The BEGINNING of CHANGE

The Voices and Faces of HEALTHY PLACES NC
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PHILANTHROPY CAN CHANGE  a lot of things on the surface of communities by contributing dollars, but can it really change entrenched mindsets and shift a community’s outlook? Maybe not in its traditional forms, but a new approach from the Kate B. Reynolds Charitable Trust is beginning to show that entering rural communities as a present partner rather than a typical funder may result in a fundamental shift from hopelessness to increasing confidence and willingness to change for the better.

A Community Spark

ON A SNOWY, OVERCAST DAY in Reidsville, North Carolina, Nicole Boswell looks like a queen in a royal red coat with gold trim. As she talks, it’s easy to see why she earned the nickname “Queen” in her housing authority neighborhood. She’s a ball of energy, a font of optimism, and a story about what healthy changes look like. What’s more, she’s on a mission to make that change happen for others in her community — and she won’t take “no” for an answer.

Speaking about her neighbors, she explains, “They always say, ‘Queen, you just persistent. You just don’t stop,’ because I’m going to keep knocking on your door. You’re not going to get change until you hit the most uncomfortable situation. Growth comes from pain.”

This is a lesson she knows by heart. Boswell was raised by an addicted mother, yet she managed to establish herself in a promising career in New York City. From her third-floor office in the World Trade Center, she watched as bricks began to fall on September 11, 2001. She escaped with her life, only to fall into a deep void of depression that eventually led to homelessness. After a stay in a highly supportive New Jersey homeless shelter, Boswell decided to start fresh near relatives in Rockingham County, North Carolina. She arrived by train with her sons (now 3 and 13) and eventually found a place to live in the Reidsville Housing Authority complex.

Since then, despite living in poverty and raising two boys, she’s been a force for transformation. Boswell is the kind of person who isn’t shy about searching for doors to open, locating resources, and sharing them with others. Within her community she’s helped obtain and distribute groceries to hungry families and winter coats to needy kids. She’s led a summer food program for neighborhood youth. And when the Clara F. Gunn Community Health Center opened an office in a converted house in the complex, she became one of its biggest fans and cheerleaders.

Boswell’s New Jersey shelter helped treat her depression, but she also faced the ongoing challenge of diabetes. At the Clara F. Gunn clinic, she finally gained a thorough understanding of her disease and how to manage it. “My A1C is an 8 and it started at a 14,” she says of her blood sugar levels. “It’s a very good relationship: one-on-one with the doctor. The medical assistance is very good because not only do they give you the referrals, they set everything up for you. All you do is go for your assessment and your blood work, then they take into consideration what follow-up care you need. Their medical assistant is like a referral specialist, and she contacts the next provider. I transferred all my medicals to the clinic.”

Funding for the creation of the Clara F. Gunn clinic came from the Kate B. Reynolds Charitable Trust’s Healthy Places NC initiative, and the on-site clinic was a first-in-

“You have to change people’s way of thinking, [to help them see] not everybody is against you. I do think this community is open for change.”

Nicole Boswell moved to Reidsville homeless, jobless and dealing with diabetes — but not hopeless. With the help of the Clara F. Gunn Clinic in her housing community, she’s become a powerhouse for healthy eating and an advocate for changing her neighborhood’s health.
The Voices and Faces of Healthy Places NC

the-state partnership between a community health center and a public housing authority — in this case Triad Adult and Pediatric Medicine and the New Reidsville Housing Authority. Boswell is aware of the Trust; she knows it funded the clinic and a nearby playground, but it’s not the money that motivates her to spearhead neighborhood change. She’s motivated by her own success, and by the knowledge that she can understand her neighbors in a way that money simply can’t buy.

Boswell acts as a liaison between the clinic and the neighborhood, to help her neighbors consider healthy changes in their lives. “I’m doing wonderful, so if it works for me, why not spread it around?” she asks.

