

John Rex Endowment

2006  
PROGRESS  
REPORT

Healthy Communities,  
Healthy Weight:

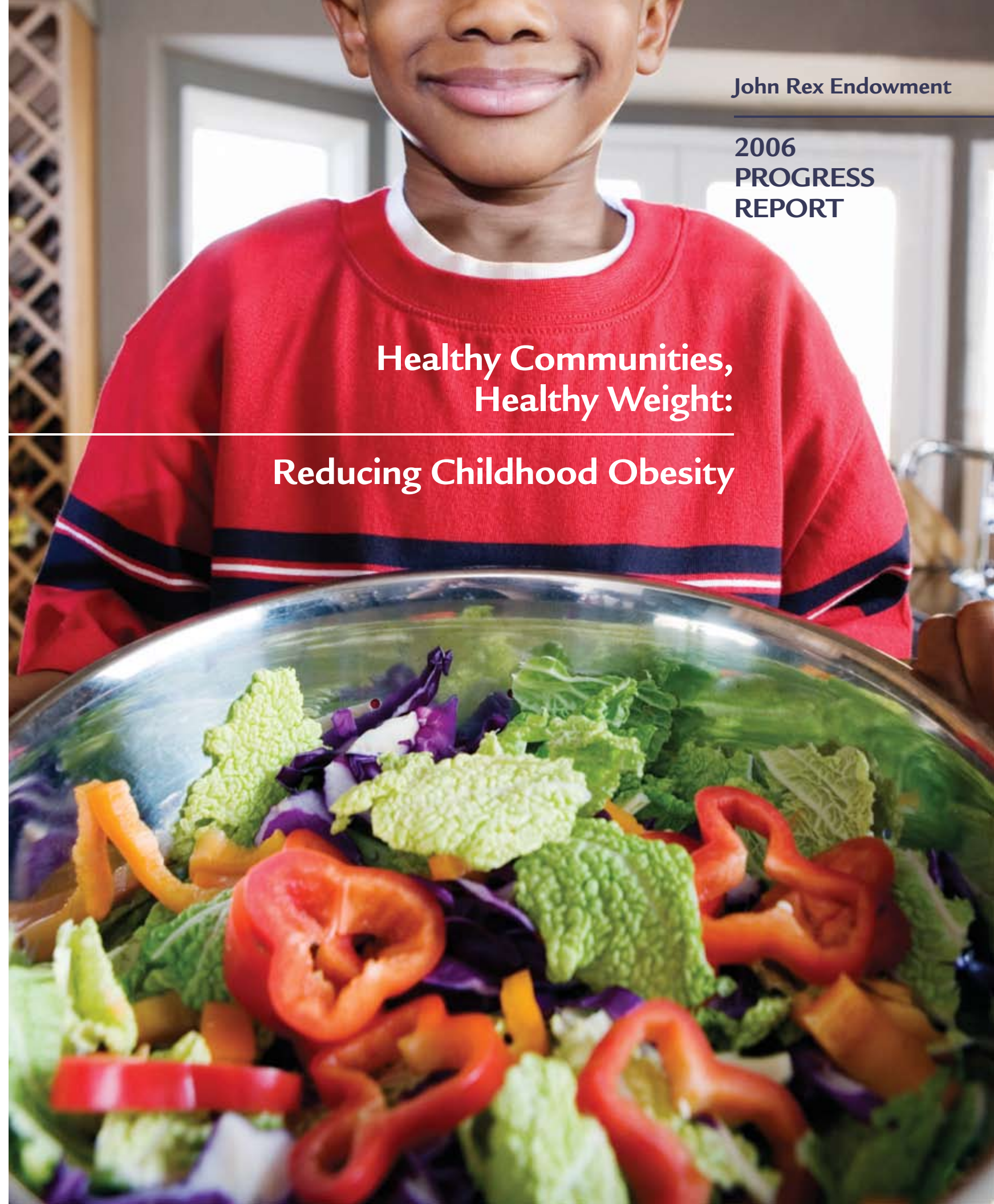
Reducing Childhood Obesity



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## The 2006 annual report of the John Rex Endowment highlights a commitment rather than accomplishments.

