JIM BERNSTEIN
COMMUNITY HEALTH LEADERSHIP FELLOWS

A PROGRAM OF THE FOUNDATION FOR HEALTH LEADERSHIP AND INNOVATION

HANDBOOK AND TRAINING CURRICULUM

CONTENT

OVERVIEW

Jim Bernstein, founder and first president of the Foundation for Health Leadership and Innovation (FHLI), dedicated his life and work to improving healthcare in rural communities across North Carolina (NC). An innovator and a motivator, he served as a role model to others in how to address some of the most difficult rural health care challenges.

Over thirty years, Jim accomplished a great deal, but he knew that new challenges in rural health would continue to emerge as time went on. In effort to strengthen and expand the next generation of rural health leaders to meet these challenges, he established the Jim Bernstein Community Health Leadership Fellows Program.

Mission: To develop and prepare future leaders to work in, and improve the health status of, rural and underserved communities in North Carolina.

The purpose of the Jim Bernstein Community Health Leadership Fellows Program is to develop future leaders to work in, and improve the health status of, rural and underserved communities in NC. The Bernstein Community Health Leadership Fellows Program identifies and supports the work of outstanding individuals already working in health services in these areas and share Jim's commitment and passion for rural health.

Vision: To strengthen the next generation of health leaders to provide affordable and sustainable quality health services to communities in North Carolina.

Principle: To support the work and careers of outstanding individuals who share Jim Bernstein's vision, commitment, passion, and beliefs for improving the health status of North Carolinians, especially those who reside in rural and/or underserved communities.

GOAL, OBJECTIVES, LEARNING OUTCOMES

The goal of this program is to prepare and inspire confident, highly skilled, and influential advocates for the needs of rural communities in NC.

The objectives of the Bernstein Community Health Leadership Fellows Program are to provide fellows with a platform thorough which they can obtain an understanding of rural and underserved community needs and resources in NC and be equiped fellows with the leadership skills needed to engage and collaborate with others to improve the health and economic status of a given community. This is not a graduate program like and MPH or MBA. It is intended to provide Fellows with exposures, experiences and trainings designed to help them become better leaders. Fellows will get out of this program what they put into it.

Upon completion of the Bernstein Community Health Leadership Fellows Program, fellows will be exposed to information and experiences that will enhance their ability to:
1) Discuss the challenges that rural communities face in NC, including economic, social, and infrastructure needs.
2) Apply a health equity lens to alleviate health disparities.
3) Describe the structure, resources, and opportunities in the NC health and health care system, across the continuum of health and each potential health care access point.

4) Apply leadership skills, including to build effective partnerships with key state stakeholders, organizations, and communities.
5) Implement a team-based approach to move individuals and communities towards potential health and wellness solutions.
6) Describe policies that can alleviate health disparities in rural areas.

Specific learning outcomes for each of the program's activities are described in each section.

TRAINING COMPONENTS

- The Bernstein Community Health Leadership Fellows Program is a two-year experience.
  - o Year 1 activities are foundational and will consist of live in-person (inclusive of orientation) seminars and monthly live virtual check points. One of the in-person events is a multi-day program focused on team-building and foundational leadership training.
  - o Year 2 activities are experiential and applied learning. The majority of Year 2 is focused on the implementation of the Bernstein Leadership Project. Monthly live virtual check points will continue to take place, as well as site visits to rural NC and safety net providers.
  - o Leadership dinners will be planned throughout Years 1 and 2, and all efforts will be made to plan these dinners to coincide with other in-person meetings. Leadership dinners will provide fellows the opportunity to meet with NC stakeholders, leaders, and their mentors.
  - o Mentorship is an important component of the Fellowship. Fellows will have the opportunity to identify mentors to enhance overall leadership development and specific areas of focus related to their Project or to specific areas of personal learning/growth.
- Completion of preparation and training materials included in this document will take a commitment of 30 minutes to 4 hours across each of 4 core themes.
- Through the completion of the Bernstein Community Health Leadership Fellows Project, fellows will integrate the 4 core themes into an actionable, evidence-based deliverable. The project is the most time-intensive component of the fellowship and is intended to apply and showcase the Fellows leadership skills in addition to accomplishing the project's outcomes.

