

# FaithHealthNC Community Health Assets Mapping Partnership CHAMP

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## Provider-Level Workshop Report

Davie County  
Mocksville, NC

Friday, January 08, 2016

## CHAMP Access to Care Workshop

**FaithHealthNC**  
A Shared Mission of Healing

 **Wake Forest™**  
School of Medicine

 **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](http://www.faithhealthnc.org)

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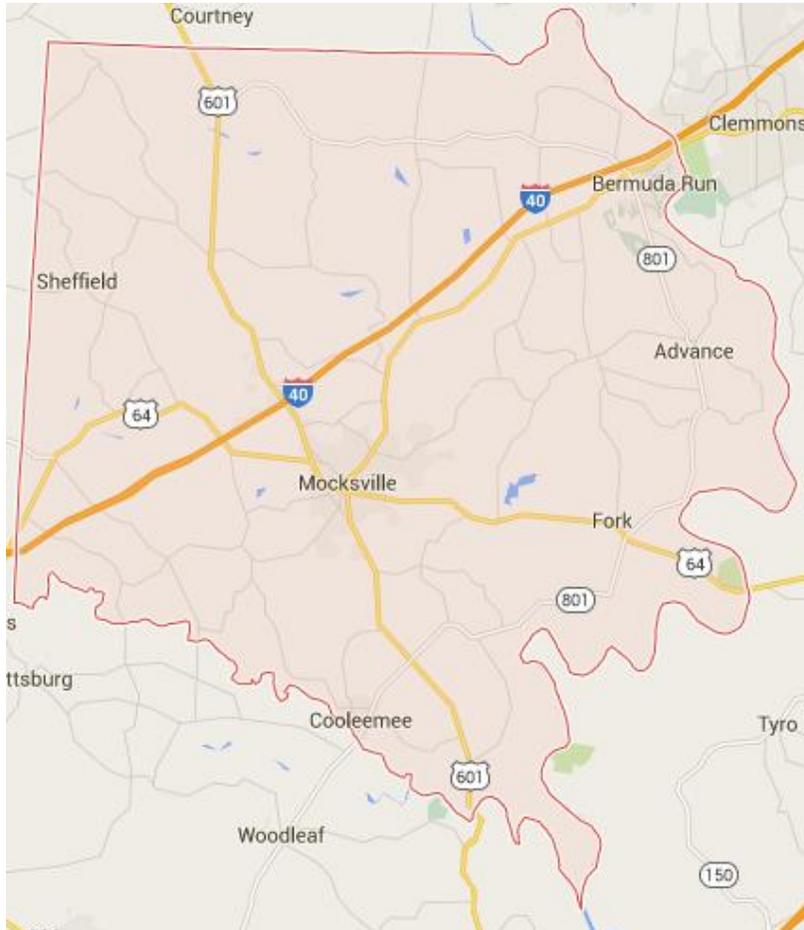
## SECTION A

# HEALTH PROVIDER WORKSHOP INFORMATION



**1. AREA AND LEVEL**

A workshop facilitated by Wake Forest Baptist Medical Center’s FaithHealthNC was offered in Mocksville, NC at the health provider level on January 08, 2016 scheduled for 9:00am to 1:00pm. As a part of the Community Health Asset Mapping Partnership in Mocksville, NC, the workshop focused on institutional, organizational, and individual health providers offering healthcare services to the population of Davie County. Davie County is primarily comprised of zip codes: 27028, 27006, 27028, 28634, and 27055. **Image 1** is a map outlining the boundaries of Davie County.



**IMAGE 1.**

**1. DATE AND PLACE OF WORKSHOP**

The workshop took place on January 08, 2016 at First Baptist Church located at 412 N Main St, Mocksville, NC 27028 in Davie County. The workshop began at 9:00 am and was completed by 1:00 pm.

## 2. FACILITATION TEAM

Lead Facilitator:

Co-Facilitator, Background Content and Materials Expert:  
Baptist Healthcare Liaison

Primary Report Writer:

Registration and Local Host

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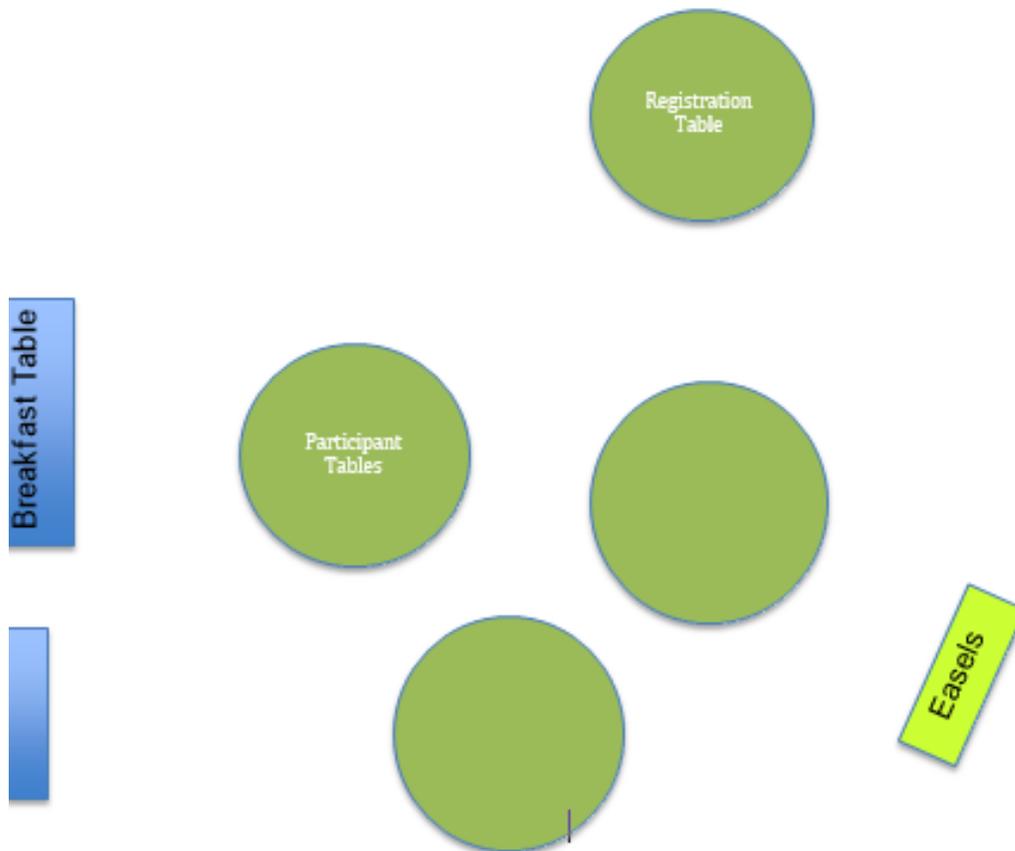
Nicole Johnson, BA

