

FaithHealth

Spring 2016



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Balm in North Carolina

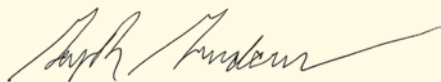
We humans are a broken and fragile lot. The only way we have spread from Africa into every hill and meadow on this spinning world is because we learned to help and heal each other. Other species are tougher and more savage. It's often hard to remember amid world events that are often mean and chaotic, but humans thrive by kindness. We call those most profound and simple acts "humane."

Doctors and nurses often tell of how they learned healing from the kindness of their mom. Sometimes we literally help each other find our way—through depression or across a confusing parking lot. Sometimes we heal over decades.

In this edition, you'll read about humane acts and healing, separately and in tandem. They are stories of outreach—of providers helping others who struggle to get by during a health and life crisis. These stories happen in different places—outside the walls of the hospital. In particular, we look at: new outreach to the Latino community; assistance now being offered to homeless men; and a chaplain offering spiritual and sometimes practical aid to patients with chronic diseases.

For nine decades, about 1,500 congregations across North Carolina have paused on Mother's Day to collect offerings that help some of our most vulnerable patients. Learn more about this year's effort on our back page.

Each morning at 9, people representing every operating unit of Wake Forest Baptist Health gather to report on events, concerns and anything they need from the larger team. Recently, we recited the prayer you see here, one that is apropos for this edition of FaithHealth.



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

A Prayer for Healers

God of all life

And death

And every healing in between.

*Our daily lesson is that you have made
us fragile and incomplete*

So we must help each other along the way.

*Give us the simple confidence that we
who are called healers*

Are doing the best we can

For those that need us

As we run our tests

And clean the floors

And deliver the meds

And choose and guide the tools

(Including a kind touch)

To give life a chance.

May we be smart enough

And kind enough

this one day,

the only day we are in.

We know you make this possible.

*Thank you for guiding us to find our
life with each other.*

Amen.

FaithHealth

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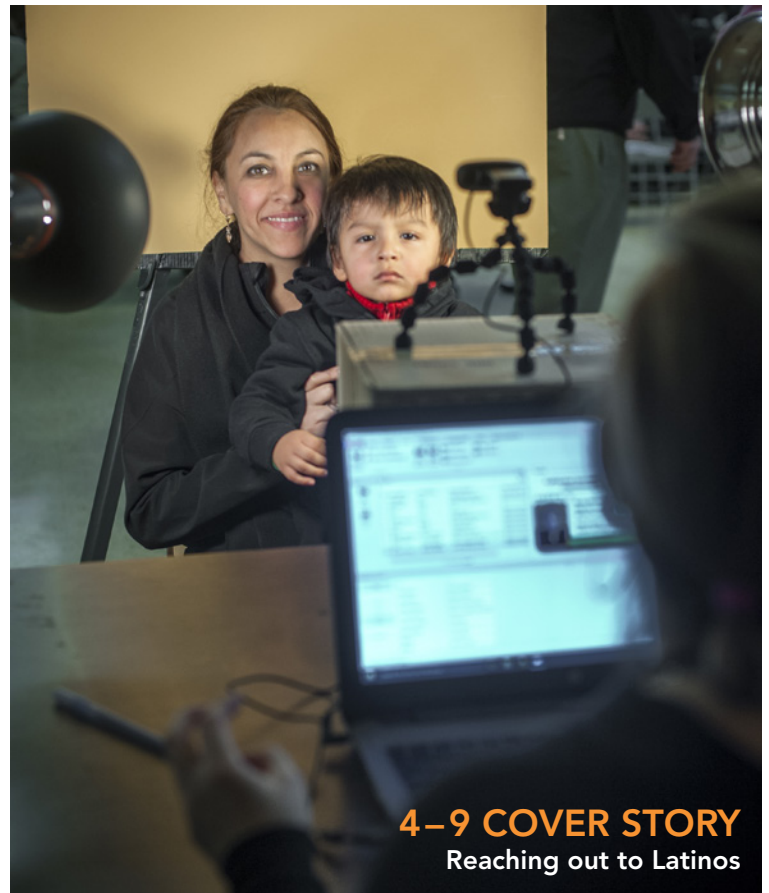
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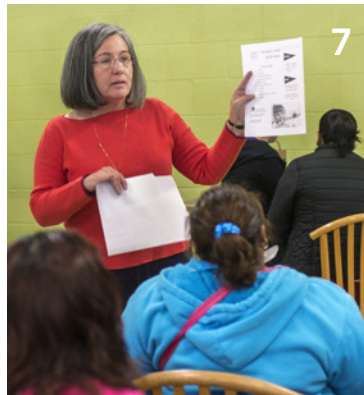
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Cover photo: A family waits in line to apply for photo identification cards.

