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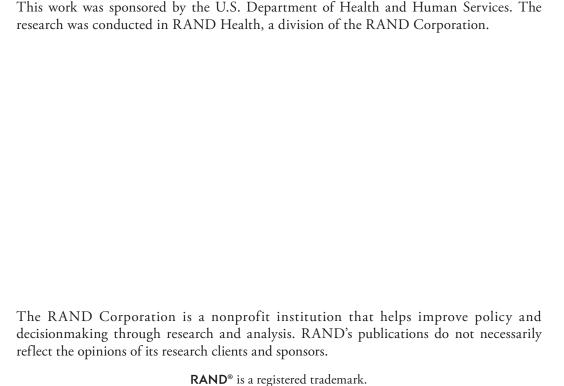
TECHNICAL REPORT

Source Materials for the Healthy Communities Toolkit

A Resource Guide for Community and Faith-Based Organizations

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RAND HEALTH

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Preface

Community and faith-based organizations (CFBOs) play a critical role in promoting health and improving access to healthcare across the nation. In 2010, the Patient Protection and Affordable Care Act was enacted, in part, to expand access to preventive care. Several of the law's titles offer new opportunities for CFBOs to expand their community health workforce, to access funding for preventive services and programs promoting healthy lifestyles and overall physical and mental health, and to strengthen partnerships with state/local governments and other actors in the health system, such as hospitals and health clinics. This brief report provides content for a toolkit that will summarize the provisions of the Affordable Care Act for a CFBO audience, with particular attention to ways the Act will improve care for underserved or hard to reach populations.

RAND Health is a division of the RAND Corporation. A profile of RAND Health, abstracts of its publications, and ordering information can be found at http://www.rand.org/health. More information about RAND is available at http://www.rand.org. Comments or inquiries should be sent to the principal investigators, Joie Acosta (jacosta@rand.org) or Anita Chandra (chandra@rand.org). The mailing address is RAND Corporation, 1200 South Hayes Street, Arlington, VA, 22202.

Abstract

The Patient Protection and Affordable Care Act places significant emphasis on the role of community-based health promotion initiatives; within this focus, community and faith-based organizations (CFBOs) are seen as critical partners for improving community well-being. This report provides the content for a toolkit that will prepare community and faith-based organizations to take advantage of opportunities presented in the Patient Protection and Affordable Care Act and engage faith and community leaders in promoting health in their communities. This includes key facts and figures about health topics, handouts for community groups, and web links for resources and other information in the following areas: healthcare reform; community health centers and development of the community health workforce; promotion of healthy families; mental health; violence and trauma; prevention of teen and unintended pregnancy and HIV/AIDS; and chronic disease prevention. The report also includes recommendations for testing the content of the toolkit with communities and considerations for its implementation.

Chapter 1. Introduction and Background

Overview

Community and faith-based organizations (CFBOs) play a critical role in promoting health and improving access to healthcare across the nation. A recent study found that Americans receive only half of recommended preventive care, highlighting the need for greater partnership between state/local government, hospitals, health clinics and CFBOs to bring such care to communities (Koh and Sebelius, 2010). In 2010, the Patient Protection and Affordable Care Act (PPACA referred to below as the "Affordable Care Act") was enacted, in part to expand access to preventive care. Several of the law's titles (e.g., Title IV, Prevention of Chronic Diseases and Improving Public Health) offer new opportunities for CFBOs to expand their community health workforce, to access funding for preventive services and programs promoting healthy lifestyles and overall physical and mental health, and to strengthen partnerships with state and local governments and other actors in the health system, such as hospitals and health clinics.

Partnerships such as these are important now more than ever. Almost one in two adults suffers from a chronic condition such as heart disease, kidney disease, or diabetes. They account for a substantial proportion of deaths and are expensive to treat. But these diseases are preventable, and the most basic elements for good health are all implementable at the community level.

To build the capacity of CFBOs to leverage new opportunities for participating in the promotion of health and well-being, communities will need resources, including expert guidance on the opportunities presented by the Affordable Care Act, on available programs and interventions for strengthening preventive care, and on the evidence base surrounding them. This brief report provides (1) content or "source material" for a toolkit that will summarize this information for a CFBO audience, with particular attention to ways CFBOs can address the needs of underserved or hard to reach populations; and (2) a summary of how the source material was developed. An initial outline for this source material was developed by the Center for Faith-Based and Neighborhood Partnerships (CFBNP). RAND then refined the outline and developed the raw text that serves as the source material for the toolkit (Chapter 2). The CFBNP will take the raw text contained in Chapter 2 and transform it into a toolkit for use by community and faith leaders that will be part of the array of resources offered by the CFBNP. The source material is meant to serve as a broad initial framework for a "living" toolkit that the CFBNP will continue to expand (e.g., adding more topic areas) and augment (e.g., adding more content within the current topic areas) over time as advances occur in the fields of public health and medicine and health reform continues.

Background

CFBOs have been instrumental in health promotion activities.

CFBOs are critical in connecting community residents to wellness opportunities, streamlining access to healthcare services, and ensuring that individuals and families have adequate insurance coverage. For example, churches, neighborhood-based organizations, and voluntary organizations have been essential in a wide variety of community-based prevention efforts focused on nutrition and physical activity, diabetes prevention, injury control, and sexual and reproductive health. Community-based prevention trials have shown at least modest effects on changing risk behaviors (Goodman, 1998;Stokols, 1996;U.S. Department of Health & Human Services, 2010). For example, the Community Intervention Trial for Smoking Cessation (COMMIT), a program that engaged CBOs (e.g., local restaurants, businesses, health clinics, religious organizations, media) in helping smokers quit, showed an impact on light to moderate smoking(COMMIT Research Group, 1991). Community participation is considered necessary to generating community buy-in for engaging in prevention activities. The Institute of Medicine has acknowledged that the social environment, including CBOs, is a key component of successful health promotion interventions (Emmons, 2000). It is clear from these evaluations is that community-based prevention programs that are effective, integrated, and comprehensive involve social networks that engage CBOs at all levels (Merzel and D'Afflitti, 2003).

Similar to the broader literature on CBOs, recent literature reviews on faith-based organizations (FBOs), specifically, congregation-based health programs (CBHP) (Blank et al., 2002, Campbell et al., 2007, Chatters et al., 1998, DeHaven et al., 2004), suggest that faith-based organizations (FBOs) may be ideally suited for engaging in health promotion and disease prevention activities. There are three primary reasons for this. Congregations have the physical infrastructure and social networks that can be leveraged for health. They also provide the community with access to health-supporting resources, such as informal support, trust, food, healthcare, and educational and job opportunities through extended social networks and linkages with other community institutions. As a result of these activities, churches have access to and experience in addressing the needs of disadvantaged and high-risk populations. Therefore, congregations represent an important part of the neighborhood environment that can have repercussions on the social environment and on health.

Community health promotion plays a significant role in the Patient Protection & Affordable Care Act.

The Affordable Care Act places a significant emphasis on the role of community health promotion initiatives, and within this focus, community and faith-based organizations are seen as critical leaders and partners in the improvement of community well-being. For example, new Community Transformation Grants rest on the partnership of local and state governments with CFBOs to improve nutrition; increase physical activity; promote smoking cessation and social and emotional wellness; and reduce healthcare disparities. In addition, there will be grants to improve healthcare in medically underserved areas through the use of community health

workers. Further, the Affordable Care Act requires nonprofit hospitals to conduct community health needs assessments every three years. These hospitals must partner with CFBOs in this effort and ensure that CFBOs are engaged in the implementation of assessment findings. The National Diabetes Prevention Program is focused on funding community-based diabetes prevention programs, which will necessarily engage CFBOs. Finally, the Affordable Care Act identifies the benefits of community health teams to increase access to medical homes; these teams should include collaboration with CFBOs for disease prevention, care coordination, and patient case management.

While these provisions signal a step forward in community wellness and identify potential roles for CFBOs in these efforts, it is not readily clear how these organizations should engage for maximize effectiveness. In all of these efforts, CFBOs will play a critical role in encouraging their constituents to adopt healthy behaviors and to access preventive care services on time. Further, these organizations are instrumental in providing the training and supply of community health workers. However, understanding the complexity of how the act will affect the daily activities of CFBOs from now until 2014 can be challenging; thus, materials and tools are needed now to synthesize and translate information in a useable way.

CFBOs are critical in economic recovery and poverty reduction.

Community-based organizations are often the critical linchpins in supporting economic recovery and reducing poverty in a community. CFBOs can facilitate access to financial and social services for their constituents and implement programs that support housing and economic development (e.g., micro-loans or micro-credit, job training, and child care for working parents). For example, approximately 14 percent of community development corporations are faith-based. More than half of all congregations provide some type of human services (Hodgkinson et al., 1993).

While recent changes in healthcare policy have focused on improvements in healthcare access and health outcomes, the collateral benefits of broadening health coverage may be in the area of economic recovery if small businesses can more easily cover their employees and families lessen their risks of medical bankruptcy. CFBOs have the potential to serve as resource hubs for their constituents in supporting community health and economic well-being. However, analyses of CFBOs, in particular, show that these organizations often lack the technical assistance to ensure that they spend government funds appropriately and thus tend to miss opportunities to leverage partnerships with other nonprofits for maximum effectiveness (Vidal, 2001).

CFBOs play a key role in a host of areas, including promoting healthy families, supporting mental health, and reducing unintended pregnancy and addressing HIV/AIDS.

