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**Serving the Underserved: How We Can Make a Difference**

*Who are the medically underserved?* This question continues to be debated by communities, municipalities and agencies at both the state and federal level. This edition of our newsletter is not intended to debate the definition of this term, but rather to create a personal context for the medically underserved by highlighting the work of our programs and connection to real people and conditions in North Carolina. The [Center of Excellence for Integrated Care](#) is working with sites to help overcome barriers this population faces to behavioral healthcare and [Rural Forward NC](#) is helping those affected recover from the aftermath of Hurricane Matthew, whose appearance on October 8, 2016 brought the fragility of the communities in the affected counties front and center. It seems that until a crisis like Hurricane Matthew arises, we tend to discuss the issues related to individuals who are vulnerable with less urgency and as policies, not people.

North Carolina is fortunate to have the North Carolina Institute of Medicine, whose work highlights the services and needs of our state. Two of their publications are important to share, as they provide some assistance and perspective regarding the underserved and what we can all do to help. First, is a [manual](#) intended to help communities identify unmet health care needs and develop or expand on safety net organizations, which typically have a mission or legal obligation to provide health services to underserved populations. Second is a more recent [brief](#), which highlights new opportunities to expand health insurance access to low income North Carolinians.

At the end of the day, it’s important to remember that there are a tremendous amount of people out there living with unmet healthcare needs. Ask any healthcare provider volunteering for “pop-up” one-day medical clinics about their experience and they are likely to tell you they did not realize that the needs they see in these communities could be possible in the United States. **They are.** So, the next time a person asks for help or passes you on the street and you think you know their story, take a second glance and ask yourself if that person or family was always in their present circumstances. How did they get there? During such uncertain times, we all deserve a second “look.”
Serving the Underserved: Who Are the Underserved and How Can We Help?

Despite recent drops, North Carolina’s uninsured rate remains among the highest in the nation, at 15.6 percent. Without proper insurance, health care costs can become expensive and unaffordable, deterring many people from seeking the care they need. A recent article by the News and Observer illustrates this problem, telling the story of a hard-working man who after being laid off was forced to live in his car. No longer able to afford health insurance, he didn’t pursue the care he needed and developed poor vision brought on by an undiagnosed case of diabetes. After two car accidents and the eventual loss of his car, he finally received care from a local free clinic, but it was too late. His vision worsened over time, making him unable to ever drive or work again.

Many people in North Carolina, like the man in this story, are often referred to as medically underserved, because they face numerous barriers to receiving preventative health care or treatment for existing conditions. While being uninsured is one of the major roadblocks, being medically underserved can arise from a variety of other factors, including place of residence, transportation, age, race, ethnicity and even language. Most importantly, these barriers can have a detrimental impact on their overall health and well-being.

To get a better understanding of those who are medically underserved, we asked our staff here at the Foundation for Health Leadership & Innovation to describe the population from their own experience. One staff member described the population broadly as “those who are overlooked and fall through the cracks of our world,” while another defined them as simply, “anybody that does not have access to affordable quality healthcare.” It was also pointed out that for this population, “the already complex healthcare system often becomes more complicated” and “focusing on a lack of personal responsibility among this population does not address the root causes.”

It is important to note that the population that faces these barriers is not small. Across the United States, thousands of communities and populations are considered to be medically underserved. Additionally, more than half of North Carolina is considered a medically underserved area. Because of this, it is vital that we increase the level of attention paid to these groups when it comes to healthcare. As another staff member pointed out, these individuals “deserve to have seamless access and get valued and treated in a system that treats the whole person.”
That’s why at the Foundation, our staff are committed to assuring quality health care for these underserved populations through the work of their programs. Rural Forward NC works hard to support providers, local leaders, organizations, and coalitions that are focused upon improving the lives and conditions of these underserved communities, while the Center or Excellence for Integrated Care helps guides sites in using evidence based practices when working with this population. Additionally, the NC Oral Health Collaborative works to directly address the causes of barriers to oral health care access by looking at the policies that create these inequities, and Practice Sights develops data that is used to both identify and address issues affecting provider retention in the areas where these populations reside.

