

FaithHealth

Fall 2016

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Connecting what matters

Dr. William Foege's career has integrated faith through public service as a Lutheran medical missionary, as the Director of the Centers for Disease Control and Prevention, and later in giving a bold vision for global health as a key advisor to the Bill and Melinda Gates Foundation. He once told me that it was easy to have a brilliant idea—just think of the stupidest thing possible and do the exact opposite.

Read more about the history, logic and crucial importance of FaithHealth Connectors in 21st century health care on page 5.



The FaithHealth movement is the brilliant opposite of the disconnection, fear and friction that marks the normal journey of health in any one life, family or community. It is normal—and stupid—for people and families in pain and distress to have to figure out how to connect with the weirdly incoherent institutions and providers who have the things we need to get better.

The brilliant FaithHealth opposite idea fits on a coffee cup: use our social strengths to get people to the right door, at the right time, ready to be treated and, most important of all, not alone. The only instrument complex enough to accomplish that for any single human is another human with eyes and heart wide open. The FaithHealth opposite is even smarter because it is also the opposite of the stupid idea that health happens one person at a time. Health is social, especially when we are hurting. We need a team of others. This is the profound brilliance you see in this issue, which focuses on connections and the people known as connectors. Their role—and daily walk—is to remove fear, friction and disconnection from the lives of people by making the opposite real; by nurturing love, compassion and healing relationship that can bear the fruits of health. Brilliant!

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



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*Stories by Gary Gunderson
and Les Gura*

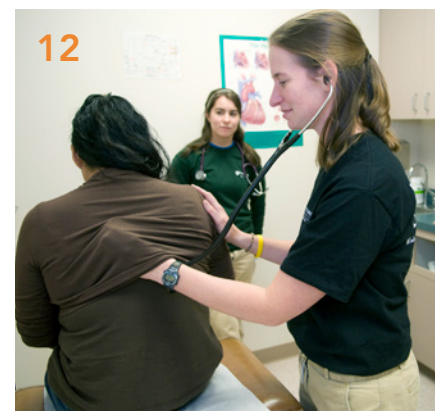
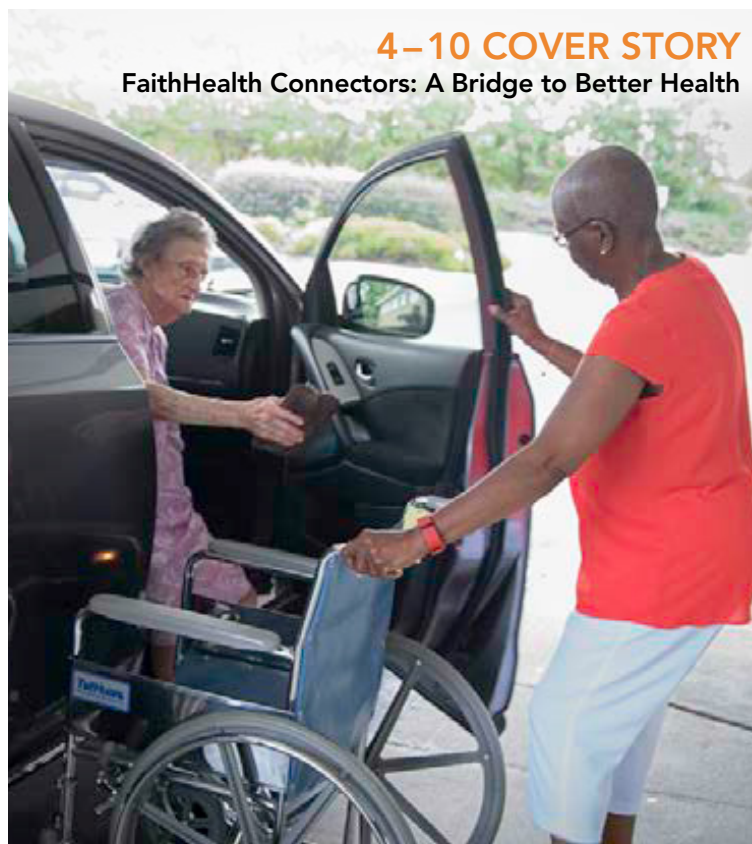
Cover photo: As a FaithHealth Connector,
Tembila Covington brings urban gardening
to the community.

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Connection is Medicine: A Discovery for 21st Century Health

BY GARY GUNDERSON

An institution dedicated to healing is naturally nice to people when they are patients. And a leading academic research institution such as Wake Forest Baptist Medical Center is smart about the diseases of its patients. But there's some new 21st century creative magic happening at Wake Forest Baptist—developing roles outside hospital walls with sensitivity and intelligence to the lives of people *before* and *after* they are patients.

