

FaithHealth

Spring 2014

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Finding our way to a healing role

In his laboratory at Wake Forest Innovations in downtown Winston-Salem, Dr. Tony Atala lives on the breaking edge of health science technology. His work is helping stem cells fulfill their astonishing capacity to become working organs. You can't make cells do this like you can make bricks become a wall. It seems that the cells sort of want to become a pancreas, liver or skin once Tony gives them the idea it's possible and creates the medium in which they can pursue their future and play their healing role in a living system called a human being.

One day I asked Tony whether he thought something like this might be true for people, too. Do you think we sort of want to be on committees? Do you think we want to be part of the organ systems of our communities? He thought that was true and so do I. The structural apparatus of FaithHealthNC is emerging in the form of a covenant, roles, committees, educational programs, evaluation metrics, and all sorts of connectional tools and protocols.

But all that is the trellis, not the living vine.

What gives life is the spirit: in Greek this is called **dunamis**; in African, the energy is called **Seriti**. It's holy. And we are foolish to think we can aim, control or make it serve even those purposes we think most noble, such as healing. Indeed, it's the other way around.

A movement is the thing that moves us, not the thing we move. These days, we have a sense we are being moved across the lines of disciplines and languages that have kept the healing possibilities apart. We are being moved from behind our thousands of bricks and shiny machines into streets and neighborhoods. And we are finding we have friends in tough places urban and, as you'll read in this issue of FaithHealth, rural ones, too. Like Tony's cells, we seem to be made to become part of the healing. In becoming part of the larger life, we find our own. Of course we do.



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



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FaithHealth

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Cover photo: Rev. Don Durham grows produce to feed the hungry at Healing Springs Acres in Denton.

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Rural Connections: Harvesting Healthier Living

Rev. Don Durham was living in Atlanta, serving as president of a Baptist foundation, a job about raising money. He wanted to be more involved in the lives of his daughters, who lived in North Carolina, and he felt a calling to be more involved in the front lines of ministry.

So in 2010, he gave up his career as a fundraiser to become a farmer. Today, Durham's farm, Healing Springs Acres in Denton, grows food that's given away for free to those in need. It's critically needed in rural areas such as Denton, where poverty, lack of access to providers and lack of resources can create health crises.

His farm — supported by volunteers who help him tend, harvest and distribute potatoes, zucchini, green beans, corn and more — is one small, innovative way of improving health in rural areas.

"The solution to hunger is not for my farm to get bigger and bigger," Durham says, "but for more people to do the same thing."

Efforts such as Healing Springs Acres are growing in North Carolina, where people and organizations are recognizing the need for systemic change in turning around health trends in rural areas. In many cases, the changes are blurring traditional lines among civilians, nonprofits, faith communities, government and providers.



"What supports good health?" asks Allen Smart, vice president of programs and director of the Kate B. Reynolds Charitable Trust's Health Care Division. "Any improvement in the health stature of rural communities must involve a lot of people not traditionally involved in health care."

How problems arose

Many rural communities were founded on a fairly narrow economic base, says Doug Easterling, chair of the Department of Social Sciences and Health Policy at Wake Forest School of Medicine. As the textile, tobacco, furniture and manufacturing industries declined over the past 30 years, many communities did not adapt; they failed to either see the

decline coming or to devise a plan for new businesses and jobs.

"A lot of these communities developed a sense of passivity," Easterling says. As a result, people in many rural parts of North Carolina, "didn't know what to do. They felt helpless. There were no alternatives for their livelihood."

Economics remains a key trigger of poor health. One employer closing its doors can have a devastating effect in a rural community.

Heather Murphy, executive director of The Health Foundation, a nonprofit serving Wilkes County, says rural residents without jobs or with minimum-wage positions often face tough choices.

Even if a trip to the doctor costs as little as a \$20 copayment, that still means

“food on the table” to a person in a poor household, Murphy says. As a result, many people won’t go to a doctor unless the problem is urgent, which can lead to more severe health issues.

TWO OF THE BIGGEST OBSTACLES TO CARE IN RURAL COUNTIES ARE ACCESS AND TRANSPORTATION COSTS.

Murphy says accessibility to health providers remains a key problem in rural areas. Many people don’t have transportation, and providers are more scattered.

Stress, too, affects emotional and mental stability.

“Depression and anxiety may not seem like big things in the scheme of things, but they can lead to substance abuse,” Murphy says. “They can lead to despair and, certainly, we have a high suicide rate in our rural community. People are crying for help whether they want to admit it or not.”

