

**FaithHealthNC
Community Health Assets Mapping
Partnership CHAMP**

EXECUTIVE SUMMARY

City of High Point

May 2, 2019

CHAMP Access to Care Workshops

FaithHealthNC
A Shared Mission of Healing



Wake Forest
Baptist Health

IRHAP

International Religious Health Assets Programme

ican Religious Health Assets Programme

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

CHAMP BACKGROUND

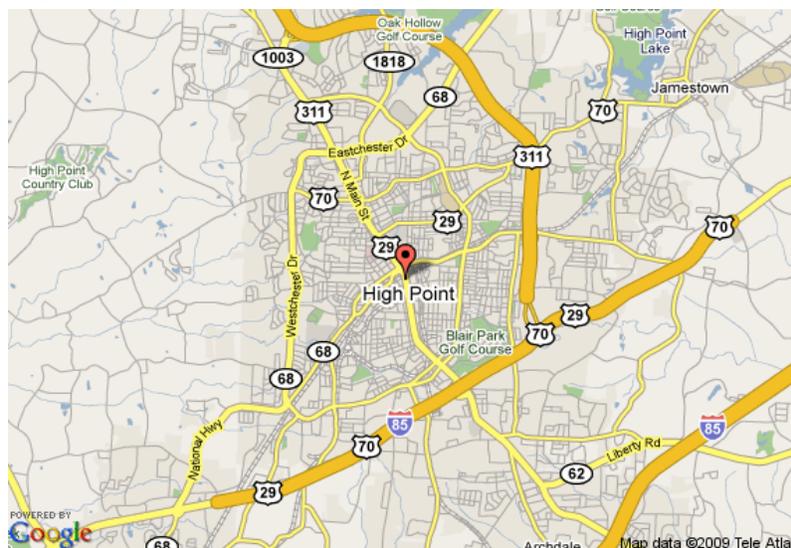
Community Health Mapping Partnership (CHAMP) is an adaptation of the Participatory Inquiry into Religious Health Assets, Networks, and Agency (PIRHANA), a research model developed in sub-Saharan Africa. The research method focused on identifying positive health assets present within communities in the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

The objective of CHAMP, facilitated by FaithHealthNC, is to translate the CHAMP research method for North Carolina communities to discover positive health and faith based assets within their respective counties and regions. Rather than focusing on the problems and deficiencies in communities, the CHAMP research method works to make visible, mobilize and leverage already existing assets in communities. The CHAMP workshop process is different from a traditional focus group or town hall meeting since the participants actually become 'researchers' during the workshop and the results are given back to the participants and community to use for planning and future activities.

STUDY AREA BACKGROUND

A workshop facilitated by Wake Forest University Baptist Medical Center's FaithHealthNC staff was offered in High Point at the health care provider level. As part of the Community Health Asset Mapping Partnership in High Point, the workshop focused on residents of the community who provide health care services (broadly defined) within High Point (See Figure 1). Health care seeker data was accumulated through interviews with trusted providers in the two months following the provider workshop.

Figure1. Map of study area



PROCESS AND METHODS

The workshop, held on May 2, 2019 at Millis Regional Health Education Center, was composed of "health providers" – people and organizations providing religious and health services in the community. Twenty-five participants registered and represented a variety of

community health care providers within High Point. Ten participants identified as White/Caucasian, seven participants identified as Black/African-American. One participant identified as Latina, one identified as Other, and six participants declined to self-identify their race/ethnicity. Fourteen participants identified as female, and eleven identified as male. Seven participants held Bachelor's Degrees, 13 participants held Master's Degrees, and three participants held a Doctorate Degree. One participant has some college experience, one participant has an Associate's Degree, and one participant has a High School Education. The average age of participants was forty-eight years old, with a range of 22-77 years. Eighteen participants reported having lived in Guilford County for an average of 24.4 years with a range of 3-56 years. Four participants reported living in Forsyth County for an average of 12.5 years with a range from 5-18 years. Two participants reported living in Randolph County for an average of 28 years, and one participant reported living in Davidson County for 10 years. Workshop facilitators were Dr. Teresa Cutts and Rev. Emily Viverette.

The workshop was designed to use different types of exercises to elicit information. Most of the exercises include a participatory activity (drawing maps, ranking in groups, writing a factor onto an index card) as well as recorded discussion. (See Figure 2 below.) The resulting data was collected and analyzed by the workshop facilitation staff and packaged into a report that describes the workshop in detail.

Twenty-five seekers provided responses captured via interviews with trusted liaisons representing the Greater High Point Food Alliance (food insecure persons), Senior Resources of Guilford (elderly persons), the YWCA (Latino persons) and Open Door Ministries (homeless persons and others). Respondents consisted of 10 Hispanic/Latinos, 8 Caucasians, 5 African Americans, 2 Native Americans, with 13 females and 12 males. Only 15 respondents reported their age, with a mean age of 49.7 years, ranging from 24 to 74 years. The full report is available online at <http://www.faiithhealthnc.org>.

