FaithHealthNC
Community Health Assets Mapping Partnership
CHAMP

Provider-Level Workshop Report

Randolph County
Asheboro, NC

Friday, November 7, 2014

CHAMP Access to Care Workshop

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

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SECTION A

HEALTH PROVIDER WORKSHOP INFORMATION

1. AREA AND LEVEL

A workshop facilitated by Wake Forest University Medical Center's FaithHealthNC was offered in Asheboro, North Carolina at the health provider level on November 7, 2014 scheduled for 9:00am to 1:00pm. As a part of the Community Health Asset Mapping Partnership in Asheboro, NC, the workshop focused on institutional, organizational, and individual health providers offering healthcare services to the population of Randolph County. Randolph County is primarily comprised of zip codes: 27203, 27204, 27205, 27230, 27248, 27298, 27316, 27317, 27341, 27350, 27355, 27370. **Image 1** is a map outlining the boundaries of Randolph County.

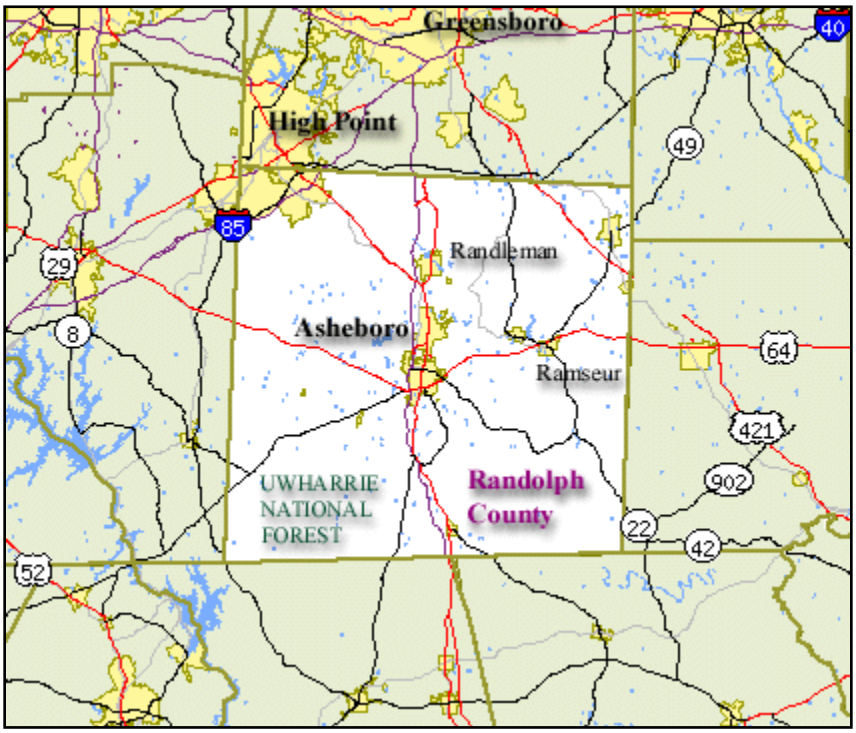


IMAGE 1.

1. DATE AND PLACE OF WORKSHOP

The workshop took place on November 7, 2014 at Staywell Senior Care (new PACE center), located at 809 Curry Drive Asheboro, NC in Randolph County in zip code 27205. The workshop began at 9:00 am and was completed by 1:00 pm.

2. FACILITATION TEAM

Lead Facilitator:	Teresa Cutts, PhD
Co-Facilitator, Background Content and Materials Expert:	Elizabeth Kennett, MDiv
Primary Report Writer:	Nicole Johnson
Registration and Local Host	Helen Milleson
	Lisa Keifer

3. PHYSICAL DESCRIPTION

The workshop was held in the main hospitality room of Staywell Senior Care. The registration table was positioned at the entrance, immediately on the right when participants entered the facility. This room was divided by a large fireplace. One side was used for the workshop and the other side was utilized as a dining area. The main hospitality room was handicap accessible and light snack items were graciously provided by Helen Milleson for participants. The main hospitality room was comprised of rectangular tables arranged in a horseshoe shape to facilitate discussion and access to the multiple activity boards and flip charts. **Image 2** depicts the layout of Staywell Senior Care's main hospitality room.