“Knowing how [it is] to be low income, health is like our last concern. We worry about how we’re going to pay the bills, how we’re going to eat. And sometimes with lower amounts of money, we buy more processed foods and [that] leads to a lot of diabetes and high blood pressure and cholesterol.

“Taking all of that into consideration, I can I go out in the community and say, look, just because we’re low income and living on food stamps, we don’t have to buy the processed macaroni and cheese all the time. We could buy broccoli.”

Boswell began leading trips to the local farmer’s market last year, and she also worked with the clinic staff to encourage parents to immunize their children. “I found out that sometimes when the kids turn five the parents were [not getting them] a lot of immunization shots and weren’t going to the doctors regularly. They were using more ER amounts of money, we buy more processed foods and [that] leads to a lot of diabetes and high blood pressure and cholesterol.

“T wenty years ago the story was different, when manufacturing jobs were plentiful and agriculture drove a thriving economy. Rural communities were undergirded by a strong sense of self-reliance. Then the plants closed, the jobs left — as did many younger families. The agricultural tradition withered on the vine as small farms lost economic viability. Self-reliance was overcome by a communal sense of hopelessness. High rates of obesity, diabetes, hypertension, and other chronic illnesses became enmeshed with high levels of poverty, low educational attainment, job loss, and transportation challenges.

Nicole Boswell and dozens — even hundreds — of other individuals like her are the people that the Kate B. Reynolds Charitable Trust is banking on. From its offices in Winston-Salem, the Trust can make grants, but that money alone will never make long-term change in North Carolina’s poorest rural counties. Only the small steps that individuals and communities take for themselves and for one another will make lasting improvements in the health and vitality here.

Recognising this, in 2012 the Trust pledged $100 million over 10 years and on-the-ground engagement for 10 to 12 counties for its Healthy Places NC initiative. It’s a bold approach and a big departure from most foundation grantmaking strategies. Rather than dictate which programs it wants to see or what indicators will define success, the Trust instead is supplying its resources and networks to undergird goals and efforts defined by each community itself. As with most deep and long-term change efforts, quantitative evidence of impact will be years in the making and will only tell part of the story. But the Trust’s investment isn’t only in metrics — it’s in people. And the people in North Carolina’s rural communities understand what can happen when support and opportunity converge in their counties.

But North Carolina’s rural counties also have grit. They have pride. They are close knit. And they each have a history of neighbors helping neighbors. Just don’t come in from the outside and tell them what to do. The drive for change must come from within.

WORTHY OF BETTER

A willingness to change begins with a willingness to take risks. And that, according to McDowell County’s Rebecca Ervin, begins even deeper — with the belief that you are personally worthy of better.

Like so many residents in the Healthy Places counties, Ervin was extremely overweight. A single mother working two jobs, she also suffered from high blood pressure, high cholesterol, prediabetes, sleep apnea, back trouble, asthma, depression, and anxiety. For years she struggled with her weight, but also with an underlying issue of self-worth. “I had always been obese and always on the sidelines,” she says, rearing up a bit at the painful memories. “Although I wasn’t suicidal ever, I was very depressed and feeling hopeless. I needed some help. I’m a single mother of a daughter who wants to participate and do things and I was limiting her life because I was limited in my capabilities.”

When a friend invited Ervin to join her for a free prediabetes class at the Corpening YMCA (funded by the Trust), she agreed to try it. What she found was more than a new diet — it was a new way of life.

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The Voices and Faces of Healthy Places NC

WHAT IS HEALTHY PLACES NC?

Healthy Places NC is a 10-year, $100 million initiative of the Kate B. Reynolds Charitable Trust to improve health and quality of life in 10 to 12 of North Carolina’s poorest rural counties. Participating counties have access to a number of Trust-funded partners, including KaBOOM!; the Center for Creative Leadership; and state Catalysts for Healthy Eating, Active Living. Although the financial commitment is large, the Trust does not lead its work with the money. Instead, it focuses on listening to community ideas, supporting community-led approaches, and providing connections and resources to catalyze change.

