

FaithHealth

Fall 2014



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Rev. Gary R. Gunderson

**MATURE FAITH
DRAWS US
TOGETHER AND
THEN ... PULLS
US TOWARD
THE MOST
VULNERABLE.**

Why?

In times of illness, we place our trust in our faith and in those with us. This trust rests on qualities that know no season, that know no accent. The woman who waited by the road for a chance to touch the hem of Jesus' cloak knew only of his compassion and his reputation for healing with generosity.

We grown-ups constantly seek the life of the people and neighborhoods we love. We move by the light of mature faith and relevant science, knowing that both are constantly moving.

So why does everything in the world of faith and health seem to be in such radical change? The FaithHealthNC strategies you'll find in this magazine turn everything downside up and outside in.

When we were children, the Apostle Paul noted, we thought and acted like children. But now we are adults, so we must constantly test our best ideas and most well-intentioned efforts. We must ask, "Is this childish or mature, scientific novelty or truly relevant?" In every tradition, mature faith is marked by humility and compassion.

Truly relevant medical science focuses on the tools and techniques most likely to advance the well-being of the most vulnerable. An academic medical center in tune with the bold vision of its religious founders never quits asking, "Is this the the very best we can do?" Mature faith draws us together and then, hopefully equipped with relevant science, pulls us toward the most vulnerable.

Our medical center has imaging technology that can see diseases at molecular levels. But the most recent wonder is new partnerships in the tough neighborhoods of our home city. These partnerships, helping people find care and comfort, may be even more miraculous because they demand going past barriers accumulated over decades.

The science most relevant here is found in novel analytics (borrowed from brain science) and mapping of assets (borrowed from Africa) and new models of health workers (borrowed from Latin America). We see vividly the different patterns of disease street by street, so we can get the right people involved in the most vulnerable lives at the right time. On most days, no helicopter is involved. Rather, it is about faithful compassion, delivered door-to-door. Why this relentless push for new ways to reach out? Dr. Martin Luther King Jr. said that all of us can be great because all of us can serve. All of us can heal, too. That's why.

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



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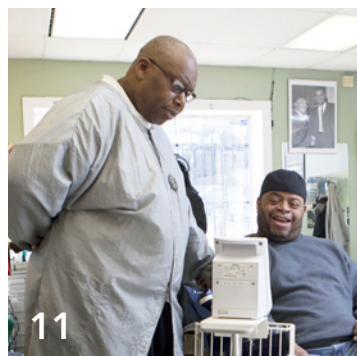


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Cover photo: Four women, formerly hospital environmental workers, are the new brains and boots supporting health in the neighborhoods of Winston-Salem.

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Smarter community healing

Former hospital environmental workers support health in the neighborhoods of Winston-Salem

In the small but neatly appointed living room of Shirley Gray's home in east Winston-Salem, Annika Archie and Vernita Frasier gently ask Gray questions and offer reminders.

"How's your blood sugar?"

"Are you eating well at home?"

"Do you feel like you're healing?"

"Do you have any family members to help you?"

"You look so pretty in that."

The last comment was Archie's compliment for the deep red dress Gray was wearing on the afternoon that Archie and Frasier visited. The two women, both longtime employees at Wake Forest Baptist Medical Center, used to clean rooms as part of the hospital's Environmental Services team.

Today, Archie and Frasier work full time for FaithHealthNC, reaching

into the community to help dozens of patients with assistance after a hospital stay — everything from making sure their medicines are taken in the right dosages and at the right time to connecting them with resources that might help them pay utility bills or rent.

How Archie and Frasier became a key part of the FaithHealthNC team is indicative of the transformative nature of health care in the 21st century and a testament to — in Archie's words — faith.

"FaithHealth is about the Lord God coming to me from a different direction," Archie says. "When I look back, I could tell I was already doing this type of work before. Sometimes, when I was cleaning a patient's room, they'd tell me they were in need of a prayer or some type of assistance. And I'd be in the phone book looking and telling them about resources. This just gives me a better chance to advance what I know."

A program takes shape

In late 2012, Wake Forest Baptist Medical Center, like many other hospitals, was facing unprecedented financial challenges, yet looking for every way to preserve its triple mission of care, research and education.

Gary Gunderson had just arrived as vice president of faith and health ministries from Memphis, where he had seen hundreds of congregations help the hospital control the cost of its care to the most vulnerable neighborhoods. "Who could do such work on the streets in Winston-Salem?" he wondered.

The answer fell on the table when Gunderson found himself in a meeting discussing the Medical Center's environmental services workers, some of whom lived in the very neighborhoods where need was concentrated.

Gunderson proposed a partnership between his division and environmental

services, promising to save the hospital money in charity care by making use of the environmental services workers in new ways.

