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To: Gary Gunderson, Teresa Cutts, and Division of Faith and Health Ministries, Wake Forest Baptist Health

From: Larissa Estes, Leslie Mikkelsen, Prevention Institute

Memo: Opportunities to Strengthen Population Health Improvement Efforts in North Carolina

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This memo describes Prevention Institute's impressions of FaithHealth North Carolina's (FaithHealthNC) existing assets and challenges, and issues a set of recommendations for advancing future work. Prevention Institute (PI) staff was pleased to be invited to visit with Wake Forest Baptist Health, FaithHealth Division to consider opportunities to build on existing activities to further improve population health in vulnerable communities. Through dialogue with members of FaithHealthNC Division staff (Appendix A) and a review of written materials, we considered FaithHealthNC's current activities through the lens of quality community-wide prevention and health equity.

The philosophy and objectives of the existing work is impressive. It strongly emphasizes specific goals related to population health improvement and has an important and appropriate emphasis on vulnerable zip codes within the seven health system service areas. The existing work highlights the potential benefits of addressing the community factors shaping health and the long-term commitment needed to produce change and achieve health equity. We employ the following definition of health equity throughout our overview of FaithHealthNC's assets and challenges and the subsequent recommendations: "Every person, regardless of who they are – the color of their skin, their level of education, their gender or sexual identity, whether or not they have a disability, the job that they have, or the neighborhood that they live in – has an equal opportunity to achieve optimal health."[i]

The Wake Forest Baptist Medical Center Community Benefit Plan delineates three guiding principles: (1) Focus on the places where need is concentrated; (2) Focus on partnership with community organizations who share the mission; and (3) Build the capacity of people, families, and partners through generous and sustained education. This perspective and approach provides a conceptual foundation for expanding the work of FaithHealthNC to promote community-level strategies that improve population health by reducing preventable illness and injury in vulnerable communities. This "community prevention" approach – which we describe in more detail below – is centered around action to improve the social, physical, and economic environments that are the key drivers of population health. While PI's focus is primary prevention – taking action before illness or injury occurs – many of the same strategies are effective in supporting people already sick or injured in maintaining or restoring their health and well-being. We use these principles to frame our recommendations below.

FaithHealthNC is rooted in the premise that healthcare alone cannot improve community health and well-being. This partnership brings spiritual depth by recognizing the importance of caring for the most vulnerable, who bear the burden of many community inequities. FaithHealthNC is planting seeds that have the potential to grow into a regional approach to quality community prevention. By expanding efforts to include upstream action, FaithHealthNC is well-poised to promote health equity and population health improvement across North Carolina.

FaithHealthNC Assets

There are numerous FaithHealthNC assets that can be used as building blocks for taking action to address the community factors that drive poor health in vulnerable communities. By leveraging institutional leadership and interest in embracing the goal of population health improvement across many communities in North Carolina, FaithHealthNC has a tremendous opportunity to improve population health and health equity.

AWARENESS OF SOCIAL AND ECONOMIC FACTORS INFLUENCING POOR HEALTH

FaithHealthNC's active engagement with patients and communities has revealed a deep set of needs. Key health issues identified in community health needs assessments and affirmed in conversations with FaithHealthNC staff include cancer, diabetes, obesity, behavioral/mental health distress, violence and trauma, and access to care. The most vulnerable across the FaithHealthNC geography struggle with basic needs like housing, food insecurity, transportation, and limited employment opportunities. As Dr. Rachel Zimmer noted, "It's not the patients. It's the structure of society [that is driving poor health]." Having awareness of the factors that influence health outcomes is essential to understand how the factors are produced and to determine the best strategies to counter harmful factors.

SUPPORT STRUCTURE TO IMPROVE OUTCOMES FOR VULNERABLE PATIENTS

A strong, committed staff and impressive cadre of volunteers accompany FaithHealthNC's faith values and lifts up these values throughout its institutions. FaithHealthNC's network of Chaplains, Connectors, and Supporters has established a critical web of support for patients requiring transitional and supportive care after receiving services from partnering health systems – connecting patients with existing community resources and services. FaithHealthNC's CareNet counseling network provides behavioral healthcare to clients in 88 of 100 North Carolina counties. CareNet's infrastructure, widespread reach, and community-based faith-integrated counseling ministry broadens FaithHealthNC's network across the state and supports the biopsychosocial needs of individuals and families.

CONNECTION TO FAITH

Keystones like strong social bonds within a faith community and strategic support for congregational members in need serve as a solid foundation for developing comprehensive strategies to improve community environments and transform population health. Social connections in and of themselves promote health and well-being for many people. The positive relationships between health systems and congregations provide a foundation to expand from providing support to individual patients and congregation members to include activities outside the walls of the clinic and church – focused on community-wide transformation.

