

# Faith & Health

Summer 2021



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## Discontinuity

Jonas Salk knew a few things about virus pandemics. As a young man of only 37 years, he led the urgent and complex process that resulted in the Salk polio vaccine. In a manner unimaginable today, he, with Basil O'Connor, mobilized tens of thousands of faith, business and community organizations to test and then broadly administer the polio vaccine. It took decades longer and another visionary team of William Foege, Jimmy Carter, Rotary International clubs and others to effectively eliminate the crippling scourge from human experience (there were only 135 cases worldwide last year).



Rev. Gary R. Gunderson

It's not surprising that Salk saw human possibilities where others saw only troubling actualities. He came to understand that progress moves through eras that seem to last forever and never go back. To go forward means crossing a point over a discontinuity into a whole new era of threats, but more importantly possibilities. Faith—which is all about the future—helps, as does some science and a functional democracy.

Anyone reading this is passing through one of these radical discontinuities. The norms and fences we thought secure only two years ago are now hard to remember. And the other side of the discontinuity—the one we are living into—is unclear. In such a passage, we must look forward and focus on how we might find life in a strange land. The Bible is full of stories about people doing just this—finding that the durable faith and values carry us, even as we have to discover all sorts of things about the new place we live. Some science helps (God bless the virologists!).

Neither faith nor science can find footing in our new place without learning how to talk with each other about what matters most. It is possible—actually, quite possible—that the human family will fall into the abyss of social chaos, failing to protect each other as the planet melts and other viral plagues have their way with our children. If that happens, we can't blame God or the scientists. We, the grown-ups, will have failed at our most basic task—to talk to other grown-ups. As Jimmy Carter counselled in the very first issue of the magazine that birthed the FaithHealth movement back in 1994, "We make the choices that lead to life." That doesn't mean eight billion separate choices serving me and mine. It means talking with each other and finding the way for what the Bible calls "the people" to move toward life.

A handwritten signature in dark ink, which appears to read "Gary Gunderson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Gary Gunderson, MDiv, DMin, DDiv  
Vice President, FaithHealth



# FaithHealth

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## NOTE:

*Some photos were shot prior to the COVID-19 pandemic. Since that time, all patients, faculty and staff are required to wear masks at Wake Forest Baptist Health facilities.*



FaithHealth magazine is published by the  
Division of FaithHealth, Wake Forest Baptist Health.



FAITH COMMUNITY NURSE

# LAURA TOLBERT

EXACTLY WHERE SHE IS SUPPOSED TO BE

By Melanie Raskin

Laura Tolbert, MSN, RN, loves **FROGs**, those **F**ully-**R**ely-**O**n-**G**od moments that flip the switch and spark creativity, synergize people, galvanize change and ultimately transform lives – for good.



That's how she sees her journey as a faith community nurse, a specialized practice of volunteer and paid licensed, registered nurses in faith communities and organizations that combines spiritual care with health care to prevent or minimize illness for overall well-being. In the health care field since 1988, she served in cardiac nursing, attained her master's in nursing administration, worked in case management and transitioned into school nursing and public health.

After volunteering at her church's free Latino clinic, she took the next step and moved into faith community nursing. Since 2013, Tolbert has been firmly poised at the intersection of need and hope for the guests at Opportunity House in Cabarrus County. The nonprofit provides resources to meet the physical, mental, spiritual and emotional needs of the homeless and disadvantaged, with the added goal of addressing the root causes of homelessness. It's a day shelter providing meals, showers, clothing, computer lab, spiritual enrichment, tents and backpacks for the chronically homeless. And it's busy.

On one average day, Tolbert followed up on a patient, set therapy and primary care appointments, arranged substance use and trauma group meetings, helped a relapsed guest get back on track with his sobriety, handled a medication issue, counseled a patient about blood sugars, called the Social Security office for a guest, persuaded the pharmacy to deliver prescriptions, straightened out a referral problem, found a computer lab resource for a woman working on

her resume, and prayed with someone panicked and overwhelmed by poverty to receive peace, guidance and to feel God's presence and comfort.

It's a big job, and Tolbert loves every minute of it.

"The best part is that I know 100% there is no other place on earth I'm supposed to be than right here," she says. "I like getting people to see themselves as more than what they are right now, more than their mistakes, and reminding them that they are loved despite anything they've done. We can pray and talk about where their hope is coming from and, together, grab hold of that hope."

Her vision of a healing of all things for the people in her care—both medical and spiritual—perfectly sums up faith community nursing.

