

Vermont Community Health Equity Partnership
St. Johnsbury District/NEK Prosper! and Newport District/Vibrant ONE
Emergent Learning After Action Review

PROJECT TITLE & ORGANIZATIONS: NEK VT Community Health Equity Partnership
Northern Counties Health Care (NCHC) (Backbone Organization), VDH Office of Local
Health Newport and St. Johnsbury, NEK Prosper! Caledonia + Southern Essex Accountable
Health Community Network, Vibrant ONE (Orleans & No. Essex) Accountable Health
Community Network

Completed by: Tin Barton-Caplin, Michael Costa, Heather Lindstrom, Kari White

INTERVENTIONS (ACTIVITIES):

Commitments to use the VT CHEP opportunity to shift into Collective Impact 2.0 for
durable equity-centered work, stewarded with transparency, integrity and accountability
- in word and deed:

*“Northern Counties is committed to making sure everyone in the community has the
opportunity to live a healthy life. Addressing health equity takes a sustained and
inclusive effort, and we look forward to continuing this work with NEK Prosper!, Vibrant
ONE, and our community partners” - Michael Costa, NCHC CEO*

- Commitment to Serve as a Container for Change to:
 - *Navigate the Landscape: constantly monitoring, analyzing, and adapting to the opportunities and barriers for action created by the larger political, economic, and social context.
 - *Shift Awareness and Culture: raising the awareness of the public and influential leaders about an issue and why it deserves attention and even deeper work on shifting societal paradigms to ‘disrupt’ and ‘re-orient’ societies’ cultures in more fundamental ways (e.g., centering racial and disability justice).
 - *Change Systems: adjusting the policies, structures, processes, resource flows, power relationships, and day-to-day practices in a way that encourages widespread changes in the behavior of people and organizations that align.
 - *Support Niche Innovations: supporting the development, testing, and - if appropriate - sustaining and scaling of novel solutions (community health equity projects).
 - *Strengthen Leadership and Capacity: increasing social innovators’ (all of us involved in these efforts whether community member, funder, regulator or organizational partner) networks, resources, skills, and sense of agency to ‘drive’ the change process through ongoing and iterative cycles of planning, implementation, and evaluation.

In our existing and new strategy sessions, meetings, shared learning sessions,
engagement activities and conversations, Commitment to Practice:

- Mobilize a diverse group including “individuals from populations at higher risk and that are underserved”, funders, organizational stakeholders and other community

stewards to co-develop, implement and support cross-sectoral work on health inequities.

- Introduce equity-centered frameworks, tools, policies and practices.
- Foster equity-centered processes to cultivate trust and empathy among participants and community collaborative members so they can freely share perspective, engage in fierce conversations, while navigating differences in power.
- Steward participants' inner journey of change.
- Design and facilitate monthly and ad hoc workshops, meetings and learning opportunities including NEK Prosper! and Vibrant ONE Network meetings, NEK Prosper! Leadership Team, Vibrant ONE Backbone/Design Team, NEK Prosper! Collaborative Action Networks to learn together, practice, make decisions and shift the resource and power dynamics in our collaboratives.

*Adapted from <https://socialinnovationsjournal.com/index.php/sij/article/download/5584/4535/15958>

FOCUS POPULATION(S):

Priority populations included those experiencing stigma, marginalization and avoidable systemic inequalities associated with socioeconomic status; race, ethnicity and culture; sexual orientation and gender identity; visible and invisible disabilities; trauma, mental health and substance misuse disorders, and/or justice-involvement. Emphasis was placed on engaging persons with lived or living experience with health inequities at all levels of the work whenever possible – and to pay them for their time and labor.

WHAT WERE OUR INTENDED RESULTS?

