Community Health Asset Mapping Partnership (CHAMP) Access to Care

Provider-Level Workshop Report
High Point
May 2, 2019
Seeker -Level Report
High Point

CHAMP Access to Care Workshop

Written by: Helena Epstein, MDiv, BSN-RN

With Collaboration from:
Teresa Cutts: Facilitator
Emily Viverette: Co-Facilitator
Jeremy Moseley: Note taking
Anita Holmes: Registration, note taking
Helena Epstein: Primary Reporter
Charolette Leach, Joseph Neal: Recruitment, Logistics
Robin Danner: Event Planning, Meals
Enrique Catana Ramiro: Catering
Gary Gunderson, Tore Nærbøe Forset, Tor Haugstad, Kim Stampe, Ingun Yri Øystese: photos, break out notes, break out group assistance
Helen Barker, Renee Griffin, Maria Mayorga, Barry Schultheiss, Carl Vierling: Site Interview Management

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

TABLE OF CONTENTS

SECTION A

HEALTH PROVIDER WORKSHOP INFORMATION

LEVEL A half-day workshop, facilitated by Wake Forest Baptist Medical Center's FaithHealthNC, was offered in High Point, NC at the community provider level. As a part of the Community Health Asset Mapping Partnership (CHAMP) in High Point, the workshop focused on institutional, organizational and individual health providers offering services to the population of High Point.

Figure 1 is a map outlining the city of High Point. High Point is the only city in North Carolina which extends into four counties, including Guilford, Randolph, Forsyth, and Davidson.

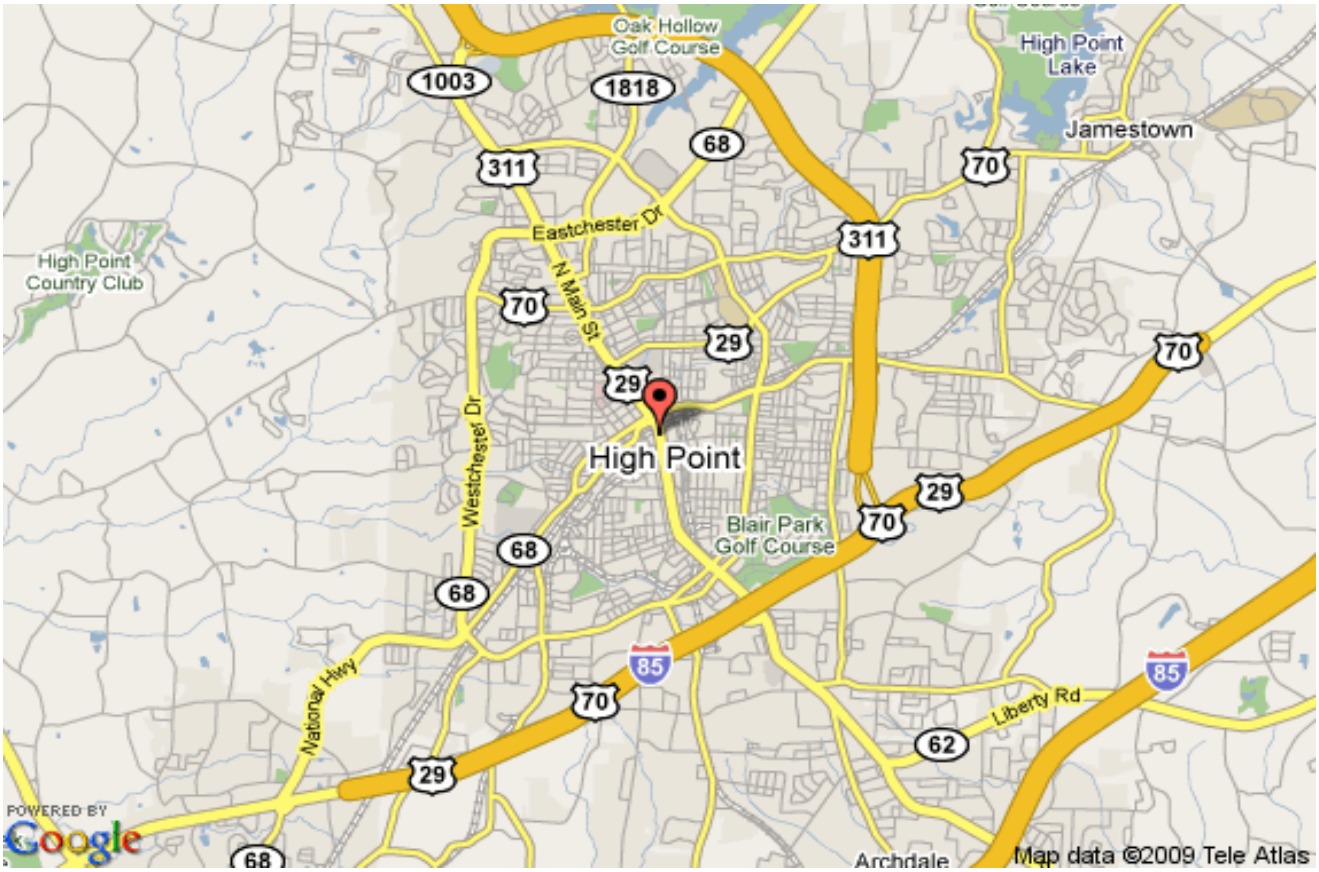


Figure 1

High Point general demographics are listed below.

Population: About 104,371 people, Median Age: 35.6 years (national median-37.8) Percent of Population: Non-Hispanic White=48.1%; Non-Hispanic Black= 33.4%; Latino=8.6%; Asian=7.5%; Other= 2.4% Living in Poverty: 19.38% High School Education: 85%

1. DATE AND PLACE OF WORKSHOP

The Community Health Asset Mapping workshop took place on May 2nd, 2019 at Millis Regional Health Education Center, 600 North Elm St. High Point NC, 27261. Millis Regional Health Education Center offered a central location for both providers of community health services and seekers of such community services. The workshop began at 8:47 am and was completed by 12:41pm.