Two of the biggest obstacles to care in rural counties are access and transportation costs. When the North Carolina Office of Rural Health and Community Care was created 40 years ago, it was the first such state agency in the nation. Today, the Office of Rural Health and Community Care continues to work in its key missions to provide access to medical, psychiatric and dental care professionals in underserved areas. It does so through various programs, including a student loan repayment program to attract physicians to rural areas.

Chris Collins, acting director of the Office of Rural Health and Community Care, says although major inroads have been made in making primary care available in rural areas, the burden is as strong now as ever.

“Health care is not in a stable state at all,” Collins says. “This is a very dynamic time in health care. Quality, cost and patient satisfaction are things the entire health care industry is trying to move.

The whole concept of continuous quality improvement is huge everywhere, not just rural.”

Still, she says, rural areas face a unique problem because of their population.

“They’re older. They’re sicker. They’re more likely to have lower incomes,” Collins says. “These challenges are greater in rural areas than urban.”

One new approach

Several years ago, the Kate B. Reynolds Charitable Trust, whose mission is to improve the quality of life and health of North Carolinians in financial need, decided to focus on distressed rural counties.

The Trust developed Healthy Places NC, a concerted effort to target poor, rural counties with as much as \$100 million over 10 years to create change in multiple ways at once. So far, the program is in four counties: McDowell, Beaufort, Halifax and Rockingham. The Trust plans to support as many as 15 counties in the future.

Under the program, begun in 2012, the Trust sends a program officer into a designated county to make connections with many people or organizations. Using local wisdom and the knowledge of outside experts, people in the county can decide what health areas to focus on.

Healthy Places NC is an initiative of the Kate B. Reynolds Charitable Trust to help rural counties, including construction of new playgrounds.

One of the keys, Smart says, is engaging a broad range of residents in every county, especially those in places that had not always been part of discussions about health.

Smart says this means engaging school systems, economic development agencies, churches and congregations, all of which see and deal with health issues and can develop ideas about how to bring about change.

Besides developing new ideas, Smart says sometimes the process requires following through on ideas that may have been discussed but abandoned because of a lack of money or manpower. The Trust will support many of these programs with money, but often asks that communities contribute matching dollars to demonstrate their commitment.



THE EXPECTED OUTCOME OF THE TRUST'S PROGRAM LONG TERM IS TO IMPROVE COMMUNITY HEALTH IN FOUR KEY AREAS: DIABETES, MENTAL HEALTH AND SUBSTANCE ABUSE, ACCESS TO PRIMARY CARE, AND COMMUNITY-CENTERED PREVENTION SUCH AS FOOD ACCESS AND PHYSICAL ACTIVITY.

One example of a big-picture idea is in Halifax County. The county is developing a large-scale recreation plan to encourage fitness. Obesity is one of the typical problems of people living in rural counties, and it can lead to type 2 diabetes. The expected outcome of the Trust's program long term is to improve community health in four key areas: diabetes, mental health and substance abuse, access to primary care, and community-centered prevention such as food access and physical activity.

"Our hope is that after a year or two, people from all places — schools, the county manager, doctors, lawyers — will come together and work on this for an extended period of time," Smart says. "We'd like to reduce a county's health status ranking from 99th in the state to 50th in the state and allow people in all sorts of different roles to be active participants."

More new efforts

Bob Ritter grew up in a tough neighborhood in Louisville, Ky., the son of a single mother who struggled to pay the bills and feed her family. He knows why good nutrition and obesity are common issues in rural areas — it has to do with poverty and low-paying jobs.

Today, Ritter is pastor of Nebo Crossing, a Baptist church in Nebo, N.C.

"My mom picked up McDonald's because she was about to fall over. She didn't even have time to clean up after dinner the night before. Having McDonald's three nights a week for some of these kids battling obesity is a horrible, horrible choice for a mother, but you can understand it," Ritter says. "When you've grown up in that situation, you realize McDonald's isn't a lack of love; it's what she can afford, fast."

Nebo Crossing was chosen as the site for a new playground in the rural

community, part of the work being done via the Kate B. Reynolds Charitable Trust in McDowell County. In a community of 7,000, some 250 people came together the day the playground was built with assistance from KaBOOM!, a national nonprofit that works to create play areas for children as part of the fight to improve fitness. The play area at Nebo Crossing includes a "cozy cocoon," a mini-zipline and other fun ways for children to play together.

Ritter says the initiative begun by the Trust is inspiring to the people of McDowell County. His small church is embarking on a long-term, \$2.5 million plan to build a community center on its property that would be open to all, regardless of denomination. It also hopes to erect a pavilion alongside the playground this spring that will be open to the entire community, for events such as birthday celebrations.

"One thing I say all the time is the church is not any different from the community. The church is the community," Ritter says. "We are the ultimate nonprofit."

