

FaithHealth

Spring 2013



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Rev. Gary R. Gunderson

The Missing Space

You've guessed by now that the magazine you are holding replaces Topics, through which you've had a lens into the life and work of the Division of Faith and Health Ministries of Wake Forest Baptist Health. Your eye has probably been caught by a lot of new, even surprising, articles and people. What you might not have noticed is what is missing—the space between the word "Faith" and the word "Health." Although they are distinct in English, in most African languages—and Aramaic, the natural tongue of Jesus—they cannot be separated.

When scholars from South Africa and Emory University did research on "religious health assets" for the World Health Organization in 2005, they quickly learned that it was simply impossible in Sesthoso (the language of the people of Lesthoso) to say "health" and not ask about faith, nor to ask about faith and not imply health. And it's just as impossible to talk about only "my" or "your" faithhealth. This is normal in most languages except English, so we have to help it along a bit by simply leaving out the "and" that normally joins the two words. And then get rid of the space, too.

This changes everything, as it dissolves the distinction between spiritual care, medical care, community health, counseling and the health of congregations. You will find a variety of competencies, skills and distinctive programs here—some so distinctive that people get on jet planes to come and see them. But all that we do and seek to do grows out of this very simple act of subtraction: no space between FaithHealth.

Welcome!

Gary Gunderson, MDiv, DMin, DDiv
Vice President, Faith and Health Ministries
Wake Forest Baptist Health



FaithHealth

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FaithHealthNC is published by the Division of Faith and Health Ministries, Wake Forest Baptist Health.

Cover photo: The FaithHealth initiative seeks to forge connections between faith communities and providers to help patients.

Restoring the connection between faith and health

Forgive Ray Howell, senior minister of First Baptist Church of Lexington, for the enthusiasm he brings — evident in booming voice and smile — when he talks about the FaithHealthNC initiative.

It's not just because the initiative is well under way in Lexington. It's not just because the initiative was started by the Faith and Health Ministries division of Wake Forest Baptist Health, where Howell is chairman of the faith and health trustee committee.

Rather, Howell's excitement has to do with connections being re-forged between congregations and care providers, thanks to FaithHealthNC.

"I think what has happened over the years is there has been a terrible disconnect between the faith community and the health care community," Howell said. "In the 1920s, churches saw the hospital as an extension, being engaged in healing ministry."

Over the years, as health care became more advanced and specialized, the faith and health care communities grew apart.

"I think what we've done is we've divorced ourselves from healing ministry," he said. "There's just a dichotomy between the two."

The FaithHealthNC initiative, he said, "is a way to bring back the two together."

Rev. Paul Mullen, director of the Department of Church and Community Relations for Wake Forest Baptist,



Ray Howell

Senior minister of First Baptist Church of Lexington, (left) discusses FaithHealthNC with Steve Snelgrove, president of Lexington Medical Center.

said the common ground of health care providers and congregations is "caring for people during time of illness, improving health and preventing disease in the first place."

"When Jesus commissioned his disciples, he gave two directives: to tell people that the Kingdom of Heaven was

near and to heal the sick," Mullen said. "Providing ministries to people suffering from illness, especially those who are most vulnerable, has always been vital to congregations. FaithHealthNC provides an organized and powerful way to build upon these natural, caring inclinations and capacities."

STUDIES SHOWED THAT PEOPLE WHO RECEIVED CARE WITH CONGREGATIONS THAT WERE PART OF THE MEMPHIS PROGRAM STAYED OUT OF THE HOSPITAL NEARLY 40 PERCENT LONGER THAN THOSE IN FAITH COMMUNITIES NOT CONNECTED THROUGH THE MODEL.

The “Memphis model”

The FaithHealthNC initiative came to North Carolina along with Rev. Gary Gunderson, vice president of Faith and Health Ministries at Wake Forest Baptist Health, who arrived in 2012 after seeing what hundreds of congregations could achieve in the difficult environment of Memphis, Tenn.

Gunderson, as senior vice president for faith and health at Methodist Le Bonheur Healthcare in Memphis, helped bring about new connections between congregations and providers, especially among people most in need.

Studies showed that people who were members of congregations that were part of the Memphis program stayed out of the hospital nearly 40 percent longer than those in faith communities that were not connected through the model.