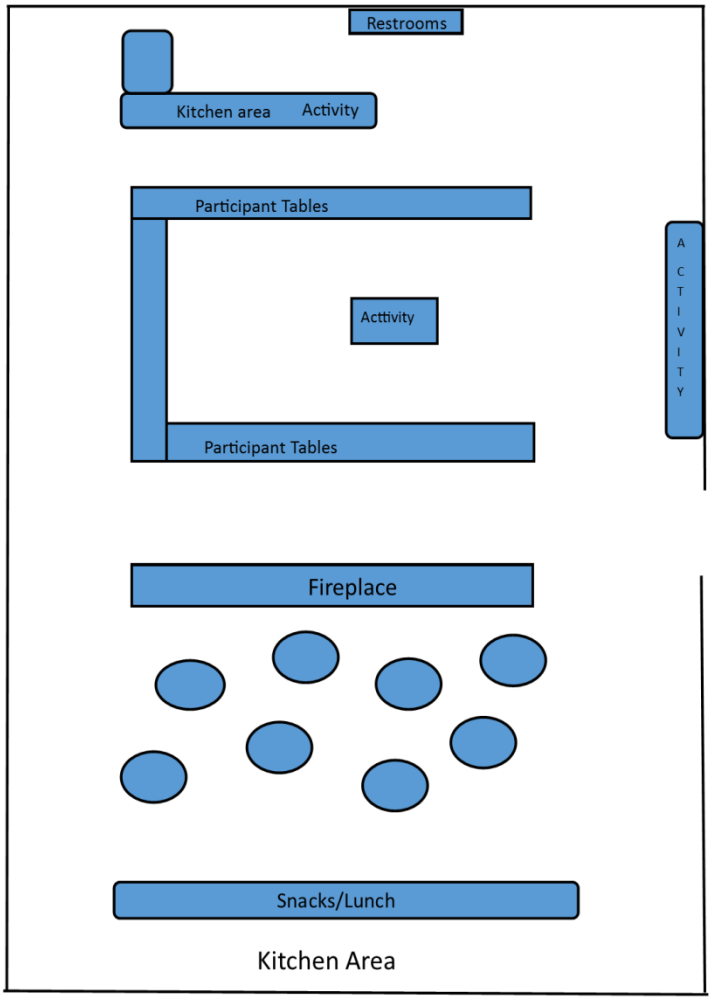


IMAGE 2.

PREPARATORY WORK

Preparatory work for this CHAMP-Access to Care workshop included several different activities including: background research, field study, data collection, map generation, facilitation team training, workshop planning, and workshop materials preparation.

Background Research included a review of Religious Health Assets Mapping projects in Southern Africa, Memphis, as well as various approaches to community mapping, and models for participatory research projects.

Field Study included a series of transect drives through the study area with team members familiar with this area as well as the initial identification of key assets and potential key informants. These transect drives, in combination with the insights from key informants, were used to decide the preliminary boundaries for this mapping exercise.

Data Collection included the acquisition of basic demographic, socioeconomic, and psychographic data in the study area. Study staff compiled lists of known assets and interviewed key community informants.

Map Generation involved the processing and analysis data on the study area, the incorporation of these data into a geographic information system, and the generation of geographical and special representation of area information through a series of GIS maps layers.

Facilitation Team Training occurred through team members' participation in training events, past workshops held in similar locations, and a familiarity with the PIRHANA and CHAMP methodology and other participatory models for focused group discussion.

Workshop Planning involved identifying potential participants for the Health Providers workshop, developing and disseminating a letter of invitation, and following up with potential participants. Workshop staff held face-to-face planning meetings weekly for two months prior to the event, sent emails, and made follow-up telephone calls during the 2 weeks prior to the workshop. Workshop staff also identified Staywell Senior Care as an appropriate site for the workshop and made the arrangements for AV equipment and lunch.

Workshop Materials Preparation included the generation and printing of neighborhood maps, the printing of materials to be handed out, the packaging of these materials, and the organization of all the materials needed for the workshop exercises (for example, large pieces of paper, post-it notes, writing utensils, flip charts, and tape).

4. PARTICIPANTS

Upon registration, each participant was asked to document their address and contact information, gender, race and/or ethnicity, marital status, age, level of completed education, occupation and/or school, church affiliation, and the length of time they have lived in Randolph County.

Twenty-two people participated in the Provider workshop, representing 15 provider agencies or groups. 19 of the Providers were Caucasian, 1 was Hispanic, 1 was African-American, and one did not identify race/ethnicity. Of the providers, 17 are female and 5 are male; 17 are married and 5 are single or divorced. The age range of participants who identified age is 24 years to 66 years, with three providers not identifying age; the average age of the Providers was 49 years. The Providers represented various levels of education, 1 did not identify, 4 attended some college, 10 obtained Bachelor's degrees, 6 obtained Master's degrees and 1 Doctorate. The average number of years lived in Randolph county is 24 years, with a range of 2 months to 66 years, with 2 people identifying as living in another county. 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.

5. INTRODUCTION TO WORKSHOP

The workshop commenced with an introduction by Helen Milleson of Randolph Hospital. Mrs. Milleson shared that she and Rev. Barry Morris were working to bring FaithHealthNC to Randolph Hospital and informed participants of her upcoming incorporation of the position of FaithHealthNC Navigator as a part of her work at Randolph Hospital. She shared about her efforts in trying to bring FaithHealthNC to Randolph County. Her initial connection came through hearing about FaithHealthNC through a meeting facilitated by the District Superintendent of the Yadkin Valley District. Mrs. Milleson shared briefly about her increasing involvement in learning about the FaithHealthNC movement through asset mapping. Helen introduced Teresa Cutts, Elizabeth Kennett and Nicole Johnson. There was a transition to introductions of the participants.

Participants were asked to introduce themselves, their organization, institution or ministry, their roles in their organization, institution or ministry and their favorite Thanksgiving memory.