2. FACILITATION TEAM

Teresa Cutts: Facilitator
Emily Viverette: Co-Facilitator
Jeremy Moseley: Note taking
Anita Holmes: Registration, note taking

Helena Epstein: Primary Reporter
Charolette Leach, Joseph Neal: Recruitment, Logistics
Robin Danner: Event Planning, Meals
Enrique Catana Ramiro: Catering
Gary Gunderson, Tore Nærbøe Forset, Tor Haugstad, Kim Stampe, Ingun Yri Øystese: photos, break out notes, break out group assistance

3. PHYSICAL DESCRIPTION

The workshop was held in the combined Meeting rooms 1, 2, 3, & 4 of the Millis Regional Health Education Center. The Millis Regional Health Education Center is handicap accessible and coffee was available for participants. The Registration Table was at the back of the room where participants entered. Chairs were set up in rows facing the front of the room where a map of High Point was presented. Two flip charts were situated on either side the map. Tables arranged around the room held the activity boards, and provided additional seating for participants.

Figure 2 depicts the layout of the combined Meeting rooms 1, 2, 3, & 4 of the Millis Regional Health Education Center during the Community Health Asset Mapping.

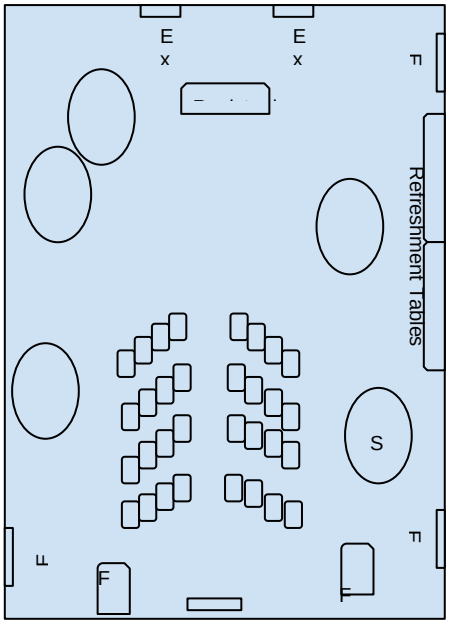


Figure 2

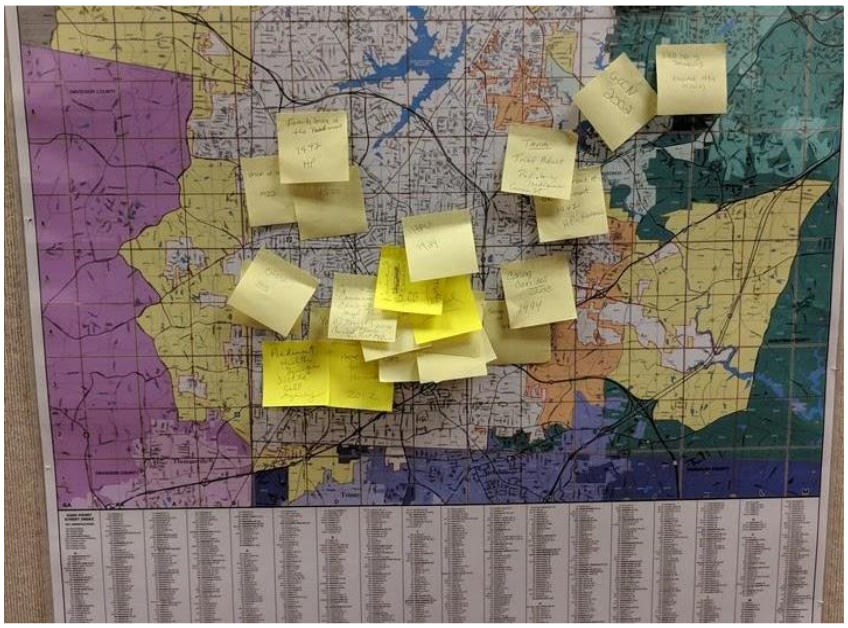
4. PREPARATORY WORK

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

Background Research included a review of Religious Health Asset Mapping projects in southern Africa and CHAMP in Memphis, various approaches to community mapping, and models for participatory research projects.

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

Map Generation involved obtaining a High Point map from the local county officials.



(High Point Map: Provider Locations)

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

Workshop Planning involved identifying potential participants for the provider's workshop, developing and disseminating a letter of invitation, and following up with potential participants. Workshop staff held planning meetings weekly for two months prior to the event, sent emails, and made follow-up telephone calls during the two weeks prior to the workshop. Workshop staff also identified the appropriate site for the workshop and secured lunch for participants and staff members.

Workshop Materials Preparation included the printing of materials to be handed out, the packaging of these materials, and the organization of all the materials needed for the workshop exercises (for example, large pieces of paper, post-it notes, writing utensils, flip charts, and gift cards). Packets of interview forms were also compiled for providers who were willing to interview seekers at their respective agencies.

5. PARTICIPANTS

Upon registration, each participant was asked to document their address and contact information, gender, race and/or ethnicity, marital status, age, level of completed education, occupation and/or school, church affiliation and the length of time they have lived in Guilford, Forsyth, Randolph, or Davidson counties. In addition, each participant signed an informed consent form.

Twenty-five participants registered and represent a variety of community health care providers within High Point. Ten participants identified as White/Caucasian, seven participants identified as Black/African-American, one participant identified as Latina, one identified as Other, and six participants declined to self-identify their race/ethnicity. Fourteen participants identified as female, and eleven identified as male. Seven participants held Bachelor's' degrees, thirteen participants held Master's degrees, and three participants held Doctorates. One participant has some college experience, one participant has an Associate's Degree, and one participant has a High School Education. The average age of participants was forty-eight years old, with a range from 22-77 years. Eighteen participants reported having lived in Guilford County for an average of 24.4 years with a range of 3-56 years. Four participants reported living in Forsyth County for an average of 12.5 years with a range from 5-18 years. Two participants reported living in Randolph county for an average of 28 years, and one participant reported living in Davidson county for 10 years.

6. INTRODUCTION TO WORKSHOP

The workshop commenced with an introduction from Rev. Dr. Gary Gunderson. Gary Gunderson expressed a desire for this process to be one of disruption of complacency and unknowing. He expressed a belief that the important work is already occurring in High Point, and that the work of asset mapping would serve to strengthen connections and relationships in this city.

Prayer was offered by Rev. Renée Griffin, from Senior Resources of Guilford. Rev. Griffin gave thanks for the opportunity to gather for this exploration and adventure to better serve God's people. She also prayed that the day would guide everyone involved to come to righteous and good conclusions for God's Kingdom.