The 4 core themes of the Bernstein Community Health Leadership Fellows Program are the following:

NC Health and Health Care

In order for Fellows to work effectively in their own communities and regions, they need a full understanding of the range of health and health care issues facing the state and the resources in place to address these issues. Fellows are given opportunities throughout the two years to hear formal presentations on all elements of the health care system, including hospitals, community health centers, health departments, the health workforce, insurance, social drivers of health, and related issues. These formal presentations are augmented by site visits to rural communities that have developed model programs to effectively address critical problems facing their communities.

Rural Life and Economic Development

The Fellows Program is designed on the assumption that health care does not exist in a vacuum but is an integral part of the social and economic life of a community - and that this is particularly true in a rural area. As such the Fellows Program seeks to give the participants a thorough understanding of the key elements of a "healthy community", one that includes good schools, job opportunities, safe neighborhoods, and easily accessible places for recreation and exercise. Through partnerships with organizations representing a variety of social sectors, Fellows are given opportunities to learn about effective ways that rural communities across NC are addressing the issues of job creation, infrastructure development, resource development, and leadership, and how good quality health care is an essential component of a thriving rural community.

Leadership and Communication

The leadership component of the Fellowship involves both formal educational experiences and opportunities to learn from mentors and other health leaders. The formal leadership development programming is offered by a partner organization with extensive experience in leadership development for business and non-profit leaders in NC and beyond. Fellows will also connect with leaders and mentors as appropriate throughout their fellowship who can offer the Fellow coaching and feedback on leadership issues that may arise, including leadership in contributing to public policy.

Partnership and Collaboration

The Fellows Program is built on the assumption that effective health programs are rooted in collaboration and successful partnerships, both within the health care sector and throughout the community. Fellows are given opportunities during the two years to meet and network with leaders of key health care organizations across the state who may serve as resources for them. In addition, there is a strong emphasis as part of the project each Fellow completes to be fully engaged with all aspects of the local community and to learn to take full advantage of the array of assets that each community has to offer.

TRAINING SCHEDULE*

The training schedule below has been laid out for maximum effectiveness and efficiency and to highlight in-person overnight commitments. While there is some flexibility, fellows must attend live sessions at the scheduled time. The first session will serve as an orientation and foundation setting for expectations for the experience. Exact dates, times, and locations will be confirmed as the fellowship progresses. Our plan is to execute intentional trips away to spend time and connect as cohort, to foster individual growth. Also, in an effort to make the Fellowship as helpful as possible to the individuals in the cohort, we also aim to gather suggestions for desired speakers over the two years. The timeline below is just a timeline and topics covered may change for a variety of reasons.

Table 1: Bernstein Fellows Schedule 2024-2026

	Year 1: Foundational												Year 2: Experiential													
	2024				2025												2026									
Core Theme	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10
Activities and Milestones																										
Monthly virtual checkpoints with Bernstein Community Health Leadership Fellows Program team																										
Foundation Setting		S, D+																								
NC Health and Health Care																			V D							
Rural and Economic Development							S, D																			
Leadership and Communication**			S, D								V*, D		P, D													P
Partnership and Collaboration																							S, D			D+

While circumstances may require adjustments to this schedule, the plan is to try to stick to it as best as possible.
Full week trip commitment to Mountains (white water rafting/ leadership development)
**Additional foundational and experiential leadership and communication activities are embedded in the Bernstein Community Health Leadership Fellows Project, which spans the entire 2-year fellowship.*
+Annual Bernstein dinner.*

> **KEY**
> *S: In-person seminar*
> *D: Dinner*
> *V: Site Visit*
> *P: Project Presentation & meeting New Fellow Mentee meeting*

SYLLABUS

The curriculum for the Bernstein Community Health Leadership Fellows Program is centered around the 4 core themes of Health and Health Care in NC, Rural Life and Economic Development, Leadership and Communication, and Partnership and Collaboration. Preparation and training materials are organized into each of these 4 core themes.

In addition to the preparation and training materials listed below, subscriptions to the NC Medical Journal and the NC Health Policy Forum podcast are highly recommended.

