

# NCFAHP Quarterly

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## Building and Strengthening Partnerships For Effective Collaboration

January 2015

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## Think Big: A Message from the President

***"You just don't know how magnificent you might be. Think big."***

Dr. John Tyler Caldwell, 8th Chancellor of NC State University (1959-1975)



I recently ran across this quote from Dr. Caldwell from NC State and it reminded me of the opportunity we all have as we begin 2015. It also reminds me of the work and passion of the Bernstein Fellows present and alumni...they think BIG and challenge us all to do the same! There is no work worth doing unless we do it together...partnerships, team-based care, community...these are not separate discussions, it's inclusive. It's not new but it is hard! The Fellows continue the ideals, passion and courage demonstrated by Jim Bernstein to be bold, think big and work in communities to "imagine how magnificent" they can be.

In the past year, I've attended numerous meetings that focus on what communities (rural in particular) don't have, lack and need. Hmm...recalling Dr. Caldwell's words, is that really the place to start? The NC Institute of Medicine's Task Force on Rural Health released its NC Rural Health Action Plan in August. As a participant, it was wonderful to see a variety of community members not always included in healthcare discussions: public safety officers, county managers, and church council members, to name a few, working together with a common goal. I enjoyed the comradery of my fellow participants, particularly their passion for their communities and their sense of pride, fellowship and commitment. In fact, the group was insistent that the report reflect a balance of strength and opportunities for improvement. This quote from the report perhaps best represents this sentiment:

*"NC's rural communities face many challenges, but they are also quite resilient. There is a strong sense of place and an understanding of community assets. Rural people know the needs of their community. They know what strategies to improve health and well-being will not work and are also open to learning from others. While rural communities are often under-resourced, there is an innate sense of commitment to the community and to each other. And because of this, rural communities are often able to accomplish a great deal with limited resources."*

Since the report was released the work has continued. The Foundation is working with a large group of stakeholders across North Carolina as part of the NC Rural Health Leadership Alliance. This group has met for over 20 years beginning with a small group that included Jim Bernstein, Gene Mayer of AHEC, Harvey Estes, MD and Tom Irons, MD. The Alliance is restructuring its work to address the goals set out in the recommendations of the NCIOM report. Stay tuned....

The new Rural Forward NC program at NCFAHP works with communities as part of the Kate B. Reynolds Trust Healthy Places NC to highlight and identify the strengths in community with the community. Calvin Allen and Brandy Bynum are working in partnership with communities in Halifax and Rockingham Counties to begin.

While we have a lot of work to do, I will keep Dr. Caldwell's words firmly fixed within my view. As we continue this work together, let's see just how magnificent we can be: think big!

-Maggie Sauer

CEO & President

## Alumni Fellow Rebecca Whitaker Works to Promote Medical-Legal Partnerships in North Carolina

People go to see a provider at a health care institution because of health issues. But what happens when the root causes of patients' health problems, such as life stress or not having enough healthy food, can't be resolved in the doctor's office? National organizations estimate that millions of people have unmet legal or resource needs that have an effect on their health.



Rebecca Whitaker, a Bernstein Fellow Alumni, has been working on the issue of medical-legal partnerships (MLPs) in North Carolina for the past several years. Rebecca has always been interested in the social determinants of health – the environmental, economic, and social factors that can influence health – but a few years ago she had the chance to dig deep into the issue.

Medical-legal partnerships are a nationwide initiative to better integrate medical and legal services, particularly for vulnerable people and populations. MLPs recognize that legal problems can contribute to health problems, and that many vulnerable patients seen by health care providers also have unmet legal needs. Medical-legal partnerships establish formal relationships between health care organizations and legal services agencies so that health care providers can be trained to screen and refer patients with unmet legal needs to an affiliated legal team. The level of integration between medical and legal teams varies across MLP programs. Sometimes, the legal team is fully integrated into the health care team. In other models, legal partners are available at the health care organization for a designated number of clinic hours each week.

Rebecca, who hails originally from Charleston, SC, moved to North Carolina to pursue her Master of Science in Public Health at UNC's Gillings School of Global Public Health. After school, she worked for five years at the North Carolina Community Health Center Association, most recently serving as the Director of Health Policy & Governmental Affairs. The North Carolina Community Health Center Association is the membership association for the state's federally qualified health centers, or community health centers. Federally qualified health centers provide access to comprehensive primary medical, dental, behavioral health and pharmacy services for all patients regardless of ability to pay. Over half of NC health center patients are uninsured. There are 34 federally qualified health center organizations in NC. These organizations operate over 180 clinical sites that are located across the state.

