North Carolina Council of Churches

Partners in HEALTH and WHOLENESS

An initiative of the North Carolina Council of Churches

Overview of the Abundant Life program and the work of Partners in Health and Wholeness



Evaluation Report

January 1, 2025 - June 30, 2026






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ACKNOWLEDGMENTS

The following North Carolina Council of Churches team members have been instrumental in shaping the content and direction of this annual report. We appreciate their invaluable expertise with leading the evaluation processes.

Team Members

- Rachel Baker
  Communications Director, North Carolina Council of Churches
- Rev. Carrilea Hall
  Senior Associate Director, Partners in Health and Wholeness
- Donna Hill
  Associate Director for Community Health, Partners in Health and Wholeness
- Rev. Meredith Rawls
  Northeast Regional Coordinator, Partners in Health and Wholeness
- Rev. Arlecia Simmons, Ph.D.
  East Regional Associate Director, Partners in Health and Wholeness
- Cheryl Noronha, MSW
  Social Work Intern and Consultant

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- **Division of Mental Health, Developmental Disabilities and Substance Use Services North Carolina Department of Health and Human Services**
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SUMMARY OF EVALUATION FINDINGS

KEY FINDINGS

- **Statewide Reach:** PHW has established a broad statewide network, engaging participants from 86 of North Carolina's 100 counties.
- **Meaningful Learning:** Educational programming is increasing behavioral health awareness, reducing stigma, and strengthening the understanding that behavioral health is an essential component of faith and ministry.
- **Growing Congregational Capacity:** Faith communities are developing the leadership, partnerships, plans, and practical skills needed to address behavioral health and promote well-being within their local contexts.
- **Local Action, Multiplied Impact:** Through the Abundant Life Cohort, PHW is helping congregations translate learning into locally designed behavioral health initiatives, extending the impact of PHW's investment into communities across North Carolina.
- **Strengthening Community Networks**: The initiative is building connections between faith communities and behavioral health and human service organizations, strengthening trust, referral pathways, and collaboration across sectors.

Together, these findings demonstrate that investing in faith communities does more than educate individuals—it strengthens trusted community institutions, builds networks of support, and creates local capacity to promote health and well-being long after a training or event has ended.

LESSONS LEARNED AND EMERGING GOOD PRACTICES

- Relationships and trust are essential to engagement, thus highlighting the importance of investing in regional partners and trusted local connections.
- Education is most effective when paired with practical application. Pair educational programming with practical resources, skill-building, coaching, and clear next steps that help participants move from learning to action.
- Congregations reflect diversity of theology, race, location and size.

THE PROBLEM

North Carolina is a state known for its natural beauty, which is reflected in the majestic mountains and the opulence of the ocean. Although the state's visual beauty can be admired by residents and the 40 million tourists who visit annually, there's an ugly reality lurking in the background that affects both rural and urban communities. North Carolina has a behavioral health crisis.



As 1 in 5 Americans will experience a mental health challenge at some point in their lives (NCDHHS 2025), data further suggests that suicide rates in North Carolina have increased 10% over the past 10 years and 13% since the start of the COVID-19 pandemic in 2019. NCDHHS reports suicide is the 9th leading cause of death in North Carolina and the 2nd leading cause of death among people ages 10–40. Additionally, there were an estimated 2,336 overdose deaths in 2025 (21.1 deaths per 100,000 residents), according to the NCDHH-IVPB.

The lack of mental health care providers is a significant issue, with 94 out of North Carolina's 100 counties experiencing a mental health provider shortage (HPSA). This shortage is most acute in rural areas, where access to specialized care such as psychiatrists, pediatricians, and OB-GYNs is also limited. According to Carolina Forward, a third of the state's population, nearly 3.5 million people, lives in rural communities. Moreover, more than 50% of children and adults who seek behavioral health care are unable to receive it (CarolinaAcross100z). Barriers still exist with the lack of inpatient alcohol and drug treatment facilities for adults in need of substance use treatment disorder and psychiatric stabilization.

In addition to this shortage of care, rural populations tend to be older, with accompanying health challenges of loneliness, isolation, and aging-related mental health concerns. These issues are exacerbated by the difficulty in accessing healthcare, particularly mental health services. While social supports, governmental organizations, and for and non-profits provide some support, it is hard to fully meet the needs of these communities. This is where faith communities can play a transformative role

Yet, no matter the challenges faced in counties in every tier, 80% of the population self-identifies with a religious tradition (Pew Research Center). Thus, faith plays a significant role in strengthening the behavioral health of North Carolinians. Faith communities are uniquely positioned to serve as trusted spaces for healing, support, and connection. Many individuals experiencing mental health challenges turn to places of worship for help, often in anonymous or informal settings. For those in rural, minority, and marginalized populations, faith leaders are often the first point of contact, trusted messengers, and frontline responders. Congregations are often the safe spaces where people seek comfort and guidance. However, many faith leaders are ill-equipped to address these needs due to a lack of knowledge, resources, and training in mental health care.

