

FaithHealthNC Community Health Assets Mapping Partnership

Report

Lexington--Davidson County, North Carolina

Seeker and Provider Workshop

January 27, 2014 and January 28, 2014

PIRHANA Workshop



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FaithHealthNC Religious Health Assets Mapping

Participatory Inquiry into Religious Health Assets, Networks and Agency

Davidson County: North Carolina

PIRHANA Background:

Participatory Inquiry into Religious Health Assets, Networks, and Agency (PIRHANA) is a research tool developed by a group of researchers in sub-Saharan Africa known collectively as the African Religious Health Assets Program (ARHAP). Rather than focusing on the problems and deficiencies in communities, PIRHANA 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 North Carolina during the next three years.

The basic goals of the PIRHANA project in Davidson County (North Carolina):

1. *Understand and assess the impact and growth of religious health assets in fostering health in all of its dimensions;*
2. *Stimulate research that will promote a greater and more complete understanding of the role of religion and religious institutions in health promotion and delivery;*
3. *Strengthen leadership and organizational capacity to advance health and wellness.*

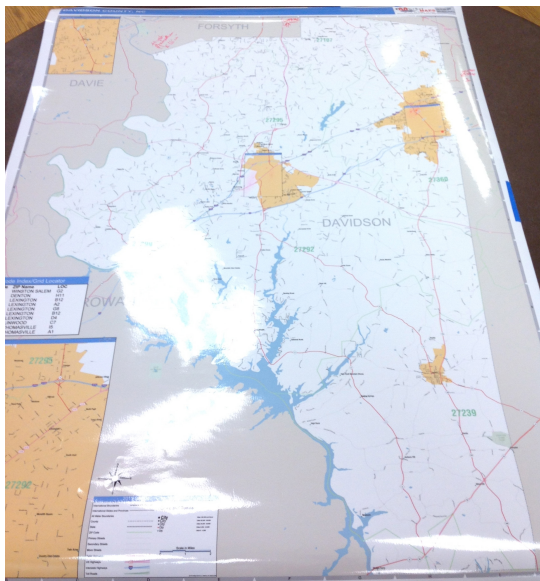
Figure 1: Map of Study



Study Area Background:

The workshops focused on the Davidson County community (see Figure 1 and Figure 2). The boundaries were defined where Davidson County borders the following North Carolina counties: Davie (northwest), Forsyth (north), Guilford (northeast), Montgomery (south), Randolph (east), Rowan (southwest), and Stanly (southwest). More than 163,000 people live in the study area (US Census, 2010). Roughly 87% of residents identify themselves as White, 9% as Black or African American, and a small percentage (~2%) identify as Hispanic or Latino. Davidson County has a significantly larger

Figure 2: Map of Study Area



percentage of individuals aged 65 and older than the state or national average, and the household size is marginally lower than the national average. Davidson County has profound communal roots, which is both flavorful, like their legendary barbeque, and resilient as the furniture manufactured out of this region. The community members are enthusiastic and prepared to mobilize positive change and enhancement into the area. (See Table 1 in Appendix A for more detailed demographics)

Process and Methods:

Two PIRHANA workshops were held in the study area. The first workshop, held on the 27th of January at the First Presbyterian Church in Lexington, NC, was composed of

FaithHealthNC Religious Health Assets Mapping

Participatory Inquiry into Religious Health Assets, Networks and Agency

Davidson County: North Carolina

“health seekers”— community members who are primarily consumers of religious and health services. Fifteen people (6 females and 9 males) participated in this workshop. The majority of the participants lived in the city of Lexington in Davidson County, and most of the participants had connections to the community through Crisis Ministry of Davidson County (local organization that provides financial help for individuals in crisis, or in need of emergency aid, shelter or food) or the Salvation Army of Davidson County. With an average age of roughly 40, the majority of the participants were middle-aged adults—which was close to the median age of Davidson County, but slightly higher than the North Carolina and United States average (see Appendix A). Four of the participants identified themselves African American and one participant identified himself as ‘Other’. The seeker workshop was not an appropriate representation of the Davidson County demographics gathered by the 2010 Census—over 80% of the seekers were unemployed and lived below poverty level. The racial demographics of the seeker workshop depicted a 27% African American representation, nearly double the documented racial/ethnic demographics of Davidson County.