FaithHealth magazine is published by the Division of FaithHealth, Wake Forest Baptist Health.



Making the FaithHealth connection to a population in need

In July 2014, the FaithHealth program held meetings with Spanish-speaking residents, care providers, government agencies and nonprofits. The goal was to identify strengths and weaknesses within the community and understand barriers to good health unique to Latino residents. Soon, a broad-based effort was undertaken to tear down those barriers. The stories that follow all sprang from the “asset mapping” session in the summer of 2014:

- ▶ A community ID card program can help people who are undocumented to avoid problems when dealing with city and county agencies, health providers and others.
- ▶ A free wellness clinic at El Buen Pastor Presbyterian Church addressed health issues that otherwise might go untreated until a person lands in the emergency department.

- ▶ A bilingual Supporter of Health hired by Wake Forest Baptist Health helps Latino people navigate government procedures and the health system in times of illness.

These efforts are only the start of outreach aimed at building the kind of trust needed in a multicultural society.

Rev. Francis Rivers Meza is chaplain supervisor and Hispanic/Latino liaison for Wake Forest Baptist’s Division of FaithHealth Ministries. He says the culture in Latin America is that when sick, “you hold on, hold on, hold on. And when things are bad enough, you go to the emergency department.

“We need to help people understand there are clinics, there are things you can do instead of going to the ED. And even more important, once they are part of the system, we must understand what kind of support they need so they can recover in their home, in their neighborhood.”

“WE NEED TO HELP PEOPLE UNDERSTAND THERE ARE CLINICS, THERE ARE THINGS YOU CAN DO INSTEAD OF GOING TO THE ED.”

– Rev. Francis Rivers Meza

Teresa Cutts, assistant professor of social sciences and health policy with Wake Forest School of Medicine, led the asset mapping session in 2014. She’s pleased to see the progress being made to better connect Latino people with resources that will help them be healthier.

“The asset mapping workshops allowed people to voice their concerns around improving the care delivered to them, particularly undocumented persons,” Cutts says.

The work now being done, she says, “signals to the community that it is a new day in terms of how Wake Forest Baptist is relating to its most vulnerable partners in care. It’s a wonderful, true story.”

'I'm not in the shadows any more'

ID program hugely popular on arrival in Forsyth County

In the summer of 2014, the Division of FaithHealth Ministries at Wake Forest Baptist Medical Center began working with numerous organizations and neighborhood residents in Winston-Salem to map each area's strengths and weaknesses.

When it came to largely Hispanic neighborhoods, one key weakness stood out — the ability to obtain a valid photo identification and the resulting problems for those without one.

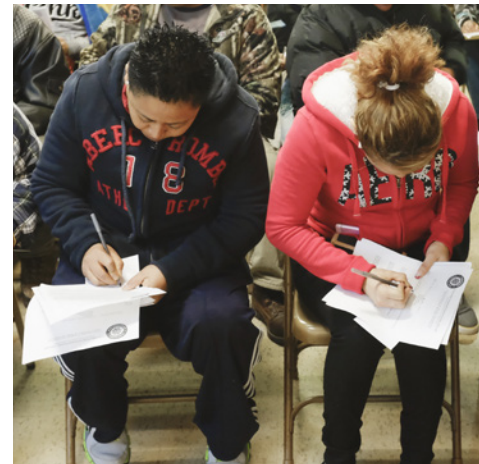
Despite a Hispanic population that has soared in North Carolina and the region over the past generation, state law bars residents who do not have proof of U.S. citizenship or residency status from obtaining a driver's license. That can create problems. For example, it can take hours for Spanish-speaking people who are stopped for minor driving infractions to be cleared, or they may face delays or difficulties in receiving health care.

In 2013, FaithAction International House, a Greensboro-based non-profit, began a photo identification program in Guilford and Alamance counties. To date, the program has resulted in more than 4,000 people receiving photo identification cards.

The same issue in Forsyth County resulted in months of planning by a coalition of groups, including FaithAction. On a cold January morning at SouthEast Plaza on Waughtown Street in Winston-Salem, hundreds of people turned out to apply for a photo identification card.



On a cold January morning at SouthEast Plaza on Waughtown Street in Winston-Salem, hundreds of people turned out to apply for a photo identification card.



