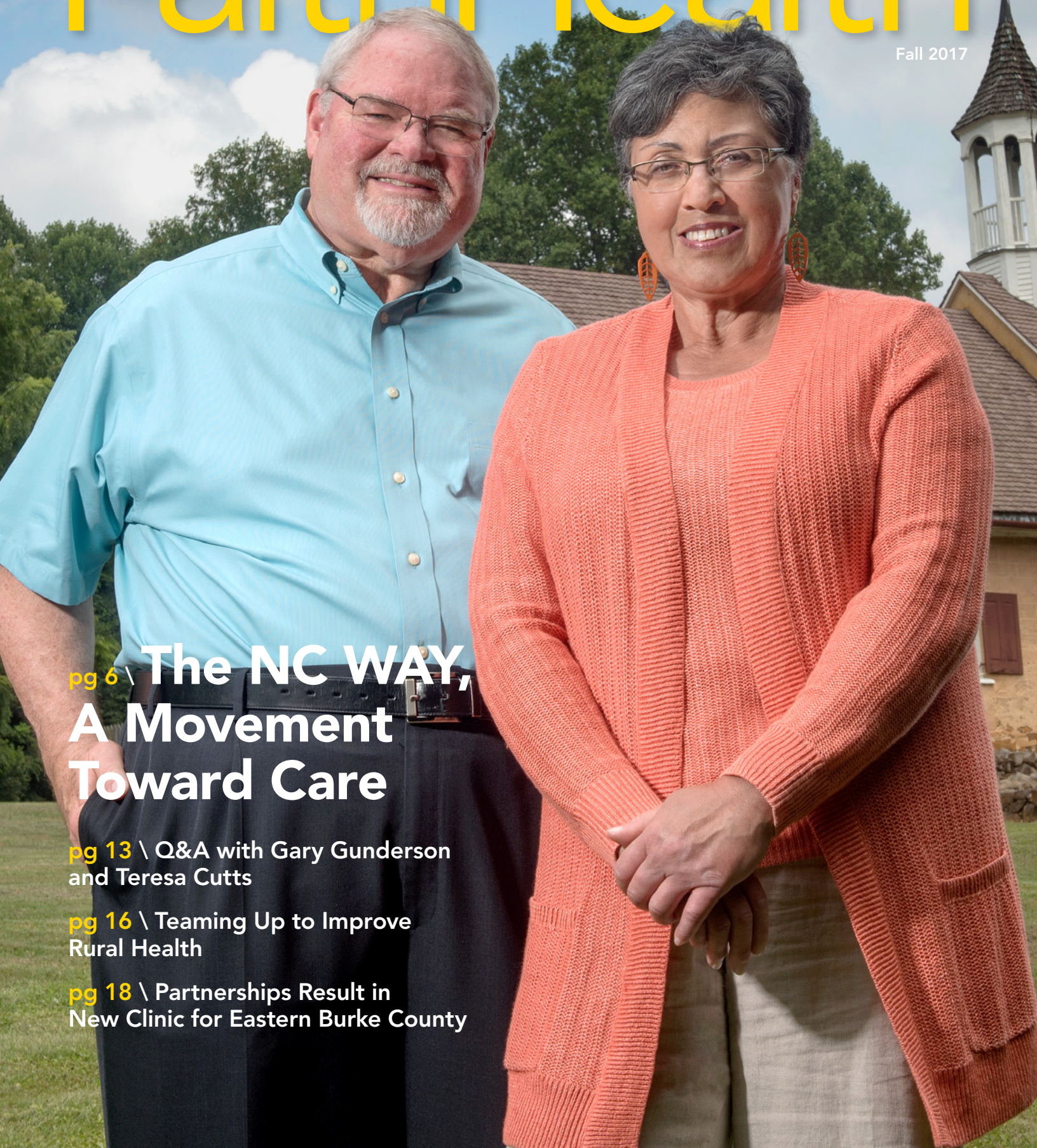


FaithHealth

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The NC WAY, A Movement Toward Care

BY MELANIE RASKIN

There's an old Chinese saying that goes like this: "May you live in interesting times." It speaks to a world of uncertainty and turmoil, divisiveness and fear. But interesting times also call forth courage and strength, a spirit of adventure and, yes, even optimism.

