

# The Foundation Focus

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## Assessing how we Assess: Community Health Needs Assessments and their Importance in Collaborative Care

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## **Assessing How we Assess: Community Health Needs Assessments and their Impact on Collaborative Care**

A Message from the President

Community health needs assessments (CHNAs) have long been important in examining a community's health indicators and the factors that influence them. While individual health problems are entrusted to the cultivated relationship between a patient and a provider, a well-planned and executed CHNA serves as an essential tool for organizations and communities to collaborate to achieve health improvement. Local health departments in North Carolina have been performing CHNAs for many years as a core public health function. More recently, the Affordable Care Act requires tax exempt hospitals to also perform CHNA which has created an exciting opportunity for these dedicated entities to work together. This not only fosters collaboration but also ensures that hospitals have the information they need to provide benefits that match the communities' needs and that health departments achieve their mission of assuring healthy people in healthy communities.



With generous funding from The Duke Endowment, the FHLI is proud to host a partnership that has been formed between the Brody School of Medicine at East Carolina University, through the Office of Health Access, local public health departments, non-profit hospitals, other health providers, a variety of universities and public health advocates in the East as well as the NC Department of Health and Human Services' Division of Public Health, and the NC Hospital Association. These invested parties will develop a standardized and uniform regional community health assessment process, develop better and more consistent data collection and analysis, foster collaboration and coordination of efforts, and harmonize the regional CHNA efforts throughout the eastern and western regions of North Carolina that can potentially be replicated statewide. In addition, this initiative will create an organizational structure within the FHLI to assure long-term success and sustainability of this effort.

The Foundation is a place where programs and partnerships grow to improve health of the whole person through a whole community approach. We are deeply invested in the development of the regional and standardized CHNA process in our state. These efforts reflect our values, especially that health belongs to and is shaped by the communities we serve. In this edition, we hope you will see, from the eyes of our programs and alumni, how the CHNA influences and is influenced by our work.

I hope the people and communities that you serve stay healthy, safe and warm. Wishing all a Happy and Healthy 2018!

## What is a Community Health Needs Assessment?

*“The fundamental purpose of public health is defined by three core functions: assessment, policy development, and assurance” -National Association of County & City Health Officials*

Late last March, 44 volunteers went door-to-door inviting residents in Nash and Edgecombe counties to take a survey about their community’s health needs. Three hundred residents opened their doors and lent their voice on community and personal concerns of physical, mental, and nutritional health, as well as access to programs to improve health and well-being. They talked about crime and safety, access to affordable fitness opportunities, and the presence of school-based health initiatives. In the spirit of continuing to prioritize community participation, [a Health Summit](#) later this month will provide an open forum for a discussion of the survey’s findings.



Surveys such as the one implemented by the Twin Counties Health Partnership earlier this year are critical to a core function of public health: assessment. If the mission of a public health initiative is to address a disparity in health, that gap must first be identified by residents and health leaders. These kinds of survey are **community health needs assessments (CHNA)**, and are the foundation of community-based participatory research. They are a first and critical step toward more equitable health outcomes that lead to community health improvement.

The national Public Health Accreditation Board defines a CHNA as *“a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community”*. This assessment necessitates strong quantitative as well as qualitative measures that provide insight or status indicators that can be targeted. Analysis of the assessment guides the development and implementation of a community health improvement plan (CHIP), which details measurable evidence-based interventions.

Community health assessments are increasingly regulated on national and local levels. A major catalyst of this movement was a requirement in The Patient Protection and Affordable Care Act, passed in 2010, mandating all tax-exempt hospitals to conduct an assessment at least once every three years. In many states, including North Carolina, the implementation of this assessment is also a requirement of the accreditation board.

A George Washington University publication summarizes best practices for implementing CHNAs. These include:

- Multisector collaboration to address large scale social problems

- Proactive, broad, and diverse community engagement at each stage of the process (including support from leaders in health, business, education, non-profit, faith-based, and social support fields)
- An appropriate definition of community (a targeted focus with a significantly measurable impact)
- Transparency
- Implementation of Evidence-Based Interventions
- Rigorous Evaluation
- Use of data from diverse public and private sources



At the heart of community-centered public health work is a spirit of collaboration, a pooling of resources and knowledge, and the understanding that the health needs of a given group of people are just one facet of better understanding how these people live, and how they want to live. In the next few months, we'll see how the programs of the Foundation use community health assessments to guide their work.

