

The Foundation Quarterly

Home is Where the Heart Is: The Importance of Community Health Workers in Value-Based Care

November 2016

In this Issue:

A Message from the President.....	Page 2
Who Are Community Health Workers and What Do They Do?.....	Pages 3-4
Using Community Health Workers to Reduce the Risk of Heart Disease.....	Pages 5-6
Developing a Standardized Curriculum for Community Health Workers.....	Pages 7-8
The 11 th Annual Bernstein Dinner: Thanks to All our Supporters.....	Pages 9-11
NCOHC Addresses Oral Health Disparities with Recent Events.....	Pages 12-13
NCRHLA Hosts Reception & Summit.....	Pages 14-15
New Staff Feature: Lisa Tyndall Joins the NC Center of Excellence for Integrated Care.....	Page 16
New Staff Feature: Irina Kolobova Joins the NC Center of Excellence for Integrated Care.....	Page 17
Staff Feature: Zulayka Santiago Selected as Health Equity Fellow.....	Page 18

Home is Where the Heart Is:
The Importance of Community Health Workers in Value-Based Care

Value-based healthcare and population health are at the forefront of our state and national discussions. Community health workers in particular are receiving increased attention given their role in transitioning patients successfully, to the community from the hospital or simply recover in their own homes. Yet, they are often the least recognized for their work and their contribution to value-based care and population health. Further, they are paid minimum wage or just slightly more despite the fact that the care they provide is often the difference between someone staying out of the hospital or using other forms of more costly healthcare.



A recent News and Observer article highlights the poor working conditions and low pay received by many of these workers, particularly those who work in home care, and also points out the growing demand. According to The Bureau of Labor Statistics, “the country will need one million new home care workers by 2022, when the occupation is expected to have grown by 49 percent, more than four times the average rate for all professions.” Given this, and that community health workers provide such invaluable information regarding the home environment and support, it is incumbent on us to find innovative healthcare models that incorporate them as a valued team member.

The Foundation for Health Leadership and Innovation will work in partnership with programs like the certificate program created by Ruth Little, Vice Chair and Assistant Professor at East Carolina University’s School of Public Health and the Carolina Heart Alliance Networking for Greater Equity (CHANGE) project led by Dr. Samuel Cykert, a Professor of Medicine at UNC Chapel Hill in the Division of General Internal Medicine and Clinical Epidemiology. These programs standardize the training of the community health workers and recognize their importance in combatting chronic disease.

Happy holidays to all of our friends and partners and don’t forget the community health worker who helps so many of us enjoy our holidays in our homes with friends and family!

Who Are Community Health Workers and What Do They Do?

For many, especially those living in a rural or underserved community, getting the healthcare you need isn't always easy. Limited resources, a lack of healthcare professionals, expenses of care, and language and/or cultural barriers are all contributing factors to the health disparities experienced by these communities.

As a way of bridging the gap between these communities and the traditional health care system, the role of community health workers (CHWs) emerged. While it is unclear exactly when the use of CHWs began, recent research shows that in North Carolina, some CHW programs have existed for more than 50 years.



Today, with 780 CHWs currently employed in North Carolina and over 48,000 working in the United States, their work has immensely helped to facilitate improvements in access to healthcare and overall quality of life for rural and underserved communities.

What is a community health worker?

Community health workers (CHW) are known to assume a variety of roles and positions, often dependent on the communities they're working in, but the American Public Health Association defines a CHW most simply as,

“a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.”

Because community health workers often live in the communities they serve, they typically share values, ethnic backgrounds, and life experiences, making it easier for them to communicate and connect with patients.

What do community health workers do?

Also referred to as a health coach, community health advisor, outreach worker, patient navigator, health interpreter, and lay health advocate, community health workers provide a wide-range of services. These include, but are not limited to:

- Communication between provider and patient
- Culturally appropriate health education
- Outreach to medical personnel/health organizations to implement programs
- Assistance with enrolling individuals into health insurance plans
- Social support and informal counseling
- Help linking patients with available community resources



It's important to note that CHWs are not meant to replace doctors, but serve as crucial supplements. Not only do they provide valuable services to the communities they serve, but they also relay important information to doctors and healthcare systems about community needs. Despite this, many CHWS are rarely fully integrated into healthcare teams, due to a variety of factors including a lack of funding and an absence of standard training or certification for workers.

