The Form, Variety and Use of Community Health Assessments: An Analysis of North Carolina Studies

The North Carolina Hospital Foundation

The North Carolina Institute of Medicine

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by The North Carolina Institute of Medicine

for The North Carolina Hospital Foundation

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Introduction

In 1996, the North Carolina Hospital Foundation (Foundation), with the financial assistance of The Duke Endowment (Endowment), undertook a review of community health assessments across the state of North Carolina. The Foundation and Endowment took this initiative to determine whether, in facilitating collaboration and partnerships among various community healthcare entities and organizations, these assessment efforts might result in improvements in the health status of North Carolinians. By promoting this greater collaboration and partnerships between the medical and public health sectors, it was hoped that this initiative would help put North Carolina in the forefront of an important national movement. It was designed to create new active links between public and private health services providers and the communities they serve, a collaboration considered essential if there is to be a steady advance in the health and quality of life of all its citizens.

The Endowment and Foundation recognized that a number and variety of community health assessments were being undertaken in North Carolina. Yet, little systematic knowledge had been gained about the distribution of identified health problems across the state, or about the assessment methods most effective in identifying problems needing attention.

The North Carolina Hospital Foundation invited the North Carolina Institute of Medicine (NC•IOM) to participate in this important work. In turn, the Cecil G. Sheps Center for Health Services Research (Sheps Center) at the University of North Carolina at Chapel Hill was asked by the NC•IOM to assist in the major research activities associated with the study. The Sheps Center undertook the study in the late summer of 1996.

Approach

This study included as many health assessments in the state of North Carolina as could be identified, obtained and reviewed during the study period. It encompassed three major activities:

- identification and collection of recent community health assessment documents;
- analysis of these health assessment documents (including their principal methods, processes, and findings); and
- selection of communities for site-visit interviews with health assessment leaders to discuss the process by which these health assessments were conducted, and to develop a description of likely outcomes of the assessment processes and findings.

Review of Health Assessment Documents

Analysis began with the identification and collection of reports and documents from community health assessments completed over the previous two years in North Carolina. Through direct contacts with the NC Department of Environment, Health and Natural Resources (DEHNR), its Division of Health Services, and requests of local community healthcare facilities such as hospitals and health departments, a large volume and variety of health assessments were collected. This process resulted in the receipt of one hundred and thirty-one separate health assessments. Health assessment documents were categorized into three major types:

• CATEGORY A (*community diagnoses*). This category includes state-mandated biennial community health assessment efforts carried out by local health departments throughout North Carolina. Because some of North Carolina's one hundred counties have consolidated health department districts, ninety-two separate community diagnoses are prepared every other year. These reports result from a system that was implemented by the state in 1983 and is based on instruction and data collection at the state and county levels.

DEHNR provides counties with a profile of key health indicators such as rates of cancer and heart disease, infant mortality, teen age pregnancy, among others that have been prepared by the NC Center for Health and Environmental Statistics. DEHNR asks each health department or district to compare its rates with the overall state rates to determine which of its health problems are the most pressing. The health department or district then develops a set of five priorities, each with an objective, proposed set of interventions, and resource requirements needed to meet the objective. This information is forwarded to DEHNR for analysis and then, within the state's budgetary limits, resources are allocated to the counties.

• CATEGORY B (*Healthy Carolinians 2000 assessments*). This category represents a North Carolina state-sponsored county-level program, modeled on the national *Healthy People 2000* initiative. All counties in the state are eligible to become *Healthy Carolinians 2000* sites. If the county qualifies for state certification, it is designated a *Healthy Carolinians 2000* site. Not all counties have participated in the *Healthy Carolinians 2000* program, but an increasing number have applied. At the time of the study, thirty-eight counties had a certified *Healthy Carolinians 2000* task force, twenty-five were in the planning stage, two were inactive, and thirty-five had not yet applied. The twenty-three active *Healthy Carolinians 2000* assessments were reviewed as part of this report.

The state requires that there be broad community participation in the *Healthy Carolinians 2000* effort at the county level. The importance of participation by a cross-section of community members, especially its leaders, is made clear in the *Healthy Carolinians 2000* literature: "Community leaders, hospitals, physicians, local health

departments, schools, political leaders, religious organizations, business and civic organizations are examples of members of a productive *Healthy Carolinians 2000* task force. This diverse and multidisciplinary group of community leaders collaborates to bring human and financial resources together to address the health needs of each community."

Healthy Carolinians 2000 is described as "a community-based partnership to improve the health of North Carolinians. A local *Healthy Carolinians 2000* task force is not a project, it is a *process*." The *Healthy Carolinians 2000* literature emphasizes that, to create such a process, "*Healthy Carolinians 2000* brings together community members, leaders, and organizations to form a task force, . . . and, is based on the concept that community members are the most qualified to prioritize the health and safety problems in their community and to plan and execute creative solutions to these problems. . . . The overall goal of a *Healthy Carolinians 2000* task force is to improve the health and well-being of all community residents."

One of the major tenets of this program is that most chronic diseases and injuries are preventable: ". . . preventable diseases account for up to 50 percent of current healthcare expenditures, which could be reduced if individuals chose healthier lifestyles; and that better control of just a few lifestyle factors, such as increasing exercise, accessing better prenatal care, using seat belts, eating more nutritious food, and decreasing the abuse of tobacco, alcohol, and drugs, could prevent forty to seventy percent of all premature deaths." The *Healthy Carolinians 2000* program literature states, "by modifying health risk behaviors that lead to disease and injury, we can improve our health and safety and we can live longer."

• CATEGORY C (*"independent" assessments*). Health assessments within this category were undertaken by a variety of institutions and jurisdictions in an effort to understand better their communities so they might take actions to promote general health for the residents in each area. Sixteen Category C assessments were reviewed. Of these, three were done by cities, ten by single counties, and three by multiple county areas. Seven of the reports were sponsored by hospital groups, three by non-hospital provider groups, and six by a variety of organizations or jurisdictions.

Independent reports produced by outside consulting groups varied in degrees of satisfaction among the community representatives receiving them. A few were done creatively: an example of one such creative approach was the practical health assessment, and subsequent implementation under the leadership from one physician, the county medical society, hospitals in the city of Asheville, and a broad set of community leaders and organizations. That effort resulted in the Health Partners group managing to produce a complete system of care — including prescriptions — for the county's uninsured and underserved by means of Project Access in Buncombe County.

In another case, a joint assessment of five coastal counties — Bladen, Brunswick, Columbus, New Hanover, and Pender — undertook to develop a regional plan for health.

As the assessment reports in this third category were read and evaluated, it was apparent that the quality and utility of these assessments quite often was associated with the extent to which local community constituencies were actively involved in the design and conduct of those assessments. When external consultants acted as facilitators, and not substitutes for community involvement, they brought greater value to local assessment efforts.

Analysis of Assessment

Once the one hundred and thirty-one health assessment documents had been collected, Sheps Center staff analyzed each. Categories of information were identified from each assessment and a data matrix for each type of assessment (Categories A, B and C) was constructed. From those matrices (see Appendices), the frequency of identified health problems/issues was calculated. It also was possible to ascertain the range of methods and sources of data used for the individual assessment process.

The following section provides an overview of the principal observations emerging from analysis of these data.

Category A - Community Diagnoses:

These assessments were the most straightforward and best organized of the three types because they used standardized, state-provided data, and were reported in a conventional format. However, it was evident not all counties/health districts enter into the community diagnoses process in an equally thorough manner.

Table 1 identifies, in order of frequency, the health problems/issues cited by counties/health districts in Category A - community diagnoses. The category of health problems/issues with the highest frequency was teen pregnancy. Almost half the community diagnoses specified teen pregnancy as a major priority. Slightly more than a third also cited the two health problems of Sexually Transmitted Diseases-Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (STD-HIV/AIDS) and infant mortality as important areas requiring action. Three other health issues fell in the next highest range of frequencies: diabetes (28), heart disease (25), and smoking cessation (23). One in five counties listed cerebrovascular disease and prenatal care as important issues.

Table 1 - Community Diagnosis Health Problems/Issues

Categories	*f*	Categories	*f*	Categories	*f*
Teen Pregnancy	49	Dental Health and Care	10	Low Birth Weight	4
STD-HIV/AIDS	36	Access and Utilization	10	Screening	4
Infant Mortality	35	Cancer-Lung	9	Suicide	4
Diabetes	28	Tuberculosis	9	Kidney Disease	3
Heart Disease	25	Environmental Health	9	Home Care	3
Smoking Cessation	23	Immunizations	9	Wellness	3
Cerebrovascular Disease	20	Minority/Immigrant Health	9	Well Ordinance	3
Prenatal Care	20	Pneumonia-Influenza	8	High Risk Births	3
Lifestyle/HPDP/Ed	18	Adolescent Health	8	Inten Livest Operat Hazar	2
Intent Injury & Viol Prevent	18	Cancer-Colorectal	7	Health Dept Infrastructure	2
Cancer-Breast	17	Obesity/Nutrition-Children	7	Chronic Disease in Genl	2
Cardiovascular Disease	16	Family Planning	7	Cancer-Testicular	1
Cancer-Prostate	16	Child Prev Ser/Safety	7	Liver Disease	1
Cancer-General	13	Elevated Lead Levels	7	Osteoporosis	1
Primary Care	13	Additional Physicians	7	Congenital Anomalies	1
Drugs-Tobacco-Alcohol	13	Cancer-Oral	6	Unwanted Pregnancy	1
Unintent Injury Prevention	13	Aging/Seniors Health	6	Long Range Strat Planning	1
Hypertension	12	Cholesterol Control	5	Cost of Healthcare	1
Obesity & Nutrition	12	Commun Dis in Genl	5	Municipality Expansion	1
Child Health Service	12	Rabies	5	Additional RNs	1
Cancer-Cervical	11	Artherosclerosis	4	Indoor Pollution	1
Water-Septic	11	Food Handling	4	New Public Health Facilities	1
Motor Vehicle Accidents	11	Maternal Health Services	4	Reinvigorated Health Dept	1
Respiratory Dis/COPD	10	School Health	4	Mental Health	1

A point worth noting is the appearance and move toward more preventive focused categories (i.e., smoking cessation and lifestyle modification, health promotion and disease prevention, health education, obesity and nutrition, and wellness).

Given the recent emphasis "access to healthcare" has received in North Carolina policy discussions, it was striking that access issues were not nearer the top of the list of health problems/issues identified in these assessments (access and utilization of personal healthcare services were mentioned only in ten of ninety-two community diagnosis documents).

A number of the county/health district reports identified enrollment in *Healthy Carolinians 2000* as an appropriate intervention to meet one or more objectives of their community diagnosis.

To obtain information regarding specific sets of health problems/issues pertinent to identifiable population subgroups, the entire range of community diagnoses was examined for information pertinent to the health of older adults. The largest cluster of health problems/issues described in the community diagnoses had to do with diseases and conditions affecting older people (i.e., cancers, cerebrovascular diseases, cardiovascular diseases, diabetes, arthritis, and other chronic illnesses). Moreover,

many of the community diagnoses identified a concern with the "aging" of county populations and the anticipated increase demand for services required by a community sharing responsibility for care of an increasingly older adult population.

Category B - *Healthy Carolinians 2000:*

The watchwords of the *Healthy Carolinians 2000* program: "community involvement," "partnership," "outreach," "empowerment," "prevention," "outcomes," sum up the major focus of this assessment approach. As evidenced in the documents and reinforced during site visits, this movement has had considerable success in stimulating communities into collective action on a wide variety of useful fronts, and in continuing the process of refinement over subsequent years. Impetus generated by this process has led to a community-based participatory search for pragmatic approaches to the improvement of community health. Although the state's role is modest in offering technical guidance and support, the payoff is substantial in that the program has energized many communities to achieve a broad spectrum of public concern for health issues that appear to have made a difference.

The frequency with which specific health problems/issues are explicitly identified as *Healthy Carolinians 2000* community health objectives provides insight into the way these communities view the program. The frequencies indicated in Table 2 summarize the findings of twenty-three of the thirty-eight *Healthy Carolinians 2000* assessments that were available for review at the time of this study.

Table 2 - *Healthy Carolinians 2000* Health Problems/Issues

Objective	*f*	Objective	*f*
Substance Abuse	11	Environment	1
Maternal/Child Health	11	Prenatal Care	1
STD-HIV/AIDS	9	Teen Pregnancy	1
Nutrition/Physical Fitness	8	Health Promotion	1
Chronic Disease Reduction	6	Labor/Delivery	1
Injury Prevention	4	Newborns	1
Access	4	Smoking Cessation	1
Immunizations	3	Health Resource Information	1
Lifestyle/Behaviors	3	Community Health Plan	1
Crime/Violence	3	Heart Disease	1
Preventive Care	2	Elderly	1
Breast Cancer	2		

Despite fewer cases, a clear hierarchy among the identified health problems/issues emerged. The first four — substance abuse, maternal and child health, STD-HIV/AIDS, nutrition and physical fitness — were clear priorities. Moreover, if some were merged into larger categories, frequencies of those expanded categories would increase. For instance, chronic disease reduction could legitimately include the objectives related to heart disease. Objectives for the categories "Nutrition and Physical Fitness" are parallel

to "Lifestyle and Behaviors," "Preventive Care," "Health Promotion" and, in a broader sense, "Smoking Cessation." A natural cluster of objectives could be assembled from "Teen Pregnancy" and parts of "Maternal and Child Health," "Prenatal Care," and the "Labor and Delivery" categories. Although categories are listed with these descriptors, an examination of the documents themselves makes clear the overall emphasis was on positive health, wellness, and the improvement of community health status through reductions in the prevalence of certain chronic conditions.

The development of community-specific health goals and objectives, as well as problem-focused intervention efforts, is a key feature of the *Healthy Carolinians 2000* approach. Although developing the goal or objective is the first step in the process, realization of those goals is not easily or quickly achieved. For instance, there is little likelihood of seeing short-term changes in cancer or cardiovascular disease rates through behavioral and dietary modifications over the course of a year or two. Other conditions, such as teen pregnancy, also have proven to be less tractable. Those difficulties, however, have not daunted many of these communities. They have searched for means to produce change and have acted on them.

One *Healthy Carolinians 2000* community had to face the fact that all its efforts at reducing the teen pregnancy rate yielded little result; however, that community's efforts resulted in significant reduction in the high school drop-out rate for pregnant teens and a decrease in the repeat pregnancy rate among high school teens. Both are achievements they attribute to the well-organized *Healthy Carolinians 2000* efforts.

Another community also struggled with high rates of teen pregnancy, and by using a set of incentives including financial rewards at a large department store heightened awareness and changed patterns of prenatal care use among teen expectant mothers. Pregnant adolescents are now routinely seeking prenatal services in their second trimester, instead of showing up for their first medical encounters at or near the time of delivery.

From reviewing the *Healthy Carolinians 2000* assessments, it was clear the major value-added thrust of this movement within selected communities or counties involved the connection between the analytical and data-gathering steps required in Category A (community diagnosis) assessment, and explicit problem-focused interventions involving broad constituency participation.

Category C - Independent Assessments:

With respect to this third type of assessment a rather different picture emerged from examination of the sixteen separate documents. These so-called "independent" assessments took steps beyond either Category A or B assessment efforts. Varied approaches were used and more complex coalitions forged. Of those independent assessments reviewed, most were done by consulting firms for a variety of client sponsors. In most cases, data from the United States Census and North Carolina

community diagnosis workbooks served as the basis for the demographic characterization of focal communities. In analyzing the independent assessments, it was the process implemented and products produced beyond demographic characterization that provided useful information.

Frequency of specific health problems/issues and corresponding health-related objectives found in the independent assessments are depicted in Table 3.

Table 3 - Independent Assessment Health Problems/Issues

Objective	*f*	Objective	*f*
Access	10	Teen Pregnancy	1
Prevention	7	School Health Education	1
Substance Abuse	6	Primary Care	1
Maternal/Child Health	5	Prenatal Care	1
Nutrition/Physical Fitness	4	Parenting Skills	1
Injury Prevention	4	Overall Health Improvement	1
Employee Health	3	Hope for Youth	1
Elderly	3	Heart Disease	1
Mental Health	2	Healthcare for Working Poor	1
Lifestyle/Behaviors	2	Family Empowerment	1
Family Education	2	Environment	1
Economic Progress	2	Communicable Diseases	1
Violence Prevention	1	Cancer	1

It is interesting to note the differences among the focal issues identified by each of the three categories of assessment efforts (A, B and C). While sexually-transmitted diseases, teen pregnancy, maternal and child health, and chronic diseases rank near the top of the list of highest priority issues in Categories A (state-mandated community diagnoses) and B (state-sponsored *Healthy Carolinians 2000)* assessments, it is only with the locally-sponsored and presumably more expensive Category C (independent) studies that access to personal health services emerges as an issue of high salience. This leads to the conclusion that the *method* and the nature of the *sponsorship* of community health assessments may impact on the types of health problems/issues identified through these processes.

As independent assessments sought additional data on communities and their health problems, "primary" data were sought, most often through telephone surveys. Unfortunately, in some cases, these surveys were of exaggerated and even misleading value. For example, many had such low response rates — often around 10-12 percentage — that the data clearly were not representative of the communities they purported to represent. In one case, the report noted the importance of the household survey results in identifying the key problems, then documented that many of the very population it hoped to learn about, via telephone survey, did not have telephones. In some cases, it was argued that low response rates were supplemented by

using focus groups; but here, too, caution must be used in interpreting results from focus group panels unless they are truly representative of the whole community, or at least that part whose needs are to be assessed.

Some of the special health assessments in this category done by consulting groups had a uniformity of method, format and presentation of results which suggested "fill-in-the-blanks" approach. The lack of depth and practical usefulness of this sort of approach often resulted in a substantial degree of dissatisfaction on the client's part when the anticipation of a practical product met with an expensive and less-than-useful report. In general, in those circumstances where the consultant prepared the assessment in a vacuum — not really in touch with the realities and needs of the client — client *dis*satisfaction tended to be high. Counties, institutions, and jurisdictions which do not initially have a good idea regarding their needs or how to go about assessing them are likely to be dissatisfied with such a report. This suggests the potential benefit of a statewide source of technical assistance or advice to community groups considering the use of consultants to assist with such assessments.

The role that consultants assume in the process can be critical. The more the consultant interacts in a facilitative, guiding, or helping role — rather than assuming a leadership role in which the community is more or less passive — the more genuinely valuable the process and ultimately the product will be to that community. The assessment is more likely to be successful if the client (community) and significant affected constituents are active partners in the assessment process. Moreover, no matter what roles the consultant and client play, the scientific rigor through which data are collected will determine the value of the findings produced.

In reviewing the sixteen consultant-prepared assessments, there was an uneven standard of rigor in the handling of scientific or primary data. In some Category C assessments, scientific survey research methods were applied and standardized measures used to identify health problems or issues in a manner that enabled both the client and the local community to have confidence that the assessments were based on solid foundations. When the specialized analytical and presentation skills of such consultant groups were made available to broadly representative local assessment groups, and these consultants operated in a supportive and facilitative way, the results were quite, well-received, and were more likely to lead to positive and constructive health action in these communities.

Site Visits

To understand better the health assessment process and factors most important to success, on-site interviews were conducted with key community leaders in a sample of communities where assessment documents reflected a successful approach had been taken to the assessment task. Broad criteria were used in the selection of sites for visit. Initially, consideration was given to the quality of a county's/health district's

community diagnosis, *Healthy Carolinians 2000*, or other type of assessment. Second, it was important that there be evidence of the site's perceived ability to develop community participation and cooperation, in so far as those qualities could be determined from the available documents. Third, a general criterion of geographic distribution was used so that the differences, if any, in regions across the state could be made part of the analysis. Finally, each selected site had to have carried out at least two and sometimes three categories of assessment (i.e., A, B, C). Duplication of method or approach in those sites provided a "multiplier effect" among the three categories of assessments reviewed in the site visits.

Types of Assessments by Site

Eight counties were selected for site visits. All counties approached for this aspect of the study willingly offered assistance. Participants at each site were cooperative.

Before each visit, assessment project leaders were provided a general description of the study and an overview of the type of questions to be asked. Site participants were identified with respect to individual roles in that community and assessment process. A group interview was scheduled, using an approach similar to focus group interview.

To assess the effectiveness of the interview approach in uncovering the needed information, a pretest visit was made to one of the major sites, Wake. In that initial visit with two health practitioners, the soundness of the interview direction and form of inquiry were tested. The pretest provided a way to assess the breadth of information likely to be available in this and other sites.

Site visit interviews provided first-hand information by which to describe the assessment process. Interviews provided important insight with regard to such questions as:

- What prompted such a thorough effort on the state-mandated community diagnosis?
- What motivated them to undertake these additional assessments?
- What had they learned from what they had done?
- What more would they like to know?
- What were the benefits they had realized and the problems they had faced?
- How did they involve the community in this health improvement effort and what had they learn from them?
- What role did data play in the process and how were they acquired?
- Did they consider the data valid and practical?
- Could they identify the key elements that contributed to their success?

Sites, selected by the previously discussed criteria, are listed below in order of site visit completion and detailed observations from each of these site visits are presented in the Appendices:

1. Wake County at Raleigh
2. Chowan County at Edenton
3. Guilford County at Greensboro
4. Buncombe County at Asheville
5. Robeson County at Lumberton
6. New Hanover County at Wilmington
7. Mecklenburg County at Charlotte
8. Watauga County at Boone

Geographic Analysis of Study Findings

Table 4 summarizes the principal health problems/issues identified by each of the three types of community health assessments by geographic region of the state: mountains, Piedmont, and coastal plain. For each of the most frequently identified health problems/issues, this table presents both the number of times the problem was identified in assessment documents of each type by region, and the percentage of all documents by region and type of assessment where the particular health problem/ issue was identified.

Table 4 - North Carolina Regional Health Problems/Issues

Health Problems/Issues Identified (frequency of problems identified and % of studies where mentioned)	Community Diagnosis			Healthy Carolinians			Independent Assmt		
	Mountain	Piedmont	Coastal	Mountain	Piedmont	Coastal	Mountain	Piedmont	Coastal
Access	-	-	-	-	-	-	7	6	2
%							64%	100%	25%
Chronic Disease	-	-	-	4	2	1	-	-	-
%				50%	18%	33%			
Diabetes	5	9	12	-	-	-	-	-	-
%	20%	25%	31%						
Heart Disease	5	11	9	-	-	-	-	-	-
%	20%	31%	23%						
Infant Mortality	6	15	14	-	-	-	-	-	-
%	24%	42%	36%						
Injury Prevention	-	-	-	-	-	-	8	0	0
%							73%	0%	0-%
Maternal/Child Health	-	-	-	5	5	2	1	2	7
%				50%	18%	33%	9%	18%	64%
Nutrition/Physical Fitness	-	-	-	4	4	0	8	0	0
%				50%	36%	0%	73%	0%	0%
Prevention	-	-	-	-	-	-	9	0	6
%							73%	0%	0%
STD-HIV/AIDS	1	19	16	1	5	3	-	-	-
%	4%	53%	41%	13%	45%	100%			
Substance Abuse	-	-	-	4	5	2	5	5	0
%				50%	45%	100%	45%	83%	0%
Teen Pregnancy	10	20	19	-	-	-	-	-	-
%	40%	56%	49%						
Total Number	25	36	39	8	11	3	11	6	8

From the data displayed in Table 4, it is interesting to note that certain categories of problems do not figure prominently in particular types of assessments in any region of the state. For example, state-mandated community diagnoses (the most prominent type of assessment in North Carolina because they are required of all local health departments as a basis for the allocation of funds) do not identify chronic disease as a stand-alone category, injury prevention, maternal and child health as another stand-alone category, nutrition and physical fitness, prevention as a category by itself or substance abuse as key problems and issues. The principal focus of these types of (Category A) assessments include diabetes, heart disease, infant mortality, STD-HIV/AIDS, and teen pregnancy. Problems related to STD-HIV/AIDS and teen pregnancy are mentioned far less frequently in assessments done in the mountain region than in other areas of the state.

Among counties selected for participation in the *Healthy Carolinians 2000* initiative, emphasis in those assessments (which are special funded efforts beyond the mandated community diagnoses in those counties), tends to shift toward chronic disease as a category, maternal and child health problems, health promotion issues including nutrition and physical fitness, to include issues related to substance abuse, and to emphasize even more forcefully problems associated with STD-HIV/AIDS.

In *Healthy Carolinians 2000* projects the mountain county participants have given more emphasis than counties in other regions to chronic disease and health promotional efforts associated with maternal and child health, and nutrition and physical fitness. The issues come up less frequently in the mountain region than other regions with problems related to STD-HIV/AIDS and substance abuse, problem areas of prominent emphasis among counties in the eastern coastal plain.

It is with regard to the so-called "independent" assessments that access to care becomes more prominent. However, these issues are rather less frequently identified in the eastern coastal plain counties, where those problems have received policy and program emphasis in recent years. Mountain region counties gave emphasis in these independent assessments to problems related to injury prevention, nutrition and physical fitness, and disease prevention as a general category. Among Piedmont counties engaging in independent assessment activities, issues receiving greatest relative emphasis were those having to do with access to care and substance abuse.

Maps appended display data in a graphic form for five categories of health problems/issues: heart disease, diabetes, infant mortality, teenage pregnancy, and STD-HIV/AIDS for each of the three types of community health assessments (community diagnoses, *Healthy Carolinians 2000,* and independent assessments). From those maps one can get a clearer picture of the statewide and regional distribution of the relative emphasis given to those problems by type of assessment approach.

General Findings from Site Visits

Site visits were helpful in a number of ways. First, they provided a sense of the context from which assessments emerged. Second, they illustrated the way in which public agencies (e.g., local public health authorities or hospitals) went about the process of forming multi-constituency groups to undertake such assessments. Third, they validated the fact that a broad cross-section of the community and its leadership was involved. Finally, the day-to-day problems of carrying out an assessment, and balancing the somewhat different areas of focus and purposes of state-mandated community diagnosis and the Healthy Carolinians efforts, could be better understood.

For the most part, health assessment efforts at the community level are under-funded and depend considerably on individual leadership and significant investment on the part of those who believe in the potential value of these efforts.

No significant differences were observed among sites in the state's geographic regions, save those resulting from such distinctions as seaports/harbors — in the case of Wilmington in New Hanover County — and large institutions — such as campuses of the University of North Carolina. Urban counties had some special problems, such as crime, violence, and rapid growth, and rural counties had others, such as increasing numbers of retirees, high teen pregnancy rates, and an aging population. Sites with more resources were able to address health problems/issues more quantitatively and produce publications outlining their programs to address specific problems identified through the assessment process, but even smaller and financially challenged counties were rich with qualities that make for successful programs.

