One in Christ

MOUNT ZION
BAPTIST CHURCH OF GREENSBORO, INC

GUILFORD COUNTY COMMUNITY

HEALTHCARE FAITH SUMMIT

A PRESCRIPTION FOR A HEALTHY COMMUNITY

NOVEMBER 14
2013

AN OUNCE OF PREVENTION IS WORTH...

www.faith-communityhealth.org

When A Medical Doctor Brainstorms!

This is the original email.

From: Kurt Lauenstein [mailto:kurtlauenstein@gmail.com]
Sent: Thursday, November 07, 2013 7:09 AM
To: Odell Cleveland
Subject: Health Summit

Dear Odell,

I was brainstorming some ideas with Bob Wineburg this evening. I expressed my hope that the Health Summit next week is not just a "flash in the pan." For those coming to expect a miracle, or a revelatory answer to the health care crisis, this health summit may lead to cynical disappointment. After all, "these are just words."

I have spent my whole professional life, honing my skills and watching people suffer, often unnecessarily. All my experiences have brought me to this point in my life where maybe, just maybe, I can impart some of my knowledge to those who come after me. It is exciting to have the chance to push health care even one millimeter forward.

I am reminded of the Israelites in the desert.

They wandered and made some mistakes. And even as they came to the edge of the promised land, their leader knew he could not be there with them. But Moses knew that there would be a promised land, despite the nay-sayers and the skeptics and the uncertainty that society seems to embody.

I would tell the audience that what they are about to hear has some elements of the promised land, that they will at times want to run back to (Egypt) the old way of doing things, and they will have false gods. ***But each person in the audience has a potential to help our society experience something closer to its potential***. And the Health Summit is nothing without stimulating people to use their potentials to help the following generations continue the journey, just as Moses did.

So much for my 10 cents...

And I hope people leave the Summit with contact information about where they might contribute to the staggeringly challenging problems our community faces together.

Kurt Lauenstein

kurtlauenstein@gmail.com

Mount Zion Baptist Church of Greensboro, Inc.
1301 Alamance Church Road, Greensboro, NC 27406
(336) 273-7930 Fax (336) 373-4224
Bryan J. Pierce, Sr. | Senior Pastor

Greetings Beloved! We are excited to host The Guilford County Healthcare Faith Summit 2013 "We Are All In This Together". We are excited that you took time out of your busy schedule to attend this great and powerful summit.

Cooperative partnerships between healthcare, educational and faith-based organizations are a revolutionary concept. Faith-based organizations are trusted entities within many communities. They provide spiritual refuge and renewal and have served as powerful vehicles for social, economic and political change. In the same vein, healthcare organizations that are community-based deliver high-quality, patient-sensitive medical care along with a host of other enabling services to diverse, needy populations. While these institutions share many commonalties, collaborations between the two have evolved slowly.

When God created man, he created man as a house with three rooms, spirit, soul and body. It is the will of God that our entire house honor and serve Him. When your spirit is serving God you are holy, when your soul is serving God you are happy, and when your body is serving God you are healthy.

Henry Ford once said, "Coming together is a beginning, staying together is a process, and working together is success." The health of an individual, and the subsequent community, is impacted by many non-biological variables—environmental, social, mental and spiritual. Partnerships between healthcare, educational and faith-based organizations are important because by working together we can better address the broad spectrum of human need.

There are many compelling health issues and social ills that beg us to do no less than join together to build the bridges necessary to better address the needs of the vulnerable and underserved.

I extend my sincere thanks to you for being on the horizon of a 21st century initiative.

Growing at the Kingdom Level,

Bryan J. Pierce, Sr
Senior Pastor

The Day at a Glance
Theme: *We Are All In This Together*

7:45am – 8:30am	Registration
8:30am – 9:40am	Open Session
	Welcome Remarks Video Presentation Keynote Speaker
9:40am – 10:00am	Break
10:00am – 11:10am	Workshop Sessions 1A through 1J
11:10am – 11:20am	Break
11:20am – 12:30pm	Workshop Sessions 2A through 2J
12:30pm – 1:00pm	Pick Up Lunches / Move to Featured Sessions
1pm – 2:30pm	Afternoon Featured Sessions

Located in the West Campus Chapel	-	Session 1: State of the Community's Health
Located in the West Campus Fellowship Hall	-	Session 2: Model Congregational Programs
Located in the Main Sanctuary	-	Session 3: Affordable Care Act

2:30pm	End of the Healthcare Faith Summit

Follow us on Twitter:
@FCHealthNC
#FaithHealthSummitNC

Melissa Rogers

Executive Director of the White House Office of Faith-Based and Neighborhood Partnerships

The United States has a long tradition of the Faith Community working hand-in-hand with the Health Care System, dating back to the Revolutionary War when Philadelphia's religious community aided wounded Continental Army Soldiers. Our speaker, Melissa Rogers, will launch our Summit with remarks that will outline why the Healthcare Faith Summit continues that long American tradition of faith and health community partnerships. Melissa currently serves as Executive Director of the White House Office of Faith-based and Neighborhood Partnerships, and knows the Triad Region well, having previously served as Former Director, of the Wake Forest School of Divinity Center for Religion and Public Affairs She attended a previous Faith Summit that focused on jobs and the economy.

Executive Board

Guilford County Healthcare Faith Summit

Reverend Sinda Lewis
Surakshya Karki
Cymone Allen
Dr. Vince Francisco
James I. Brooks, IV
Pastor Odell Cleveland
Dr. Bob Wineburg
Fred Newman
Joy Cook
Juan Miranda
Dominique Wharton

Workshop Summary

Workshop 1 A – Aging in Place (Room 214)

The Center for Disease Control defines **aging in place** as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level." Currently, the majority of senior persons aged 65 and older are living either with a spouse or alone in their own home. Many of these elderly people struggle with everyday tasks, their health care and the lives they lead in their homes. Livability can be optimized through the incorporation of universal design principles, telecare and other assistive technologies, such as communications, health and wellness monitoring, home safety and security.

- **Pam Barrett, Facilitator, ACSW, FACHE, Principle Consultant, Pam Barrett and Associates;**
- **Gene Brown, President and Executive Director, Community Housing Solutions;**
- **Dr. Michelle Haber, Physician, Geriatric Medicine**
- **Ursula Robinson, MSW, Executive Director, PACE of the Triad**
- **Thelma Williams, Associate Minister, Mount Zion Baptist Church of Greensboro; Senior Resources of Guilford Nutrition Council**

Workshop 1 B – Immigrant Health Issues (Room 234)

The New York Times recently reported that growing body of mortality research on immigrants has shown that the longer they live in this country, the worse their rates of heart disease, high blood pressure and diabetes. While their American-born children may have more money, they tend to live shorter lives than the parents. Explore with our panelists local interventions to address this community problem.

- **Dr. Sharon Morrison, Facilitator, Associate Professor, Department of Public Health Education, UNCG**
- **Dr. Lauren Haldeman, Associate Professor, Department of Nutrition, UNCG**
- **Kathy Hinshaw, Community Outreach Coordinator, Center for New North Carolinians, UNCG**
- **Dr. Beth Mulberry, Internist, Mustard Seed Clinic**
- **Andrew Young, Research Fellow, Center for New North Carolinians, UNCG**

Workshop 1 C -- Women's Health Issues (Chapel)

Healthcare delivery requires nourishment, transportation, communication, family support, and listening. In our community, women are central to each of these. The bonds that hold a community together are largely those of women's connecting. With the healthcare system in a state of crisis, women have an opportunity to create new connections, to uncover the unmet needs and bring all of Greensboro's resources to bear on the healthcare issues that affect us all. Schools struggle teaching healthy habits. Our social services struggle feeding and housing. Our healthcare service delivery system doesn't connect the needs of the ailing with the resources of Greensboro's medical community. This time, it's going to take more than a bake sale to heal our community. This is a time that women can bring our large family together for a Thanksgiving conversation of how we are just one big family. There may be many cooks and many servers, but there is only one meal, and women are the spirit that can bring us together when the cold winds blow. So, what is holding us back, Greensboro women?

- **Elizabeth Freeze, Facilitator, MSW, Director of Development, Planned Parenthood**
- **Dr. Sherry Dickstein, Retired Ob-Gyn Physician**
- **Dr. Margaret Bertrand, Diagnostic Radiologist, Solis Women's Health**
- **Dr. Sheila Stallings, Family Practice Physician, Cornerstone Family Practice at Summerfield**

Workshop 1 D – Access to Comprehensive Health Care (Fellowship Hall)

A healthy community requires several ingredients: safety, a balanced diet, protection from the elements, an understanding of how the world works, and access to health care services when the body is not functioning. The community is like the human body: when one part fails, the whole unit begins to fail. Anyone who has as much as stubbed his toe understands this. Anyone who has had to deal with a sick family member knows how illness impacts the family. And anyone who has watched the legislative gridlock and acrimony knows how society suffers with group dysfunction. And anyone who has had to access the health care system knows how far we have to go to have a cost-effective, quality healthcare experience. When a member of society becomes infected, the potential for spread of that disease affects everyone. We have witnessed the spread of HIV in America, and history is loaded with examples of horrible human suffering from everything from tuberculosis, to cholera, to plague, etc. America is now faced with both a moral and a practical challenge: "Are we truly our brother's keeper?" The faith community has been committed to an affirmative answer with resources and outreach missions in every congregation. The medical community is committed to an affirmative answer with person power and expertise. How we organize our strengths will determine whether we are a healthy community or not. Join our panelists in exploring the possibilities of tapping our existing resources and skill sets to develop a healthier health care delivery system.