### Faith Community Nursing: Whole Person Care

Faith community nursing was created in the 1980s by Granger Westberg, a pioneering Lutheran clergyman who moved from the church pulpit into hospital chaplaincy and education to promote the integration of religion and medicine, with the end goal of what he called "whole person care." To Westberg, nurses were crucial to this revolutionary approach to healing. With skills and services as varied as the needs of their communities, 17,000 faith community nurses around the world today advise and educate on health, make at-home and in-hospital visits to

patients, refer people to community resources and health services, develop support groups, coordinate and train volunteer teams, and provide health screenings.

Atrium Health, which recently joined forces with Wake Forest Baptist Health, has had a vibrant faith community nursing program since 1997. Atrium's mission of health, hope and healing for all dovetails perfectly with the work of FaithHealthNC, according to Pam Spach Hurley, MOL, BSN, RN, director of Faith Community Health Ministry in Charlotte. She's especially excited about the impact of the union with FaithHealthNC and the powerful CareNet system, a network that has provided high-quality outpatient counseling services via regional centers across North Carolina since 1972 as the largest hospital-based program of its kind in the nation.

"The exciting thing about health ministries is that they meet people where they are," she says. "The health care industry spends a lot of time providing in-patient acute clinical care for people, and yet it impacts just 20% of their overall health. Most health impacts are outside the doctor's office or hospital: it's 10% environment, 30% behaviors and 40% socioeconomic factors. Faith community nursing can affect those community impacts—both the medical needs of cancer; stroke; heart, kidney and lung disease; suicide; diabetes; Alzheimer's and accidents; as well as contributing behaviors and the root spiritual, relational and socioeconomic needs."





Hurley points out that faith community nurses are highly experienced, long-term behavior change specialists who support, encourage and guide patients. Often with more than 20 years of experience in the field and working hand-in-hand with churches, shelters, group homes, faith organizations and agencies, they build trust and relationships that can impact generations: parents, children and grandchildren.

"Faith community nurses are trained to help people be the best possible steward of themselves," she explains. "When patients are in and out of the hospital setting and moving back into the real world, these nurses are right there, doing life with them."

Hurley feels this nursing specialty is in the right place at the right time as health care moves from volume-based outcomes and care to value-based outcomes and care. "Faith community nursing has always been in that value space, so now is our time. These nurses impact health care by helping those patients who repeatedly visit the hospital ER or doctor by taking care of things when and where it really matters—in the community."

Tolbert agrees: Professionals like her are vital to communities, especially now.

"It's our specialized job to look beyond what's on the outside and dig deeper," she points out. "Assessment, evaluation, planning and education are critical. If I can prevent one stroke, I've saved the health care system three times my annual salary. Prevention is much cheaper than care and cure. If there was a faith community nurse in every church for just a few hours a week, imagine where we'd be in terms of overall health and well-being. That's a lot of prevention."

### Called to Do – and Be – More

But impacting health care is bigger than just taking blood pressures and making referrals. For Tolbert, it's moving Opportunity House's mission to address the root causes of homelessness from words on a piece of paper to real-world practice.

"While it's great to try to help people control their blood pressure, I learned that when you're having to eat food from a shelter or out of a can in a tent, there's just no way to control those measures," she says. "We have to

figure out how to move people into stability, but you can't do that until you understand the causes of homelessness. Providing food, clothing and showers is important, but it doesn't move anyone into housing. There are bigger barriers to overcome, including substance abuse, mental illness, learning disabilities and generational poverty—worrying about your next meal or how to make this month's rent."

To Tolbert, faith community nursing at its best is creative, committed, collaborative ... and unstoppable. Since 2014, she has worked to align with like-minded partners who share Opportunity House's quest to move homeless people who have lived through years of neglect, abuse, poverty, and physical and mental health challenges into stability. The miracle is, it all came together in the last year, during COVID-19. But then again, maybe it's not that miraculous. The pandemic has shined a bright and sobering light on the depth and breadth of need in communities. It is the cliff that a lot of organizations have plunged over, straight into thin air, which means it's also a time that has called a lot of organizations to soar.

Partnerships with the Cabarrus County Mental Health Advisory Board, AYA House, Cooperative Christian Ministries, Habitat for Humanity, Veterans Administration programs, multiple mental health and substance use providers, primary care providers and banks resulted in needs assessments, analyses ... and inspiration. CARES Act and other funding turned inspiration into reality, paying for salaries, housing and medical needs. Opportunity House discovered it wasn't enough to connect guests to the resources they needed: an ID, a free clinic for primary care and substance use treatment support. Resources are nothing if a person doesn't have a stable place to go; all gains would be lost.

