

The Role of Faith-Based Organizations in Global Health

A Conversation with Dr. Alma Crumm Golden, Deputy Assistant Administrator for Global Health

Bea Spadacini: Hello and welcome to USAID's Bureau for Global Health podcast. My name is Bea Spadacini and I am a Senior Communications Officer to the Bureau for Global Health at USAID. Today, we will talk about the role of faith-based organizations in global health. As many of you know, both here in the U.S. and in many countries around the world where USAID works, faith-based organizations are instrumental in delivering quality health care. Here to discuss this topic with us today, is Dr. Alma Golden, Deputy Assistant Administrator for Global Health. A pediatrician by training, Dr. Golden has worked in private pediatrics, indigent health services, academic medicine, public health, health care administration and health policy. A graduate of the University of Texas Medical Branch, Dr. Golden later became the Director of pediatric services for UTMB's maternal and child health program, establishing and managing 16 clinics in South and East Texas, serving children and families. During her career, Dr. Golden has served as faculty at both the University of Texas Medical Branch and Texas ANM Health Science. She has also served as a Presidential appointee from 2002 to 2006 as Deputy Assistant Secretary for the Office of Population Affairs in Health and Human Services.

So, Alma, thank you for joining us this month on our podcast. Let's start with a few questions. Prior to joining us here at USAID, you served as a pediatrician in Texas for many years. During your tenure as a medical professional, what type of interactions did you have with faith-based organizations, what was their role in your experience with them?

Dr. Alma Golden: As a pediatrician in Texas, my primary role was to serve with the University of Texas Medical Branch in Galveston, Texas. We had a series of 16 clinics that we implemented throughout the state, and the particular focus for those was to serve underserved and uninsured and immigrant populations and it was not uncommon for us to find that we could not meet all their needs, consequently, we ended up identifying members of the churches and faith-based organizations, such as The Salvation Army or Crisis Centers or just individual congregations in the areas that we served so that if we identified somebody that needed housing, needed food, needed support, in some form or fashion that we can refer to those as well as the social service groups that were in the counties. So, it sort of filled that in a more personalized way a lot of the needs of these particular patients that we were taking care of.

Bea Spadacini: So, it was beyond health care right? Also, other support?

Dr. Alma Golden: Well, it was beyond health care because all of us need a much broader a much bigger frame of reference for how we handle life and health is just one component of that. So, a lot of it was recognizing that health care is limited in what we can manage and social services and just personal interactions were important components to folks staying healthy as well.

Bea Spadacini: As a medical professional, what stances or approaches did you experience with those working in the faith community regarding hygiene and health issues such as infectious diseases, HIV/AIDS, child and maternal health. What lessons do you think we can take from your experiences and apply here at USAID to help so many people in need in the countries we work in?

Dr. Alma Golden: Perhaps one of the best examples that we could give from the domestic side of life would have to do even with what happened more recently in Hurricane Harvey. If you look at the gulf coast of Texas this past year, you know they really sustained a dreadful set of experiences in terms of displacement and flooding and loss of homes and loss of lives and loss of properties and one of the most significant components for recovery was really the faith-based groups and they worked with the federal government, the state government and the county government as well as a lot of the social service groups and a good example of that would be, just a little tiny community named Sweeney, Texas where actually there was a group of sixty families that completely lost their homes and property and were moved into a temporary trailer park and although health care was provided in association with the county services and with the local government, the churches were the ones that actually fed and counselled and provided comfort and secured you know replacement clothing and so forth for these families. So, I think it really reemphasized the fact that whether you are in Sweeney, Texas or Botswana there is a role for faith and health to work together.

Bea Spadacini: So, let me ask you then, how can partnering with faith-based organizations help to multiply, amplify our efforts here at USAID to help countries further down the path of self-reliance. There are many hospitals run by faith-based organizations for example, in many parts of the world so how can partnering with them, really lets us more people?

Dr. Alma Golden: I think that is a great question and exactly where we need to go. If you look retrospectively, some of the countries that USAID has been in for fifty years have faith-based partners that have been there for over a hundred years so consequently, they have become part of the fabric of the culture and they are a trusted source of support and information by the people in those countries and if you step back for a moment and you look at what we want them to be healthy and in some regards, that means we have to help them change some of the things, some of the behaviors, some patterns that they have had in the past. Ebola would be a good example, or HIV for instance, where we want to help them mature their health behaviors and if we just walk in and lecture them about health behaviors, often that has very little impact and can actually create a very negative response: "These Westerners coming in and telling people what to do!" Because when we think about changing behaviors, we worry about knowledge. We want people to know why it is important to change. We worry about their attitudes on it, we want them to value change. We want them to have the skills that are necessary to make those changes. Even if you give them the right knowledge, and attitudes and skills, if their support system doesn't value that behavior, it's not going to change. So, if the churches and the hospitals and local cultural faith groups are actually supporting a good, healthy behavior, it's much more likely it becomes part of their life and patterns rather than if we just go in and tell them to do something different.