CFBOs play critical roles in many aspects of health promotion and disease prevention and in addressing some of the most important health and well-being issues confronting communities, particularly communities that are under-resourced. Some areas where CFBOs could play important roles are the following:

1. Supporting healthy families; emphasizing fatherhood involvement; and promoting children's emotional, social, and cognitive development (Mincy et al., 2003, Nathanson et al., 1997, President's Advisory Council on Faith-Based and Neighborhood Partnerships., 2010).
2. Teaching their communities about HIV and AIDS, reducing stigma, and promoting HIV testing. Given that one out of every two new infections is among African American teens and adults, and one out of every three is among Hispanic or Latino teens and adults, CFBOs in ethnic minority communities have an important role to play to encourage screening for HIV.
3. Addressing unintended pregnancy and a wide variety of maternal and child health issues, including nutrition and obesity, social and emotional health, and injury prevention. For example, CFBOs have been instrumental in abstinence-based education programs and teen pregnancy prevention. Overall, HHS has dedicated $178 million in funds for teen pregnancy prevention programs to support "State, Tribal, Territory, and community-based efforts to reduce teen pregnancy using evidence-based models as well as promising programs that require further evaluation" (President's Advisory Council on Faith-Based and Neighborhood Partnerships., 2010).
4. Improving maternal and child health through provisions in health reform legislation. The Maternal, Infant, and Early Childhood Home Visiting Program initiative is designed to promote improvements in maternal and child health and provide grants to CFBOs that deliver services through early childhood home visitation programs.
5. Acting as first responders for mental health issues in the community. CFBOs often work to address mental health stigma. This stigma is particularly a problem in ethnic minority communities. Some think that having a mental health issue or getting help is a sign of weakness or personal failure. Community and faith leaders play an important role in supporting the people they serve in times of crisis (Substance Abuse and Mental Health Services Administration, 2006).

As previously mentioned, CFBOs play a critical role in promoting health and improving access to healthcare across the nation, particularly for underserved and vulnerable populations. The source material for the Healthy Communities Toolkit (Chapter 2) has been designed to build the capacity of CFBOs to leverage new opportunities for participating in the promotion of health and well-being. Specifically, the content of the toolkit is meant to support faith and community leaders as they promote health in their communities by providing them with resources on available programs and interventions for strengthening preventive care, and on the evidence base surrounding them. The source material for the toolkit was also designed to help leaders link people to key health resources in their community, including the important new benefits of the Affordable Care Act, through expert guidance and easy-to-distribute handouts targeting their key constituents.

Methods

In consultation with the Center for Faith-Based and Neighborhood Partnerships, we identified the following toolkit topics. These topics were selected based on their relevance to the communities, current government initiatives and priority areas of the White House, and the health needs associated with the content area. We created an outline that included the following:

- An overarching organizing framework for the toolkit (see Figure 1) (e.g., key questions, topic areas, process steps)
- The type of content that will be included in the toolkit (e.g., one-page summaries, short primers, interactive tools)
- How end-users will access the toolkit (e.g., downloadable web-based PDFs, interactive web tools)
- End-user benefits for each component on the toolkit.

In partnership with the Center for Faith-Based and Neighborhood Partnerships, we organized the toolkit into nine sections:

1. Health Reform and What it Means to Your Community
2. Community Health Centers: Connecting People to a Medical Home in Your Neighborhood
3. New Employment Opportunities in Healthcare
4. Promoting Healthy Families
5. Supporting the Mental Health of Your Community Members
6. Understanding and Preventing Violence and Trauma
7. Promoting Healthy Choices Among Teens and Young Adults
8. Addressing HIV/AIDS and Reducing Stigma Through Compassionate Outreach
9. Promoting Wellness and Preventing Chronic Disease

Once these topics were identified, we reviewed the peer-reviewed and gray literature to identify why the issue was critical to health and healthcare, and to summarize key roles for CFBOs in addressing the health topic. The RAND team brought together several sources of information (see Figure 1). Principally, we reviewed

- the Affordable Care Act and relevant documentation from federal resources, such as healthcare.gov, for provisions that will affect CFBOs
- the peer-reviewed literature to identify ways that CFBOs are integral to health promotion and key health issues of interest to the Center for Faith-Based and Neighborhood Partnerships
- materials on the toolkit topics presented through various federal agencies, including the Centers for Disease Control, the White House Office of the First Lady, and the Substance Abuse and Mental Health Services Administration
- the CFBNP's existing Capacity Building Toolkit, which provides information for community and faith leaders about building partnerships, acquiring and managing grants, measuring outcomes, and generating revenue.

In order to develop the toolkit content, we created overview sections for CFBOs that included sections on why the issue was important and how CFBOs could uniquely contribute to addressing the issue. We also created one-page primers on each topic, designed for a lay audience, that could be adapted by CFBOs and distributed to their community members. In short, each toolkit section contained the following information:

- one-page short summaries of key information in the toolkit (e.g., highlights on health reform) and short primers on key topics (e.g., what CFBOs need to know about fatherhood initiatives) that CFBOs can adapt to their community
- lists of additional relevant resources (e.g., links to additional reports and grant funding opportunities)
- access to relevant interactive web-based tools.

Figure 1. Conceptual model guiding RAND's development of the source material for the Healthy Communities Toolkit

Once the material was developed into the toolkit, we engaged two key stakeholder(s) representing the target audience of community and faith based organizations to review the toolkit content. We sent the two stakeholders the source material for the toolkit along with guidance for reviewing the source material. The stakeholders responded with suggestions for improving the clarity (e.g., wording changes), scope (e.g., including text around the barriers CFBOs face serving immigrant populations), and implementation of the toolkit. The purpose of this was to ensure that the toolkit was culturally competent, relevant to the target audience, and written in language that was most easily understood.

The following two chapters of the technical report are designed to highlight the tool content or source material (Chapter 2) and potential implementation strategies (Chapter 3). The Center for Faith-Based and Neighborhood Partnerships (CFBNP) will take the raw text contained in Chapter 2 and transform it into a toolkit for use by community and faith leaders. The source material is meant to serve as a broad initial framework for a "living" toolkit that the CFBNP will

continue to expand (e.g., adding more topic areas) and augment (e.g., adding more content within the current topic areas) over time as advances occur in the fields of public health and medicine and health reform continues.

Chapter 2: Healthy Communities Toolkit Source Material

This chapter contains the raw text (i.e., source material) that will be utilized by the CFBNP in its Healthy Communities Toolkit. The chapter is meant to provide only the content for the Toolkit. The CFBNP will provide the design, formatting, and packaging of the Toolkit.

The Toolkit contains an introduction and nine sections, each focused on a specific content area. Each section of the Toolkit (except the introduction) is meant to act as a stand-alone summary of a specific topic area. The introduction of the Toolkit contains information about the purpose of the Toolkit, how community and faith leaders should use the Toolkit, and the layout of the Toolkit. Section 1 of the Toolkit is dedicated to explaining the provisions of the Affordable Care Act and how community and faith leaders can help their congregations take full advantage of the new opportunities offered by health reform. Sections 2 and 3 of the Toolkit continue to describe new opportunities offered through health reform but focus on improvements to community health centers and expansion of the primary care workforce, respectively. Section 4 of the Toolkit provides information about how community and faith leaders can promote positive parenting and involved fathers. The purpose of Sections 5 and 6 of the Toolkit is to explain how community and faith leaders can help constituents with mental or behavioral health issues such as depression (Section 5) and symptoms related to violence and trauma (Section 6). Dealing with teen and unintended pregnancy is covered in Section 7 of the Toolkit, with attention to youth development as a prevention strategy, while Section 8 describes how community and faith leaders can utilize compassionate outreach to help address HIV/AIDS, including the stigma associated with it. Finally, Section 9 of the Toolkit provides strategies that community and faith leaders can implement to help promote wellness and prevent or address chronic disease.

All this source material is meant to serve as a broad initial framework for a "living" toolkit that the CFBNP will continue to expand (e.g., by adding more topic areas such as obesity) and be augmented (e.g., including more content relevant to the existing topic areas) over time.

Introduction to the Healthy Communities Toolkit

Community centers and congregations are places of healing and comfort. They are safe spaces where people come to find community and support and to hear messages of hope and compassion. Faith- and community-based organizations and leaders play a key role in keeping people physically, emotionally, and spiritually healthy.

In fact, the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) recognize the important role community and faith-based organizations play in the health of their communities. They have identified a number of "social determinants of health" (Brennan Ramirez et al., 2008, Commission on Social Determinants of Health, 2008). Many of these factors, or determinants of health, are issues over which community and faith-based organizations have great influence (for a full list, please see Table 1):

- Social supports
- Educational supports
- Health literacy
- Employment/working conditions
- Physical environment
- Life skills
- Culture
- Personal health practices and coping skills
- Early life or childhood
- Health services
- Income

This **Healthy Communities Toolkit** has been designed to support faith and community leaders in two key ways. First, it was created to help leaders promote health for families and individuals in their communities. Second, it seeks to help leaders link people to key health resources in their communities, including the important new benefits of the Affordable Care Act.

The **Healthy Communities Toolkit** offers the following information:

- Key **facts and figures** about health topics.

- Easy-to-understand **handouts** for community bulletin boards, newsletters, or bulletin inserts.

- **Web links** to more information on each area.

The Toolkit is organized into nine sections:

1. Health Reform and What it Means to Your Community

2. Community Health Centers: Connecting People to a Medical Home in Your Neighborhood

3. New Career Opportunities in Healthcare

4. Promoting Healthy Families

5. Supporting the Mental Health of Your Community Members

6. Understanding and Preventing Violence and Trauma

7. Promoting Healthy Choices Among Teens and Young Adults

8. Addressing HIV/AIDS and Reducing Stigma Through Compassionate Outreach

9. Promoting Wellness and Preventing Chronic Disease

This toolkit can help you:

- **Help people understand what being healthy means.** You know that it is important for a person to be physically, emotionally, spiritually, and socially healthy. The information in this toolkit can support you in helping your community reach these goals.
- **Link your community to health resources and services**. Sometimes, this is as easy as finding out where health services and resources in your community are. This toolkit gives you the information you need to help people access the healthcare they need no matter where they are or what they can pay.
- **Take full advantage of the health resources in your community and learn about important new benefits.** The Affordable Care Act makes healthcare more accessible for everyone. New benefits, services and opportunities are now available for people in your community.
- **Connect with community health centers, local health departments and other programs and organizations to make sure the people you serve have the health resources they need.** Everyone deserves and needs a medical home.

Small changes in what people and places do can make a big difference to their health. Research has shown that congregations, schools, day care centers, and community centers can all influence the health of the people they serve. They do this by influencing areas of community and family life that are needed to be healthy.

Many things determine health—things within and around individuals—including their family and community. Look at all the things that influence health! To improve health, individuals, families, and communities need to work together.

