



Learning Project

The Role of The Duke Endowment's Eligible Institutions in the Program for the Rural Carolinas

Introduction

The Duke Endowment's strategy for rural development is being implemented through teams composed of the Endowment's eligible institutions, representatives of a diverse group of public and private institutions, and local citizens. While rural Methodist churches and rural nonprofit hospitals serve as the local fiscal agents for the grant, the understanding is that they are only one among many participants responsible for designing and implementing the community's rural development effort.

PRC stretches the Endowment's eligible institutions beyond the requirements of a regular grantee. The work is less structured and focused than in usual grant projects but the intended results are ambitious and far reaching in scope, from team building to improved community economic well-being. **These churches and hospitals are expected to be leaders but not to be in charge, to produce results but to share that responsibility and credit with a range of other community partners, and to institutionalize the change process but not necessarily within their own structures.** This is definitely not business as usual for these institutions.

Although neither churches nor hospitals have rural development as their primary business, both have something important to contribute to the economic well-being of their communities and both stand to benefit from it. It is too early to draw any lessons from the experience of the four churches and three hospitals that were selected as Option 1 sites. But we can report on some of the assets these institutions bring to PRC and some of the ways in which they have addressed the challenges inherent in their roles. Even though churches and hospitals share some of the same challenges regarding their leadership role on the community teams, we review their experiences separately because they differ somewhat in what they bring to PRC and how they are affected by it.

Churches

As PRC's program designers note, rural churches can have a deep reach into their communities, often serving as the backbone of social life as well as ministering to the spiritual needs of their members. Many churches consider "making a difference in the world" central to their mission and engage in community improvement activities ranging from the provision of social services to social justice ministry. Some provide space for various civic, educational, and social activities taking place in the community.

Role of the Rural Church

- "People here think of the church as extended family. They trust churches to be stable, not like a program that comes and goes"
- "The church's reputation in the community opens doors and gives people a positive reference for what we are trying to do"
- "Businesses do not totally understand what *faith-based* means but we can show them. It's past time that faith-based organizations get involved in economic development. If individuals don't have a job, they lose hope and drive and we see other problems increase"

Ministers are often respected community leaders as well as leaders within their churches. The church's natural constituency, its membership, as well as those whom it engages through its services, can thus constitute an extensive social network that can help shape and implement PRC. Because churches tend to be embedded in the daily life of rural communities, it is not surprising that both church-sponsored and hospital-sponsored teams have used them as vehicles for gathering and disseminating information, recruiting potential participants, information, and expanding networks.

The **Far West Mountain Economic Partners (Far West)** team used local churches to help mount local Housing Action Committees to develop and guide affordable housing activities in each of their target counties. These committees also identify people in need of home repair and engage volunteers to do such repairs.

- **Northwest Alliance Program for the Rural Carolinas (NAPRC)** plans to work through churches on its leadership development activities. It is partnering with the Ministerial Alliance in Alleghany County to design and implement a county-wide leadership development program and has plans to implement a train-the-trainers leadership development approach with ministers from churches around the three-county region.
- A number of teams worked with churches in their EITC programs. For example, **LO/UD-Shady Grove Program for the Rural Carolinas (LO/UD-Shady Grove PRC)** got the word out about the program through its chair's three UMC churches, and **Far West** recruited many of the people who have signed up to be EITC volunteers for next year through churches.
- Even if they are not officials in the church, individuals may represent their church on the team as parishioners, giving the team access to resources and contacts that it would otherwise not have.



Turning specifically to the four church-related Duke Endowment grantees, three of the four have established formal partnerships with another organization through which to implement PRC.¹ In two of these cases, **North Wilkesboro and Shady Grove**, the church enhanced the team's economic development capacity and networks by establishing a partnership with an organization that has a particular expertise in this area, as well as financial management and staff capacity. In the third case, the **Greenville District** identified a local church, Warren Chapel, to take on certain administrative and fiscal responsibilities while the program staff is actually housed at a local, faith-based CDC. In fact, with the exception of Hinton, which has program and management capacity beyond that of a regular church, all the staff working on

¹ The fourth, the Hinton Rural Life Center, is not a church but rather a Mission that provides training and consultation to small membership churches in the Southeastern Jurisdiction of the Methodist Church. It also undertakes various community improvement activities such as a home repair program that engages 1100-1200 volunteers each year.

these church-sponsored teams are housed (and in two cases employed) at a non-church organization even though they are supported at least in part through PRC resources.

OPTION 1 CHURCHES				
	Fiscal Agent			
	North Wilkesboro District UMC	Shady Grove UMC	Greenville District Office of the UMC	Hinton Rural Life Center
Partner	New River Community Partners	Trident Technical College	Warren Chapel	
Staff Location	New River Community Partners	Trident Technical College	Metropolitan CDC	Hinton

Ideally, these institutional arrangements, while potentially complicated, allow the teams to draw upon existing organizational capacity in the community, rather than create it internally and give them built-in access to resources and to a broader perspective than any one sponsoring institution is likely to have. As PRC unfolds, these arrangements may shift or new kinds of partnership relationships may develop to accommodate site needs as they evolve.

Two questions about the role of the church have surfaced in our interviews.

- **One is a concern about whether the community will perceive PRC as being a “Methodist-only project” and what that might mean for participation and credibility.**

So far, no one has suggested that this has become a serious problem, perhaps because of the involvement of church leaders from other denominations either on the teams or in the program committees/implementation teams and because of the care teams have taken to be clear in their communications that PRC is intended to have broad community ownership.

