



**FOUNDATION FOR HEALTH
LEADERSHIP & INNOVATION**

MOVING PEOPLE AND IDEAS INTO ACTION

2020 - 2021 Report to the Community



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2401 Weston Parkway, Suite 203, Cary, NC 27513

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FHLI is an organization deeply rooted in community, and committed to elevating the voices of the people who live there.

*Kelly Calabria
President & CEO
Foundation for Health
Leadership & Innovation*

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CEO Message.

Hear directly from FHLI's new President and Chief Executive Officer, Kelly Calabria, about the future direction of the organization.



Our Work.

Review a brief summary of the lives we've touched and the communities we've served in the past fiscal year, with special briefings about our work during the pandemic.



Financials.

Learn more about the organization's strong financial position as we head into new territory, expand our service offerings, and start new work to better address the health complexities of a post-pandemic world.

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FHLI strives to break down the complex health challenges and disparities facing rural communities and historically marginalized populations. We strive to accomplish these goals by cultivating a culture of innovation, experimentation, and risk-taking, as well as by amplifying the voices of the communities we serve.

*Dr. Zachary Brian
Vice President of
Strategy, Impact & Programs
Foundation for Health
Leadership & Innovation*

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CEO Message

The COVID-19 pandemic kept us apart from our friends, our neighbors, our colleagues, and even members of our own families.

However, we learned that nothing, not even a global pandemic, could separate us from our communities.

The Foundation for Health Leadership & Innovation (FHLI) has a long history of working in North Carolina's rural communities and among our state's most vulnerable populations. This history is rooted in Jim Bernstein's legacy. Jim formed the country's first State Office of Rural Health here in North Carolina, and spearheaded the creation of FHLI nearly 40 years ago. Since then, our teams have worked to be a leading voice in the creation of solutions to address complex health challenges and disparities facing rural communities and historically marginalized populations.

We believe this is critical because the challenges these communities face are both generational and systemic, and can't be solved with one-time programming alone, but instead through sustainable, systems-level change, which calls for new approaches leaning on innovation and partnerships. Our team recognizes that the only way to address the most significant health-related challenges is by empowering and supporting the community's voice and ensuring they participate in the discussion.

As you read through this year's Annual Report, I believe you will see that FHLI continues to connect communities, works hand-in-hand with people, partners, and organizations across our state, and ensures that communities can flourish.

Thank you for your continued support of FHLI, our work, and our team.

Sincerely,

Kelly Calabria
President & CEO
Foundation for Health Leadership & Innovation



**FOUNDATION FOR HEALTH
LEADERSHIP & INNOVATION**

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Our Work.

At FHII, we are committed to supporting and fostering innovative programs that break down complex health challenges and disparities facing rural communities and historically marginalized populations.



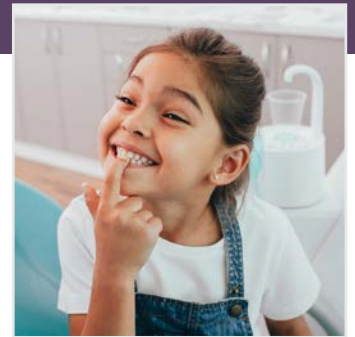
Bernstein Fellows and Scholars Programs



Center of Excellence for Integrated Care



NCCARE360



NC Oral Health Collaborative



NC Rural Health Leadership Alliance



PRISM



Results NC



Rural Forward NC

Jim Bernstein Community Health Leadership Fellows

The Jim Bernstein Community Health Leadership Fellows program develops future leaders to work in, and improve the health status of, rural and underserved communities in North Carolina. The Fellows program identifies and supports the work of outstanding individuals already working in health services and who share Jim's passion for rural health.

After the two-year fellowship, Bernstein Fellows not only have a broader understanding of rural and underserved community needs, but also develop the leadership skills necessary to engage and collaborate with others to improve the health and economic state of their communities.

