

# FaithHealth

Fall 2013

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## 'We do not go alone'

Sometimes I tell people that the core idea behind FaithHealth is not even smart; it's just not dumb. How could there be anything dumber than a system that assumes that when people are sick, troubled and vulnerable they should be able to figure out the wild complexity of professionals and providers to get the help they need at the optimal time?

In our life's journey, every single one of us will experience times when we are dependent on the compassion of others. Some of those people may be paid, but mostly not. And some of those most trusted (family and congregation) may be competent as well as caring, but many not.



FaithHealth focuses on weaving together a fabric of compassion that is also competent and connected to the many, many parts of the system originally designed for the noble purpose of healing and health.

This is breathtakingly . . . not dumb.

People all over the country, indeed the world, are finding their way on this new path. In April, a meeting of hospital CEOs completed an 18-month learning process in collaboration with the White House and the Department of Health and Human Services. The learnings confirmed that their faith-based and community-oriented systems could fulfill their mission even in these tough times if they learned how to move toward the socially complex patients in their communities in large-scale, "weight-bearing" partnerships and committed to funding proactive mercy rather than reactive charity.

Neither faith nor health can blink or look away from complex human reality, not in one person and not at the level of the community that God so loves. We are called to the tough places and tough questions. It turns out we do not go alone. We have friends there.

Gary Gunderson, MDiv, DMin, DDiv  
Vice President, Faith and Health Ministries  
Wake Forest Baptist Health



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# FaithHealth

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# Creating new models to uplift the health of communities

**D**ora Barilla has spent her 20-year professional life in the health care industry. But ask her when she really bought into the concept of partnership, connectivity and faith in health care and she immediately brings up March 15, 2005.

That's the day a fire truck driven by her husband collided with a tour bus in Upland, Calif. Tom Barilla was ejected and suffered severe chest and head injuries. He wasn't expected to survive.

Yet he did.

With firefighters and EMTs at the scene giving immediate care, and physicians at the hospital doing their job, and family, church and community members coming together to pray and support Dora Barilla and her two daughters, it all worked out. Tom Barilla not only recovered, he returned to work in November 2005.

"Can I explain exactly why he recovered? No," Dora Barilla said. "Brain injury isn't something you can overcome in a week. It took nine months of intensive rehabilitation."

Today, Barilla, DrPH, assistant vice president of strategy and innovation for Loma Linda University Health, is part of a national movement known as Stakeholder Health. Her job is about creating new models of health delivery that pull different parts of the community together to raise the health of all.

She knows firsthand how the bonds needed to promote health and wellness—for individuals, families and community—reach outside the hospital.

"The community came in and helped me and my husband and two daughters through the process. And this really drives my work," Barilla said. "Why should I be different? Why should Tom's story be

different than anyone else who is having a tragedy? How can we create a system so that we all have access to health care?"

### A national movement

One of the earliest organizations to recognize and try to incorporate community and partnerships into health care was the Henry Ford Health System in Detroit, an area that has one of the highest infant mortality rates in the nation.

Kimberlydawn Wisdom, MD, senior vice president of community health and equity for the Ford system has headed the Detroit Regional Infant Mortality Reduction Task Force since 2008. The task force lined up \$2.6 million in funding and public-private partnerships, resulting in a program begun in 2011 called "Sew Up the Safety Net for Women and Children." The early results have been promising.

Loma Linda University Health and Henry Ford Health System are among the 36 nonprofit systems nationwide participating in Stakeholder Health. These systems are committed—along with community agencies, government, congregations and others—to devising proactive means to improve the health of communities.

Gary Gunderson, vice president of faith and health ministries for Wake Forest Baptist Health, is secretary of Stakeholder Health, which is now based at Wake Forest Baptist. Since arriving at Wake Forest Baptist in July 2012, Gunderson has helped

bring about FaithHealthNC, a program based on the "Memphis model" of care that launched while he was senior vice president for faith and health at Methodist Le Bonheur Healthcare in Memphis.