The business of health care is turning upside down and inside out. Those who pay the bills — mostly the government (through Medicare and Medicaid) and private insurers — are getting tired of paying for service one episode at a time. They don't like paying for this pill and that procedure and that visit. They want to buy health rather than just a long list of disease services.

As a result, in the new economics of health care, the focus is shifting away from selling more medical services. This requires hospitals to get smarter about some things they never had to think about before, namely what is going on in the lives of patients before and after they are in the hospital? And who else besides the hospital cares about them enough to help?

Most important, how can the hospital blend its enormous scientific intelligence with what we'll call the life intelligence of the community?

Much of the current strategy of FaithHealthNC traces back 30 years, to The Carter Center in Atlanta and a profound meeting held in 1986 by President Jimmy Carter. Considering what to do with the rest of his life, former President Jimmy Carter hosted a large meeting of global health experts with a profound question: how much of the

burden of premature death could be prevented based on what we already know?

Called "Closing the Gaps," that meeting realized what many people already knew: *about two-thirds of all death before age 65 is due to factors that could be prevented or managed.* But by whom? By each of us and those who care about us — our family and close social networks, including the faith institutions we belong to or who are near enough to care about us.

President Carter and his close friend, Dr. Bill Foege, convened a few hundred religious leaders to see if they could understand this stunning prevention opportunity. They then created the Interfaith Health Program in 1992 funded by the Robert Wood Johnson Foundation in close relationship with the Centers for Disease Control and Prevention (CDC).

The reason to tell even this much now is to underline that when you see

the beautiful caring faces of FaithHealth Connectors, you are looking at the cutting edge of 21st century health science.

The Connectors embody the answer to that simple revolutionary question asked in 1986. Smart science becomes dumb and, worse, arrogant, without bridging relationships of trust. The length and quality of our years literally depend on whether anyone will be with us in our inevitable times of dependency. Science has no chance until love finds a way to cross over the last few feet and inches of human disconnection.

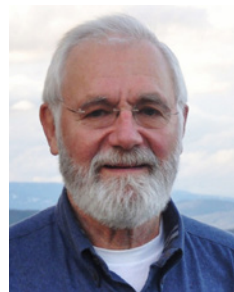
In the 21st century, most of us are much more disconnected than is healthy. And most churches are no more connected to their surrounding neighborhoods than are hospitals. Any honest pastor will tell you that in the modern American church, most "members" are strangers to each other about most of the things that matter.

The most important medicine is connection. Hence, Wake Forest Baptist has invented the role of Connectors, people whose job is to reach the isolated and disconnected. They are drawn from the social networks within caring range. They are *not* designed primarily for those within active caring networks, such as congregations.

Rather, Connectors are designed for the tough and lonely streets



President Jimmy Carter



Dr. Bill Foege

CONSIDERING WHAT TO DO WITH THE REST OF HIS LIFE, FORMER PRESIDENT JIMMY CARTER HOSTED A LARGE MEETING OF GLOBAL HEALTH EXPERTS WITH A PROFOUND QUESTION: HOW MUCH OF THE BURDEN OF PREMATURE DEATH COULD BE PREVENTED BASED ON WHAT WE ALREADY KNOW?



where science is overmatched by isolation, anxiety and fear. You don't send Connectors out alone or untrained.

They rest on a body of careful, thoughtful work decades in the making. They meet quarterly for continued training and are themselves cared for by supporting staff.

This kind of medicine is new and relatively inexpensive. It works with the social body — the love and care that is natural in communities. But we are not in a healthy social body these days, so we have to plant some new social healing roles, especially in those places where isolation is winning the day.

We pay Connectors to enable their work. Because their work tends to prevent high cost hospitalization, we can afford to deploy many Connectors and aim them into any community where our data shows a pattern of high

TO DATE, THE CONNECTORS HAVE HAD MORE THAN 1,300 ENCOUNTERS WITH PEOPLE IN NEED.

emergency room use for conditions we know can be treated in lower cost settings. We call that *proactive mercy*, and the Connectors are the precision tools designed for just that. To date, the Connectors have had more than 1,300 encounters with people in need.

The use of Connectors echoes the radical intelligence that created the hospital in the first place. In 1922, North Carolina Baptists said the hospital would “never be far from the churches.” Brian Davis, of the NC Baptist Convention, notes that although the titles and assignments differ in our modern world, the founders of the hospital envisioned a nursing corps that would do much of the same kind of work and ministry as the Connectors.

The Connectors team at Wake Forest Baptist is led by Jeremy Moseley, Director of Community Engagement

for the Division of FaithHealth. He explains that FaithHealth — including, but not limited to, the Connectors and their volunteers — is becoming “the 911 response for both providers and patients for some of the psychological, social and spiritual ills that patients are facing within the community.