> **"I'm excited about our efforts, despite limited resources to help a chronically marginalized population."**
>
> **– Jay Foster**
> **Chaplain Residency Program**

MOVING OUTSIDE CLINIC AND CHURCH WALLS TO MEET COMMUNITY NEEDS

FaithHealthNC encourages area congregations to move outside of their church walls to help community members. This is similar to the call for healthcare to move outside the clinic walls to take greater responsibility for improving the health of all community residents in their service area. FaithHealthNC's efforts in its service area have encouraged the development of relationships with community organizations including area first responders, local businesses, health foundations, and cultural organizations.

> **"We give leaders inspiration for what's possible."**
>
> **- Rev. Gary Gunderson**
> **Vice President for Faith Health**

Examples of FaithHealthNC's community

efforts include supporting the establishment of a mobile health clinic to reach the underserved and partnering with law enforcement and organizations serving Latino immigrants to create an identification card program to help community members access services and resources that require photo identification.

PROACTIVE MERCY

Proactive mercy, a concept articulated by FaithHealth Division leaders, provides an excellent launching point for reflection and action by FaithHealthNC to address the community drivers that lead to poor health in vulnerable communities. Proactive mercy promotes, by definition, taking action to prevent illness and injury among the most vulnerable communities.[ii] Proactive mercy integrates the spiritual dimension of health along with prevention concepts more grounded in the physical and social/economic dimensions of health. As articulated by Rev. Gunderson, a commitment to proactive mercy inspires health systems and faith networks to consider how their organizations can help influence the social, physical, and economic conditions in their communities in order to advance population health.[iii]

> *"Proactive mercy is way cheaper than reactive charity… Being proactive depends on the intelligence about – and trust with – the neighborhoods where the costs of reactivity are concentrated."*
>
> **- Rev. Gary Gunderson**
> **Vice President for Faith Health**

COMMUNITY-CENTERED POPULATION HEALTH MODEL

The Wake Forest Baptist Community Benefits Steering Committee recommended the use of Prevention Institute's Community-Centered Population Health model (Figure 1). This model aligns individual needs with community-wide solutions. Applying this model is a critical lynchpin for translating FaithHealthNC assets into further action, particularly as it relates to advancing health equity. The Community-Centered Population Health Model works by not only acknowledging the role of community factors outside the health system in impacting health outcomes, but also by becoming an effective partner actively engaged in comprehensive strategies including environmental and policy change to strengthen the surrounding community to improve population health.[iv]

Figure 1. Community Centered Population Health Model[1]
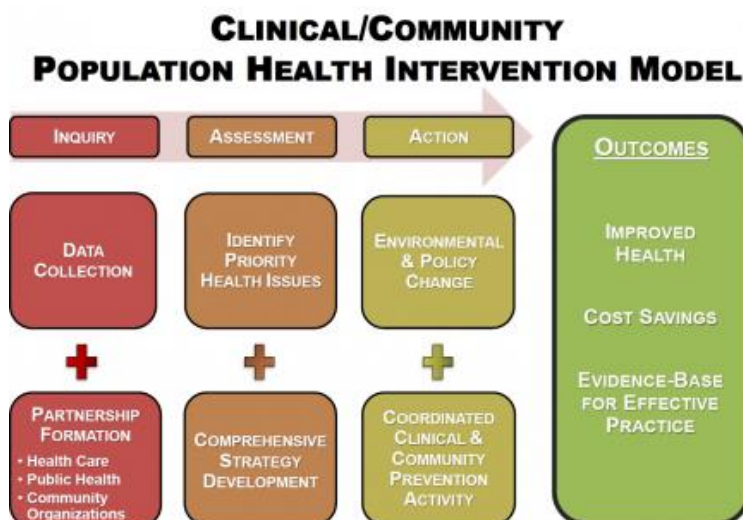
Challenges

The assets of FaithHealthNC and its partners provide a foundation to move beyond many challenges that face healthcare institutions and communities across North Carolina.

VULNERABLE COMMUNITIES

While FaithHealthNC is aware of the social and economic factors causing poor health, communities remain vulnerable to the impact of these factors. The stories shared by FaithHealthNC Supporters and Connectors reinforced a wide range of critical social and economic needs, which have been previously noted. Similar needs were expressed by providers and community residents participating in the Asset Mapping activities. These needs are the underlying drivers of health that lead to priority health concerns including behavioral/mental health conditions, diabetes, and obesity.

LEGACY OF EUGENICS AND STRUCTURAL DISCRIMINATION

From a socio-cultural context, the historical trauma of the North Carolina sterilization program casts a shadow over research and academia, healthcare, local public health and social services, philanthropy, media, local government, and the community. These sectors institutionalized policies and practices that silenced and disempowered vulnerable communities through a sophisticated public-private partnership that created widespread mistrust – explicitly targeting African Americans, women, low-income families, and individuals with intellectual and developmental disabilities. While public apologies have been issued and compensation for victims has begun, there is more work to be done to create a conversation around healing and repairing community relationships – particularly with healthcare and the local government. Beyond the trauma of eugenics is the cumulative trauma resulting from slavery, extreme poverty, systematic disinvestment and neglect of low income communities, segregation laws, mass incarceration, and community violence. Overcoming trauma and structural discriminatory practices grounded in racism and classism – a challenge present in many communities across the United States – can be advanced by significant acknowledgement on the part of the various sectors actively or historically involved in perpetuating inherent and blatant discriminatory practices. FaithHealthNC has the potential and the network to begin creating that healing space for the community through faith and forgiveness, and to catalyze a long-term, multi-sectoral, and multi-generational commitment to an intentional, explicit, systematic approach to countering all forms of bias and discrimination.

