

FaithHealth

Fall 2022

Angela Beard

Transitional Care Chaplain

The FaithHealth Model

A Model Aligned in Light of Relevant
Science and Mature Faith

p. 4

FaithHealth as a Learning System



REV. GARY R. GUNDERSON

Every day in the world of FaithHealth, something unique happens. Sometimes it is tragic, painful beyond the reach of language. Other times, it is amazing; a technology or technique never thought possible. Sometimes it is the astonishment of compassion flowing across boundaries thought impermeable. Both faith and health think the most interesting things are yet to be revealed, so we are good friends in this unpredictable world.

The poet Mary Oliver says, “To pay attention, this is our endless and proper work.” Sometimes that is as simple as pausing to notice; to let it in. And sometimes paying attention takes years of time and diligence, sharply focused on following the thread of a great question into libraries, interviews, classes and formal learning experiences. A number of our key leaders in FaithHealth have shown that kind of respect for the wonders of the world. And this year has seen more of our leaders complete phases of continuing education:

Reverend Dr. Reginald Charlestin completed his Doctor of Ministry in pastoral counseling from Liberty University, focused on “The Importance of Self-Awareness for the Prevention of Burnout and Compassion Fatigue for Clergy.” This study concluded clergy persons, community faith leaders and supporters must embrace the practice of self-awareness, Sabbath rest and communication with the same intentionality they do when it comes to preparation for specific sacraments and serving others.

Reverend Dr. Emily Viverette received a Doctor of Ministry from Hood Theological Seminary, focused on building bridges, which expanded traditional chaplaincy by examining community engagement skills. The research has already changed how we train new chaplains.

Reverend Dr. Bryan Hatcher received the Doctor of Public Health degree from UNC Gillings School of Public Health, focused on best practices to implement trauma-informed care as a response to adverse childhood experiences in health systems.

Reverend Dr. F. Keith Stirewalt received his Doctor of Medical Science from the University of Lynchburg, focused on the association between mortality rates and religious/spiritual attendance.

Reverend and almost Dr. Adam Ridenhour is finishing his thesis at Duke University Divinity School, examining how integrated clinical spiritual care, counseling and community engagement may be tailored to the unique needs of patients, staff and community members in small, community hospital contexts.

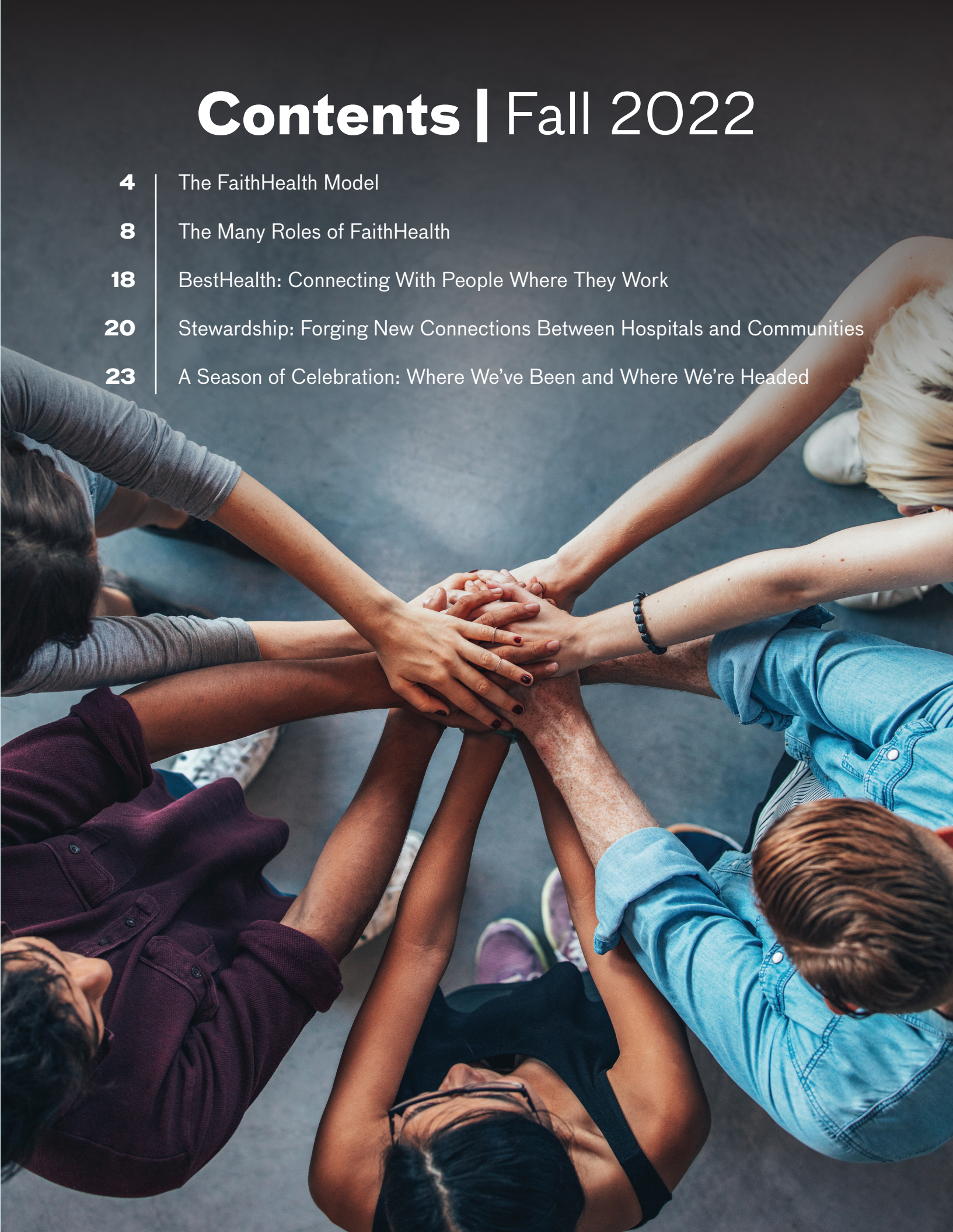
This magazine explores the FaithHealth Model which has emerged in recent years through the deep reflection on practice among hundreds of staff, medical providers, chaplains, counselors, community clergy and people of faith – all learning the art and craft of effectively giving our lives away to the world God so loves. The one thing we know is that most astonishing things are yet to happen.

A handwritten signature in black ink, appearing to read 'Gary Gunderson'.

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

Contents | Fall 2022

4	The FaithHealth Model
8	The Many Roles of FaithHealth
18	BestHealth: Connecting With People Where They Work
20	Stewardship: Forging New Connections Between Hospitals and Communities
23	A Season of Celebration: Where We’ve Been and Where We’re Headed





The FaithHealth Model

Living Into New Possibilities

By Gary Gunderson

FaithHealth combines the intimacy of faith and the ubiquitous social networks of faith with the emotional consequences of human mortality and vastness of the health care systems. FaithHealth is inside and around our body, mind and Spirit. All of the structures – from congregation to hospital, mental health to ICU – are undergoing radical change.

Dr. Bill Foege noted that you don't have to know where you are to be somewhere. But if you want to go somewhere else, the first thing you need to know is where you are. A model helps you see where you are in time; the array of institutions and assets in place and how they are related to one another and to the people who live in a place. A good model brings into focus people, resources and networks that you might not have thought as being related or even useful.

Thinking this way is like going over the high bar in Olympic jumping. Since the first Greek Olympics, it was obvious you get over by jumping right at it. But an ungainly looking Dick Fosbury changed the sport forever when he figured out he could get another inch or 2 of elevation by going over backwards. This was comical ...until he won the gold. It unlocked every new possibility. The FaithHealth model is exactly like that – it thinks right-side up, outside in and, most importantly, going over the bar much higher in an unexpected manner.

The FaithHealth model goes over backwards by seeing the whole as one thing. A jumble becomes a pattern and a map on which you can see public health, law enforcement and education, all 3 linked to health care facilities and then to all of the churches, synagogues and mosques on the same map. How much health care could the model generate? How much mercy, justice and compassion might flow into and through the neighborhoods the model makes visible?

The FaithHealth model in your community includes at least:

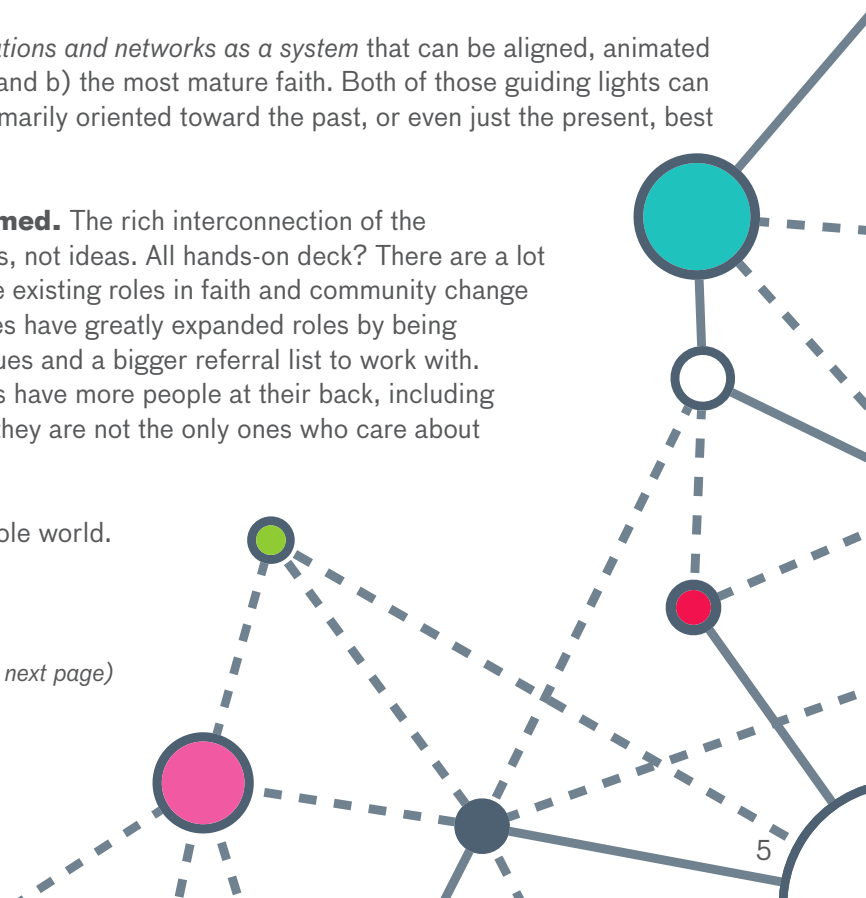
- **A map of the worshipping communities.** In Forsyth County, the IRS estimates there are roughly 700 congregations; but you don't need all of them. The FaithHealth model wants the 20% "heavy lifter" congregations – the ones already lifting and likely to have muscles to pick up something else. The FaithHealth model invites the willing, but doesn't try to persuade the unwilling.
- **The organizations people of faith create.** Those faith communities rarely stay inside their own religious brand; rather they are the ones who established much of the common social infrastructure in a place. In the US, the 60s were a profoundly creative time when many new interfaith and ecumenical social organizations arose from faith networks. As always, the social trauma, including the iconic death of Dr. Martin Luther King, Jr, prompted a wave of hugely practical construction of new organizations aligned with the unfinished parts of Dr. King's dream. If you look around your city or county, you'll see those organizations that were once not there; people just like you called committee meetings and created them.
- **The networks that live in between congregations and other community organizations.** There are roughly 200,000 congregations in the US that are linked like individual nerve cells in complex ways. There are about 200 major religious groupings (Jewish, Baptist, Presbyterian and so on) that have organizational standards and practices for running the congregation, training and placing leadership of different levels. Nearly all of them in the last couple of decades have developed some explicit denominational office for health promotion in their own accent, but with deep common DNA to FaithHealth.
- **Congregations that are not just linked by theology.** There may be a ministerial association or even 2 or 3. They usually are not distinguished by formal theology, but social perspective. They talk about things of common interests and often work together. During the pandemic, many of these networks were key to public health efforts to get people tested, vaccinated and tested again. If an earthquake hit your town, they could switch to that in hours.

The FaithHealth model sees these congregations, organizations and networks as a system that can be aligned, animated and strengthened in light of a) the most relevant science and b) the most mature faith. Both of those guiding lights can be challenging because both science and faith are not primarily oriented toward the past, or even just the present, best practice.

Human beings in roles, some new, some transformed. The rich interconnection of the FaithHealth model comes alive through the variety of roles, not ideas. All hands-on deck? There are a lot of hands and plenty of room on the deck. And many of the existing roles in faith and community change by gaining new relevance and capacity. Church secretaries have greatly expanded roles by being trained to screen for basic mental and physical health issues and a bigger referral list to work with. Pastors have more to preach with and about. EMS drivers have more people at their back, including specialized chaplains and clergy. Hospital ER staff know they are not the only ones who care about the homeless person or isolated elder.

It turns out that God is not the only one who loves the whole world.

(Continued to next page)



Science and Faith As Partners

Both science and faith are curious about what might be possible next. And practitioners of both science and faith know to an almost painful degree how much is possible if we could organize ourselves. This magazine is published by people working for an academic medical center with what may be the largest number of people in the division called FaithHealth in the world. But we have not accomplished what our faith suggests or science suggests.

Every Monday morning at 10 a.m., our FaithHealth team meets online to check in and to discuss whether there is anything else we could be doing in our neighborhoods relevant to COVID-19 or mental health. Sometimes, we realize we have to invent something or more commonly borrow from somewhere else, developing their variation of the FaithHealth model.

A 1988 “Closing the Gap” conference of The Carter Center and CDC made clear that two-thirds of all premature death is preventable and probably a similar portion of suffering along the way. The conference gathered faith leaders to see if they could grasp the moral urgency of that finding. This resulted in a long commitment from The Robert Wood Foundation to create the Interfaith Health Program at The Carter Center. That marked the beginning of the FaithHealth movement which has now matured into the FaithHealth model.

What if we could actually see the world as God might – all the created, the principalities and powers that were made for good aligned with all the science that has emerged, powered by all the Spirit of all the names of God in every place that God loves? Why not? This is the question that keeps the FaithHealth model awake at night and wakes it up for another day of work. Why not do the right thing? Why not align all the assets? Why not invite everybody relevant to mercy and justice, healing and wholeness? Why not?

The FaithHealth model links about a fifth of the whole economy and workforce devoted to the health care industry and the most ubiquitous social form – congregations. These institutions all have complicated histories and mixed motives and alloyed goals, so there is no room for naïveté. FaithHealth works from within and around to bend the arc of those vast resources toward the mercy and justice God had in mind. This is not likely to be perfected in the lifetime of anyone reading this, but evidence abounds that it works.

Right Door, Right Time

One of the early surprises was that the FaithHealth model helps the financial interest of the hospital and collaborating agencies. And it strengthens the congregations that participate, so everyone gains. Mercy and justice are cheaper over time, especially when they include the new possibilities of the science of prevention and chronic condition management. All the partners become stronger, smarter and more alive. That science depends on community partnerships and family integration, connection technologies and remote monitoring that undermine the traditional medical castles. But none of the science works without webs of trust among the humans.

Norm Brocklin once said the Notre Dame football team prayed before every game, but the prayers seemed to work better with bigger linemen. Faith works better with evidence-based science.

The FaithHealth model focuses on knowing what matters and how to know it. It relies on the partners helping each other to read reality through all the means possible in today’s data-rich world. The Memphis model is known because it tweaked the new hospital electric medical record to include links to the congregational identity of patients. This located the patient in a social system, not just a belief system. That link to the social network of a patient allowed the hospital to make sure those connections were vital as the person entered into the strange world of the modern hospital. Reading the data then showed us those patients with systematic connections to their congregations had dramatically different patterns. The data taught us the qualities of the FaithHealth model could move hard medical data by focusing on making it a bit more likely that the person came to the hospital at the right place, at the right time, ready to be cared for and, above all, not ever alone.

Community Health Assets Partnership

The FaithHealth model includes systematic mapping of what we now call the Community Health Assets Partnership (CHAMP). There are many tools for mapping community assets, many of which trace back to the work of McKnight and Kressman in Chicago. The CHAMP approach is highly participatory, focusing on seeing the long history of a place and its particular traumas, while bringing to view the web of assets that have emerged over time. Congregations and congregational networks are part of that story, but so are

the community structures faith created that may be not-for-profit organizations now. CHAMP also brings to view the way in which faith and other social networks created the politics that created other infrastructure on the map.

Because the map is created by people who live on and love the place, as soon as the array of assets begins to become visible, those in the room start imagining new alignment and flow of energy. By definition, older assets were created out of that generation’s best science and imagination; we have more to work with now, so it is possible to imagine old assets doing entirely new things.

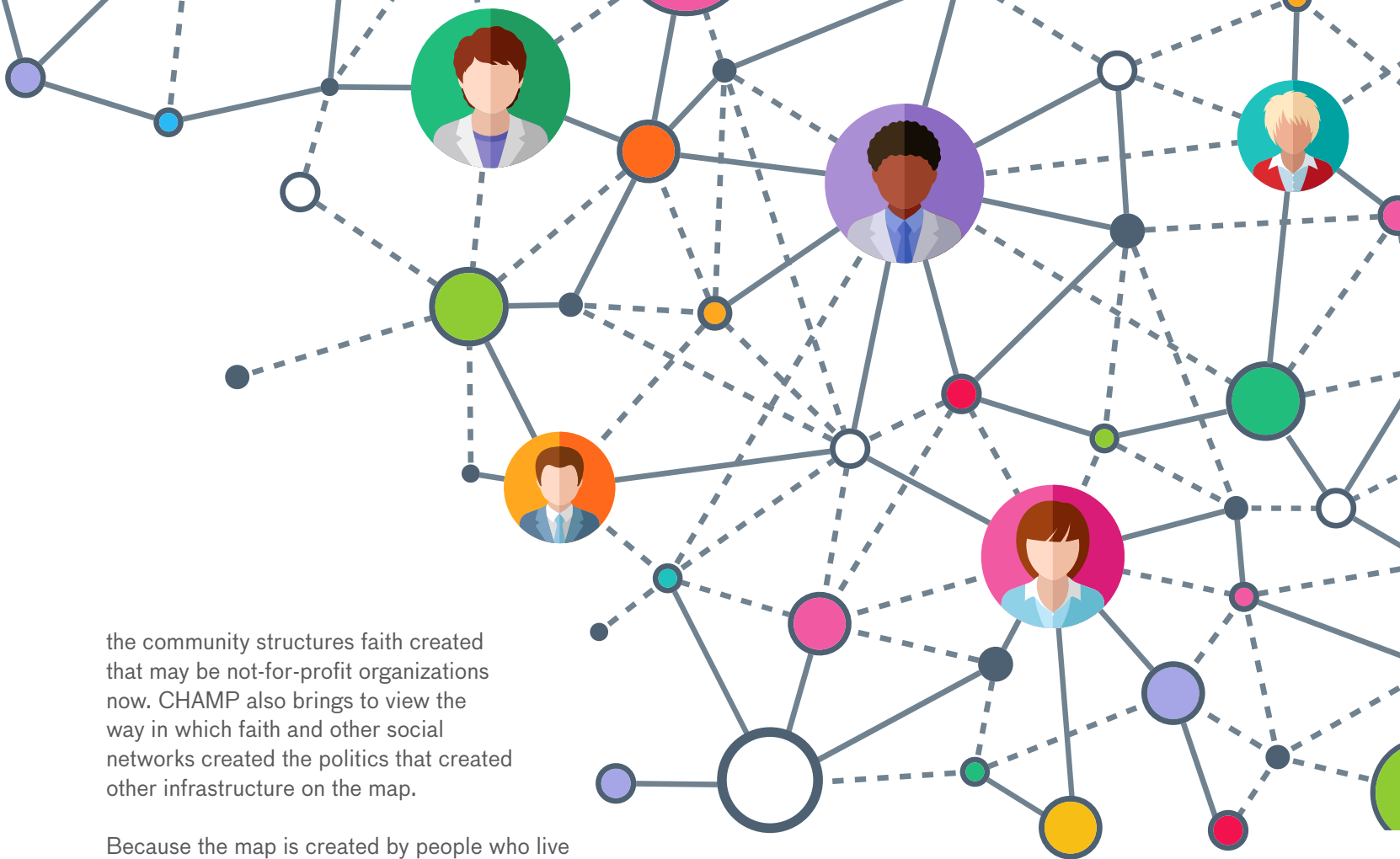
The FaithHealth model is built on learning, unlearning and relearning how faith and health express themselves in roles that people can assume and live into. One of the earliest roles was the professional chaplain, which came out of the work of Antoine Boisen in Chicago. He created a new model of learning based on guided reflection and the practice of being spiritually present to the full reality of a patient. This rapidly spread to Baptist Hospital, now Atrium Health Wake Forest Baptist, as the novel way of learning made possible professional chaplaincies appropriate to the radical demands of the modern hospital. Today, clinical pastoral education (CPE) is core to the FaithHealth model in training other roles outside the hospital, such as chaplains embedded in first responder teams, and into new models of community-scale trauma prevention and recovery.