When Rebecca heard from her CEO about the Bernstein Fellowship, she realized that the Fellowship would give her the opportunity to work on a project she'd been thinking about but never had time in her day-to-day to pursue. She applied and was accepted as a Fellow in 2011. Rebecca admits that her original Fellowship project proposal was much grander than it was realistic: she wanted to complete a statewide assessment of unmet health-related legal needs among health center patients. Collaborating with her Fellowship mentor, Madlyn Morreale, Supervising Attorney for the Medical-Legal Partnership Program at Legal Aid of North Carolina, Rebecca focused her objectives and developed a pilot project to assess unmet health-related legal needs among patients in a smaller number of health centers. The purpose of the pilot project was to call attention to these unmet needs, to encourage more health centers to consider medical-legal partnerships, as well as to inform future program planning and operations.

The study was conducted at 5 community health centers across North Carolina over a 6-month period. Over 330 health center patients completed a pen & paper survey (available in both English and Spanish). The survey asked what types of legal and resource needs patients had experienced over the past year, and their willingness to discuss these needs with a provider. Over 200 health center staff completed a web-based survey that asked what legal or resources issues the staff thought were most important to their patients, their comfort discussing issues with patients, and their likelihood of screening and referring patients if there was an established referral program for free legal services.

Rebecca says the study results were both affirming and surprising. She was not surprised to learn that a large percentage (70%) of health center patients reported having an unmet health-related legal or resource need. But she was surprised to see that the most commonly reported issues among patients dealt with personal finance, including people that were being harassed by creditors, those that couldn't make rent or mortgage payments, and others that couldn't afford to buy food.

Overall, the study results showed the need to develop medical-legal partnerships in community health centers. The data showed that **the sickest patients were the most likely to experience a legal or resource need, were the least likely to have sought legal help in the past, and were the least likely to know where to go for help.**

Rebecca and her Fellowship mentor, Madlyn, were encouraged to learn that patients were willing to talk to providers about their legal and resource issues, and that health center staff were willing to screen and refer patients for legal assistance. Staff members who were surveyed cited lack of knowledge, lack of resources, and time constraints as the biggest barriers to discussing these issues with patients.

So what now? There are currently 14 North Carolina health care organizations, including health centers and hospitals, engaged in MLPs. Most are in urban areas, yet many high-need communities lack formalized medical-legal partnerships. In order to expand the MLP footprint in NC health centers, Rebecca and her colleagues seek to create a network model that would leverage resources across the state and provide coordinated training and technical assistance for health center staff members and legal partners.

Nationally, MLPs in community health centers are making huge steps forward. Just this year, the U.S. Health Resources and Services Administration (HRSA) formally recognized civil legal aid as an “enabling service” for health centers. Historically, federally qualified health centers have utilized federal grant dollars to provide enabling services like transportation, interpretation and case management to increase access to care for their patients. The recent announcement by HRSA means that health centers can now use those federal funds for enabling services to help connect their patients to legal services and that in the future they may be able to apply for HRSA grants to support medical-legal partnerships.

Though Rebecca's project has continued beyond the scope of her Bernstein Fellowship, which wrapped up in 2013, she lauds the Fellows program for its excellence in connecting Fellows and Alumni with other health care and policy professionals, and for building a learning community for young healthcare leaders. “We all work in health care, but in very different parts of the health care sector,” says Rebecca. “Through the Bernstein Fellows program, we are able to share ideas and different approaches to tackling similar problems – that exchange of ideas is really fun.”

Rebecca has recently returned to school at UNC to pursue a PhD in Health Policy. Though she's not focused specifically on MLPs in her schoolwork, she plans to pursue research involving the social determinants of health and the health care safety net. Rebecca says she wants to explore how new health care delivery and payment models can help address the social determinants of health.

And at the same time, Rebecca's work with MLPs continues. Rebecca and her fellowship mentor continue to write and speak about the importance of medical-legal partnerships in primary care safety-net settings, showing why they are needed across North Carolina.