Following the invocation, Gary Gunderson and Dr. Teresa Cutts conducted introductions and described the purpose of the event. Lead facilitator, Teresa Cutts ("TC") introduced herself as a

professor of Public Health Sciences. She provided the background of the Community Health Asset Mapping Partnership (CHAMP) program, and its occurrence in other areas across the region and internationally. Participatory Inquiry into Religious Health Assets, Networks, and Agency (PIRHANA) is a research model developed by Gary Gunderson, Dr. James Cochrane and Dr. Deborah McFarland in South Africa that focused on identifying positive health assets present within communities in the midst of the HIV/AIDS epidemic within sub-Sahara Africa. The objective of CHAMP facilitated by FaithHealthNC is to translate the PIRHANA research method for North Carolina communities to discover positive health and faith based assets within their respective counties and regions. Access to care was defined to go beyond formal structures and to include affordability, resources, physical proximity, and acceptability of services by the community. For most people, health is predicted by where they live, work, play and worship. Co-facilitator, Chaplain Emily Viverette, also introduced herself and offered greetings and thanks to participants for attendance.

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

SECTION B

PROVIDER ACTIVITIES

1. COMMUNITY MAPPING

a. OBJECTIVE

The purpose of the community mapping activity was to provide an idea of the footprint of the organizations and ministries: their location within the specified counties, and their proximity to one another. The mapping exercise provides a greater awareness of which organizations are present in High Point and helps to note gaps in the community.

b. METHOD

Participants were asked to stand and introduce themselves, their organizations, institutions or ministries and the role in which they play within their organization, institution or ministry. The participants then placed the location of their service on a large map of High Point. After the sticky notes were placed on the screen, each organizational representative spoke on the services their particular organization offered. They shared their challenges, their objectives and their joys with regard to serving those within the community.

c. DISCUSSION

As each participant was speaking, they were affirmed by those listening and clearly began to develop relationships with other participants. The provider participants represented 20 different services offered in the city of High Point. As each participant placed their organization on the map, participants had the opportunity to hear about each organization and ask questions about the functions of various organizations in the community. While most participants acknowledged an awareness of the various organizations, there were various questions posed about the particular services offered to those seeking behavioral health services. See below, the 20 entities participants identified within the study area (see below) during the mapping exercises.

Entities Included in Community Maps

Providers Identified:
YWCA
Mount Zion Baptist Church
High Point University
YMCA High Point
Community Clinic of High Point
Breast and Cervical Cancer Clinic
Wellspring Solutions
Senior Resources of Guilford
Greater High Point Food Alliance
Guilford Community Care Network
Family Services of the Piedmont
Cornerstone Health Enablement Solutions
Hope Baptist Church
Guilford County Family Justice Center
High Point Medical Center Emergency Department
High Point University AmeriCorp Vistas

High Point Medical Center Quality Department
Community Health Coordinator for FaithHealthNC
FaithHealthNC Chaplaincy
Emergency Department Volunteer

In reflective analysis of the map, various participants noted that resources were clustered in the southern part of the map. It was noted that this clustering reflects significant historic, sociological, and economic realities. Significant was the history of mill work in the southern part of the city which is no longer present. Those families in the southern part of the city once worked primarily in factories and mills, which are no longer present, leading to a decrease in both education and employment in this part of the city. The northern part of the city was noted as being more affluent. Organizations that were not present at the workshop were Triad Health Project, the Health Department, Temple Memorial Baptist Church, Piedmont Health Services, Sickle Cell Agency, DayMark Recovery services, and Naiman Recovery Village.

2. HEALTH SERVICE MATRIX

a. OBJECTIVE

The Health Service Matrix activity aimed to document each agency's top two primary roles within the community. The exercise helps develop an overview of the way in which local entities contribute to health services and describes services which are heavily offered as well as identifies gaps of services.

b. METHOD

Participants placed the name of their organizations on a large chart at the front of the room. They were asked to classify their organization as faith based, for-profit behavioral health services, government/federally-qualified healthcare, or not-for-profit. They then classified their organizations' two primary areas of engagement.

c. DISCUSSION

The majority of organizations present identified themselves as not-for-profit organizations and a few identified themselves as government/federally qualified health services or faith based programs. Only one organization present identified itself as a for-profit community health service. Eight organizations present engage in advocacy. Six engage in Case Management; five engage in outpatient care. Four engage in prevention/education; three provide transportation, and three engage in nutritional assistance and or food. Two engage in pharma/medication assistance, and two others engage in physical activity support. One organization each provide counseling, inpatient care, chronic care, childcare/teacher resources or screenings. No organizations present engaged in device assistance or technical support. One organization noted that it provided resources not included on the list. On reflection it was noted that Senior Resources provides device assistance on a limited basis.

As the participants analyzed the chart they created, they noted there were not many for profit businesses reflected, and that this may be an untapped resource. Pastor Thomas noted that there are philanthropic efforts through the United Way of Greater High Point (UWGHP), and additionally the Congdon Family Foundation may be a resource. The only guaranteed “No” is not to ask. It was also noted that not many Faith based organizations were reflected. It was posited that this may be due to a lack of awareness. Additionally, a lack of government agencies was noted. It was suggested that to get those agencies engaged these agencies need the process of engaging in this sort of activity to be presented as a cost saving enterprise. It was also noted that there were no resources listed under “device assistance”, which was observed to be a huge need from a care coordination perspective. Senior Resources offered that they have a limited number of these devices available, and it was noted that some churches provide this in a very informal context. The group agreed that Advocacy was a very well covered area. It was also mentioned that there is a higher need for food resources than is currently reflected by this diagram.

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

Table 1.