## Duke Endowment Grant Brings New Program to the Foundation

The Foundation for Health Leadership & Innovation, working with The Office of Health Access in the Brody School of Medicine at East Carolina University, has secured a grant that should go a long way towards improving population health in the East.

The \$320,000 award from The Duke Endowment will be used to support a new centralized, self-sustaining structure called the **N.C. Eastern Regional Community Health Needs Assessment Collaborative**, which will be a sponsored program of the Foundation. The Collaborative will work to establish a standardized regional community health needs assessment process for eastern North Carolina.

As part of the Affordable Care Act, not-for-profit and government hospitals are required by the IRS to conduct community health needs assessments every three years. Survey questions touch on a wide range of topics including community safety and recreation opportunities, housing and transportation options, vaccinations and nutrition, smoking and drinking habits, and chronic diseases.

The Division of Public Health in the N.C. Department of Health and Human Services requires local health departments to conduct similar assessments periodically. But the process each department uses - including the questions asked as part of that process - varies widely between jurisdictions and organizations.

"Today's changing health care environment makes the CHNA more important than ever," said Anne Thomas, our Interim President and Chief Executive Officer. "The uniform and standardized approach of the Collaborative will not only be a cost-effective way to conduct the assessment, but will also provide new opportunities for both local and regional collaborative work and the sharing of resources and best practices for community health involvement. The FHLI focuses on whole person whole community care. This regional process will support moving the state in that direction in an intentional and targeted way."



*From left: Will Broughton, coordinator of the Office of Health Access at the Brody School of Medicine; James Madson, health director for Beaufort County Health Department; and Al Delia, director of the Office of Health Access.*

Will Broughton, coordinator for the Office of Health Access and future project coordinator for the collaborative, will be facilitating the day-to-day implementation efforts. He said the infrastructure will create opportunities for new and better collaborations and partnerships among health organizations as they seek to identify the most effective health interventions for the populations they serve - and as they seek funding for those interventions.

"It provides a third lens - a higher view - from which to look at health in eastern North

Carolina," Broughton said. "We have the health departments' view, the hospitals' view, and now an aggregate of data for the entire region. That should ultimately lead to an improvement in the quality and utility of population health data, the ability to compare and contrast 'apples-to-apples' information across geographic boundaries."

The grant will fund the hiring of vendors to administer a standardized survey beginning in October 2017 - primarily via the internet, but also through paper surveys, in-person and telephone interviews as needed. Trained facilitators will lead focus groups to collect additional data. Project organizers will also monitor the data to ensure the demographics adequately reflect each county's population. It will be maintained in a database so counties can compare outcomes for various interventions.

"This is the start of a process that will help develop solutions for identified community health problems," said Jim Madson, Beaufort County Health Director and chair of the project's steering committee. He noted that each individual county and hospital will still decide at the local level how they would like to prioritize their findings and what interventions they want to focus on.

While the baseline survey will be the same across all eastern North Carolina counties, counties will have the option to add unique questions tailored to their specific populations or to emerging health concerns in their areas.

## Program Voice: The Value of CHNAs to Community Leaders in Health



Jessica Burroughs is the Partnership Manager at Rural Forward NC, one of the programs of the Foundation of Health Leadership & Innovation. In light of our topical focus on community health needs assessments, she gives us her insight on how a community's regional health leadership both benefits from and shapes CHNAs. A previous article discusses the demand for a standardized assessment process that called for the creation of the NC Eastern Regional Community Health Needs Assessment Collaborative. At the same time, Jessica emphasizes that the contextual interpretation of this data may look different for each community.

