

FaithHealthNC Community Health Assets Mapping Partnership CHAMP-FOOD PATHWAYS

Seeker-Level Workshop Report

June 13, 2015

**Winston-Salem, NC
Forsyth County**

CHAMP Food Pathways Workshop

FaithHealthNC
A Shared Mission of Healing

 **Wake Forest™**
School of Medicine



IRHAP
International Religious Health Assets Programme

ARHAP African Religious Health Assets Programme

Written by:

Khelen Rhodes Kuzmovich, MDiv

With Collaboration from:

Teresa Cutts, PhD

Mark Jensen, PhD

Nicole Johnson, BS

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

TABLE OF CONTENTS

SECTION A	3
AREA AND LEVEL	4
DATE AND PLACE OF WORKSHOP	4
FACILITATON TEAM	4
PHYSICAL DESCRIPTION OF WORKSHOP	5
PREPARATORY WORK	6
PARTICIPANTS	7
INTRODUCTION TO WORKSHOP	7
SECTION B	8
COMMUNITY MAPPING	9
HEALTH AND WELL-BEING INDEX	11
FACILITY/HEALTH RANKING	13
FOOD AND CULTURE	14
NEXT ACTION STEPS	15
APPENDICES	16

SECTION A

WORKSHOP INFORMATION

Section A

1. AREA AND LEVEL

A workshop facilitated by Wake Forest University Baptist Hospital's FaithHealthNC and Wake Forest University School of Divinity was offered in Winston-Salem at the food seeker level. As part of the Community Health Asset Mapping Partnership in Winston-Salem, the workshop focused on residents of the community who seek food assistance within Winston-Salem and Forsyth County. Therefore, Forsyth County was the area of focus. **Image 1** is a map outlining the boundaries of Forsyth County.



Image 1

2. DATE & PLACE OF WORKSHOP

The workshop took place on June 13, 2015 at Wentz Memorial United Church of Christ, which has a predominantly African-American congregation. The church is located at 3435 Carver School Road on the East side of Winston-Salem, Forsyth County. The workshop began at 9:00 am and was completed by 1:00 pm.

3. FACILITATION TEAM

Lead Facilitators:

Teresa Cutts, PhD
Nicole Johnson, BS

Scribes:

Khelen Rhodes Kuzmovich, MDiv
Angela Chavis, MDiv

Primary Report Writer:

Khelen Rhodes Kuzmovich, MDiv

Registration:

Kemi Balogun, BS

4. PHYSICAL DESCRIPTION

The workshop was held in the Wentz Memorial United Church of Christ fellowship hall, located adjacent to their sanctuary. A light breakfast was available for participants as they entered the space. There were three large tables located in the center of the room. Each table had six to eight chairs placed around it. Throughout the workshop, two of these tables represented the two activity groups comprised of participants; the third table consisted of late-coming participants who took part in plenary discussions. At the front of the room hung a map of Forsyth County and stood an easel holding boards and charts for the activities. Registration for the event took place in this room near the door. **Image 2** depicts the layout of the Wentz Memorial United Church of Christ fellowship hall during the food seeker workshop.