An even newer model of shared learning is found at Future Generations University, which is training community health weavers – the infantry of the FaithHealth model to weave all the assets at very local levels. The FaithHealth model continually creates and recreates roles that make it possible

for people to live into, to learn, and to become competent and effective in advancing the health of the place you love.

The FaithHealth model is inconveniently disruptive because it makes visible and urgent how much is possible with what we already have, what we already know and what we already believe. We’ll discover more science and our beliefs will mature too. We find ourselves drawn into complicated partnerships with organizations and people that embarrass our old friends. Read the New Testament and see if that doesn’t remind you of someone.

We must not wait, as we are already swimming in possibilities that make our current disparities scandalous, our current levels of anxiety, depression and violence unacceptable. So much diabetes is simply unnecessary and thus literally wicked. The answer is not financially impossible schemes selling false dreams of miracle pills and experts. Rather, the FaithHealth model sees a realistic and practical alignment of the social assets of any real place organized around solid science, moral management of at least the public, non-profit organizations and faith organizations. We see the possibilities of a new wind of the Spirit blowing into the dry bones of old institutions, bringing them alive to their purpose and possibility.



The Many Roles of FaithHealth

Caring People Bridging the Gaps

By Tom Peterson

Darren Crotts is the pastor of Smith Grove United Methodist Church and is 1 of 2 FaithHealth connectors for Davie County, NC. He also helped start a not-for-profit organization in Cooleemee, NC, called The Bridge @ 197 Main. The Bridge is a food pantry open on Thursday nights. It also broadcasts high-speed internet across Cooleemee. It's a housing spot for Family Promise of Davey County, a ministry for people experiencing homelessness. It has served as a COVID-19 vaccination site for the local health department.

And now it's the home of the Last Mile Ministry, a volunteer program with a 15-passenger bus that helps people in Cooleemee get to appointments. Transportation barriers impact our health in no small way, as roughly 3.6 million Americans miss or delay medical appointments every year because they don't have a way to get to them. The challenges around transportation are especially tough in rural areas.

"We try to bridge the gap for folks to get them to medical appointments, to get them to the grocery store, to the drugstore, to get them plugged into some human services," says Crotts.

These services provided by a wide array of staff and volunteers could literally be lifelines to people in Davey County.

Each FaithHealth role offers a strengths-based approach and serves as a bridge between people and resources for health. The roles typically involve some combination of caregiving and capacity building. In the next few pages, we'll explore some of them you could find nearby.



FAITHHEALTH MODEL

Supporter of Health

By Melanie Raskin



Vernita Frasier believes in "push power," giving people the encouraging boost they need to pick themselves up and take action for their health and well-being. It's a part of her personal mission to be a blessing: to serve, love and give. Frasier is a what's called a supporter of health, a community health worker serving Winston-Salem, NC neighborhoods as a trusted, knowledgeable liaison between the health care system, social services and the community. Her job? To stand on the front line and address health inequities and barriers to care that everyday life throws at patients and facilitate access to key services, all while improving the quality and cultural competence of the health care system she represents.

A part of the Atrium Health Wake Forest Baptist Medical Center housekeeping department for 27 years, Frasier was identified as the perfect candidate for the supporter job because of her natural ability to connect with others. For Frasier, it was the transformation she'd been waiting for.

"I have a heart for God and a great passion for working with people, reaching them where they are without judgment and helping them get healthy," Frasier says. "I love making people happy, seeing the joy on their faces and knowing that I'm the one who made a difference in their lives."

According to Jeremy Moseley, associate vice-president for the Division of FaithHealth at Atrium Health/Wake Forest Baptist Medical Center, supporters venture beyond the integrated, team-based care approach of providing outreach, education, informal counseling, social support and advocacy. They are more than just full-time professional partners to the health care system and patients in the community. Their scope is broader than just assisting clients with medical appointments and medications, helping complete insurance paperwork, delivering food and making visits.

Walking in Their Shoes

"We often think we can hire people in certain roles, but it takes more than that," Moseley says. "It takes people who have overcome challenges, who have similar cultural and ethnic backgrounds, who have lived in similar communities and know them at a deeper level beyond just the resources."

Moseley points out that supporters are also empowered to give people a voice. "Our service goes 2 ways: Supporters inform individuals about health resources and provide encouragement and a helping hand, all while actively listening and keeping the health system up-to-date about the evolving community they are serving. A big part of the job is conversation and listening to what may be keeping patients from realizing their complete wholeness."

Frasier remembers the anxious patient without health insurance who found a lump in her breast. She hadn't seen a doctor in a long time because she had no money and thought she'd be turned away. Frasier evaluated the case, scheduled an appointment with a primary care provider at the free clinic, advised the patient to share with the clinician that she may need medicine for anxiety, asked for a referral for a mammogram and plugged the woman into social services to apply for Medicaid assistance. Thanks to Frasier's "push power," that patient is now doing well.

"All I did was listen and connect the dots," Frasier says. "I told her I was here to help every step of the way and it was going to be OK."

The FaithHealth philosophy of proactive mercy is better and cheaper than reactive charity. To Moseley, the focus is where it should be: on giving life, not on preventing mortality.

"Our motto is to get people to the right door at the right time, ready to be treated and not alone," Frasier says. "Our supporters ensure patients also feel embraced and loved."

FAITHHEALTH MODEL

Faith Community Nurse

By Melanie Raskin



Laura Tolbert MSN, RN, loves FROGs, those fully-rely-on-God 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, shelters, group homes and agencies that combines spiritual care with health care to prevent or minimize illness for overall well-being.

Since 2013, Tolbert has been poised at the intersection of need and hope for the guests at Opportunity House in Cabarrus County. The not-for-profit 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 recent 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 sugar, called the Social Security office for a guest, found a computer lab resource for a woman working on her resume, and prayed for peace and guidance with someone overwhelmed by poverty. It's a big job, and Tolbert loves every minute of it.

"I know 100 percent there is no place on earth I'm supposed to be other 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.

Atrium Wake Forest Baptist Medical Center has had a vibrant faith community nursing program since 1997. According to Pam Spach Hurley, director of Faith Community Health Ministry in Charlotte, faith community nurses are highly experienced, long-term behavior change specialists, often with more than 20 years in the field.

"Faith community nurses are trained to meet people where they are," Hurley says. "The health care industry spends a lot of time providing inpatient acute clinical care for people, and yet it impacts just 20 percent of their overall health. When patients are moving out of the hospital setting and 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 to value-based outcomes.

"Faith community nursing has always been in that value space, so now is our time," Hurley says. "These nurses impact health care by helping patients who repeatedly visit the ER or doctor by taking care of things when and where it really matters – in the community."

Nurse Laura Tolbert agrees. "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 3 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."

FAITHHEALTH MODEL

Connector

By Melanie Raskin



At the intersection of stress and sanctuary on the healing journey, there is a place Rev. Darren Crotts loves. He calls it holy collisions, and describes it as "helping people by positioning them in situations of care so that God can transform their heart, mind, body and spirit." That perfectly sums up his job as a FaithHealth connector. The former sales engineer and minister of 12 years at Smith Grove United Methodist Church says it's his mission to be the bridge from fear to faith and the good neighbor his community of Mocksville, NC depends on when they need help.

Connectors are contract community health workers, trusted, long-time members of the community uniquely and indelibly connected to the people they serve, and to the not-for-profit, faith, social safety net and medical resources they need. With a goal of helping at-risk people who fall through the health care cracks, a connector's average day could include delivering food, providing a ride to a doctor's appointment, helping patients get their medicines or just dropping by to visit.