The launch was one of the largest single-day photo identification card successes ever. A total of 571 people applied for a card that day. They needed to bring two forms of identification (for example, a document from their home country and a utility bill from their apartment), sign a contract and have their picture taken.

What does having a photo identification mean? To Milena Morales, who works at Mi Pueblo restaurant in Clemmons, the answer is a very simple.

"I'm not in the shadows any more," she says.

The card means that Hispanic residents stopped by police or sheriff's

continued >

THE PHOTO IDENTIFICATION CARD SYSTEM IS ALREADY PAYING DIVIDENDS IN MORE IMPORTANT WAYS—SUCH AS BUILDING TRUST BETWEEN SPANISH-SPEAKING PEOPLE AND GOVERNMENT AGENCIES.

deputies for minor infractions likely won't go to jail or face deportation. It should improve Hispanic residents' ability to obtain health care, because providers can now be assured of the person's identity. It means parents or caregivers will face fewer problems picking up children from an afterschool or day care program.

"It's very simple," says Jose Isasi, owner of Que Pasa media and a strong advocate of the photo identification program. "Unless you have documentation, you're nothing. Police procedure is simple: They ask for an ID, and if you do not have an ID, they will take you to jail until you can prove who you are. Life becomes difficult."

The photo identification program helps government agencies and service providers, too.

Trying to validate identification is a time-consuming process, especially for a rapidly growing population. There are more than 45,000 Hispanic residents in Forsyth County (12.6 percent of the population) and 900,000 in the state (9 percent).

Beyond wasting administrative time, the photo identification card system

is already paying dividends in more important ways — such as building trust between Spanish-speaking people and government agencies.

"Greensboro police are beginning to get reports of crime from the Hispanic community that they never got before," says Rev. Francis Rivers Meza, chaplain supervisor and Hispanic/Latino liaison for Wake Forest Baptist. "Before, people were afraid to talk to police."

After the photo identification process was explained in Spanish and English to those in attendance at January's event, the Forsyth County Sheriff's Office and the Winston-Salem Police Department took questions.

Winston-Salem Police Lt. Tyrone Phelps was told by one resident that people were worried the police would arrest them.

"We're not interested in your immigration status," Phelps responded. "We're also not interested in deporting you. Our job is to make sure you and your family are safe."

Although his department still only officially recognizes government-issued photo identification cards, Phelps says

it supports the photo identification program because having a photo ID is better than not having one.

The Forsyth County Sheriff's Office is fully recognizing the photo identification cards issued by FaithAction, following the lead of the Greensboro Police Department.

Sheriff's Major Danny Carter told attendees that his department has faith in the vetting process.

Carter worked off duty for nearly 10 years outside the popular Hispanic grocery La Providencia. He says he not only made friends there, but learned basic Spanish while in turn helping many newcomers learn basic English.

Chaplain Glenn Davis of the Forsyth County Sheriff's Office says the ID program, along with other outreach efforts, is the morally compassionate thing to do.

"We're not excused from caring about people because they're different from us," Davis says. "Why wouldn't you want to embrace the community and want them to feel a part of it and be entitled to all the services that build community?"

— LES GURA

People seeking more information about the ID card program may visit FaithAction.org or call 336-379-0037.



Pictures being taken at the photo ID card application event. Right, Rev. Francis Rivers Meza of Wake Forest Baptist assists one applicant.

Key health numbers focus of Latino fair



A health fair in January at El Buen Pastor Presbyterian Church in Winston-Salem attracted a diverse crowd of Latino residents for free screenings.

Fredy Ramirez left little doubt why he attended the “Know Your Numbers” fair at El Buen Pastor Presbyterian Church with his wife and four young daughters.

He and his wife, Claudia Osuna, were measured for blood pressure, blood sugar, cholesterol, body mass index and bone density.

“It’s about our health. It’s one of the most important things in life,” said Ramirez, whose daughters range in age from 5 months to 7 years. “I’ve got to be healthier for them.”

As the Spanish-speaking population soars in Forsyth County and North Carolina, programs such as the health fair at El Buen Pastor are being developed to address key issues.

Rev. Rosa Miranda is pastor of El Buen Pastor, which serves more than 90 families in the northwest part of Winston-Salem. She said the idea of having a health fair came about after an asset mapping session held at her church in the summer of 2014.

The Division of FaithHealth Ministries of Wake Forest Baptist Medical Center conducted the mapping session. The event brought together individuals, organizations, government agencies and non-profits to discuss areas of strength and weakness in the Latino community.

