

touchstone

THE MAGAZINE OF MOUNTAIN AREA HEALTH EDUCATION CENTER

spring 2018



Investing in Our Community



From our President and CEO, Dr. Jeff Heck

Current estimates are that healthcare services contribute less than 20% to the overall improvement in the health of an individual. That may surprise some people, but common sense tells us that healthy communities also depend on good jobs, child care, housing, access to fresh food and clean water, and education. It is the reason why MAHEC partners with communities, public health efforts, education and child services organizations. MAHEC trains medical students, residents, and other healthcare learners in the most up-to-date healthcare services, but we also always consider the whole person and the community in which they live. We believe that true healing occurs in healthy communities. Addressing these social determinants of health is really the essence of population health.

And, since our children are the future, it's important that we give them a head start. That's why MAHEC partners with organizations to provide the Triple P: Positive Parenting Program, offering classes and resources for parents, and supporting our Child Care Health Consultants who are making sure child care centers are safe learning environments and the staff are prepared to care for children of all abilities.

Please support MAHEC in our efforts to promote health through good healthcare, prevention, and addressing complex issues such as safe pregnancies, early mental health treatment, safe opioid prescribing, and practical healthcare education. You will find us working alongside other like-minded organizations. For example, through community trainings and peer support specialists, we're working on building compassionate professional care and support for women with substance use disorders, while our school nurses are committed to helping students take the lead amongst their own peers in preventing addiction before it happens.

I encourage you to be an advocate for your own health, your family's health, and the health of our community. Read about MAHEC's involvement inside this magazine, learn about our other projects on the "In the News" section of our website, and share this information with friends and family. Our community is stronger when we work together, and we could not do it without you.



Jeffery E. Heck, MD
President and CEO, MAHEC
University of North Carolina Health Sciences at MAHEC
Associate Dean, UNC School of Medicine Asheville Campus



121 Hendersonville Rd.
Asheville, NC 28803
828-257-4400
www.mahec.net

Patient Care Provided at:

MAHEC Dental Health Center
and Center for Advanced Training

MAHEC Family Health Center at Biltmore

MAHEC Family Health Center at Cane Creek

MAHEC Family Health Center at Enka/Candler

MAHEC Family Health Center at Lake Lure

MAHEC Family Health Center at Newbridge

MAHEC Family Health Center at Swannanoa

MAHEC Ob/Gyn Specialists

Hendersonville Family Health Center

Deerfield Retirement Community

Givens Estates

MAHEC's mission
is to train the next generation
of healthcare professionals
for Western North Carolina
through quality healthcare,
innovative education
and best practice models
that can be replicated nationally.

We value:
Excellence,
Innovation,
Compassion,
Collaboration.

To remove your name from the mail list or
update your address, call 828-771-4203,
email debbie.manley@mahec.net, or mail the
enclosed envelope with your request.

AN AUTISM DIAGNOSIS HELPED PRISCILLA FINALLY MAKE SENSE OF HER WORLD

The Positive Parenting Program Helped Her Make That World More Accessible to Her Daughter

Now, She Will Bring that Accessibility to Other Families



Priscilla doesn't want other parents to feel the same way she did when her daughter was younger – unsupported, judged, and alone. For years, she struggled as a single mother of an undiagnosed child who behaved differently than the others in her class, and Priscilla struggled with teachers and school officials criticizing her parenting style. She could not find many parenting resources in her area, and from the few she did, the information did not relate to her situation. They left her feeling even more like a parenting failure.

"Being a single parent of a child with a disability that was undiagnosed for quite a while, trying to find resources and support, and all the judgments people throw at you – it was horrible," Priscilla recounts.

"I really doubted my own ability to be a parent because of all that."

It wasn't until her daughter was seven that they were actually both diagnosed with autism within a year of each other. That was when Priscilla's whole life made sense, and she could see it mirrored in her daughter's actions. The diagnosis was affirming for both of them to have a clearer understanding of themselves. When Priscilla later discovered the Triple P:

Positive Parenting Program, she found that the parenting strategies she had been using that her daughter responded well to were very similar to the ones in the program.

"The Positive Parenting Program is a research-based curriculum that reduces problem behavior in children and improves parents' well-being and parenting skills," says Kimberly Siefert, MAHEC Triple P coordinator. "Every parent needs help sometimes, and this program makes it simple to put in practice right away."



Priscilla says the tools are practical, applicable, and useful – all things she had been looking for in other classes. More importantly to her, the focus is on helping the parent find better strategies rather than changing the child. It's a top-down approach to parenting.