According to Jeremy Moseley, associate vice president for the Division of FaithHealth at Atrium Health Wake Forest Baptist Medical Center, connectors are a nimble and invaluable extension of the health care team during changing times.

"Faith communities are evolving, health systems are evolving," Moseley says. "We need individuals who understand the changing needs of vulnerable community members and their unique challenges, strengths and weakness, as well as what the hospital system is trying to accomplish and its strengths and weaknesses."

Because they are respected community members, connectors can connect the dots from people to services and back again, and lead us in the right direction so we can achieve our health care goals for patients: dignity, compassion, and access. But Moseley is quick to point out that his team doesn't just make referrals; they are the referral.

"We are the network that fills the gap when individuals may not qualify for services or services aren't available," he says. "We are the people who walk alongside them, like a neighbor."

Showing Up

What connectors do best is show up when and how their community needs them. Rev. Crotts' rural county of 43,000 souls needed him to show up not only as the friendly person who could drive them to the grocery store, but also as a co-creator of larger-scale service projects.

After a fire in 2019, Rev. Crotts' church merged with a ministry in the small mill town of Cooleemee, NC. Their new missional outpost, The Bridge @ 197 Main, provides free counseling, housing, a medical transportation ministry and a mobile pantry for the food-insecure that provides 40 hot meals and other food for 100 people each week.

Rev. Crotts is passionate about the power of connecting with people, whether it's from the pulpit, on the board of a local not-for-profit organization or in the car driving a patient to a medical appointment.

"I became a connector in 2009, because I wanted to minister to more people," he says. "One-on-one is where you can make a real difference. Because it's a planned, intentional interaction, the dynamic feels more like a hand-up than a hand-out."

Connectors are an essential part of community health and wholeness. "We play a key role in keeping people healthy and making them feel whole," Rev. Crotts explains. "It's a horrible feeling: You've made all this good progress after being released from the hospital but end up having to go back in because you couldn't get the right food or had no way to get to the doctor for a follow-up. We strip away all that anxiety."

FAITHHEALTH MODEL

Chaplaincy and Education

By Melanie Raskin



Angela Beard specializes in seeing the unseen, hearing the unheard, and remembering the forgotten. She's a board-certified transitional care chaplain working with people experiencing homelessness. Part of Atrium Health Wake Forest Baptist Medical Center's Chaplaincy and Education Program in Winston-Salem, NC, she answers the call to care from the moment people who are unhoused enter the hospital, and sometimes long after they are released. As the liaison between the hospital and community shelters, churches and agencies, she connects patients to housing, food, transportation, follow-up medical appointments and, most important of all, a kind smile and a helping hand.

"To me, living a life of dignity and respect is a big part of healing and being restored," Beard says. "It's not intended for us to live alone in this world. We need each other to survive."

Spiritual care has been a part of Baptist Hospital since its founding in 1923. Today's program spans 5 community hospitals and is comprised of chaplains; chaplain managers; chaplain residents and interns; first responder chaplains ministering to law enforcement, fire and rescue workers; and certified educators teaching chaplain interns and residents. Services are delivered 24/7 and include:

- Culturally sensitive spiritual support and advocacy for hospital patients, families and staff
- Spiritual counseling
- Education and support for medical students, residents and others on professional development, ethics and palliative care
- Code Lavender, a program which assists hospital staff in troubled times, such as during the COVID-19 pandemic

According to director Emily Viverette, the program's objective is whole-person care.

"People are hurting," she says. "Patients and staff are coming to us in crisis and anxiety. Chaplains can show up, provide a calm presence, and lean in and listen for potential places of healing. While we believe everyone is responsible for spiritual care, chaplains are specialists in elevating

hope in times that feel hard: death, extreme crisis, and significant emotional and spiritual distress."

Elevating Hope

Beard feels caring and nonjudgmental relationships are the key to elevating hope. She recalls one man who was homeless and unable to get a much-needed hip replacement because he had no family to help him. His health was rapidly deteriorating. That's when Beard stepped in, taking him to all pre-op appointments, giving him a ride to the surgery, sitting with him in recovery, being his eyes and ears during consultations with the medical team, and supporting his travel and recuperation at home.

"Life happens and so many suffer alone in silence," Beard says. "It's so much easier to talk things out with another person, not looking for an answer necessarily, but just to walk the path together and share the burden. I'm here in Spirit, meeting people where they are, as the hands and feet of God to help them be restored and receive what they need."

Resilience, compassion and hope are the lynchpins of the Chaplaincy and Education Program, a service that is still evolving after nearly a century.

"Instead of looking at what's wrong with people and how to help them be better, we focus on their spiritual strengths and resources," Viverette says. "We accompany people, trusting that they already have what they need to help them through painful circumstances. Sometimes, they simply need a listening ear to access their internal and external resources. It's a strengths-based caring model that looks at what's right in people to bolster and support them through difficult times."

FAITHHEALTH MODEL

Congregation

By Tom Peterson



Christ's Beloved Community is a congregation in Southside Winston-Salem that was born of 2 denominations: Episcopal and Lutheran. It started in 2014, with a group of people who simply began knocking on doors, letting people know they were here and trying to understand the needs of this community.

The group heard a lot about food insecurity. So they partnered with other organizations, including Second Harvest Food Bank, to open a food pantry in March 2018. About 5 families showed up that first day.

"We now distribute to up to 150 families each distribution, 3 times a month for 2 hours," says Angelica Espinal, who today is the missionary for community engagement for the church and a FaithHealth connector. Working alongside Christ's Beloved Community leader, Father Javier Arias, the organization continues to serve the community, of whom 90 percent are Hispanic/Latino.

The group partners with other churches and organizations that help out, providing volunteers and donating not just food, but also diapers, feminine products and anything else that's needed.

"You can see on our Facebook page the various groups and volunteers that not only have a passion for helping, but have love and respect for the families we serve," says Espinal.

Pre-COVID-19, people came inside and shopped for what they needed, but when the pandemic arrived, they switched to drive-through. They are still able to talk with the families who come to ask for what they need. Father Javier offers the spiritual help many families need during these uncertain times.

Every day in the US, volunteers and staff from thousands of congregations, including those connected to FaithHealth, show up to make a difference in others' lives. They provide caring people and last-mile systems to extend compassionate care beyond the walls of the medical centers and service agencies.

Partnerships with Impact

With the help of FaithHealth, Christ's Beloved Community was able to get and hand out N95 face masks. And with their own networks and other FaithHealth connectors, they helped families struggling with rent and utilities. Through their partnership with Second Harvest, they share information about SNAP (Supplemental Nutrition Assistance Program) benefits, letting families know who's eligible – because many don't know they are – and how to apply.

One volunteer, Marc Madrigal, who works with Love Out Loud, helped people make vaccination appointments. Some of the volunteer doctors and nurses shared their knowledge to lift the stigma from the vaccine.

Of course, congregations are made up of individuals, and some work in health. Two members of Christ's Beloved Community are nurses; one is retired, Karen Byrd, and the other, Jamie Bucknall, works at a hospital. The church hosts a monthly clinic where the nurses check blood pressure and diabetes, talk about nutrition, discuss their medicines, and make referrals to other clinics and organizations.

Many of the volunteers and members have similar life experiences with some of the families who are struggling.

"We've been in their shoes before," says Espinal. "That gives us an opportunity to be understanding and empathetic."

FAITHHEALTH MODEL

Center for Congregational Health

By Melanie Raskin



Sylvia Oberle and her ministerial search committee were in a unique and difficult position. They were trying to recruit a minister of faith formation and education for Knollwood Baptist Church and its approximately 800 active resident members ... during the pandemic. Despite the challenges, the Winston-Salem church succeeded in finding a perfect fit, thanks to the Center for Congregational Health® (CCH), a one-of-a-kind-in-the-nation ministry of Atrium Wake Forest Baptist's FaithHealth Division.

Since 1992, CCH has answered the evolving needs of faith communities with affordable, expert, research-driven consulting, coaching, interim ministry support, and continuing education and training for congregations, leaders and clergy.

"We could not have done it without CCH," Oberle says. "Church decision-making is full of varied opinions that can be hard to navigate. The center gave us the freedom to be confident in our decisions and to trust the direction we were going."

CCH is different from other consultants. It promotes health in faith communities by helping them call forth their innate creativity, resourcefulness and wholeness. The goal? To remind congregations that, using their own wisdom and understanding, guided by Spirit, they can do all things – including thrive. Because when churches thrive, communities thrive.

Churches are changing – now, more than ever. The COVID-19 pandemic brought virtual services front and center. It also brought freedom: People were able to choose how to spend their Sundays, their time, their money and their energy. Faith communities had to take a long, hard look at themselves, their missions, their structure and their buildings. And as they had since 1992, many found it was more productive with outside help, including Knollwood Baptist.

Creating Space for Conversation

"We approach congregations, not as experts telling them what to do, but as experts at creating processes to help them figure out what to do," says Dr. Chris Gambill,

CCH director. "We don't presume to come in and tell organizations how to do church. Instead, based on our broad experience, research, tools and connections, we help congregations create the space for conversation with each other in the presence of Spirit so the community can make good choices."

That's exactly what Knollwood did, with stellar and liberating results.

"We learned there is no one way to staff a particular church," Oberle says. "It was exciting to see the ways roles could be reconfigured, which is what we chose to do. We were free to see things differently, to think differently – not from the past and 'the way we used to do it' – but from where we are now. We also discovered the bigger perspective. We were connected to churches and staff like ours across the country who gave us valuable feedback. Last and very important, it was a positive, encouraging, upbeat and fun experience, which really brought our team together."