THE PROBLEM

A report published by the National Center for Chronic Disease Prevention and Health Promotion in June 2026, further confirmed the importance of integrating spiritual care and mental health prevention training to help leaders identify signs of mental illness and make appropriate referrals.These findings also confirmed the need for partnerships between behavioral health providers and faith-based leaders “to correct misconceptions, reduce stigma, and create trusted pathways for connecting people with professional mental health services.”

Faith leaders often find themselves responding to behavioral health crises within their congregations without the proper training or support. During congregational gatherings and throughout the week, people bring their mental health struggles to faith leaders, who are called to provide not only spiritual care but also practical support. However, without adequate resources, these leaders are often unable to effectively address the mental health needs of their congregants, leading to missed opportunities for support and intervention.

Given the growing recognition that mental health is a top priority for communities across North Carolina, as evidenced by local health assessments, faith communities are underutilized resources that could have a profound impact. By fostering a culture of care within congregations, the initiative addresses the mental health crisis while reducing stigma, improving mental health literacy, and increasing community resilience.

The stigma surrounding behavioral health has harmful effects that can cause people to be reluctant to seek help or treatment, leading to a lack of understanding for family and community members, and potentially resulting in bullying, physical violence, or harassment. We believe congregations are not just hubs of spiritual health but also of flourishing, encompassing spiritual and behavioral health.

THE NEED

Faith communities are increasingly being called upon to respond to mental health and substance use concerns, yet many lack the knowlege, resources, partnerships, and support needed to respond effectively.

ABOUT NCCC & PHW

North Carolina Council of Churches

The North Carolina Council of Churches (NCCC) mission is to enable denominations, congregations, and people of faith to impact our state on issues such as economic justice and development, human well-being, equality, compassion and peace, following the example and mission of Jesus Christ.

Founded in 1935, we are committed to addressing issues such as racial equity, farmworker rights, the environment, LGBTQ+ rights, economic justice and development, human well-being, equality, compassion, and peace. We believe these issues are interconnected and that we can only achieve true justice by addressing them together. Across the state, our members are connected to over 6,200 congregations. This gives us a unique platform to advocate for change and to build a more just and equitable North Carolina.

Throughout our history, NCCC has remained committed to fostering unity and collaboration among diverse Christian denominations and faith communities while addressing critical social issues. We continue to be a significant force for advocacy and social justice in North Carolina and beyond.

Partners in Health and Wholeness

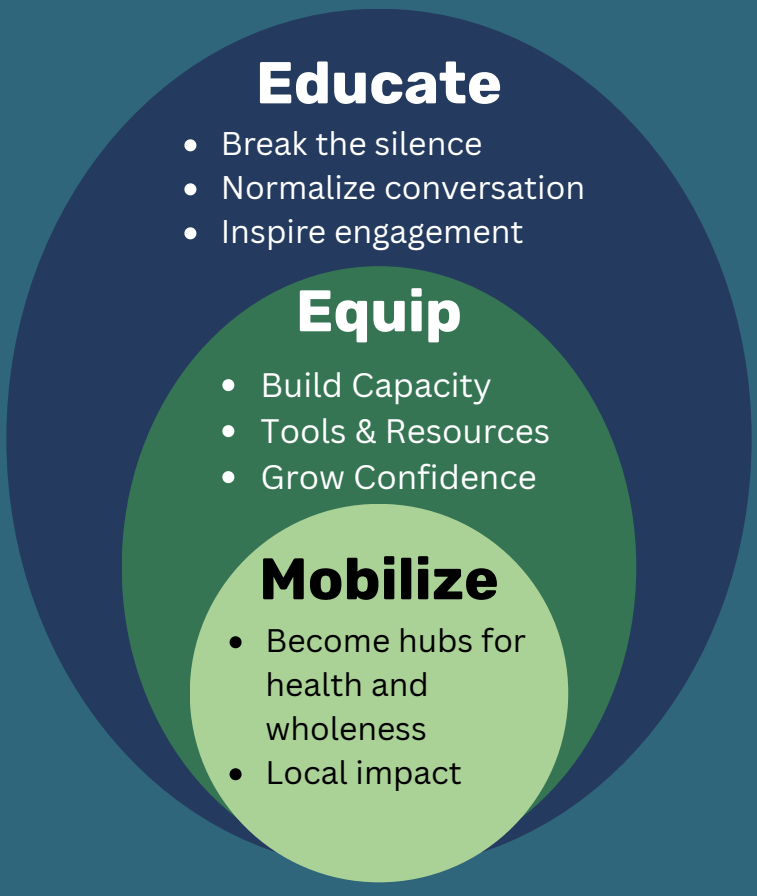
Partners in Health & Wholeness (PHW) is an initiative of the North Carolina Council of Churches, launched in 2009 to advance the intersection of faith, health, and justice. PHW seeks to educate, equip, and and mobilize faith communities to become centers of health and wholeness—supporting the well-being of mind, body, and spirit. Over the past 15 years, PHW has partnered with more than 600 congregations across North Carolina, equipping them to serve as trusted sources of health, healing, and hope within their communities.