Rev. Chris Gambill, manager for congregational health services for Wake Forest Baptist, says FaithHealthNC creates a “truly rare relationship” between partners in that both congregations and providers benefit equally.

“Hospitals benefit by reduced readmissions, a cost savings to us in charity care. But this is also a powerful way to benefit congregations — improving the health of members and the congregation itself.”

EVS workers to join FaithHealthNC effort to provide patient connections

THE FAITHHEALTHNC INITIATIVE will be built on covenants between providers and congregations to bring patients greater connections on their care journeys.

But connections can be made by others, too, and Wake Forest Baptist Medical Center is hoping to take advantage of the unique knowledge and willingness of its environmental services workers to join in the effort.

Training will be offered soon to many of the nearly 270 environmental services workers at Wake Forest Baptist to help them connect both on the job and in the community with people that FaithHealthNC is trying to reach.

Gary Gunderson, vice president of Faith and Health Ministries, says many environmental services workers “live in the very neighborhoods we’re interested in and trying to engage.” Employees, he says, can be “agents” for extending the strategy of FaithHealthNC not only in reaching people through the congregations they belong to, but through the barber shops and beauty stores, the groceries, small businesses and neighborhood places they’re familiar with.

Milander Smallwood, education manager for Environmental Services, says workers in his group—housekeepers, janitors, custodians—all interact with patients on a daily basis differently than others.

“Normally all anyone thinks is a housekeeper cleans a patient’s room; they don’t think they’re caring for the patient,” Smallwood says. “Actually, they do. EVS staff is often the care staff for patients that don’t have a lot of visitors.”

Jeremy Moseley, project manager for transitional outcomes, says the connections made by EVS staffers with patients is exactly what FaithHealthNC is about.

“They’re making connections with patients and families, sometimes on a deeper level than others,” he says. “That’s where there are opportunities, not necessarily to duplicate the role of providers, but to overall enhance our response as a health system.”

Training will help the EVS workers better understand how to reach people and advocate for them. The goal is put peoples’ health first, such as teaching preventive care, to improve the community’s overall health.

The effort is being led by Jeremy Moseley (mmoseley@wakehealth.edu).

— LES GURA



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Vignettes of the “Memphis model” and connections forged

THE FAITHHEALTHNC INITIATIVE IS MODELED after the “Memphis model” initiated by Rev. Gary Gunderson in his then role as senior vice president for faith and health at Methodist Le Bonheur Healthcare in Memphis, Tenn.

Studies show that people who received care and are members of congregations connected to the Memphis model stayed out of the hospital nearly 40 percent longer than those from congregations that are not connected.

The following are a small sampling of success stories from that program.

Support for a young diabetes patient

At a church-sponsored diabetes screening in Southaven, Mississippi, a 16-year-old girl was immediately referred for medical care because of high blood glucose levels. After this teenager went to the physician, she admitted that she was in denial about being sick and made three crisis visits to the emergency room because of symptoms from not taking her medicine as directed.

A liaison from the church, Brown Baptist, and team (including a nurse volunteer, one of the pastors who handles the counseling at the church and another teenager living with diabetes) intervened with the teenager and her parents at home, talking candidly about the need for the young lady to adhere to her diet, exercise and medication regimen.

The fellow teenager with diabetes stayed in contact with the young lady, to support her efforts at keeping her diabetes under better control. As a result, the teenager with newly diagnosed diabetes has had no more emergency or other hospital visits and has lost some weight, which in turn improved her self-esteem and mood, as well as keeping her blood sugar managed more effectively.

Encouraging healthy habits

Also in Southaven, a 59-year-old member of Brown Baptist Church expressed concern to a congregational liaison about dying of a heart attack before he reached 65 because his father and three brothers had all died at early ages of heart disease.

At the church’s annual Men’s Health Summit, the man took advantage of the offer of a free full blood panel (a \$300 value) to check for cardiovascular health, including

cholesterol, triglycerides and other markers, as well as monitoring blood pressure, height and weight.

