



# **Faith & Health Convening Summary Report**

**Chautauqua Institution, Chautauqua, NY**

**July 9-12, 2023**

**An Interfaith America-Chautauqua Institution Partnership**

**Interfaith America**

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**Special thanks to AdventHealth**



## Convening Attendees

- Kamal Abu-Shamsieh, Director, Interreligious Chaplaincy Program, GTU, Berkeley
- Naila Ansari, Assistant Professor of Africana Studies, SUNY Buffalo State University
- Laurel Braitman, Director, Medicine & the Muse, Stanford University School of Medicine
- Jeff Bromme, Chief Legal Officer, AdventHealth
- Ulysses W. Burley, III, Founder, UBetheCure
- Nancy J. Cable, Executive Director, William R. Kenan, Jr. Charitable Trust
- Wendy Cadge, Founder, Chaplaincy Innovation Lab, and Professor, Brandeis University
- Steven Clark Cunningham, Director, Pancreatic and Hepatobiliary Surgery, St. Agnes Hospital
- Pamela Davies, President Emerita, Queens University, and Board Member, Advocate Health, The Duke Endowment, and Princeton Theological Seminary
- Alverno Devine, Program Manager, Kern National Network
- Benjamin Doolittle, Professor, Medicine and Religion, and Director, Internal Medicine-Pediatrics Residency Program, Yale School of Medicine
- Jill Fisk, Director, Mission Services, Catholic Health Association of the United States
- Erik Gjesfeld, Program Officer, John Templeton Foundation
- Gary Gunderson, Vice President, FaithHealth, Atrium Wake Forest University Baptist Health
- Amy Hinkelman, Assistant Professor of Microbiology and Immunology, Campbell University
- Dave Johnson, Vice President of Mission, St. Elizabeth Healthcare
- Yolanda Jones, Vice President and COO, AIDS Services of Dallas
- Shonda Jones, Principal Investigator, Gilead COMPASS Initiative, Wake Forest University
- Timothy McMahan King, Author and Senior Fellow, Clergy for a New Drug Policy
- Darshan Mehta, Assistant Professor of Medicine and Psychiatry, Harvard Medical School
- Rachel Meyer, Managing Director, Theology, Medicine, and Culture Program, Duke Divinity
- Carla Gober Park, Vice President for Wholeness and Faith Strategy, AdventHealth
- Christina Puchalski, Professor of Medicine and Health Sciences, Founder and Director, George Washington University's Institute for Spirituality and Health (GWish)
- Cecelia Rose (CR) English, Nurse Practitioner and Senior Project Lead, Partners in Health
- Gail Rosseau, Neurosurgeon, Vice President, American Association of Neurological Surgeons
- Monica Schoch-Spana, Senior Scholar, Johns Hopkins Center for Health Security
- Terry Shaw, CEO, AdventHealth
- Xavier Symons, Research Fellow, Human Flourishing Program, Harvard University
- David Tillman, Chair, Department of Public Health, Campbell University
- Emily Viverette, Director, FaithHealth Chaplaincy and Education, Atrium Health Wake Forest
- Kristi Walters, Director, Higher Education, The Duke Endowment
- Jonathan Lee Walton, President, Princeton Theological Seminary



## Event Overview

From July 9-12, 2023, Interfaith America (IA) partnered with [Chautauqua Institution](#) (CHQ) to host its first ever [Faith & Health Convening](#), made possible by generous support from AdventHealth. This multi-day gathering brought together leaders from across the health ecosystem (academic medicine, theological education, health system leadership, faith-based organizations, foundations, etc.) around a shared question: **How can we work systematically to unlock our religiously diverse identities and communities to strengthen personal and public health?**

The Faith & Health Convening focused on three key topics — whole person care, workforce resilience, and health equity — and featured public lectures as well as rich small group discussion. We addressed issues ranging from mental health, spiritual caregiving, and integrative medicine and heard from a wide range of speakers who explored the positive potential that our diverse religious identities and communities offer.

Interfaith America was strategic in its choice of hosting the Faith & Health Convening at [Chautauqua Institution](#), a community of artists, educators, thinkers, and faith leaders dedicated to exploring the best in humanity, located in upstate New York on Chautauqua Lake. With Religion as one of its four pillars, Chautauqua runs a nine-week season each summer comprised of lectures, performances, and programs. The IA-CHQ partnership included afternoon public lectures throughout the week, as well as a Faith & Health Convening organized around focused discussion about the role that religious and spiritual identities and communities can play in personal and public health.