	Not for Profit	**Faith Based**	**Government including FQHC**	**For Profit**
Prevention/ Education	1)Breast and Cervical Cancer Services 2)YWCA (Latino family center) 3)Wellspring Solutions 4)Guilford Community Care Network 5) Senior Resources-Integrated Services			
Case Management	1)YWCA(teen mom) 2)High Point Medical Center Quality Department 3)Caring Services Inc 4)Guilford Community Care Network 5) Senior Resources-Integrated Services		1)Guilford County Family Justice Center	1)CHESS

	Not for Profit	Faith Based	Government including FQHC	For Profit
Nutritional Support	1)YWCA (aquatics and wellness) 2) Senior Resources-Meals on Wheels 3)Community Nutrition	1)First Emmanuel Baptist Church 2)Hope 4 Humanity		
Physical Activity support	1)YMCA 2)YWCA (aquatics and wellness)			
Advocacy	1)High Point Medical Center Emergency Department 2)YWCA (CFC) 3) YWCA (Teen Mom) 4) High Point Food Alliance 5)Family Services of the Piedmont 6) Senior Resources-Integrated Services	1)High Point Medical Center FaithHealth 2)Mount Zion Baptist Church	1)Guilford County Family Justice Center	
Counseling	1)Family Services of the Piedmont			
Pharma/Medication Assistance	1)Community Clinic of High Point Internal Medicine Center: primary care			1)CHESS
Device Assistance				
Outpatient	1)Community Clinic of High Point Internal Medicine Center: primary care 2)Wellspring Solution 3)Caring Services Inc 4)Family Service of Piedmont 5)High Point Medical Center			
Inpatient	1)High Point Medical Center Emergency Department			
Chronic Care	1)High Point Medical			

	Center			
Food	1)High Point Food Alliance	1)First Emmanuel Baptist Church		
Transportation	1)Senior Resources-Senior Wheels Medical Transportation	1)High Point Medical Center FaithHealth		
	Not for Profit	**Faith Based**	**Government including FQHC**	**For Profit**
Technical Assistance				
Childcare/ teacher resources		1)Mt Zion Baptist Church		
Screenings	1)Breast Cervical Cancer Program			
Other(write in)		1)FaithHealth Community Health Connects heart failure patients 2)FaithHealth Community Health Connects work to connect needed resources for clients(food transportation etc)		

3. SOCIAL NETWORK MAPPING

a. OBJECTIVE

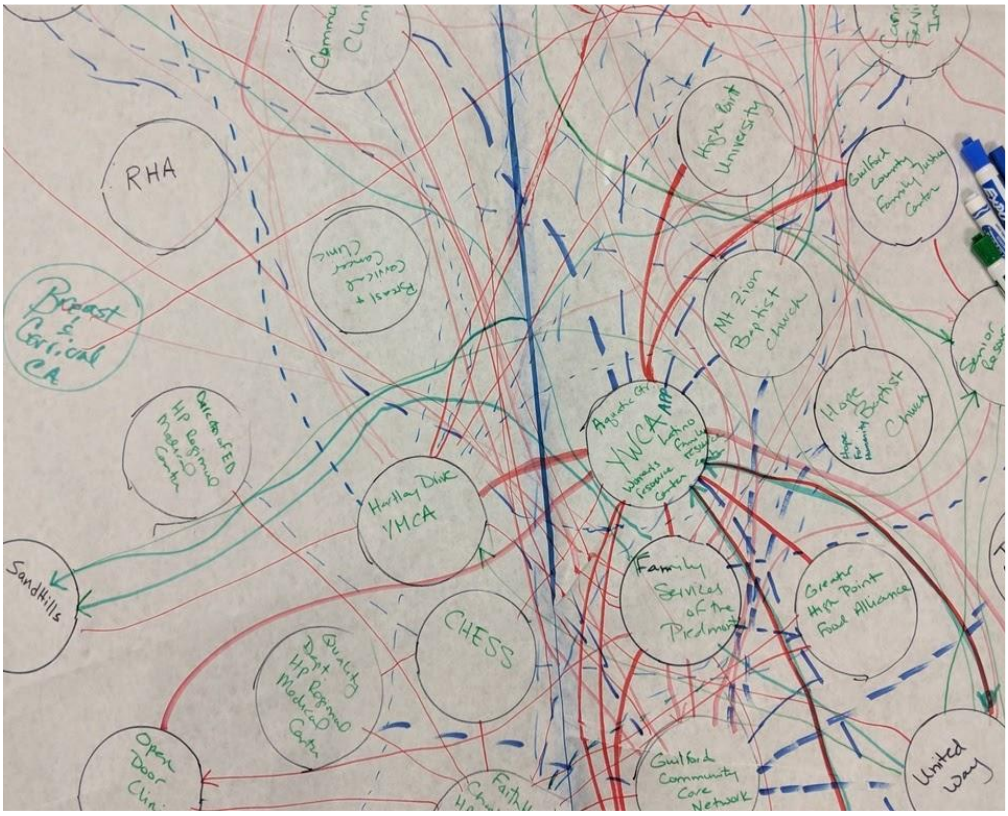
The objective of the third exercise was to create a picture of the ties, networks, and links between the various entities present. The exercise helps describe the connections to wider institutions and facilities that play a role in the local behavioral health service provision. It also provides data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

b. METHOD

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

c. DISCUSSION

In reviewing the spidergram chart, participants noticed that the diagram showed many lines of connections between providers. One of the gifts of this community is that a lot of organizations are already connected. Generally, a lot of connection density was noted; however at least one provider noted that they were not well connected. It was also noted that it seemed very chaotic, and that may reflect a need for greater coordination. It was reflected that there was not very much green, and that this may mean there either is not enough of it, that there is more opportunity for financial resources, or that the agencies which provide financial support were not reflected by the exercise. Most of the green was noted as coming from United Way, and that there was only one green line coming from the High Point Community Foundation, which may be an available resource for some organizations present. It was noted that a new data platform is being developed by the State of North Carolina called NCCares360.



4. HEALTH AND WELL-BEING INDEX

a. OBJECTIVE

The fourth activity entailed a two-part brainstorming. Part I consisted of the participants brainstorming the two factors they personally believe are most important to the health and well-

being of those who seek behavioral healthcare. Part II consisted of two factors their organizations believe are most important to the health and well-being of those seeking behavioral health services.

b. METHOD

On two separate notecards, each participant was asked to write two factors they believe are most important to the health and well-being of those who seek health services. Each participant's notecards were combined and shared. After sharing the notecards, participants were then asked to vote on what they personally felt were the most important factors out of the original list. In Part II of this activity, each participant was then asked to document two factors their organization feels are most important.