Jim & Sue Bernstein Health Center Scholarship

Being involved in the creation of 81 community-based clinics across North Carolina, FHLI founder Dr. Jim Bernstein understood the importance of the contributions made to the community by clinic staff. He and his wife, a former Peace Corps volunteer, began the Jim & Sue Bernstein Health Center Scholarship program. Selected annually by the Jim Bernstein Health Leadership Committee, these scholarships help to relieve some of the financial burden on the employees of eligible health centers by helping to pay for both the clinical education of rural clinic staff members, and the college education of a dependent, in any area of interest.

Jim Bernstein Community Health Leadership Fellows



Jim & Sue Bernstein Health Center Scholarship

Jim Bernstein Community Health Leadership Fellows

With the social, emotional, and economic impacts of the pandemic, North Carolina's rural and underserved communities need leaders now more than ever. These communities must have the support, resources, and care to not only improve the health of their residents, but to also endure what is sure to be a long-term recovery process.

A Bernstein Fellows alum thought now would be the perfect time to bring the Bernstein Fellows together to share their own pandemic-related experiences, learn from others, and give one another support. Thus, the *Bernstein Fellows Alumni Leadership Series – Leadership During Times of Uncertainty* was developed and consisted of discussions/learning opportunities that were held every other month beginning in November 2020 through May 2021.

These virtual meetings included a 30-minute presentation by a leader in the health and/or community space, followed by a 30-minute Q&A/discussion, and a 30-minute "water cooler" discussion. We were so fortunate to have amazing speakers at each session, including Ben Money, Deputy Secretary of Health Services, NC Department of Health & Human Services; Hugh Tilson, Director of NC AHEC; and FHLI's new President and CEO, Kelly Calabria.

The Bernstein Fellows class resumed meeting on a regular basis in 2021. The Fellows in the current cohort are Anne Carpenter, MBA; Ji Lim, DMD; Lisa McKeithan, MS, CRC; Donia Simmons, CHW, and Weyling White, MBA, CAPPm.

The current cohort of Fellows has participated in the following leadership development programs:

- » Rural Economic Development training provided by the North Carolina Rural Center staff
- » Becoming Better Messengers training provided by the Network for Public Health Law Director Gene Matthews
- » DISC Leadership training provided by John Burton

Jim & Sue Bernstein Health Center Scholarship

Six scholarships were awarded in 2021 – to two health center employees and four dependent family members – for a total of amount of \$9,000.

Since its inception in 2006, the program has awarded more than \$115,000 to nearly 100 North Carolina rural scholars.

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The Foundation of Health Leadership & Innovation stands ready to assist whenever and wherever possible so that communities are heard, inequities are challenged, and effective solutions are supported.

*Carla Obiol
Vice President of
Community Voice & Advocacy
Foundation for Health
Leadership & Innovation*

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The Center of Excellence for Integrated Care (COE) partners with health systems and communities to transform clinical, operational, and financial systems to integrate physical and behavioral healthcare, and support whole-person care for all.

Healthcare systems and clinics across the country have started to emphasize whole-person care by developing and implementing integrated care models. While evidence has shown that these models are beneficial to patients and providers, healthcare systems and clinics can struggle to shift from their former way of operating to this new whole person paradigm. COE helps healthcare systems of all sizes and configurations make the changes necessary to deliver whole-person care.

The COE team works with a wide range of clinics and healthcare systems, from the executive leadership level to the clinician working directly with patients, to make the changes needed to meet these new standards for excellent care. When patients are treated through a whole-person lens, everyone benefits.



Center of Excellence for Integrated Care

The Center of Excellence for Integrated Care was awarded a three-year grant from The Duke Endowment to focus on improving pediatric mental health. The grant has two main foci. First, COE has partnered with i2i Center for Integrative Health to focus on advocating for a behavioral well-child check, which would mirror the long existing physical health well-child check. The second focus is to support that advocacy effort by working closely with NC AHEC to recruit and train two cohorts of behavioral health clinicians to be better equipped to work with children, adolescents, and their families for both preventative and interventional health care.