Throughout its history, PHW has addressed a wide range of health priorities, including healthy eating, physical activity, tobacco cessation, HIV advocacy, healthy aging, and overdose prevention. Across these efforts, unprecedented challenges to mental and emotional well-being. In response—and grounded in the belief that behavioral health is inseparable from spiritual, physical, and communal health—PHW has strategically centered behavioral health and well-being as the current focus of its work.

THEORY OF CHANGE

We believe that when faith communities are **educated** about the realities of behavioral health and its deep connection to our spiritual lives, **equipped** with practical tools and compassionate understanding, and **mobilized** to strengthen the systems, relationships and conditions that promote well-being, they become powerful agents of healing, resilience, and justice.

This theory of change is realized through three interconnected pathways of engagement. Each pathway is designed to meet faith communities where they are while supporting deeper levels of learning, leadership, and action. Together, these pathways create multiple entry points for engagement while fostering long-term congregational and community transformation.



PATHWAYS OF ENGAGEMENT

The purpose of this program is to reduce health disparities through culturally responsive, faith-based wellness interventions that empower communities to take ownership of their health outcomes.

EDUCATE	EQUIP	MOBILIZE
Broad Community Engagement	**Leadership Development**	**Abundant Life Cohort**
Purpose: Increase awareness, reduce stigma, and connect faith communities with behavioral health resources and emerging best practices.	**Purpose:** Equip faith leaders with the knowledge, skills, resources, and confidence to address behavioral health within their congregations and communities.	**Purpose:** Accompany congregations as they discern, design, implement, and sustain locally rooted behavioral health initiatives that strengthen community well-being.
Examples: Summits, webinars, educational resources, newsletters	**Examples:** Workshops, trainings, coaching, technical assistance, grant money	**Examples:** Cohort learning, coaching, community partnerships, grant funding, implementation

ABOUT ABUNDANT LIFE COHORT

Abundant Life Cohort

An Initiative of PHW at the North Carolina Council of Churches

The Abundant Life Cohort is grounded in the belief that faith communities have a unique and vital role in promoting behavioral health, healing, and holistic well-being

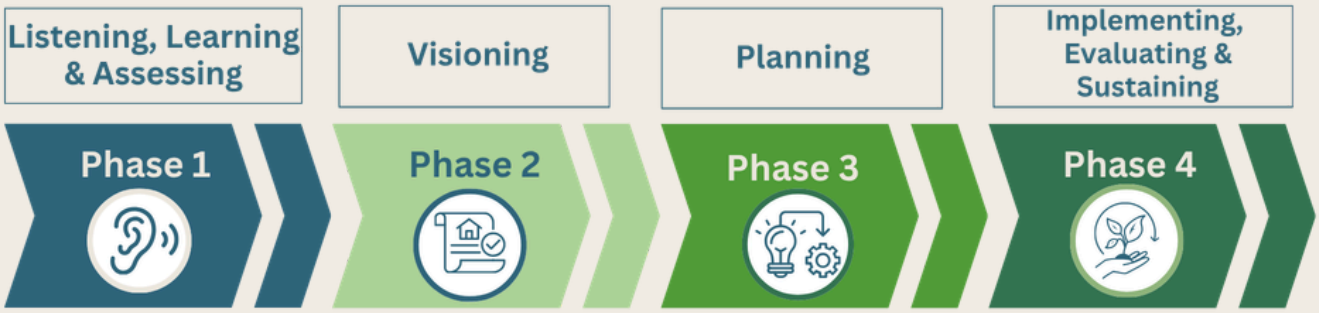
Through a process of learning, listening, discernment, and action, congregations are equipped to become hubs of behavioral health and well-being within their congregations and the communities they serve.