The value these assessments provide to local task forces is multi-fold:

- By identifying county-wide needs, CHNAs inform the more specific research and surveillance that can be conducted on the community level.
- CHNAs justify the work of existing programs, providing factual evidence that the needs they address demand more attention (and funding).
- The community leaders who work on the CHA are often involved in more local work as well. In this way, CHNAs support the development of assessment skills that can be leveraged in the community.

In her role, Jessica works with community partners to design, organize, and implement capacity-building and organizational development services. One of these partners in Rockingham County is the Be Healthy Rockingham County Workgroup, whose mission is to address the county's physical activity and nutrition needs.

This group of individuals is invested in and dedicated to improving community health. The co-chair of Be Healthy Rockingham County serves as the Healthy Carolinians Coordinator of the Rockingham County Health Department. The other members of the Be Healthy Leadership team were involved in the community health needs assessment development and dissemination process. Participants of the Be Healthy Rockingham County group discussed the CHNA results. Considering their resources and manpower, participants decided that it was beyond the scope of Be Healthy to address broad needs across the county. Instead, they are using the CHNA data to guide their area of focus, and will address needs more deeply in underserved pockets of the county.

Still, the data collected by the CHNA can justify the work being done on this more localized level. For instance, Be Healthy Rockingham County developed a mobile phone app to provide residents an information source for trails, fresh food, and community resources. As it turned

out, the app was not as widely used as expected, which brings up the issue that perhaps this method of communicating with county residents may have missed the mark.

The CHNA data from 2016, released 6 months ago, identified three key target areas for the county: physical activity and nutrition, social determinants (specifically education), and access to healthcare.



As these data-supported gaps are identified, Be Healthy Rockingham County is using this information to seek the resources and expertise necessary to further research community needs in these areas.

“The community health needs assessments process identified the broad swathes of need, and now enables groups like Be Healthy Rockingham County and the Social Determinants Task Force to dive deeper into specific areas.” - Jessica Burroughs

Western Rockingham County has significantly fewer recreational facilities than the Eastern part of the county. A group of dedicated community members is seeking grant funding for recreational facilities in this part of the county. Jessica was able to connect them with compelling data from the CHNA to include in their grant proposal and help make the case for investing in this county. A community food strategies group has also gained some momentum as a new initiative. Jessica is supporting them by first assessing the need for such a group to be created, given existing coalitions and progress. In order to do so, she organized surveys that will be analyzed soon by a planning group. Again, the expertise of these community leaders is largely influenced by the CHNA development and administration process.

It’s clear from these efforts that a community’s voice needs to be heard and considered—by county, yes, but also by city, by zip code, and by neighborhood. Rockingham County is a good example of how county-wide initiatives like the health needs assessment interact with community-wide efforts. The mediator is often someone in Jessica’s shoes, working for a capacity-building organization like Rural Forward NC. In some instances, CHNAs are a starting point from which initiatives can be born, in others a check-in for justified continuation of ongoing projects. In all cases, the data and its uses are a reflection of evaluators, educators, and residents who care deeply about improving health.

*Rural Forward NC is a program of the Foundation for Health Leadership & Innovation. Rural Forward NC amplifies the impact of rural leaders, organizations, and coalitions through capacity building and resource development. For more information, please visit <https://foundationhli.org/proqrams/rural-forward-north-carolina/>*

## Program Voice: Bringing the CHNA Back to the Community



Shoneca Kent has been the Twin Counties Catalyst Coordinator with the Catalyst for Healthy Eating and Active Living, a program of the Foundation for Health Leadership & Innovation, since 2015. Catalyst coordinators work with communities to address key risk factors for chronic disease and accelerate change to make healthy living easier. In vein with her efforts to improve nutrition and physical activity in the Twin Counties, Shoneca was part of a working group to plan the Twin Counties Partnership for Healthier Communities Health Summit that was held this past June.