Rooted in History

LIKE THREE OTHER COUNTIES that were the first to join in the Healthy Places initiative, Rockingham County has its share of challenges that lead to poor health indicators. It, along with McDowell, Halifax, and Beaufort Counties, is among the least healthy places in the state.

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Through weekly classes she describes as “informational and very casual,” Ervin learned how to tap into her own strength and the power of a supportive community. “It was kind of like group therapy. Everyone sat in together. Mike [the course leader] would give his spiel on good points and techniques that you need to implement into your daily routine. He’d always have statistics and things printed; he’d have recipes printed. We’d share recipes; we’d help each other, support each other. If we struggled, we got to where we were comfortable enough to talk about that.”

Ervin also experienced a new sense of accountability. “We had a weekly weigh-in and tracked our progress. You’d give little rewards along the way that also

A willingness to change begins with a willingness to take risks.”
motivated you. It was just such a great feel in the air. And you make friends along the way; it’s just inevitable. You can’t help it; you get so close to people. And I’ve never wanted to be too close to people that they knew all my business, but somehow they’d get you to open up in that way.”

From her first attempt at being active — a 15-minute walk around the block — Ervin has now lost more than 115 pounds on the way to her long-term goal. As a result, other issues have fallen by the wayside.

“I was on 10 different prescriptions; some of them were vitamin supplements that I was deficient in,” she says. “Now I don’t take anything. This truly instilled in me a change of life. I’m very conscious of what I put in my mouth now, and I’m very conscious of getting in here and getting my workout done or just going walking or something every day to have a little bit of activity in my life.”

Ervin also reports that she has more confidence and speaks up publicly and one-on-one to encourage others to take control of their own health. Multiply her success by 112 other participants in the Y’s diabetes programs each year, and the impact on individual lives is clear. Consider the CDC’s estimate of $12,500 per year to treat someone with type 2 diabetes, and the annual health care savings for McDowell County rings in at around $1.4 million.

“This program is not only helping people change their lives and improve their health but it trickles down to other people just like my daughter,” says Ervin, who shares the healthy eating and active living practices she’s learned with her 12-year-old. “It’s such a ripple effect how it touches so many lives. I do try to motivate people to join and at least get out and walk the trails that are being built, the greenways and things.”

But Ervin also understands that making programs available isn’t enough. People have to believe that they deserve to be healthy. “Honestly, it’s going to have to come in the form of showing them they’re worth it and taking time for themselves,” she says. “Never, ever underestimate your worth, that you deserve to be healthy.”

A river divides Rockingham County, with Reidsville to the south and Eden to the north, and it represents more than just a geographic boundary. It’s been that way for generations, and even those who were born and raised in this county are unsure why or how the divide began.

Jen Nixon, executive director of the Reidsville Area Foundation, grew up here, left to attend college and begin a career, then made an intentional decision to return to Rockingham County to raise her family. She describes the division as dating back to “the dawn of man.”

“There’s a river between us and you’ll hear around here, over and over, that the river is really wide,” she says. “But I think people are starting to get the sense that if we’re competing against each other, it’s not going to improve anything. If we’re all working to improve health, then we raise the bar for the whole county and the region.”

Rebecca Ervin was on ten different prescriptions before coming to the Corpening YMCA in McDowell County, N.C. Now she is prescription free and a cheerleader for others, speaking up publicly and one-on-one to encourage community members to take care of their own health.

“Never, ever underestimate your worth, that you deserve to be healthy.”
In coastal Beaufort County, which is split by the Tar River, native Renee Harvey sees a similar phenomenon. In her job as the community’s Catalyst for Healthy Eating, Active Living, she’s charged with helping spark and seed community-generated transformation countywide. (Catalysts are at work in all Healthy Places counties, funded by the Trust in partnership with the state’s public health department.)

