NATIONAL HEALTH CORPS

From Strategy to Action

A Legacy of Innovation, Service and Transformation

1994–2026

www.nationalhealthcorps.org

Prologue

A Legacy of Service. A Legacy of Innovation.

"Collectively, we can only be proud and without regret."
- Natalie Levkovich, National Health Corps Co-Founder

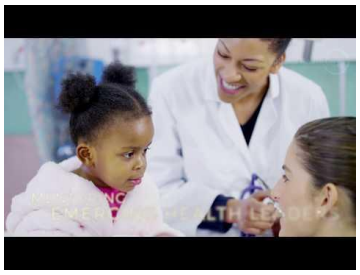
Some initiatives are remembered for the programs they operated. Others are remembered for the lives they changed. For thirty-two years, National Health Corps was both. Since its founding by Health Federation of Philadelphia in 1994, NHC brought AmeriCorps members, community organizations, health care providers, public health agencies, educators, and civic leaders together around a shared belief: every community deserves access to the resources, services, and opportunities needed to achieve better health.

Members strengthened organizations, expanded access to care, promoted health education, and built lasting relationships. Along the way, they developed the skills and commitment that would shape careers in medicine, nursing, public health, social work, behavioral health, nonprofit leadership, and public service. The story of NHC is also the story of an organization that continually evolved. There were moments of growth and uncertainty, changing funding environments, organizational transitions, and shifting public health priorities. Yet through each chapter, NHC remained guided by a consistent mission: strengthening communities by developing people and building the capacity of local organizations to improve health outcomes.

From a single operating site launched in 1994, National Health Corps grew by 2014 into a national initiative with four operating sites spanning Philadelphia, Pittsburgh, Chicago, and Florida. Expansion brought a richer range of community experiences, needs, and local strengths, while also creating new challenges for program integration. The path toward greater alignment was built through sustained communication, collaboration, and shared learning across the network - laying the groundwork for the organizational transformation that followed. Guided by a strategic plan shaped through stakeholder co-creation, NHC expanded its workforce-development model, embedded equity more deeply into organizational practice, strengthened partnerships, reduced financial barriers for community organizations, and created new pathways into public health careers.

This report documents that journey. It honors the founders who launched NHC in 1994, recognizes the members, staff, host sites, and partners who sustained the work, and preserves the innovations of its final years so future leaders can learn from the experience. While NHC has concluded its chapter as an AmeriCorps program, the people it developed, organizations it strengthened, and ideas it advanced continue to shape the future of public health.

3,600+ **Members between 1994-2026**	**2,000+** **Host sites**	**2,400,000+** **Underserved youth and adults reached**



Click here to watch NHC's Co-Founder Natalie Levkovich provide an overview of NHC!

1. A Legacy of Service

Building National Health Corps, 1994-2013

National Health Corps began in 1994 with a simple idea: national service could improve community health while preparing the next generation of health and public health leaders. Over the next two decades, that idea grew into one of the nation's longest-running public health AmeriCorps programs.

By 2014, NHC was operating through four regional sites- Philadelphia, Pittsburgh, Chicago, and Florida - and had built a model centered on meaningful service, community partnership, leadership development, and practical exposure to public health and health professions.

Members served in health care organizations, public agencies, schools, and community-based organizations. They provided health education, outreach, navigation, care coordination, and other essential services while gaining experience that often-shaped future education and careers. Host organizations gained added capacity and new energy; members gained mentorship, professional networks, and a deeper understanding of the social conditions that influence health.

National service could strengthen communities and develop the people who would lead public health next.

A model built on reciprocity

From the beginning, NHC's impact worked in two directions. Members strengthened organizations, and organizations developed members. That reciprocal model would remain central even as the program's structure, funding, and workforce strategy evolved.

Why the next phase mattered

Growth also revealed a challenge. Regional programs had developed strong local practices, but many operational approaches differed. To expand sustainably, NHC would need stronger national systems, clearer shared expectations, better evidence, and greater organizational capacity. The work of building that foundation became the defining task of 2014-2019.

2. Building a National Initiative

Creating the Foundation for Growth and Transformation, 2014-2019

Between 2014 and 2019, NHC intentionally invested in becoming more cohesive as a national initiative. The goal was not to make every operating site identical. Local knowledge and flexibility remained essential. Instead, NHC focused on the systems that could improve quality across regions while preserving responsiveness to local communities.