So whether it’s with oral health, mental health, or basic health needs, it’s clear we all can play a part in ensuring that those who are medically underserved have an equal chance of receiving the affordable, quality healthcare they deserve. As leaders and mentors of the healthcare world, if we don’t step up and take initiative to care for and guide this population, who will?
Serving the Underserved: Addressing Behavioral Health Needs of Immigrant Populations

Suffering from a mental health or substance abuse disorder is not uncommon. In the U.S., approximately 1 in 5 adults, or 18.5% of the adult population—experiences mental illness or a substance abuse problem in a given year. Given their complex nature, successful treatment for a behavioral health issue often requires regular access to services and support. But for many, especially underserved populations, these services are unavailable or underutilized. Immigrant populations in particular, who possess unique risk factors attributed to their migration experience, face many barriers to this type of care because of their cultural and linguistic differences.

COE, a program of the Foundation for Health Leadership & Innovation, works to help to connect these underserved patients with the primary care and behavioral health services they need—and also identifies and train medical practices on how to provide integrated behavioral health services. One of the sites they work with, as part of an effort led by the Cone Health Foundation, is the Center for New North Carolinians at the University of North Carolina at Greensboro (CCNC).

CCNC also helps to serve immigrant and refugees families’ healthcare needs in Greater Greensboro through the Immigrant Health Access Project (IHAP), which aims to eliminate language and cultural barriers, two of the main issues that prevent the immigrant community from receiving health care. From coordinating outreach efforts to providing interpretation and translation services to running workshops on how to navigate the health system, the IHAP helps to ensure that this underserved population receives the quality care they need and deserve.

However, overcoming these barriers does not come without its challenges. Holly Sienkiewicz, the Director of the Center for New North Carolinians (CNNC), tells us from experience that just getting this population to admit they need treatment can be
difficult, as mental healthcare is often stigmatized, especially in other parts of the world.

“In some cultures, if a certain individual has a mental health or substance abuse problem, it is seen as a bad omen, and the entire family is avoided,” she says. “Because of this, many people do not want to admit their problems in fear that their families will be ostracized from the community.” Many cultures are also much more collective than we are here in the U.S., meaning it’s common to put others first and do what’s best for either the community or your family. It can be difficult to convince people to get treatment for their own problems when cultural norms encourage prioritizing the needs of others.

Language can be another significant barrier to behavioral health for immigrants and refugees, but simply translating is not always enough. A deeper understanding of the culture that patients come from is important, because even simple words that we use every day can have different meanings in other cultures. “When discussing mental health with a doctor, most of us would have no problem telling a doctor that we feel stressed,” Holly says. “However, some cultures associate the word stress with crazy, and will interpret it that way if you ask.” She notes financial barriers as well- especially with mental health. “These populations often have no insurance or low quality insurance,” she says. “It’s difficult to find insurance for this population that will cover mental health, and finding someone who is willing to work with an interpreter is even more challenging.”

Overall, the members of the IHAP work hard every day to ensure that immigrants and refugees receive culturally and linguistically appropriate services, as this is critical to addressing their behavioral and general healthcare needs. Holly expressed that she is personally impressed with the resilience of immigrants and refugees, who come with a lot of trauma in their lives, yet are still so resilient and hopeful for the future. “I wish there was more understanding and cultural empathy for this population. Working for immigrants and refugees is in no way easy, and people often understandably get frustrated with language barriers and cultural differences,” she says. “But if you just take the time to get to know them and the circumstances they come from, your perception will change dramatically.” For more information about COE, click here. For more information about the IHAP, click here.
Rural Forward NC Joins Effort to Support Those Still Recovering from Hurricane Matthew

On the morning of October 8th, 2016, disaster struck North Carolina when Hurricane Matthew hit the eastern coast. Bringing record breaking rain and flooding, roads quickly became washed out, rivers overflowed, and entire towns were left submerged underwater. Residents of over 50 counties were ordered to evacuate, and many who couldn’t get out had to be rescued from their homes.

While skies have since cleared and the devastating storm has passed, for many living in eastern parts of NC, the recovery is still not over. Hundreds of families who were forced to leave their homes behind are still living in a state of limbo.

Since the storm, federal, state, and local officials have made efforts to connect those impacted by the hurricane with necessary resources. Disaster recovery centers quickly opened and the Federal Emergency Management Agency (FEMA) has provided over $100 million in funding to the state. However, as time continues to pass, the needs of many residents who were hit the hardest by the storm—communities of lower wealth, communities of color, and rural communities — have been overlooked.