Leadership and Communication

Time commitment: approximately 30 minutes (not including associated live session(s))

Description
Early in their 2-year program, the Fellows will be immersed in the DiSC Behavior Model, which starts with an online assessment. Each Fellow will get a 27-page report, rich in details of their normal default behaviors, their tendencies relative to others in all the different styles, and concepts of effective conflict resolution. In a half-day workshop, the Fellows will be led into a detailed description of the model and be given the tools to greater self-awareness and social awareness (often labeled "SEI", or Social Emotional Intelligence), which are the fundamental pieces of good communication and leadership. This is not a lecture; it is an engaged, experiential, and therefore memorable workshop. To the extent they embrace the curiosity, courage, willingness, and humility necessary to benefit from the model, they will grow as effective leaders in rural health in North Carolina.

Learning Outcomes
"We only get better at the things we practice" is proven wisdom. Therefore, fellows will be encouraged and expected to:

- Use and become comfortable in the language of DiSC, during our workshops and in interactions with their fellow Fellows;
- Practice giving and receiving effective, honest feedback, both positive and constructive, to peers and co-workers, direct reports, and folks who supervise them; Discuss with each other any leadership challenges they face "back on the job" and use the self- and other-awareness offered through DiSC to approach these challenges;
- Decide on which behaviors are effective for themselves and build on those;
- Decide on which behaviors are making them less effective in their relationships and leadership and work to improve in those arenas; and
- Have fun in this voyage of self-discovery.

The Fellows are directed to this reference to learn more about the remarkable career of Jim Bernstein:

1. Donald L. Madison. *The Work of James D. Bernstein of Nort Carolina,* NC Medical Journal 2006, 67(1) 27-42.
   https://www.ncdhhs.gov/media/1639/download

Rural Life and Economic Development

Components: Factors Influencing Rural Health, The State of Rural NC, The Interconnectedness of Economics and Health, & Building Blocks of Sustainable Rural Economic Development

Total Time Commitment: approximately 3.5 hours (not including associated live session)

Description
Access to quality clinical care contributes to only an estimated 20% of the healthy outcomes of a population. Other modifiable factors that contribute to the health of individuals and populations include socio-economic, environmental, and behavioral variables. This section equips fellows with an understanding of how these variables specifically affect the people living and working in rural NC. Fellows will become familiar with the concepts of economic development and growth and the role that leaders play in the future of rural communities in NC.

Fellows will review the materials listed below before attending the associated live session.

Learning Outcomes
At the end of this section, fellows will be able to:

- Connect the socio-economic, environmental, and behavioral factors on health outcomes to the health status of rural NC communities.
- Discuss the economic and demographic changes in rural NC, both historically and currently underway.
- Describe the economics of health.
- Apply the building blocks of comprehensive rural economic development to challenges in rural communities.
- Summarize the rural health priorities of NC Department Health and Human Services.

Factors Influencing Rural Health

Time Commitment: 90 minutes
Covering more than a 15-year perspective, materials below describe the socio-economic, behavioral, and environmental factors that attribute to health outcomes in NC, with a focus on rural communities.

1. NC Institute of Medicine. *NC Rural Health Action Plan: A Report of the NCIOM Task Force on Rural Health.* Morrisville, NC: NC Institute of Medicine; 2014 https://nciom.org/wp-content/uploads/2017/07/RuralHealthActionPlan_report_FINAL.pdf

2. NC Institute of Medicine. Healthy NC 2030: A Path Toward Health. Morrisville, NC: NC Institute of Medicine; 2020Healthy NC 2030 Report https://nciom.org/wp-content/uploads/2020/01/HNC-REPORT-FINAL-Spread2.pdf
3. NC Division of Public Health, NC DHHS. (2019). 2019 NC State Health Assessment: Introduction and Data Tables - A Companion to Healthy NC 2030. Raleigh, NC https://schs.dph.ncdhhs.gov/units/ldas/docs/SHA-REPORT-Final-2-24.pdf
4. NC Division of Public Health, NC DHHS. (2022). 2022 NC State Health Improvement Plan. Raleigh, NC https://schs.dph.ncdhhs.gov/units/ldas/docs/NCSHIP-2022-Full.pdf