- **Dr. Kurt Lauenstein, Facilitator, Family Practice Physician, Urgent Medical and Family Care, PA**
- **Ida Bracken, Member, Sisters Network Inc., Greensboro Chapter**
- **Dr. Natasha Brown, Assistant Professor of Nutrition UNCG**
- **Merle Green, Director, Guilford County Department of Public Health**
- **Alex Lewis, Organizer, Enroll America NC**

Workshop 1 E -- Prepare to Care: Taking Care of You, Taking Care of Me (Room 206)

Family caregivers provide the vast majority of care to older people who need help with daily tasks. If you aren't currently a caregiver, you either have been or will be one. Caregiving has gotten harder and more complicated even as families have more and more demands on their time. Caregivers have no roadmap and it is only through hard work and dedication that they figure out the answers every single day. Workshop participants will find out how caregivers are themselves at risk for emotional, health and financial problems and will be provided with tools and resources needed to develop a caregiving plan. Every family should have the opportunity to talk about a caregiving plan tailored to the needs and wishes of those receiving the care and the caregiver.

- **Debra Tyler-Horton, Associate State Director, Multi-Cultural Outreach, AARP**

Workshop 1 F – Achieve Guilford (Room 238)

Join us as we explore the importance of Character Development and Serving one's community as a precursor to better health and citizenship. Winston Churchill once said, "Healthy citizens are the greatest asset any country can have." Character plays a major role in helping children and youth develop lifelong habits and behaviors that can have significant impacts on their health. AchieveGuilford and Guilford County Schools have partnered to bring the Service Learning program and Character Traits taught in the schools to the greater community so we can ALL talk to our children about what is truly important and is one aspect of a healthy lifestyle. There is no better place than the Faith Community to teach and instill these important and healthy life lessons. Faith Summit 2013 will be the kickoff of fully engaging the Faith Community in creating a truly engaged and respectful citizenry.

- **Kevin Gray Facilitator, Program Associate, Weaver Foundation**
- **Brenda Elliott, Executive Director, Student Services, Guilford County Schools**
- **Cathy Levinson, Project Manager, Achieve Guilford**
- **Kim McKone, Community Outreach Director, YMCA of Greensboro**

Workshop 1 G – Youth and Health Care (Room 210)

We commonly hear about the problems young people face: drug abuse, depression, suicide attempts, STDS. Rarely do we hear from young people who have chosen to be health and social advocates for their professional careers. This panel will be made up of undergraduate and graduate students who intern in the health and social care fields. Come and hear not only what they do in their internships and community activism for better health, but listen to why they do what they do. While this is a student designed workshop, it will be facilitated by the foremost community expert on young people's health.

- **Dr. Bobby Doolittle, Facilitator, Family Practice Physician, Urgent Medical and Family Care PA**
- **Patrick Collins, Congregational Social Work Interns, Joint MSW Program UNCG and North Carolina A&T State University**
- **Wendasha Jenkins, MS, Doctoral Student, Public Health Education, UNCG**
- **Katee Kanoy, RN Student, School of Nursing, UNCG**
- **Matthew King, NCA&T Prince of Peace Innovative Food and Garden Project**
- **Katie Mae Steward, MPH Student, UNCG**
- **Kayla Stover, BSW Candidate, UNCG**
- **Ryan Wiese, Congregational Social Work Interns, Joint MSW Program, UNCG North Carolina A&T State University**

Workshop 1 H – Effective Congregational Leadership (Room 240)

All too often, clergy become involved in micro management of their congregation. As a result, they face burn out and depression. In addition, a micro manager is rarely able to provide the necessary elements of spiritual inspiration and leadership needed to take the congregational to the next level. Panelists will discuss the subject of effective congregational leadership.

- **Rabbi Fred Guttman, Facilitator, Temple Emanuel, Greensboro**
- **Bryan J. Pierce, Sr., Senior Pastor, Mount Zion Baptist Church of Greensboro, Inc.**
- **Reverend Diane Givens Moffett, Pastor, Saint James Presbyterian Church of Greensboro**
- **Julie Peeples, Senior Pastor, Congregational United Church of Christ, Greensboro**

Workshop 1 I – The Plight of Chronically Mentally Ill and its Complicated Solution (Room 233)

The nation's jails and prisons are turning into warehouses for the mentally ill, with the three largest jail systems housing more than 11,000 prisoners under treatment on any given day. The jails in Cook County, Ill., Los Angeles County, and New York City have the largest populations of mentally ill inmates. The estimated 11,000 prisoners being treated daily in the three systems alone equals 28 percent of all beds in the 213 state-run psychiatric hospitals across the country, In North Carolina 18% of the State's prison population have psychiatric illness. Panelist will explore pitfalls and possibilities of community approaches to tackle this major health problem.

- **Dr. Jay Poole, Facilitator, Assistant Professor, Department of Social Work, UNCG**
- **Theresa Johnson, MSW, LCSW, LCAS-A, Director of Counseling Services at Family Service of the Piedmont**
- **Fran Pearson, RN, MSW, Director of UNCG/NC A&T Congregational Social Work Initiative**
- **Dr. Gerald Plovsky, Psychiatrist, Triad Psychiatric and Counseling**

Workshop 1 J – Facing Tough Challenges with Good Faith (Room 216)

Despite the emphasis on healthy living; i.e. a balanced diet in conjunction with exercise, three silent killers continue to plague the faith community; hypertension, diabetes and cardiovascular disease. We will discuss some key tools for prevention as well as give you practical tips for health management.

- **Tawanna Jones, Facilitator, Leader, Mount Zion Baptist Church Health and Wellness Team**
- **Tanya Corbitt, R. N., Member, Mount Zion Baptist Church Health and Wellness Team**
- **Jennifer Graves, R. N., Member, Mount Zion Baptist Church Health and Wellness Team**
- **Velma Smith, R. D., Member, Mount Zion Baptist Church Health and Wellness Team**

Workshop 2 A – Aging in Place (Room 214)

The Center for Disease Control defines **aging in place** as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level." Currently, the majority of senior persons aged 65 and older are living either with a spouse or alone in their own home. Many of these elderly people struggle with everyday tasks, their health care and the lives they lead in their homes. Livability can be optimized through the incorporation of universal design principles, telecare and other assistive technologies, such as communications, health and wellness monitoring, home safety and security.

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- **Krycya Flores, Latino Outreach Coordinator, Center for New North Carolinians, UNCG**
- **Dr. Lauren Haldeman, Associate Professor, Department of Nutrition, UNCG**
- **Dr. Beth Mulberry, Internist, Mustard Seed Clinic**
- **Dr. Maura Nsonwu, Assistant Professor, North Carolina A & T State University**
- **Dr. Vera Siu, Physician and Community Health Worker**

Workshop 2 C – Using Retired Health Care Professionals (Room 240)

The average age of retired physicians is 61 years old. Many retired health care professionals would like donate their time and skills but have no venues in our community just yet. A little known fact is that in North Carolina, malpractice insurance for MDs who work pro-bono for a nonprofit is $100.00 a year. Let's explore ways in this workshop, that this eager pool of skilled retired professionals can be used in new and creative ways by our community.

- **Caroline Maness, Facilitator, Headwomen, Mountain Home Meadows**
- **Dr. Sherry Dickstein, Retired Ob-Gyn Physician**
- **William T. Morgan, MD, Executive Medical Director, Cone Health Medical Group**
- **Dr. Cheryl Viglione, Radiologist, Southeastern Radiology**

Workshop 2 D – Access to Comprehensive Health Care (Fellowship Hall)

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- **Dr. David Talbot, Facilitator, Internist, Medical Director, Cornerstone Care Outreach Clinic**
- **Merle Green, Director, Guilford County Department of Public Health**
- **Adam Linker, Policy Analyst, North Carolina Justice Center's Health Access Coalition,**
- **Beth McKee-Huger, MSW, Executive Director, Greensboro Housing Coalition**

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- **Matthew King, NCA&T Prince of Peace Innovative Food and Garden Project**
- **Christopher Robinson, Congregational Social Work Intern, North Carolina A & T State University**
- **Katie Mae Steward, MPH Student, UNCG**
- **Ryan Wiese, Congregational Social Work Interns, Joint MSW Program, UNCG North Carolina A&T State University**

Workshop 2 H – Should Your Faith Community Form a Separate 501 © (3)? (Room 233)

Many Congregations may be doing service or justice work from inside their facilities. With the rapid changes in health care and the need for new supports, congregations may become community partners more quickly than they imagined. There are many funding agencies whose charters will not allow them to fund congregations directly. They can, do and will fund congregational projects if the congregation has developed a separate 501 © 3 nonprofit organization whose governing body in not the same as the congregation's officers, and the new money that goes to that organization is clearly distinguishable from money that goes to the congregation. We expect new partnerships to emerge with congregations and the program and partnership development could get halted in its tracks if money can't get to the new efforts because funding rules won't let a funder finance an important community project. Join our experts who will tell us the whats and why of this process.

- **Skip Moore, Facilitator, President, Weaver Foundation**
- **Pastor Odell Cleveland, Chief Administrative Officer, Mount Zion Baptist Church of Greensboro, Inc.**
- **Shannon Martin, Regional Consultant, Partners in Health and Wholeness, North Carolina Council of Churches**

Workshop 2 I – Dental Care (Room 216)

More people are heading to the emergency room with dental problems, according to the American Dental Association's Health Policy Resources Center. The number of emergency room visits in the U.S. increased from 1.1 million in 2000 to 2.1 million in 2010. Join this workshop to learn about local interventions with the Dental Community, the Religious Community and Congregational Nurses.

- **Lisa Duck, Facilitator, MPH, MCHES Executive Director, Guilford Adult Health, Inc.**
- **Dr. Bill Blaylock, Dentist, Director NC Missions of Mercy**
- **Dr. Dale Finn, Dentist**
- **Lilia Moore – Coordinator, Cone Health Congregational Nurse Program**

Workshop 2 J – Men's Health Issues (Room 217)

Each year 1,232,432 men die. The top 2 causes are cancer and heart disease. Sadly suicide ranks high across many age groups. How many of those deaths could have been prevented with early education and early intervention? Explore with our panelists the diseases affecting men and how they might be prevented or intervened early to extend the lives of our brothers, fathers, grandfathers, uncles and friends

- **Dr. Ward Robinson, Facilitator, Medical Director Guilford County Department of Public Health**
- **Bishop George W. Brooks Mount Zion Baptist Church Pastor Emeritus**
- **Ivan Cutler, Chief Newz Officer, MakingNewz (Marketing and Advertising Company)**
- **Minister Jerome Good –Leader of HIV Ministry Love and Faith Christian Fellowship**

Session I: State of the Community's Health -- Review of community health data and how it can be improved.

