

FaithHealthNC
Community Health Assets Mapping Partnership
CHAMP

EXECUTIVE SUMMARY

East Winston-Salem

July 27-28, 2014

CHAMP Access to Care Workshops

FaithHealthNC
A Shared Mission of Healing

 **Wake Forest™**
Baptist Health



IRHAP

International Religious Health Assets Programme

ARHAP African Religious Health Assets Programme

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

CHAMP BACKGROUND

Community Health Mapping Partnership (CHAMP) is an adaptation of the Participatory Inquiry into Religious Health Assets, Networks, and Agency (PIRHANA), a research model developed by Dr. Gary Gunderson, Dr. James Cochrane and Dr. Deborah McFarland. Begun in sub-Saharan Africa, the research method focused on identifying positive health assets present within communities in the midst of the HIV/AIDS epidemic within sub-Saharan Africa. PIRHANA was initially developed for work undertaken in 2005-2006 by the African Religious Health Assets Programme (ARHAP), which is now the International Religious Health Assets Programme (IRHAP).

The objective of CHAMP facilitated by FaithHealthNC is to translate the PIRHANA research method for North Carolina communities to discover positive health and faith based assets within their respective counties and regions. Rather than focusing on the problems and deficiencies in communities, the PIRHANA research method works to identify the things that are good and positive in communities. The PIRHANA workshop process is different from a traditional focus group or town hall meeting since the participants actually become 'researchers' during the workshop and the results are given back to the participants and community to use for planning and future activities. These workshops are just two of many workshops that will be held all over Winston-Salem, NC.

STUDY AREA BACKGROUND

This set of workshops focused on the East Winston-Salem area, primarily the 27101 and 27105 zip codes (see Figure 1). The determined northern boundary of the specified region is Old Walkertown Road, the southern boundary is determined to be Winston Salem State University, and the western boundary is US-52 North. More than 58,400 people live in the study area (US Census, 2008-2010). Almost 58% of residents identify themselves as African American. The unemployment rate for both men and women is almost twice that of the national average. Within the 27101 zip code 28.66% of families live in poverty. Within the 27105 zip code 27.35% of families live in poverty. Despite the high rates of unemployment and poverty, East Winston-Salem maintain strong sense of pride and responsibility concerning their community and many residents value the history of the area.

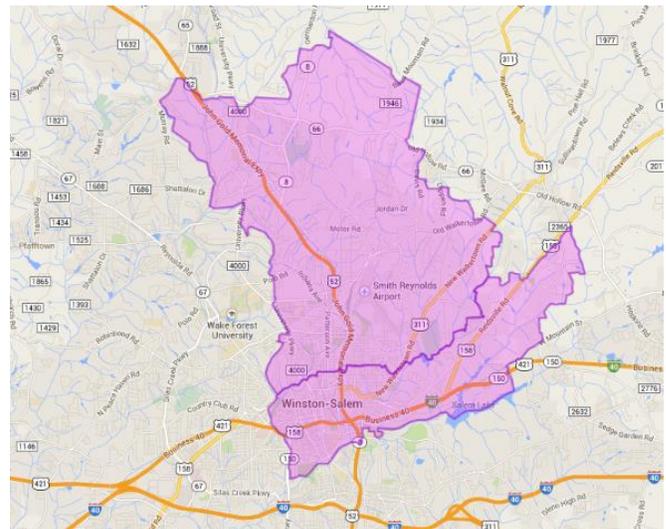


Figure 1: Map of Study Area

PROCESS AND METHODS

Two PIRHANA workshops were held in the study area. The first workshop, held on June 27, 2014 at the Wentz Memorial United Church of Christ, was composed of "health providers"— people and organizations providing religious and health services in the community. The twenty-four participants represented a number of health, social service, and faith based organizations serving those in the East Winston-Salem community.



The second workshop, held on June 28, 2014 at Wentz Memorial United Church of Christ, was composed of "health seekers" – community members who are primarily consumers of religious and health services. Nineteen people (twelve female and seven male) participated in this workshop. A majority of participants lived within the 27101 and 27105 zip code, and most participants had strong connections to the community through social activities or church membership. With an average age of 55 years, a majority of the participants were middle-aged adults.

While similar, the two workshops differ both in focus and in the types of exercises used to elicit information (see Figure 2). Most of the exercises include a participatory activity (drawing maps, ranking in groups, writing a factor onto an index card) as well as recorded discussion. The resulting data is collected and analyzed by the workshop facilitation staff and packaged into a report

that describes each workshop in detail. These reports are available online at <http://www.faithhealthnc.org>.

