

FaithHealthNC
Community Health Assets Mapping Partnership
CHAMP

EXECUTIVE SUMMARY

Randolph County

October 3 and November 7, 2014

CHAMP Access to Care Workshops

FaithHealthNC
A Shared Mission of Healing

 **Wake Forest™**
Baptist Health



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).

The objective of CHAMP facilitated by FaithHealthNC is to translate the CHAMP 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 CHAMP research method works to identify the things that are good and positive in communities. The CHAMP 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

Two workshops facilitated by Wake Forest University Baptist Hospital's FaithHealthNC, were offered in Asheboro at the health care seeker and provider levels. As part of the Community Health Asset Mapping Partnership in Asheboro, the workshop focused on residents of the community who seek and provide health care services (broadly defined) within Asheboro and Randolph County. Therefore, Randolph County was the area of focus (See Figure 1).

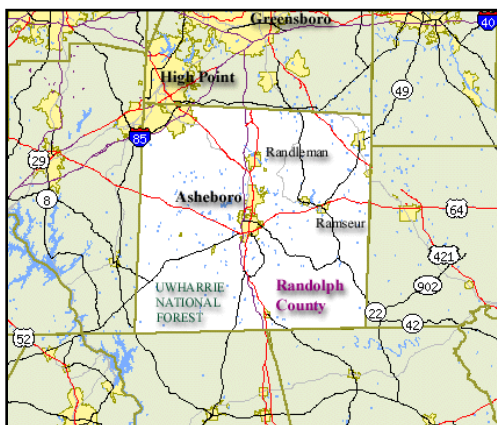


Figure 1. Map of study area.

PROCESS AND METHODS

Two CHAMP workshops were held in the study area. The first workshop, held on October 3, 2014 at Central United Methodist Church, was composed of "health seekers"—community members who are primarily consumers of religious and health services. Fifteen people (9 females, 4 males) participated. Seven participants each live within the 27205 zip code, three in the 27203 zip code, two in the 27350 zip code and one in the 27317 zip code. The average number of years spent in Randolph County was 32.5 years. With an average age of 59 years (range was 34 to 84 years, the majority of the participants were middle-aged adults.

The second workshop, held on Nov. 7, 2014 at PACE's LiveWell Center, was composed of "health providers" – people and organizations providing religious and health services in the community. The participants represented a number of health, social service, and faith based organizations serving those in the Randolph county community. Twenty-two people (17 females and 5 males) participated in this workshop. The age range of participants who identified age is 24 years to 66 years, while the average age of the Providers was 49 years. Providers work or live in the following zip codes: eleven in 27203, two in 27204, five in 27205, and one each in 27239, 27248, 27261, 27341. Workshop facilitators for both days were Dr. Teresa Cutts and Rev. Beth Kennett.

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 onto an index card) as well as recorded discussion. The resulting data is collected and analyzed by the workshop facilitation staff and

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packaged into a report that describes each workshop in detail. These reports are available online at <http://www.faithhealthnc.org>.

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

ADDING TO THE MAP

Figure 2: Comparison of Workshop Activities

Between the seeker and provider workshops, participants identified 51 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 seekers provided many different community assets than the providers and included areas such as the zoo, parks and recreation centers.

Figure 3: Entities Included in Community Maps

Providers Identified:	Both Seeker and Providers Identified:	Seekers Identified:
Randolph County Health Department	Christian United Outreach Center	The Salvation Army
Community Alternative Program	Senior Center	Randolph County Social Services
Randolph Family Healthcare of Merce	Randolph Hospital	Randolph Community College
Partnership with Children	Public Libraries	The Nature Center
Daymark Recovery	YMCA	Currytown Baptist Church
Health Communities	Hospice of Randolph County	North Carolina Zoo
Partnership for Community Care	Cross Road Retirement Center	Pharmacies
Gray's Chapel UMC	Our Daily Bread Kitchen	Hair Salons
Living Wellness	Caregiver Support Groups	Cross Road Baptist Church
Run for God	Randolph Hospital Home Health	Adult Day Care Facility
Hospital Care Transitions		St. Luke's Food Program
Randolph Hospital Community Outreach		Dialysis Center
A3		Arts Guild
County Cooperative Extension		Urgent Care
Randolph Hospital CAP/Home Health		Various physician's offices
Totally Committed Shelter		Insurance navigators
Shelter of Hope		Community Choir
Gate City Transportation		Churches
Minister/Chemical Counseling Volunteer		Food Banks
		Food Cooperatives
		Dentist offices
		Parks

