# STORIES BEHIND the STORIES

BLUE CROSS and BLUE SHIELD of NORTH CAROLINA FOUNDATION

ANNUAL REPORT 2013/2014

Over the past year, we worked as we do every year to support the profound changes that are necessary to improve the health and well-being of all North Carolinians. True change, as we all know, does not transpire simply because a check passes hands. It happens when one human being reaches out to another and is enriched in the process, whether by tending to a patient in need at a free clinic or tilling the soil for a garden that will help sustain a community.

The interaction of people is at the heart of our purpose. That's why we are continuing to share the stories behind the stories this year, bridging the numbers and strategies to the personal encounters that make a difference in the lives of North Carolinians.

We are encouraged by our state's continued progress brought about by efforts to connect farmers to our schools, increase the number of primary care doctors in rural areas and bring better health into our places of worship. We are proud of the support we provided that enabled these organizations to carry out their

valuable work across North Carolina. During our 2013 and 2014 fiscal year, the Blue Cross and Blue Shield of North Carolina Foundation issued 61 new grants worth more than \$9.7 million. That makes for a grand total of 746 grants and more than \$98 million in community investment since the inception of the Foundation in 2000.

As always, thank you for your shared commitment to the health and well-being of the people who call North Carolina home. We think you'll agree there's no better place to invest our time, talents and passion.

Kathy Higgins President

Brad Wilson Chairman

J. Budly link



# GROWING HEALTHY CHILDREN. AND FAMILIES. AND NEIGHBORHOODS.

850

tons of NC produce delivered to schools

**40.5**k

miles walked by kids on self-guided trails

**97**k

people of faith impacted by healthier places of worship 001

pastor who finds heaven in the earth of a garden bed

Pastor Keith Edwards nurtures the gardens that nurture the community.

For Pastor Keith Edwards, nothing is more fulfilling than helping people grow in their faith. A close second is helping them grow nourishing vegetables with their own hands in their own gardens.

Pastor Keith ministers to the people at Ward Street Mission in High Point.

He presides over a diverse congregation that represents 26 countries, including Laos, Pakistan, Honduras and El Salvador.

One common denominator among the congregants is an average household income of less than \$10,000 a year, says Pastor Keith. And that's one of the reasons community gardens have been such a blessing.

# More Than Community Gardens. A Community Of Gardens.

Helped by a 2013 Healthy Eating Equipment
Grant from the Foundation, the Ward Street
Mission and its House Gardens Greening
Project (HGGP) have planted more than 300
gardens throughout High Point. The HGGP
was created in 2010 by Jeff Moran, a retired
Methodist minister who wanted to enable
those who desperately need food to grow,
enjoy and share healthy produce.

Anyone in need of a garden may receive one. The HGGP and Ward Street Mission deliver raised garden beds, build them on-site, fill them with donated compost and give each family seeds or plants. A training garden growing at Ward Street Mission enables community members to learn how to plant, tend and harvest vegetables.

Before the community gardens, some people didn't recognize broccoli or collards outside the grocery aisle. Now they educate one another about the gardens' plentiful edibles. The training community garden grows diverse crops, including jalapeño peppers and Chinese vegetables, to match the diverse population.

Ward Street Mission hosts nutrition classes to teach people how to cook vegetables as part of a better diet.

And every Thursday, the church serves a free community dinner. These dinners also reflect the cultural diversity of the congregation and community. One night, there might be an Asian theme. Another night, Hispanic or Southern soul food.

The message, says Pastor Keith, is that people can still maintain cultural preferences and eat nutritious food.

Ward Street Mission doesn't just serve those in need. Students from private High Point University often volunteer at the church as part of their studies—and their experiences are just as lifealtering. Pastor Keith speaks of one volunteer who had grown up in a home with servants and who had never lifted a broom. Before volunteering, she had never seen how people in poverty struggled day to day. When she did, she broke down in tears.

# Now we don't have to tell people what's growing in the garden; they are telling each other. Pastor Keith Edwards of Ward Street Mission in High Point

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Pastor Keith happily reports that several students have continued volunteering beyond their required community service hours.

## Wherever People Are, There's Always A Path To Health.

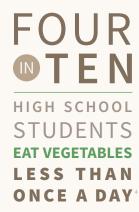
The goal of Healthy Active Communities—one of the Foundation's focus areas—is to ensure that North Carolinians have access to healthy, local foods and places to play and be active. In order to create that access, it is critical to address the places where North Carolinians spend their time. To that end, the Foundation invests in providing healthy choices in childcare centers, schools, communities and churches.