Table 1. Social Determinants of Health (Commission on Social Determinants of Health, 2008)

Individual health	Family	Community
° Gender ° Personal health practices and coping skills ° Culture ° Genetics (or " DNA") ° Income ° Health literacy ° Employment ° Life skills ° Education ° Social status ° Insurance coverage ° Transportation	° Family medical history ° Early life or childhood (how you "grew up") ° Paternal (or the father's) involvement ° Demonstrating healthy choices in food and exercise ° Learning coping skills	° Health services ° Social supports ° Educational supports ° Working conditions ° Living conditions (housing, safety) ° Physical environment (things around you that affect your physical health, like pollution, access to physical activity, and healthy food)

Section 1: Health Reform and What It Means for your Community

Community and faith leaders deliver messages of hope and healing every day. Health reform is powerful new way for you to improve and strengthen resources for your community members as they work to get and stay healthy. With your partnership, we can make sure each American has a medical home and can get health services in a timely and sensitive manner.

Why This Issue Is Important

Many Americans have no place to go to for healthcare. This results in many people waiting to see a medical provider until they are very sick. This can lead to people going to the emergency room with an illness or condition that could have been prevented or treated much earlier.

You may have heard that there is a new health law designed to makes it easier to get healthy and stay healthy! In 2010, Congress passed the Affordable Care Act—which is commonly referred to as health reform. This new law has the goals of improving the way healthcare is delivered, supporting healthy living, and making it easier to get health insurance. Recent changes to Medicaid and the Children's Health Insurance Program have also made it easier to get healthcare for children (Kaiser Family Foundation, 2010). Health insurance is an important tool for staying healthy. It provides people with access to doctors and other medical providers without worrying about how much it will cost (Bovbjerg and Hadley, 2007).

- In 2009, more than 50 million people in the United States didn't have health insurance. This included 21 percent of African Americans, 32 percent of Hispanics and Latinos, and 12 percent of Whites (DeNavas-Walt et al., 2010).
- One American dies every 30 minutes from lack of healthcare coverage (Institute of Medicine 2009).

As leaders of faith and community-based organizations, you are in an important position to help community members understand and access the benefits and services that are available to them. This section explains the new benefits and services that are available through health reform.

What Community and Faith-Based Organizations Can Do

Educate members and neighbors about the new benefits. Here are some ideas:

- Use the information in this toolkit and get the word out to your members. Post the information and handouts in this toolkit on community bulletin boards and/or in congregation or community bulletins or newsletters.
- Start discussions on health reform. Talk with individual members, use the information from healthcare.gov (see text box) in talks or lectures, organize community meetings, or have discussions around topics that are especially common in your neighborhood.
- Engage your health programs or wellness ministries to sponsor health fairs, link members of your community to services, and pass out information door-to-door.

- Connect and partner with your neighborhood community health center, your local health department, local mental health providers, and/or other community health services to make sure that your community members know how and where to access health services.

Some of these new benefits and services may not be available to recent and undocumented immigrants that are part of your congregation. However, other sections of this toolkit (e.g., Section 2: "Community Health Centers") offer suggestions appropriate for this population.

Check out HealthCare.gov for More Information! {Text Box}

To learn more about the new benefits of healthcare reform, please visit HealthCare.gov.

HealthCare.gov is a website that helps people understand how the Affordable Care Act can help them. Its key feature is a coverage finder, which directs people to public and private insurance options that meet their unique needs. The tool provides pricing estimates and benefit details for thousands of private health insurance plans.

In addition, the site describes provisions of the Affordable Care Act in easy-to-read language, helping Americans understand how this historic legislation affects them, their families, and their communities.

- Check out www.healthCare.gov to answer questions you or your community members may have about the benefits and services that are available because of Health Reform.
- Check out [50 States/50 Stories](#) to find out what's happening in your state and listen to stories from people across the country that are benefitting from the new law!
- Check out www.CuidadodeSalud.gov, the partner site (in Spanish) of HealthCare.gov.

Handout—For Individuals Describing New Benefits of the Affordable Care Act

Below is a list of some of the key new benefits that are now available and tips for connecting to healthcare services:

Toll-free Call-in Number for Questions about the Affordable Care Act is Coming Soon! {TEXTBOX}

New Benefits for Children and Young Adults

Insurers can't say NO to children with existing illnesses

What This Means: All children must receive coverage. Insurance companies can no longer refuse to accept children into their plans because they are sick or have been ill in the past. This rule applies to all policies issued after March 23, 2010, but not to those purchased before this date.

What Parents Should Do
- If parents feels that their children have been excluded incorrectly, they can call their insurance company to ask why their family is not getting the coverage they need.
- Parents can also call their children's medical provider and ask if there is anything the provider can do to help make sure their kids get appropriate care.
- Learn more about these new benefits, by visiting the following website: http://www.healthcare.gov/law/provisions/ChildrensPCIP/childrenspcip.html

Expanded opportunities to cover children today

What This Means: Although many of the new regulations for providing health insurance to everyone don't start for a couple of years, several new opportunities were expanded immediately.

What Parents Should Do
- If you have children that do not have health insurance today, you can get more information on programs that might be available to them by visiting the following website: http://www.insurekidsnow.gov/

Older children (up to age 26) can stay on their parent's health insurance plan

What This Means: Young adults don't have to buy their own insurance until they turn 26 even if they live someplace else and are married.

What Parents Should Do
- If parents is worried that their child does not currently have health insurance, they can call their plan and ask whether the plan offers dependent coverage, how children can be enrolled, when they can be enrolled (such as an open enrollment period), and how much it will cost.
- Parents can also ask if a plan will provide coverage for their adult children after age 26.
- Parents should talk to their children to make sure they understand the new benefit.
- Learn more about this benefit by visiting the following website: http://www.healthcare.gov/law/provisions/youngadult/index.html

New Benefits for Families

Insurance companies can't take away your coverage if you get sick

What This Means: Many insurance companies used to limit the amount of coverage people had over their lifetime. This meant that when a person got sick and the illness was expensive to treat, the insurer could simply say "NO." The new law also begins to eliminate yearly limits on insurance benefits.

In some cases, insurance companies would also take away benefits if they discovered a mistake on an application, even if the mistake was accidental. This could occur at any time even after a person got sick. Those practices are now illegal.

What People Can Do
- If you feel that your insurance was incorrectly cancelled, you can call you insurer and ask why your coverage has been canceled.
- Learn more about these new laws by visiting the following websites:
    - Wrongly terminated insurance
    http://www.healthcare.gov/law/provisions/Curbing%20Insurance%20Cancellations/cancellations.html
    - No more lifetime limits
    http://www.healthcare.gov/law/provisions/limits/limits.html

All new plans must focus on helping you stay healthy by providing free preventive services

What This Means: Without any charge, doctors will have to provide a number of services including:

- Testing for high blood pressure, diabetes, and high cholesterol, and many cancer screenings including pap smears, mammograms and colonoscopies

- HIV screening for higher-risk adults

- Counseling on such topics as quitting smoking, losing weight, eating healthy, treating depression (or the "blues"), and reducing alcohol use

- Routine vaccinations against diseases such as measles, polio, or meningitis

- Flu and pneumonia shots. Learn more about accessing flu vaccinations at the following website: Flu resources: http://www.flu.gov

- Counseling, screening, and vaccines to ensure healthy pregnancies

- Regular well-baby and well-child visits, from birth to age 21.

If you get a bill for one of these services, you can call your insurer to find out why you are being charged. Learn more about this law by visiting the following website: "Preventive Care and Services," http://www.healthcare.gov/law/provisions/preventive/index.html

Everyone should schedule preventive visits with care providers. This will make sure you don't suffer from illnesses that could have been prevented and won't have to wait in long lines in an emergency room.

Insurers can't refuse to pay without giving you a chance to appeal

What This Means: People have a right to get the healthcare they need through their health plan. If they don't get this care, they have a right to file a complaint.

What People Can Do
- Patients can call their medical provider and ask what can be done and how the provider can help.

- They can also call the health plan's member services phone number and explain the problem. The number is usually on the insurance membership card.
- If talking to the medical provider and health plan does not help, then patients can file a complaint with the health plan. Complaints can be filed over the phone or in writing and the plan has 30 days to respond to it. If the problem is urgent, the health plan must respond within 3 days.
- Learn more about this law by visiting the following website: "Appealing Health Plan Decisions,"
http://www.healthcare.gov/law/provisions/appealing/appealinghealthplandecisions.html

Patients can choose any medical provider they want for their care

What This Means: People can choose the medical provider they like the best and visit that medical provider to get the care they need to help prevent or address their illnesses. They no longer need to go to the emergency room, unless they are in need of emergency care. If people are in need of emergency care, they can go to the nearest emergency room—without additional charges or penalties —even if they get sick or injured while away from home. Further, people can see a pediatrician, mental health provider or OB/GYN without a referral from another medical provider, regardless of their type of health insurance coverage.

What People Can Do
- Patients can call their insurance provider and ask to switch medical providers if they prefer a different provider. Patients should ask whether there is a deadline to switch.
- Learn more about these changes by visiting the following website:
"Preserving Doctor Choice and Ensuring Emergency Care,"
http://www.healthcare.gov/law/provisions/choice_access/index.html

People can get insurance through the Federal Government. Even if you have no insurance and have an existing illness! {TEXTBOX}

What this means: The Federal government is offering a Pre-Existing Condition Insurance Plan just for people who are sick and who have been uninsured for at least six months because of that illness.
- Learn more about this new plan, by visiting the following website:
"Pre-Existing Condition Insurance Plan, (PCIP),"
http://www.healthcare.gov/law/provisions/preexisting/index.html

Section 2: Community Health Centers: Connecting People to a Medical Home in Your Neighborhood

As a trusted leader in your community, you play an important role linking people to services they need. People look to you for guidance on issues related to physical and emotional health, as well as spiritual health.

Community health centers provide high-quality healthcare at low or no cost. This means that people who have no health insurance, are low-income, or live in rural areas can get high-quality and comprehensive primary care. Community health centers are particularly important for immigrant populations because they often have the language and cultural skills needed to serve these populations adequately and because many types of immigrants (undocumented immigrants and legal immigrants within their first five years of residence) are not eligible for federally funded health insurance. Places that provide comprehensive primary care are called "medical homes." Everyone needs a medical home in the same way they need a spiritual or physical home.