The second workshop, held on the 28th of January at the First Presbyterian Church in Lexington, NC, was composed of “health providers”— individuals and organizations providing religious and health services in the community. The 25 participants (17 females and 8 males) represented a collection of 21 different health and social service organizations in the Davidson County community, including Carolina Cancer Services, Crisis Ministry of Davidson County, Davidson County Health Department, Lexington Area Chamber of Commerce, Medical Ministries, Pastor’s Pantry, the Salvation Army of Davidson County, the United Way of Davidson County, and Wake Forest Baptist Health-Lexington Medical Center--among others.

While similar, the two workshops differ both in focus and in the types of exercise used to elicit information (see Figure 3). Most of the exercises include a participatory activity (drawing maps, writing health factors on index cards, ranking organizational health contributions on matrices) and open discussion. The resulting data is collected and analyzed by the workshop facilitation staff and translated into a report that describes each workshop in detail. These reports will be made available online at <http://www.faithhealthnc.org>.

Figure 3: Comparison of Workshop Activities

Health Seeker Workshop	Health Provider Workshop
1. <i>Community Mapping</i> : Participants draw maps of the assets in their community	1. <i>Timeline</i> : Participants identify key social, political, religious and health events and historical trends
2. <i>Health and Wellbeing Factors</i> : Participants identify the most important, local factors contributing and working against health in the community	2. <i>Health and Wellbeing Factors</i> : Participants identify the most important, local factors contributing and working against health in the community
3. <i>Health and Wellbeing Ranking</i> : Participants rank community organizations on how well they support factors contributing to health	3. <i>Faith and Health Factors</i> : Participants identify ways faith contributes to health and wellbeing
4. <i>Faith and Health Factors</i> : Participants identify ways faith contributes to health and wellbeing	4. <i>Network Mapping</i> : Participants describe the connections and relationships between community entities
5. <i>Good Practice</i> : Participants list outstanding community organizations and describe their characteristics	5. <i>Good Practice</i> : Participants list outstanding community organizations and describe their characteristics
6. <i>Local Action</i> : Participants discuss where we go from here	6. <i>Local Action</i> : Participants discuss where we go from here

FaithHealthNC Religious Health Assets Mapping

Participatory Inquiry into Religious Health Assets, Networks and Agency

Davidson County: North Carolina

Adding To the Map--Results:

Between the seeker and provider workshops, participants identified more than 80 entities within the study area (see Figure 6) during the mapping exercise. It can be concluded that the entities identified by multiple people in both of the workshops play a central role in the life and well-being of this community. One of the first organizations to be placed on nearly every map was Lexington Medical Center and the Davidson County Health Department. Seeker participants highly valued the available medical facilities and the service ministries, as a majority of the participants noted them as being places of shelter, food security and employment opportunities. Participants in both workshops also noted the valuable contribution of local non-profit agencies (e.g. Crisis Ministry of Davidson County, Monarch NC, Davidson Medical Ministries Clinic, etc.) to the health of the community—as they provide counseling, education, shelter, necessary resources and an opportunity for activism. Participants in both groups also noted many contributions the congregations in the community made to the welfare of Davidson County and its citizens. During the provider workshop, the providers created a “Health Service Matrix” and documented their agency’s top primary roles in the community. This provided awareness of the contributions of local entities relative to health and identified gaps of services (see Figure 4 for health service matrix). However, due to inclement weather, this activity—along with the network mapping”, where providers generated a “Spidergram Chart” to visually display linkages and networks between institutions and facilities that play a key role in health service delivery, were abbreviated (see Figure 5 for spidergram chart).