“I’ve learned that you can be in the same county and still have resistance from county members because it can be so territorial,” Harvey says. “This county is really large and it’s split by the river. We have residents who just refuse to work together because of where they live, and who you are, and where you live. Sometimes it can be, ‘I don’t want to work with them because they’re not from here, they live in Washington’ [the county’s largest city]. That can be a struggle because sometimes some communities feel left out if one community’s been receiving more. Then, when you have an opportunity for that organization to start working with that particular community, there’s that trust level. Some groups don’t want to work at all, because they feel you’re just going to get data and you’re going to leave. ‘You’re going to start this project, you’re going to help us a little bit, and then you’re going to leave. Then, when you leave us we won’t have a way to sustain it. We’re not going to know what to do. That’s why it’s so important to build that relationship and build that trust.”

Still, Harvey sees the beginnings of bridging the divide — or at least taking a ferry around it. She shares the story of people who are making an hour-long trip via ferry in order to make it to a Healthy Eating, Active Living committee meeting. “They believe it’s a good networking opportunity and a good way to learn about what’s going on,” she says.

Size is also an issue in Halifax County. “Because it is a large county, it can be difficult for people in [places like] Hobgood, which is an outlying area, to really feel connected to what’s going on,” says Victoria Chetty, a Halifax native who returned to her hometown intent on making a positive difference after attending college on the West Coast. She now serves as the county’s catalyst coordinator for Healthy Eating, Active Living. “It’s a very different story for those in smaller communities versus someone in Roanoke Rapids [in terms of] feeling invested in what the Halifax County government is doing.”

There are also divisions between rich and poor, successful and not. In a region where faith is a strong influence, Pastor Bob Ritter of Nebo Baptist Church in McDowell County is working to close those divides, and he sees where the efforts of private, secular community-building can overlap with a faith-based approach.

“Honestly, to me, health is not programs, it’s people,” he says. “My desire is to create a place where those who don’t have whatever they’re looking for can come and be accepted.” Acceptance is a cornerstone of health for Pastor Ritter, who grew up in a drug-ridden urban neighborhood with a struggling working mother. The church became his way out. “My story was that our little broken home was accepted the way we were. Now where did it happen to be? It happened to be a church. But I think it would work if it was a Taco Bell; if we’d been accepted there, it would have worked. Healthy places are where healthy people hang out and are ready for unhealthy people to come in.”

In addition to a Trust-funded KaBOOM! playground build, Ritter’s church is also raising money for a new community activity center that can hold fitness equipment, cooking classes, childcare, and other services that will promote health and wellness — including spiritual...
wellness — for both rich and poor residents of the rural community he serves.

Ritter also notes a frustrating divide between rural churches and secular organizations like the Trust, despite the fact that both are essentially working toward the same goal. "Normally when organizations come along, I can't play with them very long because then they start trying to own the church. So I guess you could say I've put a little stiff arm up, a little bit. On the other hand, everybody thinks that because there's a steeple on top of our building, we're a church, it's a little tougher for funders like the Trust to give them working capital, to see potential for development, to see potential for equity use. I've got a lot of people who are living their faith out through Places work, but the Trust doesn't know they're actually us. That's how it's probably going to happen for a while."

Victoria Chetty also sees the promise and strength of the faith community in Halifax County. "One of the projects that I am working on very actively is with Partners in Faith. That's a great group to see. It's a group of faith leaders — it could be pastors, designated church representatives — who are working to address health within their congregations."

She describes an idea currently being explored that involves a master list of fitness classes offered by various churches in Roanoke Rapids. "We're working on creating a directory to give people throughout the entire community an idea of where different health and wellness programs are working to address health within their congregations." The churches are what they're trying to create. If you really just backed up and you just took the steeple off, what is a church? A church is a community organization of willing participants that give money, time, talents, treasure, everything. I've got a lot of people who are living their faith out through Places work, but the Trust doesn't know they're actually us. That's how it's probably going to happen for a while."

KATE B. REYNOLDS CHARITABLE TRUST

SHIFTING FOUNDATION PRACTICES

Healthy Places NC is a bold and different approach for the Kate B. Reynolds Charitable Trust. As the initiative unfolds, the Trust is learning as much about its own grantmaking practices as it is about the communities it serves, says Interim President and Vice President of Programs Allen Smart.