Health Provider Workshop	Health Seeker Workshop
<ol style="list-style-type: none"> 1. <i>Community Mapping</i>: Participants verify and add new entities to a large map of the community 2. <i>Health Service Matrix</i>: Participants identify the ways that local entities contribute to health 3. <i>Health and Well-Being Index</i>: Ranking community health assets in regards to access to care 4. <i>Collaboration Contribution Grid</i>: identify existing and potential collaborative partnerships and shared resources. 5. <i>Social Capital and Networking</i>: Participants describe the connections and relationships between community entities 6. <i>Local Action</i>: Participants discuss where we go from here 	<ol style="list-style-type: none"> 1. <i>Community Mapping</i>: Participants draw maps of the assets in their community 2. <i>Health and Well-Being Index</i>: Participants identify the most important factors contributing and working against health in the community 3. <i>Facility/Health Ranking</i>: Participants rank community organization on how well they support factors contributing to health 4. <i>Ways Religion Contributes to Health</i>: Participants identify ways religion and religious organizations contribute to health

Figure 2: Comparison of Workshop Activities

ADDING TO THE MAP

Between the seeker and provider workshops, participants identified many entities within the study area (see Figure 3) during the mapping exercises. The entities identified by multiple people in both of the workshops play a central role in the life and well being of this community. The seekers provided many more community assets than the providers and included areas such as financial services, parks and recreation centers and emergency services.

Figure 3: Entities Included in Community Maps

Providers Identified:	Both Seeker and Providers Identified:	Seekers Identified:
Churches		
Greater Galilee	Mt. Zion Baptist Church	First Baptist Church
Union Baptist	Wentz UCC	United Metropolitan
St. Anne’s Episcopal		St. Paul’s United Methodist Church
Green Street UMC		Solid Rock Church
St. Benedict the Moor Catholic Church		St. Stephens Church
Shepherd’s Center of Winston-Salem		Mt. Calvary Church
St. Mark’s Missionary Baptist Church		First Baptist
Christ Kingdom Building Wors Center		Shiloh Church
		New Jerusalem
		Ephesus
		St. Mark Lutheran
		New Hope
		White Rock
		Bethlehem
		New Light
		Alpha Omega
		Mt. Zion Adult Day Care
		Second New Bethel
		Spencer
		Golan Metropolitan Church
		Second Calvary
Emergency Services		
		Fire Department
		EMS

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Grocery and Sundries		
		Food Lion
		ABC Store
		Family Dollar
		Save-A-Lot
		CVS
		Dollar General
Schools		
	WSSU	Carver High School
Financial Services		
		Tax Place
		Wells Fargo
		BB&T
		State Employee Credit Union
Medical Services		
Downtown Health Plaza		Optometrist
		Dentist
		Pharmacy
Parks and Recreation		
		Rupert Bell Park
		Recreation Center
		14 th Street Park
		Slater Park
		Skyland Park
Social Services		
Health Care Access	Forsyth Public Health Dept.	Bethesda Center
Northwest Community Care		Community Care Clinic
Senior Services		Dept. of Social Services
Winston-Salem Rescue Mission		Public Transit
Goodwill		Winston Lake YMCA
Samaritan's Purse		Assisted Living home
Salvation Army		Aegis
Sunnyside Ministries		Evergreen Cemetery
MedAid		Medicap
DayMark		Aegis
LegalAid		
AIDS Care Services		
Ways to Work		
Other		
		Shopping Center
		Carwash
		Community Garden
		Funeral home
		Beauty Supply Store
		Laundromat

ACCESS TO CARE

After establishing important community entities through mapping, both workshops focused on access to care. Seeker participants brainstormed the important factors that worked both for and against health and well-being and access to care. The seeker responses are listed below (figure 4 and figure 5):

Question	Results
What is the most important factor or factors that work <i>against</i> health and well-being in regard to access to care in East Winston-Salem.	1. Transportation
	2. Lack of Education and Information
	3. Lack of Insurance
	4. Finances
	5. Compassionate Care

Figure 4

Question	Results
What is the most important factor or factors that work <i>for</i> health and well-being in regard to access to care in East Winston-Salem.	1. Physical Proximity to Doctor
	2. Compassionate Care
	3. Information and Knowledge from Churches and Organizations
	4. Finances
	5. Insurance

Figure 5

Participants in the provider workshop were asked to brainstorm the top factors they personally felt are most important to the health and well-being of those who need better access to care as well as what their organization felt were most important. Their responses are listed below (figure 6 and figure 7):

Question	Results
“What do you personally believe to be the most important factors regarding the health and well-being of those who need better access to care in order for them to have optimal well-being?”	1. Education and training
	2. Compassionate care
	3. Accountability and self-responsibility
	4. Honest and hope

Figure 6

Question	Results
“What does your organization believe to be the most important factors regarding the health and well-being of those who need better access to care in order for them to have optimal well-being?”	1. Education and training
	2. Trust
	3. Compassion and honesty
	4. Primary care providers
	5. Patient-centered care and self-efficacy

Figure 7

It appears the seeker participants were more concerned with transportation and physical access to health care facilities, access to education and knowledge specifically from churches and local organizations, and having the finances and insurance to receive the care needed. Conversely, provider participants were primarily concerned with education, access to primary care providers and accountability, self-responsibility and self-efficacy. Both the seekers and providers list compassionate care as a factor contributing to access to care.