Rev. Sam Lewis

Rev. Shane Nixon

## 3. PHYSICAL DESCRIPTION

The workshop was held in the main sanctuary of First Baptist Church. The sanctuary is a large space and an area was arranged in the rear of the sanctuary for the workshop. The registration table was available just inside the entrance to the sanctuary. In addition to the registration table, a table with breakfast items was available for participants. The space where the workshop occurred was comprised of three to five large tables. Each table had six to eight chairs placed around them. Throughout the workshop, these three tables represented the three various activity groups identified as participants in this report. Facing the participants was an easel holding boards, charts, and maps for the activities. **Image 2** depicts the layout of the space arranged for the workshop.



**IMAGE 2**

## **PREPARATORY WORK**

Preparatory work for this CHAMP-Access to Care workshop included several different activities including: background research, field study, data collection, map generation, facilitation team training, workshop planning, and workshop materials preparation.

*Background Research* included a review of Religious Health Assets Mapping projects in Southern Africa, and in Memphis, as well as various approaches to community mapping, and models for participatory research projects.

*Field Study* included a series of transect drives through the study area with team members familiar with this area as well as the initial identification of key assets and potential key informants. These transect drives, in combination with the insights from key informants, were used to decide the preliminary boundaries for this mapping exercise.



*Data Collection* included the acquisition of basic demographic, socioeconomic, and psychographic data in the study area. Study staff compiled lists of known assets and interviewed key community informants.

*Map Generation* involved the processing and analysis data on the study area, the incorporation of these data into a geographic information system, and the generation of geographical and special

representation of area information through a series of GIS maps layers.

*Facilitation Team Training* occurred through team members' participation in training events, past workshops held in similar locations, and a familiarity with the PIRHANA and CHAMP methodology and other participatory models for focused group discussion.

*Workshop Planning* involved identifying potential participants for the Health Providers workshop, developing and disseminating a letter of invitation, and following up with potential participants. Workshop staff held face-to-face planning meetings weekly for two months prior to the event, sent emails, and made follow-up telephone calls during the 2 weeks prior to the workshop. Workshop staff also identified First Baptist Church as an appropriate site for the workshop and made the arrangements for AV equipment and lunch.

*Workshop Materials Preparation* included the generation and printing of neighborhood maps, the printing of materials to be handed out, the packaging of these materials, and the organization of all the materials needed for the workshop exercises (for example, large pieces of paper, post-it notes, writing utensils, flip charts, and tape).

#### 4. PARTICIPANTS

Upon registration, each participant was asked to document their address and contact information, gender, race and/or ethnicity, marital status, age, level of completed education, occupation and/or school, church affiliation, and the length of time they have lived in Davie County.

Thirteen people participated in the Provider workshop, representing twelve provider agencies or groups. Ten of the Providers were Caucasian, two were African-American, and one did not identify race/ethnicity. Of the providers, eight were female and five were male; ten were married and three were single or divorced. The age range of participants who identified age is thirty-three years to eighty-three years, with three providers not identifying age; the average age of the Providers is 61.8 years. The



Providers represented various levels of education, the highest completed was one participant completing a post graduate degree, six participants completing a graduate degree, medical degree, pharmacy degree or a master's level degree, two participants completed a bachelor's degree, two participants some college and two did not identify. The average number of years lived in Davie county is thirty-two years, with a range of one year to sixty-seven years, with three people identifying as living in another county. Providers work or live in the following zip codes: ten in 27028, three in zip codes in Forsyth County.

#### 5. INTRODUCTION TO WORKSHOP

The workshop commenced with an opening prayer and introduction by Rev Shane Nixon, the local host for the workshop. Rev. Nixon wove a narrative naming the connection First Baptist Church has to the Davie County community. The church has deep roots and their CORE center is a resource for the local school system, as well as the community. Dr. Teresa Cutts introduced the team participating in the workshop. There was a transition to introductions of the participants.

Participants were asked to introduce themselves, their organization, institution or ministry, and their roles in their organization, institution or ministry.

The participants within this workshop on the health provider level contributed their knowledge and community understanding in a variety of activities and exercises throughout a half-day workshop.

