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April 2008

2007 PROGRESS REPORT

John Rex Endowment

## JOINING FORCES





Thank you for opening the 2007 Progress Report from the John Rex Endowment. This report demonstrates how **positive relationships make good things happen.**

The following pages tell four stories about successes that have emerged from cooperation. The efforts described here are not heroic acts, quick fixes or miracle cures. They are determined efforts among agencies to foster cooperation and strong ties. Relationships built on trust, an understanding of responsibilities and respect work with sports teams, with mentors and students, with businesses. It's no different here.

This past year added an important chapter to the Endowment's story. We committed \$6,000,000 to support 39 projects, more than ever before. Sixteen agencies received funding from us for the first time in 2007, and we have a presence in more communities all over Wake County—from Apex to Zebulon. We have high expectations for all of those programs and anticipate positive outcomes to result from their implementation.

During my term as Chair you can expect to see the Endowment continue to foster relationships among agencies and among funders with interests similar to ours. We will support good nutrition as part of our Healthy Weight Initiative. We will also build on the investments made last year in youth asset development with more support to that area. We are also supporting a multi-agency collaborative (Advocates for Health in Action) to encourage a more active Wake County. This year we have brought several leaders together to examine what can be done to reduce the number of low birth weight babies.

We appreciate your interest in our work and your involvement in efforts to improve the well-being of the young people in Wake County.

Sincerely,

A handwritten signature in cursive script that reads "Ben Bradsher".

Ben L. Bradsher

Chair, John Rex Endowment Board of Directors



# JOINING

# FORCES

Working together can be challenging. But as the stories on the following pages show, when people and agencies share information and work together well, they can make swift and significant progress toward improving children's health and well-being.

The John Rex Endowment supports a number of worthy programs that—individually and together—assist children, youth and families in Wake County. This report highlights a few of those programs and looks at how they brought multiple partners together to achieve their missions. Through formal and informal alliances, the dedicated people featured here have created wholes that are greater than the sum of their parts.

And they have made discoveries about what makes a successful partnership, discoveries they've generously shared. Here are some of them:

- As in all relationships, trust, mutual respect and good communication are critical.
- So are clearly defined roles, transparency about financial matters and a strong, neutral program director.
- Successful formal partnerships tend to be surrounded with informal networks that provide input and advice.
- Relationships that exist before a formal partnership occurs can save tremendous amounts of start-up time—and they can spark good ideas.
- Successful joint projects often emerge from a synchronicity of interests among people who already have common goals.
- The catalyst can come from someone the project hopes to serve.
- It's important to bring users and clients to the table, listen to their input and give them some of the responsibility for the success of the project.

The stories that follow underline another message too: that even without a specific project in mind, people and agencies benefit tremendously simply from staying in touch with one another. Marjorie Menestres, who is executive director of SAFEchild and a vital part of the Hope for Children project, puts it this way, "I think sometimes people don't talk unless there's an opportunity. But talking ahead of time ripens you for the opportunity."

**"Sometimes people don't talk unless there's an opportunity. But talking ahead of time ripens you for the opportunity."**

## PENNY ROAD ELEMENTARY SCHOOL

In the halls of Penny Road Elementary School in Cary, a parent tells a teacher, “You will not believe it, but my daughter came home the other day and told me all about hydrogenated oils.” A little girl announces that her dad eats chips for a snack, though she keeps telling him to eat healthy foods instead. A parent says her son wants to run a 5K because his teacher signed up for one. And one teacher passing another asks, “Want to go work out?”

One of 15 Wake County elementary schools to receive an Endowment Wake to Wellness grant through the Center for Health Promotion and Disease Prevention at UNC, Penny Road has lost no time in getting its new Health and Wellness Room and related programming up and running.

During school hours, health teacher Caroline Flory uses the room for 45-minute classes that integrate the health, nutrition and lifetime-fitness content there’s little time for in regular P.E. classes. The students don’t use the treadmills and ellipticals, but they use soft goods like medicine balls, larger balls, aerobic steps, resistance bands and hand weights, she explains.

**“What the teachers are trying to instill in the students, the teachers are also doing.”**

Before and after school, the room serves as a workout facility for the staff. A challenge called Eight Weeks to Wellness got about 40 percent of the school’s staff members using the workout equipment in the new room,

including assistant principal Nancy Kenyon, who says she was “a wanna-be exerciser” before the challenge.