In addition, the COE team finished summarizing and analyzing the results of a research project in partnership with UNC Chapel Hill School of Nursing, which surveyed 487 primary care and behavioral health providers in the state on the practice of whole-person care. The team has the final article under review with the North Carolina Medical Journal for publication and expects publication in the fall.

COE supported the Foundation for a Healthy High Point as their strategic partner with the successful launch and completion of phase one of their new Healthy Minds Initiative.

The goal of the initiative is to move the needle for change in behavioral health access and coordination in the High Point community. COE and the Foundation for a Healthy High Point brought together behavioral health agencies to work together to improve care in the community through organizational capacity building. The work will continue along with collective advocacy projects in 2022.



NCCARE360

NCCARE360 is the first statewide network that unites health care and human services organizations with a shared technology that enables a coordinated, community-oriented, person-centered approach for delivering care in North Carolina.

Available in all 100 North Carolina counties, NCCARE360 helps providers electronically connect those with identified needs to community health and human service resources and allow for feedback and follow up. Whether it be connecting someone to a local food pantry, or assisting them with transportation to an employment agency, this solution ensures accountability for all services delivered, provides a “no wrong door” approach, closes the loop on every referral made, and reports outcomes of that connection.

To support North Carolina communities that were impacted by the COVID-19 pandemic, the NCCARE360 implementation team ramped up its efforts and implemented the platform in all 100 North Carolina counties. Access to health and social services was sorely needed six months ahead of schedule. In addition, more than 500 Community Health Workers were onboarded to utilize the platform and connect community members living in coronavirus quarantine and isolation with community resources and support services programs.

As of July 1, 2021, NCCARE360 users have completed 132,466 referrals for 65,653 clients from 2,444 community-based organizations. The most frequently requested services include food assistance, income support, housing and shelter, individual and family support, and utilities.

NCServes joined forces with NCCARE360 to connect military service members, veterans, and military families with providers and resources. All NCServes network partners will now have access to additional NCCARE360 features and data to help them better serve military families.

To support the engagement of organizations serving the North Carolina military community throughout the month of June, team members co-presented with NCServes leadership, delivering two community chats, a training

highlighting best practices for utilizing NCCARE360 and NCServes, and the Governor’s Work Group Meeting for North Carolina Veterans and Military Services.

To help manage the program and promote all of the exciting new functionality offered by NCCARE360, FHLI brought several new team members on board, including Barbara Morales Burke who will serve as Vice President of NCCARE360 and Strategy; LaQuana Palmer, formerly of the North Carolina Department of Health and Human Services, as FHLI’s new Program Director of NCCARE360; and Nicole Crews as FHLI’s new Program Specialist for NCCARE360.

The NC Oral Health Collaborative convenes diverse stakeholders from across North Carolina to identify and resolve barriers to good oral health, as well as to accelerate the implementation of proven policies and practices.

Members of the collaborative are committed to ensuring that all North Carolinians — regardless of geography, socioeconomic background, race, ethnicity, age, or mental/physical illness — have access to quality and affordable dental care.

NCOHC hosts meetings with stakeholders across North Carolina to bring providers, public health professionals, and local leaders together to discuss the most pressing issues facing their local communities.

NCOHC also works closely to bring diverse groups of students in the dental and public health fields together to prepare the next generation of health care professionals with the tools they need to work toward a more equitable oral health future.



NC Oral Health Collaborative

At the beginning of the pandemic, the NC Oral Health Collaborative (NCOHC) developed, launched, and promoted a first-in-the-nation Oral Health Care Access Map. The interactive, online resource connecting vulnerable populations with safety-net clinics across North Carolina was created to improve access to affordable oral health care and divert urgent dental visits from hospital emergency departments.