The participants within this workshop on the health provider level contributed their knowledge and community understanding in a variety of activities and exercises throughout a half-day workshop.

Following the participant introductions, the facilitation team conducted introductions and described the purpose of the event. Lead facilitator, Dr. Teresa Cutts ("TC") introduced the background of the Community Health Asset Mapping Partnership (CHAMP) program. Participatory Inquiry into Religious Health Assets, Networks, and Agency (PIRHANA) is a research model developed by Dr. Gary Gunderson, Dr. James Cochrane, and Dr. Deborah McFarland in South Africa that focused on identifying positive health assets present within communities in the midst of the HIV/AIDS epidemic within sub-Sahara Africa. CHAMP was further refined in Memphis 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. Dr. Cutts identified asset mapping as a tool for expanding the scope of how religious communities, organizations and institutions think about healthcare and faith. The positive attributes of this tool include providing a way for those "working in the trenches" to connect with each other and not just working in isolation, as well as building community through connecting tangible and intangible assets.

Access to care was defined as the availability of services, affordability of services, physical location of services, and acceptability of services. This definition provided a framework for the workshop.

Participants expressed questions about how those organizations, institutions and religious organization who were not present could be accounted for in this community building and networking. Questions about the seeker workshop and the question of the number of participants and their geographical area were asked. The lead facilitator and Mrs. Milleson communicated that these initial workshops were the initial steps into this type of community building and networking.

Information on the presentation of the report date scheduled for December 5 at First Baptist was offered to participants as one way of continuing to be a part of the community building and networking goals in developing FaithHealthNC in Randolph County.

SECTION B
Health Provider Activities

1. COMMUNITY MAPPING-TIMELINE

a. OBJECTIVE

The purpose of the community mapping activity was to provide an idea of the footprint of the organizations and ministries, their historical development and their relation to key economical, health and political or religious events. The mapping or timeline exercise provides a greater awareness of which organizations are present in the area of Randolph County, their relation to economic, health, political and religious events.

b. METHOD

Each participant was asked to identify their organizations, institutions or ministries and the start date of their organization, institution or ministry and place this information on a yellow sticky note to be positioned on a historical timeline (1700 CE to present). Participants were also asked to identify a significant or key economical event (green sticky note), a key health event (blue sticky note), and a key political or religious event (purple sticky note). They were asked to place this information on the sticky notes to be placed added to the timeline. All the participants' sticky notes were positioned on the timeline. After the sticky notes were placed on the map, Dr. Cutts directed each organizational representative to provide more details on the services their particular organization offered. They shared their challenges, their objectives, and their joys in serving the community.

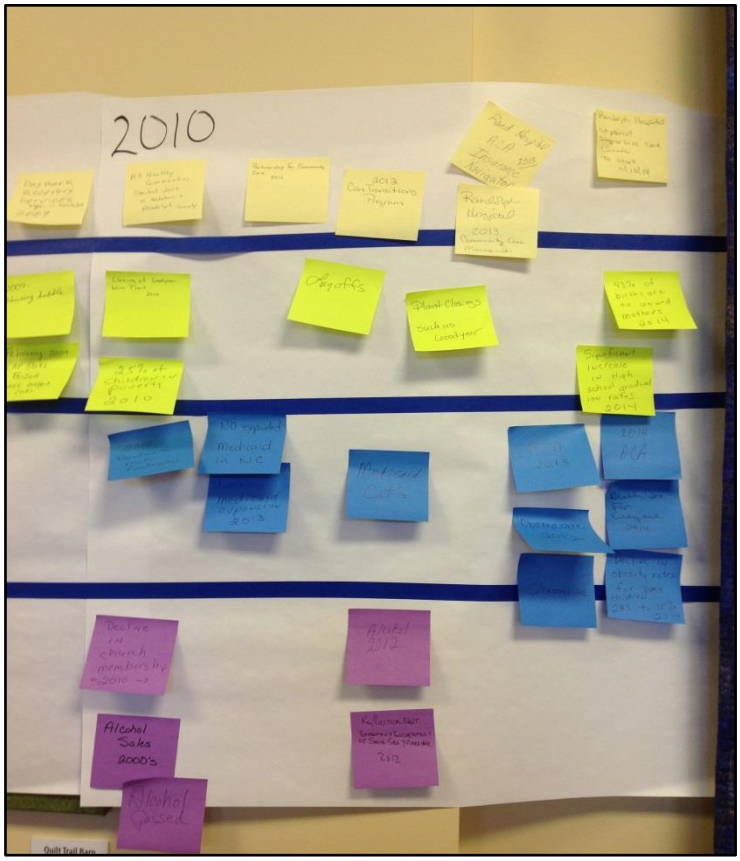
c. DISCUSSION

As each participant was speaking, they were affirmed by those listening and clearly began to develop relationships with other participants. Participants learned more about historical, economical, religious and political events that occurred in Randolph County. They were able to make connections amongst their respective organizations and make connections between economic events, societal events, and policy implementation at both the state and federal level.