Rebecca and Madlyn also recently co-wrote a blog post for the National Center for Medical-Legal Partnership, entitled: *The Affordable Care Act: Opening Doors to MLP Expansion in Safety Net, Primary Care Settings*.

"I think it's exciting to engage in cross-sector collaboration and to think more broadly about improving health—beyond simply delivering health care services," Rebecca says. "The more we can develop partnerships and systems to facilitate improvements in the social determinants of health, we'll be a much healthier country."

## Rural Forward NC Hits the Ground Running as NCFARP's Newest Program

No day is the same for Calvin Allen and Brandy Bynum, the dynamic forces behind **Rural Forward NC**, NCFARP's newest program. They could be, and often are, at a county commissioner's meeting in Halifax County, attending a training in Winston-Salem, and making a stop at the office in Cary to hop on a few conference calls, all within a 36-hour period.



Rural Forward NC is an initiative launched out of Healthy Places North Carolina, (HPNC), a statewide initiative led by the Kate B. Reynolds Charitable Trust. The Trust has committed to a 10-year, 100-million-dollar investment in 10-15 Tier 1 counties in North Carolina. Tier 1 counties are the poorest counties in the state, as designated each year by the NC Department of Commerce. The 10 years of funding for HPNC is exciting and shows the Trust's commitment to "being in it for the long haul," supporting counties in multiple ways. Unlike a lot of other grant programs where funds are distributed and the grant facilitators step back, Healthy Places North Carolina, now in its 3<sup>rd</sup> year, is using partnerships to implement and support the initiative all over the state. Program officers at the Kate B. Reynolds Charitable Trust work with community partners to build relationships and networks, and manage the implementation of HPNC initiatives.

Rural Forward NC (RFNC) is a program of the NC Foundation for Advanced Health Programs (NCFARP), which incubates and supports initiatives that focus on community-centered care.

Calvin Allen is the Director and Brandy Bynum is the Associate Director of the Rural Forward NC. The two work in tandem, going into communities where the need is and sending whichever of the two has most expertise and/or time available. But they work as a close-knit team, and together they are helping communities move forward to change for the better and improve health outcomes for their residents.

Rural Forward NC works in designated Tier 1 counties – right now Halifax and Rockingham – to make the efforts of local leaders stronger so that they can make real change in communities. RFNC does not dictate what changes should be made, but supports with the purpose of training and facilitating change. The first step to this, Calvin and Brandy say, is to help communities become aware of their issues, prioritize the issues, and decide on what changes are needed. Training, facilitation, resource management, and policy analysis are all central to what Rural Forward NC provides.

"Part of our job is to ask the questions – and to do it as diplomatically as possible," Calvin says. He and Brandy often have their own feelings about what may work and the value of some things over others when attending meetings with a community group or in a one-on-one conversation. "But, that's not our place," Calvin says. "It's to help bring voices out, and to provide exploration, and to challenge gently, so that the strongest ideas come out and are explored." Both Calvin and Brandy agree that the best ideas often are within the community already; they just need to be heard.



Both Calvin and Brandy share a background on youth issues, and a big part of their work at Rural Forward NC focuses on the youth voice as well. In a lot of rural communities, young people go off to college and never come back. Brandy says that their team wants youth to go out and then come back, eager to re-invest in their communities. "But, if we're not listening to them

now, why would they want to do that?” she says. “Rural Forward has been working with organizations that work to bring young people into conversations about issues – like improving access to recreational facilities and programs – that young people can and should be a part of.”

One example of a specific intervention RFNC has been a part of is around child health in Halifax County, where the childhood obesity rate was 34% in 2012. The team kept hearing that the central “place” in this issue was schools, where kids spend most of their time. Brandy contacted experts and spent months studying and asking questions about the schools’ perspective on the issue. The team then brought together school administrators, parent involvement coordinators, school nutrition, and community voices to talk about the barriers and strengths to addressing childhood obesity in the schools.

After months of conversations, 3 program examples were presented and the Coordinated Approach to Child Health (CATCH), an in-school/at-home model, was adopted. CATCH utilizes tools from visual aids of healthy eating in cafeterias, to incorporating conversations about health foods in math and English classes, to materials for kids to share with their families and implement in their own homes.