One of the specialist programs is Stepping Stones Triple P, which is for parents of children with intellectual or physical disabilities. Priscilla is currently going through the accreditation process to teach for the 0-12 age range and hopes to begin teaching classes this summer. It's exactly what she could have used for her own self-confidence back when her daughter was younger. She wants other parents of children with disabilities to get the support they need at that critical time in their lives so they don't end up feeling like parenting failures.

"I very much get what parents are going through because not only did I live it - what their child is now going through - but I also have a child who was not diagnosed until she was seven."

- Priscilla

"I went through the whole gamut of people telling me it was my parenting and that if I would just discipline her better then she wouldn't be the way she was. That was just not the case at all."

Priscilla has been active in outreach and advocacy work with families for several years now and wanted to be able to provide Stepping Stones to the area to further support those struggling with their child's disability and understanding how to help them find their place in the world.

"We couldn't have found a better fit to teach this program in the Henderson and Transylvania areas," says Molly Coffey, MAHEC Triple P coordinator. "Priscilla has been through it all herself and is so passionate about empowering parents. With her knowledge and experience, we know this will make a huge difference in the lives of so many, just as it has done for her."

The Stepping Stones program touched close to home for Priscilla – so much so, that reading through the training material brought tears to her eyes. **It's not just helping make the world accessible to the child, it's also making it accessible to the adult involved. It was what she had so desperately needed those first several years of her daughter's life that she could now provide to other parents who are finding themselves in similar situations.**

"Realizing how much of the world was not accessible to me growing up and seeing a parenting program that's looking at accessibility not only for the children but for the parents was really huge," she says. "I love doing community outreach and empowering people to where they have that self-confidence. It's so amazing to see."

More information about the Triple P: Positive Parenting Program is available at www.mahec.net/triple-p

BUILDING HIGH-QUALITY, SAFE, AND HEALTHY CHILD CARE ENVIRONMENTS

Because the First 2,000 Days of a Child's Life are the Most Important



Education, Training, and Awareness for Child Care Centers in Buncombe County

Chrissy Wolfe, BS, H.Ed., can still vividly remember the first couple of weeks she was in child care at age four, and the memories are not pleasant. She had been used to the loving and nurturing setting provided by her grandmother – something she was not experiencing at the center. Between the two of them, they were able to convince her mother to let Chrissy go back to her grandmother's care.

However, many families depend on child care in order to go to work, which is why Chrissy devotes herself to helping child care centers be the kind of safe, encouraging, learning environment she didn't have.

Chrissy and Bonnie Garner, MS, CPN, RN, are certified Child Care Health Consultants (CCHCs) at MAHEC and funded through Buncombe Partnership for Children. Any of the approximately 124 child care centers or family child care homes in Buncombe County can call for help with a variety of issues. Chrissy and Bonnie have built relationships with the staff and centers by providing expertise in personal care, health, nutrition, sanitation, and safety trainings. But first and foremost on their minds are the children.

"The majority of brain development occurs in the first 2,000 days, creating the foundation for all future learning," says Chrissy. "The first five years, those 2,000 days of a child's life from birth through kindergarten, are the most important and sometimes the most forgotten about. I want to make it better for our youngest population – our children. They deserve our best."



GERMS, GERMS EVERYWHERE: Chrissy engages children in proper handwashing with a blacklight demonstration of germs.

OVERCOMING FEARS AND BUILDING TRUST

Not every child who enters a child care center comes in on equal footing, but the CCHCs assist the center in offering a safe, accessible learning environment.

Having been a pediatric nurse, Bonnie's specialty is in supporting children with identified or suspected special health needs, including feeding tubes, seizures, or even diabetes.

"The first priority is always child safety."

- Bonnie

Having spent part of her career teaching nurses how to provide treatment, she is cognizant of how different a setting this is for both staff and family and how frightening it can be to someone without a medical background.

"Some of the child care staff have no preparation for this – it isn't what they signed up for," she says. "And the parents had to learn how to do all of this for their child at home but now have to relinquish that care to child care staff so they can go to work."

Bonnie was called in to help a center who had a two-year old boy with diabetes getting ready to start in just a week's time. So Bonnie invited the parents into the classroom to introduce their child's special care requirements to the staff and personalize the medical information by sharing his unique reactions. Bonnie also provided the staff with on-site training in diabetic care for children, and had the family demonstrate how they checked their child's blood glucose levels, counted carbohydrates in his meals, determined his insulin dose, and administered the injection.