However, in recent years, increased evidence of the effectiveness of fully integrating CHWs has led many states to reexamine the issue. In North Carolina, the North Carolina Division of Public Health is currently working with multiple partners to develop strategies that support CHW services and include them in the healthcare system without compromising their connection to community members.

Overall, the importance of CHWs work is clear, and the integration of CHWs into health care teams has great potential to bring vast improvements to community health in North Carolina and beyond.

Using Community Health Workers to Reduce the Risk of Heart Disease

With growing evidence that the use of community health workers (CHWs) can increase access to care, improve patient outcomes, and reduce healthcare costs, CHWs are being progressively recognized as essential members of the modern healthcare team. A powerful force for bridging the gap between primary care practices and communities, CHWs can provide a variety of services from promoting healthy behavior to helping patients navigate the complicated health care system. Because of all this, it becomes increasingly important to engage CHWs in rural areas where disease rates are high.

Realizing the potential CHWs have for improving disease outcomes in high-risk populations, researchers from the UNC Center for Health Promotion and Disease Prevention (HPDP) are currently testing an innovative program called the Carolina Heart Alliance Networking for Greater Equity (CHANGE) project. Sponsored by the CDC, the CHANGE project aims to reduce the risk of cardiovascular disease in rural and medically underserved communities through the use of CHWs.



The CHANGE research team is led by Dr. Samuel Cykert, a Professor of Medicine at UNC Chapel Hill in the Division of General Internal Medicine and Clinical Epidemiology. Dr. Cykert brings extensive experience in addressing health disparities and chronic care management to the team. Additionally, he is a strong proponent of engaging CHWs in patient centered care.

“CHWs are great providers of peer support, outreach, teaching and reengagement. They represent a way to engage and teach so that patients and other community members understand health and chronic illness better.”

For this project, which began in 2014, Dr. Cykert and his team have partnered with both Roanoke Chowan Community Health Center and Hertford Public Health Authority to test their approach in Hertford County, NC. After about a year of developing the plan, the team employed two community health workers to help identify and recruit individuals with uncontrolled cardiac risk factors and help them work on diet, exercise, tobacco cessation and medication adherence. The program also encourages family members or neighbors to join the teaching sessions so they can engage in primary prevention for themselves and form a social network to support the index patient. Additionally, the CHANGE research team uniquely uses electronic tablets to assist and support the CHWs, connect CHWs to the clinic, and gather program data.

While the project still has a long way to go, it's been quite successful so far, with approximately 120 enrollees to date. In the first intervention group, 15 of the 18 patients with uncontrolled hypertension got it under control and 18 of the 36 overweight patients lost weight. Additionally, through screening for hypertension, the group has so far identified seven cases of untreated patients who are now all controlled. Seeing this success, Dr. Cykert hopes that one day this program can be expanded to other communities.



“If you could disseminate this to other underserved rural communities, these type of results would lead to an enormous reduction in cardiovascular events and a significant slowing of the diabetes epidemic,” he says.

As the research team at HPDP and others across the state work hard to gather more evidence to support the work of CHWs, it also becomes important for them to collaborate with others. In an effort to do just that, the Community Health Worker Summit was held just a few weeks ago in Greensboro, NC. The overall purpose of the event was to summarize findings of a group working to establish CHW workforce and come up with best use cases. Additionally, attendees of the meeting shared findings and engaged stakeholders among health systems, payers and other interested parties. This type of collaboration is what will hopefully lead to increased recognition and integration of CHWs into healthcare teams.

For more information about the CHANGE project, [click here](#).

Developing a Standardized Curriculum for Community Health Workers

Community health workers (CHWs) play an important role in the healthcare system, serving as valuable resources to both communities and healthcare organizations. Their unique understanding of the communities they serve has allowed them to facilitate access to and improve overall quality of care for community members.

