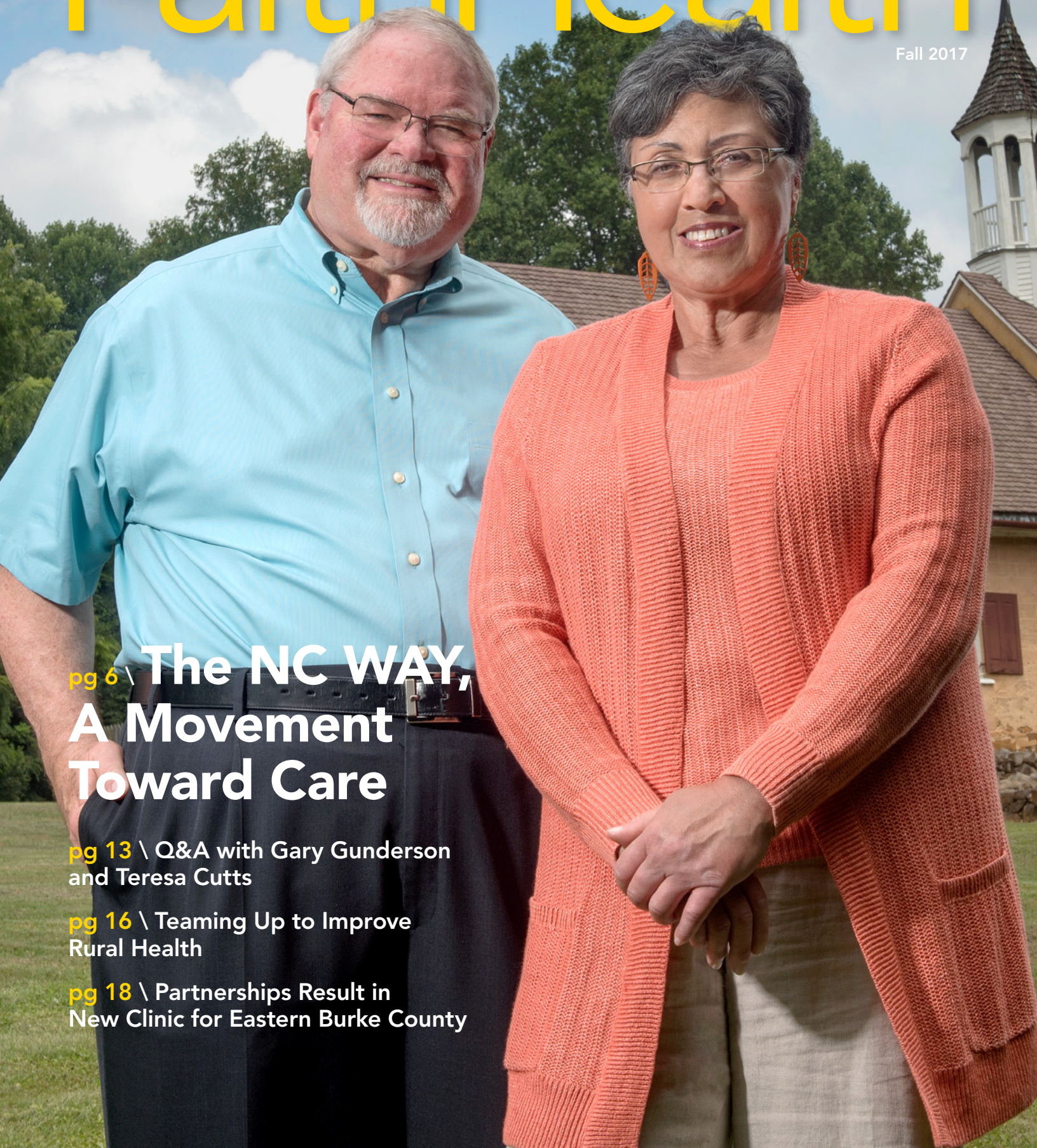


FaithHealth

Fall 2017



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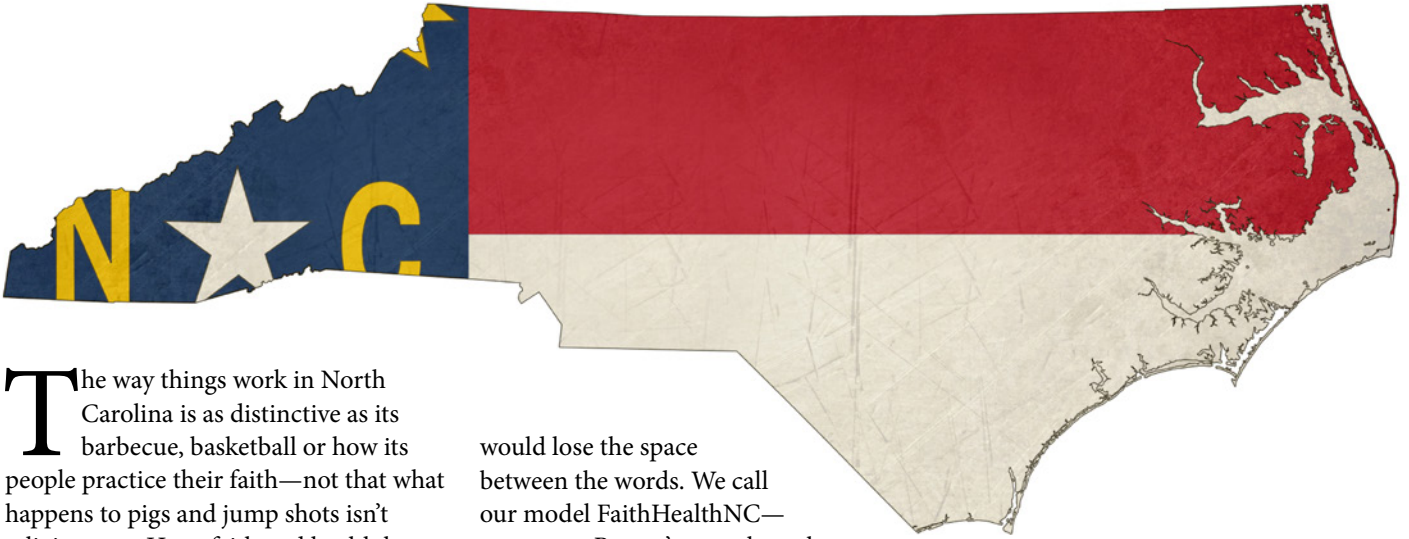
Cover photo: Leland Kerr, Baptist Health liaison for Wake Forest Baptist, and Anita Holmes, FaithHealth contractor representing the General Baptist State Convention, team up to combat some of the region's health challenges.

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Happening Now, NC WAY

BY GARY GUNDERSON



The way things work in North Carolina is as distinctive as its barbecue, basketball or how its people practice their faith—not that what happens to pigs and jump shots isn't religion, too. Here, faith and health have been woven as tightly as cotton thread from at least the time of the Moravians.