In every case — urban/rural, small/large, financially endowed/challenged — the measure of success in all was the demonstrated enthusiasm and commitment of its leaders and their ability to reach out into the community to get things accomplished. Core community groups with which the site visitors met varied in terms of numbers of site visit participants, but those differences were a function of who was invited and available to attend rather than the result of geographic location. Participants in every site expressed the same voluntary community service orientation and determination to make a difference by solving problems that result in improvement of the health and welfare of their citizens.

All sites had some common characteristics: a critical mass of people in leadership roles — "stakeholders" — and an ability to develop a community spirit of commitment and cooperation in the joint effort of improving community health. They had developed a sense of how to unite a community around a set of common goals and to pursue those goals with single-minded determination. In general, they were inspired by a sense of community service and by the importance of what they were undertaking. They were well informed about their community's health problems/issues and were spirited advocates for the health programs they created and

espoused. Key stakeholders were able to energize and activate large segments of their communities to achieve the community health goals and objectives identified and formulated by the assessment process.

Although those characteristics assumed varying forms indicative of the individuals and sites visited, they shaped and were shaped by the needs of the respective communities. Generally, they were inventive and not content to "stay within the lines," but determined to find what worked for *their* community by defining what *their* community needed. Those characteristics were encountered in all the site visits, suggesting that a key factor in the success of these communal efforts (particularly *Healthy Carolinians 2000*) was the effort to assemble a core group of community leaders who learned what was needed and were able to generate genuine response and enthusiasm for the task of improving the health of their community.

Summary Observations from the Study

At the end of the analytical phase of the study, having the benefit of the detailed summary of one hundred and thirty-one separate community health assessment documents and eight extensive on-site visits, several conclusions emerged.

1. It is clear from the volume and variety of studies occurring in North Carolina on a biennial basis that a tremendous amount of time, professional and lay effort, and other resources are invested in the process and products of assessments. The fact that every county in North Carolina is mandated by the state Division of Health Services to participate at least minimally in the "community diagnosis" process means that, at some level, health assessment activities essentially take place on a statewide basis with some regularity.

2. There is considerable variability in the enthusiasm with which local community groups enter into this process, as there is variability in the level of resources allocated to those activities.

3. Those sites seeming to have gained the most from the assessment process are ones where there has been a genuine effort to involve a broad cross-section of the community and all significant constituencies interested in or affected by the health issues being addressed.

4. The *method* and the nature of the *sponsorship* of a health assessment activity have a lot to do with the types of health problems/issues identified as the outcomes (or target conditions) of greatest importance. State-mandated, community diagnoses, which use secondary data provided by DEHNR as the major source of information, identify teen pregnancy as the major health problem in more than half of the counties. In addition, this process led to the identification of STD-HIV/AIDS as a problem in more than one-third of the counties. These analyses also tend to identify as major key

issues a whole range of problems associated with persons in older age groups, e.g., cancer, cardiovascular and cerebrovascular disease, diabetes, arthritis, and other chronic conditions.

As many counties entered the *Healthy Carolinians 2000* program, efforts were expended to develop a higher level of outreach and partnership-oriented coalitions. There was a sharper focus on intervention with regard to problems such as substance abuse (an issue that did not figure prominently in the community diagnoses), maternal and child health, on STD-HIV/AIDS, health promotion and disease prevention, and "wellness." At one of the site visits, the suggestion was made that this evolution of goals and objectives should result in the development of local data systems to measure specific variables found only in the program of a specific community.

Only in health assessments done "independently," i.e., with resources and sponsorship beyond those mandated or sponsored by state government (Categories A and B), did issues related to accessibility of personal healthcare services receive greatest attention. This was particularly noticeable in regard to the absence of those issues in reports prepared by counties in the eastern coastal plain, where the issue of access has dominated the health policy and program initiatives of the past couple of decades.

5. The role of consultants in the assessment process raises questions about the extent to which they influence the outcome of these planning and analysis activities. In the communities that had consultation or technical assistance, it appears that when this assistance facilitates, rather than substitutes for the active involvement of indigenous community groups, it is viewed as most valuable.

6. It appears that there is a widespread appreciation of the value of including in the community health assessment process (when those activities go beyond the mere analysis of secondary data provided by state government and the perfunctory compilation of statistics) persons and organizations representing constituencies other than the traditional "health leadership" of those communities.

7. The most important elements of assessment activities had to do with the *leadership* provided to the assessment process and the extent to which a broad base of community *participation* was ensured. This suggests the value of training for potential assessment leadership personnel involving training in how to encourage the participation of key and affected community constituencies.

8. Finally, geographic analysis of data from this study clearly shows a pattern of regional variation in health problems/issues identified through assessment efforts. While STD-HIV/AIDS and teen pregnancy issues tend to be among the most frequently mentioned problems statewide, it is obvious that counties in the mountain region of the state do not give a comparable level of emphasis to those issues. Emphasis in that region has been given to problems such as chronic disease prevention and treatment, maternal and child health, and traditional health

promotion/disease prevention initiatives. There are differences of perspectives on what the key health issues are in each region of the state. The local area variation in problem definition must be a critical part of any meaningful and effective plan for population health intervention in the state.

Guidelines and Recommendations for the Conduct, Dissemination and Use of Community Health Assessments in North Carolina

This section offers a synthesis of the most often cited advice and guidance for the benefit of other communities and organizations choosing to sponsor health assessments. In the following pages, the principal observations from "The Form, Variety and Use of Community Health Assessments" study are summarized in relation to the key perspectives of constituency participants (or stakeholders) in the assessment process. The intent is to offer "lessons learned" that may be useful to those who are giving serious consideration to new initiatives of this kind. Other sources of information, such as the *Needs Assessment: Resource Handbook* by Mary Peoples-Sheps and Anita Farel, and available from The Maternal and Child Health Bureau, U.S. Department of Health and Human Services, Health Resources and Services Administration, offer specific guidance on how each phase of such an assessment might be carried out.

A first observation from assessments studied in this analysis is that there is no one best way to carry out such investigations at the community level. Experience from this examination of a variety of health assessments suggests that there can be a wide range of legitimate approaches to preparing such an assessment.

Second, a few general points.

- All good assessments are based on data. These data can be from a wide variety of sources, and the user must be aware of the nature of the data, whether it is valid, complete to the degree required for this use, and as current as possible. Sources are numerous and provide many varieties of data. They include the U.S. Bureau of the Census, National Center for Health Statistics, Centers for Disease Control and Prevention, and state, county, and municipal governments. In addition, healthcare provider organizations often are the sources of valuable data in community health assessments. There may be proprietary restrictions on access to and use of such data, but the experience of many North Carolina communities has included the use of such data from local healthcare providers. Many of the best sources generally are readily available, frequently for free, although some may need to be purchased. There is no other technical aspect of health assessment as important as the acquisition of appropriate and quality data.

- Because data are central to the assessment process, the group preparing the assessment should have access to one or more people skilled in understanding data and in their analysis. In any health assessment, an associate who understands epidemiology and statistics would be especially valuable. Proper use and interpretation of data are essential to the validity of the assessment. Data must reflect the measurement of all dimensions of the health of a community and other relevant aspects of the community problems the assessment is intended to address, such as, for example, access to care or the prevalence of specific health conditions or the average costs of caring for persons with these conditions. The need for technical expertise in the handling and interpretation of data pertinent to healthcare is illustrated by the frequent difficulties reported among many who undertook to use the mortality experience of hospitals. Although these data routinely have been reported for all U.S. hospitals, they can be enormously difficult to interpret if they are not accompanied by severity- or case-mix adjustment, so that meaningful comparisons can be made among performance indicators for particular hospitals.

- Data are not themselves the driving force in community health assessments. For data to have value in the assessment process, there must be one or more questions understood by participants in the process as worthy of the effort required to mine a useful answer from available data. Hence, a critical element of most assessment efforts is what is conventionally referred to as "needs assessment." Various approaches have been taken to the determination of needs/problems/issues the community would like to see addressed (e.g., household surveys, focus group interviews). *Multiple* sources and types of data/information are needed if an assessment is to start from a clear understanding of the problems of health concern in a given community. If this aspect of the assessment process takes place in such a manner that the needs/problems/issues can be viewed as valid, this information can enable assessors to develop priorities among diverse objectives, as well as determine the most useful and relevant sources and types of data to inform the subsequent analyses.

Points of Relevance to Community Leadership:

- Those who carry out community health assessments are conventionally, and desirably, selected from among the "leadership" of the constituencies having a stake in the assessment results. As leaders, they must work systematically and vigorously to inform the communities/constituencies they represent about what is taking place, to shape a community-wide consensus on identified and prioritized problems, and to develop a community commitment to participate as much as possible in actions necessary to improve the general health of that community.

- The need for community leadership and community participation cannot be underestimated, nor can the need to carry on these activities that have grown out of the health assessment over an extended period of time be minimized. It is essential to remember that many community health goals, such as those related to "wellness," are long-range. Once the process is set in motion, it must be kept alive and be a dynamic force in changing the community for the better.

- As the assessment process is undertaken, great care should be taken to identify realistic goals and objectives. Not only should goals and objectives be set for which there are measurable indicators, but there should be some prospect of achievable outcomes. Some communities surveyed reported that certain specific goals and objectives in the federal *Healthy People 2000* initiative simply were out of reach for their communities. The timeframe within which some goals can be achieved may be so long that motivation of assessment participants is hard to sustain. Some rural counties in particular found it difficult to sustain efforts and therefore chose problems that could be addressed with measurable process or outcome results in the short term. This is not to say that goals such as the reduction of the prevalence of specific types of cancer or cardiovascular disease are not worthy assessment goals, but they should be combined with more proximate goals that will enable the entire program to benefit from acknowledged success.

- Continuing support for assessment efforts, as an on-going process within these communities, is a major concern among those involved. Assessment, when done successfully, involves both defining *and* addressing the problems. Most problems are not easily or quickly managed; continuing monitoring of the impact of intervention is required. Hence, periodic reassessment is important for achieving the optimal impact of these efforts at the community level.

- Health assessments should not occur in a vacuum. It is important that the problem specification, data collection, analysis and interpretation, and subsequent interventions, should be tied in concrete ways to the general social and economic situation taking place within the county or community for which the assessment is being done. If, for example, there is a major shift in employment patterns in the community, with a sudden increase in the number of adults without work, this should affect the way the assessment process unfolds. If the levels of personal education for adults, and the rate of school dropouts for teens, are unfavorable, these non-health, but health-related indicators should figure prominently in the overall assessment process and outcomes. In some cases, significant structural realignments have taken place among healthcare providers, affecting the way in which both hospital and public health services are organized and provided. The impact of these changes needs to be evaluated along with other epidemiological aspects of community health within the assessment process.

- Public commitment to an assessment process, especially on the part of community leadership, will be easier to ensure if there is a clear rationale for undertaking the assessment in the first place.

- Leadership comes up in all discussions of the community health assessment efforts in North Carolina. Clearly, a single individual who holds the attention of sufficient numbers of constituencies, or who holds a particularly important position, can cause such efforts to move along quickly. Choosing the right chair of a task force is important, as well.

Points of Relevance to Local Public Health Agencies:

- In addressing informational needs of the assessment process, local public health and other governmental agencies may realize the value of reconfiguring existing public data systems to include greater levels of specificity in the way individual-level information is collected, stored, and reported. For example, in Wake county data on institutionalized residents were reported on the basis of the address of the place where they received services, not on the basis of residence. Hence, is was not possible for the assessment effort to identify correctly population-specific basis of demand for those services.

- Much time in community health assessment has to be spent in assuring the constituencies that problems/issues to be addressed are well-defined. That is especially true when clinical or social outcomes are the main issue. When the focus is on mortality rates, there is not a definitional problem; if the issue is violence in the schools, then considerable attention may have to be devoted to the matter of defining what types of incidents and with what sort of consequences, will be the focus of the inquiry by the assessment process. Similar definitional problems may be associated with issues related to well-child care or prenatal care, or the provision of adequate home healthcare for functionally compromised older adults.

- Leaders of community-based health assessment efforts should consider the notion of a step-wise progression from approaches involving community diagnosis (Category A), efforts to achieve a broader base of health enhancement efforts (as in Category B *Healthy Carolinians 2000),* and, when possible, the investment of donors to support more focused efforts such as those described as Category C assessment activities.

- The size of any group undertaking a community health assessment effort is always a concern. "Right-sizing" the task force is among the important considerations. There is no one right answer to the question: "How many are too many?" One has to balance the matter of constituency representation and ability to include relevant

areas of expertise with the matter of group process and the assurance of the ability of such groups to function. Most important is the consideration of what sort of process can be engineered with a given makeup of such a task force.

Points of Relevance to Healthcare Providers (Individual Clinicians and Healthcare Organizations):

- The assessment process should include some effort to link private providers of healthcare services (both individual providers and healthcare organizations, such as hospitals) to the process. Although some assessment efforts were successful because of the involvement of private-sector providers, others did not capture the interest or the commitment of key healthcare professionals. For this reason, it is advisable to undertake a specific analysis of the relevant provider constituency for each issue/problem set where particular types of services are involved. Once a problem within the domain of a particular healthcare provider group is identified, contact should be established with the constituency and its involvement should be sought. There clearly are some very successful assessments in terms of the ability to involve local healthcare providers. For example, Buncombe County managed to assure strong support from the local medical society from the outset and subsequently developed an impressive program ensuring access to care to those most in need.

- Local hospitals and other healthcare provider organizations represent a critical source of information, technical skills, and perspective on the problems and issues identified through the assessment process. Likewise, leading business and industry groups that share a commitment to the general community welfare often are major supporters of assessment efforts.

Points of Relevance to Affected Community Groups:

- Once a result of the assessment process is forthcoming, an effort should be made to make its rationale and importance widely known within the community, particularly among those affected by the problem/issue. That can involve extensive efforts to inform leading figures in the local media, as well as hiring persons with professional public relations and marketing skills. There are advantages to having a broad base of community awareness that these problems have been clearly identified, defined, and studied, and commitments made to address them. Such efforts can add to the validity and legitimacy of the entire assessment effort.

- If a community is multi-racial, then involving all racial and ethnic groups in the process is crucial for planning and executing the assessment process.

Points of Relevance to Health Program Administrators:

- There is debate among participants over the necessity/utility of many of the health indicators required or provided by the state Health Department to community groups undertaking mandated Category A community diagnoses. There is a need for periodic debate about the meaning and significance of all data, a process that should involve a broad cross-section of communities that have participated in the assessment process using these indicators.

- There is a need for funds to support requirements of special-purpose population surveys. Most communities that have undertaken those efforts either have received special funding from organizations or local business and industry groups to support expenses. This is not to say that a routine allocation of such funds should be made available to every community undertaking an assessment, but some arrangement needs to be established through which communities regarding this type of assistance can acquire the funds when needed.

Points of Relevance to Technical Experts and Consultants to the Assessment Process:

- Whenever possible, sources should be identified beyond secondary data routinely provided by state agencies or other administrative bodies. This could include collecting primary data at the community level through special surveys or focus group interviews, acquiring service-related data from local healthcare providers, or seeking expert opinion from persons outside the community who have general experience with similar issues and problems elsewhere. In addition, it often is desirable to expand data acquisition efforts to include data relevant to health, but not often subsumed under the responsibilities of agencies or providers of health services, such as data on social services and their beneficiaries.

- When survey data or focus groups interviews are contemplated as part of a community health assessment, the purposes for which those data will be collected need to be specified clearly in advance of data collection. The types of data often raise more questions than they answer, particularly when their purpose is not well specified beforehand. It is important that surveys be well-designed, in terms of content and focus, and scientifically carried out so that questions about data are not ones having to do with reliability and validity, but about what they mean for population health.

- Consultants or contract firms offering to assist the assessment process can play a valuable role. Contracts with those individuals (or groups) should specify the tasks consultants are expected to perform and within what timeframe, as well as the degree of latitude consultants will have in working independently. Consultants can be of assistance in facilitating discussion of important issues where feelings and opinions run deep within a community. The expertise of such groups with regard

to the collection, analysis, and interpretation of data is important in deciding whether to engage such a consultant. It is critical that *the consultant* understand that there must be genuine community involvement in the assessment process. The consultant's role should be that of a facilitator, not a substitute for community leadership of these efforts.

Points of Relevance to the Media and Professional Journalists:

- In all site visits, questions were directed to participants regarding the role of media participation in the community assessment process. The various media platforms within the state need a journalistic mechanism of interacting with the assessment process that makes it possible to represent the importance and impact of the process. It is not appropriate to encourage an attitude of *using* media to accomplish health assessment goals, rather, it is important to realize the professional role journalists and the media play in our society and assist those in this field in gaining an understanding of both the process and the end result of assessment efforts that can and should be communicated to the general public. In may cases, stories emerging from these efforts are easily identifiable by interested media professionals. This is particularly true where findings of an assessment lead to concrete interventional efforts. It is also true when decisions are made to allocate funds to a particular health program or initiative. Communication with the general public about the assessment process should not be left to end when "bottom line" conclusions are ready for dissemination. There should be some information from the process throughout at periodic intervals.

Background References

Abramson JH. (1984). Application of epidemiology in community oriented primary care. *Public Health Reports, 99(5),* 437-442.

Advanced Community Health Class. (1994). Hands on approach to community assessment. *AARN, 50(5),* 5-6.

Berkowitz EN, Pol LG, & Thomas RK. (1997) Healthcare Marketing Research: Tools & Techniques for Analyzing & Understanding Today's Healthcare Environment, Irwin Professional Publishing, 264 pages.

Bosworth TW. (1996) Community Health Needs Assessment: The Healthcare Professional's Guide to Evaluating the Needs in Your Defined Market, Irwin Professional Publishing, 254 pages.

Cassel, JC. (1974) Community Diagnosis, in Omran, AR ed. Community Medicine in Developing Countries, NY: Springer.

Cassel, JC. (1974) Psychosocial factors in the genesis of disease, in Kane R. ed. The Challenges of Community Medicine, New York: Springer.

Community Health Assessment: a Process for Positive Change (1993), Voluntary Hospitals of America, Irving, Texas.

Cordes SM. (1978). Assessing healthcare needs: Elements and processes. *Family & Community Health: The Journal of Health Promotion and Maintenance, 1(2),* 1-16.
Crawford CO & Leadley SM. (1978). Interagency collaboration for planning and delivery of healthcare. *Family & Community Health: The Journal of Health Promotion and Maintenance, 1(2),* 35-46.
Cross MA. (1996). Creating community health partnerships. *Healthcare Executive, July/August,* 14-18.
Cummings GJ. (1978). Rural response to a physician shortage. *Family & Community Health: The Journal of Health Promotion and Maintenance, 1(2),* 71-84.
Devine AE. (1985). Community assessment: Its components and significance in planning healthcare programs. *Journal of Enterostomal Therapy, 12(5),* 167-174.
Eckert JK & Galazka SS. (1986). An anthropological approach to community diagnosis in family practice. *Family Medicine, 18(5),* 274-277.
Finnegan L & Ervis NE. (1989). An epidemiological approach to community assessment. *Public Health Nursing, 6(3),* 147-151.
Fos PJ, Zuniga MA, & Caviness PG. (1996). Assessment of primary healthcare access: A decision analytic approach. *Health Services Research: Implications for Policy, Healthcare Delivery, and Clinical Practice, AHSR Annual Meeting, Abstract 199,* 162.
Green BL. (1978). Rural health delivery systems of the 1980s. *Family & Community Health: The Journal of Health Promotion and Maintenance, 1(2),* 95-108.
Greenberg, BG. (1968) Evaluation of Social Programs, Rev Int Stat Inst, 36:261
Gregor S & Galazka SS. (1990). The use of key informant networks in assessment of community health. *Family Medicine, 22(2),* 118-121.
A Guide to Community Health Needs Assessment Tools: A Resource Booklet for InterHealth Organizations. (1992). Lorimer W (Ed.). InterHealth.
Haglund BJA. (1988). The community diagnosis concept—A theoretical framework for prevention in the health sector. *Scandinavian Journal Primary Healthcare, Supplement 1,* 11-21.
Hawtin M, Hughes G, & Percy-Smith, J. (1994). Community profiling: auditing social needs. Buckingham: Open University Press.
Kasteler JM & Hughes CC. (1978). The rural health delivery problem. *Family & Community Health: The Journal of Health Promotion and Maintenance, 1(2),* 61-70.
Labb DA. (1996). 25 innovations in community collaboration. *Healthcare Executive, July/August,* 120-23.
Lumsdon K. (1993). Patience and partnership. *Hospitals & Health Networks, December,* 26-31.
Manderson L & Aaby P. (1992). An epidemic in the field? Rapid assessment procedures and health research. *Soc. Sci. Med., 35(7),* 839-850.
Manilow S. (1994). Understanding what your community needs: First, listen to what they want. *Trustee, March,* 8-10.
McCarthy NC & Daly EA. (1984). Community assessment: A risk factor analysis. *Journal of Nursing Education, 23(9),* 398-401.

Moe EO. (1978). Community assessment: Healthcare alternatives and patterns in metropolitan, suburban and rural areas. *Family and Community Health, 1(2),* viii-ix.

Northman JE. (1978). Human service program design and the family. *Family & Community Health: The Journal of Health Promotion and Maintenance, 1(2),* 17-26.

Resource Guide of Community Health Planning and Promotion, (1993) American Hospital Association, Hospital Research & Educational Trust.

Rice JA. (1993). Community health assessment: The first step in community health planning. *AHA Hospital Technology Series.* Chicago: American Hospital Association.

Rohrer, JE. (1996). Planning for Community-Oriented Health Systems, American Public Health Association: Waldorf, MD, 168 pages.

Scutchfield FD. (1975). Alternate methods for health priority assessment. *Journal of Community Health, 1(1),* 29-38.

Sheahan SL & Aaron PR. (1983). Community assessment: An essential component of practice. *Health Values, 7(5),* 12-15.

Sherer JL. (1993). Health assessment: Preparing for collaboration, hospitals find a guide for community service planning. *Hospitals and Health Networks, July,* 36-40.

Sherman N. (1978). High-risk newborns: Continuity of care between hospital and communities. *Family & Community Health: The Journal of Health Promotion and Maintenance, 1(2),* 47-60.

Smolen S & Quigley C. (1991). The action approach: Integrating a community's needs into the corporate planning process. *Health Progress, July/August,* 73-80.

Snider G & Stein HF. (1987). An approach to community assessment in medical practice. *Family Medicine, 19(3),* 213-219.

Surles KB & Blue KP. (1993). Assessing the public's health: Community diagnosis in North Carolina. *Public Health Reports, 108(2),* 198-203.

Trocchio J. (1994). The hows and whys of conducting a community needs assessment. *Trustee, March,* 6-7, 27.

Urrutia-Rojas X & Aday LA. (1991). A framework for community assessment: Designing and conducting a survey in a Hispanic immigrant and refugee community. *Public Health Nursing, 8(1),* 20-26.

Watkins JM & Watkins DA. (1978). Considerations in creating rural healthcare centers. *Family & Community Health: The Journal of Health Promotion and Maintenance, 1(2),* 85-94.

Williams RL, Flocke SA, Zyzanski SJ, Mettee TM, & Martin KB. (1995). A practical tool for community-oriented primary care community diagnosis using a personal computer. *Family Medicine, 27(1),* 39-43.

Williams RL, Snider R, Ryan MJ, & The Cleveland COPC Group. (1994). A key informant "tree" as a tool for community-oriented primary care. *Family Practice Research Journal, 14(3),* 273-280.

Yanni, Jr. FF. (1978). Primary care: Future direction or return to basics. *Family & Community Health: The Journal of Health Promotion and Maintenance, 1(2),* 27-34.

Zyzanski SJ, Mettee TM, Metz C, Ross JL, & Medalie JH. (1984). Factor analysis as a tool in community diagnosis. *Family Practice, 1(4),* 202-210.