For 30 years, CCH has consulted hundreds of faith communities, ranging from 15 to 5,000 people, in 30 Christian and some Jewish denominations in nearly every state in the US, as well as other countries. Despite the years and the changes he's seen, Gambill feels the center's value proposition remains the same: adaptability leads to sustainability. Case in point: During the pandemic, the center reimaged some of its own services into virtual offerings.

"If we get locked into only one way of operating, we're unable to adapt to the changing situation around us. We can't expect the world to adapt to us," Gambill concluded. "The center has a broad and deep toolkit and decades of expertise to help congregations and leaders thrive. But we don't just help transform churches, we transform communities so that love, compassion, justice and equity can grow."

FAITHHEALTH MODEL

First Responder Chaplains

On an early summer morning in 2021, Rev. Glenn Davis, director for the first responder chaplain team, got a call from an EMS supervisor, requesting chaplaincy support for multiple first responders who were involved with a call to a homicide scene. The victim? A 5-year-old. This child's death embodied the most distressing elements for first responders – and resulted in our first responders dealing with their own very real sense of loss and feelings of anger and despair.

In a typical week, first responders may deal with homicides, suicides or accidental deaths. They often deliver devastating news to family and loved ones of victims. Many are exposed to line-of-duty death. These high-level sensory exposures and other work-related tasks can lead to health challenges such as chronic stress, social isolation, suppressed immune systems, anxiety or hypertension – all of which can contribute to preventable lifestyle-related illnesses, such as heart disease, diabetes and obesity. Additionally, there is growing evidence that first responders are at higher risk of suicide and often cope with overuse or abuse of alcohol and other substances.

Innovative Care for Those Who Serve

The First Responder Chaplaincy Program (FRCP) began in 2016 as an innovative approach designed to care for first responders, our most valuable and vulnerable public

servants, while also helping many bereaved families and other survivors, victims and witnesses of traumatic events. The small team of chaplains Davis leads includes Dana Patrick, Aaron Eaton and Jeff Vogler.

The FRCP is hospital-based – located at Atrium Health Wake Forest Baptist – but community-focused, with a strong emphasis on public health and wellness. Anchoring the FRCP inside of a Level One Trauma Center, a daily convergence point for first responders, also gives it credibility, sustainability and neutrality. Such neutrality is vital to ensuring the program's services are available to all agencies, regardless of staffing or funding resources, rather than basing the program in any single agency where it could be susceptible to politics, turf issues, leadership turnover and unstable funding.

First responders also regularly use the FRCP team on callouts involving death and other tragedies to deliver traumatic messages and provide a range of other on-scene assistance to survivors, victims and witnesses of crime and other trauma. This frees up first responders to attend to other essential on-scene tasks, while knowing that professional, compassionate on-scene care is being provided to family members, neighbors and other witnesses who are dealing with traumatic grief.



Chaplain Manager

By Melanie Raskin



FaithHealth chaplain manager Adam Ridenhour will likely never see a one-of-a-kind medical drama in rural Davie Medical Center in Bermuda Run, NC. But he does get to be a part of people's lives at critical, and often interesting, times. When an employee died unexpectedly after her shift at the hospital, he supported staff in their grief, helped organize the funeral with family and ensured staff knew how to attend the service and support the mourners.

He checks in daily on the lonely elderly patient far from home. And when a client without a car couldn't walk to her counseling appointment safely by herself due to a medical condition, he connected her to an area faith community willing to drop by twice a week to take that stroll with her.

Ridenhour wears a lot of hats – and he wouldn't have it any other way. He manages the hospital chaplain ministry, oversees FaithHealth engagement efforts to unite the hospital with area agencies and faith communities, and supports patients as a licensed counselor via CareNet, a spiritually integrated counseling organization affiliated with Atrium Wake Forest Baptist Health.

"It's my job to accompany the vulnerable and isolated, to be a witness to their suffering," he says. "And to serve as a change agent to make a positive impact in their lives and in the community."

According to Emily Viverette, Chaplaincy and Education Program director at Atrium Health Wake Forest Baptist Medical Center in Winston-Salem, NC, chaplain managers are strong links in an often-complex chain. They connect the local hospital with the community and the community with the local hospital.

"It's a 2-fold role of providing spiritual care and building bridges," Viverette says. "Our rural communities are suffering. Chaplains are the story-weavers who build on the spiritual strengths and assets of these diverse communities and people they serve, forging partnerships and helping the hospital be a better neighbor."

Community Connections

It's a careful balancing act. While chaplain managers provide the traditional spiritual support to hospital patients, families and staff, they also work with agencies, government and not-for-profit agencies to ensure patients get the support they need once they leave the hospital.

The way they connect with the community can be as different as the regions they serve. Wilkes County's FaithHealth chaplain manager has established a transportation ministry to drive patients to medical appointments. Lexington Medical Center's FaithHealth chaplain manager developed a partnership with a locally owned grocery store to provide emergency food support. And Ridenhour co-created the Healthy Farmers Program to deliver spiritual education, resources, counseling and pastoral support to farmers experiencing isolation and despair. He also sits on the local United Way board, is president of Family Promise (which seeks to eradicate homelessness), co-chairs the hospital's workplace violence committee and serves on a community domestic violence task force.

It's that unique combination of flexibility and creativity, prayer power and community activism, that drives Ridenhour.

"I love my job," he says. "It's my mission to step into the gaps and messiness that our most vulnerable patients find themselves in and tailor support and care to meet those specific needs. It may be serving a spiritual need with counseling or a physical need like transportation. I'm lucky to have the freedom to think outside the box, to step into whatever role best helps people, and address areas of need both inside and outside the walls of the hospital."

CareNet Counselor

By Melanie Raskin



Leah Creel meets people where they are ... literally. A licensed clinical mental health counselor and the integrated care coordinator for CareNet Inc., a community-based counseling organization affiliated with Atrium Health Wake Forest Baptist, she's in charge of embedding counselors in doctor's offices and businesses.

Faster, easier and more convenient, it's an upstream approach to care that gets people the initial intervention, education, resources and behavioral health coaching they need before symptoms become a mental health diagnosis.

"Now, employees don't need to leave work to see someone who can help them manage stress, anxiety and other issues, and we're extending the services primary care practices can offer their patients," Creel says. "Our counseling model is to empower people to trust what they know. We show them we care by journeying with them and helping them explore what they're feeling."

The need is huge, according to Dr. Bryan Hatcher, CareNet president and an ordained minister and public health professional. What started 50 years ago as a handful of hospital chaplains providing pastoral counseling is now approximately 100 therapists strong in 39 centers serving individuals and families across 88 North Carolina counties and all contiguous states. But the goal remains the same today as it was in 1972: deliver compassionate, professional, spiritually integrated counseling care to people who are hurting.

"We're all about connection in increasingly isolating times," Dr. Hatcher says. "What we wake up and do every day is alleviate suffering. We want people to hurt less at the end of the day."

Whole-Person Care, Grounded in Faith

It's working. The largest hospital-based program of its kind in the US (and currently working at a packed 93% capacity), CareNet's expert counselors provide whole-person care that's grounded in faith: behavioral, physical and spiritual health support for issues ranging from depression and grief, to eating disorders and family conflicts, to stress and caregiving relationships.

Creel recalls a man who came into his employer's workplace clinic with high blood pressure. He refused the nurse practitioner's offer to start medication because he felt he was too young and healthy. But he took her recommendation to visit the on-site CareNet counselor, who helped him identify major stressors in his life which were resulting in the physical symptoms.

"I love working with our team and this whole-person approach to care," Creel says. "Instead of asking, 'What's wrong?' we look at what happened, what's going on, what's the history. The nurse practitioner took the time to really listen to this employee's discomfort with drugs and gave him another option. It's very meaningful to watch systems shift to help people gain access, to care for them better."

"Fifty years ago, people had the vision to see this work as important and to continue building on that legacy today," Dr. Hatcher says. While the program has organically grown to fit the changing needs of the people it serves, including offering new telehealth services in a COVID-19 world, the basics remain the same. "If I do something today that keeps someone from needing CareNet services, I've had a good day," he added.

Creel, who also counsels young patients in pediatrician offices, sees herself as an agent for change. "I've learned to be someone who can journey with people, to really trust people's innate ability to heal and move toward health," she says. That gives me hope. We don't have to fix everything; we just have to help people get there."

Connecting With People Where They Work



CareNet Grows Mental Health Services Offered To Companies in BestHealth for Business

By Les Gura

Reaching people with behavioral health services where they work is a growing part of the business at CareNet Counseling, an affiliate of Atrium Health Wake Forest Baptist.

Therapists with CareNet's Piedmont Triad regional office in recent months have expanded work with the BestHealth for Business program. The effort is getting employees of private companies, government agencies and non-profits connected with mental health care.

Several companies now contract with BestHealth for Business to provide wellness care for their employees, and as a result, several CareNet therapists are also serving as BestHealth for Business behavioral health consultants. They offer individual assessments, programs to groups of employees and referrals as necessary to traditional therapists.

In addition, these therapists have offered and continue to find new audiences for presentations on burnout and wellness to groups that have included the North Carolina City and County Management Association, Atrium Health Wake Forest Baptist Nurse Anesthesia Program, Forsyth County bus drivers and the Winston-Salem Society for Human Resources Management.

No one has worked longer with this model than Will Eads, a therapist working full time in the consultant role, with Flow Automotive and Forsyth County Government as his 2 contracts.