“Prevention is the cheapest medicine,” Miranda said. “It has many benefits, not only for the adults, but for the children.

Because you have to make lifestyle changes, and these impact the rest of the family and whoever lives with you.”

More than 200 people turned out for the health fair in late January at El Buen Pastor. Those who attended were asked to return in March to have their numbers rechecked.

After their numbers were taken, Ramirez and others visited education stations set up by many providers, including Wake Forest Baptist Health, Novant Health Forsyth Medical Center, Forsyth County, Winston-Salem/Forsyth County Schools and more.

Ramirez and Osuna spoke with Angelica Guzman, a health educator for the Brenner FIT (Families in Training) program at Wake Forest Baptist Health. Brenner FIT teaches families about healthy meal options.

Guzman used a demonstration plate to discuss a proper balance of grains, lean protein, fruit and vegetables. The couple took home many useful tools, including the demonstration plate.

Miranda said that providing health services to Latinos must continue to be a collective effort. Latinos in particular struggle with two specific chronic diseases—diabetes and hypertension.

“I would love to be able to see every family with one or two health goals,” Miranda said. “Our model is based on prevention. We would like for families to know their numbers and go from there.”

— LES GURA

A Supporter of Health for Latino patients to lean on

Santos Argueta speaks softly by nature. But his voice drops to a whisper and he gets choked up describing the Wake Forest Baptist Health program that provides him with a friend to navigate the myriad issues he faced while fighting cancer.

"It makes me feel so happy," says Argueta, 54, of Winston-Salem, whose inability to speak English has caused problems since he was diagnosed with a tumor on his back in 2013. "I'm so happy someone can help me with my journey."

Argueta's words are translated by Enrique Catana, one of five Wake Forest Baptist Supporters of Health and the first who is bilingual.

The Supporters of Health work with people before, during and after a hospital stay to get them the assistance they need to better ensure good health. Assistance covers everything from making sure people take their medicines in the right dosages and at the right time to connecting them with resources that help them with utility bills or rent.

People are referred to the Supporters of Health program by health care providers, medical center staff, faith communities or word of mouth. Supporters of Health often become a patient's friend, providing a vital link that keeps them healthy and lets them know someone cares.

Catana was born in Mexico City and came to the U.S. 15 years ago. After 10 years in radio, he joined the Environmental Services team at Wake Forest Baptist. Soon after he began work, however, his boss recognized Catana's people skills, and suggested he apply to become a Supporter of Health.

Catana provides an important connection in parts of Winston-Salem, where many patients can become bewildered trying to deal with their needs and the complexities of health systems and government agencies.

The Supporters of Health are assigned to patients in neighborhoods where people are more at risk for chronic diseases such as diabetes and hypertension. The program aims to help people maintain their health, and avoid readmissions to the hospital and emergency room visits for routine medical care.

THE SUPPORTERS OF HEALTH WORK WITH PEOPLE BEFORE, DURING AND AFTER A HOSPITAL STAY TO GET THEM THE ASSISTANCE THEY NEED TO BETTER ENSURE GOOD HEALTH



Enrique Catana, a Supporter of Health for Wake Forest Baptist Health, prays with Winston-Salem resident Santos Argueta.

The Supporters of Health assist patients through frequent calls and home visits, connecting them with what they need to support their mental, physical, social or spiritual well-being.

After the tumor on his back was removed, Argueta underwent six weeks of chemotherapy and later developed stomach problems that required surgery. Argueta's doctors recently declared him cancer-free, and he hopes to return to work as a painter soon. In the meantime, he spends his days at his apartment in northern Winston-Salem.

During a recent visit with Argueta, Catana held his shoulder and the two men slowly and emotionally chanted a brief prayer of thanks in Spanish. Argueta clutched a tissue throughout Catana's visit.

Beyond the companionship, Catana has helped Argueta navigate agreements with utility companies and connected him to agencies that assisted in overcoming financial hardship during his lengthy illness and recovery.

In addition to his work with patients, Catana is involved with the FaithHealth program through Wake Forest Baptist. He invites pastors of predominantly Hispanic churches to engage in efforts that can help improve health.

"In Winston-Salem, there are 40 different church denominations in which Hispanics participate," Catana says. "Right now, we have four involved in FaithHealth. I hope to have more become involved. I wish all 40 come to FaithHealth."

— LES GURA

Reaching out to Latinos in rural counties

The need for providers to reach Spanish-speaking residents is spreading well beyond urban areas such as Forsyth and Guilford counties.