Why This Issue Is Important

Many Americans don't have a medical home. This results in people being sick with illnesses that could be prevented or dying of diseases that can be controlled, like diabetes. You can refer people in your community to a community health center for healthcare. No one is turned away from community health centers—even if they can't afford services.

Over the next five years, more community health centers will be built, and existing centers are expanding services. Specifically:

- 127 new community health center sites will be built.
- 1,600 community health center sites will be repaired or renovated.
- Care for an additional 2.5 million people will be provided. One out of every two of these people will be uninsured.
- One out of every two community health centers provide needed care in rural areas.

This means there will be more places available across the country for high-quality healthcare. It also means that there will be many more jobs for primary care providers, such as doctors, nurses, physician's assistants, dentists, and mental health counselors. This expansion is part of health reform. See Section 3, "New Employment Opportunities in Healthcare," for more information.

What Community and Faith-Based Organizations Can Do

Link community members in need to a nearby community health center. Establish a relationship with the community health center in your area. This will make it easier for you to refer people and get them the care they need. You can find your nearest community health center by using this website: http://findahealthcenter.hrsa.gov/

Provide wrap-around services. To help community members get to their local community health center, you can offer wrap-around services—such as transportation, child care (for parents going to the health center), translation, and case management.

Use your meeting space for vaccinations or other check-ups. Community health centers provide free clinics that offer healthcare in community locations. Inviting your local community health center into your space makes it easier and more comfortable for the people you serve to get care.

Find out about the new programs in your community that may help people get more or better services. These programs are discussed below. You can see whether health centers in your community got money for these new programs at:.

If your organization is in a tribal area:

Find out about Indian Health Services facility near you. These facilities function like community health centers and provide care to American Indian/Alaskan Native people. Location and information can be found online at
http://www.ihs.gov/index.cfm?module=AreaOffices

If your organization is in a rural area:

Rural areas have unique needs. People who live in rural areas might find it more difficult to access healthcare and other things that make people healthy. This is due to a number of factors including large distances; lack of providers; and many people living in rural America have less income than people in urban areas (National Rural Health Association, 2011).

There may not be a community health center in your area if it is rural area. But your organization can still connect community members with healthcare. Here are some ways:

Let your space be used for telemedicine. It is becoming more common to use technology such as video phones and the internet to provide healthcare over long distances. This is called telemedicine. There are lots of new uses for telemedicine. This list is from the National Library of Medicine: http://www.nlm.nih.gov/research/initprojsum.html

One example you might find useful is the University of Iowa Hospitals & Clinics website, which has facts on common health topics and illnesses. See
http://www.uihealthcare.com/topics/catindex.html

A list of telemedicine grants awarded in each state can be found online at:
http://www.hrsa.gov/telehealth/granteedirectory/grantee_profiles_0708.pdf

Handout—For Individuals on Community Health Centers

Did you know there is a community health center near you?

Community health centers offer healthcare at <u>low</u> or <u>no cost</u>.

People will not be turned away because of insurance or immigration status.

Here is what they offer:

[Put a list of services here such as check-ups, dental care, mental health care, medical care, etc.]

[Put the name, address, and phone number of the community health center in your neighborhood here.]

[Put hours of operation and languages spoken by community health center staff here.]

Information on the location and services provided by community health center in your neighborhood can be found at: http://findahealthcenter.hrsa.gov/.

[Note: Community and faith leaders can use volunteers and interns to pull this information from the website and double check it. It is important to make sure the information is up-to-date before disseminating it to community members.]

Section 3: New Career Opportunities in Healthcare

Helping community members to find new opportunities for growth is a key role for community and faith leaders. Your support has helped many people find their way to a better life. As you guide community members on their path, you need to know all the opportunities and options available to people.

Many people are experiencing financial stress because of lost jobs and wages. As a result of health reform, there will be new jobs for primary care providers and new opportunities for the people you serve to be trained as primary care providers. Primary care providers can be doctors, nurses, physician's assistants, dentists, and mental health providers.

Why This Issue Is Important

- Many communities do not have enough primary care providers. These areas are often called underserved areas.
    - One out of every three people live in these underserved areas.
    - Many of these underserved areas are rural, living outside major cities where most primary care providers are.
    - Lack of primary care providers is one of the main reasons that people do not have healthcare (Institute of Medicine, 2004).

- Health reform will offer new jobs and job training opportunities for primary care providers. It offers new options that make going to college easier to pay for. These include money for scholarships and loan repayments for primary care providers in underserved areas.

What Community and Faith-Based Organizations Can Do

Tell community members about the new jobs and job training opportunities. New opportunities are focused on increasing diversity, encouraging providers to go to underserved areas, and preparing providers to meet the needs of the aging U.S. population. Health reform offers financial support to train people who are interested in primary care medicine and dentistry, nursing, public health, mental health, and chiropractic training: See
http://bhpr.hrsa.gov/grants/affordablecareact.htm

Tell community members about the new scholarship opportunities for primary care training:
- The National Health Service Corps gives people scholarships for primary care training. This money covers tuition, fees, living, and other costs related to training for jobs such as doctor, nurse, mental health provider, and dentists. In exchange, people serve in the Corps for two to four years. Find out more at:
http://nhscjobs.hrsa.gov/Search_HPOL.aspx

- The Indian Health Service Scholarship Program gives American Indian/Alaska Native students money for:
    - Classes to improve the basic skills needed to get trained as a primary care provider
    - Classes leading to a college degree needed to become a primary care provider
    - Primary care provider training classes.

  For more information on the scholarship program or to apply, go to http://www.scholarship.ihs.gov/learn_more.cfm

Tell the primary care and mental health providers you know how they can get their student loans repaid. The National Health Service Corps offers up to $170,000 tax-free to repay student loans. In return, people serve in the Corps. For more information, see http://nhsc.bhpr.hrsa.gov/loanrepayment/

Find out if your community is an underserved area. These underserved areas are also called medical professional shortage areas. Search by address at: http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx. After you enter your address, you can find out whether your community has a shortage of primary care health professionals (e.g., doctors, nurses), mental health professionals, or dentists. If your community has a shortage of any of these professionals, you will also get some information about how long there has been a shortage (i.e., date of designation).

Get more primary care providers and mental health providers in your area. If you represent a community health center, you can get more primary care providers and mental health providers through the National Health Service Corps Program. The program pays these providers to come to work at a health center in your community free of charge. Information about the program is available at http://nhsc.bhpr.hrsa.gov/communities/apply.htm.

Handout—For Individuals on Becoming a Primary Care Provider

Thinking of a Becoming a Doctor? Nurse? Physician's Assistant? Dentist? Social Worker?

New Programs Are Available That Could Help!!

The **National Health Service Corps** needs over 9,000 people to provide primary care—doctors, dentists, mental health providers, social workers, physician's assistants, and nurses. If you join the Corps, they will pay back some or all of your student loans. Or they will provide you with a scholarship to go to school and get training.

What kinds of scholarships does the National Health Service Corps offer?

If you want a degree as a primary care provider, the National Health Service Corps will
- pay your tuition, fees, and some other costs related to your training for as many as four years
- provide a small amount of money for your living expenses while you are getting your degree.

In return for each year of support, you must serve one year at an approved clinic in a high-need area.

How much of your student loans will the National Health Service Corps pay back for you?

2 years of service = $60,000	5 years of service = $170,000	6 or more years of service = Total debt!

Get more information about joining the National Health Service Corps at
http://nhsc.bhpr.hrsa.gov/

Are there any other scholarship programs?

The Indian Health Service also offers scholarships to American Indian/Alaska Natives. They cover training to become a primary care provider and the classes you need to get there. Get more information about the Indian Health Service scholarships and an application at
http://www.scholarship.ihs.gov/index.cfm

The Bureau of Health Professions also offers financial support for training as a primary care provider. More information can be found at: http://bhpr.hrsa.gov/grants/affordablecareact.htm.

Take action now for a rewarding career that is in demand!

Section 4: Promoting Healthy Families

Many community and faith-based organizations are important resources for family health, and they play critical roles in helping families stay healthy. Faith and community leaders can and do support parents in being involved in the lives of their children. Community organizations and congregations offer messages of hope, healing, and support to families.

Why This Issue is Important

- The health of the relationship between parents can affect the physical and emotional health of each individual (Howes and Markman, 1989).
- Parenting quality makes a difference for children. Children with positively engaged parents are more likely to do well in school, and are less likely to use drugs or have sex early (Feinberg and Pettit, 2003; Parke, 2003).
- Research shows that without the active involvement of dads, young people are more likely to drop out of school, be involved in the criminal justice system; and become teen parents themselves (National Fatherhood Initiative, 2007).

What Community and Faith-Based Organizations Can Do

Start a parent and/or fatherhood group in your community
- Help to start a support group where parents and fathers share experiences. The group can also help parents learn new ways to talk to their children. Try having a parent or two lead the group.
- Check out the Early Childhood Learning and Knowledge Center for information on parent involvement, family literacy, health and wellness, and family service programs: http://eclkc.ohs.acf.hhs.gov/hslc/Family%20and%20Community%20Partnerships
- For parents of teens, share the handbook at http://www.theantidrug.com/pdfs/nav_the_teen_years.pdf and talk about the tips in the handbook at group meetings.
- For fathers in all circumstances, check out the Department of Health and Human Services' Fatherhood website for tips and suggested activities at http://www.fatherhood.gov

Post information on parenting kids of all ages
- Go to the "positive parenting" section at http://www.cdc.gov/ncbddd/child/. There are tips here for parents of kids of all ages. You can also hand these out to your members, post them on community bulletin boards, or link to the page on your organization's website.
- Direct parents to www.4parents.gov for more tips.

Help new parents "start off right" with their baby
- Share information about www.text4baby.org, a website that can send new moms text messages about pregnancy and parenting.
- Share the benefits of breastfeeding. See http://minorityhealth.hhs.gov/Assets/pdf/Checked/Breastfeedingweb.pdf
- Discuss the importance of health insurance. See this website for information on how to get children insured early: http://www.insurekidsnow.gov/

Make sure to talk with teens about healthy relationships
Start a teen program to talk about what makes a healthy relationship. The following website has questions to ask teens, and a video to share with teens: http://www.cdc.gov/features/chooserespect/. Healthy relationships early in life can lead to healthy marriages in adulthood.