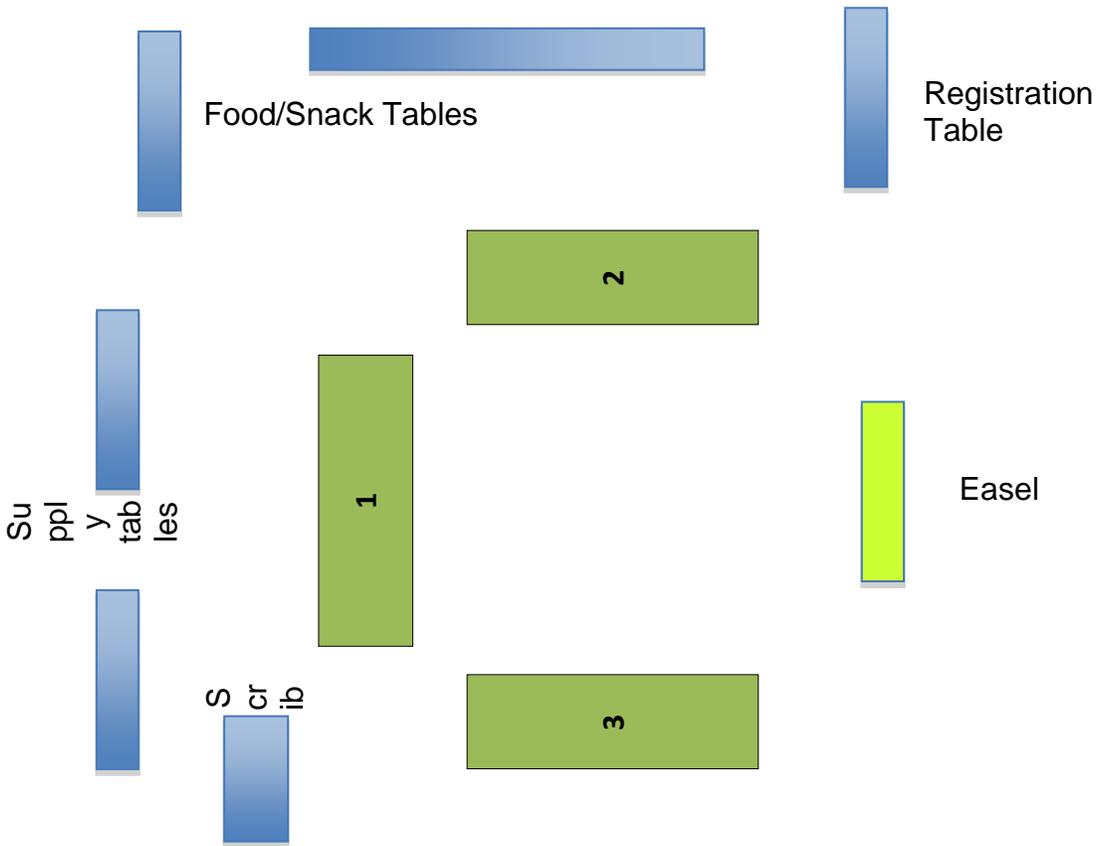


Image 2

5. PREPARATORY WORK

Preparatory work for this CHAMP workshop included several different activities such as: 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 African, 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 and 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 map layers.

Facilitation Team Training occurred through team member's participation in training events, past workshops held in similar locations, and a familiarity with the 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 several planning meetings prior to the event, sent emails, and made follow-up telephone calls during the weeks prior to the workshop. Workshop staff also identified Wentz Memorial United Church of Christ as an appropriate site for the workshop.

Workshop Materials Preparation included 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 markers).

6. PARTICIPANTS

Sixteen community members participated in the food seeker level workshop. Ten African-American women and six African-American men comprised the participants.

7. INTRODUCTION TO WORKSHOP

The workshop began with a greeting and introduction by the facilitation team. The facilitation team described the purpose of the event. Lead facilitators, Dr. Teresa Cutts (“TC”) and Nicole Johnson, introduced the 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 developed and refined by Dr. Teresa Cutts and team in Memphis from 2007-2013. The objective of CHAMP 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.

The participants in these workshops on both the food provider level and the food seeker level contributed their knowledge and community understanding in a variety of activities and exercises throughout the workshop.

Also during this time, Nicole gave an overview of the terms “food access” and “food security.”

The participants of the workshop were then asked to each introduce themselves and name the areas in which they live. All but one participant lived on the East side of Winston-Salem (one woman was from Greensboro, NC in Guilford County).

SECTION B

FOOD SEEKER EXERCISES

SECTION B

1. COMMUNITY MAPPING

a. OBJECTIVE

The first activity of the day involved community mapping. The two groups were asked to discuss what they collectively know about food resources in the community and to construct a map based on what they believe to be important food assets of Winston-Salem and Forsyth County. The purpose of this exercise was to serve as an “icebreaker” and to allow participants to identify and map community and religious food assets that they deem essential to improving access to good, quality food in Forsyth County and Winston-Salem in particular.

b. METHOD

The participants broke into 2 small groups, 1 group per an activity table. Each table was equipped with colorful markers and large white sheets of paper. “Group 1” had 4 participants all of whom were men. Two appeared to be over fifty years old and two appeared to be in their forties. “Group 2” had 5 participants comprised of women. Four of the women appeared to be over sixty and one appeared to be in her fifties.

Group 1: As the facilitator helped the men think creatively about food resources, the participants became more talkative although overall this group was quieter compared to Group 2.

Group 2: This group readily began drawing their map as the facilitators helped them think creatively about food resources. Participants learned from one another about resources as they shared information about various food pantries, meal programs, etc. Two participants emerged more as the leaders, and one of them shared more in the group discussion. After approximately ten minutes, each group was asked to post their maps on a wall in the front of the room and share the contents with the large group.