“The goal continues to be to decrease costs over the long run by limiting non-emergency ED visits and increasing access to outpatient medical and community-based services, in addition to connecting people to compassionate communities of faith.”

Welcome to the 21st century.

Gary Gunderson, MDiv, DMin, DDiv, is Vice President of the Division of FaithHealth, Wake Forest Baptist Medical Center. He has worked extensively with the White House Office of Faith-Based and Neighborhood Partnerships, and serves as secretary of Stakeholder Health, a group of health systems nationally that are committed to more effective engagement with the poor in their communities.

FaithHealth Connectors: A Bridge to Better Health

Since late 2012, the FaithHealth initiative at Wake Forest Baptist Medical Center has helped at-risk populations be connected — before, during and after a health issue — with assistance vital to staying well. People might receive food, a ride to the doctor, assistance with obtaining medications or simply a friendship visit.

At the heart of these efforts are FaithHealth Connectors, people who work with those who either don't qualify for safety net services or who have no access to those services.

The Connectors have a unique mix of expertise — knowledge of community resources, respect and trust within the community, and most of all, the desire to serve.

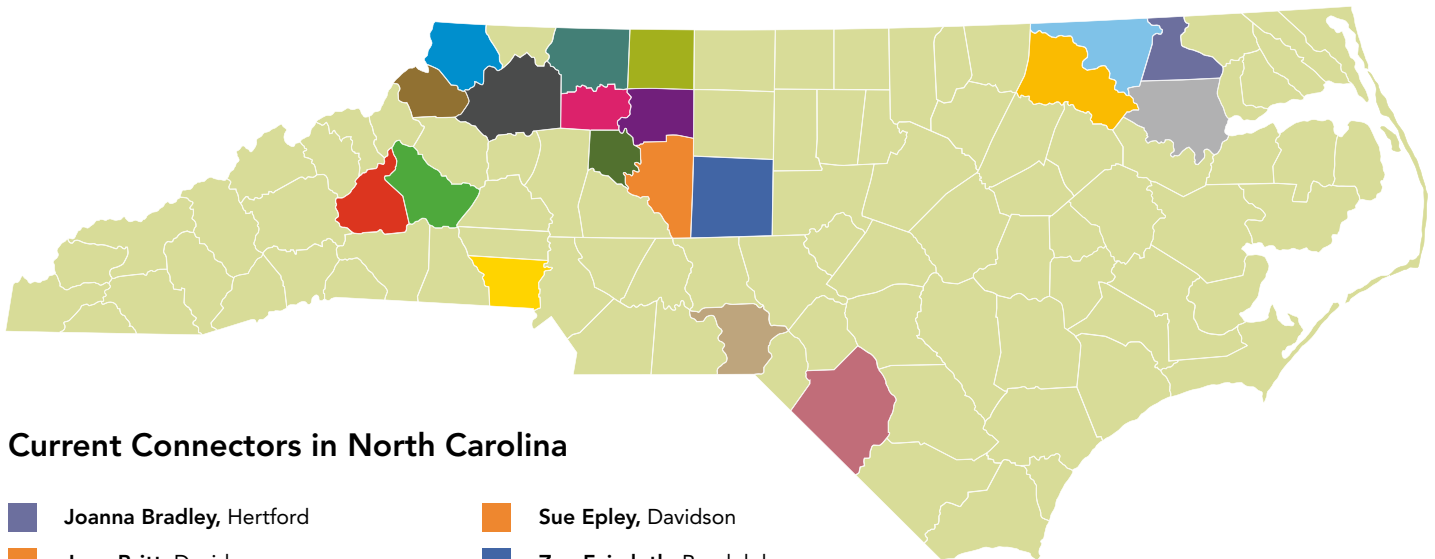
MAKING CONNECTIONS

THERE ARE CURRENTLY 29 FAITHHEALTH CONNECTORS IN 19 COUNTIES IN NORTH CAROLINA. AS OF SEPTEMBER 2016, THESE CONNECTORS AND AFFILIATED FAITHHEALTH VOLUNTEERS, HAVE HAD:

1,300 CAREGIVING ENCOUNTERS

1,134 HOURS IN CAREGIVING SERVICE

311 CONGREGATIONAL PARTNERS



Current Connectors in North Carolina

Joanna Bradley, Hertford	Sue Epley, Davidson	Berna Stephens, Bertie/Halifax/Hertford/Northampton
June Britt, Davidson	Zoe Faircloth, Randolph	Ed Stephenson, Burke
Tony Brown, Forsyth	Carolyn Fender, McDowell	Aleksandra Banasik Taistra, Forsyth/Yadkin
Andrew Bullins, Surry	William Gentry, Robeson	Jennifer Whittington, Watauga
Barbara Bullins, Surry	Temoc Herrejon, Wilkes	Ann Young, McDowell
Alvin Carlisle, Forsyth	Anthony Jones, Forsyth	
Larree Cherry, Bertie/Halifax/Hertford/Northampton	Charolette Leach, Forsyth	
Tommy Cole, Forsyth	Gail Mitchell, Yadkin/Wilkes	
Donna Cooke, Forsyth/Davie	Jaron Moss, Gaston	
Tembila Covington, Forsyth/Richmond	Rosa Patterson, Randolph	
Angela Dreher, Gaston	Daniel Sostaita, Forsyth	
Diane Dixon, Ashe	Irene Sostaita, Stokes	

Contact Information:
FaithHealthNC 336-716-3027

FaithHealth Connector **June Britt**

‘He gives me the strength to reach out and help’

Although Mary West is normally confident maneuvering her walker, the thick gravel on the driveway outside her Lexington home makes her hesitate.

But before “Miss Mary” can even turn around for help, June Britt is at her side, gently grasping her elbow and steering her to the open door of Britt’s sport-utility vehicle.

Britt is taking Miss Mary to a doctor’s appointment, and Miss Mary does not like to be late. Britt guides her into the passenger seat, Miss Mary easily swinging her legs inside. Then Britt pulls the shoulder harness down and reaches across to snap it in place, ensuring Miss Mary is snug.

For Miss Mary, 92, Britt’s assistance fulfills a critical need.

“She has really been a blessing to me. She carries me to the doctors, and if I need a meal she brings me a meal. And I call her when I have problems,” Miss Mary says. “Sometimes I think she gets worried with me.”

As a FaithHealth Connector, Britt is realizing a lifelong love of helping others through her work with people such as Miss Mary. Britt became a Connector after retiring from a longtime job as an ombudsman for the N.C. Department of Health and Human Services’ Office of Education Services.

In that role, Britt listened to parents and worked to make sure children had equal access to learning, and fair and equitable treatment. She brings that people-oriented approach and her problem-solving skills to her Connector role.



Britt, one of two FaithHealth Connectors in Lexington, fulfills her mission in two ways:

- She personally provides rides, assistance and companionship to those referred by providers, congregations, friends and agencies.
- She arranges volunteer networks to offer assistance, especially for those

who need long-term help. Britt’s church, Union Baptist Church in Lexington, has 17 trained FaithHealth volunteers to provide different types of assistance to people in need. Several other Davidson County churches also have FaithHealth volunteers.

continued >

"I JUST DIDN'T REALIZE HOW MANY PEOPLE IN LEXINGTON AND DAVIDSON COUNTY WERE WITHOUT FOOD," SHE SAYS. "TO BE ABLE TO HELP MEET SOME OF THOSE NEEDS IS A BLESSING."

Miss Mary has nieces, nephews and friends who help her on occasion. But she no longer drives, and she often needs assistance in other ways — daytime trips to the hairdresser, the pharmacy or one of her frequent doctor appointments. Although she is generally healthy, Miss Mary is a diabetic and has shoulder problems stemming from a recent fall in her home.

"Two other FaithHealth volunteers from Union Baptist helped Miss Mary when I couldn't," Britt says. "And they've fallen in love with Mary, too. Now, she

checks in with them and they check on her, too."

Britt, born and raised in Lexington, has learned things as a Connector that she hadn't known about her community. "I just didn't realize how many people in Lexington and Davidson County were without food," she says. "To be able to help meet some of those needs is a blessing."

She has helped young people as well as the elderly in desperate situations, working with church pantries and other sources of food.

"I don't do this in and of myself," Britt says. "God enabled me to do it. He gives me the strength to reach out and help." She smiles frequently and her voice dances when talking about the relationship she's developed with Miss Mary, who is set in her ways.

As Miss Mary made her way to the back door for her recent doctor's appointment, a thought suddenly occurred to her. She paused, her walker straddling the threshold leading to her porch. She looked back over her shoulder.

"Coffee pot?" she called out. The words weren't even out of her mouth before Britt replied.

"It's off, Miss Mary."

It was safe to leave.

— LES GURA



FaithHealth Connector June Britt (right) assists Mary West on a trip to a medical appointment.

FaithHealth Connector Tommy Cole

‘I see a lot of what we call social isolation’

When he retired after working for 30 years in the corporate oil world in Texas, Tommy Cole returned to his native North Carolina and immediately began helping folks.

He became the executive director of Sunnyside Ministry in Winston-Salem, an agency of the Moravian church that offers emergency assistance — food, financial, clothing — to people in need.

“In a typical year, Sunnyside would provide \$1.5 million to \$2 million in assistance,” Cole says. “We averaged 200 volunteers; people who go to Sunnyside as a way of living out their faith.”