Promote fatherhood in your community
- Link to the President's Fatherhood and Mentoring Initiative on your homepage (www.fatherhood.gov). The President has proposed a new Fatherhood, Marriage, and Families Innovation Fund to scale up effective fatherhood and family programs nationally.
- Host a local event for dads, mentors and families.

Sponsor a program for fathers—one that teaches parenting skills and tries to help them be better dads. These programs can include such topics as the following:
- Resources. Help fathers get assistance with concerns like housing, education, and job training. This reduces stress and helps them be better fathers.
- Life-skills training. Some parents don't understand how to take care of themselves, cope with life in healthy ways, or get healthcare or other services like a driver's licenses. Programs that help them understand these activities are important.
- Co-parenting plans. Joint parenting plans help decide issues like the amount of time children spend with their parents, where they would live, and the responsibilities of each parent.
- Marriage and relationship education. These programs teach skills and behaviors that contribute to positive relationships.

For Additional Information about Fatherhood {Text Box}

To learn more, please visit The National Responsible Fatherhood Clearinghouse (NRFC) (http://www.fatherhood.gov). This resource center collects and shares information on responsible fatherhood for parents. It also provides descriptions of and contact information for fatherhood programs around the country to provide resources to organizations interested in developing new fatherhood programs in their community.

Handout—For Individuals on Parenting

Parenting matters. It can mean the difference for a child's health, success in school, and success in life.

Did you know these tips about being a parent?

1. The best time to play with your baby is when he's alert and relaxed. Watch your baby closely for signs of being tired or fussy.
2. You can help your child's growing independence by letting him help with dressing himself or feeding himself.
3. When children are 2 or 3 years old, they should be able to
   - follow two- or three-phrase sentences
   - identify objects by shape and color
   - imitate the actions of adults and playmates
   - express a wide range of emotions.

To help their development, you can set up a special time to read books with them. This helps them build language skills and teaches them life lessons through stories.

4. You can help your preschooler gain language skills by speaking to her in complete sentences and in "adult" language. Also, try to help your child use the correct words and phrases.
5. Parents can help their young children develop a sense of responsibility. Ask them to help with household tasks, such as setting the table.
6. As children get older, parents can encourage them to be active in their school and community as well as to get regular exercise.
7. Children of all ages need love and affection.

Check out these websites for more parenting tips:
- www.text4baby.org (text message for new mothers)
- www.cdc.gov/ncbddd/child (child development)
- www.4parents.gov (sexual development and risky behaviors).

Handout—For Individuals on Fatherhood

Did you know that learning how to be a good dad might be just a click away?

The U.S. Department of Health and Human Services has sponsored a website to collect and catalogue information on what it takes to be an involved dad.

www.Fatherhood.gov

This website has information just for dads. It has links to other tips on being an involved dad. For example:

- New dads can learn about getting involved during pregnancy. Some men might want to learn about how babies develop during each stage of pregnancy and what moms can do to stay healthy (http://www.fatherhood.gov/dads/my-situation/milestones/dads-to-be)
- Fathers of infants and toddlers can learn how to change a diaper (http://www.fatherhood.gov/dads/my-situation/milestones/infants).
- They can learn how deal with temper tantrums. For example, set firm limits on behavior. (http://www.fatherhood.gov/dads/my-situation/milestones/toddlers).
- There are also tips on bonding with infants such as reading the sports page or some child-friendly part of the newspaper out loud instead of another children's book. (http://www.fatherhood.gov/dads/my-situation/milestones/infants)
- Fathers of older children can learn about how important play is. Dads can show their kids how to use their imagination. (http://www.fatherhood.gov/dads/my-situation/milestones/dads-to-be#Tips_by_Age).
- There are also links to other organizations that provide lots of information on
  - child-proofing the home
  - bonding with baby from day one
  - being a role model
  - showing affection.

Section 5: Supporting the Mental Health of Your Community Members

As community and faith-based organizations, you are first responders to mental health issues in the community. You are first responders because you may be the first to notice signs that someone is dealing with a mental health challenge. You help connect members to services. And your organization also plays a role in promoting the emotional wellness of their members.

What are mental health issues? Mental health issues can range from feeling depressed or anxious to more serious issues. Some mental health issues do not require clinical treatment or medication, but some do. Some mental health challenges are caused by adjustment or normal changes in development, but some are more challenging such as issues caused by trauma or abuse. People who are exposed to violence often face mental health issues (See Section 6, "Understanding Violence and Trauma"). The most important thing is to recognize the signs and to seek help if needed.

Please note that mental health is often referred to as behavioral health, which includes mental health issues like depression and substance abuse as well.

Why This Issue Is Important

- Mental health issues are more common than cancer, diabetes, heart disease or AIDS (World Health Organization, 2009).
- Anyone can have a mental health issue. Age, race/ethnicity, gender, economic background, or immigrant status or background do not matter.
    - Less than 1 in 11 Latinos with a mental health problem will get treatment (Office of the Surgeon General et al., 2001).
    - African Americans are twice as likely to suffer from mild depression (dysthymia) than Whites (Riolo et al., 2005).
- It is estimated that at any given time 20–25 percent of individuals may be affected by a mental health disorder. But two-thirds of all people with a diagnosable mental health disorder do not seek treatment (Kessler et al., 2005).
- One of the main reasons that people do not get help is stigma. Many people are afraid that admitting they have a problem will make them seem weak or crazy. They fear that seeing a mental health provider will bring shame to themselves, their family, and their peers (Corrigan, 2004).
- Stigma is particularly a problem in ethnic minority communities. Some think that having a mental health issue or getting help is a sign of weakness or personal failure (Office of the Surgeon General, 2001).
- Over one million people in the world commit suicide each year (World Health Organization, 2009).

What Community and Faith-Based Organizations Can Do

As a community or faith-based leader, it is important for you to be informed about the signs and symptoms of mental health issues or disorders.

- Sometimes individuals aren't just "feeling the blues" or having a stressful day or week. There are lots of signs that someone is struggling with a deeper problem. Check out this website for signs and symptoms of the most common mental health problems like depression and anxiety: http://www.stopstigma.samhsa.gov/publications/thefacts.aspx. You can also use the handout in this section as a tip sheet.
- Remember that sometimes people need help from a mental health professional (licensed counselor, clinical social worker, psychologist, or psychiatrist) to deal with their issues. Connect to services using http://store.samhsa.gov/mhlocator.
- Learn more about suicide. Go to the National Suicide Prevention Lifeline website for more information: http://www.suicidepreventionlifeline.org/, or call 1-800-273-TALK. This phone number is good for someone thinking about suicide. It also works for an individual trying to get help for a friend.

Tell members that taking care of your mental or emotional health is just as important as your physical health. In fact, they are connected!

- Talk about mental health in weekly sermons or other talks and activities. This website has brochures that you can hand out to your members: http://promoteacceptance.samhsa.gov/topic/faith/brochures.aspx.
- Tell congregants that getting help is a sign of strength, not weakness. Here are tips for creating a congregation in which mental health stigma is reduced: http://www.mentalhealthministries.net/links_resources/brochures/creatingcaringcongbrochure.pdf
- Use the Faith in Recovery Toolkit to support members with mental health issues: http://www.faithinrecovery.com/toolkit.htm.

Develop relationships with local community mental health providers.

- As CFBOs, you are in a unique position to refer your members to mental health services. In order to improve your connections to these services, get to know the mental health providers in your communities. Find out more at http://store.samhsa.gov/mhlocator or ask your local health department for a list of agencies and providers.
- Reach out to mental health providers and invite them to talk about these issues at a community meeting that you host.

If you are counseling any individual who are getting treatment for a mental health issue, tell them you are proud of them and that they are making a courageous and healthy choice.

- Direct your members to a website such as http://www.whatadifference.samhsa.gov/ where they can meet others. The site is good for friends of individuals with a mental health issue. It gives tips on how to be supportive.

- There are websites just for communities of color, where members can read stories from people of a similar background:
  - African American: http://www.storiesthatheal.samhsa.gov/
  - Latino/Hispanic: http://www.aceptarignorar.samhsa.gov/
  - Chinese: http://www.whatadifference.samhsa.gov/chinese/
  - American Indian/Native American: http://www.whatadifference.samhsa.gov/native/

Handout—For Organization Leaders

It is important to know about mental health and wellness. Not all bad days will blow over. Sometimes, individuals need to get help for an issue. If that issue goes untreated, it can get worse and affect how that person lives his or her life.

STAY ALERT TO SIGNS AND SYMPTOMS. More information can be found at
http://www.stopstigma.samhsa.gov/publications/thefacts.aspx

Here are a few questions to ask yourself when you talk to a member of your organization:

1. Is the person showing signs of hurting himself or herself or taking part in risky behavior, such as abuse of alcohol or other drugs?
2. Is the person withdrawing from friends and family?
3. Has the person lost interest in daily activities, or does he or she seem to have problems paying attention?
4. Does the person have changes in sleeping or eating?
5. Does he or she seem very high or happy one minute and very low or sad the next time you see him or her?
6. Is the person feeling distrustful or paranoid that others are there to harm him or her?

Remember, the reason that many people don't get help in time is the stigma or fear that others in their community will judge them. As leaders, it is important to say that everyone has struggles and that getting help from a mental health provider is not a weakness.

Find mental health services in your community with this tool: http://store.samhsa.gov/mhlocator

Section 6: Understanding and Preventing Violence and Trauma

Community and faith leaders play an important role in supporting the people they serve in times of crisis. You provide compassion, help and resources, and offer words of healing to those hurt by violence. Understanding how trauma and violence affects the people you serve can help you to provide or link people to the most appropriate support. Trauma is the emotional and physical distress that occurs as a result of a stressful event or an event that threatens an individuals' safety or stability.