Other pandemic-related work included a partnership with Governor Roy Cooper's office to develop Executive Order 130, which expands the scope of licensure to allow North Carolina dentists to administer COVID-19 vaccines in support of public health, and setting a precedent for potential future administration of critical vaccines by dental providers.

Advocacy and policy work were high on the agenda during the past year as NCOHC partnered with the Department of Health Benefits NC Medicaid to eliminate age restrictions on reimbursement for silver diamine fluoride — an innovative, non-surgical approach for the prevention of cavities — helping accelerate the shift away from expensive, restorative procedures in favor of preventive, more cost-effective oral health care for North Carolina's most vulnerable communities.

In addition, NCOHC worked to advocate for the passage of Session Law 2021-95, comprehensive legislation that

addresses many systemic barriers to oral health care access. These changes codify teledentistry in state law, increase the scope of practice for dental hygienists to allow for the administration of local dental anesthesia upon appropriate training, eliminate administrative barriers to community-based preventive oral health care services, and recognize Federally Qualified Health Centers' unique role in providing care for the state's most marginalized communities.

NCOHC held its annual Oral Health Day 2021 on July 21st, featuring a nationally recognized speaker lineup. The keynote was delivered by RADM Timothy L. Ricks, DMD, MPH, FIDC, Assistant Surgeon General and Chief Dental Officer of the United States Public Health Service, and the event yielded a 35% increase in first-time attendees.

Dr. William Donigan, DDS, MPH, and Melissa Boughman, RDH, wrapped up the event by speaking about the success that Kintegra Health, a clinic in Gaston County, North Carolina, has experienced since they began employing patient navigators.

NCOHC also brought several new team members on board, including Crystal Adams, MA, RDH, CDA, as associate director, and Sarah Heenan, MA, as program coordinator to help support NCOHC's initiatives and deepen community impact.



NC Rural Health Leadership Alliance

The North Carolina Rural Health Leadership Alliance is a collaborative network of associations, organizations, and individuals representing healthcare, education, economic development, local government, and a variety of rural stakeholders invested in supporting rural health. It is committed to amplifying the voice of North Carolina's rural communities with the intention of improving the health and well-being of all citizens.

Though members of the alliance began convening in the 1990s, NCRHLA was formally established in 2014. The alliance is sponsored by the Foundation for Health Leadership & Innovation and is funded by the National Rural Health Association (NRHA) and alliance membership dues. The alliance is currently recognized by the NRHA as North Carolina's state rural health association.

During the past fiscal year, the NC Rural Health Leadership Alliance (NCRHLA) began publishing a bi-weekly newsletter that highlights noteworthy rural health news, upcoming events and webinars, partner news, program updates, and key updates for both federal and state legislative bodies.

This year NCRHLA also introduced a paid membership model with the following structure: Annual dues for a calendar year (Jan 1.- Dec. 31) are \$20 for Retirees/Students, \$50 for individuals and \$200 for agencies/organizations/groups. Efforts are ongoing to increase membership and build a sustainability model for the alliance.

NCRHLA partnered with the NC Office of Rural Health, NC Rural Center, and Hometown Strong to host a virtual event in November in conjunction with the National Rural Health Day. This event spotlighted the responsiveness and resiliency of our rural communities, and highlighted the joy and benefits of choosing to live in a rural community.

NCRHLA developed and released its first *2021 NC Rural Health Snapshot* report and distributed a hard copy to all General Assembly members during the 2021 legislative session. The report can be found on the FHLI website.

NCRHLA received two-year funding from the North Carolina Office of Rural Health as a subgrantee of the CDC Health Equity Opportunity.

NCRHLA partnered with the We Are Ready for Life (W.A.R.4Life) to use funds from its State Rural Health Association's COVID -19 Response grant to support the costs associated with hosting COVID-19 vaccination clinics in Alamance, Orange, and Lenoir counties.