In recent years, their proven success has led to an increased standardization of the workforce. In 2009, CHWs became recognized as a distinct occupation, and in 2010 the Patient Protection and Affordable Care Act listed CHWs as “health professionals who function as members of health care teams.” Additionally, The United States Department of Labor estimates that there will be a 15% increase in demand for these workers by 2024.

While this potential increase in demand is great news for the workforce, it has also raised concern about the lack of standardized training and certification programs available for workers. Currently, training across the United States varies from program to program, and as CHWs become increasingly recognized as a profession, the development of training standards is vital. Ruth Little, Vice Chair and Assistant Professor at East Carolina University’s School of Public Health agrees. “With any health profession, there has to be certain methods and consistency in place.”

Ruth was recruited to ECU in 2005 to help start the Master of Public Health Program, and has now been there ever since. A public health advocate, she has spent the last several years working to create a uniform curriculum for CHW education and certification in North Carolina. This curriculum will not only help to adequately prepare CHWs for their role in the healthcare team, but also help to promote the profession statewide.

Prior to working at ECU, Ruth was the Public Health Director of Jones County, a rural county near the eastern coast of North Carolina. Her continued work with Jones county while at ECU led to her writing a grant to the Office of Minority Health that would help her establish a standardized curriculum for the county.

After about a decade of work, Ruth and her team moved towards translating the curriculum to the community college system, and in September of 2015, it was approved. Now available in the Edgecombe Community College system, the curriculum is on the cusp of moving to other community colleges that want it.

An important part of developing any kind of new curriculum is testing it, and Ruth and her team have been measuring longitudinal outcomes for their curriculum for almost ten years. “We have data on almost 1,000 people and we’re trying to test an even larger group,” says Little. “We will also continue to look at outcomes so we can provide updates to the curriculum to ensure it is always current and valid.”



Ruth is also excited to have recently partnered with the Eastern Health Stewards group, who will help them continue to evaluate outcomes with an even larger, more diverse population. “Chronic disease does not discriminate,” she says. “There is a high prevalence of it across all socioeconomic classes, and

we are looking forward to examining the effectiveness of community health workers in all types of populations.”

Overall, Ruth attributes the success of the development of this curriculum to the hard work and contributions of all the leaders and organizations involved. “The entities that represent and reflect the community have always been on the table and had a lot of input and that’s key,” says Ruth. “It’s not about one person, or a small group of people, it’s about bringing our expertise together.”

The 11th Annual Bernstein Dinner: Thanks to All Our Supporters

A big thank you to everyone who helped make the 11th Annual Jim Bernstein Health Leadership Fund Dinner a success! The event convened a record total of 338 of the state's health and community leaders to celebrate the Bernstein Fellows and honor the legacy of the Foundation's founder, Jim Bernstein.

We're excited to report that this year's dinner generated approximately \$55,000 for the Fellows program. *For a list of donors click here.*

We would like to thank those who participated in our second annual pledge drive during the event. These donations helped us earn over \$7,000 for the Fellows program. A special thanks to our pledge drive sponsor, Mission Health, for contributing an additional \$2,500 match, for a total of \$9,500. *For a list of all our pledge drive donors click here.*



The Jim Bernstein Community Health Fellowship is a two-year leadership training program that supports emerging health advocates in rural and underserved areas in North Carolina. The purpose of the Fellows program is to foster strong leadership and enable collaboration.

Through the generosity of our sponsors who purchased mentor tickets, we were also able to include 40 students from UNC-Chapel Hill, Duke University, Campbell University and East Carolina University at this year's event. The mentor tickets reflect our commitment to fostering young health leaders. *For a list of sponsors click here.*

Prior to the dinner, the Future Leaders Reception welcomed over 50 guests with the purpose of creating an intentional networking opportunity among our state's established, rising, and future health leaders. Guests included: current and past Bernstein Fellows, current and past Dinner award recipients, mentor ticket recipients and donors, the members of the Foundation's Board of Directors, and additional special guests.

Following this, all guests were invited to our dinner reception, where they could mix and mingle with other guests while enjoying snacks and drinks prior to the dinner. Another special thanks to our Future Leaders Reception sponsor, UNC Healthcare, and our dinner reception sponsors: Access East, Vidant Health, and East Carolina University Brody School of Medicine.