The city of Rocky Mount lies in both Edgecombe County and Nash County—the Twin Counties. It also has the largest population of any municipality in both counties, proposing a unique dilemma in that its needs cannot be captured by either county’s health assessment alone. Hence the need for an assessment that identified the Twin Counties’ needs. However, both counties as a whole stand to benefit from such an assessment, not just Rocky Mount. With shared political and social climates, workforces, and economic landscapes, a collective identification of needs and development of programs to address them, is a valuable addition. The Twin Counties face similar health problems—high adult obesity rates (41% and 32% in Nash and Edgecombe, respectively) and high patient to a low number of physicians ratios, to name a couple. In a 2017, Robert Wood Johnson Foundation’s County Health Rankings of NC’s counties, Nash County was listed as 66 out of NC’s 100 counties, and Edgecombe was lower at 98.

“It is a benefit to have information specific to Nash and Edgecombe Counties...however, both counties have some of the same challenges and will benefit from opportunities together.” - Shoneca Kent

A testament to this effort, the Twin Counties Partnership for Healthier Communities, in collaboration with the N.C. Institute of Public Health, received a grant through the Kate B. Reynolds Charitable Trust to collect, analyze, and address local health issues. The survey collected responses from over 300 residents who responded to health-related questions and needs.

A key component of this initiative included an effort to share the data collected more broadly at the local level. In response, a Summit was held shortly after data collection as an opportunity to incorporate participant ideas and feedback into a three-year work-plan to address local health issues. In addition to informing elected officials and organizational leaders of survey results, the Summit created a neutral forum for residents to discuss key community issues. These

included crime and safety, access to healthcare, opportunities for youth, physical activity, and resources for people with mental health and substance abuse disorders.

One important barrier to use of resources is simply not being aware of their existence. In this sense, the Summit functioned as a source of information dispersal. Residents in attendance had the opportunity to hear from the local YMCA, identify parks and walking tracks in their neighborhoods, and to discuss recruiting strategies to bring more general practitioners of medicine to the area. Additionally, the Healthier Communities' 3Cs (Communications, Collaboration, and Community Engagement) workgroup is hosting a webinar series for interested agencies and community members to distribute data for their specific interests.



Shoneca reflects that the Summit was symbolic of the function of Catalysts in communities across the state.

“We meet with partners who discuss the challenges they face in their work and the community. Then we work with those partners to create and/or expand on unique opportunities to address those challenges. That was what the Summit was all about. The Twin Counties Partnership for Healthier Communities presented data and survey results to the residents, and then we had the opportunity to discuss and work together to develop solutions to those challenges.”

We can see the Summit as a representation of progress and community involvement in developing and shaping health goals-- a place to digest information, collaborate, and use CHNA data in a way that goes well beyond numbers on a page. It allowed for the creation of a physical space to freely voice opinions, and, perhaps most importantly, to spread information—a translation that sometimes gets lost in the cracks.

*The Catalyst for Healthy Eating and Active Living is a program of the Foundation for Health Leadership & Innovation. Catalyst for Healthy Eating and Active Living works with communities to address key risk factors for chronic disease and accelerates change to make healthy living easier. For more information, please visit <https://foundationhli.org/programs/catalyst-healthy-eating-active-living/>.*

Additional Sources: <http://www.rockymounttelegram.com/News/2016/05/28/Grants-fund-health-initiatives.html>

[http://www.rockymountnc.gov/UserFiles/Servers/Server\\_230888/File/Government/Mayor%20&%20City%20Council/Twin%20Counties%20and%20Strategic%20Plan/TCV%20Strategic%20Plan%207-17-13.pdf](http://www.rockymountnc.gov/UserFiles/Servers/Server_230888/File/Government/Mayor%20&%20City%20Council/Twin%20Counties%20and%20Strategic%20Plan/TCV%20Strategic%20Plan%207-17-13.pdf)

<http://www.rockymounttelegram.com/Letters-to-the-Editor/2017/04/22/Twin-Counties-health-summit-lanned-for-June-26.html>

## Alumnus Spotlight: The Impact of Fellowship

Marian Arledge is the Program Manager and Communication Specialist at WNC Health



Network, the alliance of hospitals in western NC working together and with partners to improve health and healthcare. She is also an alumnus of the Bernstein Fellows Program (class of 2015). For her, the Bernstein Fellows Program provided the space at a critical time in her development as a leader, to consider the implications of long-term project development. She recognizes the importance of statewide connections fostered by the Fellowship spanning education, healthcare, and community development.

