

4. Conference Streams

Stream 1: Faith base, values, diaconal identity

Moderators: Einar Aadland, Diakonhjemmet University College / Paul Holley, Anglican Health Network

Institutions and organizations with varying religious groundings are classified together as “faith-based institutions”. This stream seeks to explore a range of conceptions of what “faith-based” means to leaders in different contexts. In which ways are faith, belief, organizational identity and values correlated, and how may the identity of being faith-based be processed into the realm of practice? Faith-based institutions are affiliated with churches, as well as with governmental strategies. The stream will welcome discussions of how these sometimes conflicting affiliations may be tackled by strategic and practical leadership measures.

Stream 2: Religious health assets (RHAs)

Moderators: Beate Jacobs, Difaem / Teresa Cutts, Methodist Health Care /Jill Olivier, ARHAP

Assessing and evaluating the characteristics and capacities that are at work within faith-inspired institutions and emerge out of faith-inspired communities remains a challenge. A ‘religious health assets’ (RHAs) approach works to understand these variables. In this framework, there are tangible RHAs (e.g. hospitals, clinics or care groups), as well as intangible RHAs (such as resilience, hope, connection or trust) – and it is the integration of these which have a powerful impact on families and communities. This stream will focus on leadership strategies for assessing and leveraging RHAs in practice – in both the hospital context as well as in relation to community engagement.

Stream 3: Leadership

Moderators: Harald Askeland, Diakonhjemmet University College / Gerald Winslow, Loma Linda UMC

Leaders have a critical position in organizations and institutions, due to their responsibility for the operation, maintenance, relations to different stakeholders internally and externally, and innovation. In times of change the need for leadership seems to be more in focus, and is often seen in connection with such issues as identity, being a spokesperson for the institution, aligning of resources, efficiency and innovation. This stream will welcome discussions on the understanding and exercise of the leaders’ role. Especially on how leadership is exercised in relation to the faith and value base that forms the identity of institutions, how they monitor and interpret and relate to the institutional context and how they might build coalitions for inter-organizational collaboration that serve the needs and growth of communities in which they are embedded. Finally we welcome contributions on the role of leader and institutional networks can promote and diffuse innovation for the good of institutions and their

constituency.

Stream 4: Capacity building, education

Moderators: Gisela Schneider, Difaem / Manoj Kurian, WCC

Faith based health care institutions have played an important part in training, education and capacity building. Christian schools and universities are found across the globe and have developed leaders in faith based health care. Today, especially in resource limited settings many Christian health care institutions are struggling for staff, others have closed. Brain drain from FBHC institutions to government, international NGO's and "greener pastures" to neighboring wealthier countries or further afar in USA, Europe or Australia, is weakening FBHCO tremendously. This stream will look at capacity building and education as one important part of strengthening FBHC. It will learn from the lessons of great Christian universities, analyze the barriers for education and develop strategies how to strengthen and develop leaders in Christian health care.

4.1 Conference Streams: Stream 1

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Day 1: Identity

What are the roots of faith-based health care? How has the tradition evolved? What now are the institutional arrangements that identify themselves as faith-based? How is this identity expressed in varied settings? How should we address the tensions between institutional religious structures and associated groups that operate health services at their margins?

Day 2: Context

What are the varied political, economic and cultural settings in which faith-based health care is offered? How do religious values inter-relate with these varied settings? How can they be effectively applied? How can the needs and challenges of context be measured and assessed?

Day 3: Innovation

How does faith-based identity hinder or enhance innovation? How does the notion of 'Diakonia' inform the development of health services? How might health services apply religious values in operational development?

4.2 Conference Streams: Stream 2

Stream 2: Religious health assets (RHAs)

Moderators: Beate Jacobs, Difaem / Teresa Cutts, Methodist Health Care /Jill Olivier, ARHAP

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Day 1: Identity

Focus on the present situation. What different kind of evidence is available on the comparative value of faith-based health care? How can RHAs be articulated, interpreted and put in practice in different country contexts? How are RHAs challenged or sought out by politicians, health authorities, or scholars? What specific faith-based characteristics are key to improved faith-based health care delivery, and how do we measure these (e.g. workforce motivation, trust, targeting, or user preference)?

Day 2: Context

Focus on the political, cultural and social context. How do we understand how different religious beliefs impact on health-seeking behavior in different contexts? How do different kinds of faith-based health initiatives (RHAs) appear, behave, and collaborate in different contexts? What strategies are there to identify and leverage RHAs in different contexts? What do we know about the relationship between formal and informal faith-based health care in different contexts?

Day 3: Innovation

Focus on innovative practices and reflection. What is being learnt and what should be focused in this learning process? What innovative practices involving RHAs are being undertaken? How can we explore current models for measurement of tangible and intangible RHAs, their integration and how they are impacting health outcomes? How can RHAs innovatively work to connect health care facilities with the local communities they serve? How can intangible

RHAs (e.g. trust, caring compassion) be utilized to strengthen tangible RHAs (e.g. faith-based health service delivery)?

4.3 Conference Streams: Stream 3

Stream 3: Leadership

Moderators: Harald Askeland, Diakonhjemmet University College / Gerald Winslow, Loma Linda UMC

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Day 1: Identity

Focus on present situation. How is leadership exercised in FBHC? How are leaders capacitated? How do they carry out their responsibility for the faith identity, values and RHAs of the institution? How is the relationship between leadership and value development in FBHC? How may leaders do identity management?

Day 2: Context

Focus on the political, cultural and social context. What are the challenges and demands of this context? How do leaders cope with multicultural and multi-religious elements within the institutions and in the environment / context? How is leadership practice influenced by context?

Day 3: Innovation

Focus on innovative practices and reflection. How do we strengthen leadership capacity in different contexts? How can the FBHC network contribute to building such capacity? What are the characteristics of innovation leadership?

Stream 4: Capacity building, education

Moderators: Gisela Schneider, Difaem / Manoj Kurian, WCC

Faith based health care institutions have played an important part in training, education and capacity building. Christian schools and universities are found across the globe and have developed leaders in faith based health care. Today, especially in resource limited settings many Christian health care institutions are struggling for staff, others have closed. Brain drain from FBHC institutions to government, international NGO's and "greener pastures" to neighboring wealthier countries or further afar in USA, Europe or Australia, is weakening FBHCO tremendously. This stream will look at capacity building and education as one important part of strengthening FBHC. It will learn from the lessons of great Christian universities, analyze the barriers for education and develop strategies how to strengthen and develop leaders in Christian health care.

Day 1: Identity

Focus on the present situation. How do FBHC actors connect to educational institutions? How does their identity express itself in inclusive/ exclusive approaches in management and service functioning? Do we see strengths, weaknesses, threats and opportunities? How to strengthen capacity building through identity development? How does ones faith identity influence motivation and the balancing of one's career and calling?

Day 2: Context

Focus on the political, cultural and social context. What are the main challenges related to capacity building and education? What changes are taking place in society and in professional work that require new attention in education and capacity building? How to go about assessing contextual needs and challenges? How do FBHC institutions cooperate and work with the wider national and regional stakeholders in training and capacity building?

Day 3: Innovation

Focus on innovative practices and reflection. Organizational learning – how to enhance and support creative forces? How is education and capacity building used innovatively to strengthen institutional human resources, retention of staff and the improvement of the quality of service? How may FBHC empower employees and the public to release healing forces? How could we network in order to promote mutual learning and synergy? How could we use technology to strengthen our services?