Figure 4: Health Service Matrix

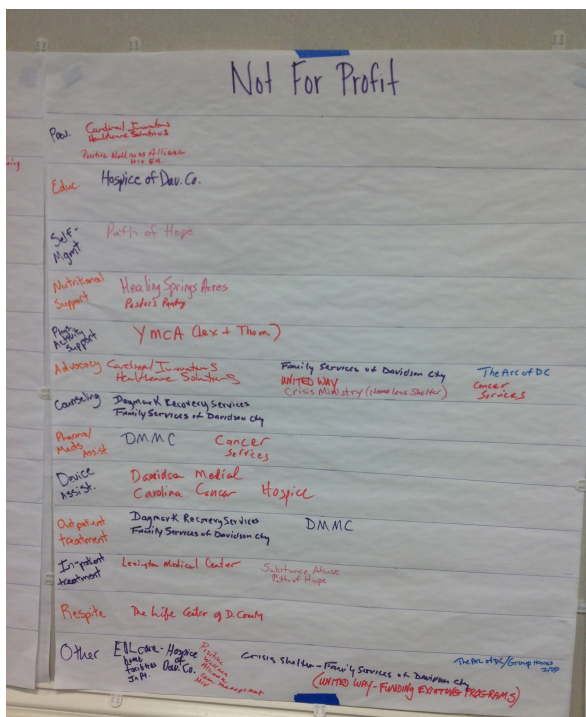
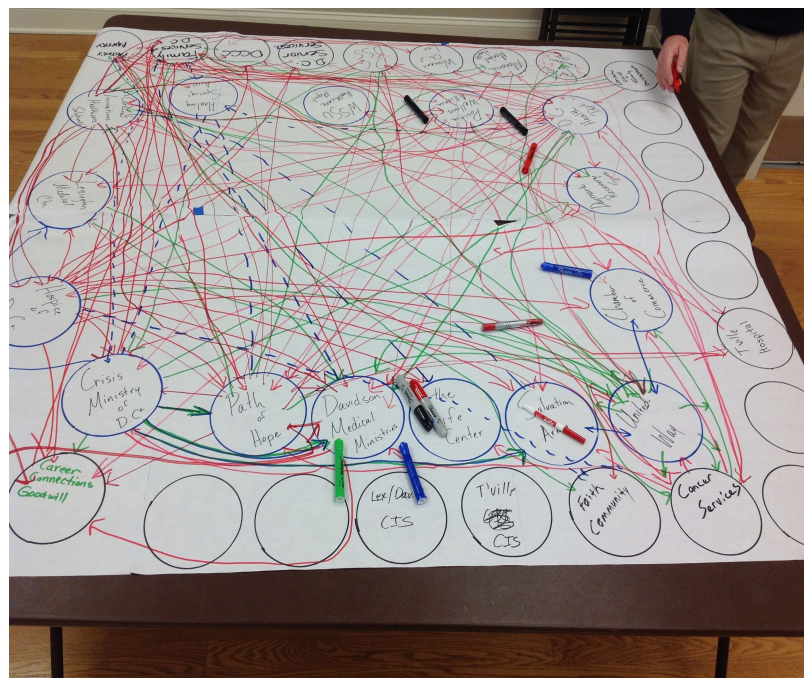


Figure 5: Spidergram Chart



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Participatory Inquiry into Religious Health Assets, Networks and Agency