c. DISCUSSION

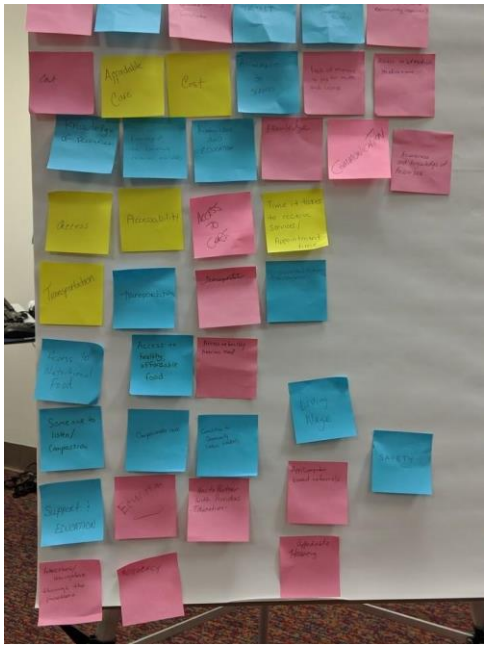
The following list, separated into twenty-two categories, includes the items shared after participants initially shared the factors they felt were most important:

1) Transportation
2) Access to healthy nutritious food
3) Support/Knowing that someone cares
4) Medications
5) Cost
6) Empowerment by way of knowledge- Knowledge is power, if they don't have it they won't know what to do. They can become empowered to take care of themselves.
7) Safety- If individuals or families are not physically or emotionally safe they aren't able to think about anything else.
8) Being proactive
9) Healthy food/ease of access
10) Someone to listen to/Compassion- if I need a service and I go and someone is a jerk I'm not going to go there anymore, then I will suffer from not having access to that (acceptability)
11) Health care advocate to guide patient through systems and resources- just to know somebody is there for them. Knowing the ropes, and walk alongside.
12) Affordable care
13) Adequate connection to community
14) Reduction in social isolation- we're just learning more about the impact of social isolation. Many of our seniors are cut off from community, no one is checking on them, they're lonely, and it has a huge impact.
15) Location
16) Accessibility
17) Affordability
18) Computer based referral network
19) Communication- With High Point being sprawling, people may know there are things out there, but don't know how to access it. Raising education, and keeping people informed, that there are people willing to walk alongside them. (alignment of resources)
20) Finances for medications and copays
21) Affordable housing for homeless/mentally ill

22) Trust- you can have all of the resources available in the world, but if people don't have trust then the resources will never get to the people that need them. Letting them know that you do care and have their best interests at heart.

Out of the abovementioned list of factors, participants were then asked to vote on the top factors they felt are most important to the health and well-being of those who need better access to care. The following list is the top factors voted upon:

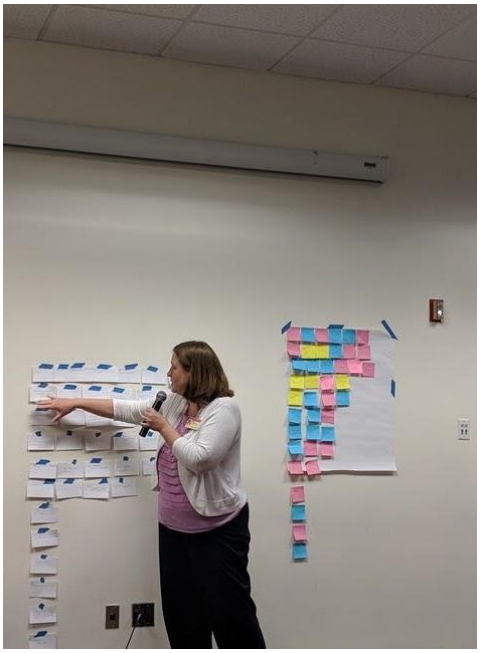
1) Trust- 6
2) Cost-6
3) Knowledge of resources and communication-6
4) Access-4
5) Transportation-4
6) Access to nutritional food-3
7) Someone to listen/Compassion-3
8) Support/Education-3
9) Advocates/Navigators-2
10) Living wage-1
11) Safety-1
12) App/Computer based referrals-1
13) Affordable housing-1



Question	Results
"What do you believe to be the most important factors regarding the health and well-being of those seeking behavioral health services?"	1. Transportation
	2. Accessibility

After the second chart was created, the group was asked to "identify what the two most important things which their organization could provide to the community." The following list are the resources which the group felt that their organizations could provide to improve access to care:

1) Education and Information-7
2) Partnerships and connecting-6
3) Community Resources- 6
4) Care Coordination and Navigating-5
5) Finding Financial Assistance- 5
6) Trust/Compassion- 4
7) Safe Environment for Sharing Issues-1
8) Allowing individuals to stay in home/homecare-1
9) Rehab access/easy-1
10) Make primary and behavioral health care available in a culturally sensitive, caring, cost efficient environment
11) Acute Care-1



Further discussion of the differences between personal values around access to health care, and resources offered by agencies noted a discrepancy in that trust was much lower on the provider list than on the agencies' values list.

5. COLLABORATION CONTRIBUTION GRID

a. OBJECTIVE

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

b. METHOD

Collaboration contribution grid forms were distributed to representatives of the organizations present at the workshop. Participants had the opportunity to complete their forms individually. After their forms were completed, they were submitted at the end of the workshop.

Tables 2-20 depict the various organizations present, the organizations in which they have existing partnerships, and organizations in which they would like potential partnerships. Participants also listed contributions they could potentially make to their partnership organizations and contributions their partnership organizations could make to them.

Tables 2-20

Caring Services Inc				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Community Clinic of High Point	✓		Education on SBIRT integrated healthcare	Medical assistance for our clients.
High Point ED		✓	Train staff on CIT for SA clients	Streamlined medical detox clearance services
High Point University		✓	Narcan training Research Opps Internships	Interns Volunteers Education
Meals on Wheels	✓		Volunteers	Volunteer opportunities

CHESS				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Greater High Point Food Alliance		✓	Information about payer(insurance) based food resources	Information about food resources APP
Wake Forest Baptist HP Medical Center- ER	✓ limited	✓	Help identify resources for treatment for CHESS/Cornerstone patients to reduce ER use	Form relationship to help identify patients at times of care and collaborate regarding treatment plan.
Senior Resources of Guilford		✓		Food resources possible medical equipment resources

Community Clinic of High Point				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Social Justice		✓	Primary health care referral	Identification of potential services to our patients.