1. Meet all grant requirements of Backbone, Integrator and Community Collaboratives fully and on time (for both Districts)
 - Health Equity Self-Assessment Pre and Post
 - Data-driven Problem Statement
 - Community health equity funding process (and associated requirements of sub-grantees and projects)
 - Monthly Integrator Reports, Invoices and Back-Up
 - Participation in Learning Collaborative
2. Use collective impact (2.0) principles to facilitate alignment among multisector partners and assist NEK Prosper! and Vibrant ONE to embed diversity, equity, and inclusion into the fabric of the local collaborative structure and operations
 - Engaging residents in meaningful and authentic ways
 - Developing and implementing system- change strategies to achieve impact (designing our commitments and strategies across the leverage points in the system – paying special attention to the higher leverage points).
 - Forming new and deeper relationships with partners and individuals
 - From Systems Thinking pioneer Donella Meadows:
PLACES TO INTERVENE IN A SYSTEM (in increasing order of effectiveness)

12	Constants, parameters, numbers (such as subsidies, taxes, standards).
11	The sizes of buffers and other stabilizing stocks, relative to their flows.
10	The structure of material stocks and flows (such as transport networks, population age structures).
9	The lengths of delays, relative to the rate of system change.
8	The strength of negative feedback loops, relative to the impacts they are trying to

	correct against.
7	The gain around driving positive feedback loops.
6	The structure of information flows (who does and does not have access to information).
5	The rules of the system (such as incentives, punishments, constraints).
4	The power to add, change, evolve, or self-organize system structure.
3	The goals of the system.
2	The mindset or paradigm out of which the system — its goals, structure, rules, delays, parameters — arises.
1	The power to transcend paradigms.

<https://donellameadows.org/archives/leverage-points-places-to-intervene-in-a-system/>)

3. Create transparent, equitable, adaptable, scalable and capacity-growing community health equity grant process

- Engage and fund social innovators beyond the “Usual Suspects” organizations
- Fund projects designed by intended beneficiaries to shift structural and implicit systemic root causes of health inequities
- Provide robust and tailored sub-grantee technical support
- Ensure sub-grantee compliance

“Though it takes a lot of time and travel, I think the individual and small group conversations with community members and non-traditional partners will position us well for the grant funding process and will plant seeds of collaboration for the future.” – Kari White, NCHC Integrator

4. Grow new equity partnership and leadership capacity

- Develop/deepen trust and address fears and concerns about sustainability through action and not just words

“I don’t want to see all the same faces and decision-makers around the table one year from now.” – Community leader

Biggest risk/fear for this work in the NEK +

Biggest risk/fear... that we won't have the courage to take significant risks, to transcend our fears!
+1

We quit b/c the work is so hard, requires so much from us personally, & is different from what dominant white colonialist Western culture traditionally sees and values as “work”
+0

It will all go away when the grant comes to an end
+0

5. Provide proof of concept for rural community health equity approach and basis for future funding opportunities

- Develop context specific “best right now/emerging” practices
- Secure additional “right fit” funding to continue this work

WHAT WERE OUR ACTUAL RESULTS?

By The Numbers

- 2 co-created community health equity data-driven problem statements and aspirations
- 1 new equity-focused Mission Statement for NEK Prosper! (after a decade)
NEK Prosper! leverages relationships and collective action to build community health equity
- 50+ active equity-focused partners (includes increased diversity, community members and groups beyond our typical institutional partners)
- 90+ collaborative meetings designed and facilitated
- Over \$192,000 received and used for capacity building (integrator role, stipends, training, community engagement)
- 1 transparent, inclusive, equitable, flexible, scalable community grant process developed
- \$336,000 committed to 10 community-driven health equity projects in the NEK

- *Over \$40,000 received in admin fees by NCHC as the Backbone*
- *3 additional “right-fit” capacity-building funding streams (over \$324,000) secured for continued health equity work (Kresge Foundation/University of Southern Florida for PHEARLESS, CDC Foundation/Michigan Public Health Institute/Association of State and Territorial Health Officials for STRETCH 2.0, Vermont Community Foundation for Kingdom United Resilience & Recovery Effort (long-term recovery))*