Davidson County: North Carolina

Figure 6: Entities Included in Community Maps

Providers Identified:	Both Seeker and Providers Identified:	Seekers Identified:
Cardinal Innovations Healthcare Solutions	Crisis Ministry of Davidson County	A1 Pharmacy & Surgical Supply
Davidson County Government	Daymark Recovery Services, Inc.	Alcoholics Anonymous (AA)
Davidson County Parks and Recreation	FaithHealthNC	Community Drug Store Inc.
Charity League of Lexington	Davidson County Community College	Cornerstone Health Care
Lexington Barbecue Festival	United Way of Davidson County	Currytown Baptist Church
Lions Clubs International		Davidson County Public Library
Carolina Cancer Services	Davidson Medical Ministries Clinic	Davidson Works
Davidson County Cooperative Extension	Health Department of Davidson County	Food Lion
Davidson County Department Of Senior Services	J. Smith Young YMCA	Good Shepherd Clothes Closet
Davidson County Schools	Goodwill Career Connections	Hugh Chatham Memorial Hospital
Denton Street Festival	Goodwill Industries of Northwest North Carolina	Narcotics Anonymous (NA)
Childress Vineyards	Davidson County Department of Social Services	The Dispatch
City of Lexington Parks and Facilities		The Salvation Army of Mount Airy
Family Services of Davidson County	Grace Episcopal Church	
Novant Health PrimeCare Express Thomasville	Davidson County Transportation	
Farmer's Markets	Healing Springs Acres	
First Baptist Church of Lexington	Lexington Medical Center	
First Presbyterian of Lexington	Local Physicians	
First Presbyterian of Thomasville	Monarch NC	
First United Methodist Church of Lexington	Novant Health PrimeCare (Lexington)	
Greater Lexington Area Minister's Association (GLAMA)	Novant Health Rowan Medical Center	
Home Instead Senior Care	Novant Health Thomasville Medical Center	
Hospice of Davidson County	Sam's Car Wash	
Lexington Area Chamber of Commerce	The Salvation Army of Davidson County	
Meals on Wheels	Wake Forest Baptist Medical Center	
Lexington City Schools	Wal-Mart	
Open Hands Ministry		
Our Lady of the Rosary Catholic Church		
Parrish Nurses		
Pastor's Pantry		
Path of Hope		
Positive Wellness Alliance		
Richard Childress Racing Museums and Shops		
Shepherd's Center – Greater Winston		
Southeast Old Threshers' Reunion		
The Arc of Davidson County		
The Life Center		
Thomasville City Schools		
Thomasville Parks and Recreation Department		
Train Depots		
Winston Salem State University		
Tom A. Finch Community YMCA		

FaithHealthNC Religious Health Assets Mapping

Participatory Inquiry into Religious Health Assets, Networks and Agency

Figure 7: Seeker Identified Factors Related to Health in the Community

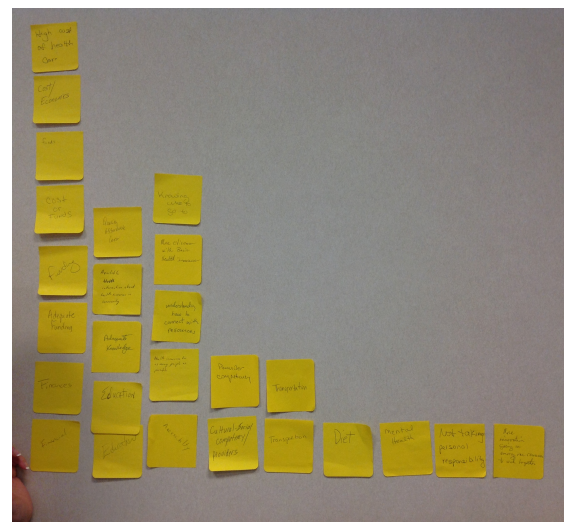
Factors Contributing to Health:
Service Ministries (7)
Hospitals (5)
Easy Access to Healthcare (4)
Government-Supported Health Services (3)
“Self-help” Services (2)
Factors Working Against Health:
Mental Health Care Access (8)
Access to Existing Healthcare Facilities (6)
Social Service Bureaucracy (3)
Unemployment and Lack of Money (3)
Lack of Weekend Transportation (3)

