

OutReach



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Ray Cope Announces Retirement

E. Ray Cope, president of the Kate B. Reynolds Charitable Trust, has announced his retirement, effective December 31, 2004. He has been with the trust since 1991.

"It's the right time. I have thoroughly enjoyed each and every minute I spent working for such a worthwhile endeavor," Cope said. "It is not easy to say goodbye when your work touches hundreds of thousands of people. While I will enjoy retirement, I will never forget the friends I made along the way or the people who devote their lives to humankind. They are the ones who need to be remembered each and every day."

Under his 12 years of leadership, the Trust has awarded grants of more than \$242 million, including \$61 million in support of programs that improve the welfare of the people of Forsyth County and \$181 million to support programs designed to improve the health of the people of North Carolina.

Throughout his tenure, Cope has encouraged innovative efforts in fulfilling the mission of the Trust as outlined in Mrs. Reynolds' will. He is most proud of the Trust's outreach program which has increased its visibility and made the Trust accessible to communities and organizations in every corner of the state.

"Ray Cope has led the Trust in establishing initiatives addressing major health care issues, such as long-term care for the elderly, self-management of chronic disease, and access to dental care," said Thomas J. Bacon, director of North Carolina Area Health Education Centers (AHECs) and a long-term member of the Trust's Health Care Division Advisory Board.

Cope received the 2003 Meritorious Service Award from the North Carolina Hospital Association in recognition of his "commitment to the vision of Kate B. Reynolds and his leadership in guiding the Trust to address the changing health care needs of the state."

"Ray Cope has been a valuable asset to the Kate B. Reynolds Trust for more than a decade," said Robert S. Kniejski, president of Wachovia Trust. "Ray's compassion and genuine concern for the less fortunate of our state should serve as an example to all of us. He has been a dedicated servant for the poor and has worked tirelessly to help others improve their lives."

Wachovia, as sole trustee, has begun a search for a new president, who will work with Cope until his retirement at year's end.

"Cope came to the foundation from Wachovia Bank, where his job had included administrative responsibilities for the foundation's trust. He came to the new job not with a banker's reserve, but with a friendly and compassionate manner that's come to personify the foundation. "



Ray Cope

— Winston-Salem Journal Editorial
April 9, 2004

Why Project SELF Improvement?

- Seven of every ten Americans die from chronic diseases.
- Chronic diseases result in premature disability, diminished functional status, and poorer quality of life.
- Chronic diseases account for more than 60% of total medical expenditures each year.
- Three health behaviors — physical inactivity, poor nutrition, and tobacco use — underlie 80% of all chronic disease.
- Funded projects focus on increased physical activity, improved nutrition, and prevention and control of tobacco use.

UPDATE: Project SELF Improvement (Smoking, Education, Lifestyle, Fitness)

When Project SELF Improvement, a \$10-million, five-year initiative funded by the Kate B. Reynolds Charitable Trust, was announced in mid-2000, it was the largest-ever response to the growth of chronic disease among North Carolinians.

“In recent years, we had seen a significant increase in the prevalence of chronic disease in every region of the state. At the same time, a major portion of our funding was directed to treatment rather than prevention,” said John Frank, director of the Trust’s Health Care Division. “We developed Project SELF Improvement as a means of finding interventions that would reverse the growth trend and reinforce to North Carolinians — especially the underserved populations we support — that chronic diseases are preventable.”

Because of the size and complexity of the project, the Trust enlisted Dr. Lloyd Michener and the management team from the Department of Community and Family Medicine at Duke University Medical Center and Health System to administer the initiative. More than 50 applications were submitted from communities around the state. Of those, 15 are receiving funding. The programs are now beginning their fourth year of operation. Although there is still much to be learned, certain trends are apparent, and successful interventions are beginning to make a difference.

•It takes a community to make it happen!

Because chronic disease is a health problem, people have traditionally looked to the medical community for help in treating and managing it. All 15 Project SELF Improvement programs are collaborative ventures that build on both traditional and non-traditional partners to succeed.

“Patients who are diagnosed with chronic disease leave their doctor’s office with general guidelines for living with the disease,” said Dr. Michener. “When they begin to practice those guidelines, they face many obstacles: Where and when are exercise programs available? What is the cost of the program? Is transportation provided? Do all the programs meet during work hours? Can someone help with making good nutritional choices while staying on a tight budget? Is there a support group for people with similar problems?”

