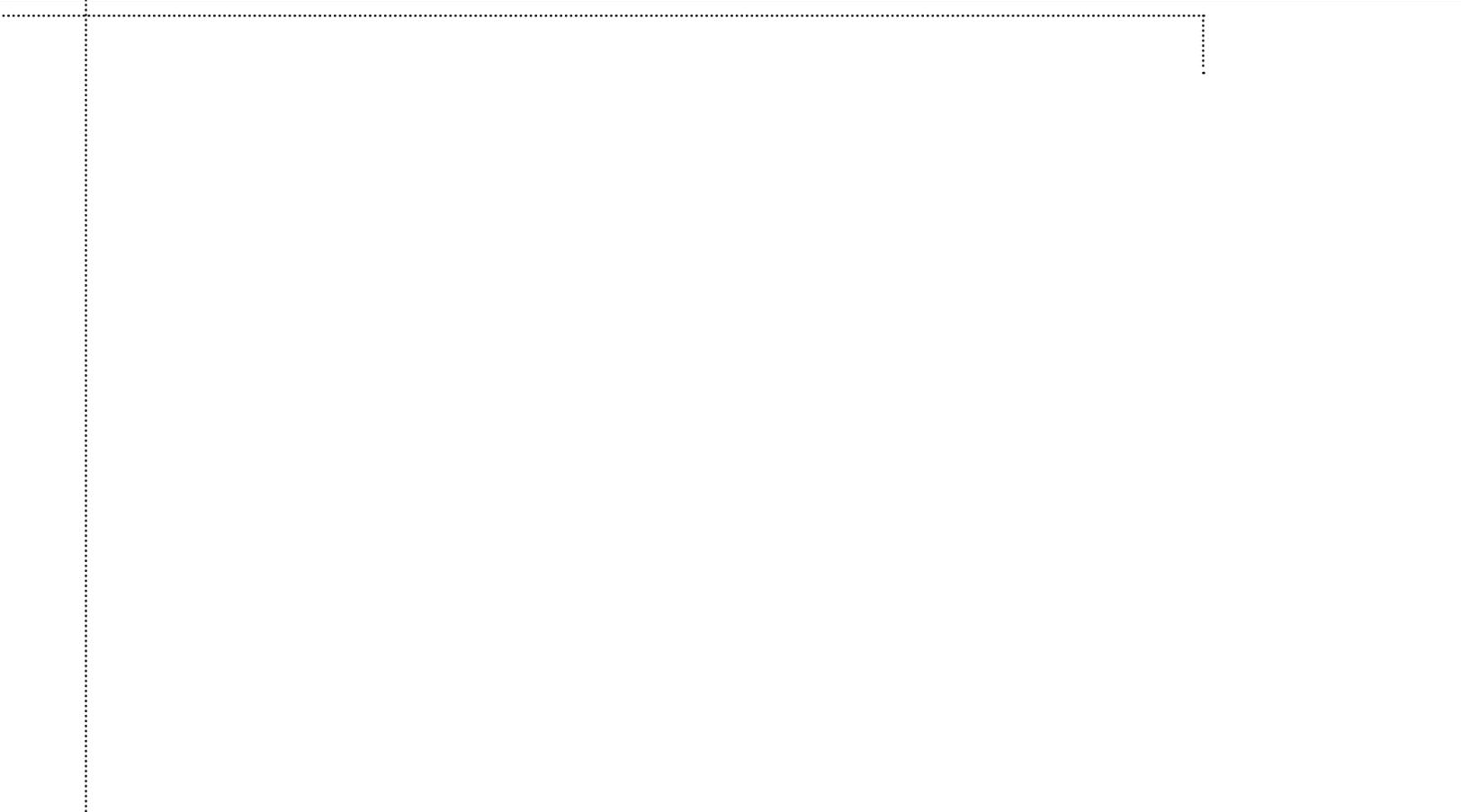
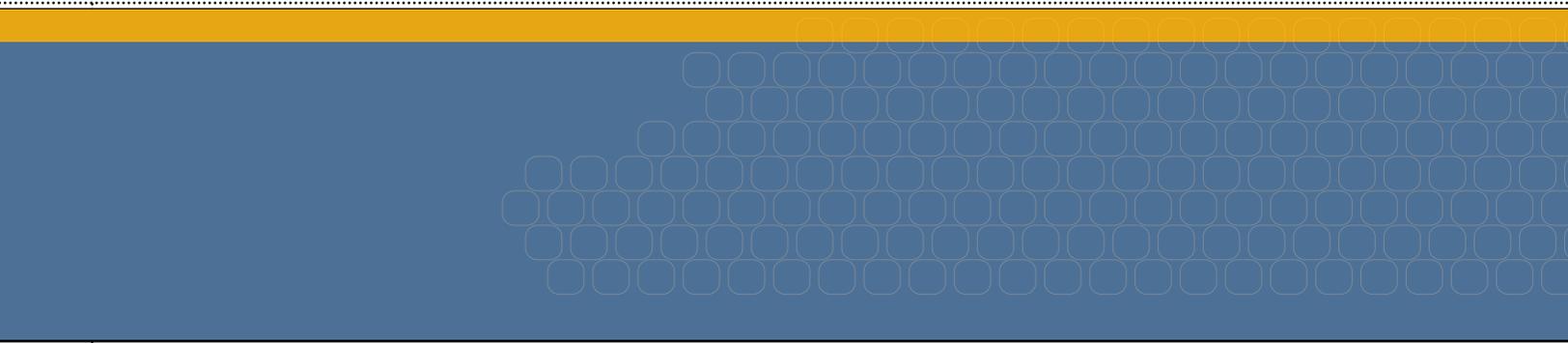
Partnerships with Faith-based & Community-based Organizations

engaging America's grassroots organizations in promoting public health



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A Message from Dr. Julie Louise Gerberding

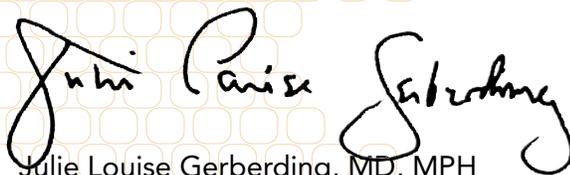


The Centers for Disease Control and Prevention (CDC) has a rich history of collaborating with faith-based and community-based organizations (FBCOs) through outreach programs aimed at addressing a broad array of complex health issues in diverse communities.

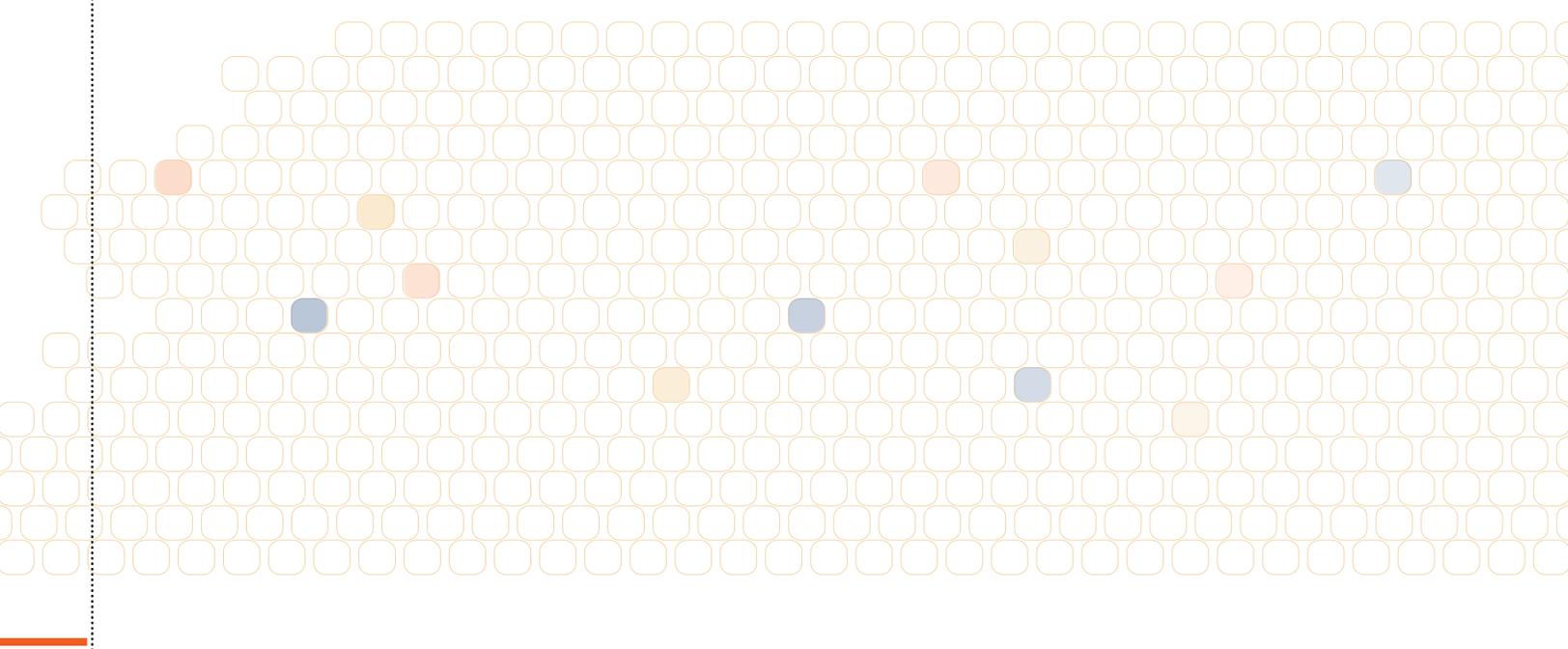
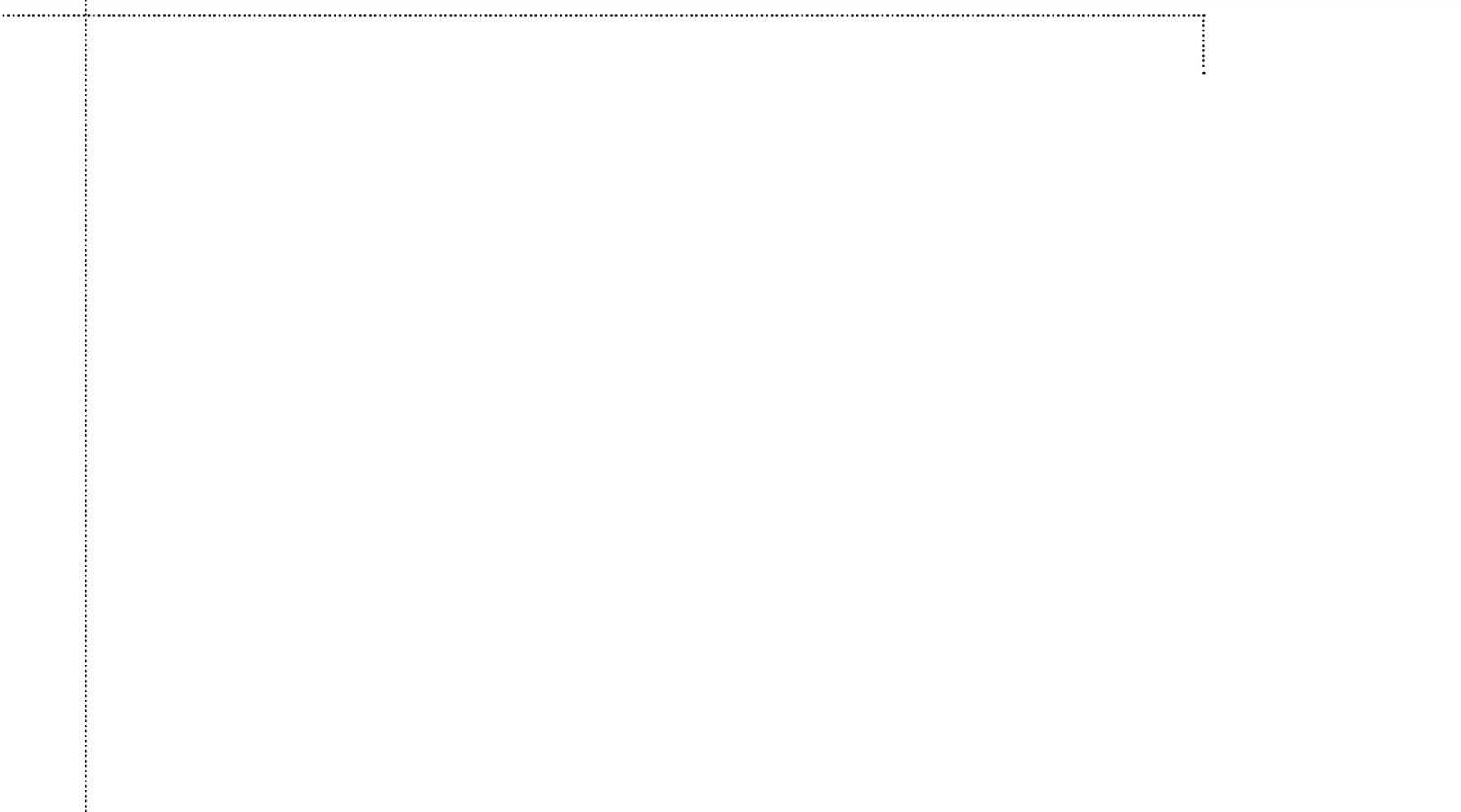
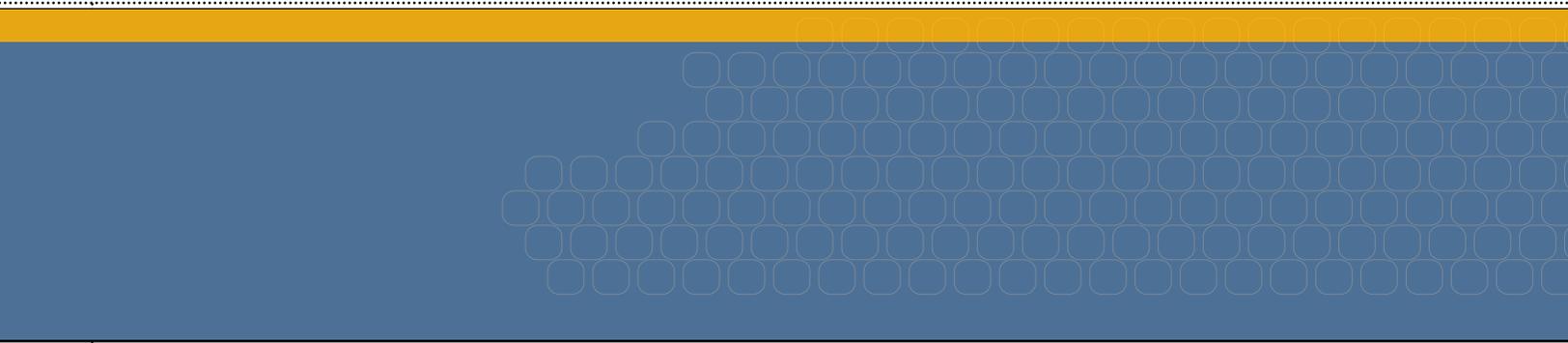
FBCOs are vital to CDC's success. Working with these organizations helps build better connections between public health and health-care delivery systems and the people who need and want support. Involving the private sector, business, and grassroots organizations at every level of society is essential. In today's world, it really does take a broad network to solve complex problems.