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):

Question	Results
What is the most important factor or factors that work <i>against</i> health and well-being in regard to access to care in Randolph County.	1. Lack of Finances and Jobs
	2. Rising Cost of Insurance
	3. Lack of Transportation
	4. Lack of Advocacy
	5. Fairly Priced Healthier Food Alternatives

Figure 4

Question	Results
What is the most important factor or factors that work <i>for</i> health and well-being in regard to access to care in Randolph County.	1. Compassionate Healthcare Providers
	2. Suitable insurance/availability of care
	3. Compassionate Community Members
	4. Affordable Medication/Medical Care
	5. Access to Recreation and Wellness Facilities

Figure 5

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 were most important. Their responses are listed below (figure 6 and figure 7):

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. Transportation
	2. Compassionate care/spirituality
	3. Financial assistance/affordability/Medicaid Expansion
	4. Education

Figure 6

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. Transportation
	2. Finances/affordable healthcare
	3. Access to preventative care
	4. Need for expansion of services
	5. Mental health support

Figure 7

Seeker participants were more concerned with having the finances and insurance to receive the care needed, transportation and physical access to health care facilities, as well as fairly priced food, medication and access to recreation and wellness facilities. Likewise, provider participants were primarily concerned with transportation, access to primary care providers and affordability, expansion of care (including preventative care) and mental health support. Both the seekers and providers list compassionate care as a factor contributing to access to care.

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.

Separated in three diverse groups, the participants ranked each community asset on a scale from one to five, one being poor and five being great. Overall, each group ranked the community assets highest (above average) in regard to proximity to care and transportation. The community assets ranked below average in regard to good health care coverage, jobs and adequate funds. Lastly, overall, each community asset was rated as average in regard to information/knowledge/education.



WAYS RELIGION CONTRIBUTE 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:

- Those connected to congregations often have better knowledge of, as well as access to, services and resources
- Faith communities offer a place where people can express and live out their compassion
- Churches often offer financial assistance to those in need
- Churches can help with home repairs or changes needed for aging in place (e.g., build wheelchair ramps)
- Ministries such as Stephen's Ministry can extend the resources of traditional providers and services
- Churches contribute to CUOC
- Churches help with programs for aging well, Alzheimers' support, as well as group homes and child care

BEST PRACTICES AND CHARACTERISTICS OF EXEMPLARY ORGANIZATIONS

What are the exemplary organizations?

Identify organizations in the county of which participants are proud and identify what makes them exemplary organizations.

Seekers Responses:

Christian United Outreach Center:

- Reasonably priced clothing, food, utilities, medications, furniture
- Stand behind what they stand for—integrity and example
- Well organized locally
- Seek congregational involvement
- Get help and Do help—volunteers and clients
- Resource for congregations
- Not a hand-out, but a hand-up

Chick-fil-a

- Golf tournament—fundraising
- Employ young people and offer scholarships
- Socially conscious locally

YMCA

- Education and workshops
- Intergenerational—broad continuum of services
- Scholarships
- Rehab services in facility
- Special education services

RCATS

- Courteous Service
- Go as far as allowed
- Compassionate, respectful
- Seek/find other resources

Senior Center

- Fans for those with no AC
- Meals on Wheels
- Depends/blue pads for those in need
- Senior issues
- Store of items made by Seniors
- Sr. Insurance Medicines (SHIPP)
- Legal Services
- Sitters list
- Innovation—active seniors