"I love what I do," Eads says. "In terms of providing behavioral health services, I think this is just a better way of caring for people. It's further upstream. We're trying to keep people out of counseling, and the people we see are working, functioning, going and doing; you're bringing CareNet to them."

CareNet's involvement with BestHealth for Business has several goals, says Leah Creel, CareNet's integrated care coordinator.

"We are helping everyone understand that we are providing more integrated services in these settings," Creel says. "Instead of counseling or psychotherapy, we are providing behavioral consults (such as assessments, brief interventions, resourcing) and collaborating with BestHealth for Business clinical staff (nurses, PAs/NPs, health coaches) to ensure employees are receiving the health care they need while at work."

CareNet therapist Samantha Fields works 2 days a week in her new role for 2 contracts, one with Arbor Acres, a retirement community in Winston-Salem (she works with employees, not retirees), and one with the Town of Kernersville.

"You really jump right in and meet people where they are at that moment," Fields says. "So far, I'm loving it. This is a wonderful opportunity to support integrated care efforts, and it provides the variety I was seeking for offering therapy services."

Fields had previously done something similar, working with staff online at Cook Elementary School in Winston-Salem. In her current role, she meets with people who sign up to see her for 30-minute sessions on site and also has a day designated for virtual hours with the Town of Kernersville.

Therapist Elizabeth Brooks recently took over a contract with Ralph Lauren to provide services at the clothing company's High Point and Kernersville mixed-use facilities. She says she volunteered for the role.

"I was interested in having integrative experience alongside my work doing traditional psychotherapy," she says. "It's a new environment. I really want to get out on the floor, get to know people."

Brooks says she's also excited for the chance not just to provide consultations, but to work with Ralph Lauren's diversity and inclusion committees.

"We'll be doing lunch-and-learns, webinars and special groups on topics such as stress coping, conflict resolution and anger management," she says.

Brooks also praised Ralph Lauren and other businesses committed to their employees and their mental health.

"It's so cool that these businesses do this," she says. "It's just a wonderful initiative."

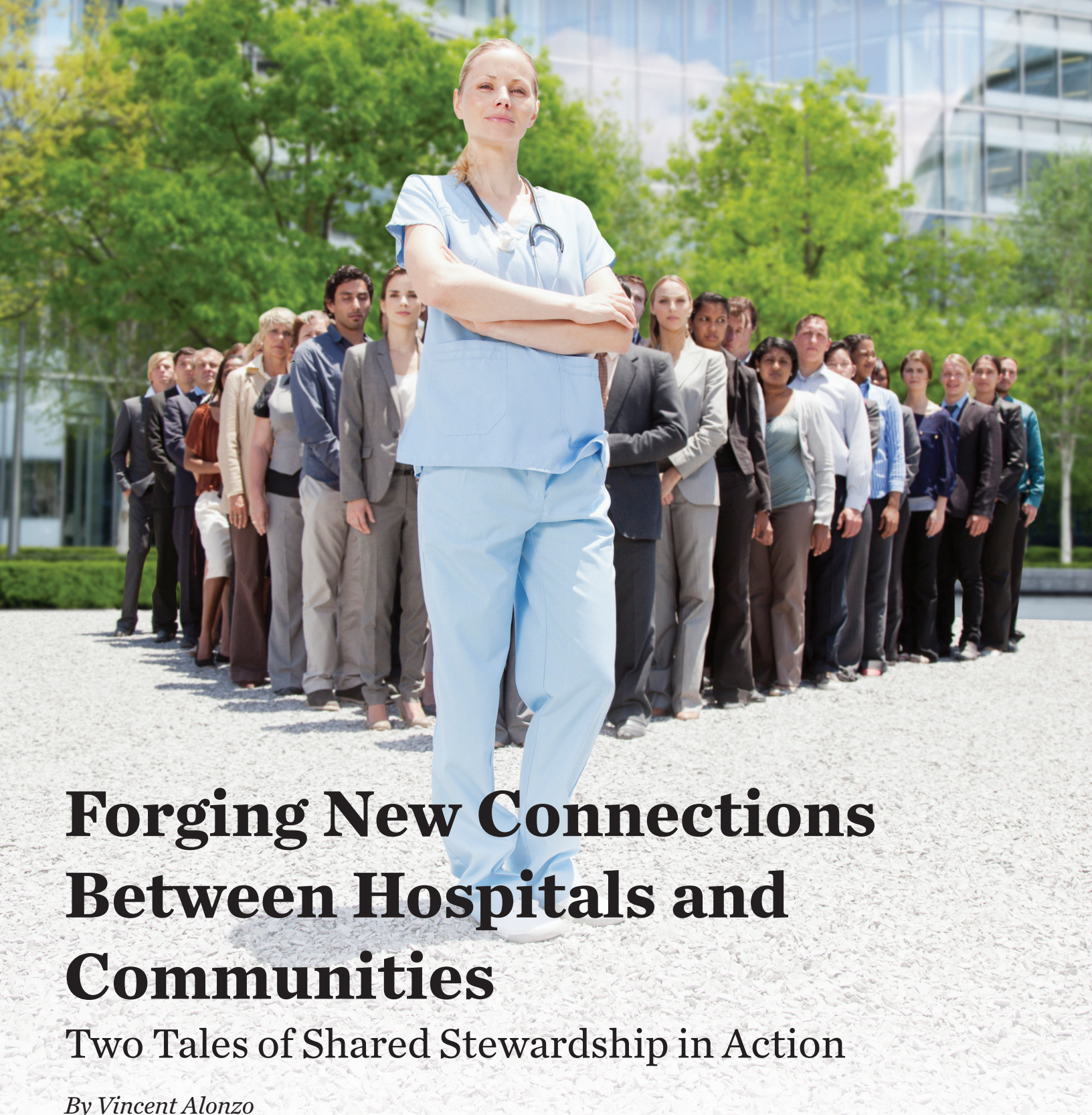
Creel says the engagement with BestHealth for Business, now well entrenched with CareNet's integrated care effort, should continue to expand.

"My hope is that we can have more conversations about services CareNet can offer," she says. "How do we train managers to recognize behavioral health issues, and what can the employer do to support the behavioral health of its employees? Can we offer lunch-and-learns; could someone talk about the impact of violence?"

"We do a lot of work through resiliency training and sensorimotor psychotherapy, so we hope to do more training of our people and that they want to take on these roles," Creel adds.



Stewardship



Forging New Connections Between Hospitals and Communities

Two Tales of Shared Stewardship in Action

By Vincent Alonzo

Disparities in health care have never been more pronounced, thanks to the pandemic. But efforts to address gaps in care have been ongoing long before COVID-19.

The shifting health care landscape, coupled with changing city and neighborhood demographics, has motivated some organizations to reinvent their approaches to community health. One growing trend has the potential to transform health care delivery in underserved communities: local health care institutions are adopting a stewardship mindset to develop innovative community partnerships that address the health and well-being of residents.

“The connection between faith and health comes alive when health care institutions deepen their attachment to the people they touch and the places where they do business,” says Bobby Milstein, PhD, MPH, director of system strategy for The Rippel Foundation, which is dedicated to advancing equitable health and well-being across the country. “Forming closer connections is the essence of shared stewardship: an infinite journey to work across our differences and create the conditions that all of us need to thrive together.”

Two regional health care organizations, Trinity Health Michigan and Jefferson Health in Philadelphia, provide inspiring examples of stewardship in action. Both have worked closely with Rippel’s ReThink Health initiative to find ways to infuse stewardship principles into their efforts to improve population health, advance health equity and ensure access to comprehensive care. ReThink Health works with national and regional stewards, including hospital systems, philanthropies, and government and business leaders, to discover what it takes to design and execute transformation to produce better health and well-being for all.

“Shared stewardship helps community leaders cross boundaries to create the conditions for their communities to thrive,” says lueh Soh, MPP, project director of Rippel’s Robert Wood Johnson Foundation-funded Hospital Systems in Transition project. “That’s the goal. It’s all about thriving together and unlocking people’s potential, with an emphasis on helping those who are struggling and suffering the most in a community.”

Sisters and Stewards Fill the Hospital Void

When Mercy Hospital in Detroit closed 22 years ago, it left a health care vacuum. But even without a hospital, the faith-based Trinity Health, along with the religious order, the Sisters of Mercy, reimagined its mission ministry by creating a stewardship network to keep health care and other services in the community. The initiative repurposed the original hospital into a multi-use facility, known as Samaritan Center, that serves a wide variety of community health and social service needs as well as being home to the Mercy Primary Care Center. This work is continuing to this day.

Over the past few years, as a champion of shared stewardship, Dave Spivey, president of nearby St. Mary Mercy Livonia and vice president of community health and well-being for Trinity Health Michigan, brought Detroit leaders together with key senior financial and spiritual leaders from Trinity Health to help shape the health system’s future. ReThink Health supported Spivey with coaching on effective ways to navigate interdependent leadership teams and by co-authoring a strategic narrative to communicate the work’s importance to bring even more leaders to the table. Spivey and Trinity Health will be enhancing their work in Detroit and are developing plans to build an early childhood education center in the West Detroit neighborhood of Cody Rouge.

The partnership with the Sisters of Mercy is key to the success of these initiatives because the Sisters provide a critical, on-the-ground, local Detroit perspective. The order has strong roots in the community, having founded the original Detroit hospital, St. Joseph on the Boulevard, nearly 100 years ago.

“Sister Linda Werthman, of Sisters of Mercy, was a very important leader in ensuring there is a continued commitment to providing health care and other critical services to the community following the closing of the hospital. Hers was one of the strongest community voices,” says Soh.