“Answering these questions has led SELF Improvement programs to look closely at their communities to find resources that are accessible, low cost, and user friendly. These available resources can vary widely, so each program must customize its operation to take advantage of whatever resources and opportunities for

partnership exist in their local communities,” Dr. Michener said.

SALSA, a SELF Improvement program that targets the Hispanic community in Alamance County, is a good example of a seemingly “unlikely” partnership that is an overwhelming success for raising quality of life and health. When families come to Elon University for English classes, they receive information about free health care screenings and prevention programs. The Alamance County Health Center follows up with additional services for at-risk individuals. To raise the level of physical activity for all ages, the Burlington Parks and Recreation Department provides a free site for soccer leagues for Hispanic parents and children.

Another set of unlikely partners originated through the churches and associations of the General Baptist State Convention. Residents of Granville, Vance, Warren, and Franklin counties read messages on health in their church bulletins and do stretching exercises before and after services. Local churches sponsor taste testings to encourage healthy preparation and consumption of traditional foods.

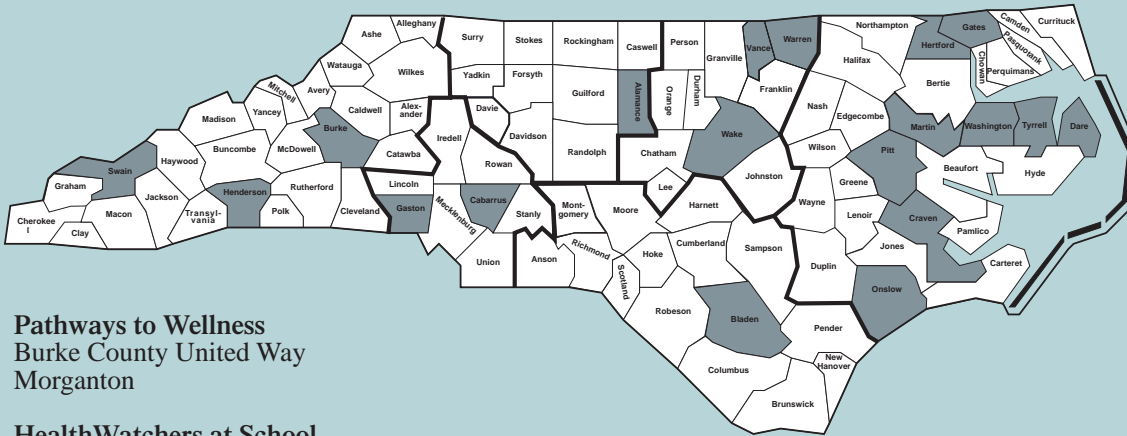
•Each project possesses unique strengths.

The programs are structurally and operationally different, but they meet common objectives. Their success reinforces the truth that there is no “right” answer in addressing health care issues. Experience over the first three years shows that successful programs understand the accessibility gaps in their community ... design a program based on existing resources ... and create innovations to fill the gaps.

•Successful programming is not easy to achieve. Maggie Sauer, a member of the Duke management team who works directly with the SELF Improvement programs, offers support, technical assistance, and ideas to community partnerships in their quest to establish and maintain successful programs. “There are many stumbling blocks,” Sauer said. “In addition to meeting the challenges inherent in health care accessibility, shortfalls in state and local budgets have created financial issues that require constant evaluation and modification of project plans to ensure the use of cost-effective strategies.

“Partners in many of the programs have found both direction and encouragement from professionals at the state level. Since all of the programs target low-income and underserved groups, education is a cornerstone of long-term success.” The North Carolina Cooperative Extension and the Physical Activity and Nutrition

Project SELF Improvement Programs



Pathways to Wellness
Burke County United Way
Morganton

HealthWatchers at School
Bladen Health Watch
Bladen County Hospital
Elizabethtown

SALSA
Elon University,
Burlington

GBSC Faith and Health Initiative
General Baptist State Convention of NC
Raleigh

MTW Project Self Improvement
Martin-Tyrrell-Washington District Health Dept.
Plymouth

Growing Up Fit!
NC Institute for Health and Safety in Agriculture
Forestry and Fisheries (Agro Medicine)
Greenville

Swain County Project SELF Improvement
Swain County Health Department
Bryson City

Healthy Lives, Healthy Future
The Public Health Authority of Cabarrus County
Kannapolis

