

A MAGAZINE OF THE DIVISION OF FAITHHEALTH \ WAKE FOREST BAPTIST HEALTH

# FaithHealth

Spring 2015

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mental, social and  
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## Seeing the whole

The lack of a space between the words Faith and Health in our name is a bold confrontation with ever-more-technological medicine. Every hospital in America is rushing to embrace new “population management” schemes built on software and analytics to guide patients toward the optimal blend of services to assure their health. This seems like an obviously good thing to try to do, but only if it builds on an understanding of a human being that is far more than a medical patient. When anyone in FaithHealth says “health,” we always—every single time, in every single context—mean the utter and seamless weave of bio/psycho/social/spiritual dynamics. None of those facets make any sense or can be engaged without the others.



This fourfold view of health is still a minority view within the world of hospitals, public health and even primary care that is now being woven into the continuum of services. And this is an inconvenient view that slows down the confident herd of technologists busily wiring the community with predictive analytics and navigational schemes. In the same way that chaplains have often served as an inconvenient voice for humanity inside the hospital. They don't just pray over the beep of the machine, but see the whole of the life and the family and healing team all at the same time. They see more and see it more integral. So, too, is FaithHealth an inconvenient voice for community on the other side of the sidewalk. It is why we see patterns of health care that fail predictably along the same lines that justice fails. And we see the lack of mercy for entire neighborhoods that persist for year after year.

The fourfold lens on patients, families and neighborhoods fuels hope as well as anger; it helps us understand and trust the tenacious resilience that simply won't give up on the unfinished work of God's intentions for health and wholeness. That's what we want to give ourselves to. What grown-up person of faith would not?

Gary Gunderson, MDiv, DMin, DDiv  
Vice President, FaithHealth



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# FaithHealth

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Cover illustration by Libba Davis

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# Putting Spiritual, Mental, Social *and* Physical Health in Sync

**TWO ARE BETTER THAN ONE BECAUSE THEY HAVE A GOOD RETURN FOR THEIR LABOR. FOR IF EITHER OF THEM FALLS, THE ONE WILL LIFT UP HIS COMPANION. BUT WOE TO THE ONE WHO FALLS WHEN THERE IS NOT ANOTHER TO LIFT HIM UP. – ECCLESIASTES 4:9**

**I**t took 14 calls and transfers to one local housing agency to get the information that Rev. Khelen Kuzmovich, Clinical Pastoral Education resident, was seeking for a 29-year-old leukemia patient in dire need of a place to stay.

And Kuzmovich was hardly a newcomer to working “the system.” Before obtaining her divinity degree and entering pastoral work, she’d spent several years with nonprofit organizations connecting people with legal help, housing and other types of assistance.

The maze Kuzmovich encountered on behalf of the leukemia patient demonstrates the urgency driving change for two anchor programs in the Division of FaithHealth at Wake Forest Baptist Medical Center.

The Clinical Pastoral Education (CPE) program and CareNet Counseling are transforming to meet what 21st-century medicine is proving to require — nontraditional means of assisting a population that, despite technology advances, is becoming more disconnected.

At stake may just be the future of community health.

Kuzmovich thinks of the Bible and the “two are better than one” verse when she considers the unique work she did to complete her CPE residency. Last summer, in addition to their regular assignments, she and fellow resident Rev. Maria T. Jones specifically identified and visited 33 patients at the Medical Center. They provided those patients with chaplaincy care, but also talked in depth with them about their needs and their fears.

Kuzmovich says patients often began with the “Why is this happening to me?” question typically asked when a chaplain stops by their bedside.

“We talked about the ‘why,’” Kuzmovich says. “But we also talked about the ‘what.’ What could we do to help?”

Whether it was ensuring a patient received specific follow-up care, or obtained a ride to their next medical appointment or had a way to access healthier foods, Kuzmovich and Jones investigated and got answers. Often, they would connect patients with Division of FaithHealth employees who work in the community, so someone would advocate on the patient’s behalf once they were discharged.

“Most of the people I encountered were used to the system; they knew how to survive and how to get help,” Kuzmovich says. “But it’s so hard to do that when you’re sick and have given up. Or when you don’t quite meet the requirements for help. It creates high stress. To me it’s just not a good place to hang out.

“But then there’s this idea that two are better than one ... so if someone is taking advantage of you or treating you poorly, you have someone else to say, ‘That’s not OK.’”



Reverends Maria T. Jones and Khelen Kuzmovich last summer worked with patients about their needs for when they left the hospital. Here, they consult with a traveling nurse.





Parishioners with Morning Star Missionary Baptist Church in East Winston spent one morning in late March creating a new community garden.

## Getting into the community

When an initial class of five students began CPE training at N.C. Baptist Hospital in 1947, it represented the first pastoral care training program in the South, and one of the first such programs in the nation.

The CPE residents of today receive classic pastoral training and do rotations within the hospital. But just as Kuzmovich and Jones looked to provide more to patients last summer, the CPE program is assigning residents in several new ways.