Health Provider Workshop

- ❖ *Community Mapping*: Participants verify and add new entities to a large map of the community
- ❖ *Health Service Matrix*: Participants identify the ways that local entities contribute to health
- ❖ *Health and Well-Being Index*: Ranking community health assets in regards to access to care
- ❖ *Collaboration Contribution Grid*: identify existing and potential collaborative partnerships and shared resources.
- ❖ *Social Capital and Networking*: Participants describe the connections and relationships between community entities
- ❖ *Local Action*: Participants discuss where we go from here

Figure 2. Comparison of Workshop Activities



ADDING TO THE MAP

In the provider workshop, participants identified 20 entities within the study area (see Figure 3) during the mapping exercises.

Figure 3: Entities Included in Community Maps

Providers Identified:
YWCA
Mount Zion Baptist Church
High Point University
YMCA High Point
Community Clinic of High Point
Breast and Cervical Cancer Clinic
Wellspring Solutions
Senior Resources of Guilford
Greater High Point Food Alliance
Guilford Community Care Network
Family Services of the Piedmont
Cornerstone Health Enablement Solutions
Hope Baptist Church
Guilford County Family Justice Center

High Point Medical Center Emergency Department
High Point University Americorp Vistas
High Point Medical Center Quality Department
Community Health Coordinator for FaithHealthNC
FaithHealthNC Chaplaincy
Emergency Department Volunteer

ACCESS TO CARE

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

FIGURE 4.

Question	Results
What is the most important factor or factors for health and well-being in regard to access to care in High Point.	1. Health Education
	2. Need for Transportation
	3. Cost Assistance
	4. Access to Long Term Care Services
	5. Mental Health Services
	6. Compassionate Care

Question	Results
What is the most important factor or factors that is a gap in care in regard to access to care in High Point.	1. Transportation
	2. Financial Assistance
	3. Access to Resources

Participants in the provider workshop were asked to brainstorm the top factors they personally felt are most important to the health and well-being of those who need better access to care as well as what their organization felt were most important. Their responses are listed below (Figure 5):

Figure 5.

Question

“What do **you personally** believe to be the most important factors regarding the health and well-being of those who need better access to care in order for them to have optimal well-being?”

Results

1. Trust
2. Cost
3. Knowledge of resources and communication
4. Access
5. Transportation

Question

“What does **your organization** believe to be the most important factors regarding the health and well-being of those who need better access to care in order for them to have optimal well-being?”

Results

1. Education and Information
2. Partnership and Connecting
3. Community Resources
4. Care Coordination and Navigation
5. Finding Financial Assistance

Seeker participants were more concerned with having the education, financial assistance, transportation and available services. Likewise, provider participants were primarily concerned with transportation, coordinating care, education, and financial resources. Both the seekers and providers list trust as a factor contributing to access to care.



BEST PRACTICES AND CHARACTERISTICS OF EXEMPLARY ORGANIZATIONS

Both Seekers and Providers were asked **“What are the exemplary organizations?”** *Identify organizations in the county of which participants are proud and identify what makes them exemplary organizations.*

Seekers Responses:

• **Senior Resources of Guilford**

Their equipment duration programs are great. Gave wheelchair to replace older one whose wheels were worn down so that the client was covering them with duct tape. Senior Wheels and Rural Outreach programs have volunteers that are always friendly and wait for you during appointments.

• **Open Door Ministries**

Helped with a variety of needs. Came for a bed, but also got food, clothing and counseling.
Provides resources.

• **The United Way**

Works a lot with children and funds other programs
Provides resources

• **Triad Health Project or THP**

Provides HIV testing, free resources, advocacy
Provides education and are not prejudiced

• **Daymark**

Provided medication and follow up care

• **Annual Dental Fair**

Free and comes every year

• **Family Services**

Helped with getting to Daymark

• **Greater High Point Food Alliance**

Provides resources for people in the community to build sustainability

• **Helping Hands**

Provides resources

• **Life on Lexington**

Are not prejudiced

• **PACE of the Triad**

Provided services that would not be available with Medicaid alone.

• **Salvation Army**

Provides resources

• **SHIIP**

Helped with funding programs, but many don't qualify for the help they need. Then they have to find a prescription drug plan with better coverage.

Provider Responses:

- **Greater High Point Food Alliance**
Their focus on food insecurity, their networking and organizational skill, and their compassion
- **Community Clinic**
Their organization and the trust they build
- **Breast and Cervical Cancer Center**
Sees 18-20 un/underinsured clients and helps qualified clients apply for Medicaid
- **Open Door Ministry**
Sees patients without and health coverage and treats them in a respectful manner
- **Wake Forest Baptist High Point/Wake Forest Baptist Health**
Provides quality care, engages the community, and demonstrates compassion
- **YWCA**
Social justice organization that tackles uncomfortable and difficult social issues in the community

NEXT ACTION STEPS

Participants in both workshops were asked to identify what they want to see happen next within the community. Many participants responded with what they would like for providers of the community to pursue collectively.