The convening began with a reception and dinner on Monday, July 10, where IA's Founder and President Eboo Patel offered a stirring [tribute to Ibrahim Abdul-Matin](#). A conversation with AdventHealth CEO [Terry Shaw](#) and Princeton Theological Seminary President [Jonathan Walton](#) then set the stage for the next day's conversations. Throughout Tuesday's sessions, participants offered "sprout speeches" designed to highlight opportunities to strengthen whole person care, health worker resilience, and health equity by engaging our diverse religious and spiritual traditions. We concluded our packed day of dialogue with a conversation between Eboo Patel and [Gary Gunderson](#) that distilled the day's learnings and issued a call to action for the next phase of the faith and health movement. During the convening, fifteen participants provided interviews that captured their inspiration, sense of purpose, and hopes for the emerging landscape of faith and health; interviews that will be shared as short-form video resources.

## Key Themes and Opportunities

From our structured and unstructured conversations, public addresses, and video interviews, several key themes emerged that can inform this sector going forward. What follows are some of the most vital learnings that we distilled down from the convening. We look forward to advancing this movement in ways that carry forward the rich wisdom and inspiration of this cross-disciplinary group.

### *Shaping the Public Narrative: Telling the Faith & Health Story*

Many attendees shared stories of faith, hope, and resilience within their workplaces and local communities. Each account emphasized the potential of our diverse faith traditions to promote health equity, whole person care, and health worker resilience, in part by acknowledging that patients and providers alike are “humans first.” If we want to promote the faith and health movement, said one attendee, we must get better at telling a positive faith and health story: “A movement is inspired by story, not just data.”

Our conversations also highlighted the fact that all good *storytelling* begins with “*storylistening*.” We heard about the power of *motivational interviewing* as a technique that can build trust between patients and practitioners (whether in healthcare or clergy). One attendee mentioned the impact of *listening circles* as spaces for respectful sharing and acceptance, with no intention of fixing. Both patients and providers benefit from structured opportunities to share openly about their suffering, their inspiration, and their sources of meaning. Participants Laurel Braitman and Ulysses Burley highlighted the power of storytelling in their [Interfaith Series public lecture](#).

Beyond personal storytelling, the convening also surfaced the importance of shaping the broader public narrative around faith and health. (See [this interview with AdventHealth CEO Terry Shaw](#), which tells a positive faith and health story.) For too long, religion and science have been seen by too many as opposing, rather than complementary, areas of exploration. Each attendee brought lived experience showcasing the positive difference we can make by engaging our diverse religious or spiritual identities and communities in service to human wellbeing. As [Gary Gunderson](#) put it in his closing remarks, “We need more artists and storytellers and locals on the ground” who can tell that story.

**Call to Action:** We must mount a more concerted effort to share a positive faith and health story with policy makers, faith and community leaders, health systems, the media, and the public at large. Possible interventions include the following:

- A strategic review of and support for existing pathways for change-making storytelling, including academic publications and presentations as well as public narrative pieces (e.g., podcasts, videos, SM campaigns, artistic expression, etc.)
- Promotion of initiatives related to personal storytelling in academic and professional settings (e.g., as part of health systems’ health worker resilience.)



### *Leaning into Strengths: Asset-Mapping*

To tell the story effectively, we need to take stock of the vital efforts already in place at the intersection of faith and health. As we noted at the convening's outset, impactful initiatives at the intersection of faith and health have been happening for decades, even centuries. From health systems to community health organizations, from faith communities to public health programs, leaders across the national health ecosystem have tapped into the rich resource of spiritual identities and communities to strengthen public health. Recently, the Covid-19 pandemic has highlighted both gaps in health equity and the ways in which faith traditions help bridge those gaps.

A key step as we catalyze the faith and health movement involves heeding Gunderson's call to work systemically to "map out our assets and social relationships and review the overlap." By beginning with existing partnerships and networks, we can work to grow and activate broader efforts at the intersection of faith and health. While health systems face challenges of providing care in a profit-driven environment, and public health officials often focus narrowly on crisis management, engaging diverse faith identities and communities as "leading causes of life" can help lay the groundwork for a stronger and more sustainable health ecosystem. This is where it is valuable to lean on what's already working, and to build up and out from there.

One key asset that IA brings to this work is a growing network of educators working to incorporate religious diversity in health-related courses and curricula. Not only did our Faith in the Vaccine Ambassadors (FIVA) initiative activate our existing higher ed campus partners to address a public health crisis, but we have also offered grants to two cohorts of more than 100 educators – many new to our work – to develop courses and curricular tools to engage religious and spiritual identity fruitfully. As we expand beyond our legacy base in undergraduate settings to include medical and theological education, as well as other graduate health professional schools, we will continue to promote campus-community engagement that taps into and supports existing efforts in affiliated communities.