Even as the Trust has brought playground projects into some of the counties it is serving as part of its direct

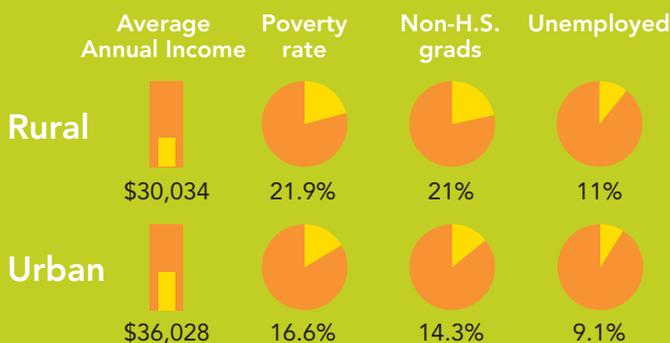
Rural Health DISPARITIES

Some **3 million** North Carolinians live in rural areas, representing about one-third of the state's population.

Rural North Carolinians:

- > Are less likely to have access to health services.
- > Are more likely to engage in risky health behaviors.
- > Have a higher mortality rate.
- > Are more likely to forego seeing a doctor because of cost.
- > Are less likely to visit a dentist.
- > Are more likely to smoke.
- > Are more likely to be obese.
- > Are more likely to die of heart disease, diabetes, lung disease, unintentional injuries and suicide.

According to 2011 and 2012 data:



Sources: Rural Assistance Center, U.S. Department of Health and Human Services; Task Force on Rural Health, North Carolina Institute of Medicine

work, it is engaging outside partners in its efforts to improve health in rural counties.

One such partner is FaithHealthNC, which has received a long-term grant of nearly \$500,000 from the Trust to do work in eight rural counties including McDowell.

FaithHealthNC, a movement begun in 2013 by Wake Forest Baptist Health's Division of Faith and Health Ministries, works to connect congregations and health care providers. The goal is for faith-based volunteers to provide assistance to people with health needs. Assistance can take many forms, from transportation to and from doctor visits to staying with a patient while they're in the hospital to helping those in need find the right resources.

Murphy, whose Wilkes County foundation is aimed at helping improve health, calls FaithHealthNC "a tremendous beacon of hope" for her community. She believes that FaithHealthNC can assist the community with preventive care efforts. FaithHealthNC officially began working in Wilkes County in December 2013.

"FaithHealth brings people together at what we do best," Murphy says. "Rural means community. Rural means neighbor, and when we can ignite that sense of community around helping people achieve health and well-being, what a tremendous thing we're doing."

Growing a food movement

When Don Durham moved from Atlanta to begin Healing Springs Acres in Denton, he knew he needed assistance. He got a big piece of that help from His Laboring Few, a motorcycle ministry based in Thomasville that has a storehouse and receives and distributes



Volunteers work the fields for the Cleveland County Potato Project, which grows and gives away 200,000 pounds of white and sweet potatoes to the hungry.

much of the food donated by Healing Springs Acres.

Durham says since starting Healing Farms Acres, he has read stories about food insecurity, a reminder that he has "gotten involved in about as timely and relevant a local issue as I could have come up with."

Providing healthy, fresh food at no cost to those in need is not only rewarding, but when done by groups of people, it helps grow community, Durham says.

"Working in gardens, spending time with one another, it's a good thing."

The theme of community likewise comes shining through from Doug Sharp, co-founder of the Cleveland County Potato Project, an effort that this year expects to grow and give away 200,000

pounds of white and sweet potatoes in the rural county. The project has ties to Sharp's church, Shelby First Baptist.

Sharp says the idea came about in thinking of something that could be done to help people struggling with food. Potatoes are a productive crop and are relatively easy to plant and harvest. The potatoes are grown on donated land with a broad group of volunteers of all ages.

"One of my uncles served in a POW camp in Germany in World War II," Sharp says. "I remember him coming home and saying that in 90 days in prison camp he lost 90 pounds. He said he made up his mind he would never be hungry again."

After a career in human resources for companies such as Marriott and Sears, Sharp, 76, says it's important to continue to give back.

“My real goal is to encourage small groups of people to step out and do something like this, not on the scale we have done, but on a manageable scale that a group of volunteers can do,” he says.

“One of the trends in today’s society is we are leaving behind those in the lower end of the economy. We rationalize it about them not doing anything to help themselves,” he says. “The truth of the matter is that being true to the scriptures, it’s our duty and responsibility as Christians to do something about it.”

Overcoming barriers

Smart says there will always be barriers in targeting the problems of rural counties.