Those Moravians sent 14 men down the Shenandoah trail to settle the quarter-million acres of Piedmont wilderness the crown had given them. One of the men was a German physician who shared his spirit of learning. He blended bleeding-edge European medicine—including actual bleeding with leeches—with herbal healing techniques of the Cherokee. The Moravians built a village system marked by neighborhood wellness monitors, and they trained clergy to accompany the medics. Today, we would say they were addressing “social determinants of health.” Home Moravian, the mother congregation of the regional province, now has a FaithHealthNC “connector” who is assigned from our Medical Center. Very North Carolina.

You'd expect a Medical Center called Baptist that displays a 35-ton Moravian star each year to figure out how to weave together faith and health so tightly it

would lose the space between the words. We call our model FaithHealthNC—no spaces. But we're not the only one doing this. We call the varied other ways the North Carolina (NC) Way.

For instance, you might expect a health system in the eastern sands of the state, like Vidant Health, which is largely based in Greenville, or Southeastern

Health in Lumberton, to work with faith networks; they serve large numbers of small communities across the broad coastal plain. You might not expect, though, that the University of North Carolina system also

works with faith networks, unless you know that Dr. John Hatch did his seminal work with the General Baptist State Convention there, deeply imbedding into the system's DNA an awareness of the vast array of social assets in the lives of its patients and communities. You may not expect Novant Health, with 15 hospitals and providers in four states, to know anything about spirit until you learn that one of its initial hospitals, Charlotte's Presbyterian Medical Center, virtually invented parish nursing in the region.

You might be less surprised that Cone Health, started by a devout,

community-minded Jewish textile family, has used parish nurses as community health workers for decades. Or that Asheville's Mission Health, which now includes what was once known as St. Joseph Hospital, lives up to its name and invests in building relationships with the mountain congregations found in nearly every lane and hollow.

You'd almost expect that Carolinas HealthCare, a sprawling system based in Charlotte, would figure out that in order to run a hospital in Anson County, among the poorest in the state, it would have to build a network of congregational partners along the lines of the Memphis Model that connects Methodist Le Bonheur Healthcare with 600 congregations. You'd expect to find workshops on FaithHealth at meetings of the NC Hospital Association and a quiet stream of funding for FaithHealth efforts by the three major state health philanthropies.

The NC Way is lighting up the imagination of health planners across the religious and political spectrum. It's rare to find a thought leader in our state who hasn't heard about faith health work and wondered whether it might be part of the answer for rural health, mental health,

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enrollment, charity care, transitions in care, Medicaid, hospital associations and public health. Those are only a few of the statewide summits that have highlighted faith and health on the keynote circuit.

At its root, the NC Way is simple: Build partnerships with the social structures to give people a more reasonable chance of getting to the “right door, at the right time, ready to be healed and not alone.”

Of course, there are many ways of accomplishing that in this state, each as distinctive as that of the Cherokee healers and the Baptists of a bazillion different stripes. North Carolina has hundreds of congregations of nearly every faith in the world. Every one of them brings its own distinctive intelligence about healing.

The state was settled by Moravians, Quakers, Waldensians, Hutterites, Scotch Irish and others, and it was indelibly shaped by Africans, the Cherokee and others who share ugly chapters of captivity and torture, the remnants of which still linger. The NC Way only becomes more complex and intricately woven as the nature of the threads grows.

The state grew around three industries: textiles, tobacco and furniture. These have nearly evaporated in the past quarter century, leaving hundreds of small towns intact but without a way to pay the bills. The state, once an icon of stability, is now a poster child for global economic formlessness, with social patterns continuing on the momentum of memory as we search for a new anchor.

One thing the state has in abundance is education, marked at the high end by the original four members of the ACC sports tribe: Duke, NC State, UNC and Wake Forest, three of which have the key medical research institutions. There are dozens of others: Davidson, East Carolina, Campbell, Shaw, state and community colleges, and some remarkable institutions you may not have heard of, like Piedmont International University or Fruitland Baptist Bible College. The NC Way is to figure it out, and in the

meantime, to build institutions of higher figuring-it-out.

The state and so many of our counties have such low health status that you’d think the system was designed to fail. That’s partly because it was designed to help those already successful to succeed just one more generation. The NC Way is to help any individual, but we still tend to compete as groups, even if that traditionally meant cutting off a few rungs of the ladder needed by the young of others. A map of the census tracts that were poor and unhealthy eight decades ago would look pretty much the same today, with a few semi-urban exceptions where technology or economic opportunity intervened.

What would you hope for?

If you were a loving God or thought like one, what would your hopes be for this odd and wonderful rainbow of nearly 10 million people as they venture further into the 21st century wilderness? If you were looking for such a God, what evidence would you look for? Perhaps

the living fibers of social connection to weave together faith, health, education and politics in a way that leaves out no one and includes everything relevant to health. You’d have to turn off the political volume entirely, like you might an annoying announcer, and pay attention to those who are actually on the field.

There you’d see things as unexpected, but entirely logical, as the radical witness of the Conetoe Family Life Center, led by Rev. Richard Joyner. You’d see a place that exists in the imagination of people determined to give youth something to see other than drugs and poverty. With little to work with beyond dirt and spirit, Joyner has made hope seem obvious. Determined to break the ugly cycle of “less than” relationships, he refused “helping” grants. Instead, he negotiates contracts with Nash UNC Health Care and Vidant Health to buy produce from Conetoe’s community farm. The profits flow into educational savings accounts for youth in the community.

The youth aren’t just borrowing hope from Joyner anymore. When Hurricane

AT ITS ROOT, THE NC WAY IS SIMPLE: BUILD PARTNERSHIPS WITH THE SOCIAL STRUCTURES TO GIVE PEOPLE A MORE REASONABLE CHANCE OF GETTING TO THE “RIGHT DOOR, AT THE RIGHT TIME, READY TO BE HEALED AND NOT ALONE.”



Matthew flooded the farm and drowned the bee hives, young people in the community swarmed in to set up twice the number of hives in time for spring. They figured out how to figure it out. Is this church work or community work? Joyner says it's human development as God had in mind.

What are the signals that invoke and inspire trust in social systems that have been bruised and calloused in the ways of textiles, furniture and tobacco?

North Carolina is distinctive in the peculiar way religion works in a patchwork of small company towns. A 1976 landmark study, *Spindles and Spires: A Re-study of Religion and Social Change in Gastonia*, by Don Shriver, Dean Knudsen and John Earle, looked at the community where CaroMont Health is now building its congregational network. The study detailed the complex "canopy" of values and practices that define faith in company towns. Worthy of being updated, the study highlighted how tricky it is for hospitals to distinguish the work of health as mercy and justice from company benefits, like paying for people's electric bills in December so they can decorate their Christmas trees. The company pays the pastor, so why not expect them to pay the parish nurse, too, and maybe provide a little decorative education while they're at it?

But religion as an agent of transformative mercy for the poor? Seriously? We are serious about just that, but it will take some unlearning to get there.