APPENDICES

Health Priority Maps and Tables by Region and Type of Assessment

Assessment Site Visits Map, Table and Reports

Category A: Community Diagnosis Assessment Abstracts

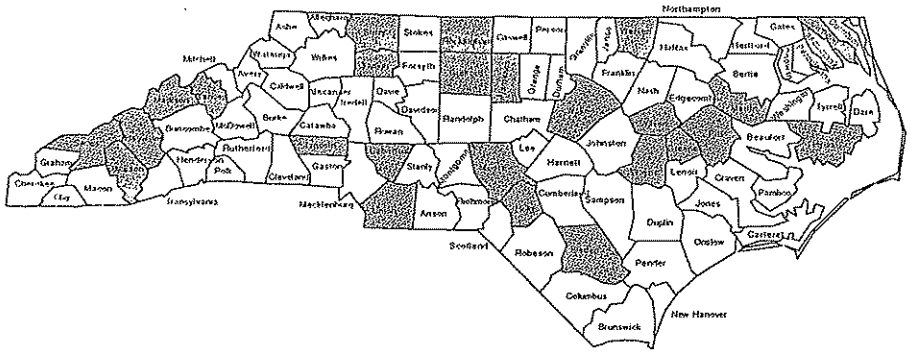
Category B: *Healthy Carolinians 2000* Map and Assessment Abstracts

Category C: Independent Assessment Abstracts

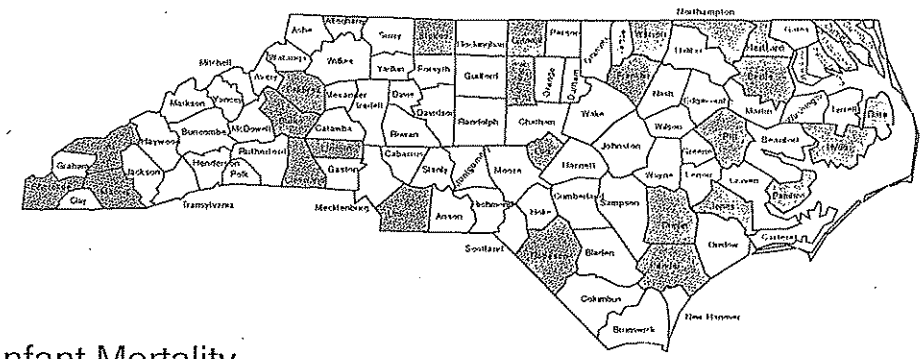
Health Priority Maps and Tables by Region and Type of Assessment

NORTH CAROLINA COMMUNITY HEALTH ASSESSMENT STUDY
Priorities of Community Diagnosis

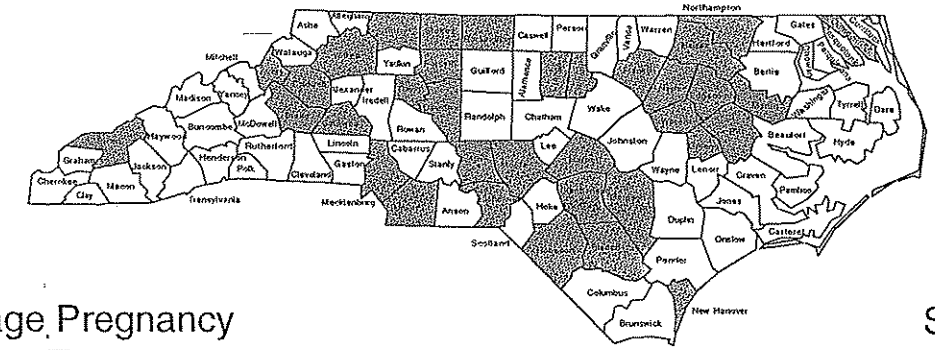
Heart Disease



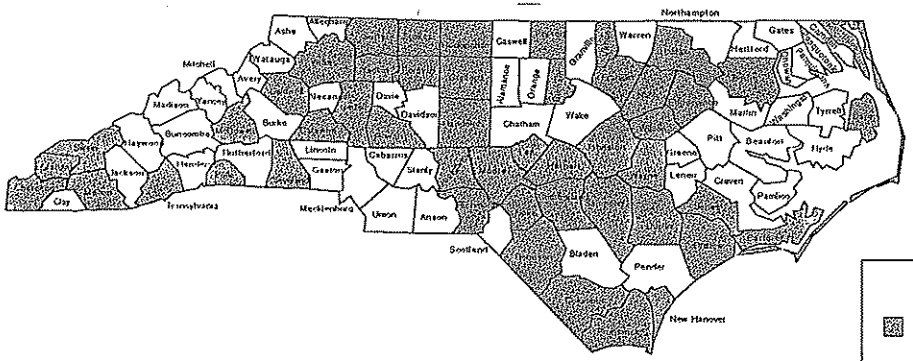
Diabetes



Infant Mortality



Teenage Pregnancy



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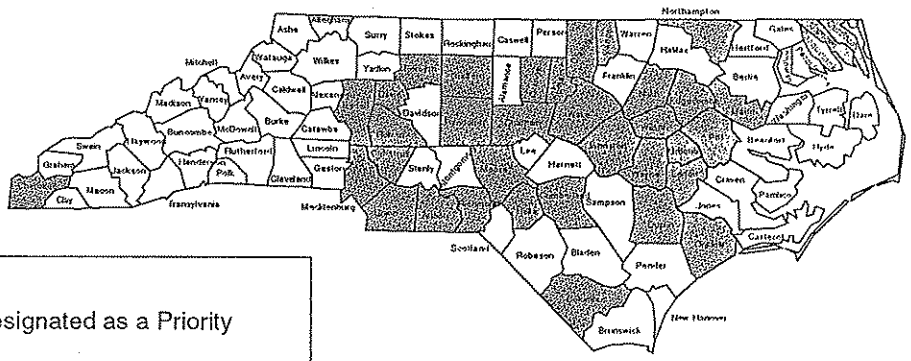

Designated as a Priority

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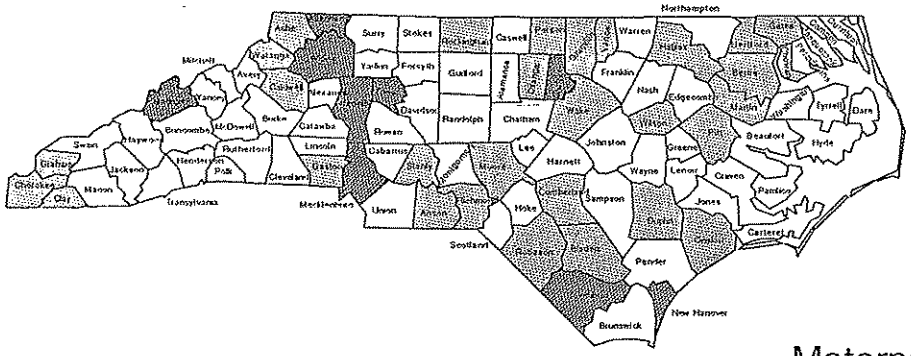
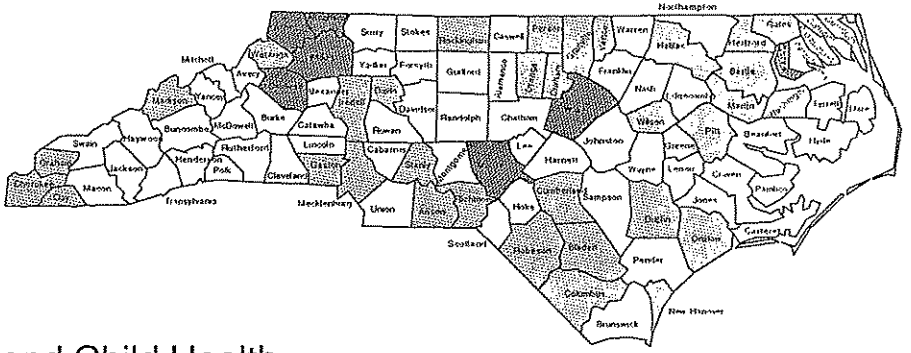
NORTH CAROLINA COMMUNITY HEALTH ASSESSMENT STUDY
Priorities of Healthy Carolinians Counties

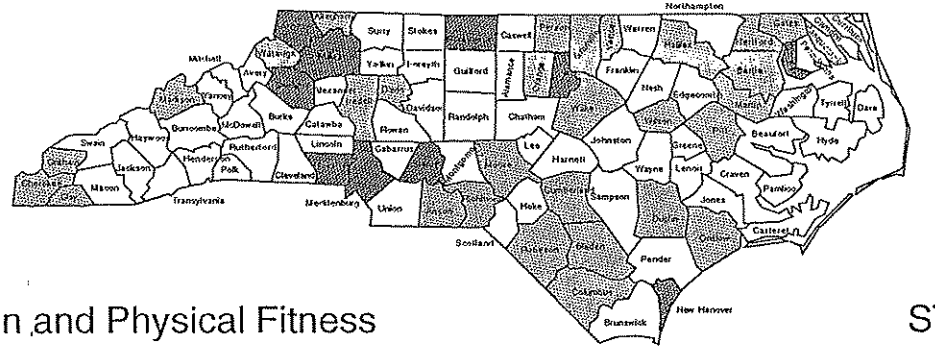
Substance Abuse



Chronic Disease



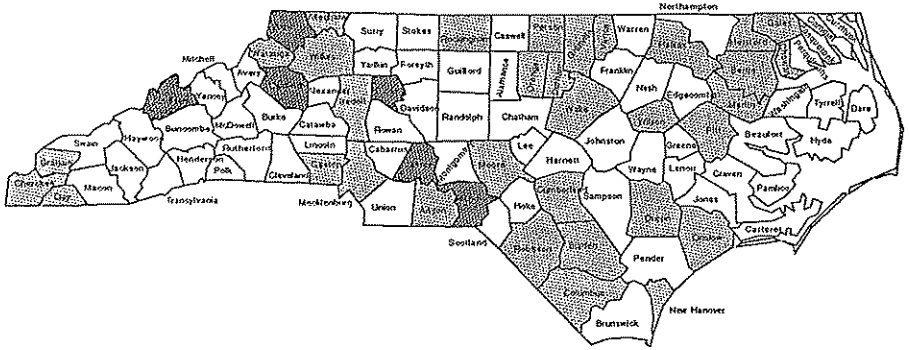
Maternal and Child Health



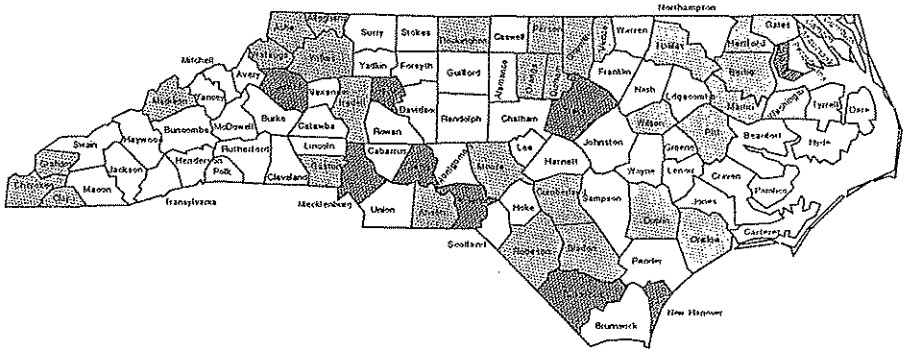
Healthy Carolinians Counties

- Designated as a Priority
- Not Designated as a Priority
- Not a Healthy Carolinian County

Nutrition and Physical Fitness



STD HIV AIDS



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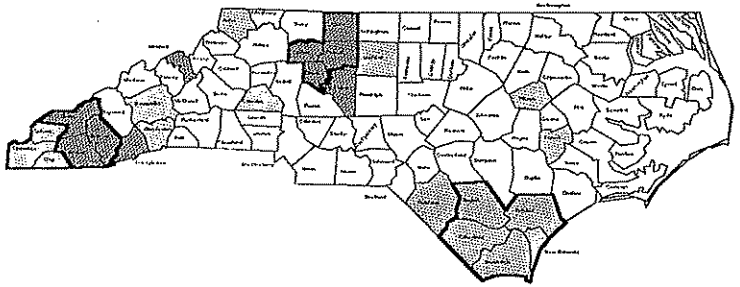
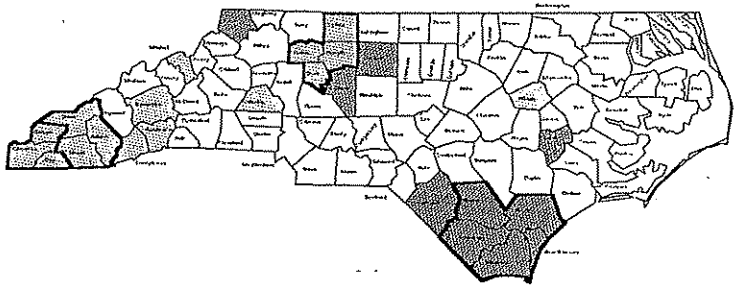
NORTH CAROLINA COMMUNITY HEALTH ASSESSMENT STUDY
Priorities of Independent Assessment Counties

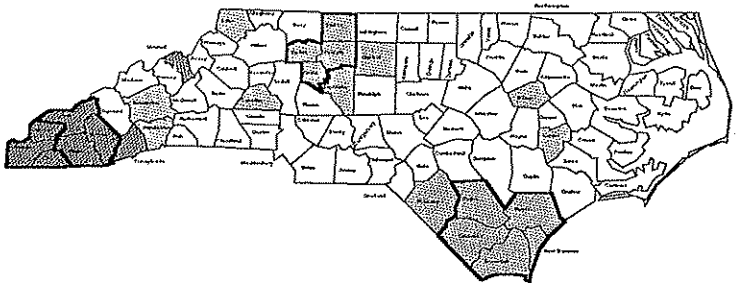
Substance Abuse



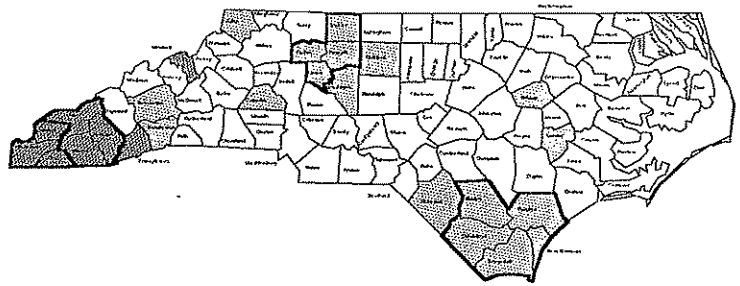
Maternal and Child Health



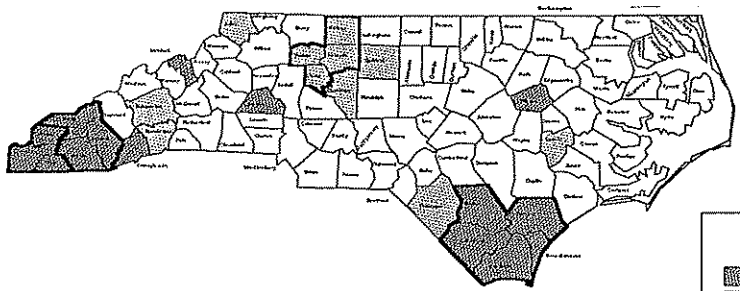
Nutrition and Physical Fitness



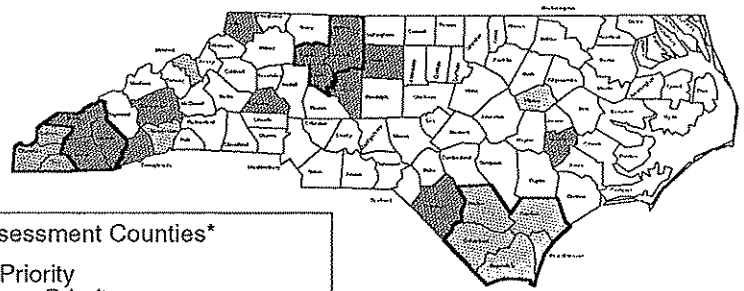
Injury Prevention



Prevention



Access



Independent Assessment Counties*

- Designated as a Priority
- Not Designated as a Priority
- Not an Independent Assessment County

*Counties outlined in bold performed one collaborative assessment for each group.

Produced by: North Carolina Rural Health Research and Policy Analysis Center,
Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Health Priority by North Carolina Region and Type of Assessment

Health Problems/ Issues Identified	Community Diagnosis			Healthy Carolinians			Independent Assmt.		
	Mountain	Piedmont	Indep.	Mountain	Piedmont	Indep.	Mountain	Piedmont	Indep.
Access	-	-	-	-	-	-	7	6	2
Chronic Disease	-	-	-	4	2	1	-	-	-
Diabetes	5	9	12	-	-	-	-	-	-
Heart Disease	5	11	9	-	-	-	-	-	-
Infant Mortality	6	15	14	-	-	-	-	-	-
Injury Prevention	-	-	-	-	-	-	8	0	0
Maternal/Child Health	-	-	-	5	5	2	1	2	7
Nutrition/Physical Fitness	-	-	-	4	4	0	8	0	0
Prevention	-	-	-	-	-	-	9	0	6
STD-HIV-AIDS	1	19	16	1	5	3	-	-	-
Substance Abuse	-	-	-	4	5	2	5	5	0
Teen Pregnancy	10	20	19	-	-	-	-	-	-

Health Priority by North Carolina Region and Type of Health Assessment

North Carolina County within the **Mountain Region**	Community Diagnosis					Healthy Carolinians					Independent Assessment					
	Heart Disease	Diabetes	Infant-mortality	Teen Pregnancy	STD-HIV-AIDS	Substance Abuse	Chronic Disease	Mat-Child Hlth	Nutr/Phys Fitness	STD-HIV-AIDS	Substance Abuse	Mat-Child Hlth	Nutr/Phys Fitness	Injury Prevention	Prevention	Access
Alexander	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alleghany	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Ashe	-	-	-	-	-	-	1	1	1	-	-	1	-	-	-	1
Avery	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Buncombe	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Burke	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Caldwell	-	1	1	1	-	-	1	1	1	1	-	-	-	-	-	-
Catawba	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
Cherokee	-	1	-	1	1	-	-	-	-	-	-	-	1	1	1	-
Clay	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-
Graham	-	-	-	1	-	-	-	-	-	-	-	-	1	1	1	-
Haywood	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Henderson	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jackson	1	-	-	-	-	-	-	1	-	-	1	-	1	1	1	1
Macon	-	1	-	1	-	-	-	-	-	-	1	-	1	1	1	1
Madison	1	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-
McDowell	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Mitchell	-	-	-	-	-	-	-	-	-	-	1	-	1	1	1	-
Polk	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Rutherford	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Swain	1	1	1	1	-	-	-	-	-	-	1	-	1	1	1	1
Transylvania	-	-	-	1	-	-	-	-	-	-	1	-	1	1	1	1
Watagua	-	-	-	-	-	1	-	1	1	-	-	-	-	-	-	-
Wilkes	-	-	1	1	-	1	1	1	-	-	-	-	-	-	-	-
Yancey	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Total	5	5	6	10	1	4	4	5	4	1	5	1	8	8	9	7

Health Priority by North Carolina Region and Type of Health Assessment

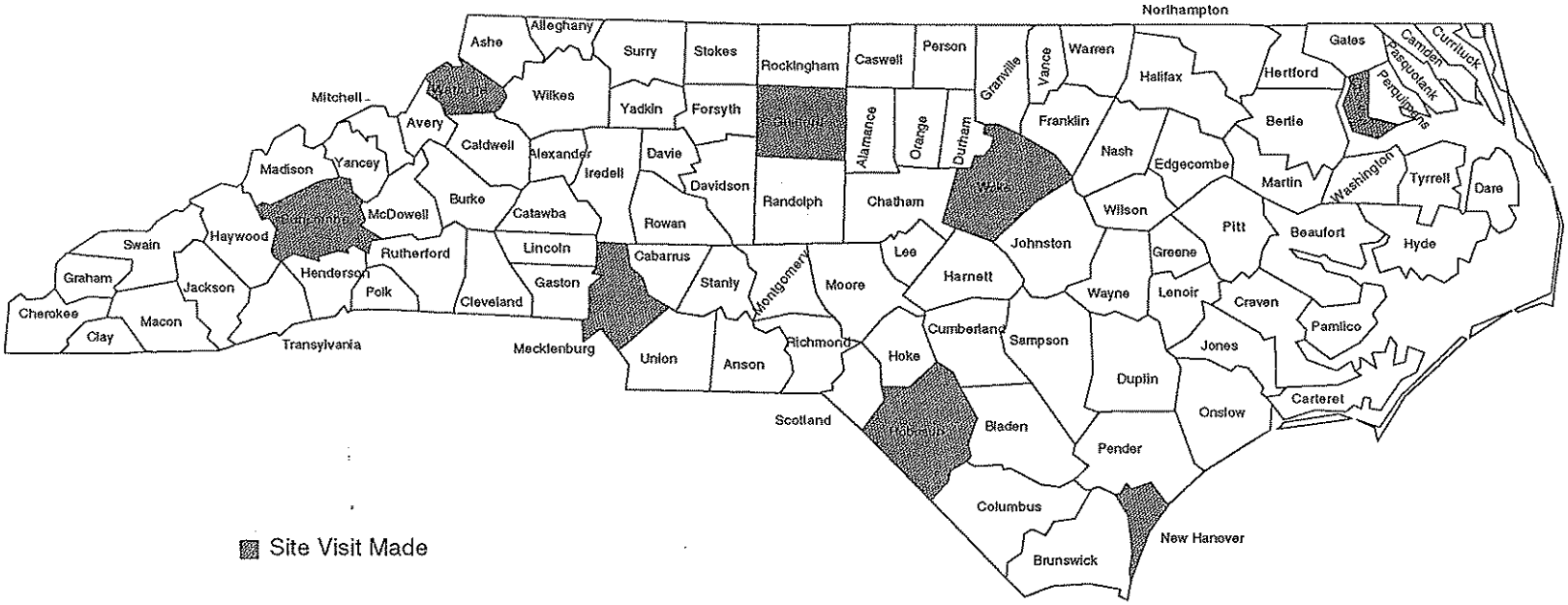
North Carolina County within the **Piedmont Region**	Community Diagnosis					Healthy Carolinians					Independent Assessment					
	Heart Disease	Diabetes	Infant-mortality	Teen Pregnancy	STD-HIV-AIDS	Substance Abuse	Chronic Disease	Mat-Child Hlth	Nutr/Phys Fitness	STD-HIV-AIDS	Substance Abuse	Mat-Child Hlth	Nutr/Phys Fitness	Injury Prevention	Prevention	Access
Alamance	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anson	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Cabarrus	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Caswell	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chatham	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Cleveland	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Davidson	-	-	1	-	-	-	-	-	-	-	1	1	-	-	-	1
Davie	-	-	1	-	1	1	-	-	1	1	1	-	-	-	-	1
Durham	-	-	1	1	1	1	-	1	-	-	-	-	-	-	-	-
Forsyth	-	-	1	1	1	-	-	-	-	-	1	-	-	-	-	1
Franklin	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Gaston	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Granville	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Guilford	1	-	-	1	1	-	-	-	-	-	-	1	-	-	-	1
Harnett	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Iredell	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-
Johnston	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-
Lee	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Lincoln	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mecklenburg	-	-	1	-	1	1	-	1	-	1	-	-	-	-	-	-
Montgomery	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Moore	1	-	1	1	1	-	1	-	-	-	-	-	-	-	-	-
Orange	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-
Person	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Randolph	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-
Richmond	-	-	1	1	1	-	-	-	1	1	-	-	-	-	-	-
Rockingham	1	-	1	1	-	-	-	1	-	-	-	-	-	-	-	-
Rowan	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-
Stanly	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-
Stokes	-	1	1	1	-	-	-	-	-	-	1	-	-	-	-	1
Surry	1	-	1	1	-	1	-	-	1	-	-	-	-	-	-	-
Union	1	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-
Vance	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-
Wake	1	-	-	-	1	-	1	-	-	1	-	-	-	-	-	-
Warren	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Yadkin	1	-	-	1	-	-	-	-	-	-	1	-	-	-	-	1
Regional Total	11	9	15	20	19	5	2	5	4	5	5	2	0	0	0	6

Health Priority by North Carolina Region and Type of Health Assessment

North Carolina County within the **Coastal Plain Region**	Community Diagnosis					Healthy Carolinians					Independent Assessment					
	Heart Disease	Diabetes	Infant-mortality	Teen Pregnancy	STD-HIV-AIDS	Substance Abuse	Chronic Disease	Mat-Child Hlth	Nutr/Phys Fitness	STD-HIV-AIDS	Substance Abuse	Mat-Child Hlth	Nutr/Phys Fitness	Injury Prevention	Prevention	Access
Beaufort (only operat needs)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bertie	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Bladen	1	-	1	-	-	-	-	-	-	-	-	1	-	-	1	-
Brunswick	-	-	-	1	-	-	-	-	-	-	-	1	-	-	1	-
Camden	1	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-
Carteret	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Chowan	-	-	-	-	-	-	1	1	-	1	-	-	-	-	-	-
Columbus	-	-	-	1	1	1	-	-	-	1	-	1	-	-	1	-
Craven	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cumberland	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
Currituck	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-
Dare	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Duplin	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-
Edgecombe	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
Gates	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Greene	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-
Halifax	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Hertford	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hoke	1	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-
Hyde	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jones	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Lenoir	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	1
Martin	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-
Nash	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
New Hanover	-	-	1	1	-	1	-	1	-	1	-	1	-	-	1	-
Northampton	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-
Onslow	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-
Pamlico	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pasquotank	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pender	-	1	-	-	-	-	-	-	-	-	-	1	-	-	1	-
Perquimans	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pitt	1	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-
Robeson	-	1	1	1	-	-	-	-	-	-	-	1	-	-	-	1
Sampson	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Scotland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tyrell	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Washington	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Wayne	1	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-
Wilson	1	-	1	1	1	-	-	-	-	-	-	-	-	-	1	-
Regional Total	9	12	14	19	16	2	1	2	0	3	0	7	0	0	6	2

Assessment Site Visits Map, Table and Reports

SITE VISITS MADE BY COMMUNITY HEALTH ASSESSMENT STUDY TEAM



Produced by: North Carolina Rural Health Research and Policy Analysis Center,
Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Summary Table of Sites

Sites	Health Assessment Model			Site Characteristics				Observations				Comments from Individual Site		General Remarks
	A	B	C	Leadership Level	Exist Data	New Data	Valid/ Reliab	Facilitator/ Coordinator	Leadership/S upport	Priorities vs. Outcomes	Barriers	Suggestions	Future	
Wake	√	√		High	CDx + natl & local data	Access, hlth stat, outcome	OK	Wake Co. Dept. of Human Services	County Commiss Support (former Chair); City Minority Leaders	Reorg of Hlth Dept, Social Srvs, & Mental Hlth to impact access problems.	Relationship between providers and public health	Need better data: health status, access, and social serv needs	County will continue to improve HC program	Interactive, innovative group with strong commun involvm
Chowan	√	√		High	CDx + natl & local data		OK	PPCC District Health Department	MD leadership; Community support	Success: awareness, education, active focus groups; LT: rates will be impacted.	Media attention - cable TV = regional coverage.	Need more support for some HC initiatives, e.g.: Amer Heart Assoc	County will continue to improve HC program	Interactive, innovative group with strong commun involvemnt
Guilford	√		√	High	CDx + natl & local data	Teleph survey data; focus grps	OK	Consulting firm: Hospital sponsored	Political/Industry support - City Manager, Hospital Board of Trustees	LT development, not just prevention techniques	Keeping LT mindset; Impact of Economic Growth		Uncertain about growth and economic development	Interactive, innovative: Moses Cone links are a strength
Bun-combe	√	√		High	CDx + natl & local data	West NC Region HA	OK	Health Partners - Hospital-based	MD champ, med society and providers support - not much from bus. industry	Developed comprehensive process to impact access = Project Access	Rejuvenating community after initial implement-ation.		Uncertain about what county will do in the long run	Interactive, innovative: Project Access is remarkable
Robeson	√		√	High	CDx + natl & local data	Teleph survey data; SF 36 hlth stat data	OK	Consulting firm: hospital sponsored	Primarily provider and HD based. Support: find what drives the community	Crit. success factors: spread responsibility, communicate, narrow focus	Shift community-wide thinking towards full definition of Public Health		Solid planning for HC based on good needs assmt & local cooperation	Interactive, innovative group with strong commun involvm

Summary Table of Sites

Sites	Health Assessment Model			Site Characteristics				Observations				Comments from Individual Site		General Remarks
	A	B	C	Leadership Level	Exist Data	New Data	Valid/ Reliab	Facilitator/ Coordinator	Leadership/Support	Priorities vs. Outcomes	Barriers	Suggestions	Future	
New Hanover	√	√		High	CDx + natl & local data		OK	Hosp-based: Leader = indiv respected in comm; strong leader; political strength	Community support	Looked at preferred outcomes in relation to priority. Focus on strategic impact, not rates.	Resistance from existing programs		County will continue to improve HC program	Interactive, innovative group with strong commun involvm
Mecklenburg-	√	√		High	CDx + natl & local data		OK	Health Dept. leadership: unique relationship b/w CHS and HD		Emphasis on emplanting public health initiatives throughout hlthcare ops.	Keeping hlth promotion & improvement highly visible. Existing n-f-p agencies.	Must keep HC ideal before the Public's eye	County will continue to improve HC program	Interactive, innovative: Carolinias Medical Center links are unique
Watauga	√	√		High	CDx + natl & local data		OK	Hospital-based	Community support				County will continue to improve HC program	Interactive, innovative group with strong commun involvm

Community Health Assessment Study
Site Visit Reports
(Presented in chronological order)

Community Health Assessment Study
The Wake County Site Visit Report
March 11, 1997

Community Health Assessment Study Site Visits
Wake County

Date: March 11, 1997
Times: 4:00 pm - 6.30 pm followed by dinner until 8.30 pm
Place: Wake County Department of Human Services
Board Room #340
New Bern Avenue
Raleigh, NC

Attendees:

Wake County:
- Vernon Malone
- Lou Brewer
- Regina Pettaway
- Lechelle Wardell
- Kathy Blue
- Joseph Baker
- Jackie Mburu

Sheps Center:
- Gordon DeFriese, Ph.D.
- Bill Lohr
- Barbara Starrett
- Michael Mullowney

This assemblage of Wake County staff were the major participants in preparing the Wake County Community Diagnosis and the Healthy Wake 2000 documents and were in the best position to discuss these programs with the site visit team. Some of the original group were not present. Dr. Leah Devlin had moved to a position with the state and Barbara Baylor was now at North Carolina Central University taking her Ph.D. Both had been major players in the formulation of these two program documents.