After identifying important community entities, participants were given the opportunity to assess the organizations and their services related to different health topics. Participants in the seeker workshop identified the factors that both contribute to health and work against health in the community (see Figure 7). The seekers then ranked how community organizations were performing in these areas. Seeker participants ranked Public Libraries high in accessibility, but low in financial assistance and help with personal habits. Service Ministries, which was broadly defined by the group to include organizations that provided resources to vulnerable populations (e.g. Crisis Ministry of Davidson County, Salvation Army, Pastor’s Pantry, local churches, etc.), high for their accessibility, help with personal habits, and tolerance—but low in financial assistance. Hospitals and Government Agencies were both ranked highly accessible, but Hospitals were ranked low in providing financial assistance, while Government Agencies were ranked significantly higher than any other

community entity providing financial help. Mental Health entities ranked the lowest in nearly every factor that affects health. Mental Health entities ranked the lowest in important factors including communication and tolerance/openness. Neighbors received high ranks due to the communication and to the support of tolerance and openness they provide—some seekers even preferred reaching out to neighbors over family members.

Participants in the provider workshop worked to examine how different organizations and events have impacted the health of the Davidson County community. Many participants suggested that the socio-economic downturn (occurring over the past 30 years) had strongly affected the health of the Davidson County community—such as the failing textile industries, shutting down of plants such as Kraft, Incorporated DBA Duracell USA and the re-location of the furniture industry. Providers suggested that many factors working against health (Figure 8) included: Limited Financial Resources (8), Lack of Education/Knowledge (4), Accessibility/Connection of Resources (4), Transportation Issues (2), and Lack of Insurance (2).

Figure 8: Provider Identified Factors Related to Health in the Community



Faith and Health: How They Go Together

In a standard asset mapping, participants in both workshops would be asked to describe the ways faith or religion contributes to health and well-being. However, due to inclement weather during the provider workshop, this activity was condensed in Davidson County. In lieu of this activity, providers generated a “Collaborative Contribution Grid”, where participants create contributions that their organization could contribute to access to care in partnership with other organizations and they visualize other organizations contributing as a partner (Figure 9).

FaithHealthNC Religious Health Assets Mapping

Participatory Inquiry into Religious Health Assets, Networks and Agency

Davidson County: North Carolina

Seeker participants placed great emphasis on “having faith in God that you will get better”, “faith in yourself to get better”, and faith in the quality of care received by the doctors and the facilities reputation.

Medication and insurance were also widely talked about during this section, one participant said, “What it boils down to, you have to have insurance. If you don’t have insurance, you might as well pitch you a tent in the woods. You are really in trouble if you have a pre-existing problem, you can just forget about

Figure 10: Ways Faith Contributes to Health, Seeker Responses



getting any help.”

Figure 9: Collaborative Contribution Grid

Organization	Existing Partner	Initial Partner	Contributions Organization Can Make	What you would like to receive
Positive Wellness Alliance	Adventist Health	HHHC	Assistance around establishing services and resources: housing, medical, substance, living, in substance, prevention	Assistance around establishing services and resources: housing, medical, substance, living, in substance, prevention
Davidson Co Health Dept	HHHC	HHHC	Assistance around establishing services and resources: housing, medical, substance, living, in substance, prevention	Assistance around establishing services and resources: housing, medical, substance, living, in substance, prevention
Daymark Recovery Svc	HHHC	HHHC	Assistance around establishing services and resources: housing, medical, substance, living, in substance, prevention	Assistance around establishing services and resources: housing, medical, substance, living, in substance, prevention
Carolina Cancer Services	HHHC	HHHC	Assistance around establishing services and resources: housing, medical, substance, living, in substance, prevention	Assistance around establishing services and resources: housing, medical, substance, living, in substance, prevention
Chamber of Commerce	HHHC	HHHC	Assistance around establishing services and resources: housing, medical, substance, living, in substance, prevention	Assistance around establishing services and resources: housing, medical, substance, living, in substance, prevention
United Way	HHHC	HHHC	Assistance around establishing services and resources: housing, medical, substance, living, in substance, prevention	Assistance around establishing services and resources: housing, medical, substance, living, in substance, prevention
Healing Springs	HHHC	HHHC	Assistance around establishing services and resources: housing, medical, substance, living, in substance, prevention	Assistance around establishing services and resources: housing, medical, substance, living, in substance, prevention