The NC Rural Coalition Fighting COVID-19 work in response to the pandemic has resulted in a total of 16 webinars and virtual meetings, reaching more than 1,400 health, community, and faith leaders throughout the state to share important COVID prevention and vaccination information, as well as best practices for our communities to remain resilient during the global health crisis.

Provider Retention & Information System Management (PRISM) is the first web-based tool to provide a standardized, state-of-the-art way for state primary care and Office of Rural Health personnel to routinely gather, analyze, and present real-time data from providers serving in National Health Service Corps, state and other incentive programs.

The platform collects the data through online questionnaires sent to providers and practice administrators via email. All of the data collected can then be analyzed to determine the best methods for retaining providers participating in state and national service programs.

There are currently 22 states using PRISM to help retain their providers, and the system now holds data from over 30,000 questionnaires.



PRISM

The PRISM team (formerly Practice Sights) participated in a COVID study funded by Health Resources Service Administration's (HRSA) Health Workforce Research Center through UNC's (Sheps) Program on Health Workforce Research and Policy.

Three papers are being published as a result of the survey of safety net clinicians regarding their COVID-19 experiences. The topics for the three papers are:

- » National Health Service Corps clinicians in the pandemic
- » Moral distress during the pandemic
- » Safety net clinicians feeling protected by their practice during the pandemic

A list of key recommendations, along with supporting data, was sent to HRSA in early February and can be found at <https://foundationhli.org/pandemic-related-data-reporting-initiative/>

In April 2021, the Utah Office of Primary Care and Rural Health became the 22nd state to join PRISM collaborative.

Earlier this year, due to programmatic changes, the PRISM program was shifted to 3RNet. This was a joint decision between the Federal Office of Rural Health Policy (FORPH), FHLLI, and 3RNet. FORPH approved moving the sub-award to 3RNET beginning August 1, 2021 and the 3RNET Board of Directors approved the decision in June.

While we're sad to see the PRISM program leave FHLLI, the move to 3RNET is a great fit. 3RNET and PRISM have partnered since the late 1990s when the Practice Sights recruitment system was directly linked to 3RNet. Information flowing between PRISM and 3RNET has allowed the organizational members to post jobs and manage communication and referrals between health care professionals and facilities. There is also an overlap in membership: PRISM collaborative members are also 3RNET organizational members. Finally, 3RNET's Executive Director, Mike Shimmens, has been on the PRISM Leadership Team since 2012.

The full transition of PRISM to 3RNET became official on July 31, 2021.



Results NC

FHLI's newest program, Results NC was launched this past year with the goal of providing new resources for those individuals responsible for collecting data for their Community Health Needs Assessments.

Results NC is a collaboration of efforts between FHLI, the North Carolina Healthcare Foundation, the North Carolina Division of Public Health, the WNC Health Network, and The Duke Endowment to expand best practice models of regional CHNA collaboration throughout North Carolina. The program grew out of the work performed by Health ENC in the state's western and eastern counties.

One of the goals for the past fiscal year was to transition ownership of Health ENC from FHLI to the Health ENC Steering Committee. In September 2020, the Health Steering Committee created a work group tasked with updating and crafting data collection guidance for health departments and hospitals interested in participating in the upcoming regional CHNA process. In December 2020, the Health ENC Steering Committee selected new officers for the Chair, Vice Chair, and Secretary positions. These officers will be responsible for overseeing the upcoming 2021 regional community health needs assessment.

In January 2021, The Kate B. Reynolds Charitable Trust awarded FHLI \$175,000 in new grant funds to partner with local health departments and community members to identify funding challenges and other barriers towards building the support and capacity needed for effective public health infrastructure.

The work has included convening local health departments, strengthening local partnerships, gathering data, and making recommendations on next steps. The new Results NC program that grew out of Health ENC, Rural Forward NC, and the Center of Excellence for Integrated Care teams are working together on this one-year project that has potential for future funding.