EMPLOYMENT AT WAKE FOREST BAPTIST HEALTH DOES NOT FULLY INSULATE FROM POVERTY AND DISCRIMINATION

It is important to recognize that many health system employees and their families in North Carolina live, work, play, and pray in the same communities that experience a disproportionate share of injury and illness. This reality is often compartmentalized, as employees serve others until they return to communities where they are at risk of not meeting basic needs such as safe, affordable housing and food security. The impact of moving upstream will positively impact not only the community, but also health system employees. FaithHealthNC's ground game provides an opportunity to leverage health system staff tasked with advancing employee wellness and institutional diversity and inclusion to develop strategies to support the community environments that are home for health system employees.

> **"[Everyday struggles are] the reality of life."**
>
> **- Annika Archie**
> **Faith Health Supporter**

Prevention Fundamentals to Advance Health Equity and Population Health

Our recommendations in the final section are grounded in the methods of primary prevention. To provide context for our recommendations, we provide an overview of these methods in this section. Just as healthcare can be delivered well or poorly, *quality* prevention employs a distinct set of practices. Prevention Institute applies eight prevention fundamentals to mobilizing community-level prevention initiatives, and we have developed tools to support communities in applying these fundamentals. These fundamentals have been distilled from successful prevention efforts, research on the root causes of illness and injury, and the wisdom of community practice.[v]

Prevention Fundamentals

- Rooted in Community Wisdom
- Norms that Support Equity, Health, and Safety
- Comprehensive Action: The Spectrum of Prevention
- Two Steps to Prevention: The Community Determinants of Health
- Multi-Sector Collaboration
- Shifting the Narrative
- Local, State, and National Policy Change
- Organizational Practice Change

Quality prevention focuses on community environments and recognizes that key levers for transforming these environments include organizational practice and policy changes. To support and sustain the community prevention, it is imperative to leverage the knowledge, assets, intuition, and skills of community members – reflecting authentic, ongoing community engagement.

By beginning with Taking Two Steps to Prevention, healthcare can move beyond the presenting illnesses and injuries back to the community environments, norms, and structural drivers that lead to poor health and inequity in the first place.[vi] By focusing on these community environments, communities can foster solutions to support prevention and well-being for everyone.

Our collective knowledge of how a variety of community factors influence health and safety outcomes and levels of equity or inequity in those outcomes among disenfranchised populations has deepened significantly over the past decade. The World Health Organization has identified the structural drivers – the inequitable distribution of power, money, and resources – that shape the circumstances in which people are born, grow, live, work, and age.[vii] These structural drivers manifest as policies, practices, and procedures on the part of government and other institutions that have led to low-income and communities of color in the US shouldering a burden of unfairness and diminished opportunities for health and well-being. Health research has well documented the differences in life expectancy based on zip code.[viii] Whether these actions are deliberate and intentional, inadvertent, or neglectful, individually and cumulatively they have contributed to unjust disparities in health and well-being.[ix] Prevention Institute's THRIVE tool is a well-researched framework that translates these structural drivers into a specific set of people, place, and opportunity factors that are ripe for action (Figure 2).[x] THRIVE both supports community members in understanding how community environments impact health and in qualitatively assessing which factors are most important in their community.

Once a community has identified the specific community factors that are contributing to one or more poor health outcomes, the next step is to identify strategies to exert change on those community environments. Given the many factors that shape health outcomes, improving population health is an undertaking that is best achieved by using a comprehensive set of strategies.

One approach to designing comprehensive community-wide prevention strategies is the Spectrum of Prevention (Figure 3). The Spectrum supports the development of comprehensive strategies by

leveraging existing knowledge and community wisdom to improve the determinants of health.[xi] Strategies range from, on a more individual level, strengthening the knowledge and skills of community members to, on a macro level, influencing the policies and legislation that shape health in the community. Working on all levels of the Spectrum creates synergy that has a stronger impact on population health than any one level alone.