Following the participant introductions, the facilitation team conducted introductions and described the purpose of the event. Lead facilitator, Dr. Teresa Cutts ("TC") introduced the

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background of the Community Health Asset Mapping Partnership (CHAMP) program. Participatory Inquiry into Religious Health Assets, Networks, and Agency (PIRHANA) is a research model developed by Dr. Gary Gunderson, Dr. James Cochrane, and Dr. Deborah McFarland in South Africa that focused on identifying positive health assets present within communities in the midst of the HIV/AIDS epidemic within sub-Saharan Africa. CHAMP was further refined in Memphis by Dr. Teresa Cutts and team from 2007-2013. The objective of CHAMP Access to Care 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. Dr. Cutts identified asset mapping as a tool for expanding the scope of how religious communities, organizations and institutions think about healthcare and faith. The positive attributes of this tool include providing a way for those “working in the trenches” to connect with each other and not just working in isolation, as well as building community through connecting tangible and intangible assets.

Emily Viverette, the co-facilitator expanded on the application aspects of FaithHealth in relation to the CHAMP model; naming the following

1. Right Door- some doors are urgent care or the ER. Some people don't know where else to go, but to the ER. What are the right doors in the community that help people with their health?
2. Right Time- ER Visits: People put off their health until it is so severe that they have to go to the ER.
3. Ready To Be Treated
4. Not Alone- advocates for patients as one way to facilitate better care.

Access to care was defined as the availability of services, affordability of services, physical location of services, and acceptability of services. This definition provided a framework for the workshop.



# **SECTION B**

## **Health Provider Activities**

- **COMMUNITY MAPPING**

- **OBJECTIVE**

The purpose of the community mapping activity was to provide an idea of the footprint of the organizations and ministries, their historical development and their relation to key economical, health, political or religious events. The mapping or timeline exercise provides a greater awareness of which organizations are present in the area of Davie County, their relation to economic, health, political and religious events.

- **METHOD**

Each participant was asked to identify their organizations, institutions or ministries and the start date of their organization, institution or ministry and place this information on a sticky note to be positioned on a Davie County map in the front of the room. After the sticky notes were placed on the map, Dr Cutts directed each organizational representative to provide more details on the services their particular organization offered. They shared their challenges, their objectives, and their joys in serving the community.

- **DISCUSSION**

As each participant was speaking, they were affirmed by those listening and clearly began to develop relationships with other participants. Participants learned more about historical, economical, religious and political events that occurred in Davie County. They were able to make connections amongst their respective organizations and make connections between economic events, societal events, and policy implementation at both the state and federal level.

**Organizations Represented:**

**County Public Library** – The library was built in the 40's. The representative present was Jane McAllister (Director). The library is one place that provides access to good information and resource information. One of their goals the organization hopes to achieve is to be able to point people to the right assets that they need while in crisis.

**Storehouse for Jesus** - Sister Martha (nurse) was the representative present. This organization offers a variety of services including a food pantry, clothes closet, medication help, clinic, a counselor and barber. They are located on Hwy. 64. They began assisting with medications in 1993 in a small house, and expanded to another facility. The new clinic was opened in 2000. The organization is staffed entirely by volunteers. They served 649 people in 2015, requiring that clients do not have access to medical coverage. "Safety net for the safety nets."

**Salvation Army** - 622 N. Main Street #211, Mocksville, NC. They help with utility bills, rent, mortgage, and prescriptions.

**Mocksville Civitan Club** – This is a volunteer-based community club that meets at the Presbyterian Church. Their focus is on helping the community and surrounding areas.

**Department of Social Services** – This organization helps with bills, Medicaid, food stamps, "work first" program, child support, etc. They cooperate with surrounding agencies to provide services, and give a hand up to people who need assistance. The community embraces service in Davie County and tries to help others. The representative voiced that the biggest gap is the need

for more people to serve and more staff for their organization. There is a struggle with the adult population being “Ready to be treated.” There is also a struggle with resources available for children. Trust is a problem due to political rhetoric. Kids and adults live in fear of deportation if they are seeking services while being undocumented. There is a need for official licensed interpreters.

**Advocacy Center of Davie County** – The Representative present was Elizabeth Eagle (Executive Director). This group helps people who have “fallen through the gaps.” They began with First Presbyterian Church downtown. They are located in a little house beside the First Presbyterian Church and are a faith-based organization fully compliant with 501 c(3) status. The organization receives money from churches in Davie County and some grants. They help people with rent and utilities who are in danger of homelessness. DSS is a referral for the Advocacy Center. They are open Tuesday, Wednesday and Thursday (9:30-2:30). They do background checks and financial checks, and offer budgeting help. They do not help the homeless, but do provide care for people who do not qualify for any other help in the community.

**Hillsdale Methodist** – The church staffs a benevolent phone line (answered twice a day). They give Food Lion cards to help with food and gas cards for help with gas. They have a soup ministry.

**Smart Start** – The representative present was Susan McBride. This is an early childhood education program which also works in home with domestic violence families. They are present in the high schools and early childhood resource centers. It is state funded.

**Center Point Human Services:** The representative present was Meenal Khajuria. They are located at 142 Gaither Street, Mocksville, NC. They connect people with wellness resources and tools for physical and mental health. They encourage people to socialize, and are open 8 am – 5 pm, Monday through Friday.

**Davie Domestic Violence and Rape Center** – The representative present was Linda Copeland. They are located at 123 S. Main Street, Mocksville, NC. They serve anyone who comes to them in intimate partner relationships and those who have been sexually assaulted. One of their goals is to establish a rape response program in Davie County. Currently, county residents have to go to Forsyth County for this service. They outreach to schools and provide prevention work through puppet shows and age appropriate child abuse prevention programs, including the “Speak Up and Be Safe” program that teaches middle school students about abuse. They teach teens about healthy vs. unhealthy relationships. Their goal is to help the community understand the dynamics of abusive relationships. This is a county agency, one of three in the entire state. 20% of staff salaries come from the county; they rely on grants for the other 80%.