Even in state politics, where you'd be embarrassed to expect it, you'll find both memory and hope of figuring it out. State offices have long histories of working at state and county levels with networks of everything mentioned above. Dr. Hatch's students hold leadership positions in offices across the state. Civil servants attend faith services just as other citizens do, so it's not hard for them to notice the array of congregations—for example, the thousands with the NC



Baptist Convention, the Methodists or the General Baptist State Convention.

Rick Brajer, secretary of Health and Human Services (HHS) under Republican Gov. Pat McCrory, knew he would be replaced under a new administration. Still, Brajer held a meeting after the 2016 election to ensure that the quiet, multifaceted collaborations with faith networks would make a smooth transition to the current administration. New HHS Secretary Mandy Cohen, MD, is picking up the thread in much the same spirit, the NC Way.

Accelerate and deepen the NC Way

How might one accelerate and deepen the NC Way? After all, despite all its assets, North Carolina is not much better off in terms of most health indicators than its deep-South cousins. We have mostly up to go.

Mainly, you'd want what is already happening to move faster. First you'd avoid entangling the NC Way too much with the partisan delirium of Raleigh. You'd make sure the really big religious networks were aligned. You'd use the extraordinary networks of education that are so distinctive to the state; their neutrality is as valuable as their intelligence. People trust (and generally don't fight over) their local community college. These are engines to pump smart science and practical know-how into and through the networks of faith.

What makes great and powerful institutions humble enough to be useful? Eye contact and heart contact with someone who needs help. Sociologist Robert Putnam could have been writing about the NC Way in his 2010 book *American Grace: How Religion Divides and Unites*

Us. He noticed that two issues—but only two—splinter along political and religious lines. The NC Way focuses on the fact that all the overheated schemes we see dissolve into grown-up behavior when people face a real person who needs compassion.

There are the well-known fiery battles with predictable divisions over sexuality, abortion and partisan identity. Faith groups tend to vote very differently from one another and have for many decades. But when a real need shows up with a human face, you'll find wheelchair ramps getting built without requests to see voter registration or immigration papers. You'll find someone willing to face down a pit bull and ignore perceptions of race, religion, bigotry or intolerance because the hospital said that patient needs his or her prescription.

That's the NC Way. While not quite the norm, it's not in the distant future. It's happening now on some scale in every one of the state's 100 counties, in every health system and in almost every group that worships.

Gary Gunderson, MDiv, DMin, DDiv, is Vice President of the Division of FaithHealth, Wake Forest Baptist Medical Center. He has worked extensively with the White House Office of Faith-Based and Neighborhood Partnerships, and serves as secretary of Stakeholder Health, a group of health systems nationally that are committed to more effective engagement with the poor in their communities.

The NC WAY, A Movement Toward Care

BY MELANIE RASKIN

There's an old Chinese saying that goes like this: "May you live in interesting times." It speaks to a world of uncertainty and turmoil, divisiveness and fear. But interesting times also call forth courage and strength, a spirit of adventure and, yes, even optimism.

Interesting times can inspire the putting aside of old disputes and negative ways of being that no longer serve us, and shift the focus to synergy, creativity and harmony. Interesting times don't just invite breaking, but breaking open. You can't circle the wagons when the very life of the community you love is on the line. That's just what's happening in the health arena in North Carolina: We are living in interesting times, and people are rising and shining. It's called FaithHealthNC (FHNC) ... and it's fast becoming The NC Way.

FaithHealthNC exemplifies its name: it is a non-traditional partnership between faith and health communities to harness the energy of neighborliness and unity to decrease hospital readmissions and charity care costs and improve overall health and well-being. A person-centric rather than hospital-centric model, it leverages the volunteer and compassion power of faith communities, working alongside health care institutions, to get vulnerable patients in the right door for the right care at the right time, ready to be treated and not alone.

How does this work during interesting times, in a state and climate that are divided along so many lines, from political to economic to spiritual? Disparate ideologies notwithstanding, it is working. And it is because of the diversity, not in spite of it. That's because of a simple truth: Everyone, no matter where they are on the ideological spectrum, truly cares about people who are vulnerable and struggling. While the lines in the sand can run deep and long, FaithHealthNC rises above the contention and easily and gracefully steps over those lines. The distinctive NC Way unites competing public and private organizations, hospitals, academic institutions, politics and faith walks in one universal calling: to help people when they need it most.

Filling the Gap: The Answer Isn't Another Agency, It's the Community

According to Jeremy Moseley, Director of Community Engagement with FHNC, it's a way of delivering care whose time has come. "Despite innovations and advances in a variety of support systems, more people are falling through the gaps in our communities. For whatever reason, people are not meeting the criteria for health care system, social and community services." Yes, physical limitations and diseases often prevent people from getting what they need, but Moseley believes it's bigger than that. FHNC is redefining the word "need" and discovering that it is more than a service





or technology. The answer isn't another agency, it's the community.

"Technology and health care advances are good," Moseley explains, "but the human connection is missing now. Some people don't have the means to plug in. And it's not just the poor. People across the social, political and economic spectrum are living in isolation because of illness, a spouse who has passed away or grown children who have moved out of town. People need someone to care. Our movement is about that human connection, following patients home from the hospital, understanding the social complexities of life that may impact their health care journey and working with our partners — health care systems, nonprofits and congregations — to relieve the burdens they face, beyond the cancer or heart

disease that brought them into the health care system in the first place. We aren't limited by diagnoses, demographics or faith beliefs. We serve everyone. Our only limitation is geography — and we're working on that."

FaithHealth incubators are in action across the state: Asheville, Raleigh, Gastonia, Lumberton, Kannapolis, High Point, Charlotte, Wilmington, Wilson, Greenville, Elizabeth City, Fayetteville, Goldsboro, Greensboro, Durham and FHNC headquarters, Wake Forest Baptist Medical Center in Winston-Salem. The sites are powered by volunteers and supported by Connectors — the part-time FHNC community network-

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builders who reach out to congregations and volunteers to create a system of support — and Supporters of Health, the community health advocates who work full-time in high poverty and at-risk

neighborhoods. Services include: deciphering hospital discharge instructions and how to take medicines; transporting patients to doctors' appointments, the pharmacy and grocery store; providing safety/well-being check-in calls and reminders about follow-up care; helping create a safer home environment conducive to healing; and liaising with health care resources to ensure proper support.

But you can't do any of those things without the key element of trust, says

Teresa Cutts, academic liaison for FaithHealthNC, faculty at Wake Forest School of Medicine and one of the chief architects of the Memphis model that inspired the formation of FHNC. According to Cutts, trust can be a big hurdle to jump because health care systems here as in other troubled places like the Delta where she grew up were often at the center of historical trauma in underserved neighborhoods and communities of color.

“They were part of the machine that discriminated against, marginalized, experimented on and provided poor care to these communities,” Cutts explains. “They were the sites of the eugenics program. These were the communities that saw their African-American hospitals closed down and their black doctors moved out. These health care systems were also seen as the place people went to die, often because patients waited too long to seek care. It’s The NC Way to heal the things that have happened by naming and owning them, and then moving forward.”

