

FaithHealthNC
Community Health Assets Mapping
Partnership
CHAMP

EXECUTIVE
SUMMARY

Winston-Salem Hispanic Population
July-August 2014
CHAMP Access to Care Workshops

FaithHealthNC
A Shared Mission of Healing

 **Wake Forest™**
School of Medicine

 **IRHAP**
International Religious Health Assets Programme
ARHAP African Religious Health Assets Programme

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This report is available online at: www.faithhealthnc.org

CHAMP BACKGROUND

Community Health Mapping Partnership (CHAMP) is an adaptation of the Participatory Inquiry into Religious Health Assets, Networks, and Agency (PIRHANA), a research model developed by Dr. Gary Gunderson, Dr. James Cochrane and Dr. Deborah McFarland. Begun in sub-Saharan Africa, the research method focused on identifying positive health assets present within communities in the midst of the HIV/AIDS epidemic within sub-Saharan Africa. PIRHANA was initially developed for work undertaken in 2005-2006 by the African Religious Health Assets Programme (ARHAP), which is now the International Religious Health Assets Programme (IRHAP). CHAMP was further developed and refined by Dr. Teresa Cutts and team in Memphis, from 2007-2013.

The objective of CHAMP is to translate the PIRHANA research method for North Carolina communities to discover positive health and faith based assets within their respective counties and regions. Rather than focusing on the problems and deficiencies in communities, the PIRHANA research method works to identify the things that are good and positive in communities. The PIRHANA workshop process is different from a traditional focus group or town hall meeting since the participants actually become 'researchers' during the workshop and the results are given back to the participants and community to use for planning and future activities. These workshops are just two of many workshops that will be held all over Winston-Salem, NC.

STUDY AREA BACKGROUND

Four half-day workshops facilitated by Wake Forest Baptist Medical Center's FaithHealthNC, were offered in Winston-Salem for healthcare seekers and providers in the Hispanic community. One English-speaking provider workshop and three Spanish-speaking seeker workshops (East Winston, Old Town, and Waughtown) were held in July 2014. Locations for the seeker workshops were based on the high percentage of Hispanic families living in the chosen areas. Though the study area for the provider workshop was broadly determined as the city of Winston-Salem, the study area for the seeker workshops were defined as follows:

- Boundaries for the **East Winston-Salem** workshop were defined as Business Interstate 40 as the southern boundary, and U.S. 52 as the western boundary. East Winston-Salem occupies the 27101 and 27105 zip codes. Participants for this workshop were specifically recruited from the Lakeside Villa Apartment Complex on Walkertown Avenue and from St. Benedict the Moor Church on East 12th Street.
- Boundaries for the **Old Town** workshop were defined as U.S. 52 as the eastern boundary, Wake Forest University Campus as the southern boundary, and Shattalon Drive as the northern boundary. Old Town occupies the northern half of zip code 27106.
- Boundaries for the **Waughtown** workshop were defined as U.S. 52 as the western boundary, Business Interstate 40 as the northern boundary, Interstate 40 as the southern boundary, and the Waughtown Street/Kernersville Road junction as the eastern boundary.

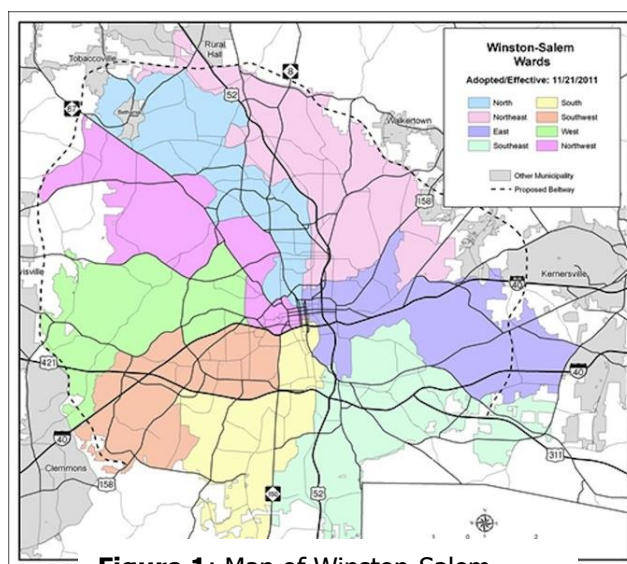


Figure 1: Map of Winston-Salem

The Hispanic population in Winston-Salem has grown rapidly over the last two decades. As of 2010, 14.7% of Winston-Salem residents were Hispanic. Hispanic families are the lowest income demographic

in Winston-Salem, with a median family income of \$28,600. Undocumented Hispanic residents face additional challenges with receiving healthcare because of lack of insurance and transportation barriers.

PROCESS AND METHODS

Four CHAMP workshops were held in various parts of the Winston-Salem study area. The first workshop, held on July 11, 2014 at Bio-Tech Place, was composed of “health providers”— people and organizations providing religious and health services in the community. The eighteen participants represented a number of health, social service, and faith based organizations serving those in the East Winston-Salem community.