A spokesperson for the panel announced that Wake had recently completed the re-engineering of the Departments of Health, Mental Health, and Social Services into a single department of Human Services. This move reflected a shift in "philosophy" that was the result of the kind of thinking that went into Wake's two types of health assessments, the Community Diagnosis (CDx) and the *Healthy Wake 2000* (HC).

Discussion focused on the primary and central position of data to Wake's approach. Their first priority was the improvement of data, and this was the case because their approach was data-based and data-driven. Wake was attempting to generate an "holistic" services approach, in which there would be service centers around the county aimed at improving access. Although Wake liked the ideas behind the Year 2000 goals, it wanted to go beyond them. The staff believed Wake's approach must

be rooted in the community, out there with the people and not confined to those back at the Human Services Department offices.

One of the Wake staff, Kathy Blue, formerly with the state's Community Diagnosis program and one of its primary promoters, noted that the basic consideration was that the plan should prioritize needs based on "partnering" with the local community. CDx should then encompass community perspectives to expand its breadth and scope. Wake believes that it should expand data collection to include new dimensions of services (e.g., the social services). The Healthy Carolinians Task Force (TF) needs to address a whole range of other new things by its commitment to community participation, leadership, and partnering.

Wake now has expanded its data base to include items that go down to home addresses level in some cases, and to Zip Codes, and census tracks in others, beyond the standard communicable disease and other vital statistics parameters used in the CDx (e.g., this new approach is useful and necessary in deciding where to place screening centers for the high risk people in the community).

In Wake's case, the focus was to be upon some of the neediest of its citizens, the people living in SE Raleigh, with emphasis on data that included their home addresses (rather than the present situation where so much data is provided referencing as addresses the hospital or nursing home they were in last. It was noted that the diagnosis listed on death certificates sometimes misses the mark and hides the real underlying problem that brought someone to the hospital in the first place.

Other observations were made about earlier attempts to use raw data on hospital mortality rates by the Health Care Financing Administration (HCFA) to demonstrate hospital performance. HCFA was barraged by criticism because these statistics were unadjusted for severity or case mix so that hospices and hospitals for the terminally ill would be set side-by-side with other hospitals where the mortality rates could be presumed to have a more normal distribution.

In general, the Wake panel respondents felt that both forms of its assessments were reasonably valid and reliable. However, the group did think that both the CDx and the HC approach did not go far enough and needed to dig deeper to develop a better understanding of what was happening in the community and what changes were needed to improve the health of Wake. In answer to the question of whether the distinction between the CDx and the HC approach was blurred by its approach — as if CDx and the Healthy Carolinians were simply parts of a whole, rather than distinct entities — the group expressed the belief that the answer was yes, to some degree, but this was done in the service of better results at the community level and to emphasize the coherence and unity of thinking behind their approach.

One of the Wake staff made an appeal to do away with "useless" data, even if the state required it. For example, fetal alcohol syndrome (FAS) was determined from the birth certificate's 12 pages of mandated data despite the fact that FAS is notori-

ously difficult to define and to measure. The state should face up to the times, determining what data is useful in the context of community partnership and needs (i.e., "who uses the data item for what").

Although one could understand part of this point of view, the larger context must be considered. For one thing, many of these data are collected under contract with the National Center for Health Statistics as the State's contribution to an important national data base. One of the major advantages for the state of North Carolina in this regard is that it does have a rather remarkable data system, one that permits the equally remarkable possibility of carrying out these community diagnoses and other data driven programs, such as *Healthy Carolinians*. It was put in place with difficulty and intense effort; only after major effort that it has become established as a useable, practical tool for the state. In the quest for a "new meaningfulness and relevance," it would be unfortunate to chip away at it here and there now. A short but useful discussion followed on the pros and cons of adding or subtracting data items, with some reflecting, on the one hand about whether one person's notion of "useless" agreed with another's and, on the other, the hazards of moving out into new realms of data collection that could become so idiosyncratic as to be "useless" for all other entities — such as the State — making comparisons and evaluations based on existing data difficult, if not impossible. There can be little doubt that counties can have specific data needs that are applicable only to each and the state should be aware and encourage — even with some financial and methodological help — any given county to collect those data that it needs to carry out its task of improving the health of its citizens.

The next topic was goal setting — in the format of the Year 2000 — and how some goals should not be included because they were unrealistic (e.g., the reduction of heart disease in the community by 25% by the year 2000). Wake County used in its first round as a *Healthy Carolinians 2000* site, chronic disease goals, which had been derived from the federal *Healthy People 2000* goals (here is an example of an attempt to use a set of comparable measures that would permit North Carolina to compare itself with other states and with national norms, a reasonable consideration). In the discussion, it was pointed out that many of these are not really practical, yet no one said how many there were or how they decided on this exactly.

The Wake County Task Force decided to rethink these and included only those goals for which it was possible to do something (see the latest document to review what these were). This meant they were no longer in strict lock step with the state's Healthy Carolinians goals, but felt they were well within the spirit of those goals. They emphasized "focused disparities," a concept that reflects their understanding of the evolution of what they hope to do by means of this dynamic *Healthy Wake Co.* planning process. Among other things, they believe that shifting to more realistic and attainable goals is essential, rather than focusing on those that are not measurable for this can only disappoint and negate any genuine and recognizable progress. They also feel that they should document progress in meeting these new goals at the

five year mark. Efforts should be made to determine whether the changes affect the whole or only segments of the community.

The example of a goal that could be modified was that of violence prevention both in schools and in general. The problem is brought to the attention of a segment of the community by a member of the community coalition by means of local fairs. They use graphic representations and diagrams to point out the magnitude of the problem and then suggest actions to help decrease the incidence. They have experienced considerable community interest and, they believe, have had an impact on violence as the result of their intervention. They truly believe that the recent declines in rates of violence *in their neighborhoods* are the result of their efforts through these sorts of activities.

Coalitions, the Wake people believe, do tie things together. From what they learn from these coalitions, the county obtains new information that permits them to evolve their system by developing new priorities. A word used often by the county people was "partnering" and "partnership," emphasizing what it appears they consider the key to their approach. This is a phenomenon on a variety of levels, such as the relationship between the Wake County Department of Human Services and the community coalitions and the other intra-departmental efforts that have permitted greater cooperation in things such as housing quality, inspections, and nutrition. They said that the recent reorganization uniting the health, mental health, and social service departments was a major step in the right direction.

The conversation turned to the question of other real and potential "partners." Naturally enough, one of the more significant groups needed as partners was the school boards. The Wake group has had, they believe, considerable success in their interactions with the school boards, whom they characterized as "very cooperative." The anti-violence campaign depends heavily on the schools to gain access for its sessions, fairs, and displays, and other elements of their programs. Thus, part of Wake's strategy is to "partner" with groups like school advisory councils so that this sort of cooperation can continue. Mention was made of the successes with the school nursing programs as another example of positive "partnering."

Questions about the "partnership" were extended to hospitals, especially to Wake Medical Center, long a focal point for indigent care. They answered that some links had been established with Wake and with Rex Healthcare. Some of these have been made through the Black Physicians Medical Society. But significant changes at Wake and at the other institutions may make this more difficult.

Another related issue in "partnering" had to do with data. Here too, more sharing is needed, but access has rather become more difficult. Because of some of the recent developments in increased levels of "privatization" and "competition" in the hospital world, data sharing has become more difficult. Dr. DeFriese added valuable perspectives on this and made a number of significant suggestions.

Some of the political realities of the situation, vis-à-vis the county and the hospitals (Wake, Rex, Columbia), may overlap in their individual but often uncoordinated attempts to do something about indigent care. Some of these realities are daunting. The access picture is unclear: Human Services does not know what data is being collected and so it is not easy to find out how many are being served and for what conditions. The hospitals do not consider these data to be public. This is further complicated by the swift spread of managed care companies, whose data is also difficult to obtain.

Understanding the access situation across the board in Wake County is therefore difficult and the picture is murky for the time being; the future does not seem to promise to be any better. Hence, access among the indigent in the County remains a thorny and poorly understood topic. It is not easy to know how the County should frame the questions on the problem of indigent care. Some indicator data are still available (e.g., lack of prenatal care can be determined by examination of entries on birth certificates), but this involves the obvious problem of having to pay for someone to abstract these types of indicator data, when most if not all the Counties are strapped for cash.

Another issue was the focus on the indigent Black community in the *Healthy Wake* approach. Wake has attempted to reach out to the Black community and "build capacity" there to solve problems. It is not clear whether the mainly Black focus is the result of any deliberate exclusion of any others (e.g., poor whites, Hispanics), or only the result of the need to focus on one major group now with the hope of broadening it later. The attendees did point out that the community coalitions decide what is important and we did not uncover, for example, any reference to say Hispanic coalitions during the meeting.

They noted that, in this time of a general movement toward less government, this approach has distinct advantages because decisions are made "out there" among the people, in the community itself.

In the context of all these issues, the question was raised about the relationship between medical practitioners and public health: was there an awareness of the issues among the physicians or did they simply not appear to think about public health however understood. Although there were exceptions, the general lack of relevant activities suggests that there is not much interest in public health issues. One thing which might be of value here is the fact that physicians submit to the Board data on their "charity" work, but even here the group wondered if this was more an economic issue (for tax purposes, etc.) than an epidemiologic one. Sometimes the physicians exhibit cooperative behavior, but often not. Although the medical society was not often involved, it turns out that some of the specialties do exhibit more concern (cancer detection, etc.). In the larger world, new initiatives were showing some promise: a new horizon of cooperation between the American Medical Association and the American Public Health Association. Other developments were evident on a more local level with the cooperation between North and South Caro-

lina in related health assessment issues. Healthy Wake documents were significant examples of a sound and forward looking public health document.

A corollary of the importance of Healthy Wake was the question of how it was disseminated to the community. The county representatives said that public education was a major facet of this program. Some examples are already in evidence; but they proposed to go even further by engaging consultants who could assist in "marketing" this approach, issue by issue. Incidentally, one of the marketing tools already available was some mapping of small areas of greatest need in the county. One additional area that might be explored to publicize the program is the community leadership, both the politically-elected and the medical profession.

The question was asked whether this effort was "worth it." Could they not have been content with something less onerous and labor intensive? They all agreed that it *was* worth it — with all the work — because they felt they were making a major contribution to the overall health of the community. This was followed by the next logical question about whether Wake County would be better or worse off because of this initiative? They believed it would make a substantial difference when outcomes were measured in the future.

An additional and natural set of questions followed about the long range prospects for this approach: would it continue? Would there be support for it from the Commissioners, the County, the Department, the County residents? They pointed out that there was no state support for this, but that they believed it to be very worthwhile despite the need to put forth a major effort. It was difficult to say what the powers-that-be will continue their support. It is hoped that its results will demonstrate its value and therefore its continuation. So far they have had considerable interest from the segments of the community, such as the schools and the police, and hope and anticipate as they become aware of what is happening in other segments of the community will come forward and ask to be part of the prioritization process. In particular, they hoped that they would be able to communicate with others outside the system to join in, such as the police and the workplace. The group will also be directing their efforts at the provider community — physicians, hospitals, managed care organizations — for information and participation that will contribute to the overall community effort.

Community Health Assessment Study
The Chowan County Site Visit Report
April 14, 1997

Community Health Assessment Study Site Visits
Chowan County

Day and Date: Monday, April 14, 1997
Times: 11:00 am - 1:15 pm
Where: DramTree Restaurant
112 West Water Street
Edenton, NC

Attendants:

Chowan:

- Mr. Howard Campbell, Chairman of the original Chowan Health Carolinians 2000, now Health Director, PPCC District Health Department
- Ms. Jill Jordan (replaced Andrea Held on 4/1/97), Health Education Unit, PPCC District Health Department; previously involved in Chowan Healthy Carolinians 2000
- Mr. Battle Betts, PPCC District Health Department, previously involved in the Chowan Healthy Carolinians 2000
- Ms. Betty Tynch, Nursing supervisor at Chowan Health Department Clinician, involved in the Chowan Healthy Carolinians 2000 and Community Diagnosis
- Ms. Barbara Cale, Administrator, Chowan Hospital, involved in the Chowan Healthy Carolinians 2000
- Mr. Scott Harrelson, Chowan Hospital, involved in the Chowan Healthy Carolinians 2000
- Ms. Claire Mills, Infection Control and Health Promotion, Chowan Hospital, involved in the Chowan Healthy Carolinians 2000

Sheps Center:

- Bill Lohr
- Barbara Starrett

The meeting was divided into two parts: the first, from 11:25 am to 12:00 pm discussed the community diagnosis, the original Chowan Healthy Carolinians 2000 project and how these two were related. The second, from 12:00 pm to 1:00 pm consisted of the Chowan Healthy Carolinians 2000 bi-monthly community meeting which was conducted to hear the reports of the various task forces and to discuss recertification and other community health-related topics. At the end, the Chowan Healthy Carolinians 2000 had a discussion with representatives of the American Heart Association in the quest of Chowan about having an AHA's representative in that area.

Community Diagnosis

Because of the relatively small size of four northeastern counties, a District Health Department was formed to represent them and a joint District community diagnosis

was prepared. These four counties are Pasquotank, Perquimans, Camden, and Chowan, and this District, referred to as PPCC, has administrative services located in Pasquotank counties with full service site in all the counties.

The population of all four counties is 63,078, with 16% of the total population being over 65. The average per capita personal income is $14,529, with 18.6 percent of persons and 15.2 percent of families below the poverty level. The chart shows below the percent of persons in poverty by race in 1990:

	Total	White	Black
NC	13.0	8.7	27.1
Camden	16.1	15.2	18.6
Chowan	17.7	9.4	31.5
Pasquotank	19.8	9.8	38.3
Perquimons	21.6	10.6	43.9

The District has two hospitals — in Chowan and Pasquotank — and 38 primary care physicians. A major problem in the District is the lack of health insurance for large sectors of the population, and added to that, the fact that many physicians will not accept Medicaid patients. This means the District health department is the only source of care for many of the area's people

The District's community diagnosis was carefully and thoughtfully done. It identified these problems:

- Aging Population: The District has an increasing aging rate. It has proposed to develop a single-portal-of-entry system for long terms care as a way of meeting this demand in an efficient and coordinated manner.
- Chronic Diseases: The five leading causes of death in the District are:
  - Cancer
  - Diabetes Mellitus
  - Diseases of the Heart
  - Cerebrovascular Diseases
  - Pneumonia and Influenza
- Infant Mortality among a population with many risk factors (maternal smoking, hypertension, inadequate to no prenatal care, etc., and infant indicators such as low birth weight and very low birth weights, birth to women under 18, a 4+ parity, out-of-wedlock births, an low education levels)
- Communicable diseases:
  - Pneumonia and Influenza: in 1994 Chowan County had the highest incidence of death from these two diseases in the state. This is compounded by the higher and increasing number of the population over 65.
  - Syphilis and AIDS: in 1993 the syphilis rates for these four counties were higher than the state's (in Pasquotank the rate was 11.9 and in Perquimans, 27.4 while the state's rate was 6.4) and the AIDS death rate was also somewhat higher in Camden and Perquimans than in the overall state rates.

- Child Health Services: the CDx reports that there were 4,661 children under 4 within the district with 55.3% of them receiving services from the health department. There were 5,544 children eligible for Medicaid and 33.7% of these receive health department services.

One feature of this CDx is the impression conveyed that it is a genuine working document, one that the District will work on to implement as best it can within very limited resources.

Chowan Healthy Carolinians 2000:

The state's Healthy Carolinians program came to Chowan county in the early 1990s to invite it to become a pilot county in the program. There was wide community participation. This included some of the local physicians and even resulted in one physician acting as chair of a task force on adolescent health and pregnancy. Among the businesses and institutions that participated, the hospital gave its full support and the Nations Bank provided some financial assistance. These early efforts met with little local resistance. Once the core group was formed, it has continued to operate over the past five years with consistency and persistence. The site visitors were to observe this same phenomenon in other successful Healthy Carolinians sites: a group of dynamic, well motivated and well informed health-related leaders in the community coming together to form a core group to carry forward on a program. Far from experiencing any general resistance in their counties, these leaders were able to generate widespread support from a broad spectrum of community leaders and institutions.

The site visitors were informed that agribusiness (peanuts, cotton, corn) and tourism are its major industries.

This year the county is applying for recertification of its program by the State. The site visitors did not see the new application (as yet not prepared at the time of the site visit), but understood that significant modifications would be made in it to reflect the things that Chowan had learned from its previous experience.

Chowan's mission statement states that it is "a collaborating community action-oriented coalition to promote health living for all residents. The goal is to enhance knowledge and provide accessible health care resources to improve the quality and quantity of life through personal ownership of lifestyle decisions."

The program documents the problems and rates associated with a number of conditions. It should be noted how this document cites most of the problems noted in the community diagnosis (with the exception of the problems with the aged—the questions was not asked, but goals associated with the aged may have been considered to be less modifiable and reversible—and, moreover, many of the conditions cited for chronic diseases attention would be represented in large numbers in the aged community). It then set for itself a series of goals for the following conditions:

- Chronic Diseases
  - -- Heart Disease: 1988-1990 rates for Chowan: 352.9 and for the State: 288.8
  - -- Cancer: 1988-1990 rates for Chowan: 289.2 and for the State: 197.2
  - -- Stroke: 1988-1990 rates for Chowan: 122.5 and for the State: 70.2
- Maternal and Infant Health
  - -- Primary Goal
    - * Reduce infant mortality by 30% (10.6/1000 live births to 7.4/1000)
  - -- Special Targets
    - * Reverse low birth weight trend (8.0% to 7.0% in 2000)
    - * Reverse pregnancy rate trend among girls under 18 (72/1000 to 63/1000 in 2000)
    - * Reverse trend for maternal smokers (19.4% to 10% in 2000)
- Sexually Transmitted Diseases, especially for persons 15-24 years of age
  - -- Syphilis (44 cases 91-92 to 31 in 2000)
  - -- Gonorrhea (76 cases 91-92 to 53 in 2000)
  - -- Chlamydia (35 cases 91-92 to 25 in 2000)
  - -- AIDS

It is obvious that the county depends substantially on the high quality data supplied by the state as part of its CDx program data. They identified some high prevalence conditions that reveal important community health situations and have attempted to increase the levels of the community's perceived need to change sets of behaviors that may contribute to lowering these levels of disease in the community over time. But they realize that many of these changes will take long periods of time to show effects.

With regard to outcomes, they recognize that it is difficult to affect the cancer death rates in the short term, and while not abandoning the cancers, have focused on other conditions on which they believe they may have a more immediate impact. They chose adolescent pregnancy. After a few years at this, they have been unable to see any significant drop in the adolescent pregnancy rate, but they feel they have had an impact on prenatal care, second pregnancies, and the drop out rate from high school for young mothers. They believe that outcome measures of success are such things as community awareness, adolescent parenting, reporting of STDs, increases in the pneumonia and flu rates, decreases in the vaccination rate for kids 2 years and older and active focus group members that provide the drive to push on with the work.

One of the county's problems is that this area loses through migration many of its 20-40 year olds. Many come back later in life and are joined by newer immigrants. Media, which in some communities is an effective way to reach the community on its health issues, also present certain problems For example, most TV comes to the community via cable and that means that local stories don't get much attention, so it's not an optimal way to reach people. Local newspapers and local radio are better

mechanisms to reach the people of the county. Another good way to establish contact and promote the program with people is by means of the county fairs.

The meeting's participants spent a considerable amount of time discussing the reports of the various committees in the Task Force. One of the chairs, Claire Mills, reported that the committee has sought and received help for its programs through the local churches and described much of the work done on screening and support groups. Some figures on the numbers attending support groups give an idea of community participation: mended hearts had 25-30 persons/month, diabetes - 6-7/month, menopause - 20/month, oncology - 6-7/month, fibromyalgia - 40/month, and adolescent pregnancy - 50/month.

One set of observations that was particularly informative was there has been little decline in adolescent pregnancy rates, but they found a drop in repeat pregnancy rates and a reduced drop out rate for pregnant girls (most were back in school within 2 weeks) and a reduction in the abuse in ER use by case management training in school.

The Task Force reported that it is receiving outside help for the *Chowan 2000* recertification from East Carolina State University, which has been serving as a resource and collaborator. This also included some joint work on grants applications

Howard Campbell, the District Health Director and outgoing Chairman of the Task Force, ended the meeting by thanking those who are part of *Chowan 2000*. He noted they were good people, self-starters, working together to produce a whole that was greater than the sum of its parts.

Community Health Assessment Study
The Guilford County - Greensboro Site Visit Report
April 15, 1997

Guilford County Community Site Visit

Date: April 15, 1997
Time: 11.00a - 1:00p
Place: Moses Cones Community Health Program
Conference Room, Suite 402
Northwood Building
200 East Northwood Street
Greensboro, North Carolina

Attendees: **Guilford:**

- Ms. Kate Ahlport, Vice President of Community Health
  Moses Cone Health System
- Mr. Ed Kitchen, City Manager of Greensboro
  Chairman of Community Health Improvement Advisory Group
- Mr. Ralph Schelton, Board of Trustees, Moses Cone System
  Chairman of Community Health Program Committee

*Mr. Carmine Rocco, Community Health Education, Guilford County Department of Health was unable to attend at the last minute

Cecil G. Sheps Center for Health Services Research, UNC:

- Bill Lohr, Project Director
- Barbara Starrett, Project Researcher
- Mike Mullowney, Graduate Reseach Assistant

Community Diagnosis:

Guilford's community diagnosis was well specified and thorough. Each of the priorities was carefully developed. The identification of their eight problems is clear and the descriptions of the interventions are specific. The resource requirements appear to match the interventions reasonably well. It should also be noted that Guilford provided eight priorities instead of the five that the state requested. When asked to provide a numeric priority, the CDx stated that "all identified items seen as priority" implying an equivalence among those named.

Its priorities were:

- Heart Disease, Stroke, and Hypertension
- Cancer
- AIDS, HIV, STDs
- Toxic Substances and Lead Poisoning
- Babies Born Too Small and Teen Pregnancy
- Alcohol and Drug Abuse
- Injuries and Violence
- Preservation of Clean Water Supply

The site visit discussion turned on the way in which the CDx is conducted. Obviously, the data provided by the state assisted the County in developing a coherent and balanced CDx. However, the following issues were raised about the CDx approach: Model confines the scope of investigation into the assessment of needs. Many sites recognized the limitations of CDx, but move to combine it with the broader horizons of a Healthy Carolinians approach. The APEX model CDx used has limitations. In Guilford's case, the representatives believe the CDx model could be improved by including all or part of the Behavioral Risk Factor Surveillance System (BRFSS), a system developed by the Centers for Disease Control and Prevention. This is a sentiment shared by many in the state. BRFSS could indeed by helpful, but at the moment it is limited on a county level by sample size considerations. Some have suggested supporting the counties on the costs of conducting their own representative samples of the BRFSS for their use in needs assessments. To date, no cost figures have been developed for the application of this approach, either on the county or a regional level.

Guilford County is not at this point a Healthy Carolinians 2000 site, but it is clear that many forces in Greensboro and the county manifest the spirit of that program in the decisions that have been made.

Greensboro's Independent Needs Assessment

To address its problems, the city of Greensboro undertook a health needs assessment with the help of a private consultant group. The six components in Greensboro's independent needs assessment were:

- Telephone survey
- Morbidity and mortality data
- 10-14 existing & relevant needs assessments
- Focus groups
- Inventory of programs
- Examination of strategies and best practices

The city reviewed the characteristics of a variety of models for a health assessment. It employed the APEX-PH model and did a review of morbidity and mortality data on the area using the data the state provides each jurisdiction. As part of its mail and telephone survey instrument, it included the BRFSS approach. Finally, it conducted a number of focus groups.

With respect to the use of consultant groups, the city found that consultants can "neutralize" the perception that the health care organization has a hidden agenda. This is a useful thing to know. In the course of this discussion, the work of Felix, Burdine, and Associates was cited as a good example of what a consulting group can do for a client

These issues were discussed in turn at the site visit. First, the question of the representativeness of the telephone survey was discussed because the response rate was quite small and by the fact that, as the report noted, a high percentage of the most vulnerable people in the city did not have telephones. This could well result in some degree of skewing of the sample results.

To counter this problem, the assessors used focus groups, an approach was used that was so designed, they believe, to be able to solicit the opinions of the entire range of community needs. They realize, of course, that no system or approach is perfect, but focus groups do provide the best information on community needs.

Once the assessment was completed and understood, Greensboro began to implement its findings. It established a health partnership, made up of 21 citizens representing government, employer groups, drug and alcohol treatment programs, mental health, older residents, the school systems, religious groups, and other special interests (e.g., United Way, community volunteers, residents). A major focus of this partnership was on access to services.

To underline the breadth of the organization backing the implementation of the program that resulted from this assessment, the site visitors were provided with the perspectives of two principal figures in the city:

- Mr. Ed Kitchen, City Manager of Greensboro, Chairman of Community Health Improvement Advisory Group. He spoke of need to manage the group's decision process to produce maximum benefit. A point he emphasized in complex urban situations was that employment and economic potential are highly correlated and this has a bearing on health and related community factors and vice versa. He reflected that it was essential to have a solid community working together in partnership if that community was to attract employees—other than for manufacturing—for higher paying jobs. As part of his overview, he expressed concern about the optimum rate of growth for a community, titrating between stagnation and the explosive growth. Improved education levels was a major community concern, because it was an essential factor in attracting new businesses. Mr. Kitchen saw the improvement of education to the community as a major benefit of the cooperation generated by the Greensboro program.