Hospice of Randolph

- Treatment of patients
- Care of family
- Listens and tries to meet the needs
- Assist in dying with grace
- Medicare/Medicaid self-pay
- Hospice Home

Randolph Hospital

- Does an excellent job—HomeHealth
- Desire to improve in their work and in other's health
- Desire to engage with the community
- Volunteers—compassion to patients and family
- Cancer center, surgical center
- Foundation funds a lot in the community
- Encouragement to engage people in their own care (patient/family centered care)

Provider Responses:

Christian United Outreach Ministry

Compassionate care

Collaboration of the faith community

The organization is an anchor in the community that helps to create a safety net for the entire community. It needs to stay.

Participant from Christian Outreach United Ministry identified the need to do what you say you will do and the community will respond.

Hospice of Randolph County

Not for profit

There for the people

Care of the staff

Freestanding hospice

Provide care for indigent persons (\$3M given back over 5 years)

Randolph County Pregnancy

Non-judgmental

Cross Road Retirement Community

31 years in existence

Continuing care

Staff goes the extra mile

Gave land for Baptist Children's Home to build center for adult, disabled women

YMCA

Promoting and pushing wellness and trying to keep people healthy in the community through education and services

For everyone

Strong sense of social responsibility

Family Crisis Center

Education

Support

Not always talked about

Shelter

A refuge for many

Randolph Hospital

Very community oriented

PACE program (starts Dec 1st)
Personal touch from staff and volunteers
Very strong and amazing volunteer group
Volunteer group provides funding

Our Daily Bread

Impact on the community
80-100 people per day helped

MERCE Clinic (Medical Resource Center for Randolph County)

Dental clinic
Prenatal Program
60% of patients are uninsured

NEXT ACTION STEPS

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



Seeker Responses:

- More unity in the community—the churches could collaborate more and find ways to include non-members
- Fewer silos inside hospitals, churches, community agencies, etc..
- Share findings of workshops like this one in a wide manner
- Develop respite care
- Find out how to access zoo and other resources available for free
- Mass transport for elders, others
- A3 coalition formed to create walking track downtown
- Develop caregiver advocacy program—caregiver mentors
- Senior “navigators”—like “candy-strippers” in the hospital or pipeline program in high schools
- High school senior projects in community and health care opportunities
- RCC nursing
- Culinary course credits for students serving at Our Daily Bread
- Hispanic mapping
- Start program like Haywood county—churches helping homeless leaving the hospital
- Make opportunities more available to public
- Preventive care efforts at younger age
- Pull children and youth into healthier behaviors—school/community gardens; teach fun healthy education, sustainability, cooking classes
- Programs teaching self-sufficiency and self-management of conditions (communication)
- Caregiver college
- Prevention of falls, obesity, chronic disease
- Teach resiliency
- Support for the homosexual community in the area

Provider Responses:

- Development of a document that includes an action plan in December to give this effort some traction.
- Updating of resource book
- Infiltrating the community or county with this information and knowledge of FaithHealth
- Invitation to the local newspaper for the December meeting
- Identify short term action and successes
- Identify long term action and successes for long term viability
- Involvement of more faith based organizations
- Identify resources/organizations that have transportation that is not always used (i.e., existing ones)
- Meeting funding/needs of Christian United Outreach through media (radio, social media, newspaper, television) – need to be clear about the need being money to sustain the staff --
- Is there an organization for helping people help themselves (i.e., workforce and rehabilitation development groups, financial education)?
- Conduct town hall meeting to address issues that were identified as issues to be addressed in the CHAMP workshop



NOTES FROM FOLLOW-UP MEETING

A follow-up meeting for both the seekers and providers was held on Friday, Dec. 5, 2014 at 11:30 at First Baptist Church in Asheboro, NC. In attendance were 12 providers and four (4) seekers.

Question: Do you see any differences between the things that the health seekers mentioned and the things that the health providers mentioned?