**Oak Grove UMC** – The representative was Rev. Sam Lewis. Oak Grove realizes the challenge of losing membership and the closing of churches. They want to “re-think church.” They want to be relevant to the times and community members’ needs. They believe they are called to step out into the community as a calling from Christ and are accepting the task of working to re-connect with the community. This includes helping people make connections with the resources they need. Currently, much of their funding is raised through community dinners.

**Farmington United Methodist and Wesley Chapel United Methodist** – The representative was Pastor Arnold. These churches try to provide support for the agencies that are in Davie

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County, and provide volunteers for different agencies. Farmington started in 1881 and Wesley Chapel is older than that. The most common needs appear to be utilities, food, rent, etc.

**Emergency Department at Bermuda Run** – The representative present was Beth Stanley (Manager). They encounter many people seeking resources, needing to know what resources are available in the community and when they are open. They do try and provide coupons for certain pharmacies to help with medication, but the concern is that some people can't even afford that. The emergency department sees community members with chronic pain, substance abuse problems, etc. Transportation is a problem as well. YVEDDI and Cape Fear Transport Systems can help with transportation for people at the hospital, but connections to churches that have transportation ministries would help.

**First Baptist Church** – The church hosts a "Narcotics Anonymous" program that is available for those with substance abuse problems.

**Care Net** in Davie County

**Mocksville Second Presbyterian Church** – The representative present was Pastor Fred Terry. The church helps people to map out how they are going to access help. They are also part of an informal faith community organization that helps to raise money for local charities and organizations. They have a large worship gathering with other churches twice a year and the money raised during this service goes out into the community. Pastor Terry is aware that people do not have access to certain services in Davie County, and the church tries to connect people with those services.

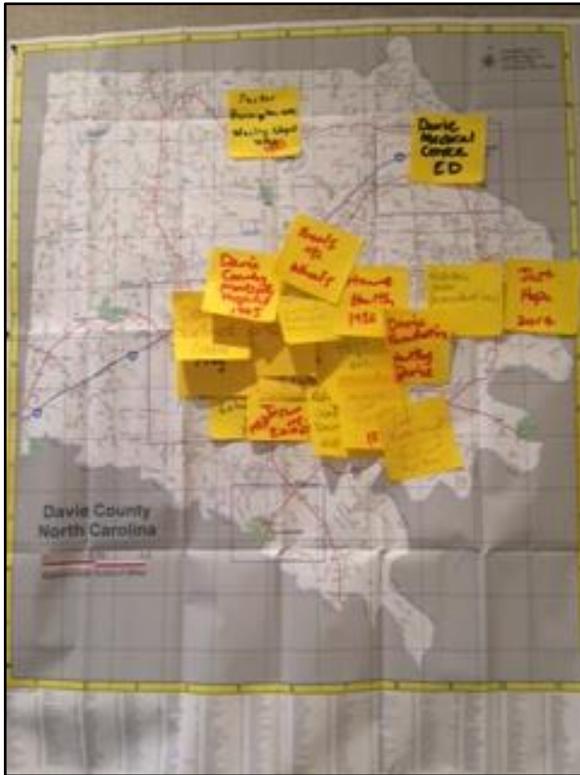
**Oak Grove United Methodist Church** – The representative present was Joyce McClamrock. Oak Grove helps with transportation for community members and is trying to revamp that ministry. They have members who work with hospice and the elderly.

**United Methodist Church FaithHealth Connector**- Donna Cook.

**Just Hope Inc. United Way of Davie County**- This organization works with the homeless. They are based in Advance. They help to provide money for motel rooms for the homeless. They provide food to individuals that don't qualify for traditional services. They deliver groceries to those without reliable transportation, and for the elderly who don't drive. There is an application process.

**Family Promise** – This is a Not for Profit Organization providing job skills, education, food and housing. Their clients are homeless families with children.

**Meals on Wheels** - through Senior Services.



In reflective analysis, participants were able to identify pressing issues that affect access to care in the county, untapped resources already present in the community, the role of better communication, and gaps in care. Some of the key needs identified were utility assistance, help with rent, a need for transportation services, food assistance, affordable healthcare services and homelessness. The general consensus among providers was that the county did not want homeless people in the city. The group was able to see the concentration of resources in the center of the county while identifying the faster growing area of the county in the eastern region. The group seemed to come to the conclusion that poorer neighborhoods are being neglected and left out. Another huge need also identified was that of dental care. The mapping highlighted the lack of available services focused on providing dental care.

The untapped resources were identified as those connected to faith resources, such as space and church transports that are not utilized frequently. The role of the Quakers in providing a safe place for slaves in Randolph County was shared, as a historical note on the role of the church in justice issues. Another prevalent idea among the cohort was the idea of networking, as it was understood that working together and developing clusters may improve support and communication among the various services in the county.

Organizations not represented during this Mapping were identified as the following:

**The Davie Foundation** – Focused on literacy, women and children. They partner with other foundations, as well as provide funding for projects and start-ups.

**Food Lion**

**Ketchie Creek Bakery**

**Sheetz**

**Family Practices**

**YMCA**

**Young Life**

- **HEALTH SERVICE MATRIX**

- OBJECTIVE

The Health Service Matrix activity aimed to document each agency's top two primary roles within the community, the organization's sense of identity, and the participants' two primary roles in their organization. The exercise provides a way to gain an overview of the way in which local entities contribute to health and the ways in which the organizations identify themselves. This exercise also serves to identify services currently offered, and gaps in the provision of services in the community.

- **METHOD**

Participants placed the information on sticky notepaper and these were positioned on the large chart placed on the floor for ease of access. They were asked to classify their organization as faith based, for-profit health services, or government/federally-qualified healthcare. They then classified their organizations' two primary areas of engagement and the participants' two top primary roles in the organization.