A Community Solution / The People’s Solution

According to Cutts, it begins with really hearing what the people of a community are saying, and then, together, moving into the space to begin to meet those needs. Gone are the days when a hospital tells a community what they need from a perch high above the streets. The NC Way inverts that pyramid, and embraces the community as partner and the unpredictability that comes from partnership. That’s a big reset.

“The NC Way is just a relationship coming up under things that are already there, connectable and integrated across these groups,” Cutts states. “Everybody’s talking about social determinants of health. We’re determined to make a new social process move toward justice.”

It’s a path Gary Gunderson, Vice President of Faith and Health Ministries at Wake Forest Baptist Medical Center,



has been walking for years. He refuses to say he is in charge of FHNC (it’s a partnership, he insists). He does admit that he came to North Carolina specifically for the purpose of adapting the well-known Memphis Model which he insists he also didn’t lead (It was a partnership!). But while the Memphis model’s foundation was 616 churches that signed a covenant to optimize and strengthen congregations to care for their members and immediate neighbors, Gunderson quickly learned North Carolina was different.

“Here, people are willing to drop their differences and cross over the boundaries of race and class, of competition and faith, to do what needs to be done,” he says. “Even more than in Memphis, the NC Way is grounded



in the desire of people to express their faith — their spirituality — by helping somebody. And the more concrete that need, the more radically generous they will be. When I meet with clergy about participating in FHNC, sure, they are interested in helping their own members. But they are also excited about the chance to give their congregations an opportunity to reach out and be relevant to people in the wider community they have not yet met. And that excites me.”

Building a Community of Care / Customizing Care

It is “interesting times” in the health care world, an era that juxtaposes breathtaking medical advances with more demanding regulations and expectations about accountability and outcomes, which can have a serious impact on a health care system’s bottom line. FaithHealthNC bridges the gap and empowers congregations to connect the dots of care between the health care system and the patient.

“The hospital is simply not as close to the suffering that occurs in our communities on a day-to-day basis as a church, temple or mosque can be,” Gunderson comments. “Hospitals aren’t doing anything clinically different, they’re all doing the very best hospital medicine. But 21st century science fails without relationships of trust and care. The aha moment is when congregations realize how much they know about the community that is beyond the ability of large institutions to know. When they see that because they reached out to a family and made sure a diabetes treatment

happened on time, healing happened. We’re linking the extraordinary assets of compassion and mercy of the faith community with the medical brilliance of the hospital. These clergy and congregations are the heroes of this story.”

But it’s not one-size-fits-all, says Gunderson, and that’s what makes the program work.

“FaithHealthNC is a box of parts, of sorts. It depends on a smart community to assemble these good ideas in ways that will work in Randolph County or Watauga County or Robeson County. Sometimes, they have parts we’ve never thought of and other times they have to find a new way. Partners such as public health are often key. Often that new way spreads to other counties. Of course they are free to do that, they have the power and the unique local intelligence to do it. That’s what the NC Way is: It’s actually The Randolph Way, The App Way. It’s for each community to express its brilliance in its own way, to take a common set of values and logic and make them a local reality.”



Randolph County: Uncovering the Need, Discovering the Solution

Helen Milleson, FaithHealth navigator, and Barry Morris, director of Spiritual Care and Community Integration for Randolph Health in Asheboro, were surprised. A pilot study in 2014 assessing super-utilizers of hospital services — those who returned to the hospital emergency department three times in a 30-day period — revealed something interesting: Social variants, not medical factors, were a key cause. Issues including lack of transportation, unemployment, no safety net (agency or family support), challenging living situations (homelessness) and lack of dental and pregnancy care were all driving people to the hospital ER.

“It was not what I expected,” Milleson says. “I thought I’d be seeing mostly drug addicts or the mentally ill, but the people I’m seeing are the working poor, folks who have lost their jobs, their insurance, their housing.”

The Randolph Health team decided to focus on this self-pay group of younger patients. “Our strategy was to help them out of their health jam so they can get back to work and become self-supporting,” Morris explains.

The team is using the strategy of helping patients get their medications as a stepping stone to profound health care change. “If we can help with medications, and in some cases connect patients with doctors, we get them feeling better,” Milleson points out. “Then, once they’re better, we connect them with vocational rehabilitation. If they get a job, they’ll have access to insurance. So, it’s really about the whole person, and so much more than just the medications.”

According to Morris, there are some facts that are immutable: there will always be people challenged by poverty and access to health care. But, there are also people willing to help their neighbors rise to those challenges — FaithHealthNC.



Patient referral coordinator Angela Brown, left, discusses patient care strategies with FaithHealth navigator Helen Milleson of Randolph Health.

AS OF LATE MARCH, THE TEAM HAD WORKED THROUGH 205 REFERRALS.

“The church is in a lot of transition right now, with a younger, more informal, less traditional population who wants to get their hands dirty and really make a difference outside the walls of the congregation,” Morris comments. “But that’s a big change, so it’s exciting and hard at the same time.”

Milleson agrees. “Sometimes I’ll sit in church and think, what is the one place in society where it is against the law not to care? It’s the hospital. People can come in for non-emergencies and ask to be treated, and they will get the care they need. We’re just trying to make a different, better connection between the people in our churches and the people who come to our emergency department.”

In Randolph County, Milleson and Morris measure success in baby steps. As of late March, the team had worked through 205 referrals. That success comes from equal parts hard work and creativity.

“In our society now, with a new president and the efforts to repeal the ACA, somebody’s got to step up and do something for people who are in bad situations,” Milleson states. “And I really think the churches are going to do it.”

For Morris, the innovation starts with a change in perspective. “Our job is to see the people who come through our health care system as lifetime patients,” he notes. “We don’t just help with their cellulitis and say, thanks, have a good life, because that patient will be back. The burden is on the health care system to deliver quality care with evidence-based outcomes so that patients aren’t coming back with problems that should have been fixed earlier. I see the health care system moving into the community and meeting people where they are, instead of waiting for people to come to us, sick.”

What does the future hold for FHNC in Randolph County? “It’s hard work,” Morris admits. “I’ve learned to take a step back and remember, God’s a part of this,

so I’m excited and curious to see how God is going to manage it. I’m a tooth in the cog of progress, sensitive and attuned and humble to do this fun, exciting and creative work.”

“We’re making a difference one person at a time,” Milleson concludes. “I’d love to work myself out of a job!”

AppFaithHealth and Watauga Medical Center: Where God Is in the Details

Watauga County-based AppFaithHealth serves a diverse population that includes Appalachian State University, the town of Boone and mountain communities along the North Carolina/Tennessee border. But the diversity is more than just regional, says Melanie Childers, Director of Pastoral Care at Watauga Medical Center.

“While we’re small and close-knit, we’re still fairly fractured,” she explains.

“A lot of people consider themselves religious but are not affiliated with a congregation. We have no organized ministerial association, so there’s no opportunity for clergy to gather. Plus, many of our pastors have another full-time job, so there’s not a lot of time to develop these important relationships. It can be hard to feel like they’re supporting the community and that the community is supporting them. FaithHealthNC is a good match for us, because it makes those connections. I love the freedom to do what works for us.”