“I never had time to go to a gym,” she says. She used to end her work day by going home to Fuquay, putting



**Penny Road teachers and staff members model healthy behavior in the Health and Wellness Room.**

on a robe and watching Oprah. Now she does a mile on the treadmill, then moves to the elliptical trainer. Though the eight-week program has ended, Kenyon continues to exercise at least three times a week.

“I went in there yesterday and one of the teachers said, ‘I haven’t seen you in a few days. It’s good to have you back.’ It’s motivating. And it’s motivating to see inches come off hips and thighs. It’s just fun to go in and be welcomed and know you’re doing something for your health. It’s done so much for morale and wellness at Penny Road. We just feel so good when we leave there.”

“Often teachers get isolated with their students,” comments Ben Stern, the lead teacher for K-12 Healthful Living with Wake County Public Schools.

The wellness room, he says, gives teachers time together and lets students see their teachers in action. “They see that what the teachers are trying to instill in the students, the teachers are also doing. They’re doing it, so it’s the right thing to do.”



**NetWorks students learn ball-handling and build character in weekly sessions before school.**

associate professor in the Department of Parks, Recreation and Tourism Management at N.C. State University and Colleen Kanter’s husband, will track how many students and staff participate and how their fitness behavior changes.

Reaching out to Ostrowski had an unexpected benefit. Kanter planned to ask

The room and its associated programming came about because P.E. teacher Colleen Kanter, eager to provide students with instruction in healthful living, found strong support among the school’s administrators, its PTA and the broader community. Principal Mark Barbar, himself an avid runner and cyclist, offered a double-sized classroom and created the position Flory now holds. The PTA took an active role with the school health advisory committee, provided parent volunteers with professional grantwriting experience and helped leverage equipment donations from Pro-Source Fitness, a local store.

Dave Schenk, who coaches a ball-handling and character development club called NetWorks, contributed three years’ worth of his time. He describes NetWorks as “kind of like the Harlem Globetrotters but with elementary kids.” About 50 students in grades three to five meet with Schenk in the Penny Road gym every Wednesday before school.

Cathie Ostrowski, adjunct professor in Meredith College’s Foods and Nutrition Undergraduate Program and owner of a business called Personalized Nutrition, will create a nutrition curriculum and do nutritional counseling for the staff and PTA.

In putting together the project, Colleen Kanter depended on the solid network she already had in place.

“I based it on what I knew would work and what I knew I could get,” she says. NetWorks was already active at Penny Road, and Kanter knew Ostrowski because they had taught wellness classes together at the Y. Michael Kanter,

her to come in and teach, but Ostrowski suggested setting up an ongoing relationship with Meredith so nutrition students there could do internships at Penny Road.

“Definitely try to include as many people as you can within a partnership,” Kanter suggests. “The more people are involved, the more it will enhance the lives of the children you’re working with. It spreads the word.”

**“The more people are involved, the more it will enhance the lives of the children you’re working with. It spreads the word.”**

Susie Childers, who was PTA president when Penny Road put together the Wake to Wellness project, attributes its success to team effort, personal commitment on the part of those involved and support from the principal.

The project, she says, has provided the impetus to help the school get other programs going. The P.E. staff has just initiated a running club, the Penny Road Pacers, that will enter a team of staff, students and parents in the 5K/10K Cary Road Race.

“We’ve got 40 kids and parents signed up,” Childers notes. “I just ordered 75 t-shirts. That’s a lot of participation.”

[www.hpdp.unc.edu/waketowellness/](http://www.hpdp.unc.edu/waketowellness/)  
<http://pennyroad.wcpss.net/>

## YOUTH LEADERS IN ACTION ACADEMY

Three young men in button-down shirts and ties, all juniors in high school, gather around a podium at the Sheraton Four Seasons in Greensboro, N.C. The room is full of people who lead afterschool programs, all of whom are eager to learn about computer mapping technology. The students have recently mastered the intricacies of GIS (geographic information systems) mapping and they've come to this statewide conference to pass along what they've learned.

"Good afternoon," says one of the young men, quickly overcoming the slight trace of nervousness in his voice. "I'm Anthony Prince."

"José Martinez," says the next.

"Geovanny Solera."

Geovanny explains the three young men will demonstrate how they mapped sporting goods stores near their home town of Fuquay. They picked the topic



Anthony Prince, José Martinez and Geovanny Solera demonstrate their GIS mapping skills.

both because they wanted to provide information helpful to fellow athletes at Fuquay-Varina High School and because they wanted to determine where in Southern Wake County firearms were sold.