The following report highlights efforts between CDC and FBCOs to address health disparities in the United States, promote global health, and through outreach to immigrant communities, develop emergency preparedness plans and community-level response plans. The report outlines the health problem or challenge and describes the CDC partnership developed with FBCOs to address this challenge. This is not a comprehensive report of activities, but a sample of innovative activities and partnerships with grassroots FBCOs, large and small, at CDC.

We're proud of CDC's strong partnerships with these organizations, and know FBCOs will continue to be vital to CDC's public health strategy throughout the 21st century.



Julie Louise Gerberding, MD, MPH
Director, Centers for Disease Control and Prevention



Introduction

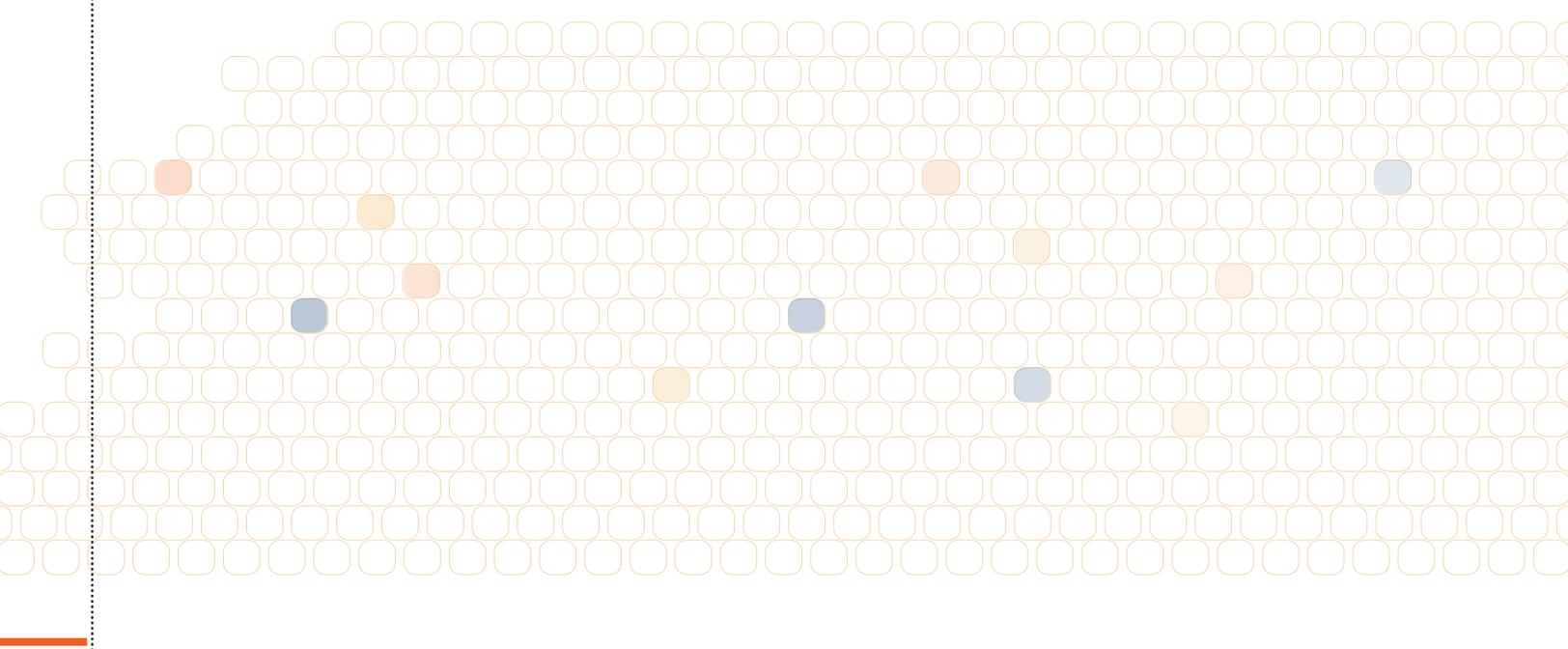
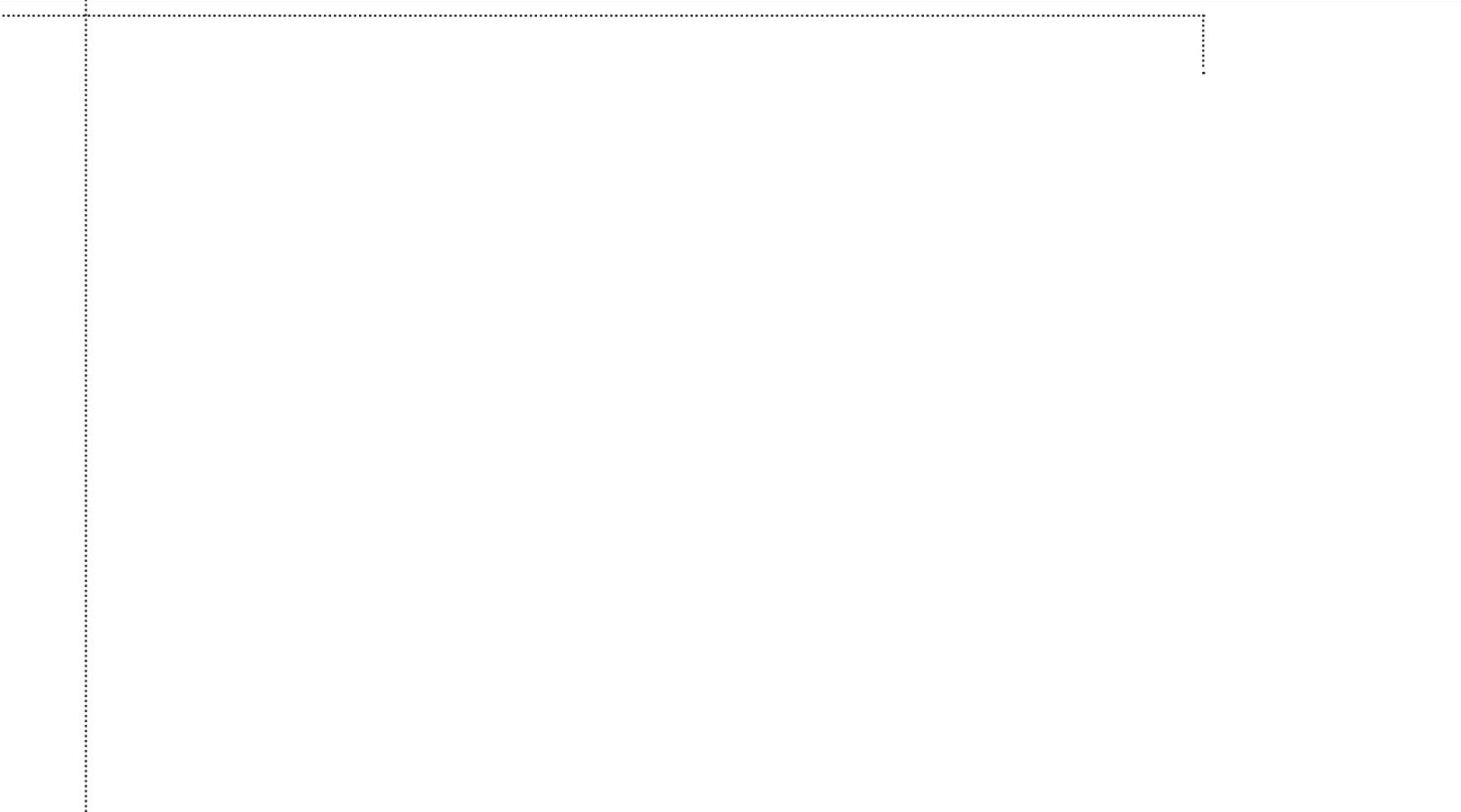
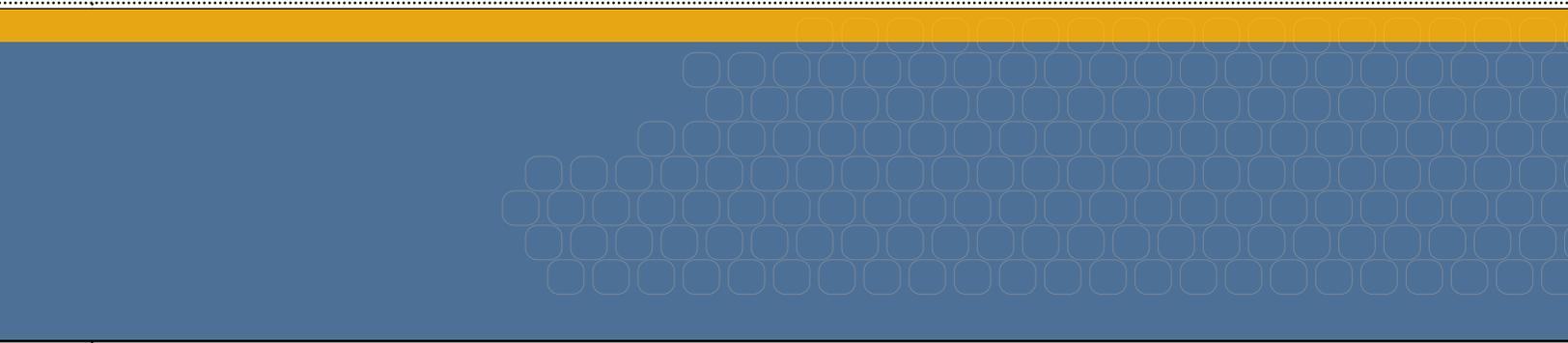
In the 21st century, the United States needs a health system that measures, values, and promotes health and prevents disease. This transformed health system would serve racial, cultural, religious, and socioeconomic segments of the society to ensure equitable access to the information and services people need to achieve and maintain the best possible health outcomes. Faith-Based and Community-Based Organizations (FBCOs) can play an important role in ensuring such equitable access and would potentially be a critical component of the new, transformed health system.