Alongside the Fellows in her class, Marian had the chance to learn about rural economic development and how it intersects with health. They examined the influences that the economy and health have on each other, which deepened her perspectives on community health data, and the unique challenges and opportunities that rural communities experience.

“Working with communities to examine their health data means looking much deeper than the numbers, and into the stories and histories of the people represented. The Bernstein Fellowship helped expand my appreciation for the local context behind the data.”

Marian coordinates WNC Healthy Impact, which is a partnership and coordinated process between hospitals, public health agencies, and key regional partners in western North Carolina, working towards a vision of improved community health. They are working together locally and regionally on a community health improvement process to assess health needs, develop collaborative plans, take coordinated action, and evaluate progress and impact. While this collaborative project was catalyzed in late 2011 by the ACA-mandated requirement for non-profit hospitals to conduct health needs assessments every 3 years, WNC Healthy Impact now supports the full range of results-focused community health improvement.

In western NC, the community health improvement process (health assessment, planning, action and evaluation) is still locally led and implemented. WNC Healthy Impact supports and enhances local efforts by standardizing and conducting data collection, creating reporting and communication templates and tools, encouraging collaboration, providing training and technical assistance, building capacity to address regional priorities and sharing evidence-based practices.

WNC Healthy Impact is now preparing for their third 3-year cycle of the community health improvement process, having completed the first regional, collaborative assessment in 2012 and second in 2015. As they enter 2018, they are looking at continuous improvement of the regional initiative, including updating the regional phone survey, expanding the



secondary data sets, and refining communications products to best facilitate public dissemination of data. Their efforts are also strengthened by their use of Results Based Accountability™ to focus on improving performance measures.

Programs like WNC Healthy Impact highlight the central importance of community health assessments in creating community-oriented, data-driven collaborative efforts. They concentrate the potential of leaders and leverage resources for achieving results.

In a position that places her at the intersection of several fields, Marian reflects on her time as a Bernstein Fellow as a uniquely valuable opportunity to make connections that still influence her work. She feels she has a network of professionals who not only are “thought partners,” but friends and mentors in leadership. The two-year Fellowship gave her the chance to reflect on her personal leadership style and to develop long-term project planning skills, which included honing an ability to adapt to external changes in an ever-evolving environment. Much of it comes down to “working alongside partners to keep efforts meaningful.”

## Meet our Newest Staff



Suzanne Martin, Director of Outreach and Engagement, NC Oral Health Collaborative



ShaCoria Winston, Program Evaluator, the Catalyst for Healthy Eating and Active Living



Arshya Gurbani, Communications Writer, Foundation for Health Leadership & Innovation



Mary Moran, Clinical Development Coordinator, Center for Excellence for Integrated Care



Lynn Indermaur, Administrative Coordinator, Rural Forward NC



Laura Jane Ward, Program Manager, NC Rural Health Leadership Alliance

## Engaging Conversations and Breakfast with Mary Otto



Earlier this month, the NC Oral Health Collaborative hosted a key event in the advocacy for equitable oral health care. In the halls of the Walnut Creek Wetland Center in Raleigh, a dialogue was created among more than 25 key stakeholders from the around the state, who convened to hear author Mary Otto discuss her experiences researching and writing her novel *Teeth*.

Zulayka Santiago, the Director of the NC Oral Health Collaborative, kicked off the event with a casual interview, which was followed by an open discussion. Ultimately, the attendees walked away with an understanding of how to apply the powerful lessons discussed to their own work in NC.