Economists claim if you can't count it, it doesn't count! This session will provide data and interpretation of what counts –the health of our community. The figures speak volumes and the community can come together to address some of these pressing needs in ways that really count. All will have opinions about what needs to be done with or without the facts. The community will be able to address the facts, perhaps with fact driven solutions.

- **Dr. Vincent Francisco, Facilitator, Associate Professor, Department of Public Health Education, UNCG**
- **Laura Mrosla, Community Health Educator, Guilford County Department of Public Health**
- **Dr. Mark H. Smith, Epidemiologist, Guilford County Department of Public Health**
- **Dr. Bob Wineburg, Jefferson Pilot Excellence Professor, Department of Social Work, UNCG**

Session II: Model Congregational Programs – Faith based programs that are leading the way.

A number of congregations are serving as examples of what can be done when people of faith work together. Combining faith with implementation skills is resulting in positive healthcare results. Join with them as they recount their experiences and the practical lessons they have learned that can be invaluable to other faith organizations.

- **Reverend Mark Sandlin, Facilitator, Minister, Vandalia Presbyterian Church**
- **Pastor Tunde Adenola, Senior Pastor at The Redeemed Christian Church of God - Living Waters,**
- **Don Milholin, Executive Director, Out of the Garden Project**
- **Keva Brooks Napper, Founder/Executive Director, Beautiful Butterflies**

Session III: The Affordable Care Act -- -- Making sense of the changing healthcare environment.

The discussion these days about the affordable care act has turned into a political football instead of the crisis in health care which brought the policy to be in the first place. Find out the facts and myths of this policy from a panel of experts on enrollment, the Affordable Care Act and medical expert who has to work with the policy.

- **Rob Luisana, Facilitator, Managing Partner, Pilot Benefits, Inc.**
- **Audrey Galloway, Associate State Director-Community Outreach, AARP North Carolina**
- **Robin Lane, Health RN, MPH League of Women Voters, Greensboro**
- **Sorien Schmidt, North Carolina Director, Enroll America**
- **Dr. Thomas Wall, Executive Medical Director, Triad Health Care Network**

GREENSBORO INTERFAITH CONGREGATIONAL TRIP TO ISRAEL

'EXPERIENCE ACTUALLY WALKING THROUGH THE PAGES OF YOUR BIBLE WITH YOUR PASTOR"

GREENSBORO INTERFAITH CONGREGATIONAL TRIP TO ISRAEL

WHO: MEMBERS OF THE FAITH COMMUNITY

WHAT: 11 DAY GROUND -TOUR OF ISRAEL

WHEN: NOVEMBER 10—20, 2014

WHERE: JERUSALEM (OLD AND NEW CITIES), WESTERN WALL (KOTEL ---WAILING WALL), GARDEN TOMB (CALVARY), DEAD SEA(DEAD SEA SCROLLS), MASADA, BETHLEHEM, SEA OF GALILEE, MOUNT OF BEATITUDES(SERMON ON THE MOUNT),TABGHA (RESTORATION OF PETER), CAPERNAUM, JORDAN RIVER, NAZARETH, MOUNT CARMEL, OLD CITY OF JAFFA, TEL AVIV ... AND MUCH, MUCH, MORE.

FARE: 3445.00

INCLUDED: AIRFARE, 8 NIGHT HOTEL ACCOMMODATIONS, BREAKFAST DAILY, 4 DINNERS, 8 DAYS OF TOURING, ALL SITE ENTRANCE FEES/PROGRAM FEES, PORTAGE AT AIRPORT AND HOTELS

DEPOSIT: $500.00 DUE BY JAN. 12, 2014

REFUND POLICY: TO BE DISCUSSED UPON APPLICATION

FINAL PAYMENT: SEPTEMBER 1, 2014

FOR MORE INFORMATION CONTACT:

JEAN JACKSON @ (336)274-3660 (336)706-2842
EMAIL: JEAJACKS@YAHOO.COM

PASTOR ODELL CLEVELAND @ (336) 373-4292
EMAIL: CLEVELANDO@MTZBC.COM

2013 Guilford County Healthcare Faith Summit
14 November 2013

Fact Sheet 1: Morbidity and Mortality

Morbidity is the quality of life (burden of disease) while one is alive. ***Mortality*** is the cause of death.

Incidence is the number of times a problem is diagnosed in the population. ***Prevalence*** is the overall amount of the problem experienced at any given time period.

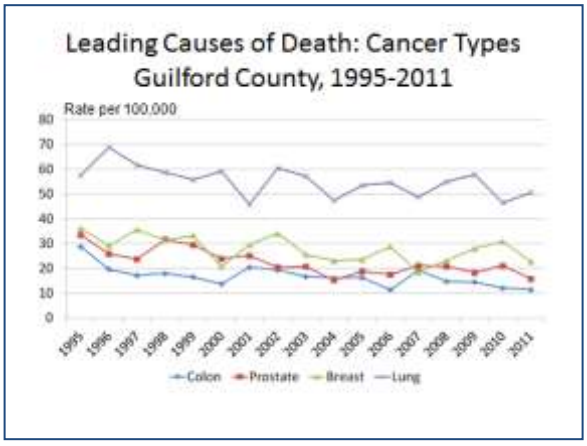
- The leading causes of death for residents of Guilford County are cancer (all types), heart disease, stroke, Alzheimer's disease, chronic lower respiratory disease, non-motor vehicle injuries, pneumonia and influenza, diabetes mellitus, kidney disease, suicide, chronic liver disease, infant deaths, motor vehicle deaths and homicide, respectively.
- The top five causes of premature death—or Years of Potential Life Lost—are cancer, heart disease, infant mortality, non-motor vehicle accidents, and suicide among residents of Guilford County.

Guilford County Leading Causes of Death and Years of Potential Life Lost, 2011*

Leading Causes by Number of Deaths	
Cause or Category of Death	# of Deaths
Cancer, all types	811
Heart Disease	785
Cerebrovascular (Stroke)	213
Alzheimer's Disease	206
Chronic Lower Respiratory	172
Unintentional Injury Deaths (Non-Motor Vehicle)	150
Pneumonia and Influenza	85
Diabetes Mellitus	83
Nephritis, Kidney Disease	79
Suicide	49
Chronic Liver Disease	48
Infant Deaths	45
Motor Vehicle Crash Deaths	41
Homicide	34

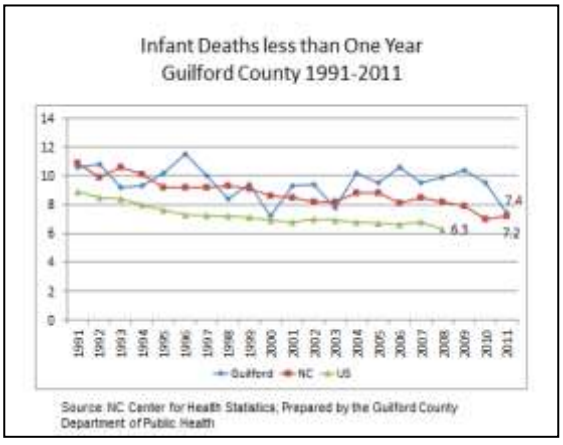
Years of Potential Life Lost	
Cause or Category of Deaths	YPLL
Cancer, all types	8,795
Heart Disease	6,687
Infant Deaths	3,555
Unintentional Injury Deaths (Non-Motor Vehicle)	2,962
Motor Vehicle Crash Deaths	1,701
Suicide	1,748
Homicide	1,744
Cerebrovascular (Stroke)	1,445
Chronic Lower Respiratory	1,048
Chronic Liver Disease	917.5
Diabetes Mellitus	897
Pneumonia and Influenza	587.5
Nephritis, Kidney Disease	437
Alzheimer's Disease	217

*YPLL calculations based on number of deaths before age 80; **Infant mortality is a category that includes multiple causes of death.
Source: NC State Center for Health Statistics, Guilford County Department of Public Health



- Among types of cancer, Trachea, Bronchus, and Lung cancers are the leading cause of cancer deaths in Guilford County. Trachea, Bronchus, and Lung cancers are also the leading cause of cancer deaths in Alamance, Davidson, Forsyth, Randolph, and Rockingham Counties and North Carolina as a whole.
- Guilford County has significantly higher incidence rates of Female Breast Cancer compared to all other Counties and North Carolina as a whole.

- Guilford County has higher rates of infant mortality compared to North Carolina and the United States.
- There are racial disparities in infant mortality rates in Guilford County where infants born to African American women and women living in low-income areas of the county are more likely to die before they reach one year old.