This is just one of many interventions in which Rural Forward NC has played a role during the past 3 months. They’ve also worked with helping coach community leaders, facilitating various funding opportunities, and supporting the creation of a comprehensive parks and recreation plan to improve access to programs and facilities, among many, many other projects.

Calvin and Brandy hope to take their work in policy, training, facilitating and convening, and go even a step further. They want to be able to look at what happens in different counties, seeing what the connections are, and figuring out if there is a strategy that could be useful for multiple places in a community-driven approach. They recognize that broader strategies can be effective and can save time and money, but they also emphasize the importance of recognizing that every county and every community is different, and sometimes there is no “one-size-fits-all” solution.



Though Rural Forward NC is primarily focused on health issues and outcomes, they also have the flexibility to work on issues that are one step beyond health, but that have a clear impact on health. The HPNC team recognized that, if people are healthier but don’t have jobs, or there’s a gang issue, or an overall lack of opportunities, the chances for sustainable health improvements will diminish. Brandy is quick to share her expertise and passion for juvenile justice and improving education in order to keep kids out of the juvenile and adult criminal justice systems. Calvin has years of experience in community economic development, specifically rural economic development, and is passionate about finding out how and why communities grow or don’t grow.

Calvin and Brandy also enjoy the chance to work as a team, and say it’s exciting to see how aligned they are on their goals, objectives, and values. They’ve also embraced their new role as part of the Foundation. “It’s a group of people that are very dedicated to community, and see the value of having all voices at the table,” Calvin says. “They see the value of true inclusion. And to have that span from the community to the governor’s mansion and beyond in terms of influence...that makes working here an amazing experience.”

Rural Forward NC is the newest part of the NCFAHP, and complements the pillars of the NCFAHP through leadership, being community centered in shaping practice, helping to drive innovation, and affecting policy. “Those underlie our values, how we do our work, as we do our work,” says Calvin.

All in all, it has been a busy first few months for Calvin and Brandy at the Rural Forward NC. The program currently has three years of funding, and when asked how they’ll know if their work is successful, Calvin answers by focusing back on the communities: *“Our success is really based on the success of the counties. Are they achieving the goals that they’ve set up? Do they have a vision? Do they have strategies for achieving that vision? Are the entities in the community strong, and exhibiting leadership? Do they have strong leaders? This is how we measure success.”*

And this, like the rest of their work, shows how Calvin and Brandy, while experts in their field, are putting their whole selves into training, facilitating and equipping communities, rather than dictating what they think is best.

Calvin and Brandy are undertaking a huge initiative with Rural Forward. But their passion and drive, their dozens-of-meetings-a-week schedules and their heart for seeing people and communities succeed, as well as the work they’ve already done in this short time, show that people really can change the world.

## New Staff feature: Calvin Allen, "The Product of Great People"

Calvin Allen, Director of Rural Forward NC, has always liked challenges. He grew up in Raleigh, NC, and attended public high school at Broughton. His favorite class was public speaking. "It's funny because it always scared me. I liked it because it was a challenge, to be a shy kid, and get up in front of a group and realize that I had something to say," Calvin says.



Calvin attended Duke University, majoring in English with a concentration in cultural studies, and literature with a concentration in media studies, resulting mostly in film and video related classes. He originally wanted to go into broadcasting, but ended up studying film theory. Though he did not become a professional broadcaster, Calvin has done some voiceover work for the award-winning documentary film "The Life and Times of Joe Thompson."

While at Duke, Calvin stumbled into the Interaction Committee, whose purpose was to promote interaction between any two groups on or off campus (i.e. students and professors, men and women, races, sexual orientations, etc.). The group facilitated open mic discussions, lunches with the president, among other events. Calvin says, "I realized that it was working with community groups, and working on the issues that were most important to people that drew my attention and energy."

Calvin worked in several places, including the Southern Rural Development Initiative, the National Community Forestry Service Center of The Conservation Fund, and the Golden LEAF Foundation before coming to Rural Forward, but has always been based here in North Carolina. While working for the Southern Rural Development Initiative, he helped small towns from Arkansas up to West Virginia figure out how to be sustainable without having to become big cities to do it.

Calvin says that balance will be one of the greatest challenges in his new role, especially figuring out how to make the larger strategy of Rural Forward NC a priority amongst all of the individual community priorities. He says he and Brandy are lucky that many of their local community partners have offered them space to use while on the road, and knows it will still take time to strike balance between the strategy and on-the-ground efforts.