Historical Timeline Information of organizations based on location of sticky notes on timeline:

Gray's Chapel UMC (1883)
Randolph County Health Department (1927)
Randolph Hospital (1929)
Public Library (1939) – participant shared that the library was started by a group of women and developed gradually.
YMCA – started in a storefront and expanded with community involvement
Hospice of Randolph County
Crossroad Retirement Community (1983) started by Crossroads Baptist Church for helping elderly in the community
Our Daily Bread Kitchen (1990)
Community Alternative Program (1993) – started by the state
Randolph Family Healthcare of Mercy (1992) – volunteer doctors and nurses from the health department started the free clinic, funded by Kate B Reynolds initially, served over 3000 in 2013, no longer volunteer staff.
Christian United Outreach Center (1994) – faith community sponsored, funded by faith, governmental and other organizations for short term financial crisis intervention, home program, food pantry, dental, medical services, etc., served approximately 30,000

Partnership with Children (1999) – started 1993, partnership launch in 1999 through collective impact, collaborative effort targeted at specific goals and benchbarks, multiple funding sources.
Caregiver Support Group (2001) – average 25-30
Daymark (2009) – started in 2005, moved into Sandhills area, provide mental, crisis and substance abuse services, on only outpatient basis.
Health Communities (2009/2010) – not for profit started by local pastors and business organizations to promote a culture of health and wellness.
Partnership for Community Care (2011) – started approximately 2009 in Guilford County by a group of nurses, provide food pantry, patient education etc.
Missed groups – obtain from timeline
Community Care Management



In reflective analysis, participants noted the role of the Quakers in providing a safe place for slaves in Randolph County, the role of urban versus rural in the provision of services, the economic policies that subsidized wheat and corn crops and the relation of that process and certain products that are produced from those crops to the development of chronic diseases (i.e., diabetes). Participants also identified the creation of jobs and the effects on the county through history such as those jobs that were created by the coal company, the golf course as a precursor to wellness and health programs, the production of the Kennedy rocker, assassination of John F Kennedy, the two positions of being both a wet county with detrimental effects due to high alcohol consumption which in turn resulted in a change in position to a dry county, the opening of the Zoo in 1974, the cancer center and mercy center opening because of the necessity of services for patients needing local care, the development of the partnership for children in addressing issues of early childhood education, increasing obesity from 2002-2005 in Randolph County, 2005 saw many closings of manufacturing plants, recession, growing homeless population (visible in the library, emergency room), real estate decline (2008- 2009), budget cuts (2009), 9/11 leading to extra preparedness work, Goodyear Wire Plant closes (2010), 25% of children in poverty in 2005 showing a double percentage increase from approximately 11% which participants linked to over a decade of plant closings and job losses, high percentage of unwed mothers, increasing high school graduation rates, affordable care act, and decreasing church membership.

Senior services was a key service that developed in the county, particularly palliative care.

Organizations that were not present at the workshop were the Grub YMCA (problem of no funding for swimming pool, but funding has been recently obtained) and Modeling after Youth (food pantry of Archdale).

Another prevalent idea amongst the cohort was the idea of networking, as it was understood that working together and developing clusters may improve support and communication amongst the various healthcare services.

2. HEALTH SERVICE MATRIX

a. OBJECTIVE

The Health Service Matrix activity aimed to document each agency's top two primary roles within the community, the organization's sense of identity, and the participants' two primary roles in their organization. The exercise provides a way to gain an overview of the way in which local entities contribute to health and the ways in which the organizations identify themselves. It also describes services heavily offered and identifies gaps of services. This exercise also identifies services currently offered and gaps in the provision of services in the community.

b. METHOD

Participants placed the information on sticky notepaper and these were positioned on the large chart placed on the floor for ease of access. They were asked to classify their organization as faith based, for-profit health services, or government/federally-qualified healthcare. They then classified their organizations' two primary areas of engagement and the participants' two top primary roles in the organization.

c. DISCUSSION

The majority of organizations present identified themselves as not for profit organizations, and four identified as faith based, four identified as government/federally funded and none identified as for profit or business organizations. Multiple groups can fall in both faith based and not for profit.

As the participants analyzed the chart they created, they were quick to recognize that some of the organizations fall in more than one category (faith based and not for profit). There was some discussion that although there may not be many identified faith based organizations, they exist in significant numbers. Participants identified that people may not seek those services until they need it. Participants also identified that many faith based extended services may not be well-known. Some faith based organizational representatives were initially registered but unable to attend. Various areas were not listed, such as: transitional services, transitional housing, legal and immigration services, translation service, corporations, and homeless assistance.

Organizations not present were identified. These include Living Wellness, Weigh Down program, Run For God and Legal Aid.

Table 1 on the following page displays the matrix demonstrating the various organizations, the sector in which they identify themselves, and their primary areas of engagement within the community.