Why This Issue Is Important

- A violent crime is committed in the United States every 24 seconds. (U.S. Department of Justice, 2010)
- Trauma can have a variety of negative consequences—depression, anxiety, suicide attempts, substance abuse, academic problems, and interpersonal problems. One out of five people exposed to a traumatic event will develop symptoms of a mental health problem. (Copeland, 2002)
- Being exposed to violence can happen anywhere—at work, home, school, on the internet, or in the community—and to anyone. A national study found that more than half of all youth had been exposed to violence in the past year. (Finkelhor et al., 2009)
- Everyone reacts to seeing, hearing, and experiencing violence. Repeatedly experiencing violence or experiencing a particularly traumatic event may change the way people of any age act and think.
- A national study of veterans found that one of every five veterans returning home from war has changed as a result of violence (see changes below). (Tanielian and Jaycox, 2008)

What Community and Faith-Based Organizations Can Do

Talk about the fact that violence is happening in your community. Every community experiences violence. Address the issues of violence during your sermons. This crime clock shows you how often crimes are occurring in the United States each minute of each day: http://www2.fbi.gov/ucr/cius2009/about/crime_clock.html

Let community members know that violence can hurt people both physically and emotionally. Tell people about the changes that can happen in adults and children as a result of violence. Help them to understand that these changes are not a result of weakness in their loved ones but are a common response to violence. Some common changes are described below.

Be sure your conversation-starters intentionally make people feel safe. Taking time to listen and understand the experiences of the individuals you are working with can help people feel safe and help you know how best to help that person or family.

Know when talking is not enough. Sometimes the most loving and responsible thing to do is to refer a community member to a professional mental healthcare provider. When people report any of the changes listed below, refer them to a professional counselor. This will help both you and your community member. As part of a team, you can work with others to get people the help they need. More information is available in Section 5.

Look for changes in the adults you work with and serve. Changes as a result of trauma exposure can happen very soon after the event. But they can also happen weeks, months, or years later. Just because people seem fine right after an event does not mean they will not face difficulties later. Veterans coming back from war may be at risk for such changes. Please pay close attention to returning service members in your community. Below are some changes in adults that may be caused by trauma.

Changes in Adults That May be Caused by Trauma	
• Has trouble sleeping	• Has a hard time concentrating
• Gets annoyed or angry easily	• Wants to hurt himself
• Relives the memory of the event	• Always has to have things a certain way
• Feels disconnected from the world	• Does strange or risky things
• Feels sad	• Is unable to trust anyone
• Needs to do certain things over and over	• Feels unsafe
• Is impatient	

Notice changes in the children and youth you work with and serve. Adults and children experience trauma differently. Below are some changes in children and youth that may be caused by trauma.

Changes in Children and Youth That May be Caused by Trauma (Substance Abuse and Mental Health Services Administration)	
Preschoolers	Youth (Ages 12–14 years)
• Starts to suck thumb	• Complains about aches and pains, but can't quite identify where the pains are
• Starts to wet bed	• Stops doing chores or schoolwork
• Is more clingy with parents or teachers	• Tries to get attention from parents or teachers
• Disobeys	• Withdraws from parents, teachers, or friends
• Gets aggressive	• Resists authority
• Withdraws from parents or teachers	• Becomes disruptive in classroom or home
• Talks about the event over and over	• Starts to experiment with sex or drugs
• Tells wild stories about the event	
Children (Ages 5–11 years)	
• Withdraws from friends	
• Stops coming to school	
• Gets poorer grades	
• Gets aggressive	
• Has trouble focusing	
• Starts acting young for the age	

Share self-help resources with the people you work with and serve. A self-help guide to dealing with trauma is available at http://store.samhsa.gov/product/SMA-3717

There is also a self-help guide for those dealing with trauma they experienced as a child.
- Men: http://store.samhsa.gov/product/SMA07-4134
- Women: http://store.samhsa.gov/product/SMA08-4132

Tips for college students who have experienced trauma are available at http://store.samhsa.gov/product/KEN01-0092R

Start support groups for returning soldiers. Sometimes, just being able to talk in a group about what is happening and how the trauma is affecting them can help. Materials for helping veterans are available: http://www.samhsa.gov/MilitaryFamilies/

Share information about the resources that exist in your community for getting help. You can do that by using the handout included in this section of the toolkit.

Direct your members to a website like http://www.whatadifference.samhsa.gov/ where they can meet others and find help. The site is good for friends of individuals with a mental health disorder. It gives tips on how to be supportive. It also shows you where you can get mental health services in your area. http://store.samhsa.gov/mhlocator

Bullying is a common and potentially damaging form of violence {TEXTBOX}
- One out of every 10 children is a <u>frequent</u> victim of bullying. (Nansel et al., 2001)
- Bullying—physical and emotional—has the same kinds of effects that violence does. Bullying can happen both in person and through the Internet on websites like Face Book and Twitter.

Faith and community leaders can share resources with parents of children who might be bullied.

A coloring book that helps you talk with children about bullying is available at: http://store.samhsa.gov/product/SMA08-4321
A brochure to help raise parents' awareness of bullying and help them figure out how to recognize and prevent bullying: http://store.samhsa.gov/product/SMA08-4322

More tips for parents can be found in Section 4: "Promoting Healthy Families" of this toolkit.

Handout—For Individuals on Recognizing Adults and Children Impacted by Violence

Did you know that over half of all children have experienced violence?

Violence can hurt people's body and mind.

But you can help.

If you know someone who has been exposed to violence, look for changes in the person. If you start to notice changes like the ones below, talk with him or her about getting help.

- Is the person reliving the memory of the violent event or having nightmares about it?
- Is the person unusually impatient, angry, or easily annoyed?
- Does the person have a hard time concentrating?
- Does the person feel disconnected and unable to trust anyone?
- Is the person sleeping well?

Changes in children look different than those in adults. Here are a few questions to ask yourself when trying to figure out if a child has been hurt by violence.

- Is the child withdrawing from friends, parent, or teachers?
- Does the child talk about the event over and over, or tell wild stories about the event? Does she draw or color pictures of the event?
- Has the child become aggressive or disruptive?
- Has the child stopped coming to school or doing chores?
- Has the child's grades dropped?
- For young children, has the child started to wet the bed or suck their thumb?

If you see these changes in adults or children you know, here are a few places to get help:
1. Find a local community health center where community members can get help:
   http://findahealthcenter.hrsa.gov/Search_HCC.aspx
2. Find a place that offers mental health counseling in your community:
   http://store.samhsa.gov/mhlocator
   [For the places to get help, community and faith leaders should also insert names, addresses, and phone numbers for local resources]

Section 7: Promoting Healthy Choices Among Teens and Young Adults

As community and faith-based organizations, you play a big role in giving young people options in their lives. Young people come to you for after-school and weekend activities, for spiritual guidance, and to help them plan their goals and lives as adults. A teen or unintended pregnancy can get in the way of those future goals.

Why This Issue Is Important

- Teen and unintended pregnancy is a national problem. One in three young women will get pregnant before age 20 (Abma et al., 2004).
- Despite some drops in the teen pregnancy rate in the last 20 years, the pregnancy rate is starting to rise again, with a 3 percent rise in 2006. Teen parents and children are more likely to live in poverty, have no job, and have health problems.
- Many of the 2 million unintended pregnancies each year are to women in their 20s; it doesn't just happen to teens. Teens are only one-fifth of those unintended pregnancies.

What Community and Faith-Based Organizations Can Do

Connect youth with after-school and weekend activities
- Teens who are active and involved in activities are less likely to get pregnant because these opportunities keep them busy, give them self-confidence, and offer options for their future that requires delaying pregnancy. Check out www.findyouthinfo.gov for information about youth programs in your community.
- Congregations and other organizations can connect youth to programs in the community or host an activity on-site.

Get the facts about teen pregnancy rates in your state or community
- Call your local health department for facts and figures. Knowing the size of the problem can help drive solutions.
- Check out which teen pregnancy prevention programs have been funded in your community. This website shows how much money each state received and which organizations are using the new funding.
  http://www.hhs.gov/news/press/2010pres/09/teenpregnancy_statebystate.html

Provide educational opportunities to talk about how to prevent or delay pregnancy
- Help young people set goals. Talk about how a pregnancy may not let young people reach those goals.
- Partner with organizations to use programs that have been proven to increase what people know about pregnancy and preventing unintended pregnancy.
- Plan a health fair, listening session, or other educational forum to discuss relationships and pregnancy. Ask your local health department to help.

Talk with your members about what makes a healthy relationship
- Give messages about healthy relationships, including respect and trust for one's partner. Check out this website for information about preventing teen dating violence: http://www.cdc.gov/violenceprevention/intimatepartnerviolence/teen_dating_violence.html
- Help parents talk to their children about sex and pregnancy. This website has information and training materials that you can hand out to parents: http://www.4parents.gov/talkingtoteen/index.html

Link pregnant and parenting teens with health and social services
- Give information or a directory for teens and other members about how to get services (e.g., food stamps, healthcare) for themselves and their child(ren).
  - Find retailers that participate in the Supplemental Nutrition Assistance Program (SNAP) program at this link: http://www.snapretailerlocator.com/
  - Find community health centers using this link: http://findahealthcenter.hrsa.gov/Search_HCC.aspx

Be sure not to limit these conversations to girls and/or women
Men and boys share the responsibility of preventing pregnancy, and their involvement is important in order to prevent unintended pregnancy. You may even want to consider speaking to men and boys separately from women and girls about preventing teen and unintended pregnancy.

Handout—For Individuals on Preventing Teen and Unintended Pregnancy

Prevent Teen and Unintended Pregnancy

Did you know?

- One out of every three teenage girls will get pregnant before she is 20. Most of these pregnancies are unexpected.
- Teen parents and children are more likely live in poverty, have no job, and have health problems.
- Teens who participate in activities after school and on weekends are less likely to get pregnant.
- Nearly 9 out of 10 (88%) teens say it would be easier for them to avoid sexual activity if they were able to have more, and more open, conversations with their parents

How can teen and unintended pregnancies be prevented?

1. Get involved in sports, the arts, or any other activity that you enjoy. Check out www.findyouthinfo.gov for programs in your community.

2. Think about when and how you want to get pregnant. Take steps to plan for your family on your timetable. Individuals of all ages should consider their plans for starting a family.

3. Think about your relationship with your boyfriend/girlfriend, husband/wife, or partner. Ask yourself: Am I being treated well? Do I feel respected by my partner? If I got pregnant, would I have help from my partner? Am I ready to have a child?

4. If you are a parent of a teen, check out www.4parents.gov. There are lots of tools for talking with your child about sex and pregnancy. For example, check out the WISE (welcome, interest, support, encourage) ways to talk to kids at http://www.4parents.gov/talkingtoteen/wise/wise.html

Section 8: Addressing HIV/AIDS and Reducing Stigma Through Compassionate Outreach

Community and faith-based organizations are already helping to teach their communities about HIV and AIDS. But HIV/AIDS continues to affect every community in the United States without much improvement.