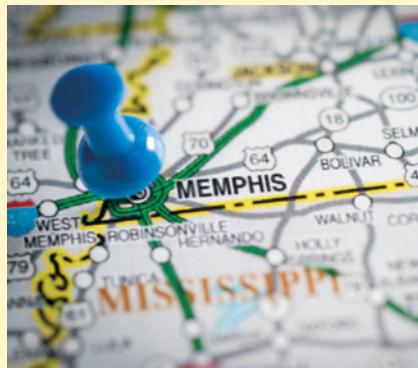
The man’s screening revealed an elevated blood pressure, so he was referred to his primary care physician. He was told the blood pressure elevation could be managed without medication, if he would improve his diet and exercise.

With the support of the liaison, the man was able to get his blood pressure checked every Wednesday at a noon Bible Study class. In addition, the church’s health and sports ministry teams started a Zumba class for seniors. The man began to attend it every week.

The end result is that his blood pressure returned to normal, he does not have to take medication, his body mass index and weight is normal and he continues to monitor his progress on blood pressure and weight in a health log provided by the liaison and her team.

A chance to go home

A 40-year-old patient was very ill and required a long hospital stay at Methodist North Hospital in Memphis, ultimately being found to have end-stage metastatic cancer. This man’s wish was to return home to his native country of Honduras, so that he could die surrounded by loved ones.



Unfortunately, the patient had few resources in the United States to assist him and no money to return home. Communication and planning were challenging because the patient spoke little English, and arranging air travel was complicated because of his fragile health.

But a team led by navigator and liaison, making countless calls on the man’s behalf in all aspects led to his final journey, where he was accompanied by the navigator.

The patient arrived in Honduras after a long, tumultuous flight, with his pain well controlled and the navigator by his side. They were prepared to make the six-hour trip from the airport to the home in rural Honduras in a borrowed vehicle. Instead, they were greeted by a waiting ambulance and local television news crews to film the event. The patient made it home to his wife and eight children, and his entire community was there to welcome him. He spent his last days surrounded by his loved ones. – LES GURA

How FaithHealthNC works

The premise of FaithHealthNC is simple.

Wake Forest Baptist enters into a covenant with a congregation by which they agree to work together in helping patients make the connections to ease their path at all levels of care—before they go to a hospital, while they are being cared for and after they are back on their own.

A key component of the covenant, Gunderson said, is to ensure that people facing illness come to the “right door, at the right time, ready to be treated and not alone.” Through “healthcare liaisons” that will be hired for the program by Wake Forest Baptist and volunteer “coordinators” from participating congregations, people in need of care will find comfort and practical help on their journey through illness.

The goal is to help people get preventive care when possible, ensure they have the best care when they are in need and provide them with support once immediate treatment is finished.

“For the most part, hospitals have rested on their reputations for being smart and compassionate, ‘when you need us, you can find us.’ In 2013, that’s not good enough,” Gunderson said.

Rev. Fred Smith, who worked with Gunderson years ago at the Carter Center in Atlanta, spoke at a community gathering in Lexington last fall. What has been shown, he said, is that “when people begin to talk about health, they’re not just talking about what happens in the hospital, in the clinic. In fact ... health has very much to do with where you live.”

These “social determinants” of health—the condition of peoples’ homes, the availability of jobs, their education level—were addressed in Memphis by partnerships between providers and congregations, said Smith, professor of urban ministry for Wesley Theological Seminary in Washington D.C.

“By working together and aligning their assets together, they had the opportunity to make the life for everybody in that community better,” he said.

There are no limits to the number of congregations Gunderson hopes will

**THE PREMISE OF FAITHHEALTHNC IS SIMPLE.
WAKE FOREST BAPTIST ENTERS INTO A COVENANT WITH
A CONGREGATION BY WHICH THEY AGREE TO WORK
TOGETHER IN HELPING PATIENTS.**



FaithHealthNC will help connect patients, caregivers and faith communities.

sign on to join FaithHealthNC, but efforts are being focused in four areas initially: Lexington, Wilkes County, Winston-Salem and among North Carolina Baptists, the Medical Center’s founding partner. The long-term goal is to share the program and its benefits throughout North Carolina, encouraging all health care providers to consider such covenants.

Gunderson said Wake Forest Baptist can create a significantly wider and improved version of the program because it already has established relationships with congregations and communities around the state through its CareNet counseling centers and its Center for Congregational Health.

David Blackburn, director of missions for the Ashe Baptist Association, is serving on a covenant design team for FaithHealthNC and North Carolina Baptists.