- Mr. Ralph Schelton, Board of Trustees, Moses Cone System and Chairman of Community Health Program Committee. Mr. Schelton had a major role in insuring the coordination between the business sector and the rest of the community. He was very familiar with the business community because he was the past president of the Chamber of Commerce. One of his preoccupations was to stay current with the stability of employment, both in manufacturing and other sectors of the economy. He too was concerned about a mismatch between growth in the business community and the lack of eligible and qualified employees. So he also stressed the need for education and how its lack affects the well-being of individuals and families.

- The final discussion centered on a number of relevant points. The group hoped that the needs assessment and the resultant spirit of cooperation across the community would help remedy many ills that have plagued the city. Another thing they emphasized was that a proactive approach—by stressing such things as prevention and primary care—will produce long range benefits and that the new cooperative spirit may result in those reactive measures that will be tailored to solve some critical problems as they arise. They noted the importance of good health care in the community for both employers and employees and the importance that a strong health care organization had in attracting jobs and helping to reduce the unemployment rate. Part of the discussion focused on the relationship between the Moses Cone Health System, Leslylong Community Hospital, HPMC, and the Health Department, particularly on their missions, community input and needs, collaboration, partnership, roles as catalyst. Needless to say, it was noted that the Moses Cone Trust had enormous significance and value for the city that did not have to use tax money to fund the community hospital. They ended by noting that the strategy to influence and promote long-term development was not the product of one lone hospital system, but a genuine need for a long term, broad based community health program.

Community Health Assessment Study
The Buncombe County Site Visit Report
April 18, 1997

Buncombe County Site Visit

Date: April 18, 1997
Time: 11.00a - 1:00p
Place: Memorial Mission Hospital
Asheville, North Carolina

Attendees:

Buncombe:

- Stan Engle, Strategic Planner
  Mission and St. Joseph's Health System
- Cynthia Janes, Community Health Research Services
  Mountain Area Health Education Center
- Suzanne Landis, MD
  Mountain Area Health Education Center
- Alan McKenzie, Director
  Buncombe County Medical Society
- Melanie Parks, Coordinator
  Health Partners

Cecil G. Sheps Center for Health Services Research, UNC:

- Bill Lohr, Project Director
- Mike Mullowney, Graduate Research Assistant

Community Diagnosis:

The CDx includes an introduction that describes the "philosophy" behind its preparation. The text cites the original state legislation that required the Department of Environment, Health, and Natural Resources (DEHNR) to "establish a statewide system for assessing health status and health needs in every county" of the state every two years. It bolsters the central role of assessment in public health by citing the National Academy of Science's Institute of Medicine (IOM) *The Future of Public Health* mission of public health as "fulfilling society's interest in assuring conditions in which people can be healthy." It ends the discussion of this theme by noting this county's mission statement: "to protect, promote, and assure the general public health through the use of public and private health services for Buncombe County residents." It continues to elaborate on these themes by indicating how they are part of the Buncombe County Health Department's commitment and by showing how it strives to go even further to implement the Health Objectives of the Year 2000. Finally, the introduction states that, except where specified otherwise, "data included in this report were provided by the State Center for Health and Environmental Statistics . . ."

It would be difficult to find a better prologue to a careful CDx or a more thorough step-by-step development of a document that sums up the County's response to the community diagnosis mandate. The document is divided into three main sections with specific subsections:

I Assessment:
- Population at Risk
- Economic Indicators
- Pregnancy and Live Birth
- Infant Mortality
- General Mortality
- Morbidity

II Policy Development
- Health Status Problems

III Assurance
- Health Care Resources
- Public Health Program Data

A few of the highlights of this detailed document help to understand the circumstances in which the county is trying to assess and meet the needs of its citizens. The Buncombe County Population is about 180,000 with 10% non-white and about 14% elderly populations. In 1992, 8% of all families and 11% of all persons lived in poverty in Buncombe County, most within the city of Asheville. Almost 2.5% of County homes are classified as substandard (i.e., homes with more than one person per room and/or lacks complete plumbing facilities, which must include hot and cold water, flush toilet and bathtub or shower).

The county's major economic characteristics are based on tourism and medical care. Competition in the health care business comes mainly from Tennessee to the west and from Baptist and Carolinas Medical Care Hospitals to the east. There are two not-for-profit, acute care hospitals: Memorial-St. Joseph's, and the Thomas Rehabilitation Hospitals. Another major partner in this county is the Mountain Area Health Education Center (MAHEC), whose mission is to improve access and the quality, geographic distribution, and retention of health care professionals in western North Carolina.

The CDx identified the following objectives: (1) Modify unhealthy behaviors by changes in personal behaviors, especially regarding smoking and tobacco use in youth and pregnant women, and adolescent sexuality and pregnancy; (2) Health infrastruture issues, such as automated data bases for health care, immunizations, and community health planning; (3) Improve access to health care for indigent including primary care, family planning, dental health care, and maintenance care for the elderly.

Independent Assessment: Health Partners

Following Buncombe county's solid and carefully crafted community diagnosis, it based further actions on its independent health assessment of the county done in 1994-5. As a result, the county focused on access to care as the major problem. The report on this assessment was published under the title *Health Partners: Picture of Health '95*. As a consequence of *Health Partners*, the community implemented its

health initiative, named *Project Access*, by means of which an entire medical care delivery system was established to meet the needs of the poor and indigent of Buncombe County, in partnership with the Buncombe County Medical Society. A detailed description of this Project appears in an article by Suzanne Landis, Philip Davis, and Cynthia Janes, entitled "Health Partners," *North Carolina Medical Journal*, 1995, 56(6):266-268. A few highlights of this program are listed below:

- Buncombe County Medical Society (BCMS): received support from Robert Wood Johnson Foundation (one of 22 awards around the nation) for the work that led up to the health assessment document, *Health Partners*.
- The physicians supply in the County was partially characterized by:
  - 1/4 of 409 practicing physicians are primary care physicians
  - 96% are members of BCMS
- Produced *Health Partners* with goals of
  - identifying and quantifying the number of underserved individuals in the county
  - partnering with community members, hospitals, businesses, and government, to design and implement solutions to health care access, especially primary care
- Process of producing *Health Partners* included the cooperative effort of a number of institutions: BCMS, MAHEC, the Memorial Mission Medical Center (MMMC)-St. Joseph's, and Thomas Rehabilitation Hospital in a genuine partnership
- This needs assessment was designed to learn:
  - what portion of the community was underserved
  - how this underserved population was able to access care
  - how to identify barriers to access and to benchmark the community's health status.
- A telephone survey was conducted on health needs in western North Carolina counties by Professional Research Consultants of Omaha, Nebraska. 800± random phone calls were attempted in Buncombe county (out of 1600 attempted throughout the region) with 583 responses.
- Content adapted from CDC's BRFSS questionnaire and pretested assessing:
  - Behavioral risk
  - General health
  - Functional health status
  - Depression
  - Access to care
- The result of this effort was the creation of *Project Access*

One of the truly remarkable and unusual results of the assessment process in the state of North Carolina is Buncombe County's BCMS Project Access. It brought together the efforts of an entire community to provide health care and screening to "needy" Buncombe County residents. Some of the participating elements include:

- Community health clinics (M+SJHS)

1. ABCCM	Free standing clinic ±2,000 pat w ±4600 visits	Acute and episodic care 3-MDs, 3 nights per week
2. New Hope	Inner city	Minorities, underserved
3. Mini Jones	Housing complexes	Minorities, underserved
4. Kennilworth Wellness Center	HIV-AIDS	Those so afflicted
5. Emma	Family resources outreach	Mobile clinic

- Independent Clinics

1. MAHEC	Family Practice	(Medical residency prog)
2. Mission	Women's health services	(Medical residency prog)
3. BC Health Dept	Medicaid (±5,000 patients	(Cost-based reimbursm)

- Non Clinic Participants

1. School health nursing	Children	(3rd - 9th Grades)
2. Alliance for student health	Students	(MS+SJHS and BCHD)

Features of *Project Access*:

1. In operation since July 1996
2. Most members of Project Access have prescription services free or at low cost
   -- Members given a personal identity card
   -- Funded by Medical Society
   -- Clearinghouse arrangement
   -- 42 participating pharmacies
   -- Patients need to be enrolled in program
3. Referrals from BCMS PA:
   -- Referred by clinic to private practices
   -- Rotate among Mission, St. Joseph's, and Thomas Rehab
4. Problem: once referred to a practice, no more access to prescriptions

Data:

1. Medical Claims: from private practice > IPA MHC > BCMS
2. Reports: hospitals > BCMS
3. Pharmacy Claims: clearinghouse >BCMS

Dental and Mental Health:

1. Dental claims > BCHD
2. Mental health > need (problem to be addressed) (?)

Important Factors in realizing this:

1. Physician leadership through BCMS (especially Dr. Landis & Mr. McKenzie)
2. Excellent assessment: *Health Partners* with its emphasis on access and prevention
3. Buncombe County Department of Social Services

Additional Points:

1. UNC School of Public Health (SPH) has little influence or interest out in that part of the state. They thought the SPH should engage in greater outreach efforts in these underserved areas
2. RWJ grant a major benefit in getting things started and in completing the key health assessment
3. Considering Kellogg Foundation leadership grant application
4. Buncombe is providing technical assistance to Forsyth County and may consider other requests
5. Dr. Landis contrasted the views on this project (with its focus of health prevention and care) by the Medical Society and the people (especially the vulnerable and the elderly) and how it is necessary for the people to have an "ownership" of the project for it to be successful. Other than the clinics, the private practice physicians and hospitals function in a typical and traditional health care mode — as always, as before. The BCMS believes that its mission in Project Access is to provide access to practical medical care
6. Some concern was expressed about how the coalition will continue its work at this high level as time goes by. The earlier building phases are replete with energy and excitement and looking toward the next steps. Will they be able to continue it? Will new leaders emerge? What does the future hold?

NB:

- This is a most unusual site in that it has gained wide-based support from the medical community beyond what was found in any other site.
- It was interesting to discover that this site produced two publications — beside the publication called *Health Partners, Picture of Health '95* — about its work, something quite rare among the project sites we visited. They provide valuable documentation of what they did:
  - Suzanne Landis, MD, MPH, Philip Davis, MD, and Cynthia Janes, PhD: "Health Partners, A Systematic Approach to the Health Care Delivery Problem in Buncombe County, North Carolina," North Carolina Medical Journal, June 1995, Volume 56, Number 6, pp. 266-268
  - Suzanne E. Landis, MD, MPH, and Cynthia L. Janes, PhD: "The Health Care Utilization of People in Buncombe County" in draft form submitted for publication

Community Health Assessment Study
The Robeson County Site Visit Report
April 21, 1997

Community Health Assessments Site Visit
Robeson County

Date: Monday, April 21, 1997
Time: 3.30p - 5:00p
Place: Southeastern Regional Medical Center
300 West 27th Street
Lumberton, NC 28358

Attendees: **Robeson:**

- William J. Smith, Health Director
  Robeson Health Department
- Melissa Packer, Media Specialist
  Robeson Health Department
- Jean-Claude Martin, Health Education Specialist
  Robeson Health Department
- Lynn Watts, Health Educator
  Robeson Health Department
- J. Luckey Welsh, Chief Executive Officer
  Southeastern Regional Medical Center
- Reed Caldwell, Vice President
  Southeastern Regional Medical Center
- David Lee, Management Engineer
  Southeastern Regional Medical Center
- Mary Black, Wellness Coordinator
  Southeastern Regional Medical Center
- Michael Felix, Senior Consultant
  Felix Burdine & Associates
- Chuck Wiltraut, Consultant
  Felix Burdine & Associates

*Randall Jones, community representative, from the Lumberton River Electric Membership Corporation was unable to attend

Cecil G. Sheps Center for Health Services Research, UNC:

- Bill Lohr, Project Director
- Barbara Starrett, Project Researcher
- Mike Mullowney, Graduate Research Assistant

Roberson County

Community Diagnosis:

The community diagnosis prepared by this county was well done. It identifies as its most pressing issues by focusing in on serious adult, maternal, child, and environmental health concerns. Statistics show that the county is "tri-racial, economically disadvantaged" with an average per capita income of $13,148 and a high poverty rate

Robeson's Independent Health Assessment:

In the report, *Partnership for Community Health of Robeson County,* prepared by Felix Burdine and Associates, in March 1994, the results of an independent community health assessment were previded. It describes how the Partnership for Community Health of Robeson County proposes to "plan, develop and implement a collaborative strategy for improving the health status of the population of Robeson County." The report describes how the assessment was done and what methods and data sources were used (note especially the section on methodology, p. 34). It begins with a description of the Community Assessment Process and then lists specific findings: "Demographic," "Geographic: Distribution of Poverty," "Behaviors, Attitudes and Perceptions," "Health Resource Assessment," Self-Reported Medical Conditions," "Hospital Inpatient Utilization," and "Medical Assistance Experience," and concludes with the "Summary," "Specific Conclusions," "Specific Recommendations," "Methodology," and "Acknowledgments."

The County was fortunate to be able to obtain assistance and support from the Duke Endowment, the North Carolina Hospital Association, and a number of county and regional agencies that provided Robeson with the funds to carry on this assessment. However, after this 1994 assessment, the county had difficulty obtaining the resources to implement its findings. It was only now that it had reached the point where it was able to resurrect its earlier efforts and move on to applying for a higher level of joint community effort by attempting to qualify as a Healthy Carolinians 2000 site. To demonstrate its commitment, a representative number of key local participants, and two representatives of the consulting firm, Felix Burdine and Associates (here to assist in the update of the 1994 health assessment) were at the site visit to participate in the site visit and to go on to discuss the county's problems

In face of the county's proposal to update its earlier assessment in what was termed as Step Two, some expressed concern about whether the financial costs for a second assessment could be justified. Howvere, the general sense was that an updated assessment would be beneficial. The idea of serious health planning now, not for a "sick care system," but for a healthier population seemed essential. This need to shift toward planning for a healthier community is based on the premise that some form of managed care was going to be imposed on the county, and that prospect signaled the need to think more in terms of health promotion and disease prevention. It was the consenus of the group that now was the time to prepare for these major changes.

They have discussed over the past few years how to begin to shift more of the community's thinking toward a fuller and more positive view of health and then to activate the county's population into this partnership for health. This was an essential element needed when applying to be a Healthy Carolinians 2000 site.

They believed they had now reached the point where this was possible because they could see the many ways in which there was so much wasted effort, such as the duplication of services provided by the hospital and health department. The change in leadership in the community had cleared the way for this next step. The county' focus had narrowed so that the leadership were now seeing the same needs. The participants in the meeting believed they had learned from the past, for they knew that they had to streamline the organization of the task force, work together far more effectively, improve communications between elements of the community, and keep the focus fixed on the tasks at hand.

The consultants' role was to update the community health assessment using the same sound methods they used the first time, and apply the health status information to community behaviors, so that the community could incorporate best practices and put the proper processes in place. These officials now knew that they had to work together, that the old way "put too much responsibility on one person's head." Now that they have been able to replace those who had left the county with new and dedicated staff, they believed this new direction was possible to realize.

Formidable obstacles remain. Some major employers (such as Sarah Lee) had left the area, and the textile industry was at a new cross roads with the installation of new automation techniques. The labor force was a major issue and the need for basic skills was increasing so the schools were a major player in the overall well-being of the county vis-à-vis the improvement of general skill levels. Among other things, the county's demographics have changed: the county had an increase of 20% in people under twenty, and a decrease in those over 65 years of age.

Because of this new commitment in the community, the task force was reconvened and a new round of data was being collected by a phone and mail survey. The rebirth of leadership had taken a more realistic view: they recognized that they had to move ahead incrementally, one step at a time, with patience.

The survey instrument was combined a number of source instruments into a single instrument, such as the Group Health Association questionnaire, and the SF-12 instrument. This information is considered to be useful in a number of ways: it reflects an increasing public health assumption of responsibility for community health; the local hospital's response to the JCAHO requirements on quality assurance and outcome measurement; and makes clear who is responsible, who is in control, and what is proprietary. The profile information will be used to assist in the process of changing health behaviors among the county's residents.

The county representatives noted that this was essentially a church-based community, and that if they were to understand what drives the community, it was important to understand how the churches worked and thought. But it was equally important to remember that this was a county (population of about 105,000) with considerable diversity: three major populations (White: 36.1%; Black: 24.9%; and Native American [Lumbi Indian]: 38.5%) were very diverse. Many of the problems and bar-

riers to smooth functioning as a community grows out of this fundamental division and what each group thinks important. However, these community leaders believed that the community was heading in a positive direction, trying to develop a "buy in" to the ideas crucial to a joint community effort. They noted that separate organizations were continuing to focus of the community challenge.

They have examined ways of communicating these ideas to these diverse communities. The use of television, radio, and newspapers has been considered. Many residents do not have cable TV and it is therefore difficult to depend on this to publicize these efforts. Channel 13 is a better vehicle. Radio and newspapers offer some promise, but these media are not always as utilized as one would hope. There have been several articles published, but it is not easy to say how effective they have been. Moreover, they have found that it is difficult to publish public notices that reach the populations in question.

The meeting ended with the community board discussing the possibilities of further funding and about ways of extending the partnership from this core group to an even broader cross section of the community.

Community Health Assessment Study
The New Hanover County Site Visit Report
May 1, 1997

Community Health Assessment Study Site Visit
New Hanover County

Date:	May 1, 1997, Thursday
Time:	11.00a - 1:00p
Place:	New Hanover Regional Medical Center 2131 South 17th Street Wilmington, NC 28401 10th Floor Team Room 2:00 - 4:00 pm
Attendees:	**New Hanover:** Mary Piner and Lynda F. Smith, New Hanover Health Department (Community Diagnosis and Healthy Carolinians) Richard Jones, New Hanover Regional Medical Center (Community Health Needs Assessment and Healthy Carolinians) Jeanne Bilodeau, Beth Deton, Michael Griggs, Connie Parker, Doretha Stone, New Hanover County Year 2000 Health Objectives Committee (Healthy Carolinians) **Sheps Center:** Bill Lohr, Project Director Barbara Starrett, Project Researcher Mike Mullowney, Graduate Research Assistant

Community Diagnosis

The community diagnosis prepared by New Hanover County is comprehensive and detailed. Using these state-provided data, the county has selected its six priority problems or objectives and listed them as:

- Health education and promotion, including life style issues
  - -- Obesity and overweight low income children
  - -- High fat, high sugar, high sodium, low fiber foods
  - -- Lack of exercise
  - -- Overexposure to the sun
  - -- Unhealthy lifestyles: re blood pressure, cholesterol, smoking, etc.
  - -- Adult and childhood injuries
  - -- Youth and Tobacco use
  - -- Higher incidence of HIV/AIDS and gonorrhea
  - -- Dental disease
- Maternal and child health, including teen pregnancy
  - -- Limited access for Medicaid children

  - -- Lack of affordable parenting classes
  - -- Teenage pregnancy rate
- Environmental concerns, including air, water, and sewer
  - -- Inadequate trained food service managers and employees
  - -- Absence of storm water management program
  - -- Poor tracking and location of groundwater and soil contamination
- Long-term care
  - -- Inadequate provider staffing for adequate care
  - -- Poor recruitment and retention of staff and skill levels of providers
  - -- Inconsistency in standards of care
  - -- Better medical supervision of patients
- Mental health
  - -- Minority infant mortality is high
  - -- Mental health: rates of substance abuse, suicide, depression are high
  - -- Adolescent suicide: higher than it should be

Many of these basic problems — or aspects of them — will be seen reflected in the county's Independent and Healthy Carolinians assessments. This county provides an excellent example of the way in which, by using multiple methods, a jurisdiction may develop a broad picture of its health needs, many of which are overlapping, but which are confirmed as key to that community by a kind of convergent validity. The will to undertake such a complex set of assessments suggests that this community is genuinely committed to taking concerted action in a cooperative way to address the health levels of its citizens.

Independent Needs Assessment

In 1995, "Janus Heathcare Consultants, Inc., was retained by New Hanover Regional Medical Center and the Cape Fear Memorial Hospital to conduct a community health needs assessment . . . (as) part of a five-county effort to determine the overall health care needs in southeastern North Carolina." The five counties undertaking this initiative were Bladen, Brunswick, Columbus, New Hanover, and Pender. The only major urban area in this set of counties is Wilmington, NC, which falls in the smallest county, New Hanover. Part of the study was to ask people to identify major problems in health care delivery. This was done in a focus group format. The 18 focus groups were made up of about 130 people representing 15 different groups in New Hanover County. Individual interviews were also included. The subject matter of the focus groups was selected to provide a broad spectrum of topics important in health care delivery. These topic included, for example, providers and health care delivery, local nursing homes, family planning, factors that influence health status, and so on. Another part of the assessment was directed at cataloguing the various health care facilities available in the counties. This assessment is an example of strategic local health planning designed first to identify and then take steps to improve the health care system in that area of the state.

Healthy Carolinians 2000

Support for the *Healthy Carolinians 2000* program has come in part from private funding from a variety of foundations and related funding organizations (e.g., The Duke Endowment, The United Way, and The Robert Wood Johnson Foundation).

Background

During the beginnings of interest in Healthy People 2000 in 1992 and 1993, Bob Parker, as Health Department Director, was *the* public health leader in the area at time (he is now at Bowman Gray). He was on the original task force for the Healthy Carolinians. Highly respected in the community, he had an acute political sense, knowing what should be done when and who should he involved. His high visibility in the community allowed him to influence the Wilmington town council (Andy Atkinson, Bobby Heer, and Tom Wright) in establishing this program. This was a major achievement. Once Healthy Carolinians was in place, he negotiated the participation of the New Hanover Regional Medical Center (it was fortuitously located on the same campus as the health department), and then subsequently gained the agreement of the other area hospitals. As the result of his efforts, the Healthy Carolinians movement got off to a strong start in New Hanover County.

Issues:

The county intends to develop ways to look at outcomes in relationship to the set of priorities it has developed. The program leaders are the first to admit that measurement of outcomes is not as simple as it sounds. However, they are moving ahead, selecting those cases where they feel they may have the best chances of making a difference.

The first priority of their Healthy Carolinians program was teen pregnancy. Recognizing that it is difficult to reduce the frequency or rate of teen pregnancy, they decided it was important to focus on access to appropriate treatment and management (e.g., prenatal care, etc.) of those pregnant. Earlier, the hospitals and especially the emergency rooms were the prime site for dealing with pregnant teens, usually in the last stages of the pregnancy. As the result of Healthy Carolinians outreach efforts, now regular contacts with the health care system by many pregnant teens has moved to the second trimester of pregnancy. Barriers to early use of prenatal care have been reduced by an increased level of "personal involvement" between the pregnant teens and the providers. Some of this effect is due, they believe, to the use of a video on prenatal care, readily available at local libraries.

Another substantial effort has been the program to reduce the incidence of STDs, especially the gonorrhea, a major problem in the county. They noted that New Hanover's rate was the highest in the state. Beside the usual reasons why this STD rate is so high, the program believes that some of the extra cases are attributable to the fact that Wilmington is a busy, deep water port.

The third problem identified is substance abuse. The county includes in this illegal drugs, alcohol and tobacco.

The program is pursuing a vigorous agenda of education and publicity to help curb the number of cases in these problem areas. The city and county have some of the highest teen pregnancy, substance abuse, HIV, and STD rates in the state. Because it has become part of a major vacation resort, the area must confront the problem of the large seasonal influx of people who come there and leave "their inhibitions" behind. Moreover, the University of North Carolina at Wilmington presents certain other problems. For example, the group believes that a significant part of the local drug problem is related to the presence of students at UNC-W.

The group has tried to be innovative in addressing its first problem of reducing teen pregnancy and increasing the use of prenatal care in New Hanover by an incentives program. They have undertaken a case control study, designed by the health department staff, to evaluate it and this study is described in this scanned version of a document handed out at the site visit:

Incentives and Their Impact on Positive Maternal Health Behaviors During the Perinatal Period

Objectives:

1. Does a maternity incentive program impact on positive maternal health behaviors during the prenatal period?

2. Does a maternity incentive program impact on positive maternal health behaviors during the postnatal period?

3. Do positive maternal health behaviors effect the birth outcomes of infants born to these mothers?

4. Do socioeconomic factors influence maternal health behaviors during the perinatal period?

Definitions:

Maternal health behaviors: positive health behaviors that mothers self-select during the perinatal period, i.e., no smoking, diet, attendance at parenting classes. Socioeconomic factors: Income/Medicaid eligibility, level of maternal education, maternal age, maternal marital status, maternal race.

Maternal Health Factors: pre-existing maternal health problems, gravity, parity, weeks gestation at enrollment for prenatal care, status of pregnancy care (high-risk vs. normal care), compliance with prenatal care (85% of scheduled appointments), type of delivery, weeks gestation at birth, infant's birth weight, complications during pregnancy/delivery, Apgar scores.

Method:

Control: Group I: Random retrospective data analysis of 100 clients enrolled in NHRMC Prenatal Clinic from 1/95 - 6/95.

Group II: The first 100 clients enrolled in NHRMC Prenatal Clinic who agree to participate in "Duckie Dollars Incentive Program" will be followed for twelve months.

Data Collation:

(See data sheet and consent form)

Group I data will be collected retrospectively by Year 2000 members with assistance from UNCW nursing students.

Group II will be collected by Health Department/Clinic personnel on data sheet that will be placed in the client's chart.

Data Analysis:

Data will be compiled by health department staff in the Prenatal Clinic for 12 months. A subanalysis at six months will be done to provide preliminary data to evaluate the effects of the incentive program and future financial support for continuing the program.

Group analyses will be done to compare differences between groups to determine whether participation in the incentive program impacts on the mother's health behaviors, compliance with prenatal care services, and birth outcomes.

Healthy Carolinians 2000 in New Hanover County has received a grant from The Duke Endowment Fund. The amount of $10,000 dollars was given to the Maternal and Infant Committee for an implementation project. The committee has initiated this incentive program with hopes of getting other community organizations to support this incentive program.

Sears has agreed to redeem the coupon certificate that will be distributed to mothers who complete the program. The certificate will be given to the mother at the 6 weeks postpartum visit.