“Back in 2000, when we were repurposing the original Mercy Hospital in Detroit, Mercy Primary Care Center, which serves the uninsured, was to be the anchor in a network of health, social service, employment and education organizations coming together in one site to holistically serve the community. With the support of Trinity Health, having someone like Sister Linda be one of the anchors in the stewardship structure was vital,” says Spivey. “She has worked tirelessly over many years to advocate for the creation of health care programs that help meet the needs of the community.”

Sister Linda, who has served on the Trinity Health Board of Trustees, is playing a pivotal role in starting up a local governance board directing Trinity’s ongoing work in the city.

“Boards are usually composed of wealthy individuals or business leaders in the area. The stewardship structure opens the door for people like Sister Linda to get a seat at the table and make decisions on how money can be allocated to best serve residents,” says Soh.

(Continued to next page)

Stewardship Model Brings New Ideas and Funding

Philadelphia is a thriving, vibrant city of 1.5 million people, yet it struggles with high rates of poverty and poor health outcomes. It has a diverse population, including sizable Black and Latinx communities that have been traditionally underserved in many areas that impact health.

Erin Morton, senior director of development and strategic partnerships for the Philadelphia Collaborative for Health Equity (P-CHE), a program of Jefferson Health and Thomas Jefferson University Hospital, says Philadelphia has a startling life expectancy gap – residents who live within one mile of one another can experience 20 years’ difference in life expectancy based on race and income.

“We have neighborhoods that have been disinvested in for the last 150 years. As a result, these communities have been left out of the growth that other parts of Philadelphia experienced,” says Morton.

Eighty percent of a person’s health status is determined by vital conditions like humane housing, food security, safety and meaningful work. Through innovative thinking seeded by working with ReThink Health, Jefferson Health repositioned its internal philanthropy from building more hospital infrastructure to instead building the belonging and civic muscle disinvested neighborhoods across Philadelphia need to thrive.

P-CHE has been able to bring stewards together and establish service networks with numerous community organizations to create wellness centers and other programs that address health and well-being more broadly by focusing on vital conditions.

Health outcomes and income are highly correlated. One of P-CHE’s innovations is the Community Health Worker Academy, an initiative that is training residents to be health workers in their own communities. Applicants with high school diplomas participate in internships that become full-time jobs once training is complete, presenting a creative solution to providing health services while also addressing a critical vital condition.

“This economic development solution brings people from the community in, gets them credentials and puts them on a pathway to financial security,” says Morton.

Applying the stewardship model has also enabled P-CHE to connect philanthropists with community programs, helping grassroots community organizations receive much-needed funding for programs and services that move the needle on health outcomes.

“Many of our benefactors care about Philadelphia and want to see health disparities addressed just as much as the community does, but they have not had a clear path to supporting on-the-ground work,” says Morton.

Recently, a \$5 million gift from the Frazier Family Coalition to P-CHE’s partner, Temple University, allowed funding to flow to stakeholders in the stewardship network.

“Traditional charity tends to be reactive when there isn’t a system in place. By acting as stewards, large organizations and philanthropists reach out to communities and make long-term, sustainable differences,” says Soh.

Several years ago, then-CEO Steven Klasko demonstrated Jefferson Health’s level of commitment and accountability to the community by

openly tying 25% of his compensation to reducing health disparities in Philadelphia. Jefferson Health has also raised more than \$40 million through its shift in priorities toward overall population health.

The Path Forward

The health care landscape will continue to shift. Stewardship – and the community investment and connection that it creates – is the key to changing systems that don’t meet community needs and perpetuate health inequities.

More institutions need to act as stewards and engage stewards in their communities to improve health outcomes for residents. The recently published guide, Shared Stewardship In Health Care, provides a wealth of resources for health care leaders across the country who want to adopt this model.

In a recent report on the rise of shared stewardship, Milstein and colleagues observe that “stewardship is becoming a more prominent practice, but those who do this work remain largely disparate, disconnected and outmatched by the forces of injustice and systemic crises. The stakes could hardly be higher. The strength of our shared stewardship will likely determine whether we sink deeper into an adversity spiral, or whether we find pragmatic ways to create the vital conditions that all people and places need to thrive together.”

Celebrating 100 Years of Healing

Where We’ve Been and Where We’re Headed

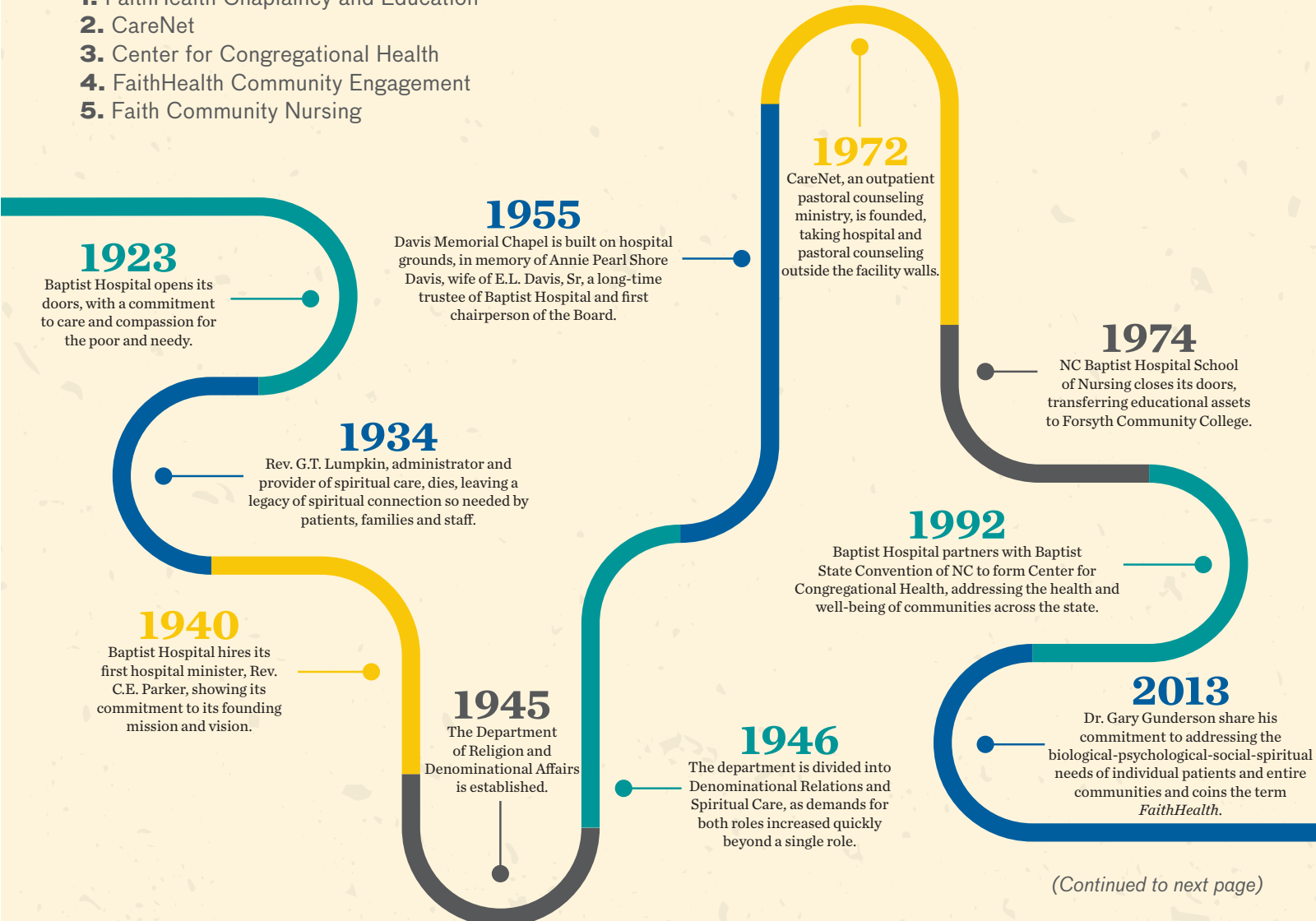
By Brian K. Davis

The founders of North Carolina Baptist Hospital, the clinical core of Atrium Health Wake Forest Baptist, had a broad vision for what they hoped to accomplish. Rooted deeply in the conviction that within their understanding of Gospel is care and compassion for the poor and needy, the churches of the Baptist State Convention of North Carolina marshalled their resources and, after years of planning and preparation, opened the doors of what was called Baptist Hospital on May 28, 1923.

It was never the intention for Baptist Hospital to be limited to a single location. On the contrary, the founders envisioned multiple hospitals across the state. In addition, education was clearly included in the stated purpose for Baptist Hospital when first conceived. The initial charter for the hospital included the expectation for a “training school for nurses.” Churches wanted nurses to be trained and deployed across the state to serve communities expressing the same compassion patients within the hospital would receive.

The original purpose of Baptist Hospital still guides the mission and ministries of the FaithHealth Division of Atrium Health Wake Forest Baptist. The division provides a modern expression to these values and engages in these efforts through 5 departments:

- 1. FaithHealth Chaplaincy and Education
- 2. CareNet
- 3. Center for Congregational Health
- 4. FaithHealth Community Engagement
- 5. Faith Community Nursing



(Continued to next page)

FaithHealth Chaplaincy and Education

Each of the 5 key departments branched from that small seedling for spiritual care established by the first superintendent of Baptist Hospital, Rev. G.T. Lumpkin. It is reported that Lumpkin, a Baptist minister, not only served as the administrator for the hospital, but also provided spiritual care to patients, their families and hospital staff – often visiting with them and praying with them. Lumpkin also provided theological education to nursing students.