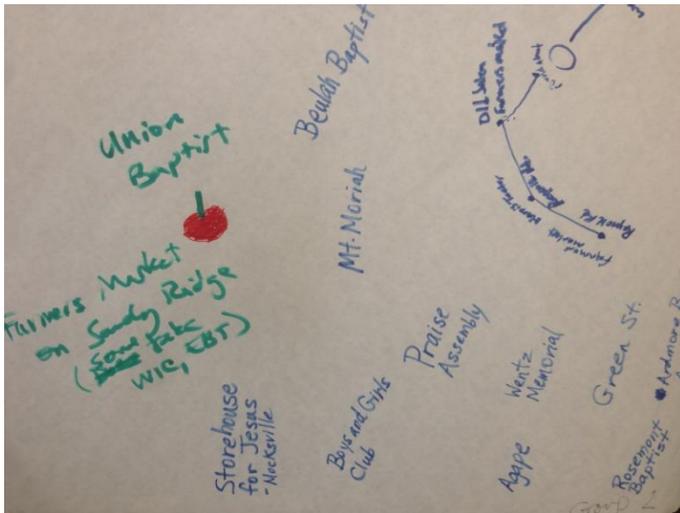


c. DISCUSSION

Group 1 documented CVS, Sam’s Club, Save-a-lot, Wal-Mart, Food Lion, Harris Teeter, Dollar General, Jet Away, Hardee’s, Burger King, K&W Cafeteria, McDonald’s, Bojangles, Wentz Memorial UCC, The Winston-Salem Rescue Mission, Dreamland Missionary Baptist Church, Sunnyside Ministries, Samaritan Ministries, New Jerusalem Baptist Church, Catholic Social Services, Green Street United Methodist Church, St. Paul’s United Methodist Church, Crisis Control Ministry, and Alpha and Omega. When asked which places do not have very good food, one participant said, but all four agreed, that the following places were sometimes good and sometimes not: Alpha and Omega, St. Paul’s, and Catholic Social Services. The group stated that places that provide good food are Green St., Food Lion, Save-a-Lot, Wal-Mart, Sunnyside Ministries, and New Jerusalem.

Group 2 documented Food Lion, Aldi, Wal-Mart, Harris Teeter, Trader Joe's, Ronnie's Country Store, Waughtown Meat House and Produce, Dixie Classis Farmer's Market, Cobblestone Farmer's Market, Downtown Health Plaza Community Garden, Sandy Ridge Farmer's Market (especially vendors who accept EBT), fresh food stands that appear in the summer (for example, one on Thomasville Rd. that accepts EBT and one on Waughtown Rd. that has fruit), Union Baptist Church, Clemmons Food Pantry, Mt. Moriah Outreach Center, Beulah Baptist Church, Ardmore Baptist Church, Forest Hill Baptist Church, Whole Man Ministries, Salvation Army, the Boys and Girls Club, Ardmore Methodist Church, Green Street United Methodist Church, Rosemont Baptist, Catholic Social Services Crisis Control Ministry, St. Paul's United Methodist Church, Storehouse for Jesus (Mocksville), Experiment in Self Reliance, Praise Assembly Church, Christ Kingdom Building Worship Center, New Jerusalem Baptist Church, Transforming Lives, Agape Care and Share, and Ibrahim Elementary School.

This group named the following places as sites that provide good, quality food: Harris Teeter, Praise Assembly, Wentz, Christ Kingdom Building Worship Center, Transforming Lives, Ibrahim Elementary, Dixie Classic Farmer's Market, Ronnie's Country Store, and Storehouse for Jesus. When asked about the ones that were not as good, Group 2 said they went to all of them out of necessity even if the food was not as good.



The participants discussed some problems with accessing good, quality food during the discussion period. For example, for one participant the farmer's markets not taking food stamps limited fresh food access. Also, several participants said that lack of transportation prevented accessing good, quality food. The group discussed how their time adds up so that each month they spend a lot of time trying to meet their food needs by going to various pantries, etc. Participants also spoke about the atmosphere at some of the pantries, noting that some pantry staff are much nicer and

more welcoming than others and that some are better organized than others. The group shared how some pantries, such as those at Wentz Memorial United Church of Christ and Transformed Lives, do not have strict regulations, which the participants liked because it is difficult to keep all of the rules, regulations and schedules straight. Participants said they needed to go to multiple pantries because of not getting enough food from each one, particularly for bigger families.