1. Met all grant requirements of Backbone, Integrator and Community Collaboratives fully and on time (for both Districts)
 - Fully executed contracts and Terms of Award
 - 2x Health Equity Self-Assessments and Discussion (Pre and Post)
 - 2x Data-driven Problem Statements (collaboratively developed)
 - See #3 below RE Community health equity funding process
 - 20x Monthly Integrator Reports, Invoices and Back-Up
 - Extensive participation in Learning Collaborative
 - Significant community member and partner attendance and participation at all three in-person VT CHEP convenings
 - Participation in almost all 36 VT CHEP webinars and workshops
 - Presented on the NEK work as part of 5 webinars and 2 Lunch and Learns
2. Used collective impact 2.0 principles to facilitate alignment among multisector partners and assist NEK Prosper! and Vibrant ONE to embed diversity, equity, and inclusion into the fabric of the local collaborative structure and operations



- Engaged residents in meaningful and authentic ways
- Developed and implemented system- change strategies to achieve impact
- Formed new and deeper relationships with partners and individuals
 - Established new positive feedback mechanism with the NEK Health Equity E-mail Newsletter

“Thank you so much for sending these emails with so much good information!” - Community member

“Thank you so much for the great community information.” - Community partner

- Used collaborative and participatory decision-making process to update NEK Prosper! Mission
- Expanded NEK Prosper! Leadership table to include CAN Co-Chairs
- Developed and utilized NEK Prosper! stipend policy to pay community members \$50/hour to engage in NEK Prosper! work (i.e., Collaborative Action Network meetings, VT CHEP convenings, Healthy Cents proposal review and

decision-making).

- NEK MH/SUD System of Care Mapping project (funded by Vibrant ONE) included the voices of over 60 individuals in the Northeast Kingdom representing a diversity of age, gender, race, socio-economic status, geography, etc.

"I'm glad you guys are doing this. It's been a pleasure. It's always good to talk about these things and hope that something is going to change, especially in mental health..." - Community member focus group participant

- Used Data-driven Problem Statements to drive alignment, training and education, project selection and funding, strategy development and adaptation and evaluation of equity-centering efforts (evidence of systemic change identified)

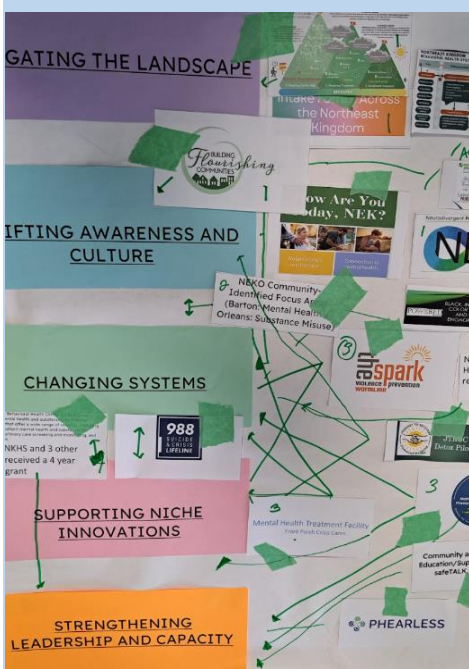
*What EVENTS, PATTERNS AND TRENDS have been happening that tell us we are making progress?
(What is there more or less of? What things have been increasing or decreasing?)*



What changes to STRUCTURES, RELATIONSHIPS AND CONNECTIONS have caused those events, patterns and trends?

Policies (Rules, regulations and priorities (formal and informal)) - **Practices** (Organizational and actor activities targeted to addressing and making progress) - **Resource flows** (How money, people, knowledge, and information are allocated and distributed) - **Relationships & Connections** (Quality of connections and communication occurring between actors) - **Power Dynamics** (Which individuals and organizations hold decision-making power, authority, and influence (both formal and informal))