“Everyone knew that proactive is better — and cheaper — than reactive,” Gunderson says. “This is how to be proactive.”

With the support of Karen Huey, the Medical Center’s vice president for facilities, it was decided to train the employees to assist FaithHealthNC. Over the next few months, Archie and Frasier became full-time members of FaithHealthNC, while two other Environmental Services employees — Pecola Blackburn and Mary Dendy — began working part time for FaithHealthNC.

Close to 200 patients and families have been served by the initiative already, says Jeremy Moseley, project administrator of community engagement for FaithHealthNC.

“It’s all about building trust and showing people we are part of the mission as well,” he says.

Perhaps most important, all Environmental Services employees are encouraged to talk with patients and share their needs with appropriate

“THESE WOMEN ARE BRAINS—NOT JUST BOOTS—ON THE GROUND, TEACHING US HOW WE CAN BE PROACTIVE.”

— Gary Gunderson

people in the Medical Center, most often chaplains or nurses. Today, helping patients get on track with follow-up care and avoiding readmittance is critical for both patients and hospitals.

Milander Smallwood, education manager for Environmental Services, says his team’s members had long spoken with patients, but didn’t always know what to do with the information they gained.

“Now they know they can help,” Smallwood says.

Keeping people comfortable

Shirley Gray was admitted to the Medical Center last winter with severe pain and a terrible cough.

It turned out she had pancreatitis, with an inoperable stone in her pancreas. She would be in and out of the hospital several times, and during one of those visits, she was diagnosed with diabetes.

By the spring, when she was again released, she was assigned to Archie. People have a natural affinity to Archie, whose outfits alone — she wears a large colorful hair clip every day to match her bright clothing — are enough to cheer patients and draw compliments.

“I appreciate it,” Gray says of the concern Archie and Frasier show for her well-being. “They’re very nice and keep

me comfortable. I’ll call and tell her I have a problem and she’ll tell me to call the doctors and they’ll come and see about me. If I need some food, they get it for me.”

During a typical visit to Gray’s home — they see her once every two weeks and speak with her by telephone at least weekly — Archie will run through a list of reminders.

Amid talk of family, fashions and television, she’ll make sure Gray is taking her medications, inquire about any new pains Gray might be experiencing and ask about her financial situation.

When she realizes Gray might not be properly checking her blood sugar level, Archie promises Gray she’ll get her the help she needs with a care team to ensure her diabetes doesn’t land her back in the hospital or, worse, the emergency room.

A natural connection

Many of the Environmental Services employees grew up in the area and are familiar with the neighborhoods of the patients they encounter. So it is building on a strength to take advantage of the employees’ knowledge in the community to assist patients.

Frasier, for example, grew up down the block from Gray. When Frasier told Gray to “keep on hanging in there, baby,” it held an even greater significance. Gray smiled as she recalled the Vernita Frasier she remembered.

“You were little, about like that,” Gray says, holding her hand to her hip.

Archie says she appreciates the fact that patients such as Gray care as much for her as she does for them.

“Some people just want to hear you or see you,” Archie says. “It can be healing for their situation.”

Gunderson says everyone wins with the work being done by Archie, Frasier, Dendy and Blackburn.

“It feels great to help people and my hospital at the same time by doing the right thing at the right time.”



Shirley Gray (left), chats with FaithHealthNC team members Vernita Frasier (center) and Annika Archie. Opposite, Frasier and Archie are joined by team members Mary Dendy (left) and Pecola Blackburn.



CLINIC AT MOSQUE KEYS ON HEALTH

Place of Muslim worship a longtime place of care



People in Winston-Salem's tough neighborhoods know that in an emergency, they can be seen at "Baptist" for free regardless of whether they have legal status and no matter their religion.

But it is a long and difficult bus ride to Wake Forest Baptist Medical Center, so people often ignore chronic conditions until a crisis, when they end up at the emergency room.

For nearly 30 years, Community Mosque of Winston-Salem has quietly offered help via a free clinic in the southeast part of the city.

The mosque happens to be located in the center of one of the city's hot spots, as mapped by FaithHealthNC for areas that receive the greatest concentration of charity care.

That need made it an easy decision for Muhammad Hayat Syed, MD, a hospitalist with Wake Forest Baptist Health, when he was asked to volunteer by providing services to the clinic. Today, Hayat is medical director of the Triad

THE CLINIC FOCUSES ON MEDICALLY MANAGING HYPERTENSION, DIABETES AND HYPERLIPIDEMIA.

Free Health Clinic, which is held two Saturdays a month from 9 am to 1 pm inside the mosque, 1419 Waughtown St.

Imam Khalid Griggs helped persuade a family practitioner he had become friends with, Mohammed A. Athar, MD, to start the clinic back in the early 1980s.