The three walk the audience through recording address information on Excel spreadsheets, copying addresses into GPS (global positioning system) Visualizer software and fine-tuning the data. As one describes a step, another controls the laptop from which the emerging map is projected on the screen. First it's just an outline of the county with a few dots.

"Then," says Anthony, "we added roads and bodies of water." They appear on the screen. "Every map needs landmarks."

Geovanny describes how they created different icons to distinguish among the stores: a handgun icon for those that sell firearms, an orange dot for those that didn't.

**"There's no end to what you can do with it. It's a foundation to a lot of different things."**

José is now at the laptop and Geovanny continues, "Now that we have a physical map, we want to add borders and titles." They add a scale, adjust it from feet to miles, and turn to the audience for questions.

Impressed with the students' proficiency, the audience breaks into applause.

"Awesome!" says a bearded teacher sitting in the back corner.

"I can't wait to teach my kids this," says another teacher of the mapping technique.

Questions come thick and fast, including this one: "How old are you? Because I'm hiring!"

Anthony, José and Geovanny's mapping project is the second sponsored by Wake County 4-H Youth Development. Anthony worked on the first project too. Geovanny and José, who used to hand-draw maps together when they were in elementary school, ran into the group working on laptops in a Fuquay coffee shop and were intrigued.

Now they're planning their next project—mapping wireless Internet locations in Fuquay—and searching for funding to present their work at mapping software user conferences in San Diego and Chile later this year.

Anthony plans to study GIS mapping in college. "There's like no end to what you can do with it," he says after the presentation. "It's a foundation to a lot of different things."

"It will make me a better architect and help me find a better job," Geovanny says.

"I always wanted to be an engineer," says José, adding that GIS mapping skills might be helpful in that career. "I'll probably come across it more than one time if I'm an engineer."

"You can always call me," Anthony teases him.

The Community-based Mapping Assets Project (CMAP) is one part of the four-strand Youth Leaders in Action Academy. With funding from the Endowment, Wake County 4-H Youth Development established the academy to develop leadership, entrepreneurship, civic mindedness and healthy lifestyles among youth from neighborhoods with documented gang activity and high child welfare needs. What 4-H educator Ann Godwin calls a perfect storm of converging interests all contributed to the creation of CMAP.

For many years, 4-H has been part of an evolving gang-prevention partnership in the county, says program manager Katherine Williams, so the agency was aware of what others were doing and what

gaps in service existed. The agency had strong relationships with the North Carolina Center for Afterschool Programs, which had a youth mapping pilot program underway, and through them with Youthline, a national nonprofit that provides training in mapping technology.

"And we already had a relationship with Students Advocating for Youth at N.C. State," Godwin says. "They go out into afterschool programs and high schools and do mentoring. SAY is interested in the same group we're interested in serving."

Godwin had seen how mapping technology could identify community assets, the skills, knowledge and resources that a community has to offer. In partnership with N.C. State University, 4-H had won a small grant to acquire GPS units, software and training. The agency brought on board Thomas Ray, a former math teacher with a passion for GIS, and began a pilot mapping project last summer.

All the pieces were in place—but it took a young man named Gabriel Martinez to act as the catalyst and connect the mapping and gang-prevention efforts. Gabriel was in the pilot project, and when the group was asked what they'd like to map, he said he didn't like the graffiti appearing

around his neighborhood, some of which was gang-related. Gabriel had seen friends being actively recruited for gang membership and he didn't like that either. He'd talked to adults about it but had his concerns dismissed.



Mapping graffiti in Fuquay with group leader Thomas Ray.

"Thomas jumped on that and asked, 'How can we collect data so we can convince people?'" Williams says. "Gabriel's interest helped the professionals pull things together."

Mapping gang tags gave the group a way to report on the facts as they saw them, Godwin says, and also to apply the technology in a meaningful and relevant way. And since the U.S. Department of Labor has identified

**"Gabriel's interest helped the professionals pull things together."**

GIS mapping as one of the three top emerging fields, the project provided a marketable skill. It also allowed the youth to act as a resource for their communities.

Because of the project's ties with N.C. State, the data the mappers collect can inspire research by campus experts, Godwin points out. "And if the mappers can get comfortable on a college campus, that will be golden."