Charollette Leach has been associate pastor of Morning Star Missionary Baptist Church in Winston-Salem for more than five years, joining when her husband, Dennis Leach Sr., was called as pastor. She's also a CPE student who has been given a special residency assignment — she's embedded in her church doing FaithHealth outreach.

For Leach, health ministry had been a spiritual calling long before she even considered attending divinity school. She has a master's degree in Exercise Science from Georgia State University

in Atlanta, where she met her husband, and has been working during her CPE assignment on initiatives aimed at improving the health of her church congregants and the Columbia Heights neighborhood in East Winston.

As part of her work, the congregation decided to create a community garden to grow vegetables organically.

"To me, our food system is somewhat corrupt in this country in that we make the food as unhealthy as we can make it, which ensures that people are going to get sick," Leach says. "It's a big task to try to counteract that. But we had been talking for a couple of years about trying to start a community garden."

Creating the garden at Morning Star Missionary Baptist Church became more manageable thanks to the help of the Cooperative Extension Service of Forsyth County, which provided access to materials and good advice.

On a cold Saturday morning in March, more than 20 church members and volunteers busied themselves

constructing four wooden frames. As uplifting music played in the background, they filled the beds with soil and surrounded them with wood chips, both donated by local businesses.

Shelia Bailey, a member of a church subcommittee involved with the community garden project, says Morning Star Missionary is located in a food desert, meaning there is not easy access to fresh vegetables and fruits. It's important for the "low income, fixed income or no income" residents of the Columbia Heights neighborhood to "know what it means to eat fresh food," she says.

Vegetables were planted at the end of April, and the goal is to be able to offer the organically grown vegetables and fruits — zucchini, tomatoes, peppers and more — free of charge to people in the neighborhood.

Leach sees even more in the garden. "What I envision — and my prayer — is that however we distribute

*continued >*

the food, it builds relationships between the members of our church and the community.”

Rev. Emily Viverette, director of FaithHealth Education, is helping place CPE students such as Kuzmovich and Leach into these newer pastoral care roles.

One resident assigned to a team at the Downtown Health Plaza in Winston-Salem, which serves a poor population, encountered a patient upset because he didn't have shoes that fit him properly. The resident was able to find a church to donate money so the size 16 shoes the man needed could be special ordered.

Viverette says this new, broader role for CPE residents has never been more essential.

“We have so many people falling through the cracks,” Viverette says. “Putting chaplains back in that role to integrate care and spirit in meaningful and practical ways provides opportunities for people to really get the care they need and make the world a better place.”

## Embedding in behavioral health

In 1974, a small, satellite counseling office opened in Fayetteville to serve a growing need for individual, family and group pastoral counseling to individuals outside of a hospital. From that modest beginning, CareNet Counseling has grown to include more than 35 offices; today, it is the largest hospital-based program of its kind in the United States.

Just like the CPE program, CareNet is finding that in the 21st century, ensuring good health requires new ways of doing business. In particular, the traditional model of having patients come to satellite offices doesn't always work, says Barbara Saulpaugh, regional director of CareNet with oversight of offices in Winston-Salem, Kernersville, Mount Airy and Mocksville.

CareNet is beginning to embed counselors and licensed social workers into outpatient facilities to better reach people who might otherwise go without assistance.

For example, a CareNet counselor is available in the Downtown Health Plaza



## JUST LIKE THE CPE PROGRAM, CARENET IS FINDING THAT IN THE 21ST CENTURY, ENSURING GOOD HEALTH REQUIRES NEW WAYS OF DOING BUSINESS.

in Winston-Salem. Another is assigned to Wake Forest Baptist Health Medical Plaza – Clemmons to work with children and adolescents. And a counselor at Grace Clinic in Elkin covers three rural counties.

“The need exists everywhere in the community, so why shouldn't behavioral health exist everywhere in the community?” Saulpaugh asks. “And the stressors around peoples' difficult life situations — housing, food, paying the bills — produce a lot of physical symptoms. It's all connected; it can't be separated.”

Will Eads, a North Carolina Fee-based Practicing Pastoral Counselor Associate, is the clinical resident for CareNet who works Mondays and Tuesdays at Grace Clinic. He believes being embedded in a primary care clinic will be a significant component of the future of behavioral health care.

Typically, patients arrive at Grace Clinic for medical appointments, and also see Eads for 15- to 20-minute counseling sessions.

“If a patient presents with an emotional or psychological concern, we

can address that here,” Eads says. “We don't have to entrust they'll reach out to someone when they get home. And because this is very much an integrated care model, it's like they don't look at it as counseling. There's not a stigma to it. They're just going to see the doctor. I think that's what makes it so effective.”

Leah Creel, LPCA, is embedded three days a week at Wake Forest Baptist Health Medical Plaza—Clemmons to offer behavioral health counseling to children and their families. She addresses problems including anxiety, anger and depression, issues that can be related to bullying, chronic illness, family issues or other causes, she says.