"The need may even be greater today than years ago," Griggs says. "There's a

tremendous need for alternative avenues for, if nothing else, just health screening. We've had cases where folks actually have been sent straight to the emergency room because their vitals or blood sugars were over 400 or 500, or somebody's blood pressure was some ridiculous number."

Hayat, a hospitalist with Wake Forest Baptist Health, says he and the clinic team volunteered to assist because there was an obvious need. Omer Zulfikar, MD, is the clinic's managing director.

"I think this is an excellent way to reach the community, especially people who have reservations about coming into the hospital," Hayat says. "Maybe they don't have health insurance, or maybe they do not have awareness of the resources provided by the government. Some people are eligible for Medicare but just don't know how to seek help."

The clinic focuses on medically managing hypertension, diabetes and hyperlipidemia. The volunteer team consists of nurses, phlebotomists and physicians trained at Wake Forest Baptist Medical Center, and offers free labs to the clinic population while working to obtain assistance with medications.

Just as it was back when the clinic began years ago, there continue to be tremendous health disparities on the southeast side of town, Griggs says. Although the clinic is not meant to handle acute or primary care, it targets "those who have no health care outlets."

"They don't have Medicaid, they don't have Medicare; they may not even have legal status in the country," he says. "We don't erect any kind of barriers."

An average of 20 to 25 people from the community — mostly African-American and Hispanic, and not necessarily Muslim or members of the Community Mosque — come to each clinic, Griggs says.

Beyond the clinic, the Community Mosque helps in other ways. Many of the same people coming to the clinic take advantage of a food bank operated by the mosque. And like the health clinic, Griggs says, no questions are asked of those seeking help.

"We just ask that they tell us how many people they're trying to feed," he

says. "It's an inviting setting for a lot of folks when they come here. It's something unique; there is a level of comfort that I don't think can be simulated in a more institutional setting."

This year, the mosque also began a community garden, which it hopes to expand in the future to offer organic vegetables and fruits to people in the neighborhood.

"We really want to start giving people more healthy eating alternatives on a scale we're capable of offering," Griggs says.

Athar, the clinic's original physician, still has a family practice in Mount Airy.

He recalls that when he started the clinic, he saw people from places such as India, Pakistan and elsewhere overseas who didn't have insurance.

"I used to help them with medications, used to consult about what they should do about their hypertension and diabetes and things like that," Athar says. "I'm very happy about what I did and I'm glad that other people are doing it now."

To learn more about the Triad Free Health Clinic, email thetriadfreehealthclinic@gmail.com or visit triadfreehealthclinic.com.



Technician Stephen L. Daniels does a cholesterol test on Jahan Choudhury (opposite page) at a recent health clinic. The clinic's nursing practitioner Asiyah Rodriguez takes patient Annie Gaston's blood pressure (top left), while medical director, Muhammad Hayat Syed, MD, examines patient Mame Ndack Djitte (top right). Above, the Community Mosque of Winston-Salem on Waughtown Street is home to the free clinic.

Clinical Pastoral Education program follows clinical partners out the door and onto the streets

In 1947, not long after the medical school joined with N.C. Baptist Hospital in Winston-Salem, five students became the inaugural class of the South's first training program for hospital chaplains.

That pioneering program has evolved over the years to become a national leader in pastoral training and education.

Now the Clinical Pastoral Education (CPE) program, part of Wake Forest Baptist Health's Division of Faith and Health Ministries, is taking another new approach—going outside the walls of the hospital to provide health ministry.



Rev. Emily Viverette

"WHILE WE HAVE CONSISTENTLY OFFERED CONGREGATION-BASED (NOT COMMUNITY-BASED) CPE TO PASTORS, THIS MODEL OF BEING EMBEDDED IN THE CLINICAL TEAMS DOING STREET AND NEIGHBORHOOD WORK IS NEW."

"I think it gives people more access to individuals who will really sit, listen and care and help them navigate their health journey," says Rev. Emily Viverette, manager of Clinical Pastoral Education programs. "Traditional CPE here, for many years, was strictly contained to patients within the walls of the hospital. But with the most vulnerable people in our communities, why isn't a chaplain assigned to teams outside the walls?"

Into the community

Last spring, a CPE student doing his residency training was assigned to work with a care team at the Downtown Health Plaza, which serves many uninsured Forsyth County residents.

The goal was to provide such a chaplain to a care team, the same as a physician, nurse, community health worker, scheduler and other health practitioners. Having a chaplain as part of the team is what's done for patients in the hospital; in some cases, the chaplain was able to meet with patients while they were in the hospital and follow up with them upon discharge with the care team at the Downtown Health Plaza.