Building an evidence base

Beginning in 2014, NHC partnered with Wilder Research to strengthen its evaluation approach. The work examined outcomes for members, host organizations, and clients and helped move NHC beyond activity counts toward larger questions of impact:

Were members gaining public health skills?
Were host organizations increasing capacity?
Were clients gaining knowledge and access?

Evaluation became more than a funder requirement. Findings informed program improvement, future decisions, and a growing culture of organizational learning.

Creating a shared national framework

NHC strengthened consistency in core areas of implementation and increasingly defined a model of national consistency with local flexibility. The National Organization provided shared expectations, evaluation systems, training curriculum, guidance, and support; operating sites contributed local relationships, community knowledge, and regional expertise.

Investing in leadership and continuous improvement

National and operating-site leaders created more opportunities for communication, peer learning, and shared problem-solving. Feedback from members, host sites, evaluation, and performance data increasingly informed program decisions. The organization was beginning

to operate not as several programs connected by one grant, but as a shared national enterprise.

3. Building Capacity for What Came Next

Growth, Investment, and Organizational Readiness, 2019-2020

By 2018, NHC believed its stronger infrastructure made intentional national expansion possible. A competitive Request for Proposals process led to selection of two new operating sites serving San Francisco and the Hudson Valley, expanding the network from four sites to six.

The expansion mattered for another reason: it generated resources that NHC reinvested in the National Team.

4 -> 6 **Operating sites after the 2018 expansion process**	**1 -> 2** **Full-time national staff capacity after adding a Program Manager**

Growth that strengthened the network

Before expansion, national operations were supported by one full-time Director and approximately 10 percent of an executive-level position. Additional resources made it possible to hire a full-time National Program Manager, substantially increasing NHC's ability to support operating sites, coordinate national initiatives, strengthen quality and compliance, and continue building systems for a more complex network.

The 2018 process also created a pipeline for later growth. The Hudson Valley site ultimately withdrew by 2021, while a strong runner-up from California's Central Valley later became an operating site.

Strategic growth created the resources to strengthen NHC from within.

2015 NHC Annual Director's Network Meeting

2019 NHC Annual Director's Network Meeting

Then the context changed

None of these investments were made in anticipation of a global public health emergency. They were investments in NHC's future. In March 2020, COVID-19 changed everything - and the systems, relationships, and added national capacity NHC had spent years building were about to be tested.

4. A Changing Public Health Landscape

Responding, Adapting, and Learning Through COVID-19

When COVID-19 reached the United States in March 2020, NHC members, host organizations, and operating sites had to adapt in real time. Services moved, changed, or expanded. Communities faced urgent needs for health information, navigation, basic support, and trusted relationships. Members became part of that response. The pandemic also exposed longstanding inequities with new urgency. Housing, transportation, employment, technology, language, and access to care shaped people's ability to protect their health and obtain resources. For NHC, this raised deeper questions about what communities needed from public health and who should be part of delivering it.

A workforce question emerged

Community-based workers - including Community Health Workers and other trusted navigators - became increasingly critical as bridges between institutions and residents. NHC began asking not only how to continue its existing model during a crisis, but what the crisis was teaching the initiative about the model's future and how NHC could contribute even more to addressing urgent and emergent public health needs.

Innovation begins locally

In Northeast Pennsylvania, the Commonwealth Civilian Coronavirus Corps (CCCC) created an early opportunity to test community-centered service and workforce development models. In retrospect, CCCC became an important proving ground for ideas that would later shape the Community Health Fellowship.

5. From Crisis to Strategy

Co-Creating a More Equitable National Health Corps

NHC did not wait for the pandemic to end before reconsidering its future. In late June 2020, national staff developed an initial Strategic and Action Plan and began an intensive, iterative process of stakeholder review.

Who participated	How they shaped the plan
Members and alumni	Reviewed and contributed drafts, participated in town halls, and proposed revisions.
Operating-site staff	Directors and coordinators reviewed and contributed to priorities and implementation implications.
External equity expertise	An outside consultant examined how policies and practices could reinforce structural inequities
Executives, host sites	Provided additional review and contribution before the proposed plan was posted publicly in December 2020 for public comment.

From strategy to systems

The final plan linked five areas that would shape NHC's transformation:

- equity impact assessment,
- structural barriers to reducing health disparities,
- host-site access,
- member representation, and
- the resources and visibility needed to sustain the work.