Willona Stallings is acutely aware of the need to incorporate healthy habits in places of worship. "Each Sunday, church pews across the state are filled with people who seek to improve their lives but may be unaware of their health risks or how to address them," she says.

Willona is the Partners in Health and Wholeness (PHW) Program Coordinator for the North Carolina Council of Churches. PHW was created in 2009 with the support of the Foundation to improve the health of clergy and congregants of all faiths. While churches focus on improving spiritual health, they can also be powerful levers to improve physical health. By building partnerships between congregations and health organizations, PHW provides the necessary tools for people of faith to lead healthier, more fulfilling lives through increased physical activity, healthy eating, and tobacco use prevention and cessation.

Core to the PHW initiative is the PHW
Certification Program, which qualifies
places of worship on Bronze, Silver
or Gold levels. The levels are based
on policy, practice and environmental
changes that facilitate healthy living.
These include changes to congregational
meals and snacks, opportunities for
physical activity, establishment of a

To learn more about
Partners in Health and
Wholeness, please visit
healthandwholeness.org.



### A PLUG FOR OUTDOOR PLAY.

On average, kids spend 7.65 hours a day "plugged in." That's why the Kids in Parks TRACK Trails program was created in 2008: to encourage children to enjoy the great outdoors by making hiking trails more attractive and family-friendly. The brainchild of North Carolina pediatrician Olson Huff, Kids in Parks started as a small pilot to get kids outside and moving on a few select trails along the Blue Ridge Parkway. Believing this program could become a nationwide model, the Foundation invested in its initial funding, evaluation and expansion. Today, 100 TRACK Trails in seven states and the District of Columbia offer self-guided hiking, disc golfing, canoeing, biking and geocaching adventures.

One of the nation's only health-related nature programs backed by proven results, TRACK Trails has been endorsed by the American Academy of Pediatrics, the White House and the Centers for Disease Control and Prevention.

TRACK Trails has produced impressive results in North Carolina, including 40,500 kid-miles hiked. That translates into 22,250 hours of outdoor time.2,3

By the end of 2014, there will be 75 TRACK Trails in 50 North Carolina counties. The finish line is in sight: at least one TRACK trail in all 100 counties by the end of 2017.

To learn more about TRACK Trails, please visit kidsinparks.com.

## CHILDREN SPEND ONLY

SEVEN **MINUTES** A DAY ON **UNSTRUCTURED** 

**OUTDOOR PLAY** 

health ministry and, of course, creation of access to healthy food. The PHW Certification Program has become a badge of honor. "There are 300 certified congregations in 64 counties representing more than 90,000 people of faith doing remarkable things," Willona says.

PHW has evolved to support clergy leadership and empower individual congregants. More than 120 clergy are engaged in health messaging, and more than 400 individual congregants have improved their health behaviors and have committed to support fellow congregants in similar changes.

To further enhance the on-the-ground efforts, the Foundation also partnered with PHW in 2013 to offer Healthy Eating Equipment Grants. These grants helped increase opportunities for healthy eating in 20 certified congregations through kitchen upgrades for healthier cooking, new refrigeration for fresh produce, cooking demonstrations and gardens to increase access to fresh produce.

"People feel more empowered. The peer support and the financial assistance have made a huge difference for a lot of these churches," Willona says, adding, "We are so proud of the work they are doing."

With its systemwide impact, the PHW is a shining example of the type of program the Foundation supports to improve the health of North Carolinians.

These collective changes—from delivering healthier meals and messages to spreading a citywide network of community gardens—have created a groundswell of support for the larger change that the North Carolina Council of Churches and the Foundation seek to make: the integration of healthy spirits and healthy living for all people of faith.

NC IS THE **MOST OBESE** STATE THE NATION **HEALTH OF VULNERABLE POPULATIONS** 

# DAUNTING CHALLENGES, IMMEASURABLE REWARDS.

\$358m

of medical and dental care provided

233

medical and dental practices supported **319**k

patients who

001
perpetual optimist

Prospect Hill Community Health Center is "a true family setting," says
Dr. Caroline Roberts—and it's one of the reasons she loves practicing there.

## Dr. Caroline Roberts, a medical resident at Prospect Hill Community Health Center, has stories to share.

There's the one about the patient with advanced diabetes who came to the front desk. He was soon surrounded by a group of childhood friends at the clinic who had all grown up on his street. They had an animated conversation. And when they realized he couldn't afford his copay, they pooled their money to give him the \$25 he needed.

Then there was the patient in labor who requested that her mom be present. Dr. Roberts said, "Of course!" The mom entered the room—and Dr. Roberts immediately recognized her. It turned out that the mom was also a patient of Dr. Roberts. They were soon joined in joyous and loud fashion by a tiny, precious third patient.

