

Congregations As Health Service Partners

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The current debate about government funding has sparked renewed interest in faith-based organizations and their role in meeting the economic, health, and educational needs of society. The small, open country chapel...the urban church with declining parishioners and rising community needs...the burgeoning suburban congregation of young families...the mega-church with a multimillion dollar budget...all are lumped together with countless other religious groups as one solution to the nation's needs. Yet the experience of the United Methodist Health Ministry Fund indicates that the diversity of the congregational world is similar to that of the foundation world: Once you know one church (foundation), you know one church (foundation). The challenge to grantmakers is to decide which ones can be successful partners.

What makes faith-based organizations increasingly attractive to foundations? Our 15-year history of funding United Methodist congregations in Kansas points to several common and compelling characteristics.

- First, faith-based organizations are generally good stewards of available resources. That is their regular operating mode: Personal and organizational sacrifices are expected. A prevalent "make-do" attitude translates into lower expenses for programs.
- Congregations are places of calling – people undertake work because it is their duty, special mission, and privilege. Such individuals are motivated to persevere in the face of difficulties, to maintain a sense of mission, and to infuse the work with caring for individuals.
- Faith-based organizations bring quick and lasting credibility to projects. They are relatively permanent and established, often with a long history of offering human service ministries and acting as catalysts for community change. As such, they are often among the most appropriate places for community-wide operations.
- Congregations have established organizational structure and are widespread. It is not necessary to start a new orga-

nization – one already exists, right in the community where the greatest needs and opportunities lie.

- Finally, many congregational programs address individuals holistically. And with many human conditions, holistic approaches are often the most effective at creating lasting change.

Because of these attributes, it is natural to want to fund the faith-based sector; however, this desire can be tempered by some difficulties when grantmakers actually start working on faith-based projects.

To avoid misunderstandings and manage expectations, United Methodist Health Ministry Fund employs the following broad questions to explore the congregational setting and project readiness. In many ways, these are questions which are asked substantively in all grantmaking situations but, in this context, the language is critical.

Is this really a ministry of the church? Churches frequently facilitate activities which are not formally or legally part of the church. They permit members to start individual missions and use the church as a base of operations. There may be little differentiation between the formal church and these separate programs: "Betty's Child Care" is shown as "Church Child Care" on a grant application without a thought that it could be misleading. From the outside, church approval processes for these informal projects may look virtually the same as formal church ministries. In reality, the actual commitment is often quite different.

Before funding a church-based program, United Methodist Health Ministry Fund wants assurance that the congregation is solidly behind the program. Requiring the administrative governance board to adopt a statement about the church's relationship to the project can help the congregation understand the obligations the grantmaker believes are being undertaken and avoid later misunderstandings; requiring a commitment of church budget dollars from the outset is another sure-fire measure of institutional involvement. We want to fund programs where the church

anticipates providing financial assistance if revenues falter, where a church board replaces the departing project director versus watching a program end, and where disputes between the project and another church program are resolved as internal matters of church priority and not as divisions between a guest program and real church ministries. Sometimes the final test is the ability of the program to use the kitchen and parlor – we ask.

Has the congregation prepared itself for the unique governance challenges of this ministry? Church organizational structures primarily make church program decisions about worship, education, facility management, music, evangelism, and so on. Human service projects introduce new professionals into the staff mix. These professionals may not be under judicatory rules or be subject to the direct authority of the usual administrative leader – the pastor – in delivering services. Who hires and fires a child care center director? What is the real authority of a service program advisory committee containing noncongregation members? Grantmakers should expect forethought about these governance issues. We have lost several promising projects because these issues were not explored until a crisis developed and disagreements could not be resolved.

What good are you really trying to accomplish? At its core, this is no different than good accountability and evaluation in any context. Congregations, however, do not automatically think in the logic models dominating the evaluation field. Questions about goals and strategies will often prompt general statements such as “meeting people’s needs,” “helping one person makes it all worthwhile,” and “God works in mysterious ways his wonders to perform.”

Faith creates empathy for many human situations, and small projects are often seen as vehicles to meet many human needs. For example, a simple parish nurse project was once represented to us as a project that would include health promotion, social support, environmental stewardship and more, all through one project staff person serving four diverse congregations! While it is hard to move such hopeful vision to realistic measurable outcomes, we believe this is a grantmaker service to these ministries.

We respond to unclear project expectations with the paraphrased scripture: “We will know you by your fruits”...and the fruits should be tangible and frequent. We also emphasize achievable goals so that there can be celebration in ministry. Helping congregations understand what level of accomplishment is likely helps prepare a project for joy instead of disappointment.

How will this project work over the long haul and meet difficult financial times? What we want to hear is: The church will be there. This response is more likely if the answer to the first question is solid – that this is a ministry of the congregation with access to its budget, facilities, members, and special fundraising possibilities. Many churches’ primary experience with external funding is from ongoing denominational sources. A special effort is necessary to communicate the ethereal quality of grants – even grants

from funders like us who often stay with projects three to seven years.

Congregations – except very wealthy ones – will need to require payments for services if the human service project is to operate long-term. Often congregations resist charging for their services and believe the purpose of grants is to permit free services. Sliding scale fee structures are unfamiliar to many congregations which operate low-cost religious programs on free-will donations. Yet the higher-cost human services – child care, counseling, health care services, for instance – require attention to revenues, paperwork, and other bureaucratic requirements. Congregations may need technical assistance to develop necessary revenue policies. We encourage our projects to be channels for all the possible ways God may deliver the necessary resources.

Despite these caveats, finding partners in faith-based organizations can be rewarding. Dozens of child care centers exist in small Kansas communities only because congregations opened their doors to young children. Hundreds of Kansas children arrive at churches for after-school services throughout the school year. Across the state, blood pressures are checked...friendly visits occur in the homes of the isolated elderly...support groups meet to foster learning and relationships among persons facing difficult life situations...and exercise programs are sustained, all through the efforts of parish nurses.

Through these and other examples, our experience has shown that certain types of health and social services can be delivered effectively through faith-based projects. With careful attention to the fundamental issues of congregational support, organization, accountability, and expectations, we can improve the chance of long-term success for projects operating inside the diverse settings of faith-based organizations. Good results can occur when it all goes right.

Kim Moore is president of the United Methodist Health Ministry Fund, based in Hutchinson, Kansas. With assets of \$65 million, the fund supports programming to advance health, healing, and wholeness throughout the state, and is related to the Kansas West Conference of the United Methodist Church.

At GIH's 2001 annual meeting, Mr. Moore was a panelist on the roundtable, *Keeping the Faith: Collaborating with Congregations*.

VIEWES FROM THE FIELD is an occasional series offered by GIH as a forum for health grantmakers to share insights and experiences. If you are interested in participating, please contact Leslie Whitlinger, GIH's director of communications, at 202.452.8331 or lwhitlinger@gih.org.