

FaithHealthNC
Community Health Assets Mapping Partnership
CHAMP

EXECUTIVE SUMMARY

Peter's Creek Parkway

August 8-9, 2014

CHAMP Access to Care Workshop

FaithHealthNC
A Shared Mission of Healing

 **Wake Forest™**
School of Medicine



IRHAP

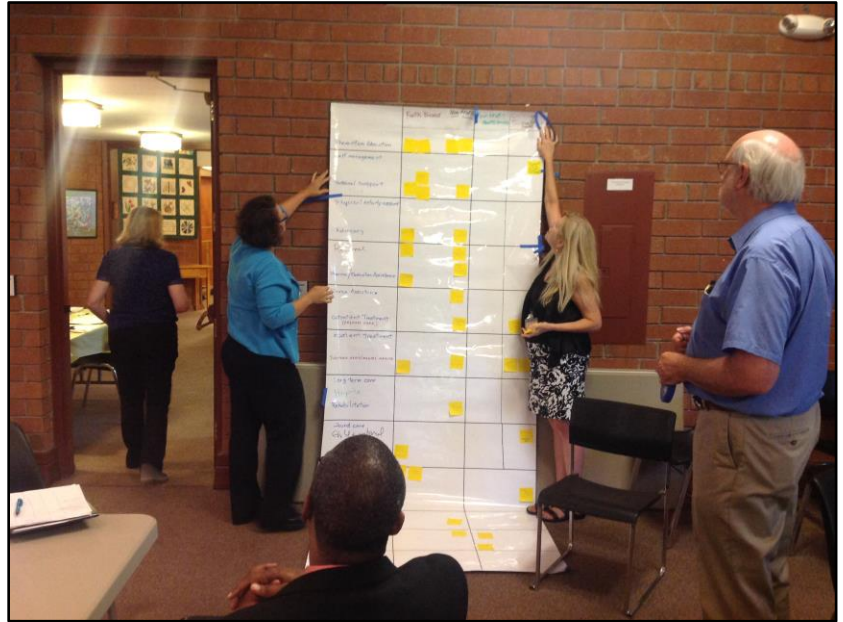
International Religious Health Assets Programme

ARHAP African Religious Health Assets Programme

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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) and refined to CHAMP in Memphis, TN by Dr. Teresa Cutts and team, from 2007-2013.

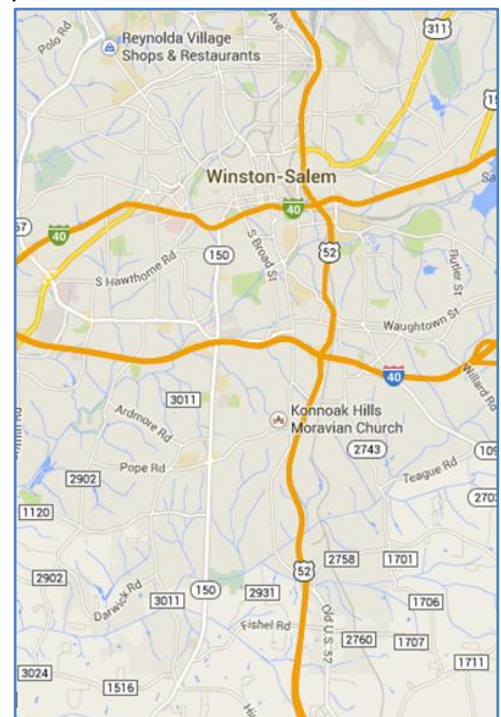


The objective of CHAMP Access to Care is to translate the PIRHANA research method for North Carolina communities to discover positive health and faith based assets within their respective counties and regions. Rather than focusing on the problems and deficiencies in communities, the PIRHANA research method works to identify, align, and leverage assets 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

These workshops, as a part of the Community Health Asset Mapping Partnership in Winston-Salem, focused on institutional, organizational, and individual health providers offering healthcare services to the population of Winston-Salem. The determined northern boundary of the specified region is Interstate 40 Business, the southern boundary is Interstate 40 By-pass, the western boundary is approximately 1/2 mile West of Peter's Creek Parkway and the eastern boundary is Highway 52. The region of Peter's Creek Parkway is primarily comprised of zip codes: 27101, 27103, 27106 and 27127. Figure 1 is a map outlining the boundaries of the Peter's Creek Parkway area.