Family Services of the Piedmont				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Community Clinic of High Point		✓	Share Intern or staff time with MED assist APPS or clinic work/social workers	ability to refer-information on how clinic operates
Greater High Point Food Alliance		✓	Information Expertise sharing	Resource Availability
Health Department	✓		Information and resource sharing	Continue assist with providing med assist with clients
Mt Zion-local churches		✓	volunteer hours health fairs collaboration	volunteer assist with children adults adolescent spiritual emotional needs
United Way	✓		Workshops for staff	continuous resource support community needs networking

First Emmanuel Baptist Church				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Mt Zion	✓			
Greater High Point Food Alliance	✓			

Greater High Point Food Alliance				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
High Point University	✓		More connections with students	More connections with students
WFBH	✓		Collaboration to work on connecting community members to various resources	
variety of clinics	✓ (some)	✓ (others)	connections to HPU/other large orgs to provide volunteers	more info about needs of HP populations
variety of churches	✓		Listing in the resource guide/on the app	knowledge about congregation's history & needs
Senior Resources of Guilford	✓		working together on projects	
Community Clinic of High Point	✓		provide resource guides/work on projects focused on specific issues	
Family Resources of Piedmont		✓	provide them connections for client resources	
WFB High Point Medical Center	✓	expand partnership	APP, community resource guides, connections, community knowledge	sponsorship of events, further community engagement
Family Justice Center		✓	provide patron resource connections	

Guilford Community Care Network				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Greater High Point Food Alliance		✓	resource for client they work with	additional resource for our patients
YWCA		✓	resource for clients	additional resource for our patients

Guilford County Family Justice Center				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
YWCA	✓		community education; referrals for services for clients	Supplies for families in need, support for undocumented clients as community resource with this expertise
Well Spring	✓		Friends Against Fraud; communication, education; client services around abuse/neglect	Referrals for caregivers of elderly clients & families; community education
Family Service of the Piedmont	✓		Referrals for service, shared space(co-located), coordination of care among on site partners	partnership in advocacy services for DV/SA. forensic interviews on site for children and families
Caring Services		✓	Services for clients experiencing DV/SA, child abuse, elder abuse; community ed	community education; referrals for clients having substance use or abuse

HPMC Quality				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
FaithHealth	✓		Referrals for needs	Referrals completed needs met
CHESS	✓		information/data sharing	ensuring all our eligible patients get CHESS support
Greater High Point Food Alliance		✓	Referrals to food resources for our patients	Food needs met-healthier patients
High Point University	✓	✓	Opportunity for HPU students to volunteer at HPMC	HPU student volunteers meeting needs of patients in the community

HPMC* (Spiritual Care) & FaithHealth**				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Greater High Point Food Alliance	✓*		Advance Care Planning, Wellness Education	Community Resource Guide and App
YWCA		✓ *	Advance Care Planning Forms of SD	Staff Support
Family Justice Center		✓ *	Advance Care Planning Staff Support	Referral Support
Community Clinic of High Point	✓**	✓ *	Advance Care Planning, Staff Support*, Referral Support; Donation of $**	
Guilford County Community Network	✓ *		Communication-connecting resources	Referral Support
Faith Communities	✓ *	✓ *	Advance Care Planning, Wellness Education, Directed Assistance Volunteers examples: standing weight scales, transportation	
Guilford County Health Department		✓**	Connect them to persons in need in the community	What are their resources? How are they accessed?
Area churches	✓** with some	✓**	Make them aware of how they can live out their calling, Database of DME available	Help for congregants and community members in need

HPMC* (Spiritual Care) & FaithHealth** (cont.)				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Guilford County School System		✓**	Education and support for our children to learn healthy steps to take	Opportunity to reach our children
HPU Americorp		✓**		Computerize asset map
HPMC and/or ED	✓**		Education packet for discharged pts. re: assets available	

Senior Resources of Guilford				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Greater High Point Food Alliance	✓		Share information @ senior hunger	Assistance connecting seniors to resources
YWCA	✓		Refer our clients to their services	Provide educational programming for clients and staff- arrange programming around training kitchen
Wellspring Solutions	✓		Collaborations on programming for family caregivers	
Community Care Network (GCCN)	✓		Share information about services that address social determinants of health for seniors	Networking opportunities
Two Baptist Churches in the Room		✓	Share info and access to services for senior members	Invite members to volunteer with agency

Wellspring Solutions				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Greater High Point Food Alliance		✓	Partner on education/workshops about access to resources	
Mount Zion Baptist Church of High Point		✓	Caregiver education, workshops	
Family Justice Center	✓		Promotion to our families about their work and education offerings	expertise on scams/fraud for seniors
Senior Resources of Guilford	✓		Knowledge connections to professionals connections to families	knowledge space for event
YWCA/YMCA		✓	education offerings to seniors/family caregivers	1)space 2)promotion to YMCA members about our offerings to seniors

WFBH-HPMC ED				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
CHESS		✓	Connect patients with their resources	provide education/resources to patients
Breast & Cervical Cancer Center		✓	funnel patients	provide access to care to those who otherwise may not receive
Community Clinic of High Point				
Open Door Ministries	✓		provide volunteers	volunteering in the community-providing access to care outside of ED-and/or care to those who may not receive otherwise
Piedmont Health Services & Sickle Cell Agency		✓	connect patients with to organization	support our patients needs

YWCA				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Greater High Point Food Alliance	✓		participants for programs or workshops	program supplies
High Point University	✓		Bonner Host org.	Students to assist in our work
High Point Community Foundation		✓		Funds/Grants to provide free/low cost programs

YWCA High Point				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Greater High Point Food Alliance	✓		Partner with them for their food youth summit and other events	
High Point University	✓		Host Bonners Partner with Service Learning speakers	
Mt. Zion		✓	Partner and refer students to the CWC	
City of High Point	✓		-VITA site -Relationships with HPPD/HPID -Part of advisory committees	
Community Clinic of High Point		✓	Would like to establish 1 on 1 relationship to refer more people	

YWCA-HP (Teen Mom)				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Family Services of the Piedmont	✓		Referrals	Referrals guest speakers
Health Department	✓		Referrals	Referrals guest speakers
Social Services		✓		Referrals
Health Care Facilities		✓	Referrals	Referrals guest speakers

6. EXEMPLARY ORGANIZATIONS

Participants were asked to identify which organizations they felt were exemplary in their community, and why. The agencies identified were, Open Door Ministry. the Greater High Point Food Alliance, the Community Clinic, the Breast and Cervical Cancer Center, Wake Forest Baptist High Point, Wake Forest Baptist Health, YWCA and all of the agencies represented during this exercise. The new clinic at Open Door Ministry was named for seeing patients without any health coverage, and treating them in a respectful and welcoming manner. The Greater High Point Food Alliance was cited for their focus on food insecurity, their networking and organizational skill, and their compassion. The Community Clinic was named because of their organization, and the trust they build. The Breast and Cervical Cancer Center's Wednesday clinic was cited for seeing 18-20 un/underinsured clients and for helping qualified patients with their Medicaid application. Wake Forest Baptist was listed for providing quality health care, engaging in the community, and demonstrating compassions. The YWCA was lifted up as a social justice organization which tackles uncomfortable and difficult social issues for the community.