FaithHealthNC creates partnerships between faith communities and health care providers to reach out to and become a resource for patients, serving their needs before, during and after their health journey. Statistics showed that people who were members of

*continues on page 6*

## Unique programs

Here's what some Stakeholder Health medical centers are doing across the country:

**In Chicago**, Advocate Health Care created the Center for Faith and Community Health Transformation, which mobilizes faith communities to address the social conditions that affect health. For example, the Center convened community stakeholders to create a faith-based community health worker program serving the Latino community, with 12 to 15 navigators helping to connect people with health resources.

Another program, the Courage to Love Collaborative, pulls people together to explore how love or social connection can affect pre-term birth and infant mortality.

Advocate Christ Medical Center, located in one of Chicago's toughest neighborhoods, faces an enormous volume of trauma patients because of neighborhood shootings. A few years ago, it began partnering with CeaseFire, part of the Chicago Project for Violence

LOMA LINDA UNIVERSITY  
HEALTH AND HENRY FORD  
HEALTH SYSTEM ARE AMONG  
THE 36 NONPROFIT SYSTEMS  
NATIONWIDE PARTICIPATING  
IN STAKEHOLDER HEALTH.



Prevention based at the University of Illinois at Chicago. The result was a hospital-based joint violence prevention effort beginning right in the hospital when injured patients were received. Chaplains at the hospital call “interruptors,” who begin to work with those on the ground, including victims, family members and gang members, to help prevent retaliation.

**In Southern California**, 21 of the 24 cities or incorporated areas served by Loma Linda University Health now have a “Healthy Community” initiative of some sort. The initiatives involve partnerships that bring together providers, faith congregations and, especially the governments, so that long-term health concerns are addressed right along with economic development and other proposals being made for an area.

In the city of Rancho Cucamonga, a resident helped promote and the city adopted a lactation policy that made better public places for breastfeeding, which gets infants off to a healthier nutritional start in life. For example, a community center now has a place for a mother to go and nurse her baby in a comfortable chair in private.

In another struggling city, San Bernardino, high school students worked on promoting healthier foods in school vending machines.

**In Detroit**, “Sew Up the Safety Net for Women and Children” features cooperation between four competing medical centers, working with public health, academic and community partners. The clear goal is to reduce the infant

Stakeholder Health programs from Chicago (left), California (center) and Detroit (right) bring people from different vantage points together on wide-ranging issues with health implications.

mortality rates in three specific Detroit neighborhoods, where the rates are among the worst in the nation, as well as to provide opportunities for education, employment, housing and food access to pregnant women.

Kimberlydawn Wisdom, MD, senior vice president of the Henry Ford Health System, said the program’s larger goal is to address the social determinants of health that typically lead to higher infant mortality rates. That’s why the program’s community health workers not only provide the women with prenatal care, but also with guidance and connections on issues.

“At its core, we’re decreasing the infant mortality rate, but there are many other aspects to the project that address the population’s health in these neighborhoods,” Wisdom said.

The program uses social media—a website, blog, videos—to share its successes with the women, their families and the community. Wisdom shares that of the 140 babies born in the three targeted Detroit communities in the past 18 months, there has not been a single preventable death.

# STAKEHOLDER HEALTH

congregations that were part of the Memphis program stayed out of the hospital nearly 40 percent longer than those in faith communities not connected through the model.

## Bipartisan support

The idea of identifying barriers to healthy communities and forging partnerships that make a difference is hardly new. In the late 1990s, when Gunderson was at The Carter Center in Atlanta, he was involved with the Interfaith Health Program, an early effort to foster partnerships between public health and faith communities and mobilize resources for communities in the United States and abroad.

The program had the backing of President George W. Bush, Gunderson said, and under President Barack Obama continues to have the support of the Department of Health and Human Services. The department's Center for Faith-based and Neighborhood Partnerships convened the first meeting of interested health systems two years ago. Efforts have been funded with

## THROUGH PROGRAMS SUCH AS FAITHHEALTHNC, PATIENTS WILL BE ABLE TO FIND THE CONNECTIONS THAT GIVE THEM A STRONGER FOUNDATION FOR GOOD HEALTH

contributions from all the participating health systems, as well as a grant from the Robert Wood Johnson Foundation.