In January 2021, recruitment became one of the first major systems NHC examined in practice. NHC used member demographic data to identify representation gaps and worked with operating sites on targeted outreach. It also standardized the selection process through shared interview tools, competencies, benchmarks, and scoring guidance. The deeper shift was methodological: identify a disparity, examine NHC's own system, listen to stakeholders, redesign practice, and keep measuring.

Building public health from the community up

The pandemic and recruitment work reinforced a broader idea: community relationships, lived experience, language, cultural knowledge, and trust are forms of expertise. NHC increasingly sought to develop public health capacity with communities, not simply for them.

Moving from disparities to root causes

In 2022, NHC established LeadDevo which began translating the Strategic Plan's equity commitments into leadership development for Public Health Leadership members. Training paired knowledge and skills building with facilitated reflection and asked members to distinguish between addressing health disparities and understanding the structural factors contributing to them.

NHC Racism Against Black Americans Panel: NHC Racism Against Indigenous People Panel

At the same time, Public Health AmeriCorps created an opportunity to scale the community-centered workforce ideas tested through CCCC. The result was the Community Health Fellowship.

6. Innovation in Action

Building the Public Health Workforce of the Future

The Community Health Fellowship translated NHC's emerging philosophy into a workforce-development model: recruit people with meaningful community connections, recognize lived experience as an asset, and pair those strengths with specialized skills training, professional development, and hands-on public health service.

A layered workforce model

Component	What it added
Shared public health foundation with NHC Public Health Leadership	Member Training Days, public health systems, health disparities, ethics, motivational interviewing, trauma-informed service, communication, leadership, and community engagement.
Community Health Worker education	Regional CHW training aligned with state and local workforce systems.
Specialized skills	Digital Health Navigation and explored interpreter pathways.
Professional growth	Reflection, resilience, mentoring, service experience, certification and employment pathways where available.

National consistency without local uniformity

NHC established shared expectations but allowed regions to work with local CHW training partners. Northeast Pennsylvania, Greater Philadelphia, Central California, and Delaware used different providers while developing overlapping competencies in communication, care coordination, outreach, advocacy, health education, resource navigation, and professional practice.

From service to certification

Pennsylvania offered the clearest connection between AmeriCorps service and professional certification. A full-service term contributed approximately 1,700 hours toward the state's 2,000-hour practicum requirement for Certified Community Health Workers.

50 **CHF members completed CHW training**	**13** **NEPA members became PA-Certified CHWs**	**25** **Members completed Digital Health Navigator preparation**

What the Model Added

Digital Health Navigation

As telehealth, patient portals, remote monitoring, online benefits, and digital communication became more central to care, NHC recognized that technology access had become inseparable from health access. Beginning in 2024, members completed the Goodwill Digital Navigator Certificate Specialization through Coursera and received additional health-specific training through the Health Federation of Philadelphia's Building Digital Resiliency work.

Learning from what did not scale

NHC also explored Medical Interpreter and later Community Interpreter training. No members ultimately enrolled. The lesson was useful: identifying a legitimate workforce need and locating a strong curriculum did not guarantee participation. Timing, workload, language requirements, interest, and the demands of full-time service all shaped feasibility. Future programming would need to explore targeted outreach to recruit bi-or multi-lingual program participants interested in participating in that pathway.

Supporting the whole person

By 2024, staff were observing burnout and compassion fatigue among CHF members. NHC partnered with Circles International to create monthly facilitated reflection sessions focused on resilience, professional boundaries, peer support, and integration of lived experience with service. Those sessions also surfaced problems that reflection could not solve: financial pressure, second jobs, transportation barriers, caregiving responsibilities, and the demands of full-time service plus substantial training, however, the individual and group reflection sessions were safe spaces for program participants to discuss life pressures and supported many in completing the programs despite those pressures. Future programs should consider securing funding and integrating even more support services to create even higher retention rates– meaningful childcare subsidies was specifically one solution NHC wasn't able to provide some participants that would have supported their continuation of the program.

Resilience support could help members navigate difficult conditions, but it could not substitute for changing the conditions themselves.

National capacity grew with the model

By November 2022, new Public Health AmeriCorps and Delaware resources allowed NHC to support two dedicated National Program Manager positions - one for Public Health Leadership and one for the Community Health Fellowship - as well as a full-time National Coordinator/Communications Manager. Program innovation was increasingly matched by organizational capacity.