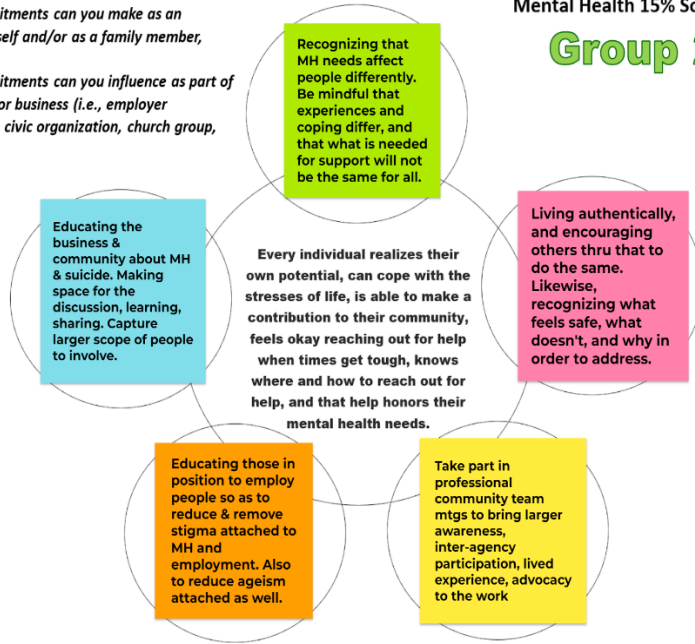




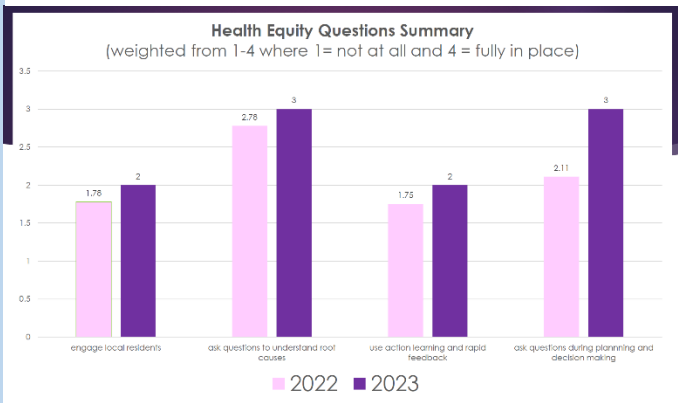
- What actions or commitments can you make as an individual (i.e. to yourself and/or as a family member, neighbor, friend)?
- What actions or commitments can you influence as part of a group, organization or business (i.e., employer /supervisor, employee, civic organization, church group, other CAN)?

Mental Health 15% Solutions

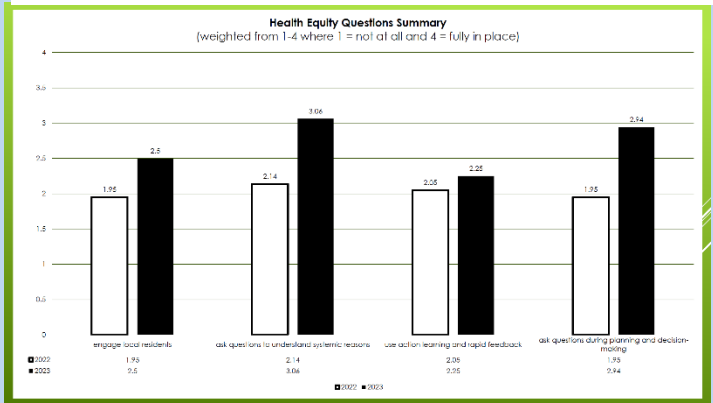
Group 2



Vibrant ONE Health Equity Assessment 2022 vs 2023



NEK Prosper! Health Equity Assessment 2022 vs 2023



“I wanted to express my appreciation to (community member names), in particular for their candor, and to all of you, for the opportunity to work with you, however imperfectly, to move forward in this work. I know that I will make 1000 missteps for every 1/2 step forward, but as (community member) said so eloquently, ‘building and protecting the space, the container, for the work to grow,’ is critically important. From my perspective, the ability to create that space was demonstrated during our gathering last week. Ensuring that all are welcomed, embraced and valued (literally and figuratively) for what they choose to share and contribute is something we need to practice and hold ourselves accountable to. We have work to do, but who better to do it than a group like this one who we know share our passions?” – Heather Lindstrom, District Director for St. Johnsbury Office of Local Health



3. Created transparent, equitable, adaptable, scalable and capacity-growing community health equity grant process from conception through post-award support, grant close-out and future practice (see HRiA's Equitable Grantmaking slides)