Out of the initial White House-based conference, the systems and agencies agreed to be part of a learning collaborative that could transform health by the sharing of innovative practices. The goal was to understand the era of the federal Affordable Care Act and create the means for nonprofit health systems

to succeed financially and still improve community health.

"Health institutions are wrapped in a web of payment systems, reimbursements, professional credentialing," said Gunderson. "Sometimes we feel like Gulliver; we look really big but we're tied down by an infinity of small threads that keep us from actually fulfilling what 21st century science would say is possible."

At a follow-up conference at the White House in April — attended by Gunderson, Wake Forest Baptist Medical Center CEO John D. McConnell, MD, and board Chair Donna A. Boswell — the organizations shared programs they have undertaken, while keeping in mind a key tenet: to reduce and ultimately eliminate the profound health disparities in many urban and rural communities.

Rev. Kirsten Peachey, director of Congregational Health Partnerships for Advocate Health Care in Chicago, said that public health and community work are often at the margins for large health care systems.

"That's why I think Stakeholder Health is a big step," she said. "The Stakeholder Health initiative is really trying to integrate some of the work that's being done out on the margins. This is an opportunity for our organizations to think through why we should be doing this work, why it's integral to who we are as faith-based health care systems."

## Work to be done

Even for areas involved in Stakeholder Health, much work remains.

Gunderson recounted a visit he made this summer to Wentz Memorial United



An expectant mother discusses infant car seat safety with an exhibitor at a community kick-off event for Sew Up the Safety Net for Women and Children, a \$2.6 million project of the Detroit Regional Infant Mortality Reduction Task Force.

Church of Christ in Winston-Salem. Some three dozen people at a Sunday service gave individual prayer concerns and every single one involved health in some fashion, such as violence, relational issues, mental health, end of life.

The story that struck home for Gunderson was that of a woman released from Wake Forest Baptist after surgery who came home to a house with no food.

"We prescribed her the right pharmaceuticals upon her release, but we didn't prescribe food," he said. "She had no idea where she'd find it."

Through programs such as FaithHealthNC, patients will be able to find the connections that give them a stronger foundation for good health—in preventive care, support during a medical need and care after a health journey.

"The mission of most nonprofit medical centers is something along the lines of 'We're going to improve the health in the region,'" Gunderson said. "But can we do that? The answer is 'Yes, we can do that.' But we need new competencies and new strategies."

— LES GURA



# Life and Love in Lexington

## FaithHealthNC gets under way

Marylyn “Booty” Hilton has known Minnie Banks since the early 1950s, when she was a student in Banks’ Sunday School class at First Baptist Church of Lexington.

Today, the two Lexington women are close friends, Hilton being a regular presence at Westanna Family Care, the home where Banks now lives after suffering a broken hip in a fall early this year.

“I feel like Minnie was looking out for me then, and now I’m looking out for Minnie,” Hilton said.

Her connection with her former teacher is part of her volunteer work with FaithHealthNC, the initiative that connects congregations with care providers to help people navigate their journeys through the health system.

Banks, a member of First Baptist since 1938, said she is thrilled that the church has embraced FaithHealthNC and signed a covenant with Wake Forest Baptist Health – Lexington Medical Center. Some 50 church members have signed up as volunteers.

During her many years as a church member, Banks said, she always enjoyed reaching out to others, so “I think it’s wonderful” that church members are doing it again.

Hilton, whose family joined First Baptist soon after relocating to Lexington from Raleigh when she was a child, said ministry was a strong suit of the church for years.

“When I was growing up, my mother would take me to visit people, I guess what we would call shut-ins,” she said. “We did that faithfully on a weekly basis and I remember going with her.”

In recent decades, with more families having both parents working, people have gotten away from being able to

provide support for those in need. Hilton said FaithHealthNC is a way to help restore a worthy endeavor.

“It’s keeping people well and giving them hope,” she said.

### Grateful daughter

Banks’ daughter, Brenda Barton, is a member of First Baptist, too, and works in discharge for Lexington Medical Center’s Emergency Department.

She said she’s long been inspired to help people herself, and has joined the FaithHealthNC initiative as a volunteer, though she is still in the training process. “I just felt like my experience (working in discharge) would be a plus,” she said. “I love my job not because of collecting co-pays but because of helping those who don’t have someone to help them. That’s very important to me.”