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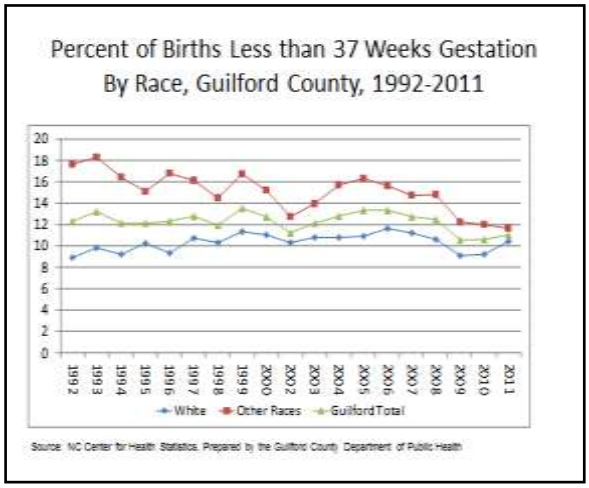
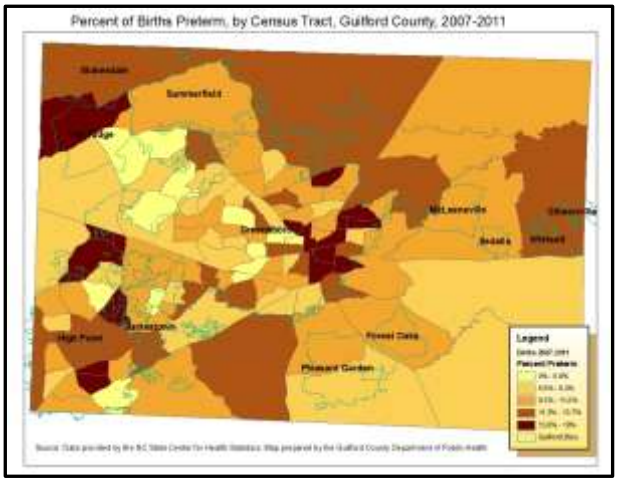
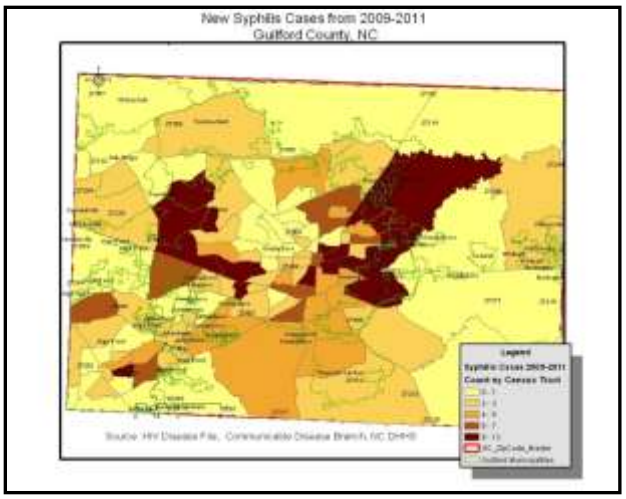
14 November 2013





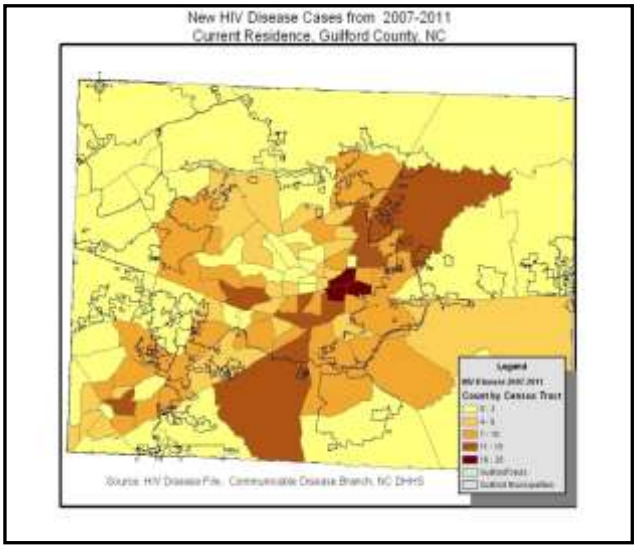
- Premature births are births that occur before 37 weeks of gestation. Premature births have been identified as a leading factor of infant mortality and the birth of low-weight infants.
- Minority women are more likely to give birth to premature infants compared to White women.



• In Guilford County, sexually transmitted diseases such as chlamydia, gonorrhea, syphilis and HIV Disease are a serious problem.

• For 2006-2010, Guilford County had the highest incidence rates for gonorrhea compared to Alamance, Davidson, Forsyth, Randolph, and Rockingham Counties as well as North Carolina as a whole. There are also major health disparities, where African Americans are ten times more likely to have gonorrhea compared to Whites.

- Similar racial disparities are seen in Guilford County for new cases of HIV and Syphilis. African Americans and persons residing in low-income neighborhoods are more likely to have new cases of HIV and Syphilis compared to Whites and persons living in more affluent neighborhoods.



Thanks to the Guilford County Department of Public Health, Community Health Assessment team, for the information presented in this Fact Sheet.

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Fact Sheet 2: Access to Care

Access to Care is the timely use of personal health services to achieve the best possible health outcomes. Throughout Guilford County, access to care issues affect lower economic neighborhoods more than others. They have higher health care needs due to many factors outside of their control. These factors include transportation, location of services, limited economic and educational attainment, and structural/systemic factors.

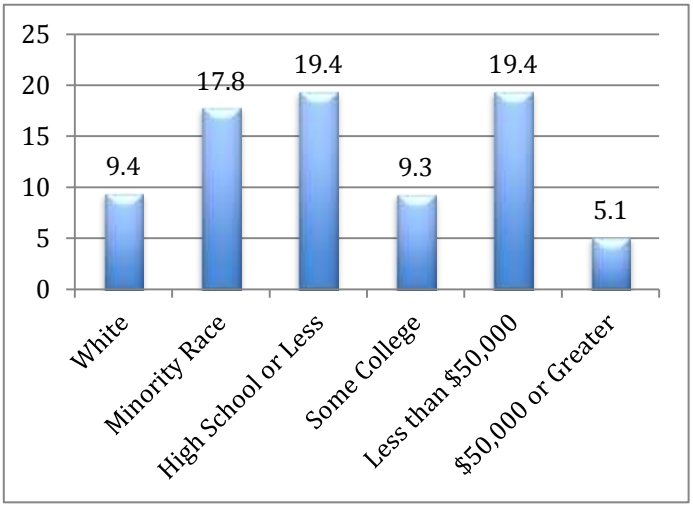
Health Insurance Coverage

Estimates of Non-Elderly Uninsured, 2010-2011

County	Children (0-18)			Adult (19-64)			Total (0-64)		
	Number	*Percent*	*Rank*	*Number*	*Percent*	*Rank*	*Number*	*Percent*	*Rank*
Guilford	**11,000**	**8.5%**	**Mid-High**	**68,000**	**20.4%**	**Mid-Low**	**79,000**	**16.9%**	**Mid-Low**

Source: North Carolina County-Level Estimates of Non-Elderly Uninsured, North Carolina Institute of Medicine

Percent with no Health Insurance, Guilford County, 2010

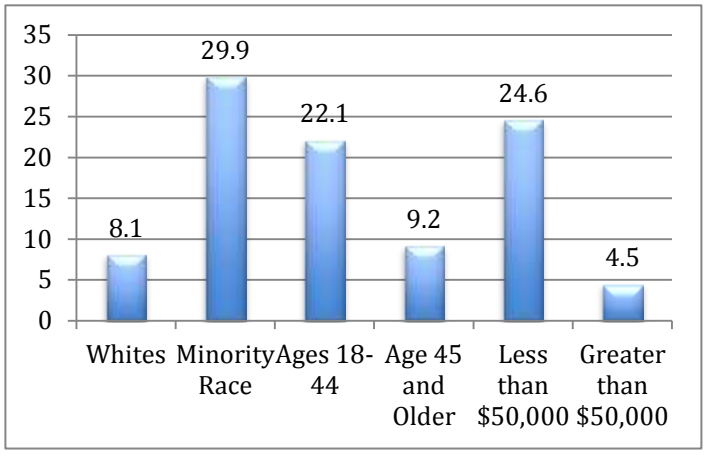


Source: Behavioral Risk Factor Surveillance System (BRFSS) 2010

- Health insurance is the most important factor in accessing health care services;
- In Guilford County, minorities are less likely to have some form of health insurance;
- Persons with less than a high school diploma and twice as likely as those with at least some college to be without health insurance;
- Those with lower incomes are also less likely to have some form of health insurance;

Percent that needed to see a doctor in previous 12 months but could not because of the cost, 2010

- Socio-economic circumstances make a big difference in whether county residents are able to obtain the health care that they need;
- Minorities are much more likely than Whites to report that they needed to see a doctor in the previous year but could not do so because of the cost;
- Young adults and those with lower incomes are often unable to afford to see a doctor when they need to;



Source: Behavioral Risk Factor Surveillance System (BRFSS) 2010

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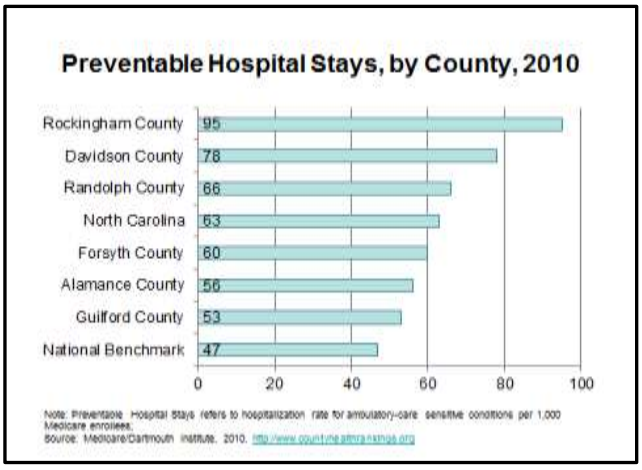
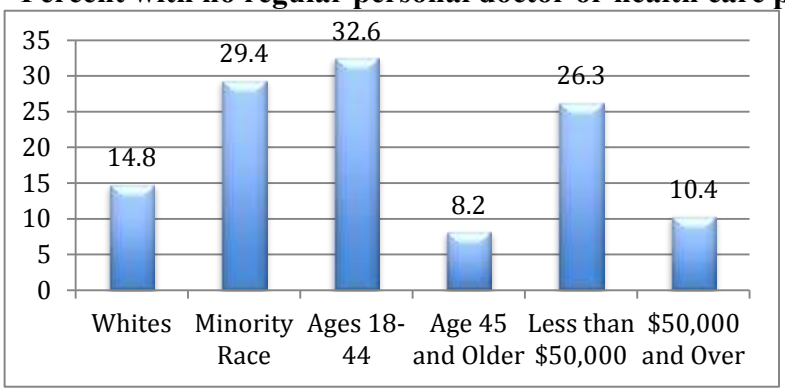
14 November 2013

- Preventable hospital stays, the hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees, are highest in Davidson County and lowest in Guilford County and Alamance County. Ambulatory-care sensitive conditions are usually addressed in an outpatient setting and do not normally require hospitalization if the condition is well-managed.