## HOPE FOR CHILDREN

Big for an 8-year-old, Alex\* often flew into rages. In the throes of a tantrum, he'd throw toys and pound the walls. Once he even jerked the curtains down.

He'd hurl curses at his teacher, at his 5-year-old sister, April, and at his aunt Carlotta, who cared for him. His bus driver banned him from the school bus because of his behavior. At school, he pushed and hit other children, and Carlotta got frequent calls to come and get him. A teacher's assistant in her mid-thirties, she knew many ways to help children control their behavior—time-outs, talking, removing privileges—but nothing worked with Alex.

She loved her niece and nephew and wanted to provide them with a peaceful home. But she was coming to the end of her rope. She worried that she might have to put Alex into foster care or a group home.

**“We had a history of working together and bringing a big program to life. We had strong relationships, a lot of trust and the ability to work together.”**

One night, after she put the kids to bed, Carlotta went in to check on them and noticed that Alex had lined his toy soldiers up on both sides of his bed. When she picked them up to put them away, he jumped up.

“You can't take my soldiers away!” he cried. “I won't be safe!”

Carlotta knew then that she and Alex needed help. She pulled out a brochure the police had given her a few weeks



earlier, on the dreadful night they called to tell her that Alex and April's father had strangled their mother, her younger sister. From the moment she saw the children sitting quietly on a bench in the police station, she had been determined to save them, whatever it took.

But full of grief about her sister's death and full of sorrow that she'd been unable to save her, she found caring for two traumatized children overwhelming. Alex and April had seen their father threaten and abuse their mother all their lives, and they had been home in another room when he strangled her. When Carlotta took them home with her, they peppered her with questions:

“What's going to happen to us?”

“What's going to happen to Daddy?”

Gradually April started to adjust, but Alex's behavior only got worse. Carlotta saw his father in him and worried she would lose her nephew to violence just as she'd lost her sister. She felt guilty, but she couldn't figure out how to help him.

The night of Alex's outburst over the toy soldiers, she realized the first thing she had to do was help him feel safe. The next day,

she called Hope for Children, the place described in the brochure the police had given her. Within a few days, she and Alex met David, a therapist who would become their ally over the next two years.

David became the first man in Alex's life who didn't handle the world with violence. He understood that this wild little boy felt scared and vulnerable, and he helped Alex know that he could show the pain he was feeling without hurting anyone. He helped him understand that he couldn't have saved his mother and that it was OK that he still loved his father, even though he was angry at him and scared of him. He also helped Alex understand that he did not have to be like his father. And he stood by Carlotta, Alex and April when the father's trial began and they had to relive the horror of the murder and the years of violence that had led up to it.

Alex's progress went up and down, but his behavior gradually improved. His rages disappeared. He stopped bullying his classmates. He made friends. And as his behavior improved, so did Carlotta's confidence in her ability to mother him and April. Carlotta and Alex and April formed a firm family, a family without violence.

*\*Names have been changed*

Without appropriate treatment, children who witness domestic violence are at high risk of depression and of becoming violent themselves. Before they created Hope for Children, three local agencies each addressed pieces of the problem: Interact helped children at its domestic violence shelter; SAFEchild worked to prevent child abuse; and Triangle Family Services provided family therapy. But children and their families sometimes fell between the cracks.



**Play therapy at Hope for Children's supervised visitation facility helps young witnesses to domestic violence overcome its effects.**

The agencies saw a need for coordinated services that would allow parents and children to receive what they needed no matter where they began to look for treatment. But they didn't come up with the solution on their own.

“We're the three who were funded to provide services,” points out Lee Grohse, vice president of programs at Triangle Family Services. “But many more agencies were very involved in the planning.”

The informal partnership behind Hope for Children came together in 2000, when Wake County Chief District Court Judge Joyce Hamilton gathered 14 child-serving agencies to create a supervised visitation program.

“So we had a history of working together and bringing a big program to life,” Grohse says. “We had strong relationships, a lot of trust and the ability to work together. It's not that we approach treatment the same way, but we approach it with the same goals in mind.”

Marjorie Menestres, executive director of SAFEchild, agrees. “It has been an easy collaboration,” she says. Then she laughs. “Like an easy birthing, there's no such thing. But we could talk openly and we respected each other and we could talk about which piece each could bring to the table.” The fact the agencies had worked together before, Menestres says, “saved months.”

