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## From the Memphis Model to the North Carolina Way Lessons Learned from Emerging Health System and Faith Community Partnerships



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## Abstract

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National health care policy has encouraged health systems to develop community partnerships designed to decrease costs and readmissions, particularly for underserved populations. This commentary describes and compares the Congregational Health Network's Memphis Model to early local efforts at clinical-faith community partnerships in North Carolina, which we call "The North Carolina Way." Necessary components for building robust health system and congregational partnerships to address social determinants of health and impact health care utilization include partnership growth, allocation of health system resources, community trust, and time.

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