She said she’s grateful for the many people who have visited her mother and helped her, because she works and also has been busy assisting her husband, who was recently diagnosed with Guillain-Barre syndrome. Guillain-Barre is a disorder that affects the nervous system and caused paralysis of James Barton’s legs; he has been in rehabilitation and now has limited mobility.

### Help in the healing process

Rev. Coley Rimmer, health care liaison for FaithHealthNC, said early examples of how the program is helping are encouraging.

About 10 Lexington churches have signed or voted to sign a covenant with

Lexington Medical Center to participate, and the program is trying to sign up another 10. The more volunteers available, the more people can be helped with support before, during and after their health journey.

In addition to the people connection provided by FaithHealthNC, the sharing of information on resources and access to different programs also is important, Rimmer noted.

Rimmer joined FaithHealthNC in early May after years of work in the family services field—providing counseling for children and families



Minnie Banks now lives in Westanna Family Care in Lexington, getting support from her longtime friend, Marylyn “Booty” Hilton.

having problems ranging from behavior to development to violence. He said joining FaithHealthNC is a natural extension of his experience.

“What really interested me was the collaboration between the medical centers and churches, enabling churches to be community and do ministry,” he said. “It’s a way for the church to connect with people. And they provide support that helps in the healing process.”

– LES GURA

# FaithHealthNC

**FaithHealthNC** helps ease the journey to health and healing for people and the communities in which they live by connecting the caring strengths of congregations, the clinical expertise of providers and a network of community resources.

## right door

Too often, we wind up at the health system's wrong door — the Emergency Room. **FaithHealthNC** partners help us to learn more about ourselves and the care we need, from preventive steps to proper medications. In that way, they help us find the right door, such as seeing a primary care doctor or other provider.



## right time

Fear, confusion and finances often conspire to have us seek medical help at the wrong time — too late. **FaithHealthNC** partners help us learn about education and preventive care, and how to recognize symptoms and issues so we seek help earlier, with a supportive team behind us.





# ready to be treated

Without support, we frequently wind up in a crisis mode, unable to anticipate what providers need from us or so anxious that we can't be treated. **FaithHealthNC** partners help prepare us when we need medical help, from bringing medications to a facility to understanding financial options to being a calming presence.



## not alone

When we begin a journey of health by ourselves, we are probably anxious, isolated and distrusting. **FaithHealthNC** gives us a network to rely on, someone to be with us—compassionate, competent, connected—so our fears are eased and our journey more smooth.

### **FaithHealthNC**

Clergy or lay leaders of congregations, health care providers or community organizations wanting to learn more should call **336-716-3027**.

**"THIS IS A BIAS I'VE HAD FOR A LONG TIME... THAT PEOPLE OF FAITH MAKE GOOD CAREGIVERS."**

*Bill Pully, president of the  
North Carolina Hospital Association*

# Asset mapping puts priority on shared connections and trust

**T**hough medications can help people infected with the HIV virus, the health system in South Africa was not equipped to deal with ensuring that patients had access to or were taking their medications. Nor were communities dealing well with the orphans left behind of those who died of AIDS.

James Cochrane, PhD, MDIV, and Jill Olivier, PhD, both with the University of Capetown, together with their colleagues in the African Religious Health Assets Programme, brought a new tool into play that began to change the picture in South Africa — the mapping of religious health assets.

In essence, the process connects the resources of providers and the networks of local assets, allowing those providing care and those in need to find each other through connections made during the mapping process.

In mid-August, Cochrane and Olivier brought asset mapping to North Carolina, helping both to train people how to do it and to inaugurate the state's first mapping project in Wilkes County.

Asset mapping is a key component of FaithHealthNC, the initiative that creates a partnership between faith communities and care providers to improve the health of those in need.

Cochrane and Olivier have worked for more than a decade with Rev. Gary Gunderson, vice president of faith and health ministries with Wake Forest Baptist Health, on various public health initiatives.

"Mapping is a tool that has been developed in a number of contexts," Olivier said. "It's not just about putting things on a map, though. It's really about



trying to get that picture of how people relate to each other, how they trust each other."