- **DISCUSSION**

The majority of organizations present identified themselves as not for profit organizations or faith based. Multiple groups can fall in both faith based and not for profit.

As the participants analyzed the chart they created, they were quick to recognize that some of the organizations fall in more than one category (faith based and not for profit). There was some discussion of a generational gap in the community. For Davie County, leadership tends to change and the resources, network and skills they can provide leaves with them. The people who receive training in areas beneficial to community development and other areas tend to leave and move to other areas. Is there a way to keep those people and their skills in the community?

The question was raised about the role leadership plays in FaithHealth. Participants identified that people may not seek those services until they need it and that many faith based extended services may not be well-known. Some faith based organizational representatives were initially registered but unable to attend. Various services were missing, such as: transitional services, transitional housing, legal and immigration services, translation service, corporations, and homeless assistance.

The gap in services identified by the group included counseling for the county and senior services.

Organizations not present were identified. These include Episcopal Food Pantry, Dragonfly, Davie Foundation, healthy Davie, United Way, YVEDDI, Davie Life, Just Hope, School System, Cape Fear, Hope Homes, summer food bags, Backpack for Hope.

**Table 1** on the following page displays the matrix demonstrating the various organizations, the sector in which they identify themselves, and their primary areas of engagement within the community.

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	For Profit	Faithbased	Not for Profit	Government/Federally Qualified Health Services
Prevention Education		Oak Grove UMC, Farmington UMC, Wesley Chapel UMC	Smart Start	DSS, Library, Davie Domestic Violence Center
Self-Management	Food Lion		Advocacy Center of Davie	Davie County Public Library,
Nutritional Support	Food Lion	Storehouse for Jesus		DSS
Physical Activity Support			YMCA	
Advocacy			Advocacy Center of Davie	Davie Domestic Violence and Rape Center
Counseling		Storehouse for Jesus	Care Net Drgaonfly	
Pharmacy/Medication Assistance		Storehouse for Jesus, Oak Grove UMC		DSS
Device Assistance				
Outpatient Treatment		Storehouse for Jesus	Lion's Club, Davie Medical Center	
Inpatient Treatment				
Other	A Motel	Farmington UMC, Wesley Chapel UMC	Davie Foundation	Smart Start

• **SOCIAL CAPITAL AND NETWORKING**

• **OBJECTIVE**

The objective of the third exercise was to gain a picture of the ties, networks, and links between the various entities present. The exercise helps to gain a picture of connections to wider institutions and facilities that play a role in the local health service provision. It also helps to get data regarding important relationships that contribute to the success of health service delivery.



• **METHOD**

The third activity was centered on drawing connections via a spidergram chart. Representatives of present organizations were asked to draw their organizational connections with other local organizations. If organizations partner, meet with, or network, a line was drawn with a “red” pen. If organizations are connected via financial resources such as funding, their connection was drawn with a “green” pen. If organizations saw a potential beneficial relationship, they drew a line in “blue.”



Out of the exercise came the realization that building relationships was key and there was less money. Much of the money flows in ways that allows it to be captured locally. There are very strong ties between churches and other organizations. There is much less flow of money from the faith based organizations and the community. Organizations have more partners than they think they do. There are many potential partners.

**2. HEALTH AND WELL-BEING INDEX**

• **OBJECTIVE**

The fourth activity was comprised of a two-part brainstorming. Part I consisted of the participants brainstorming the two factors they **personally** believe are most important to the health and well-being of those who need better access to care in order for them to have optimal well-being in Davie County. Part II consisted of naming two factors their organization believes to be most important to the health and well-being in the community to have better access to care.

- **METHOD**

On the flip chart at the front of the room, the facilitators listed four components FaithHealthNC perceives to be key factors regarding access to care in order to prompt thoughts and ideas (**Image 3**). On two separate notecards, each participant was asked to write two factors they believe are most important to the health and well-being of those who need better access to care. Each participant's notecards were combined and shared. After sharing the notecards, participants were then asked to vote on what they personally felt were the most important factors out of the original list. In Part II of this activity, each participant was then asked to document two factors their organization feels are most important.

- **DISCUSSION**

Factors shared by participants in the brainstorming and discussion round.

- **Good nutrition**
- **Transportation**
- **Ready access: a place to go and a way to get there**
- **Good social support: empathy and empowerment model**
- **Path to financial stability**
- **Knowledge of Resources**
- **Ability to access the care: financially and transportation**
- **Affordability**
- **Availability**
- **Relationship building and trust**

Out of the abovementioned list of factors, participants were then asked to vote on the top factors they felt are most important to the health and well-being of those who need better access to care, from their "**PERSONAL**" perspective.

- 1) Transportation**
- 2) Financial stability**
- 3) Trust, relationship building, social support**
- 4) Knowledge**
- 5) Availability**
- 6) Access to care empowerment**

Participants were then asked to vote on the top factors they felt are most important to the health and well-being of those who need better access to care, from their "**ORGANIZATIONAL**" perspective. Responses included:

- 1) Transportation**
- 2) Finances/ Affordable health care**
- 3) Relationship building**
- 4) Access to care**

**Discussion:**

There seem to be no huge separations between individual/personal belief and organizational belief of what is needed for health and wellbeing in the community.

**5. COLLABORATION CONTRIBUTION GRID**

a. OBJECTIVE

The objective of this exercise was to identify existing and potential collaborative partnerships and shared resources. This activity sets the foundation for next action steps in terms of strengthening partnerships and building capacity.

b. METHOD

Collaboration contribution grid forms were handed out to representatives of the organizations present at the workshop. Participants had the opportunity to sit and fill out their forms individually. After their forms were completed, they were submitted at the end of the workshop. See the contribution grids below for faith based and other organizations.

c. DISCUSSION

Participants were asked to explore the networking that can happen from this workshop.