Percent with no regular personal doctor or health care provider, 2010



Source: Behavioral Risk Factor Surveillance system (BRFSS) 2010

- Having a regular health care provider, or "medical home" is important for providing continuity of care and helping to avoid unnecessary use of the Emergency Room;
- Minorities, young adults and persons with incomes below $50,000 are less likely to have a regular personal doctor or health care provider.

Top Three Barriers to Health Care as Defined by the Community
Findings from Community Focus Groups

Gaining access to health care services depends on community members' ability to overcome financial, organization, social and cultural barriers. Through focus groups conducted by the Guilford County Health Department, community members identified three major barriers that hinder their ability to obtain health care. These barriers include a limited number of health care providers, health care cost and prescription medicine cost.

1. Limited Number of Health Care Providers
   - There are not enough doctors, especially when it comes to medical specialties (further barriers are put forth by specialists that are not accepting Medicaid).
   - Low cost clinics: not offered frequently and overpopulated.
   - Shortage in mental health care providers: demand is high, wait is long, high copays, results in more cases ending up in emergency department.
2. Health Care Costs
   - People are not able to afford healthcare because they must meet basic needs first.
   - Delay in care due to fear of cost.
3. Prescription Medicine Costs
   - Problem with cost, especially for people that have specific medical conditions

Thanks to the Guilford County Department of Public Health, Community Health Assessment team, for the information presented in this Fact Sheet.

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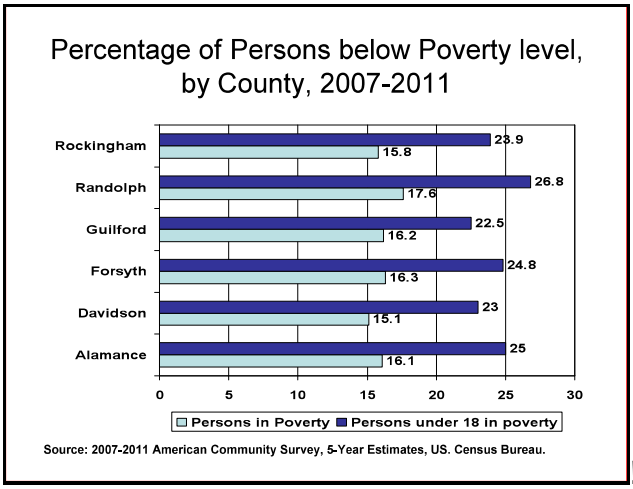
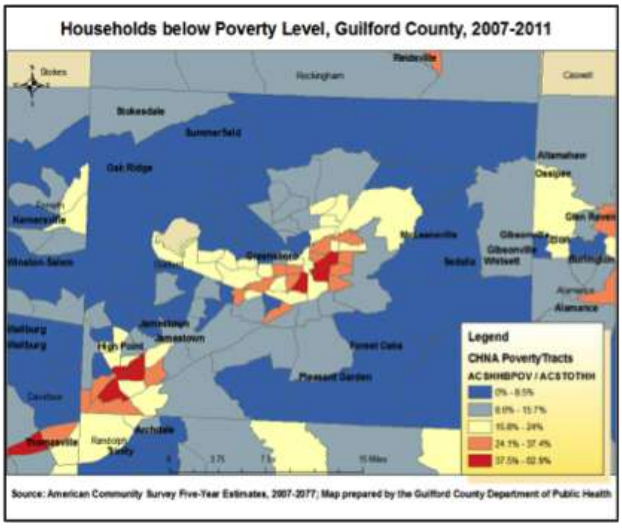
14 November 2013

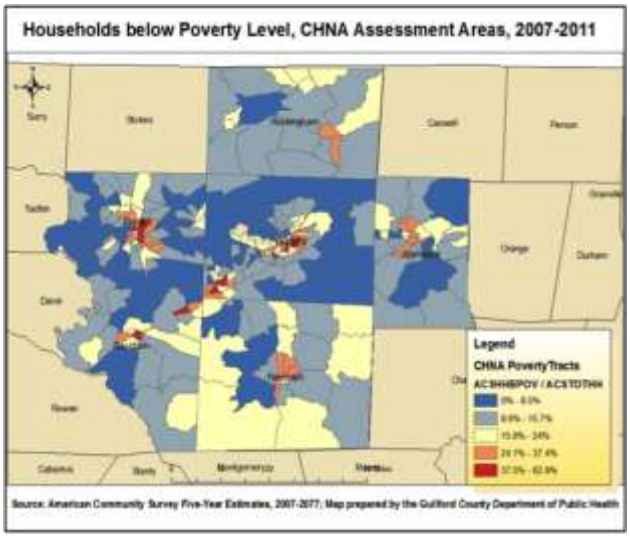
Fact Sheet 3: Social and Economic Context



- In North Carolina, Randolph County had the highest rate of persons living below the poverty line (17.6%), followed by Forsyth (16.3%) and Guilford (16.2%).
- Within counties in the CHNA assessment area, poverty is concentrated in urban core areas of Greensboro, High Point, Winston-Salem, Thomasville, and to a to somewhat lesser extent in Reidsville, Burlington and Asheboro.

- In Guilford County, six census tracts—three in Greensboro and three in High Point—had greater than 37.5%--and up to 63%-- of households below the poverty level;
- High poverty census tracts also tend to have high percentages of minority racial and ethnic populations;





- Statewide, African-Americans and Hispanics have poverty rates twice that of whites;
- In Guilford County and Forsyth County Hispanics have even higher poverty rates than do whites;
- In both Guilford County and North Carolina as a whole, high school graduates are only half as likely to be in poverty as those without a high school diploma;
- Adults over the age of 25 are 7.5 times more likely to be in poverty as are college graduates

Percent of Persons below Poverty Level, by Race and Ethnicity, 2007-2011

Residence	Total	White	Black	Hispanic
Guilford County	16.2%	10.0%	24.5%	31.4%
Forsyth County	16.3%	10.6%	25.2%	36.5%
North Carolina	16.2%	11.8%	26.1%	26.1%

Source: American Community Survey Five-Year Estimates, 2007-2011, U.S. Census Bureau.

- According to the U.S. Census Bureau, from 2007 to 2011, Guilford County averaged a 10.1% Unemployment rate
- Unemployment varies by race and ethnicity. Blacks in North Carolina are unemployed at rates almost twice that of whites.

Percent Unemployed by Race and Ethnicity, 2009-2011

Residence	White	Black	Asian	Hispanic
Guilford	9.3%	16.0%	10.8%	10.1%
Forsyth	7.9%	18.1%	7.1%	10.0%
North Carolina	9.9%	17.9%	8.0%	13.1%

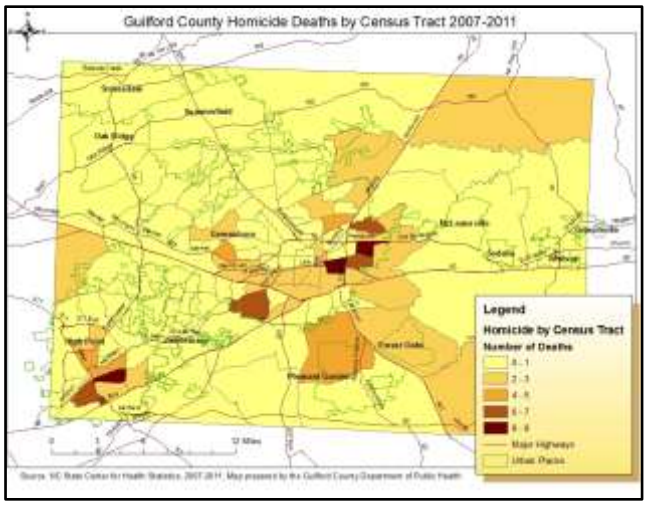
Source: American Community Survey, Five-Year Estimates, 2007-2011 U.S. Census Bureau.

Educational Attainment by County, 2007-2011

	Percent High School Graduate or Higher	Percent Bachelor's Degree or Higher
Forsyth	87.3%	31.3%
Guilford	87.1%	32.8%

Source: American Community Survey Five-Year Estimates, 2007-2011, U.S. Census Bureau

Crime Rates per 100,000 by County, 2010-2011



- The violent crime rate is considerably higher in more urbanized counties Forsyth and Guilford, followed by Alamance County.
- The most violent form of crime, homicide, is a greater problem in Guilford County census tracts that are characterized by higher rates of poverty and minority populations.

[1] Source: Crime in North Carolina, 2011, Annual Summary Report of 2011 Uniform Crime Reporting Data, NC Department of Justice, State Bureau of Investigation, July 2012.

Note: Index Crime includes the total number of violent crimes (murder, rape, robbery and aggravated assault) and property crimes (burglary, larceny, and motor vehicle theft).

Immigrants and Refugees

There are many social and economic factors that are challenging for immigrant and refugee residents of Guilford County. The majority of challenges faced by new arrivals pertained specifically to economic challenges.

- Employment is difficult to obtain.
- Inefficient public transportation.
- Language barriers.
- College degrees in their countries of origin do not transfer to the United States.
- Strict licensing requirements in the U.S. do not allow for former entrepreneurs (i.e. restaurant owner) to easily begin anew in the same industry post-resettlement.
- Health challenges also contributed to economic and social well-being. Immigrant and refugee residents noted that Medicaid was quick to send them to collections.
- Chronic stress was reported amongst refugee residents and was not anticipated prior to resettlement.

Thanks to the Guilford County Department of Public Health, Community Health Assessment team, for the information presented in this Fact Sheet.

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14 November 2013

Fact Sheet 4: Broader Environmental Factors

Environmental factors include things like air and water quality but also include the built environment, such things as roads and sidewalks and grocery stores. Throughout Guilford County, broader environmental issues affect lower economic neighborhoods more than others. They have higher health care needs due to many factors outside of their control. These factors include transportation, location of services, limited economic and educational attainment, and structural/systemic factors. The 2012-2013 Guilford County Community Health Assessment identified Access to Healthy Food as the most pressing Environmental Health Factor impacting the residents of Guilford County.

Access to Healthy Foods
Food Deserts

Food deserts are defined as census tracts where more than a third of residents live more than a mile from a supermarket and more than 20% of residents live below the federal poverty level. Supermarkets carry a wide range of healthy foods, including fresh fruit and vegetables, whole grain bakery products and low fat dairy foods.