So, the reentry and transitional housing program for people completing substance use treatment or incarceration was born: the Cabarrus County Community Housing Program. Opportunity House provides the programming and AYA House, a nonprofit transitional housing program in Cabarrus County, provides the beds. Opportunity House, with its many programs, was the logical place to start, because it was just three blocks from the detention center. Inmates work with a peer support specialist their last three months of incarceration before moving to AYA House. The team also developed wrap-around services for the men as well as for chronically homeless people who wanted to move into stability. Currently, Opportunity House has placed seven of the eight men in AYA House—three came through the new housing program. Still more are participating in the program in other ways.

## Faith: What FROG is All About

To Tolbert, the faith community nurse, fully relying on God means trusting that she'll be placed in the right and perfect place at the right and perfect time to do her right and perfect work. She has found her place, her time and her calling with Opportunity House. But it's much bigger than just nursing and health care.

To Tolbert, faith community nursing is about improving lives by changing paradigms, retooling systems, establishing partnerships, connecting people, creating programs, and praying and persevering. And praying and persevering some more. It is having faith in a vision of true wholeness—and letting those FROG moments guide the work.

"We had no budget for this new housing program, no funding, and still, we've been able to piece it together," she concludes. "This whole thing is totally God's work. I wouldn't change a thing with COVID because it got us on the map. And we're not going to get off that map. It's been truly an act of faith, and I'm so thankful."




The Cabarrus County Community Housing Program is a collaborative partnership initiative to reduce homelessness and end cyclical homelessness in Cabarrus County by combining both public and private community resources. This community-wide program is supported by several agencies throughout the county to address the root causes of homelessness and provide the support needed to sustain housing.

Participants in the program have received assessments, referrals, and individual plans, which aid in helping them to enroll and complete the Rowan-Cabarrus Community College Housing Preparedness Certification. A Peer Support Specialist is provided throughout the entire program and will extend beyond completion to ensure the success of each participant.

Participants become ready for housing after they have:

- » Successfully completed the RCCC Apartment Preparedness Certification
- » Lived successfully in transitional housing for 6 months—1 year (6-month minimum)
- » Received Career Advancement Education & Certification – allowing clients to move from a job to a career
- » Been employed for a minimum of 3 months
- » Completed Budgeting and Finance courses
- » Confirmed monthly income
- » Established a checking/debit account
- » Stable Medical & Behavioral Health – clean & sober

**OppHouse.net**

A portrait of Dr. Amber Brooks, a Black woman with short, curly reddish-brown hair, smiling warmly. She is wearing a bright blue short-sleeved dress with a large bow at the waist and a pearl necklace. Her hands are clasped in front of her. The background is a soft-focus green outdoor setting.

A Conversation with

# Dr. Amber Brooks

Amber Brooks, MD, is associate professor of anesthesiology at Wake Forest School of Medicine. She's also a researcher, a mentor and a justice seeker. FaithHealth's Gary Gunderson and Teresa Cutts caught up with Brooks after running into her at a vaccination event at United Metropolitan Missionary Baptist Church in Winston-Salem.

*First, what was the journey that brought you to where you are today?*

**Brooks:** My journey to becoming a physician is truly a God-given calling. Except for a cousin who was a dentist, no one in my extended family was in the medical field. Around the age of 12, I came home one day and told my parents that I wanted to be a physician. And they said that takes a lot of hard work, but they encouraged and supported me to pursue this calling. I grew up in a strong faith-based home. My dad, who was involved in politics and law for a good chunk of his life, decided to pursue his calling of becoming a pastor and in his 50s, went to seminary and ended up joining the Methodist denomination. He played a strong role in the development of my faith. I lived in the church, we went to church, my dad was a deacon in the church when I was younger, so church was like our second home.

As much as I love anesthesiology, in the middle of my training I realized that pain medicine, a subspecialty of anesthesia, allowed me to have continuity of care and

connection with patients. It lets me serve with all the tools my faith has supplied me, to be able to deliver care to what can be a difficult, challenging, vulnerable patient population. So, I think about being compassionate, about giving people grace, about meeting patients where they are. All of the core tenants of our faith are easily applied to this specific patient population who, at times, come to me in desperate, dire need of managing their pain. Often, pain is intricately connected to psychosocial issues like substance abuse or psychiatric illness. Your faith has ample opportunities to shine through when you're taking care of people who are in chronic pain.

*The other day we saw you doing a vaccine clinic at your church in Winston-Salem where hundreds were getting vaccinated. Can you talk about that?*

**Brooks:** The other part of my mission work is trying to address disparities and to care for vulnerable populations, whether that be racial and ethnic minorities or older adults.