Last year our board pledged a long-term investment to address a major health threat to today's children and youth – obesity.

To get started, we have targeted funds to our Wake County elementary schools, to neighborhoods and communities throughout the county, and to the medical community.

The first phase of the initiative invests \$2.5 million through partnerships with the Physical Activity and Nutrition Branch of the N.C. Division of Public Health, the Center for Health Promotion and Disease Prevention at the University of North Carolina at Chapel Hill, and our continued relationship with the Pediatric Diabetes Program at WakeMed.

This report offers some insights by experts who will be leading this effort on what it will take to stop the rise in obesity. It suggests that changing behavior is connected to creating opportunities to eat healthy and be active. While we focus on youth, we recognize that lasting solutions will work through families and their communities. We are excited by this new initiative, but I would also mention that in 2006 we approved a total of thirteen grants worth more than \$4 million. We have developed a diverse portfolio of funded projects to address access to care, behavioral and mental health as well as the physical health of children and youth in our county.

As a result of those efforts, dental care, mental health counseling and prescribed medications are more readily available. Agencies that work with children with disabilities have created an innovative telehealth network. And Wake County has the lowest rate of uninsured under the age of 17 in North Carolina. I hope you will take the time to read more about those developments on our Web site at [www.rexendowment.org](http://www.rexendowment.org).

I would like to thank all of the agencies and individuals who are working with us to make this the healthiest county possible, especially my fellow Directors of the Endowment who volunteer their time and share their experience to guide our efforts.

Sincerely,

A handwritten signature in black ink that reads "David F. Boerner MD".

David F. Boerner, MD  
Chair, John Rex Endowment



# Healthy Communities, Healthy Weight: Reducing Childhood Obesity

In the face of the growing obesity epidemic—which the Centers for Disease Control and Prevention has called one of the nation’s most pressing public health issues—the John Rex Endowment set itself a new priority this year: determining how best to use its resources to help promote healthy weight in Wake County’s children. The reasons are compelling. Nationally, childhood obesity has doubled in the last 20 years, and nearly a third of children 17 and under are obese or overweight. In North Carolina, the number of seriously overweight children has tripled in the last two decades. As children grow, the likelihood



of obesity grows too, and because overweight and obesity increase the risk of serious diseases, experts predict that this generation may be the first with a shorter lifespan than their parents.

Over the past year, the Endowment consulted with experienced researchers and practitioners in

state agencies, academic centers and private practice to learn what models and strategies have proven effective in addressing the challenge of childhood obesity. Those who have worked on this issue agree that though the basic solution is simple – ensure children engage in more physical activity and eat healthier foods – those behavioral changes depend on long-term, coordinated, multi-pronged efforts and collaboration with multiple partners.

*Active family fun idea:  
Go to a park!*

Schools, families, communities, neighborhoods, policy makers and others each have critical roles to play in changing an environment that promotes unhealthy food choices and a sedentary lifestyle.

After careful deliberation, the Endowment launched its Childhood Obesity Initiative and created two new grant programs in collaboration with experienced partners working in key settings. The Physical Activity and Nutrition Branch of the N.C. Division of Public Health will administer Endowment grants aimed at increasing physical activity in Wake County neighborhoods and communities. And the Center for Health Promotion and Disease

Prevention at the University of North Carolina at Chapel Hill will administer grants to improve nutrition and fitness in Wake County elementary schools.

This is the beginning of a long-term Endowment commitment to helping achieve state and federal standards for foods and physical activity in schools.



Both grant programs align with North Carolina’s five-year Eat Smart, Move More plan, a solidly-researched effort to reduce overweight and obesity by changing policy and creating healthier environments that encourage activity.