	Faith Based	Nonprofit	For Profit Health Services	Government/Federally Qualified Health Services
Prevention Education	Gray's Chapel UMC	Partnership For Community Care, Randolph County Partnership for Children, Randolph, A3, Randolph Hospital Care Transitions		Health Department, Randolph Public Library, Education Cooperative Extension
Self-Management	Christians United Outreach Center, Living Wellness	Partnership for Community Care, Randolph Hospital Care Transitions Program, Our Daily Bread Kitchen		Randolph County Public Library,
Nutritional Support	Christian United Outreach Center, Living Wellness	Randolph Asheboro YMCA		Health Department, Cooperative Extension

Physical Activity Support	Run For God	Randolph Asheboro YMCA, Senior Networking Group, A3		
Advocacy		Randolph Hospital Community Outreach, Caregiver Support Group		
Referral		Daymark, Randolph Hospital Community Outreach, Randolph Hospital Referral		
Pharma/ Medication Assistance				
Device Assistance	Gray's Chapel UMC	Randolph Hospital CAP/Home Health		
Outpatient Treatment		Randolph Family Healthcare at MERCE		
Inpatient Treatment		Randolph Hospital		
Practical Assistance Legal/Immigration/ Translation/Transitional Housing	Christian United Outreach, Totally Committed (homeless shelter for men), Shelter of Hope			

Long Term Care **Hospice** **Rehabilitation**		Randolph Hospital CAP Program, Hospice of Randolph County		
Other		Hospice of Randolph County, Cross Road Retirement Community		
Wound Care **Childhood and Maternal Health**		Randolph Family Healthcare at MERCE, Randolph County Partnership for Children,		
Substance Abuse/Mental Health **Transportation** **Respite Care** **Home Health**	Minister/Chemical Counsel Volunteer	Daymark Recovery RCATS, Gate City Transportation Randolph Hospital Caregiver Respite, Cross Road Retirement Community, Randolph Hospital In Home Care, Randolph		

		Hospital Outpatient Care		

3. SOCIAL CAPITAL AND NETWORKING

a. OBJECTIVE

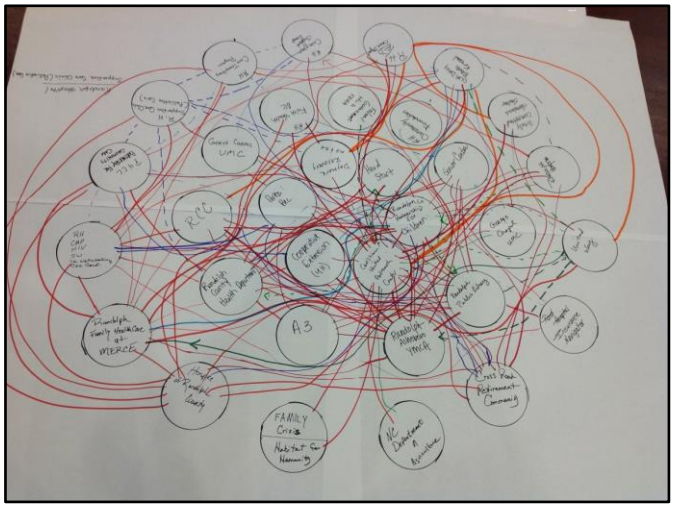
The objective of the third exercise was to gain a picture of the ties, networks, and links between the various entities present. The exercise helps to gain a picture of connections to wider institutions and facilities that play a role in the local health service provision. It also helps to get data regarding important relationships that contribute to the success of health service delivery.

b. METHOD

The third activity was centered on drawing connections via a spidergram chart. Representatives of present organizations were asked to draw their organizational connections with other local organizations. If organizations partner, meet with, or network, a line was drawn with a "red" pen. If organizations are connected via financial resources such as funding, their connection was drawn with a "green" pen. If organizations saw a potential beneficial relationship, they drew a line in "blue."

c. DISCUSSION

Out of the exercise came the idea that organizations have more partners than they think they do. There are many potential partners.



4. HEALTH AND WELL-BEING INDEX

a. OBJECTIVE

The fourth activity was comprised of a two-part brainstorming. Part I consisted of the participants brainstorming the two factors they **personally** believe are most important to the health and well-being of those who need better access to care in order for them to have optimal well-being in Randolph County. Part II consisted of naming two factors their organization believes to be most important to the health and well-being in the community to have better access to care.

b. METHOD

On the flip chart at the front of the room, the facilitators listed four components FaithHealthNC perceives to be key factors regarding access to care in order to prompt thoughts and ideas (**Image 3**). On two separate notecards, each participant was asked to write two factors they believe are most important to the health and well-being of those who need better access to care. Each participant's notecards were combined and shared. After sharing the notecards, participants were then asked to vote on what they personally felt were the most important factors out of the original list. In Part II of this activity, each participant was then asked to document two factors their organization feels are most important.

c. DISCUSSION

Factors shared by participants in the brainstorming and discussion round.