Interesting times can inspire the putting aside of old disputes and negative ways of being that no longer serve us, and shift the focus to synergy, creativity and harmony. Interesting times don't just invite breaking, but breaking open. You can't circle the wagons when the very life of the community you love is on the line. That's just what's happening in the health arena in North Carolina: We are living in interesting times, and people are rising and shining. It's called FaithHealthNC (FHNC) ... and it's fast becoming The NC Way.

FaithHealthNC exemplifies its name: it is a non-traditional partnership between faith and health communities to harness the energy of neighborliness and unity to decrease hospital readmissions and charity care costs and improve overall health and well-being. A person-centric rather than hospital-centric model, it leverages the volunteer and compassion power of faith communities, working alongside health care institutions, to get vulnerable patients in the right door for the right care at the right time, ready to be treated and not alone.

How does this work during interesting times, in a state and climate that are divided along so many lines, from political to economic to spiritual? Disparate ideologies notwithstanding, it is working. And it is because of the diversity, not in spite of it. That's because of a simple truth: Everyone, no matter where they are on the ideological spectrum, truly cares about people who are vulnerable and struggling. While the lines in the sand can run deep and long, FaithHealthNC rises above the contention and easily and gracefully steps over those lines. The distinctive NC Way unites competing public and private organizations, hospitals, academic institutions, politics and faith walks in one universal calling: to help people when they need it most.

Filling the Gap: The Answer Isn't Another Agency, It's the Community

According to Jeremy Moseley, Director of Community Engagement with FHNC, it's a way of delivering care whose time has come. "Despite innovations and advances in a variety of support systems, more people are falling through the gaps in our communities. For whatever reason, people are not meeting the criteria for health care system, social and community services." Yes, physical limitations and diseases often prevent people from getting what they need, but Moseley believes it's bigger than that. FHNC is redefining the word "need" and discovering that it is more than a service





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"Technology and health care advances are good," Moseley explains, "but the human connection is missing now. Some people don't have the means to plug in. And it's not just the poor. People across the social, political and economic spectrum are living in isolation because of illness, a spouse who has passed away or grown children who have moved out of town. People need someone to care. Our movement is about that human connection, following patients home from the hospital, understanding the social complexities of life that may impact their health care journey and working with our partners — health care systems, nonprofits and congregations — to relieve the burdens they face, beyond the cancer or heart

disease that brought them into the health care system in the first place. We aren't limited by diagnoses, demographics or faith beliefs. We serve everyone. Our only limitation is geography — and we're working on that."

FaithHealth incubators are in action across the state: Asheville, Raleigh, Gastonia, Lumberton, Kannapolis, High Point, Charlotte, Wilmington, Wilson, Greenville, Elizabeth City, Fayetteville, Goldsboro, Greensboro, Durham and FHNC headquarters, Wake Forest Baptist Medical Center in Winston-Salem. The sites are powered by volunteers and supported by Connectors — the part-time FHNC community network-

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builders who reach out to congregations and volunteers to create a system of support — and Supporters of Health, the community health advocates who work full-time in high poverty and at-risk

neighborhoods. Services include: deciphering hospital discharge instructions and how to take medicines; transporting patients to doctors' appointments, the pharmacy and grocery store; providing safety/well-being check-in calls and reminders about follow-up care; helping create a safer home environment conducive to healing; and liaising with health care resources to ensure proper support.

But you can't do any of those things without the key element of trust, says

Teresa Cutts, academic liaison for FaithHealthNC, faculty at Wake Forest School of Medicine and one of the chief architects of the Memphis model that inspired the formation of FHNC. According to Cutts, trust can be a big hurdle to jump because health care systems here as in other troubled places like the Delta where she grew up were often at the center of historical trauma in underserved neighborhoods and communities of color.

“They were part of the machine that discriminated against, marginalized, experimented on and provided poor care to these communities,” Cutts explains. “They were the sites of the eugenics program. These were the communities that saw their African-American hospitals closed down and their black doctors moved out. These health care systems were also seen as the place people went to die, often because patients waited too long to seek care. It’s The NC Way to heal the things that have happened by naming and owning them, and then moving forward.”

A Community Solution / The People’s Solution

According to Cutts, it begins with really hearing what the people of a community are saying, and then, together, moving into the space to begin to meet those needs. Gone are the days when a hospital tells a community what they need from a perch high above the streets. The NC Way inverts that pyramid, and embraces the community as partner and the unpredictability that comes from partnership. That’s a big reset.