The three partners asked other community agencies for support and for their input in developing screening and referral tools. They agreed to keep the project efficient and cost-effective by not duplicating services.

Interact would provide crisis intervention, counseling and support groups. SAFEchild would educate families and provide case management for Spanish-speaking children and parents. And Triangle Family Services would offer therapeutic visitation, mental health services and adolescent treatment groups.

Clearly defined roles helped the collaboration work, Grohse says. At the same time, as Kathryn Johnson, associate executive director of Interact, points out, coordinating services meant treatment would occur in a logical order. Different treatment plans and different goals, she says, only create more stress for the family.

The three agencies did initially have some issues to work out. Interact encourages women who have used their services to share their stories with the media, while Triangle Family Services makes confidentiality a high priority.

They also found it was critical to be completely transparent about all aspects of budgeting and finances. “It takes a lot of trust to share finances between agencies,” says Johnson.

The administrators make major decisions together, and they continue to talk with each other frequently. At the suggestion of the Robert Wood Johnson Foundation, which matched the local funding provided by the Endowment and the Kate B. Reynolds Charitable Trust, Hope for Children hired a project manager.

**“Collaboration is not just referring people back and forth. It's developing a team that drives decisions and shares resources and shares decision-making.”**

Johnson says the move was one of the best things they did because it brought on board “a neutral person who was not affiliated with any of the agencies.”

“Collaboration is not just referring people back and forth,” Grohse says. “It's developing a team that drives decisions and shares resources and shares decision-making.”

[www.hopeforchildrenwake.org/](http://www.hopeforchildrenwake.org/)

[www.interactofwake.org](http://www.interactofwake.org)

[www.safechildnc.org](http://www.safechildnc.org)

[www.tfsnc.org](http://www.tfsnc.org)

## WATCH – WAKE AREA TELEHEALTH COLLABORATIVE HELPING CHILDREN WITH SPECIAL NEEDS

Linda, who is 8, enjoys learning and socializing at the Tammy Lynn Center for Developmental Disabilities, where she has been a student for several years. At the

therapist, speech pathologist, teacher, nurse and case manager—and her pediatric rehabilitation physician, Dr. Joshua Alexander of the Department of Physical Medicine and Rehabilitation at UNC. Because her mother speaks no English, a translator needed to be part of the conversation too. And because the family doesn't have their own transportation, just getting Linda to Dr. Alexander's office was a hurdle.

The solution: a videoconference with Linda, her mother, the translator and the IEP team gathered at Tammy Lynn and Dr. Alexander consulting from his office in Chapel Hill. Everyone

shared information and concerns directly.

"It was a matter of hearing it from Dr. Alexander to us, not through the mom and the translator," says Linda's teacher, Katie Miley. "We got to speak with him directly and hear him say it was safe to feed her at school as long as we followed the food consistency guidelines."

**"The Web site is set up so that the agencies are responsible for their own changes and updates. It brings everybody to the table and gives everybody a piece of the responsibility."**

The videoconference was in November 2006. Since then, Miley says, Linda has been coming for full days. "She has two snacks and lunch every day and she does great. Educationally, it helps to have the additional hours to work with her on her goals."

center, she receives physical and occupational therapy for multiple disabilities, including vision impairment, cerebral palsy and a seizure disorder.

But because a swallowing test done years ago showed she was at risk for aspiration, her care team worried that if they fed her there, she might choke. Her parents didn't want Linda to have a gastrostomy tube, so for years, she had to leave the center at noon and go home for lunch and the rest of the day. As a result, her mother wasn't able to work and Linda missed out on hours of learning and therapy every day.

After feeding Linda at home for years without any problems, her parents asked for another swallowing test. This one indicated a lower aspiration risk. Still, everyone wanted to be certain it would be safe to feed Linda at school. Making a good decision required input from many people, including her parents, her Tammy Lynn IEP team—her occupational



**Videoconferences streamline coordinated care for children with special needs.**

That videoconference could occur because the Tammy Lynn Center is part of WATCH, a collaborative of Wake County developmental day care centers, residential care facilities and other agencies that serve children with special needs. Videoconference units at each WATCH site ease situations like Linda's family faced, allow video consultations and provide professional development opportunities.

The Wake Area Telehealth Collaborative Helping Children with Special Needs is an Endowment-funded program of TelAbility, a statewide network based in Chapel Hill. It's very much a collaborative: WATCH members volunteer to develop, present and participate in online professional education sessions and share expertise through a listserv and electronic newsletter.