As you know, when vaccines first started to become available there was a fair amount of hesitancy amongst everyone but particularly amongst communities of color. Those concerns are multifaceted and relate to trust within the health community, especially here in our community. I wanted to make sure I was leading by example and making myself available for communities of color within as well as outside the walls of a hospital. I'm spreading facts, doing a lot of listening and making sure I fully address people's concerns. So that's how you saw me in the basement of my church, assisting with that vaccine clinic. The day before, I was at Winston-Salem State, because they have a program with FEMA (the Federal Emergency Management Agency) as well as Wake Forest Baptist to make the vaccine accessible to communities of color.

So, there are two parts. There's the hesitancy part that, given the massive educational campaign around the vaccine, I feel has decreased amongst all populations. The other key part is making sure that communities of color and older adults are able to get the vaccine.

*At both the church and at Winston-Salem State, we were thrilled to see the number of our clinicians and providers. The spirit in those rooms was extraordinary; it seemed generous with a lot of gratitude, especially among the providers for having the opportunity to be where they otherwise would not have been.*

**Brooks:** If we can step into communities we otherwise would not step foot into for COVID-19, what else could we do to bring services? I think the presence of Wake Forest Baptist in the community helps address long-standing trust issues that date back to times of segregation and discrimination.

*Now you're helping guide the institution to find its way in the community. What can we hope for?*

**Brooks:** As more people get vaccinated, we have an opportunity to be more present. A restaurant owner in Winston-Salem reminded me that this does not have to be complex. It could simply be having a safe space where people can come to get blood pressure taken, where you offer coffee and an opportunity for people drop in and to gather around health-related issues.

*How do you talk with those who are firm in their desire to not get a vaccine?*

**Brooks:** Having Johnson & Johnson halt their vaccine for safety concerns and then to relaunch just recently did not help our cause with regards to the hesitancy, because people who were already on the edge were like, "Ah, See? This is why I did not get the vaccine." If you look at the numbers, six to seven cases of the thrombotic or clot events out of more than a million is really, really, small. You can have more clotting disorders and risk with birth control pills and smoking.

Continuing to share information is so important, and young people especially are all over social media. I have a hate-love relationship with social media, but I try to leverage it for good, to disseminate information. And because I'm an individual in communities of color, I find that if I post an article, people send me private messages, asking me to explain this or that. I can't tell you how many times over the last few months when I posted information about the vaccine that somebody privately reached out to me.

I have also learned that for some, this is going to be a slow yes. I'm not giving up hope on people yet. You have to keep hitting them with information, with examples of people who have had the vaccine and have done well. It's going to be a slow yes from this point on.

*This is like evangelism, often one-by-one, or group by group. It takes time to build trust across which a critical message can be heard. You can do a Billy Graham mass evangelism event, but most people make profound personal decisions in smaller groups. We're at that stage, that's part of why I love your church basement event. It was 300 people. That was a good day.*

**Brooks:** Absolutely. We're just going to take it, no matter what the number is. If they come in, we're just thankful. One of my church members came in and her spouse was super hesitant. We talked and she said, "Do you think I should call my husband?" I said, "Let me see if we've got some extra vaccine." And he came that day. Otherwise, he probably would not have come. It's those slow yesses that we're going to feel collectively, hopefully by this summer.



# Advocate Aurora Health Goes **Bold** for Sustainability

By Tom Peterson



Advocate Aurora Health recently committed to power its operations with **100% renewable electricity by 2030**. A bold goal, to be sure, but the health system's environmental focus has humbler beginnings.

Mary Larsen, director of environmental affairs and sustainability for Advocate Aurora, tells of one of those moments. She had been working in operations at Chicago-based Advocate Health Care when, in 2004, the hospital's president decided to pursue LEED

Gold certification for a new bed tower. LEED (Leadership in Energy and Environmental Design) is the widely used system for rating green buildings. Larsen was asked to participate in the construction project planning team for this initiative, and they built the first LEED Gold certified hospital building in the American Midwest.

Being a part of the early days of the green building movement, learning the rationale behind it and all the positive benefits was eye-opening for Larsen, she reports. And in an aha moment, she realized the irony of unintended consequences of some operations while promoting health for the community. "We use energy 24/7, we create a lot of waste with many complex waste

streams, and we could inadvertently be doing harm." Connecting that with the physician's motto, first do no harm, says Larsen, "was my catalytic moment."

In 2011, Larsen was asked to lead and operationalize environmental sustainability for the entire Advocate Health Care system. Starting "really from a blank slate," she realized that this meant more than the nitty gritty of greening all aspects of the operations, but that it was also about culture change. "I knew it had to be top-down and bottom-up to shift the mindset and win hearts and minds about the importance of conservation and stewardship of our resources if we were going to see the necessary behavior changes. I needed to make the case to all kinds of stakeholders about why this is important for the organization and its mission and then to develop the how."