Some Final Site Visit Observations:

The group emphasized the importance of coordination of its efforts. The networking system in New Hanover is excellent and so they know to a high degree who is doing what. A greater degree of coordination is also evident between the public health and the medical communities. The support from the medical society has been significant in helping with protocol design and in shared efforts by means of committees (such as those on access and child and youth). The Medical Society is well aware of the needs for preventive services and it has opened a free clinic (one night a week with about 80 patients per session and which also includes a dental extraction service) and has opened a diabetic clinic (a second night per week) to meet these serious needs. Moreover, there is a changing perception of Medicaid, a change that has increased access and availability of medical care. New initiatives in Medicaid managed care have begun to enter the picture. Finally, a new family practice residency has opened in Wilmington, a development that may well have significant ramifications for their program.

Threats to this successful Healthy Carolinians program include the following problems and concerns, many of which were also found in other site visits:

- The concern that the program's energy may be dissipating. They are acutely aware of this problem and are constantly trying to avoid this by reorganizing for the changing community needs and developing new objectives.
- Leadership changes in the community and the concern that these newcomers will not have the same interest in Healthy Carolinians and so damage the level of community commitment to these sorts of programs.
- Resistance from the program Smart Start, one that is attempting to establish a high profile identity in the community, in part by diminishing the Healthy Carolinians program in the hope that it will become more low profile. The Smart Start people have argued that it is better to use the state moneys for certain parts of that program rather than for Health Carolinians.
- As with many communities in North Carolina these days, the city and the county are struggling with growth and change. Where are they going as a community? What do they want their city and county to be? How many more people can move into the area without producing a substantial change in its character?

Some population statistics and characteristics are cause for concern:

- The older population (over 65) is increasing
- Jobs in the service industries are increasing rapidly while the increase in major employment opportunities is diminishing

- The school system is under severe strain from the substantial increase in the number of students. Severe overcrowding is having an impact on student performance.
- The overall growth rate of the area is extreme (the rate of growth is greater than that of Wake County). This area now has the highest population density in the state of North Carolina.
- Resistance to program participation by other nearby communities (the beach communities and the increased number of local, high priced, and designedly isolated "gated" communities).

Community Health Assessment Study
The Mecklenburg County Site Visit Report
May 8, 1997

Community Health Assessment Study Site Visit
Mecklenburg County

Date:	May 8, 1997
Time:	2:00 pm to 4:00 pm
Place:	Mecklenburg County Health Department Board Room Billingsly Road Charlotte, NC
Attendees:	**Mecklenburg County**
	Stephen Keener, MD, Medical Director Mecklenburg County Health Department-CHS
	Susan Long-Martin, DVM, MPH, Epidemiology Specialist Mecklenburg County Health Department-CHS
	Sandra DuPuy Chair, Mecklenburg County Healthy Carolinians Member of the Human Services Council Chair, Health, Mental Health, and Community Services Subcommittee of Human Services Council
	Jon Levin, MPH, Manager, Health Promotion Mecklenburg County Health Department-CHS
	Sheps Center
	Bill Lohr, Project Director Barbara Starrett, Project Researcher Mike Mullowney, Graduate Research Assistant

Mecklenburg County

Mecklenburg County is home to the largest city in North Carolina, and of a dynamic major regional health care force in the Carolinas HealthCare System. Hence, it is not surprising that Mecklenburg would act boldly to produce an outstanding community diagnosis and an innovative *Healthy Carolinians 2000* program.

A newly formed alliance between the Board of Commissioners of Mecklenburg County and the Carolinas HealthCare System has resulted in the "transfer of responsibility for providing a wide range of public health services from the county health department to a large hospital-based integrated delivery system," described in an article by Stephen Keener, John Baker, and Glen Mays, entitled "Providing Public

Health Services through an Integrated Delivery System," *Quality Management in Health Care*, 1997, 5(2):27-34. These major changes were designed to reduce duplication of services and make the system more effective and efficient. The program has found that using periodic reminders in a cooperative local media improves the visibility and viability of its efforts in increasing citizen's wellness. The county's *Healthy Carolinians 2000* program is tailored to the area's needs and much can be learned from its experience.

Community Diagnosis:

Mecklenburg County "lies in the southwestern Piedmont of North Carolina." It consists of a large urban area surrounded by smaller rural communities. The city of Charlotte had a population of 455,367 (1995) and is the largest city in the state. The County's population was 561,223 (1994) and is growing. The per capita income for the County is $23,354 compared to $17,863 for the state. Mecklenburg had 9.6 % of all persons living in poverty in 1989 compared to 13.0% across the state.

The Community Diagnosis (CDx) sytematically considers in detail the data on which it is based, identifies its source, provides information on the community and selected demographic and economic indicators, specifies its needs and asset indicators, and provides its list of priorities derived from these various sources of information. The analyses of such things as the needs and assets indicators is detailed and thorough. It is evident that those who prepared it gave these many elements of information careful consideration. The document could serve as a model of how data are to be used in preparing an excellent CDx.

The document then provides Prioritized Health Problems for the County: They are: (1) STD, HIV, AIDS, and Adolescent pregnancy; (2) Violence: Homicides and other violent crimes, including child abuse; (3) Infant mortality, LBW and related risks; (4) Cancer; (5) Substance abuse of tobacco, alcohol, and controlled substances. Each of these priorities is examined and discussed. The CDx notes (p. 17) that: While not addressed directly as a problem, an overriding issue of most of the problems selected is the disparity among race groups for many health indicators and the resulting need to specially target nonwhite groups for intervention. Of special concern are the disproportionately high cause-specific death rate for nonwhite males."

The text continues to discuss other factors that will affect health strategy development. This suggests that the CDx is seen in a larger planning context, as it should be, if it is to be realistic and ultimately practical. It indicates what these factors are: "the Mecklenburg Healthy Carolinians, The Mecklenburg County Health Department health communication plan and communication technology, and the neighborhood mapping and needs assessment." It goes on to discuss each of these in turn.

Mecklenburg's Healthy Carolinians

In 1995, Mecklenburg "received state accreditation as a *Healthy Carolinians 2000* county. The problems highlighted by the community diagnosis reflect those identified by *Healthy Carolinians*. Because of the large number of existing community as well as health department initiatives already addressing the priority problems,

Mecklenburg Healthy Carolinians has decided for this year (1996)to concentrate on assessing community resources, identifying gaps where efforts need to be directed, exploring ways to develop neighborhood buy-in to strategies, and facilitating communication between existing programs to maximize resources and reduce replication of services." In a system as complex as Mecklenburg's, this approach seems sound and sensible and bodes well regarding the longer term prospects for the success of its *Healthy Carolinians 2000* program.

Part of the Health Department (HD) has recently been incorporated into the Carolinas Medical System (CMS). As noted above, in the past so many of the County's programs overlapped that the system had ceased to function well. Even with these new arrangements between the HD and CMS, the HD decided it would not revamp completely the entire past "system," but rather look for gaps in services that permit it to ensure continuity of care for the county's citizens.

The Human Services Council (HSC) acts as gatekeeper on services and on funding. It gathers information on a regular basis while the voluntary advisory committee acts as a catalyst to keep "things moving." Program continuity is not the result of the actions of the county commissioners (they are elected for 2 year terms), but rather from the staff and volunteers who have kept these health programs working over the year. Those with responsibility for program direction attempt to learn what the community wants and needs by going directly to the people. At this time, the HSC is setting up clinics in the community with HC volunteers serving to supplement staff.

The initial steps for the new *Healthy Carolinians 2000* (*HC*) program took one year to devise and its changes were extensive. Bill Herzog, School of Public Health, UNC-CH, served as the consultant to this project. After consideration, the committee decided that the APEX [1] type of health assessment was not suitable for its purposes, so it adopted another method: It identified what information was needed, presented it to the State Center for Health Statistics (SCHS) so that it could provide the information in a form useful to Mecklenburg's *HC* program. *HC* recognized that it had to know what data was needed, how it was to be obtained, where it was available, and in what form it would be useful. Now, finally, Mecklenburg County is implementing a *HC* approach in its daily operations.

After the initial phase of setting up a *HC* system in the county, the leadership is looking for good ways to measure its outcome. *HC* has asked the contractors to suggest ways in which to provide data for outcome measurement. It believes it is necessary also to take a long range view of measuring these outcomes, but for the time being some available measures can be used (the example given was the number of people participating in preventive screening programs). *HC* sees the need to pull groups together so that they may focus on goals as they proceed with the program. For example, *HC* is concerned about the high STD rates and it is mobilizing the relevant agencies for a major campaign to attempt to reduce them.

It is their conviction that public health and medical care are coming closer together in a joint effort to improve the public's overall health. They see this as a necessary step that will permit far better coordination among diverse parts of the system in solving many complex problems.

The team has a better handle on Medicaid enrollment in its Carolina Health System HMO: it has just received a 6-month report of a study on this.

On other fronts, a cable TV program has been developed and is providing features — on Tuesdays and Thursdays — by means of a series about the "Health Connection." Other initiatives are being considered and some have been implemented. For example, the Health Department now has a new Web Page in Charlotte-Mecklenburg (www.charweb.org/health/healthdept/hd.html). The HD group did emphasize how important it is to keep the *HC*'s program before the public. It attempts to do this by periodic public notices about the program or some of its specific parts, either on TV, radio, or in the press. On another front, HD is considering developing a community Report Card, with the help of Paul Halverson (UNC-CH).

Finally, the group expressed the feeling that Healthy Carolinians should be integrated with the Health Department on a day-by-day basis, rather than let it be managed in its present way as a more or less stand alone operation.

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[i] "APEXPH: Assessment Protocol for Excellence in Public Health" Washington, DC, 1991, Part II (13), a guide from the National Association of County Health Officials to identify priority community health problems and programmatic objectives in a manner consistent with "Healthy People" and "Healthy Communities."

Community Health Assessment Study
The Watauga County Site Visit Report
May 15, 1997

Community Health Assessment Study Site Visit:
Watauga County

Date:	May 15, 1997
Time:	11.00a - 1:00p
Place:	Watauga Medical Center Reynolds Classroom, 3rd Floor Watauga, North Carolina

Attendees:

Watauga County:

Gillian Baker, Director
Terry Story
Stephen Poulos
Sue Counts
Paula Williams
And 12 volunteers

Cecil G. Sheps Center for Health Services Research, UNC:

Bill Lohr, Project Director
Barbara Starrett, Project Researcher
Mike Mullowney, Graduate Research Assistant

Community Diagnosis:

This county is part of a District, in the northwest corner of the state, made up of Allegheny, Ashe, and Watauga Counties. Its Community Diagnosis (CDx) included these priorities:

- Lifestyle changes:
  - -- health promotion: improved nutrition and exercise, screening
  - -- disease prevention: smoking cessation, reduce alcohol consumption
  - -- health education
- Access to health care
  - -- increase primary care & awareness of available services
  - -- expand facilities
- Environmental health
  - -- expand environmental education
  - -- expand computer capabilities for environmental staff
  - -- do stream surveys to locate sewer system failures
- Motor vehicle accident reduction
  - -- education on driving and drinking
  - -- identify critical road construction needs
  - -- work with Health Carolinians on safety goals
- Suicide (especially among teens)
  - -- improve teen self esteem

- -- identify high risk youths
- -- promote cooperation among public agencies on teen suicide

In these District priorities, the obvious, across-the-board flavor of all those designated is clearly that of a health promotion-disease prevention, cast in a far more positive health tone than many of the CDx around the state. It reflects an obvious drift toward a Healthy Carolinians approach of improving the District's overall community health. Clearly the Watauga County program is an outgrowth of this District CDx approach. The site visit concentrated on the specific *Healthy Carolinians 2000* program of Watauga County.

Healthy Carolinians 2000:

Watauga's *Healthy Carolinians 2000* program, called *Healthy Watauga*, has been in operation for a number of years — since 1993. This year it will seek program recertification. Its original mission statement asserts that the county will "work to prevent deaths and improve the health status of the citizens of Watauga County by the year 2000." Its goals are important in that they are concerned with improving communications on implementing health objectives of the Year 2000 in a vertical way (i.e., Federal, state, local) while maintaining and improving statistics in Watauga County, known to be below state-wide standards. These goals are significant in that they are indications of the maturity of this County's program outlook.

The specific objectives of the Watauga's *Healthy Carolinians 2000* program demonstrate the breadth of what this program proposes to do:

- Increase awareness of healthy care issues and access to health care services in the county
- Develop cooperative relationships among organizations in Watauga County
- Target a review of the 11 health care objectives emphasized in the Governor's Task Force on Health Objectives for the Year 2000
- Establish a subcommittee for each of the following areas of concern identified by the Watauga County Task Force:
  - -- injury control
  - -- maternal and infant health
  - -- nutrition
  - -- physical fitness
  - -- substance abuse
- Establish ownership and participation for the health status of the citizens of Watauga County
- Identify County populations needing improvement in their health status
- Identify health access problems of the Watauga

There is an obvious relationship in thinking between the District's CDx and Watauga's *Healthy Carolinians 2000*. This is a clear example of how these two forms of community health assessments are interrelated and how they mutually reinforce each other.

To understand better the nature of what is undertaken in a *Healthy Carolinians 2000* program, it would be useful to provide an example of a key part of a recertification application. In all cases of *Healthy Carolinians 2000*, an application for certification or recertification is prepared. In these site visit reports — in general — these were not included. However, an example might shed light on the process and reveal how a county and a community views its efforts in this area. It will help to understand how the community judges its progress in reaching its goals and objectives. The following is a scanned version of a key part of this County's recertification application:

Watauga County
Healthy Carolinians 2000
Task Force

Recertification Application

The purpose of this application is to request recertification for the Watauga County *Healthy Carolinians 2000* Task Force, based on the accomplishments and achievements of the Task Force during the last year. The County's Task Force was fortunate to be selected as one of six pilot task forces in North Carolina. Last year, the Watauga County Healthy Carolinians 2000 Task Force was among these task forces to receive recertification. Further honor was bestowed with the presentation of the first Thad B. Wester Award. The Task Force has worked hard during the past year to live up to this high honor.

The Watauga County *Healthy Carolinians 2000* Task Force has several accomplishments that include the development of a brochure outlining its mission, subcommittees, accomplishments and how volunteers can help (Appendix A). A second public relations brochure was produced which briefly outlines the project and uses the opportunity to ask "Are you a Healthy Carolinian?" Suggestions are made in a checklist format to stimulate individual responsibility for one's health, as well as to serve as a recruitment tool (Appendix B). Both documents have been used at health fairs and community events to recruit volunteers and promote the efforts of the Task Force.

Other accomplishments include: Promotion of the project on the Town of Boone Mayor's Report (cable television program) along with several newspaper articles: the addition of a sixth objective, Immunization, which is incorporated with the Maternal and Infant Health Subcommittee; the completion of a lifestyle survey by the Watauga County Health Department which adds valuable current data for the Task Force to use: participation in the "Enterprising Community" development grant for the Town of Boone: the implementation of a lifestyle worksite grant targeting nutrition through the Appalachian District Health Department which will target a local Watauga County business as a pilot program.

Two organizations report at each Task Force quarterly meeting - The High Country coalition Project ASSIST (American Stop Smoking Intervention Study) which operates with the Substance Abuse subcommittee focusing on tobacco issues and Governor's Highway Safety initiative. The Task Force voted to serve at the Local Coalition for the Governor's Highway Safety Initiative and strategies will be incorporated in the Injury Control subcommittee. Selected media articles are found in Appendix C that highlight some of the achievements of the Task Force.

The overall Missions, Goals, and General Objectives of the Task Force remain the same (Appendix C). The organizational structure of the Task Force continues to operate as originally designed with the steering committee that advises and the subcommittees which are the action vehicles for the community intervention (Appendix D). The basic focus of each subcommittee's goals have remained the same, although some of the strategies have been changed based on the needs and opportunities in the community. Each subcommittee operates as a separate unit. Some are highly organized and are in the process of establishing bylaws and seeking funds. Other subcommittees are operating totally on community volunteers. Therefore, each subcommittee has submitted a recertification summary for your information as an update of their current strategies and also have included a current list of members and action plans (Appendix E).

Letters of Endorsement are included to show continued support of the Watauga County Healthy Carolinians 2000 Task Force (Appendix F). Support for the project continues to grow through the commitment of many hours of volunteer time donated by community organizations and community members.

Recertification Application Summary

The Watauga County *Healthy Carolinians 2000* Task Force considers among its successes the following:

- Increased media coverage
- Improvement of community organization networking resulting in cooperative programs
- Combing resources
- Increased knowledge and cooperative relationships with organizations involved in health care
- Prevention of duplication of services
- Ability of the local Task Force to function as a "clearinghouse" in the community to increase awareness of health issues
- Distribution of the Nutritional resource brochure
- Local Coalition for the Governor's Highway Safety initiative
- Addition of a sixth objective, Immunization

Healthy Carolinians 2000 has given Watauga a unique opportunity to join forces in our community to promote health and decrease the negative effects of disease and injury. Achieving the goal for the Year 2000 is a massive target yet one for which even a small step forward can create improvement in the health of Watauga County Citizens.

* The Appendix material is not included here

This document sheds a considerable amount of light on how a *Healthy Carolinians 2000* Task Force works and operates. A major part of the site visit was to observe how the subcommittees actually function. After some preliminary discussion, these activities of the subcommittees of the Watauga *HC 2000* Task Force were recapped and the interactions of the larger Task Force representatives witnessed:

- The County will be up for recertification in a few weeks (three years after it was originally approved).
- MCH: received somewhat more than $20,000 from the March of Dimes
- Injury Control: concentrated on child safety seats. The program has asked the state for — and received — financial assistance to buy additional safety seats for the children in the community
- Physical Fitness: an effort to disseminate information on nutrition by including a flyer in the Parks and Recreation summer camp information
- Chronic Diseases: concentrated on study programs on nutrition now recognized to have a bearing on cancer and heart disease reduction
- Substance Abuse: a center staffed by part time volunteers, trained to be knowledgeable about local county resources for alcohol and drug abuse treatment. North Carolina has also joined with the substance abuse committee to deal with tobacco use. This has become a very active program
- Dental Services: accepting Medicaid reimbursement for dental services is a major problem. Watauga is working with the Appalachian District Health Department on this issue and is seeking regional grant funds for a survey on dental questions.
- Domestic Violence and Rape Crisis Center: The Oasis is a shelter for victims of domestic violence. Its activities are coordinated with the Sheriff's Department. Oasis is designed for crisis intervention and provides transportation, transitional housing to victims. Watauga has developed a grant application seeking about $200,000 to fund this transitional housing situation for these victims, especially those who are homeless and in emergency circumstances.
- Wellness Center is in the process of being built

Director's Report:

- Provided some background on the county and on the newly formed position of Director of this program

- Seeking grant funds to involve the Health Department, *Healthy Carolinians 2000*, Smart Start, and the University of North Carolina's Cecil G. Sheps Center for Health Services Research to train staff in smoking cessation techniques aimed at women in the pre- and post natal periods and at the high school level population.
- Public Relations: a concerted effort is being made to publicize the program using the news papers (Mountain Times and Watauga Democrat) that includes the regular calendar of events and various other articles about what it does (recently an article about stroke prevention was published). Watauga's HC 2000 also publishes a newsletter on its activities.
- Coordination and Distribution of Materials: Work with the churches, with local industry, and with local agencies
- Fund Raising: The "resource request initiative" was begun recently in which $100 donations were solicited from businesses and organizations in the county
- Prospects: At the time of the site visit, the Healthy Carolinians 2000 people in Watauga County hoped that the legislative item appropriating $37.5 million for Health Carolinians (that would provide $36,000 for each county) in the state legislature would be passed. If it had, it would have been a considerable benefit to the counties. As it happened, this legislative proposal was shelved.[i]
- Resource Center (representing 5 local agencies) would provide information about county resources for the community: Phase I of this program is already underway; Phase II will seek to recruit and represent more agencies.

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[i] The question of support of Healthy Carolinians 2000 efforts was often alluded to in the course of these site visits. New legislation on the program was proposed during this year's State legislative session. It would have provided $36,000 per year for each Healthy Carolinians 2000 site for basic support of the program. However, it was not approved and so the sites must find their own ways to raise funds for their program's support. Mention was made in a number of sites of sources, such as foundation and United Way support. At Watauga, the Director's position — one of the few paid positions — was supported by local fund raising sources, another remarkable testament to community backing

Category A:

Community Diagnosis Assessment Abstracts

NC County Health Departments: Community Diagnoses

No	Cty	Notes	Obj. (1)	Intervention (1)	Resources Needed (1)
1	Alamance		Chronic diseases: heart disease, cancer, cerebrovascular disease & diabetes (primary causes: obesity related to poor nutrition, lack of exercise); smoking-related diseases	Smok Cessat (collab w MH, Alamance Reg Med. Ctr & priv MDs to offer smok cessat progr, Diabet preven: collab w Alamance Reg Med Ctr, Drew Hlth Ctr, & MDs re: educ	Consult & support, free or reduced cost nicotine ptches, curric aimed at 7-9th graders for schls, hire hlth educat; ID resid for diabet info, support & Span speak interp for diabet preven prog.
2	Alexander		Cardiovascular disease	Community education, Stick Out Stroke program, nutrition educa-tion program, county wellness program, establish local fitness council	Financial allocations, education-al materials, incentives, com-munity support from other health agencies
3	Alleghany	incl Ashe & Watauga	Lifestyles (the heart of many of county's problems)	Expand hlth prom: impr nutrit, incr phys activity, incr smok cessat, reduc alcohol consum, impr hlthy living, & risk reduc by incr hlth screen, publ educ, red envir risks, impr patient ed & compliance	1 full-time health educator, 1 full-time and 1 50% nutritionist, educational supplies, travel, computer software & training for developing in-house brochures
4	Anson		Sexually transmitted diseases (STDs)	Provide in service for medical providers in early detection, reporting, & treatm; continue surveillance	Need extra staff RN to offset time present staff devotes to STD, need salaries increase to attract qualified personnel, increase lab tech position form 80% to full time
5	Avery		Infant Deaths	One full-time maternal outreach worker to identify and coordinate prenatal services, community outreach thru pamphlets, posters, presentations	
6	Beaufort		Missing data-have only operational needs		
7	Bertie		Hypertension/heart disease	Hyperten clinic: screen for hyperten; promote hyperten clinic thru media, chrches, lcl med facil; incorp Life progr; refer from walk-in clinics; devel questionnaire to ID at-risk individ.	Get RN for adlt hlth prom progr; wrk w Diabet Today & Hlthy Carol task force; devel: diabetes educ & supprt grp; coord w Am Hrt Asso, NC Coop Exten, Counc on Aging, YMCA, & hlth care facil

No	Cty	Notes	Obj. (2)	Intervention (2)	Resources Needed (2)
1	Alamance		Unwanted Pregnancy	Incr awareness about contraceptive serv offered by HD, revise the sexuality educat progr in middle & high schools, streamline clinic apptmnts & expand ways to prov info.	Women's resource nurse, receive list from state of sexuality education curricula options, more clinic rooms
2	Alexander		Influenza & Pneumonia	Flu shots, pneumonia shots, distribution of educational literature, Increase awareness via PSA's and newspaper articles	Educational materials, media support, continued funding
3	Alleghany	incl Ashe & Watauga	Access to health care	Expan of prim care serv; develop pub relat campaign to incr awaren of avail serv; expand facil to meet needs of present & expand serv	1 full-time and 1 50% time FNP, 3 PHNs, 1 full-time and 1 50% time nutritionist to assist in primary care, promotional costs
4	Anson		Deaths from Influenza and Pneumonia for persons age 65 and older	Offer low cost vaccine at HD & at 4 commun sites, encour local MDs to stress vaccine to pts, Incr awaren thru notices & info in electric bills & newspaper, extend hours 1 day/week.	Contract workers to help with community clinics
5	Avery		Under utilization of child health preventive services for Medicaid eligible children	Implem health check progr w 2 coordinators (10/95), educat of prim care providers on prevent care services, increase numb of children receiv hlth check thru HD	Continued outreach to local health care providers & collaboration with general MDs; Medicaid assistance program to provide technical assistance
6	Beaufort				
7	Bertie		Cancer: cervical, breast, colorectal, prostate, oral, and lung	Screen clinic: prostat cancer; Hlthy Carolin: emph prostate cancer; stdnts learn re nutrit, hlthy food prep & eating for hlthier tomorr in Black chrchs; particp breast cancer screen progr	BCP, 1 nurse, 1 nurse practit for cancer checks; PSA Test to be offered thru state lab, NC Coop Exten Coun on Aging, local hlth facilities, YMCA; add'l computers needed

No	Cty	Notes	Obj. (3)	Intervention (3)	Resources Needed (3)
1	Alamance		Environmental Health: 1) rabies prevention and 2) food handler education	Rabies tsk frce: produce rabies prevention videos & brochures; food handler education; convene a task force	Staff time or new employees: follow-up on Rabies tsk frce, new alliances w agencies; devel rabies preven materials; devel curric; design, train, & devel literacy-appropr curric.
2	Alexander		Prostate Cancer	Specialized screening clinics, Increase community awareness via educational literature, PSA's and newspapers articles	Funding, health care provider, local agency involvement (e.g., ACS)
3	Alleghany	incl Ashe & Watauga	Environmental health	Expand envir educ in commun, schls, & clubs & thru media; expand computer capab to environ hlth staff & ntwrk offic; distr & state stream surveys to locate & repair malfunct & illegal sewage syst.	1 full-time environmental health specialist, travel, education, computer equipment/supplies
4	Anson				
5	Avery		Increased deaths in the 65-84 age range due to pneumonia and influenza (1989-1993)	Prov pneumonia vaccine thru HD in conjunc w influenza vaccine to immuniz at least 10-20% more at-risk individin age range.	increase funding and availability of vaccines to immunize at-risk population
6	Beaufort				
7	Bertie		Diabetes	Diabet Today & Hlthy Carolin TF; monthly diabet educ & supprt grp; hyperten clin also follows pts w diabetes; K. Reynolds Trst Fund, dietary mgmt w resour of cty welln progr-diet & exerc	Use: Hlthy Carolin & diabet today TF, ECU med sch, diabet fllwshp, serv for blind, UNC-CH-dept ophthalm, Eating for hlthier tomorrw, NC coop exten; needs: RN & computers.