In terms of the rewards, Calvin reports there is no shortage in this role, and that every day and week bring new successes. Just this month he was in the community and talking to someone who had a challenge around staffing. Calvin was able to give them an idea that helped them find at least 10 hours of work per week from existing staff resources without having to spend more money, and made a great step towards a solution. "That felt very good for the Rural Forward and for me personally. We're able to, just by connecting people and resources, have an impact."

Calvin describes himself as constantly open to experiences, to ideas, and to people, and he credits others for his skills and success: "I am the product of a lot of great people. I feel really lucky to have had a wide variety of experiences, and a lot of people who've trusted me when they didn't necessarily have a reason to. So, I'm really thankful for my mentors, and the people who have helped me get a position like this that feels so ideal for me."

## New Staff Feature: Brandy Bynum, "Catalyst for Change"



Brandy Bynum, Associate Director at Rural Forward NC, has a strong connection with the Tier 1 counties in which she works: she was born and raised in a neighboring Tier 1 county, Northampton County. Brandy attended public schools growing up and especially enjoyed her creative writing and English classes, "because I got to talk a lot," she says.

Brandy was also a driver for her school's electric vehicle team, and raced electric cars across the country. She raced wearing big overall suits, and says when she beat the guys she'd "take my hat off and say 'you got beat by a girl!'" Brandy describes herself as being passionate, inquisitive, content, and strong-willed. "Once I set my sights on something, I can't really put it down," she says.

Brandy attended the University of North Carolina at Greensboro for her undergraduate degree, where she studied psychology and sociology. She realized that, rather than working one-on-one with individuals, she was more interested in helping spur societal change. This led her into public policy, first through pursuing a Master's in Public Administration at N.C. State. Brandy says that as soon as she started the program she knew that policy work was exactly what she wanted to do.

During her Master's program Brandy interned at NC Child, and transitioned into a job as a policy analyst after graduating. She continued for 12 years with NC Child, and served most recently as their Director of Policy and Outreach. In her role as Director of Policy and Outreach, she supported Healthy Places NC, which included a lot of community outreach and helped her form relationships with some of the same communities that the Rural Forward is now involved.

Brandy thinks that the biggest challenge in her new role will be trying to fix everything, and keeping herself healthy while committing so much of her time and herself to communities.

This work excites her because she can go home at night knowing she was helpful, whether it was just by listening to someone's concerns or challenges, or by having helped solve a challenge. "I want to do good work that's going to impact communities for the long-haul," she says.

**"I don't just want a job. It's knowing that I've done something good for the day. I woke up this morning for a reason, and I'm doing something that's making a difference."**

## Over 300 Health Professionals Come Together for 9th Annual Bernstein Dinner & Lecture

The 9<sup>th</sup> Annual Jim Bernstein Health Leadership Fund Dinner & Lecture took place on Thursday, October 9th, in Chapel Hill, NC.



Over 300 health professionals from all over the state came together for an evening of food and conversation, and to honor the Bernstein Fellows graduating class and the Career Achievement Award Recipient.

The keynote speaker was Jonathan Oberlander, PhD, who spoke about the Affordable Care Act and its impact on populations in North Carolina and around the country.

Four Bernstein Fellows completed their fellowships earlier in the year and were presented with plaques by John Frank, director of the Bernstein Fellows Program.

The 2014 Fellows class included Melanie Batchelor, Allison Lipscomb, Peter Rives, and Tim Smith.

The 2014 Career Achievement Award was awarded to Thomas Bacon, PhD, retired director of NC AHEC. Dr. Bacon was presented the award for his years of service and dedication to preparing health care leaders to serve rural areas in North Carolina, and gave words of thanks for the continued work being done.