Another participant then asked the group, “Is it really the doctor you have to have faith in or the medication? Without the medication you can’t get better, but then again—without the doctor you can’t get medication.” (Figure 10) It was a very thought provoking activity section that really expanded the conversation from a mind and spiritual faith, to a conversation that almost left some participants feeling a sense of “defeat” if there were barriers preventing them from receiving and maintaining good clinical care. Providing more support and education on the resources available in the community to increase access to care and connecting individuals to the proper right organizations to match their particular need can reduce stress and anxiety and be cost effective and most beneficial for the community for certain populations.

Exemplary Organizations and Their Characteristics

Participants in both workshops were asked to identify key community ‘assets’, and then asked what made these exemplars effective. A few examples that of exemplary organizations discussed in the seeker workshop were a variety of hospitals, because they do not turn people away in the emergency departments when they are in need of medical attention, regardless of their financial situation. Seekers also stated that Crisis Ministries of Davidson County provides a place to sleep, assists individuals with various issues, and offers advice on where to go for clothing, food, and job assistance.

Both the seekers and the providers noted that Davidson County offers a variety of mental health resources. The Davidson County Department of Social Services will refer individuals to a variety of resources throughout the city and county, as well as, Monarch NC, which provides day-of, one-on-one mental health services and accepts walk-in

FaithHealthNC Religious Health Assets Mapping
Participatory Inquiry into Religious Health Assets, Networks and Agency
Davidson County: North Carolina

clients. The seekers and the providers note that the churches in the community had a great influence on the community and the providers even began the timeline of Davidson County by the dates churches like Jersey Baptist, Holly Grove Lutheran, and Reed's Baptist Church were established. One seeker said that Curry Town Baptist Church, offers her a source of hope, and that "whenever I go there, I always feel more inspired I leave feeling less depressed." Other community organizations that the seekers identified were: Library (place to go when it is cold outside, daytime shelter), Salvation Army (basic food, clothes, someone to talk to, personal relationship, very accessible)

Throughout the provider workshop day, even though the inclement weather prevented a full segment dedicated to discussing the characteristics of an exemplar organization, almost every organization was noted as a critical organization to the Davidson County community. Figure 11 will list the organizations that were found most connected in Activity 4, *Figure 11: Exemplary Organizations* "Network Mapping" of the provider workshop day. (e.g. United Way of Davidson County, Pastor's Pantry, Salvation Army, Davidson County Community College, Lexington Medical Center, etc.)

Seeker Workshop Responses:	Provider Workshop Responses:
A1 Pharmacy	Churches
Alcoholics Anonymous	Crisis Ministry of Davidson County
Churches	Davidson County Community College
Churches (specifically Curry Town Baptist Church)	Davidson Department of Social Services
Crisis Ministry of Davidson County	Davidson Medical Ministries Clinic
Davidson County Department of Social Services	Health Department of Davidson County
Davidson County Public Library	Lexington Area Chamber of Commerce
Lexington Medical Center	Lexington Medical Center
Monarch NC	Monarch NC
Pastor's Pantry	Pastor's Pantry
Rowan Regional Hospital	Salvation Army
Salvation Army	United Way of Davidson County

FaithHealthNC Religious Health Assets Mapping

Participatory Inquiry into Religious Health Assets, Networks and Agency

Davidson County: North Carolina

Where Do We Go From Here?

To conclude and add application for the participants, the last discussion of the workshop focused on next steps for the mapping process. Below, Figure 12 on page 9 displays both the seeker and provider participants' answers.



Seeker Participants and FaithHealthNC Staff Group Photo requested by participant that said to staff members throughout the day: "I believe we are going to make a difference with what we are doing here today. Are we going to have a group picture before we leave today?"