"Aligning our department with vulnerable patient populations outside the Medical Center sounds pretty revolutionary," Viverette says. "I think it is sometimes easy to offer pastoral care in the hospital, but getting connected with people outside the safety of these walls is eye opening."

CPE resident Abina Johnson was assigned to the Winston-Salem Nursing and Rehabilitation Center, and future residents and interns may be assigned to a variety of community agencies that work with some of the most vulnerable populations.

Johnson says her time at Winston-Salem Rehab involved leading a half-hour worship service and then visiting residents one on one to discuss issues on their mind.

"During my private conversations with the residents, many shared their testimony, while others cried about things from illnesses to family problems," she says.

"Many times, I was met with dazzling smiles and enthusiastic welcomes. Many of the residents could no longer go to their church, but my presence helped meet their spiritual needs."

In the months ahead, Johnson will be assigned to the same role at the Downtown Health Plaza.

"I hope to bring a listening ear and a soothing presence. I will be performing home visits to meet some people while others can make appointments with me if that is more convenient," she says. "All in all, I plan on being their chaplain, offering scripture, prayer and connection to needed resources."

Gary Gunderson, vice president of the Division of FaithHealth, says patients leaving the hospital or a care facility still often need the support a chaplain can provide.

"Wherever clinical assets can be brought to touch a patient, we need to change our Clinical Pastoral Education program to match," Gunderson says. "Residents have the skills to see patients as human beings with a complex personal, family and spiritual history."

Next-generation chaplains

The CPE program, which typically has 25 to 30 students at a time, may have as many as four students and two interns assigned to outside organizations this fall. These new connections outside the walls fit right in line with the work of FaithHealthNC, the movement that seeks to connect people on their health care journey with the support they need.

"This is the next generation of chaplains; community-based chaplains who work inside and outside the walls," Viverette says. "It feels like we're training the chaplains of the future and that makes it exciting."

Sam Hickerson

Pastoral intelligence on the toughest streets

Sam Hickerson might not have thought longevity would end up being one of his strengths based on his upbringing.

After all, he grew up on the move, shuttling between Winston-Salem and New York and living with his family and in a foster home through the 1950s, after his father, a bootlegger, was caught and incarcerated. Twice.

But longevity has come to be part of Hickerson's identity, as much as his people skills and the trust that others place in him.

The parking valet stand at Wake Forest Baptist Medical Center was named after him in 2012, when he celebrated his 30th year of employment with the Medical Center. And this year marks his 30th as pastor of New Light Missionary Baptist Church in Winston-Salem, where he's become, with a couple of other long-time clergy friends, "one of the old guys."

Hickerson has a natural vibe and feel for people, along with a recollection of faces and names. That becomes evident as he fingers his trademark white beret while holding court for an hour in the main lobby of the Medical Center, enthusiastically greeting nearly everyone

who passes by — employees and visitors — by name or with a respectful "young lady" or "my man."

"Many of the younger ministers look to the older guys for direction, wisdom," Hickerson says. "I try not to lead anybody astray."

Hickerson's deep community and faith connections made him a natural early source of inspiration for Gary Gunderson when he arrived at Wake Forest Baptist Medical Center in 2012 as vice president of the Division of FaithHealth. Gunderson was starting a movement called FaithHealthNC, which connects congregations and their volunteers with people in need of support through their health care journeys.

To Hickerson, the FaithHealthNC movement "is an extension of New Light Missionary Baptist and the things we always proposed to do."

"When you take on the community, you take on the community, whatever the care, whatever the concerns," Hickerson says.

There are times at the Medical Center when people arrive with concerns but not real needs, Hickerson says, noting the high cost of emergency care for both patients and the Medical Center.

"If those needs can be met out here," he says, drawing a circle on a table to represent the community, "If we can intercept that trip to the Emergency Department, if we can do something preventative to keep that person from going to the ED..."

At New Light Missionary Baptist, bulletin boards offer several flyers promoting health fairs and other health-related support. Hickerson says his church, which has about 125 members, is a strong congregation for helping people.

Commitment to service is one of the reasons Gunderson chose New Light Missionary Baptist for a "Blessing of the Hands" ceremony in 2013 to officially introduce FaithHealthNC to Forsyth County.

Hickerson says he looks forward to working with FaithHealthNC.

"One of the things I noted in reading the book Gary has written is that it's not important what your ethnicity is, your religion, whatever your background is," Hickerson says. "What's important is we're people, and with this kind of work it's people helping people."

Mapping the community to align needs and assets

Understanding neighborhood strengths and engaging people who live in those neighborhoods are two of the critical pieces of the FaithHealthNC program.

This summer, FaithHealthNC teams partnered with five different neighborhoods to conduct eight Community Health Assets Mapping Partnership (CHAMP) workshops.