The importance of FBCOs for better health outcomes is already widely recognized. Many FBCOs participate in initiatives to improve health in international settings and provide services to many communities in the United States. They are also a key component of the preparation and response to natural disasters and emergencies. In fact, a 2006 White House report, *The Federal Response to Hurricane Katrina: Lessons Learned*, recommended that “the Department of Health and Human Services working with the Department of Homeland Security should work to include faith-based, community, and nonprofit organizations in emergency planning, preparedness, and delivery of human services.”

To this end, CDC has been strengthening its linkages with faith-based and other volunteer, nonprofit organizations to better reach diverse populations. Indeed, CDC’s FBCO partners are critical to helping us reach underserved communities, delivering our products, and achieving our public health goals. It is with this understanding that we highlight CDC’s innovative work with its faith-based and community based partners.

This report highlights several strategic alliances between CDC and its faith-based and grassroots partners. We feature examples of partnerships with faith-based and nonreligious community-based organizations. We also include CDC’s new grassroots partnerships along with its existing partnerships with well-established nonprofit organizations, giving preference to examples from 2005 through 2008.

To compile the report, we identified three areas covered in CDC’s Health Protection Goals: Eliminate Health Disparities for Vulnerable Populations of all Ages; Healthy People in a Healthy World; and People Prepared for Emerging Health Threats. We have asked CDC’s National Center Faith-Based and Community Initiative (FBCI) Coordinators to provide examples of noteworthy FBCI partnerships. The highlights given here are not intended to be comprehensive or necessarily representative of all FBCI activities at CDC. Each feature includes information on the specific public health challenge, the partnership that was developed to disseminate the program, and the target audience characteristics.



Partner Spotlight:

CDC HIV/AIDS Prevention and Faith-Based Organizations

The faith community plays an essential role in shaping the public's knowledge, attitudes, beliefs and behaviors. Partnering with faith-based organizations is a key component to a comprehensive HIV prevention strategy in building awareness, mobilizing communities, and reducing HIV-related stigma. Since 1987, CDC has made a concerted effort to bring faith and religious partners into the CDC portfolio of HIV prevention partners and has seen an increased interest in HIV prevention among faith-based organizations.

In 1999, CDC funded five faith-based direct service programs: Four capacity-building programs to provide technical assistance and training to faith-based organizations, and one divinity school to establish an HIV and substance abuse prevention curriculum and training program for faith leaders serving disproportionately affected communities. More recently, CDC has funded faith-based organizations to conduct HIV prevention activities through its community based organizations program and to conduct capacity building activities through its capacity building assistance program.

CDC's Heightened National Response to the HIV/AIDS Crisis among African Americans is also working with faith-based organizations, and many other community-based organizations to mobilize against HIV in the African American community. Some recent activities included:

- The Interdenominational Theological Center partnered with CDC to host "Breaking the Silence: Conversations about HIV/AIDS" forum, which attracted over 150 faith leaders.
- Bishop Eddie Long, New Birth Missionary Baptist Church (NBMBC), Atlanta, GA, discussed HIV/AIDS topics on his radio talk show for 12 weeks and incorporated HIV/AIDS prevention into the church's youth activities. In addition, NBMBC held a series of HIV/AIDS education events on college campuses, held HIV/AIDS education panel discussions, and provided HIV testing as a part of its Easter community outreach activities.
- The Potter's House of Dallas, Inc., held a "Step Up for AIDS Youth Talent Show" that was attended by more than 500 young people.
- CDC partnered with the International Association of Minister's Wives and Minister's Widows (IAMWMW) to convene a faith forum intended to educate and mobilize the organization's more than 300 members in HIV/AIDS awareness and prevention activities.
- Sisters Together and Reaching (STAR) partnered with CDC, the Baltimore City Health Department, and other local community-based organizations to convene a faith leadership roundtable intended to educate African American faith leaders regarding HIV/AIDS and assist in the development of HIV/AIDS education and prevention action plans within their local faith community and community at-large.



Section 1.

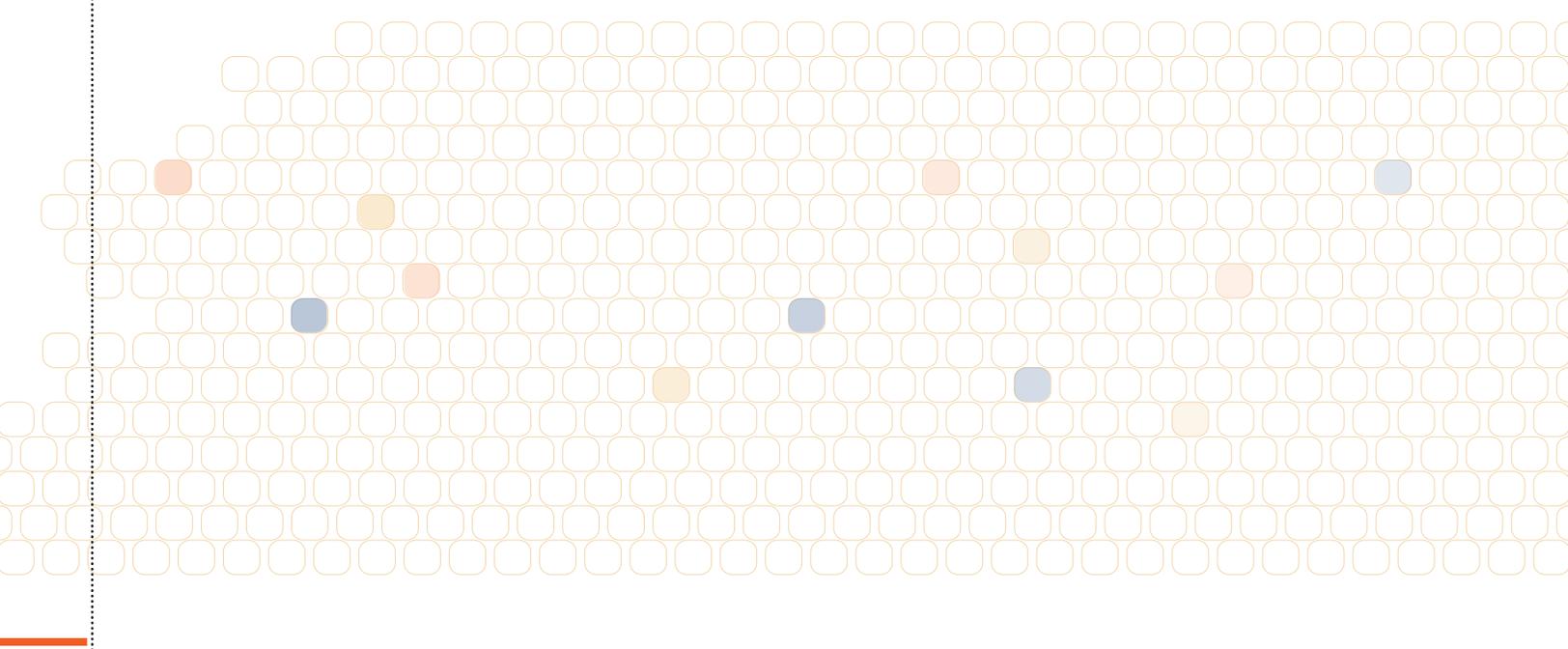
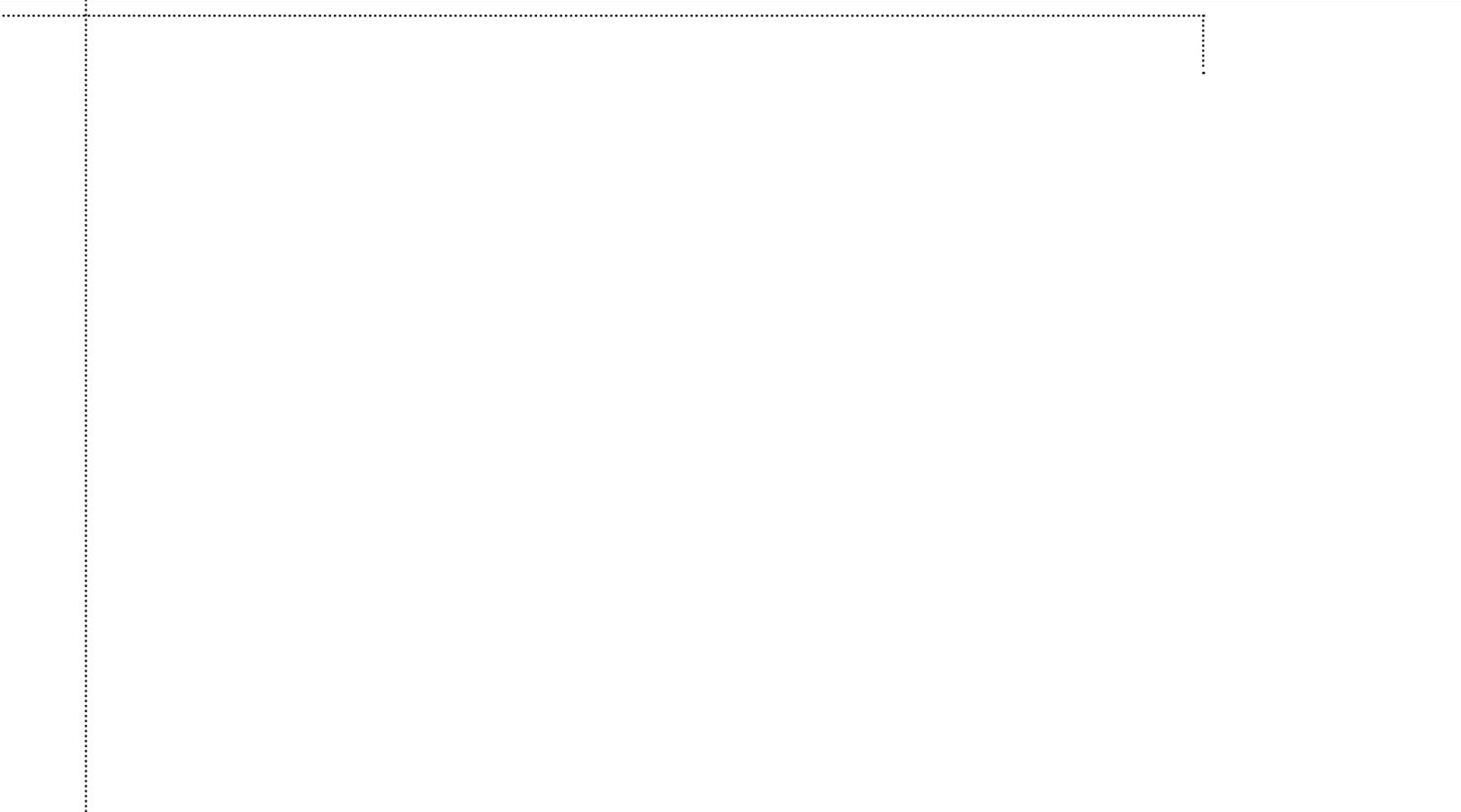
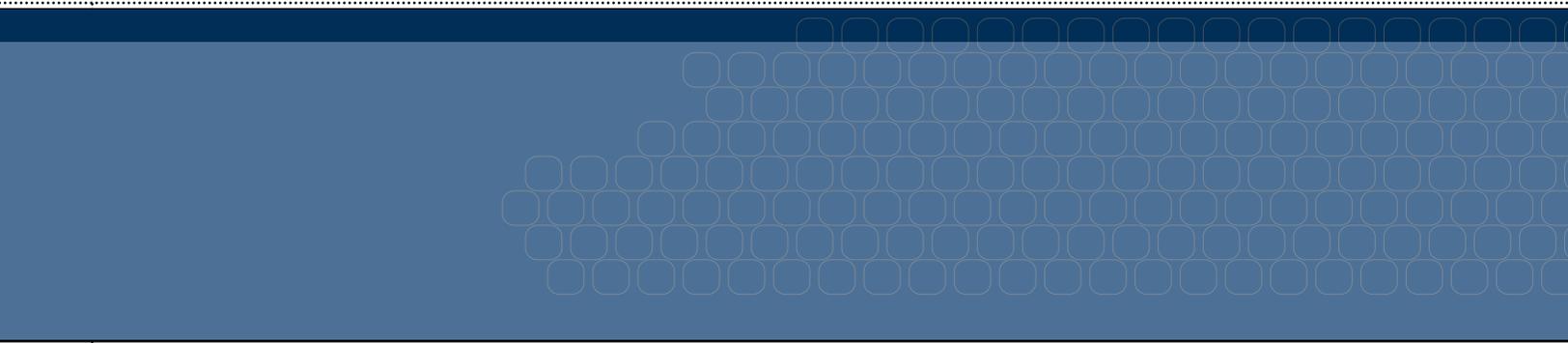
Health Disparities in the United States