The John Rex Endowment has pledged more than \$2.5 million over the next three years for these new programs in school, community and neighborhood

**“Kids being more active and eating better, those are the two main things that we hope to achieve.”**

settings and to continue its partnership with WakeMed’s Pediatric Diabetes Program. (Under director Mark Piehl, MD, the WakeMed program provides comprehensive diabetes education for low-income patients aged 5 to 18 and their families; it’s making headway against childhood obesity in a healthcare setting.) In subsequent years, these initial investments will be expanded until up to 20 percent of the Endowment’s \$4 million annual grant disbursement supports efforts to counter childhood obesity in Wake County. As it has in the past, the



Endowment will continue to support projects that improve access to health care and promote children’s physical, social, emotional and behavioral health in other ways.

## Wake to Wellness

“All of the evidence right now points to the importance of preventing overweight rather than focusing on weight loss programs,” says Lara Khalil, MPH, RD. “It’s a lot more difficult as you grow older to break out of the habits that you develop when you’re younger. And there’s a high likelihood that an overweight child will become an overweight adult. So focusing on youth and prevention programs is probably the best, most efficient use of money.”

Khalil is project director for Wake to Wellness, a new grant program funded by the John Rex Endowment and administered by the Center for Health Promotion and Disease Prevention at the University of North Carolina at Chapel Hill. Alice Ammerman, DrPH, RD directs the center, one of 33 established nationwide by

*Active family fun idea:  
Go rollerblading!*

the CDC. Wake to Wellness will provide seed money to help up to 15 Wake County elementary schools establish new nutrition and fitness programs. The Endowment will grant each school up to \$10,000 a year for three years starting in July 2007.

“The primary purpose of the grant is to assist schools in meeting school wellness policies,” Khalil explains. “At the local level and at the federal level and at the state level, schools are now required to have wellness policies addressing all foods sold in school facilities and encouraging physical activity during the school day. We asked schools to identify a need or a gap in meeting one or more of these wellness requirements and to devise or develop a program that filled that need.

“We also encouraged them strongly to use a comprehensive approach,” Khalil says, noting that

**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)**



involving school administrators, classroom teachers, food service staff, physical education teachers, school counselors, school nurses, parents and community members is the CDC's best practices model for addressing

school being physically active – in and out of school actually,” Khalil says. “If we can collect information about how much activity kids are getting every day and about their dietary behaviors – how much soda they’re

“Having a gym two miles down the road is not the same as providing access to all. Trails, greenways, sidewalks and bike lanes are real, tangible ways to get physical activity every single day.”

school health. “The school environment itself has to change in terms of nutrition and fitness. We also want to help parents learn how to prepare healthy foods and support their children’s healthier choices at school. A

drinking, how much fast food they’re eating, how many fruits and vegetables they’re eating – I would hope to see improvement in all those numbers. Kids being more active and eating better, those are the two main things that we hope to achieve with this.”

Besides monitoring results, Khalil and Ammerman will provide technical assistance to grant recipients, answer their questions and facilitate resource-sharing among them. The Center for Health Promotion and Disease Prevention has considerable experience working on childhood obesity, having conducted related research on behalf of NIH, the CDC and the Get Kids in Action Gatorade project. The center is oriented toward taking research related to prevention and applying it to the community, Ammerman says. “We’ll conduct research to see what works and what’s



lot of parents need help themselves in losing weight, and collectively the community needs to make efforts to make it easier for people to live healthier lifestyles.”

The grants may fund new equipment if applicants prove the equipment will be linked with measurable behavioral change, Khalil says. “For instance, if a school wanted to get a salad bar, we’d look for evidence that there was a nutrition education component going behind it. Are the teachers being encouraged to eat at the salad bar? Is there modeling happening? We want to be sure these are programs that are actually going to work.”

Although funded projects will benefit from the collaboration of multiple parties, the change the program aims to achieve is in the students. “What I hope to see at the end of three years is more time spent in

most useful, but then also work to make sure other schools learn about successful options.”