Participants also shared that they are thankful for pantries because they help people stretch out their money and food stamps each month. One woman talked about this necessity being generational- both she and her daughter need pantries to help stretch their food stamp dollars. Another theme that participants discussed was the quality of food offered from food pantries. While they appreciated that many pantries give staples that can last a long time, a lot of the foods are leftovers or old items, especially the fresh foods offered.

2. HEALTH AND WELL-BEING INDEX

a. OBJECTIVE

The second activity was comprised of a two-part brainstorming session. Part I consisted of the participants brainstorming the most important factor or factors that work *against* access to good, quality food within Forsyth County. Part II consisted of brainstorming the most important factor or factors that work *for* accessing good, quality food in the community.

b. METHOD

Each participant was asked to write one factor that works against access to good, quality food on two separate index cards, which were then combined and categorized. The group then discussed what they wrote on their index cards. Each participant then voted on which factors were most important after the discussion. The participants then repeated this exercise *for* factors that work for accessing good, quality food.

c. DISCUSSION

After each participant wrote their negative factors on two index cards, the facilitators shared the information with the group. The index cards were then combined into specific categories:

- **Transportation-** While some individuals live within walking distance of food pantries or grocery stores, in order to access more of the community's food assets, people need a car. Many individuals do not use public transportation because they do not have money for bus fare. Also, some food pantries are not on bus routes. While some people can use TransAid, this is difficult for getting to the pantries at specific times because TransAid is not always punctual.
- **Money-** Having more money would help save all of the time that it takes to go to different pantries and stores. If they have a car, people need money for gas. People need money for when food stamps run out or to help family members whose food stamp amount is inadequate.
- **Distance to travel to get food-** Some pantries and more affordable stores are far away from where people live.
- **Time and Rules-** Food pantry policies are hard to keep up with, as well as the schedule or when they are open.
- **Volume-** Some pantries do not give a lot of food so people have to stretch the food that is given.
- **Pantry Hours/Work Schedule-** Some individuals' work schedule means they cannot get to the pantries when they are open. Most pantries are open during the day.



Using two post-it notes, each participant was then asked to vote on the top two categories from the list above that she or he believed worked against access to good, quality food in Forsyth County. The following list depicts the top factors voted upon:

Question

What is the most important factor or factors that work **against** access to good, quality food in Winston-Salem?

Results

1. Transportation
2. No Money
3. Time
4. Volume
5. Not familiar with the food being provided
6. Don't know how to cook

In Part II of this exercise, each participant wrote on two post-it notes what they considered to be the most important factors that worked *for* access to good, quality food within their community. The post-it notes were then combined into five categories. The following list depicts the top five factors voted upon:

Question

What is the most important factor or factors that work **for** or contribute to access to good, quality food in the community?

Results

1. Spiritual Nourishment
2. Access/Quality of Food
3. People that Care/Attitude
4. Sharing with each other
5. Providing Information

The group said that it was important that the people who work or volunteer at the pantries care about what they are doing and who they are serving, because "if people care, then they do a little more." Also, if community and church members donated more food to pantries, then more food would be available. The quality of food donated could also improve because sometimes it is stale food or food that has gone bad; one participant stated, "Don't give someone something that you wouldn't eat." One woman said that workshops (like this one) were helpful because you learn about resources from your peers, and you have someone to listen to you. Several individuals liked that some pantries at churches invite food seekers to pray with them, which helped them feel cared for and nurtured them spiritually. The group also discussed the importance of one's attitude saying that it is hard to be open to having to use the pantries and to overcome shame. They agreed that it was helpful when someone else showed you how to do it and went with you. They also spoke about sharing what food they had with others, particularly individuals who cannot get to the pantries because of age and infirmity or disability.

The facilitators posed the question, "What would make a difference?" The group answered that transportation and the energy to get places (you need energy to take a lot of buses and carry bags) would make a huge difference. Also, getting enough food at one time is good so that you can get a break for a while before you start up again. All of the work to get food takes a toll on your body. Being treated with dignity and being welcomed at the places that provide food would also make a difference.

3. FACILITY/HEALTH RANKING

a. OBJECTIVE

The final exercise consisted of ranking various community assets on their levels of efficiency in various contexts. The objective of this activity was to picture the ways in which different public entities contribute to accessing good, quality food.



b. METHOD

The participants broke into two groups, which were the same as the earlier exercises.