Figure 1: Map of Study Area



More than 131,300 people live in the study area (US Census, 2008-2010). Almost 31% of residents identify themselves as Black/African American and 13% Hispanic. The unemployment rate for both men and women in 27101 is almost twice that of the national average. Within the 27101 zip code (location of Green Street United Methodist Church where Seeker Workshop was held) 28.66% of families live in poverty. Within the 27103 zip code (where the Provider Workshop was held at Parkway United Church of Christ) 14.46% of families live in poverty. Despite the high rates of unemployment and poverty discourse, the Peters Creek Parkway area of Winston-Salem is able to partner together as a very heterogeneous community and take responsibility to better their community. Many residents have lived in the area for a number of years and are empowered to revitalize Winston-Salem into the thriving, caring, healthy city that it can be.

PROCESS AND METHODS

Two CHAMP workshops were held in the study area. The first workshop, held on August 8, 2014 at the Parkway United Church of Christ, was composed of “health providers”— people and organizations providing religious and health services in the community. The seven participants (5 females, 2 males) represented a number of health, social service, and faith-based organizations serving those in the Winston-Salem community.



The second workshop, held on August 9, 2014 at Green Street United Methodist Church, was composed of “health seekers” – community members who are primarily consumers of religious and health services. Five people (four female and one male) participated in this workshop. A majority of participants lived within the 27101 and 27107 zip codes, with one participant living within the 27204 zip code (Stokes County); this participant attended both workshops. Most participants had strong connections to the community through ‘The Shalom Project’. This is a non-profit that is based out of Green Street United Methodist Church, whose services include a food pantry, clothing closet, medical clinic and pharmacy, a weekly ‘community dinner’. Green St. UMC members also lead the Peters Creek Community Initiative to revitalize the area through economic and community development. The average age of the participants was 50 years, with three participants identifying themselves as Caucasian, one as Hispanic and one as African American.

While similar, the two workshops differ both in focus and in the types of exercises used to elicit information (see Figure 2). Most of the exercises include a participatory activity (drawing maps, ranking in groups, writing a factor on an index card) as well as recorded discussion. The resulting data is collected and analyzed by the workshop facilitation staff and packaged into a report that describes each workshop in detail.

These reports are available online at <http://www.faithhealthnc.org>.

Figure 2: Comparison of Workshop Activities

Health Provider Workshop	Health Seeker Workshop
<ol style="list-style-type: none">1. Community Mapping: Participants verify and add new entities to a large map of the community2. Health Service Matrix: Participants identify the ways that local entities contribute to health3. Health and Well-Being Index: Ranking community health assets in regards to access to care4. Social Capitol and Networking: Participants describe the connections and relationships between community entities5. Collaboration Contribution Grid: Participants identify existing and potential collaborative partnerships and shared resources.6. Local Action: Participants discuss where we go from here	<ol style="list-style-type: none">1. Community Mapping: Participants draw maps of the assets in their community2. Health and Well-Being Index: Participants identify the most important factors contributing and working against health in the community3. Facility/Health Ranking: Participants rank community organization on how well they support factors contributing to health4. Ways Religion Contributes to Health: Participants identify ways religion and religious organizations contribute to health5. Characteristics of Exemplary Organizations: Participants name what makes them proud of outstanding groups.6. Local Action: Participants discuss where we go from here

ADDING TO THE MAP

Between the seeker and provider workshops, participants identified many entities within the study area (see Figure 3) during the mapping exercises. The entities identified by multiple people in both of the workshops play a central role in the life and well-being of this community. The providers listed many more health services available in the community than the seekers and the seekers focused on areas for basic necessities (clothes, food, pharmacies, etc.), churches, parks and recreation centers, and emergency services.