### The **Power** of \$20 Billion

Advocate was one of the founding health systems of the Healthier Hospitals Initiative, a coalition of leading health systems and the advocacy organizations Practice Greenhealth and Health Care Without Harm. The initiative was created to improve sustainability performance with a focus on safer chemicals, healthier food, leaner energy, green building, less waste, engaged leadership and smarter purchasing. In one effort, the group identified five chemicals of concern to remove from furniture and finishes. Advocate and other health systems around the country began specifying that furniture they purchased be free of these chemicals. With a cumulative spending power of \$20 billion, the

coalition used the free market to make changes that weren't regulated, saying "we don't want these chemicals that are known to be health risks," says Larsen. For example, fluorinated chemicals, also known as PFAS, are "forever" chemicals used in many consumer products that sprang from Teflon to provide nonstick, stain repellent and waterproof surfaces, or flame retardants, which growing evidence shows can affect the endocrine, immune, reproductive and nervous systems and are potentially carcinogenic.

With one voice, the group told furniture and medical product manufacturers they wanted the chemicals out of the products. By the way, the hospitals added, don't charge us more for taking these chemicals out of the supply chain, says Larsen. Starting with a goal of having 25% of the furniture free of the chemicals, they are now close to 95% free of the five original chemicals of concern requested. It was budget neutral. "And as a result," adds Larsen, "people can now buy a couch without PFAS in it for their home because the improved regulations over the past decade have followed suit to make these products safer for consumers."

Early on in this journey, the system joined with Practice Greenhealth and contacted Health Care Without Harm, where they found experts to guide them in an array of challenges. They soon found themselves working with many other groups, such as the Environmental Protection Agency and the American Nurses Association. "With those experts and the cohort of health systems around the country," says Larsen, "we created a green movement in health care."

Today, sustainability in health care is a global movement that addresses energy, water, waste, more ethical purchasing habits and other areas. Many of the roughly 6,000 hospitals in the United States are trying to be more sustainable. One-third of them are members of Practice Greenhealth, says the group that helps the health care sector be more sustainable by providing tools and technical support. Advocate Aurora Health is a founding charter member of the Health Anchor Network. Other groups, such as the American Hospital Association, have their own sustainability programs.

In 2018, Advocate Health Care merged with Aurora Health Care in Wisconsin to become Advocate Aurora Health. Starting out as the sole leader of this initiative in 2011, Larsen also held responsibility for supplier diversity for a couple of years over the past decade and now has two people reporting to her in her role as director of sustainability. "In an organization with 27 hospitals and 75,000 employees, a team of three is pretty small," says Kathie Bender Schwich, chief spiritual officer for Advocate Aurora. "But their work engages volunteer team members from across the system with a passion for this work and helps to build a culture of conservation."

Bender Schwich points to an operating room nurse who volunteers at an animal shelter. "As she was taking the blue wraps off of the surgical packs and throwing them away, she thought, 'Animal shelters can use these for piddle pads for the puppies and things like that.' The nurse collected them all each day and took them to the shelter where she volunteers. Others got wind of this, and now we donate tons of these to the animal shelters."

## Clean Energy

As one of the top 10 health care organizations in the country, Advocate Aurora felt a duty to commit to cleaner sources of energy because of the connection between cleaner air and the health of the patients they serve. Larsen points to the deaths and chronic illness associated with burning dirty energy. "The electric power generation mix in the Midwest remains largely coal and natural gas with a small percentage of renewable energy sources," says Larsen. Nevertheless, and not knowing exactly how to do it, in 2018 they committed to 100% renewable electricity sources by 2030.

"Transitioning to clean energy will reduce carbon dioxide emissions by nearly 400,000 metric tons – equal to removing 84,000 passenger cars from the road each year," Larsen wrote in an article for Health Care Without Harm, "while also reducing pollution particulates contributing to chronic health conditions, such as asthma."

The cost of solar power, for instance, was projected to come down "so we're not throwing money away," says Larsen. "We are making sure that any projects or commitments that we make to get us there will be financially affordable. So, we've got another nine years to go."

Part of this, says Larsen, is the culture, a mind shift to motivate people to shut off unneeded energy sources, avoid wasting medical supplies or use less paper. And these reductions all relate to the bottom line. "We have people in different areas of the organization who are passionate about this," says Bender Schwich. "Different areas of the organization often ask, 'What can we do to reduce

our waste and change processes?' Mary connects so many of the dots within our organization, from purchasing, to supply chain, to building and facilities, to you name it. It all impacts the environment."

Early on, Larsen realized they had to prioritize and measure progress. An environmental sustainability dashboard was created and is distributed twice a year tracking energy and waste reduction, sustainable procurement, team member engagement and so on. Executive leadership and the board get a system-wide report card and update as well.