Bonnie worked side by side with the staff and parents to overcome initial fears of both handling equipment and medications and leaving that specialized care in the hands of the center's staff. As staff progressed in their skills and confidence levels, Bonnie added more information and resources

to track the child's health daily. She participated in additional trainings and follow-up visits as requested, in addition to helping with an action plan. **She was instrumental in helping the staff learn the safe and correct approach to caring for the child while balancing his needs for all the typical learning opportunities.** Children's healthcare needs change constantly which makes Bonnie's follow-up involvement with this classroom a crucial part of CCHC consultations.

IT'S ALL ABOUT HEALTH & SAFETY

Bringing Together Child Care Centers and Families Through Trainings and Resources



FIRST PRIORITY IS CHILD SAFETY: Bonnie connected the family of a two-year old boy with diabetes to the child care staff and made sure they were all comfortable with the training and care required.

This bringing together of parent and child care provider is an important role CCHCs provide.

"I think there's going to be more emphasis on that area when looking at the future," says Bonnie.

"We're helping build a better relationship between the staff and families so they are cohesive in what they offer the children, especially in infant care. That's a high demand area and difficult to do."

To reinforce this, they offer trainings that add a layer of engagement and collaboration, such as infant massage together with parents and staff, or even just supporting breastfeeding for families and child care centers. Bonnie and Chrissy provide trainings that extend into all avenues of health and safety, from safe sleep and SIDS (sudden infant death syndrome) to emergency preparedness for lockdowns and evacuations.

Many of the trainings are provided in the evenings or even taken into the centers. Chrissy and Bonnie know how difficult the staff's job can be with so many state regulations to follow. And then there's the schedule. Child care centers are often open early mornings to late evenings, meaning staff are with the child for more hours sometimes than the parents.

"They deserve more," says Chrissy. "Their job is hard. It's demanding. I want to make it better for our workers, our teachers, and our staff in child care centers, too."

The resources are offered to both staff and families. Chrissy and Bonnie can link families to medical homes with MAHEC providers or give staff referrals to behavioral health specialists if they notice a parent that may need support or if one of the mothers is showing signs of postpartum depression.

"I think that's the beauty of being connected to MAHEC with our program," says Bonnie. "It allows us to extend other services."

Whether it's helping with a specific child in a center or helping an entire facility with

policies and procedures, Bonnie and Chrissy work to improve the lives of children, the staff taking care of them, and their families every day. From answering questions about rashes and immunizations to developing outdoor learning environments, every day is different.

"I feel like we have an impact every time we walk into a center. I can't ever just walk in and leave without trying to make a positive change."

-Chrissy



THE POWER OF TOUCH: Bonnie demonstrates proper infant massage techniques with parents and child care staff to encourage engagement and collaboration.

CCHCs work with individual child care facilities to help create environments that best support the healthy growth and development of young children by:

- Assessing the health and safety needs and practices in the child care facility
- Developing strategies for inclusion of children with special care needs
- Establishing and reviewing health policies and procedures
- Educating to prevent injuries and infectious diseases
- Connecting families with community health resources and referrals
- Providing health education for staff members, families, and children
- Advocating for children and parents



They Share a History of Addiction

and Aim to Shake a Future of Recovery

TRACES Offers Support, Education, and Access to Resources

TRACES PEER SUPPORT SPECIALISTS



Cassie Tipton York



Jessica McCurry

If you looked at the faces of Peer Support Specialists Cassie Tipton York and Jessica McCurry, would you see a history of opioid addiction? Can you feel the panic of a mom threatened with having her children taken away? Or the flush of guilt and shame of family and friends finding out about the addiction?

Or do you just see two mothers that you might wave to in the school drop-off lane?

Cassie and Jessica don't have the stereotypical look that's often associated with addiction or recovery, and that's not uncommon.

"Drugs know no boundaries. Addiction can affect anyone. It doesn't matter who you are or what kind of family you come from. Anyone can become addicted."

- Jessica

Unfortunately, this is something more and more of us are experiencing every day. Western North Carolina ranks among the worst in the state for overdose fatalities and the number of opioid prescriptions written. To help combat this issue in our own backyard, Cassie and Jessica are part of the TRACES (Toe River Advocates for Community Education and Support) program, a community health initiative sponsored by MAHEC and funded by a two-year grant from The Duke Endowment. Cassie and Jessica overcame it all, and now they want to help women do the same. They are working to change the image and the stigma behind what the public tends to call "recovering addicts."