- **A second question has to do with the social service orientation, *doing for rather than doing with***

The predominance of social service providers in some church-sponsored teams has led a few team members to voice concern about focusing too much on services and not enough on economic development. In some cases, this comes up as a tension about the use of “service” language (such as “case management”) to characterize PRC’s relationship with participants. In other cases, there is simply a worry that the team is spending too much time developing programs for people rather than working harder to identify existing community assets and momentum that could be built upon. However, one of the most eloquent spokespersons for the “doing with” orientation came from an interview with a church leader: “*What’s important is*

shifting self-expectations—we are not going to work to set up programs for people but rather help them to be more self-directing. We can provide technical help and access to contacts and so forth but it's their thing. That is an important paradigm shift.”

Hospitals

Like churches, rural hospitals bring important assets to the PRC. Besides providing health services, they employ—and often help train—large numbers of people. Their boards tend to include key leaders with connections into many sectors of community life. As significant institutions, they bring to the community a physical presence and organizational capacities in financial management, human resources, fundraising, communications, and service delivery. Finally, hospital leaders are often engaged in a range of local civic and educational groups.

Unlike the churches in PRC, the three Option 1 hospitals—**Maria Parham Hospital, Randolph Hospital, and Marion Regional Healthcare System**—have not established formal partnerships with other organizations. The hospital provides administrative coordination and support and employs the program coordinator, who is based at the hospital except for Marion, which has two part-time coordinators who are not based at the hospital. While the church-sponsored teams tend to rotate their monthly meetings among different settings in the community (sometimes in different counties), the hospital-sponsored teams consistently meet at the hospital. Although hospitals have excellent facilities for meetings, team members speculated that some community members may feel intimidated by the hospital and the “corporate” feel of the team meetings, or they may not view the hospital as a responsive institution. Other respondents noted that the hospital provided a great meeting room and refreshments but they weren’t sure how invested it was in PRC as a community initiative. One hospital leader noted both advantages and disadvantages of the hospital setting: “. . . *the hospital is neutral – nobody had an axe to grind about this. The negative is that the hospital doesn’t feel it owns the project. The church might feel more ownership.*”

An analysis of the composition of hospital teams (see **Effective Teams** memo) suggests that these teams have particularly strong representation from local business and other “movers and shakers” in the community. They also tend to be fairly well connected to city and county government representatives. Some team members wondered, however, whether these **teams’ possible over-reliance on the community’s traditional “movers and shakers” might insulate them from new ideas about ways to stimulate economic renewal or nurture a diverse group of new leaders.**

While the local business and financial sectors tend to be less represented on the church teams, the hospital teams generally have engaged fewer nonprofit representatives and others who have deep ties to “people left behind.” Perhaps in recognition of the need to be very intentional about reaching more deeply into the community, each of the three hospital-sponsored teams has constituted a subcommittee charged with community engagement. (None of the church-sponsored teams has such a committee). Each has a plan for community

meetings, focus groups and conversations through which to learn more about and from different sectors of the community. One team member noted that **the challenge for her team was to make sure that establishing a special committee for community engagement did not mean that the other committees were not intentionally integrating community engagement into their work: “it’s not a goal, it’s a process, it’s how you do your work.”**

Looking Forward

Both the churches and hospitals in Option 1 sites have mounted teams and laid the foundation for full-scale PRC implementation. We have noted some of the particular challenges each group faces in moving forward. But two related longer-term questions or issues might also be useful to consider at this point.

- **The first is how PRC is affecting TDE-eligible churches and hospitals from an institutional standpoint. Is PRC being integrated into these institutions—and their mission, operations, culture—in a way that is building capacity and positioning them to play increasingly effective community leadership roles in the long run?**

Several interviewees noted that their institutions are already being perceived more favorably in the community due to PRC, a perception that they think will help them accomplish goals that are not directly related to PRC, such as more community receptiveness to supporting a bond for hospital expansion or to the church taking on a role of promoting self-reliance through economic development. But others worry that PRC—and the ideas and values it embodies—is likely to remain a “sidebar” in their institutions without strong leadership and buy-in from their boards. The critical role of the individual leading the institution was cited again and again. The closer that the church or hospital leader sees PRC to his or her institution’s mission and long-term interests, the more likely he or she is to devote time and energy to embedding PRC in the organization. More specifically, church leaders talk about bringing their congregations and elders along, helping them to understand the ideas behind PRC and why they are consonant with the church’s mission; and hospital leaders talk about helping their boards understand the long-term links between the economic health of the community and their own institutional health.

- **A second issue is whether one of PRC’s potential long-term outcomes may be that more rural churches and hospitals will be interested in playing leadership roles in promoting their community’s economic renewal.**

To begin to promote such an outcome, some Option 1 participants are taking early steps to make sure their UMDC leaders or their health care colleagues know about PRC and what it aims to accomplish. These participants also suggest several factors that may be useful in facilitating transfer to churches and hospitals that are looking at how PRC plays out before considering such roles for themselves:

- Church leaders may need guidance in how to translate Methodist church theology about community engagement into clear statements that will help the “average person in the pew” understand why economic development is one way to express the church’s mission. The church has similar guides on such topics as race and nuclear war but not on economic development.
- Hospital leaders who are charged with worrying about the bottom line may need evidence that engagement in the community and, in particular, an investment in workforce development as part of a larger community economic development agenda can have a concrete payoff for their institutions.

Conclusion

PRC has engaged rural churches and hospitals in a range of new roles and has expanded the networks to which they have access. Learning about how these organizations address the challenges and take advantage of the opportunities PRC offers over the next several years will be important for understanding the potential replication value of this work for other rural churches and hospitals.