Oak Grove UMC				
Name of Other Organization	Existing Partnership	Potential Partnership	Contributions you are or could potentially make	Contributions you receive or would like to receive from this organization
Storehouse for Jesus	X		Economic, transport volunteers	Resources for new transport ministry
Advocacy Center	X		Financial, professional support	Current do not serve list
Smart Start		X	Financial	
Davie Domestic Violence		X	Not sure	
Davie Wellness Center		X	Not sure	Not sure

A Storehouse for Jesus				
Name of Other Organization	Existing Partnership	Potential Partnership	Contributions you are or could potentially make	Contributions you receive or would like to receive from this organization
Other pharmacies	X	X	Giving referrals	Counseling support
Other physicians	X	X	Giving referrals	Counseling support

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<b>Social Services</b>	X		Offer services	Help for clients
<b>Domestic Violence Center</b>	X		Offer services	
<b>Smart Start Library</b>	X		Offer services	
<b>Library</b>	X			Distribute books, encourage use of services for finding jobs
<b>Advocacy Center</b>	X		Offer services	Help for clients

<b>Smart Start of Davie</b>				
<b>Name of Other Organization</b>	<b>Existing Partnership</b>	<b>Potential Partnership</b>	<b>Contributions you are or could potentially make</b>	<b>Contributions you receive or would like to receive from this organization</b>
DSS	X		Parenting, early childhood education	Support
Davie County Schools	X		Parenting, early childhood education	
Community Foundation	X		Parenting, early childhood education	
Storehouse for Jesus	X		Parenting, early childhood education s	
Health Department	X		Parenting, early childhood education, referrals	Received diabetes educator, need healthcare educators and public heath education

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<b>Oak Grove UMC</b>				
<b>Name of Other Organization</b>	<b>Existing Partnership</b>	<b>Potential Partnership</b>	<b>Contributions you are or could potentially make</b>	<b>Contributions you receive or would like to receive from this organization</b>
Storehouse for Jesus	X		Volunteering	Food, Bill assistance
Just Hope		X	Volunteering	Transportation to different parts of the county
Advocacy Center	X			

<b>Farmington UMC and Wesley Chapel UMC</b>				
<b>Name of Other Organization</b>	<b>Existing Partnership</b>	<b>Potential Partnership</b>	<b>Contributions you are or could potentially make</b>	<b>Contributions you receive or would like to receive from this organization</b>
Storehouse for Jesus	X		Volunteers, financial support	
Young Life	X		Volunteers, financial support	
Advocacy Center	X		Volunteers, financial support	
Family Promise of Davie	X		Provide location	

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<b>Davie County Public Library</b>				
Name of Other Organization	Existing Partnership	Potential Partnership	Contributions you are or could potentially make	Contributions you receive or would like to receive from this organization
All			Computer, internet access, job search assistance, access to authoritative health info, referral to agencies, assistance with computer skill building, early literacy programming	

<b>Davie Domestic Violence and Rape Center</b>				
Name of Other Organization	Existing Partnership	Potential Partnership	Contributions you are or could potentially make	Contributions you receive or would like to receive from this organization
Wake Forest Baptist Hospital Bermuda Run	X	X	Potential for rape response program. education	
Davie County Schools	X	X	Volunteers, child abuse education	Volunteers for fundraising events

<b>Davie Medical Center</b>				
Name of Other Organization	Existing Partnership	Potential Partnership	Contributions you are or could potentially make	Contributions you receive or would like to receive from this organization

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Domestic Violence Center	X		Referrals	Knowledge for staff
Oak Grove UMC		X	Referrals	Resource for transportation
Farmington and Wesley Chapel UMC		X	Referrals	Resource for transportation
Storehouse for Jesus	X			

<b>Advocacy Center of Davie</b>				
<b>Name of Other Organization</b>	<b>Existing Partnership</b>	<b>Potential Partnership</b>	<b>Contributions you are or could potentially make</b>	<b>Contributions you receive or would like to receive from this organization</b>
DSS	X		Share info on clients with ROI, corroborate on mutual client problems	More info on mutual with ROI, more follow-up after services rendered
Salvation Army	X		Finances, help with other services	Better understanding of criteria for assistance
Domestic Violence Center	X		Help with rent or utilities for home relocation	More follow-up on client's progress
All Davie County Churches	X	X (those not already connected with)	Speaking engagements to educate congregations	Financial contributions
Just Hope	X		Help with financial assistance when qualify	Not sure

## 6. LOCAL ACTION

### a. OBJECTIVE

The final exercise helped to identify next steps for collaborative partnering, understand the next steps in the community, and share the date of the report meeting.

### b. METHOD

At the end of the workshop, the facilitators asked all participants, "What's next?" Many participants responded with what they would like to see come out of these workshops.

## DISCUSSION

### Next Action Steps:

- Communicate contact information to one source before we leave today.
- Who are the major players that are providers that have not been mentioned today?
- New Resource with updated information.
- Continuing the conversation in your own faith based group or organization. What are the key issues in the community?
- Moving together in unity to connect resources.
- Encourage and educate providers about the resources in the community. Getting referrals from providers.
- Utilize a "systems" approach to work with community members in need. Dig into the root causes of their current situation, and increase accountability.
- Hold ourselves accountable and others accountable for utilization of those resources.
- Cross-listing of people that each organization serves.
- Finding resources for affordable, high-quality child care.
- Advocacy Center

**The follow-up and report session** was held on Thursday, February 25, 2016 from 5:30-7:15 p.m. at Oak Grove United Methodist Church in Mocksville. The Oak Grove Team provided a great dinner.