Recognizing this as a huge problem, several statewide groups, including The Foundation for Health Leadership and Innovation’s Rural Forward NC program, developed an advocacy group to ensure this population doesn’t fall through the cracks. The group initially included a wide range of organizations invested in various aspects of the relief, particularly philanthropy, housing, rural, policy, and legal specialists. They currently meet every two weeks to raise issues, share resources, and address policy concerns. Their overall mission is to ensure each affected community has a voice within the recovery efforts and that resources are allocated fairly to all.

“We realized that as decisions were being made, local voices were not at the table, and that was a concern” says Calvin. “That’s why we came together. We wanted to create a mechanism where those who were most affected could be heard, and we knew we had connections to the decision makers who could help make that happen.”

The Hurricane Matthew Recovery Inclusion Support Effort has so far met twice per month over the last five months, and one of the biggest issues being raised is housing. After the storm, more than 18,000 people were displaced from their homes, and many of them are still living in
motels. While FEMA has offered homeowners some options for repairs, the floods destroyed most of the land, leaving few places to rebuild. Additionally, if multiple people lived in a family home, services might only be provided to the person who owned the house. Options for renters are even less promising. Rental property was already scarce before the storm, so finding a new place is almost impossible. While FEMA has continued to extend the deadline for temporary housing funds, this group is hoping to help develop long term and immediate solutions for when people eventually need to move out of motels.

They are also working to bridge the gap in communication between the people on the ground and those at the state level. Many residents are either not getting the information they need or are being told different things from different people in places of authority. County departments are not always on the same page, and people are often sent back and forth just to find out how to get benefits and support. Given that many people have also lost their cars, traveling this much is not easy. That’s why this group is stressing the importance of a consistent message from the North Carolina Department of Social Services and is working to make sure they are consistently training workers on what to say.

There is also a concern with compensating people in these communities for what they have already done and for the resources they have already depleted to help people. Because funding can take a while to kick in, local governments and organizations have been using their own resources and have been working to help their own communities set up shelters, providing food, etc. Whether or not they get reimbursed for these resources is typically up in the air, so this group is ensuring these types of questions are getting raised.

Lastly, the group also hopes that this recent disaster will prompt preparation for the next emergency now. Seeing the damage both Hurricane Matthew and Hurricane Floyd caused to North Carolina makes it clear that long term structures that we can put into place now are necessary. Luckily, many survivors of Hurricane Matthew were on the front-line to help, breaking into neighbors homes to get them out safely, but there needs to be a better, more organized way. “One of the main things we can do is help set up neighborhood collaboratives and coordinate communication structures for future emergencies,” says Calvin. “These types of programs and initiatives will help us to be more pro-active and better prepared if another disaster hits.”
Catalyst for Healthy Eating and Active Living Now a Program of the Foundation

The Catalyst for Healthy Eating and Active Living program (the Catalyst), funded by the Kate B. Reynolds Charitable Trust and the North Carolina Division of Public Health, has transitioned from its administrative home at the North Carolina Public Health Foundation to become a program of the Foundation for Health Leadership & Innovation.

The Catalyst works to address key risk factors for chronic diseases by increasing support for active living and healthy eating in Beaufort, Burke, Cleveland, Edgecombe and Nash (the Twin Counties), Halifax, McDowell, and Rockingham counties. Using sustainable and evidence-based strategies, the program helps to create communities where healthier choices are available and easier to make.

Some of their activities include:

- increasing access to fresh produce in communities
- promoting community use of school and faith facilities for physical activity
- developing comprehensive, long-term plans that address the health of the community

The program also has Local Catalyst Coordinators, who work in each of the participating counties to build collaboration, link to resources, and strengthen community involvement.

Catalyst program manager and current Bernstein Fellow, Jamie Cousins, is excited about the opportunity to transition over to the Foundation.

“Joining the Foundation for Health Leadership & Innovation opens the door for new partnership and will also strengthen our current collaborations with Foundation programs including Rural Forward NC and the NC Rural Health Leadership Alliance,” says Jamie. “It is exciting because we share a commitment to advancing health in rural North Carolina communities and have a real opportunity to support each other in this work.”

President and CEO, Maggie Sauer also looks forward to having the Catalyst program and team on board.
Donor Spotlight: Susan Martin

Susan Martin has always been passionate about children’s health. A strong believer that no child should be left without access to care, she has opened both her heart and home to the issue. She spends the majority of her time volunteering for organizations, sitting on various committees and boards, and has previously served with her late husband as a foster parent for newborns with special needs.