- **Transportation/Access to transportation** – the necessity for people to be able to get to their appointment
- **Affordability/accessibility/financial assistance, affordable services – patients being unable to afford specialty services**
- **Expanding Medicaid –** care for the poor
- **Financial Assistance –** help getting services
- **Mental Health and Substance Abuse Support System –** the need for that system
- Nutritional Education – help people be more healthy tied to income, access to healthy foods in food deserts
- **Compassionate care – not all providers of services provide compassionate care across the county**
- **Spiritual and relationship with Christ –** link between spirituality and health, the idea that spirituality helps foster and provide motivation to get needed services that are difficult to reach
- **More Physicians/Specialists in Remote Areas –** need in smaller towns, expand services
- **Ability to obtain medication and use them appropriately –** affordability of the medicine and education
- **Affordability of recreational/physical activity facilities**

A participant shared the need for the community to meet the needs of each other with compassion due to having found out that another participant had not been paid for a month, despite the participants dedication to the service they provide to the community. Another participant shared her encounter with a family needing food whom she had referred to the organization whose staff had not been paid. This participant's organization was identified as a key supporter and networker in the community that is depended upon and looked upon by others as a source of inspiration and leadership.

Out of the abovementioned list of factors, participants were then asked to vote on the top factors they felt are most important to the health and well-being of those who need better access to care, from their **"PERSONAL"** perspective.

1) **Transportation**
2) **Compassionate Care/ Spirituality**

3) **Financial Assistance/Affordability/Medicaid Expansion**
4) **Education**
5) **Support Services for mental health and substance abuse besides family**
6) **Communication Providers**
7) **Access for Medicaid to children**
8) **Funding for CUOC**

Participants were then asked to vote on the top factors they felt are most important to the health and well-being of those who need better access to care, from their **"ORGANIZATIONAL"** perspective. Responses included:

1) **Transportation**
2) **Finances/ Affordable health care**
3) **Access to Preventative care**
4) **Need for expansion of services**
5) **Mental Health Support**
6) **Education**
7) **Medication Assistance**
8) **Investment in creativity to build health communities – framework for a community to understand why investment is needed in different capacities ie. transportation**
9) **Physicians not recognizing family needs**
10) **Safe living for disabled persons to live in their home**

Discussion:
There seem to be no huge separations between individual/personal belief and organizational belief of what is needed for health and wellbeing in the community.

5. COLLABORATION CONTRIBUTION GRID

a. OBJECTIVE

The objective of this exercise was to identify existing and potential collaborative partnerships and shared resources. This activity sets the foundation for next action steps in terms of strengthening partnerships and building capacity.

b. METHOD

Collaboration contribution grid forms were handed out to representatives of the organizations present at the workshop. Participants had the opportunity to sit and fill out their forms individually. After their forms were completed, they were handed in toward the end of the workshop. See the contribution grids below for faith based and other organizations.

c. DISCUSSION

Participants were asked to explore the networking that can happen from this workshop.

FAITH BASED ORGANIZATIONS
Tables 2 - 4

CUOC Christians United Outreach Center				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
Merce Clinic	X			
DSS	X			
NC Dept of Agriculture	X			
Habitat	X			
Senior Adult Assoc.	X			
Family Crisis	X			
Randolph Hospital	X			
Faith C0mm	X			
Liberty Assoc of Churches	X			
Ramseur food Pantry	X			
Community Outreach Archdale/Lib	X			
Asheboro housing Auth	X			
Hospice of Randolph	X			
Vintage Church	X			
Northridge Church	X			
Everyone		X		

Our Daily Bread Kitchen				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could**	**Contributions you receive or would**

			potentially make	like to receive from this organization
Goodwill Industries	X		Refer individuals in need of work	Job readiness training
Communities in Schools		X	Educ. On how to better serve community	Back-Pack food assistance

Gray's Chapel UMC				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
CUOC	X		Finances, food, clothes, volunteers	
Our Daily Bread		X	Finances, food, volunteers	
Hospice		X	Volunteers	
RC Hospital	X		Volunteers	

GOVERNMENT/FEDERALLY AFFILIATED ORGANIZATION
Tables 5 - 12

Randolph Hosp. CAP				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
CUOC	X			Food, Bill assistance
RCATS	X			Transportation to different parts of the county
Randolph County Public Library		X		
Our Daily Bread		X		

Randolph Hosp. ED Case mgmt.				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
CUOC	X Pt.s referred from ED;		Encourage, financial support	
RCATS	X Limited			Transportation for ED pts., after their ED visit
DSS/Randolph co	X		Assist with DC planning for DSS clients from ED	
Our Daily Bread		X		

Randolph Hosp. CAP Community Outreach Coordinator				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
MERCE clinic	X		Referrals for self pay	Help with assistance with medications for pats. To prevent readmissions
RCATS		X	Referrals for transportation to MD appts.	Transportation for appts and procedures

Randolph Co. Public Library				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
RCC	X	X	Planning for caregiver college	Potential programs
RCPC	X	X		Partnerships and growing opportunities
Cooperative extension	X			Continued and increased programs
Hospice	X			Community programs for Seniors
Senior Center	X		Provides books to the centers	programming

Randolph Hospital				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
CUOC	X		Assist w/ support of agency	Client assistance and financial education for pts
Hospice	X		Referrals	Education to patient's families at end of life and end of life issues
Partnership for community care		X		Support with HIV clients/pts and food bank
Sr. Adults	X			More Sr. programs for active Seniors
RCATS	X			Need more services and to be flexible.