For example, the state of North Carolina’s decision in the 2013 legislative session to reject Medicaid expansion means that a large number of poor will be ineligible to qualify in the insurance marketplace portion of the Affordable Health Care Act. The federal legislation, Smart notes, was created with the idea that Medicaid would be expanded so that the poorest citizens would be eligible for subsidies and receive preventive care to stave off costly, long-term health issues.

Another barrier Smart cites is a lack of regionalism among rural counties. The fact that many counties have their own health systems, rather than a regional health agency, can limit resources, he says. For example, many rural county health systems cannot afford a full-time psychiatrist, whereas a regional organization might be able to support one.

Yet another difficulty of distressed rural counties is their inability to retain their own young people — in large part because of a poor job market.

Victoria Chetty, a 2011 graduate of Mills College in Oakland, Calif., says she returned to her hometown of Roanoke Rapids because she felt a commitment “to try to make an impact” and give back.

She suggested that rural communities focus on creating economic opportunities for young adults, who otherwise will go where they believe they’ll find jobs.

“The biggest challenge for rural areas is that the people who would otherwise



“POVERTY IS A CONSTANT COMPANION,” AND HEALTH IS A CASUALTY.

– Russ Howerton, MD, chief medical officer, Wake Forest Baptist Health

be coming back to intensely focus on making rural areas stronger and more self-sufficient don’t typically come back, because things here seem to be so backward,” says Chetty, a community volunteer and outreach coordinator for the Roanoke Valley Breast Cancer Coalition.

Russ Howerton, MD, chief medical officer of Wake Forest Baptist Health, grew up in rural Tyrrell County, where his father served as his community’s only local physician for about 10 years. In many eastern North Carolina communities, he says, “poverty is a constant companion,” and health is a casualty.

He supports initiatives under way by groups such as FaithHealthNC and the Kate B. Reynolds Charitable Trust.

“These are certainly environments where we need to find and enlist the unpaid caregivers who are interested in our patients and help them connect with us,” Howerton says.

Easterling, the chair of Social Sciences and Health Policy at Wake Forest School of Medicine, says one of the dangers inherent to rural living is that residents can become isolated from opportunities and ideas.

“When jobs evaporate in response to changing global trends and forces, rural communities are at greater risk of losing population and vitality,” Easterling says. “On the other hand, they can rely on both the personal initiative and long-ingrained social connectivity that’s there, often through church networks.

“That’s what makes rural communities fascinating. Those strengths and assets can become the currency through which people solve health problems, overcome economic disruptions and hold onto the young people that are their future.”

– LES GURA

Ashe Really Cares

Providing for those in need with faith and love

It wasn't long after **Rev. David Blackburn** arrived at his new post as director of missions for the Ashe Baptist Association that he saw the difficulty people in his rural county were having finding work.

He wanted to do something to help them with food and clothing while they pursued the education they needed to get back in the work force. And he wanted to get trained volunteers to help in other aspects of their lives.

What was borne from his thoughts 15 years ago was Ashe Really Cares, or ARC, a faith-based agency that today provides many types of support, and counts some 100 churches of all faiths as contributors. From 77 families served per month in its first year, ARC now provides for 500 families, reaching nearly 1,000 people per month.

"We didn't feel just giving folks food is the answer," Blackburn says. "We wanted to get to know the whole person, to know their situation, and help them get out of the cycle of just asking for help."

Today ARC will do everything from giving families free food and clothing to providing kerosene heaters to building handicapped ramps. ARC and the Ashe Baptist Association are lead agencies in Ashe County's annual Christmas Project. The \$100,000 Christmas Project provides \$100 worth of toys, clothing and other items to 1,000 children each year whose families are at the poverty level.

"Ashe is a very rural county," says Pat Miller, who has been director of ARC since shortly after it opened. "We don't have a lot of job opportunities. A lot of people are carpenters and painters, so in the winter they don't have a lot of work. And the seasonal workers don't have work, either."

The food pantry and clothing store is located in West Jefferson, at the headquarters of the Ashe Baptist Association, and is

served by nearly 70 volunteers every week. Families in need come to the pantry and store on an alternating month basis, and those in dire need are directed to other food pantries in the county.

"We're just trying to get them through the tough spots," Miller says. Although some families drop out because of improved situations, ARC averages nine to 12 new families every month.

TODAY ARC WILL DO EVERYTHING FROM GIVING FAMILIES FREE FOOD AND CLOTHING TO PROVIDING KEROSENE HEATERS TO BUILDING HANDICAPPED RAMPS.



Ashe Really Cares, based in West Jefferson, provides food and clothing for 500 families, as well as many other services.

Miller herself is well aware of the problems that Ashe County faces in terms of employment. In 2013, Gates Rubber Company announced it was closing its Ashe County plant, putting 250 people out of work by early this year. Miller's husband, who worked at Gates Rubber for 32 years, was laid off in March.