- ✓ Phase I Best Practices: Engaging Communities & Decision Making
- ✓ Phase II Best Practices: Setting Equitable Guidelines for Applicants
- ✓ Phase III Best Practices: Equity & Application Questions
- ✓ Phase IV Best Practices: Equity in the Application Process
- ✓ Review Committee Members & Equity Best Practices
- ✓ Supports & Technical Assistance Best Practices: Applicant Stage
- ✓ Supports & Technical Assistance Best Practices: Awardee Stage
- ✓ Best Practices: Supports for Applicants Not Awarded
- ✓ Sustainability Best Practices

"Thank you so much for the transparency around your decision making process and for sharing the reviewers comments. I see that so rarely and it's incredibly refreshing and appreciated to have received it from you and your team. Your efforts in that area are deeply felt!" – Funded grant applicant

"Firstly, thank you so much for the opportunity to submit an application for the Community Health Equity grant project funding. Please thank the committee that reviewed our application, I'm so grateful for them and the work they completed :) Thank you for disclosing the scoring process for each grant application, and where ours could have scored better. I understand these are difficult decisions to make and I truly appreciate the transparency in the decision making process." – Unfunded grant applicant

"The process for the grant applicants and for the grant reviewers was the most equitable process I've had the privilege of being part of. I sincerely appreciate all the work that went into creating and developing it." – Community member grant-reviewer for both NEK Prosper! and Vibrant ONE

- Engaged and funded partners beyond the "Usual Suspects" – many entirely new to grant applications and grant management.
- Received 16 applications and three proposals in response to national RFP for MH/SUD Mapping project.
- All applicants received feedback and "referrals" to other potential funding, technical assistance, capacity building opportunities and/or partners (including each other).
- Funded 10 projects (8 fully and 2 partially; 4 through NEK Prosper! only, 3 through Vibrant ONE only and 3 through both NEK Prosper! and Vibrant ONE).
- Immediately after post-decision, one of the two partially-funded projects received pledges from three organizations to make up the shortfall in funding.
- Provided robust and tailored sub-grantee technical support and ensured sub-grantee compliance.
- 14 months of Community Health Equity project reports, invoices and back-up gathered, verified and submitted for reimbursement.

"Thanks for making the extra effort... Thank you for your patience and for ALL of it." – NEK community health equity sub-grantee

- Emergent Learning After Action Reports completed by all 10 project teams.

- All but \$4.31 of the \$336,000.00 was spent down by sub-grantees on eligible project expenses.
- Grantees took advantage of opportunities to work together and share challenges and success. Several received wonderful press coverage about their projects.
- All 10 community health equity projects live on in different ways. Sub-grantees reported appreciation for the Backbone support and greater capacity and scaling up of efforts, additional funding, more connections and relationships to aligned work and partners and/or improved focus and understanding of the shape of future work.

Thank you so much for your support over the course of this project! - NEK community health equity sub-grantee



Food Justice and Culture Building: A Partnership between the Center for an Agricultural Economy and the Civic Standard

The Center for an Agricultural Economy and the Civic Standard: To provide materials and staff time necessary for a range of food-based community programs and offerings in the town of Hardwick and at Hazen Union high school. The programs would be implemented by the Center for an Agricultural Economy in partnership with a new cultural organization, the Civic Standard. Programs would take place through an elective class at the high school, at the Civic's community hub on Main Street in Hardwick, and at events and public venues around town.

Successes

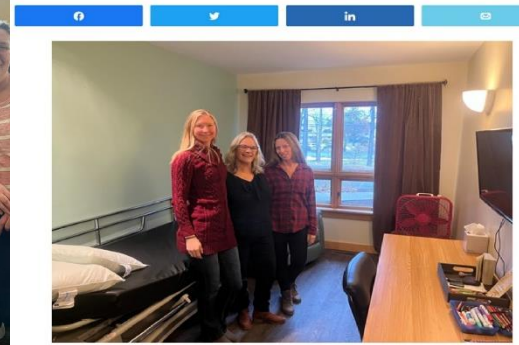
- ▶ **"It was either detox or death"** Says Client Mike, pictured here with Compassionate Care Worker and Coach-in-Training, Meagan.
- ▶ Mike stayed at the JTRCC Pilot Bed for five days awaiting placement in treatment. This picture was taken on Feb 21, 2023, 43 days after admitting to our bed. He is back from treatment, working with JTRCC daily, also with Hireability, has custody of his daughter, speaking at his daughters' school, and off all prescriptions. No MAT.
- ▶ There have been 17 admissions to the bed. Three of those were repeat visits. Out of the Fourteen unique clients, eleven are sober and engaging in services with JTRCC, Savida, NKHS, NEKCA, Hireability, DOL, Umbrella and other community partners.
- ▶ Working with NCH on meals and linens has been excellent
- ▶ Working with Valley Vista, Serenity House and Granite recovery also excellent