“This program has the potential to change the health of people physically, mentally, spiritually and financially to improve family life and social life,”

Blackburn said. “I see this program as a win-win situation for the person that is involved, for the church that becomes involved.”

He said another strength of FaithHealthNC is that anyone can benefit, even though different congregations are involved.

“Jesus died for everybody, so we need to help everybody,” Blackburn said. “If you’re laying in a ditch and your leg’s bleeding...it doesn’t matter what the denomination is. When people are hurting, it’s all about Jesus. It’s all about love. It’s not about denomination.”

Howell, of Lexington’s First Baptist Church, said it’s no coincidence that more than 20 churches of different denominations quickly expressed interest in FaithHealthNC in his small community.

“One of the things I think is so great about FaithHealth is it’s sort of taking us back to our roots,” Howell said. “This is who we were created to be.”

– LES GURA

Why community involvement is essential for churches

While serving as a pastor in Atlanta nearly 20 years ago, Rev. Nelson Granade had the unfortunate task of having to close Emory Baptist Church, a small congregation that was absorbed by another church.

One day he ran into a man in the neighborhood and shared that the church was closing. Granade asked if the man would like to come to Sunday's final service.

"I didn't go to Burger King the week it closed, so why would I come to your church?" the man responded.

Granade was shocked. How could a person possibly compare a church to a business? Upon further reflection, he said, it helped him to understand how far apart churches have grown from their community. It also helped him begin to realize how the life of the community and the life of the local congregation go hand in hand.

"People have to care about what's going on in church, and the church has to care about what's going on in the community," he said.

He brought that philosophy to his next congregation, First Baptist Church in North Wilkesboro, where he's been pastor for 18 years. And it's that philosophy he is bringing to a role helping to get FaithHealthNC off the ground in Wilkes County.

Granade credits his father, Napp Granade, a pastor in Warner Robbins, Ga., with instilling in him a sense of involvement in the community. His father was deeply involved in service to United Way, one year even chairing the annual campaign. Granade would get involved with United Way, too, in North Wilkesboro.

Over the years, Granade's church has been involved with efforts to start a developmental day school for children

with special needs, a Samaritan kitchen and a free dental clinic, among other programs. Granade himself served on a committee creating a 20-year vision plan for Wilkes County that led to construction of four new middle schools.

His work pushing community involvement led him to write a book in 2006, *Lending Your Leadership: How Pastors Are Redefining Their Role in Community Life*.

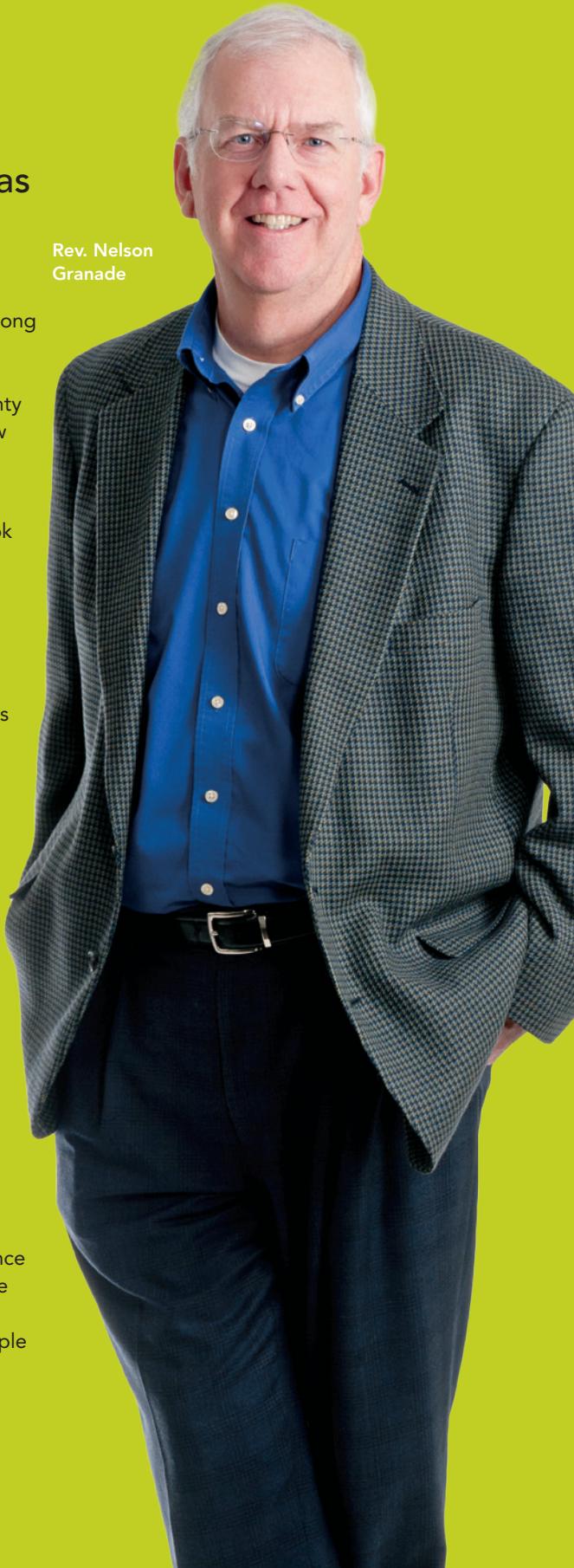
"I felt like pastors were not as respected as we were at one point," Granade said, explaining his motivation in writing. "Part of that is we tend to do things in our own churches and not become involved in the community. It helped for my church being involved and I wanted to share that experience. Here's a way you can get outside the doors of your church."