As part of this work, the new Results NC program has partnered with NC AHEC and NC DHHS Division of Public Health (DPH) to offer Results Based Accountability (RBA) training at all AHECs across North Carolina between February and May 2021. These ten-hour virtual trainings introduced participants to the core concepts of RBA, and provided ample interactive practice opportunities for applying the RBA framework. In 2021 alone, the partnership conducted ten RBA trainings in collaboration with each of the regional AHECs, resulting in a total of 217 participants representing 56 different North Carolina counties.

Between July 2020 through June 2021, Results NC and NC DHHS/DPH have onboarded 70+ health departments with the Clear Impact Scorecard. Now those health departments can use Scorecard to submit their community health improvement plans (CHIP) and state of the county health report (SOTCH) to DPH as part of their accreditation process. Hospitals and health care systems can use Scorecard to keep track of performance measures associated with their implementation plans. Of the 90 SOTCH reports due to DPH in June of this year, 90 percent were done in Scorecard.

Rural Forward NC envisions healthier, more sustainable rural communities with increased capacity to solve their own health problems.

With an overall goal of improving the major health indicators in North Carolina over the next ten years, Rural Forward NC carries out its mission to build capacity and develop resources that amplify the impact of rural leaders, organizations, and coalitions currently in Halifax, Rockingham, Edgecombe, Nash, and Beaufort Counties.

Rural Forward NC also works in coordination with an assembly of statewide agency partners to identify:

- » Promising local leaders and their efforts to improve the health of rural communities, directly or indirectly
- » The assets of those efforts and the relevant barriers to success
- » Sustainable goals and achievable action plans
- » Measurable outcomes and benchmarks for success



Rural Forward NC

At the beginning of 2021, Rural Forward NC facilitated the third and final session of a series exploring issues of equity through the PBS series, “Race: The Power of an Illusion,” for the Twin Counties Partnership for Healthier Communities. The successful series concluded with health leaders watching the three segments together, and having the RFNC team lead the group through an exploration of the themes.

RFNC continues organizing and implementing focus groups in rural areas to assess why some residents of rural NC do not claim the Earned Income Tax Credit, an evidence-based method for stabilizing communities of lower income. The *Earned Income Tax Credit in Rural NC Research Project*, a partnership with the NC Budget & Tax Center, Jordan Institute for Families, ncIMPACT, and Together Transforming Lives, is moving forward to set up leadership teams and focus groups in its ten core counties throughout 2021.

NC Inclusive Disaster Recovery Network

In April 2021, the NC Inclusive Disaster Recovery Network (NCIDR) received a two-year grant from the Blue Cross and Blue Shield NC Foundation, along with a grant from the NC Community Foundation, to support organizational capacity for those North Carolina groups involved with disaster recovery that are outside of RFNC’s ten core counties.

The NC Inclusive Disaster Recovery Network collaborated with the NC Budget and Tax Center on the Economic Impact of COVID-19 series to determine a vision of an economically resilient community for NC’s most disaster-vulnerable areas. In March, the group addressed funding challenges with disasters, particularly COVID-19, as well as led a discussion entitled, “How Local Efforts Have Driven Funding to Resiliency Planning.”

NCIDR has established the NCIDR African American Council in an effort to strengthen African American voices advocating for equitable disaster resilience in the state. In addition, NCIDR convened an additional ad hoc working group to respond to FEMA’s request for comment on policies and programs that create barriers to equitable resource distribution in disaster recovery.