### Active Community and Neighborhood Grant Program

“We’re trying to create social and physical environments where physical activity is the norm instead of the exception,” says Jimmy Newkirk, Physical Activity Coordinator at the Physical Activity and Nutrition (PAN) Branch in the N.C. Division of Public Health. “Healthy lifestyle is an individual’s choice, but those decisions are often influenced by opportunities. For example, if a school

*Active family fun idea: Take a walk together!*



doesn’t provide physical activity every day, how is a student going to get it?”

With help from the Active Community and Neighborhood grant program, five Wake County communities will create new opportunities for children, youth and families to get moving. The Endowment will provide each community or neighborhood project with up to \$40,000 a year for three years starting in

2007; the PAN Branch and the N.C. Public Health Foundation will administer the funds.

The grants will fund long-term environmental changes, says Cameron P. Graham, MPH, Project Specialist at the PAN Branch, “things like improving and completing sidewalks, connecting greenways and trails, building playgrounds or soccer fields or a basketball court. Also things like improved lighting so that outdoor spaces are safer, or outdoor public art to make spaces more enjoyable to use. That definitely encourages people to get out and stroll around.”

Newkirk says the goal is to promote existing resources, foster programs and policies that change behavior, and establish new, permanent facilities that support physical activity. “It isn’t a ‘build it and they will come’ mindset, but if you don’t build it, they can’t come,” he says. The grants will fund simple,

evidence-based interventions known to increase physical activity. But, says Newkirk, “because effectiveness is still being established, we’re not opposed to looking for more things that could work. The literature has not caught up with us – we’re going to go forward with what we believe works based on current knowledge.”

One effective model the Active Community and Neighborhood program has adopted is the “5 P’s”

### FIFTEEN-MINUTE SOUP

(from [www.myeatsmartmovemore.com/recipes.html](http://www.myeatsmartmovemore.com/recipes.html))

Makes 4 servings

#### INGREDIENTS

- 1 can (16-ounce) great northern beans
- 1 cup water
- 1 teaspoon (1 cube) beef or chicken bouillon
- 2 cans (16-ounce) tomatoes
- 1 small onion, chopped
- 1 teaspoon garlic salt (or regular salt)
- 1 tablespoon oil or margarine (optional)
- 1 package (10-ounce) frozen, chopped spinach
- 1/2 cup macaroni (elbow or any other shape)

#### INSTRUCTIONS

In a 2-quart saucepan, combine all ingredients except spinach and macaroni. Heat until liquid comes to a boil. Stir in and break up spinach; bring to a boil again. Stir in macaroni and simmer until macaroni is tender, about 6 to 8 minutes

#### NUTRITION INFORMATION (per serving)

- 170 calories
- Total Fat 0 g
- Saturated Fat 0 g
- Protein 11 g
- Total Carbohydrate 36 g
- Dietary Fiber 9 g
- Sodium 920 mg



pioneered by Active Living by Design. “It’s a simple way to make sure communities have ownership,” Graham explains. The 5 P’s grant recipients will address are Preparation (establishing partnerships, obtaining resources); Promotion (creating effective strategies for communicating with the community); Programs (mechanisms for engaging communities in physical activity); Policy (identifying and influencing changes in public policies and organizational practices); and Physical projects (creating lasting environmental change).

**Active family fun idea: Go bicycling!**

The coordinators of the funded projects will also receive training in best practices through attending the Move More Scholars Institute, an innovative four-day

**“We need streamlined programs that empower people and give them information they can take and put to use. There’s too much of a focus on elaborate programs and complex science. Rome is burning—fetch a pail of water.”**

training course created by the N.C. Division of Public Health and Get Kids in Action, a partnership between the University of North Carolina at Chapel Hill and the Gatorade Company. Modeled after a national course run by the CDC, it’s the first such state-level course in the nation.