After several people received training in asset mapping from Cochrane and Olivier, more than 20 "providers" gathered on Friday, Aug. 9, at First Baptist Church in North Wilkesboro and a similar number of "seekers" met on Saturday, Aug. 10, at the Wilkes County school district offices to be led through the process of sharing and learning.

"Most communities have more resources than they think, and often more than they even know about," said Rev. Chris Gambill, PhD, director of FaithHealthNC for Wake Forest Baptist. "They know about the obvious, more visible ones, like a YMCA or a large crisis control ministry or food pantry. It turns out that there are lots and lots of smaller ones, typically nonprofits, that are either little known or really not connected well to the rest of the life of the town or the region."

Heather Murphy, executive director of The Health Foundation Inc., a Wilkes County nonprofit that seeks to improve the health and well-being of people throughout the region, sees a natural link



Volunteers at a religious health assets workshop in Wilkes County discuss and then map their findings.

between the FaithHealthNC initiative and organizations such as her own.

Cochrane and Olivier, during the asset mapping session, spoke to Murphy and others about how communities too often focus on things that are wrong, and wind up becoming overwhelmed. Religious health asset mapping, on the other hand, begins by compiling community strengths, a different approach to problem solving.

"These are the strengths waiting to be tapped into so that these needs no longer feel overwhelming and the goals no longer seem unattainable," Murphy said. "So you really do create an environment where people begin to understand, and they have faith and confidence in their own ability to achieve impact."

— LES GURA

# Q&A

## Why faith and health go together

### A conversation with Bill Pully

Interview by Les Gura

As president of the nonprofit North Carolina Hospital Association, Bill Pully heads an organization representing the state's hospitals that offers leadership, advocacy, information and education aimed at improving the delivery of quality and affordable health care.

Pully shared his thoughts about FaithHealthNC, the program initiated by Gary Gunderson, vice president of faith and health ministries at Wake Forest Baptist Health, and the efforts to create partnerships in health care.

#### **Why is a faith and health connection important to the North Carolina Hospital Association?**

One, and this is a bias I've had for a long time, is that people of faith make good caregivers. The other reason is because of our focus on patient and family engagement. Statewide, patient safety is a goal of the North Carolina Hospital Association and our North Carolina Quality Center.

#### **Tell us a little more about how safety relates in this issue.**

Over the past few years, the boards of the North Carolina Quality Center and the North Carolina Hospital Association have adopted annual patient safety goals.

We're asking every hospital in North Carolina to dedicate resources — time, money or people — to patient and family engagement. It's important to get more families engaged in care because they know more about their families than caregivers do. The knowledge that they bring and share with providers helps overall safety efforts.

#### **So you see FaithHealthNC as an expansion of family when it comes to engagement?**

I got very excited about the similarity between what Gary is bringing to the state in terms of patient, family and community engagement because it fits in our overall mission. What Gary does is tap into the incredible resources of people of faith who are out there to give back in something bigger than themselves. He spoke on the subject at our summer meeting in Asheville.

#### **How is this relevant in terms of improving health on a broader scale?**

When you look at the determinants of health, socioeconomic factors are some of the biggest issues involved. Gary's program is not only geared toward the faith community in general, but the faith community in underserved areas. It's important to focus on the socioeconomic underpinnings of why people may not live healthy or be healthy. Getting people in the faith community interested can help in reaching people and assisting



Bill Pully

**"GETTING PEOPLE IN THE FAITH COMMUNITY INTERESTED CAN HELP IN REACHING PEOPLE AND ASSISTING THEM TO MANAGE CHRONIC ILLNESSES SUCH AS DIABETES, OBESITY, HIGH BLOOD PRESSURE."**

them to manage chronic illnesses such as diabetes, obesity, high blood pressure. And they can reinforce the underlying need for everyone to live a healthier lifestyle.

#### **Will health systems statewide see the benefit and join the FaithHealth movement?**

Yes. I think it'll take root and will be seen as a very good strategy to get patients and families and communities engaged. As a matter of fact, I think it's the best one that's out there right now. Patient and family engagement are important, but this takes it to the community. Trying to reduce the utilization of services means we have to take it outside. If we help create homes where people are focused on chronic disease and illness and what they have to do to avoid them, we can reduce utilization of the health care system, which is a big goal of the federal Affordable Care Act. It's pretty exciting when you think about it.