After the reception, guests gathered into the dining room for the lecture & awards ceremony. This year, our guest speaker was Marcia K. Brand, Senior Advisor to the Dentaquest Foundation and the Executive Director of the National Interprofessional Initiative on Oral Health. Marcia gave a great lecture on rural health improvements and the road ahead.

We also gave out two awards this year: the Foundation for Health Leadership & Innovation Community Achievement Award and the Jim Bernstein Community Health Career Achievement Award.

Robin Tutor Marcom, EdD, MPH, OTR/L, was awarded the Foundation for Health Leadership & Innovation Community Achievement Award, honoring her work as the Director of the North Carolina Agromedicine Institute, an inter-institutional partnership of East Carolina University, North Carolina Agricultural and Technical State University, and North Carolina State University that promotes the health and safety of farmers, fishermen, foresters, their workers and their families.



Leah Devlin, DDS, MPH, a Visiting Professor at the UNC Gillings School of Global Public Health and consultant for Research Triangle Institute, International, was awarded the Jim Bernstein Community Health Career Achievement Award, honoring her for more than 30 years of work in public health practice.



Overall, we are grateful for the continued support from our partners in making this event exceptional every year. Be on the lookout for the date for next year's dinner soon!

Please see next page for a listing of all Pre-Event Donors, Pledge Drive Donors, and Mentor Ticket Sponsors.

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NCOHC Addresses Oral Health Disparities with Recent Events

Over the past month, the NC Oral Health Collaborative has been hard at work organizing two separate events designed to address oral health disparities, access issues, and opportunities for improvement in North Carolina. Both events were a great success and helped the Collaborative move forward with their vision of achieving oral health for all North Carolinians.

First, on September 23, academics, providers, practitioners and community advocates gathered in Cary, NC for the **2016 NC Oral Health Summit**. Overall, the Summit was designed for attendees to gain a common understanding of:

1. current oral health disparities/inequities and access issues in NC,
2. the work that has occurred thus far to address these problems in NC and,
3. systems-level solutions that are proving successful in NC and other states.



Throughout the day, various speakers helped attendees better understand the breadth and scope of the problem and offered some inspiration for the road ahead. The keynote speaker, Dr. Bob Russell, encouraged dentists to move from being the ‘hands’ of the operation to the ‘head’ of the operation by exploring workforce models that could increase capacity for care.

The day concluded with the group diving into a draft version of the NC Oral Health Agenda. Through the collective wisdom of the group, the Collaborative was able to gather some great feedback that will help them strengthen and refine what is put forth as legislative priorities in 2017.



Then, on October 7, the Collaborative held an educational program in Raleigh, NC called **Exploring Teledentistry as a Vehicle for Addressing Oral Health Access Issues**. The program addressed major forces impacting the oral health industry and the potential use of telehealth to expand the reach of dental practices in North Carolina.

Attendees represented both private practice and public health, and varied from academic dentists and hygienists to funders to non-profit health care administrators. Additionally, continuing education credits were provided to interested participants through WakeAHEC.

The event began with Dr. Paul Glassman, a Professor of Dental Practice at the University of the Pacific San Francisco, describing the current state of the health care system and how its consistently poor health outcomes drive the need for new and innovative methods of delivering health care. He then described the Virtual Dental Home model, which has been used in California to increase access to oral health care for the underserved by providing services in the community where people live, work and play.

After that, various panelists shared their diverse experiences in the use of telehealth and discussed some of the opportunities and challenges to implementing teledentistry here in NC, which led to a great discussion.

Overall, hosting these gatherings was important to the work of the Collaborative as it seemed to draw several new stakeholders to the conversation of oral health disparities and improving access to care. Much gratitude to Zulayka Santiago, Rhonda Stephens, and Emily Bernson for all their hard work!