Nine Attendees were all Caucasian (5 males, 4 females), with four FaithHealth staff.

Representatives from the Sheriff's office, EMS, YVEDDI, Parks and Recreation, Senior Services, the Advocacy Center, Oak Grove UMC and others were present. Four participants were present from previous workshops held in Davie County.

The session began with introductions from Leland Kerr, Emily Viverette and Teresa Cutts.

Reflections from those who participated in earlier workshops were shared. One participant wished more providers had been involved and obviously, the process findings reflect the view of whomever you have sitting in the room. The question was posed, "How come we don't know more about each other's efforts" in terms of initiatives. This points to a need for communication between multiple entities. Perhaps the mapping reports could be taken to the other entities for conversation starters and potential partnerships. One participant referenced Stakeholder Health's (a national learning collaborative of over 50 hospitals trying to find better ways to partner with community to care for the poor) image of webs of trust and how connected everything in the

community really is. One Oak Grove participant would have liked to have heard more from the seekers and another found the provider side really interesting—appreciated having people from Storehouse for Jesus. This participant has been in touch with some of the people she met at the mapping—it created an opportunity for connection. Another question was asked, “What common needs have you seen as you’ve engaged in FH work in the community?” One response was that transportation is a big issue—Oak Grove is now getting these referrals from other community members. The Oak Grove team is enjoying helping those in need. The pastor shared about a lady whom they had helped, who came all the way to the church to show doctor’s bills and prove that she was really in need. Even in smaller communities, the provider workshop gives providers an opportunity to learn about one another in more depth. Some people feel embarrassed to ask for help; financial insecurity is a huge issue. Oak Grove feels like a safe place for many to make a request for assistance.

One participant who is retired, works part-time at YVEDDI, and senior services, and attends a Methodist Church, is also the chair of the Davie Aging Planning committee. This committee provides some funds for transportation for health needs. There is a volunteer program—volunteers are paid for training-- and YVEDDI has a van that can be used to transport people for free. The van is rarely used because of a lack of volunteers. (It can be used to transport people who don’t qualify for YVEDDI services.) He works for YVEDDI, recruiting volunteers, and would welcome more volunteers from the churches. Funding is distributed across various needs: transportation, senior services, meals, etc. At one time, there existed both a Human Services Council for communication, and a Pastors’ Council, which helped to communicate need and awareness of service. This Aging Committee could be a resource for smaller churches whose older members struggle with transportation.

FaithHealth staff offered opportunities for Mental Health First Aid, Community Resilience Model trainings and an upcoming Soul Shop. There is a Suicide Prevention conference already scheduled for Davie County.

The EMS participant noted that they see people only in crisis—there is a real struggle with education around how to teach persons about when go to the doctor at the right time. It’s getting slightly better with Obamacare, though now the hospitals are bearing the brunt of those costs and many still overuse the ED.

EMS can refer to Social Services if things are difficult and not emergent. He shared some care pathways with the Oak Grove team that could be helpful to both the EMS and people being served in the county. Social Services are overrun, getting calls to serve the same people repeatedly. Davie County EMS is government run and can’t bring in big grants to really help with paramedicine in such a rural county.

The Sheriff’s office representative noted that they, too, can’t quite compete for larger grants with metro areas and are too large to compete for smaller grants. Needs include transitional care/half-way house (a church is working on this), need help with transitioning people. The Sheriff’s office now receives over five times the calls that they did in the 1990’s—although the population is no larger and the crime statistics are lower. They receive calls about “life stuff”: people wanting help with their 3 year old or to mediate disputes about mowing lawns across property lines. There might be some opportunities for education of church care teams in providing for these types of needs.

# APPENDICES

CHAMP Provider-Level Workshop Report – Davie County

**I. Davie County Demographic Data**

People	North Carolina	UNITED STATES	Davie County, North Carolina
<b>Population</b>			
Population estimates, July 1, 2015, (V2015)	10042802	321418820	NA
Population estimates, July 1, 2014, (V2014)	9943964	318857056	41434
Population estimates base, April 1, 2010, (V2015)	9535692	308758105	NA
Population estimates base, April 1, 2010, (V2014)	9535691	308758105	41222
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)	5.3	4.1	NA
Population, percent change - April 1, 2010 (estimates base) to July 1, 2014, (V2014)	4.3	3.3	0.5
Population, Census, April 1, 2010	9535483	308745538	41240
<b>Age and Sex</b>			
Persons under 5 years, percent, July 1, 2014, (V2014)	6.1	6.2	5.1
Persons under 5 years, percent, April 1, 2010	6.6	6.5	5.7
Persons under 18 years, percent, July 1, 2014, (V2014)	23.0	23.1	21.9
Persons under 18 years, percent, April 1, 2010	23.9	24.0	23.6
Persons 65 years and over, percent, July 1, 2014, (V2014)	14.7	14.5	19.3
Persons 65 years and over, percent, April 1, 2010	12.9	13.0	16.6
Female persons, percent, July 1, 2014, (V2014)	51.3	50.8	51.1
Female persons, percent, April 1, 2010	51.3	50.8	51.2
<b>Race and Hispanic Origin</b>			
White alone, percent, July 1, 2014, (V2014) (a)	71.5	77.4	90.4
White alone, percent, April 1, 2010 (a)	68.5	72.4	87.5
Black or African American alone, percent, July 1, 2014, (V2014) (a)	22.1	13.2	6.5
Black or African American alone, percent, April 1, 2010 (a)	21.5	12.6	6.3
American Indian and Alaska Native alone, percent, July 1, 2014, (V2014) (a)	1.6	1.2	0.6
American Indian and Alaska Native alone, percent, April 1, 2010 (a)	1.3	0.9	0.4
Asian alone, percent, July 1, 2014, (V2014) (a)	2.7	5.4	0.8
Asian alone, percent, April 1, 2010 (a)	2.2	4.8	0.6
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2014, (V2014) (a)	0.1	0.2	0
Native Hawaiian and Other Pacific Islander alone, percent, April 1, 2010 (a)	0.1	0.2	Z
Two or More Races, percent, July 1, 2014, (V2014)	2.1	2.5	1.6
Two or More Races, percent, April 1, 2010	2.2	2.9	1.7
Hispanic or Latino, percent, July 1, 2014, (V2014) (b)	9	17.4	6.4
Hispanic or Latino, percent, April 1, 2010 (b)	8.4	16.3	6.1
White alone, not Hispanic or Latino, percent, July 1, 2014,	64.1	62.1	84.9