goal:

Eliminate health disparities for
vulnerable populations of all ages





“Learn the Signs. Act Early.”

Reaching An Important Audience by Targeting Megachurches.

THE CHALLENGE

African American children with autism are diagnosed later in life than white children with autism. For “Learn the Signs. Act Early.”, a campaign with the mission of helping all children reach their full potential, this fact highlighted the need to prioritize African American families as an audience of great importance. A delay in identification of a developmental problem may mean missed opportunities for early intervention and increased challenges when entering school. Thus, reaching African American parents and caregivers with important messages about child development and early action when a problem is suspected is essential to achieving the mission of “Learn the Signs. Act Early.”

For more information about CDC’s “Learn the Signs. Act Early.” campaign, visit <http://www.cdc.gov/actearly>.

THE PARTNERSHIP

As part of its larger autism campaign with various non-profit and community-based organizations, CDC’s National Center on Birth Defects and Developmental Disabilities (NCBDDD) is partnering with the faith-based community to educate parents and other caregivers of African American children about the importance of tracking a child’s development and acting early when a developmental delay is suspected.

Recognizing the church as a core connection point and trusted resource for the African-American community, the “Learn the Signs. Act Early.” campaign engaged megachurches in an effort to reach African American families and, in doing so, quickly learned of the churches’ not only local, but national and international, reach.

The campaign selected five megachurches in the Southeast, each with more than 15,000 members per congregation, to conduct its pilot phase of outreach. Through these partnerships, the campaign has reached thousands of parents, grandparents, early educators, and health care professionals with campaign materials and messages via community-wide health fairs, conferences, church day care centers, and children’s and health ministries. The campaign has also expanded its megachurch outreach to include faith-based community organizations and faith-based media, including broadcast (*Daystar Television Network*) and print (*Gospel Today* and *Hope Today Magazine*).

This unique engagement has led to other valuable opportunities. “We are currently working with the COSHAR Foundation to equip its national network of more than 10,000 churches and faith-based organizations to educate the communities they serve about the importance of healthy child development and early intervention,” noted Christine Prue, MSPH, PhD, Chief, Prevention Research Branch, Division of Birth Defects and Developmental Disabilities, NCBDDD. “The Foundation also provides message dissemination opportunities via its National Health Ministry Network (NHMN), which is open to all faiths, communities, and is non-denominational in reach.”

“This campaign is very important. It’s critical to educate parents on what to look for in their child’s development. As a parent, you want to do the best for your child, but sometimes you just don’t know what to look for,” says Dina Rodriguez, Health Care Ministry Leader, Mt. Zion Baptist Church, Nashville TN.

Snapshot

Table 1: CDC National Center on Birth Defects and Developmental Disabilities’ “Learn the Signs. Act Early.” Campaign Targets Mega Churches.

Target Population	African American Communities
Partners	Churches in the southern United States with more than 15,000 members per congregation
Products, Strategies, and Tools used	“Learn the Signs. Act Early.” Child Care Provider Resource Kit includes a CD-ROM containing printable fact sheets on child development, 3 growth charts, 3 small posters, and 50 flyers for parents.
Number reached	Exhibited and distributed materials at the Full Gospel Baptist Church International Fellowship Conference in Atlanta in June 2007. Attendees included more than 4,000 church leaders, 30,000 families, and representatives from thousands of businesses and community organizations.
Innovation	Includes grassroots organizations new to partnering with the U.S. government

Colorectal Cancer Screening

CDC Partners With Faith-Based Community Organizations to Identify Ways to Increase Colorectal Cancer Screening among African Americans

THE CHALLENGE

According to CDC's Division of Cancer Prevention and Control, colorectal cancer is the second leading cancer-related cause of death in the United States among cancers that affect both men and women. It affects persons of all racial and ethnic groups; however, African American men and women are disproportionately affected. Colorectal cancer can be effectively prevented or treated if diagnosed at an early stage or as a disease precursor through screening. If colorectal cancer is detected early enough, treatment often leads to a cure. Colorectal cancer screening can result in the detection of precancerous polyps (abnormal growths in the colon or rectum) so that they can be removed before turning into cancer.

For more information about cancer prevention and control, visit <http://www.cdc.gov/cancer/>.

THE PARTNERSHIPS

CDC funded colorectal cancer screening research projects with West Virginia University (WVU); the University of Alabama at Birmingham (UAB); the University of North Carolina (UNC), Chapel Hill, the University of Michigan (UM); and community-based organizations in the local areas.

- The UAB project is being carried out in collaboration with local churches in Birmingham, Alabama, to develop and implement a cancer education program to increase colorectal cancer screening among African American men and women in the greater Birmingham area. As part of this collaboration, educational booklets were produced using culturally appropriate health messages.
- The project at UNC is being carried out in partnership with urban and rural church congregations in the Raleigh-Durham area of North Carolina and in Flint, Michigan, in collaboration with local African American church congregations, community-based organizations, and UM. Innovative intervention approaches such as educational videos aimed at increasing colorectal cancer screening and decision aids for screening are being evaluated to assess their effectiveness.
- The project funded through WVU worked with churches from several denominations in western West Virginia to evaluate the effectiveness of strategies to prevent colorectal cancer among members of local church congregations. Members of the participating churches were asked to organize group educational activities in their local congregation, targeting the primary study outcomes of colorectal cancer screening, physical activity, and dietary changes.

These three projects demonstrate CDC partnerships with grassroots African American and Appalachian FBCOs, and community-based, participatory research methods that may be used by other public health organizations, and present ideas for integrating cultural beliefs into health communication interventions to make them more effective. The findings from these research studies are currently being examined and will be released in 2008-2009.

Snapshot

Table 2: CDC's Division of Cancer Prevention and Control colorectal cancer screening projects

Target Population	African American Communities, Appalachian Communities
Partners	University of Alabama at Birmingham; University of North Carolina, Chapel Hill; University of Michigan; West Virginia University; community-based organizations; and members of Baptist, Lutheran, Catholic, Methodist, Presbyterian, Church of Christ, Nazarene, Pentecostal, and other church denominations.
Products, Strategies, and Tools used	Intervention materials included educational booklets and videos with culturally appropriate health messages and curricular materials for lay health advisors at local church congregations. The study led by the West Virginia University assessed rates of colorectal cancer screening, levels of physical activity, and intake of fruits, vegetables, and fat.
Number reached	The effectiveness of the intervention approaches in increasing the outcomes of interest (e.g., increased rates of colorectal cancer screening, levels of physical activity, and intake of fruits and vegetables) are currently being assessed and results will be released in 2008-2009. If shown to be effective, the interventions could potentially be disseminated to reach a large number of at-risk individuals.
Innovations	Includes grassroots organizations new to partnering with the U.S. government. Intervention materials are culturally appropriate and suitable for persons with low health literacy.



"Screen for Life" Campaign
Materials Good News
African American Version

The National Diabetes Education Program (NDEP)

Works with More than 200 Public and Private Organizational Partners

THE CHALLENGE

Nearly 21 million Americans have diabetes, and at least 54 million people older than 20 years of age have pre-diabetes. Clinically-based reports and regional studies suggest that type 2 diabetes, although still rare, is being diagnosed more frequently in children and adolescents, particularly in American Indians, African Americans, and Hispanic/Latino Americans. African Americans are 1.8 times as likely to have diabetes as non-Hispanic whites of the same age, and more than 1 in 9 African American adults have diabetes. Diabetes can be managed through lifestyle changes and medication, and, for persons at risk or those with pre-diabetes, they can take small steps to prevent the disease.

For more information about the National Diabetes Education Program (NDEP), visit <http://www.cdc.gov/diabetes/ndep> and <http://ndep.nih.gov/index.htm>.

THE PARTNERSHIP

NDEP is a joint initiative of CDC and the National Institutes of Health. This initiative comprises more than 200 public and private organizational partners collaborating to change the way diabetes is treated. NDEP's target audiences include faith-based and community-based organizations, employers, health care professionals, children and their parents and people with and at risk for diabetes.

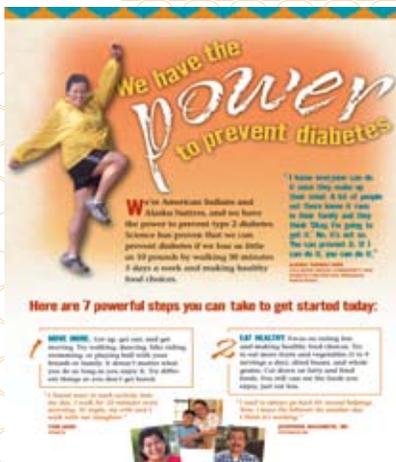
NDEP also reaches out to populations that suffer a disproportionate burden of diabetes (i.e., older adults, racial and ethnic minorities) and funds outreach activities. NDEP uses several strategies to advance community interventions through partnerships:

- NDEP Partnership Network Meeting: Partners meet periodically to share success stories, discuss ways to better implement the program, and plan for the future.
- National Organizations: NDEP funds national organization partners to address the prevention and control of diabetes in high-risk populations through awareness and education efforts. Grantees establish coalitions and partnerships with community-based organizations, state and local health departments, Diabetes Prevention and Control Programs, and others to promote diabetes education strategies in minority communities.
- "How To" Products: NDEP is moving beyond awareness campaigns to tools that show people how to make behavioral changes. These products are designed to help partners conduct primary prevention using NDEP such as the Road to Health Toolkit (English), El Camino Hacia La Buena Salud (Spanish), and the Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention.
- Diabetes at Work: The web site (www.diabetesatwork.org) offers online resources for developing diabetes worksite programs. In August 2007, NDEP presented Diabetes at Work to the national United Methodist Church Health and Welfare Board, highlighting how faith communities could easily use this tool.