With a goal of creating healthier communities and cutting down on hospital readmissions, the program decided to tackle two issues, in strategic order: first, to unite the faith leadership and ministers, and then, to address the problem of people falling through the cracks after leaving the hospital. Missing medical appointments, skipping medications and not adopting good health practices are all behaviors that can land patients back in the hospital.

While goals are inspiring, AppFaithHealth found that God is in the details ... literally. Their approach centers on establishing key systems that empower partners to succeed.

Tier 1 of their program orients clergy and provides a badge and parking for hospital visitations. Tier 2 occurs at the congregational level: a faith community signs on to participate in training and commits to partnering with the hospital in a patient’s discharge plan, whether it’s mentoring a new diabetic with healthy recipes or checking in daily with a patient who lives alone. Tier 3 is similar to Tier 2, but involves a community volunteer in the geographic area of a patient with no church affiliation. Currently, there are approximately 80 congregations at Tier 1, 14 at Tier 2 (with six more in progress) and seven at Tier 3.

“With new health care regulations telling us we’re not going to get the same reimbursement if a patient is readmitted within 30 days with the same diagnosis, we have realized the limits of what health care can do,” Childers points

out. “We didn’t have a network in the community to help after patients leave us. But churches do. They already follow people and provide care throughout their lifetimes. So, it’s a given we need to work together to make a difference. For healthcare systems today, I think it’s collaborate or die.”

For Childers and the brand-new AppFaithHealth team, victory comes in small, satisfying steps.

“One of our smallest Tier 3 congregations of 25 to 30 members provided seamless care in our first assignment,” she states. “A patient was referred to us by one of our community navigators because he needed three rides to doctors’ appointments until his leg healed and he was medically-cleared to drive again.”

In August of 2015, Childers hosted clergy from a variety of faith groups at a hospital luncheon where they were oriented, badged and provided with parking decals for their vehicles. “It was the first interfaith gathering of clergy in our community in years,” she says. “Just being able to get two parking spaces and a badging program at the hospital



Melanie Childers, Director of Pastoral Care, Watauga Medical Center

is a big step forward. It lets our clergy know they are respected and recognized for the important work they do.” For AppFaithHealth, that important work is collaborating in a community of care.

Sowing the Seeds of Communal Wellness: Robeson County Compassion for U Congregational Wellness Network

Rev. Dean Carter, Coordinator of the Department of Pastoral Care, and a small interdisciplinary team were doing something amazing. They were working together to change how palliative care was done at Southeastern Health in Robeson County. They found that, given a choice, patients with serious illnesses would choose more aggressive treatments earlier in the disease process and less aggressive measures later. By applying holistic principles in the ICU and throughout the hospital, and changing the focus from prescriptions to people, the health care system saved over \$7 million, ten times more than anticipated. The combination of an innovative and rewarding interdisciplinary experience with a more patient-centered approach made becoming a FaithHealthNC program site the next logical step for the healthcare system.

Now Compassion for U Congregational Wellness Network, with Carter as its coordinator, has a new calling. Instead of focusing on the leading causes of death, it’s now focusing on the leading causes of life.

“We’re looking at the disease trajectory time line, before hospice is introduced, to see where we can meet the needs of patients with chronic illness or lifestyle wellness issues,” he explains. “We’re trying to change the disease trajectory, and lengthen and add quality to life. We all would rather have an individual begin seeking wellness long before the need of critical care or end of life. Wellness happens best in community.”

Robeson County, one of the few majority minority counties in the nation, is consistently ranked at or near the bottom of NC counties in total health

outcomes, including the rates of diabetes, heart disease and chronic kidney disease. Add to the health challenge the recent heavy rains and flooding of Hurricane Matthew that shut down businesses, damaged churches and displaced homeowners. It's a community that time and time again, takes it on the chin. And, according to Carter, time and time again, it's a county that rises.

"To know our community and culture is to witness a gritty toughness and strength to adapt and survive," Carter says. "Though strained at times, our residents embody a resiliency that works across racial, gender and denominational lines." It's a community ripe for The NC Way. And it's succeeding.

So far, 16 churches have signed a covenant to network with Compassion for U and 13 Covenant Agency Partners have committed to doing church and community wellness education and outreach, including revolving six-month health screenings and events at area

churches. Compassion for U set a state record for first-time events with its NC MedAssist Over-the-Counter Medication Giveaway, with 1,741 people receiving approximately \$100 per person in OTC medicines. More than 300 volunteers helped at the one-day event.

"The old model is to build a program inside the doors of the hospital and say, come in," Carter muses. "The new model is to ask people if we can come out and enter through their doors, can we walk the street with them and learn what they need and see what could be."

Compassion for U is sowing the seed bed of communal wellness in Robeson County and carefully nurturing it with an energized faith community. "It has been one of the most enriching experiences of my life to be in collaboration with passionate others who seek to apply these principles, while also having the freedom to apply them in a neighborhood that I have served as a chaplain for 22 years."

The New Normal

There's an old African proverb that could have come from FaithHealthNC: If you want to go fast, go alone. If you want to go far, go together. The best and brightest stakeholders and institutions across the nation are buying into this new way of delivering health care. North Carolina is at the forefront of the movement and a national model, one place where it is possible to imagine a statewide reality that would simply be so effective it was normal.

"I would be surprised if five years from now this isn't simply the way things work across the state no matter which town, hospital or public health agency; the new normal," Gary Gunderson remarks. "God made us to be a community of care. The NC Way is God's imagination for health. That script is deep inside us. God put it there. We just have to act out our parts."

FaithHealthNC has a set of high-stakes goals that are fast becoming benefits: building trust and communication in communities, identifying ways to enhance the health care process and service to patients and improving follow-up care, discharge instructions and medication compliance. It's a tall order, but anything worth having is worth working for.

Rev. Dean Carter of Robeson County's Compassion for U summed it up best when he said, "It's reassuring to my faith that as I ask the question, 'Is there anybody out there?', to find others who are wondering the same thing, and how they might change their community to be a place of justice, compassion, trust and wholeness."

What FaithHealthNC proves is that there is not one answer but a whole suite of answers that adapt to every local reality. That's the NC Way.



Rev. William Gentry and the Care Connections Transportation Ministry under Compassion for U Congregational Wellness Network

What is FaithHealthNC?

Q&A with Gary Gunderson and Teresa Cutts

Gary Gunderson, MDiv, DMin, is Vice President for Faith and Health Ministries at Wake Forest Baptist Medical Center and author of several books, including *Leading Causes of Life*. Teresa Cutts, PhD, is Assistant Research Professor at Wake Forest School of Medicine, Social Sciences and Health Policy.

First, what is FaithHealthNC?

Gunderson: FaithHealthNC is a coordinated, systematic effort on behalf of the FaithHealth division of Wake Forest Baptist Medical Center to bring into being and sustain the relationships between the clinical operation of the medical center, the spiritual care, community engagement staff, community health workers, our congregational partnerships, clergy who visit our patients, and people who work for nonprofit organizations in the 19 counties we serve.