Figure 3: Entities Included in Community Maps

Providers Identified:	Both Seeker and Providers Identified:	Seekers Identified:
AARP	Community Care Clinic	Compare Foods
Adult Health Services	Department of Social Services	Family Dollar
Angel Care	FaithHealthNC	First Baptist Church Winston-Salem (Highland Ave.)
CenterPoint	Forsyth County Department of Public Health	Food Lion
Columbia Height's Housing	Forsyth Medical Center	Green Light Baptist Church
Community Garden	Goodwill	Hane's Mall
Compassionate Winston-Salem	Green Street UMC	Local Parks (w/ tracks and baseball fields)
Crisis Control	Novant Health	Lowe's Home Improvements
Downtown Health Plaza	PrimeCare	Megathrift
Funeral Homes	Randolph Hospital	Public Library
Geriatric Outreach (GO) Program (WFBH)	Shepherd's Center of Greater Winston-Salem	Salem Lake
Habitat for Humanity	Southside United Health and Wellness Center	Salvation Army
HealthCare Access	Trinity UMC	Sam's Club
HIPPS	Urgent Care	Sheetz
Hospice and Palliative Care Center	Wake Forest Baptist Health	Thrift Stores
Interpreter Healthcare	Wake Forest Baptist Medical Center	Walgreens
Moravian Church		Walmart
Morning Star Missionary Baptist Church		
NC Community Health Care Association		
North Carolina Councils of Churches		
Northwest Community Care Network		
Our Lady of Mercy		
Parkway UCC		
Piedmont Triad Regional Council Aging Agency		
Samaritan Kitchen		
Second Harvest Food Bank		
Senior Services		
Taxis		
Transaid		
YMCA		
YWCA		

ACCESS TO CARE

After establishing important community entities through mapping, both workshops focused on access to care. Seeker participants brainstormed the important factors that worked both for and against health and well-being and access to care. The seeker responses are listed below (figure 4 and figure 5):

Figure 4: Seeker Response

Question	Results
What is the most important factor or factors that work against health and well-being in regard to access to care in Winston-Salem?	1. Lack of Availability
	2. Cost of Healthcare
	3. Lack of Knowledge
	4. Lack of Insurance
	5. Lack of Transportation

Figure 5: Seeker Response

Question	Results
What is the most important factor or factors that work for health and well-being in regard to access to care in Winston-Salem?	1. Care and Compassion
	2. Positive attitude
	3. Volunteerism/linked to faith/spirituality
	4. Different perspectives
	5. Gratitude

Participants in the provider workshop were asked to brainstorm 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 was most important. Their responses are listed below (figure 6 and figure 7):

Figure 6: Provider Response

Question	Results
"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?"	1. Paying for care/affordability
	2. Transportation/access by physical proximity
	3. Self-accountability
	4. Self-esteem

Figure 7: Provider Response

Question	Results
"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?"	1. Compassionate Care/Intangibles
	2. Person Centered Care
	3. Compassion and honesty
	4. Affordability
	5. Quality of care

The seeker participants were concerned with the lack of availability of access to care, cost of healthcare, knowledge of where and when to access care, in addition to the lack of insurance (and lack of knowledge about the Affordable Care Act) and transportation to healthcare facilities. Conversely, provider participants were primarily concerned with transportation, lack of education and information regarding access, lack of insurance and finances, and lack of compassionate care. The providers listed that “compassionate care/intangibles”, “person centered care”, and “compassion and honesty” were what they believed, relative to their organization, were some of 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. In the seeker workshop, the seekers listed “care and compassion” as the most important factor that work for health and well-being in regard to access to care in Winston-Salem.

FACILITY/HEALTH RANKING

During the seeker workshop, participants ranked various community assets on their levels of efficiency in various contexts. The objective of this activity was to picture the ways in which different public entities contribute to health and well-being as it relates to access to care. The community assets ranked included: hospitals; clinics (safety nets); urgent care; churches; grocery store/food sources; Health Department; Department of Social Services; and public services. These assets were ranked in medication assistance; health insurance coverage; transportation; availability (hours open); affordability; and awareness/education/knowledge. The participants ranked each community asset on a scale from one to five, one being poor and five being great. The participants ranked the community assets highest in regard to affordability and availability in relation to the hours open and lowest relative to health insurance and transportation. The Department of Social Services was highly ranked for their contributions to care in many community assets, while others felt that most community assets, particularly churches, could do more to contribute to health insurance coverage.

