The Church Health Center (CHC) in Memphis was founded in 1987 to provide quality, affordable health care for working, uninsured people and their families. With numerous, dedicated financial supporters and health care volunteers, CHC has become the largest faith-based health care organization of its type nationally, serving >61,000 patients. CHC embraces a holistic approach to health by promoting wellness in every dimension of life. It offers on-site services including medical care, dentistry, optometry, counseling, social work, and nutrition and fitness education, to promote wellness in every dimension of life. A 2012 economic analysis estimated that a $1 contribution to the CHC provided roughly $8 in health services. The CHC has trained >1200 Congregational Health Promoters to be health leaders and is conducting research on the effectiveness of faith community nurses partnering with congregations to assist in home care for patients recently discharged from Memphis hospitals. The MEMPHIS Plan, CHC’s employer-sponsored health care plan for small business and the self-employed, offers uninsured people in lower-wage jobs access to quality, affordable health care. The CHC also conducts replications workshops several times a year to share their model with leaders in other communities. The Institute for Healthcare Improvement (IHI) recently completed a case study that concluded: “The CHC is one of a very few organizations successfully embodying all three components of the IHI Triple Aim by improving population health outcomes, enhancing the individual’s health care experience, and controlling costs. All three have been part of the Center’s DNA since its inception, and as a transforming force in the community, the model is well worth national attention.” Ethn Dis. 2013;25(4):507-510; doi:10.18865/ed.25.4.507

The Church Health Center (CHC) of Memphis was founded in 1987 with a mission to reclaim the Church’s biblical commitment to care for our bodies and our spirits. Pursuit of the mission is guided by an enduring set of core values, which include: we are 1) welcoming of people of all beliefs and respectful of their individual needs; 2) compassionate, nurturing the health, well-being, and dignity of each other and those we serve; 3) collaborative, seeking and sharing best practices and respecting the mutual contributions we make in fulfilling our mission; 4) innovative, challenging ourselves and our partners to improve the way we work and serve; 5) passionate in the pursuit of our mission; and 6) committed to serving all equally, with integrity and openness, breaking down barriers that build injustice.

The CHC founder and chief executive officer, G. Scott Morris, MD, MDiv, moved to Memphis in 1986, after college, seminary, medical school and his ordination as a United Methodist minister. He knew that if the CHC could work in Memphis, one of the poorest major cities in America, it could work anywhere. The CHC employs a holistic, integrated model of health care with seven dimensions summarized in Figure 1. To implement the model, the CHC provides on-site services including dental care, optometry, counseling, social work, and nutrition and fitness education in addition to medical care, all aimed at promoting wellness in every dimension of life.

The CHC has invested in building relationships with the Memphis faith community. The

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CHC’s Faith Community Outreach staff offers hope for a healthier life by reaching people where they worship. The CHC provides the support, consultation and education to start or strengthen congregational health ministries. Since 1988, more than 1200 Congregational Health Promoters have been trained to be health leaders in some 700 congregations in the Greater Memphis area. The Faith Community Outreach staff also develop faith-health curricula for congregations and collaborates with faith communities in other ways as well.

The CHC trains faith community nurses and is in the process of demonstrating the impact of faith community nursing on health outcomes. The Center recently initiated a research program in collaboration with Memphis-area hospitals and multiple congregations to facilitate productive care transition for patients discharged from the hospital to home. Prior to discharge, low-income, medically underserved patients are evaluated by a faith community nurse together with the inpatient care team. The nurse coordinates key aspects of home care with a team of trained church health lay volunteers who visit the patient in his/her home to provide meals and transportation, alert the nurse and medical team when health concerns arise, and provide prayer and social support. This program builds on a successful initiative by Methodist Le Bonheur Healthcare.\(^3\) CHC research will compare outcomes with the faith community nurse Care Transitions program with outcomes...
from each participating hospital’s usual care transition program.

The MEMPHIS Plan, CHC’s employer-sponsored health care plan for small businesses and the self-employed, offers uninsured people in lower-wage jobs and their dependents access to quality affordable health care. The MEMPHIS Plan was approved by the Tennessee Legislature. Qualified beneficiaries and dependents are assigned to one primary care physician who sees them for a $5 co-payment/visit. The cost of insurance is $50/month with at least $10/month paid by the employer. MEMPHIS Plan beneficiaries are also assigned to a specific hospital in case of an emergency, with a $5/visit co-payment. Referrals to a medical specialist are covered when the beneficiary is referred by their assigned primary care physician.

The CHC and Empowering Community Healthcare Outreach (ECHO) are working together to inspire and guide the startup or expansion of faith-based health care clinics across the country through a two-day workshop offered three times a year at CHC. The workshop includes a tour of CHC’s clinic and wellness facilities, a keynote address from Dr. Morris, interactive question and answer sessions with the Center’s leadership on service and programming as well as planning, development and communications. Topics include: 1) determining the need for a clinic in your community; 2) the logistics of running a faith-based clinic; 3) developing a business plan; 4) best practices in fundraising and public relations; 5) recruiting volunteers and effectively using their talents; 6) ways to engage the faith community; and 7) important lessons learned by the CHC and ECHO.

The Institute for Healthcare Improvement (IHI) is a highly regarded and influential force in health care improvement in the United States and has growing international reach. The IHI published a case report on the CHC last year, which concluded: “While the CHC could erect its own campus to bring its current 12 buildings into the efficiencies of a central location, it has chosen to lean into its mission alongside educators, artists, small business owners, and residential developers by being one of eight anchoring partners in the [$200 million] redevelopment of Sears Crosstown. This will position the CHC for innovative work to address socioeconomic factors that contribute to health crises among the working uninsured and other underserved populations. Crosstown gives the Center an opportunity to participate in a model of collaborative health care and represents the CHC’s commitment to continuing its presence in Memphs and engaging in national and international conversations about improving health care.”

Dr. Donald Berwick, founder and president emeritus of the IHI, has been talking for several years about a “wedge” model of reducing waste by targeting six broad areas in the health care system. The CHC uses this “wedge” model for providing effective, affordable health care to the underserved. The Center’s wedges are: the power of community; the MEMPHIS Plan; the Model for Healthy Living; the community of Church Health Center Wellness; and the mobilization of the faith community.

As Dr. Robert Waller, former CEO of Mayo Clinic, points out, the United States has three options: 1) it can spend more on health care, which hardly seems possible; 2) it can help less, which is unconsolable; or 3) it can redesign health care by turning to the power of the community to redefine health care and pursue true health. Under the continuous visionary leadership of Dr. Morris since 1987, the CHC is one of a very few organizations successfully embodying all three components of the IHI Triple Aim by improving population health outcomes, enhancing the individual’s experience of health care, and reducing or controlling costs. All three have been part of the Center’s DNA since its inception, and as a transforming force in the community, the model is well worth the attention of health care professionals around the country.

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