No	Cty	Notes	Obj. (4)	Intervention (4)	Resources Needed (4)
1	Alamance				
2	Alexander		Inadequate prenatal care	Outreach to increase care in 1st trimester, Lamaze & parenting classes, follow-up on missed appointments	Grant and/or funding for transportation; school board involve-mnt in teenage pregnancy
3	Alleghany	incl Ashe & Watauga	Motor Vehicle Accidents	Comm educ: red alcohol consump; incr seat belt use & commun awaren thru media, schls, fam resour ctrs; Ident critical road construct needs; wrk with Hlthy Carolin on goals of safety	30% health educator, educational supplies
4	Anson				
5	Avery				
6	Beaufort				
7	Bertie		Adolescent pregnancy	Form ctywide adoles pregnan focus grp to devel interven; Integr fam life educ in middle schl hlth classes; reestabl TIP Program in Bertie High Schl; collabor w fam plann staff to prom awareness	HD: network w schls, chrches, YMCA, coop exten, civic grps, fam resour ctr, hosp, retired schl personn, indust; add'l resour: fund for vehic for transport & comput soft- & hardware

No	Cty	Notes	Obj. (5)	Intervention (5)	Resources Needed (5)
1	Alamance				
2	Alexander		Access to and utilization of care	Wrk w Chamb of Commer, hospital, & medical progr to attract medical-dental personnel; educat interven, via PSA's & newspapers to incr awaren of HD serv	Media support
3	Alleghany	incl Ashe & Watauga	Suicide	Impr teen self-esteem, ident those at risk in schl & clinics, devel + goals; incr availab of teacher-commun leader workshps; educ publ agenc (e.g., police dept) on ID of at-risk individ.	
4	Anson				
5	Avery				
6	Beaufort				
7	Bertie		Pneumonia and Influenza	Expand vaccine thru HD clinics & progr; Incr # offered; Publiciz "Flu Shot Day;" Coord w satellite clncs; Collab w Counc on Aging, public speak, outreach, news articles; Prom immuniz thru HD	Use HD funds to purch vaccines until it's availab under vaccine progr; netwrk w exist cty hlth care deliv syst; netwrk w exist orgs in offering serv to at-risk individ; ask for state support for RNs

No	Cty	Notes	Obj. (1)	Intervention (1)	Resources Needed (1)
8	Bladen		Infant mortality rate	Incr # of matern appts to impr access, add matern outreach, incr MCC staff, expand Baby Love prog, incr % fam plan for teens: 25% > 49%, incr % of expect mthrs opting for HIV test-1st trim	Salary, beneftis, office space.
9	Brunswick		Teen pregnancy	Hire matern outr wrkr for pop. at risk, support adolesc pregn prog. at schl, ntwrk w schl syst & collabor on interven, seek fund for fam plan incent progr	Additional funding for Family Planning Incentive Program
10	Buncombe		Unhlthy behav-related hlth outcom reduced or elimin by changes in personal behavior: smok & tobacco use esp w youth & pregn women, & adoles pregnan & sexuality	Smok cessat & behav change resour, expand Project ASSIST, decr expos to 2nd-hand smoke, fund adoles preg preven progr, support comm coalition for pregnan prevent, comm. educat	Funding for educational materials for smoking cessation, purchase media time to promote smoking cessatoin, paid media time for community education development
11	Burke		Prevent Hlth: Smok, congen anomal, diabetes, kidney dis, cancers, fam plann, precon-cept hlth, hlth screen, osteo-porosis, early prenatal care, injuries, obesity, tuberculos, immunizat	65 separate interventions were listed on the report	Numerous resources were listed with funding being the primary one
12	Cabarrus		Improve first trimester care rate	Eliminate intale procedure for maternity clinic, increase media efforts to taget teen & minorities, implement follow-up systems to track Medicaid patients in private care	$5,000 for maternal outreach project
13	Caldwell		Ground water and surface water contamination	Adopt local well ordinance, public awareness, survey/sampling of private water supplies, coordination between depts.	Additional Staff, funds for operating expenses, training for implemen-tation of well ordinance, use environ-mental health college summer interns
14	Camden	Includes Chowan, Psquotnk, Perquim	Aging Population/Adult Health	Develop single portal of entry, provide adult day health care services for adults; home health care; and hospice, and enhance awareness of health care services/benefits	Single Portal of Entry System Coord-inator, reimbursement for adult day health care servcies, community development specialist public relations coordinator

No	Cty	Notes	Obj. (2)	Intervention (2)	Resources Needed (2)
8	Bladen		Heart Disease	Education fostering healthier lifestyles, promote exercise, increase screening programs, reduce tabacco use (esp. teens).	HealthWatch is in place and continues to grow. Exercise equipment is in place. Educating public about tobacco usage.
9	Brunswick		Late entry into prenatal care	Matern Outr Wrkr: identify & refer pregnant women for care, utilize incent progr to encourage consistent prenatal care, collabor w Brunswick Hospital to market avail serv	
10	Buncombe		Health Infrasturcture issues: automated database for health care, community health care plan, database/ registry for immunizations	Maintain involvement with Health Partners, BCHD to participate in WNC-CHIN for database develop-ment, NC Immunization Registry in place at BCHD in 1996	Funding for automation
11	Burke		Dental Health	Incr educ, expand dntl clinic, hire DDS, contin 'Smiles' progr, impr use of schl hlth funds, contin WIC educ, prov commun progr, oral hyg in prenatal clsses, Hlthly Mouths task force	Funds to hire dentist, office space, educational equipment and supplies, equipment for 2nd dental operatory
12	Cabarrus		Reduce the incidence of health disease, stroke, and high bloodd pressure	Expand work site progr promot behav chng, organ Schl Health Advis Coun, implem hlth ed. (K-6th), collabor w nicotine depend ctr at Cabarrus Mem Hosp for smok cessat intervent	
13	Caldwell		Child health/immunizations	Contin "No Barriers to Immuniz" policy, provide commun-wide immuniz via Smart Start mobile unit, prov immuniz educat materials to community, focus on immuniz within HD	Complete state-wide immuniz registry, legislat lobbying, funding, equipm, & personn, WIC allocate funds for incr caseload, educat mater & training in chldhd obesity & anemia
14	Camden	Includes Chowan, Pasquotnk, Perquimans	Chronic diseases prevention, detection, management: cancer, diabetes, diseases of the heart, cerebravascular disease	Incr commun awaren re signs, collabor w providrs to incr screen, prov lifstyl mod. intervent, incr comprehens adult hlth services, prov home health, hospice care, & follow-up treatm	Staff: health educator, public health nurse, exercise physiologist, funding for physician services

No	Cty	Notes	Obj. (3)	Intervention (3)	Resources Needed (3)
8	Bladen		Tuberculosis	Increase surveillance of high-risk groups, educate management and farm owners, emphasis Direct Observed Therapy, institue protective measures for staff	Schedule testing at Smithfield Plant, special training for lay people, travel funds needed for TB doctors, possibly puraching ultra-violet lamps/hepafilter air cleaner.
9	Brunswick		Lack of health screening for adults over 65 years or below poverty level	Devel criteria for use of HD adult hlth clinic, offer adult hlth screen to those > 65 yrs., more commun outr activ, mkt BCCCP, ntwrk w lcl hospit & MDs to prov referr sources for HD patients	Additional Adult Health funding to meet increased clinic needs
10	Buncombe		Access to healthcare for indigent: primary care, family planning services, dental health services, and main-tenance-care for elderly residents	Product use of exist hlth dept. resour, support of primary care serv for indigent cty resid, expand commun linages, encour volunteer dentists, decr barriers such as inadeq transport	Administrative staff and funding
11	Burke		Contaminated Private Wells and Failing Septic Tank Systems	Private water supply program, survey existing water supplies, survey program for existing septic tank systems, correct failing septic systems	2 add'l environmental health specialit positions, vehicles, equipment, space, supplies, funding
12	Cabarrus		Reduce incidence of tuberculosis	Provide education to health care providers and employers, increase community awareness through media	
13	Caldwell		Chronic Disease: diabetes, cardiovascular disease	Prom dietary mgmt to reduc cholest, incr commun screen, impr referr, incr number of commun & adult health screen, & collabor with Am Heart Assoc, Cooper Exten Serv, & MDs.	Encourage training/education,and increase laboratory staff time
14	Camden	Includes Chowan, Pasquotnk, Perquimans	Infant mortality	Commun awaren & outr, provide child-birth prep educ; parent educ, incr # of newborn home visits by Public Health Nurse; educ in commun & schls to minimize # of unintended pregn	Maternal outreach worker, public health nurse health educator

No	Cty	Notes	Obj. (4)	Intervention (4)	Resources Needed (4)
8	Bladen		Intensive Livestock Operations (ILOs) (hog growing and processing industry)	Survey risks & educate public; Need "draft ordinance" provid direction for local directors; Need Emerg Spill checklist; Aask state whether ILOs are "farms" or industries	Need a definitive study, need a draft document, need a checklist, need to put this on Directors' Association Legislative Agenda.
9	Brunswick		Septic tank system (type IV, V and VI) need better mainten & regulat oversight		
10	Buncombe				
11	Burke		Infant deaths & low birth wt: teenage moms-subsequent births, short delivery to conception interval, smoking	Educate community about routine health screenings, immunizations, prenatal care, healthier lifestyles, SIDs pamphlet, increase commun awareness - list of 23 interventions on report	Health Education time, Health Check Coordinators' time, SA literature, office space for SA counselor, Interpreter, SIDS literature
12	Cabarrus		Reduce the incidence of STDs	Expand clinic hours to increase access to STDs; increase community awareness of STD services through outreach, emphasize prevention, increase STD education in schools	Resources for cross-training of staff and flex-time scheduling required for clinic changes
13	Caldwell		Infant mortality & teen pregnancy	Promote: "Baby Love" and "Our Babies" progr, "Babies & You" classes, fam plan & prenatal clinic. Incr preconcept counsel, smok cessat for mothers. Work w $-a-Day, Wise Guys & schls	Legislative support for educaltonal component in schools (state and local)
14	Camden	Includes Chowan, Pasquotnk, Perquimans	Communicable disease, pneumonia and infuenza, syphillis, AIDS	Enhance community awareness regarding signs/symptoms, prevention, diagnosis, treatment; increase flu vaccinations	Public Health Nurse

No	Cty	Notes	Obj. (5)	Intervention (5)	Resources Needed (5)
8	Bladen		Cardiovascular Accidents (CVAs)	Estab commun-wide hlth educat system for hlthier lifestyles; promote organiz exercise progr; incr screening progr; reduc tabacco use esp. in teens	See response for Obj. (1)
9	Brunswick		Brunswick Cty does not have a county well ordinance		
10	Buncombe				
11	Burke		Asians, Hispanics & illegal aliens-unsanitary conditions	Keep interpret for clinic & home visits, stress immuniz, offer sanitat classes at employmnt, req clients to learn English, go to housing author sites, referrals to environ hlth, coord w commun	Funding, environmental health and health education time to conduct classes, collaboration with schools, community college, literary council, etc.
12	Cabarrus		Reduce the incidence of respiratory diseases	Collab w the Nicotine Depend Cntr, prom hlth educat curric in schl systems, collabor with Amer Lung Asso about asthma, flu, & pneumon vaccinat for high-risk populat	
13	Caldwell		Substance abuse: smoking, tobacco use, alcohol, & drug abuse	Incr awaren of smok cessat in clinics, wrk with proj assist, prep brochure on icl resour, present progr on FAS, coord w MH counselor, refer matern pts, & media promot of Nat'l Drunk Driv month	Legislative support for restricting youth access to tobacco
14	Camden	Includes Chowan, Pasquotnk, Perquimans	Child Health Services	Increase: community awareness re-garding well-child check-ups, school based ed., community oriented immunization programs; collaborate w/ health care providers, etc.	

No	Cty	Notes	Obj. (1)	Intervention (1)	Resources Needed (1)
15	Carteret		Health promotion/disease prevention	Newly established alliance between cty hlth dept and Carteret General Hospital to devel health promotion wellness program for employees, business and the community	Funding sources identified to support such a project
16	Caswell		Infant Mortality	Parenting education program, prenatal education, and maternal outreach, mass media	Add'l funds for full-time maternal outreach worker, money to develo. mktg plan for HD services, add'l funds for staff to coordinate parenting education program
17	Catawba		Access to dental care (no dentist in the county accepts Medicaid)	Continue to provide dental services at the HD for children, establish dental health clinic to serve adults with Medicaid	Con't the $95.36 Medicaid reimbursement per dental visit, increase dental operatories and staff, extend current interagency agreement of $95.36 per dental visit
18	Chatham		Environmental health related to inadequate management of human & animal waste leading to surface & ground water contamination	Has operation permits issued by state, but lacks personnel to monitor compliance adequately	Increase awareness of applicators, increase number of monitoring personnel
19	Cherokee		Teen Pregnancy	Establish an education program in shcools, have teen mothers talk with students, implement a teen counselor	Community involvement, approach school board about implementation of thse programs; training for teen counselor, secure money for these programs
20	Clay		Cancer	BCCCP: provid pap smears & mammo-grams for qualif patients, Bowman Gray cancer awaren program; PSA bloodwork screen for men; smok cessat classes thru project assist	Bowman Gray cancer awareness: funded to 1997
21	Cleveland		Reduce morbidity and mortality as a reslit of chronic diseases	Develop partnerships with private health care providers: cardiovascular health, diabetes, etc, comprehensive hlth promot & wellness strategies	Legislative funding to do chronic disease initiatives, local partnerships, local funding, grant opportunities

No	Cty	Notes	Obj. (2)	Intervention (2)	Resources Needed (2)
15	Carteret		Injuries (preventable)	Formation and participation in a safety council	Personnel allotted to spend more time in this area
16	Caswell		Expansion of municipalities (no hospital)	Develop collaboration with economic planning board, promote city water/sewer	Add'l funds for staff to develop strategical plan to promote expansion of municipalities
17	Catawba		Injury Prevention	Car seat safely programs, parentling education, mother read program	Fudning resources, educational training programs funding resources for curriculums, incentives, materials, and books
18	Chatham		Lack of awarness and recognition of the value of community-based, prevention-oriented public health initiatives.	Media to inform public of health service initiativ, new commun-based initiatives underway, re-evaluate 'what is public health,' extens commun health assessmt underway	Funds for outcome based evaluation & mrktg, statewide education, funding for local "Healthy Carolinians Task Force" & for staffing.
19	Cherokee		Reduce risk of cardiovascular disease	Provide community education, provide community exercise classes	Community involvement, meeting place
20	Clay		Cardiovascular disease, sedentary lifestyles	Exercise & wellness progr for cty employees, cardiac rehabilitation progr with Murphy Medical Center & District Memorial Hospital	Add'l funding to continue
21	Cleveland		Reduce teen pregnancy & related problems	Develop community-wide partnership, create innovative education & prevention strategies, continue to provide parent training, reduce recidivism	Legislative funding to support teen pregnancy prevention initiatives, local grant thru United Way, private foundation, etc.

No	Cty	Notes	Obj. (3)	Intervention (3)	Resources Needed (3)
15	Carteret		Substance abuse (tomacco-related, alcohol, and drug abuse)	Continuation of Fresh Start classes thru HD, Win Program, mini-grant applicaiton with Carteret Cty Schools for smoking cessation for high school students	More resouce information and regualr trainings especially for drug abuse and alcohol abuse
16	Caswell		Diabetes mellitus	Establish diabetes clinic, education, life style modificaiton programs, diabetes support group, provide blood-sugar screenings, mass media	Add'l money for staff, to develop media/mktg plan, to purchase clinic supplies for blood sugar screening
17	Catawba		Primary Care	Collaborate with hospital to provide primary care, collaborate with local businesses and health care agencies to consider increasing access to 'working poor.'	Funds for space and staff to provide primary care services, mass media campaign to educate the community
18	Chatham		Increase availability and use of substances especially by school age children	Early ID & social work interven-tion w schl based health cntr; progr to incr studnt self-esteem, schl sponsored programs; devel recreational park in Siler City	Evaluate effectiveness of & expand schl based health ctr focusing on prevent SA serv; replicate school based health cent concept in other schls
19	Cherokee		Sexually transmitted diseases	Provide STD resource materials to schools, use Nurse Practi-tioner to treat non-reportable STD's, provide better services for people needing treatment	Funding for test & treatment of STDs, purchase "Straight Talk" magazine, new NC general assembly income guidelines for NC cancer program
20	Clay		Injury prevention	Infant-child car seat distrib progr; seat belt program w SADD progr thru high schl, use crash test dummies; smoke detector battery distribut to homes w children	Funding, rent crash test dummies suits
21	Cleveland		Reduce Intentional Injuries	Parent skills training in communicatoin and conflict rosolution, develop community-wide violence prevention strategies	Legislative funding to support community initiatives, local grant funds, private and federal grants

No	Cty	Notes	Obj. (4)	Intervention (4)	Resources Needed (4)
15	Carteret		Teen pregnancy	Application for APPP funding, institution of CHAMPS program	Facility space for mentor training, facility & space for educational sessions for teen moms.
16	Caswell		Cerebrovascular disease	Education (risk factors, diet), Nutrition education, promote exercise	Add'l money for staff, and to develop/implement mrktg plan to expand media utilizaton
17	Catawba		Infant mortality, teen pregnancy, access to reproductive health care services	Timely access to family planning services (decrease waiting time for appt, expand clinic services, expand teen preganancy prevention programing known as TNT)	Add'l clinics, staff and funding
18	Chatham		Increasing incidence of HIV/AIDS and other STDs	RIOT to address rising STDs using professionals, volunteers & community residents, increase number of volunteers available to provide education	Funding for CAP-AIDS In-home serv; establ buddy system for persons with AIDS; assure comprehen & effective fam life educat in the schl syst
19	Cherokee		Reduce the prevalence of smoking	Provide ongoing smoking cessation classes, educate public on hazards of tobacco	Educate a person to be a smoking cessation facilitator and solicit an established smoking cessation facilitator for the programs
20	Clay				
21	Cleveland		Environmental health issues	Begin discussion & policy development, advocate thru local board of health & county commissioners for increased training	DEHNR technical assistance, community college system, localboard of health, county commissioners

No	Cty	Notes	Obj. (5)	Intervention (5)	Resources Needed (5)
15	Carteret		Cost of health care (in top 5 of medical survey & community survey)	Research managed care & its effect on commun, reassessing present services at HD while exploring new services	Need flexibility in re-aligning state contracdts based on new priorities
16	Caswell		Cancer (colon, rectum, anus)	Education, nutrition education, cancer screening	Add'l money for staff and for clinic supplies
17	Catawba		Public health involvement re indoor air pollution	Lobby for change, educate public, appropriate funding levels	Legislation, public health education task force, legislation for appropriation
18	Chatham		Nutrition-related conditions & diseases, espec obestiy	50% nutritionist to prov limited counsel for adolesce, pregnant women & adults, health promot, nutrition support grps	Add'l funding, increase public awaren, budget for nutritional intervention
19	Cherokee		Diabetes	Diabetes program with nutritional educat & diabetes clinic	Fudning for dietician, doctor for clinic, insulin/needles, cooperation with hospital to do program, certified diabetes instructor
20	Clay				
21	Cleveland				

No	Cty	Notes	Obj. (1)	Intervention (1)	Resources Needed (1)
22	Columbus		High rate of births to unwed mothers	Increase educational compenents in schools & clinic for males & females re sexual activity, expand male involvement program, provide prevention education	Salary, benefits and office space for additional health educator
23	Craven		Adolescent Health	Assessment of adolescent health problems using focus groups and surveys	Focus group training
24	Cumberland		Immunization	Sched vaccinat for chldrn when mother returns for post partum exam; opportun: patients lost betw clinics; accelerated immuniz sched needs to be used by staff	Add'l resources are not needed
25	Currituck		New public health facilities badly needed	County, state, federal support to hopefully provide new facility	Consultant will help in design, space allocation, technical needs and training for communi-cation, data recording and reports, laboratory, security
26	Dare		Teen pregnancy:	Fam Life Progr encour abstin; Self-esteem classes for at-risk & schl teens; Impr decis mak skills in schls for hlth care, preconceptual, & concept prevent; Baby Doll learning progr	Elementary, middle, & high school RNs, hlth educat, counselors, fam plan RNs, etc. needed; school bd & PTA support for baby doll progr; purchase of 3 or more Baby Dolls
27	Davidson		High infant death rate	Prom fam plan & matern clinics; 100% matern pts to be offered Baby Love Prog;100% of matern pts offered WIC progr at initial visit; prov transport for prenatal visits	Funding for publicity & transportation
28	Davie		Sedentary life styles: physic fitness & nutrition	Davie cty hlth fair on physic fitness & nutrit; expand HD's lifestyle grant progr to other towns; impl phys fitn & nutrit progr in schls; "Let's get in shape" program	Funding for agencies & organiz that are members of Davie Co. Hlthy People task force & for lifestyle grant initiatives

No	Cty	Notes	Obj. (2)	Intervention (2)	Resources Needed (2)
22	Columbus		High rate of syphillis & gonorrhea with the potential increase in HIV infection & AIDS	Incr knowledge of STDs; expnd male involvem progr to middle schls; infect disease clinic enacted 7/94; implem HIV/AIDS outr clinics, expnd STD/HIV outr clinics	Salary, benefits and office space for additional personnel
23	Craven		Cardiovascular Disease	Smoking cessation sessions, weight loss & exercise program, CVD screening in low income minority women	Funding for nicotine patches, cooperative arrangemetns for educational sesions, funding for a lending library for educational and exercise videos
24	Cumberland		Homicide/Violence	Prim preven using educ, implem conflict resolut progr, commun-based health educat ntwrking, design progr focusing on vulner-abil, liaison w the juvenile court syst to reduce recidivism	Add'l funding to purchase special programs and incentives, train lay health advisors, transport and advertise
25	Currituck		School-teenage lifestyle, morality, drug involvmetn, education, STDs	Health Dept. involvment with STD diagnosis, treatment, education	Need add'l nurses to concentrate on school age social problems
26	Dare		Obesity with respect to diabetes, hypertension, & atherosclerosis	Diet: wt contrl thru meal planning, monitor, educat; phys activ: assmnt of present habits & encourg participat in progr; once-a-month lunch time progr semin on hlthy eating & risks for chron disease	Addl funds for nutritionist, health educator, health promotion RN, & materials for proposed lunch progr
27	Davidson		High death rate due to non-motor vehic injuries	Provide client education on accident prevention	Funds for staff and injury control devices
28	Davie		Health screening & promotion	Hlth promot serv for: BP & cardio-vascular dis; nutrition; prostate cancer; preconcept; smoking cessat; 8 articles in newspapers on hlth educ	MDs for heart disease; nutritionist; personnel for prostate cancer, preconception, & smoking cessat

No	Cty	Notes	Obj. (3)	Intervention (3)	Resources Needed (3)
22	Columbus		Increasing elderly population and insufficient services to support this increase	Breast & cervical cancer control progr for low income women age 50+, strike out stroke interven & preven educat, immuniz campn for older adults, cancer screen for males 50+ years old	
23	Craven		River Pollution	Develop cooperat arrangement w shellfish sanitation to perform shoreline survey for illegal point source dis-charge, perform limited survey of densely populated areas	Funding for boat rental or contract for boat services
24	Cumberland		Secually transmitted diseases (STDs) and AIDS	Provide STD serv that include assuring compliance w cntrl meas, extend STD serv hurs, develop culturally sensitive appr for STD info, develop STD peer educ bureau, provide schl-based teen clinic	Add'l funding for nurses/doctors, STD investigators, office space, health educators
25	Currituck		Sewage Disposal problems accompanying rapid development	Health Dept evaluation of a variety of standard, inovative and experimental sewage disposal systems	State consultation on soils, engineering, more educational sessions on technology and monitoring
26	Dare				
27	Davidson		High death rate from motor vehicle accidents	Parental educat re car seats & seat belts; Continue child car seat loaner program	Funding for addl car seats
28	Davie		Motor vehicle accid & Injuries	Media campaign in incr knowldge of accidents & prevent meas; provide educ mater for local MDs on vehicl safety	Contacts with law enforcem offic & news media; ordering educat materials

No	Cty	Notes	Obj. (4)	Intervention (4)	Resources Needed (4)
22	Columbus		Existing potential for alcohol & other drug abuse problems	Substance abuse preventon education to all prenatal and family planning patients, students in male involvement program at county middle schools, and patient in HIV/STD clinics.	
23	Craven		Advocacy-education of community on public health program & needs	Agency media and publication committee, educational sessions for cty commissioners and officials	Training for video taping for better educational tapes, software for editing tapes, use of internet, funding for health education position for Div of Environm Health
24	Cumberland		Infant mortality	Continue ongoing preventative health services: early appts to ID pregnancy, public helath nurses make homevisits, offer childbirth classes, provide maternity care coordination	Add'l funding for: nurses, health educators, educational materials, office space
25	Currituck		Water supply very limited	County gov't responsibility to explore and disign facilities available	State water supply consultation, educational workshops for environmental staff
26	Dare				
27	Davidson		High death rate for accidents of those under 20 yrs	Provide educat about safety; Provide safety equip for needy families	Funding to purchase safety equipment
28	Davie		Prevention & detection of communic disease: flu & pneumonia, childhood illness, STD & AIDS	Commun-wide efforts to educ public on flu & pneumon vaccinat; Incr local immuniz efforts for children <2; Educat progr for businesses, organizat, schls on prevent of STD and HIV	

No	Cty	Notes	Obj. (5)	Intervention (5)	Resources Needed (5)
22	Columbus		Existing inadequate, inaccessible or unavailable health services to the coummunity as a whole	County wide health fairs in schools, senior centers, & community churches, provide HD services at non-traditional sites & hours.	
23	Craven		Cancer	Seek methods to prov primary care for adults, continue BCCP prevent progr, prostate Cancer Screen targeting low income minority, particip in regional cancer coalition group	Start-up funding, expand funding to cover ultrasound for BDDP, funding for Prostate Cancer Screening, continue funding for mammograms
24	Cumberland		Teen Pregnancy	Encour teens to delay sexual activity, enhance awaren of contracep serv, incorpor successful mentors in all teen pregnancy prevent progs, encour abstin, prov transport to med facil	Add'l funding for health educators, nurses, specialized programs, office space, transportation, social worker
25	Currituck		Problems of aging population including adult helath screening, monitoring	HD screening and monitoring including BP, diabetes, choles-terol, breast, & cervical cancer, nutrition, classes for diabetes management, classes for healthy lifestyles	Need more personnel to cover these problems, need new health facility, need state education for nurses
26	Dare				
27	Davidson		High number of deaths due to cardiovascular disease; High prostate cancer death rate; High death rate from nephritis (* Obj #5 incl #5 thru 7 in the State's documents)	Educate the public on: hlthy life-styles; prostate cancer; nephritis	Staff for educat & outreach
28	Davie		Infant mortality; adolescent health care *NB: Davie county has listed these two are priorities 5 and 6. They have been combined here to stay within the available space	Contin HD's MCH serv; incr awaren on SIDS; impl phase II of adol preg prevent proj, offer particip in fam life educ to gr 4, 10, 11, & 12, peer mentor progr to gr 5-12, abstin progr, fathers as parents	State funding to support proj staff and activities