Experts have come to recognize that increasing opportunities for physical activity is an important strategy in addressing childhood overweight and obesity. In the past, public health efforts focused on education rather than on providing opportunities to put knowledge into action. “Having a gym two miles down the road is not the same as providing access to all,” Graham says. “Trails,



greenways, sidewalks and bike lanes are real, tangible ways to get physical activity every single day.”

Reversing the childhood obesity trend will take effort at multiple levels, Graham and Newkirk agree. “Getting physical activity back in schools, both structured and unstructured activity, five times a week would be one of the strongest ways to go about reversing the trend,” Graham says. “So would reduction of TV and tech-toy time, making it safe again for kids to go outside, making sure we have neighborhood schools in the future and making sure there are walkable places so kids can walk or bike to school.”

“We need to make physically active lifestyles the

**Active family fun idea: Play a game outdoors!**

easy choice,” Newkirk adds. “We want people to walk not only for leisure and health but also as a mode of transportation. It truly is about creating healthy eating and physical activity opportunities wherever people live, learn, earn, play and pray. Every piece of that is critical.”

## One Pail of Water

A multi-faceted issue like childhood obesity requires multi-level solutions – and the contributions of many individuals, organizations and foundations. The Endowment has begun its Childhood Obesity Initiative in schools, neighborhoods and communities but recognizes that its efforts will need to reach into other settings as well. As David L. Katz, MD, MPH says, “When we do one thing, it’s not going to move



the needle. It won’t be till we get an awful lot of things right that we will have sufficient counterforce” to change the obesity statistics.

It’s impossible to overstate the scope of the obesity problem, says Katz, who is associate professor of public health at Yale University School of Medicine, director of the Prevention Research Center there and one of several prominent national voices calling for practical strategies to counter obesity. “Less than a generation ago, we talked about juvenile-onset diabetes and adult-onset diabetes. What was a disease of adults is now a pediatric epidemic, entirely due to the spread of obesity in kids. And diabetes is a major risk factor for heart disease in adults. When seven- and eight-year-olds start getting adult onset diabetes, we likely will see cardiovascular disease move down into younger and younger groups. That’s a potential calamity, a public health crisis of the very first order.”

Averting that calamity, he says, requires a change in some common perceptions.

“We have to stop thinking of childhood obesity as a childhood problem. It’s a family problem and it is a society problem.” Foundations can contribute to the solution by helping implement and evaluate pragmatic programs that can be replicated and spread, Katz says. Such programs need to reach every school, faith community, workplace and supermarket, and be available on the Internet, he believes.

“We need streamlined programs that empower people and give them information they can take and put to use. There’s too much of a focus on elaborate programs and complex science. Rome is burning – fetch a pail of water. The causes [of obesity] couldn’t be more obvious, the solutions either, but figuring out how to work solutions into the infrastructure of people’s environment is the challenge. We need to do that in every possible venue so it adds up.”

The Endowment can also learn from effective programs pioneered by other foundations. One of those is Healthy Eating by Design, a set of twelve community-based pilot projects funded by the Robert Wood Johnson Foundation through the Chapel Hill-based Active Living by Design. The pilots sought to identify workable ways to provide affordable, healthy and appealing food in schools and low-income communities.

“The idea was to be innovative by bridging healthy eating to the built environment, which hasn’t really been explored,” says Joanne Lee, MPH, RD, LDN, Healthy Eating by Design project officer.

The program followed Active Living by Design’s community action model and 5 P strategies, and it encouraged creative thinking. “The communities had some gems,” Lee says. In Seattle, for instance, one school created a healthy eating map that pointed out venues for healthy foods within walking distance of the school.

Through its Childhood Obesity Initiative, the Endowment will continue to provide seed grants to

**Active family fun idea: Go swimming!**

**Active family fun idea: Go kayaking!**



initiate long-lasting, sustainable projects that support healthy lifestyle changes. When the two grant programs launched in 2006 have been completed, the Endowment will evaluate the results, duplicate successful school programs and turn its efforts to Wake County's middle schools. It also plans at that point to fund a new phase of community collaboration, evaluate creative new approaches and support additional intervention projects. The initiative aims to help achieve the goal set by the CDC and others: to level the rate of increase in obesity by 2010 and reduce it by 2015.