"One of the newer programs is a Wake directory of services," says Juliellen Simpson-Vos, project director. "We determined that one of the missing links was one-stop shopping where families could get a variety of comprehensive information. We offered the Web site as a host, and Wake County Smart Start funded initial development. The site is set up so that the agencies are responsible for their own changes and updates. It brings everybody to the table and gives everybody a piece of the responsibility."

WATCH, like TelAbility, faced some initial challenges when Internet connectivity was less prevalent and more glitch-prone. It wasn't immediately clear to potential users that a Web-based network would work.



**Benji Beckett, 10, took part in a WATCH videoconference with his physical therapist, his occupational therapist, his mother and Dr. Alexander to decide which splint design would work best for him.**

"We used to joke we weren't cutting edge, we were bleeding edge," Alexander says. "We were imagining something that did not exist at the time."

Consequently, professionals who embraced WATCH and became its champions were critical to its success.

**"Especially when you have a multi-center program, you have to have someone coordinating it because there can easily be a diffusion of responsibility."**

"When we were considering how to use the application to improve services within Wake County, we invited day care center directors to a presentation," says Alexander. "Even during that meeting, for many, the light bulb went on. Several individuals embraced the program from the get-go and saw its potential."

"Wake County has so many strong leaders," says Simpson-Vos. "We have had lots of champions who have taken [WATCH] in different directions as they have taken the resources to their people."

Simpson-Vos says that WATCH's collaborative set-up has encouraged wide use. "When a new resource is provided to a community, often only the top person knows about it," she observes. "Sometimes they're good about sharing it with others, and sometimes not. WATCH involves everyone, not just administrators. Teachers, therapists and parents have the opportunity to share and ask questions."

While the project embraces wide participation, Alexander says they've also learned it needs a strong project director as the hub of the wheel. "Especially when you have a multi-center program," he notes, "you have to have someone coordinating it because there can easily be a diffusion of responsibility."

Simpson-Vos, who serves that role with WATCH, makes it a priority to "get in the trenches" with other members of the collaborative. "They see us and know we're trying to be responsive," she says. "This isn't a project that works in isolation."

And, she says, "it's not my show or Josh's. Everybody's involved."

# Funded Projects

Since 2001, the John Rex Endowment has funded 78 projects to promote healthy behavior, improve access to health care and enhance the quality of care available to underserved children and youth in Wake and surrounding counties. Active projects are listed below. They fall into three portfolios:

- Access
- Physical Health (including the Healthy Weight Initiative)
- Social, Emotional and Behavioral Health

Project proposals are constantly in development. We encourage you to visit our Web site ([www.rexendowment.org](http://www.rexendowment.org)) to learn more about the grant development process and to call us at 919.571.3392 to suggest projects or ideas.

## ACCESS PORTFOLIO

### Advancing Health Care for Wake County Children

*Health Access Coalition of the North Carolina Justice Center*

\$90,000

Expand children's insurance enrollment and access to care and increase provider and advocate participation in the coalition.

[www.ncjustice.org](http://www.ncjustice.org)

### Autism Awareness and Health Care Access

*Autism Society of North Carolina*

\$285,004

Help hospitals and doctors' offices better accommodate patients with autism and help patient families access medical care more easily and more effectively.

[www.autismsociety-nc.org](http://www.autismsociety-nc.org)

### Capacity Building—Latino Initiative

*Wake Health Services, Inc. (WHSI)*

\$275,000

Establish bilingual office support to better meet needs of Latino children, improve provider productivity and increase access to care.

[www.whsi.org](http://www.whsi.org)

### CapitalCare Collaborative

*Wake County Medical Society*

\$50,000

Improve access to care and quality of care for uninsured and underserved populations served through medical safety net providers.

[www.wakedocs.org/capital\\_care\\_collaborative.html](http://www.wakedocs.org/capital_care_collaborative.html)

### Children's Health and Development Program—Phase II

*Wake County Human Services*

\$168,388

Further develop Children's Health and Development Program, a comprehensive assessment and management program for children entering foster care.

[www.wakegov.com/humanservices](http://www.wakegov.com/humanservices)

### Children's Health and Wellness Program

*The Healing Place of Wake County*

\$323,707

Provide health services, education and safe living arrangements for children of women in the residential recovery program.