NCRHLA Hosts Reception and Summit on Economic Vitality and Public Health

On October 19th and 20th more than 40 people from across North Carolina gathered at the NC State University McKimmon Center for the NC Rural Health Leadership Alliance's (NCRHLA) inaugural events. The gathering kicked off on the 19th with an open reception that welcomed guests to learn more about the NCRHLA and connect new partners to its current members. The NCRHLA is a coordinated network of leaders and practitioners aimed at improving the health of rural North Carolinians through education and strategic partnerships. Their work is currently focused on achieving the recommendations of the NC Rural Health Action Plan.

On October 20th, a select group of participants from local, regional and state organizations supporting public health and economic development attended the Discovery & Practice Summit: Connections for Community Health and Economic Vitality. The goal of the Summit was to move North Carolina forward in improving economic and community health and wellbeing through collaboration. The Summit was organized on the premise that collaboration across sectors is essential for healthy, vibrant communities. The day was devoted to exploring opportunities for partnership between public health and economic development practitioners – just two of the many partners needed for successful community change. Through the day, sessions narrowed to focus on community strategies for healthy eating and active living (HEAL) that could have health and economic benefits.



Jamie Cousins, a current Jim Bernstein Health Leadership Fellow, led the coordination of the event. "Being a part of the Bernstein Fellowship, I've been inspired and challenged (in the best way) by Jim Bernstein's commitment and leadership to rural North Carolina communities. The Summit and continued dialogue and action are humble efforts to carry forward his spirit and belief in our rural communities. I am truly grateful to the Kate B. Reynolds Charitable Trust for the support which made the Summit a reality. The NC Rural Health Leadership Alliance provided financial support through the National Rural Health Leadership grant and was a terrific partner in this event."

In review of the event, participants shared that the Summit was a valuable investment of their time and that the three primary objectives of the Summit were well-met:

- they were more aware of practical strategies that address the goals of public health and economic development while supporting healthy eating and active living;
- they could identify collaborative opportunities for professionals, advocates, and residents to advance economic vitality and health for all;
- they plan to take action to work jointly to advance public health and economic vitality.



Participants wrote Commitment Cards declaring at least one action to complete before the end of 2016. Most of the commitments involved reaching out to local partners such as economic development professionals or chambers of commerce to talk about opportunities for collaboration. Other commitments included sharing information from the Summit and connecting with agencies

to move work forward together. As Jamie Cousins continues her Bernstein Fellowship and supports the ideas and new collaborations from the Summit, participants will be contacted in early January to learn how they've progressed. Additionally, Summit proceedings will be shared, and several small group discussions are planned to continue to advance dialogue and action.

The Kate B. Reynolds Charitable Trust and the National Rural Health Association provided funding for the Summit, and the NC Rural Health Leadership Alliance, the Jim Bernstein Community Health Leadership Fellows Program, the Foundation for Health Leadership & Innovation, the North Carolina Institute of Medicine, and the NC Division of Public Health Community and Clinical Connections for Prevention and Health Branch all contributed resources for the event.

New Staff Feature: Lisa Tyndall Joins the NC Center of Excellence for Integrated Care.

In June, Lisa Tyndall joined the Foundation as a technical assistant for the NC Center of Excellence for Integrated Care (COE). With over fifteen years of experience, she will help to provide technical assistance for integrated care program development to a variety of medical practice settings. We asked Lisa a few questions to get to know her better.



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

I am originally from Florida, but I have lived in North Carolina since I was in elementary school. I have spent most of my time in eastern North Carolina, with my undergraduate education taking me to Chapel Hill and have also spent some time in Raleigh with my husband.

What drew you to the Foundation?

I love the idea of being a part of helping shape health policy at the state level. Even in the short time I have been on board I have been able to be a part of conversations that have given me huge light bulb moments of understanding how system wide change occurs. I love that the vision of the Foundation is geared towards helping all of those in North Carolina have access to quality healthcare.

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

The majority of my employment time has been spent in an academic setting teaching, conducting research, service, and administration. I have also had experience in administration at two independent schools, as well as working in a local nonprofit family violence prevention agency.

What are you most excited for in this position?

I think two things excite me the most about this position. First, as a Marriage and Family Therapist, I love building relationships and I am excited about building relationships with our various sites across the state in an effort to help them advance along the continuum of integrated care. Second, I am excited to continue to be involved in the advancement of integrated care across our state as a whole. I have always believed people are more than the sum of their parts and I am excited that our healthcare system is beginning to acknowledge this as well.