After eight years with Sunnyside, Cole retired for a second time. It didn’t take long, however, before he got the call to help again. FaithHealth Connector Bob Hunter was leaving the area and seeking a replacement. He reached out to Cole, a fellow member of Home Moravian Church.

The position appealed to Cole.

“I think it’s a brilliant idea to get the community involved in the health of the community,” he says.

Assistance runs the gamut from working with people with complicated



legal problems (pointing them to agencies that can help) to transportation needs to visiting people who are shut-ins.

Cole says daytime transportation is the top need he has encountered during his year as a Connector.

One person he takes to medical appointments and the pharmacy is John Pegram, 64, of Winston-Salem. Pegram can no longer drive and has many health issues — including high blood pressure, high cholesterol and circulation problems that make walking difficult.

A jovial man who acknowledges he doesn’t exercise enough, he’s come to depend on Cole to help him get to his medical appointments. When asked how much it helps to have a FaithHealth Connector, Pegram gets serious.

“A lot,” he says, “cause I wouldn’t be getting around without it.”

Oftentimes, especially when a situation is complicated, Cole will investigate it himself first and handle it directly, helping someone get the connection they may need, for example, for financial assistance.



FaithHealth Connector Tommy Cole (left) chats with John Pegram, who he’s assisted with rides and companionship.

Other times, being a Connector means Cole arranges with church volunteers to provide rides to someone who has no means to get to a doctor’s appointment. Referrals come from the FaithHealth program, from churches and sometimes by word of mouth.

“A lot of times people are a little embarrassed to ask for help,” Cole says. “Sometimes when I make my contact, it’s not clear they want to admit their problem to me. You have to work to create that relationship.”

“Once I go to see people and meet face to face with them, they own up to the fact that they really need help.”

— LES GURA

COLE SAYS DAYTIME TRANSPORTATION IS THE TOP NEED HE HAS ENCOUNTERED DURING HIS YEAR AS A CONNECTOR.

FaithHealth Connector Tembila Covington

‘Able to bring some sort of hope’

FaithHealth Connector Tembila Covington wears many hats—including a big one for gardening.

Born in California but raised in Burkina Faso in West Africa before returning to the United States for college, Covington worked for Walmart in management for 22 years, living in the Charlotte region. She followed a calling to ministry and graduated from the Apex School of Theology in Durham, then became founding minister-elder of Crossing Red Sea Ministries in the town of Rockingham.

In 2013, Covington moved to Forsyth County to join Americorps Vista for a yearlong project in school and community data-sharing. Once in Forsyth County, she became involved with the Ministers Conference of Greater Winston-Salem. This past summer, she helped the organization open a community garden on Cleveland Avenue to serve a population living in a food desert. Working with the Ministers Conference connected her with the FaithHealth movement as well.

After her Americorps appointment ended, Covington joined the Forsyth County Center of the North Carolina Cooperative Extension. She runs gardening classes designed to empower the unemployed to become growers. The goal is to reduce grocery bills, provide them with healthier foods and allow them to make money by selling excess produce at farmers’ markets.

Covington was a natural choice as a FaithHealth Connector, and her work is an extension of what she’s been doing



FaithHealth Connector Tembila Covington (center image) teaches people how to grow vegetables at a community garden in Winston-Salem.

in her job and as a community volunteer.

“We have people who for whatever reason are stuck in a rut; they’re not able to get out of a place considered a food desert. They live in poverty,” Covington says. Whether it is working with residents who want to use the community garden or teaching teams of people through her job with the Cooperative Extension, gardening can be an answer, she says.

“This is an opportunity for them to produce, to get exercise, to relieve stress,” she says. “There are so many components to urban farming, and it especially provides access to local foods so people are eating healthier.”

As a FaithHealth Connector, Covington uses her church, Crossing Red Sea Ministries, to provide for those in need through its food pantry. Covington returns from her weekly services in Rockingham with food supplies for people in Forsyth County.

Resources, Covington says, are endless when the connections are available. For example, she helped a woman obtain



money to pay for a generator when her electricity was off. The simplest connection of all, she says, is the human need for conversation and prayer.

“I believe I’m a person who is able to bring some sort of hope to another person’s life,” Covington says. “My intention as a Connector is to give them an opportunity to see light at the end of the tunnel.”

– LES GURA

Emergency Department Staff Memorializes Homeless Friend

Staff members of Wake Forest Baptist Medical Center's Emergency Department were hit hard in July when they learned about the death of a man they knew as "Robin."

Robin, who was homeless, lived outside near the Medical Center and for more than a decade often came to the ED for assistance, health issues and, sometimes, just companionship.