Figure 12: Local Action

Seeker Workshop Responses:	Provider Workshop Responses:
Find more opportunities to volunteer/give-back	Meet again like this
Better communication with church and community members	Better communication between community organizations
More workshops like this	Emphasis on social accountability
Think about donating atypical items (over-the-counter medication, cough drops, toilet paper)	Lexington Area Chamber of Commerce / FaithHealthNC Partnership
Inform hungry seniors in Lexington of the resources available to them in the community	Follow-up meetings to discuss community action
ACA expert should train and educate faith communities, so they can train and educate neighbors	Hospital actively involved with conversation about uninsured--mutually agreed upon strategy
Improved community communication strategy	Need to connect informal support Networks/ bring congregations and organizations together to partner or share knowledge/resources
Link pastors and clergy of different denominations or faiths to attend similar assemblies	Get more organizations involved in FaithHealthNC
Suggestion box at points of care to address concerns	Better way to communicate within the community/requests for engagement need to be specific for providers
Ask what people can give back (such as teaching Spanish)	Need an "army of people" from the community -- to connect community resources, better alignment and training of volunteers

APPENDIX A

Table 1: Davidson County Demographic Data

FaithHealthNC Religious Health Assets Mapping
Participatory Inquiry into Religious Health Assets, Networks and Agency
Davidson County: North Carolina

Davidson County Demographic Information Source: US Census 2010	Davidson County	North Carolina	United States
Total Population	163,260	9,748,364	306,603,772
<i>Gender</i>			
Male	49.0%	48.7%	49.2%
Female	51.0%	51.3%	50.8%
<i>Race</i>			
White	87.4%	71.9%	74.1%
Black or African American	9.1%	22.0%	12.5%
Other	2.1%	4.1%	10.9%
More than one race	1.4%	2.0%	2.5%
<i>Educational Achievement (25 years & older)</i>			
High School Diploma or higher	79.3%	84.5%	85.4%
Bachelor's Degree or higher	17.2%	26.8%	28.2%
<i>Marital Status (15 years and older)</i>			
Never Married	23.0%	30.8%	32.8%
Married	55.7%	49.1%	48.1%
Separated, Divorced, Widowed	21.3%	20.1%	19.1%
<i>Employment (16 years and older)</i>			
In labor force	63.6%	63.5%	64.1%
Employed	63.6%	55.1%	57.2%
Unemployed	8.8%	7.3%	6.5%
Not in labor force	36.4%	36.5%	35.9%
Nativity: Born in USA	94.9%	91.3%	85.6%
Median Age (years)	40.9	37.6	37.3
Households	63,527	3,731,325	115,969,540
Families (Family Household)	69.3%	66.3%	66.0%
Married-couple family	54.5%	48.1%	48.1%
Female-householder, no husband present	10.1%	13.5%	13.1%
Non-family Households	30.7%	33.7%	34.0%
Households with individuals <18 years	32.7%	32.3%	32.4%
Households with individuals >65 years	28.9%	25.3%	26.0%
<i>Income</i>			
Median Household Income (2012)	\$43,711	\$45,150	\$51,371
Households with Social Security Income	34.0%	30.4%	29.3%
Households with Food Stamp/SNAP benefits in the past 12 months	17.7%	15.3%	13.6%
<i>Poverty</i>			
Family households below poverty line	11.6%	13.3%	11.6%
Non-family households below poverty line	15.7%	17.8%	15.7%
Families with grandparent responsible for own grandchildren <18 years	52.9%	50.1%	38.8%
Average Household Size	2.54	2.55	2.64
Average Family Size	3.06	3.12	3.25
Housing Units	72,746	4,354,216	132,114,283
Owner Occupied	62.7%	55.6%	56.0%
Renter Occupied	24.6%	29.7%	31.6%
Vacant	12.7%	14.7%	12.4%