The State of Rural NC
Time Commitment: 30 minutes
The following materials provide the demographic and legislative landscape of rural NC.
1. Rural NC at a Glance https://www.ncruralcenter.org/2023/05/rural-north-carolina-at-a-glance/
2. NC Rural Health Shot https://foundationhli.org/wp-content/uploads/2023-NC-Rural-Health-Snapshot-FINAL.pdf
3. Browse through the NC Rural Center's Advocacy work https://www.ncruralcenter.org/advocacy/

The Interconnectedness of Economics and Health
Time Commitment: 45 minutes
The following materials describe the relationship between economics and health.
1. Brian Kennedy, *A Standard Worthy of North Carolina Workers: The 2019 Living Income Standard for 100 Counties (*NC Budget and Tax Center, a project of the North Carolina Justice Center). https://www.ncjustice.org/wp-content/uploads/2019/04/Living-Income-Standard2019.pdf

2. Patrick Woodie, *What's Economic Development Got To Do With It? The Economic Impact of Healthy Rural Communities* (NC Medical Journal 2018, 79 (6), 382-385 https://ncmedicaljournal.com/article/54992-what-s-economic-development-got-to-do-with-it-the-economic-impact-of-healthy-rural-communities

3. Richard Paycherin, *Rural Hospital Closures Affect More than Health Outcomes* (Medical Economics, 22 March 2022) https://www.medicaleconomics.com/view/rural-hospital-closures-affect-more-thanhealth-outcomes

Building Blocks of Sustainable Rural Economic Development

Time Commitment: 45 minutes
The following materials introduce case studies for multi-pronged approaches to economic development and a framework for sustainability.

1. Edward B. Barbier and Joanne C. Berlin, *The Sustainable Development Goals and the Systems Approach to Sustainability*, Economics 2017, 11(28). https://public.3.basecamp.com/p/FJHvvkKsb8XaKh3L6pTWG3eR

2. Use case studies of various approaches to economic development in NC:
   - Talent development: https://homegrowntools.unc.edu/wpcontent/uploads/2022/04/YanceyCountyNC_Casestudy.pdf
   - Social and Civic Vibrancy: https://homegrowntools.unc.edu/wpcontent/uploads/2017/07/ayden-1.pdf
   - Business Growth: https://homegrowntools.unc.edu/wpcontent/uploads/2017/07/oxford-1.pdf

NC Health and Health Care

Components: Introduction to Public Health in NC, Rural Health and the NC Safety Net, Medicaid Transformation and Expansion, & Looking Towards the Future
Total Time Commitment: approximately 3.75 hours (not including associated live session)

Description
This section lays a foundation for understanding the health care infrastructure in NC, with a focus on equity, care delivery and financing, and governance structures. Fellows will become familiar with the "state of the state of NC" for health, health care access, and the health care workforce. At the end of this section, fellows will have the opportunity to synthesize what they have learned to examine rural health policy and relate the capacity and sustainability of the NC safety net with Medicaid and the promotion of health equity, especially for rural communities.

Fellows will review the materials listed below at their own pace either before or after attending the associated live session.

Learning Outcomes
At the end of this section, fellows will be able to:
- Discuss the NC health and health care infrastructure.
- Compare and contrast data on health and health care access in rural and urban parts of NC and describe how rural inequalities and drivers of health affect these data.
- Describe the function of safety net providers in NC.
- Explain the role of Medicaid Transformation on rural health in NC.
- Identify areas of strength and fragility in the roadmap for health, health care, and health care access in NC.