"This is a dramatic departure from the way we used to operate, and from traditional philanthropy in general. In today's predominant grantmaking model, the foundation sets the goals it wants to accomplish, defines the rules of engagement for grantseekers, and pushes for quantitative evidence of success. Program officers in that model serve as prophets of a foundation's intent and gatekeepers of its funds. With Healthy Places, we're striving to make it clear that we are not driving the bus. We're on it as a willing partner and supporter, but we're relying on communities to define what it is they want to accomplish and what success will look like. We're not coming in with funds tied to predetermined outcomes but instead offering our ability to provide connections, training, research and, in some cases, supportive funds."

This shift in grantmaking strategy required a shift in program officer roles. Program officers who used to spend the majority of their time in the office reviewing grant applications are now primarily in the field, traveling to Healthy Places counties to attend meetings, listening for opportunities to help residents and local organizations connect with one another and tap into other resources in the state and helping shift conversations from "What do we have to do to get funding?" to "What if we tried this?"

"Being from a rural background and having lived in rural communities, it's always been a bit frustrating to see rural communities left behind when there are assets here that our nation — and many funders — are overlooking," says Smart. "But where other funders see only challenges, Healthy Places recognizes that the most plentiful assets often are personal relationships, and that leveraging them can dramatically change the outlook for a community. By being present in these communities and inviting them to talk about the assets they have and the future they want to see, and promising that we'll be engaged in the work with them for at least 10 years, we've seen a fundamental shift in attitudes and the sense of possibility that's replacing hopelessness. It's a very promising model for rural funders, especially at a time when there seems to be renewed interest in rural funding throughout the country."

One specific way in which the Trust is leading the shift in rural philanthropy is by helping county residents reinvent proven urban models to make them relevant for rural communities. The Healthy Places work includes the first-ever rural partnerships of well-known national programs like KaBOOM! playground builds, YMCA diabetes prevention program, and Nurse-Family Partnership.

"We didn't come in from the start and tell communities that they needed any of these models. But when the community identified opportunities where these national programs could be beneficial, we were able to help make those connections," Smart explains. "The residents of these communities will be the ones to make and sustain changes that will improve health and wellness long term. Our goal, plain and simple, is to give them the support they need to envision the possibilities and make them come to life."
“It’s about the people who are here and what they have within them and how they relate to each other.”

Pictured in front of her old high school in Roanoke Rapids, Victoria Chetty, now the community Catalyst for Healthy Eating Active Living, wonders if working together to improve community health can also improve on a history of racial divides that resulted in three separate school systems for rural Halifax County.

Outdoor recreation spaces are a significant part of Healthy Places. To date, the Trust has funded two KaBOOM! playgrounds in each of the four initial Healthy Places counties, as well as playground installations at every Title 1 elementary and middle school, for a total playground investment of $4.2 million. The Trust also supports other recreation spaces, such as walking trails, greenways, and outdoor learning spaces for two early childhood learning centers, such as the one pictured below. Teachers use the space as an outdoor classroom, and parents are welcome to linger before and after school.

good models for responsible, honest, sincere dialogue when it comes to race. It’s so important to me. I think the only responsible thing to do, even though it makes us all uncomfortable, is to talk about it, and to address it honestly — not if it’s blaming, shaming, and attacking other people for things that are really beyond our control, but really to just be honest and sincere. I think we need to connect to people as people first and foremost, rather than people of a certain color, or people of a certain economic status.”

Race is definitely an area in which the rural faith community can play a valuable role, Chetty adds. “Going back to this issue of race, it’s great to see faith communities of different colors come in together and talk about the same God, and talk about the importance of health, and spiritual health, and how they can be supported — and how they can connect to each other and create a stronger infrastructure for working together and relying on each other for supporting health and wellness.”
Lorraine Gordon welcomes any and all to the new playground in her Oakcrest community, including Marc Recko of the local housing authority, who helped secure a KaBOOM! playground build. Gordon led the neighborhood’s efforts to build the playground — from design to fundraising to assembly. For Healthy Places playground builds, KaBOOM!, a national community-centered locations. (In addition, the Trust also funded playground installations at every Title I elementary and middle school in the first four counties to launch Healthy Places, bringing its total playground investment to $4.2 million.) At each KaBOOM! build, citizens from all walks of life gathered to tackle the very thorough planning and construction processes used by KaBOOM! to build not only structures but a sense of community ownership and pride.