This is building toward an expectation that if there's a Wake Forest Baptist Medical Center presence in a community, you'd expect to see all of these in a working relationship with each other. At this point, you can see this in our immediate Forsyth County area. You can see it emerging in our satellite hospitals. It's the goal we're working toward. It includes aligning staff, clinical professionals, community-based workers, and partnerships with those we don't employ but with whom we work. Our approach is to get people to right door, at the right time, ready to be treated, not alone. That is actually real in thousands of lives.

Because of the Medical Center's historical relationship with the North Carolina Baptist Convention, you can see that in the most traditional of our

religious partners, the most highly developed form of this collaboration with clergy, congregations, and the denominational structure.

Are hospitals other than Wake Forest Baptist Medical Center involved?

Gunderson: FaithHealthNC is the relationships that the medical center itself initiates and tries to sustain. In our service areas it's common for patients who work with our community-based staff, volunteers and clergy to be present at other hospitals, as well. We don't run FaithHealthNC directly in collaboration at an administrative level with other hospitals. Those hospitals may benefit from our work — we intend it to be available as a community asset — but we don't actually sit down and have planning meetings with other hospitals.

Who makes all of this work happen?

Cutts: A lot of people, but those who are outside of our hospital walls are really key — the volunteers, connectors and supporters. The supporters of health are a hybrid of community health workers and people who sort of triage care. They work primarily in underserved areas, helping people with needs like transportation, food, medication expenses and with other support associated with "social determinants of health." Their goal is to



Gary Gunderson, MDiv, DMin



Teresa Cutts, PhD

triage people to other resources, not just provide resources themselves.

Connectors are not hospital employees. They work up to ten hours a week and are either embedded in a health network or a denomination, or they might work in a given neighborhood or county. Their job is to triage people to immediate resources, although some of them do more direct service, especially in the rural areas. Out of sheer necessity, our two connectors in McDowell County do a lot of transportation and hands-on direct service themselves.

What are FaithHealth Fellows?

Gunderson: A FaithHealth Fellow is someone designated by another organization, usually a hospital, who is charged with leading and developing the FaithHealth strategy in their local setting. They participate in a two-year fellowship experience. We provide training and bring them into a relationship with each other. The fellowship strengthens their already recognized capacity to be a leader in their organization or community.

We developed this at the request of the Kate B. Reynolds Foundation, which was interested in seeing the FaithHealth

strategy spread across the counties most marked by poverty in the western part of the state. Since then, we have appointed FaithHealth Fellows in other parts of the state, as well. These are all leaders who are working in tough, mostly rural communities bringing the strength of their organizations to bear on the challenges.

What are the origins of FaithHealthNC?

Gunderson: When I was recruited to Wake Forest Baptist in 2012, the institution had an explicit hope that the well-known work we had developed in Memphis could be adapted into the North Carolina context. So it was an explicit expectation of my coming here that I would evoke a similar ground-model of aligning the community's religious assets with the public health and health care assets.

Originally, we thought it would look structurally more like the model in Memphis, but what has emerged is the North Carolina Way of doing that. This includes both a way of doing things and a very different array of religious and health assets. We didn't realize that it would be so different. Part of the North Carolina Way is that each of the catchment areas in which the hospitals operate have a distinctive personality and a different structural relationship between the hospital and the community. Across the state we see many different ways.

An important part of what the effort does is listen to, and partner with, organizations and individuals in the communities.

Cutts: Yes, for example, we listened to Hispanic people about how hard it was for undocumented people to get medication and appropriate health care access because they didn't have a

WE'LL BE AT THIS WORK FOR A LONG TIME ... IT'S GOOD NEWS THAT THESE SEEDS ARE SPROUTING IN WAYS THAT ARE IMPROVING HUNDREDS IF NOT THOUSANDS OF LIVES.

picture ID. They also had difficulty when coming into a hospital. So FaithHealth began convening leaders from both of the hospital systems to engage with a Greensboro group to help. Now we've had four ID drives and many hundreds of people have benefitted.

Gunderson: This goes back to a disciplined strategy and a way of opening our eyes to the group's social realities. The key is looking for the tangible and intangible assets on the ground. When you do that you'll also find the challenges, many of which may be submerged. If you look for problems, you'll never find the assets. So, going out and asking in Spanish about the assets of the community surfaced the problem and did so in light of the relationships of trust, and media, and small businesses, and congregations that were relevant to that problem.

The second discipline is to respond to what you've seen and learned. That process can't be known before mapping the assets. Once we realize the assets want a little trust because of the integrity of the process, we can discover how to bring those assets in alignment with each other and create something that looks like an answer.

That story is still alive. It has expanded to include not just the clinical partners, but also law enforcement, city agencies, public health, even Homeland Security, which was brought into a working relationship around this.

Can you tell us how people are helped?

Cutts: A coordinator recently worked with a woman in her forties who had some serious cardiac problems. She was being discharged from the hospital, but because she couldn't work she had

lost her home and had been put up in a cheaper apartment with no furniture. Despite her heart condition, she was sleeping on the floor. The FaithHealth people got her not just one bed, but two twin beds because she has a young son who lives with his father and can now spend the night with her. This kind of story happens 20 times a week.

Isn't that the heart of it, people helping others?

Gunderson: Yes, it's individuals being helped not by one heroic clinician, but by bringing them into a relationship with a more complex set of things that they actually need. They may not even know how to ask for what they need, but when you add up all those relationships, the person gets what they need. We often see that individual turn from being a patient in need to being a partner for somebody else.

Can you talk about trainings and educational events?

Cutts: There's a broad array of training. We have and monthly and quarterly Connector trainings with people from across the state. Supporters meet weekly and for monthly "grand rounds" with people from across the division. We offer classes, such as mental health first aid or community resiliency training. We also offer caregiver training — getting people to the right door, at the right time, ready to be treated and not alone. Putting people together in the room is the key. They teach us. The power comes from connecting people and networking. And twice a year we hold a day-long Learning Forum that explains the work and all the different roles. North Carolinians attend as well as people from health systems across the country.

What kind of scale are we talking about?

Cutts: FaithHealthNC is everyone who's involved, from the broader networks, to the hospitals, to the people who work with us as volunteers in the community, the connectors, the supporters — it's the whole ensemble.

Gunderson: In terms of numbers, you can begin with the 2,024 clergy who visit our patients in the hospital.

Cutts: Then, we have 32 connectors, six supporters, 14 Kate B. Reynolds Fellows, 348 volunteers who have provided more than 5,000 hours of volunteering in terms of training and more than 2,000 hours of caregiving service.

What opportunities are there for people who want to get involved?

Cutts: People can volunteer, help people get to the resources we've talked about. They could come to any of the trainings; they're free and open to the public. We're constantly on the lookout for household goods and things people may need. We're also always challenged on transportation, particularly for medical issues.