JTRCC www.jh-cc.org 2/24/23



6 weeks, 1 bed, 10 lives: A Newport recovery center provides space for hope in the opioid crisis

By Kristen Fountain
Jan 8 2023



- Grantmaking process used as model for NVRH Healthy Cents Funding process.
4. Grew new equity partnership and leadership capacity
- Developed/deepened trust and addressed fears and concerns about sustainability through action and not just words
 - Many new and non-health and human service partners engaged as leaders and collaborative partners in aligned work (i.e., Glover and Hardwick Equity Committees, Hub Stewardship Co-horts, NEK Rainbow Coalition, Holland

Abenaki Foodshelf, HeartSpace Healing Collective, Art & Joy LLC, Adaptive Sports Partners, Rotary, Craftsbury and Hardwick Neighbor to Neighbor, many community members from all different parts on the NEK)

“Just wanted to acknowledge how great today’s Vibrant ONE meeting was. It created space for authentic feelings and vulnerability—cornerstones of trust building and relationship building! It also allowed us to dive deeper on the topics of community engagement and understanding our system of care better with so many great ideas and possibilities emerging and then coalescing into two tangible paths forward. So just wanted to say thank you as it feels like we are getting there... one meeting at a time!”– Justin “Tin” Barton-Caplin, District Director for Newport Office of Local Health

- At November Vibrant ONE meeting, over 20% of participants were BIPOC individuals (organizational partners and community members)
- Stipends for community member participation codified in policy and written into applications for further funding. Stipend policy also used as model for partners (i.e., NEK Collaborative).
- Collaborative work to submit applications and secure additional leadership and grant funding including for PHEARLESS (Public Health Regenerative Leadership Synergy) initiative.

Northeast Kingdom United Team selected for National Public Health Regenerative Leadership Synergy Initiative

One of 15 teams chosen to participate in an inaugural grant and leadership opportunity

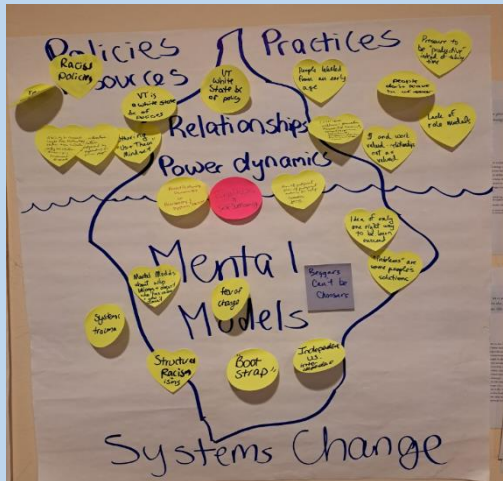
St. Johnsbury, Vt - A Northeast Kingdom (NEK) team representing [NEK Prosper!](#) and Vibrant ONE Accountable Health Communities has been selected as one of the 15 teams of rising public health and community leaders from around the country to participate in a new [Public Health Regenerative Leadership Synergy](#) (PHEARLESS) initiative.

Supported by an investment of more than \$8.5 million from [The Kresge Foundation](#), the [Robert Wood Johnson Foundation](#) and the [de Beaumont Foundation](#), the PHEARLESS initiative integrates regenerative leadership education and experiential learning with innovative collaborative tools that will help public health and community leaders build the skills they need to co-create sustainable solutions that advance health equity and well-being for all. Regenerative leadership is an emerging approach embracing a systemic worldview that aims to restore, preserve, and enhance people, society, and the environment.