Lorraine Gordon, a resident of the Oakcrest community in the town of Washington in Beaufort County, knows exactly what that feels like. In cooperation with the Washington and Mid East Regional Housing Authorities, the Oakcrest community neighborhood association applied for and received the opportunity to build a KaBOOM! playground right in the middle of their community. “We had been thinking about having something in the area for the children to do, because we had this big old field and it was just empty,” says Gordon. In the process of planning, fundraising, and organizing for the playground, she saw her community coalesce in new ways. “We did a lot of talking back and forth and a lot of meetings, you know, trying to get things together, and went from there. We had to get organized so that we would have different groups to do different things. It wasn’t just one group. It was, ‘You’re going to be doing this,’ or ‘We need this done.’ It was a challenge, but we had a lot of people that wanted to participate and then we had people that started and dropped out, but through it all we all kind of kicked in.”

On a chilly, rainy day in December 2014, after months of community design work, planning, fundraising, and networking, some 120 people from Oakcrest community and beyond showed up to build the structure. The project drew volunteers from throughout Washington, including the sheriff’s office and police department, the department of social services, the Salvation Army, Washington High School, the Boys and Girls Club, Boy Scouts, Girl Scouts, and more.

“Build day was awesome,” says Gordon. “It was something positive for the community. It was something to wake them up to see that things can be done with the help of everybody. It was an eye-opener.” Her sentiment is echoed across all Healthy Places counties.

Pastor Bob Ritter also sees the KaBOOM! playground on his church’s rural property in McDowell County as a way of breaking through assumptions to build community dialogue and trust — in this case between, or despite, perceptions of faith. “The reason I decided I was interested in working with the Trust was the playground that they built for the kids. At first I read it very skeptically: ‘What are they going to tell me I have to do, once they build this? What part of my soul did I sell to them?’ And when I realized that as long as I let the kids come and play, as long as I accept the community onto my property, the Trust was completely willing to help build this — that’s when I thought, ‘This is good for our community.’” “On a nice day like this,” he adds, gesturing toward the sunshine, “there’s some community families out there that are just stopping in after school to play for a little while. That happens every day and it’s nice.”

Chetty sees the KaBOOM! builds in her county as helpful, but only as a first step. “The early wins are very important, but I think what is helpful to really invest in for the long term is that much deeper sense of how does this one person feel connected to that person over there. How does this one community feel connected to that community over there, and how do we all work together to create something that’s really meaningful to us all.”
Unlikely Partners

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HE KABOOM! BUILDS aren’t the only places where communities are playing well together. In many instances, Healthy Places has helped grassroots leaders understand the value of what was already in their communities and build new alliances that break down silos and cross divides.

For example, in Halifax County, Rural Health Group CEO Brian Harris realized, after conversations with Halifax Regional Hospital, that 225 of the Medicaid patients at his Federally Qualified Health Center (FQHC) visited the hospital’s Emergency Department 3,200 times. Rather than struggling to find ways to make his existing clinic more accessible, Harris worked with Halifax Regional to take the unprecedented step of establishing the state’s first FQHC location within the Emergency Department space inside the hospital.

The new clinic required creative thinking. “Putting an FQHC in a hospital is a big deal,” says Harris. “Regulators don’t like it. We spent six months figuring out how to put in a clinic without violating the rules, and we had to find people to think outside of the box.”

One challenge came in the form of walls, which come with an inordinate amount of regulations and restrictions when they are built within hospitals. Harris and his hospital collaborators found a furniture manufacturer who makes “furniture walls,” which allowed them to work around the issue. “That’s the one thing that got us from talking about this to doing it,” he says.