[www.hpowc.org](http://www.hpowc.org)

### Community Liaison Project

*Dept. of Pediatrics, School of Medicine, University of North Carolina at Chapel Hill*

\$60,000

Educate residents how to advocate for Pediatric Continuity Clinic patients and improve and assure patient access to community services.

<http://pediatrics.med.unc.edu/>

### HOST (Healthy Out of School Time)

*Community Partnerships, Inc.*

\$303,990

Increase availability and quality of after-school and summertime community recreational opportunities for school-age youth with cognitive, behavioral, emotional and physical disabilities.

[www.compart.org](http://www.compart.org)

### Líderes de Salud—Phase II

*El Pueblo*

\$352,988

Continue developing Líderes de Salud, which connects the growing population of low income, underinsured residents to health services with the assistance of trained lay health advisors.

[www.elpueblo.org](http://www.elpueblo.org)

### Pediatric Clinic

*Raleigh Rescue Mission*

\$153,415

Establish a clinic to provide medical services for children living in the Raleigh Rescue Mission and Salvation Army shelter.

[www.raleigh-rescue.org/our\\_ministries/medical\\_care.html](http://www.raleigh-rescue.org/our_ministries/medical_care.html)

### Strengthening a Medical Home for Youth

*Wake Teen*

\$118,932

Improve agency infrastructure and strengthen capacity to manage care for adolescents.

[www.waketeen.org](http://www.waketeen.org)

### Su Hogar Médico

*Wake County Medical Society*

\$657,735

Increase the capacity of pediatric practices to care for children of Spanish-speaking families and increase outreach to families.

[www.wakedocs.org/community\\_care.html](http://www.wakedocs.org/community_care.html)

### UNC Pediatric Multi-Subspecialty Clinic

*Dept. of Pediatrics and Pediatric General Surgery Division,*

*North Carolina Children's Hospital*

\$912,556

Provide a community-based pediatric multi-subspecialty clinic in Wake County.

<http://pediatrics.med.unc.edu/>

## PHYSICAL HEALTH PORTFOLIO

### Active Communities and Neighborhoods

*(administered by the Physical Activity and Nutrition Branch, N.C. Division of Public Health)*

\$600,000

Implement programs dedicated to increasing physical activity in community settings for children, youth and their families in five local communities.

[www.eatsmartmovemorenc.com/programs\\_tools/community/aces.html](http://www.eatsmartmovemorenc.com/programs_tools/community/aces.html)

*(continued)*

**Healthy, Active Families Initiative—Creativity in Motion***Marbles Kids Museum*

\$150,000

Create a permanent outdoor “natural learning” space with exhibits and events that promote healthy food choices and promote fitness and nutritional programs for children and their parents.

*www.marbleskidsmuseum.org***Healthy Athletes Program***Special Olympics NC*

\$60,000

Increase access to care and improve physical well-being of youth with intellectual disabilities.

*www.sonc.net***Healthy Smiles***Wake County Human Services*

\$416,337

Decrease tooth decay and untreated disease in children entering kindergarten and increase oral health education and prevention among families of high-risk preschool children.

*www.wakegov.com/humanservices***Pediatric Diabetes Program—Phase II***WakeMed*

\$614,822

Enhance interventions for children with pre-diabetes and diabetes with direct physician care services. Expand the Pediatric Diabetes Program education/exercise program for at-risk children. Develop quality research data to measure impact and support advocacy.

*www.wakemed.org/body.cfm?id=137***Pediatric Diabetes Program—Phase III***WakeMed*

\$478,094

Ensure continuity of outpatient and inpatient diabetes case management, physician care services and education/exercise program for low-income patients with pre-diabetes and diabetes. Conduct community-based research on effectiveness of interventions.

*www.wakemed.org/body.cfm?id=137***Smiles for Two and Dental Health Fund***Wake County Human Services*

\$441,562

Promote the use of dental services by expectant mothers to improve birth outcomes and maximize visits to the dental clinic by children from birth to age three. Assure access to dental services to children with obvious need but no ability to pay for care.

*www.wakegov.com/humanservices***Teen Prescription Fund—Phase III***Wake Teen*

\$67,200

Ensure that low-income, uninsured and underinsured youth aged 10 to 23 have access to medications and lab screenings ordered by Wake Teen physicians.