Snapshot

Table 3: The National Diabetes Education Program

Target Population	Special populations that suffer a disproportionate burden of diabetes such as racial and ethnic minorities and older adults
Federal, Faith-Based and Community-Based Partners	Centers for Disease Control and Prevention, the National Institutes of Health, and more than 200 public and private organizational partners. National Organization partners include the national United Methodist Church Health and Welfare Board, Association of American Indian Physicians, Black Women's Health Imperative, Khmer Health Advocates, the National Alliance for Hispanic Health, the National Association of School Nurses, the National Latina Health Network, the National Medical Association, and Papa Ola Lokahi
Examples of Products, Strategies, and Tools used	Examples of health education materials: <ul style="list-style-type: none"> • The Road to Health Toolkit (English) • El Camino Hacia La Buena Salud (Spanish) • The Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention • www.DiabetesAtWork.org
Number reached	More than 200 public and private organizational partners
Innovation	Includes some organizations new to partnering with the U.S. government



"The Power to Prevent Diabetes: A Family Lifestyle Approach to Diabetes Prevention."

Heightened Response to African American HIV/AIDS Crisis

THE CHALLENGE

More than 25 years into the AIDS epidemic, HIV infection continues to exact a tremendous toll in the United States. CDC employs a comprehensive approach to preventing further spread of HIV and AIDS. CDC is working in collaboration with many other governmental and nongovernmental partners at all levels to implement, evaluate, and further develop and strengthen effective HIV prevention efforts nationwide. The consultation described below is one example of CDC's many activities. For information about CDC's work with various communities and efforts to engage community-based organizations to address HIV/AIDS, please visit <http://www.cdc.gov/hiv/>.

THE PARTNERSHIP

In February 2006, CDC convened a 2-day meeting in Atlanta, GA, on "Faith and HIV Prevention." Attendees included faith leaders, HIV service providers, and public health workers. The interactive meeting addressed several topics including principles for HIV prevention and faith leadership in caring for people with HIV/AIDS. After sharing ideas during the two-day meeting, faith leaders developed recommendations for engaging the faith community in HIV/AIDS awareness and prevention efforts. Their recommendations include.¹ Recommendations for engaging the faith community in HIV/AIDS awareness and prevention:

- Use multiple channels to initiate dialogue with faith leaders about HIV prevention.
- Explore ways to make education available to faith leaders.
- Encourage leaders to hold open discussions with their communities and among themselves.
- Focus on the community, not just on the leaders.
- Focus discussions of HIV/AIDS on the health issue, not on the spiritual issue.

In March 2007, Influential leaders from the African-American community, faith- and community-based organizations, entertainment, and public health came together at a partnership meeting on March 8, to strengthen the nation's response to the high rates of HIV/AIDS among African Americans.

The event, entitled *Heightened National Response to the HIV/AIDS Crisis among African Americans: A Meeting with African-American Leaders*, kicked off CDC's enhanced national mobilization effort to address the HIV/AIDS crisis among African Americans.

- The leaders represented organizations such as megachurches, The Links, Jack and Jill, the Coalition of 100 Black Women, The Urban League, and the 100 Black Men of America. There were also representatives from Historically Black Colleges and Universities and other large corporations such as Aetna and UPS.
- To support the heightened response, an article and report, respectively titled, "Racial/Ethnic Disparities in Diagnoses of HIV/AIDS—33 States, 2001-2005," was published in the *Morbidity and Mortality Weekly Report (MMWR)*, and *A Heightened National Response to the HIV/AIDS Crisis among African Americans*, published by the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention.

¹ These recommendations represent the views expressed and shared by faith leaders who participated in the sessions. They do not represent the official position of the CDC.

Our Church Lights the Way: The Black Church HIV Testing Campaign

Our Church Lights The Way: The Black Church HIV Testing Campaign is a national program that engages the support of the African-American pulpit to empower and support individuals to get tested for HIV. The campaign is designed to help congregations to educate about, encourage, and make available HIV testing for African Americans, and to increase the number of congregations addressing HIV/AIDS. The campaign is a partnership between *The Balm In Gilead* and CDC to assist the African-American faith leadership in encouraging African Americans to get tested for HIV, and to know their status.

A toolkit was developed to enlist African American faith leadership in encouraging African Americans to get tested for HIV and to know their status and assist congregations in planning and implementing the campaign. For more information about *Our Church Lights The Way: The Black Church HIV Testing Campaign*, visit <http://www.balmingilead.org>.

Snapshot

Table 4: CDC Consultation on Faith and HIV Prevention

Target Population	Faith leaders, HIV service providers, and public health workers
Partners	Leaders from many faiths such as those who are Protestant, Catholic, Jewish, Hebrew-Israelite, Muslim, and Buddhist
Products, Strategies, and Tools used	<p>Interactive meeting to address the following topics:</p> <ul style="list-style-type: none"> • Faith Leadership in Action • Religious and Theological Considerations for Faith Involvement in HIV Prevention • Religious and Theological Principles for HIV Prevention • Faith Leadership in Caring for People with HIV/AIDS <p>Meeting participants were urged to</p> <ul style="list-style-type: none"> • Share examples of faith-based programs and faith leadership involvement in HIV prevention. • Identify religious and theological principles that support HIV prevention. • Understand the potential roles and activities that faith leaders may undertake in HIV prevention. • Identify strategies to facilitate partnerships between public health and faith communities to prevent HIV.
Number reached	More than 40 people at the meeting, including 29 leaders from many faiths, including Protestant, Catholic, Jewish, Hebrew-Israelite, Muslim, and Buddhism.
Innovation	Developed a list of recommendations for engaging the faith community in HIV/AIDS awareness and prevention efforts



Section 2.

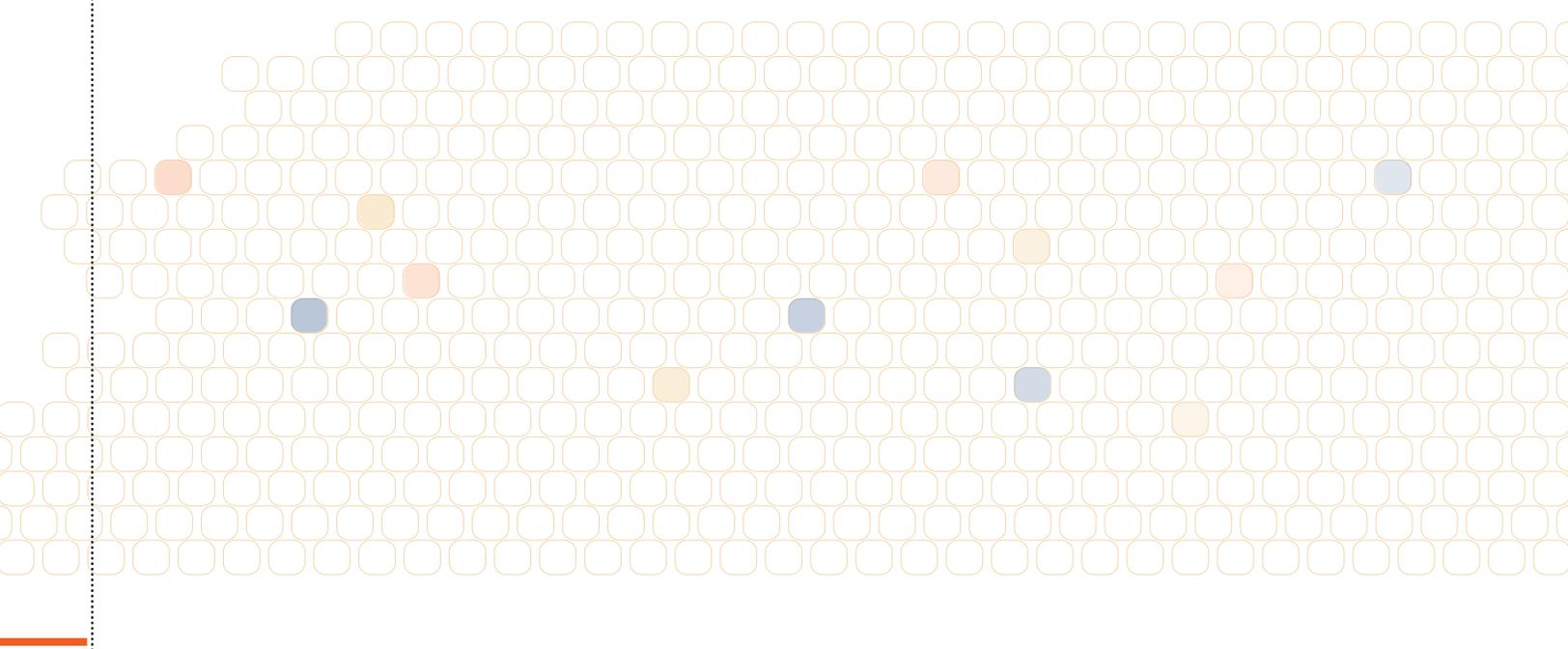
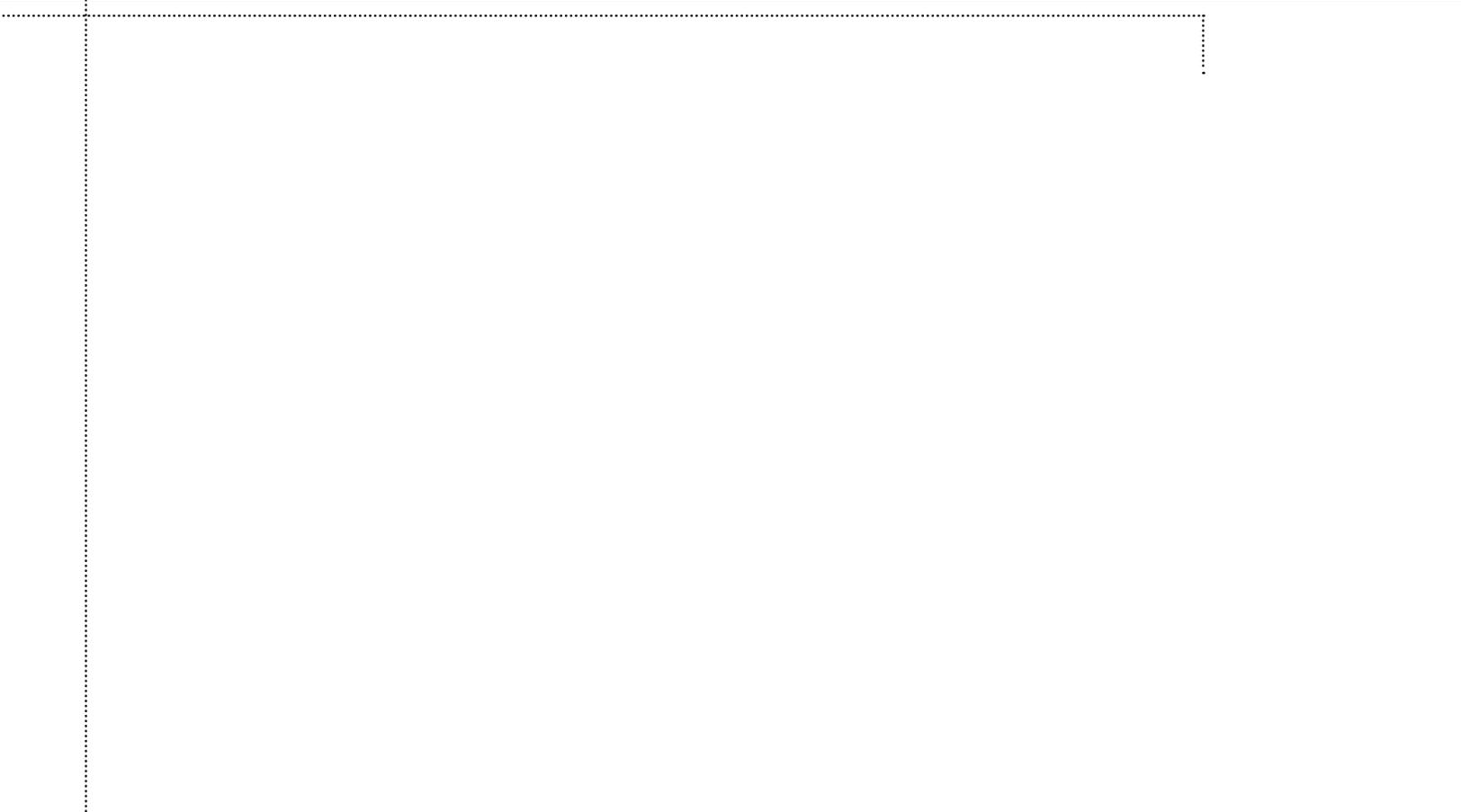
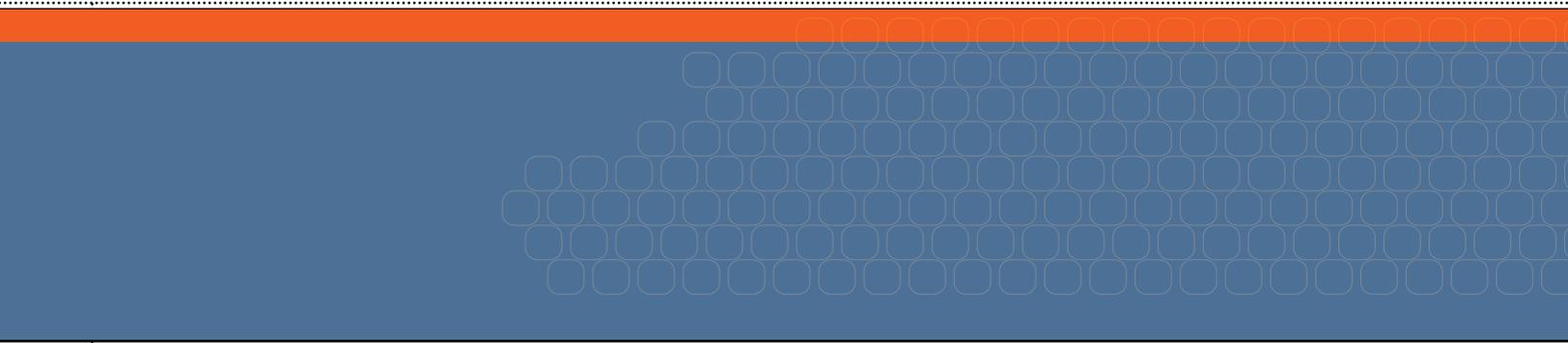
International Health and Immigrant Communities