PEER Power
Dare County Department of Health
Manteo

Gaston on the Move
Gaston County Health Department
Gastonia

Healthy Heart and Souls
Hertford-Gates Health Agency
Winton

Mission Triangle E
The City of New Bern
New Bern

Health Watch
Onslow County Health Department
Jacksonville

Project Self Improvement
Strengthening the Black Family
Raleigh

L.I.F.T. (Lifestyle Initiative — Fitness and Tobacco)
Partnership for Health
Hendersonville

Objectives of Project SELF Improvement:

- To change the perception of chronic diseases and their complications from **INEVITABILITY** to **PREVENTABILITY**.
- To fund prevention and education programs targeting populations at risk for chronic diseases.
- To fund programs that build on community collaborations.
- To fund eligible organizations that target large populations at risk for chronic diseases and that can provide, maintain, and sustain prevention and education programs.

and Tobacco Control divisions of the North Carolina Department of Public Health have been invaluable in the effort. These groups have partnered with several community programs to send representatives to lead sessions teaching life skills, such as how to shop and prepare nutritious meals on a limited budget.

• **Project SELF Improvement promises to be a milestone in improving quality of life for North Carolinians with chronic disease.** The benefits of Project SELF Improvement programs extend far beyond current participants. “Lessons learned during the first three years are already affecting the way we prepare physicians as well as public health and other community health professionals,” Dr. Michener said.

“The health care community statewide is learning from the partnerships. Because we share

common goals, there is much we can learn from each other.”

Much of the significance of Project SELF Improvement lies in the initial development of the initiative. It is a record-setting investment, made with full understanding that it would not be a quick fix but, rather, could be a giant step in the evolutionary process that will make a difference for millions of North Carolinians.

“The Trust’s recognition that it doesn’t have all of the answers, accompanied by its willingness to invest in the search for answers, is a rare approach that is proving tremendously powerful,” Dr. Michener said. “The Trust and the Duke management team work in tandem to ensure the development and progress of each project. The Trust staff supplies much more than funding for the initiative. They provide vision and leadership.”

2004 Important Dates:

Satellite Offices:

Asheville
June 7-11, 2004

Elizabeth City*
July 14-16, 2004

Wilmington
December 6-10, 2004

Health Care

Grant Application
Deadlines:

September 15, 2004
March 15, 2005

Poor and Needy

Grant Application
Deadlines:

July 15, 2004
January 15, 2005

News from the Front Line

Organizations that receive funding from the Kate B. Reynolds Charitable Trust provide regular feedback regarding their progress in meeting the objectives of their program. One requirement for reporting is a listing of the lessons they have learned during the planning and implementation of their undertaking.

“Since these lessons learned can be very helpful to other agencies pursuing similar projects, we want to share them in this and upcoming issues of *OutReach*,” said Lori Fuller, administrator of evaluation and research. “These observations come directly from agency representatives and are reprinted in their own words.”

Lessons Learned ... *About the Human Element*

•It is not uncommon for clients to “give back” in any way they can. Sometimes they return help by bringing in extra produce from their gardens — anything to show how much they appreciate having access to prescription medications.

•Have fun ... and always keep in mind whom you are doing this for.

•A volunteer committee is an asset when it comes to getting community donations, but it can be a liability in timeliness.

Lessons Learned ... *About Program*

•Once underway, we discovered that the enormity of the project’s scope created a management problem.

•A fledgling program cannot offer services totally free and be self-sustaining.

•It is much easier to accomplish goals and objectives when working in collaboration with other community organizations.

•Getting prospective donors and funders out to the site makes a difference.

•It takes a dedicated group of professionals to maintain a program — more than just the initial effort associated with program start-up.

•It is important to have a staff as diverse as the population you work with.

•Working together with people in the community made the program happen.

•It has been difficult undertaking a large project while undergoing leadership transition.

•By working together, objectives can be accomplished with style and quality.

***Special Announcement:** Please note that the Trust has scheduled an additional satellite office for this year. A representative of the Trust will be in Elizabeth City on Wednesday, Thursday, and Friday, July 14-16. The Trust has reserved space in Wachovia Bank’s Main Office at 400 E. Main Street in Elizabeth City to meet with representatives of nonprofit health care agencies in the Albemarle area of the state.

To schedule an appointment, call Susie Gordon at the Trust office in Winston-Salem at 1-800-485-9080 weekdays between 8:30 a.m. and 5:00 p.m. Appointments will be made on a first-come basis.

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