Figure 2. THRIVE Framework by Prevention Institute
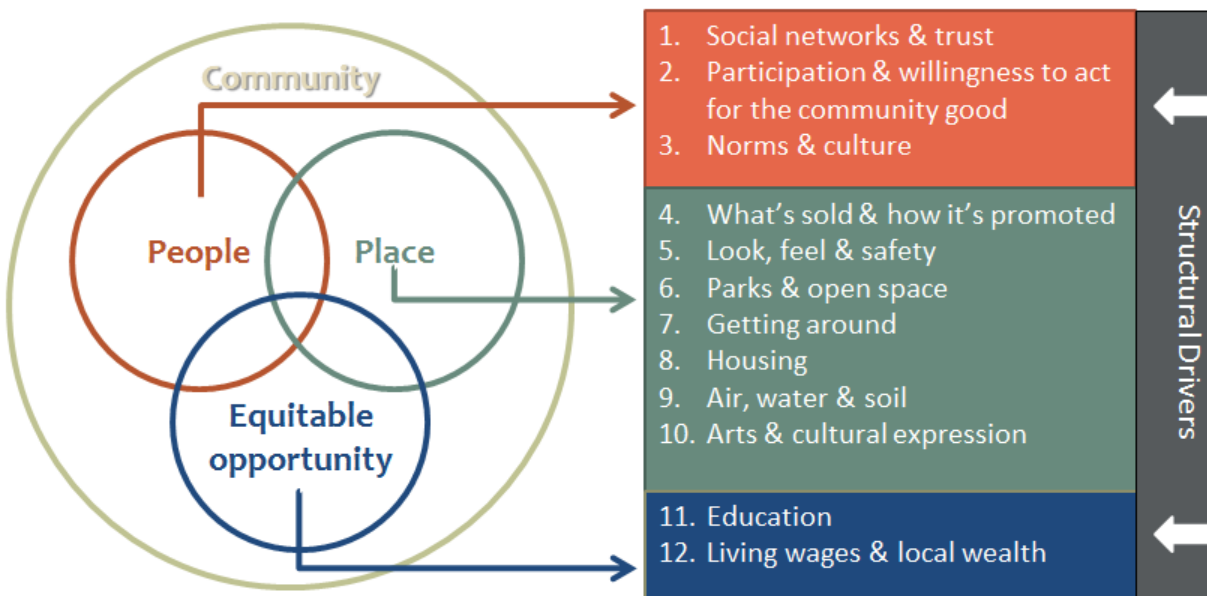
Appendix B features sample strategies addressing health conditions and social factors using the Spectrum of Prevention. These examples highlight how health systems can build upon existing efforts and collaborate with communities, public health, and other sectors to transform communities. While the sample strategies were developed with medical high utilization in mind, the same strategies with a variety of partners from different sectors can improve the same health priorities identified in Community Health Needs Assessment, Asset Mapping, and Community Benefits Plan.

Figure 3 – The Spectrum of Prevention

Recommendations

FaithHealthNC has the power to continue advancing health equity and population health within its service area and throughout the state. The notion of proactive mercy is a powerful one: FaithHealthNC is called upon to prevent illness and injury in the most vulnerable communities. To take this work to the next level, FaithHealthNC can continue its caregiver efforts and build in an explicit and systematic approach to positively influencing the social, physical, and economic conditions in the communities it serves. Health equity cannot be achieved through individual services alone. Significant improvements in health outcomes in low-income communities and communities of color require community-level interventions that improve the community factors influencing health. This will benefit those currently sick and injured, reduce the likelihood and severity of future illness and injury, and advance related community goals (employment, education, well-being, etc.) by improving community environments overall.

Prevention Institute proposes the following recommendations to FaithHealthNC in order to strengthen efforts to advance health equity and population health through quality prevention, listed here and described in greater detail below:

- Enhance **Capacity**
  - Incorporate and train on community prevention principles and concepts
  - Emphasize and build upon expertise in healthcare
  - Establish data collection related to community factors influencing health
  - Overlay leading causes of life with THRIVE

- Focus on **Place**
  - Elevate and strengthen the focus on health equity
  - Expand the existing "ground game" to address community factors
  - Embrace the main sail institutional role
  - Adopt organizational practices and policies that reinforce healthy norms
  - Establish a culture of social inclusion and cultural humility
  - Stimulate the local economy and community opportunity

- Foster and Advance **Partnerships**
  - Engage in community healing to advance population health
  - Establish a comprehensive regional approach to population health improvement
  - Map assets for changing community environments
  - Partner with public health

ENHANCE CAPACITY

FaithHealthNC has a wealth of existing assets to enhance its capacity to improve population health. By expanding its vision, FaithHealthNC can have a major influence on population health and health equity in North Carolina. Through the leadership of FaithHealthNC, health systems across North Carolina can expand their existing ground game to include action to improve the community environments driving health equity and population health outcomes. Efforts across the FaithHealthNC Division have created an infrastructure that can expand from individual to community and from healthcare treatment to incorporate primary prevention strategies.

- **Incorporate and Train on Community Prevention Principles and Concepts**

The FaithHealthNC Network has a unique opportunity to cultivate health systems and the community's capacity to address health concerns with a community environment and health equity lens – seeing the community environment of patients from their perspective. This lens supports the recognition and understanding that the community environment was created by a long legacy of policies and practices

that produced inequities in present day health outcomes, and shifts away from a sole focus on "personal responsibility" as the source of health problems. This relates to the description of health literacy as including strengthening capacity to "read their environment and the factors shaping current and future health so they can be actors." Parts of these efforts include providing training to providers, employees, congregations, and the community on primary prevention principles and concepts. Opening people to the environmental lens opens the door to expanding existing clinical and community-wide efforts to include primary prevention strategies that support the establishment of a comprehensive strategy to address the community determinants of health. The FaithHealthNC Connectors and Supporters are natural leaders to support the health system in learning about the challenges faced by patients, their families, and a broader set of community members. FaithHealthNC's structure and training methodology can be further adopted to support a culture of shared learning and innovation within the health system and across sectors that influence community environments. Extending training beyond the walls of the clinic and churches could build bridges that support community-wide change that foster healing, health, and well-being. Training could include strategies on how to make the case to address community determinants, identifying places and community factors for action, collaborating with residents and community partners, and mobilizing to advocate for local and state policies that influence health outcomes and promote primary prevention strategies in communities.