Being able to see patients at a medical practice makes sense, Creel says.

“It is more of a team approach to holistic care to be able to have access to the doctor and a therapist in the same location,” she says. “There's a huge need for mental health care and it's less intimidating for so many of my patients and families to see somebody in the doctor's office, who they trust.”

Saulpaugh took her position with CareNet after a career in marketing that included a long stint as a vice president for Lowes Foods. She's personally familiar with the toll mental illness can take, having battled through severe depression several years ago.

She says she recovered from her 18-month fight against depression with “help from my graceful God, counselors who gave me hope, family support and a good physician.”

She also knows many people are not as fortunate as she was to have a health care plan and the means to seek help, noting that 70 percent of people who see a primary care physician with a physical problem have an underlying behavioral issue. Which is why having CareNet in outpatient facilities is a no-brainer.

“I think it's an idea whose time has come,” she says, “to consider all the needs of a person physically, mentally, spiritually and socially.”

— LES GURA



# Making the mind-body connection for improved health

## Integrating care has fascinated Jeff Feldman for most of his career.

As a psychologist, Feldman, PhD, director of the Center for Integrative Medicine at Wake Forest Baptist Medical Center, was interested in and began using hypnosis as a non-traditional pain management technique. Other than the common cold, pain is the top reason why people seek medical help.

"I wasn't satisfied with the explanations and knowledge we had about pain," Feldman says. "I became increasingly interested in the brain, which got me interested in neuropsychology and the neurology of what's going on for people in pain."

Today Feldman sees patients with all kinds of chronic pain: back pain, headaches, multiple sclerosis, amyotrophic lateral sclerosis and movement disorders, among others.

The common thread, he says, is how much we don't know about people who are suffering, and the importance of giving patients helpful alternatives to traditional care that are supported by evidence.

As a full center at Wake Forest Baptist since 2009, the Center for Integrative Medicine promotes research, largely through pilot grants to physicians and scientists in fields that run the gamut from chronic disease to mindfulness research to stem cell research.

Feldman's pursuit of the mind-body connection to health makes him a natural supporter of the FaithHealth movement in North Carolina, which is based on the idea that health is affected by many factors.

"Fundamentally, from a health psychology position, you want to change attitudes. You want to change behaviors," Feldman says. "That's very difficult because, quite frankly, you're going up against profit-driven industries, especially fast food and drug companies.

"We now view sugar as the current tobacco. People are addicted to sugar; we know this. But to turn the tide involves a change in cultural appreciation," Feldman says. "It requires an attitudinal change, as well as increasing awareness that we can't afford health care like this. We can't afford disaster-oriented health care."

**"WE CAN'T AFFORD  
DISASTER-ORIENTED  
HEALTH CARE."**



Jeff Feldman, PhD

Rather, he says, "we have to focus on personal and community wellness that goes above and beyond the focus on profit at any cost."

Such a mindset is helping the Center for Integrative Medicine and FaithHealth connect because both are pursuing solutions that involve new approaches.

Research projects funded via the Center often have ties to Wake Forest Baptist's Division of Public Health Sciences and the Maya Angelou Center for Health Equity (MACHE). Both target diverse and largely underserved populations in the region—people most vulnerable to chronic health issues such as type 2 diabetes, obesity and cardiovascular disease.

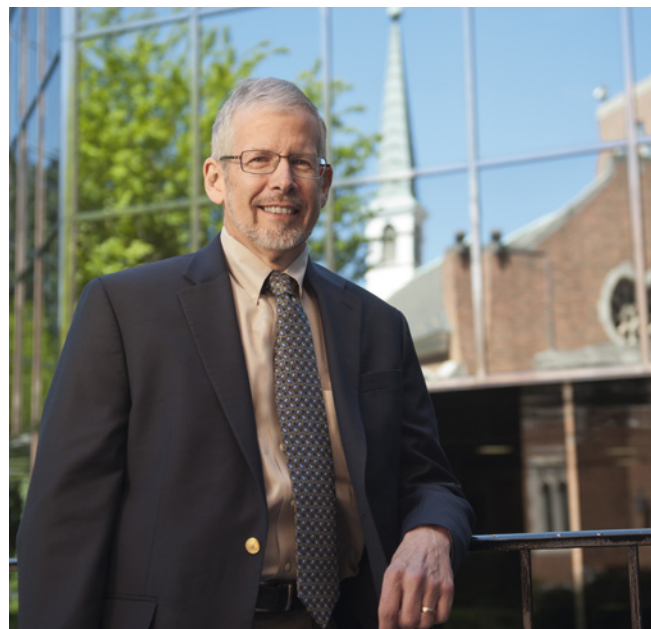
Even though integrative approaches often are not reimbursed by insurers (acupuncture and mindfulness meditation training, for example), pilot studies such those pursued by Center investigators can help build an evidence base for alternative treatments of all types.