As part of the Abundant Life process, participating faith communities will:

- Equip their congregations with the knowledge, tools, and resources needed to support behavioral health and holistic well-being.
- Build partnerships with other faith communities, behavioral health professionals, and community organizations to strengthen local impact.
- Promote resilience, healing, and justice by integrating behavioral health into congregational life.
- Participate in a peer learning network that fosters collaboration, shared wisdom, and mutual support.
- Receive coaching, practical resources, and access to potential subgrant funding opportunities to support behavioral health initiatives.

The Abundant Life Process is a journey of transformation that empowers congregations to cultivate lasting cultures of care, resilience, and belonging. As congregations grow in knowledge, partnership, and capacity, they become trusted places of healing, connection, and hope—living into God's vision of abundant life for all.

THE COHORT PROCESS



The Abundant Life Cohort is journey made up of four interconnected phases. Each phase builds on the previous one, guiding congregations through a process of learning, listening, discerning, planning, and acting. Together, these phases help faith communities develop sustainable approaches to promoting behavioral health and holistic well-being.

Phase 1: Listening Learning, and Assessing

The journey begins by listening before acting. Participants learn about the intersection of faith and behavioral health while assessing their congregation and community through conversations, surveys, asset mapping, and reviewing local data. By the end of this phase, congregations will have a deeper understanding of their community's strengths, needs, and opportunities.

Phase 2: Visioning

Drawing on what they have learned, congregations discern where God is calling them to respond. Participants identify priorities, build partnerships, and develop a shared vision that reflects their congregation's gifts and their identified community's needs.

Phase 3: Planning

Congregations turn their vision into a practical action plan by identifying at least one meaningful initiative, establishing goals, engaging partners, and preparing for implementation. This phase also includes support for developing a competitive subgrant proposal.

Phase 4: Implementing, Evaluating, & Sustaining

Congregations bring their plans to life while evaluating progress, celebrating successes, and adapting as they learn. The focus is on creating lasting ministries that continue to promote behavioral health, healing, and holistic well-being beyond the cohort.

EVALUATION APPROACH

The Abundant Life Initiative builds the capacity of faith communities through education, resources, and practical skills to support the mental health and well-being of their congregations and surrounding communities. PHW utilizes a mixed-methods evaluation approach to measure both implementation and impact. Quantitative data—including participation metrics, surveys, and congregational assessments—are combined with qualitative information such as stories, reflections, and implementation reports to understand how faith communities move from awareness to action. Evaluation findings are used to measure progress toward project goals, document community impact, and continuously improve PHW resources, training, and cohort design.

During the reporting period, post-event surveys varied somewhat across educational programs to reflect topic-specific learning objectives. Moving forward, PHW will implement a standardized core post-event survey across all webinars, workshops, and summits, supplemented by event-specific questions. This will strengthen our ability to compare learning outcomes across programs and measure change over time.

EVALUATION AIMS

1. Measure Reach: Assess the extent to which PHW engages faith leaders, congregations, and community members through educational events, resources, and technical assistance.
2. Measure Learning: Assess changes in behavioral health awareness, stigma, knowledge, and participant confidence following PHW educational activities.
3. Measure Capacity Building: Assess the extent to which participation in the Abundant Life Cohort strengthens faith communities' leadership, partnerships, planning processes, and organizational readiness to address behavioral health and well-being.
4. Measure Community Engagement & Impact: Assess how faith communities translate increased awareness and organizational capacity into community action by expanding behavioral health partnerships, increasing access to resources, reducing stigma, and creating environments that support health and well-being.
5. Support Continuous Improvement: Use evaluation findings to strengthen PHW resources, refine the Abundant Life Cohort, improve training and technical assistance, and inform strategies for supporting diverse faith communities across North Carolina. Contine to consistanly assess and improve.