**Call to Action:** We must create a national map of promising initiatives at the intersection of faith and health, in order to identify key models of "the good," potential partnerships, and gaps that can be addressed. Steps might include the following:

- Creation of a virtual interactive map, hosted on the IA Faith and Health sector page, that highlights institutions, organizations, and individuals leading the way in the faith and health landscape
- Identification of areas of regional strength and connect leaders around concrete, evidence-based interventions as well as funding opportunities



### *Tapping Local Wisdom: The Power of Community*

As [Jonathan Walton](#) shared at the opening dinner, “Disease is physical, but illness is social.” To address the physical apart from the mental, spiritual, and social components of wellbeing is to fall short of true healing. As we explored barriers to equitable healthcare, we also considered how communities can play a role in building a sense of belonging and can combat the [growing pandemic of loneliness and isolation](#). The social – our sense of belonging and community – is vital to human flourishing.

But we also reflected on the importance of “de-scaling” health care so that the local community plays its rightful role in promoting wellbeing. As one attendee poignantly pointed out, “Healthcare doesn’t need to be right; it just needs to be true.” Being “true” means anchoring health initiatives in the community, so that patients have healthcare providers who look like them and understand their communities. It also means uplifting local best practices and centering on communities of color that have been historically overlooked. [Naila Ansari](#) urged us to think about how we can get our communities to tell their truths. We heard multiple stories about the “Hospitality Problem,” in which patients or partners often say what they think to be the “polite” or the “right” answer when asked their opinion, rather than what is true (and may be seen as inhospitable). The only way to design equitable health solutions is through building relationships and building community, which takes time and trust.

[David Tillman](#) and [Amy Hinkleman](#) shared their efforts to [combat vaccine hesitancy by working with faith leaders](#) through IA’s FIVA program. In the first year of the global pandemic, Covid deaths among Native Americans were significantly higher than any other ethnic or racial group in America due to exceedingly poor public health infrastructure coupled with deep-seated mistrust. In response, Tillman led a group of Campbell University public health students to foster sustainable relationships with the [Coharie tribe](#) in Sampson County, North Carolina.

Though organized religion may be on the decline nationally, most people still claim a religious or spiritual identity, and health settings increasingly prompt patients to reflect on their sources of ultimate meaning, purpose and belonging. We can do a better job connecting patients with community-based religious or spiritual sources of support (as in the case of [social prescribing in the UK](#)). As Tish Harrison Warren’s interview with Eboo Patel, “[Why We Shouldn’t Lose Faith in Organized Religion](#),” noted, faith communities still have a vital role to play in addressing our need for belonging and strengthening the social fabric that binds us all.

**Call to Action:** We must support local initiatives that strengthen health equity by tapping into the inspiration, social capital, and trust of faith communities to ensure quality health care for all. For example, that support might include the following:

- Campus grants for internships, research, and other programs that connect the assets of higher education with community and faith-based organizations
- Consultations and workshops to help health providers strengthen the systems that connect patients with supportive faith-inspired communities



### *Equipping the Health Landscape for Interfaith Engagement*

Each session devoted attention to identifying best practices and sharing resources that foster fruitful engagement around religious diversity in health settings. We spoke about the need for on-going learning opportunities for practitioners and students to better serve patients and community members. We explored ways in which we can integrate this learning into existing programs and curricula so that interfaith engagement becomes an inherent part of workforce development across the health ecosystem. This will lead, we are convinced, to greater representation of historically excluded communities in both student and professional settings.

Many spoke of the need for more deliberate attention to diverse religious identities and communities within their spheres of influence. Among the opportunities at hand are the following:

- **Chaplaincy and Theological Education:** Wendy Cadge’s work with the Chaplaincy Innovation Lab leads her to call the field of chaplaincy to be more deliberately inclusive. As a practice that originated in Christian theological education, chaplaincy for today’s increasingly diverse (and secular) spiritual landscape requires competency related to navigating religious and spiritual diversity – just the aim of Kamal Abu-Shamsieh’s Interreligious Chaplaincy Program at Berkeley’s Graduate Theological Union.
- **Health Systems:** Leaders from AdventHealth, Atrium/Advocate, and Catholic Health Association (including northern Kentucky’s St. Elizabeth Healthcare) spoke to both the challenges and the needs around investing in workforce development related to religious and spiritual identity and caregiving. Given the crisis in health provider resilience, many are convinced that creating space for religious and spiritual engagement in health care promises a “double bottom line” result of human flourishing and greater profitability.
- **Medical Education, Residency, and Grand Rounds:** A number of attendees who are medical education leaders signaled that equipping providers to navigate religious diversity is essential to their ability to provide whole person care. Programs such as GWISH’s ISPEC trains clinician-chaplain pairs to embed coordinated generalist and specialist spiritual caregiving in their health systems. The Kern National Network for Character and Caring in Medicine and Duke’s Theology, Medicine, and Culture program both promote spiritual reflection for doctors-in-training who will then be better equipped to engage patients’ diverse religious identities.
- **Public Health:** The field of public health is often focused on data and crisis management, but a growing number of leaders insist on the vital importance of engaging the human dimension of public health concerns. Educators in leading programs are conducting research and shaping the next generation of public health leaders to include religious and spiritual factors when considering how best to foster the health of the public.
- **Community- and Faith-Based Organizations:** Community health initiatives are often inspired by and rooted in a particular tradition or community, yet they serve an



increasingly diverse population. Helping staff and volunteers understand the importance of faith identities and practices on health-related decisions will only strengthen their impact for those who most need quality care.

Interfaith America has emerged as a leader in equipping people to navigate religious diversity fruitfully. Our commitment to pluralism means that we *both* take meaningful differences seriously *and* collaborate across those differences to promote a shared vision for a whole and just society. We have long provided resources to campus partners and, in recent years, have expanded our offerings to business, public sector, and health settings. As we build a health-specific resource library and learning path, we will continue to engage thought leaders from across the landscape to inform the tools and approach that is most impactful in these different settings.

**Call to Action:** We must identify opportunities to build capacity related to religious and spiritual diversity within our existing spheres of influence. Such opportunities might include the following:

- Expansion of IA's Faith & Health resource page, based on input from educators and other sector leaders
- Integration of interfaith capacity-building in existing learning structures, including Grand Rounds, pre-health courses and curricula, DEI trainings, wellness initiatives, and beyond
- Creation of learning pathways/certification for pre-health students, health professional education, and continuing education





## Next Steps: The Future of Faith & Health at Interfaith America

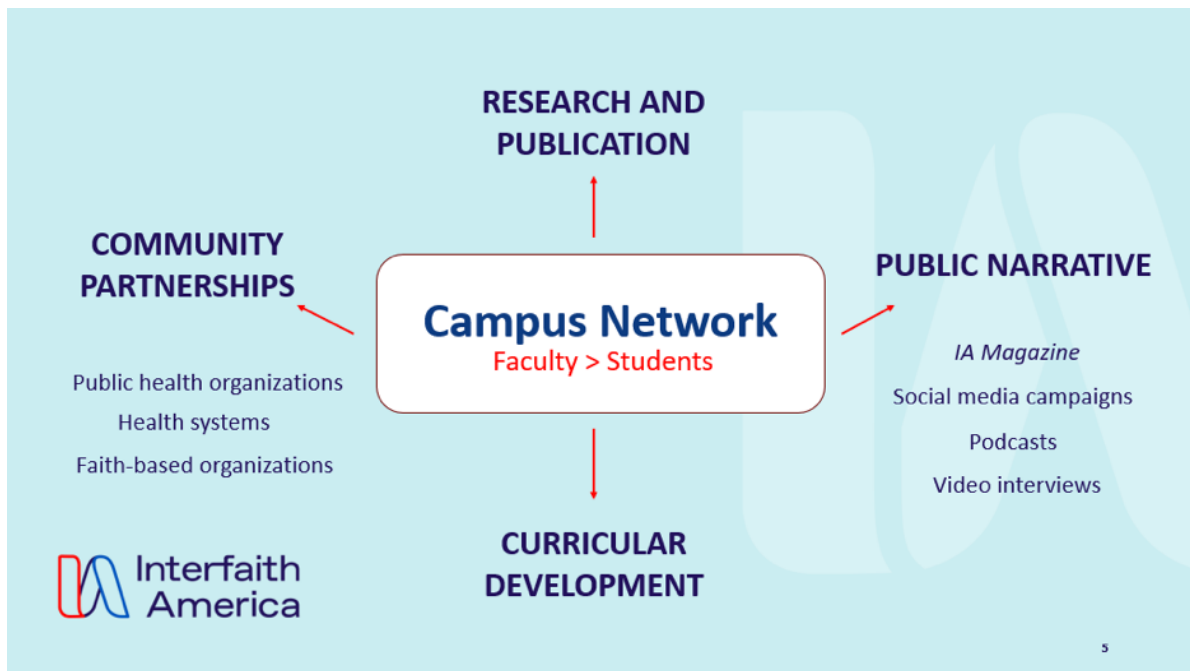
As we listen to convening participants (and other partners), we have heard again and again that *the time is ripe* for a concerted effort to unlock the positive potential of our diverse religious and spiritual landscape to strengthen personal and public health, and that Interfaith America has the capacity and credentials to lead this effort.