## Food and Economic Vitality

Food is grown on a few Advocate Aurora campuses. People who work at one hospital manage a community garden and donate surplus vegetables to a local food pantry. Another hospital with ample green space leases land to a local nonprofit organization, Smart Farm, which donates the food grown on the 10-acre parcel to local pantries. They have also partnered with community supported agriculture groups and farm stands.

"We've experimented with a lot of different things around food," says Larsen. "We got behind buying meat not raised with sub-therapeutic use of antibiotics to support our antibiotic stewardship commitment." Unlike the flat costs of getting chemicals out of the furniture, the meat they wanted was more expensive. "It was difficult to meet our budget targets every year and keep increasing the amount of the meat that we bought. But this year our goal is up to 40%. We anticipate moving even more because the market has shifted. There's more of the meat we want to purchase available, so the price is coming down."





Larsen thinks the recently emerging awareness of racism and social justice and the effect COVID-19 has had on people of color is spurring more hospital leaders to ask, “What are we doing about this? How can we be part of the solution?” When considering such social determinants of health, they must also evaluate questions about environmental justice, she says. Questions such as: Why are asthma rates so high in a particular area? Why do people in certain ZIP codes not live as long? What’s happening in their home? What’s the jobless rate there? What economic vitality issues exist there? “That may be another way for the leaders to get involved in environmental sustainability because health care organizations can leverage their purchasing, investment and hiring power to do more good locally as anchors in our communities,” says Larsen.

A good example of this is more mindful purchasing of a ubiquitous product like copy paper. Larsen describes how 10 years ago they may have opted for the nonrecycled, virgin paper from

the nonminority vendor because they offered the greatest savings. Advocate Aurora recently made a conscious decision to purchase over \$3 million of 30% recycled copy paper from a local, minority-owned business enterprise and still benefit from significant cost savings.

“That’s a triple win,” says Larsen. “Ultimately, it becomes an exercise in ethical purchasing if we are going to serve our mission to help people live well by considering how every dollar we spend is not only financially feasible but also lifts up the local economy and minority and women-owned businesses.”

## Helping People Live Well

Like so many health care systems, Advocate was born from people of faith – in this case, the United Church of Christ and the Evangelical Lutheran Church of America. Care for creation was an important cornerstone of that work. Larsen’s group still reports to the mission and spiritual care committee of the Advocate board.

Since the 2018 merger, Advocate Aurora has taken on the purpose of helping people live well. Doing that isn’t just about when they are a patient in one of the hospital beds or physician offices, says Bender Schwich. “It’s helping people live well in the community by not polluting the air, by not polluting the water, by doing everything we can environmentally to help them live well, too.”

And through its voice and example, Advocate Aurora leverages its buying power and moral authority to improve public health any way they can imagine. Larsen knows they are in it for the long game. “Even if they can’t do it for us today, we’ll keep asking the questions of our business partners to urge the changes necessary to amplify the positive benefits of safer products for our patients and caregivers and invite partnerships to support our local economies because it’s the right thing to do. That’s how we see change over time.”

bio  
psycho  
social  
spiritual







# Following a Passion

to Help Those Less Fortunate

By Les Gura

Mark Siler had spent his adult life working first as a social worker and then as a chaplain and pastor to reach out and help the forgotten — homeless people, the imprisoned, the destitute. He came to realize, he says, there is typically a common thread in people who society most often forgets or ignores, and that is access to bio-psycho-social-spiritual wellness.

## “What feels more accurate is that they have severe and persistent instability.”

Six months before the COVID-19 pandemic began, Siler made the life-altering decision to give up his associate pastor role at a church serving the homeless in Asheville to instead become clinically licensed in social work, the field in which he received his degree 30 years ago.

He joined CareNet Counseling, opening a unique new practice in the city he has called home for 20 years.

Since September 2020, Siler has worked with the homeless and the recently housed, offering people a way to connect, via both the traditional role of a therapist and the practical perspective of sharing or linking them to resources born of his years of networking with government agencies, social service organizations, and churches and nonprofit entities. Central United Methodist Church in Asheville donated space for Siler to meet with his clients.

“What I’m doing is just a niche that nobody was doing, in a sense,” Siler says. “I find it deeply satisfying to be able to meet folks where they are and develop relationships that then will allow many who are interested and ready to have a space to do some of the deeper healing work that they never had a chance to do or try.”

Kevin Parker, director of CareNet’s Western region, says Siler’s work is crucial.

“Meeting folks ‘where they are’ is a common statement from therapists and a hallmark in our work,” Parker says. “Mark’s work removes all the barriers associated with someone having to go somewhere like the therapist’s office to receive treatment. He takes treatment directly to the people.”