The sessions allow an open dialogue in which different stakeholders on the health spectrum — people seeking help, providers, support agencies, businesses — document what's available and what's needed. That includes both tangible assets such as faith-based clinics and intangible assets such as how health care is delivered compassionately.

Teresa Cutts, PhD, assistant professor with Wake Forest School of Medicine's Division of Public Health Sciences, facilitates the CHAMP programs, which are based on work done in South Africa during the dawn of the HIV-AIDS crisis to help understand communities and their care needs. Cutts says there is a broader importance to the sessions than listing of assets on a map.

"Mapping helps us build up a web of trust," Cutts says. "Mapping honors community. It aligns resources in the voice of the grassroots. There are few places where you truly hear the voice of people on the ground. This offers a venue for that."

Honest and open dialogue

The CHAMP program is completed over two days, with one day allowing health "seekers" to share about the resources they have in their communities and those they are lacking. That is followed by a day

of sharing by "providers," who offer their perceptions of the community's strengths and needs. The FaithHealth team then collates information and disseminates it among all. Typically, 20 to 30 people attend each day of a CHAMP workshop.

The findings can be startling.

In a CHAMP session held in late June at Wentz Memorial United Church of Christ in East Winston-Salem, seekers talked about the lack of quality produce at the two local grocery stores and the lack of access to care, especially for those without a vehicle or easy access to public transportation. They also expressed concern over the cost of health care ("Sometimes, you have to wonder, 'Is it groceries or medicine?'"") and the failure of primary care providers to get to know them on a personal level.

Providers often learn at CHAMP workshops how a community has more

concerns with doctors for fear of being judged. Likewise, many people in underserved communities have experienced racism by institutions or providers, Jones says.

"Sometimes we make assumptions and operate from erroneous assessments we make of people," she says. "Not everybody experiencing hard times is lazy or does not want to work. People experience difficult situations in life that result in very tragic, unfortunate economic and health crises.

"I think one of the beautiful elements of this work is that it creates the safe space for all of us to be able to talk about those difficult things," Jones says. "And we must begin by building trusting and respectful relationships as we honor and appreciate the human condition without judgment."

A need to spread information

Cutts says the first eight mapping workshops are just the start for Winston-Salem, and especially the underserved populations targeted so far.

One of the goals of FaithHealthNC is to help populations most in need of care both by educating providers and facilitating support for seekers. Future mapping sessions may be held for "food seekers," because nutrition is such a need for many in the underserved community, and on mental health resources, another need frequently cited. The CHAMP model also will be integral to a collaborative learning network created for hospitals in North Carolina with funding from the Duke Endowment.

Perhaps most important, Cutts says mapping is a starting point for change.

"We're creating the capacity of people on the ground to build a 'community-based team' of sorts," she says. "People learn to do for themselves, learn to manage their own disease and get to the doctor's office instead of waiting until they are critically ill and then having to go to the emergency room."



Teresa Cutts, PhD



Rev. Maria T. Jones

health assets than they have imagined, including the strength that churches can bring to assisting others, and the array of services offered by groceries, salons and other businesses.

Rev. Maria T. Jones, associate pastor at Wentz Memorial UCC, says she saw "a beautiful spirit of truth and honesty" at the CHAMP workshop.

Seekers at the workshop at Wentz Memorial UCC spoke of being too embarrassed to share specific health

Stakeholder Health:

A trim, a shave and a blood pressure check

Talk to Duane Johnson about doing blood pressure checks and diabetes screenings for patrons of M&S Barber Services, the shop he owns in Washington, D.C., and you get history.

Not just about the five years his shop has provided the service, thanks to training and support from MedStar Health, the Maryland-based health care system that created the Hair, Heart and Health program. Rather, Johnson talks about the role barbershops have traditionally played in medicine, dating to medieval times. The traditional barber pole, he notes, points to a past in which barbers performed surgery, primitive though it might have been.

It was a natural, Johnson says, for barbershops to be invited to participate in the Hair, Heart and Health program, and there's a crucial reason why he considers it an honor to participate.

"I do it as a human being, as a Christian, as somebody concerned not only about the monetary proceeds of the barber shop, but just being able to give back," he says. "This is a program that's needed. And we need more programs like this in the community."

About Hair, Heart and Health

MedStar Health began the Hair, Heart and Health program as a way to provide outreach to several largely minority and poor neighborhoods in Washington, D.C.

Christopher King, MedStar's assistant vice president for community health, says African-American men are a difficult-to-reach population and many are unaware of their health status.

"We wanted to focus on prevention, have it be culturally tailored, housed in a neighborhood setting and targeted to a specific population," King says. "That's why we felt the barbershop is a great place."