EVALUATION TOOLS

Tool	Purpose	Aim	Frequency
Event Registration Data	Measure reach and participant demographics	Measure Reach	Every Event
Post-Event Surveys	Measure learning, awareness and satisfaction	Measure Learning	Every Event
Grant Application/ Proposal	Assess strategic planning, implementation readiness, and intended community impact	Capacity Building; Community Engagement & Impact	Before Implementation
Final Report	Document outcomes, partnerships, sustainability, and lessons learn	Learning, Capacity Building, Community Engagement & Impact	End of implementation phase
Stories & Testimonials	Capture qualitative evidence of change	Community Engagement & Impact, Continuous Improvement	Ongoing
Resource Analytics	Measure the reach and utilization of PHW educational resources and communications	Reach; Continuous Improvement	Quarterly

KEY FINDINGS
EDUCATE



981

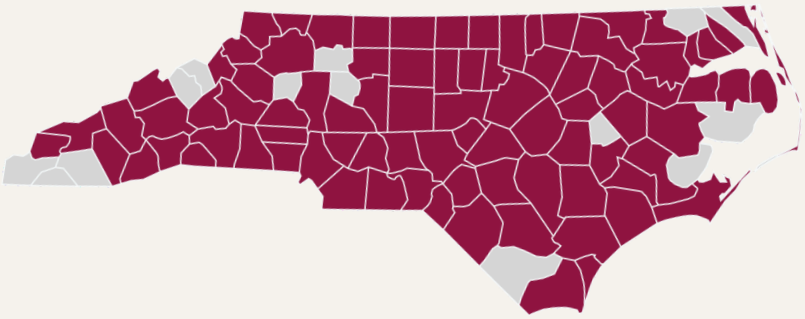
Faith Leaders & Community Members Engaged

Across **25** educational events, participants from **86** of North Carolina's 100 counties strengthened their understanding of behavioral health and the role faith communities play in promoting well-being.

IMPACT AT A GLANCE

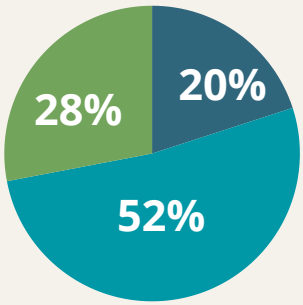
25	5	13	7	1,380	981
Educational Events	Regional Summits	Webinars	Workshops	Event Registrations	Unique Participants

ACROSS NORTH CAROLINA



Participants from 86 of 100 counties

EVENTS BY TYPE



- **Webinars** *884 Participants*
- **Summits** *389 Participants*
- **Workshops** *109 Participants*

> *"The high point of the webinar for me was knowledge of alignment with body, spirit, mind, etc."*

KEY FINDINGS

EDUCATE



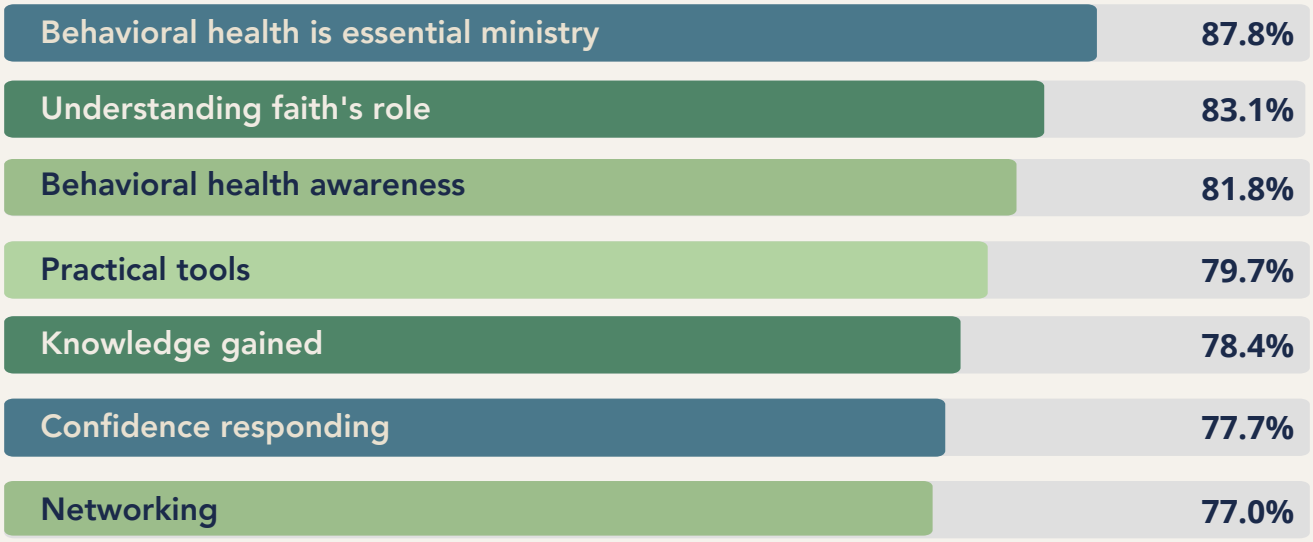
5

regional summits

supported meaningful gains in behavioral health awareness, knowledge, and leadership capacity, strengthening their ability to respond to behavioral health needs in their faith communities.