In Burke County, Francisco Risso is making those connections.

A second-year clinical pastoral education resident with Wake Forest Baptist Medical Center, Risso spends most of his week working for Carolinas HealthCare System Blue Ridge in Burke County.

In addition to his chaplaincy duties, Risso spent weeks recruiting members of the Latino community to a February conference at Blue Ridge. There, people in the community shared with hospital and other community leaders some of the biggest issues they face in getting health care.

Among the issues identified were:

- ▶ The need to help community residents understand how to use the health system without going to the hospital.
- ▶ The need to improve cultural competence, enabling hospital staff to make better connections with community members.

Hospital officials will meet to determine next steps. Risso hopes the result will eventually be programs that bring the Latino population closer to obtaining improved health care.

“The majority of people in the community are trying to raise children and integrate into the community, but they face huge barriers on a daily basis

over immigration status, language and adjusting to a new culture,” Risso says.

Risso was born in Miami to Chilean parents, and moved to North Carolina when his father took a position as a Spanish professor at Lenoir-Rhyne University in Hickory. He’s lived in Burke County ever since.

He received his degree from Lenoir-Rhyne and became a community organizer supporting hundreds of workers at Case Farms Chicken in Morganton. Risso later became head of a nonprofit formed to support

Ridge, says having Risso on staff “is a real opportunity to reach out.”

“We want to form a closer, ongoing relationship with the Latino community, to better serve the needs of our fastest-growing population in Burke County.”

Stamper also is a FaithHealthNC Fellow, one of a group of people bringing the FaithHealth concept to other parts of the state. Placing someone in the community who has worked with the Latino population makes this a great opportunity for Blue Ridge, Stamper says.

Risso was assigned during his second

“WE WANT TO FORM A CLOSER, ONGOING RELATIONSHIP WITH THE LATINO COMMUNITY, TO BETTER SERVE THE NEEDS OF OUR FASTEST-GROWING POPULATION IN BURKE COUNTY.”



Latino residents, health care providers, and representatives from government and nonprofit agencies met to discuss health needs in February at Carolinas HealthCare System Blue Ridge in Burke County.

the rights of workers in the region, most of whom are Guatemalan immigrants of Mayan descent.

After years of organizing and outreach work, Risso decided to enter divinity school. His position with Carolinas HealthCare, funded by an endowment grant obtained through Wake Forest Baptist, puts him right where he wants to be — continuing to assist the people of the region he’s lived in for nearly 20 years.

Chaplain Dennis Stamper, Risso’s supervisor at Carolinas HealthCare Blue

year of residency by Rev. Emily Viverette, director of the FaithHealth Education program. Risso’s engagement gives Blue Ridge a head start on a key issue for community members — trust.

“It’s because of their immigration status and our laws. There’s a real fear of engaging with any institution,” Risso says. “Our goal as a hospital is to build a partnership with the Latino community, and I think we need to hold ourselves accountable to that.”

— LES GURA

Q&A

Connecting faith communities and public health



Interview by Tom Peterson

John W. Hatch, PhD, was instrumental in establishing one of the first two community health centers in the United States, the Delta Health Center in Mound Bayou, Miss. In 1971, he began teaching at the University of North Carolina at Chapel Hill's School of Public Health and working with the General Baptist State Convention of North Carolina, a group representing black Baptist churches. In the mid- to late-1980s, Dr. Hatch worked with the World Council of Churches to spread the message of preventive health care in Africa. He retired from UNC as Kenan Professor of Health Education in 1995.

FaithHealth: How did you get involved in public health?

Hatch: My interest in public health springs from a family belief that you should help other people. I'm indebted to my parents, grandparents (all four of my grandparents lived through slavery), great-grandparents. Some of them embraced the church and community organizations around issues of concern to them: being born, living through hard times and good times, negotiating understandings with neighbors, how to get people buried, helping out during times of sickness.

FaithHealth: How does public health differ from what you might find in a doctor's office or a hospital?

Hatch: Public health concerns issues that apply to large populations and does not generally apply to an individual. A program dealing with HIV/AIDS is not about a person who has the disease. It's helping people understand, for example, the origins and what we can do to prevent transmitting it to large numbers. How can we get out of the hole we find ourselves in? Public health is relatively low cost but aimed at very large numbers of people. If through a health campaign we get 5 percent of the people to adopt new behaviors, that's a pretty good return.

FaithHealth: You were in that intersection between public health and faith, working with churches. What difference did that make?