ED Nursing Supervisor Michelle Collins said Robin visited so frequently that the Winston-Salem Police Department turned to the ED for help in trying to identify his next of kin. In his possessions, Robin listed the ED as his home address.

Collins says staff members discussed what to do when no one claimed Robin's body because they wanted him to be treated with dignity. The entire team got behind the effort to give Robin a proper service.

On July 29, more than 50 people turned out for a tribute at Davis Memorial Chapel.

"He didn't have any family, and so what does a family do? We care for each other,"

Collins told doctors, nurses, support staff and friends of Robin. "We did that for Robin. We fed him, clothed him, shaved him, bathed him, cried with him. It's not a stretch for us to realize that Robin was a part of us."

Rev. Graylin Carlton, chaplain for transitional care at Wake Forest Baptist, said he knew Robin from the Winston-Salem Rescue Mission, where Carlton previously worked.

Once Carlton joined Wake Forest Baptist, "Robin would stop by and sit and talk and we would go eat together. He became like a brother," Carlton shared at the service. "For those who have much, it is difficult to understand the lives of those who have little. We have trouble fully comprehending people who live on the other side of poverty."

"Robin, I know that you're in a better place. I know you are with Jesus. I love you, brother."



From left, Dr. Iltifat Husain, Brooke Moxley, CNA II, Michelle Collins, Nurse Manager, Melisha Bledsoe, RN, and Heather Simmons, RN, outside the Emergency Department at Wake Forest Baptist Medical Center. They were among a group that organized a memorial for a man who considered the ED his "home."

"HE DIDN'T HAVE ANY FAMILY, AND SO WHAT DOES A FAMILY DO? WE CARE FOR EACH OTHER."

The day after the service, Collins traveled with her family to Boone and scattered Robin's ashes in the mountains overlooking Appalachian State University. He had told many ED employees he attended graduate school there years earlier.

Collins said health care providers, and especially those in the ED, develop unique bonds with patients they care for.

"I think Robin touched us, as many of our regular patients do," she said. "We care for them, worry about them, try to help them. He is not the only one; he is just a symbol of the love and care the ED staff give."

At the service, Collins shared a fictional story about a father and son who traveled to the beach and spotted an old man picking up stranded starfish and throwing them back into the ocean. They approached the man and gently told him he couldn't make any difference trying to save all the starfish. The man looked at the one he was holding, tossed it back into the water and said, "Nope, but I made a difference for that one."

"That's what we did for Robin."

— LES GURA

Free Clinics and Volunteers a Key to Meeting Community Health Needs

Although the Affordable Care Act has allowed more people to access health care, many barriers remain. But efforts are growing to reach underserved populations in new and lasting ways.

Richard Lord, MD, chair of Family and Community Medicine for Wake Forest Baptist Health, earlier this year became the institution's vice president for clinical operations of population health.

In all of his roles, he focuses on improving access to care for all — a concept that has been with him since his early years as a doctor, first serving in a Chicago ghetto, then in rural Virginia and, since 1999, in Winston-Salem.

Lord says he is cheered by the fact that so many physicians, nurse practitioners, physician assistants and nurses in the region volunteer their time to free clinics.

"They believe it's right that people have access to health care and access to primary care in particular," he says.

In recent years, the goal of providing care to underserved populations is shifting.

Today, Lord says, providers try to encourage healthier lifestyles that will keep people out of the emergency department for common problems that have gotten out of control, such as hypertension or diabetes.

"My learning curve has been that it's imperative to ask the community what their desire is," Lord says. "Do they need us to provide care? Or do they want education? It's a 'do we give you a fish or teach you to fish' type of thing.

"Some neighborhoods need medicines for people with diabetes, while in others you can spend time teaching health care topics. Because maybe if we help them learn to lose weight they won't need diabetes medications or won't need a hip replacement."

Lord is enthusiastic about an effort under way through Wake Forest Baptist Health to launch a mobile health service. A van would visit five different sites each week, providing free health services to people without health insurance.

Rachel Zimmer, DNP, NP-C, is leading the effort to establish the mobile health service. She says the project is on schedule to begin next March.

For Zimmer, there's a personal drive behind helping people get connected with health care.

"My own family has struggled with health care. My mother actually did not qualify for the health exchange and did not qualify for Medicaid; she fell right into the gap," Zimmer says. "My sister is a single mother and works 70 hours a week. She struggles to get health care."

Zimmer first became interested in care for the uninsured as part of her doctoral work at East Carolina University. She founded and runs the monthly Grace Free Clinic in Winston-Salem that began last fall at New Light Missionary Baptist Church.

When the mobile health service gets underway, it will add to a list of free and low-cost services available in the region. In addition, Wake Forest Baptist operates the Downtown Health Plaza in Winston-Salem, an outpatient clinic that offers many types of services to those in need, including an innovative approach to prenatal care, specialty clinics and patient connectors.