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## People *and* Events

### Partnering with The Carter Center for Integrated Care

Imagine at your next primary care doctor visit the chance to discuss your high blood pressure with the nurse and physician. Then imagine an expert in hypertension who teaches you relaxation exercises, nutrition and self care to help you manage your high blood pressure and asks about the stressors in your life. What was once a 15-minute doctor exam and a prescription may soon become an opportunity to meet with several experts who can lead you to health-improving lifestyle changes, possibly with less medication or other invasive medical care strategies.

The Affordable Care Act calls for unique ways to provide a full range of services to patients in primary medical offices. Incorporating behavioral health into primary care is central to future frontline health care. To improve the care of North Carolinians, CareNet will be placing mental health counselors in primary care medical offices and will develop training for the next generation of counselors to participate with medical

care teams to provide holistic patient-centered care in many settings.

CareNet and the mental health program of The Carter Center in Atlanta are partnering to develop integrated

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care training for counselors, physicians and administrators. The Center brings experts who will help CareNet develop pilot sites for integrated care in North Carolina. The partnership will develop the curriculum and training programs for behavioral health counselors, and create models for integrated care and telehealth programs.

CareNet has provided holistic care through counseling, psychotherapy and education for more than 40 years. The integrated care model is a natural fit with its historical practice of spiritually

integrated counseling and psychotherapy. Integrated care allows CareNet counselors to be one step closer to the physical care process by placing them in the primary care setting.

### Caregiver Training Begins in Lexington

FaithHealthNC has completed the very first round of basic training for volunteer caregivers. Forty to 60 participants representing several local congregations and some community organizations participated in this summer's training (and a total of 89 were involved in *some* training). Topics at the four Thursday night sessions included: "The role of caregivers," "How to provide compassionate care," "Ministering to those who are suffering," "Protecting patient privacy" and safety issues. Participants also heard words of encouragement from Lexington physicians and nurses about the potential effect of their ministry. The enthusiastic volunteers began providing care to community residents even before the official fall launch.

### A Blessing for FaithHealthNC

Dozens of people stood in lines waiting to have their hands anointed with oil, the culmination of a spiritual, hour-long service Sept. 19 at New Light Missionary Baptist Church in Winston-Salem.

The service, attended by about 75 people, was held both to kick off the collaboration of workers from Wake Forest Baptist Health's Environmental Services with FaithHealthNC, and to introduce Winston-Salem congregations to FaithHealthNC. It was the first major outreach for FaithHealthNC into East Winston.

"There is a time, season and purpose under the sun for all things," said Rev. Sam Hickerson, the longtime pastor of New Light, and for FaithHealthNC, "the time has come."

Hickerson also is manager of patron attendants and valet parking at Wake Forest Baptist Medical Center, giving him even more insight into the significance of connecting both the EVS workers and faith communities in loving care to patients.



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## On the Move

**Rev. Chris Gambill, PhD**, has been named director of FaithHealthNC. He was previously senior consultant and manager of Congregational Health Services at the Center for Congregational Health, a ministry of Wake Forest Baptist Health. “I am excited to be able to help get this significant ministry established. I know it has the potential to touch many lives in a positive way,” he said.

**Rev. Paul Mullen** is helping in a consulting role with FaithHealth presentations with local congregations.

**Rev. Coley Rimmer** has been named FaithHealthNC’s first health care liaison.

A former pastor, family therapist and social worker in Davidson County, Rimmer is working with congregations and their caregivers, particularly in Lexington.

**Francis Rivers, MDiv**, is working with bilingual health care liaisons and leading the development of a strategy for the Hispanic population.

Named to the faculty at Wake Forest School of Medicine, **Teresa Cutts, PhD**, is

working with FaithHealthNC in the areas of evaluation and participatory mapping. She was one of the architects of the nationally recognized “Memphis model,” which integrates faith communities and health care.