Hatch: I became involved in the war on poverty back in the '60s. People were beginning to talk about the difference in health between low-income people and better-off people. Some were saying give them more of what we've got—more pills, more needles, more medical intervention—that middle-income people were used to getting.

That wasn't what was needed in some places like the rural South, especially in poor black communities. It was more basic than that. We were talking about hygiene, pest control, nutrition, diabetes and hypertension, lifestyle changes and dietary changes. We were talking about behaviors that would help people manage or prevent health problems that threatened their lives and shortened their lifespan. The interventions that over a generation or so might do the most good were relatively low-cost.

Who do people hear? As a professional I would go out and speak, and people would listen and smile, but that didn't suggest they were going to change their behavior. But there were people they would listen to, often those

who visited and prayed with those going through sickness.

When I was in Mississippi, most rural blacks knew the Baptist system. They knew what an association was, what a moderator was, how Sunday school worked and things like that. So, in building health-related systems, I stayed close to that model—what they knew and participated in. Not necessarily taking it to the church, but often the church was the only public facility that black people controlled. Every community had a church, and you could talk to the deacon or to some of the sisters and get access to people, as well as a place to hold the meetings.

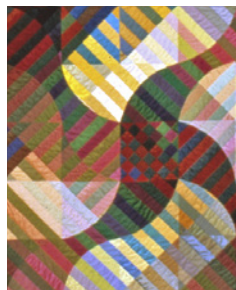
The war on poverty emphasized starting where people are, letting them generate the ideas of the future. It was kind of far-fetched. Why should they dream about the world they would like to see? I remember at a meeting in Tupelo, one person in a group said, "Oh, I think I know what Mr. Hatch wants us to talk about. He wants us to say how Jesus wants us to live." Then everyone said, "Oh!" It was like a switch. They began to talk about the kind of community they wanted to see and what they wanted for the children in regards to things like health and education.

FaithHealth: How has this played out in North Carolina churches?

Hatch: I think the church is still one of the most powerful organizations in the African-American community, particularly regarding who people trust. Which organizations are most likely to reach out and be helpful to your children? Often, people in churches, especially in rural communities, take on a mission of social action, of helping people during times of crises as well as celebrating life.

Some women in eastern North Carolina were working with mostly poor, unmarried women helping them best care for their children in terms of health care, saving for their education and so forth. One of the male deacons commented, "We appreciate what you're doing. If there's anything men can do, let us know." And one lady said, "You do something about these no-good men who let these women struggle like this." This resulted in identifying a number of the fathers of the children. And the older men contacted a bunch of the younger men.

It wasn't, "Look what you did?" Rather, it was, "As a man, you have to help the women." It got down to buy some food and pay some rent, but to do that you have to have a job. It was practical older-man-on-younger-man advice on how to get a job, and



it was phenomenally successful. They encouraged them to get a GED.

This took place around the church but it was more of a one-on-one kind of thing. And friendships and trust developed. I attended those meetings and was surprised by the quality of the relationships. One Saturday morning a month they would have breakfast for the women and men. Community members served as guides. People felt their input was really helping and enabling these young people and helping the children. That's compatible with their perception of what you should do as a Christian.

FaithHealth: Sometimes, simple things like exercising and eating right tie into both our own personal health and public health.

Hatch: This requires input and ideas. In Mississippi, we found ways to start community gardens. You know, if you can raise cotton, you can raise greens and potatoes. We were slowly and methodically building technical understanding, the value of tools. And the role of green stuff and yellow stuff and red stuff in childhood health;

I THINK THE CHURCH IS STILL ONE OF THE MOST POWERFUL ORGANIZATIONS IN THE AFRICAN-AMERICAN COMMUNITY, PARTICULARLY REGARDING WHO PEOPLE TRUST.

children's need for a different diet than, let's say, rice and beans alone.

It takes trust and a lot of good luck to get people to modify their food practices. We interacted enough to know which foods people valued. This happened to include peas and beans, so we were on a roll in getting people to eat vegetables needed for a good diet.

Older people ate a lot of salt and heavy meats, and getting them to cut back was a problem. People don't act on fact. It has to be a negotiation around things they know about and getting them to bend as far as possible. And fortunately, almost always, some folks around, for whatever reason, had done the right thing and they could sort of tell their stories about how they did it and why.

FaithHealth: What can a health care provider learn from someone in public health?

Hatch: Johns Hopkins University found that lower income women weren't showing up for their appointments for their children. Then one guy identified a network of older women — sometimes for pay, sometimes a relative, and so on — who often took care of the children of the younger women. He engaged these elder women who had the trust of the younger women. Case studies showed that when they involve these older women, the younger women moved from the last to the first in appointment attendance. This man had the insight to find out who is influential and who will these young women hear.