Randolph Hosp. Ins. Navigator				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
Daymark		X	Educate people about ACA mandate; get people insured	Uninsured people
YMCA		X	Educate people about ACA mandate; get people insured	Uninsured people
Partnership for children		X	Educate people about ACA mandate; get people insured	Uninsured people
Hospice	X		Educate people about ACA mandate; get people insured	Referrals
Partnership for Community care	X		Educate people about ACA mandate; get people insured	Referrals
Physicians Office staff	X		Educate people about ACA mandate; get people insured	Referrals

Health Department				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
MERCE	X			
Partnership for children	X			
Hospital	X			
YMCA	X			

Cancer Center				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
Care Transitions		X	Decrease readmissions; advance directives	Have a meeting
Caregiver support		X		Meeting

NON-PROFIT ORGANIZATIONS
Tables 13 – 7

Cross Road Retirement Center				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
R. Hospital	X			Home Health and pt/ot services
R.C. Library	X			Bring books to residents
Caregiver support group		X	Have done refreshments for the group	
YMCA		X		Programs exercise/wellness for residents
Staywell	X		We will provide respite care	Referrals

Daymark Recovery Svc				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could**	**Contributions you receive or would**

			potentially make	like to receive from this organization
P4CC	X		Provision of needed MH/SA svc	Assistance with coordination of care for shared clients
CUOC	X	X	Assistance with counseling of clients for mental health and substance abuse	Help with coordinating nutrition, clothing, etc. for clients
DSS	X		MH/SA on sliding scale for those without insurance	Coordination of services for shared clients

Partnership for Children				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
Child care ctrs, pre-schools, head start	X		Training, implementing, improved nutrition	Continued involvement
School system	X		Funding programs improving practices	Policy changes and practices
Pediatric practices	X		Reach out, read program support	Health measurements
Municipalities	X		Data, strategic planning, funding	Investments in organizations for fit and healthy comm.
Randolph hospital	X		Data and coordination of planning for serving young children and families	Continued w/ existing relationship and collaboration
Family health clinic		X	"	Info on trends and needs

YMCA				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
Goodwill		X	Location and audience	Job fair, info, education prevention

Family Healthcare at MERCE				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
CUOC	Newly revived		Provide health screenings and insurance assist.	Referrals for medical and dental care
Partnership for Children		X	Prenatal & well child care	Referrals in prenatal and well-child services
YMCA	X		Insurance in marketplace assistance info	Free or reduced cost for memberships for identified pts.
Our Daily Bread		X	Provide health screenigns on-site	Referrals for medical and dental

Partnership for Community Care				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
Daymark	X		Assistane w/ co-morbid chronic disease mgmt.	Referrals, BH assistance

Randolph Hospital	X		Mgmt. education assist for high ED utilizers and transitional pts.	Referrals
Partnership for children		X	Assist parents of high risk children	Referrals
CC4C	X		Assist pediatric pts and aging pts out of our services and cont. case mgmt.	Referrals

Hospice				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
Partnership for Children		X	Kids grief counseling	
Supportive care clinic		X	Work to identify when pts are hospice approp.	Joint counseling/support groups
Randolph hospital	X			Referrals through palliative care team

6. 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.

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

7. LOCAL ACTION

a. OBJECTIVE

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

b. METHOD

At the end of the workshop, the facilitators asked all participants, "What's next?" Many participants responded with what they would like to see come of out of these workshops.

DISCUSSION

Next Action Steps:

- 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 (ie., existing
- 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 (ie., workforce, rehab development groups, financial education)?
- Conduct town hall meeting to address issues that were identified as issues to be addressed in the CHAMP workshop