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Introduction to Public Health in NC
Time Commitment: 1.75 hours
This training series provides a basic introduction to the field of public health and is intended to familiarize fellows with NC governmental public health. There are 5 modules within, all of which can be accessed at the following link: https://sph.unc.edu/nciph/nciph-intro-ph-in-nc/

Rural Health and the NC Safety Net
Time Commitment: 15 minutes
The following materials will provide a portrait of the current state of health and health care in NC, with a focus on the NC Safety Net.
1. 2018 NC Safety Net presentation by Pam Silberman, JD, DrPH: https://nciom.org/wpcontent/uploads/2017/09/Silberman2_Safety-Net-4-18.pdf

Medicaid Transformation and Expansion
Time Commitment: 30 minutes
The materials below describe the role of Medicaid in NC health and health care.
1. James Coleman, *Medicaid Transformation vs. Expansion: What's the Difference*? (NC IOM Blog Post, 2019 September 10) https://nciom.org/medicaid-transformation-vs-expansion-whats-the-difference/
2. NC Medicaid 2021 Provider Playbook: *Introduction to Medicaid Transformation* https://medicaid.ncdhhs.gov/media/9539/download?attachment?attachment?attachment
3. Medicaid Expansion Q&A https://medicaid.ncdhhs.gov/questions-and-answers-about-medicaid-expansion

4. Sarah Rosenbaum et al., *Medicaid and Safety-Net Providers: An Essential Health Equity Partnership* (Commonwealth Fund, Apr. 2022) https://www.commonwealthfund.org/publications/fund-reports/2022/apr/medicaidsafety-net-providers-equity-partnership

Looking Towards the Future
Time Commitment: 60 minutes
The materials below outline challenges for the future of healthcare in NC.
1. Mark Holmes, *Financially Fragile Rural Hospitals: Mergers and Closures* (NC Medical Journal 2015, 76 (1) 1-4) https://pubmed.ncbi.nlm.nih.gov/25621479/

2. Brad Wright et al., *Will Community Health Center Survive COVID-19?* (The Journal of Rural Health, 37 (2021) 235-238) https://onlinelibrary.wiley.com/doi/full/10.1111/jrh.12473

2. Deborah Morrison, Kim A. Schwartz & Leslie Wolcott, *COVID-19 Reflections: We Are Not OK: Safety Net Primary Care Access in a Non-Expansion State Amid COVID-19* (NC Medical
Journal May 2022, 83 (3) 194-196) https://ncmedicaljournal.com/article/55453-covid-19-reflections-we-are-not-ok-safety-net-primary-care-access-in-a-non-expansion-state-amid-covid-19

Partnerships and Collaboration

Total Time Commitment: varies, minimum of 45 minutes, not including multiple live sessions with potential partners across the fellowship period

Description
This section mainly focuses on the formation of relationships. The review materials provide an introduction to various organizations whose work focuses on improving the health status of rural and underserved communities in NC. Becoming familiar with these organizations and their leaders will help fellows establish connections for partnership and collaboration.

Learning Outcomes
At the end of this section, fellows will be able to:
1. Discuss the importance of partnerships, collaboration, and teamwork in rural work.
2. Identify key concepts and terms in community engagement.
3. Describe the work of five NC organizations focused on improving the health status of rural and underserved communities in NC.
4. Connect with at least 2 new partner organizations, professions, stakeholders, or colleagues to enhance the Bernstein Community Health Leadership Fellows Project.

The following materials provide a historical perspective on many of NC's rural-focused organizations and a blueprint for the future of healthcare training models, with a focus on interprofessional teamwork and collaboration across sectors, including the engagement of rural communities in public health intervention.
1. Thomas Ricketts, *State and Local Partners for Meeting the Healthcare Needs of Small and Often Remote Rural Communities* (NC Medical Journal 2006, 67(1), 43-50) https://ncmedicaljournal.com/article/55453-covid-19-reflections-we-are-not-ok-safety-net-primary-care-access-in-a-non-expansion-state-amid-covid-19

2. NC Institute of Public Health: Community Health Assessment and Toolkit https://sph.unc.edu/nciph/cha-chip-toolkit/

3. Sarrami-Foroushani, P., Travaglia, J., Debono, D. *et al.* (2014). K*ey concepts in consumer and community engagement: a scoping meta-review.* BMC Health Services Research*, 14, 250. https://public.3.basecamp.com/p/WmuLUFKYruvrPvSWY4GP7H78
4. O'Mara-Eves, A. et al. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. BMC Public Health, 15:129.
    https://public.3.basecamp.com/p/wCDnEvKg9gvD6k2uxy2XiT3a
5. Fraher, E. , Lombardi, B. , Brandt, B. & Hawes, E. (2022). Improving the Health of Rural Communities Through Academic-Community Partnerships and Interprofessional Health Care and Training Models. *Academic Medicine,* 97(9), 1272-1276. doi: 10.1097/ACM.0000000000004794.
    https://public.3.basecamp.com/p/zSg2xaGsxquMMpQgG4P4qV3Q

Throughout these discussions, Fellows will be asked to identify relevant speakers from whom they would like to hear. Fellowship leadership will strive to obtain those speakers for the Fellows.