The opportunity to help those less fortunate and the privilege of caring for three generations are just a few of the many reasons Dr. Roberts loves her job at Prospect Hill. Dr. Roberts is part of the UNC School of Medicine's Teaching Health Center Family Residency Track, a Foundation-supported partnership between UNC and Piedmont Health, an organization that runs seven federally qualified health centers. The goal of the partnership is to increase opportunities for family medicine residents to begin their careers caring for underserved communities.

Two former residents from the program have taken permanent positions at the clinic. Dr. Roberts would like to be the next.

Dr. Roberts grew up in suburban
Burlington, 30 minutes from Prospect Hill.
As the crow flies, it's just a few miles away.
Culturally speaking, it's a different world.
"I wanted to serve the entirety of the community around me," Dr. Roberts says.

The clinic, located in a small, rural town in Caswell County, opened its doors in 1970 as the state's first federally qualified community health center. It saw just 15 patients per day. Today, the clinic sees almost 100 patients a day from Caswell and four surrounding counties. The clinic provides comprehensive on-site services including primary care, dental, nutrition counseling and pharmacy.

Dr. Roberts' emphasis is maternal and child health. She calls her work at Prospect Hill "an amazing opportunity"— one that has given her a much more varied experience than she would get in an academic setting or at a typical family practice. For one, Dr. Roberts says, she has become more culturally aware about her patients and their limited resources. Somewhere in the neighborhood of 70 percent of the clinic's patients are Spanish-speaking, many of them migrant workers. She has seen pregnant women who delay prenatal care until they've paid off bills from a previous pregnancy and patients with types of advanced diseases that doctors don't typically see in other settings.

# The medical residents are invested in the community, and the community is invested in the residents. Me'Shall Poole, site director for the Prospect Hill Community Health Center

Dr. Roberts has learned to manage her patients' care in a way that reflects the current focus on value rather than on payment for individual services a hallmark of the mission-focused community health center. This means, for example, not ordering imaging tests or referring patients to distant and expensive specialists unless she has no alternative. Instead, she relies more on her own expertise and that of her colleagues.

She also feels that the patients she sees on a regular basis are learning to take better charge of their health. "I am your perpetual optimist," she says. And while many still come to the clinic with acute health needs, she recently had a 23-yearold farm worker who came because he knew he should have a checkup.

Me'Shall Poole, site director for the Prospect Hill Community Health Center, is thrilled that Dr. Roberts and her fellow Teaching Health Center colleagues are practicing at the clinic. Me'Shall grew

up outside of Prospect Hill in nearby Sweetgum. "My mom, dad, aunts, uncles, cousins—everyone comes here," she says. When Me'Shall was growing up, care was very limited in Caswell County. The closest place was Prospect Hill, which has always provided care on a sliding scale.

Teaching Health Center residents have dramatically improved access to care. The clinic sees up to 400 patients a week—double the number before the UNC partnership. The residents also bring new ideas and fresh ways of connecting with patients.

Today, as site director, Me'Shall is responsible for the clinic's growth and financial well-being. She is passionate about her role. And, like Dr. Roberts, she is excited about the changes she sees in the clinic's patients. They are becoming more informed about their health, and they are taking charge. Dr. Roberts agrees. "When people know about us," she says, "they are empowered to get the care they deserve."

To learn more about the UNC Teaching Health Center, please visit med.unc.edu/fammed/ news/unique-parnershipbrings-doctors-to-statesunderserved-areas.

**45% OF NC RESIDENTS** LIVE IN RURAL **COUNTIES, BUT ONLY** 

PRIMARY CARE **DOCTORS** HAVE PRACTICES THERE

### PREVENTIVE CARE FOR THE COMMUNITY AS A WHOLE.

We are all familiar with improving patients' health within the clinic setting. But how do health care providers improve the health of patients before they arrive at the health care professional's door—and after they leave? That's the focus of the Community-Centered Health Home (CCHH) model developed by Prevention Institute (PI). The Foundation is working with PI to implement the CCHH model in North Carolina. The model encourages primary care providers, especially those in the safety net, to take an active role in advocating for environmental and policy changes that support healthy behaviors.

Putting this plan into action will entail developing a set of practices and measures at the local level to influence community factors that

contribute to good health. Though still in infancy, the project is off to a promising start. Pl, on behalf of the Foundation, conducted a landscape analysis to assess feasibility of the model in North Carolina. The results were shared with health care and prevention experts across the state. The response to the concept of a CCHH pilot was overwhelmingly positive. A core team is assisting the Foundation in developing a strategy to support North Carolina communities in implementing the CCHH framework. The Foundation plans on launching the CCHH initiative in fall 2014.