"It is synergistic to provide improved health care to communities that involves a holistic approach, taking into account mind, body and spirit," Feldman says. "Once again, if you are doing this increasingly with a preventive or wellness orientation, that is good for everyone."

— LES GURA

# The facets of faith and spirit in 21st-century medicine

**Gary Gunderson** is Vice President of the Division of FaithHealth at Wake Forest Baptist Medical Center and co-leader of the Stakeholder Health Secretariat. He was interviewed by Tom Peterson.



## Why would you like to see a broader understanding of what we include when we think about health?

I was recently in a patient case conference where we discuss individuals in the hospital who have unusual lengths of stay. Many cases are treated as a purely biological problem. And then someone says, “Oh yeah, there’s a family dynamic that complicates this.” So now there are social factors. Or the person is really depressed. The psychological facet comes into play.

But rarely does someone say, “There’s some spiritual distress here.” Or this person is actually a member of a faith community that could come alongside her. Or this person’s pastor has been visiting and has been a huge help in helping him understand his own transition. Yet the practical nature of these faith assets is profound.

Every time we say health we should mean biological, psychological, social and spiritual. They’re all integrated. But this is not what traditional medicine usually thinks. Spirit is too often seen as irrelevant or as a component of the psychological dimensions of health. Many in public health think of spirit as one type of community organization that should be engaged. But they don’t understand that spirit in itself is a fourth facet of health. I like the word facet

because they are more than a list of separate parts.

Those of us in health care should see a more vital role for spirit, spirituality, faith and religion as integral to the life journey of every patient.

## What would that look like?

One of our hospital social workers recently had a case of a person who had to be admitted for a little while but had great stress because all of her belongings were in a van in a distant county. Seeing her anxiety, the social worker found some people from a church connected to FaithHealth willing to break into the van. When asked, the patient said, “Well if they’re church folks, I’ll let them break into the van and get my belongings so I won’t worry about it.” So people in our network are able to pop a lock! Of course, we got legal sign-off documentation. It speaks to the flexibility and relevance of social networks.

Faith isn’t just ideas in our head about God; it’s this almost magical energy that creates the possibility of new relationships at a critical time in someone else’s journey. That’s when these religious networks are most relevant.

## You’ve used several words, such as religion, faith, spiritual. Are these interchangeable?

I find four words that describe the phenomenon using different lenses.

First, **religion** is useful. Each religious tradition has distinct literature, practices, language, ways of worship and congregational structures. Each has different patterns of behaviors and norms and understanding of ultimate matters. Religion helps us understand the lives of patients and communities.

Second, **faith** tends to be foggier. But it’s packed and powerful. Faith speaks to one’s sense of meaning. At points in our complicated life journeys we think profoundly about the meaning of it all. That “who I am in the world” context of ultimate things deeply informs our choices about how we relate to family and community and how we invest our money, imagination and life.

For many it’s also moral. Almost every social service organization was started by some small group of people moved by their values and faith to do something new in the world. The American religious experience has always included an eclectic, complicated diversity of traditions — many of which were made here. I see today a new period of great flowering social entrepreneurial activity, re-creating the social infrastructure to do good.

In recent decades many people use the third word, **spirituality**, to mean every good thing about faith. And religion is seen as every bad thing about faith, tying us to the past and tangled up in the eccentricities of a particular



creedal tradition. But it's hard to know what spirituality actually means in public discourse. I'm not clear what it positively means. But these people still want to talk about the light inside them that's still capable of awe and a sense of worship.

For me, the fourth word, **spirit**, goes more to the heart of what others mean by spirituality. Spirit speaks to the understanding that everyone has a powerful energy within that's distinctive to his or her humanity. It's the raw energy that makes us alive and capable of moving, changing and being. It creates in us the questions that ask deep meanings and helps us understand who we are in the world. Spirit speaks to energy, while spirituality speaks about experiences and ideas.

This notion links to Immanuel Kant's understanding that one fundamental human distinction is our capacity for creative freedom. We can imagine something that's never happened, such as social relationships or institutions such as hospitals. Spirit creatively frees us to then go ahead and do them.

That also makes us moral creatures and makes our institutions morally accountable. I work in a large complex institution with 14,000 individuals. We are all creatively free to find ways to do things that have never been done before. We're not trapped in the past or by this or that regulation or in someone else's business model. We can use our energy to create a community that is merciful and just. We can blend the extraordinary powers of 21st-century medicine with the possibilities that come out of that creative freedom.

### So what do you do with that?

This has powerful implications for 21st-century medicine. Let's link this sense of creative freedom with a fourfold understanding of what we mean by "health." So it's creating new social structures, patterns in community that work out of the expectation that every patient, neighborhood and community is a biological, psychological, social and spirit-faceted reality. This informs our hopes and understanding of the

problems and what we can do. In an academic medical center this has to be real science, real logic. We have to be able to see these patterns in the data in all the ways we do research.