Bernstein Community Health Leadership Fellows Program
Mentor Roles and Responsibilities

Partnership and Collaboration is a core theme of the Bernstein Community Health Leadership Fellows Program, and that includes the partnership and collaboration with one or more identified mentors. The Bernstein leadership team will help facilitate the connection to one or more mentors, if needed, but the ultimate responsibility of the relationship is the onus of the fellow.

Mentors for the Bernstein Community Health Leadership Fellows Program may be used for one or more of the following:
*   Committing to at least 1 hour per month of touch points with the fellow
*   Sharing of expertise in each of the 4 core theme of the Bernstein Community Health Leadership Fellows Program
*   Helping the fellow identify opportunities, resolve conflict, and solve problems related to the planning, implementation, and evaluation of the Bernstein Community Health Leadership Fellow Project
*   Attending the final project presentation at the end of the 2 year fellowship period.
*   Attending the seminars, site visits, and dinners as willing and able throughout the 2 year fellowship.

Consider the following characteristics of effective mentoring (taken directly from https://www.apa.org/pi/disability/resources/mentoring/tips-mentors):

Effective mentors have the ability and willingness to:
*   Value the mentee as a person

- Develop mutual trust and respect

- Maintain confidentiality

- Listen both to what is being said and how it is being said

- Advise, do not manage

- Stay in the zone of expertise/experience

- Focus on the mentee's development, interests, and desired career goals

- Help extend the mentee's network – suggest additional mentors to address unique needs

As part of their continued growth as leaders in NC, graduates of the Bernstein Community Health Leadership Fellows Program are expected to become secondary mentors of the next class. For tips on how to set up mentorship expectations, please see the following link:
https://www.apa.org/pi/disability/resources/mentoring/tipsmentors

Bernstein Community Health Leadership Fellows Project

Training Components: 6 proposed milestones across 2 years and final project due in October 2026
Total Time Commitment: Preparation materials may take up to 4 hours to review per milestone, depending on the fellow's previous experience; time needed to complete each project component will vary by project and individual.

Description
The primary purpose of the Project is to provide an opportunity to apply the learned Leadership principals to a specific application (the Project). The project designs and outcomes are important but are secondary to the applied leadership learning through the design and implementation of the Project.

Each Fellow is encouraged to adopt the approach to their project that best suits their style. The following framework is one approach to undertaking the Project and is intended to serve as an example for consideration as Fellows are determining how best to approach and complete their Project. Throughout the Project, Fellows will be invited to identify Mentors to enhance leadership development and the development of the Project. Fellowship leadership will strive to connect Fellows with identified mentors.

Interventions and evidence-based practices that are poorly designed and/or implemented and lack leadership do not result in optimal or desired benefits. Through an introduction to program planning and design, implementation science, and improvement science, this section is designed

to provide a framework for the planning, development, implementation, and evaluation of each fellow's community health project. Throughout the Bernstein Fellowship, Fellows will have the opportunity to discuss step-by-step progress on projects so that projects follow the shared concepts of these strategies and are strong from conceptualization through evaluation. The preparation materials in this section, although not comprehensive, are intended to provide general guidance for proposed project milestones.

Learning Outcomes

At completion of this project, fellows will be able to:

- Connect the 4 core themes of the Bernstein Fellowship: NC Health and Health Care, Rural and Economic Development, Leadership and Communication, and Partnerships and Collaboration into an actionable project.
- Apply evidence-based steps in intervention design, from problem identification to planning and design to implementation to evaluation
- Connect and apply the role of effective leadership to each step of implementing interventions and/or changes in community health.