To learn more about Community-Centered Health Homes, visit bcbsncfoundation.org/Community-Centered\_Health\_Homes.

PRIMARY CARE PHYSICIANS
10,000
PER PEOPLE

## Care For Those In Need. Advantages For All.

One of the Foundation's long-standing priorities has been to ensure that North Carolinians get the high-quality medical care they need, when they need it, in a local and culturally competent environment.

Having a qualified workforce to serve people close to home is a critical part of the equation. Concerns about prestige, lifestyle and compensation have resulted in a shift in medical career paths, with many medical students choosing specialty fields over primary care. This trend has resulted in primary care workforce shortfalls and unequal distribution of physicians, impacting rural parts of the state and populations that were already vulnerable.

Several current Foundation investments address the pipeline for primary care physicians training and working in diverse, low-income, rural areas. In our evolving health care system, primary care physicians increasingly need to understand patients within the contexts

of their lifestyles and environments, because these factors directly affect health. Traditional training programs should evolve in order to give providers the skills to coordinate care among disciplines ranging from pharmacy to dental. The Teaching Health Center is one model that begins to bridge this gap.

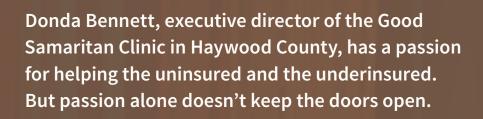
Supporting the state's first
Teaching Health Center in a community-based environment is a central part of the Foundation's broader strategy to improve overall health in low-income and underserved populations. We are excited about the progress we've made, and we're inspired by the possibilities for the future.

BY 2030, NC WILL NEED

31%
PRIMARY CARE
PHYSICIANS TO

TO SERVE AN AGING AND GROWING POPULATION





Haywood County is designated a health professional shortage area by the federal Health Resources and Services Administration due to the area's critical lack of primary care professionals.

This, coupled with the county's low median income, means that many residents rely on the services provided by the nonprofit Good Samaritan Clinic.

More than 4,500 patients depend on the clinic for care, and many of these patients have chronic conditions ranging from diabetes to lung disease.

With a staff stretched thin, Donda finds working to provide quality care on a day-to-day basis challenging enough. She also has to worry about fundraising and the complexities of health care reform. Donda says that the average clinic director just doesn't have time for the important things that ultimately sustain their clinics.

Fortunately for Donda, help with these important things has come in the form of Western North Carolina Nonprofit Pathways. Pathways brings technical assistance, training and local knowledge, all tailored to the specific needs of each organization. As a part of the Foundation's support for nonprofits and their sustainability, Pathways convenes staff and board members from seven free

clinics in Western North Carolina so they can share success stories and strategies for overcoming struggles. The purpose is to leverage individual clinic lessons to the broader group.

The Foundation already supports

North Carolina's network of free clinics
as part of the Health of Vulnerable

Populations focus area. These free clinics
not only meet the acute needs of patients
but also improve patient health over the
long term. The Foundation wants to ensure
that the overall sustainability of clinics
is strong so they can continue to serve
their communities.

Aside from the valuable lessons provided as part of Pathway's peer-learning sessions, each free clinic has identified an area of growth. Donda and her staff chose fund development. So Pathways connected Donda, her staff and board members with a fundraising consultant familiar with free clinics. "The consultant laid out a strategic plan. She spent a lot of time putting a structure into place; we never had that in the past," Donda says. "We set timelines and goals." They also learned how to create relationships with donors.

Now Donda is working with Pathways to develop marketing materials for the

# Tailored, in-depth organizational assistance is what really creates change over time. It's nitty-gritty hard work. Western North Carolina Nonprofit Pathways program director Kim McGuire

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clinic. One very important message free clinics need to convey: Health care reform under the Affordable Care Act (ACA) does not mean that there no longer are uninsured people. Donda says health care navigators came to the clinic last year during open enrollment. Many patients were eager to see if they could buy insurance—and left in tears. Though 70 percent of the clinic's patients are employed, most could not afford insurance, even with subsidies. Like many patients across the state, they would have been covered by Medicaid expansion.

Donda is optimistic about the clinic's future and its ability to provide for patients. She feels confident that the clinic will be on stronger financial footing in the next few years, thanks to the guidance provided by Pathways.

All seven clinics in the Pathways cohort faced unique challenges, says Pathways program director Kim McGuire.

Leaders of these organizations are passionate about their work. But, like Donda, they often don't have time to work

on the infrastructure and processes they need to be successful. "We want to move them beyond crisis mode to being secure and having an impact," Kim says.