What do you like to do for fun/in your free time?

In my free time, my most favorite thing is playing a game with my family. We will pick up a game of kickball, wiffle ball, or most recently monopoly, usually at the urging of one of my boys. While my husband and I may be tired, within a few minutes we are so glad we said yes to the request. Of course, I also love my personal quiet time through running and walking with my dog and time spent on the back porch in the early evenings with my husband.

New Staff Feature: Irina Kolobova Joins the Center of Excellence for Integrated Care

In May, Irina Kolobova joined the Foundation as a technical assistant for the Center of Excellence for Integrated Care (COE). With years of experience and a passion for improving health, she will help to provide technical assistance for integrated care program development to a variety of medical practice settings across North Carolina. We asked Irina a few questions to get to know her better.



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

I was born in St. Petersburg, Russia and grew up on the west coast, spending 6-8 years each in San Diego, Seattle, and Portland. I moved to North Carolina to pursue my doctoral studies in 2013. When I finished my PhD this May, I decided to stay and call North Carolina my new 'home'.

What drew you to the Foundation?

Working for the Foundation with the Center of Excellence for Integrated Care provides me an opportunity to apply everything I learned through my educational training while also being true to my passion of supporting marginalized communities and increasing access to high quality healthcare. Working alongside the multiple programs within the Foundation, I get the opportunity to be part of the systemic approach to improve the health of our community.

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

A significant portion of my work history has been in research, starting with my earliest experiences at the University of Washington. During college, I was a research assistant for Drs. John Gottman and Jessica Sommerville. Following my love for research, after college I worked as a research assistant for a NIDA Clinical Trials Network protocol that evaluated a manualized 12-step program at an outpatient treatment center in Portland, Oregon. Later and until I moved to North Carolina, I worked as a research coordinator in the department of Endocrinology at Oregon Health & Science University (OHSU). In the position, I managed a large NIH-funded randomized-controlled study that looked at the effects of thyroid function on metabolism and cognition. During my doctoral studies, I worked as behavioral health provider at a Federally Qualified Health Center in Eastern North Carolina. Beyond these longer work experiences, I've also worked with a variety of other organizations including Cascade AIDS Projects, The Parry Center for Children, the Knight Cancer Adolescent and Young Adult Cancer Psychosocial Program, and the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.

What are you most excited for in this position?

I get to show people how to integrate physical health and behavioral health and why this is important to improving population health. I enjoy getting them excited about the work!

What do you like to do for fun/in your free time?

As my colleagues would say, I have a life-long case of 'wanderlust'. I love to travel near and far and do so with just about every minute of my free time. I enjoy exploring different cultures, trying new foods, finding treasures, and embracing different ways of being. I also enjoy nearly all outdoor activities including hiking, kayaking, paddle boarding, and snowboarding.

Zulayka Santiago Selected as Health Equity Fellow



We are thrilled to announce that Zulayka Santiago, Director of the North Carolina Oral Health Collaborative, was recently selected as an inaugural fellow for the Leaders for Health Equity Fellowship program. The fellowship, offered by George Washington University’s Health Workforce Institute, honors health sector professionals with a commitment to health equity and demonstrated leadership potential. Zulayka was selected as one of 16 fellows from a competitive group of applicants from all over the United States and other countries.

The year-long program will begin in January, and is designed to provide fellows with the necessary skills and experience to identify disparities, combat inequities, strengthen individual leadership, and build a network of like-minded leaders from a wide array of institutions. In addition to online meetings and training, fellows will convene in-person a total of three times, with initial and final meetings in Washington D.C., and a mid-year convening in Rwin Kwavu, Rwanda.

With a career and passion centered around oral health, Zulayka will focus her fellowship on exploring health workforce options to increase access to oral health care and reduce oral health disparities.

“I am delighted and honored to be a part of this phenomenal group of people. I look forward to deepening my knowledge about the intersections of health equity and particularly excited about gaining a global perspective to generating solutions to these complex problems.”

For more information about the Leaders for Health Equity Fellowship program, [click here](#).