Each year, 56,000 Americans test positive for HIV. According to the CDC, someone is infected with HIV every 9½ minutes. With the new National HIV/AIDS Strategy, there is a renewed focus on reducing the stigma and spread of HIV/AIDS. Community and faith-based organizations will continue to play a big part in reaching that goal.

Why This Issue Is Important

- Twenty percent of people living with HIV in the United States don't know that they are infected. This places them at greater risk of spreading the virus to others. It also prevents them from getting treatment that could help them live longer.
- One out of every two people in the United States knows someone living with HIV or AIDS.
- One out of every two new infections is among African American teens and adults, and one out of every three is among Hispanic or Latino teen and adults.
- Today about 25 percent of all new HIV cases are women, and the rate of new infections (incidence) is increasing faster among U.S. women than among women in other countries and compared to men in the United States. The rate of new HIV infection for African American women is nearly 15 times higher than that of white women and nearly four times higher than that of Hispanic/Latina women (Hoyert et al., 2006).

What Community and Faith-Based Organizations Can Do

Get the facts on HIV rates in your community from your local health department or at http://www.cdc.gov/hiv/topics/surveillance/resources/reports/. Share information through sermons, handouts, or social events.
- Remind members that everyone is at risk for HIV, including those who are in committed relationships. HIV/AIDS does not discriminate by age, gender, race/ethnicity, or income.

Tell your members that getting screened for HIV is routine for everyone
- Show your members that getting screened is as simple as any regular health screening like a diabetes checkup (testing your "sugar"). Try out getting screened in front of your members to show them how easy and simple it is. As with everyone, you should not report your results. They should be private.
- Check out this fact sheet for talking about HIV and AIDS in the faith community http://www.cdc.gov/hiv/resources/other/PDF/faith.pdf
- Your local health department and many community health clinics can do rapid HIV screening at your facility or community events.

- You can use these websites to find a screening location near you: http://www.nineandahalfminutes.org/ and http://www.hivtest.org/

Start talks about healthy relationships, including safe behaviors and how to talk to each other about using protection
- Offer community spaces to talk about how to make choices about not having sex or using protection for safer sex, such as condoms.
- Check out tips in Section 7: "Promoting Health Choices Among Teens and Young Adults" section, too. There are tips on healthy relationships, how parents and teens can talk to each other about safer sex, and how couples should talk to each other, too.
- Remind people who are married or in relationships with only one partner that they can be at risk for HIV too. HIV does not affect only those who are dating or not in "monogamous" or one-partner relationships.

Share information about sexual health, how to prevent HIV, and how to stop the spread of HIV
- Check out good models for using peer networks to educate people about HIV prevention at http://aids.gov/federal-resources/policies/community-engagement/
-

Help people understand that you can live with HIV or AIDS if you get the right services
- Go to for more information on resources: http://www.cdc.gov/hiv/resources/brochures/livingwithhiv.htm
- Check out this manual, just for the faith community.
- http://www.hhs.gov/fbci/publications/Pubs/hiv-aids.pdf
- Get free AIDS treatment information at: AIDSinfo (800) 448-0440.

Develop support services for people living with HIV or AIDS. Many may need access to medicine, housing, and in home support.
- Share ways that members can support people living with HIV or AIDS. One out of every two of us knows someone. Go to www.AIDS.gov for more tips.
- Check out the National HIV/AIDS Strategy for information on how the government is making sure people with HIV or AIDS have the support they need. http://www.whitehouse.gov/files/documents/nhas-implementation.pdf .

Handout—For Individuals on Preventing HIV/AIDS

Prevent the Spread of HIV/AIDS

Did you know?

- Twenty percent of people living with HIV in the United States don't know that they are infected. This places them at greater risk of spreading the virus to others. It also prevents them from getting treatment that could help them live longer.
- One out of every two people in the U.S. knows someone living with HIV or AIDS.
- One out of every two new infections is among African American teens and adults, and one out of every three is among Hispanic or Latino teen and adults.
- Today about 25 percent of all new HIV cases are women, and the rate is increasing faster among U.S. women than among women in other countries.

1. ***Know your HIV status.*** It is easy to find a screening spot. Just go to find out where in your town: http://www.nineandahalfminutes.org/ or http://www.hivtest.org/
2. ***Get smart about how to protect yourself from HIV/AIDS.*** You can get information at your local health department, but you can also talk to your pastor, community leader, or other trusted community member. There is now a national strategy to make sure that all people have the information they need to protect themselves and manage their HIV.
3. ***If you already know you are infected, don't ignore it.*** HIV is not a death sentence and you can get help to manage your disease. Make sure you have a healthcare provider who knows how to treat HIV. Get free information at AIDSinfo (800) 448-0440, or Project Inform (800) 822-7422.
4. ***One person out of every two people knows someone living with HIV or AIDS.*** Go to www.AIDS.gov to learn more about how to support someone with HIV and be healthy in your relationship if your partner has HIV or AIDS.

Section 9: Promoting Wellness and Preventing Chronic Disease

Community and faith leaders can motivate people to take action and get healthy! As trusted leaders in your community you can share information and empower your community members to make the changes they need to improve their health. You can link people to health services and benefits, especially the new prevention benefits and services available through the Affordable Care Act. This section provides tools and information you will need to be a powerful and motivational catalyst for better health in your community.

Why This Issue is Important

More than ever, Americans are ill with chronic conditions, such as heart disease, kidney disease, and diabetes. These diseases are called chronic because they last a long time. They affect millions of people and are deadly. In fact, 70 percent of all deaths in the United States are caused by these illnesses (Kung et al., 2008). They are also expensive to treat. Some estimates suggest that 75 percent of total U.S. health spending is for the treatment of chronic illnesses (Kaiser Family Foundation, 2011). American women live, on average, six years longer than American men, although women are more likely to face chronic illnesses. Many believe this difference in life expectancy is due, in part, to the fact that men tend not to access healthcare services (Agency for Healthcare Research and Quality, 2011).

The most basic elements of for good health include eating the right amount of food, not smoking, and getting enough exercise. Living this way prevents obesity and keeps your lungs strong. Did you know that smoking is the leading cause of preventable death? Or that in the United States more than 6 out of 10 adults and 1 out of 5 children are either obese or overweight (Centers for Disease Control and Prevention, 2011)?

What Community and Faith Based Organizations Can Do

Community and faith-based organizations can help people in their congregations or organizations become healthier by encouraging some important changes.

Most importantly, leaders in the community can support and empower people to have a medical home; a place where patients know they can regularly go to for their care. Healthcare reform has made it easier than ever to have a medical home. Please refer to Section 2: "Community Health Centers" of this toolkit.

Help people enroll in healthcare insurance coverage so that they can have affordable and regular health services and care. Health reform gives more people access to health insurance, and insurance companies are required to keep you insured, even when you are sick. Host a tour of healthcare.gov to help people find insurance options, and enroll. Please refer to 1: "Health Reform and What it Means to Your Community" of this toolkit

Encourage people to have regular preventive health visits and screenings. People who purchase policies created after March 23, 2010 will no longer have to pay for preventive visits of health screenings. These tests are called "preventive tests" because they help to catch illness early while it can still be stopped and include:

- Blood pressure, diabetes, cholesterol, and HIV tests

- Many cancer screenings, including pap smears, mammograms and colonoscopies

- Counseling on such topics as quitting smoking, losing weight, eating healthy, treating depression (or the "blues"), and reducing alcohol use

- Routine vaccinations against diseases such as measles, polio, or meningitis

- Flu and pneumonia shots

- Counseling, screening, and vaccines to ensure healthy pregnancies

- Regular well-baby and well-child visits, from birth to age 21.

For more information about how people without healthcare insurance can get it, please refer to Section 1: "Health Reform and What it Means to Your Community." You can also check out the following website: www.healthcare.gov

Here are some tools that may help you help your community live healthier lifestyles:

- Encourage people to eat a healthy diet.
  - o Information on eating a healthy diet can be found at the this link: Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans, 2010 (United States Department of Agriculture and Center for Nutrition Policy and Promotion, 2010a)
  - o Information on the Food Stamp program which provides free food to persons with low incomes can be found at this link: SNAP fact sheet.

- Empower people to maintain a healthy weight.
  - o Tips on exercising and eating right in order to stay fit can be found at these links: President's Council on Fitness, Sports & Nutrition and 10 tips to Healthy Eating & Physical Activity.
  - o Let's Move is a federal government initiative, launched by First Lady Michelle Obama that focuses on reducing obesity among children. Let's Move Faith and Communities specifically engages faith and community leaders and organizations. Action steps for congregations and organizations around healthy choices and physical activity can be found here: http://www.letsmove.gov/communityleaders.php. More information about what Let's Move has to offer can be found here: www.letsmove.gov.

- Energize people to exercise regularly.
  - o Information exercising for people of different ages and with different health conditions can be found here: http://www.fitness.gov/resources-and-grants/fit-facts-and-tips/general-fit-facts/index.html
  - o {TEXTBOX}
  - o Check out the new Let's Move Toolkit for Faith-Based and Neighborhood Organizations!
  - o This toolkit provides concrete action steps to help faith-based and neighborhood organizations support healthy choices, healthy schools, physical activity, and affordable and accessible schools. The toolkit is available online at: http://www.hhs.gov/fbci/Tools%20&%20Resources/Pubs/lets_move_toolkit.pdf

- Encourage people to get regular preventive screenings.
    - Help your community members learn about prevention through this great tool on healthcare.gov http://www.healthcare.gov/learn/index.html or www.healthfinder.gov

- Support people to quit or not start smoking.
    - Information on quitting smoking can be found at this link: Smoking Cessation fact sheet
    - Smokers who are working to quit can join an online community at the following websites: www.smokefree.gov and www.women.smokefree.gov

- Reinforce that people should limit alcohol use.
    - While moderate alcohol consumption can be healthy, too much drinking can cause serious problems. The following link has more information on the right amount: http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2010/DGAC/Report/D-7-Alcohol.pdf

- Advocate for people to know their family history.
    - Ask relatives what diseases parents and grandparents have had. This is the first step to preventing those diseases from happening to you.