With reduced charitable donations and the mistaken notion that the ACA eliminates the need for free clinics, it is critical that these organizations provide clarity about the continued need for their services in the community.

To tackle these challenges, Pathways met with clinic staff leaders and board members to help them better understand and prepare for the shifting tide of ongoing health care reform and other emerging issues. From there, they worked with the clinics to determine what they needed to prepare for a sound future, especially related to business models and sustainability.

Pathways paired the clinics with consultants who worked with them shoulder to shoulder over a period of months to address their specific needs.

"What we know is that cookie cutter doesn't work," Kim says.

To learn more about WNC Nonprofit Pathways, please visit nonprofitpathways.org.

NONPROFITS REPORTED AN INCREASE IN DEMAND FOR SERVICES IN 2013, THE 6 TH STRAIGHT YEAR OF INCREASES

### SKILLS-BASED VOLUNTEERING: GIVING WHAT YOU'RE GOOD AT.

Match a skill with a need. For nonprofits, the concept is more than just a smart idea. It's a lifesaver. That's why, in 2013, the Foundation piloted a volunteering partnership with Blue Cross and Blue Shield of North Carolina and Catchafire, the nation's leading pro bono talent provider. The program matches skilled BCBSNC employees with nonprofit projects that range from utilizing those with communications backgrounds to tapping a strategy guru for help in reviewing business plans. Or, in senior visual interface designer Brian Wagner's case, conducting an audit to improve utilization of the Gaston County Cooperative Extension Services

website. David Fogarty, county extension director, was very grateful to Brian for making the website an effective tool for delivering gardening programs for Gaston County schools.

Perhaps Judy Long of The Free Clinics in Henderson sums up the Catchafire pilot best: "Too often volunteers are asked to sweep and to water the plants rather than contribute to organizations' underlying functions. This program asks them to bring their best skillset to the table and do great work!"

To learn more about Catchafire, please visit <u>catchafire.org</u>.

REPORTED THAT

5 %

NONPROFITS
WERE UNABLE TO
MEET DEMAND
IN 2013,THE MOST
IN THE SURVEY'S
HISTORY

Kim gives the Foundation a lot of credit for investing in these organizations: "It's a challenge to help people understand the value of what we provide. We are trying to ensure that these nonprofits are here into the future. And that they are doing a better job of helping people who have nowhere else to go for their medical care. We want to make sure they are the strivers and survivors."

# Helping Nonprofits Become Stronger And More Sustainable.

One of the Foundation's priorities has been to support North Carolina nonprofits by helping them become stronger and more sustainable. Investments range from training programs to direct support for nonprofits that allows them to concentrate on leadership, strategy and organizational and communication capacity. When nonprofits have strong boards, dependable leadership and a culture of learning, they are better able to achieve their core mission—and in turn improve their communities.

Free clinics have been a primary focus of the Foundation for more than a decade. The health care climate has changed significantly over the past several years. Free clinics need to adjust to keep up with these changing market conditions, all while doing more with less. They need to meet the acute needs of patients and also improve patient health over the long term. That's why the Foundation has partnered with Pathways to work with clinics to go beyond short-term, day-to-day thinking and to create longterm action plans that address critical infrastructure gaps. These Foundation investments have helped clinics demonstrate that they provide highquality care and strong health outcomes for low-income and uninsured North Carolinians, and they have given the clinics the tools they need to strengthen their operations so they can run as effectively and efficiently as possible.

42%
NC NONPROFITS
SAW A DECLINE

**IN GOVERNMENT** 

**FUNDING IN 2013**<sup>12</sup>

### Endnotes

- 1 The Teen Transition: Adolescents of Today, Adults of Tomorrow. Nielsen, 2013.
- 2 Kids in Parks: Data Report, 2013.
- 3 UNC Center for Health Promotion and Disease Prevention. Center for Training and Research Translation. Intervention: Kids in Parks, 2013.
- **4** State Indicator Report on Fruits and Vegetables. Centers for Disease Control and Prevention, 2013.
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- 7 Running the Numbers: The Maldistribution of Health Care Providers in Rural and Underserved Areas in North Carolina. North Carolina Medical Journal, 2014.
- 8 2012 North Carolina Health Professions Data Book. The Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill, 2012.
- **9** North Carolina: Projecting Primary Care Physician Workforce. The Robert Graham Center, 2012.
- ${\bf 10}$  2014 State of the Nonprofit Sector Survey. Nonprofit Finance Fund, 2014.
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- 12 Snapshot of the Sector. WNC Nonprofit Pathways, 2014.



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