Blackburn says one of the keys to ARC is being more than a government program. Miller and the ARC volunteers offer a different type of assistance.

"As you know, especially lately, the economy has taken a downturn. A lot of folks find themselves in need for the first time," Blackburn says. "Some people come here just so they can talk to us. We can pray with them, be a friend to them. Really, they come because we're an organization that cares about their needs."

– LES GURA

Stakeholder Health: Helping young people get back on track in Chicago

Now heading into its fifth year, the Lawndale Christian Legal Center in Chicago offers a way out to nearly 250 teenagers and young adults a year accused of a crime or already caught up in the criminal justice system.

Cliff Nellis, the Legal Center's lead attorney and founder, says the goal is to stem a tide that has kept some communities down on the city's West Side.

"We work aggressively to negotiate alternatives to incarceration, offering rehabilitative forms of probation that will allow their records to be expunged down the road, rather than have them become permanently stigmatized," he says.

The Legal Center's holistic approach offers a range of services: afterschool classes with a computer lab and gymnasium, mental health care, case managers, one-on-one mentors and, most important, a jobs program.

The Legal Center is funded in part by the Advocate Bethany Community Health Fund, a program established by Illinois-based Advocate Health Care to give \$1 million a year for 14 years to build, promote and sustain four targeted communities in the city's poverty-stricken West Side.

The Bethany Fund, formed in 2007, makes 35 to 40 annual grants to organizations working in four areas: school dropout prevention, workforce development, violence prevention and diabetes. Grant awards range from \$5,000 to \$50,000. Advocate Health Care is a member of the national Stakeholder Health initiative, which seeks to create new partnerships among care providers, nonprofit organizations, faith communities and more in an effort to broadly improve health.

By offering troubled young men and women a chance to avoid a permanent record while learning social skills and job training, the Legal Center is making a difference.

Nellis likes to share a story about a 15-year-old accused of attempted murder whose case was taken up by the Legal Center. The teen was facing an adult trial and a possible sentence of more than 30 years if convicted. The Legal Center's team worked his case and he was found not guilty at trial. But that didn't end the Legal Center's involvement with the youth.

The Legal Center hired the teen for its afterschool program, where he not only



was a good worker, but proved to be an effective speaker.

"While he was in jail (awaiting trial), his older brother was shot and killed," Nellis says. "He would talk to the other kids about how he almost lost his life to prison and how his brother had lost his life on the streets and he'd say, 'That's no life for anybody.'"

The teen graduated high school, was accepted into a four-year university in the Midwest and earned a scholarship from the Legal Center.

Although Nellis would like to see broad changes in the criminal justice system to turn the tide of young people being incarcerated and stigmatized for decades, he takes solace in the Legal Center's success so far.

"Our recidivism rates are grossly below national averages, which range from 60 to 80 percent," he says. "Ours have been like 10 percent. We've been very good about keeping our kids out of jail."

Stories like that are what the Bethany Fund was intended to do — help create stronger, healthier neighborhoods.

Barbara Giloth, vice president of grants and program development for



Lawndale Christian Legal Services helps young people who have faced or are facing legal problems.

the Advocate Charitable Foundation, says the organization had to overcome community skepticism of the project.

The tone has changed, she says, because the fund's board was set up to demonstrate a true partnership. The board comprises Advocate representatives and community members, with a community majority. Also, the board decided it would only give grants to organizations whose administrative offices were actually in the targeted communities.

"We feel like this program makes us very distinctive, a health care organization really partnering with the community to effect change," says Ina Owens, director of the Bethany Fund.

To learn more about the Stakeholder Health initiative, go to StakeholderHealth.org.

— LES GURA



**It's a
movement!**

FaithHealthNC



Chris Gambill, PhD Director, FaithHealthNC

Exactly what is FaithHealthNC? I am asked that question a lot these days as word spreads about this “new thing” Wake Forest Baptist Health is helping to get started in North Carolina. Because the impetus and support for this initiative has come from Wake Forest Baptist, it is natural that most people associate FaithHealthNC with our medical center. I did, too, at first as I was trying to wrap my head around the concepts, philosophy, theology and principles of FaithHealthNC. But then, I had my epiphany.

My epiphany was dramatic even though it only required a simple shift in thinking. FaithHealthNC is not just a new program of the medical center. It is not just a new set of relationships with faith communities and other community organizations. It is not just a new, smart way to improve the health of communities. It is not just an economically intelligent way for hospitals and health care providers to do their work.

It's a movement!

It's a movement because it is an initiative whose scope and aims are much bigger than Wake Forest Baptist Health or Winston-Salem or even Forsyth County. Rather, FaithHealthNC has an audacious goal: We want to positively impact the health of the citizens of North Carolina and beyond!