- Remind people to get a seasonal flu shot.
    - The best way to avoid getting the flu is to get the vaccine every flu season. More information about the vaccine can be found here: http://www.cdc.gov/flu/pdf/freeresources/general/take3_step_vac.pdf
    - Information on other ways to avoid the flu can be found here: http://www.cdc.gov/flu/toolkit/index.htm

Neighborhood organizations can also talk with public leaders about making important changes in their community to make it easier for people to get healthy. The CDC has suggested that a few community-sponsored activities could go a long way toward helping make people healthier. These include

- Increasing the availability of healthier food and beverage choices at school

- Putting grocery stores in all communities

- Requiring physical education in schools

- Increasing opportunities for physical activity

- Creating safe communities that support physical activity

- Improving access to outdoor recreational facilities

- Participating in community coalitions or partnerships to address obesity.

These and other tips for improving health in the community can be found at the Let's Move Faith and Communities Toolkit:
http://www.hhs.gov/fbci/Tools%20&%20Resources/Pubs/lets_move_toolkit.pdf

To share this information, organizations can simply start a conversation among members about being healthy or hand out written information. Organizations interested in doing more should consider starting a health and wellness program that teaches the facts about these activities.

Several example programs include

- "Kidney Sundays," which is a program that focuses on kidney disease among African Americans. More information can be found here:
http://www.nkdep.nih.gov/resources/NKDEP_KidneySundays_Toolkit_508.pdf
- Organizations and individuals can also participate in the President's Active Lifestyle Award Challenge, which focuses on physical fitness and healthy eating. More information can be found here: http://presidentschallenge.org/participate/index.shtml.
- Finally, neighborhood organizations can work with their local health department to bring in experts to discuss the health concerns of your community.

Other activities include

- Implementing a nutrition menu fair.

- Hosting a healthy dinner.

- Incorporating healthy menus into meals served at regular events, or encouraging members to bring healthy options to "potlucks" or other group offerings.

- Partnering with a community health center. For more information on community health centers, please see Section 2: "Community Health Centers: Connecting People to a Medical Home in Your Neighborhood" of this toolkit.

Handout—For Individuals on Wellness

Just a few simple changes can make you much healthier!

- Eat a healthy diet.
- Maintain a healthy weight.
- Exercise regularly (At least 60 minutes a day for children and 2.5 hours per week for adults).
- Quit smoking or don't start.
- Limit alcohol use.
- See a medical provider regularly (more often for older persons).
- Know your family history.
- Get a seasonal flu shot.

Did you know:

That one of the best ways to lose weight is to eat a good breakfast?

For more information go to http://www.fitness.gov/resources-and-grants/resources/10-tips.pdf

That children should exercise 60 minutes per day?

For more information go to http://www.fitness.gov/resources-and-grants/fit-facts-and-tips/general-fit-facts/index.html

That nicotine is as addictive as heroin?

For more information go to http://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/index.htm

The best way to prevent the flu is to get the vaccine?

For more information go to http://www.cdc.gov/flu/pdf/freeresources/general/take3_step_vac.pdf

The federal government now offers online personalized information and interactive tools for planning a healthy diet?

For more information go to http://www.mypyramid.gov/

Chapter 3. Recommendations and Conclusions

The Center for Faith-Based and Neighborhood Partnerships (CFBNP) will take the source material from Chapter 2 and transform it into a toolkit for use by community and faith leaders. The RAND team offers the following recommendations for consideration by the CFBNP as it designs the format of the toolkit and develops dissemination and implementation plans to accompany the toolkit.

Recommendations

Recommendation #1: Before disseminating the toolkit, seek input on the content and desired format(s) from a sample of faith and community leaders, and conduct a formal pilot test of the toolkit.

In developing the content for the toolkit, the CFBNP convened a stakeholder meeting to work out an initial outline of potential topic areas, and RAND engaged two stakeholders to provide feedback on the content of the toolkit—a faith leader and a community-based researcher focused on faith-based organizations and their roles in community health access. Because of time and budget constraints, a draft of the source material for the toolkit was not vetted with a larger group of faith and community leaders. The RAND team recommends that the CFBNP develop a panel or advisory group of faith and community leaders and utilize this group to vet the source material of the toolkit, ensure that the web links included are appropriate in depth and number, and get suggestions on the most accessible format(s) (e.g., web-based versus paper) for the toolkit.

In particular, one issue that should be addressed by a community and faith panel or advisory group is the extent to which the toolkit provides adequate resources for the immigrant constituency served by CFBOs. CFBOs are often the most important organizations serving immigrants, in part because many immigrants are not eligible for federally funded health and human services. Many of the provisions of the healthcare reform of 2010 do not apply to these immigrants because they are uninsured and not eligible for federally funded health insurance. We have acknowledged these limitations of the Affordable Care Act in the toolkits introduction; however, a review by community and faith leaders with specific attention to this population would help ensure adequate emphasis on strategies that could potentially enhance immigrants' healthcare access, regardless of immigration status.

This group could further be engaged to provide feedback on the toolkit design once it is in a final (or close to final) format and to help the CFBNP design a pilot test and a dissemination plan for the toolkit. To conduct a formal pilot test, the CFBNP would need to (1) identify a sub-sample of faith and community leaders who would agree to try to utilize the toolkit for a defined period of time and (2) develop a set of questions that faith and community leaders should answer about the toolkit (e.g., How did you use the toolkit? Was it helpful? What could be improved? What changes would you make to adapt the toolkit to your community?). A formal pilot test with a sub-sample of the faith and community leaders would maximize that the potential of the final toolkit and ensure that it will be accessible and relevant to community and faith leaders.

Recommendation #2: Create a mechanism to continuously identify areas where the toolkit needs to be augmented and enhanced to ensure that the toolkit remains relevant to community and faith leaders.

The current source material was intended to be the frame for a larger toolkit, providing a base of information in a core set of areas that could be augmented and expanded over time. As community and faith leaders begin to use the toolkit, the CFBNP should ensure that a feedback mechanism is built into the toolkit for these leaders to offer suggestions about which areas of the toolkit need to be enhanced and the ways in which the toolkit should be expanded. If the toolkit becomes web-based, having a simple web form that community and faith leaders complete and submit online would be one strategy to gather regular feedback. The CFBNP could also consider including a discussion forum page where faith-based and community leaders can share information and documents and make suggestions for improving the toolkit. However, these web-based tools may elicit responses from toolkit user only, limiting feedback to a particular audience. Another strategy would be for the CFBNP to host a series of focus groups, community forums, or town halls and/or an annual conference or summit where community and faith leaders could come together and share lessons learned about the implementation of the core content of the toolkit and areas for improvement.

Recommendation #3: Identify additional interactive tools to which the toolkit should link, to improve community and faith leaders' understanding of available programs and interventions for strengthening preventive care.

Currently, the materials in the toolkit provide a broad framework that should continue to be augmented. As a result, there are few links to tools that provide interactive and in-depth information about individual communities or specific preventive interventions. However, to continue improving the toolkit, the CFBNP should identify existing interactive tools and toolkits that the Healthy Communities Toolkit can link with. For example, RAND has developed an interactive web-based mapping tool called Q-Dart (The RAND Corporation), which allows local community-based organizations to better identify, plan for, and respond to vulnerable and traditionally underserved populations. The tool includes a GIS component, as well as a toolkit of promising practices for meeting the needs of these populations. The CFNBP could also consider linking the toolkit to more specific intervention models that can be delivered through community and faith leaders. For example, Support for Students Exposed to Trauma (SSET) (Schultz et al., 2010), which is based on Cognitive Behavioral Intervention Therapy, can be used by any school personnel with the time and interest to work with students affected by trauma and could be linked with the Toolkit Section 6: "Understanding and Prevention Violence and Trauma".

Recommendation #4: Ensure that community and faith leaders receive adequate support to implement the suggestions in the toolkit.

Recent advances in the study of implementation have suggested that a support system is needed to ensure that materials to synthesize or translate key health promotion and prevention principles for community and faith leaders are utilized. This support system includes training and technical assistance (Wandersman et al., 2008). When developing a dissemination strategy and implementation plan for the toolkit, the CFBNP should consider what type of training or technical assistance will be needed to support community and faith leaders' implementation of the toolkit and maximize the toolkit's potential. The CFBNP could consider disseminating the toolkit through established structures or programs that already support community and faith-

based leaders, such as graduate schools or seminaries, professional associations, or denominations, that can promote as well as provide ongoing support. It is also important to note that some aspects of the toolkit (e.g., recommendations to implement new programs) require CFBOs to leverage additional resources (e.g., money, expertise). Therefore, the CFBNP should also consider technical assistance and training in how to apply for new grant funding and leverage expertise when designing an implementation strategy for the toolkit.

Conclusion

Community and faith-based organizations play a critical role in promoting health and improving access to healthcare across the nation. In order for communities to benefit from health reform, as described in the Affordable Care Act, community and faith leaders are needed to promote the new opportunities offered by the legislation. The CFBNP has commissioned the development of this Healthy Communities Toolkit as an important first step to helping community and faith leaders take advantage of the new opportunities offered through health reform and continue their important role in promoting healthy communities. The source material for the toolkit (Chapter 2) is meant to synthesize and translate key concepts related to health promotion and prevention, as well as to clearly outline next steps for community and faith leaders to help their organization, congregations, and communities become healthier. However, the current source material is also meant to serve as a framework for the key issues, which should continue to be augmented as advances occur in the fields of public health and medicine and as health reform continues. Continuously gathering input from toolkit users and augmenting the current content with more interactive tools will ensure that the Healthy Communities Toolkit acts as a "living" document that can continue to grow and serve the needs of neighborhood organizations. The CFBNP role is to disseminate and promote use of this toolkit. The release of the toolkit provides the Center with an opportunity to continue to augment its outreach capabilities with an enhanced focus on implementation at the local level. The Center can maximize the potential of the Healthy Communities Toolkit by engaging community and faith leaders in finalizing the toolkit content, design, and dissemination, and by considering what training and technical assistance may be needed for community and faith leaders. Ensuring that the toolkit is accessible and relevant will help community and faith-based organizations continue to enhance their important roles of supporting the health of our nation.

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