“The NC Way is just a relationship coming up under things that are already there, connectable and integrated across these groups,” Cutts states. “Everybody’s talking about social determinants of health. We’re determined to make a new social process move toward justice.”

It’s a path Gary Gunderson, Vice President of Faith and Health Ministries at Wake Forest Baptist Medical Center,



has been walking for years. He refuses to say he is in charge of FHNC (it’s a partnership, he insists). He does admit that he came to North Carolina specifically for the purpose of adapting the well-known Memphis Model which he insists he also didn’t lead (It was a partnership!). But while the Memphis model’s foundation was 616 churches that signed a covenant to optimize and strengthen congregations to care for their members and immediate neighbors, Gunderson quickly learned North Carolina was different.

“Here, people are willing to drop their differences and cross over the boundaries of race and class, of competition and faith, to do what needs to be done,” he says. “Even more than in Memphis, the NC Way is grounded



in the desire of people to express their faith — their spirituality — by helping somebody. And the more concrete that need, the more radically generous they will be. When I meet with clergy about participating in FHNC, sure, they are interested in helping their own members. But they are also excited about the chance to give their congregations an opportunity to reach out and be relevant to people in the wider community they have not yet met. And that excites me.”

Building a Community of Care / Customizing Care

It is “interesting times” in the health care world, an era that juxtaposes breathtaking medical advances with more demanding regulations and expectations about accountability and outcomes, which can have a serious impact on a health care system’s bottom line. FaithHealthNC bridges the gap and empowers congregations to connect the dots of care between the health care system and the patient.

“The hospital is simply not as close to the suffering that occurs in our communities on a day-to-day basis as a church, temple or mosque can be,” Gunderson comments. “Hospitals aren’t doing anything clinically different, they’re all doing the very best hospital medicine. But 21st century science fails without relationships of trust and care. The aha moment is when congregations realize how much they know about the community that is beyond the ability of large institutions to know. When they see that because they reached out to a family and made sure a diabetes treatment

happened on time, healing happened. We’re linking the extraordinary assets of compassion and mercy of the faith community with the medical brilliance of the hospital. These clergy and congregations are the heroes of this story.”

But it’s not one-size-fits-all, says Gunderson, and that’s what makes the program work.

“FaithHealthNC is a box of parts, of sorts. It depends on a smart community to assemble these good ideas in ways that will work in Randolph County or Watauga County or Robeson County. Sometimes, they have parts we’ve never thought of and other times they have to find a new way. Partners such as public health are often key. Often that new way spreads to other counties. Of course they are free to do that, they have the power and the unique local intelligence to do it. That’s what the NC Way is: It’s actually The Randolph Way, The App Way. It’s for each community to express its brilliance in its own way, to take a common set of values and logic and make them a local reality.”



Randolph County: Uncovering the Need, Discovering the Solution

Helen Milleson, FaithHealth navigator, and Barry Morris, director of Spiritual Care and Community Integration for Randolph Health in Asheboro, were surprised. A pilot study in 2014 assessing super-utilizers of hospital services — those who returned to the hospital emergency department three times in a 30-day period — revealed something interesting: Social variants, not medical factors, were a key cause. Issues including lack of transportation, unemployment, no safety net (agency or family support), challenging living situations (homelessness) and lack of dental and pregnancy care were all driving people to the hospital ER.

“It was not what I expected,” Milleson says. “I thought I’d be seeing mostly drug addicts or the mentally ill, but the people I’m seeing are the working poor, folks who have lost their jobs, their insurance, their housing.”

The Randolph Health team decided to focus on this self-pay group of younger patients. “Our strategy was to help them out of their health jam so they can get back to work and become self-supporting,” Morris explains.

The team is using the strategy of helping patients get their medications as a stepping stone to profound health care change. “If we can help with medications, and in some cases connect patients with doctors, we get them feeling better,” Milleson points out. “Then, once they’re better, we connect them with vocational rehabilitation. If they get a job, they’ll have access to insurance. So, it’s really about the whole person, and so much more than just the medications.”

According to Morris, there are some facts that are immutable: there will always be people challenged by poverty and access to health care. But, there are also people willing to help their neighbors rise to those challenges — FaithHealthNC.



Patient referral coordinator Angela Brown, left, discusses patient care strategies with FaithHealth navigator Helen Milleson of Randolph Health.

AS OF LATE MARCH, THE TEAM HAD WORKED THROUGH 205 REFERRALS.