The second workshop, held on July 12, 2014 at St. Benedict the Moor Catholic Church, was composed of “health seekers” – community members who are primarily consumers of religious and health services. Eight people (five female and three male) participated in this workshop. A majority of participants lived within the 27101 and 27105 zip code, and all participants were personally invited by the first participant to arrive at the workshop. The majority of participants were in their thirties and forties.

The third workshop, held on July 18, 2014 at El Buen Pastor Presbyterian Church, was also composed of “health seekers.” Fifteen women participated in this workshop and all but one was affiliated with El Buen Pastor. The majority of these women were homemakers, between age 30 and 40, and lived within the 27106 zip code.

The fourth workshop, held on July 19, 2014 at Southeast Plaza Shopping Center, was also composed of “health seekers.” Due to the lack of participants in the scheduled Waughtown workshop, Mr. Jose Londoño, employee of Qué Pasa Media and operations manager of the Southeast Plaza Shopping Center, agreed to speak with the FaithHealthNC team about the history and vision for the Plaza.

The provider and three seeker workshops differ both in focus and in the types of exercises used to elicit information. The provider workshop consisted of several structured and participatory activities (drawing maps, ranking in groups, writing a factor onto an index card) while the seeker workshops varied in structure and were more discussion based. The resulting data from these workshops was collected and analyzed by the workshop facilitation staff and packaged into a report that describes each workshop in detail. **Figure 2** is a comparison of activities at the four workshops. These reports are available online at <http://www.faithhealthnc.org>.

Health Provider Workshop	Health Seeker Workshops
<ol style="list-style-type: none"> 1. <u>Community Mapping</u>: Participants verify and add new entities to a large map of the community 2. <u>Health Service Matrix</u>: Participants identify the ways that local entities contribute to health 3. <u>Health and Well-Being Index</u>: Ranking community health assets in regards to access to care 4. <u>Collaboration Contribution Grid</u>: identify existing and potential collaborative partnerships and shared resources. 5. <u>Social Capitol and Networking</u>: Participants describe the connections and relationships between community entities 6. <u>Local Action</u>: Participants discuss where we go from here 	<p><i>Primarily discussion based</i></p> <ol style="list-style-type: none"> 1. <u>Community Mapping</u>: Participants draw maps of the assets in their community (<i>Old Town</i>) 2. <u>Health and Well-Being Index</u>: Participants identify the most important factors contributing and working against health in the community (<i>all</i>) 3. <u>Facility/Health Ranking</u>: Participants rank community organization on how well they support factors contributing to health (<i>East Winston and Old Town</i>) 4. <u>Local Action</u>: Participants discuss where to go from here (<i>East Winston and Old Town</i>)

Figure 2: Comparison of Workshop Activities

ACCESS TO CARE

All workshops discussed access to care in varying degrees. In the **provider workshop**, participants brainstormed the top factors they personally felt are most important to the health and well-being of those who need better access to care as well as what their organization felt were most important. Their responses are listed below (figure 6 and figure 7):

<i>Question</i>	<i>Results</i>
<i>"What do you personally believe to be the most important factors regarding the health and well-being of those who need better access to care in order for them to have optimal well-being?"</i>	1. Education (how to find resources)
	2. Access to resources (medicine, insurance, transportation)
	2. Trust/compassion/respect and cultural sensitivity
	3. Affordability

<i>Question</i>	<i>Results</i>
<i>"What does your organization believe to be the most important factors regarding the health and well-being of those who need better access to care in order for them to have optimal well-being?"</i>	1. Access to care (affordability, location, documentation status)
	2. Trust/compassion/respect and cultural sensitivity
	3. Education (how to find resources)
	3. Transportation
	4. Cost

Participants in the **three seeker workshops** informally discussed the challenges with access to healthcare. The most frequently mentioned challenges among all groups were:

- Cost of healthcare
- Documentation status (access to pharmacy, insurance, and transportation)
- Lack of public transportation
- Racism, lack of care and respect
- Education (more Spanish literature)

Though there are many similarities on both seeker and provider lists, it appears that seeker participants were most concerned with physical and legal access to health resources. Participants from all three seeker workshops lamented how the lack of insurance for undocumented parents ultimately hurts the health of their insured, US born children. Seekers also felt that more Spanish literature on prescriptions, brochures, etc. was necessary to receive the same access to healthcare as English-speaking Americans. Contrarily, providers felt that education about resources was the most prominent challenge to the Hispanic community. Both groups felt that compassionate care and respect were a crucial aspect to good health care, and the seeker participants discussed many instances in which systematic and organizational racism has affected their ability to obtain quality care.