Chris Gambill, director of FaithHealthNC



Coley Rimmer, FaithHealthNC health care liaison

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# FaithHealthNC

For updates, visit our new website:  
[faithhealthnc.org](http://faithhealthnc.org)

# Ministering to those in need with an eye toward empowerment

AS THE ASSOCIATE MINISTER FOR HEALTH AND WELLNESS AT HER CHURCH, JONES SPEAKS WITH EXCITEMENT ABOUT THE BREADTH OF THE HEALTH MINISTRY SHE OVERSEES.

**M**aria T. Jones is passionate about the connection between faith and health. She is beginning her second year as a chaplain resident at Wake Forest Baptist Health and also serves as the Associate Minister for Health and Wellness at Wentz Memorial United Church of Christ in Winston-Salem. While at Wake Forest School of Divinity, she pursued the Certificate in Spirituality and Health in addition to a Master of Divinity.

Raised in Puerto Rico, her father modeled daily the value of caring for the whole person — body, mind and soul. He was both a disabled veteran and a loving caregiver for a family member with a mental illness, tending to the physical, emotional and spiritual needs of his entire family, Jones said.

Her father took her and her brother to church regularly, and modeled a devout, contemplative prayer life. When she was young, her father helped to rebuild a chapel in “La Perla,” a community where drugs had taken over. Once it was complete, he and the priest worked to engage everyone in the neighborhood into the life of the chapel, which became a resource of hope, health and healing. The work enabled Jones to see the value that churches can have in a community.

As a chaplain resident, Jones said she has learned more than ever how her parents prepared her for ministry through their giving and humble spirits.

She frequently comes across people struggling with access to medication and food, or anxious about paying rent or bills. Such stressors increase suffering and impact physical healing.

Jones shared the story of one patient whose anxiety was palpable when she entered the room. The patient was in the final weeks of her life and her children were far away.

The patient was most concerned with not being able to pay her bills. Jones spent a good bit of time with her that morning helping her to collect, organize and make phone calls to pay bills. Her patience and kindness allowed the patient to take some control and feel empowered in a time of great uncertainty.

After all the bills were paid, Jones noticed that the woman’s legs were swollen and aching. She asked if the patient wanted her feet massaged, and the woman was overwhelmed when Jones anointed her feet with holy oil, just as Mary had anointed Jesus before his death.

The patient seemed to emanate peace after their encounter. By tending to her patient’s concrete financial concerns, the path to caring for her soul was opened. This patient could now undertake the task of dying peacefully without the fear of financially burdening her children.

As Associate Minister at Wentz Memorial, Jones speaks with excitement about the breadth of the health ministry she oversees. Wentz Memorial is located in a food desert, and is committed to

increasing access to health, healing, food and wellness for its community.

The church sponsors a monthly food pantry for those in need. In Forsyth County, where more than half the children in public schools receive free or reduced-price meals, the ministry makes great strides in feeding those in need.

This year, Jones and members of Wentz’s Social Justice Ministry coordinated the third annual “Harvey Hamilton Allen Sr. Community Health Fair.” Dr. Allen, a member of Wentz Memorial UCC since 1931, was the first African-American, board-certified surgeon to practice in Winston-Salem. He was also Clinical Instructor of Surgery and Clinical Assistant Professor of Surgery at Bowman Gray School of Medicine from 1968 to 1981.

The Aug. 24 health fair honored Allen’s legacy of 50 years of service and his commitment to health, wellness and improved access to health care for the community. With a focus on empowering the community, the health fair offered health screenings and free education about advance care planning, fitness, exercise and nutrition.

— EMILY VIVERETTE





Maria T. Jones  
Chaplain Resident, Wake Forest Baptist Health



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## FaithHealthNC

Join us in this new effort to create a healthier North Carolina.

FaithHealthNC is a dynamic partnership between faith communities and health care providers focused on improving health. Partnerships combine the caring strengths of congregations, the clinical expertise of the provider and a network of community resources. For more information, call **336-716-3027**.

► [faithhealthnc.org](http://faithhealthnc.org)

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

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

**Center for Congregational Health** provides ministry and training for hundreds of churches, clergy and lay leaders each year.

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

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

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

**Please send address changes to:**  
FaithHealthNC  
Wake Forest Baptist Health  
Medical Center Boulevard  
Winston-Salem, NC 27157