Seeker Responses:

- Remove the stigma for seeking care. It is shameful that even care workers believe negative things about those they serve. This makes it harder to get services. Why seek someone who thinks lesser of you due to your color, gender, etc.
- Need more options to reach more people and more clinics/healthcare offices
- Need more community outreach to prevent preventable issues
- Healthcare is a right, not a privilege. Advocate for a universal system that is safe and affordable. Providers should not be paid based on number of patients seen or tests performed, but on providing quality health outcomes. Our systems need to be rebuilt. No more "band-aid" solutions should be used to address systemic issues.
- Address the issues going on at the city/county/state/Federal levels that affect the poor. Realize that you can't just "get out of poverty." Awareness is key.

- Provide more funding and support of community based programs that fill in the gaps of federal and state programs. Also, provide more resources for people in rural areas.
- Allow insurance to cover repairs to equipment or replacement of batteries so that disabled adults can rely on the equipment they have, instead of replacing it.
- Do evaluation and identify need and direct people to resources to address those specific needs.
- Understand mental health issues and provide more mental health care in the city.
- Need much better mental health system. Check on patients more regularly, etc.
- Expand Medicaid. Invest in programs that provide assistance to seniors, so they can remain in their homes affordably.
- Be able to apply for financial assistance from each hospital in order to be assisted
- Quit making it so hard to get healthcare.
- More transportation and more cleanliness
- Housing
- Provide more flexible payments systems and lower costs for care (x2)
- Affordable price for insurance. They offered medical insurance at my job, but I didn't want to fill out the application, because I needed to collect my full salary vs. pay for insurance.
- Lower costs, make the consultations more efficient and add translators. Have talks with the community.
- Make health agencies offer discounts for services
- Adapt to send persons in need to another place who can serve them if a given agency can't meet their immediate need.
- If I was somebody, I would help those people with needs. Provide help for medical costs and help so everything could be more accessible. (x2)
- None known

Provider Responses:

- Larger space for the community clinic.
- With Wake Forest being such a big presence, maybe they could lead the way in having more community fairs, for people to connect to resources.
- Engage community members in food deserts/neighborhoods to see what they say they need.
- A platform for more time with more of the churches, particularly in areas that need support would be helpful. The Wake Forest name could be leveraged to bring credibility and support to get this done.
- Provide churches opportunities to step up.

- We would like more opportunities to educate the community around issues of substance abuse, especially the opioid epidemic.

NOTES FROM FOLLOW-UP MEETING

A follow-up meeting for both the seekers and providers was held on Thursday, June 13, 2019 at 6:00 at Millis Regional Health Education Center. In attendance were 13 providers (4 who had not been present at original Provider Mapping Workshop).

Based on the findings you heard today: What stands out most strongly for you?

- ▶ *Give churches the opportunity to step up. They have the opportunity every day of the week. People are frustrated. Where is the church in living up to Jeremiah 29?*
- ▶ *People do not want to be judged. Issue of poverty and stigma: people cannot get themselves out of poverty.*
- ▶ *Low expectations from the community; they can ask for so much more. How do we ask people for what they need?*
- ▶ *The hospital administration must be engaged.*
- ▶ *There is no simple solution.*
- ▶ *Breast and cervical cancer program funded by Medicaid is great. Get more similar programs that are community based.*
- ▶ *Must have committed resources from stakeholders to make these type of programs work. FaithHealthNC must prove that its work is valid.*
- ▶ *Funding is a struggle. Makes it hard to build a case.*
- ▶ *Seekers are astute.*
- ▶ *Stigma around persons with sickle cell disease. People are thought to just want drugs. Discrimination against those with sickle cell because it is primarily an African American disease. Hope access to care for this population will improve under Wake Forest. Identifying health resources has always been difficult.*

What similarities/differences and potential alignments do you see between Providers and Seekers?

- ▶ *Seekers have a grasp of what is going on, but most people are not aware of this.*
- ▶ *What was said by providers and seekers had some overlap.*

What might be additional next steps?

- ▶ *Hospital now seems more community based. Training program for diversity and inclusion is now being offered. Programs are leaning toward compassionate care.*
- ▶ *A lot of history in High Point must be overcome. Trust has been lost in the community. Historical trauma exists, in that the hospital did not see pediatric patients for a time. This report is read by senior management, who need to hear*

this historical trauma to understand community distrust in the health system.

- ▶ *Churches need to step up. Pastors need to have a clear understanding of what we want from them. Ask them to push our message. Must get a message out to help with buy-in.*
- ▶ *Partner with Michelle and the neighborhood associations. Get information from the community. Their group has 11 associations, and 9 are in low income areas. Homes are sub-standard. City wants to build in certain neighborhoods but they get turned down.*
- ▶ *People without insurance need regular health fairs and follow up care. People who are in poverty are trying to survive and are not concerned about health.*

How would YOU be willing to help all of our county stakeholders move forward on the ideas we talked about today?

- ▶ *Keep convening. Can contact local government officials regularly. One issue is earned income tax credit – United Way advocating for in DC.*
- ▶ *Educate ourselves. Be more aware of issues.*
- ▶ *Meetings once a month with the 11 neighborhoods. Can speak and share what resources are available.*

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