FACILITY/HEALTH RANKING

During the **East Winston and Old Town seeker workshops**, participants ranked various community health facilities on their strengths and weakness in terms of quality and access to care. The following themes emerged:

Strengths and Weaknesses of Local Healthcare Facilities		
	Strengths	Weaknesses
Community Care Center	<ul style="list-style-type: none"> -Low cost -Free or low cost medicines -Continuity of care with the same doctor -Free mammograms for patients who qualify for services -Serves the undocumented population -Generally the best option for care (Old Town) 	<ul style="list-style-type: none"> -Requires proof of income (disqualifies many families) -Lots of paperwork and rules -Need some form of ID
Southside United Health Clinic	<ul style="list-style-type: none"> -Serves undocumented and low income 	<ul style="list-style-type: none"> -Far away (from Old Town)
Downtown Health Plaza	<ul style="list-style-type: none"> -The best place for pre-natal services 	<ul style="list-style-type: none"> -Service feels rushed -Sometimes lack of compassion and respect -Lack of interpreters -Different treatment for documented vs. undocumented Latinas
Forsyth Medical Center (Novant)	<ul style="list-style-type: none"> -Payment plans are available -Free cancer education services (Old Town) 	<ul style="list-style-type: none"> -Expensive- only used in emergencies or for delivery

CHAMP Executive Report – Winston-Salem Hispanic Population

Wake Forest Baptist Health	-Brenner FIT offers free nutrition classes at El Buen Pastor (Old Town) -Patients feel respected and well attended	-Long wait time for interpreters -Interpreter terminology is sometimes difficult to understand
Urgent Care Facilities	-Usually less expensive than hospital	-No payment plans, all care payments made up-front

LOCAL ACTION

Participants in both workshops were asked to identify what they want to see happen next within the community. Participants came up with a list of both tangible and intangible ideals for improving the health care system.



Seeker responses:

- Create a way to give undocumented residents a form of ID (for pharmacy and driving purposes)
- More bilingual directions on medications
- Add more bus routes in low income areas, add bus routes that travel directly to health care centers
- Train more culturally competent and respectful healthcare providers
- More information on preventative care
- Access to dental services
- Ability to trust health care providers and organizations

Provider responses:

- Creating a general directory of resources regarding what is available and the requirements for accessing them, with emphasis on services for undocumented people
- Reach out to transit authorities in order to increase the number of routes on city bus system
- Become more coordinated as a group of Hispanic providers
- Build trust, especially with those who are undocumented
- Focus on continuity of care for those being served, i.e. follow up with patients who test positive for diabetes at health fairs, etc.
- Teach immigrant children about their heritage as a way to foster cultural pride and reduce depression/mental illness rates among Hispanic youth

NOTES FROM FOLLOW-UP MEETING

The Hispanic Mapping follow-up took place at Southeast Plaza Shopping Center on August 22, 2014 from 5:30-7:00pm. Thirteen participants and six staff were present for the debrief and discussion.

What did you learn from this process?

Discussion: After learning about the barriers to care for Hispanic immigrants, many participants expressed frustration with the barriers for qualifying for medical services at low income clinics such as the Community Care Center. It became apparent from the discussion that lack of identification is a reoccurring and detrimental barrier to care.

What are our next steps?

Discussion: Participants discussed the need for medical professionals and traditional healers to have more dialogue in order to prevent health crises that come from risky traditional treatment options or self-prescribed medicines. Medical professionals must build a reputation of trust and compassionate care in order to have a dialogue with traditional healers and those who use traditional healing methods. One provider shared an inspiring story of how a Hispanic patient came to her with a traditional medicine, asking if it was safe to use. This example of patient-provider trust is the first step in breaking down barriers between the medical system and the Hispanic patients who use it. Participants discussed the idea of “proactive mercy” to reach out to the most frequent ER visitors. Participants also discussed creating a program modeled on Greensboro’s Faith Action International House in which undocumented people can receive identification cards that will allow them to pick up prescriptions and qualify for medical services.

How can we use our community assets to move forward on our next steps?

Discussion: After looking at the lists of institutions that providers and seekers “are proud of,” one participant commented that providers must go and partner with the places that seekers “are proud of” in order to start the process of trust-building in the community. Participants noted that it is important to “go where people are and give them a voice.” By consulting community members and leaders, providers gain valuable assets to help remove the barriers to care.

How would YOU be willing to help us move forward on the ideas we talked about today?

Discussion: Several participants commented that they would like to meet regularly to create a process of getting undocumented people identification cards. Participants also noted that it is important to partner with other organizations who can complement their work, and to share information generously. Several members discussed posting Spanish-language flyers in hospital elevators and throughout communities about the various health resources available to the Hispanic community.

Other comments:

The results of this report cover only a snapshot story from the participants who attended our four asset mapping workshops. These participants’ issues and experiences cannot be generalized to that of all Hispanic people in Winston-Salem. However, it does give a cursory glimpse into the issues that many Hispanics experience daily.

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