WAYS RELIGION CONTRIBUTES TO HEALTH

Participants in the seeker workshop were asked to describe the ways that religion (including faith, spirituality, and religious organizations) contributes to health in this community. Below are the answers offered by participants:

- Responses to the question were rooted in the faith of those gathered
- A strong inclination to volunteering to help, especially in the places and spaces where one has been helped, strengthens the faith of the participants and is grounded in how they have been shaped spiritually and in their own faith communities.
- Giving back, a “pay it forward” attitude, and the idea of helping others was important to each participant
- Practicing hospitality with all and giving care and compassion to others
- Living with a positive outlook and practicing gratitude in the way they live their lives daily
- Religion/faith/spirituality and the influence of it being a cycle of giving and receiving care and compassion



CHARACTERISTICS OF EXEMPLARY ORGANIZATIONS

Participants in both workshops were asked to identify what they want to see happen next within the community and to identify qualities of exemplary organizations. Many participants responded with what they would like for providers of the community to pursue collectively.

Seekers reported that characteristics of exemplary organizations:

- Focus on multiple needs—medical, food, clothes, pharmacy, fellowship
- No one is turned away, everyone is helped
- Clients become resources for each other as well as for the clinic itself
- Providers show respect for those seeking services
- All involved are caring, compassionate people
- Connection organization has within the community (additionally, such organizations were locally-based and easily accessible in terms of physical proximity)

Seekers reported that exemplary organizations, like Green Street United Methodist Church, offered a variety of services to the community and offered compassionate and respectful care. Additionally, the seekers discussed how Green Street UMC also served as a place to learn of additional resources in the community via word-of-mouth, which has often led to the development of friendships and community empowerment.



LOCAL ACTION

The final exercise helped to identify next steps for collaborative partnering, understand the next steps in the community, and share the date of the follow-up meeting.

At the end of the workshop, the facilitators asked all participants in both workshops, “What’s next?” *Figure 8* on the following page reflects how participants responded with what they would like to see materialize within the community as an outcome of the workshop and what they would like for providers of the community to pursue collectively.

CHAMP Executive Report – Peters Creek

Figure 8: Local Action (Provider and Seeker Responses)

Provider Responses:	Seeker Responses:
Desire to partner with other agencies	Simplify issues regarding access
Partner with as many churches as possible	Healthcare for all
Provide resources for networking	Simplify care pathways
Educate around mental health issues for the elderly	Educate the public about how people get what they need including navigating how to get it
Form a caregiver advocate program	Education on how to deal with the finances/billing, knowing the financial policies, etc...
Recognizing the resource in faith-based communities/organizations promoting and educating on community health, beyond only the physical aspect of health	Teach as many people as possible the "rules" to gain access to care
There are many resources available in our community in regard to faith and health	Neighbors teach neighbors (being neighborly in community)
Making an intentional effort to find out what is out there and share it with those with whom we work	Meet again
Learn how Southside United Health Center can partner with other organizations, as well as with as many churches as possible	
Share Shepherds Center newsletter	
Methodist ministers in the area are in a group that meet once a month.	
Moravian minister has a group	
Possibility to set up a mini clinic	
Peter's Creek Parkway area is lacking in primary care	
Looking at satellite site for Southside United Health Center	
Our Lady of Mercy is already doing a lot of things	
Site based nurse practitioner may be very helpful in the Columbia Heights area	
Educate around mental health issues with the elderly anything we can do with providing help to the elderly and their caregivers...congregations are aging	
Train the trainer	
Great example to lead others	
Build internal missions	
Good to know that this is going on and going on...see potential for partnership and outreach	
Basics of getting people together to talk about the resources that we do have, there are wonderful resources available and we know little about all that is out there.	
It has been helpful to step back and look at what we do. Down in the trenches it is easy to get burdened down and become weary.	

ACKNOWLEDGEMENTS

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