FACILITY/HEALTH RANKING

During the seeker workshop, participants ranked various community assets on their levels of efficiency in various contexts. The objective of this activity was to picture the ways in which different public entities contribute to health and well-being as it relates to access to care. The community assets ranked included: food sources; medicine/prescription services; social services/youth services; day care services; public health both mental and physical; public transportation; and churches. These assets were ranked in proximity to care; transportation; compassionate care; information/knowledge/education; adequate funds; jobs; and good health care coverage.



Separated in three diverse groups, the participants ranked each community asset on a scale from one to five, one being poor and five being great. As a whole, churches ranked the highest in regards to their contributions to care access followed by medicine/prescription services. The lowest ranking assets were food sources followed by public transportation.

WAYS RELIGION CONTRIBUTE TO HEALTH

Participants in the seeker workshop were asked to describe the ways that religion (including faith, spirituality, and religious organizations) contributes to health in this community. Below are the answers offered by participants:

- Religion contributes a growing awareness to treat one's body as a temple by focusing on food and nutrition.
- Churches play a large role in the intangibles (ex: hope and trust) that contribute to health and well-being.
- The Church is a holistic and integrative approach to health care.
- Churches do not touch on sensitive subjects such as sexual health and sexual orientation.
- Churches have the opportunity to destigmatize concerns such as mental health but often do not.



LOCAL ACTION

Participants in both workshops were asked to identify what they want to see happen next within the community. Many participants responded by what they would like to see come of FaithHealthNC within the community as an outcome of the workshop and what they would like for providers of the community to pursue collectively.

Seeker responses:

- Creating a map of services and churches in East Winston-Salem.

- Creating a list of addresses, phone numbers, and hours of operation for health provider services in the area as well as protocols regarding what is needed of the seeker in order to access services.
- Offering a list of church ministries providing services such as food pantries and health clinics.

Provider responses:

- Creating one general location seekers within the community can sign up for everything because transportation is an issue, it would be nice to have everything as a “one-stop-shop.”
- Creating a general directory of resources regarding what is available and the requirements for accessing them.
- Holding a community function specifically for networking and dissemination of information about programs.
- Incorporating what they learned from the workshop into care practices.

NOTES FROM FOLLOW-UP MEETING

A follow-up meeting for both the seekers and providers was held on Friday, August 1, 2014 at Wentz Memorial United Church of Christ. In attendance were two providers and seven seekers.

Question: Do you see any differences between the things that the health seekers mentioned and the things that the health providers mentioned?

Discussion: Both the seekers and providers are essentially discussing the same things.

Question: Do you see any other steps that we can take together?

Discussion: Both the seekers and the providers need to talk to one another.

Question: What did you get out of the workshop?

Discussion: One participant shared his feelings regarding the community mapping exercise. He shared that he was first frustrated, and then relieved to see so many groups and services present within the community. He then became frustrated again because he could not see a way to plug into those services.

Question: What did you learn during the process?

Discussion: Seeking healthcare is a more daunting process for some than for others who have more resources. It can be a very discouraging process. A paradox exists where those without resources do not know how to navigate the system, but those with a little too much income or resources do not qualify for low-cost care.

Question: How can we use our community assets to move forward on these next steps?

Discussion: There needs to be more bilingual services. This may aid in receiving care. There is an evident disconnect between Novant Health and WFUBMC, therefore it may be beneficial to create an advisory organization between Novant Health and WFUBMC. This organization can be very intentional about inviting the community into the process of discussing community health. In addition, seekers need help navigating the medical system. Perhaps providers and community health advocates can start where the person is and then change the system around him or her.

Question: How could FaithHealthNC, your church and other organizations, in partnership with the people who live, work and play in your neighborhood, help to get people in your neighborhood the things they need to live healthy (abundant) lives?

Discussion: The competition between faith communities (churches etc.) needs to stop. Churches and other faith communities should build networks rather than compete with one another. FaithHealthNC and WFUBMC should configure a brainstorming team of key groups to figure out the next steps to follow.

Question: How would YOU be willing to help us move forward on the ideas we talked about today?

Discussion: It is important to share resources and share knowledge learned with others within the community.

Other Comments:

- There must be an acknowledgement that there are still waiting lists for services - can't expect fast, efficient care all the time.
- Many providers in the room did not show up, potentially because WFBMC has not built a trusting relationship with them.

ACKNOWLEDGEMENTS

We wish to thank the Wake Forest Baptist Medical Center and the North Carolina Baptist Hospital Foundation for funds that helped support staff and underwrite the mapping activities as well as Wentz Memorial United Church of Christ for allowing use of their space for the meetings and planned follow up session on August 1, and for recruiting participants. For more information, contact Dr. Teresa Cutts at 336.713.1434 or tcutts@wakehealth.edu.