“I’m just a normal person who has a strong faith, believes in family and that good health is just our human right,” Susan tells us. “I believe we have a responsibility to a fellow man, woman or child, to give them the opportunity to live a healthy productive life.”

This past October, at the 11th Annual Jim Bernstein Health Leadership Dinner, the Foundation received a generous donation from Susan to support the Bernstein Fellows program. We are extremely grateful for her contribution that will help to support the work being done to advance community health in North Carolina.

What first brought the Fellows program to Susan’s attention was Dr. Steve North, a previous Bernstein Fellow and current Foundation board member. Also passionate about children’s health, Dr. North used his fellowship to develop the Health-e-Schools school-based telemedicine program. He has continued work with this program as the founder of the Center for Rural Health Innovation, an organization focused on applying innovative technologies to improve access to health care in rural communities.

“I have a great deal of admiration for Steve North,” Susan said. “Knowing his story, I wanted to get a better understanding of the other people involved.”

Impressed by what she learned about other Fellows and their projects, Susan decided to give the program more support. “I really like all the things I’ve read about,” she reflects. “The work they’re doing just makes sense, especially for our rural areas.”
Save the Date for the 2017 Bernstein Dinner!

The date is set! Please reserve **October 5, 2017** from 6:00-9:00pm for the 12th Annual Jim Bernstein Health Leadership Fund Dinner supporting the Jim Bernstein Health Leadership Fellows Program. This premier event convenes health professionals and stakeholders from across North Carolina to network and learn from one another and to celebrate and honor past, present, and future contributions in our state’s health sector. To learn more about the event, [click here](#).
New Staff: Jessica Burroughs

In February, Jessica Burroughs joined the Foundation as the new Partnership Manager for Rural Forward NC. A public health leader, Jessica brings 18 years of experience in driving the sustainable growth of regional and state-wide initiatives to the team. In her position, she will work with the Rural Forward team to design, organize, and implement capacity-building services for Healthy Places NC. We asked Jessica a few questions to get to know her better.

Where are you from and how did you end up in North Carolina?

A: I am originally from Chapel Hill. I have lived in other places, but always felt drawn to North Carolina. I moved back to NC in 2004 and now live in Durham.

What drew you to the Foundation and Rural Forward?

A: While at the North Carolina Partnership for Children, I worked with Smart Start Local Partnerships and child care centers in some of the same counties as those served by Rural Forward NC. I also volunteer with NC Momsrising, which is a non-profit group working to bring parents’ voices to legislative policy debates through community mobilization. Both experiences have given me the opportunity to travel across the state and collaborate with a diverse range of North Carolinians. Through my experiences in rural North Carolina, I feel called to action by Rural Forward’s mission to build local capacity and support the leadership infrastructure embedded within communities. I wholeheartedly believe in the Foundation’s approach of finding local solutions to community problems by collaborating with community leaders.

What type of organizations have you worked for in the past?

Most recently I worked at the North Carolina Partnership for Children/Smart Start on an initiative called Shape NC, which is a statewide early childhood obesity prevention initiative created to increase the number of children starting kindergarten at a healthy weight. Prior to that, I spent seven years at the National Center for Child Traumatic Stress at Duke University, helping mental health agencies select, implement, and sustain best practices for treating children with trauma. I also served as a Peace Corps volunteer in Nicaragua. After returning from the Peace Corps, I worked at El Centro Hispano in Durham, NC.

What are you most excited for in this position?

I am excited to begin learning from community members in the Healthy Places NC counties. I feel open and ready to begin fostering relationships within the communities, and am excited to see all the great work that is already happening there!
What do you like to do for fun/ in your free time?

I enjoy spending time with my husband and two boys (ages 9 and 11), who are at a fun age still full of wonder and joy at life. I’m trying to squeeze in as much time with them as possible before adolescence kicks in. I also love yoga, hiking, and zoning out to my favorite Netflix shows.
New Staff Feature: Sara Herrity Joins the Center of Excellence

In March, Sara Herrity joined the Foundation as a Technical Assistant for The Center of Excellence. In her role, she will provide training, on-site support, and resources to medical and behavioral health providers working to integrate their health care services. We asked Sara a few questions to get to know her better:

Q. Where are you from and how did you end up in North Carolina?
I was born in Allentown, Pennsylvania and my family used to vacation in the Outer Banks, NC. My dad was unhappy with his job so quit on a whim, opened a map, showed it to my mom and told her to pick a place to move to and she picked the OBX! I was 3 at a the time and grew up at the beach. Despite musings of moving out of state for college I ended up at UNC-Chapel Hill for college and East Carolina University for graduate school and have no plans to leave NC any time soon!