"PEOPLE HAVE TO CARE ABOUT WHAT'S GOING ON IN CHURCH, AND THE CHURCH HAS TO CARE ABOUT WHAT'S GOING ON IN THE COMMUNITY."

That philosophy meshes well with FaithHealthNC, which offers a chance for congregations to work with care providers such as Wilkes Regional Medical Center to ensure that people receive the care they need.

— LES GURA

Rev. Nelson Granade



Q&A

Pamela Duncan, PhD, is director of transitional outcomes and a professor of neurology at Wake Forest Baptist Health.

Interview by Tom Peterson

How can a health system better address readmissions?

When we look at why patients get back in the hospital, it is because of the health issues they are experiencing. Social well-being and spirituality also contribute to a patient's ability to manage their health before they enter a hospital and after they are discharged. Socioeconomic factors also drive hospital readmissions. Our highest readmission rates come from socioeconomically challenged communities.

I'm responsible for helping Wake Forest Baptist Health reduce hospital readmissions and improve the quality of health care provided across the continuum. This reflects not simply the quality of care in the hospital, but also services available in the community and services that are dependent upon one's social situation. We have to partner with social organizations, community-based medical organizations and post acute services to provide the best care for our patients based upon their needs and life circumstances.

So how do we as a community support our neighbors?

I grew up in the rural South where everybody knew everybody. You went to the same church, and if you were sick you had a whole menu of suppers coming to you. If you couldn't get to the doctor, someone would take you. In today's more complicated society, we've often lost that. We frequently don't know our neighbors, and we don't have the women's mission



Pamala Duncan

group that often stayed home and helped. They now work. But we still have among our congregations the ability to mobilize.

I recently visited an elderly lady who was the main support for her three grandchildren. There was no heat, not enough diapers; she was diabetic, but eating Eggo waffles. She relied on Medicare and on the Salvation Army for a lot of support. These are the families we identify at Christmas and put on an angel tree. How do we go outside our congregations and extend mission-driven community-based support?

We can provide treatment for you in the health care setting, but we are currently limited in our role as hospitals to help individuals maintain a state of health and well-being over the longterm. We have to go to population management. Managing the patient has to become part of our mission as a health care system, but we have to do it in partnership with communities where our patients live. And one of the greatest resources is the faith-based congregation.

How does this play out in a patient's journey?

We have some things in place, but we need to develop a more comprehensive,

cohesive program. We are partnering to develop congregational leadership to help educate and lead congregational missions to care for individuals with complex medical and social problems. Many of our health care providers find it hard to have critical conversations with patients during short hospitalizations. If we can't cure your cancer, do we as health care providers see this as a failure and back away from talking about other ways to support? If it's near the end of life, how do we prepare patients and families for that? More than a medical problem, it's a time we need to embrace collaborative partnership with patients, families and their faith-based communities to help patients establish and communicate their preferred goals of care. When do we engage faith-based communities to support patients as they make care decisions? Perhaps not just in the last few weeks of life. Many congregations put the patient on the prayer list early, but there's room to grow in understanding this journey and support patients and families as they established their goals of care.