Zimmer says the proposed mobile health service would have nurse practitioners, physician assistants and nurses as regular staff, with medical residents and students also participating. Patients with complicated health needs would be referred to specialists, she says.

"The human spirit is amazing," Zimmer says. "I've had single moms come in to Grace Clinic and they're just looking for a listening ear. Sometimes you're that respite for them when you're really there to take care of their blood pressure. I think it's just an honor to be able to serve people."

— LES GURA



The Downtown Health Plaza in Winston-Salem provides outpatient services, including pediatrics, to an at-risk population. More than 20 free and reduced-cost programs are available to residents in the region.



Free and Low-cost Clinics

The following clinics offer services free of charge or at reduced rates for qualified people. The information in this chart is subject to change.

Clinic Name	Location	Contact	Hours
Bethany Baptist Church: Health and Wellness Clinic of the Triad Region	Winston-Salem	336-767-0760	Second Saturday every month, 8 am to Noon
Centenary UMC: Love Thy Neighbor	Winston-Salem	336-397-1337	Once per month
Community Care Center	Winston-Salem	336-723-7904	Tuesday and Wednesday, 9 am to 5 pm; Monday and Thursday, 9 am to 9 pm
Crisis Control Ministry	Winston-Salem	336-724-7875	Monday–Friday, 9 am to Noon and 1 to 4 pm; Tuesday evenings from 5 to 7 pm for clients working 20+ hours/week consistently
Davidson Medical Ministry	Lexington	336-243-7475	Monday–Thursday, 8 am to 5 pm; Friday, 8 am to 1 pm
DEAC Clinic	Winston-Salem	336-723-7904	Wednesday, 6 to 9 pm
Downtown Health Plaza	Winston-Salem	336-713-9800	Monday–Friday, 8 am to 7 pm; Saturday, 9 am to 1 pm
Forsyth County Department of Public Health	Winston-Salem	336-703-3100	Monday–Wednesday, 8:15 to 11:45 am and 12:45 to 4 pm
Grace Free Clinic	Winston-Salem	336-671-3865	Third Saturday every month, 9 am to 1 pm
Hands of Hope	Yadkinville	336-677-1444	Tuesday, 5 pm
Nia Community Action Center Incorporated	Winston-Salem	336-293-8408	Thursday, 2 to 8 pm
Novant Health Today's Woman OBGYN and Pediatrics	Winston-Salem	336-722-1818	Monday–Thursday, 8 am to Noon and 1 to 5 pm; Pediatric care, Monday–Friday, 8 am to Noon and 1 to 5 pm
Old Town Baptist Church–Old Town	Winston-Salem	336-924-1552	First and third Monday, 7 to 9 pm; closed December
United Health Centers (Southside Medical Clinic) FQHC	Winston-Salem	336-293-8728	Monday–Friday 8 am to 5 pm; Wednesday, 8 am to 7 pm, Saturday, 8 am to Noon
Stokes County Medical Ministry	Danbury	336-593-2401	Monday–Friday, 7:30 am to 4 pm
Storehouse for Jesus	Mocksville	336-753-8080	Tuesday, 8 am to Noon; Thursday, 2 to 8 pm
The Bulldog Health Center: Mineral Springs	Winston-Salem	336-703-4273	Monday–Friday, 7:30 am to 4 pm
The Shalom Project	Winston-Salem	336-721-0606	Every other Wednesday, 4 to 8 pm
Triad Free Health Clinic: Community Mosque	Winston-Salem	910-364-9865	First and third Saturday, 9 am to 1 pm
Winston-Salem Rescue Mission Clinic	Winston-Salem	336-723-1848	Monday and Thursday, 7 to 9 am
Winston-Salem Rescue Mission Clinic at Southside	Winston-Salem	336-723-1848	Tuesday and Friday, 7 to 9 am
Wake Forest Baptist Health Pediatrics–Winston East	Winston-Salem	336-713-8860	Monday–Friday, 8 am to 5 pm

THE JOY OF APPRECIATION

Using Small Comforts, Congregations 'Adopt' Caregivers



Taryn Jaster (left, in white coat) persuaded The Summit Church in Kernersville to "adopt" Wake Forest Baptist Medical Center's Operating Room team. Each month, church members bring food and treats to the OR team.

CURRENTLY, 13 CONGREGATIONS REPRESENTING MANY DENOMINATIONS HAVE ADOPTED CLINICAL UNITS.

Taryn Jaster has been a paramedic and operating room nurse and now is a nurse in the Emergency Department at Wake Forest Baptist Medical Center. As much as anyone, she understands the stress faced by caregivers.