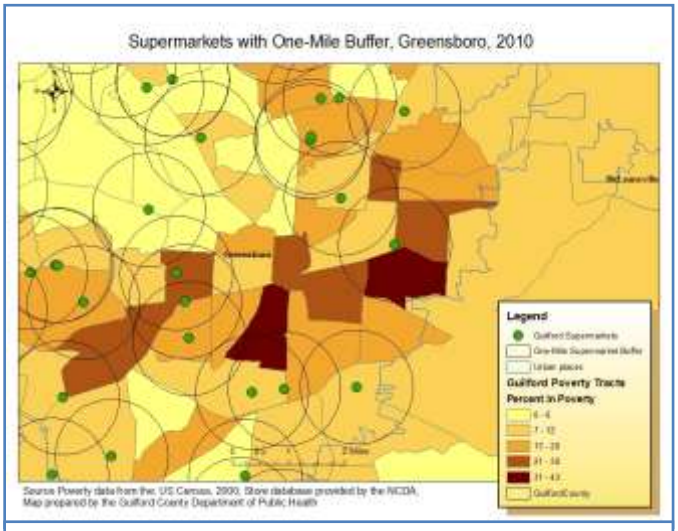
- In Guilford County, residents living in seventeen census tracts across an arc from South to East and North East Greensboro have low income and limited access to supermarkets;

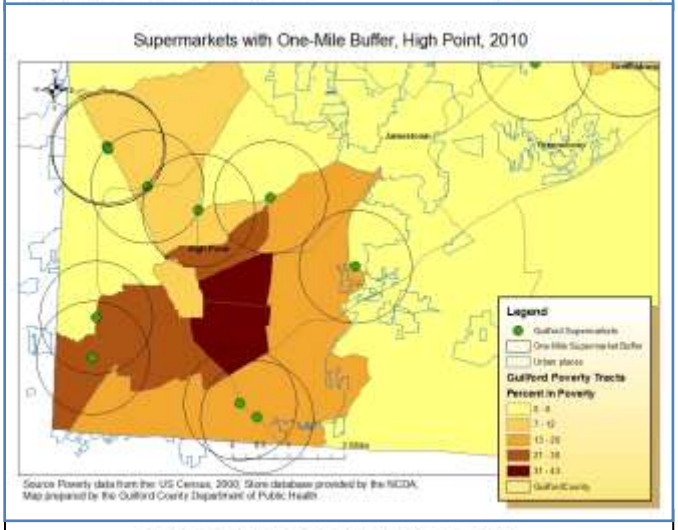
- Nine census tracts in Central and South High Point have limited food access;.

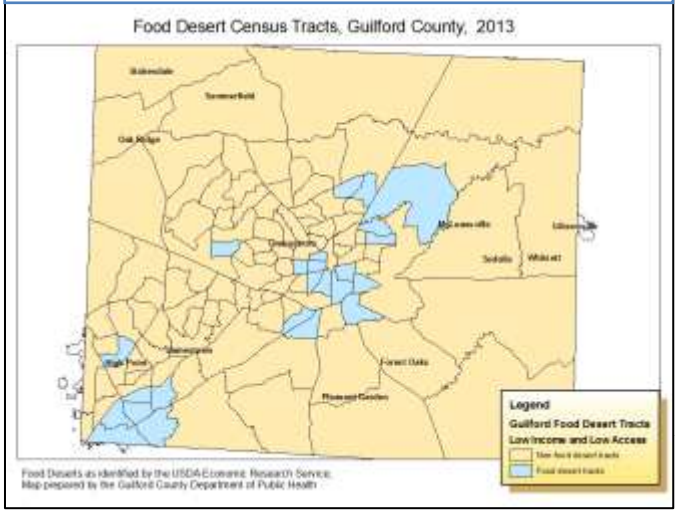
Though food desert neighborhoods lack supermarkets, these neighborhoods often have "corner stores," convenience stores and small grocery stores that accept SNAP/EBT (Supplemental Nutrition Assistance Program/Electronic Benefit Transfer) cards but which often stock little in the way of fresh fruits and vegetables or other healthy food options. Local residents, who sometimes lack transportation to shop at supermarkets outside their neighborhoods, often do their grocery shopping at these markets.

In collaboration with UNC-G and NCA&T, the Guilford County Department of Public Health conducted a survey of 73 convenience stores in Greensboro and High Point food desert areas.

- A central finding of the Corner Store Assessment is that, while more than four fifths (83.6%) of convenience stores surveyed accepted SNAP/EBT, only 12.3% carry fresh vegetables.







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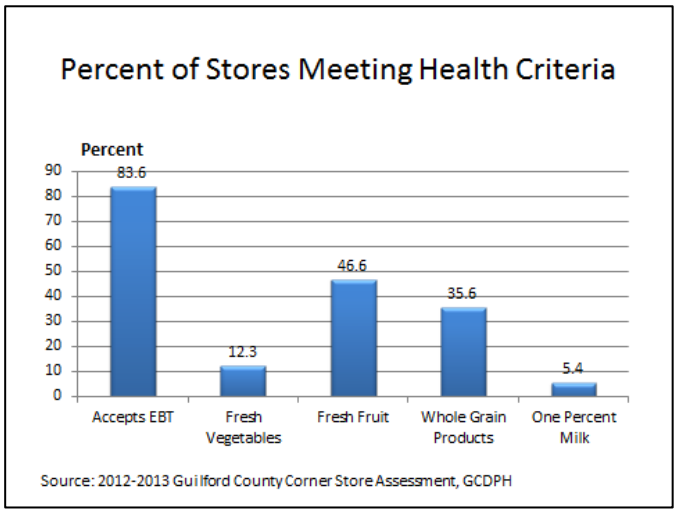
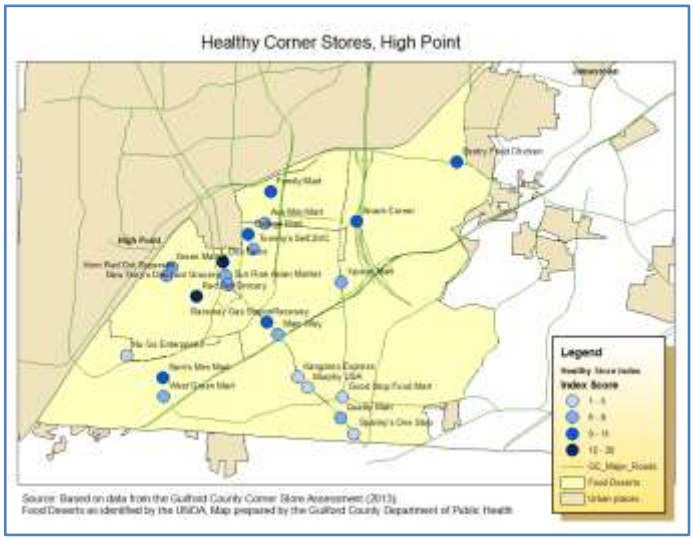
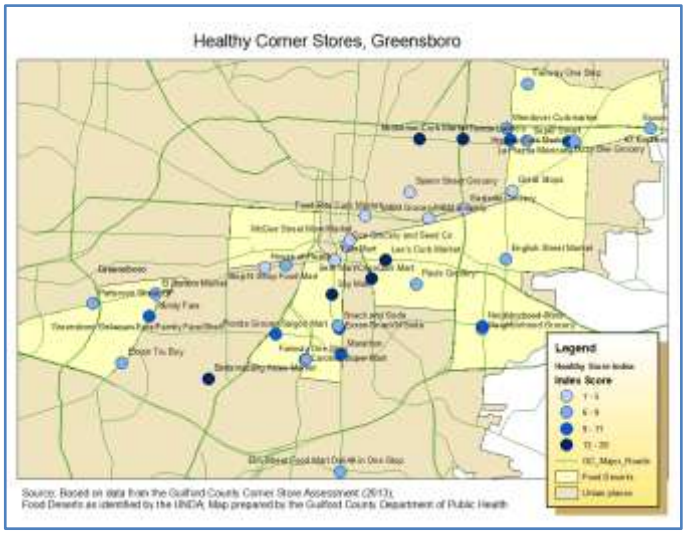
- A larger percentage, 46.6%, offered fresh fruit, but in many cases the fresh fruit amounted to only bananas or apples in a rack at check-out.
- Most stores carry bread, pasta and milk, but only 23% carry either whole grain bread, 16.4% carry whole grain pasta; and only 5.4% carry 1% milk;
- 5.5% of stores had fresh fish for sale, 23.3% carried plain oatmeal, and 5.5% carried tofu.
- Though only a small percentage of stores surveyed offered healthy food options for sale, 98.6% of stores sold sugary drinks, 97.3% carried candy, 90.4% carried cigarettes and 91.8% carried alcohol.



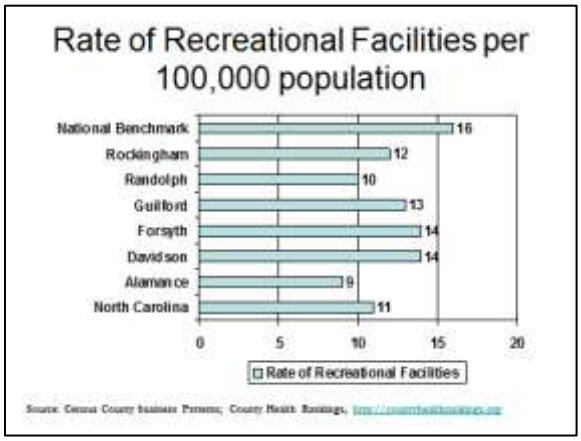
- Based on the findings from the Corner Store Assessment a scoring system was developed to provide consumers a guide to the convenience stores offering the healthiest food options. Those stores with the darker blue circles in the maps below have the largest healthy food selection.





Access to Recreational Facilities

- These data include commercial exercise facilities such as gyms and exercise clubs
- Guilford County is higher than the state rate, but lower than the national rate:
  - Guilford: 13
  - North Carolina: 11
  - National: 16



Thanks to the Guilford County Department of Public Health, Community Health Assessment team, for the information presented in this Fact Sheet.