Siler recognizes, especially having worked with the homeless as an associate pastor, that there are challenges involved. In his four years of crisis ministry at Haywood Street Congregation, which served 400 to 500 people who were down on their luck, he was fortunate to be able to give individuals five minutes of attention at a time. He says he often felt helpless as he watched peoples’ conditions deteriorate.

Now that he is able to spend more time with individuals in his role as a therapist, he is slowly seeing things from a different perspective.

“Often, the folks I am working with are described as people who suffer from severe and persistent mental illness. And I realize that rubs me the wrong way,” he says. “What feels more accurate is that they have severe and persistent instability. People who experience homelessness, many through their entire life, deal with incredible instability, trauma and unpredictability.”

In a therapeutic role, he says, they finally have a chance to address some deep-seated issues. But there are unique challenges in serving as a therapist to the homeless. That’s where his ability to connect clients with resources can provide some measure of stability, though it is a work in progress, for sure, Siler says.

“Counseling relationships depend on people being able to make appointments,” he says. “People on the street or even those recently housed have to rely on unreliable public transportation. And there are a lot of health issues. People get sick, and there is a high no-show rate.”



Though some may believe working with the homeless might be scary, Siler says his background of working in prisons and also with people re-entering society after prison has prepared him for the instability he often sees with his clients.

"What's so unbelievably different is that now, after years of working in this community, I am known. And when I come up on hard situations, 95% of the time I know the people involved. I know their names," he says. "And most of the time they've had some kind of positive experience with me, and that makes all the difference in the world."

Serving on boards in the community and being involved with community organizing efforts also allows Siler to gain influence.

"What I've figured out is that I love both the one-on-one, deeply personal work, but I also have to be connected to the kind of social change work that I know plays a huge role in suffering," he says. "I need to be able to put my energy in both to sort of feel complete."

Parker says eight months into his new role, Siler's work "has exploded."

"He's serving many people every day daily, and many more indirectly during the week," Parker says. "His advocacy work with multiple human service agencies has improved patient connection to resources and service providers that are literally joining Mark in the streets to serve patients."

In fact, working with the homeless is a privilege that well suits the mission of Wake Forest Baptist's Division of FaithHealth, which includes CareNet.

"The way the medical model works," Siler says, "people have to be well enough to get to offices and have enough trust and faith in the people who serve in care roles to even want to go. FaithHealth realizes that's too much of a gap for a lot of people, so we have to go and build trust and remove barriers and make wellness very accessible to all people. And that's exactly what's motivating me."





Growing up in Boomer, North Carolina,  
a tiny farming township in Wilkes County,  
Graylin Carlton innately understood the  
importance of **religion, church and community**.





# Chaplain Managers Serve a Vital, Complex New Role in Community Hospitals

By Les Gura

Today, Carlton, chaplain manager of Wake Forest Baptist Health Wilkes Medical Center, is one of a handful of chaplains carving out a unique, multifaceted role in small-town hospitals. These chaplain managers serve as traditional chaplains to patients, family and staff in the hospitals. But they also spend hours helping to connect patients and family members with support outside of the hospital walls—support drawn through the chaplain managers' work with church communities, nonprofit and government agencies.

"In rural communities, there's a lack of trust in hospital systems," Carlton says. "It can just be a lack of education about the hospital, but you need someone to build bridges. Going through the chaplains makes a difference."

Carlton, together with his colleagues, Rev. Adam Ridenhour, chaplain manager at Wake Forest Baptist Health Davie Medical Center, and Rev. Dianne Horton, manager of chaplaincy and

clinical ministries at Wake Forest Baptist Health Lexington Medical Center, have each had the opportunity to establish their own roles in the hospitals and communities where they work.

Each sits on the boards of local agencies to help assure community leaders of the commitment of their small hospitals to getting care for patients not just when they are inside, but when they are discharged. Many times, these services—transportation to follow-up appointments, access to food or housing, ability to afford medications—could not be possible without the assistance of the chaplain managers and the teams they work with to create the community and church connections.

"The role is important because it covers such an array of responsibilities," Horton says. "Some could get lost if not for someone dedicated to getting it done."

Horton works with two FaithHealth connectors, people who can directly

serve or indirectly arrange for volunteers (typically through church communities) to serve people with various care needs. The goal is to keep people healthy enough that they don't need to visit an emergency room for care. Horton also has developed a team of seven chaplain associates who assist inside the walls of the hospital as needed.

Ridenhour works at the smallest of the three regional hospitals, with just 50 beds, but has an additional hat—he also is a licensed counselor with a small clientele through CareNet Counseling, an affiliate of Wake Forest Baptist Health. That's in addition to his role as chaplain manager and work leading a team of five chaplain associates and two FaithHealth connectors.