The new clinic is showing great success in diverting ER patients into more appropriate care, but the payoff goes much deeper, says Harris. “We had a good relationship with the hospital before, but now it’s phenomenal. We’re at the hospital with Community Care of North Carolina, the [Halifax] County Health Department, Department of Social Services, and Five County Mental Health Authority. I finally got to know these people at a deeper level. “I was surprised by how much I didn’t know,” he adds. “I thought I knew everything, because you work in your silo. I’ve made assumptions about organizations and people and I’ve been wrong 90 percent of the time. The way we’re working has made all the difference. I can now see the challenges I would have dismissed as them not trying hard enough. I now understand what the challenges are for other agencies and the rules they have to follow. They do amazing things, and I can see how I can change to be a better collaborator. We are developing the things that make us human — respect, trust, relationships. By developing relationships, we’re starting to make an impact with schools, families, parents, and health systems.

Sometimes building a barrier can be just as effective as tearing one down. (above): This modular wall system was the key to creating North Carolina’s first Federally Qualified Health Center within a hospital Emergency Department, thereby extending more efficient and affordable care to patients and reducing unnecessary ED visits at Halifax Regional Hospital. (below): The Restriville Housing Authority and Triad Adult and Pediatric Medicine broke through red tape to transform an existing four-bedroom unit into the Clara F. Gunn Community Health Center.

Changing Mindsets

F

OUNDATIONS OFTEN LOOK FOR metrics of success for their philanthropic investments, and the Kate B. Reynolds Charitable Trust hopes to see improvements in health indicators for each of the Healthy Places counties down the road. But that’s years in the future, and it’s not the only kind of success that residents in these counties are banking on. Instead, they point to changes that they can sense within their communities — those that are sometimes hard to see and impossible to quantify. While the Trust may be a drawbridge or a playground, it’s not the physical structures that resonate in communities. It’s a shift in attitude, in spirit, and in a willingness to do something different and new.

“It’s about changing the environment, coming in a spirit of richness instead of a spirit of poverty,” says Brian Harris in Halifax County. “Now we have the heads of all these agencies discussing how to align resources to discuss how to serve high-need, high-risk patients.”

He shares a story about one patient with mental health issues and diabetes. “One of my discharge planners had been managing his case, trying to help him get stable. We did a home visit and realized he had no way to cook food. We got him a microwave and a hot plate for cooking. We realized that health isn’t medicine, it’s giving people what they need to care for themselves.”

“It’s about changing the environment, coming in a spirit of richness instead of a spirit of poverty.”

Rebecca Ervin also sees changes in perspectives about self-care in McDowell County. “I see it in everyday people who are used to going through McDonald’s now saying, ‘You know, I’m going to take my lunch today. I’m going to keep things on hand.’ I’m seeing people like that. They’re slowly making changes and I think it’s creating a huge awareness in this community, where before folks were more interested in fried foods and sitting on the couch playing video games or watching TV.”

“You have to change people’s way of thinking, [to help them see] not everybody is against you and the choices you make won’t get you thrown out, won’t get people always talking about you,” says Nicole Boswell. “I love North Carolina, but it’s stuck in its own way of thinking.
It’s, ‘Grandma thought that way, so Mama thinks that way, so I’m going to think that way. Why am I going to change for my kids? I’m good.’

“But no, let’s get out of that pond and try something a little different. That’s me. Let me show you what the new pond has. Come on . . . I do see the mindsets changing. I do think this community is open for change. That’s why I’m staying.”

This new spirit also is helping change perspectives on government contributions to healthy communities and the connection between health and economics. "Rockingham County is a really conservative place. People largely tend to work on a smaller-government-is-better model here," says Reidsville Area Foundation’s Jen Nixon. “I think I didn’t expect to see our local governments really click into this, really get excited about this, because sometimes that mentality of ‘If you want to see change in your life, do it yourself’ — government doesn’t have a role in that. But our municipalities have jumped on board. There was a role for policy makers and government leaders, and they’ve stepped into that space. That’s been exciting. They’ve come up with ideas about revamping recreation centers to get more people in. I think that’s something surprising that came out of this, how intuitive that relationship between physical and mental health, and economic health, has been for our community. We get that.”