As we look to our work in 2024 and beyond, our strategy centers on a three-year vision, created partly in response to convening participants' input:

Interfaith America will make a convincing case for the value of religious pluralism in health settings by creating key proof-of-concept models across the higher education landscape, activating leaders throughout a growing Faith & Health Network, and elevating public awareness through strategic storytelling.

Working outward from our legacy core strength in higher education, we will broaden and deepen campus engagements to include graduate programs, theological education, and more, while nurturing ties with health systems, public health leaders, community-based organizations, and faith communities – all in an effort to inspire, equip, and connect those unlocking the positive potential of religious diversity in health settings.

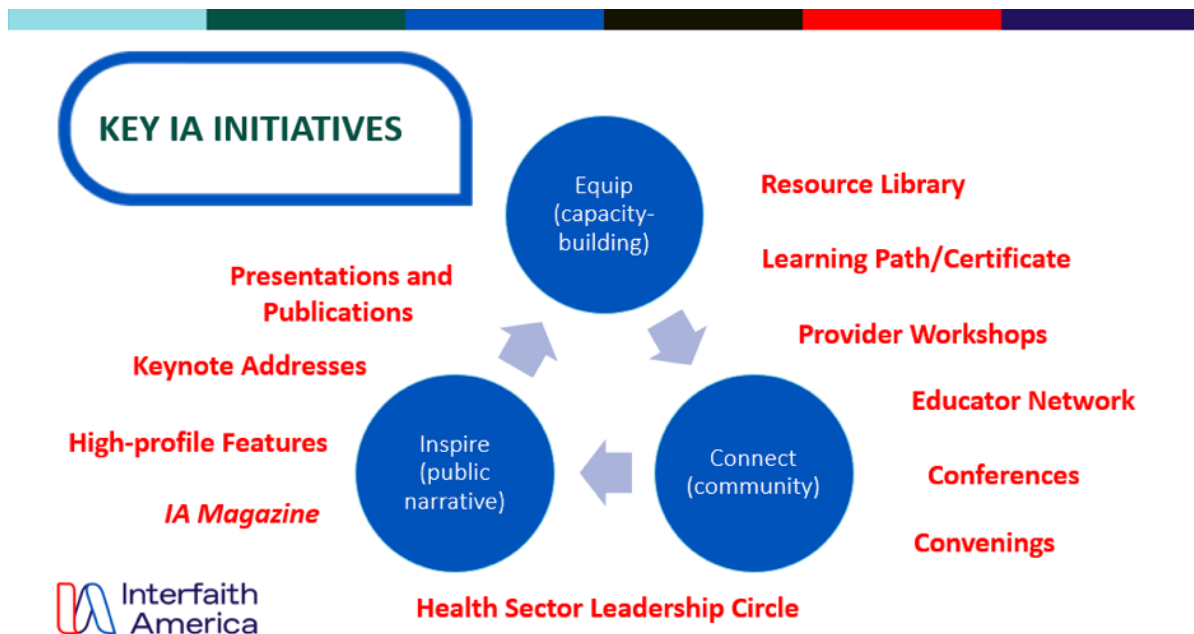
This graphic captures the central role of our campus network and our growing web of partners:





In coming months and years, IA will respond to the Calls to Action emerging from this convening, prioritizing the following initiatives:

- Campus-based interventions
- Virtual and in-person convenings
- Learning resource hub
- Public narrative
- Asset mapping
- Workshops and consultancies



At Interfaith America, we recognize that our nation’s religious diversity can be a key asset in efforts to build healthier communities where everyone belongs. We are committed to building communities of practice to achieve that vision – from college students to faith-based organizations to health systems. We invite you to be part of this meaningful work – whether it’s sharing a story of impact, partnering with [us](#), or [exploring our resources](#).

*For any additional questions/comments, please contact Suzanne Watts Henderson at [shenderson@interfaithamerica.org](mailto:shenderson@interfaithamerica.org) or Sara Rahim at [srahim@interfaithamerica.org](mailto:srahim@interfaithamerica.org).*