“Recent public health events, including the COVID-19 pandemic, MPOX, and the historic flooding that affected our region, have underscored the importance of always approaching public health initiatives with an equity lens. This grant offers a meaningful opportunity to advance health equity efforts for all of the people in the Northeast Kingdom, and the insights gained should benefit communities across Vermont in the future.” – Vermont Department of Health Commissioner Mark Levine, MD

“We are thrilled to be a part of this initiative. There is so much good and important work happening in the Northeast Kingdom. We’re excited for what we will learn from this experience, and we all look forward to incorporating innovative ways to collaborate and bring together community partners to build equitable, thriving, healthy communities for everyone in the NEK.” – PHEARLESS Team: Kaitlyn Carreau, Public Health Leader with the St. Johnsbury Office of Local Health; Sung-Hee Chung, Community Leader and Founder of Powered Magazine; Jennifer Leithead, Community Leader and MyHealthyVT Regional Coordinator with North Country Hospital and Becky Petelle, Public Health Leader with the Newport Office of Local Health.

5. Provided proof of concept for rural community health equity approach and basis for future funding opportunities
 - Developed context specific “best right now/emerging” practices
 - NEK Prosper! Strategic Speed-dating practice
 - Grant-making process
 - Consensus-based and participatory decision-making
 - Root cause analysis and systems-change tools (iceberg, ladder of inference, connection circles, multi-level perspective framework, etc.)
 - Critical Response Process, After Action Reporting, W³ (What? So What? Now What?)



VT Community Health Equity Partnership **NOW WHAT?**

What do we need to do to move forward? How can we turn these events into something positive? What have we learned? How will we use the insights we discovered? What will we do differently the next time? What will we do the same? What hidden opportunities have these events uncovered? How can we use them for our benefit?

- Stay Asset-Based and aspirational rather than Needs-Based and problem-driven
- Slow and patient when it comes to relationship building, trust building and shifting power and fast when it comes to changes to processes and practices which perpetuate inequities
- Visual and written tools and documents to “show” assumptions and give people a starting place to orient to and work from (glossary of terms, structural map)
- Potentially asking the equity questions as a closing ritual

- Variety of real-time and asynchronous collaboration and communication tools and methods (i.e., Webpages, virtual shared folders and documents, podcast, etc.)
- Secured additional “right fit” funding to continue this work
 - 3 additional “right-fit” capacity-building funding streams (over \$324,000) for continued health equity work (PHEARLESS (Public Health Regenerative Leadership Synergy), STRETCH (Strategies to Repair Equity and Transform Community Health) and Vermont Community Foundation for Kingdom United Resilience & Recovery Effort (long-term recovery))

“Thank you (and many others!) for completing and submitting the application for KURRVE’s work. We’re glad to see such a comprehensive proposal engaging many partners. We are very pleased to work with you and grateful for what you do.” - Kate McCarthy, Senior Program Officer with The Vermont Community Foundation

WHAT CAUSED OUR RESULTS?

The designers and administrative/operational implementers of this grant partnership including the incredible staff at VtPHI developed, funded and supported this opportunity

from a new paradigm which allowed community organizations to work from this new paradigm and support the success of community members from historically marginalized backgrounds to become key system actors and leaders of transformational change.

- Substantial funding for:
 - Someone who wakes up every day committed to this work,
 - Stipends for community members to engage with this work in a variety of ways,
 - Engagement opportunities, materials and supplies, and
 - Those who are closest to the problem to design and implement solutions.
- Balance of flexibility and local control with “right-sized” reporting requirements (to spur reflection, adaptation, authentic engagement and collaboration).
- Technical support, coaching, a community of practice with opportunities for shared learning and peer support.
- Active efforts to engage community members from diverse backgrounds utilizing those with engagement expertise and existing relationships.
 - Creating welcoming spaces for those with lived and living experience.
 - Culture of collaboration and continual network weaving (alignment and support of one another’s efforts) among organizational staff, community partners, community members and sub-grantees.