The required changes must happen in concentric circles, WakeMed physician Mark Piehl says, within the family with structured mealtimes, fewer low value, high calorie foods and less TV time; in neighborhoods to create parks and safe areas for children to play outside near their homes; in schools with opportunities for exercise, less access to low value foods and more

**Active family fun idea: Walk the dog!**

education on the importance of activity and a better diet. A larger circle yet requires action to prevent ads for fast foods and sugar drinks

being targeted at children. All these changes will take the work of community groups, foundations and governments to achieve.

Please visit [www.rexendowment.org](http://www.rexendowment.org) for links to information about childhood obesity, about the programs mentioned in this report and about all the projects the John Rex Endowment supports.

## Get active! Learn more here.

### Helpful sites for kids and families:

USDA Food Pyramid  
[www.mypyramid.gov/](http://www.mypyramid.gov/)

Fit Kids NC  
[www.fitkidsnc.com](http://www.fitkidsnc.com)

Alliance for a Healthier Generation  
[www.healthiergeneration.org/](http://www.healthiergeneration.org/)

Fitness Forward  
[www.fitnessforward.org/](http://www.fitnessforward.org/)

Drive 2 Fitness  
[www.drive2fitness.org/](http://www.drive2fitness.org/)

### Childhood Obesity Initiative partners:

Center for Health Promotion and Disease Prevention, UNC  
[www.hpdp.unc.edu](http://www.hpdp.unc.edu)

Physical Activity and Nutrition Branch,  
N.C. Division of Public Health  
[www.NCPanBranch.com](http://www.NCPanBranch.com)  
[www.eatsmartmovemorenc.com](http://www.eatsmartmovemorenc.com) (professional site)  
[www.myeatsmartmovemore.com/](http://www.myeatsmartmovemore.com/) (consumer site)

WakeMed Pediatric Diabetes Program  
[www.wakemed.org/body.cfm?id=137](http://www.wakemed.org/body.cfm?id=137)

### Reports:

The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity  
[www.surgeongeneral.gov/topics/obesity/](http://www.surgeongeneral.gov/topics/obesity/)

Progress in Preventing Childhood Obesity:  
How Do We Measure Up?  
Institute of Medicine  
[www.iom.edu/CMS/3788/25044/36980.aspx](http://www.iom.edu/CMS/3788/25044/36980.aspx)

Centers for Disease Control and Prevention:  
Childhood Overweight  
[www.cdc.gov/nccdphp/dnpa/obesity/childhood/index.htm](http://www.cdc.gov/nccdphp/dnpa/obesity/childhood/index.htm)

## Funded Projects 2001-2006

The John Rex Endowment supports projects to improve access to health care and the quality of care available to underserved children and youth in Wake County. Funded projects promote enrollment in public health insurance, health screening and referral, disease management and community outreach. They fall into three portfolios:

- access
- social, emotional and behavioral health
- physical health

Project proposals are constantly in development and grants are approved quarterly by portfolio. We encourage suggestions for projects and ask you to visit our Web site ([www.rexendowment.org](http://www.rexendowment.org)) or call us at 919-571-3392 to learn more about the grant development process.

## Access Portfolio

### 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.

### 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.

### Children's Access Program – Phase I and II

Wake County Medical Society

\$1,684,169 and \$749,416

Enroll eligible children in Medicaid and N.C. Health Choice and assist them in accessing public and private practices accepting these insurances. Make policy and administrative changes that reflect proven process improvements.

### Children's Health and Development Program

Wake County Human Services

\$584,042

Optimize development for a group of at-risk children by creating coordinated screening and treatment program for children entering foster care or Child Protective Services.

