Community Asset Mapping: Integrating and Engaging Faith Community and Health Systems

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Objectives

* Briefly review content covered in mapping chapter (honoring all authors)
* Share case study to illustrate how mapping processes have energized and improved partnerships between health systems and faith communities
* Offer explicit ways that faith community partners might utilize participatory mapping processes to improve overall community health and well-being
Chapter 6. Community Asset Mapping: Integrating and Engaging Community and Health Systems

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Chapter 6. Community Asset Mapping: Integrating and Engaging Community and Health Systems

History and specifications of select asset-based mapping methodologies (ABCD, MAPP, PIRHANA, CHAMP Access to Care, Communities of Shalom, Participatory Hotspotting) and existing mapping tools (Community Health Improvement Navigator, Community Commons, County Health Ranking Roadmaps’ What Works for Health (WWFH)) are reviewed.
Community asset mapping can be a crucial component for forging meaningful and useful partnerships between health systems and communities to build, nurture and enhance community health improvement efforts, particularly as integrated into the federally mandated Community Health Needs Assessments (CHNAs).
Chapter 6. Community Asset Mapping: Integrating and Engaging Community and Health Systems

Key considerations in use of mapping processes include:

* Incorporating findings into CHNAs
* Non-instrumental community engagement
* Addressing historical trauma to build trust
* Creating mutual accountability between health systems and community
* Building a platform for Community-Based or Community-engaged Participatory Research
* Data gathering, use and sharing among stakeholders
North Carolina (Forsyth County) Case Study: Mapping our Hispanic Population

July 2014: Utilized the CHAMP-ACCESS TO CARE Model to align, leverage and mobilize existing assets among our under-served brothers and sisters

Conducted 4 Workshops (55 Participants)
* 1 in English for Bi-Lingual Providers
* 3 in Spanish for mostly undocumented Seekers

Comparison of Strengths and Weaknesses of Local Healthcare Facilities who served Hispanics

Significant Findings, especially from the Seekers’ Voices

North Carolina Case Study: Hispanic Population Mapping Workshop Findings

Key Findings from Seekers:

1. Despite it’s internal WF reputation as providing great prenatal care for Hispanic women, our local safety net clinic was seen as often being disrespectful and not providing quality care to our Hispanic Sisters

Seeker Quotes:

* “[Referring to this clinic.] They don’t treat us well... they think we’re not educated. Even some of the Spanish speaking staff look down on us.”

* “Just because a provider speaks Spanish doesn’t mean that they respect us.”
North Carolina Case Study: Hispanic Population Mapping Workshop Findings

Key Findings from Seekers:

2. Another safety clinic assessed the costs of visits based on the poverty scales and number in household, so many persons had to pay high fees for services.

Seeker Quote:

“[Referring to this clinic.] “The clinic says that I have too much money to qualify. They don’t consider that we are sending money home to our countries and relatives there, they think we can’t possibly send that much.”"
North Carolina Case Study: Hispanic Population Mapping Workshop Findings

Key Findings from Seekers:
2. With no photo ID, access to emergency services could be limited by barriers with regard to documentation.

Seeker Quotes:
* “Sometimes, they want to see your bills for proof of address. But the owner of the apartment I rent has his name on the address, not mine. So, I end up not having any proof of address.”
* “When I tried to pick up medicine for my wife I needed a driver’s license. I didn’t have one so I couldn’t get the medicine. Sometimes I need to ask a friend to get the medicine for me, but who do I ask when everyone’s working?”
* “Because they are born in the US, the door is open for children, but it is slammed in the parents’ faces.”
North Carolina Case Study: Hispanic Population Mapping Workshops Output

Program and Policy Changes:

1. Key FaithHealth leadership met with the local safety net Directors to change their policies/procedures/delivery system:
   * Changing providers’ attitudes toward prenatal care of Hispanic women
   * Accepting proof of sending money home to Mexico and adjusting for number in that household to calculate sliding scale fee for services

2. Started our 24 month partnership with the sheriff’s office, the Health Dept., competing hospital (Novant) and FaithAction ID of Greensboro
North Carolina Case Study: Collaboration with FaithAction ID

With Chaplain Francis Rivers Meza and Gary Gunderson convening, competing Hospital and Health System Leadership cited needing to provide quality health care for undocumented Hispanics and others as a need to host FaithAction ID Drives (first held in Jan. 2016)

This past year, our local Hispanic League took over running these drives in the county

Over 700 persons in our county have obtained these IDs
North Carolina Case Study: Hispanic Population Mapping Workshops

Allowed policy makers to “hear” the voices of those health seekers and meet the named needs.

Offered political “cover” for law enforcement by health systems and FaithHealth in a deeply bi-partisan state with much anti-immigrant sentiment to help our Hispanic brothers and sisters obtain picture IDs.

Affected program, policy and service delivery changes in local safety net clinics.

Spoke “truth to power” about these issues.

Built trust among vulnerable immigrant populations served.
What Can you as Faith Community Leaders do with Mapping at Home?

Looking through an assets lens, find a timely need that is vital to the health of your most vulnerable persons

Conduct mapping workshops

Publish and share reports transparently

Follow through in meeting the named needs of the Health Seekers and Providers to build trust

See mapping efforts as only a first step and keep on building the momentum of the partnership and work

Help like-minded health system leaders leverage their latent and real authority and resources to help advocate for justice
Other Ideas for Building the Beloved Community on your Ground? Questions and Answers? Words of Wisdom?

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