WISDOM OF TRAUMA
Movie Night
 at the Orleans Federated Church



In early November, 35 neighbors gathered at the Orleans Federated Church for a free dinner, NARCAN training with Journey to Recovery, a screening of the Wisdom of Trauma sponsored by NEK Prosper!, and a discussion about mental health and substance use facilitated by Chris Mitchell who grew up in the neighborhood and is Licensed Alcohol and Drug Counselor (LADC) and Licensed Clinical Mental Health Counselor (LCMHC). Thanks to all the community members, cooks, and partners that came together for the night. Look forward to upcoming conversations in events in January, February, and March.

Congratulations!



Lila Bennett
 Journey to Recovery
 Community Center



Stacy Thrall
 Stacy Thrall Coaching



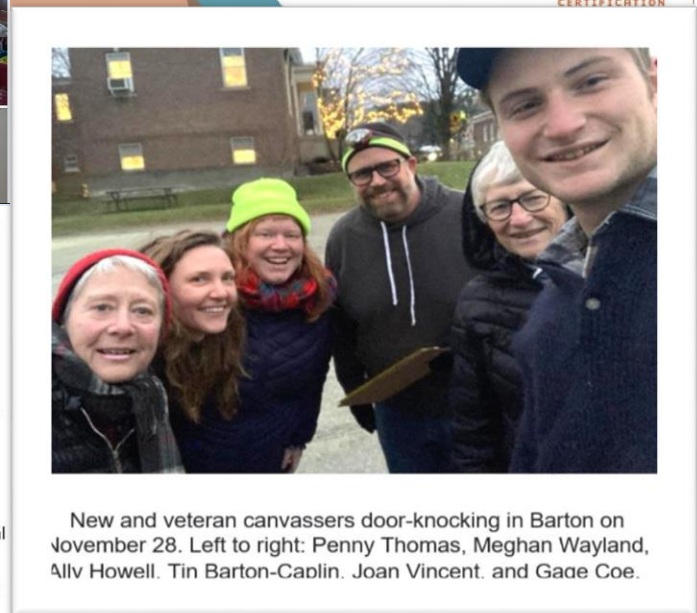
Bradford Smith
 Vermont Learning -
 Support Initiative



Jerry Watts
 Community Advocate



Living
PROOF
 advocacy
COACHING
 CERTIFICATION



New and veteran canvassers door-knocking in Barton on November 28. Left to right: Penny Thomas, Meghan Wayland, Allv Howell, Tin Barton-Cadlin, Joan Vincent, and Gae Coe.

WHAT WILL WE SUSTAIN OR IMPROVE?

- Sustain:
 - Explicit commitment to centering equity and systems thinking orientation.
 - Focus on innovation, creating low-barrier opportunities for community engagement in the work of our accountable health communities and collaborative action networks, providing opportunities to advance our collective understanding of health equity issues in the NEK and how we can address them systematically and collaboratively.
 - Human centered and equitable practices (i.e., stipends).
 - Joint and participatory decision-making.
 - A united, regional effort which includes community members, emergent “equity focused” leaders and different partners – Local, State, Regional, National.
 - Funding for dedicated health equity Backbone Integrator position.
- Improve:
 - Processes to come to shared understanding of how we will measure success prior to launching into a significant collaborative project.
 - How we use data to drive the strategies we use to achieve our vision, allocate resources, align our efforts and activities across community partners and agencies and establish shared measurement practices.
 - How we continue to integrate and embed health equity into all we do as opposed to something that sits alongside the “other” work we do.
 - The frequency and number of contexts we use the equity questions (Who benefits? Who pays? Who leads? Who decides?)
 - Our strategic time horizon (i.e., think in terms of 3-5 years for budgeting and resource allocation).
 - Rotating job and role sharing amongst collaborative members.

WHAT IS OUR NEXT OPPORTUNITY TO TEST WHAT WE LEARNED?

We will be using the Before Action Report (and then After Action Reports) to tie together the tremendous number of opportunities we have to test out what we have learned: STRETCH 2.0, KURRVE, PHEARLESS, NEK Prosper! And Vibrant ONE strategic priorities, and the potential for a joint NEK-region Community Health Needs Assessment.

Publishing the first episode of the NEK Health Equity Podcast is scheduled for January.



LESSONS LEARNED

Courage. Patience. Collaboration.

“Equity is the only acceptable goal.”
— Dr. Paul Farmer