7. Expanding Opportunity

Scaling the Model, Investing in the Network, and Learning What It Took

During the 2022-2023 service year, CHF operated in Northeast Pennsylvania, Delaware, Greater Philadelphia, and Central California. The four regions became both implementation sites and learning environments.

Region	What NHC learned
Northeast Pennsylvania	Existing CCCC and CHW infrastructure accelerated implementation; foundation and regional funding reduced host-site fees for smaller organizations.
Delaware	Public investment through New Castle County eliminated host-site contribution fees and broadened participation among smaller nonprofits and community-based organizations.
Greater Philadelphia	Running CHF alongside an established PHL program revealed the staffing and retention demands of supporting two distinct pathways in one market.
Central California	High community need and a committed partner were not enough without sufficient dedicated staffing, funding, and time to establish the model.

Funding structures shaped access

In Delaware, with support from public officials, NHC was invited to establish an operating site in New Castle County. CARES Act and later American Rescue Plan Act resources supported the Delaware program through August 31, 2026 and covered host-site contributions. In Northeast Pennsylvania, outside funding from the Harry and Jeanette Weinberg Foundation and the Appalachian Regional Commission's POWER Initiative supported full or partial fee subsidies.

Financing was not just administrative. It determined which organizations could participate and where national-service resources could reach.

Investing in the Network

$14.23M	$5.25M	$1.22M	18%
Total funding secured by NHC National from 2021-2025	Additional leveraged funding beyond AmeriCorps National Direct	Additional funding invested directly in national/network infrastructure	Increase in per-member funding to operating sites

Between 2021 and 2025, NHC National secured $8.98 million in AmeriCorps National Direct funding and $5.25 million in additional funding, including $2.1 million from New Castle County, $250,000 from PennServe, and $2.9 million from Public Health AmeriCorps.

Of the additional funding, $1.2+ million directly supported the broader NHC network: national staffing and retention, operational infrastructure, two website redesigns, branding, equitable recruitment standardization, the Member and Host Site Portal, network meetings, operating-site conference attendance, a Business Development Consultant, and NHC's first comprehensive Impact evaluation. Flexible resources also helped retain key support staff and increase funding to operating sites.

What retention revealed

CHF intentionally recruited members representing the communities they served. This broadened NHC's definition of who future public health professionals are but it also exposed a structural tension: people reflecting the communities they served often experienced the same inequities as their clients and did not always have the economic resources needed to sustain full-time AmeriCorps service.

61	30
CHF members enrolled	Completed a full-service term

Some members who exited early moved into paid public health or health care roles, graduate education, or other pathways aligned with the Fellowship's workforce goals. NHC therefore began asking whether success should be measured only by completion or also by employment, certification, continued education, advancement, and economic stability.

8. One National Health Corps

Creating a Shared National Identity

In 2024 NHC partnered with Finch Brands to move from what was described internally as "brand chaos" to "brand logic." Research with staff, members, alumni, and leaders led to a master-brand structure: National Health Corps as the shared identity, with Public Health Leadership and Community Health Fellowship as complementary subsidiaries beneath it.

The work also articulated a unifying phrase - "Empathy in Action" - and supported a clearer website and recruitment experience. The rebrand did not change NHC's mission. It aligned the public identity with what the organization had already become.

One National Health Corps made the connections visible.

9. Operationalizing Equity

From Organizational Learning to Community Leadership

From Organizational Learning to Community Leadership

The Strategic Plan established NHC's commitment to equity, and LeadDevo translated that commitment into member learning. Beginning in 2023, NHC partnered with organizational development consultant Debra Alexander to develop the **B.E.A.M. framework**, trained members and host-site supervisors in its application, and called upon each host site to create individualized implementation plans. Members started devoting 15% of their service to projects addressing structural barriers through **B.E.A.M.**

- **B — Build** coalitions and alliances to expand influence;
- **E — Empower** communities through authentic engagement;
- **A — Advocate** for policy and systems change; and
- **M — Modernize** data collection methods & systems to be more community-centered.