Through TRACES, female peer support specialists connect women at risk for

substance use in Mitchell, Yancey, and now Madison counties, to birth control resources, substance use treatment, and recovery resources. They have 35-40 clients, known as members. As a result of working with peer support specialists, ten are currently participating in medication-assisted treatment (MAT) and substance use classes. TRACES is all about giving the individuals strength, understanding, and support, and it starts with a change in the language.

"The recovery community is encouraging a shift to strengths-based language," says Idania Garcia, TRACES program manager.

"We tend to label people by their disease, which takes away their identity. Instead of 'recovering addict,' we identify ourselves as an individual in sustained recovery. It provides support for the person to understand that they can make a change. You are not your illness."

It Takes One to Know One

Part of helping make that change is building trust, and Cassie and Jessica know just how important that is in recovery. Because they are locals, who grew up in the area, they know the culture and the people they are helping. And they want to make their own communities a better place.

"I'm excited to be able to show women in our community that they are not alone," says Cassie. "I've been there. I wasn't sure I'd ever break free from addiction. But people can change. I'm proof of that."

TRACES not only provides members with someone to talk to who's been through it all before, but also helps make links to resources, meetings, LARC (Long-Acting Reversible Contraceptives), and even transportation to make sure

The TRACES program is free to participants and available to women living in Mitchell, Yancey, and Madison counties.

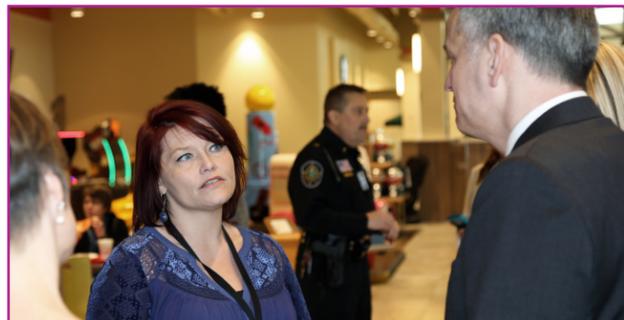
For more information about TRACES, contact Program Manager Idania Garcia at idania.garcia@mahec.net or 828.774-6000.

women can gain access to the services they need and want. And it's all free. Access to treatment and resources benefits members, but Idania knows there's a whole other side to treating addiction, and that comes from the community. Just like changing the language to strengths-based terms, Idania wants to help the community shift their mindset from looking at a person with addiction and wondering "what's wrong with them?" to "what happened to them?"

TRACES is involved with trainings throughout these communities to provide education on addiction and even offer ACEs (Adverse Childhood Experiences) resiliency classes to local healthcare, social service organizations, Departments of Justice, and any other community organization interested in learning more. These programs help communities better understand that experiences such as sexual, physical, emotional abuse, abandonment, and witnessing domestic violence can influence individuals' nervous systems, health, and risk for substance use.

From peer support specialists showing other women it's possible to change, to giving them the power and encouragement to do so, to educating the community on underlying issues behind substance use - TRACES all comes down to everyone banding together to offer education, support, and access to resources.

"Addiction doesn't make any sense," says Cassie. "Nobody plans addiction. But you definitely need a plan, and a lot of support, to recover from it."



SPREADING INFORMATION TO THE COMMUNITY: Cassie and NC Attorney General Josh Stein speak about the importance of safely disposing of medications at Operation Medicine Drop.

An Ounce of PREVENTION

is Worth a Pound of CURE

School nurses are not just dealing with twisted ankles from soccer practice or even an outbreak of the flu. Every day in the schools, they are handling chronic conditions like asthma and diabetes, and now their roles are evolving further with opioids because even our school-age children are not immune to the epidemic plaguing WNC and the rest of the state. MAHEC School Health Nurse Lynn Smarjesse, BSN, RN, NCSN, has experienced this shift. She now considers herself a more "holistic practitioner" as she acts as a catch-all for problems that other school staff are unsure how to handle. When she's not teaching educators how to care for specific medical conditions of the children they're supervising, she's finding resources for students without insurance or who cannot afford the copay, delving into her mental health role or assisting with more of a social work role.

"There seem to be these vacuums in our kids' lives and in their families' lives, and opioids seem to be creeping into these vacuums," says Lynn. "Along with that are other mental health issues: anxiety, depression, and things related to pressure and stress that seem to be increasing in our students in high schools."