APPENDICES

I. Randolph County Demographic Data

Randolph Demographic Information	27341 Zip Code	27298 Zip Code	North Carolina	United States
Total Population	5,360	10,336	9,535,483	308,745,538
Gender				
Male	2,684 (50.07%)	5,202 (50.33%)	48.72%	49.16%
Female	2,676 (49.93%)	5,134 (49.67%)	51.28%	50.84%
Race				
White	4,925 (91.88%)	8,813 (85.27%)	68.47%	72.41%
Black/African American	253 (4.72%)	886 (8.57%)	21.48%	12.61%
Hispanic	180 (3.36%)	738 (7.14%)	8.39%	16.35%
Asian	19 (0.35%)	15 (0.15%)	2.19%	4.75%
Native	10 (0.19%)	62 (0.60%)	1.35%	1.12%
One Race, Other	96 (1.79%)	333 (3.22%)	4.34%	6.19%
Two or more races	57 (1.06%)	227 (2.20%)	2.16%	2.92%
Educational Achievement (25 years and over)				
Less than High School	1,014 (26.05%)	1,200 (18.28%)	15.49%	14.28%
High School Graduate	1,295 (33.26%)	2,262 (34.46%)	27.24%	28.24%
Some College or Associate Degree	1,143 (29.36%)	2,251 (34.29%)	30.44%	28.99%
Bachelor's Degree	346 (8.89%)	472 (7.19%)	17.82%	17.88%
Graduate or Professional Degree	95 (2.44%)	380 (5.79%)	9.01%	10.61%
Marital Status (15 years and over)				
Males- Never Married	677 (28.77%)	842 (23.63%)	32.82%	35.08%
Males -Married	1,313 (55.80%)	2,368 (66.46%)	55.55%	52.93%
Males- Widowed	117 (4.97%)	158 (4.43%)	2.48%	2.53%
Males-Divorced	246 (10.45%)	195 (5.47%)	9.15%	9.46%
Females- Never Married	426 (18.67%)	617 (15.79%)	26.93%	28.74%
Females- Married	1,340 (58.72%)	2,195 (56.18%)	51.62%	49.95%
Females- Widowed	261 (11.44%)	496 (12.70%)	9.83%	9/34%
Females- Divorced	255 (11.17%)	599 (15.33%)	11.62%	11.97%
Employment (16 years and over)				
Males- In labor force	1,546 (69.02%)	2,394 (69.35%)	69.94%	70.20%
Females- In labor force	1,306 (57.28%)	2,347 (60.87%)	58.94%	59.43%
Males- Employed	1,440 (93.14%)	2,067 (86.96%)	89.23%	90.27%
Females- Employed	1,126 (86.22%)	2,178 (92.80%)	89.81%	91.21%
Males- Unemployed	106 (6.86%)	310 (13.04%)	10.77%	9.73%
Females- Unemployed	180 (13.78%)	169 (7.20%)	10.19%	8.79%
Nativity	5,828 (95.46%)	8,655 (97.29%)	92.47%	87.13%
Median Age	41.10	40.90	37.40	37.20
Households	2,129	4,149	3,745,155	116,716,292
Family Households	1,542 (72.43%)	2,908 (70.09%)	66.73%	66.43%
Married-couple family	1,224 (57.49%)	2,214 (53.36%)	48.38%	48.42%
Nonfamily households	587 (27.57%)	1,241 (29.91%)	33.27%	33.57%
Income				
Median Household Income	$42,208	$42,796	$46,450	$53,046
Families in Poverty	225 (15.05%)	250 (9.86%)	12.41%	10.92%

Source: www.usa.com (Based on 2008-2012 government census data)

Randolph County Demographic Data

Randolph Demographic Information	27205 Zip Code	North Carolina	United States
Total Population	33,216	9,535,483	308,745,538
Gender			
Male	16,613 (50.02%)	48.72%	49.16%
Female	16,603 (49.98%)	51.28%	50.84%
Race			
White	29,008 (87.33%)	68.47%	72.41%
Black/African American	1,330 (4.00%)	21.48%	12.61%
Hispanic	3,561 (10.72%)	8.39%	16.35%
Asian	244 (0.73%)	2.19%	4.75%
Native	202 (0.61%)	1.35%	1.12%
One Race, Other	2,006 (6.04%)	4.34%	6.19%
Two or more races	426 (1.28%)	2.16%	2.92%
Educational Achievement (25 years and over)			
Less than High School	4,305 (19.45%)	15.49%	14.28%
High School Graduate	7,274 (32.86%)	27.24%	28.24%
Some College or Associate Degree	6,860 (30.99%)	30.44%	28.99%
Bachelor's Degree	2,717 (12.27%)	17.82%	17.88%
Graduate or Professional Degree	981 (4.43%)	9.01%	10.61%
Marital Status (15 years and over)			
Males- Never Married	3,334 (25.41%)	32.82%	35.08%
Males -Married	8,065 (61.46%)	55.55%	52.93%
Males- Widowed	392 (2.99%)	2.48%	2.53%
Males-Divorced	1,332 (10.15%)	9.15%	9.46%
Females- Never Married	2,378 (17.79%)	26.93%	28.74%
Females- Married	8,163 (61.06%)	51.62%	49.95%
Females- Widowed	1,410 (10.55%)	9.83%	9/34%
Females- Divorced	1,418 (10.61%)	11.62%	11.97%
Employment (16 years and over)			
Males- In labor force	8,997 (69.92%)	69.94%	70.20%
Females- In labor force	7,873 (60.30%)	58.94%	59.43%
Males- Employed	8,121 (90.26%)	89.23%	90.27%
Females- Employed	7,254 (92.14%)	89.81%	91.21%
Males- Unemployed	876 (9.74%)	10.77%	9.73%
Females- Unemployed	619 (7.86%)	10.19%	8.79%
Nativity	30,231 (90.91%)	92.47%	87.13%
Median Age	40.40	37.40	37.20
Households	12,739	3,745,155	116,716,292
Family Households	9,463 (74.28%)	66.73%	66.43%
Married-couple family	7,513 (58.98%)	48.38%	48.42%
Nonfamily households	3,276 (25.72%)	33.27%	33.57%
Income			
Median Household Income	$51,951	$46,450	$53,046
Families in Poverty	948 (9.97%)	12.41%	10.92%

Source: www.usa.com (Based on 2008-2012 government census data)

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