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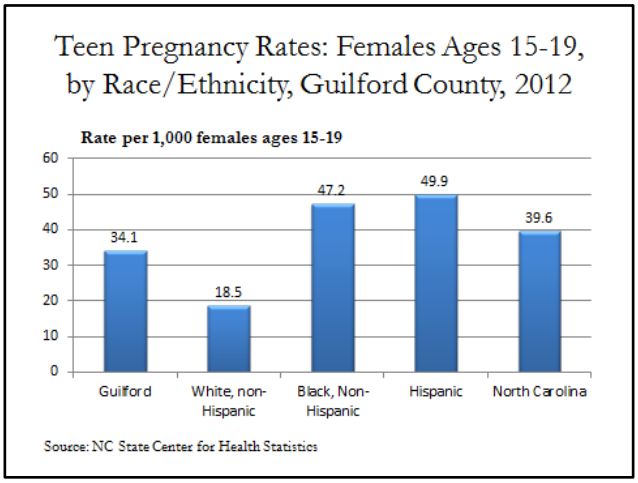
14 November 2013

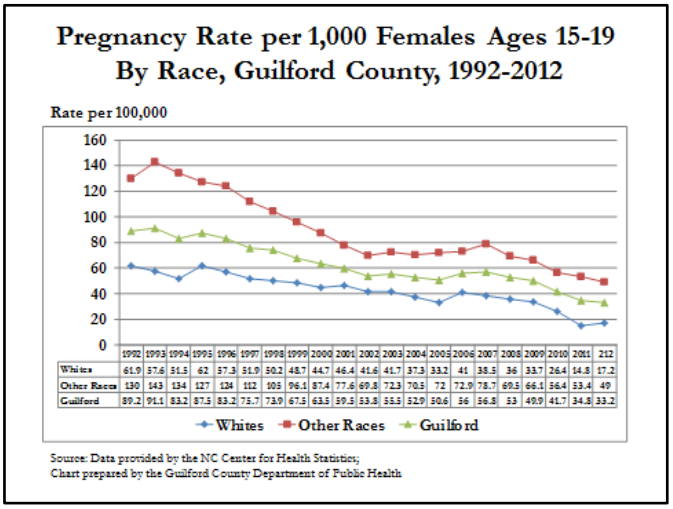
Fact Sheet 5: Pregnancy and Childbirth

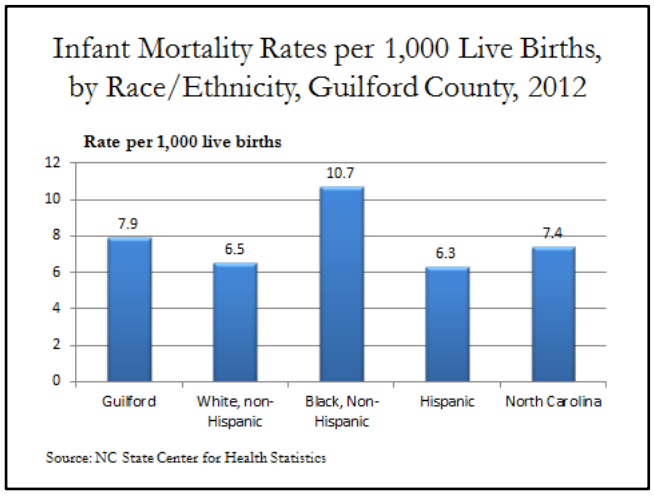
How we care for our children will significantly impact our future. This is never truer than in our support county-wide for pregnant woman and newborns. Although things are improving, we still have significant disparities in outcomes across economic and racial lines, with areas of concentrated poverty in Guilford County experiencing the worst outcomes. Although pregnancy rates are declining across the board, there are some obvious differences noted in the data categories below. These differences are paralleled in the outcomes featured in the other Fact Sheets.



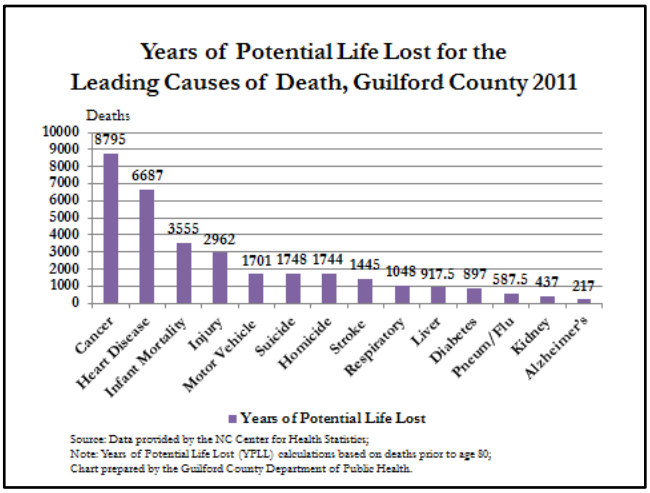
- Except for a period in the mid-2000's, teen pregnancy rates have been declining in NC and in Guilford County;
- Despite the overall decline, disparities based on race persist;

- Hispanic females have the highest teen pregnancy rates in Guilford County;
- African-American females have the next highest teen pregnancy rates;



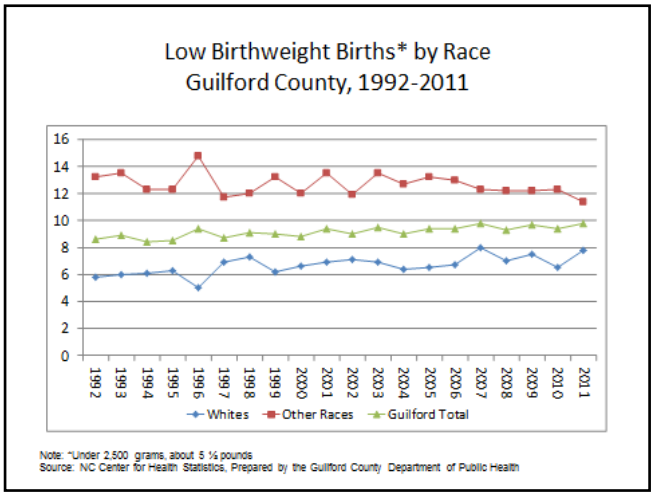


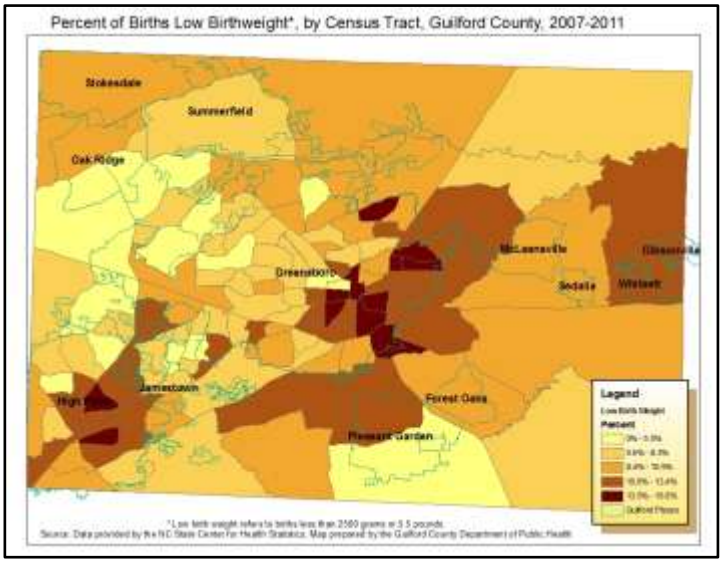
- Infant mortality rates in North Carolina are at historically low levels, as they are nationwide, but major racial disparities persist;
- African-American mothers have the highest infant mortality rates in Guilford County;
- Hispanic infant mortality rates are similar to those of Whites.



- Looking at the previous data in terms of Years of Potential Life Lost reveals that ***Infant Mortality is the third leading cause of premature mortality in Guilford County***.

- Low birthweight is a principal predictor of infant mortality, higher hospital costs and subsequent health problems. The rate of low birth weight in Guilford County increased slightly over a 20-year period.
- A major racial disparity exists between white and other races. The rate of low birth weight is highest in births to residents of census tracts in the SE and Eastern area of Greensboro and central High Point.





Community Focus Group Recommendations

- Pregnant women and new mothers need a medical home for themselves and their children. Due to a limited number of providers that are willing to accept Medicaid and/or the Orange Card, ancillary support services may play a vital role in the overall health of women and children. Current resources should be marketed and advertised in a way in which they are easy to find.

Thanks to the Guilford County Department of Public Health, Community Health Assessment team, for the information presented in this Fact Sheet.

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14 November 2013

Fact Sheet 6: Resources for Action

This Fact Sheet summarizes resources that may prove useful for taking action in Guilford County. There are many more resources available, but these we found to be most useful and user-friendly. Access to all of these resources is free.

The Community Tool Box

http://ctb.ku.edu/

The Community Tool Box provides ideas, supports and resources to build skills and help community members with a variety of activities related to coalition building, program development, and program management. The focus is on core competencies, and processes that are demonstrated to work, rather than the programs you might choose to implement and support.

Guide to Community Preventive Services

http://www.thecommunityguide.org/

This guide provides summaries of evidence-based programs that are demonstrated to work in communities. These resources can help you decide what programs might help resolve issues and problems faced in the community. The focus is on programs, rather than the skills needed to make the programs work.

County Health Rankings

http://www.countyhealthrankings.org/

The County Health Rankings web site is one of the more user-friendly data web sites. You can not only see how Guilford County ranks with other counties in North Carolina and other states, you can find additional resources for what to do about the issues you wish to address in our community.

Kids Count Data Center

http://datacenter.kidscount.org/

The Kids Count Data Center is a very user-friendly web site, where you can find health and behavior data for a variety of issues that relate specifically to our youth. Broad data categories include health outcomes, juvenile justice, and educational achievement.