Proposed Project Milestones

Output	Goal	Description	References for Guidance
Identify mentor/partner, Research on the extent of the problem, Problem Stament	10/2024	Prepare a summary of your project. Areas to address could include: 1) Describe The demographics of the community/target population, including any relevant community or population history, the gap between what is and what should be, and things that can be used to help close the gap between what is and what should be. Use evidence as rationale. 2) Conclude with a statement that details WHO is affected, HOW big the problem is, WHAT contributes to the problem, and WHEN & WHERE	Centers for Disease Control and Prevention: Problem Identification (2019): https://www.cdc.gov/policy/polaris /policyprocess/problemidentification/index.html Introduction to Implementation Science: -Defining implementation science -Making the case for translation (Adithya Cattamanchi, MD, MAS) View slides or watch videos: https://epibiostat.ucsf.edu/implem entation-science-mini-course Community Needs Assessment. Atlanta, GA: Centers for Disease Control and Prevention (CDC), 2013: https://www.cdc.gov/globalhealth/ healthprotection/fetp/training_mo dules/15/community- needs_pw_final_9252013.pdf

		the problem is most likely to occur. 3) Identify a partner or mentor who will collaborate and contribute to your project's success and your growth as a leader in Community Health in NC.	
Theory or Conceptual Framework	12/2024	Prepare a summary (or outline) of your theory/conceptual framework. Areas to address could include: 1) Details the application of a theory or conceptual model that can be used to explain possible reasons why the problem exists. The theory or model should provide insight into the direction of the intervention. 2) Describe how this theory or conceptual model (and/or	Introduction to Implementation Science -Overview of Implementation Frameworks and Theories (Adithya Cattamanchi, MD, MAS) View slides or watch videos: https://epibiostat.ucsf.edu/implem entation-science-mini-course Introduction to Implementation Science

		others) can affect your leadership actions to address the problem.	-A Brief Introduction to the COM-B Model (Margaret Handley, PhD, MPH) View slides or watch videos: https://epibiostat.ucsf.edu/implementation-science-mini-course
Logic Model	02/2025	Prepare a logic model flowchart or table that links the project activity to intended outcomes. The project should be based in the theory/conceptual model and designed to address the identified problem.	University of Wisconsin (2022), Program Development and Evaluation, Resources for Logic Models: https://fyi.extension.wisc.edu/programdevelopment/designingprograms/
Intervention Design and Implementation plan	06/2025	Describe (feel free to use tables, charts, graphics, bullets), your intervention design and implementation plan. Areas to address could include: 1) The intervention that will be used to address the problem using the theory/conceptual model and logic model. 2) What activities/interventions are needed to address the factors contributing to the identified problem and will lead to the intended outcomes? How will the intervention be implemented? What is the timeline? 3) What your role as a leader is in the design and implementation of this project.	University of Wisconsin (2022), Framework for Ongoing Program Development: https://fyi.extension.wisc.edu/programdevelopment/files/2022/02/Framework-for-Ongoing-ProgramDevelopment.pdf National Implementation Research Network Active Implementation Hub: https://nirn.fpg.unc.edu/modulesand-lessons
Interim Update	10/2025	Provide update to FHLI Board of Trustees. Presentation to include description of project, status, lessons learned. Obtain feedback from the Board. WHAT is the project WHY choose HOW will you do it WHAT – do you hope to learn from project/learn about yourself as a leader	

Evaluation	12/202	Describe the evaluation plan. Areas to address could include: 1) What are your plans for formative and summative evaluations of your project? 2) What are some short term and long term metrics? 3) How will you know if you were successful? 4) How will you evaluate the role of your leadership on the outcomes?	Center for Community Health and Development at University of Kansas: A Framework for Program Evaluation: https://ctb.ku.edu/en/table-ofcontents/evaluate/evaluation/framework-for-evaluation/main
Presentation	10/2026	15 minute presentation to the FHLI Board, stakeholders, mentors,on the project. Presentation components should include 1) what is the project 2) why did you choose it 3) how did you do it 4) what did you learn from the project and learn about yourself as a leader. If applicable, could also include information like your conceptual model/theory underpinning the intervention, the implementation plan, progress, evaluation, lessons learned and how it related back to the four components of the curriculum.	