Training the Next Generation

"We live in a moment of history where change is so sped up that we begin to see the present only when it is already disappearing."

— R.D. Laing, Scottish psychiatrist who wrote extensively on mental illness.

What is shifting in health care today is the previous focus on sick care to an emphasis on prevention and wellness. This “new age of health,” as futurist David Houle describes in his book, *The New Health Age: The Future of Healthcare in America*, is a hinge moment in which the way we think about health, and how health care is practiced and delivered, will undergo radical transformations.

CareNet, Inc., a subsidiary of Wake Forest Baptist Health, is preparing the next generation of spiritually integrated behavioral health care providers through an innovative, two-year post-master’s and/or post-doctoral residency program.

As part of a workforce development strategy, CareNet offers a two-year intensive resident training program in spiritually integrated psychotherapy. The program results in a self-aware, highly skilled, spiritually sensitive practitioner who is license-eligible in multiple mental health disciplines. To double the number of licensed, integrated mental health professionals entering the workforce, CareNet will recruit resident groups each academic year rather than every two years.

New in 2014 is a multi-track option for residents. The two tracks — outpatient psychotherapy and integrated behavioral health in primary care — will prepare residents in integrated models that characterize



Nick DeJesus, with his child, Nadia, born on Easter Sunday, is a resident in the program and is a CareNet center director in Harnett County.

“World II” of health care. Today, the worlds of behavioral health, substance abuse, medicine and public health are mostly segregated. The new world of health care calls for collaborative approaches to care that focus on prevention and wellness. The path from segregation to integration is hard but necessary. We want to create what Jonas Salk called an “epidemic of health.” CareNet hopes to lead in training the next generation of spiritually integrated behavioral health professionals.

This next generation of behavioral health care professionals will practice in a world where disciplines, once in limited conversation, will need to become intimate partners. Through these new collaborations, those served will receive improved care at lower cost.

— STEVEN SCOGGIN, PSYD, LPC

CareNet
Counseling

An affiliate of
Wake Forest Baptist Health

Care for Caregivers

LAST SUMMER, REV. DR. ANN CHARLESCRAFT joined Chaplaincy and Pastoral Education for Wake Forest Baptist Health to begin a program of intentional caregiving for staff. Working for 17 years at Virginia Commonwealth University, she had gained expertise in helping staff cope with compassion fatigue and moral distress around end-of-life decisions. She also set up a self-care program for VCU employees and is now developing a similar program for Wake Forest Baptist.

"A multidisciplinary group of caregivers, led by Chaplain Jay Foster, designed an innovative plan to enhance end-of-life care at the Medical Center," Charlescraft said. "End-of-life care has many dimensions, and one of them is helping staff cope as they extend themselves physically, mentally, emotionally and spiritually in caring for patients and families. Staff can easily absorb people's pain inherent in these situations, and they need support."

The team created a new position, Chaplain for Staff Ministries, to help staff deal with moral distress and compassion fatigue that surrounds care at the end of life.

"The self-care program we're developing at Wake Forest Baptist, 'Living Well while Caring for Others,' is a transformative ministry where clinical staff members learn the triggers for compassion fatigue and burnout," Charlescraft said. "They also learn the dangers of moral distress that can occur when the caregiver is called to provide medical treatment that seems disproportionate or extreme. That distress may be a culprit in compassion fatigue, causing a feeling of powerlessness

to influence treatment in ways caregivers believe to be most beneficial. Clinicians learn helpful ways to intervene for self and colleagues through the self-care program."

"Living Well while Caring for Others" encourages intentionality in self-care practices. Compassion is a limited resource that must be restored daily to avoid burnout, compassion fatigue or the symptoms of post-traumatic stress disorder that can come from repeated exposure to traumatic events. Research suggests that providing clinicians with knowledge of practical self care, enhanced spiritual well-being and ways to increase "compassion satisfaction" may lessen the effects of compassion fatigue. Higher retention of health care providers often results. The Wake Forest Baptist program is designed to provide this knowledge.