People *and* Events

New to the FaithHealthNC team

- **Dianne Horton**, Manager, Chaplaincy and Clinical Ministries, Wake Forest Baptist Health Lexington Medical Center
- **Helen Milleson**, FaithHealthNC Navigator at Randolph Hospital
- **Renee Rutherford**, FaithHealth & Emergency Readmissions Coordinator, Wilkes Regional Medical Center

Join us! FaithHealth Learning Forum

Join us on June 13 for an introduction to the FaithHealth movement in North Carolina.

This daylong event is designed for congregational, community and health leaders. It will be held at Wake Forest Biotech Place, 575 N. Patterson Ave., Winston-Salem.

For information, contact Robin Danner at **336-716-9722** or **info@faithhealthnc.org**. Space is limited.

Bringing chaplaincy and more to those most in need

Rev. Graylin Carlton worked with the homeless for years as evening supervisor at the Winston-Salem Rescue Mission. Since becoming a Clinical Pastoral Education (CPE) resident with Wake Forest Baptist Medical Center, he's finding a new and just-as-rewarding way to connect with the homeless.

Carlton meets homeless men every Monday from 5 to 8 p.m. at the Samaritan Ministries shelter on Northwest Boulevard. He talks with the

men about their needs and whether they might be assisted by the Empowerment Project. The program, part of Wake Forest Baptist Health Psychiatry and Behavioral Medicine, connects homeless people with services such as housing, addiction treatment, behavioral health counseling and job training.

As a former church pastor, Carlton brings a strong sense of compassion to his chaplaincy work.

"I left the church because I wanted to provide pastoral care that not only helped

the church, but helped the community," Carlton says.

In recent years, the CPE program has been moving to provide spiritual guidance not just while people are in the hospital, but in the community setting, too. That applies to Carlton's efforts and those of Rev. Jessica Chapman, a CPE resident assigned to the care team working with at-risk patients at the Downtown Health Plaza in Winston-Salem.

"We believe the future of health care chaplaincy includes a healthy dose of



Rev. Graylin Carlton (left) offers words of support to Mark Mickens at the Samaritan Ministries shelter in Winston-Salem.

"I LISTEN AND OFFER PRAYER, AND SOMETIMES TRY TO CONNECT PEOPLE TO RESOURCES IN THEIR OWN COMMUNITIES."

– Rev. Jessica Chapman

community engagement, as well as in-hospital skill, especially in interfaith work," says Jay Foster, director of chaplaincy and clinical ministries for Wake Forest Baptist.

'He boosts up my morale'

One recent Monday at Samaritan Ministries, Mark Mickens, 52, spoke with Carlton about his needs — especially once his 90 days of lodging ends at Samaritan. The two men chatted quietly and intensely, with Carlton asking Mickens about his health, his lifestyle choices, his faith and his application for disability. Mickens had two heart attacks in November.

Carlton talks like that with many men over the course of the evening, doing screenings to see if the person is appropriate to participate in the Empowerment Project.

Mickens appreciates Carlton, who he has known since 2012. Carlton was working at the Rescue Mission when Mickens gave up alcohol and drugs and joined the Pentecostal church. Mickens made that life change after avoiding serious injury in a car accident that left seven others with crippling wounds.

Mickens says he hopes that Carlton can eventually help him find a permanent home through the Empowerment Project. But he sees another benefit of working with Carlton.

"He boosts up my morale and my belief that there is hope somewhere," Mickens says.

Carlton says he'd like to continue working with the homeless after completing his residency.

"Homeless people are still invisible to a certain extent in the United States,"



Rev. Jessica Chapman (center) chats with other members of the Care Plus team at Wake Forest Baptist Health's Downtown Health Plaza.

he says. "My burden is increasing the awareness of how many people are out there. That's what I'm passionate about."

Creating a 'circle of support'

As an outpatient clinic of Wake Forest Baptist Health, the Downtown Health Plaza serves a largely poor population. The Care Plus program began at the Downtown Health Plaza in 2013 to combat chronic medical problems such as hypertension, diabetes and obesity. Care Plus patients see a team of providers, including CPE resident Jessica Chapman.

Unlike health providers, one of her roles is to understand outside issues that may be occurring in patients' lives that can disrupt health — such as problems with bills, transportation or family concerns.