goal:

Healthy People in a Healthy World





CDC Global AIDS Program (GAP)

Trains Nongovernmental Organizations to Address the HIV/AIDS Epidemic

THE CHALLENGE

An estimated 33 million people are living with HIV/AIDS worldwide. As part of the President's Emergency Plan for AIDS Relief (PEPFAR), CDC's highly trained physicians, epidemiologists, public health advisors, behavioral scientists, and laboratory scientists work side by side with Ministries of Health and other partners, to combat HIV/AIDS in more than 60 countries in Africa, Asia, Central and South America, and the Caribbean. CDC assists resource-constrained countries in their efforts to prevent HIV infection; improve treatment, care, and support for people living with HIV; and build vital capacity and infrastructure to address the global HIV/AIDS epidemic.

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For more information about PEPFAR, visit <http://www.pepfar.gov>.

For more information about GAP, visit <http://www.cdc.gov/nchstp/od/gap/default.html>.

THE PARTNERSHIPS

CDC's Global AIDS Program (GAP), under the President's Emergency Plan for AIDS Relief (PEPFAR), focuses its capacity-building activities on Ministries of Health and other public-sector staff in an effort to build sustainable national public health systems to respond to HIV/AIDS globally. With PEPFAR support, CDC GAP also supports training for indigenous organizations through local, national, regional, and international activities. This training is provided in partnership with other U.S. government agencies. More than 85% of PEPFAR partners are indigenous organizations.

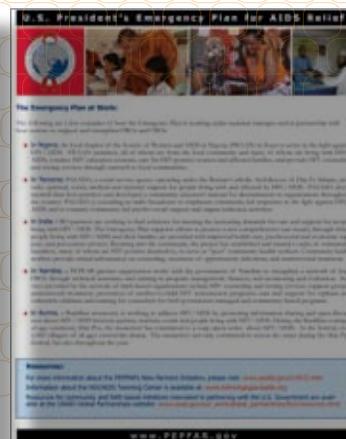
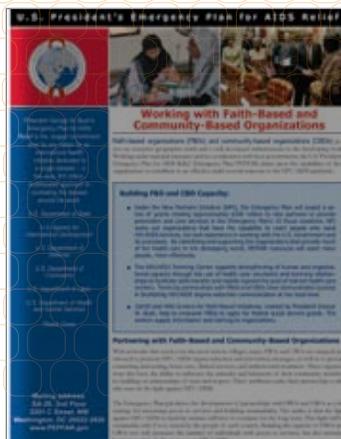
In addition to working with indigenous organizations, CDC also works with United States-based FBCOs working overseas. For example, in addition to its work to educate African American communities in the United States, *The Balm In Gilead* is also working in partnership with local faith-based communities and grassroots community-based organizations in international settings to address the challenges of HIV/AIDS.

Snapshot

Table 5: The Balm In Gilead

Target Population	African countries
Partner	<i>The Balm In Gilead</i>
Products, Strategies, and Tools used	<ul style="list-style-type: none"> • Implementing a training curriculum for capacity building <ul style="list-style-type: none"> ○ A specific curriculum for Protestant Sunday school teachers ○ A curriculum for Muslim teachers using the Quran • Sponsoring cultural exchange visits for FBCOs to see work in other settings, including in the United States • Supporting FBCO cross-sharing of information on cultural norms • Working to integrate other programs when appropriate (e.g., ISIS [Intimate Sessions for Informed Sexuality]—cervical cancer screening as a wraparound with HIV screening) • Serving as National Secretariat for FBCOs' efforts in Tanzania
Number reached	Many local faith-based communities and grassroots community-based organizations in international settings such as Côte d'Ivoire, Kenya, Nigeria, Tanzania, and Zimbabwe
Innovation	<ul style="list-style-type: none"> • Prevention through abstinence, faithfulness, and evidence-based behavior change communication—also working with faith-based leaders in prevention efforts • Palliative care • Orphans and vulnerable children • Monitoring and evaluation • Working with the media on HIV/AIDS prevention, care, and treatment

The images that follow offer some other examples of collaborative PEPFAR training in which GAP is involved.



The President's Malaria Initiative (PMI):

Partnering with the Nonprofit Sector to Achieve Scale

THE CHALLENGE

Each year, 350 to 500 million cases of malaria occur worldwide. More than 1 million people die, most of them young children in sub-Saharan Africa. Insecticide-treated mosquito nets, indoor-residual spraying with insecticides, intermittent preventive treatment of pregnant women, and artemisinin-based combination therapy are highly effective to combat malaria. The President's Malaria Initiative (PMI) is an historic U.S. government initiative designed to cut malaria deaths by half in 15 countries in sub-Saharan Africa, using these life-saving measures. PMI is led by the U.S. Agency for International Development with CDC as its key collaborating partner.

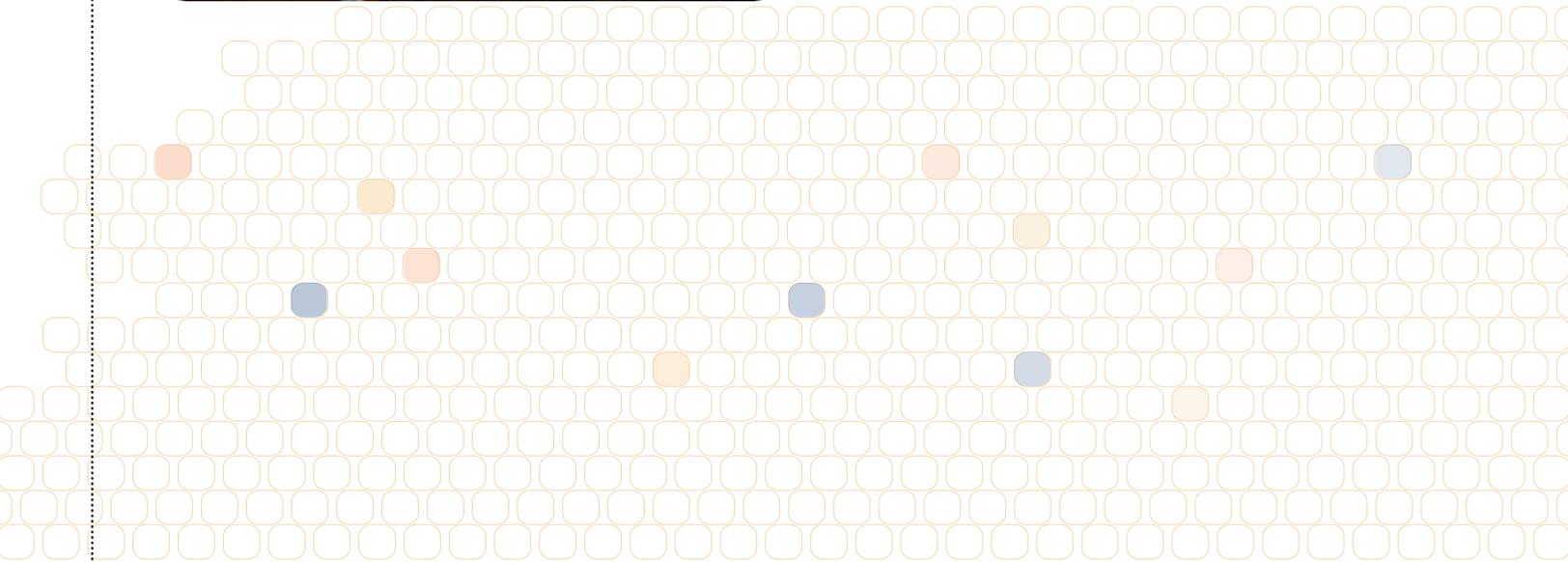
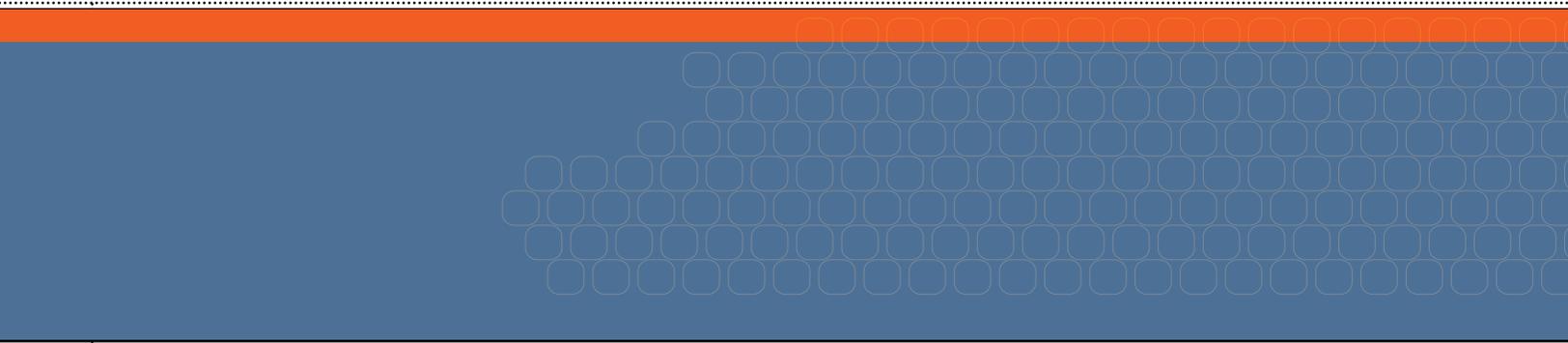
For more information about the President's Malaria Initiative, visit http://www.cdc.gov/malaria/cdcactivities/presidential_initiative.htm.