- **Emphasize and Build upon Expertise in Healthcare**

Health systems are perhaps the most powerful institutions in our communities with a direct mission to improve health. The expertise of healthcare is much needed in identifying opportunities for prevention. The health systems participating in FaithHealthNC have a unique role in embracing their health missions in the cause of population health in their geographic service areas. Healthcare brings expertise and credibility about how to solve health problems. Healthcare can take the next step towards population health by promoting broad understanding of the impact community factors play in contributing to illness and injury and by using its influential role in health to catalyze collaborative action to improve those conditions. One way to get started is to select a priority health concern identified in the community health needs assessment such as chronic disease or mental health. Health systems can build upon existing work across its service area and clinics and further explore the role it can play in community-wide transformation. FaithHealthNC, along with congregations and health systems can advocate for important community-wide changes that advance health and well-being across North Carolina including advocating for state and local policies that advance primary prevention strategies.

- **Establish Data Collection Related to Community Factors Influencing Health**

In order to catalyze community improvements, it is important to include factors about the community environment (e.g. density of fast food outlets or waiting lists for subsidized housing) in health assessments along with information about health problems and socio-economic data. Documenting inequalities in access between communities can help direct attention to policy and systems change solutions; many web-based tools are available to examine factors such as access to parks and open space or full-service grocery stores between low wealth versus high wealth communities. Therefore health systems across North Carolina should explore opportunities to expand data collection efforts to include data on the community factors influencing health as well as expanding data sharing with collaborative partners to support community-wide strategy development and action. Data may be collected and aggregated via patients and caregivers and/or through community mapping activities or utilizing GIS databases. These data can be used for strategic planning as well as indicators to monitor progress. Examples include using data collected on housing or alcohol outlet density to inform and support community growth and redevelopment opportunities. Qualitative data is also important. The FaithHealthNC program Supporters and Connectors could generate valuable stories and observations about community factors supporting or impeding health through these data systems. These employees and volunteers are witnesses to the needs of the community and can support the framing of comprehensive strategies to promote community health and well-being.

- **Overlay Leading Causes of Life with THRIVE**

Leading Causes of Life by Gunderson (2009) provides a unique and powerful lens through which FaithHealthNC's efforts can be seen. This lens looks at how 'life' beyond basic needs (e.g., food, shelter, water, etc.) "emerges, is sustained, and may be enhanced."[xii]   It supports the conceptual shift from "clinical health" alone to encompass "community health and well-being." Further, it could be an organizing framework for building a bridge between clinical institutions, community, and faith-based organizations. Overlaying the Leading Causes of Life framework and a community determinants of health framework like Prevention Institute's THRIVE model could provide a helpful starting point in developing a model to identify opportunities to begin working towards the development of comprehensive multi-sectoral strategies to improve health and well-being in service areas with the greatest need. Examining the interaction of people, place, and equitable opportunity with the spiritual context of life is a needed expansion that further supports the development of comprehensive strategies for population health improvement.

Leading Causes of Life
- Coherence
- Connection
- Agency
- Intergenerativity (Blessing)
- Hope
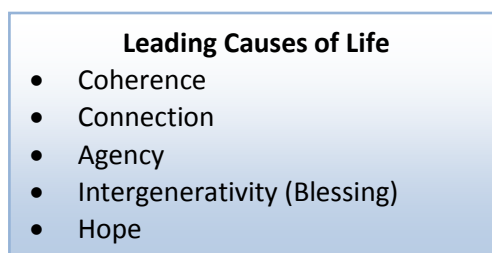
FOCUS ON PLACE

The regional structure of FaithHealth North Carolina is well-designed for fostering collaborative action to improve the places people live, work, learn, play and pray. The conditions of these places are strongly influenced by the actions of powerful institutions – such as the hospitals – and by the policies and practices of local government. As similar issues surface across regions, there is also potential to work together to advance state administrative or legislative policy.

- **Elevate and Strengthen the Focus on Health Equity**

Achieving health equity results requires intentional focus. Without this intentionality, community health improvement efforts may exacerbate inequalities. We have already noted that FaithHealthNC is promoting service to patients from vulnerable communities. Can this commitment be transformed into a specific mission to improve the health of all residents in vulnerable communities and to achieve equity in health outcomes? This doesn't necessarily mean using the words "health equity" if that terminology isn't effective in propelling community change. It does mean equipping healthcare and faith institutions to clearly articulate the role that community environments have on driving the burden of poor health in low-income and communities of color and in proposing community-wide solutions. Health systems and faith organizations are highly credible institutions that are well-situated to work closely with community residents to help marshal the data, values, and specific policies (little "p" and big "P") — that can propel community improvements to advance health equity.

