Community Health Asset Mapping (CHAMP)

Ashe County NC

FaithHealthNC
A Shared Mission of Healing

Ashe Missionary Baptist Association
Background of Mapping Process

- **African Religious Health Assets Program**
  - Developed a PIRHANA tool for identifying and understanding the positive things in communities

- **Community Health Assets Mapping Partnership or CHAMP** was adapted from PIRHANA, developed in Memphis and South Africa to aid in aligning and leveraging assets to improve healthcare outcomes

- **CHAMP Ashe County** is being used in North Carolina as part of our *FaithHealthNC* movement
Mapping Workshop Process

- In this community, we held one workshop and interviewed Seekers:
  - **Health Provider Workshop** (9-20-17): people and organizations providing religious, health, and social services related to providing care to those in the community, broadly defined
  - **Seeker Interviews** (9-21-2017): conducted by trusted liaisons to the Ashe County community
Workshop site, date, and participants

- Provider Workshop September 20th 2017 at Bald Mountain Baptist Church, Ashe County

- 15 participants
Seeker Interview
Site and Participants

- Trusted leaders from FaithHealth NC conducted interviews with 22 seekers on September 21st 2017
Study Area Background

Basic Stats (US census bureau 2016 estimates)

- Population: About 26,924 people

Median Age: 46.6 years (national median-37.8)

Percent of Population: Non-Hispanic White=97.1%; Non-Hispanic Black=0.9%; Latino=5.3%; Asian=0.6%; Native American=0.3% Two or more races=1.1%

Living in Poverty: 20.2%

High School Education: 82.2%

Determined area boundary is Ashe County, NC
Provider Workshop Facilitators

Dr. Teresa Cutts, Rev. Emily Viverette, Mrs. Diane Dixon, Rev. Leland Kerr
Provider Participants

- 15 People Participated
- 5 males, 9 females, 14 Non-Hispanic Whites; one did not identify
What Providers put on the map: 24 Entities
Factors that work to promote health/well-being in your community

1) Transportation - Ability to travel to appointments, or to have providers travel to those in need
2) Accessibility - increase in the number of clinics, including funding and building trust
3) Geographic Locations - where clinics are located in relationship to those for whom services are being provided
4) Collaboration - interagency communication
5) Education - Health literacy as well as addressing stigma
6) Food Supply - nutrition resources
7) Volunteers to Fill the Gap - use of faith communities and individuals to "fill in gaps" of care
Providers’ Health Services Matrix

- 8 Not for Profits
- 2 Governmental/federally qualified services
- 4 Faith Based Programs
- 2 For Profit
- 6 Educational
- 4 Case Management
- 3 Nutrition Services
- 1 Physical Support Program (added during conversation)
- 6 Advocacy
- 4 Front line responders support
- 2 Counseling
- 2 Outpatient
- 2 Inpatient
- 0 Device Management
- 1 each, protection, Emergency financial Assistance, parental education, clothing/food, medical care in home, emergency response, transportation, community referrals

MISSING: Daymark, Northwest Regional Housing Authority, CareNet of Wilkes, Seby B Jones Cancer Center, Ashe County Transit Authority, and Mountain Hearts.
Spidergram: Social Networking

Has Relationship
- Sharing Center(2)
- DSS(3)
- Ashe Really Cares
- Seby Jones Cancer Center(2)
- APCE(2)
- AMH(2)
- Hospitality House (2)
- ACTA
- LTC Facilities (2)
- Senior Services
- EMS
- Caldwell Hospice
- FaithHealth Referral

Wanted Relationship
- Sheriff’s Department
- MMMA
- Coalition for the Homeless
- Ashe Really Cares(3)
- Medi Home Health
- Churches (2)
- FEMA funds
- DSS(3)
- Senior Center (2)
- HUD (2)
- Ashe Medics
Organizations of which you are the most proud

Providers
- Ashe Really Cares
- Sheriff’s Office
- App Healthcare
- EMS
- School Based Health Program

Seekers
- Ashe Really Cares
- Sharing Center
- DSS
- Riverview Community Center
- Jefferson Methodist
Biggest Winners Were....

- **Providers:**
  - Sheriff’s Office - “Go where the need is.”
  - EMS - “Go where the need is.”
  - Ashe Really Cares - helped to reduce food insecurity from 1/4 of the county to 1/6. They were also noted to “walk alongside” their participants and are very collaborative with other agency communities.
  - The School Based Health Center - cared for all Middle School children, and for helping to reduce absenteeism, and is a “safe place”
  - App Health Care - provides care, including Dental, to the underserved.
Biggest Winners Were....

Seekers:
- Ashe Really Cares - food and clothing
- Sharing Center - food
- DSS - meds and electricity
- Riverview Community Center - food
- Jefferson Methodist - food ministry
Seeker Interview Sites and Participants

Total: 22 Seekers
- 19 females and 3 males
- 21 Caucasian, 1 Hispanic
- Mean age=43.3 years, median age = 50.5 and ages ranged from 20-73
- Interviewers: Diane Dixon, Angela Clapp
- Site: Ashe Really Cares
Seekers Needs

- Access to dental and eye care
- Housing
- Limits related to Medicaid
- Food quality and access
- Communication between providers
- Transportation
- Financial assistance
Seekers: Gaps in Service

- Dental and vision care
- Difficulty finding providers who take Medicaid
- Travel outside of county for specialists
- Lack of affordable housing
- Continuity of care across providers
- Housing
- Food
- Transportation needs
Seekers: Advice to Authorities

- Need for dental and optometric care
- Need for resources for the homeless and mentally ill
- Care for those who do not meet criteria for Medicaid or Medicare
- Better communication between providers
- Address the drug problem in Ashe County
- More availability of providers
Next Action Steps

- Development of a resource guide: include referral criteria for each agency
- Identify ways to develop an organization grid which is either online or “quick access”
- Determine how other agencies are currently collaborating, and make contact with them: i.e. Ashe Health Alliance, and Collaborative Resource Connection
- Identify ways to communicate through distance, i.e.: teleconference
- Speak with Ashe County Transportation Authority (ACTA) around transportation needs
- Identify sources of reluctance in utilizing transportation options available: Ashe has largest transportation budget in state
- Invite representatives from ACTA and Veterans Administration
Questions/Comments

- Based on the findings you heard today:
  - What stands out most strongly for you?
  - What similarities/differences and potential alignments do you see between Providers and Seekers?
    - What might be additional next steps?
  - How would YOU be willing to help all of our county and stakeholders move forward on the ideas we talked about today?
THANK YOU in helping all gain ACCESS to Better Health and Well-Being!