He served as superintendent until his death in 1934, and was succeeded by Smith Hagaman. Hagaman recognized the legacy of Lumpkin’s spiritual care, and the reality that

patients, staff and students both expected and needed this care. However, as a layperson, he did not feel capable in his attempts to provide the expected spiritual care and education. So, in 1940, he approached the Board of Trustees with a recommendation to employ a hospital minister, and Rev. C.E. Parker was hired for this role. According to Edna Heinzerling, longtime director of nursing at the hospital, Parker, “devoted his time to ministering to patients and in counseling where needed.” His work was the next step in the development of spiritual care at the hospital and the first branch of growth on the young seedling.

As Baptist Hospital grew larger, the demands for spiritual care increased as well. The trustees approved a new position, one that would further demonstrate commitment

to the spiritual care of patients, families and staff through a full-time employee dedicated to these tasks and those of denominational relations. In 1945, the trustees hired Dr. W.K. McGee as director of the newly developed Department of Religion and Denominational Affairs. However, the demands of both roles, spiritual care and denominational relations, were more than a single person could manage, so the roles were divided with McGee retaining the denominational relations role and his associate, Dr. Richard Young, taking the lead in spiritual care as the employee dedicated solely to chaplaincy in 1946.

Young then led in the development of the School of Pastoral Care in 1947, bringing the concept of the healing team of chaplains and clinicians to bear on the health and well-being of patients. This led him to expand into chaplaincy education, thus establishing one of the oldest training programs for clinical chaplains in the US at North Carolina Baptist Hospital.

CareNet

An interesting development took place through the ministry of clinical chaplains in the hospital. A chaplain would visit a patient and the rapport built would often be strong, deeply respectful and as essential to the healing and well-being of the patient as all other aspects of clinical care provided. It was not unusual for patients to return to the hospital seeking to reconnect with the chaplain who had visited them in their time of need. A familiar refrain was, “I want to speak with that chaplain again; they helped me so much.”

Of course, the heart of a good chaplain is that of service and compassionate care, so it was a natural next step to offer counseling for a patient who returned asking for more spiritual care. As this service grew, it was obvious that more hands were needed to provide this care.

Richard Young initially developed plans to train local clergy to provide counseling and care through their local churches, as well as training chaplains to serve within the hospital. This approach helped, but the need for spiritual care in the hospital and the community both continued to grow.

In 1955, in memory of Annie Pearl Shore Davis, the wife of E.L. Davis, Sr, a long-time trustee of Baptist Hospital who served as the first chairperson of the Board – a role he continued for 20 years – Davis Memorial Chapel was built on the campus of the hospital. The chapel provides not only a sanctuary for the comfort of patients and their families, but for the use of hospital chaplains in their training and ministry.

By 1972, the demands for this outpatient pastoral counseling were so great, a new model for providing this

care was needed. So, in partnership with the Baptist State Convention of North Carolina, Baptist Hospital established its outpatient pastoral counseling ministry known as CareNet. With pastoral care taking place within the walls of the hospital and pastoral counseling taking place beyond the walls, the hospital’s original vision and purpose were seeing new and exciting growth.

Center for Congregational Health

At the same time, an original ministry and purpose of the hospital was ending. The North Carolina Baptist Hospital School of Nursing closed its doors in 1974. Changes in nursing education, delineating nursing education as 2-year associate degrees or 4-year bachelor degrees, placed 3-year programs – like those at the North Carolina Baptist Hospital School of Nursing – in a less-desirable place for students. So, the trustees approved closing the program and transferring its educational assets to Forsyth Community College.

When they set up the hospital, NC Baptists wanted nurses to be trained and deployed into communities to serve those in need, much like clergy in local congregations. In fact, when presenting the call for constructing the hospital to NC Baptists, the planning committee stated:

“As we establish as and maintain a hospital system, it must not lead churches and Christians to relegate all responsibility and personal interest to the hospital. Church and individual interest will be aroused in cases, though they be subjects for the hospital, and the community nurse will be a part of the church community and hers will be a distinctly Christian service as that of the pastor. So a proper conception of this mission of the hospital will put the local church in close touch with the community, in ministering to the afflicted and also extend its interests to the institution as well.”

The connection of the hospital with congregations was essential not only to build and open Baptist Hospital, but for its very survival in the hospital’s first decade. An emphasis on providing care, regardless of the ability to pay, resulted in hospital leaders imploring the churches of the Baptist State Convention of North Carolina to financially support the operation of the hospital and included appeals for special offerings from the congregations to provide care for the poor and needy. An early expression of this was the creation of the annual Mother’s Day offering, through which congregations contribute to help patients who could not pay their medical bills. This offering is still received by congregations and continues to be used to help patients who fall between the cracks of other financial assistance programs.

(Continued to next page)



Another connection between Baptist Hospital and congregations developed through efforts to strengthen congregational leaders – both clergy and laity – through the Center for Congregational Health (CCH). In 1992, in yet another partnership with the Baptist State Convention of North Carolina, CCH was established to help congregations in key areas of health. Their work is rooted in the conviction that healthy congregations play a vital role in the health of the community. Just as CareNet counseling addresses the spiritual and psychological health of individuals, CCH works to address the health and well-being of congregations in communities across the state. However, due to its unique work, it was not long before CCH became regionally, and then nationally, recognized for its work with congregations, denominations, networks and other judicatories.

FaithHealth Community Engagement

The seedling of spiritual care grew and branches for chaplaincy, chaplaincy education, pastoral education, pastoral counseling and then congregational development emerged, providing cooling shade beneath its leafy branches and bearing fruit which testified to the timeless values and enduring mission the founders of Baptist Hospital had envisioned.

In 2013, Dr. Gary Gunderson came to Baptist Hospital and brought with him vast experience in both hospital-focused and community-focused spiritual care. Gunderson’s commitment to addressing the biological-psychological-social-spiritual needs of individual patients and entire communities led him to coin the phrase FaithHealth. No separation, hyphenation or division between faith and health. As a result, Gunderson reframed the Department of Pastoral Care and its many ministries to bring an expanded commitment to community and population health. The seedling of spiritual care, having already grown and branched, would grow and expand even further.

Notably, among Gunderson’s vision for the Department of Pastoral Care, now known as the FaithHealth Division, has been the expansion of community engagement strategies, ministries and programs. Central to the community engagement strategy has been forming partnerships with clergy and congregations that include support of FaithHealth connectors. These connectors, as they are commonly called, are trusted liaisons in communities and do the all-important work of connecting hospital patients with much-needed support following hospitalization. But most importantly, connectors work with clergy and congregations to engage in the health of individuals to prevent hospitalizations in the first place.

With a commitment to helping patients find, “The right door, at the right time, ready to be treated and not alone,” connectors have expanded the impact of the hospital across communities, across the Baptist Hospital service area and beyond. Learn more about connectors on page 11 of this magazine.

The FaithHealth ground game also includes a unique chaplaincy ministry to first responders. Through partnerships with local law enforcement agencies, first responder chaplains engage in the critically important work of spiritual care for first responders.

The strategic combination of Wake Forest Baptist Health and Atrium Health has revived one of the initial purposes and mission for Baptist Hospital. The combination involved the integration of Faith Community Health Ministry, formerly housed in Atrium Health in Charlotte, with the FaithHealth Division in Winston-Salem. This means supporters of health and faith community nurses are now part of the FaithHealth Division’s community engagement strategy. This addition brings back to the FaithHealth Division the role of the community nurse and in so doing reconnects the division with one of the founding purposes for the hospital established a century ago. The roots of spiritual care established 100 years ago continue to bear fruit as the Tree of Life, depicted in the logo of Atrium Health, continues to grow and mature. The mission of Atrium Health is “To improve health, elevate hope and advance healing – for all,” and is a modern expression of the mission of Baptist congregations a century ago.



Embedded First Responder Chaplaincy

Embedded First Responder Chaplaincy

Caring for
Our Most
Valuable and
Vulnerable
Public Servants



Glenn Davis, MDiv
Atrium Health Wake Forest Baptist

Teresa Cutts, PhD
Wake Forest School of Medicine

Embedded first-responder chaplains serve fire, EMS and law enforcement agencies, and others.

First Responders comprise a large and tightly interwoven family linked with one another across the nation. Collectively, they are our **most valuable but also most vulnerable public servants**. The many stressors accompanying their unique jobs are life-altering and greatly impact the quality of life for them and their families. First responders serve and protect us daily, often putting their health and even their lives in peril. Yet the public that relies on their vigilance and skills understands little of the sacrifices they endure for our benefit.

This book, *Embedded First Responder Chaplaincy*, shares in depth the work of the Atrium Health Wake Forest Baptist First Responder Chaplaincy Program’s (FRCP) team members, who essentially function as first responders to the first responders. It includes the FRCP’s history, development, staffing and training, and is a comprehensive, descriptive and quantitative effort to highlight and value its work.

Order wherever you buy books!

stakeholderhealth.org/efrc

Atrium Health Wake Forest Baptist

FaithHealthNC
Medical Center Boulevard
Winston-Salem, NC 27157

Return Service Requested

Nonprofit Organization
U.S. Postage
PAID
Winston-Salem, NC
Permit #154

FaithHealth.org \ 336-716-3027

RESOURCES

CareNet Counseling

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

Center for Congregational Health

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

Chaplaincy and Education

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

WakeHealth.edu/Chaplaincy-and-Pastoral-Education

Please send address changes to:

FaithHealthNC
Medical Center Boulevard
Winston-Salem, NC 27157

FaithHealth

Make a Difference! Volunteer!



Join us in our efforts to create healthier communities

Find us on 

facebook.com/faithhealthnc