Using this fourfold lens we view data differently. For instance, when we look at the trends of charity care in the five zip codes in central Winston-Salem — marked by long-term, seemingly intractable disparities — we ask what drives the numbers, the financial data. We know that financial numbers are just one marker. So we also ask what biological phenomena of health result in that cost pattern? What psychological and social structures in the communities act as assets and snares? Finally, how is spirit part of the complexity that's creating that financial pattern?

We look at religious structures, assets, traditions and patterns for evidence of active faith. It flowers and expresses itself in different ways. Where there's spirit, there's evidence of energy; creative freedom that makes something happen that's never been before. It takes imagination to understand what might be possible.

The ideal optimal healthy community doesn't lie in the past. It has never yet been. We've never had what we have today: the science, technology, information, tools and connectivity. The real function of faith is to help us look into the future with optimistic uncertainty but focused through the rigorous discipline to use all four facets of the lens to bring into focus what's possible.

**WHERE THERE'S SPIRIT, THERE'S EVIDENCE OF ENERGY;  
CREATIVE FREEDOM THAT MAKES SOMETHING HAPPEN  
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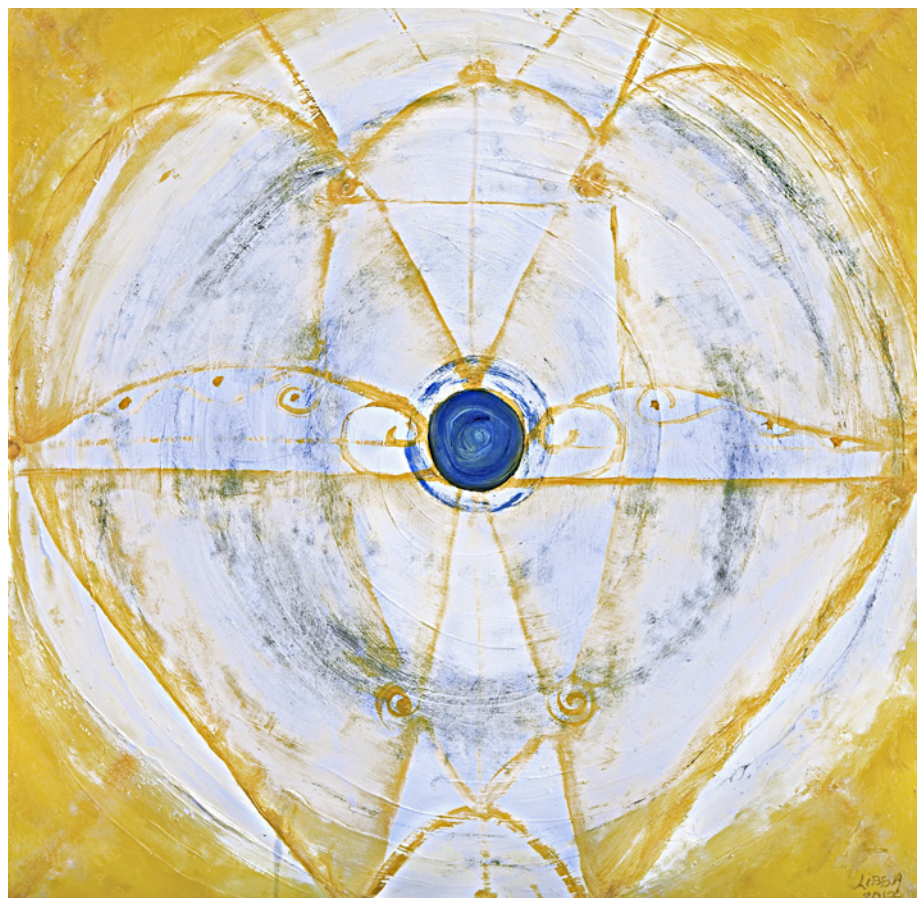


Illustration by Libba Davis



# Church creates 'emotional fitness center' after member's suicide

MEMPHIS — Early one Monday morning before Easter, a depressed, middle-aged woman stood holding a pistol under the 20-foot cross that hangs above the entrance of the Healing Center Full Gospel Baptist Church. There, she took her life.

The church member's shocking suicide, the morning after she asked for help and promised to start counseling, sent the congregation and its husband and wife co-pastors into a period of mourning, finger-pointing and soul-searching.

"People were confused, angry, ashamed," said co-pastor Dr. William Young. "Many members blamed the church for not recognizing this was going to happen. We were forced to confront the myth that black people don't commit suicide, and the stigma surrounding mental health in the African-American church."

The 40-year-old woman's death in 2002 led Young, a licensed pastoral counselor, and his wife and co-pastor, Rev. Dianne Young, to reimagine their ministry, which already was one of the city's most influential faith-based counseling centers.