*www.waketeen.org***WATCH (Wake Area Telehealth Collaborative Helping Children with Special Needs, formerly Telehealth Network for Young Children with Disabilities)—Phase II***TelAbility*

\$557,172

Improve access to specialized services for young children with disabilities and their families by connecting professionals with developmental day care centers, community service agencies, residential care facilities and others through a Web site, listserv and electronic newsletter.

*www.telability.org***Wake Children’s Hearing Intervention Program***CASTLE (Center for Acquisition of Spoken Language Through Listening Enrichment)*

\$103,171

Address critical shortage of professionals with necessary training to develop spoken language in deaf children.

*www.med.unc.edu/earandhearing/pedsprogs/castle***Wake to Wellness***(administered by the Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill)*

\$450,000

Implement programs that help meet the requirements of school wellness policies that support nutrition and fitness improvements in fifteen public elementary schools.

*www.hpdp.unc.edu/waketowellness***WE CAN Asthma Education Program***Rex Healthcare Foundation*

\$325,939

Improve the ability of children with asthma in the public school system to manage their disease.

*www.rexhealth.com***SOCIAL, EMOTIONAL AND BEHAVIORAL HEALTH PORTFOLIO****All the Right Moves***YWCA of the Greater Triangle*

\$100,000

Create real world opportunities for young women to build lifelong skills and developmental assets through mentoring and year-round education experiences that increase physical and financial fitness.

*www.ywcatriangle.org/***Casework Supervision for Foster Children and Youth***Children’s Home Society of North Carolina*

\$216,621

Expand services to therapeutic foster home providers and offer clinical oversight to clients with mental health needs.

*www.chsnc.org***Child- and Family-Centered Health and Assessment Services***Interact*

\$359,459

Consolidate agency services and develop a new family-centered model for meeting health and behavioral needs of children and mothers.

*www.interactofwake.org***Children’s Mental Health Services—Phase II***Triangle Family Services*

\$322,076

Offer outpatient mental health services and improve access to medications for low-income uninsured children.

*www.tfsnc.org***Development Office Creation***Lucy Daniels Center for Early Childhood*

\$373,402

Create development office to support five-year strategic plan, replace reduced founder funding and allow for growth of services.

*www.lucydanielscenter.org***Early Childhood Development Program: Ensuring Social, Emotional and Behavioral Health***Wake County Medical Society*

\$771,300

Train primary care and mental health providers who care for significant numbers of young, low-income children to provide effective treatment for social, emotional and behavioral problems.

*www.wakedocs.org/early\_childhood\_development.html**(continued)*

### Girls on the Run Program Expansion

*Girls on the Run Triangle*

\$55,070

Expand structured, twelve-week program of exercise and sport participation to enhance the physical and mental health of at-risk adolescent females in selected communities.

[www.gotrtriangle.org](http://www.gotrtriangle.org)

### Hope for Children

*Triangle Family Services, Interact and SAFEchild*

\$390,788

Ensure that children who have witnessed family violence have access to age-appropriate services that help overcome long-term psychological, social, developmental and emotional health effects.

[www.hopeforchildrenwake.org](http://www.hopeforchildrenwake.org)

### Life Skills Assets Program

*ReEntry*

\$60,720

Offer Life Skills Assets Program to more youth aged 9 to 18 who have admitted responsibility for a misdemeanor offense.

[www.capitalareateencourt.org](http://www.capitalareateencourt.org)

### Prevention Services for At-Risk Youth

*SouthLight*

\$178,693

Prevent youth who meet high-risk criteria from developing substance abuse problems.

[www.southlight.org](http://www.southlight.org)

### Teens Taking Action

*Planned Parenthood*

\$111,575

Educate at-risk youth about teenage pregnancy and sexually transmitted infections by adding a peer-to-peer educational outreach program.

[www.pphsinc.org](http://www.pphsinc.org)

### Youth Leaders In Action Academy

*Wake County 4-H Youth Development*

\$505,103

Develop education, training and employment programs aimed at preventing gang involvement among youth in targeted communities and neighborhoods.

<http://wake.ces.ncsu.edu/index.php?page=youth4h>



## Mission

The John Rex Endowment invests in the development and support of activities, programs and organizations that improve the health of underserved people in Wake and surrounding counties. Currently, the Endowment supports visible and measurable improvements in the health of children and youth by improving access to health services, by promoting healthy behaviors and by providing opportunities for growth and development.

For more information on the health of Wake County children and on the programs the John Rex Endowment supports, please visit [www.rexendowment.org](http://www.rexendowment.org).

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