- **Expand the Existing "Ground Game" to Address Community Factors**

Healthcare and Congregations share a deep commitment to helping the individuals in front of them. Creative partnerships that expand existing relationships with the faith community can cultivate action at a community level. North Carolina health systems have an opportunity to leverage their institutional resources and credibility, including their respective community benefit efforts alongside the work of the FaithHealthNC Network to advance health, well-being, and equity through the development of a clear, comprehensive strategy to improve community environments. The knowledge and expertise of FaithHealthNC can expand on existing population health activities within health systems to further

advance strategies to address community factors – focusing on what matters around where people live. CareNet's reach and infrastructure further extends FaithHealthNC's "ground game" in a community-centered setting.

- **Embrace the Main Sail Institutional Role**

Health systems frequently have a large presence in the local community and economy. This "main sail institution" role was well-articulated by Norris and Howard and include, for example, the roles of employer, purchaser, investor, facility operator, land developer, and environmental steward.[xiii] Adopting a health-in-all-policies approach and building on existing training methods to advance a community-wide prevention approach from the outside can support a sense of community among staff, providers, and volunteers that demonstrates responsiveness to community needs. As experts and credible leaders in the health sector, FaithHealthNC can encourage health systems across the state to lead by example to promote business and government practices that improve population health. We offer these ideas for consideration, with the caveat that this work may already be underway as it was not a direct part of our assessment:

o **Adopt Organizational Practices and Policies that Reinforce Healthy Norms**

The practices of major institutions such as health systems can contribute to positive social norms in a community. For example, hospitals were some of the first places in the country to prohibit indoor smoking, and this helped shift what was a common norm of smoking among health professionals and reinforced the guidance being given to patients to quit smoking. Adopting guidelines for facilities and sponsored activities that reflect the best scientific evidence about healthy behaviors and creating a supportive environment to encourage and maintain healthy behaviors can shift norms within an organization and influences norms change beyond the organizational walls. Guidelines may cover elements such as food and beverages available in cafeterias and vending machines, raffle items or prizes offered through hospital fundraisers, and incentives for employees to use active transportation (public transit, walking, or biking) to commute to work.

o **Establish a Culture of Social Inclusion and Cultural Humility**

The CHAMP asset mapping process in some cases revealed mistrust of particular health systems by the community. Training all staff on cultural humility can support cross-cultural understanding and interaction that focuses on being responsive to social needs in the community. This would be beneficial for patient-provider-staff interactions and serve as a model for other community institutions and health systems across the country. Training on cultural humility or cultural agility extends FaithHealthNC's focus on health equity by imparting providers and staff with the skills that will allow them to focus on the needs of others in relation to aspects of cultural identity that are necessary to reduce power imbalances and encourage positive community change – connecting to FaithHealthNC's grounding in proactive mercy.[xiv]

o **Stimulate the Local Economy and Community Opportunity**

Health systems have an opportunity to play a stronger role in stimulating well-paying jobs in the local economy. Lack of access to quality jobs with living wages and comprehensive benefits was noted in the community assessments as a particular challenge in highlighted zip codes. Directly, health systems are major employers. Identifying opportunities to develop a workforce pipeline from local, disadvantaged communities, such as partnering with public schools to strengthen curriculum, developing training/internship opportunities for K-12, and creating community college/university partnerships for employment in institutions under the Wake Forest Baptist Health umbrella can support a health system commitment to developing a strong workforce. Reviewing health system purchasing contracts with vendors and seeking opportunities to prioritize purchasing of goods and services from local vendors, and prioritize vendors living in key zip codes can support local economies and spur additional growth in small business and employment.

FOSTER AND ADVANCE PARTNERSHIPS

Partnerships across sectors are critical to implementing quality prevention strategies. However, partnerships must advance beyond collaborating as resource agencies to help the individual needs of one patient at a time. Identifying new and existing partners who can also serve as advocates to advance organizational policies and practices and engage policymakers is important to ensuring action on transforming community environments to be structurally supportive of health and well-being.

- **Engage in Community Healing to Advance Population Health**

Health systems have an opportunity to catalyze and support community healing by creating a healing space to discuss the historical trauma of disenfranchised communities in its service areas. There is a strong need for community healing in the wake of ongoing tension between community, policymakers, local government, and the criminal justice system. Helping to create a safe and neutral space for healing can support dialogue and the overcoming of resentment and suspicion. FaithHealthNC' s work with first responders could serve as key to support community-wide healing and explore community relations and ways to better serve community needs. First responders are often the first to interact with the community during medical emergencies, interpersonal conflict, and other traumatic events. Trauma can be a barrier to the implementation of healing and well-being.[xv] Through these initial encounters and their unique interactions with community environments, first responders are in a position to acknowledge the widespread tension and hypervigilance experienced by both first responders and disenfranchised communities and initiate dialogue that support healing. First responders have knowledge, expertise, and leadership to collaborate with communities to develop comprehensive strategies that counters trauma, promotes community healing, and supports resilience.[xvi] FaithHealthNC also has relationships across the community that can support institutional engagement of community members, ensuring that the community voice is reflected in all plans and initiatives. Applying a trauma reduction and resilience promotion framework, such as the Adverse Community Experiences and Resilience Framework can serve as a starting point for health systems and first responders to initiate community healing.[xvii] CareNet providers are poised to support community healing through resilience-informed coaching. Models for recovery and peer coaching could be employed to support the role of CareNet providers, first responders, and the entire FaithHealthNC Network in creating a space for community healing.