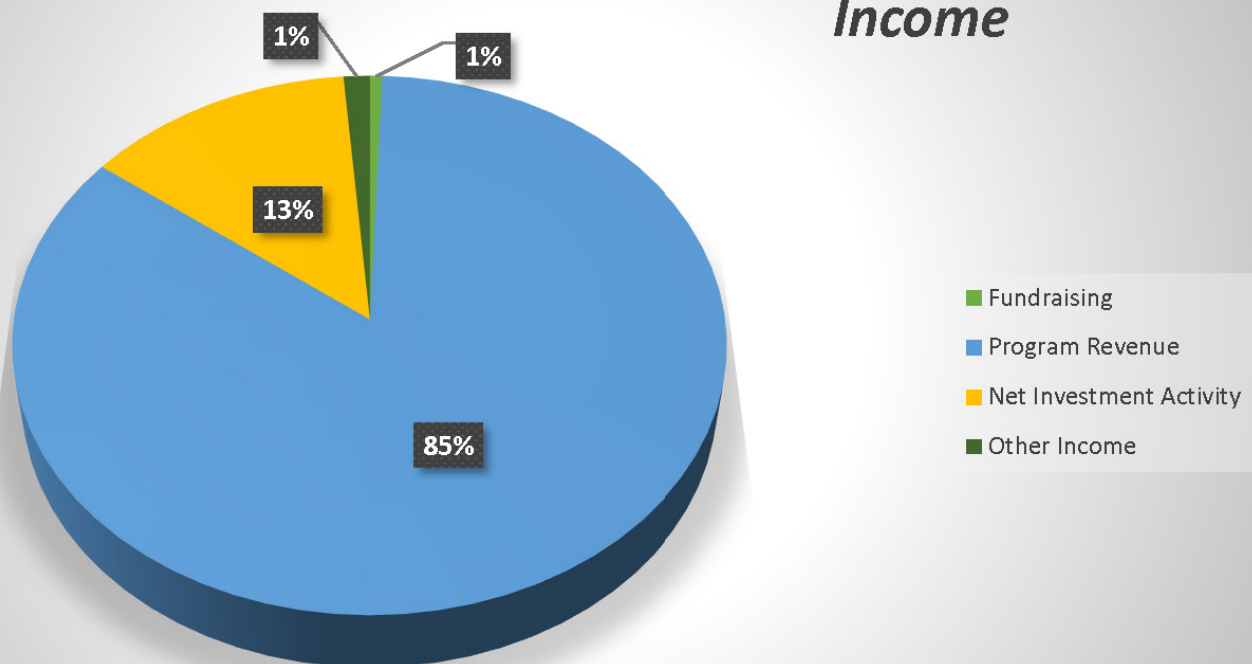
Financials.

With careful planning and strategizing, while also expanding its capacity, the Foundation for Health Leadership & Innovation has maintained solid financial stability during the past fiscal year.

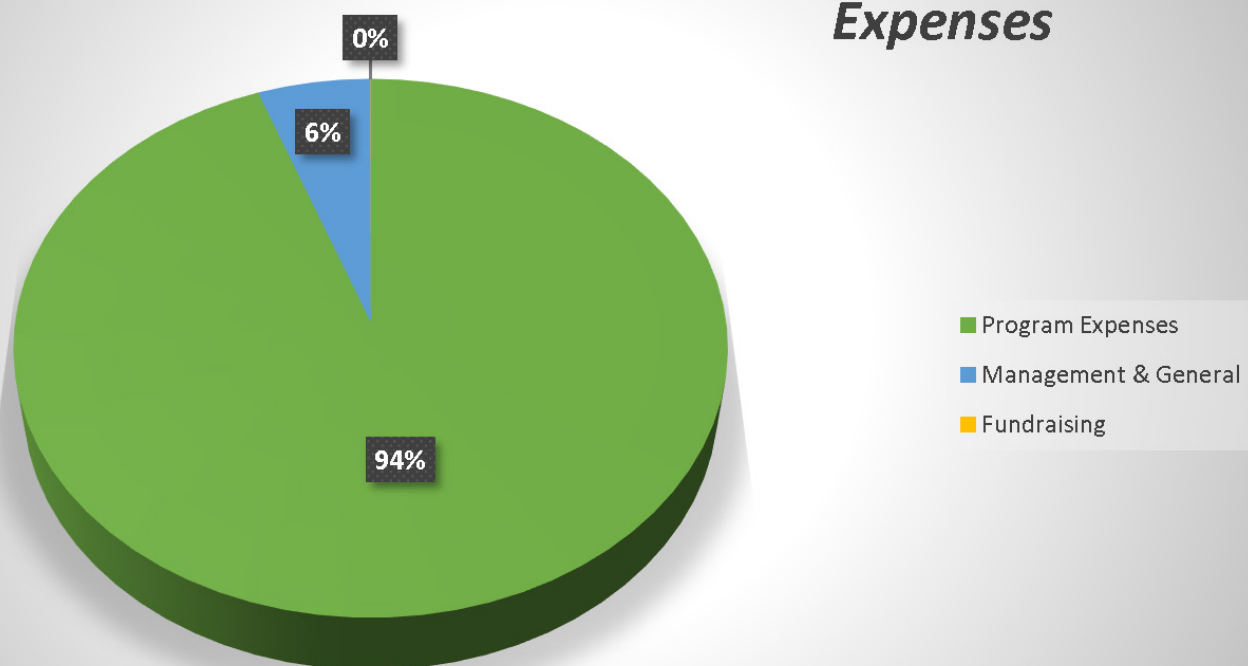
Foundation for Health Leadership & Innovation, Inc. Statement of Activities