“The church is in a lot of transition right now, with a younger, more informal, less traditional population who wants to get their hands dirty and really make a difference outside the walls of the congregation,” Morris comments. “But that’s a big change, so it’s exciting and hard at the same time.”

Milleson agrees. “Sometimes I’ll sit in church and think, what is the one place in society where it is against the law not to care? It’s the hospital. People can come in for non-emergencies and ask to be treated, and they will get the care they need. We’re just trying to make a different, better connection between the people in our churches and the people who come to our emergency department.”

In Randolph County, Milleson and Morris measure success in baby steps. As of late March, the team had worked through 205 referrals. That success comes from equal parts hard work and creativity.

“In our society now, with a new president and the efforts to repeal the ACA, somebody’s got to step up and do something for people who are in bad situations,” Milleson states. “And I really think the churches are going to do it.”

For Morris, the innovation starts with a change in perspective. “Our job is to see the people who come through our health care system as lifetime patients,” he notes. “We don’t just help with their cellulitis and say, thanks, have a good life, because that patient will be back. The burden is on the health care system to deliver quality care with evidence-based outcomes so that patients aren’t coming back with problems that should have been fixed earlier. I see the health care system moving into the community and meeting people where they are, instead of waiting for people to come to us, sick.”

What does the future hold for FHNC in Randolph County? “It’s hard work,” Morris admits. “I’ve learned to take a step back and remember, God’s a part of this,

so I’m excited and curious to see how God is going to manage it. I’m a tooth in the cog of progress, sensitive and attuned and humble to do this fun, exciting and creative work.”

“We’re making a difference one person at a time,” Milleson concludes. “I’d love to work myself out of a job!”

AppFaithHealth and Watauga Medical Center: Where God Is in the Details

Watauga County-based AppFaithHealth serves a diverse population that includes Appalachian State University, the town of Boone and mountain communities along the North Carolina/Tennessee border. But the diversity is more than just regional, says Melanie Childers, Director of Pastoral Care at Watauga Medical Center.

“While we’re small and close-knit, we’re still fairly fractured,” she explains.

"A lot of people consider themselves religious but are not affiliated with a congregation. We have no organized ministerial association, so there's no opportunity for clergy to gather. Plus, many of our pastors have another full-time job, so there's not a lot of time to develop these important relationships. It can be hard to feel like they're supporting the community and that the community is supporting them. FaithHealthNC is a good match for us, because it makes those connections. I love the freedom to do what works for us."

With a goal of creating healthier communities and cutting down on hospital readmissions, the program decided to tackle two issues, in strategic order: first, to unite the faith leadership and ministers, and then, to address the problem of people falling through the cracks after leaving the hospital. Missing medical appointments, skipping medications and not adopting good health practices are all behaviors that can land patients back in the hospital.

While goals are inspiring, AppFaithHealth found that God is in the details ... literally. Their approach centers on establishing key systems that empower partners to succeed.

Tier 1 of their program orients clergy and provides a badge and parking for hospital visitations. Tier 2 occurs at the congregational level: a faith community signs on to participate in training and commits to partnering with the hospital in a patient's discharge plan, whether it's mentoring a new diabetic with healthy recipes or checking in daily with a patient who lives alone. Tier 3 is similar to Tier 2, but involves a community volunteer in the geographic area of a patient with no church affiliation. Currently, there are approximately 80 congregations at Tier 1, 14 at Tier 2 (with six more in progress) and seven at Tier 3.

"With new health care regulations telling us we're not going to get the same reimbursement if a patient is readmitted within 30 days with the same diagnosis, we have realized the limits of what health care can do," Childers points

out. "We didn't have a network in the community to help after patients leave us. But churches do. They already follow people and provide care throughout their lifetimes. So, it's a given we need to work together to make a difference. For healthcare systems today, I think it's collaborate or die."

For Childers and the brand-new AppFaithHealth team, victory comes in small, satisfying steps.

"One of our smallest Tier 3 congregations of 25 to 30 members provided seamless care in our first assignment," she states. "A patient was referred to us by one of our community navigators because he needed three rides to doctors' appointments until his leg healed and he was medically-cleared to drive again."