In 2003, they organized the first National Suicide and the Black Church

Conference. About 50 people attended. Ten years later, more than 500 attended the conference, held every other year at the University of Tennessee Health Sciences Center in Memphis.

In 2008, the Youngs took an even more innovative approach to raising awareness and increasing access to mental health care in the African-American community. They opened the Emotional Fitness Center, a network of state-funded, church-based counseling centers that provide free mental health

screenings, support groups, access to nurse practitioners and referrals to Memphis-area mental health services.

The centers, located at the Healing Center and six other African-American churches in Memphis,

have screened and triaged 2,500 people. Each church employs one to four peer advocate liaisons (PALs) who are trained to screen for emotional and behavioral disorders.

Referrals come from churches and counseling centers, as well as local public school districts, the county public defender's office, juvenile court, and other public and nonprofit partners.

"The Youngs have done more than anyone in Memphis, and maybe anyone in the black church, to remove the stigma

from mental health," said Dr. Altha Stewart, a Memphis psychiatrist and founder of the Just Care Family Network, a federally funded center for youths with diagnosed emotional and behavioral disorders.

"They have figured out how to use the credibility and authority of the church to help people understand that mental illness isn't the result of some spiritual shortcoming or character flaw. It's a real illness that can be treated, and recovery is possible."

William Young became the first African-American chaplain at Methodist HealthCare in Memphis in 1981.

Dianne Young left a 20-year career with the U.S. Postal Service to join her husband as co-pastor when the Healing Center opened in 1991.

The Youngs faced a naming dilemma when they started thinking about opening a church-based mental health ministry in 2006. Churches have physical fitness centers, Young thought. Why not an emotional fitness center?

"We knew it couldn't have the word 'mental' in it," William Young said. "People in the African-American community especially hear the word 'mental' and go, 'Oh, no, that's not me. I'm not crazy.' The word 'emotional' doesn't have that stigma attached to it. And everyone wants to be 'fit.'"

The Youngs believe the concept of "emotional fitness" gives people permission to seek it and want it rather

**"I REALIZED THAT  
'HEALING' COVERED  
ALL THREE ASPECTS  
OF OUR MISSION:  
HEALING THE MIND,  
BODY AND SPIRIT.  
JESUS WAS A HEALER."**





**Dr. William Young, co-pastor of Healing Center Full Gospel Baptist Church in Memphis. Dr. Young and his wife and co-pastor, Rev. Dianne Young, founded the Emotional Fitness Center, a network of centers that provide mental health support.**

than shrink from it and avoid it. It's not churchy enough to drive away those who have been damaged by church. But its church-based location gives comfort to those who might be reluctant to seek psychiatric care.

That's how Tammie Walker-Smith felt when she heard the Youngs counseling another pastor and his wife on their weekly radio talk show, "On the Road to Healing," which they've hosted for 23 years on a local AM Christian station.

Walker-Smith said she was sexually abused by her church's pastor when she was 14 and again when she was 16. After the first time, she told her mother, who claimed she didn't know and was devastated. The second time, Walker-Smith said, her mother not only knew; she eventually married the pastor.

"I wanted to kill myself," Walker-Smith said. "I felt like it was my fault. I didn't know who to tell or what to do. I didn't feel like I could go to the church, but I was



afraid to go anywhere else. When I heard the Youngs counseling another pastor, I felt like I'd found someone I could trust."

Walker-Smith said the counseling and subsequent medication she received not only helped her recover from her trauma and depression, but the Youngs "helped me to be able to pray again and to realize God had nothing to do with what happened to me."

Now 52, Walker-Smith is married and has four stepchildren and a grandchild. She teaches them about the value of emotional fitness.

"If you break a leg, you seek medical care," she said. "You need to do the same if you break your heart or your mind."

That's a message the Youngs continue to preach and practice. That mental health and emotional fitness is just as important, and requires the same personal and medical attention, as physical health and fitness. That the community must understand the connections between mental health and family dysfunction, abuse, crime and violence. That the church is called to be a healing center for the heart, mind and soul.

"Mental health care gives people hope," William Young said, "and the church is in the hope business."

— DAVID WATERS

# FaithHealth Fellows:

## Spreading the hand of help to patients in need throughout North Carolina



Rev. Dean Carter has offered pastoral care at Southeastern Regional Medical Center in Lumberton for some 20

years. He knows from experience that the health of patients involves far more than medical care, and is typically entwined with family, economic, social and behavioral issues.

Toward that end, Carter worked for several years to establish the *Compassion for U: Congregational Wellness Network* in Robeson County, which is one of the 10 poorest counties in North Carolina. The goal is to create a network of congregational volunteers to assist people from this diverse region who need help during their health care journey with issues such as transportation, food and spiritual support.

His work led to his being chosen as one of the first class of FaithHealth Fellows, those carrying on work of the FaithHealth movement across North Carolina.