THE PARTNERSHIPS

The goal of the President's Malaria Initiative (PMI) is to provide life-saving interventions to 85% of children 5 years or younger and to pregnant women in malaria-affected countries. Vigorous partnerships with FBCOs can help achieve this goal. Nonprofit faith-based and community-based organizations are active partners in all 15 PMI countries.

PMI has supported more than 80 nonprofit organizations, of which 29 are faith-based. Organizations have either received direct financial support from the PMI or free malaria commodities for distribution in their communities. Nongovernmental and faith-based organizations have significantly contributed to the PMI's successes to date:

- In **Northern Uganda**, PMI funded the Malaria Consortium to distribute long-lasting insecticide-treated nets to refugees and to conduct mass net retreatment campaigns, protecting an estimated 1.1 million mothers and children from malaria.
- In **Angola**, PMI collaborated with the American Red Cross and other non-profit organizations to distribute 420,000 nets through a mass vaccination campaign for children. In remote districts, PMI supports the Malaria Emergency Technical and Operational Support to supply life-saving therapy drugs.
- In **Tanzania**, PMI funds Mennonite Economic Development Associates and World Vision to support the Tanzanian National Voucher Scheme, expanding coverage of nets to reach more infants and poor populations.
- In **Rwanda**, PMI supports nongovernmental organizations (World Relief, International Rescue Committee, Concern Worldwide) to provide home-based management of fever.
- In **Mozambique**, PMI gave nearly \$2 million in 3-year grants to the Inter-Religious Campaign Against Malaria in Mozambique, a consortium of 10 faith-based organizations.
- In **Zambia**, PMI supported RAPIDS (Reaching HIV-Affected People with Integrated Development and Support), a consortium of several nonprofit organizations led by World Vision, to distribute nearly 500,000 long-lasting insecticide-treated nets to children and households made vulnerable by HIV/AIDS.
- In **Senegal**, PMI awarded grants to two groups of FBCOs including a dozen nonprofit organizations for a mass bednet retreatment campaign and other activities.



Snapshot

Table 6: President's Malaria Initiative

Target Population	Malaria-affected countries in sub-Saharan Africa	
Partners	Uganda	Teso Islamic Development Organization, Uganda Joint Christian Council, and Iganga Deliverance Church Evangelical Support Project
	Tanzania	Mennonite Economic Development Associates, World Vision, Interchurch Medical Assistance, Roman Catholic Diocese of Bukoba (Rubya Designated District Hospital), Evangelist Lutheran Church Tanzania (Rwingembe Dispensary, Ndolage Hospital), Roman Catholic Diocese of Bukoba (Kagondo Hospital), Anglican Church (Choir of Muleba Parish)
	Angola	Christian Children's Fund, Episcopal Relief and Development (Nets for Life)
	Senegal	Christian Children's Fund, Catholic Relief Services, World Vision
	Mozambique	Inter-Religious Campaign against Malaria in Mozambique, which includes the Roman Catholic Church, the Islamic Congress of Mozambique, the Islamic Council of Mozambique, the Anglican Church, the United Methodist Church, the Seventh-Day Adventist Church, the Hindu Community, the Assembly of God, the Christian Council of Mozambique, and the Baha'i Community
	Rwanda	World Relief
	Zambia	FBCO partners under the RAPIDS (Reaching HIV-Affected People with Integrated Development) consortium, which includes: World Vision, Catholic Relief Services, Salvation Army Zambia, Expanded Church Response and Episcopal Relief, and Development (Nets for Life)
Products, Strategies, and Tools used	Bednets, insecticides, and antimalarial drugs	
Number reached	<ul style="list-style-type: none"> • In Northern Uganda, mass net retreatment campaigns protected an estimated 1.1 million mothers and children from malaria. PMI donated 60,000 long-lasting insecticide-treated nets for distribution. • In Angola, PMI combined the distribution of 420,000 nets with existing mass vaccination campaigns for children. • In Zambia, PMI supported the distribution of nearly 500,000 long-lasting insecticide-treated nets to children and households made vulnerable by HIV/AIDS. 	
Innovation	Includes indigenous grassroots community-based organizations new to partnering with the U.S. government	

Minnesota Immunization Networking Initiative—

The MINI Project: Reaching Minority and Immigrant Communities in the United States

THE CHALLENGE

Every year in the United States, on average 5% to 20% of the population suffers from influenza. More than 200,000 people are hospitalized from influenza complications, and about 36,000 people die of influenza. Older adults, young children, and people with a compromised immune system or another chronic illness are at high risk for serious influenza complications. The best way to prevent influenza is by getting an influenza vaccination each year.

For more information about seasonal influenza, visit: http://www.cdc.gov/flu/index.htm?s_cid=newmediaFlu_006.

THE PARTNERSHIP

Partnerships with FBCOs are valuable not only in international settings, but also in reaching minority and immigrant populations in the United States. The need to address seasonal influenza coupled with a philanthropic vision for the welfare of others resulted in the creation of the Minnesota Immunization Networking Initiative (MINI). MINI is the product of a strategy session with CDC and the Emory University Interfaith Health Program. Following the strategy session, a proposal was made that five Minnesota FBCOs lead a pilot project to increase influenza immunizations in the Twin Cities areas among minority, uninsured and immigrant populations. Five grassroots faith-based and community-based organizations banded together to form MINI and to coordinate the free immunization clinics.

MINI has provided more than 9,500 free influenza immunizations in the last two seasons (2006-2008). Of those receiving immunizations, 30% were adults older than 18 years; 40% were ages 9 to 18 years; and 30% were younger than 9 years. Half the clinic attendees received influenza immunizations for the first time. A number of foundations, organizations and pharmaceutical companies contributed financial support and influenza vaccine to the services provided by the MINI Project. The collaboration by many faith-based and community-based organizations underscores the value of a community working together.

“The worst part of influenza related illness and deaths is that it is preventable,” stated Patricia Peterson, MPA, Project Director, Minnesota Faith Health Consortium. “Individuals who do not have insurance or a medical home often times forgo medical assistance. Some simply do not trust either the medical profession or the government. FBCOs can overcome barriers because they are trusted entities in the community.

Snapshot

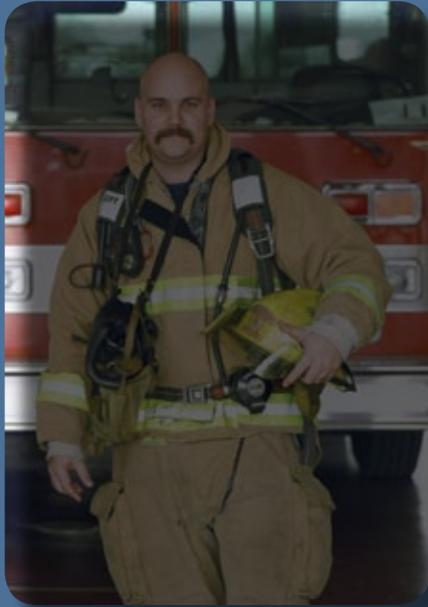
Table 7: The Minnesota Immunization Networking Initiative—The MINI Project, December 2006 through February 2007

Target Population	Underserved and uninsured minority and immigrant populations in the Twin Cities area of Minnesota.
Community-Based Partners	The American Indian Community Development Corporation (AICDC), the Stairstep Foundation, St. Mary’s Health Clinics, Family Opportunities for Living Collaboration, and the River Valley Nursing Center
Products, Strategies, and Tools used	Used nontraditional settings to provide free influenza immunizations for persons age 3 and older. Some vaccine and professional time donated; others purchased.
Number reached	From December 2006 through February 2008, MINI provided more than 9,500 free influenza immunizations.
Innovation	The free immunization clinics were held in community settings such as churches. The five faith-based and grassroots community-based organizations had not worked together before but formed, led and coordinated the MINI Project, accomplishing outcomes that none of them could have done alone.



Section 3.

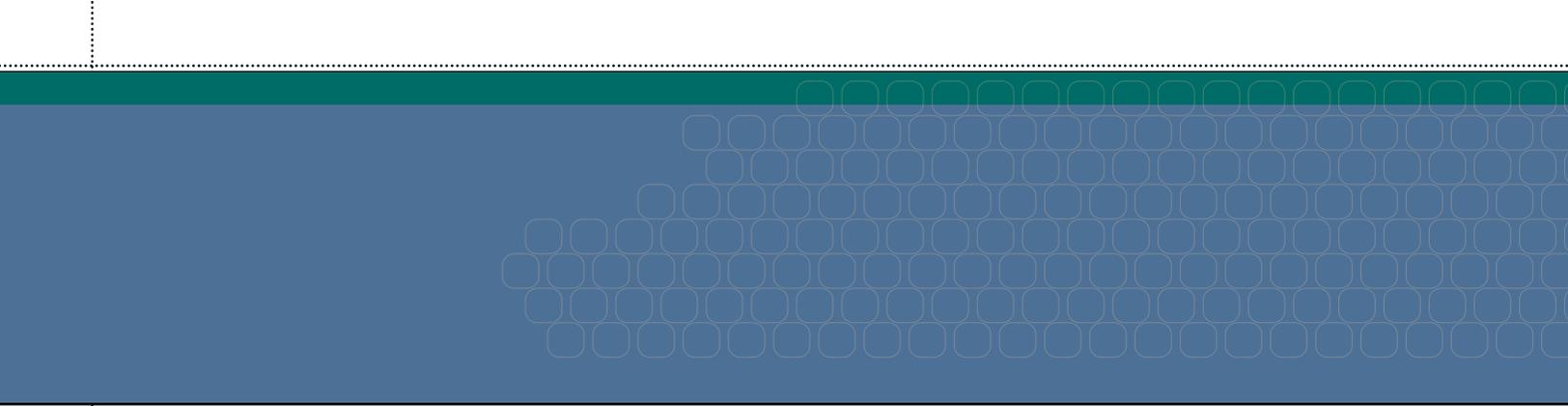
Emergency Preparedness



goal:

People Prepared for Emerging Health Threats





Jim Burton, Senior Director, Partnership Mobilization for the North American Mission Board, Southern Baptist Convention, notes that CDC is helping his organization craft messages that can be easily delivered to their churches to prepare for an influenza pandemic. In 2005, Southern Baptist Disaster Relief and its 30,000 volunteers prepared more than 17 million meals for victims of disasters, mostly from hurricanes. “This is new territory for CDC and us, but we are happy to explore possibilities,” says Burton. “The church is uniquely positioned to join CDC as a partner. As proved by Hurricane Katrina, the presence that churches have in communities makes them a natural, first-line service provider. The challenge for CDC is to have a relationship beforehand and a delivery system that can quickly get information into the hands of church leaders, particularly in a pandemic scenario.”

CDC Partners with

Voluntary, Nonprofit, Faith-Based, and Community-Based Organizations to Prepare for an Influenza Pandemic and Improve the Nation's Capacity for Emergency Preparedness and Response

THE CHALLENGE

An influenza pandemic occurs when a new strain of influenza virus emerges causing infection and severe disease in humans and subsequently sustained transmission of the virus between humans. The 1918 influenza pandemic killed more than 500,000 Americans and 20-40 million people worldwide. A similar pandemic today could cause illness in 90 million people and lead to nearly 2 million deaths in the United States alone.

For more information about Pandemic Influenza and Emergency Preparedness, visit www.pandemicflu.gov.

THE PARTNERSHIPS

At the request of the White House Homeland Security Council, HHS and CDC led two October 2006 FBCO National Roundtables on Pandemic Influenza Preparedness in Washington D.C. Representatives from more than 50 national faith-based, community-based, volunteer, and nonprofit organizations and federal agencies participated. The purpose of the roundtables was to provide training for FBCOs in Community Mitigation Strategies.