In August of 2015, Childers hosted clergy from a variety of faith groups at a hospital luncheon where they were oriented, badged and provided with parking decals for their vehicles. "It was the first interfaith gathering of clergy in our community in years," she says. "Just being able to get two parking spaces and a badging program at the hospital



Melanie Childers, Director of Pastoral Care, Watauga Medical Center

is a big step forward. It lets our clergy know they are respected and recognized for the important work they do." For AppFaithHealth, that important work is collaborating in a community of care.

Sowing the Seeds of Communal Wellness: Robeson County Compassion for U Congregational Wellness Network

Rev. Dean Carter, Coordinator of the Department of Pastoral Care, and a small interdisciplinary team were doing something amazing. They were working together to change how palliative care was done at Southeastern Health in Robeson County. They found that, given a choice, patients with serious illnesses would choose more aggressive treatments earlier in the disease process and less aggressive measures later. By applying holistic principles in the ICU and throughout the hospital, and changing the focus from prescriptions to people, the health care system saved over \$7 million, ten times more than anticipated. The combination of an innovative and rewarding interdisciplinary experience with a more patient-centered approach made becoming a FaithHealthNC program site the next logical step for the healthcare system.

Now Compassion for U Congregational Wellness Network, with Carter as its coordinator, has a new calling. Instead of focusing on the leading causes of death, it's now focusing on the leading causes of life.

"We're looking at the disease trajectory time line, before hospice is introduced, to see where we can meet the needs of patients with chronic illness or lifestyle wellness issues," he explains. "We're trying to change the disease trajectory, and lengthen and add quality to life. We all would rather have an individual begin seeking wellness long before the need of critical care or end of life. Wellness happens best in community."

Robeson County, one of the few majority minority counties in the nation, is consistently ranked at or near the bottom of NC counties in total health

outcomes, including the rates of diabetes, heart disease and chronic kidney disease. Add to the health challenge the recent heavy rains and flooding of Hurricane Matthew that shut down businesses, damaged churches and displaced homeowners. It's a community that time and time again, takes it on the chin. And, according to Carter, time and time again, it's a county that rises.

"To know our community and culture is to witness a gritty toughness and strength to adapt and survive," Carter says. "Though strained at times, our residents embody a resiliency that works across racial, gender and denominational lines." It's a community ripe for The NC Way. And it's succeeding.

So far, 16 churches have signed a covenant to network with Compassion for U and 13 Covenant Agency Partners have committed to doing church and community wellness education and outreach, including revolving six-month health screenings and events at area

churches. Compassion for U set a state record for first-time events with its NC MedAssist Over-the-Counter Medication Giveaway, with 1,741 people receiving approximately \$100 per person in OTC medicines. More than 300 volunteers helped at the one-day event.

"The old model is to build a program inside the doors of the hospital and say, come in," Carter muses. "The new model is to ask people if we can come out and enter through their doors, can we walk the street with them and learn what they need and see what could be."

Compassion for U is sowing the seed bed of communal wellness in Robeson County and carefully nurturing it with an energized faith community. "It has been one of the most enriching experiences of my life to be in collaboration with passionate others who seek to apply these principles, while also having the freedom to apply them in a neighborhood that I have served as a chaplain for 22 years."

The New Normal

There's an old African proverb that could have come from FaithHealthNC: If you want to go fast, go alone. If you want to go far, go together. The best and brightest stakeholders and institutions across the nation are buying into this new way of delivering health care. North Carolina is at the forefront of the movement and a national model, one place where it is possible to imagine a statewide reality that would simply be so effective it was normal.

"I would be surprised if five years from now this isn't simply the way things work across the state no matter which town, hospital or public health agency; the new normal," Gary Gunderson remarks. "God made us to be a community of care. The NC Way is God's imagination for health. That script is deep inside us. God put it there. We just have to act out our parts."

FaithHealthNC has a set of high-stakes goals that are fast becoming benefits: building trust and communication in communities, identifying ways to enhance the health care process and service to patients and improving follow-up care, discharge instructions and medication compliance. It's a tall order, but anything worth having is worth working for.

Rev. Dean Carter of Robeson County's Compassion for U summed it up best when he said, "It's reassuring to my faith that as I ask the question, 'Is there anybody out there?', to find others who are wondering the same thing, and how they might change their community to be a place of justice, compassion, trust and wholeness."

What FaithHealthNC proves is that there is not one answer but a whole suite of answers that adapt to every local reality. That's the NC Way.



Rev. William Gentry and the Care Connections Transportation Ministry under Compassion for U Congregational Wellness Network