As she pursued her master's degree, caregiver stress became the focus of her major research project. Her studies led her to Rev. Maria Teresa Jones, Wake Forest Baptist's chaplain for staff support.

Jones told her about the FaithHealth Unit Adoption Program, in which outside congregations adopt a clinical care unit. The goal is to provide support to Medical Center employees who care for patients and families to help them feel more appreciated.

"It's very important to refuel yourself," Jaster says. "We constantly give to people, give of ourselves, give of our time. But when people in our profession are at work, those we help are not always in a position to be appreciative of what we do. And a lot of times they can't come back later and say thank you.

"Having the community come in and say 'We appreciate what you do' is so important."

Jaster, a member of The Summit Church in Kernersville, brought the idea to her church's community outreach team in February. Each month since, The Summit Church has brought breakfast or afternoon snacks to the Operating Room team — as many as 140 providers. From coffee, biscuits and fruit to a popcorn machine in the afternoon, the OR team gets a pick-me-up that recognizes the importance of the work they do on a daily basis.

All congregation visits are coordinated by Jones.

"Unit adoptions make the staff feel cared for; that they are not taken for granted and that they matter," Jones says. "This boosts morale in ways that make them want to come to work. Giving care in reciprocity reduces compassion fatigue."

Currently, 13 congregations representing many denominations have adopted clinical units. Each unit has

different needs, Jones says. For example, the Neonatal Intensive Care Unit is cared for by Reynolda Presbyterian Church, which brings food and snacks for the staff and blankets for babies. The Trauma Units have been adopted by the Ministers Conference of Greater Winston-Salem, a group representing multiple congregations. When the Ministers Conference members deliver coffee, food and snacks to the Trauma Units, they also collect confidential prayer requests from the Medical Center staff.

Congregations can provide "whatever the staff needs to make the days go by easier and lighter," Jones says.

As someone who is both a provider and a liaison for her church, Jaster sees the benefits from both viewpoints.

"What sparked my master's project on compassion and fatigue was seeing how people get more irritable if they're tired. We have 12-hour days and by the end of the day we are stressed out," she said. "Turnover is a huge problem, especially for the OR.

"After a visit by a congregation takes place, for the next week at least, people will catch me in the hallway and say 'thanks for coordinating this.' I think it's had a very positive influence."

Count Phyllis Love, RN, BSN, among the believers. Love is one of several OR clinical coordinators.

"It's really great having an outside agency that can sponsor you. The nurses feel like they're loved on," she says. "Taryn was on my team and when she presented this program, I said, 'This is great. This is what we need.' It's a great partnership."

Congregations interested in learning more about the Unit Adoption Program may email Rev. Maria Teresa Jones at mtjones@wakehealth.edu.

— LES GURA

People *and* Events

New Interfaith Service Aiming to Highlight Issues of Public Interest

A new weekly noontime service at Davis Chapel on the campus of Wake Forest Baptist Medical Center is intended to provide an opportunity for prayer and reflection on issues affecting the community, nation and world.

The Medical Center created the series along with Wake Forest University, which recently began its “Called Together: The Prayers of the People” series on Wednesdays at noon on the university campus.

The service at the Medical Center is co-sponsored by the Division of FaithHealth and the Office of Diversity and Inclusion. Each service is led by a clergy member or lay leader from a particular tradition or faith. The inaugural service was conducted by Chaplain Michelle Nicolle of the Buddhist faith tradition. She asked attendees to focus on the concepts of power and care—and how those concepts might best be used to promote the positive flourishing of humankind—as the foundation for a 15-minute meditation.

Chaplain Joins FaithHealth Team in Community Crisis Response Role

Rev. Glenn Davis, chaplain for community crisis response, is the newest member of the Division of FaithHealth. One aspect of his role is educating people about how stress affects wellness. It’s something he knows well from his 20 years working as chaplain for the Forsyth County Sheriff’s Office.

At a recent Lunch and Learn sponsored by ActionHealth, an employee program of Wake Forest Baptist Health, Davis shared lifestyle tips and suggestions. Here are some key bits of advice, which he shared in an entertaining, informative and at times humorous presentation:

- ▶ Everyone loses when wellness is not a priority; the cost of care goes up.
- ▶ It’s important to educate children about healthy eating habits and healthy foods.
- ▶ Exercising is not so much about losing weight as it is about reducing inflammation and other health risks, and improving mood, immune system productivity and stress level.



Rev. Francis Rivers Meza is among clergy members representing different denominations who have led a new weekly interfaith service in the Davis Chapel at Wake Forest Baptist Medical Center.



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Center for Congregational Health
provides ministry and training for
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healthychurch.org

Chaplaincy and Pastoral Education
provides spiritual care for hospitalized
patients and their loved ones, and offers
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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)

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