Guilford County Department of Public Health

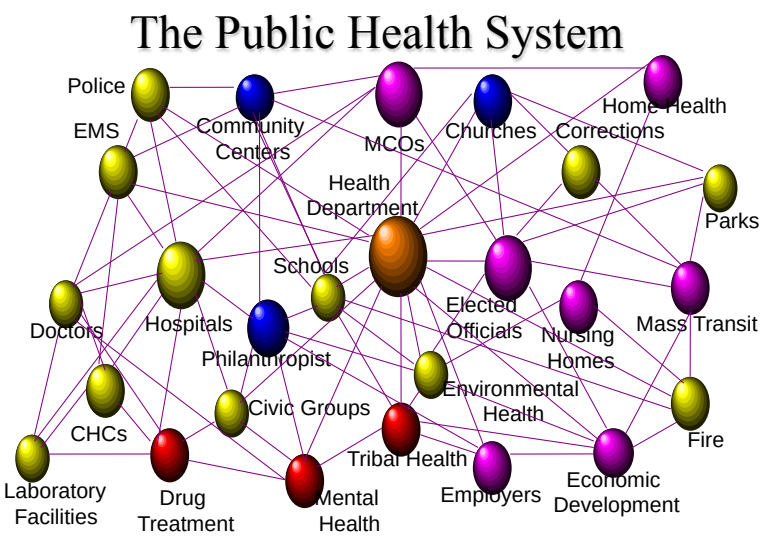
http://www.guilfordhealth.org/

The first county health department in North Carolina, and the second in the United States, the Guilford County Health Department is a noted leader in public health. This web site has resources that include the programs and services offered by the county, information and resources that relate to community health issues, and the Community Health Assessment conducted for Guilford County.

2013 Guilford County Healthcare Faith Summit
14 November 2013

Fact Sheet 7: State of the County's Health Presentation

This Fact Sheet summarizes several of the resources and concepts shared during the Faith Summit. You can also find the presentation available on Prezi.com at http://tinyurl.com/mvxjwvh (or go there directly using the following URL http://prezi.com/vouvirggdsgz/?utm_campaign=share&utm_medium=copy).



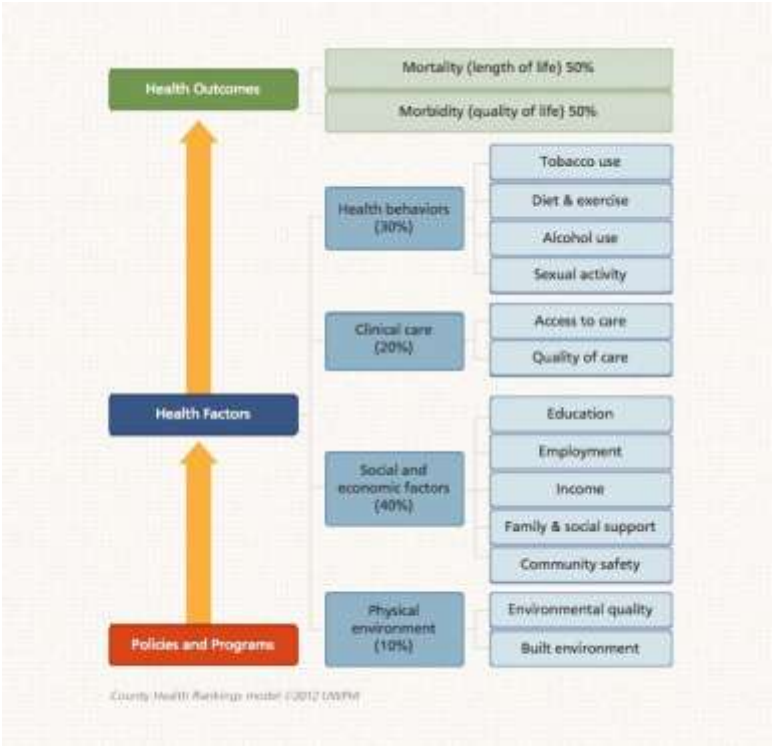
It is important to understand that there is more to health in communities than the health department, or the medical systems.

Everyone is part of the solution in our community. We do not often think about other channels of influence, but these are the systems that we contact every day and influence much of our health. To the extent that these systems are facilitative of health outcomes, they are working well. When they are not working for us, we need to understand why and take action to improve them.

Blaming people experiencing the problem doesn't solve the problem – that only makes it worse!

Source: Institute of Medicine. (2001). *The future of the public's health in the 21st century*. National Academy of Sciences: Washington, DC.

What Works for Health



On the left side of this image are the main influences over health in our communities. In the center are approximate proportions of influence for each health factor – health behaviors, clinical care, social and economic factors, and the broader physical environment.

As you consider the data in the other Fact Sheets, and potential solutions, it is critical to note that there is not one program or one approach that can solve any problems noted in our communities. It will take many changes to policies, programs and practices of individuals and groups to resolve any of our issues.

Further, it is important to note that it never ends. This is our work together as community members.

Source: County Health Rankings web site, http://www.countyhealthrankings.org/roadmaps/what-works-for-health

Taking Action in Your Community

Putting the previous two images together, and adding an additional concept, we get the image on the left. The additional concept is an approach to making a positive difference that follows a pattern common to models and frameworks developed over the past 30 years of community improvement.

The general approach is to start with the community data, including especially the feelings and opinions of community members (not just the statistics), and decide where our priorities are highest.

Then figure out what additional programs and policies, or improvements to programs or policies, might have an influence.

Then evaluate whether those improvements are making a difference, or if conditions changed, so that other things need to be done.

Source: County Health Rankings web site, http://www.countyhealthrankings.org/roadmaps/action-center

Closing Thoughts and Next Steps

This Faith Summit, which is focused on Health and Health Care in Guilford County, is just the beginning. The real question is…

- *What is your prescription for health in Guilford County?*

Submit your **Ideas for Action** to info@faith-communityhealth.org. Be sure to include your contact information, if you would like us to get back in touch with you. We will be posting these ideas from the Faith Summit, and from your emails on the web site.

Get Involved!

Take Action!

Involve others!

Fact Sheet 8: Summary of Recent Community Surveys

In this Fact Sheet, we focus on 3 surveys. The first is a survey of members of the Faith Communities across the county. The second is a survey of health care providers. The thirds is a survey of community concerns.

Faith Community Survey

The survey of members of the faith community focused primarily on the role of the faith community leaders in health issues and social action, such as insurance enrollment and access to care under the Affordable Care Act. The survey was conducted in September and October 2013 among a variety of congregations, primarily in Greensboro and High Point.

There are several limitations to the survey methodology that are worth discussing up front. One is that only a few congregations were involved in the survey. Although quite a few individuals completed the survey (60), one cannot generalize the findings summarized below to all the congregations in Guilford County, since only 3 or 4 congregations participated and each of these congregations were Protestant Christians.

We found that…

- 85% of those surveyed indicated that they want their congregation to have a role in local health issues.
- 80% indicated that their congregation was presenting information about health.
- 90% of those surveyed indicated that they had insurance, with 85% having a primary care physician.
- Major activities included having a food pantry (68%), workshops and activities promoting health (64%), an active health ministry (52%), and other activities (e.g., transportation).
- 80% indicated that they have access to great care, with 16% indicating that they wish there were better follow-up care.
- Only 12% felt that their congregation should be more politically active, but 62% indicated that they should provide workshops and other training, and 46% believe they should expand the health ministry.

Health Care Provider Survey

The survey of representatives of health care providers focused primarily on the role of the faith community leaders in health issues and social action, such as insurance enrollment and access to care under the Affordable Care Act. The survey was conducted in September and October 2013 among a variety of health providers, primarily in Greensboro and High Point.

There are several limitations to the survey methodology that are worth discussing here as well. One is that only a few health care providers were involved in the survey. The larger health systems in Guilford County were contacted, but only a small number of individuals completed the survey (n=53), one cannot generalize the findings summarized below to all the health care providers in Guilford County.

We found that…

- 92% are aware of the health insurance status of their clients, with 94% accepting cash-only customers (with 77% offering a discount!).
- Language gaps are becoming a significant barrier to care for the providers.

- 60% indicated they provide comprehensive prevention services, and 57% reported that they would value the addition of health educators to their practice (81% do not have one).

Broader Community Concerns Report

The concerns report survey focused primarily on a broad list of health issues, with the intent of facilitating social action. The 25 issue statements were generated by a group of concerned citizens in Guilford County, who met to discuss issues associated with their health and access to care. These issues included insurance enrollment and access to care under the Affordable Care Act, as well as issues that affect their daily lives like access to quality foods. The survey was conducted in October 2013 among a variety of community-based organizations serving lower income community members, primarily in Greensboro and High Point.

We found that…

- List of top 5 strengths: (ranked in order of importance)
  - 12. I have enough food available each month to feed my family.
  - 3. I know how to get access to health care.
  - 21. Doctors offices provide health education along with screening and health care.
  - 16. Doctors offices have people that help with follow-up after medical appointments.
  - 25. Adequate mental health screening and treatment is available if my family and I want it.
- List of top 5 problems: (ranked in order of importance)
  - 1. I have access to a primary care physician.
  - 17. Health insurance is available and affordable to all people in this community.
  - 13. My neighborhood is safe and secure.
  - 2. My family has regular access to medical care.
  - 11. People know the warning signs for various health problems.

Summary of the demographics of persons completing the surveys:

- Age – 36 to 45 years old, with the range from 18 to over 65 years.
- 58% are male and 42% are female.
- 75% of respondents are Black/African American, and 12% White/Caucasian.
- 81% of respondents have less than a college education, with 27% did not complete high school.
- 76% of respondents are registered to vote.

Closing Thoughts and Next Steps

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What is your prescription for health in Guilford County?

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WE WOULD LIKE TO THANK ALL OF OUR PARTNERS FOR ASSISTING IN MAKING THIS EVENT POSSIBLE

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Rx

PATIENT NAME Your Family and You

ADDRESS Guilford County ,NC USA

WHAT IS YOUR PRESCRIPTION FOR A HEALTHY COMMUNITY?

Signature

The Community

Date

November 14, 2013