7. LOCAL ACTION

a. OBJECTIVE

The final exercise helped to identify next steps for collaborative partnering, understand the next steps in the community and share the date of the follow-up meeting. This was led by High Point native, Charolette Leach.

b. METHOD

At the end of the workshop, the facilitators asked all participants, "What do you think should be done to take this process further?" Many participants responded about what they would like to see re: care for vulnerable populations as an outcome of the workshop, and what they would like for providers of the community to pursue collectively.

c. DISCUSSION

Next Action Steps:

- Larger space for the community clinic.
- With Wake Forest being such a big presence, maybe they could lead the way in having more community fairs, for people to connect to resources.
- Engage community members in food deserts/neighborhoods to see what they say they need.
- Create a platform for more time with more of the churches, particularly in areas that need support.
- The Wake Forest name could be leveraged to bring credibility and support to get this done.
- Provide churches opportunity to step up.
- Provide more opportunities to educate the community around issues of substance abuse, especially the opioid epidemic.

SECTION C

SEEKER LEVEL REPORTING

SEEKER DATA

In follow up interviews after the Provider workshop, twenty-five (25) Seeker respondents offered their input to trusted liaisons from the community, representing the Greater High Point Food Alliance (food insecure persons), Senior Resources of Guilford (elderly persons), the YWCA (Latino persons) and Open Door Ministries (homeless persons and others). Interviews were conducted from May 3rd until June 5, 2019, and either oral or signed consent was obtained from participants. No Personal Health Information was gathered. The basic demographic information concerning these Seekers is presented below in aggregate. Seeker information was captured on site from representatives of the organizations noted above. Respondents consisted of 10 Hispanic/Latinos, 8 Caucasians, 5 African Americans, 2 Native Americans, with 13 females and 12 males. Only 15 respondents reported their age, with a mean age of 49.7 years, ranging from 24 to 74 years.

General themes of responses are noted below, broken into these general categories: Needs, Gaps in Service, Exemplary Programs, and Advice from Seekers (which is advice directed to authorities, policy makers, law makers, criminal justice staff, legislators and others who allocate resources). The Seekers' responses are compiled collectively, below. These responses are reported in the vernacular of the respondents, with only minimal editing.

NEEDS

General themes included:

> **Dental care, cost assistance (decrease costs, medications, equipment, co-pays), more direct access to healthcare providers, health education, need for transportation, access to long-term care services, mental health services, food insecurity and compassionate care.**

Dental care (x8)
Education (x2)
Education on how to be healthy
Knowledge of education on healthy living
Knowledge of available programs
Prescription and co-pay visit cost coverage
Cover cost of mental health medication
Payment, costs (x2)
Access to affordable medical equipment and equipment repair
Access to long term care services (i.e., in home care to cut costs for those with limited income)
Mental Health Services, such as therapy and counseling
Lack of access to care (x2)
Transportation (x2)
Transportation to medical appointments, particularly for people who do not live in the city
Hunger
Compassionate Service
Care of sick people
Need to be able to see a doctor without insurance
Need more attention from providers if needed
Addiction services: getting in the hospital to see doctor and obtain medications
Maintaining health is very important to people so they can do things they need to do on a daily basis.
One big hospital
Gynecological care
Don't know (x2)

GAPS IN SERVICE

General themes include:

> **Costs/financial assistance, access to resources, more accommodating schedules, need for transportation, and gaps in services, particularly qualifying for services or obtaining SSI or other benefits.**

Money, costs (x9)
Funds to pay for care
Access to resources, especially medical insurance (x4)
Hard to access resources that are out there. Even if you find a pantry, how do you get there and then how do you transport the food home?
Schedules aren't adequate; add weekend hours (x3)
Not enough facilities or workers in programs
Bus stops
Transportation
Food insecurity
Support Systems
Medicare will pay for some medical equipment, but powered equipment, like wheelchairs/scooters often need battery replacement and repair

Mental Health Services
Income qualifications for assistance need to be changed so more people can qualify for help
Medicaid does not cover all who have needs. Programs like CHRP are not in service anymore or have long waiting lists.
Long-term care insurance is unaffordable for most seniors
Shorten time to be accepted for SSI Disability
Check medical history on each person
Help people who might not be able to afford the proper medicines they need to be healthy
Haven't had to use services here yet, unknown (x3)

EXEMPLARY ORGANIZATIONS

Community Clinic in High Point was rated highest by Seekers, followed by Open Door Ministries, Senior Resources of Guilford, The United Way and Triad Health Project and the annual Dental Fair as top exemplary agencies. Also mentioned were, Daymark, E Visions of Life, Family Services, Greater High Point Food Alliance, Helping Hands, Lexington Homeless Shelter, Life on Lexington, NC Works, PACE of the Triad, Salvation Army and SHIIP.

The Community Clinic (x4)
Good Care
Friendly, welcoming
Helpful with good prices and for referring me to the doctor I needed
Open Door Ministries (x3)
Helped with a variety of needs. Came for a bed, but also got food, clothing and counseling.
Provides resources
Helped in more ways than one! They provided shelter and food and even helped find housing.
Senior Resources of Guilford (x2)
Their equipment duration programs are great. Gave wheelchair to replace older one whose wheels were worn down so that the client was covering them with duct tape.
Senior Wheels and Rural Outreach programs have volunteers that are always friendly and wait for you during appointments.
The United Way (x2)
Works a lot with children and funds other programs
Provides resources
Triad Health Project or THP (x2)
Provides HIV testing, free resources, advocacy
Provides education and are not prejudiced
Annual Dental Fair (x2)
Free and comes every year
Daymark
Provided medication and follow up care
E-Visions of Life
Provided mental health care in Greensboro and Sandhills
Family Services
Helped with getting to Daymark
Greater High Point Food Alliance
Provides resources for people in the community to build sustainability
Helping Hands
Provides resources
Lexington Homeless Shelter
Great help
Life on Lexington
Are not prejudiced

NC Works
Excellent. Provided scholarship.
PACE of the Triad
Provided services that would not be available with Medicaid alone.
Salvation Army
Provides resources
SHIIP (Seniors' Health Insurance Information Program)
Helped with funding programs, but many don't qualify for the help they need. Then they have to find a prescription drug plan with better coverage.