Discussion:

It was mentioned that the community has a lot to offer. There are already several free resources and the availability of assets in the community is tremendous. Natural resources were a big part of the conversations with seekers. There were many similarities between both seekers and providers.

Question: Do you see any other steps that we can take together?

Discussion:

The need to engage businesses in the endeavor was discussed (a suggestion was something like one day a month where businesses open up their doors to families/individuals with special needs (i.e. dementia, etc.)

Barry mentioned that we need to leverage those relationships already in place without duplicating them and to create a community culture of collaboration.

Pauline, Executive Director of Partnership for Children, stated we need to ensure that the assets we've identified truly reflect the greater Randolph County and not just Asheboro. The question was posed, "Is there no forum of agencies that meets regularly and represents the whole county?" The United Way provides a forum of sorts but in Randolph County there is more than one United Way agency serving parts of the county. Pauline's agency has done a lot of mapping in various areas but it doesn't include all age groups.

Susan Behr has a senior networking meeting that meets monthly but no group that helps everybody. Would lunch time gathering (continuation) be helpful? It would be better to reach out to other agency representatives that were not a part of this process and invite them to a forum of sorts. A service specific liaison may be helpful as well. For example, if we ask a representative from every ministerial association in the county to meet, it would provide a learning and networking environment to provide better care for citizens in need.

Pauline felt that there is a gap between elected officials in this community and what is actually happening in our communities. She stated we do not work in a unified fashion. Jerry Hill suggested we talk with the new county manager who may offer suggestions on uniting county agencies to discuss how we might better collaborate on services. He may be willing to facilitate a type of town hall meeting. Jerry said he will go and ask who would be willing to go with him. Helen offered to go. TC stated that finance and money is how you engage the political leadership. It may be helpful to urge them to think about the economic well-being of the community. Data shows that living in a healthier, well and fit community correlates with better economic health of the community.

Question: Is there another top priority that needs to be addressed in this area when we think about next steps? What can I (participants) do?

Discussion:

One suggestion was to invite Helen Milleson to do a presentation at Susan's networking group as that group does include different areas with a varied group of providers. This could be done as early as January or February.

Question: What did you get out of the workshop?

Discussion:

Joan stated that something that helps her as a caregiver is prayer, and that "intangible asset" needs to be made more visible. It is something that can be done without an organization and helps with centering & piece of mind.

Barry heard in the seeker workshop someone mention the difficulty connecting with churches. Seekers of social and health services are often directed to the CUOC. This may give the perception that they are being dropped off to another agency without continuity of care. The church has the opportunity to create a space for those not a part of the church.

Pauline stated that we continue to treat Archdale-Trinity as if they are not a part of the community. These are two large municipalities that we are missing. Barry stated agencies from that area were

invited, but we didn't have time to cultivate that relationship. Is this an Asheboro asset mapping or Randolph county? We must continue to include the whole county in future efforts.

Question: What did you learn during the process?

Discussion: Pauline stated that the process used was helpful. Nathan Snider stated he was surprised to hear about the resources that were out there of which he wasn't aware. It would be helpful to have a clearing house place to keep current information (i.e., electronic conversation).

Other Comments:

Barry thanked TC and Beth for their work. We were not originally a part of the asset mapping grant but the team at Wake Forest Baptist Medical Center adopted Randolph County and have led us through this learning collaborative to prepare for more synergy between the faith-based communities and the health system.



ACKNOWLEDGEMENTS

We wish to thank the Wake Forest Baptist Medical Center and the North Carolina Baptist Hospital Foundation for funds that helped support staff and underwrite the mapping activities as well as Central United Methodist Church, the PACE LiveWell Center and First Baptist Church for meeting space. For more information on local Randolph county efforts, contact Chaplain Barry Morris at phone 336.328.3851 or e-mail, Bmorris@randolphhospital.org and/or Navigator Helen Milleson at 336.302.2839 or hmilleson@randolphhospital.org

For information on the CHAMP methodology, contact Dr. Teresa Cutts at 336.713.1434 or tcutts@wakehealth.edu.