Each group was asked to rate various community entities on a scale of one to five (one being poor and five being great; zero meaning they did not have enough information to provide a ranking). Community assets ranked included: Food Pantries, Grocery Stores, Community Gardens, Farmer’s Markets, Drug Stores, Schools/Backpack Programs, and Soup Kitchens. Each was ranked based on their ability to offer food services based on the factors that contribute to access to good, quality food established in exercise 2: Caring People, Donations/Adequate Supply, Preserving Dignity/Attitude of Providers, Personal Assistance, Praying, Transportation, Workshops and Education, and Information on Other Services.

c. DISCUSSION

Table 1 and **Table 2** depict the various community assets rankings of each group. Each group engaged in thoughtful conversation concerning the information in each of the tables below.

Table 1: Group 1

	Food Pantries	Grocery Stores	Community Gardens	Farmer’s Markets	Drug Stores	Schools/Backpack Programs	Soup Kitchens
Caring People	5	2	0	0	1	0	5
Donations/Adequate Supply	5	5	0	0	3	0	5
Preserving Dignity/Attitude of Providers	5	4	0	0	5	0	5
Personal Assistance	3	4	0	0	5	0	5
Praying	4	1	0	0	1	0	3
Transportation	1	2	0	0	1	0	1

CHAMP-FOOD PATHWAYS Seeker-Level Workshop Report – Forsyth

Workshops and Educations	1	1	0	0	1	0	1
Information on Other Services	5	1	0	0	1	0	3

Table 2: Group 2

	Food Pantries	Grocery Stores	Community Gardens	Farmers Markets	Drug Stores	Schools/Backpack Programs	Soup Kitchens
Caring People	4	5	5	5	5	5	5
Donations/Adequate Supply	3	5	5	4	5	5	5
Preserving Dignity/Attitude of Providers	5	5	5	5	5	5	4
Personal Assistance	5	5	5	5	5	5	5
Praying	5	1	2	1	1	1	5
Transportation	5	5	5	5	5	5	5
Workshops and Educations	4	1	1	1	1	4	4
Information on Other Services	5	5	1	3	5	5	5

Overall, each group ranked the community assets highest in regard to Preserving Dignity/Attitude of Providers and Personal Assistance. The community assets ranked below average in regard to Praying and Workshops and Education. In exercise 2 participants believed transportation to be the most important factor working against access to good, quality food. In the ranking, however, community assets were ranked as above average for transportation. The average of all groups is located on page 17 (**Appendix II**).

4. FOOD AND CULTURE

a. OBJECTIVE

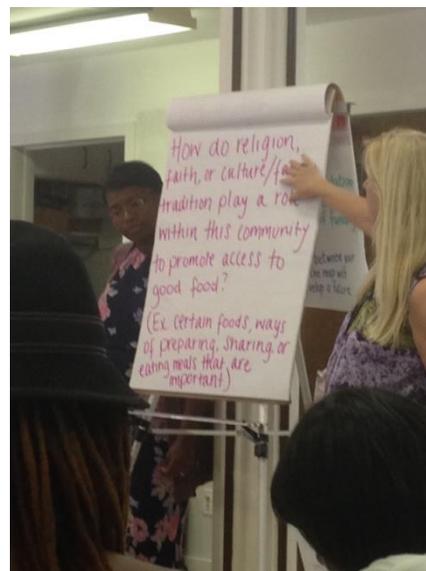
This exercise comprised a short discussion facilitated by the facilitators. The purpose of this activity was to acquire a participant driven list of ways in which spirituality/religion, tradition, and culture contribute to the ways they seek, find, and experience food.

b. METHOD

As a large group, the participants began to discuss a question posed by the facilitators, “How do religion, faith, or culture/family tradition play a role within this community to promote access to good, quality food?” The facilitators gave examples, such as certain foods, ways of preparing foods, or sharing and eating meals that are important.

c. DISCUSSION

Participants shared stories about food and meals while growing up, noting how they do things similarly and differently from their upbringing. The group discussed how togetherness is important and shared disappointment that a lot of families no longer eat together or pass on traditions. Participants connected food and religion by saying that the word of God is food for the soul and noting that praying over food “changes things.” When reflecting on the meaning of food, participants said that food is for survival and to be happy rather than miserable. Participants also shared some foods that they have sentimental connections to, such as pig’s feet, oxtail, possum, and turtle meat. Participants also discussed ways that they have had to change the way they eat and prepare meals due to health issues such as high blood pressure.



5. NEXT ACTION STEPS

The group discussed next steps—responding to the question, “What do you want to happen now?”