**THE WORK OF
THIS FAITHHEALTH
MOVEMENT IS
SACRED WORK.
ITS ROOTS ARE IN
GOD'S MISSION
OF CREATING A
HEALTHY, LOVING
COMMUNITY—
GOD'S BELOVED
COMMUNITY.**

The only way we can hope to accomplish this mission is to engage lots of people across North Carolina—individuals, hospitals, physicians, nurses, social workers, therapists, community organizations and, most important, clergy and compassionate members of faith communities. Therefore, FaithHealthNC is a movement. And we hope everyone will join.

A second and vital part of my epiphany was actually pointed out to me by a new friend, Dr. Ken Pargament from Bowling Green University. In watching our recent launch of FaithHealthNC in Wilkes County, he observed how much everyone naturally used sacred language—not the language of health care—to describe what we hope to do.

He was exactly right. The work of this FaithHealth movement is sacred work. Its roots are in God's mission of creating a healthy, loving community—God's beloved community. And though the work of FaithHealthNC often looks (from the outside) like we are just helping people with health-related needs, the motivation, hope, intent and aims are bigger than that. We hope to change lives. In God's vision of the world, and in ours, health is not something separate from the holy fabric of our daily lives. It is one and the same. When you make a positive change in health, you positively affect the whole person and the whole community.

So if someone asks you about that “Wake Forest Baptist Health FaithHealth thing,” be sure and set the record straight. Tell them we launched it, but then we joined it because it's a movement! And tell them you hope they will join it, too.

Helping caregivers in deed and prayer

When Ana Tampanna was growing up, her father was a hospital administrator. Because of that, she says, “nurses were always champions in our home.”

So when she heard about a new idea to get faith communities to “adopt” units within Wake Forest Baptist Medical Center—offering various kinds of support to be an emotional lift to those in a stressful job—Tampanna was hooked.

She’s now leading the way for Winston-Salem’s Parkway United Church of Christ as it adopts Wake Forest Baptist’s Medical Intensive Care Unit, or MICU. The Parkway-MICU partnership will be one of many under the new program, “Care for the Caregivers.”

Because it deals with the most critically ill patients, the MICU sees more deaths than other units in the medical center. As a result, the nurses, physicians, environmental services workers and others who serve the unit bear the burden of “emotional, psychological and spiritual fatigue that comes from that kind of caregiving,” says Ann Charlescraft, DMin, the chaplain for staff ministries who created “Care for the Caregivers.”

Tampanna says she is already developing ideas after talking with people in the MICU unit. For example, she’s had hairbrushes donated so that MICU nurses, rather than having to cut the unmanageable hair of patients brought in for treatment, can brush the patients’ hair and then tie it so it does not interfere with medical procedures. Such a minor donation—the unit only has combs, which don’t work well to manage hair—can go a long way toward raising the spirits of those caring for patients.

Charlescraft says her mission in staff ministry has made her aware of the pain many health care employees feel over time in caring for the sick. National studies have shown that 45 percent of physicians working in critical care experience burnout, and 90 percent of nurses in such units suffer from compassion fatigue.



Volunteer Ana Tampanna, seated, of Parkway United Church of Christ shares Valentine’s Day treats with the MICU staff. Pastor Craig Schaub (back row, right) and his daughter Elise (standing, left of Tampanna), join in the presentation, which included hairbrushes for nurses to use on patients.

“WE WANT TO BE ABLE TO HELP STAFF HANDLE THE AMOUNT OF EMOTIONAL, PSYCHOLOGICAL AND SPIRITUAL FATIGUE THAT COMES FROM INTENSE CAREGIVING.”

– Ann Charlescraft, DMin

“We want to be able to help staff handle the amount of emotional, psychological and spiritual fatigue that comes from intense caregiving,” she says.

Over the next few months, she hopes to create 50 partnerships between faith communities of all traditions and units within Wake Forest Baptist. Faith community support could be as simple as prayers on behalf of staff or specific prayers for patients.

“Health care providers are some of the worst at asking for and receiving care. They’re much better at giving,” Charlescraft says. “But a balanced life is where we can both give and receive.”

Faith communities interested in joining the partnership may contact Ann Charlescraft at **336-716-9647** or email her at acharles@wakehealth.edu.

– LES GURA

People *and* Events

Kate B. Reynolds Funds FaithHealthNC

A grant from the Kate B. Reynolds Charitable Trust in Winston-Salem will help Wake Forest Baptist Health expand an innovative faith-based program into 11 North Carolina counties.