"We try to convey to patients and community members that we are not just caring for the soul, but we're caring for the whole of the person," Ridenhour says. "We make sure people are aware of community resources, opportunities



# “It’s really sitting on the fringes between behavioral health, spirituality and community work.”

within the hospital and offerings through faith communities. We’re a bridge to many of our community resources.”

Emily Viverette, director of FaithHealth Chaplaincy and Education, supervises the three chaplain managers and sees each appropriately finding their own fit in their communities given the multiple hats they wear. Long term, she believes that combining the traditional chaplaincy role within a medical center with a FaithHealth role of working in the community aligns resources for better health and healing.

“Chaplains are not the heroes of it all,” Viverette says, “but they are leverage points of connection and access for clergy, who can reach out to chaplains who’ve become really well-versed in resources in the community.”

Viverette says the changing role of hospital chaplains is an important one, even if it can be challenging, because it requires chaplains to hone skills that are not part of any curriculum.

“Traditionally, people underestimate the skills that chaplains have,” she says. And practically, in a cost-conscious world, another benefit of having a chaplain skilled enough to wear multiple hats is

that small hospitals can justify the cost of a full-time chaplain whose different roles help keep people healthier, she says.

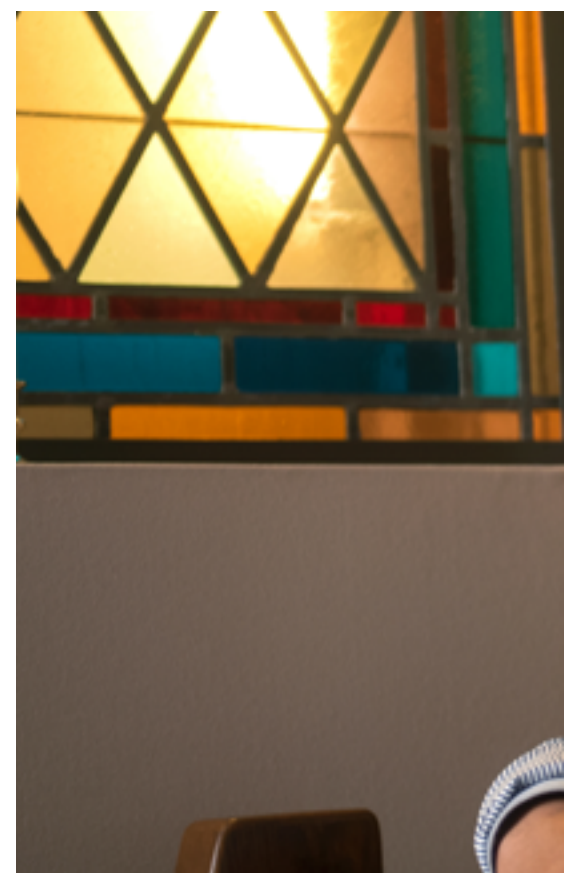
Ridenhour says the additional duties of chaplain managers like himself and his colleagues allow them to take on “boundary of leadership work.”

“It’s really sitting on the fringes between behavioral health, spirituality and community work,” he says.

All of the chaplain managers noted how the COVID-19 pandemic has required them to adjust their approach, as well as those of their FaithHealth connectors and chaplain associates. Many meetings and connections are made by Zoom, including some meetings within the walls of the hospitals. The chaplain managers have had to help their chaplain associates, and especially hospital staff members, cope with a pandemic that often precludes one-on-one contact.

For family members, that can be devastating.

Carlton recalled one incident in which a patient came to the hospital testing positive for COVID-19, and one night, 15 members of the patient’s family arrived at the hospital stressed about



catching it. He says his chaplain associates worked to redirect family members to resources for testing, as the hospital itself wasn’t just doing simple testing at the time. He and his team also work closely with hospital staffers stressed from coping with long hours and fears about the pandemic.



Chaplain managers Graylin Carlton (top)  
Dianne Horton (far left) and Adam Ridenhour  
(right).

"For a rural community, the pandemic at first was kind of like, 'This cannot be happening,'" he says. But as cases piled up and people began to become infected, it affected everyone.

"In a rural setting, everybody knows everybody. When it affects a family, it usually affects a person at the hospital,"

Carlton says. "And so it's been very stressful, very draining."

The work, however, is more critical than ever, he and his fellow chaplain managers noted. In particular, they have paid more attention to staff who are coping with the pandemic as front-line providers.

"I've been a lot more intentional with our staff, doing check-ins and offering resources around medication, mindfulness and connection to the Employee Assistance Program and other counselors," Ridenhour says. "We're a resource for folks to come in and share what they're dealing with."

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