Q. What drew you to the Foundation and COE?
In graduate school I met my best friends who all happened to work in integrated care – except for me. I believed I wanted to be a full-time marriage and family therapist and do therapy all day every day. After experiences in schools, churches, and the last 3 and a half years at a community mental health agency in Raleigh, I knew I wanted a change. For much of the last year I researched a bit about integrated care and the possibility of helping agencies provide more whole person care – something I felt was lacking at my mental health agency. Luckily one of those best friends from graduate school – Amelia Muse – reached out to me that COE was looking for a new Technical Assistant and I immediately jumped with excitement because I have been able to
see first-hand as a clinician the importance of the work COE is doing, and how much more work we have left to do. I’m honored to be a part of this team and the foundation!

Q. What type of organizations have you worked for in the past?
For the last 3 and a half years I have worked at a community mental health agency called Turning Point Family CARE as an outpatient therapist for clients with Medicaid or no insurance. For a year and a half of my time there I conducted comprehensive clinical assessments with women who were in a recovery facility to help them get mental health services. In graduate school I also worked with a local church to provide pre-marital and marital counseling as well as with a middle school to provide mental health services.

Q. What are you excited for in this position?
I am extremely excited to work with this team, as they have such passion and drive for integrated care which matches my own. I love the opportunity to work with people in the community in a variety of areas and a variety of ways whether it be via teaching, observing, supporting, or researching, and the incredible new experiences and people I will get to meet along the way, all in an effort to provide more effective whole-person care to others.

Q. What do you like to do for fun/ in your free time?
I love getting to spend time with my family and friends. Most of my family lives in Pennsylvania, near or in Philadelphia so I try to get up there several times a year – especially to see my 7-month-old nephew who is also my godson. My mom and sister still live in the Outer Banks so I always love to go visit them often in the summer. Being outside is my favorite so any excuse to go to the beach, go for a walk or hike, or just simply sit in the sun with a good beer and close friends is my idea of the perfect day!
Rachel Presslein Transitions to New Role as Program Manager of the NCRHLA.

Rachel Presslein, a current employee of the Foundation for Health Leadership & Innovation, has recently transitioned to a new role. Previously the Program and Development Manager for the Foundation, she will now be the Program Manager for the North Carolina Rural Health Leadership Alliance (NCRHLA).

In her role before the transition, Rachel worked closely with the Foundation’s Board of Directors and staff to establish and implement strategy for the Foundation’s fund development and communications activities. She was also responsible for managing general operations of the Bernstein Programs and the NCRHLA. In her new role, Rachel will transition out of responsibilities related to strategic development and communications, and will instead focus the majority of her time on the NCRHLA, while also continuing with programmatic responsibilities for the Bernstein Programs.

As program manager, Rachel will be working with the NCRHLA’s members and work groups to develop useful resources and meaningful partnerships to address rural health concerns in the state. In the upcoming months, she will also lead the NCRHLA through a strategic planning process to refine the direction and scope of our work, and with support, she will grow the membership and reach of the NCRHLA to maximize positive change on health outcomes in rural North Carolina.

“I am excited and grateful for this opportunity to take on a new role at the Foundation,” says Rachel. “I look forward to the new and strengthened relationships I will develop with people who are passionate and dedicated to serving rural North Carolina.”
Amelia Muse Transitions to New Role in COE

Amelia Muse, a current employee of the Center of Excellence for Integrated Care (COE), has recently transitioned to a new role. Previously a Integration Consultant, she will now be the Director of Operations for COE.

In her role before the transition, Amelia provided training, on-site support, and resources to medical and behavioral health providers working to integrate their services to provide higher quality care to patients and the community. In her new role as Director of Operations, she will focus the majority of her time on overseeing the day-to-day activities of COE, facilitating internal development and research, and managing overall productivity of staff.

Congrats Amelia!