"I listen and offer prayer, and sometimes try to connect people to resources in their own communities," Chapman says. "I ask about whether they have a church home, if they attend. We want to build a good circle of support around them."

As part of Care Plus, she attends morning huddles with the interdisciplinary team to discuss incoming patients. She also travels with a physician, social worker or counselor

to home visits. Sometimes Chapman has standing appointments with individual patients.

Chapman entered the CPE program after graduating from Wake Forest University School of Divinity in 2014. Ultimately, she would like to teach pastoral care in a divinity school, but as a resident she pursued her assignment at the Downtown Health Plaza intentionally.

"I wanted to be more involved with the FaithHealth overarching goal of being outside the walls of the hospital," Chapman says. "The opportunity to be out in the community and at the intersection of faith and health is living out my passion."

Holistic care

Jay Foster says engagement outside of the hospital is a new, important and still-evolving aspect of chaplaincy.

People coping with chronic or acute illness often ask a plaintive question: "Why is God doing this to me?"

"To have a well-trained, pastoral theologian and spiritually sensitive caregiver engage them in conversation about that is part of holistic health," Foster says.

– LES GURA

Ardmore Baptist Church offers a place of comfort to families in need

When Carl Hanlon was diagnosed with a glioblastoma in his brain in January 2015, he and his wife, Judy, hardly had time to prepare for the surgery and six weeks of chemotherapy and radiation to follow.

In fact, Carl Hanlon underwent surgery just one week after he was diagnosed. Fortunately, his neurosurgeon, Dr. Adrian Laxton of Wake Forest Baptist Health, was able to remove 98 percent of the tumor. But the Hanlons, who live in West Jefferson, only had three weeks before Carl's daily

the J.L. Wilson Guest House, a home owned by Ardmore Baptist Church just a few blocks from Wake Forest Baptist. The home is part of the church's hospitality mission. It is offered free of charge to patients and family members of any faith who need short-term lodging during treatment and cannot afford the typical hotel expense.

"It had everything we needed," Judy Hanlon says. "Carl was able to rest and sleep during the day. It was very, very convenient and everyone was so nice to us. We were even visited by some of the church members."

also does not offer the single-occupancy privacy sought by some patients.

Rev. Paul Mullen, minister of congregational care for Ardmore Baptist, recalls a patient fighting an aggressive cancer who he spent time with at the J.L. Wilson Guest House.

"God's love was apparent to them through the compassion of strangers at our church. The Guest House was a free gift. Church members and some of our ministers checked on them. We prayed for them. They could hardly find words to express their gratitude. The support eased their minds and allowed the patient to focus on doing his best to survive."

The home was purchased in 2000, says Peggy Neal, who heads Ardmore Baptist's J.L. Wilson Guest House Committee. The goal was to keep family members from sleeping in their cars or campers, as many did when a loved one was in the hospital.

That was the nature of ministry provided by Dr. J.L. Wilson, pastor at Ardmore Baptist for 18 years. He died in May 1996, just before his retirement.

"He was the ultimate pastor," Neal recalls. "There are preachers and there are pastors. He was a melding of the two. He was a very compassionate person."

People are typically referred to the fully furnished J.L. Wilson Guest House by members of the pastoral care teams at Wake Forest Baptist and Novant Health Forsyth Medical Center. They also may be referred by the SECU Family House when that facility is fully booked.

Carl Hanlon says he and his wife were pleased to give a donation to support the J.L. Wilson Guest House once they were able. He's also grateful that the J.L. Wilson Guest House provided a chance for friends to visit while he recuperated.

"It was private, absolutely private," he says. "We could not have asked for anything nicer."

— LES GURA



Carl and Judy Hanlon outside the J.L. Wilson Guest House in Winston-Salem.

THE J.L. WILSON GUEST HOUSE, A HOME OWNED BY ARDMORE BAPTIST CHURCH IS JUST A FEW BLOCKS FROM WAKE FOREST BAPTIST. THE HOME IS PART OF THE CHURCH'S HOSPITALITY MISSION.

regimen of chemotherapy and radiation began. That included figuring out where to stay in Winston-Salem.

Through FaithHealth Connector Diane Dixon, the Hanlons learned about

There are options for people such as the Hanlons. For example, in Winston-Salem, the SECU Family House offers 45 rooms to patients who require treatment. The SECU house has a small daily fee; it

North Carolina Baptist Hospital

Mother's Day Offering



Week of Prayer May 1-8, 2016

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and in this way you will fulfill
the law of Christ."*

~ Galatians 6:2 (NIV)

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