The grant, worth \$477,499, will be used to expand FaithHealthNC into Alleghany, Ashe, Burke, Caldwell, Catawba, Davidson, Forsyth, McDowell, Rockingham, Surry and Wilkes counties. FaithHealthNC is an initiative that connects faith congregations with care providers to help people navigate through the health care system.

The money will go toward identifying and training community members — such as hospital chaplains and denominational, social service and public health leaders — who will help implement the FaithHealth program in their counties. People who are trained will then assist the counties in connecting faith-based organizations, community resources and local health care providers. The goal is to improve the health of people in their communities.

“While the concept of our FaithHealth program is compelling, the actual construction of the needed community networks requires art, skill and highly localized help to ensure they succeed,” said **Gary Gunderson**, vice president of faith and health ministries for Wake Forest Baptist.

“Local groups and institutions will need on-the-ground assistance from faith-health specialists who are trained, knowledgeable and available for an extended period of time. We are very grateful for this funding, which will help pay for those costs and help get this program moving in our region.”

The Kate B. Reynolds Charitable Trust was established in 1947 and is now one of the largest private trusts in North Carolina. Its mission is to improve the quality of life and quality of health for the financially needy of North Carolina.

Religious Asset Mapping in Lexington

Some 50 people interested in improving health in Davidson County met in January to map the needs and assets of the region.

During a two-day workshop at First Presbyterian Church in Lexington, the group identified many social

services already offered for such a small community, such as support for people with cancer or AIDS, a day center for those suffering from dementia and hospice services. People who need food, (including fresh produce), clothes, diapers or whose house burned down can also find help. Many of the services identified connect with the county’s 350 congregations for financial, volunteer and other support.

The loss of furniture manufacturers and other jobs has devastated the local economy. But while staffing and funds are significantly down from 10 years ago, organizations still provide services.

“We’re a community in grief,” said **Lee Dukes**, pastoral care director at Lexington Medical Center. “I see this group today as mobilizing our forces to move forward.”

The workshop was held as part of the FaithHealthNC initiative under way in the region.



Wilkes Collaboration Launched

Wilkes County FaithHealthNC got its start before a crowd of civic and congregational leaders at the John A. Walker Center in Wilkesboro last Dec. 12, with more than a dozen organizations signing covenants to participate.

The initiative is a collaboration among Wilkes Regional Medical Center, Wake Forest Baptist Health, congregations and community groups. “We know that there are more than 300 churches in our county,” said **Heather Murphy**, executive director of The Health Foundation, Inc., in Wilkes County. “We need to bring these churches together to improve the health of our citizens.”



Chris Gambill, director of FaithHealthNC, addresses the gathering at the John A. Walker Center in Wilkesboro.

People in Transition

New FaithHealth team members: **Annika Archie**, community health worker coordinator; **Leland Kerr**, health care liaison; **Teresa Cutts**, assistant research professor at Wake Forest School of Medicine and lead in the FaithHealth Innovation team.

FaithHealthNC

For updates, visit our website: faithhealthnc.org

Mother's Day Offering

'It was a confirmation of God's love'

A Vietnam veteran and a police officer for 30 years, Craig Hutchinson was used to being in charge. Suddenly, his life was spinning out of control.

"The day we found out it was pancreatic cancer, I started crying," said his wife, Terri. "Then, the poor girl from the billing department came in and told us what we owed and I burst into tears again."

They were overwhelmed by the heavy burdens they were carrying:

the terrifying diagnosis, the fatiguing treatment, Craig's early retirement from the police force, the loss of income and the family's health insurance, the crushing hospital bills.

"All I thought about was, we're going to have to sell everything and lose our home," Craig said. "I was down. I don't like owing. I was so stressed I had a hard time sleeping."

In those dark and anxious times, God's grace was at work. The cancer was discovered early, at stage 1B, unheard

of in pancreatic cancer. Craig's brothers in blue stood by him, visiting often. Friends and family prayed for them. Then the Hutchinsons received a gift of hope, announced in a letter saying the balance of his hospital bill would be paid by compassionate and mission-minded North Carolina Baptists in the name of Jesus Christ and His love.

"When we got the letter, we cried," Craig explained. "It was humbling. The gift was a blessing."

"Not only did it lift some of the financial burden, but it also lifted our hearts," Terri pointed out. "I've made those Mother's Day offerings in the hope that I would help somebody. But this was the first time I truly realized the difference it makes; how people who give can make life easier for others."

"It's a confirmation of God's love, that we take care of each other when we can. The Mother's Day Offering intensified my faith in people and in God: I know everything will work out. Craig had to undergo some awful stuff but he's here and he's cancer-free. Thank you, N.C. Baptists."



Terri and Craig Hutchinson



Your Gift Is a Burden Lifted!