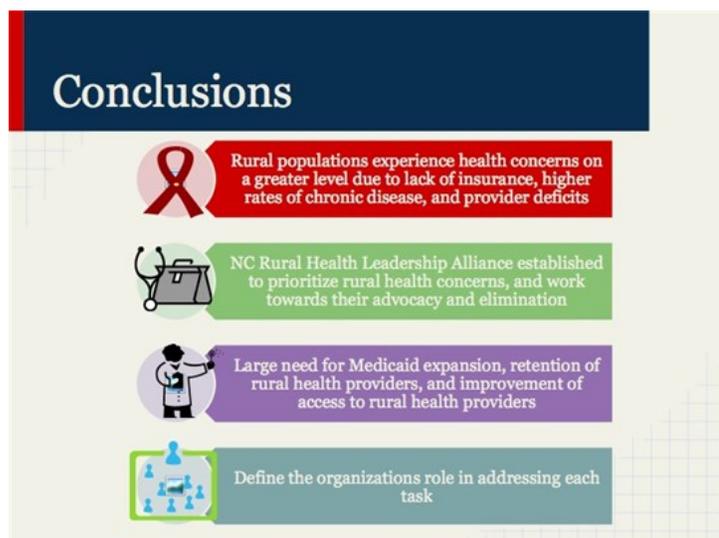
## UNC Graduate Students Conduct Study to Support Launch of NC Rural Health Leadership Alliance

*By Jennifer Little (J.D. candidate), Joanna Davis (M.P.H. candidate in Maternal & Child Health), Karen Wade (M.S.P.H. candidate in Health Policy & Management) & James Mayo (M.P.H. candidate in Health Care and Prevention)*

As the North Carolina Rural Health Leadership Alliance (NCRHLA) begins the exciting process of exploring their collaborative future, we were asked by the NCFAHP to conduct stakeholder interviews to help identify areas of overlap between the represented organizations and the North Carolina Rural Health Action Plan that could serve as starting point for joint efforts. They also requested that we use our findings to develop one-page handouts highlighting the two most commonly identified issues to serve as tools for advocates from member organizations.

During our subsequent interviews, which ultimately included eight members of the NCRHLA, several common themes emerged. One priority of clear importance was Medicaid expansion, which many cited as important to support the continued efforts of their organizations. Another topic of discussion was the need to support rural health professionals, with special focus on both recruitment and retention but recognizing their vulnerability as dependent upon multiple factors.

With regards to the Alliance, there was a lot of enthusiasm for its potential to address an important need in our state. Many expressed the hope that it could grow into an organization with the capacity to set and pursue realistic goals by delegating appropriate responsibilities to working groups. While the form of this new organization will take time and patience to perfect, we believe the Alliance will become a valuable engine for change by creating a united front for rural health issues in North Carolina. The Alliance will serve as an important voice for the millions for rural residents in the state and we look forward to seeing how their efforts progress.



As a group we thoroughly enjoyed our time working on this project. It was interesting to watch and participate in the formation of a new organization. It was particularly inspiring to hear people's passion and excitement for the work of the Alliance. It was also great getting to know and work with both Maggie [Sauer] and Rachel [Presslein] at the NCFAHP, who are both incredibly knowledgeable and motivated in an often daunting field. Karen was thankful for the opportunity to attend the stakeholder meeting, and she and James were both honored to be guests at the Bernstein dinner. From the interviews, it was fascinating to hear multiple perspectives from stakeholders with varying interests in rural health. Overall, we leave with a greater appreciation for the importance of collaboration and the immense amount of work it takes to achieve.

## NC Oral Health Collaborative Summer Graduate Intern Launches Oral Health Equity Organization



On April 14th 2014, Maria Isabel Rego (Bel) launched OHEALL (Oral Health Equity for All) in Winston Salem, NC. OHEALL's vision revolves around a world of oral health equity for all and its mission is to provide community members and leaders with oral health equity specific community organization tools, resources, and information.

Bel was involved in health equity community outreach and research at the Maya Angelou Center for Health Equity from 2009 until 2013, when she was accepted to East Carolina University's graduate school. In January of 2014, Bel also completed a one-year social entrepreneurship and civic leadership training at Mobilize, a nonprofit organization in Washington D.C., and this past summer she received her M.A. in Health Education and Promotion from East Carolina University.

As part of her M.A. degree, Bel completed a graduate internship at the NCFAHP under Jacqueline Brown's guidance at the NC Oral Health Collaborative (NCOHC). During this experience, she helped the NCOHC curate resources for their website, implement the beginning of a social media presence on Facebook and Twitter, and she provided support for the NCOHC's endeavors in oral health policies and oral health literacy. Besides being off and running with OHEALL, Bel also plans to attend dental school in the near future.

If you would like to learn more about OHEALL, visit their website: [www.oheall.org](http://www.oheall.org)