### 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.

### Community Health Center Case Management Program

Wake Health Services, Inc. (WHSI)

\$465,000

Enroll eligible uninsured children in Medicaid and N.C. Health Choice, bring new patients into WHSI practices and increase preventive care visits.

(continued)

### **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.

### **ECHO (Education Community Health Outreach)**

#### **– Phase I and II**

*Wake County Human Services*

\$705,000 and \$419,027

Provide comprehensive family-based intervention for children most at risk of poor health and school failure. Bridge gaps in health delivery system in underserved neighborhoods.

### **Expansion Planning Grant**

*Wake Teen*

\$43,000

Hire health care consultant to conduct expansion plan and provide guidance to Wake Teen Board of Directors on location, number of clinic sites and collaboration.

### **Heritage Park Project**

*Communities in Schools of Wake County*

\$70,000

Increase health care access for children in public housing.

### **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.

### **Líderes de Salud**

*El Pueblo*

\$430,824

Promote improved health among Latino children through lay health advisors who work with families, community-based organizations and healthcare organizations.

### **Patient Services Coordinator**

*Wake Teen*

\$76,260

Strengthen the infrastructure of Wake Teen and improve financials.

### **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.

### **Summer Food Service Program**

*Inter-Faith Food Shuttle*

\$58,000

Expand the Summer Food Service Program for children who participate in free and reduced lunch programs during the school year.

## **Social, Emotional and Behavioral Health Portfolio**

### **Child- and Family-Centered Health and Assessment Services**

*Interact*

\$359,495

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

### **Children’s Mental Health Services – Phase I and II**

*Triangle Family Services*

\$215,064 and \$322,076

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

### **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.

### **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.

### **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.

### **Prevention Services for At-Risk Youth**

*SouthLight*

\$178,693

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

### **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.

## **Physical Health Portfolio**

### **Active Community and Neighborhood Grant Program**

*(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.

### **Auditory Verbal Training**

*Auditory Learning Center*

\$16,598

Catch up deaf children who are behind academically and prevent at-risk deaf children from being removed from mainstream classroom.

### **Dental Health Promotion**

*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 in homes and in preschool settings.

### **Dental Outreach and Access Program**

*Wake County Human Services*

\$315,600

Provide uninsured children with access to dental care in private offices of participating dentists and expand dental screenings to all Title 1 second grade students and additional low-income kindergarten children.

### **Healthy Athletes Program**

*Special Olympics NC*

\$60,000

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

### **Pediatric Diabetes Program – Phase I and II**

*WakeMed*

\$633,840 and \$614,822

Provide outpatient and inpatient diabetes case management, physician care services and education/exercise program for low-income patients with pre-diabetes and diabetes. Develop quality research data to measure impact and support advocacy.

### **Preschool Vision Screening**

*Prevent Blindness North Carolina*

\$186,000

Conduct scientific study of vision research photo screening technology to determine best practice for preschool children.

*(continued)*

### **Project Access for Children – Phase I and II**

*Wake County Medical Society*

\$62,000 and \$50,000

Secure donated physician care, hospital services and medical assistance for uninsured children with medical needs from families with income below 185 percent of poverty.

### **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 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.

### **Teen Prescription Fund – Phase I, II and III**

*Wake Teen*

\$34,000, \$67,200 and \$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.

### **Telehealth Network for Young Children with Disabilities**

*TelAbility*

\$478,950

Establish an interdisciplinary telehealth network using Web-based resources and real time videoconferencing to improve the quality of and access to specialized medical, therapy and peer support services for young children with disabilities and their families.

### **Triangle New School Project**

*Triangle New School Foundation*

\$100,000

Move from planning to development activities for a day school for children with communication, mobility and health challenges.

### **Vision Screening Training Pilot Program**

*Prevent Blindness North Carolina*

\$113,270

Refine, add and improve current vision screening practices for Medicaid children and pre-kindergarten children.

### **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.

### **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.

### **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.



## **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 by improving access to health services, by promoting healthy behaviors and by providing children with opportunities for growth and development.

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