*The NC Oral Health Collaborative is a Program of the Foundation for Health Leadership & Innovation. The NC Oral Health Collaborative addresses oral health disparities by advancing known solutions that ensure access to quality dental care. For more information, please visit [oralhealthnc.org](http://oralhealthnc.org).*



## **Foundation for Health Leadership & Innovation Hires New President/CEO**

The Foundation has announced this month that Anne Thomas has been selected as the Foundation's new permanent President/CEO. This announcement follows a three-month



nationwide search for a leader with experience in local communities, multi-faceted non-profit agencies, and grant makers in health and with the ability to drive innovation within the changing health environment. Thomas has served as the Foundation's interim President/CEO since June of this year, when former President/CEO Maggie Sauer stepped down to accept a position as the Director of the North Carolina Office of Rural Health. Thomas brings expertise in clinical and administrative roles in both urban and rural settings. She is

focused on addressing health disparities and inequities in North Carolina through the work of the Foundation and its programs, and she is committed to maintaining and expanding the relevance of the Foundation in the changing health care landscape.

Steve Cline, DDS, MPH, the Foundation's Board Chair and head of the Search Committee, attested to Thomas' ability to lead. "We are fortunate that Anne was interested in the position long term. She has the knowledge of NC local communities, the proven skills to lead an organization, and an impressive track record of implementing innovative programs that improve health. The Foundation has a bright future with Anne Thomas as the President and CEO."

Before accepting the role of the Foundation's interim President/CEO, Thomas served more than five years on the Foundation's Board of Directors, including the position of Board Chair. Thomas is also a founding partner of the health care consulting firm, Praxis Partners for Health LLP. As a consultant, Thomas recently served as interim Public Health Director for Halifax County, NC and also worked with Community Care of North Carolina and Project Lazarus to assist communities in developing and sustaining grassroots coalitions to address prescription opioid misuse and manage chronic pain effectively. Prior to her consulting work, Thomas served for eighteen years as the Public Health Director for Dare County, NC. In this position, she partnered with community members and stakeholders to address local health issues which resulted in the establishment of a free primary health care clinic for the un- and underinsured, a Medicare certified Hospice program, the Dare Respite Care program, a school-based mobile dental program, a comprehensive continuum of Substance Abuse Services, enhanced cancer care services developed in collaboration with UNC Cancer Care and the Outer Banks Hospital, and a school-based, peer model of prevention education. Throughout her career, Thomas has served in leadership positions at the state and local levels and participated in a variety of collaborative work groups and legislative task forces focused on health policy and practice.

Thomas is a registered nurse and holds a B.S.N. from Boston University School of Nursing and an M.P.A. from New York University, Robert F. Wagner School of Public Service.

## **NCRHLA Publishes Report on Childhood Reading Proficiency and Health Outcomes**

*Rural communities are unique, and failure to address the particular strengths they possess and the challenges they face can result in poor health outcomes in our rural areas. – NC Rural Health Leadership Alliance*

The NC Rural Health Leadership Alliance (NCRHLA), established in 2014 by the Foundation for Health Leadership & Innovation, aims to improve the health of rural North Carolinians through collaboration, forums and work groups to discuss and foster implementation of rural health solutions. In December, an NCRHLA work group on Early Childhood published a report to examine how children in rural and non-rural communities differ along key measures that impact third grade reading proficiency.

*Why is this important?*

Research shows that improving third grade reading takes a coordinated birth-through-age-eight approach that focuses on children’s health and development, families and communities, and high-quality learning environments with regular attendance. When children are healthy, develop on track, live in supported and supportive families and communities, and receive high quality education, they are more likely not only to read on grade level by third grade, but to have overall child well-being and a brighter future.

Notably, the report found that children in rural communities are likely to experience challenges along the pathway to grade-level reading at a higher rate than their non-rural peers.

*Scope of current project:*

The NCRHLA Early Childhood work group, in tandem with the NC Pathways to Grade-Level Reading Initiative, has charged itself with assessing how rural communities fare in three areas critical to achieving grade-level reading proficiency:

- Health and Development on Track Beginning at Birth
- High Quality Birth-through-Age-Eight Learning Environments with Regular Attendance
- Supported and Supportive Families and Communities

NC Pathways to Grade-Level Reading is an initiative of the NC Early Childhood Foundation, in collaboration with the NC Partnership for Children, NC Child and BEST NC. Thirty experts from North Carolina’s leading universities, research institutes, government agencies, nonprofits, businesses and think tanks—in partnership with Pathways to Grade-Level Reading partners, a group 150 strong and growing—co-created the NC Pathways to Grade-Level Reading Measures of Success Framework. The Framework includes nearly 60 measures that research tells us move the needle on third grade reading proficiency, arrayed under the three goal areas noted above.