Gunderson: Dr. John McConnell, then CEO of Wake Forest Baptist Medical Center, was clear from the beginning of this FaithHealth strategy that it was not captive within the Wake Forest Baptist brand. So we designed it for cooperating health systems or those that compete with us to feel free to take any of the intellectual capital, any of the process developments, any of the volunteers, any of the congregations we strengthen. They can integrate all of those assets into their system, as well.

To some extent, this is a fulfillment not just of the corporate entity called a Medical Center, but in some ways, is a fulfillment of the original founding vision of the North Carolina Baptists in 1922. They had imagined a network of healthcare systems across the state that would deliver twentieth century medicine to the entire state. Well, it turned out that they only created one

Baptist hospital. But because of the vision that hospital is now charged to be open-handed and generous with everything we know that could be relevant to the health of North Carolinians.

What can you say about the results of this five-year effort?

Cutts: We reached a tipping point about three years into the work. Now we're escalating and picking up new partners farther out across the state. The work that's being done by our connectors, volunteers, and others is growing so rapidly I can't keep-up with it. Two ways to see impact are the decrease in total charges for people in our most underserved zip codes in Forsythe

County and the fact that our total aggregate charity care has gone down annually since 2013.

Gunderson: The seeds have begun to sprout in the more than 25 counties we are active in as FaithHealthNC. Even in those places where we're most involved those roots have not yet penetrated down deep. So, the early stages have been extremely encouraging, but you couldn't say that any one of these counties has fulfilled the imagination of God. So, we'll be at this work for a long time, but the fact is that it's good news that these seeds are sprouting in ways that are very significant, improving hundreds if not thousands of lives.



WE ALSO OFFER CAREGIVER TRAINING—GETTING PEOPLE TO THE RIGHT DOOR, AT THE RIGHT TIME, READY TO BE TREATED AND NOT ALONE. PUTTING PEOPLE TOGETHER IN THE ROOM IS THE KEY.

TEAMING UP TO IMPROVE RURAL HEALTH

By nearly every economic measure — household income, employment, average wage — northeast North Carolina lags behind the rest of the state. Combine that with a rural landscape that makes it more difficult for people to make medical appointments, and you have a recipe for chronic health concerns such as cardiovascular disease, diabetes and obesity.

But northeast North Carolina has one powerful component in its favor — faith.

Now, three statewide Baptist organizations are taking a different approach by teaming up to combat some of the region's health challenges. They are working with local churches, government agencies, providers and others to fulfill health needs still being identified. The collaborative was initiated in early 2016 by Wake Forest Baptist Medical Center's Division of FaithHealth.

"If you think about health care as like being in a boat, the more folks you can get to guide that boat with good direction and resources the better," says Kim Schwartz, chief executive officer of Roanoke Chowan Community Health Center, which provides primary care to adults who are uninsured or underinsured.

THREE STATEWIDE BAPTIST ORGANIZATIONS ARE TAKING A DIFFERENT APPROACH BY TEAMING UP TO COMBAT SOME OF THE REGION'S HEALTH CHALLENGES.

"Also, if the boat gets a hole in it and the rapids become too fast, there's more than one way to deal with it."

So far, the collaborative includes the General Baptist State Convention of North Carolina, which is the largest African-American convention in the state; the Baptist State Convention,

which is the largest Baptist convention overall; and the Cooperative Baptist Fellowship of North Carolina.

Two key people behind the collaborative are Leland Kerr, Baptist Health liaison for Wake Forest Baptist, and Anita Holmes, a FaithHealth contractor representing the General Baptist State Convention.

"I think historically, different groups do their own thing," Kerr said. "It seemed like the right thing for FaithHealth to reach out to all of these organizations together because they all had churches in the area where congregants have great need."

They envision a program like other FaithHealth efforts in North Carolina, in which churches recruit volunteers who are trained to provide different types of assistance to people with a health-related need. People in need may be members of an individual church or simply referred for help by a provider or social service agency.

Assistance might include rides to medical appointments, trips to a grocery store or pharmacy, companionship or the information they need to get help during a crisis.

"We want this to be owned and driven by the communities, so we're starting where they are," Holmes said. "We are working with churches and determining how resources can be matched with needs that the communities see with regard to health."

For example, although the federally subsidized Roanoke Chowan Community Health Center provides primary care, its patients often have needs before or



Anita Holmes and Leland Kerr

after appointments. If such needs are met (being able to ensure patients take medicines or can get to a pharmacy to pick up medicines, for example), they will be more likely to maintain good health.

Within the umbrella of the Community Health Center is another organization, Hertford Health Access, which recruits physicians to see patients free of charge if they require specialty care.

Weyling White, program coordinator for Hertford Health Access, says the fledgling FaithHealth effort in northeast North Carolina could provide important support.

Besides medical needs, White says his program is trying to address social determinants of health among patients through surveys that might ask whether they were ever incarcerated, have they had trouble paying their mortgage, are they furthering their education.

“Even though these questions appear to be less health care driven, they help us engage the patient to see what issues in their lives are impacting their health and their health outcomes,” White says. “We can use this to understand how to work with patients and move them toward living healthier and accessing the right foods, determining the resources they need for their day-to-day lives.”

“We’re looking at more than health equity,” White says. “We want uninsured patients to have equal footing.”

To the extent that volunteers through the region’s churches can help, assistance will be welcome. For example, Hertford Health Access is beginning education programs for patients in two areas: smoking cessation and balance (for elderly patients who experience falls). Some people may require rides to those

programs, so volunteers would be welcome, White says.

Lou Ann Gilliam, director of church and community relations for Chowan University in Murfreesboro, says there is no question that a lack of mass transit is a problem when it comes to health care in northeast North Carolina.

“If we have buses or taxis, it’s very limited and not very affordable because we’re so spread out,” she says. “One of the challenges of being in a rural community is trying to get people to health care.”

Gilliam has connected different organizations with some of the region’s leaders as they explore options such as FaithHealth to improve health outreach in the region. She also has participated in two transportation summits in the past year. She says the partnership of providers,

community health centers, health authorities, churches and others is critical to improving health.

“I think our faith communities are one of our greatest resources because they are folks that care,” Gilliam says. “If you don’t have good family support, you need another person to help intervene, and I see FaithHealth working through the ministers because they have the platform and know what the needs are.”

– LES GURA



People *and* Events

New Hires

- **Angela Brown** is FaithHealth Community Engagement’s Supporter of Health serving as the Patient Referral Coordinator.
- **Adam Ridenhour** is Staff Chaplain at Wake Forest Baptist Health Davie Medical Center.
- **Dana Patrick** is Chaplain in the First Responder Chaplaincy Program.
- **Michelle Nicolle** is Chaplain for Wake Forest Innovation Quarter.

FaithHealth Fellows, Round 2

A new, talented group of Fellows joins FaithHealthNC on their journey to better bridge faith and health in North Carolina. Each brings a passion for their communities. This is the second cohort of fellows initially funded by a Kate B. Reynolds Foundation grant. They

will meet quarterly for 18-months. The previous graduates, now known as Fellows for Life, are primary faculty resources for the group. As with the previous cohort, FaithHealth Fellows will continue to be agents of health transformation in their local communities.