Your gift helps patients in times of suffering and serious financial need to pay their hospital bill in the name of Christ. Please give today!

To donate and to see the life-changing difference, go to: www.mothersdayoffering.org or call **336-716-3027**.

Daniel Dean, center, with his family

‘This is a way we can live out the gospel’

In 24 hours, everything changed for the Dean family.

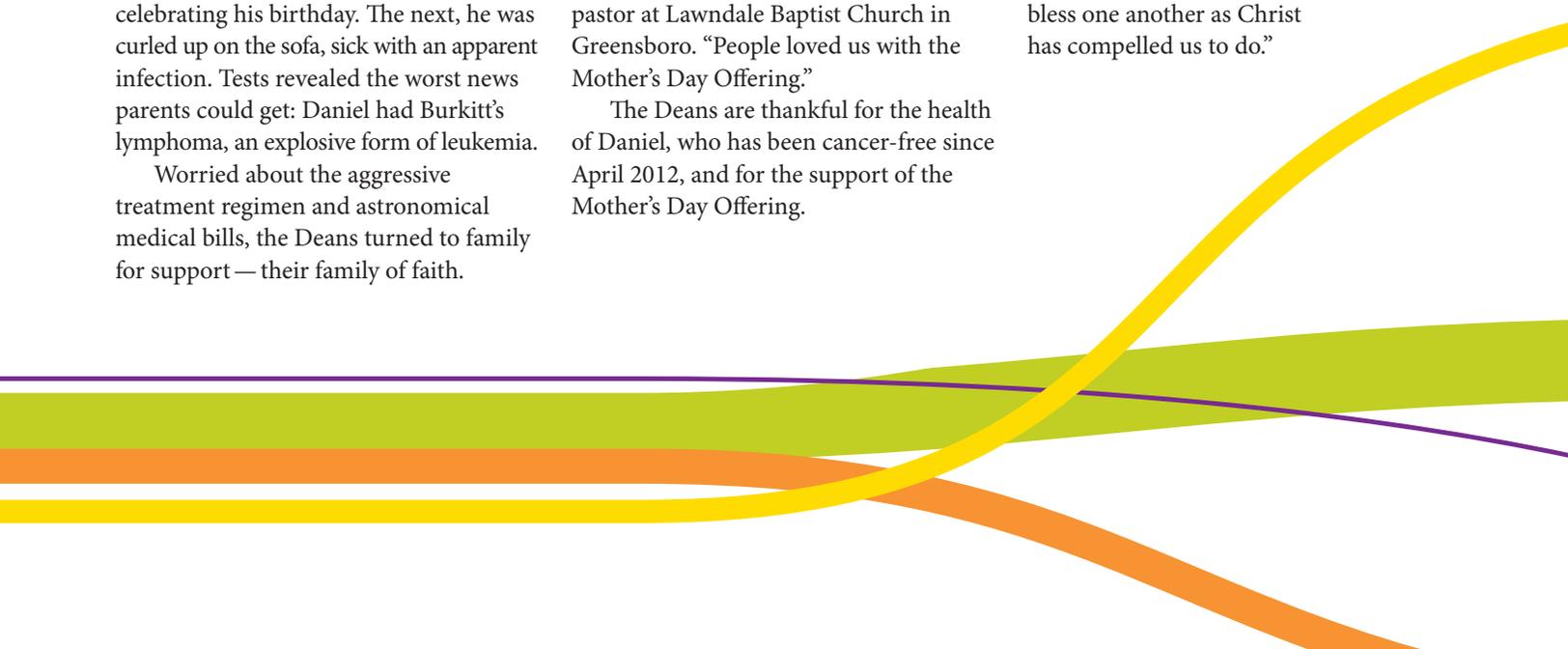
One day, Daniel was a lively 4-year-old celebrating his birthday. The next, he was curled up on the sofa, sick with an apparent infection. Tests revealed the worst news parents could get: Daniel had Burkitt’s lymphoma, an explosive form of leukemia.

Worried about the aggressive treatment regimen and astronomical medical bills, the Deans turned to family for support — their family of faith.

“In *John 13*, Jesus said, ‘All will know my disciples by their love for each other,’” said Rev. Curt Dean, an associate pastor at Lawndale Baptist Church in Greensboro. “People loved us with the Mother’s Day Offering.”

The Deans are thankful for the health of Daniel, who has been cancer-free since April 2012, and for the support of the Mother’s Day Offering.

“We’re called to be ministers to each other,” Dean said. “This is a way we can live out the gospel and love and bless one another as Christ has compelled us to do.”





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For more information, call **336-716-3027**.

► faithhealthnc.org

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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 information, or to contact a chaplain, call **336-716-4745**.

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

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