MEDSTAR HEALTH BEGAN THE HAIR, HEART AND HEALTH PROGRAM AS A WAY TO PROVIDE OUTREACH TO SEVERAL LARGELY MINORITY AND POOR NEIGHBORHOODS IN WASHINGTON, D.C.



Duane Johnson, owner of M&S Barber Services in Washington, D.C. (standing), does a blood pressure check on a client.

Stakeholder Health is a national movement in which nonprofit hospitals and health care providers work to develop new means of reaching underserved populations. FaithHealthNC and Wake Forest Baptist Medical Center are part of, and home to the Secretariat of, Stakeholder Health. To learn more about the Stakeholder Health initiative, go to StakeholderHealth.org.

There are now four barbershops participating in Washington, D.C. neighborhoods. At M&S, Johnson and three barbers were trained to conduct the screenings themselves; the other shops use patient navigators brought on by MedStar to perform the screenings. But the decision to be screened arises through what King says is the most important part of the program—the age-old tradition of barbers and their patrons chewing the fat.

Numbers point to need

Statistics show that high blood pressure and diabetes are two health problems particularly prevalent among African-Americans.

Johnson says he already knows Hair, Heart and Health is making a difference.

"We've actually saved two or three lives with this program," Johnson says, a touch of pride in his voice. "These guys came in and their readings were so high we immediately called an ambulance and they were transported to the hospital." Doctors, he says, later told him that if the men hadn't been taken in that soon, there was no telling what might have happened.

Although those were unusual cases, Johnson happily points to the many shop regulars who now get their pressure taken. All of the data is duly recorded according to federal privacy laws and shared with any of the patrons' health care providers as requested.

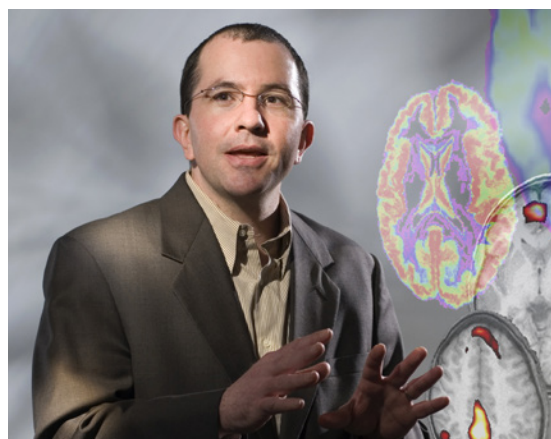
"We make a big to-do about the program," he says. "We sold it as a new barbershop product, 'We've got to take your blood pressure.' A lot of people didn't take it seriously at first, but as they see the constant awareness and information here, they've taken us a lot more seriously. We just went and ran with it."

Q&A

Community isn't brain science — it's harder

A chat with brain scientist Paul Laurienti, MD, PhD

INTERVIEW BY LES GURA



When he was 14 years old, Paul Laurienti was in a construction accident while helping his father, a small contractor, build a home in Denver. A scaffold he was standing on collapsed, pinning his head between a stack of 800 pounds of wood and a windowsill. Laurienti suffered a fractured skull, broken jaw and other injuries, but recovered. Thus began a fascination with the human brain.

Today, Laurienti, professor of Radiology at Wake Forest School of Medicine since 1999, is working with FaithHealthNC to analyze patient data to understand more about diseases and co-morbidities in specific Census tracts.

How did your research on the human brain and changes with aging morph into the study of complex systems and network science?

Network science really hadn't started until 1998, 1999. I didn't know anything about the study of how things connected. My colleague Jonathan Burdette, MD, went to a seminar by a famous cardiologist from Harvard Medical School, Ary Goldberger, MD, who studies the heart as a complex system. He was blown away. We thought, "The brain's a giant network of connections. This is obvious. Why aren't we using this?"

And health care is a complex system?

Our bodies are networks. When a disease affects the liver, the changes in

our blood chemistry can change the function of virtually every other organ system. This is particularly true for chronic, or systemic, diseases where all the organ systems can be involved.

Hospitals try to improve operations based on adjustments to average costs. Why doesn't that make sense?

In complex systems, averages can be very misleading, if not downright wrong. When things interact, the system produces outliers. The outliers are very large and make averages meaningless. Think about a best-selling book. A book does not become a best seller by people just randomly buying it. What happens is that people read the book and tell others to read it. They write blogs about it. The book is featured by Oprah. All these events require that people interact, and what happens is that you get a book that vastly outsells all the other books on the best-sellers list. This is an outlier. In a health care system, an outlier is a patient that ends up costing much, much more than the other patients. If you want to reduce costs in a health care system, you have to know about the outliers. If you focus on the average, you are forced to try to change the care and reduce costs for all patients. That is a formidable task. You can make significant cost reductions just by focusing on the top 1 percent of all patients — the outliers. Not only does focusing on the outliers make the challenge much more manageable, it is the scientifically correct thing to do. The outliers should be the targets when you are trying to make change

in a complex system, as they have the greatest impact on the system.