- **Graylin Carlton** is Staff Chaplain for Transitional & Supportive Care at Wake Forest Baptist Medical Center, with a focus on those who are homeless.
- **Anita Holmes** is a FaithHealth contractor focused on partnerships in northeastern NC, particularly with the General Baptist State Convention of NC.
- **Dianne Horton** is Manager, Chaplaincy and Clinical Ministries at Wake Forest Baptist Health Lexington Medical Center.

- **Brooks Johnson** is a clinical chaplain at High Point Regional Health and serves at St. Andrew’s Episcopal Church in Greensboro.
- **Zack King** coordinates community health initiatives through Catawba County Health Partners.
- **Renee Rutherford** is FaithHealth and readmissions coordinator at Wake Forest Baptist Health Wilkes Medical Center.
- **Missy Stancil** serves as regional director for CareNet Counseling Central Region.

Second Annual John Hatch FaithHealth Lecture Series

November 28, 2017; Conetoe, North Carolina. The keynote lecturer will be Rev. Richard Joyner, Pastor of Conetoe Baptist Church and a top 10 CNN Hero. Call 336-716-3027 for information.

Partnerships Result in New Clinic for Eastern Burke County

People living in rural areas with low incomes and no insurance find it more difficult than ever to access medical care. New initiatives need to reach out to our vulnerable neighbors.

One such initiative is now serving people living in eastern Burke County, North Carolina, an area that once prospered from the furniture and textile industries.

The opening of the Good Samaritan East Clinic came from several organizations who shared this concern. Chaplain Dennis Stamper, who leads the FaithHealth program at Carolinas HealthCare System Blue Ridge, studied ways to change the old "health fair" approach to reach people needing care.

After hosting a well-attended health fair at Oak Ridge Baptist Church, church member Susan Pollpeter concluded, "We desperately need a clinic in the eastern end of the county."

Leaders at Oak Ridge Baptist sought to become more engaged in providing direct health care. They approached Steve Hurd, executive director of Good Samaritan Clinic located in Morganton, the county seat of Burke County.

Action occurred quickly. Church volunteers remodeled a former sanctuary into a state-of-the-art outpatient medical clinic. Good Samaritan received a grant from the Office of Rural Health to staff a medical clinic with paid licensed professionals and volunteers from Oak Ridge. Oak Ridge received two grants from the Community Foundation of Burke County for computer and medical equipment.

Momentum continued. Carolinas HealthCare System Blue Ridge and the Heineman Medical Outreach Foundation donated medical, office and laboratory equipment. Three local pharmacies contracted with the clinic so patients would pay only \$4 per prescription. Carolinas HealthCare System Blue Ridge agreed to provide diagnostic and specialty care, and Lab Corp agreed to provide laboratory services at no charge.

Thus, Good Samaritan Clinic East in Connelly Springs was borne. In January 2017, the clinic opened one day per week. Two months later, the clinic expanded to two days per week, and it is looking forward to adding evening hours.

Good Samaritan East sees patients by appointment and also accepts walk-ins. Eligibility criteria include being a resident of Burke County, have low to moderate income, and no access to traditional or government-funded insurance. The clinic serves people between the ages of 18 and 64. Patients pay a \$5 medical visit fee, which is waived for those with minimal financial resources. In addition to seeing a medical provider,



IN JANUARY 2017, THE CLINIC OPENED ONE DAY PER WEEK. TWO MONTHS LATER, THE CLINIC EXPANDED TO TWO DAYS PER WEEK, AND IT IS LOOKING FORWARD TO ADDING EVENING HOURS.

patients can have their lab work performed in the office, receive prescriptions and the education they need to promote health—all in a single visit.

Shirley Lail, a retired nurse and Oak Ridge Baptist member who volunteers weekly at Good Samaritan East, speaks enthusiastically.

"This is a place where people can come and be cared for, where we are concerned about their health and well-being," Lail said. "There's a lot of education that goes on, too. People learn how to take care of their blood sugar or their blood pressure, understand the medications they are taking, and make sure they take them as prescribed."

For additional information, contact steve.hurd.gsc@gmail.com.



FaithHealth Burke Builds Community Between Neighbors

Residents of the Willow Ridge apartment complex in Morganton, home to many Burke County-area seniors, are finding fun and connection thanks to a FaithHealth outreach team from New Day Christian Church.

The connections began last year, not long after Chaplain Dennis Stamper, who leads the FaithHealth program at Carolinas HealthCare System Blue Ridge, reached out to New Day Christian Church to recruit volunteers. He found that the church already had an outreach group, and was seeking opportunities to serve the community.

New Day group members decided to participate in training and become FaithHealth volunteers.

Into the Community

One of the first referrals the team received was to help a woman who lived at Willow Ridge, a 28-unit affordable housing development. The woman needed someone to visit her and provide occasional meals. But when New Day members visited, they found other residents at Willow Ridge who could use help as well, so they decided to “adopt” the complex.

Carol Largent, a New Day church member who leads the team of eight FaithHealth volunteers, explained how the relationship with Willow Ridge residents began.

“We trained with Blue Ridge Healthcare’s faith-based health program to be volunteers, to go out into the community and help some of their patients who may need a ride or food,” she said. “What we found (at Willow Ridge) that made us attach to them was they seemed to be lonely and wanted people to reach out to them. Some don’t even go out of their apartments.”

Largent said she and the other volunteers started visiting regularly with the seniors and playing games such as bingo. Eventually, they offered a Bible study to the residents, which was well-received.

Bringing Joy

Largent said a special connection has been made between church members and Willow Ridge residents.

“I’ve seen huge effects on these people since we’ve been coming here,” Largent said. “They’re more talkative. They laugh and enjoy being together. Roxie

(Freeman), the (apartment) manager, has been really great to work with. I think she’s just glad somebody took an interest in them and wanted to spend time with them.”

Freeman said she was grateful for the church’s efforts in bringing joy to the apartment’s residents.

“I think it’s awesome that New Day Christian Church has adopted us,” Freeman said.

After the New Day team hosted a holiday dinner last December, some of the residents expressed their appreciation.

“I’m so thankful these ladies found us. They are great Christian ladies, and I’ve enjoyed the time they spent with us and look forward to more time with them,” Willow Ridge resident Mildred Fox said. “I love every one of them.”

By Tammie Gercken, staff writer, *The News Herald*. Photo courtesy of *The News Herald*, www.morganton.com.

RESOURCES

CareNet Counseling,

a professional, community-based counseling organization, helps clients restore and maintain mental wellness.

carenetcounseling.org

Center for Congregational Health

provides ministry and training for hundreds of churches, clergy and lay leaders each year.

healthychurch.org

Chaplaincy and Pastoral Education

provides spiritual care for hospitalized patients and their loved ones, and offers accredited programs in Clinical Pastoral Education. For information, or to contact a chaplain, call **336-716-4745**.

WakeHealth.edu/Chaplaincy-and-Pastoral-Education

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