| | FYE 6/30/21 | FYE 6/30/20 |
|--|----------------------|----------------------|
| Revenue, Support & Other Income | | |
| <i>Fundraising</i> | \$ 62,522 | \$ 438,046 |
| <i>Program Revenue</i> | 8,759,958 | 7,616,681 |
| <i>Net Investment Activity</i> | 1,381,700 | 131,884 |
| <i>Other Income</i> | 134,416 | 147,298 |
| Total Revenue, Support & Other Income | \$ 10,338,596 | \$ 8,333,909 |
| Expenses | | |
| <i>Program Expenses</i> | \$ 9,252,201 | \$ 5,877,519 |
| <i>Management & General</i> | 548,448 | 542,050 |
| <i>Fundraising</i> | 2,000 | 1,730 |
| Total Expense | \$ 9,802,649 | \$ 6,421,299 |
| Change in Net Assets | \$ 535,947 | \$ 1,912,610 |
| Net Assets at Beginning of Year | \$ 10,190,030 | \$ 8,277,420 |
| Net Assets at End of Year | \$ 10,725,977 | \$ 10,190,030 |

Income



Expenses



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The strength and stability of the Foundation for Health Leadership & Innovation is testament to the many passionate, committed, and knowledgeable people who have dedicated their lives to helping our communities thrive.

*Lloyd Michener, MD
Board Chair
Foundation for Health
Leadership & Innovation*

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Board Executive Committee

FHLI's Executive Committee and Board Members hail from diverse backgrounds, professions, and areas of expertise, allowing our staff to draw on their collective knowledge and extensive experience.



Lloyd Michener, MD
Board Chair



David Reese, MBA
Vice Chair



Tina Markanda, MBA, MSPH
Board Secretary



Charles Ayscue, MBA
Board Treasurer



Steve Cline, DDS, MPH
Past Chair & Member-At-Large

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MS, FNP, RN, CNE**



**Ronny Antonio Bell,
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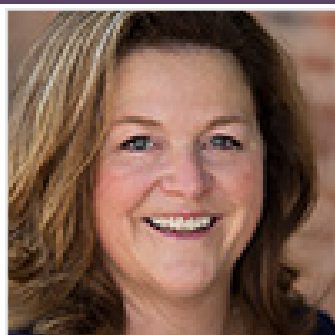
Kevin FitzGerald, MPA



John H. Frank, MBA



**Diego Garza, MD,
MPH**



**Pamela P. Highsmith,
M.Ed, CFRE**



**Julian Montoro-
Rodriguez, PhD**



**Steve North, MD,
MPH**



Kim Schwartz, MA



**Monica M. Taylor,
PhD, MPH**



**Adam J. Zolotor, MD,
DrPH**

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