Bea Spadacini: And to clarify for our listeners, we talk about churches and all other faiths correct?

Dr. Alma Golden: Absolutely! I was speaking with the Minister of Health from Lesotho last week when I was in South Africa and he was talking about how vital their traditional schools are to the local indigenous groups and how these communities depend on traditional patterns that they have had forever. In some regards they are considered a part of the faith groups, sometimes it is from different religions but regardless of the faith group, and whether it is Muslim or Christian or a traditional religion or any other that has become part of the fabric of Africa, we need to recognize the value of that faith-group to that community and how that influences, impacts, improves health so our communication with them is important.

Bea Spadacini: USAID has a long tradition of working with faith-based organizations to advance global health. Would you share a few outstanding examples of these types of partnerships, specifically how together we have helped to improve the health of people in some parts of the world?

Dr. Alma Golden: Well, I think that although there are several interesting examples in South Africa, it may be important to reflect what happened with the Ebola response because, in all honesty, our partner, Catholic Relief Services, which received \$ 1.8 million in that and the year after that, they deployed teams to Guinea and did a lot of infection prevention control. Also, like in Mozambique, there has been a program to help, not only with the Christians but also the Muslims, Bahai faith leaders and all of them to help mobilize and change attitudes about malaria, both prevention and treatment.

Bea Spadacini: You come from a medical background, working with children and families, what global health concerns do you have particularly with regards to children and women of child bearing age that we should be concentrating on to best help them enjoy healthy, prosperous and fruitful lives?

Dr. Alma Golden: I think that is a beautiful question because it has so many implications in terms of what is the stability for a child to be raised in. We want really healthy environments so that children are cherished, and supported and educated and protected and working directly with the mothers is an important component on that, making sure we have vaccines and basic well child care and infection control are also important. But one of the things that I think faith-based groups may be able to help us with on all of those is really helping to identify the roles of the fathers in the home. Many of the faith-based groups have a high value on the role of a dad, the responsibilities toward their wives and their children and their cultural role as a provider and a protector and, if you look at the United States, the surveys that we have, like one of the larger one that was done by the Centers for Disease Control in 2010 show us that fathers are predictor of improved health. If a father is involved and protective and caring for his family, these children tend to have better episodes and experiences in schools, and stay in school longer, they have to go to the emergency room less often, they have better access to getting

their routine care and we have every reason to believe that fathers can also be beneficial to children in other countries as well. So, part of the maternal child health program is not just to provide services to mothers and children, although we see this as critically important, but also to acknowledge the role of everyone in the family in terms of creating a stable and healthy environment.

Bea Spadacini: One last question is about the youth. In many parts of the world where we work, there is the youth bulge. A lot of the population is relatively young and relatively less older people so what are your thoughts about the youth and how to address the health needs of the youth?

Dr. Alma Golden: On Tuesday of last week, I was in Mamalote, South Africa and it was my privilege to attend a set of meetings that are done with youth in that environment. One of the things that really struck me, especially in direct contact with a youth group was how attentive and proud and energetic these young people are. So, there is a great promise with this great youth bulge, and part of our responsibility is to recognize that the bulge can become a blossom if it is done well and we want to support these countries in doing this well. Particularly, one of the promising components is the DREAMS initiative that has been supported by PEPFAR and that has mostly been focused on young women because they have the highest rates of new infections for HIV/AIDS, particularly in Africa. So, we are looking to how we can give them the skills and education and the future vision so that they can avoid the life that has HIV in it. But there are also young men who have real desires to be leaders and to be healthy and to have a wonderful life in front of them too. So, I think, although we want to provide basic health care, we also want to help with an aspiring and encouraging future through education as well. So, skills building. Among that, that means helping to build the family support structure and the community messaging that these young people hear in a course and to give them the basic information they need to move forward for careers, for families, for relationships so they have a stable, wonderful future ahead of them.

Bea Spadacini: Thank you so much Alma, for your time today with us.

Dr. Alma Golden: Thank you!

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