WHAT PARTICIPANTS LEARNED

(Self reported increase in knowledge)



KEY INSIGHTS

Behavioral health is being embraced as a core ministry priority

Participants left better equipped to support behavioral health in their congregations and communities.

The summits strengthened connections and created opportunities for continued collaboration.

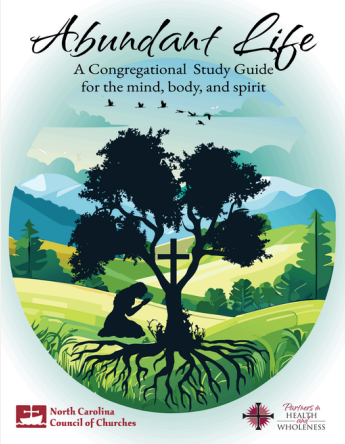
> *The most valuable part of the summit for me was learning about practical steps to be trauma informed leaders in our faith communities and also how to identify and heal on our own trauma.*

KEY FINDINGS
EQUIP



1,390

printed behavioral health resources were distributed to faith communities across North Carolina.

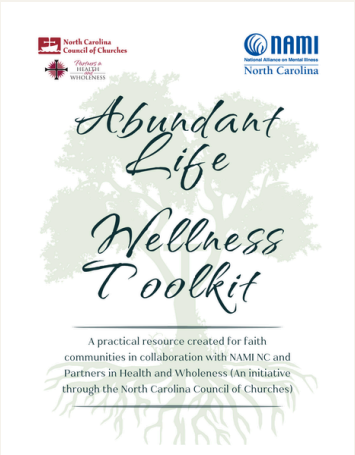


Abundant Life Study Guide

1,588 DISTRIBUTED

238 Downloads

1,350 Printed Copies



Wellness Toolkit

143 DISTRIBUTED

102 Downloads

40 Printed Copies

> *The Abundant Life Study Guide was so useful to lead us through the [cohort] process, provide us scripture relevant to that lesson, and case studies. Our steering committee utilized the AL Study Guide to help build our mental health strategic plan for our church. It provided the foundation to educate our church members and the community.*

KEY FINDINGS
EQUIP



$264,177

granted to churches across the state to establish themselves as hubs of behavioral health and wellbeing offering support within their health ministries, congregations, local communities.

Cohort 1

23
Abundant Life Congregational Hubs Established

$114,177
Total grant money distributed to churches

Cohort 2

30
Abundant Life Congregation Hubs in progress

$150,000
Total grant money distributed to churches

> *The most valuable part of the Abundant Life Cohort was the opportunity to connect with other faith leaders who share a commitment to mental health and congregational well-being. Learning alongside pastors and ministry leaders from across North Carolina reminded us that we are not alone in this work and provided practical ideas that we can adapt within our own context.*