Carter himself has seen firsthand how a medical crisis can affect individual and family. His wife, Angie, was diagnosed with breast cancer in 2012, and the couple learned recently that her cancer has recurred and is spreading.

"My wife is beginning to live with the knowledge that this is an incurable disease process," Carter says. "But I don't think you can find any stronger Christian person in your life."

Dean and Angie Carter met at Baptist College of Charleston, where they were music majors. Angie continues to play organ at Chestnut Street United Methodist Church in Lumberton, while Dean, in addition to his position as pastoral care coordinator at Southeastern Regional Medical

Center alternates preaching Sunday services at Baptist and Presbyterian churches in the area.

Faith has always provided for the Carters on their own health journey, and Dean Carter believes it will be an integral part of the fledgling *Compassion for U* program, which is based on the "Memphis Model" of care that is the foundation of FaithHealth.

With a population spread out in a rural area, transportation is a major challenge, Carter says. As he talks with faith congregations that he hopes will sign covenants to join *Compassion for U*, there's a larger underlying message.

"Patients are flooding our emergency rooms. Southeastern Regional is the ninth busiest Emergency Department in the state, and that's quite a claim considering the location and size of the community," he says. "It's because we're 'enculturated' to come to the Emergency Department door first, as opposed to seeking out a primary care physician. Trying to change that culture is going to be a bit difficult."

Still, he believes it's an essential mission for 21st-century medicine to build a network of support outside the hospital to accomplish the broader goal of improved community health.

He envisions a day down the road when the *Compassion for U* support network will include the medical center, state and county agencies, non-profits and congregational volunteers. All would be helping to take care of the broad needs of patients, and keep them from requiring a visit to the ED unless it is a true emergency.

**HE ENVISIONS A DAY DOWN THE ROAD WHEN THE COMPASSION FOR U SUPPORT NETWORK WILL INCLUDE THE MEDICAL CENTER, STATE AND COUNTY AGENCIES, NON-PROFITS AND CONGREGATIONAL VOLUNTEERS.**





FaithHealth Fellows are: Annika Archie (seated, left), Lisa Marisiddaiah (seated, right), and, standing from left to right, Dean Carter, Helen D. Milleson, Melanie Childers, Dennis Stamper and Philip Long.

This support network, he says, will not just educate, but persuade people throughout the community to buy into healthy living and avoid chronic health issues such as type 2 diabetes and cardiovascular disease.

Carter participated in a seminar in Memphis put on by Teresa Cutts, now an assistant professor of public health sciences at Wake Forest Baptist. He says Cutts liked to ask: "What is faith for? Is faith what we say our crisis will be met with?"

"I tend to buy into that," Carter says. "But maybe the bigger question is what faith is for in our lives; does it truly make a difference?"

"I really think that economically, spiritually, financially, scientifically, faith can and will be shown to make a difference through Compassion for U and programs like it."

## A mission of learning

Besides Dean Carter, six other FaithHealth Fellows are agents of transformation in their local communities, addressing the social determinants of health to reduce health disparities and lower the cost of health care. As FaithHealth Fellows, they are deepening their skills and knowledge in serving as liaisons, navigators, translators and trusted collaborators between health systems, faith communities and the larger community.

## The other fellows are:

**Name:** Annika Archie  
**County:** Forsyth County  
**Position:** Supporter of Health, Division of FaithHealth, Wake Forest Baptist Medical Center, Winston-Salem

**Name:** Melanie Childers  
**County:** Watauga County  
**Position:** Director of Pastoral Care, Watauga Medical Center, Boone

**Name:** Philip Long  
**County:** McDowell County  
**Position:** Regional Manager, Volunteers and Pastoral Care East, McDowell Hospital, Marion

**Name:** Lisa Marisiddaiah  
**County:** Gaston County  
**Position:** Coordinator, Faith and Health Ministry, CaroMont Health, Gastonia

**Name:** Helen D. Milleson  
**County:** Randolph County  
**Position:** CAP/Community Case Manager, Randolph Hospital, Asheboro

**Name:** Dennis Stamper  
**County:** Burke County  
**Position:** Chaplain, Blue Ridge Healthcare, Morganton

# People *and* Events

## New to the FaithHealthNC team

Our newest FaithHealthNC team members are:

- **Liaison:** Sam Hickerson
- **Chaplain for Staff Support:** Maria Jones
- **Supporter of Health:** Enrique Catana

## Grant awarded

CareNet and FaithHealth received a \$62,000 state grant through the Area Agency on Aging to provide 24 educational events for Medicare recipients and vulnerable populations to improve access to care and needed services. Allison Griffin will provide leadership to this program.