What are you working on now for FaithHealthNC?

The FaithHealthNC leaders believe some of our patients have specific needs. Of course they didn't know for sure; they sensed there were socioeconomic problems because these patients aren't healthy. We took patient data from [Wake Forest Baptist Medical Center], and we analyzed specific Census tracts to understand the common diseases, the demand for charity care and the disease relationships in those tracts. We also compared disease networks across different Census tracts. And we've mapped diseases geographically into what look like weather maps showing 'hot spots' of mostly high-frequency diseases. Pneumonia occurs in pockets, for example.

Why and how could this type of information be used to improve care?

We need to understand which diseases we should be thinking about and which patients we should be targeting, getting into the community where people need help and bringing the right resources. A lot of people out there have the same diseases, but some are incredibly unhealthy. How can we find them? If the inpatient data shows they look like this and cost so much, we need to get to them earlier and provide preventive care so they never have to come to the hospital. This is getting to people before they become health care outliers.

People *and* Events

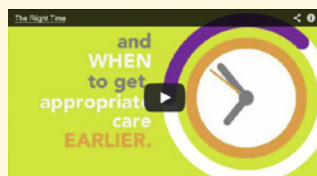
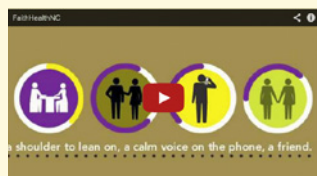
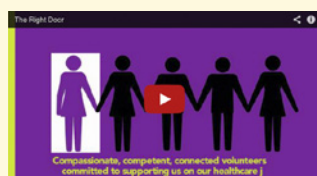
New videos available

FaithHealthNC has created a series of five 1-minute videos for volunteers who help people navigate toward better health.

Chris Gambill, director of FaithHealthNC, says the purpose of the series is "to give an easy introduction to the program and a quick positive overview of the four guiding principles: helping people seeking health care get to the right door, at the right time, ready to be treated and not alone. So if a person looks at all five videos they would have a sense of what this is all about."

"The videos have at least two primary audiences," Gambill says. "First, we use them in basic training for caregivers. We also use them for the larger audience of clergy, congregations, and health care and community leaders who may want to join the movement."

"It's important that they be positive, convey a sense of compassionate caring we want to model for caregivers," he says.



You can find the videos at FaithHealthNC.org.

FaithHealthNC awarded grant

The Duke Endowment has given a grant of more than \$300,000 for the Division of FaithHealth at Wake Forest Baptist Medical Center to create a learning collaborative of North Carolina hospitals focused on using data and building community partnerships to better engage vulnerable communities.

New to the FaithHealthNC team

Our newest FaithHealthNC team members are:

- **Supporters of Health:** Mary Dendy, Pecola Blackburn and Vernita Frasier.
- **Senior Administrative Assistant:** Julie Whitfield.
- **Connectors:** Diane Dixon, Ashe County; Gail Mitchell, Yadkin County; Bob Hunter, Donna Cooke and Walker Armstrong, Forsyth County; Tim Murphy and Dorothy Greene, Wilkes County.
- **Liaison:** Julie Scott, Wilkes County.

Lexington Area Chamber of Commerce joins FaithHealthNC

The Lexington community is taking the FaithHealth initiative in a new, exciting direction. In its first year, the initiative made significant progress in building participation of churches and connecting volunteers to help take care of one another's health care needs.

Now, the movement in Lexington is expanding, with the business community, joining to enter a proactive phase of improving health.

"Health care for a business is more than demonstrating concern for employees," says Burr Sullivan, CEO of the Lexington Area Chamber of Commerce. "It is a bottom-line factor that often determines the success of a business."

Under Sullivan's leadership, the business community is being made aware of the need for employee wellness programs.

The Chamber and FaithHealthNC recently sponsored a forum to inform businesses of the advantages of an effective employee health program.

"Having a healthy workforce increases the profitability of a company through greater productivity and higher morale," Sullivan says. "Numerous studies prove that employee wellness programs are an investment in the success of a company."

A survey by the Society for Human Resource Management concluded that "for every dollar spent on wellness initiatives, most organizations see \$1 to \$3 decreases in their overall health care costs."

In addition to strengthening the bottom line of a business, an employee wellness program linked to FaithHealth brings about improved access to care and networking to strengthen the health of the community.

Rev. Ray Howell, pastor of First Baptist Church in Lexington, reports that members of his church have benefitted from learning about healthy lifestyles.

"Ultimately, each of us is responsible for our own health, and we must learn and then commit to behaviors that will enable us to live longer, healthier lives. FaithHealth has enabled our members to learn how to take care of themselves," Howell says.