Other activities:

- CDC conducted more than 30 workshops and trained leaders about pandemic preparedness from more than 80 faith-based and community-based organizations through live presentations in the United States and internationally.
- From December 2006 to December 2007, six webinars were given to train leaders from more than 150 organizations.
- CDC also wrote and developed three Pandemic Influenza Preparedness documents to guide FBCOs on developing emergency response plans:
 - *HHS Faith-Based and Community Organization Pandemic Influenza Preparedness Checklist* (posted on www.pandemicflu.gov, January 2006)
 - *Pandemic Influenza Community Mitigation Interim Planning Guide for Faith-Based and Community Organizations (Appendix VIII)* (released February 2007)
 - *FBCOs Will Be Essential Partners during an Influenza Pandemic* (posted on www.pandemicflu.gov, December 2007).
- The Extension Disaster Education Network (EDEN), with assistance from CDC, designed the *Pandemic Influenza Preparedness for Faith-Based Organizations* training course. The course instructed leaders of congregations, synagogues, mosques, and other places of worship on ways they can protect the health of their staffs and communities during an influenza pandemic.

In March 2007, emergency preparedness planning was on the agenda during a day-long meeting at the Fire Department of New York headquarters. At least 64 representatives from various New York nonprofit organizations attended the meeting titled “Making Your Organization Disaster Resistant.” It was sponsored by *We Are All Brooklyn*, the Jewish Community Relations Council, and John Jay College of Criminal Justice. Training ended with a pandemic influenza exercise in which a CDC-produced mock newscast reported the first case of pandemic influenza in the United States. Trainers instructed participants to act as emergency planners for their organizations. Participants used CDC materials to identify prevention measures such as instructing people to wash their hands often and to consider alternatives to large gatherings.

Snapshot

Table 8: CDC Partners with Voluntary, Nonprofit, Faith Based and Community Based Organizations to Prepare for an Influenza Pandemic and Improve the Nation’s Capacity for Emergency Preparedness and Response

Target Population	FBCOs, vulnerable populations
Partners	58 organizations trained during October 2006 FBCO National Roundtables on Pandemic Influenza Preparedness; FBCOs participating in Internet-based webinars included more than 130 Jewish Federations from across North America, the National Voluntary Organizations Active in Disaster (National VOAD), the Salvation Army, the Church of Jesus Christ of Latter-Day Saints, the National African Methodist Episcopal Church, the Islamic Medical Association of North America, the Islamic Society of North America, Southern Baptist Disaster Relief, the Hindu nonprofit BAPS Charities, and others.
Products, Strategies, and Tools used	Pandemic influenza preparedness workshops, National Roundtables on Pandemic Influenza Preparedness, Internet-based webinars, Pandemic Influenza Planning documents: http://www.pandemicflu.gov/plan/pdf/ http://www.pandemicflu.gov/plan/pdf/spanishfbchecklist.pdf http://www.pandemicflu.gov/plan/community/community_mitigation.pdf http://www.pandemicflu.gov/faq/planningresponse/pr-0005.html
Number reached	Webinars reached organizations in New York, the District of Columbia, Virginia, Oklahoma, Alabama, Georgia, Tennessee, Mississippi, Florida, Illinois, Missouri, Iowa, Indiana, Utah, Nevada, Puerto Rico, and other locations. Since April 2007, over 600,000 people were reached by the EDEN Pandemic Influenza Preparedness for Faith-Based Organizations.
Innovation	Includes many grassroots faith-based and community-based organizations new to partnering with the U.S. government.

Table 9: Current EDEN³ Pandemic Influenza Preparedness for Faith-Based Organizations

Affiliations	Estimated Impact	Estimated Impact based on an average FBCO size of 100 members
Church	520	520
Government ⁴	1,408	140,800
Not-for-Profit ⁷	3,715	371,500
University ⁷	1,103	110,300
Business	115	115
Personal	39	39
Total	6,900	623,274

CDC Partners with

State Health Departments and Grassroots Community-Based Organizations to Combat Home Fires

THE CHALLENGE

Fires and burns are among the leading causes of unintentional injury deaths in the United States, and most fires occur in homes. Injury due to fire is a common emergency for which communities must prepare. In 2005, about 400,000 home fires in the United States claimed the lives of more than 3,000 people (excluding fire fighters) and injured another 13,825.

Despite the fact that smoke alarms decrease deaths resulting from house fires by up to 50%, about 25% of U.S. households do not have a working smoke alarm. Those least likely to have an alarm are often those at high risk of being injured in a fire.

For more information about protecting Americans from injury due to fire, visit <http://www.cdc.gov/ncipc/factsheets/fireprevention.htm>.

THE PARTNERSHIP

Preventing Fire Injuries

CDC sponsors a program to bring smoke alarm installation and fire safety education messages to high-risk communities in an effort to reduce residential fire-related injuries. In high-risk communities, the rate of death from fires is higher than state and national averages, and median household incomes are below the poverty level. The program works with community-based organizations, local congregations, and the private sector to identify and enroll recipients in the program, particularly those at high risk such as older adults and children.

Smoke Alarms Distributed through Meals On Wheels

Meals On Wheels (MOW), a nonprofit community-based organization partners with CDC to provide smoke alarms to older adults. Through its home delivery of meals, MOW has regular contact with homebound elderly clients. Compared with the rest of the population, older adults are at much higher risk for residential fire deaths. Other groups disproportionately affected include the poorest Americans and those who live in rural areas.

The Residential Fire Homebound Elderly Lifeline Project (Fire H.E.L.P.) distributes smoke alarms to older adults in need and provides them with the knowledge and skills needed to prevent a fire. The Fire H.E.L.P. Project is being pilot-tested through MOW in five Texas communities. If successful, the project will likely be replicated by MOW programs in other communities throughout the country.

CDC helped develop the Fire H.E.L.P. Tool Kit, which includes training curricula to teach Meals On Wheels staff and volunteers how to conduct home assessments and train others to do so. CDC is developing another version of the Tool Kit for other organizations and community groups to reach homebound elderly with fire safety information and smoke alarm installations.

Snapshot

Table 10: Preventing Fire Injuries

Target Population	Communities in which fire death rates are higher than state and national averages and median household incomes are below the poverty level
Partners	CDC funds 17 grantees, including 13 state health departments, three fire departments, and one children’s hospital (Alabama; Alaska; Arkansas; Georgia; Kansas; Kentucky; Maryland; Massachusetts; Montana; North Carolina; Oklahoma; South Carolina; Virginia; Bridgeport, Connecticut; St. Louis, Missouri; Dallas, Texas; and the Children’s Hospital of Michigan). Each program works with community-based organizations, local congregations, and the private sector.
Products, Strategies, and Tools used	Smoke alarm installation and fire safety education messages
Number reached	Program staff members have installed more than 324,600 long-lasting or lithium-battery powered smoke alarms in high-risk homes and estimate that more than 1,460 lives have been saved.
Innovation	Includes many grassroots faith-based and community-based organizations that are new to partnering with the U.S. government

Partner Spotlight:

CDC Partners with State Health Departments and Grassroots Community-Based Organizations to Prevent Sexual Violence

THE CHALLENGE

Sexual violence (SV) includes nonconsensual completed or attempted penetration, unwanted non-penetrative sexual contact, or non-contact acts such as verbal sexual harassment, by any perpetrator. This definition includes incidents when the victim is unable to consent (e.g., due to age or illness) or unable to refuse (e.g. due to physical violence or threats). In a nationally representative survey of 9,684 adults 10.6% of women reported experiencing forced sex at some time in their lives; 2.1% of men reported experiencing forced sex at some time in their lives, and 2.5% of women surveyed and 0.9% of men surveyed said they experienced unwanted sexual activity in the previous 12 months. The goal of SV prevention is to stop SV before it begins.

For more information about protecting Americans from SV, visit <http://www.cdc.gov/ncipc/dvp/SV/default.htm>.

THE PARTNERSHIP

CDC funds many faith-based and community-based organizations' rape prevention and education programs. These programs are designed to educate communities about SV and to support educational seminars, hotlines, training programs for professionals, development of informational materials, special programs that target underserved communities, community mobilization, coalition building, policy change and norms change. Following are examples of CDC-funded programs:

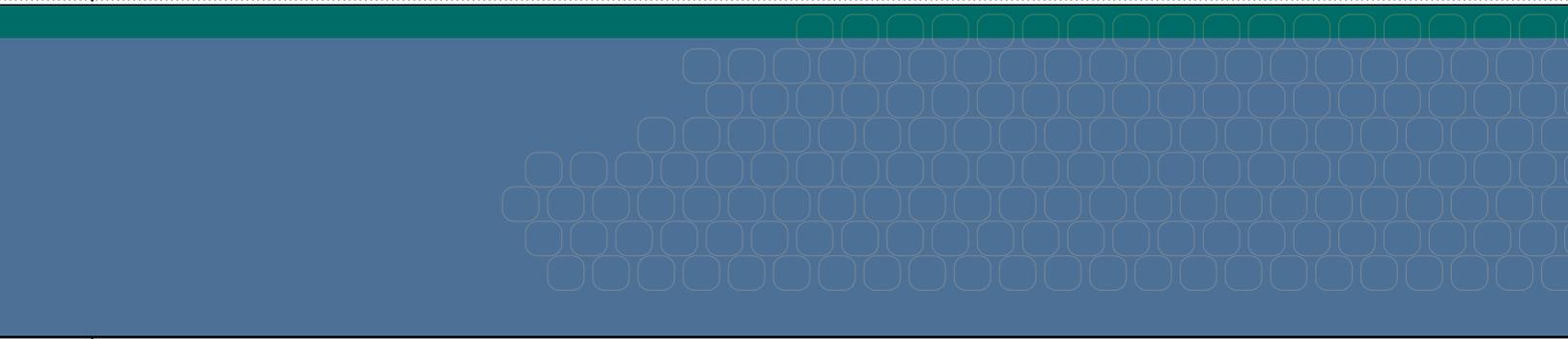
- ***The Florida Department of Health's collaboration with the Mount Olive Development Corporation.*** This Broward County, Florida, faith-based community development corporation empowers, equips, and educates African American families by providing services centered on healthy and safe living that are designed for youth and adults.
- ***The Indiana Department of Health, the Indiana CARE Program and the Salvation Army.*** The department provides resources to the Indiana CARE Program which subcontracts with the Salvation Army of Kosciusko County to provide sexual violence prevention education to youth.
- ***The Massachusetts Department of Public Health and Independence House.*** The department subcontracts with Independence House to build community capacity and engagement for sexual violence prevention. Independence House has been collaborating with Brewster Baptist Church to increase awareness and knowledge regarding sexual violence and to change the norms that support an environment of silence in the church community through a Peace and Safety Committee made up of church members and Independence House staff.

- **Departments of Health** in 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, and the Pacific Island Territories provide funding to over 1,200 community-based organizations to conduct the activities and strategies listed above.
- **The Texas Department of State Health Services** and Katy Christian Ministries. The department subcontracts with Katy Christian Ministries to conduct a comprehensive primary prevention planning process to develop strategies and activities to prevent sexual assault.

Snapshot

Table 11: Preventing Sexual Violence

Target Population	Varies by location but includes at-risk youth; underserved communities such as people with disabilities, communities of color, low SES communities; and men and boys
Partners	CDC funds Rape Prevention and Education Programs in all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands and the Pacific Island Territories.
Products, Strategies, and Tools used	Educational seminars, training programs for professionals, development of information materials, hotlines, coalition building and community mobilization
Number reached	Departments of Health fund rape prevention and education programs in over 1200 community-based organizations
Innovation	Comprehensive primary prevention strategies designed to prevent first time perpetration and victimization of sexual violence



For more information on CDC Partnerships, please visit www.cdc.gov/Partners





U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
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