Last year, in partnership with the UNC Eshelman School of Pharmacy, the school nurses participated in a research study on the rate and prevalence of opioid prescriptions coming into the schools, which revealed it was a statewide problem. The fact that addiction can all start with a simple, common prescription hit close

to home for Lynn. During a talk that she attended by MAHEC Chief Education Officer and Family Medicine Physician Blake Fagan, MD, he spoke about how easy it was to slip into addiction from things like athletic injuries or wisdom teeth removal - exactly the reasons nurses were seeing opioid prescriptions coming into the schools and exactly why Lynn's own children were receiving prescriptions.

"When I realized he was talking about my own kids, it became very personal."
- Lynn

MAHEC School Nursing Program Manager Alice Elio, MSN, RN, NCSN, says after the information from the study, the school nurses wanted to take action to prevent addiction before it started. Beginning with a group from Asheville High School, the nurses provided resources and asked the students to do some research and create an educational video. When Buncombe County Commissioners became aware of the number of overdoses, they checked with the schools to see what was being done. It all came together as a great place to start, and Buncombe County Department of Health and Human Services suggested a summit.

—THE CHANGING ROLE OF THE SCHOOL NURSE—



Photo Credit: Buncombe County
STUDENT LED: Through focus groups with the school nurses, students decided what they wanted and needed from the Student Opioid Summit.

The nurses, with the assistance of the schools, held focus groups to see what students really needed and wanted from a summit because to reach that age group, it's important to not just provide education but also ask the students the best way to get the message across and how it impacts them. The schools organized transportation to and from the event. Numerous community partners and organizations came together to hold the Student Opioid Summit on April 12th, focused around what the students requested.

"The day of the summit was fantastic! The students were very engaged. They wanted the facts, and they got them. They wanted real-life stories, and they heard more than one."
- Alice

Continued on back page...



Photo Credit: Buncombe County

GREAT IDEAS: Students brainstorm ways to combat the opioid epidemic among their peers and schools.

The research study can be found at www.mahec.net/publications: Pattison-Sharp E, Estrada RD, Elio AFM, Prendergast M, Carpenter DM. School nurse experiences with prescription opioids in urban and rural schools: A cross-sectional survey. J Addict Dis. 2017 Oct-Dec;36(4):236-242. doi: 10.1080/10550887.2017.1361725. Epub 2017 Aug 8. PubMed PMID: 28786772.

Student Opioid Summit contributing partners and organizers included: Asheville City Schools, Buncombe County Schools, RHA Prevention Resource Centers, Buncombe County FJC, Buncombe County Sheriff's Dept., Sunrise Community Wellness & Recovery, Buncombe County Government, Madison County Schools, UNC Eshelman School of Pharmacy, Buncombe County HHS, MAHEC School Nursing, Vaya Health, Buncombe County Painkiller Task Force, Partnership for Substance Free Youth, and Western Carolina University.



It's TIME TO LISTEN: The best way to learn how to reach students about the opioid epidemic is to hear directly from them.

*Photo Credit:
Buncombe County*

The Changing Role of the School Nurse continued...

Lynn says the real-life stories were probably what impacted the students and herself the most. The speakers were peer support specialists, who are individuals in sustained recovery that now help others in the community experiencing the same things they went through with addiction. For Lynn, it was gratifying to hear that there's hope – they made it through to the other side and are still hopeful themselves. But what really got to the students was hearing how it can truly happen to anyone. Lynn says several students broke down during the talks, relating to the people and the reasons behind addiction.

“A lot of kids are dealing with this in their own lives, but they just keep it hush-hush,” she says. “It’s a bit like alcoholism. The family learns

how to function around that one person by kind of hiding it. We’d like it to be brought out more and let kids understand that we know it’s a problem, that there are safe people to come to for help, and that this affects everyone.”

The opioid epidemic is not something we can hide from our children, and the students made it clear through the focus groups and the summit that they need and want to know the facts to help each other. The nurses are hopeful that more awareness and education around the topic will enable students to help educate each other – “peer pressure in the most positive way possible,” says Lynn. And she witnessed it first-hand at the summit.

Surrounded by so many community organizations that helped pull it off, Lynn and several other school nurses got to hear students come together with their own ideas of how to reach their classmates. During the last exercise of the day, Lynn rotated among tables of students from different schools, different backgrounds, and different upbringings, to help them formulate their plans into actions to bring back to their own schools and put in practice.

“Whenever I spend time with kids, it gives me hope,” she says. “They have great ideas and amazing energy. We just need to listen to them more. If we can just pave the way a little bit for them, they’re going to be able to do this.”

“I’m thankful that the community came together on this because that’s what it’s going to take. We have to approach this at the community level.”

- Lynn