Turning the lens inward

Between 2022 and 2024, Equity Impact Assessments gave NHC a repeatable method for examining recruitment, host-site participation, training, communications, member requirements, staffing, contracting, public materials, and feedback systems. The recurring questions were simple but consequential: *Who benefits? Who experiences barriers? Whose perspectives are missing? What assumptions are built into the process? What should change?*

Listening to the network

Staff Inclusivity Surveys in 2023 and 2024 examined communication, collaboration, trust, belonging, leadership, recognition, psychological safety, creativity, and professional growth. Results were reviewed during the November 2024 NHC Annual Network Meeting. The surveys became an organizational-health indicator as much as an equity tool.

2024 National Annual Staff Network Meeting

Progress and unfinished work

Not every Strategic Plan commitment was completed. The full Operating Site Manual assessment remained unfinished; some contract and agreement reviews were not completed; the proposed Member Inclusivity Survey was not launched; planned community teams and recurring convenings did not materialize; and an Alumni Board was designed but not convened before funding ended. Preserving these gaps is part of an honest legacy.

National Health Corps' 30th Anniversary & Equity & Opportunity Initiative Launch

In 2024, NHC extended its equity work outward in New Castle County, Delaware. The Equity & Opportunity Awards recognized three organizations - Black Mothers in Power, Jefferson Street Center, and Parent Information Center of Delaware - with $3,000 each. A community symposium brought organizations, public agencies, educators, health care partners, and local leaders together for learning, dialogue, and collaborative planning.

NHC intended the model to grow through annual awards and regional symposia. Although it was not replicated nationally before funding ended, the Delaware launch demonstrated another possible role for national service: convener, partner, investor, and catalyst for community change.

[Click here to view the NHC 30th Year Anniversary & Equity & Opportunity Initiative Launch]

10. Strengthening People and Organizations

The Enduring Impact of National Service

For more than three decades, NHC operated through a reciprocal model: members strengthened community organizations, and community organizations developed members.

Capacity that lasted beyond a service term

Members developed educational resources and community guides, strengthened referral systems, expanded outreach, conducted needs assessments, analyzed data, improved language access, supported digital-health efforts, coordinated partnerships, and helped build new workflows and initiatives. Many of these were projects host organizations wanted to undertake but lacked the capacity to complete.

The value of service therefore extended beyond the number of clients reached in one year. A referral process could remain. A resource guide could continue to be used. A partnership could deepen. A needs assessment could influence future programming.

Organizations developed people, too

Host sites gave members real responsibility, mentorship, professional networks, and opportunities to engage communities, navigate health and social-service systems, use data, collaborate across organizations, and respond to complex public health challenges. CHF added formal workforce pathways to that long-standing model, but NHC's workforce impact was never limited to certificates.

Organizations did not simply receive labor. Members did not simply receive training. Each invested in the other.

10a. Reciprocity in Their Own Words

Members grew as organizations grew stronger

The Wilder evaluation captured the reciprocal value at the heart of NHC: service strengthened organizations while shaping members' professional purpose.

MEMBER VOICES

> "My NHC service is my primary driver in further pursuing public health. During my service year, I saw firsthand how social determinants of health affect individuals."
>
> **NHC ALUM**

> "NHC showed me how much my labor and skills are needed in this field."
>
> **NHC MEMBER**

HOST-SITE VOICES

> "We were able to start clinic initiatives we'd been discussing for years, but did not have capacity to undertake!"
>
> **NHC HOST-SITE SUPERVISOR**

> "Our NHC member brought a lot of capacity to our organization and allowed us to screen and connect over 1,000 patients to resources, which may not otherwise have gotten services."
>
> **NHC HOST-SITE SUPERVISOR**

Source: Wilder Research, National Health Corps 2022-24 Final Evaluation Report, January 2025.

A national learning network

By its final years, NHC was also a learning network. Recruitment strategies, CHW training approaches, Digital Health Navigation, equity practices, evaluation tools, member supports, and supervisory approaches moved across regions through national meetings, technical assistance, committees, and peer exchange. Local innovation became national learning; national guidance was adapted locally

11. Lessons Learned

What Thirty-Two Years of Service Taught National Health Corps

Lesson	What it means
Build the infrastructure before you need it.	Staffing, evaluation, systems, technology, and relationships are not separate from impact; they make adaptation and innovation possible.
Strategy is stronger when people help create it.	Members, operating sites, host sites, leaders, consultants, alumni, and the public helped shape the plan and its implementation.
Equity requires looking inward.	Organizations must examine their own recruitment, funding, policies, communications, and decision-making - not only inequities outside the organization.
Community knowledge is expertise.	Public health is stronger when communities help build and lead the workforce that serves them.
Equitable recruitment requires equitable conditions.	Who is recruited matters, but compensation, transportation, caregiving, flexibility, and support determine who can remain.
Funding structures shape access.	Financial thresholds can exclude the very community organizations national service is intended to strengthen.
Measure the outcome you actually want.	Completion matters, but workforce programs should also measure employment, certification, continued education, advancement, and stability.
Local flexibility and national consistency can coexist.	Shared mission and standards work best when regions can adapt implementation to place.
Innovation requires permission to learn.	Not every idea scales. The transferable process is listen -> test -> evaluate -> adapt -> try again.