- **Establish a Comprehensive Regional Approach to Population Health Improvement**

A multi-sector, regional health collaborative with strong health sector participation is one potential structure that can support the development of effective comprehensive strategies to improve the socio-cultural, physical/built, and economic environments. Developing comprehensive strategies to support focusing on these environments is critical to further extend the reach of FaithHealthNC and regional health systems across North Carolina. Many health systems have clinical and supportive community-based referral strategies in place, yet there is an opportunity to expand partnerships and strategies to include public health and prevention. A regional approach could be easily developed in North Carolina, building on much of the work of the FaithHealthNC Network. In addition, FaithHealthNC's partnerships and work on Asset Mapping give North Carolina a strong starting place to advance a regional model.

- **Utilize Assets Mapping to Identify Allies for Changing Community Environments**

FaithHealthNC's Community Health Assets Mapping Partnership (CHAMP) techniques can be extended to identify organizations and community leaders involved in policy advocacy/community organizing and to identify any specific efforts underway related to issues relevant to the FaithHealth Network. This can help FaithHealthNC by creating connections with organizations and individuals (possibly some already part of FaithHealth) that have advocacy skills and can train others. Further, fostering action to promote policy and organizational practice change takes considerable effort and expertise. By joining forces with an existing effort, FaithHealth can both enhance the likelihood of success and ideally experience success in a shorter time frame. It is important to recognize that the ministry of existing staff and volunteers who are actively engaged in caregiving may not be interested or comfortable in engaging in community

environmental change efforts; assessing their interest and experience will also important for planning next steps. In addition to identifying local efforts underway, there may be opportunities to collaborate and build upon efforts such as the Moral Mondays movement across the state and identify additional volunteers to change organizational and legislative policies, break the cycle of economic and social injustice, and develop strategies to transform population health. FaithHealthNC could build on its Asset Mapping work to identify gaps in existing strategies, leverage its network to fill those gaps, and further expand its community building activities.

- **Partner with Public Health**

Public health is an untapped resource across FaithHealthNC's activities and provides an opportunity to advance comprehensive community-wide prevention strategies. Governmental public health entities have long worked on developing partnerships and advancing strategies grounded in community-wide prevention and health equity. Many public health departments are actively reframing their work around the essential public health services and core functions that complement a healthcare-led approach to community-wide prevention. These include mobilizing community partnerships, developing policies, community health education, workforce development, and evaluating the impact of population health strategies.[xviii]

Conclusion

The FaithHealthNC program creates a distinctive space that bridges the role of health systems as healthcare service providers and as trusted community partners. The deliberate integration of comprehensive strategies can enable FaithHealthNC and collaborating health systems to more effectively and efficiently provide care that stretches beyond the clinic and congregational walls and into the community. It is important to recognize that population health will not improve overnight and will require comprehensive strategies. The policies and practices that created health inequities and poor health outcomes among the most vulnerable took generations to occur. Once a health system acknowledges and accepts its role in population health improvement and health equity, it can take a leadership role organizationally and within a community to strengthen relationships and participate in multi-sectoral initiatives to advance goals in community health and well-being.

Appendix

A. SITE VISIT PARTICIPANTS

Rev. Gary Gunderson, Vice President
Division of Faith and Health Ministries
Dr. Teresa Cutts, Faculty
Division of Public Health Sciences
Jay Foster, Director
Chaplaincy & Clinical Ministries
Rev. Glenn G. Davis, Chaplain
Community Crisis Response
Rev. Leland Kerr, Liaison
North Carolina State Baptist Convention
Jeremy Moseley, Director
FaithHealthNC Community Engagement
Dr. Steve Scoggin, President
CareNet Counseling
Anita P. Holmes, Liaison
General Baptist State Convention of North Carolina
FaithHealthNC Supporters of Health,

Bryan Hatcher, Chief Operating Officer
CareNet Counseling
Emily Viverette, Director
FaithHealthNC Education
Rev. Graylin Carlton, Chaplain
Emergency Services & Homeless
Francis Rivers Meza, Chaplain Supervisor
Chaplaincy & Pastoral Education
Beata V. Debinski, Data Analyst
Department of Social Sciences & Health Policy
Diane Horton, Manager
Chaplaincy & Clinical Ministries
Rachel Zimmer, NP
Grace Clinic / Mobile Van Leader