The following grid shows a comparison of Exemplary organizations named by both Providers and Seekers.

Providers	Seekers
Open Door Ministries	**Community Clinic of High Point**
Greater High Point Food Alliance	**Open Door Ministries**
Community Clinic of High Point	**Greater High Point Food Alliance**
Breast and Cervical Cancer Center	**Senior Resources of Guilford**
YWCA	**Triad Health Project**
Wake Forest Baptist Health	**The United Way**
	Dental Fair (annual)
	Family Services
	Daymark
	Community Clinic of High Point
	E Visions of Life
	Helping Hands
	Lexington Homeless Shelter
	Life on Lexington
	NC Works
	PACE of the Triad
	Salvation Army
	SHIIP

ADVICE TO AUTHORITIES
General themes included: Dental care, decreased costs and increased accessibility, request for increase in Medicaid/Gap coverage for services and equipment, a desire for less stigma around poverty and mental health, and more robust screening and outreach.

Provide more dental care clinics for people with low income

Remove the stigma for seeking care. It is shameful that even care workers believe negative things about those they serve. This makes it harder to get services. Why seek someone who thinks lesser of you due to your color, gender, etc.?

Need more options to reach more people and more clinics/healthcare offices (x2)

Need more community outreach to prevent preventable issues

Healthcare is a right, not a privilege. Advocate for a universal system that is safe and affordable. Providers should not be paid based on number of patients seen or tests performed, but on providing quality health outcomes. Our systems need to be rebuilt. No more “band-aid” solutions should be used to address systemic issues.

Address the issues going on at the city/county/state/federal levels that affect the poor. Realize that you can’t just “get out of poverty.” Awareness is key.

Provide more funding and support of community based programs that fill in the gaps of federal and state programs. Also, provide more resources for people in rural areas.

Allow insurance to cover repairs to equipment or replacement of batteries so that disabled adults can rely on the equipment they have, instead of replacing it.

Do evaluation and identify need and direct people to resources to address those specific needs.

Understand mental health issues and provide more mental health care in the city.

Need much better mental health system. Check on patients more regularly, etc.

Expand Medicaid. Invest in programs that provide assistance to seniors, so they can remain in their homes affordably.

Be able to apply for financial assistance from each hospital in order to be assisted

Quit making it so hard to get healthcare.

More transportation and more cleanliness

Housing

Provide more flexible payments systems and lower costs for care (x2)

Affordable price for insurance. They offered me medical insurance at my job, but I didn’t want to fill out the application, because I needed to collect my full salary vs. pay for insurance.

Lower costs, make the consultations more efficient and add translators. Have talks with the community.

Make health agencies offer discounts for services

Adapt to send persons in need to another place who can serve them if a given agency can’t meet their immediate need.

If I was somebody, I would help those people with needs. Provide help for medical costs and help so everything could be more accessible. (x2)

None known

SECTION D

Follow Up Meeting Notes: June 13, 2019
Millis Regional Health Education Center, 5:30- 7:00 p.m.

Thirteen people attended the meeting (9 Female, 4 Male; 10 Caucasian, 3 African American). Four had not been present at the original Provider Mapping workshop on May 2, 2019.

After presentation of the highlights of the workshop and interview findings, the participants were asked to respond to the following questions. Responses and comments are below.

Based on the findings you heard today:
What stands out most strongly for you?

- *Give churches the opportunity to step up. They have the opportunity every day of the week. People are frustrated. Where is the church in living up to Jeremiah 29?*
- *People do not want to be judged. Issue of poverty and stigma: people can not get themselves out of poverty.*
- *Low expectations from the community; they can ask for so much more. How do we ask people for what they need?*
- *The hospital administration must be engaged.*
- *There is no simple solution.*
- *Breast and cervical cancer program funded by Medicaid is great. Get more similar programs that are community based.*
- *Must have committed resources from stakeholders to make these type of programs work. FaithHealth must prove that its work is valid.*
- *Funding is a struggle. Makes it hard to build a case.*
- *Seekers are astute.*
- *Stigma around persons with sickle cell disease. People are thought to just want drugs. Discrimination against those with sickle cell because it is primarily an African American disease. Hope access to care for this population will improve under Wake Forest. Identifying health resources has always been difficult.*

What similarities/differences and potential alignments do you see between Providers and Seekers?

- *Seekers have a grasp of what is going on, but most people are not aware of this.*
- *What was said by providers and seekers had some overlap.*

What might be additional next steps?

- *Hospital now seems more community based. Training program for diversity and inclusion is now being offered. Programs are leaning toward compassionate care.*

- *A lot of history in High Point must be overcome. Trust has been lost in the community. Historical trauma exists, in that the hospital did not see pediatric patients for a time. This report is read by senior management, who need to hear this historical trauma to understand community distrust in the health system.*

- *Churches need to step up. Pastors need to have a clear understanding of what we want from them. Ask them to push our message. Must get a message out to help with buy-in.*

- *Partner with Michelle and the neighborhood associations. Get information from the community. Their group has 11 associations, and 9 are in low income areas. Homes are sub-standard. City wants to build in certain neighborhoods but they get turned down.*

- *People without insurance need regular health fairs and follow up care. People who are in poverty are trying to survive and are not concerned about health.*

How would YOU be willing to help all of our county and stakeholders move forward on the ideas we talked about today?

- *Keep convening. Can contact local government officials regularly. One issue is earned income tax credit – United Way advocating for in DC.*
- *Educate ourselves. Be more aware of issues.*
- *Meetings once a month with the 11 neighborhoods. Can speak and share what resources are available.*

ACKNOWLEDGEMENTS

We wish to thank the Wake Forest Baptist Medical Center for the funds that helped support staff and underwrite the mapping activities, as well as Wake Forest Baptist High Point staff Charolette Leach, Joseph Neal and Brooks Johnson for recruiting participants and helping with logistics and space for the meetings. Huge thanks are also due to Helen Barker, Renee Griffin, Maria Mayorga, Barry Schultheiss and Carl Vierling for site interview management. Robin Danner and Maria Parries aided in editing the report.

CONTACT

For further information or comments on this report, please contact Teresa Cutts at tcutts@wakehealth.edu or phone: 901.643.8104.