12. A Blueprint for the Future

Design Principles for the Next Generation of Public Health National Service

NHC's experience is not a recommendation to recreate the initiative exactly as it existed. Public health, workforce needs, technology, and funding will continue to change. What can endure are the design principles learned through implementation.

Design principle	Future application
Build workforce pathways around communities	Recruit people with meaningful community connections and pair lived experience with accessible professional preparation.
Connect service to recognized careers	Align service hours and competencies with certifications, academic credit, apprenticeships, and employment pathways where possible.
Design participation around real lives	Provide compensation, flexibility, transportation, caregiving support, predictable schedules, and accessible well-being supports.
Invest in trusted community organizations	Use sliding-scale, subsidized, or fully supported host-site models so participation is based on community value, not discretionary budget.
Treat capacity building as service	Design member roles to improve systems, data, partnerships, language access, referrals, and community engagement.
Develop members and host organizations together	Provide parallel training, mentorship, technical assistance, supervisor support, and organizational development.
Embed equity into operations	Make equity part of recruitment, funding, communication, supervision, evaluation, staffing, contracting, and decision-making.
Build evaluation for learning	Ask not only whether targets were met, but what changed, for whom, why, what did not work, and what should change next.
Fund the infrastructure behind impact	National staffing, local capacity, technology, evaluation, communications, training, and technical assistance enable program quality.
Preserve local leadership within national models	Use national infrastructure and shared standards while protecting regional adaptation and community leadership.

The future of public health national service may be national in infrastructure, local in leadership, community-centered in design, and workforce-focused in outcome.

12. The Legacy of National Health Corps

What Endures

National Health Corps began with a simple idea: national service could improve community health while developing the people who would become the next generation of health and public health leaders.

Thirty-two years later, that idea had become something much larger. NHC had operated across multiple regions, partnered with major health systems and small community organizations, built national infrastructure, tested new workforce pathways, invested in evaluation, confronted structural inequities, and continually revised what national service could mean.

3,600+ Members between 1994-2026	2,000+ Host sites	2,400,000+ Underserved youth and adults reached

The legacy is in the people

It exists in members who entered service uncertain of their next step and left prepared for medicine, public health, nursing, social work, community health, nonprofit leadership, or continued public service. It exists in Community Health Fellows whose lived experience became an asset, and in alumni who carried the lessons of service into future institutions and communities.

The legacy is in the organizations

It exists in host organizations that expanded services, strengthened referral systems, improved outreach, collected better data, built partnerships, and made changes that continued after a member's term ended. It exists in smaller community organizations that gained access to national-service resources because financial barriers were reduced.

The legacy is in the questions

Who is missing? Who experiences the barrier? Whose knowledge counts? What is our own role in producing this outcome? What can communities teach us? How do we move from addressing disparities to addressing the conditions that produce them?

The legacy is also unfinished

Some Strategic Plan commitments remained incomplete. CHF identified improvements a future model would need. The Equity & Opportunity Initiative had not yet expanded beyond Delaware. An Alumni Board was planned but not convened. Preserving that unfinished work makes the legacy more useful, not less.

A legacy is not only what an organization completed. It is also what it learned sufficiently well that others no longer have to start from the beginning.

National Health Corps' formal programs may have concluded. The work did not. It continues through alumni, host organizations, tools, curricula, evaluation findings, community partnerships, and the idea that sustained change is possible when national resources, local leadership, community knowledge, and meaningful service are brought together.

Empathy in Action

National Health Corps leaves behind more than a record of what it accomplished. It leaves a blueprint for what public health national service can become.

Were you part of the National Health Corps story? We invite members, alumni, host site supervisors, staff, and partners to share a brief reflection on how NHC touched your life, shaped your career, or influenced your community.

ADD YOUR VOICE TO THE NHC LEGACY!