For more information about the Lexington program, contact the Chamber of Commerce at 336-248-5929 or visit lexingtonchamber.net.

— JOHN LAMBERT

BUSINESS AND FAITH LEADERS CARE ABOUT THE LIFE JOURNEY OF THE SAME PEOPLE — EMPLOYEES WHO OFTEN GO TO CHURCH.

Old friends make new connections in Ashe County

“It’s wonderful how God works.”

That’s Diane Dixon’s answer to how she became a FaithHealthNC Connector, someone who works with congregations in a movement that helps people receive support on their health journeys.

Dixon was a longtime diagnostic services technologist and imaging director at Ashe Memorial Hospital in Jefferson, N.C. Upon leaving her job there, she did some traveling work in ultrasound care, but gave that up to take care of an aunt who had Alzheimer’s disease. She later joined the Ashe Baptist Association doing

community relationship work because her connections were so strong.

During that same period, her younger sister became ill with a tumor in her heart, and had surgery that caused a major stroke. Both her sister and her aunt died, and in May 2009, funds for the Ashe Baptist Association dried up and Dixon was laid off. In that same period, she learned that her husband, Michael, from whom she’d been estranged for months, had a large brain tumor.

Yet if there could be a blessing in all of those struggles, her husband’s illness provided one. Dixon says her moment of clarity came when talking with her husband’s surgeon.

“I said to him ‘I’m in a real bad place here; we’ve been separated. I need to know, were his behaviors, all this I’ve experienced, due to his tumor?’”

Although the surgeon couldn’t provide her with marital advice, he did tell her that tumors such as the one her husband had could indeed change one’s personality.

From that moment, Dixon found renewed purpose and mission in helping her husband battle through years of recovery as he continues to fight post-surgery health issues, including chemotherapy, infections and seizures.

All she experienced, Dixon says, provided strength and connected her more to God.

“It made me have to dig deeper into my spiritual work so I wouldn’t waiver. It sounds weird, but I had to totally rely on Him. I don’t want to say that I hadn’t relied on Him before, but I don’t think I knew what totally giving things up to Him was like.

“You realize it’s all in His hands anyway. I always thought I had to fix everything. One realization is it’s not my area to fix. Life in general is a journey He puts you on. Sometimes that journey’s really, really hard and the best you can do is remain faithful and allow Him to take care.”

Desire to help others

After surgery, her husband went on disability because he could no longer do his job with the N.C. Division of Employment Security helping find migrant farm workers employment in the community. That has meant financial struggles for the Dixons, who have relied on their savings and the help and support of family members, friends and, especially, the faith community.

The members of Midway Baptist Church in West Jefferson, Dixon says, “were huge prayer warriors.” Friendship Baptist Church brought in wood for the winter one year because the Dixons burn wood for heat. Laurel Knob Church



FaithHealthNC Connector Diane Dixon assists patient Maxine Shatley during a visit to Wake Forest Baptist Medical Center. In photo below, Dixon takes notes during Shatley's appointment with Glenn Lesser, MD.



bought the family an air conditioner because their home didn't have one.

Dixon says the fact that she was unemployed in this period was "another miracle" because she was able to focus on helping her husband get better. She also began to use her health field expertise.

"I kept a notebook, my 'go-to notebook' with all of his medical information, lab results, doctors' numbers, church and family members' information."

Dixon's instinct and desire to help others fighting the same obstacles led her to volunteer. She began helping other cancer patients and their families, and she shared with them her notebook as an example of how they could keep track of the startling amount of information required during journeys in health care.

Reaching out

David Blackburn, director of missions for the Ashe Baptist Association, thought Dixon would be the perfect person to serve as a FaithHealth Connector when the program looked to expand in Ashe County earlier this year.

A grant from the Kate B. Reynolds Charitable Trust in Winston-Salem is helping to pay for FaithHealthNC's expansion into 11 North Carolina counties. The money helps to train people such as Dixon to implement the FaithHealth program in their counties.

As a Connector, Dixon reaches out to congregations, businesses and other organizations in Ashe County, and sometimes beyond, to introduce them to FaithHealthNC and work with them as they become involved.



Now in the early stages, Dixon has a busy role. In addition to working as a Connector, she often finds herself in a caregiver role, helping patients and their families. Eventually, that will change thanks to the network of volunteer caregivers she is helping to grow and train.

Because Ashe County is both spread out and geographically challenged by segments in remote mountain areas, Dixon would like to have volunteers available

everywhere. She says FaithHealthNC is off to a good start so far.

"It's already spreading," she says. "Doctors' offices have been calling, saying 'Hey, I have a family in need.'"



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Center for Congregational Health

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

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

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