## An Entrepreneurial Spirit

The Yadkin Valley FaithHealth Team continues to lead the way in organizing and supporting FaithHealth opportunities. Its growth is evident by the decision to expand its name from Wilkes FaithHealth to Yadkin Valley FaithHealth. **Rev. Nelson Grenade**, pastor of First Baptist Church in North Wilkesboro and Wilkes County Coordinator, leads this team. Through funding by The Health Foundation, Inc., the Yadkin Valley FaithHealth Team hired **Julie Scott** to be a Health Care Liaison. She works with Rev. Grenade and Connectors **Tim Murphy**, **Gail Mitchell** and **Dorothy Greene** to manage referrals of those in need. Along with FaithHealth volunteers, they are visiting patients and providing transportation—and showing how each community organically develops novel approaches that match its unique needs and resources

## ChangeLab Solutions providing answers on 'shared use' to health-based organizations building new community connections

In the 21st century world of health care, new ideas and approaches are constantly being sought to head off long-building crises in obesity, diabetes and heart disease.

One concept being applied in a new way is "shared use." What's new about it is the growing involvement of faith communities to open their resources to the public in the form of parks and exercise space—all in the effort to improve health. Congregations frequently have land or indoor space that can be used for playgrounds, basketball courts, walking trails, meeting and exercise rooms—all of which when open to the public can help improve public health.

But the issue of shared use, and how to accomplish it, often raises vexing questions for faith-based organizations and others.

ChangeLab Solutions, based in Oakland, Calif., is helping faith-based organizations, health departments, nonprofits and communities around the nation find answers and strategies to make shared use work.


In North Carolina, ChangeLab Solutions worked with the Division of Public Health to create a 10-page resource outlining

the benefits of shared risk, discussing liability and insurance issues, answering questions about managing risk and providing case studies of successful shared use partnerships.

Private foundations such as the Winston-Salem, N.C.-based Kate B. Reynolds Charitable Trust are stepping up with money, especially in rural areas of North Carolina, to promote health-based initiatives. For example, in Marion, N.C., two churches have created parks open to the public that serve children and adults thanks to grants from the Reynolds Trust and KaBOOM!, a Washington, D.C.-based organization that funds efforts to create recreation space for kids.







North Carolina Baptist Hospital

# Mother's Day Offering

*Your Gift Is a  
Burden Lifted!*

**W**hen the symptoms Betsy Simpson thought were minor revealed endometrial cancer, she headed straight for the excellent care of Wake Forest Baptist Health, yet fell through the cracks.

"I thought I had good insurance, but I found out it wasn't going to cover anything," she explained. "I almost delayed surgery because I was going to turn 65 in six months and Medicare would kick in. I thought I should wait but my niece, a nurse, said, 'No, we shouldn't wait.'"

Widowed young and no stranger to challenges, Betsy did what came naturally.

"When you get a cancer scare, you just do what you have to: I put it in His hands. I said, 'Lord, you'll get me through this.'"

The surgery was a success. But then the cracks she'd fallen through got wider and deeper as the medical bills rolled in.

"It was a big worry," she said. "I didn't know what I was going to do. I figured I'd have to take all my savings and pay it off. And then what? What would I live on?"

**NOW, BETSY IS CANCER-FREE—AND WORRY-FREE.**

She even considered coming out of retirement to go back to work even though she had debilitating arthritis. Again, she turned to prayer.

"I thought, 'If the good Lord didn't take me then there was a reason.' One way or another, it was going to get taken care of."

It was taken care of: Now, Betsy is cancer-free — and worry-free. Thanks to generous supporters of the Mother's Day Offering, her hospital bills were paid.

"It was such a relief," she exclaimed. "I got that letter and started to cry. I can't believe they did that for me. I can't thank them enough. God's love is always around us. This is love I can reach out and touch. It's a gift."

Since 1924, supporters of the Mother's Day Offering have helped patients in financial need at Wake Forest Baptist Health. Your gifts help patients in times of suffering and serious financial need to pay their hospital bill in the name of Christ. Please give today!

To donate and to see the life-changing difference, go to:  
**[mothersdayoffering.org](http://mothersdayoffering.org)** or call **336-716-3027**.



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#### RESOURCES

##### **CareNet Counseling,**

a professional, community-based counseling organization, helps clients restore and maintain mental wellness.

**[carenetcounseling.org](http://carenetcounseling.org)**

##### **Center for Congregational Health**

provides ministry and training for hundreds of churches, clergy and lay leaders each year.

**[healthychurch.org](http://healthychurch.org)**

##### **Chaplaincy and Pastoral Education**

provides spiritual care for hospitalized patients and their loved ones, and offers accredited programs in Clinical Pastoral Education. For information, or to contact a chaplain, call **336-716-4745**.

**[WakeHealth.edu/Chaplaincy-and-Pastoral-Education](http://WakeHealth.edu/Chaplaincy-and-Pastoral-Education)**

**Please send address changes to:**

FaithHealthNC  
Medical Center Boulevard  
Winston-Salem, NC 27157

## FaithHealthNC

A Shared Mission of Healing



Join us in our effort to create a healthier North Carolina.  
**[faithhealthnc.org](http://faithhealthnc.org) \ 336-716-3027**



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