*Where can I access the full report?*

[RIGHT HERE!](#)



## **Local Living, Starting Early- How Engaging Children with Food can Help Shape Healthy Habits**

by Jessica Burroughs

The NC Farm to Early Care & Education initiative supports early care and education (ECE) settings to provide the environments and education for children that lay the groundwork for lifelong healthy habits. The Center for Environmental Farming Systems (CEFS), with funding from the W.K. Kellogg Foundation, is developing food procurement systems, connecting resources and people across food systems and early childhood education, and providing children with experiential ways to engage with food.

Using the Breakthrough Series Collaborative approach, CEFS and its partners, including Rural Forward NC, have created a statewide network of ECE providers, teachers, cooks, parents, farmers, local Cooperative Extension agents, and local Partnership for Children staff to work together to connect children to fresh, healthy, local food in the classroom, in the garden, and at meal and snack time. The Collaborative offered the opportunity for these diverse teams from 9 counties across North Carolina to learn from one another, test out improvements, and use data to guide progress in order to advance Farm to ECE work.

The video below highlights Rural Forward NC's statewide initiative with the NC Farm to Early Care & Education initiative.



[https://www.youtube.com/watch?v=7Dhq9x\\_1vRc](https://www.youtube.com/watch?v=7Dhq9x_1vRc)

## Recap: the 12<sup>th</sup> Annual Jim Bernstein Dinner



Our warmest thank you to you all for the success of the 12<sup>th</sup> Annual Jim Bernstein Health Leadership Fund Dinner & Lecture. Each year, we are delighted to bring together over 300 health care professionals from all over the state of North Carolina and beyond to celebrate the legacy of Jim Bernstein and the work being done to advance health care access and community

health in North Carolina. The proceeds from the event support the Jim Bernstein Health Leadership Fellows and the Jim & Sue Bernstein Health Center Scholarship programs, administered by the Foundation. This year, we generated over \$50,000 for these key programs. Please see the list of our 2017 Dinner Donors [here](#). Thank you all—this event and the growth of our Bernstein programs would not be possible without your generous support.

We also had the privilege of recognizing 3 outstanding individuals for their extraordinary service toward the betterment of our communities. Dr. Dave Tayloe Jr., founder of Goldsboro Pediatrics and a visionary community leader, was awarded the Jim Bernstein Community Health Career Achievement Award, for his lifelong career advocating for the health of children. Gayle B. Harris, public health director and general manager for community well-being for Durham County, was the recipient of the Foundation for Health Leadership & Innovation Community Achievement Award, testament to her vital role in inspiring community health initiatives. Dr. Steve North, a family physician and founder of the Center for Rural Health Innovation in Spruce Pine, was awarded the Jim Bernstein Health Leadership Distinguished Fellow Award for his exceptional representation as an alumnus of the ideals of the Fellows program.

We also had the honor of congratulating our graduating Jim Bernstein Health Leadership Fellows:

- Jamie Cousins, MPA
- Erin Hultgren, MPH
- Rod Jenkins, MHA
- Pete McQuiston
- Catherine Parker, MA

We welcome the 2019 class of Fellows, eight emerging leaders who will embark on their two-year term as they continue to work and improve the health of the underserved in NC communities in North Carolina:

- Amanda Bennett, BA

- Lance Goller, MPA
- Rebecca Grandy, PharmD
- Shelisa Howard-Martinez, MPA
- Jennifer Layton, MSPH
- Bridgett Luckey, MHA
- Schell McCall
- Alice Pollard, MSW/MSPH

Click [here](#) for bios on all past and current Bernstein Fellows.

It was a memorable night of reflection, connection, and support. We are already looking forward to the next Jim Bernstein Health Leadership Dinner, so please save the date- Thursday, October 11<sup>th</sup>!