CHAMP Provider-Level Workshop Report – Davie County

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<b>(V2014)</b>			
White alone, not Hispanic or Latino, percent, April 1, 2010	65.3	63.7	85.5
<b>Population Characteristics</b>			
Veterans, 2010-2014	709471	20700711	3320
Foreign born persons, percent, 2010-2014	7.6	13.1	4.4
<b>Housing</b>			
Housing units, July 1, 2014, (V2014)	4452334	133957180	18197
Housing units, April 1, 2010	4327528	131704730	18238
Owner-occupied housing unit rate, 2010-2014	65.8	64.4	80.4
Median value of owner-occupied housing units, 2010-2014	153600	175700	164100
Median selected monthly owner costs -with a mortgage, 2010-2014	1272	1522	1212
Median selected monthly owner costs -without a mortgage, 2010-2014	373	457	347
Median gross rent, 2010-2014	790	920	685
Building permits, 2014	49911	1046363	82
<b>Families and Living Arrangements</b>			
<b>Households, 2010-2014</b>	3742514	116211092	16117
Persons per household, 2010-2014	2.54	2.63	2.54
Living in same house 1 year ago, percent of persons age 1 year+, 2010-2014	84.7	85.0	93.3
Language other than English spoken at home, percent of persons age 5 years+, 2010-2014	11.1	20.9	7.6
<b>Education</b>			
High school graduate or higher, percent of persons age 25 years+, 2010-2014	85.4	86.3	85.4
Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	27.8	29.3	25.6
<b>Health</b>			
With a disability, under age 65 years, percent, 2010-2014	9.5	8.5	8.8
Persons without health insurance, under age 65 years, percent	15.2	12.0	18.2
<b>Economy</b>			
In civilian labor force, total, percent of population age 16 years+, 2010-2014	62.1	63.5	59.7
In civilian labor force, female, percent of population age 16 years+, 2010-2014	58.0	58.7	55.3
Total accommodation and food services sales, 2007 (\$1,000) (c)	16126939	613795732	28967
Total health care and social assistance receipts/revenue, 2007 (\$1,000) (c)	46688776	1668276808	67052
	20586729		
Total manufacturers shipments, 2007 (\$1,000) (c)	9	5319456312	1001617
Total merchant wholesaler sales, 2007 (\$1,000) (c)	88795885	4174286516	139129
Total retail sales, 2007 (\$1,000) (c)	11457817	3917663456	407832

## CHAMP Provider-Level Workshop Report – Davie County

	3		
Total retail sales per capita, 2007 (c)	12641	12990	10066
<b>Transportation</b>			
Mean travel time to work (minutes), workers age 16 years+, 2010-2014	23.7	25.7	26.4
<b>Income and Poverty</b>			
Median household income (in 2014 dollars), 2010-2014	46693	53482	49591
Per capita income in past 12 months (in 2014 dollars), 2010-2014	25608	28555	26739
Persons in poverty, percent	17.2	14.8	13.8
<b>Businesses</b>	North Carolina	UNITED STATES	Davie County, North Carolina
Total employer establishments, 2013	218285(1)	7488353	782
Total employment, 2013	3421195(1)	118266253	8145
Total annual payroll, 2013	143341880(1)	5621697325	251111
Total employment, percent change, 2012-2013	2.1(1)	2	-1.7
Total nonemployer establishments, 2013	679725	23005620	2888
All firms, 2007	798791	27092908	4018
Men-owned firms, 2007	421114	13900554	2130
Women-owned firms, 2007	225500	7792115	1060
Minority-owned firms, 2007	131728	5759209	S
Nonminority-owned firms, 2007	634155	20100926	3628
Veteran-owned firms, 2007	84350	2447608	375
Nonveteran-owned firms, 2007	652713	22627611	3344
<b>Geography</b>	North Carolina	UNITED STATES	Davie County, North Carolina
Population per square mile, 2010	196.1	87.4	156.2
Land area in square miles, 2010	48617.91	3531905.43	264.11
FIPS Code	"37"	"00"	"37059"

This geographic level of poverty and health estimates are not comparable to other geographic levels of these estimates

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info  icon to the left of each row in TABLE view to learn about sampling error.

The vintage year (e.g., V2015) refers to the final year of the series (2010 thru 2015). Different vintage years of estimates are not comparable.

(1) Includes data not distributed by county.

- (a) Includes persons reporting only one race
- (b) Hispanics may be of any race, so also are included in applicable race categories
- (c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

D: Suppressed to avoid disclosure of confidential information

F: Fewer than 25 firms

FN: Footnote on this item in place of data

NA: Not available

S: Suppressed; does not meet publication standards

X: Not applicable

Z: Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

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