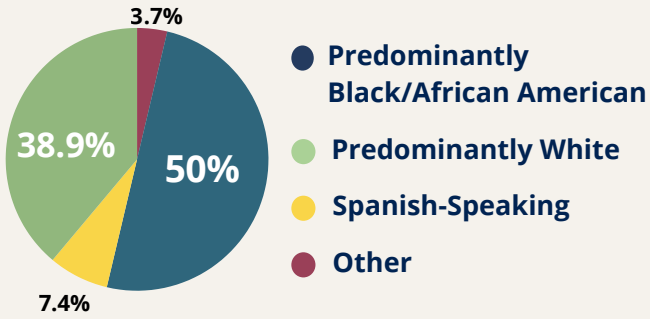
KEY FINDINGS
MOBILIZE



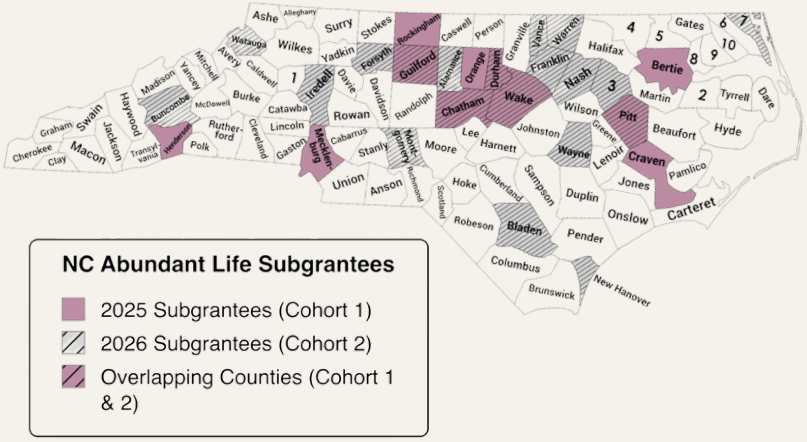
69

faith communities engaged in the Abundant Life cohorts

Congregation Racial and Ethnic Make-Up



Cohort Counties



24 **North Carolina counties** had congregations participate in the Abundant Life Cohorts.

53 *of the 69 faith communtities that have engaged in the Abundant Life cohorts have been funded to establish their behavioral health and wellbeing hub in their local community.*

30 faith communities in cohort 2 are currently the implementation phase of their initiative, with final reporting to be collected in June 2028

> *"There has been a remarkable change in the members of my congregation and their view of mental wellness. They are more open and willing to share their feelings as well as seek support as needed. It is working."*

KEY FINDINGS

MOBILIZE



23

faith communities participated in **Cohort 1** of the Abundant Life initiative and became established as hubs of behavioral health and wellbeing.

COHORT 1 IMPACT

261
Trainings Completed

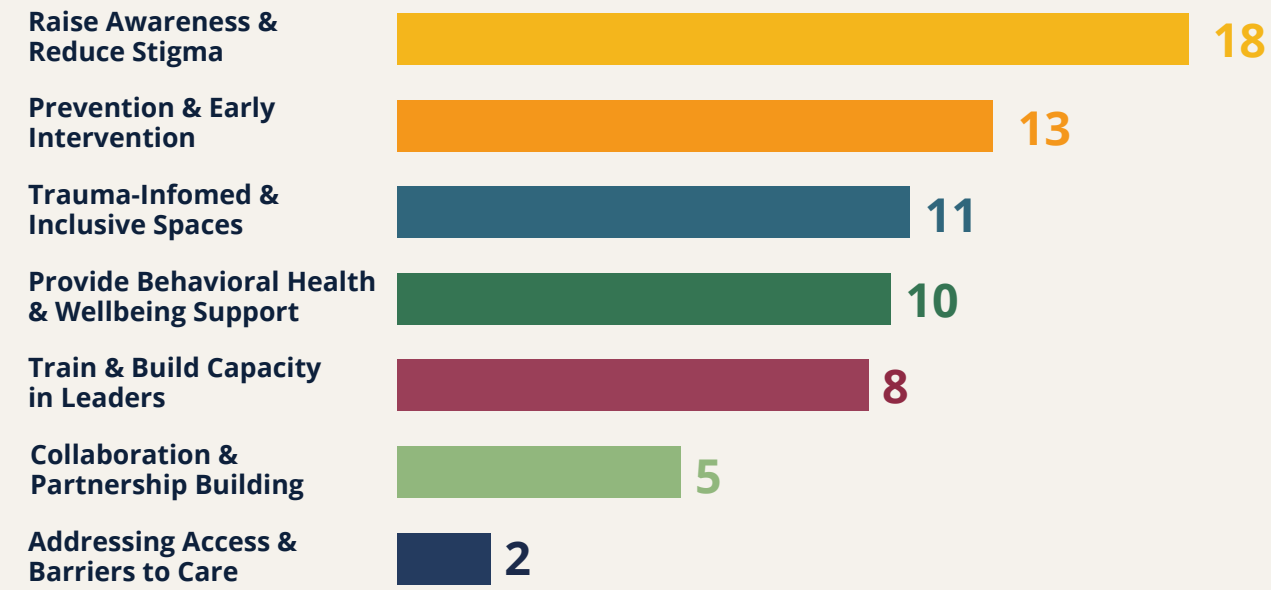
3,102
People Trained

120
Community Partnerships Formed

6,117
Community Members Reached

WHERE CONGREGATIONS FOCUSED THEIR WORK

Number of Faith Communties (out of 23)



> *The most helpful part of the cohort process was the opportunity to attend conferences and learn about additional health and wellness resources available to churches. It was also valuable to hear what other congregations are doing to support health and wellness in their communities.*

KEY FINDINGS

EDUCATE. EQUIP. MOBILIZE.