“What has been surprising, or almost affirming, is the level of support,” says Heather Cotton, Planning and Development director for the City of Marion in McDowell County, who is helping create new greenways, bikeways, and pedestrian routes for the city. “When I first got here, everyone said, ‘Don’t try to be a success here because there are people in this community that will shoot you down. They live for seeing failure and they also don’t like outsiders. People are very proud. They value their property rights. So don’t think you’re gonna come in here and make any big change.’

“I’ve stopped hearing those comments so much. It’s not so much the big projects but the little things over time that are changing the behavior and the mindset. People want to see success. They want to see things improved, so they’re more accepting of change over time, and it’s just building and building. It’s the deep level of behavioral change. As much as I love the infrastructure piece and the physical change you can see on the ground, I’m almost as interested at seeing a behavioral change, too. “You might have had that disgruntled person who was angry because the city spent $100,000 on a greenway. Now he’s been sitting around that table with his family who go out to the greenway every weekend and they love it. He sees the family is happier. They’re more engaged. They’re doing more things together. You start to see those small changes occurring. That mindset is changing the culture and the things we can do as a local government. Whereas before it might have been, ‘Don’t spend my tax dollars’, now it’s, ‘When’s Phase III gonna begin?’“

“Three to five counties will be added in coming years.”
Looking Forward

One thing that residents in Healthy Places counties can share is new and optimistic visions for the future. These range from visions for individual neighborhoods to countywide initiatives.

In the Oakcrest community in Beaufort County, Lorraine Gordon has her eye on several new projects to enhance her community’s playground and promote physical activity outdoors. “We want to add some things out there. I was thinking about some bird baths or something so the kids will see the birds and things.” She also envisions trees and a nearby basketball court, a high priority for the neighborhood’s older children.

Nicole Boswell envisions more health education resources for her Reidsville neighbors. “I would like to have a 12-month workshop on high-impact illnesses. One month it could be diabetes, next month colon cancer, breast cancer, and so forth. That would gather the people that are suffering or those that just want knowledge of each area.” She also wants to create a homeless shelter — the county currently has none — that will provide the same mental and physical health supports that turned her life around in New Jersey.

Jen Nixon envisions a more inclusive community in Rockingham County, “one where people are more comfortable working with, going to school with, recreating with people that are slightly different than them. That doesn’t always mean racial or ethnic differences, it can mean socio-economically, or even age differences. I think if we just continue on this path of breaking down silos, and encouraging people to partner, and to get to know and to do things with people that aren’t necessarily like them — whether that’s at an organizational level, or an individual, or a community group level — I think that will lead us to a better place. People who live in these towns in Rockingham County can experience it differently depending on who they are. I have a great experience of it, but that might not be everyone’s. Ensuring that it is everyone’s — that would be my vision for this town and county.”

In McDowell County, Pastor Bob Ritter shares that vision. “I don’t want to just be a landowner for another playground. I want to be somebody that’s making a difference. I want a rec center that isn’t a building, but it’s a body. It’s volunteers and people that care. You can build all the buildings you want. Buildings don’t help people, people help people.”

“I would really love to see people seeing themselves as integral parts of these processes,” says Halifax County’s Victoria Chetty. “That they’re not only recipients, they’re not only bystanders but that they’re really, actively cocreating a healthier vision for themselves. So that it’s not about a catalyst who comes in, it’s not about the Trust who comes in, it’s about the people who are there and what they have within them and how they relate to each other. And how they feel responsible for their communities. That’s what I’d really love to see.”

“It’s not about the Trust who comes in, it’s about the people who are there and what they have within them and how they relate to each other. And how they feel responsible for their communities.”