The group suggested the following action steps:

- Provide more information, such as that discussed today, about pantries, how to access food, etc.
- Encourage more participation from other organizations—share the information from today with them so they can improve.
- Get more fresh and healthy foods for the pantries so they can make balanced meals. Stop providing old food at pantries.
- Feed everyone—the children and the adults. Explore how we value people regardless of age.
- Plant gardens, individual and communal ones, perhaps using abandoned lots.

There will be a follow-up and report session on Thursday, June 30, 2015

CHAMP-FOOD PATHWAYS Seeker-Level Workshop Report – Forsyth

Appendix 1

Forsyth Demographic Information	27105 Zip Code	North Carolina	United States
Total Population	39,568	9,535,483	308,745,538
Gender			
Male	18,525 (46.82%)	48.72%	49.16%
Female	21,043 (53.18%)	51.28%	50.84%
Race			
White	9,322 (23.56%)	68.47%	72.41%
Black/African American	24,535 (62.01%)	21.48%	12.61%
Hispanic	6,386 (16.14%)	8.39%	16.35%
Asian	244 (0.62%)	2.19%	4.75%
Native	272 (0.69%)	1.35%	1.12%
One Race, Other	4,300 (10.87%)	4.34%	6.19%
Two or more races	895 (2.26%)	2.16%	2.92%
Educational Achievement (25 years and over)			
Less than High School	5,558 (21.95%)	15.49%	14.28%
High School Graduate	9,520 (37.59%)	27.24%	28.24%
Some College or Associate Degree	6,902 (27.25%)	30.44%	28.99%
Bachelor's Degree	2,431 (9.60%)	17.82%	17.88%
Graduate or Professional Degree	915 (3.61%)	9.01%	10.61%
Marital Status (15 years and over)			
Males- Never Married	6,217 (43.80%)	32.82%	35.08%
Males -Married	5,690 (40.09%)	55.55%	52.93%
Males- Widowed	553 (3.90%)	2.48%	2.53%
Males-Divorced	1,734 (12.22%)	9.15%	9.46%
Females- Never Married	6,808 (39.91%)	26.93%	28.74%
Females- Married	6,231 (36.53%)	51.62%	49.95%
Females- Widowed	1,742 (10.21%)	9.83%	9/34%
Females- Divorced	2,276 (13.34%)	11.62%	11.97%
Employment (16 years and over)			
Males- In labor force	8,945 (64.44%)	69.94%	70.20%
Females- In labor force	9,218 (54.87%)	58.94%	59.43%
Males- Employed	7,064 (79.08%)	89.23%	90.27%
Females- Employed	7,853 (85.33%)	89.81%	91.21%
Males- Unemployed	1,869 (20.92%)	10.77%	9.73%
Females- Unemployed	1,350 (14.67%)	10.19%	8.79%
Nativity	91.37%	92.47%	87.13%
Median Age	35.10	37.40	37.20
Households	14,803	3,745,155	116,716,292
Family Households	9,869 (66.67%)	66.73%	66.43%
Married-couple family	4,689 (31.68%)	48.38%	48.42%
Nonfamily households	4,934 (33.33%)	33.27%	33.57%
Income			
Median Household Income	\$31,402	\$46,450	\$53,046
Families in Poverty	2,726 (27.35%)	12.41%	10.92%

Source: www.usa.com (Based on 2008-2012 government census data)

Appendix 2

The table below depicts the average of Group 1 and Group 2 during the Facility/Health Ranking exercise.

Table 3: Average of both groups

	Food Pantries	Grocery Stores	Community Gardens	Farmer's Markets	Drug Stores	Schools/Backpack Programs	Soup Kitchens
Caring People	4.5	3.5	5	5	3	5	5
Donations/Adequate Supply	4	5	5	4	4	5	5
Preserving Dignity/Attitude of Providers	5	4.5	5	5	5	5	4.5
Personal Assistance	4	4.5	5	5	5	5	5
Praying	4.5	1	2	1	1	1	4
Transportation	3	3.5	5	5	3	5	3
Workshops and Education	2.5	1	1	1	1	4	2.5
Information on Other Services	5	3	1	3	3	5	4

ACKNOWLEDGEMENTS

We wish to thank the Wake Forest Baptist Medical Center, the Wake Forest University School of Divinity, and the Blue Cross Blue Shield Foundation for funds and material support that helped

support staff and underwrite the mapping activities as well as Wentz United Church of Christ for allowing use of their space for the meeting.