Charlescraft is meeting with critical care nurses as part of a research project to assess the effectiveness of supportive care of caregivers. She also provides individual and group support sessions for employees struggling with stress at work and home. The author of many articles, Charlescraft is writing a book for chaplains and others who help professionals who are themselves experiencing compassion fatigue and burnout.

— REV. PAUL MULLEN, PHD

"LIVING WELL WHILE CARING FOR OTHERS" ENCOURAGES INTENTIONALITY IN SELF-CARE PRACTICES.

Hope is in the Air

THROUGH 30 YEARS OF HOSPITAL MINISTRY I have been privileged to hear remarkable stories of hope inspired by resilient faith, even radical trust in God.

Etta faced the battle of her life when she was diagnosed with leukemia. I was a young chaplain assigned to the unit where she spent weeks on end. Sitting by her bedside, listening to the full range of her feelings, I became her student on the meaning of hope.

With chemotherapy coursing through her veins, Etta fought as hard for her life as humanly possible. She experienced the joy of remission and despair of relapse. Her family, church members and I prayed fervently for healing—holding onto hope that meant curing in our minds.

I will long remember one visit after the leukemia returned a third time. Her physician was to see her that day with news of the latest bone marrow biopsy and recommendations about the way forward. The future course of her life was hanging in the balance.

Entering her room I expected to provide comfort during an anxious time of waiting. To the contrary, her sense of peace was nearly palpable. I commented on her serenity and

she replied, "Paul, I've done a lot of thinking and praying. Whichever way this goes, whether I live, which I want to so much, or whether I die, I will be all right. God will be right there with me either way, and I trust him. And I know that he will be with my family, making a way to see them through." Grounded in God's love, Etta knew she was home free. Hope was in the air.

Hope that emerges from faith calls us to a different place than hope for a predictable future. We often relate hope to the desire for a guarantee. A part of us yearns for an assurance that life will work out like we want, for ourselves and for those we love. Trusting future outcomes to God and not ourselves can be a lifelong journey.

Jesus calls us to anchor our hope in a radical trust in God's unlimited love, unwavering presence and creative power—just like he did. When we trust enough, believing God's promises and living with hope comes a little easier. Whatever life brings our way, God promises to be at work. From the raw material of our lives, he can make something good, even something beautiful.

— REV. PAUL MULLEN, PHD

People and Events

Health system leaders discuss strategies to improve health in low-income communities

On April 5, leaders of nearly 40 U.S.-based health systems met in Washington, D.C., to discuss ways to address health problems in communities challenged by poverty, poor education, inadequate housing, disparities and other "social determinants of health" that are beyond the ability of any single institution to address.

The meeting of the Health Systems Learning Group (HSLG) was co-hosted by the White House Office of Health and Human Services' Center for Faith-based and Neighborhood Partnerships. It was

attended by Wake Forest Baptist Medical Center's CEO, **John McConnell, MD**; its board chair, **Donna Boswell, PhD**; and vice president of faith and health ministries, **Gary Gunderson, DMin, DDiv**, who also facilitated the meeting.

It focused on a new HSLG report that provides recommendations on how nonprofit and faith-based health systems can work with public health, businesses, community groups and other providers to reduce chronic disease and improve people's quality of life.

The HSLG's first-of-a-kind study comes at a critical juncture as U.S. governors decide whether to accept the expansion of Medicaid dollars as part of the Affordable Care Act. Attendees addressed



opportunities through the Affordable Care Act to establish more effective population health practices within community environments, which produce complex health challenges, and needs that result in frequent costly treatment and high hospital readmission rates.

The HSLG members committed to work with each other and government partners to implement the ensemble of recommended practices that promise true cost savings in the process of fulfilling the mission of community health.

People and Events

Advance Care Planning— Instruments of Love and Justice



Advance care planning is important for patients and their families.

Wake Forest Baptist Health's mission to promote the advantages of Advance Care Planning (ACP) has expanded. Chaplain residents have many ACP-related conversations with patients (focused on patient wishes expressed through a living will and health care power of attorney). Having early conversations with your family and medical team about your desires for medical care during a time of severe illness is a gift of love to your family—and a gift of justice or basic fairness to yourself about receiving the levels and types of health care you desire.