Through our **educate–equip–mobilize** approach, we move communities from awareness to action, cultivating informed, empowered, and connected people of faith who are equipped to address complex challenges and mobilize collective change across North Carolina.

THE RIPPLE EFFECT



981 People Educated

1,730+ Resources Shared

23 Churches Equipped

261 Trainings Completed

3,102 People Trained

120 Partnerships Formed

6,117 Community Members Reached

OUR EDUCATIONAL EVENTS & TRAININGS

WEBINARS & SUMMITS

- Supporting Children's Mental Health
- Responding to the Youth Mental Health Crisis
- Healthy Aging & Mental Well-being
- Hope for the Holidays: Grief & Resilience
- Staying Regulated in a Dysregulated World
- Mental Health Through the Lens of Faith
- Supporting Mental Well-being in Immigrant Communities
- LGBTQ+ Communities of Care
- 5 Faith & Behavioral Health Regional Summits: Asheville, Sanfrod, Greenville, Boone, Rocky Mount

WORKSHOPS & SKILL-BUILDING

- Becoming a Trauma-Informed Faith Community
- Community Health Needs Assessment & Behavioral Health Data
- Evaluation & Measuring Impact of Ministries
- What to Do in a Mental Health Crisis: Strengthening Faith-Based Responses
- Strengthening Community Connections for Crisis Response Workshop
- Harm Reduction & Opioid Response Workshops
- Narcan Trainings
- Mental Health Education & Awareness Workshops for Faith Communities

Data presented does not include Cohort 2, as final reporting data is not yet available.

KEY FINDINGS
TESTIMONY

The true measure of our impact is seen in the lives changed, leaders empowered, and communities strengthened through this work. The following testimonies highlight how education, resources, and connection have equipped people of faith to move from awareness to action.

> *"This project is building something the United Methodist Church in North Carolina does not currently have: a Wesleyan, evidence-based grief curriculum designed for congregational use."*

> *"Being an R.N has been helpful, but not being certified in mental health has led me to work on attending mental health programs to increase my knowledge and continue to assist our church members and community members."*

> *"Participating in the cohort experience significantly deepened my comprehension of project implementation. The combination of in-person attendance and engaging Zoom webinars proved to be incredibly valuable, providing diverse perspectives and insights."*

> *"The cohort model itself was genuinely valuable. Knowing that other faith communities were working through similar challenges in mental health ministry made the work feel less isolated. The structured grant application process also pushed us to clarify our vision and put concrete language around what we were actually trying to do."*

> *"The Youth Wellbeing Room has become an important part of our ministry and community outreach by helping normalize conversations around mental health...Because the space is warm, inviting, and youth-centered, students are more open to participating in conversations and activities that support their mental and emotional well-being."*



Together, we are building healthier people, stronger congregations, and more resilient communities in North Carolina.

COLLABORATIVE PARTNERS

The following list includes entities and organizations that we have interacted or partnered with during the evaluation period. The list further reflects the affiliation of presenters, trainers, as well as places where team members presented or served in some capacity. Additionally, some may be spaces where we have received training or technical assistance.

ORGANIZATIONS

- NAMI North Carolina
- Dementia Alliance
- Fayetteville NC Coastal Health Care System, Veterans Administration
- Southern Regional AHEC
- Olive Branch Ministries
- County Public Health Departments
- El Futuro
- RAFI
- The Rural Center
- Institute for Emerging Issues
- Duke Divinity School Center for Reconciliation
- Duke Divinity School Theology, Medicine, & Culture Initiative
- Resourceful Communities
- Resources for Resilience
- NC Rural Health Equity Hub
- Wild Goose
- Durham Congregations in Action
- Watauga Compassionate Communities Initiative
- Alleghany Lives and Community Matters
- Community Healthworker Association

ACADEMIC INSTITUTIONS

- UNC Gillings School of Public Health
- UNC Chapel Hill School of Social Work
- UNC Wilmington
- Duke Divinity School
- Hood Theological Seminary
- UNC Charlotte School of Social Work
- Campbell University
- Appalachian State University
- Elon University
- NC A&T
- Fayetteville State University

HEALTH SYSTEMS

- Trilliam Health Resources
- Atrium Health

STATE AGENCIES

- North Carolina Division of Public Health, Injury and Violence Prevention Branch
  - Division of Mental Health, Developmental Disabilities and Substance Use
  - Services-North Carolina Department of Health and Human Services
- North Carolina Harm Reduction Coalition



Partners in HEALTH and WHOLENESS

North Carolina Council of Churches