FaithHealthNC Connectors

B. SAMPLE STRATEGIES FROM PREVENTION INSTITUTE'S "DISTRUPTING THE PATHWAY" TO ADDRESS PRIORITY HEALTH AREAS

Sample Strategies Associated with Food- and Activity-Related Chronic Diseases	
The Spectrum of Prevention	**Community Prevention**
INFLUENCING POLICY & LEGISLATION	Advocate for healthy food financing funds, leveraging public and private investment, to provide grants, low-interest loans, training, and technical assistance to improve or establish grocery stores, corner stores, farmers' markets, and food distribution hubs in underserved areas
	Support land use and zoning policies that limit the density of liquor stores, fast food, and less healthy food retail
	Adopt complete streets policies (that support safe walking, biking, and public transit use) and prioritize investments in low-income communities, communities of color, and injury "hot spots"
CHANGING ORGANIZATIONAL PRACTICES	Adopt and implement food purchasing guidelines to emphasize healthful, regionally-produced food in institutional settings, including hospitals, workplaces, schools, and early childhood settings
	Design healthcare facilities, schools, government buildings and other facilities to encourage physically active transportation by providing bike parking, safe sidewalks, and connections to public transit systems
FOSTERING COALITIONS & NETWORKS	Develop multi-sectoral collaborations between food and physical activity stakeholders including schools, parks and recreation, city planning, economic development, business, community, faith-based organizations, clinicians, etc.
EDUCATING PROVIDERS	Educate clinical providers on the community determinants of health related to diet and physical activity and the specific policy opportunities to advocate for healthy community environments
PROMOTING COMMUNITY EDUCATION	Pitch news stories to the media related to food and physical activity policy efforts and issues (e.g., healthy food financing, active transportation)
	Establish a speakers' bureau, including healthcare professionals, to speak to influential local organizations including faith-based, business associations, and others on topics related to food and activity policy efforts and issues
STRENGTHENING INDIVIDUAL KNOWLEDGE & SKILLS	Conduct food and activity screenings and referrals during all pediatric and adult check-up
	Provide information to community members and employers about active transportation options such as walking, biking, and public transit

Sample Strategies Associated with Behavioral Health Conditions	
The Spectrum of Prevention	**Community Prevention**
INFLUENCING POLICY & LEGISLATION	Partner with local policymakers, planning commissions, and businesses to reduce alcohol outlet density through policy change
	Create policy guidelines for affordable and mixed-income housing to promote social connections and reduce social isolation (e.g. parks nearby, easy access to trees, sunlight, areas to congregate, walking paths, etc.)
CHANGING ORGANIZATIONAL PRACTICES	Promote the use of a 'mental health in all policies' approach in local government decisions, including planning and community design, public safety training, economic development, housing, and transportation; provide guidance to sectors on how to adopt this approach in support of mental health outcomes
	Ensure stigma reduction and discrimination policies and organizational practices are implemented in schools, workplaces, and public service organizations and agencies
FOSTERING COALITIONS & NETWORKS	Expand mental health and substance abuse collaboration to include schools, economic development, business, community, faith-based organizations, healthcare, housing, law enforcement, and other partners that can support prevention outcomes
	In recognition of existing community assets, support communities to strengthen infrastructure that promotes community resilience and healing
EDUCATING PROVIDERS	Ensure training of medical and behavioral health clinicians is integrated
	Identify natural support resources in a community (e.g. barbershops, hair salons, and faith-based organizations) and provide training as appropriate to increase contributions to preventing mental health conditions
	Train group home providers, faith partners and social service organizations on supports and methods for managing mental health concerns in those they serve
PROMOTING COMMUNITY EDUCATION	Promote widespread understanding about the value of social connection and the risk associated with social isolation
STRENGTHENING INDIVIDUAL KNOWLEDGE & SKILLS	Provide job training, employment support, and placement services for veterans, formerly incarcerated individuals, individuals with a mental illness and chronically unemployed

Sample Strategies Associated with Housing Instability	
The Spectrum of Prevention	**Community Prevention**
INFLUENCING POLICY & LEGISLATION	Support the development and enforcement policies to protect tenants' rights from unlawful eviction and unreasonable rent increases
	Support efforts to reform housing policies to allow formerly incarcerated individuals to be eligible for housing assistance
CHANGING ORGANIZATIONAL PRACTICES	Establish Medical-Legal Partnership to support patient and family needs for safe housing environments and tenants' rights
	Use innovative property ownership methods such as a community land trust or land bank to acquire property and keep it affordable
FOSTERING COALITIONS & NETWORKS	Participate in networks to promote affordable housing and equitable community development
EDUCATING PROVIDERS	Educate healthcare providers on the links between housing and health
PROMOTING COMMUNITY EDUCATION	Support the establishment of People's Planning Schools that build residents knowledge and skills so that they are able to fully engage in planning policies that directly affect their ability to thrive
STRENGTHENING INDIVIDUAL KNOWLEDGE & SKILLS	Use community benefit funds to support tenants' rights education
	Screen patients for housing stability and risk and refer to community resources

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