Wake Forest Baptist worked with regional health care systems to sponsor a conference on May 23, "Bringing Advance Care Planning to Life: New Initiatives for North Carolina." The conference was designed for professionals including physicians, physician extenders, nurses, public health, and faith and community leaders. It was held at Wake Forest University.

Keynote speakers included Ellen Goodman, Pulitzer Prize-winning columnist and director of The Conversation Project, an organization dedicated to helping people talk about their wishes for end-of-life care.

To learn more about ACP, contact Keith Stirewalt, 336-716-5811.

Leading Causes of Life

The opposite of disease and death is *life*. But while we know a great deal about the leading causes of death, we hardly have basic vocabulary to talk about the leading causes of life. **James Cochrane, PhD, MDiv**, of the University of Cape Town, is leading the Leading Causes of Life Initiative to develop the basic theory, language and paradigm on which programs can be built to systematically advance life at community scale. The first theory meeting was held in Stellenbosch, South Africa, in January, with the second in Winston-Salem in May. Gary

Gunderson and Larry Pray laid out the basic ideas in the 2008 book *Leading Causes of Life*. The three-year initiative will involve scientists, religious and institutional leaders, as well as those working close to the ground, such as our FaithHealthNC initiative. **Paul Laurenti, MD, PhD**, well-known



Paul Laurenti, MD, PhD

Wake Forest neuroscientist who is participating, has observed that the large scale networks we are building are themselves a kind of life that can be analyzed using neural modeling. LCLI may offer up the theory and practices that bring that model to, well, *life*. (*Cochrane* is at jrcochrane@gmail.com)

Religious Health Assets

Wake Forest Baptist and the University of Cape Town (UCT) have entered into a multiyear research collaboration to extend the science of "religious health assets." UCT has been the hub of a growing field showing how faith networks are components of the larger systems of health. UCT will host the third global meeting on Health Systems Research in late 2014. The UCT/Wake Forest Baptist research partnership will focus on mapping the religious health assets in North Carolina, which is a key component of FaithHealthNC. As a result, North Carolina will be a learning laboratory that will produce national and, in 2014, even globally useful knowledge and practice. The International Religious Health Assets Program at UCT is led by **Jill Olivier, PhD** (jilloli@gmail.com).



FaithHealthNC

For updates visit our new website:
faithhealthnc.org



North Carolina Baptist Hospital

Mother's Day Offering

Thank You!

“The Mother’s Day Offering was a miracle that changed our lives.”

– Tracy Martin

Joy was blended with agonizing fear for Eddie and Tracy Martin at the birth of their daughter, Kenzie. She had Down’s Syndrome and needed heart surgery. God’s healing came through surgery at Wake Forest Baptist Medical Center, but new worries soon appeared. When Tracy had to leave work to care for Kenzie full time, frightening financial needs overwhelmed them. “We were losing hope and drowning under pressure. The stress from all the bills and our worries about Kenzie were horrible and it hurt,” Eddie said.

But God turned fear into hope when the Martins learned that North Carolina Baptists had paid the balance of Kenzie’s hospital bill in the name of Jesus Christ and His love.

“The Mother’s Day Offering lifted a huge burden and saved us,” Tracy said through tears of relief. Eddie rejoiced, too. “This was a miracle sent from God that absolutely changed our lives. We thank those who helped us with all our hearts!”

Your gift helps patients in times of suffering and serious financial need pay their hospital bills in the name of Jesus Christ. God’s love is at work through you, giving hope and changing lives. Thank you for praying and giving!

See the life-changing difference at
www.mothersdayoffering.org.





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FaithHealthNC

Join us in this new effort to create a healthier North Carolina!

FaithHealthNC is a dynamic partnership between faith communities and health care providers focused on improving health. Partnerships combine the caring strengths of congregations, the clinical expertise of the provider and a network of community resources. For more information, please contact Paul Mullen, **336-716-3027**, pmmullen@wakehealth.edu, or Chris Gambill, **336-716-0459**, cgambill@wakehealth.edu.

► faithhealthnc.org

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

► carenetcounseling.org

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

► healthychurch.org

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

► WakeHealth.edu/Chaplaincy-and-Pastoral-Education

Please send address changes to:
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