No	Cty	Notes	Obj. (1)	Intervention (1)	Resources Needed (1)
29	Duplin		Maternal health: teen preg; less than 12 mos betw preg; transport; lack of fam plan; undocum pregn women	Teen awaren progr; teen parent supp grp; impr transport; DAISY commun plan for activ; Baby Bucks incent; coop ext progr for preg teens; new ways for teen preg interv	State-wide incent progr for teens who do not get preg; reinstate case mgt fam plan for teens; better self esteem progr; youth after school progr; better provis in state progr for undoc women
30	Durham		Infant mortality	Preconept hlth & prenat care: 6 locat; wrkshp in lcl schls; outr & early enrollm; pregn plann; nutrit; media help; schl hlth; care for high-risk infants	Community health aides; reimburs for care coord, nutrit, soc wrk, PH RN, hlth educ, schl RN, etc
31	Edgecombe		STD, HIV. AIDS	Condom use; allow fam life educ, impr schl consultat; male outr; Rapid Interv Outbr Teams; Tx & serv in satellit clinics; commun educ	Incr Staff consultat & followup; addl RN time in main office & clinic
32	Forsyth		Chronic disease	Use commun & profession coalitions, incr awaren of chronic dis screen, educ consumers re changing criteria for hlth care access, serv, & policy developm encourag hlthy lifestyl thruout life	Provide funding for chronic disease screening, increase staff for health promotion programs, screening equipment & educational materials
33	Franklin		Teen pregnancy	Family planning & outreach education	25% health educator
34	Gaston		No information	No information	No information
35	Gates		Atherosclerosis	Education, screening and referral	

No	Cty	Notes	Obj. (2)	Intervention (2)	Resources Needed (2)
29	Duplin		Family plann: poor access to care & limited home resour for incr Hispanic commun; lack of schl-based fam plan for teens after 1st pregn	Outr & educ serv to incr awaren; Show migrants how to access care; Offer birthing & breast feed classes in Span; Seek new ways to reach teens outs schl setting; Targ teens w 1 prev pregn	State & local fund: MCC; Incr resour undocum Hisp's needs; educ resour: train in reading; videos & pamphl: Hisp; dangers: too close pregn for women & subseq pregn; train: subsq preg interv
30	Durham		Teenage preg	Outr: human grwth/develp/fam pln; comprh schl fam life curric; teens part of soln; schl-based servic; wrk w adol preg preven coalit	Inventory exist serv & personn; fund addl educ materials
31	Edgecombe		Home care: $ for Rx, more home resources; improv transport; high tech staff	Provide hospice care, private duty RNs, alternatives, respite care, day care, volunteer care	$ for home care services; FFS for home care needs; overnight facil for respite care; incr staff for incr load
32	Forsyth		Teen Pregnancy	Incr: educat re reproduct hlth, choices, decision making & re-sponsibil, availabil of contracept, utilizat of coalition to addr probs, encour commun progr to prom & family & social support	Staffing & money for expanded family planning clinic
33	Franklin		Infant deaths and high risk live births	Educat new mothers, early enrollment with providers, maternal outreach	25% health educator for infant deaths progr; 25% health educator and full time clincian for high risk mothers
34	Gaston				
35	Gates		Pneumonia an influenza	Education, screening and referral	

No	Cty	Notes	Obj. (3)	Intervention (3)	Resources Needed (3)
29	Duplin		Communicab diseases: STDs (Syph, GC, HIV); TB; rabies	Free STD clinic; HIV screen & counsel: prenatal pts; Goshen Med Ctr: free HIV screen; syphil screen at 2-3 sites; renew STD & HIV educ in hi schls; cty-wide schl progr on rabies	Incentiv for more MDs to treat HIV; funding for lab, equip & staff for screen; for educat mater; for schl RN educat & contin ed for staff; for TB RN outr & screen; for PH educ on rabies
30	Durham		Cardiovascular disease	Identific (wrksites, schls, sr citiz); implem wellness in schls; educat on risks; Incr commun awareness	
31	Edgecombe		Child health & school health: financial resour, screening, immunizat, followup	Incr time for followup on screening; family plann; educ parents re vaccin; teen health; evening clinics for screening	Addl RN & $ for family assistance' addl portable screening equip
32	Forsyth		Infant mortality	Promot: pre- & interconcept health, early; accessible; contin prenat care, plann pregnan, subst abuse preven during pregn, addr lang barrier issues for prenatal care serv, incr # of priv MDs	Accessible family planning clinic providing pre & interconcept-ional health education, funding for health care counseling classes w staff, funding bilingual services
33	Franklin		Protate cancer	Education & possible screening	25% health educators and 25% for RN
34	Gaston				
35	Gates		Unintentional Motor Vehicle Injuries	Media awareness by way of newspaper, radio, health fairs, etc.	

No	Cty	Notes	Obj. (4)	Intervention (4)	Resources Needed (4)
29	Duplin		Chronic diseases: cardiovascular (incl hypert); diabetes (DM) esp for non-white females; cancer	Outreach media camp: cadiovascu-lar dis; screen for BP, cholest, cardiac prof; Diabetes recog & treatm: signs, symp, & nutrit refer & screen; 5-a-day fruits & veg prog: cancer; wellness prog	Fund: media educ mater; full-time Nutrit; hlth promot activ; part-time MD to eval lab tests; screen suppl & equip; market wellness to industr & agencies
30	Durham		HIV-AIDS		
31	Edgecombe		High lead levels (Cty has one of highest incidence of Pb levels, many lead based paint homes; substandard housing	Educate landlords, rental agents, & genl public on risks & abatement; affordable low rent housing; enforcement of housing stds	Funds for abatement & alternate housing; increased staff for followup; addl child services coordin for followup
32	Forsyth		HIV/AIDS/STDs	Promote awareness of HIV/ AIDS/ STD services. expand programs, promote intensive education; counseling; and testing, programs focused on effective sexual decision making skills	Inventory of existing organi-zatons that promote awareness of HIV/ AIDS/STDs services, funding to train staff in bilingual services, staff for HIV testing and counseling
33	Franklin		Diabetes	Education, community awareness, counseling thru DEHNR	Adult hlth coordinator & hlth educator
34	Gaston				
35	Gates				

No	Cty	Notes	Obj. (5)	Intervention (5)	Resources Needed (5)
29	Duplin		Child hlth: childhood obesity; immunizat; well-child checkups; lack of attention to preven hlth needs	Outr: schl progr by nutrit & lunchrm person; schl screen; after schl exerc progr; media cover; inter-agency collabor; fam screen; transp; incr clinc hrs; parent preven care outr thru media	Volunt recruit train; food awaren train for teach; exercise equip; full-time RN; addl transp fund; fund staff overtime
30	Durham				
31	Edgecombe		Infant mortality & teen pregnancy; TB and high risk behavior; heart disease, cerebrovasc disease, cancer; home care: holistic hlth, financing, tansportat, counsel, etc	Hlthy mthrs-hlthy childr, Baby Love, outr; incr outr, test, followup; expand hlth promot, resourc screen, educ; holistic serv despite inability to pay, incr social serv, hospice, etc	Incr outr/fam plann, addl RN and staff; addl RN & staff for outr & observat; addl $ & staff for detect, Tx, & followup, BCCCP; addl staff, training, & funds
32	Forsyth		Substance abuse/use	Encour hlth serv agen/prfssionl to educ staff on alcohol, tobacco, drug issues, suppt build drug-free commun, encour cty-wide pol of smoke free environ, suppt policy-program: ATOD issues	Continue education funds, coordinate with existing programs to publicize existing training programs, enforce existing policy for smoke free health service delivery
33	Franklin		Communicable diseases (not specified)	Increased programs, staff, and surveillance	25% RN and 25% hlth educ with assistance from state
34	Gaston				
35	Gates				

No	Cty	Notes	Obj. (1)	Intervention (1)	Resources Needed (1)
36	Graham		Teen pregnancy	Implement "Baby Think It Over" in the schools, implement pregnancy prevention programs in schools	Staffing and funding for staff and programs
37	Granville		Cardiovascular disease (high incidence & death rates)	Provide wrkste wellness program (focus on diet & exerc), expand community ed. efforts, link w other agencies in cty to offer educ & screening services	Continued funding for Life project, add'l funding for expansion of worksite wellness program
38	Greene		Sexually transmitted diseases & HIV	Promote community awareness thru organization, churches, etc., implement more education in the schools, increase condom distribution and education	Staff, legislative policies and curriculum for education and distribution of condoms in the schools
39	Guilford		Heart disease, stroke, hypertension	Prov hlth ed, prom commun activ to achieve hlthy lifestyl, prov risk factor screen progr (high bl press, cholest, diabetes, obesity) prov free bl press screen clinics	Local/state support for smoking cessaton, volunteers throughout the community, add'l funding
40	Halifax		Lack of community awareness regarding personal health promotion and disease prevention	Mkt HD services in cancer prevent, preconceptional health care, increase community ed on violence prevent, use media, participate & organize health fairs	Mobile mammography van, begin Healthy Carolinians 2000 project
41	Harnett		Infant mortality	Prenatal clinic within the HD, increase maternal health staff, increase # of women receiving prenatal care	Physicians for clinic, add'l funding for outreach staff
42	Haywood		Assure primary care for low-income persons (children, youth, adults)	HD, priv provid, cty hosp netwrkng will determine whether low income pts rec primary care; funding availability will determ which system is chosen	Univer & comprehen hlth insur, incl prevent periodic screen, adeq number of primary care provid, clinic & primary care prov availabil, patient access to clinic or primary care provider

No	Cty	Notes	Obj. (2)	Intervention (2)	Resources Needed (2)
36	Graham		Dental care for medicaid children	Provide needed dental care, provide education on dental hygiene in schools	Obtain dental van from Memorial Mission hospital, find facility for dentist from No. Georgia willing to see Medicaid patients, funding and staffing
37	Granville		Cerebrovascular Disease (high death rates)	Continue & expand HD adult health clinic, link w other agencies in cty, work w state Div of Health Promotion & w WIC program to promote healthier eating habits	Strike Out Stroke materials, technical assistance in starting program
38	Greene		Infant mortality	Incr promot of the Baby Love Program, add'l maternity care coordinat, add'l Social Wrkr, incr outreach & follow-up, more ntwrking w other resources, add'l promotion of avail services	Add'l funs for staff, grant infor-mation, computer networking with other agencies
39	Guilford		Cancer	Lung : self-help to quit smoking, tobacco sales restrict, smoke-free wrkpl, ed public; cervic: prov reg pap test screen, publ ed, provid more info; breast: provid educ/train; colorect: ann screen, hlth ed	State/local smoking cessaton support, community volunteers, add'l funds,GYN services and mammograms,
40	Halifax		Elderly population udner served in areas of Home Health services, and basic "personal health management" education	Provide necessary funds for services to a least 50 more citizens, community based health screenings and education seminars	Full-time nurse, social worker, & 20 aides, more community outreach time by health educators, nutrition-ists, social workers, nurses, pharmacists, etc.
41	Harnett		Cerebrovascular disease	Increase # of educational programs in community, participate in CVD project thru NC Breast & Cervical Cancer Program, increase # of risk reducation interventions to high risk population	Add'l funding for staff and culturally diverse materials
42	Haywood		Cancer prevention & early detection	Lung: commun awaren: signs & sympt, incr assist to quit smokrs; breast & cervic: commun awaren of signs & sympt, prom BCCCP & HCHD pap clinic for 21-50 women; prostate can	Public health educator time, educational literature, videos funding to pay for pap smears, cooperation from cty urologist

No	Cty	Notes	Obj. (3)	Intervention (3)	Resources Needed (3)
36	Graham		Pediatric obesity	Investigate daily lunchroom menus, provide low-fat lunch education for lunchroom workers, provide healthy eating education curriculm for 1-12 grades	Help from high school peer helpers to implement ed. program, find printed material on healthy eating programs
37	Granville		Cancer (high incidence)	Continue & expand breast & cervical Cancer Program, work w local hospital & Am Cancer Soc to educ community, work w local MDs to provide prostate cancer prevention	Add'l funding to provide clinic services to more women in the cty
38	Greene		Heart Disease	Incr commun awaren thru media, churches, commun orgs, add'l blood pressure screen, free annual cholest screen, prom hlth fair, implement education packets	Staff, funding for screenings, add'l educational resources, referral resources
39	Guilford		AIDS/HIV & STDs	Prov hlth ed sessions, incr commun awaren, cooperat w other grps, exp treatm serv, educ high-risk indiv, encour rout test, prov counseling & outr	Add'l funding: 2 outreach specialists, expand maternity services w 2 RN positions, provide add'l condom distribution & case mngmt of HIV patients
40	Halifax		High Teen Prenancy Rate	Work w/ establish commun grps inform 10-18 yr old girls, focus efforts on adol males to reinfor "postpon sexual involv"; STD educat; career developm, mkt HD fam plan clinics thruout commun	
41	Harnett		Adolescent Pregnancy	Increase community awareness, establish council, transportation thru cty system for family planning clinic, cooperative efforts w/ school system for educational curriculum	Funding for staff and workshop & training
42	Haywood		Heart Disease	Heighten community awareness, continue cty "Quit and Win" promote HCHD hypertension clinic thru various media	Public health educator & nutritionist time, cooperation w local businesses, Am Cancer Society, project assist membership

No	Cty	Notes	Obj. (4)	Intervention (4)	Resources Needed (4)
36	Graham				
37	Granville		HIV/STDs (high incidence)	Work w schls to develop compreh family life ed curric, expand efforts to locate partners of persons w STDs, expand community ed, work w other agencies	Funding to hire a local STD investigator
38	Greene		Tuberculosis	Promot mandat screen by employers & orgs., free annual TB screen for cty residnets & migrants, impr follow-up on + TB skin tests, incr commun awareness	Funding for testing and treatmetn, policies for mandatory screening of employees
39	Guilford		Toxic substances & lead poisoning	ID/abate souces fo childhood lead expos, routinely screen chldr for elev lead blood levels, ed. progr for parents, inspect & remove undergrnd stor tanks, devel cty-wide notificat team	Computer hardware/software, on-line access to state lab, 4 add'l staff, add'l funding for health educator, leak detection on USTs, train staff on lead investigation
40	Halifax		High infant mortality rate	Classroom ed. on cause of infant mortality, increase # of breast-feeding mothers; drug abuse ed in schools; availability of health care servcies; community awareness of prenatal care	More health education, nutrition time in community outreach to schools, churches, civic groups, private providers, UMCA, Girl Scouts, etc.
41	Harnett		Inadequate # of children receiving immunizations	Increase the # of children re-ceiving immunizations, conduct add'l outreach efforts, increase community awareness	Technical assistance for a tracking system
42	Haywood		Injury Prevention	Commun educat: wrk w cty highway safety coalit, seek fund, prov commun educat & train: commun leaders; Chld safety seat progr: con't infant safety seat rental, con't incent: Mdicaid pts	Public health educator time, network with county agencies, funds for programs, Coalition Members' time, funds to maintain car seats

No	Cty	Notes	Obj. (5)	Intervention (5)	Resources Needed (5)
36	Graham				
37	Granville				
38	Greene		Cancer-Female Breast	Increase community awareness, implement breast self-exam education in schools, congregate meal sites, churches and community orgs.	Staff and funding
39	Guilford		Babies born too small & teen pregnancy	Progr: reduce school-age pregn rates, incr continuat rate: fam plann: teen pats, exp $-A-Day progr: teens, ID late prenat care reasons, exp matern care coord, mobil taskforce, prov hlth ed	Money to support programs, expand maternal care coordination, implement maternity outreach workers, add mgmt support staff, office equip, increase funds for male & female sterilization
40	Halifax		Lead hazard investigations and abatement and insufficient funds for abatement of lead hazards for low-income people	Environmental health specialist conduct investigation, prompt legisture to pass guidelines on lead	Funding
41	Harnett		Increased need for environmental health services	Need to establish a management entity to implement a system to control alternative and larger sewage systems, need to mandate food handling certification program	Add'l staff and funding to implement the programs
42	Haywood		Water sanitation	Establish rules and enforce policy for protecting drilled wells from contamination by sewage	Support governing bodies for establishment of rules, personnel time to enforce rules and regulations to inspect each newly drilled well

No	Cty	Notes	Obj. (1)	Intervention (1)	Resources Needed (1)
43	Henderson		Poor child fitness & nutrition	Form task force to examine problem, develop pilot program at elementary school for K-2, write grant for funding, train teachers to implement curriculum	Volunteers, cooperation with schools, cooperation with local media
44	Hertford		Cerebrovascular disease	Screenings, referral, nutritional educaton, and evaluation	
45	Hoke		Heart disease	Develop programs on healthy eating, fitness program for cty employees, nutrition sites in the community, increase community awareness, work with school health educator	Plastic food stamps, portable scales, computer program for diet analysis, videos, incentives, wirtten materials on a 5th grade level
46	Hyde		Heart disease	Health promotion program is in effect at the HD geared toward education & prevention of all forms of heart disease.	The program requries the presence of a health educator along with an adult health nurse
47	Iredell		Late or no prenatal care	Investigate reasons for late or no pre-natal care, expand awaren of benefits of early prenatal care in targeted populations through outreach utilizing local contacts	Technical assistance to aid in research & strategy development, staff time for developing commnity contacts & training resources
48	Jackson		Heart disease	Exp local worksite wellness progr; dev & impl publ aware, educ, & wt mgt campaign; phys activ progr for low inc pers; market smok cessat progr; dev & impl child schl-based overwt prog	Employ 50% hlth educator
49	Johnston		Incr primary care for uninsur over 21: need incr in genl illness care; male prevent & prim care; female care (esp coloposcopy & vaginitis); screening; range of nutrit & diet educat	Family physicians for adult popu-lation; expanded lab services; comprehen adult nutrition program	Both facilities and appropriate staffing

No	Cty	Notes	Obj. (2)	Intervention (2)	Resources Needed (2)
43	Henderson		Teenage Smoking	Conduct "The Great American Smoke Scream" in middle schools, explore grant funding, conduct media campaign, develop educational resources	Money, staff time, educational materials, cooperation with local media, volunteers
44	Hertford		Atherosclerosis	Screenings, referral, nutritional educaton, and evaluation	
45	Hoke		Cancer	Recruit & screen women falling into BCCCP, make mammography available in commun, educate women & men thru churches, hlth cntrs, nutrition sites; provide educat to commun groups	Written materials on a 5th grade reading level (English & Spanish), videos (English & Spanish), incentives
46	Hyde		Diabetes	HD will implement a diabetes program including screening to diagnosis & educate potential patients	Adult health nurse, health educator, and nutritionist
47	Iredell		Syphilis & sexually transmitted disease	Provide & promote commun educat for STD prevent, educate MD commun re STDs, STD Inservice for all HD staff, address STDs in schl hlth ed, explore clinic expans re hours & sites	Staff allocated time to develop Inservice and qtrly newsletter, distribute condoms, lab equipment to accommodate site expansion
48	Jackson		Motor vehicle death rate	Devel & implem child safety seat educat progr; organ seat belt safety check points & impr publ awaren w county sheriff; devel progr for 16-24 age grp to reduc motor veh accid deaths	Employ 25% hlth educator; Add'l safety seats to be used as incentives for safety seat program
49	Johnston		Reduc rates of STD infections (esp chlamydia & gonorrhea) for adults and teens; reduc TB rates among male drug abusers; incr flu vaccinat for those wo Mdicare or payers	Chlamydia kits for women in STD progr; aggressiv hlth educat in schls & commun; commun-based testing sites w hlth educ; incr hlth servic: young males; com-municab disease investig: TB and STD	Funding: chlamydia kits & outreach wrkers

No	Cty	Notes	Obj. (3)	Intervention (3)	Resources Needed (3)
43	Henderson		Lack of fluoridation	Continue to support towncouncil's plans to fluoridate, speak with community groups about benefits of fluoridation	Continued support of state staff
44	Hertford		Cancer (colon, rectum, and annus) and prostate cancer	Education, screening and referrals	
45	Hoke		Secually transmitted diseases & AIDS	Packets for partners of patients diagnosed & treated for STDs, make HIV educat part of every clinic, incr # of staff for HIV counsel, work w schls to provide STDs & AIDS educat materials	Educational materials on a 5th grade reading level, videos (English and Spanish)
46	Hyde		Unintentional motor vehicles injuries	Educate the community of the impact of motor vehicle accidents, on loss of life, property and family income	State certified program for preventing unintentional motor vehicle injuries must be incorporated at the Health Dept.
47	Iredell		Adolescent pregnancy	Work with schools, community groups, churches, explore potential for peer counselor, enhance access to family planning services by expanding hours/sites	Technical assistance to train trainer, expand health education time, lab equipment to accommodate community sites, funding to rent mobile health van
48	Jackson		Suicide	W schls hlth coordin impl Respon & Peer Press (RAPP) progr for junior high; w cty & commun lders estabi support progr (e.g., Big Bros & Sist); devlp & impl for PTO/PTA; estab publ awaren progr	Employ 50% hlth educator
49	Johnston		Incr care for dental caries & periodontal disease in children & adults wo Medicaid or payers for either restoration or emergency care; Incr preventive care, cleaning, and the use of sealants	Health Dept dental clinic	Dentist & facility for dental practice

No	Cty	Notes	Obj. (4)	Intervention (4)	Resources Needed (4)
43	Henderson		Need for additional school nurses	Lobby for funding bill, promote awareness in school health nursing activities, explore grant opportunities, promote in development of school health advisory council	Money, staffing, volunteers, collaboration with school system. cooperation with local media
44	Hertford		Chronic liver disease	Education and referral	
45	Hoke		Teenpregnancy	Hltheducator: time availab for school age clients, AV materials & educat servic re appropr behavior, incent progr for teens, teen girls coming to clinic for pregn tests will be counseled	Training in implementing incentive programs, written material on 5th grade reading level (English & Spanish), videos
46	Hyde		Cancer (trachea, bronchus, lung)	Health dept nursing staff w/local cancer society, implement 2-3 yearly programs to educate community, breast and cervical cancer prevention will also be provided	Health educator will admister the smoking cessaton program, grant funding will be sought, adult health nurse will administer the breast and cervical cancer program
47	Iredell		Cancer	Incr particip in BCCCP, expand role of hlth promot nutrit in consumr educ, appoint HD liaison for commun ed collaborat, devel mktg plan	BCCCP Display, staff person assigned to increase community awareness of BCCCP, staff time allocated to coordinate community ed. and develop mktg plan
48	Jackson		Abortions	Sex educ w schl hlth coord: info & educ on preg choices; preconcep, fam life, & sex educ: college freshm w hlth instruct; fam plan clin w male contracp serv; supprt grps: preg & parent teens	Employ 50% hlth educator
49	Johnston		Remove barriers to hlth care for community's increased # of Hispanic non-enlish speaking population	Thru commun college, Hisp Coalit, & St. Ann's church, offer Engl as 2nd lang to Hispan; prov train for HD in Span; add bilingual med staff & interpreters	Use local teaching resources; purchase software for language training to hlth dept staff; funding the bilingual staff

No	Cty	Notes	Obj. (5)	Intervention (5)	Resources Needed (5)
43	Henderson		Chronic obstructive pulmonary disease	Prov smok cesat resour info, prov "Quit & win" smok cessat incent progr, prov outr to business, devel referr sys w lcl hlth care provid for patients	Staff time, money, cooperation with media, self-help program
44	Hertford		Diabetes	Education, screening and referrals	
45	Hoke		Prenatal Care	Use car seat incent program, make OB appts, restructure parenting classes, establ support group for mothers & mothers-to-be, transportat to clinic	Baby gifts, tokens for taxi, videos (English & Spanish), written material on 5th grade reading level (English & Spanish)
46	Hyde				
47	Iredell				
48	Jackson		Asthma hospitalizations	Incr 1st aid & CPR: parents of asthmat; implem asthma info nwsltr to parents thru day care, preschl, Head Start, & schools; incr publ awaren; feasabil of support grps: parents of asthmatics	Employ 25% hlth educator
49	Johnston		Reduce teen pregnancy rate (esp among 14 to 16 year females)	Prevent educat in elemen & middle schools & within community; expand fam pln teen clinic; better educat for parents-at-risk thru service progr	Funding for programs and staff

No	Cty	Notes	Obj. (1)	Intervention (1)	Resources Needed (1)
50	Jones		Reduce teen pregn & esp high teen abort rate; improve rate of early pre-natal care; attend to high # of teens with high blood pressure, C-sections, & low birth weight.	Education in self esteem, STDs, pregnancy prevent, abstience, & resistance to peer pressure	Jones county schools has received a $50,000 grant for teen pregnancy prevention. The cty hlth dept will assist them in this.
51	Lee		Teenage Pregnancy (TP)	Incr awaren TP thru pt educ, peer coun in schls, wrk w CBOs; decr barriers to fam plan serv at schls; collab w schl MD for hlth ed; post-partum home visits to teen mothers; fam plan classes to Hisp	Video camera; addl hlth educator; addl RN/PHN or hlh educator
52	Lenoir		Chronic Diseases	In next year: early screen, Dx, Tx in genl; incr by 50% BP monitor; incr by 50% cholest screen; incr by 25% phys exams; inc commun educ: smok cessat, breast & testic cancer	Educational outreach
53	Lincoln		Unhealthy lifestyle: esp lack of exercise and improper nutrition & its effects on heart disease, diabetes, stroke, cancer, & weight control	Publ & priv comm-wide effort promot hlthy life styl; integr HP/DP in schls K-12; fitness coun to prom progr activ & recreat resour; support developm of new senior ctr w facil	Personn: hlth educat; nutrit; focus grp facilit & volunteers; schl RN,; fitness counc direct & volunteers. fund: for mater & educat, collabor: at state level on curric improvem betw DPI & DEHNR
54	Macon		Diabetes mellitus	Diabetes mgt educ progr thru Macon Cty PH center; media for males on prim prevent of DM & secon preven of complic; self-help mater for diagnosed children & parents	Nutrition & diabet educat; fund for: syringes. glucometers, & strips; educat mater; publ awareness; children's educat materials
55	Madison		Reduce death rate: heart and cerebrovascular diseases	W schls, hlth educ (6-12) activ: reduc heart & CV; hlth fairs & hlth clinics: chol & BP screen; incr community awaren: chol & BP screen thru educat; incr avail of nutrit; smok cessat clin	Fund for: staff (hlth educ, PHN, nutri), med supplies, & educ mater; tech asst & training
56	Martin	Includes Tyrrell, Washington	Hlth promotion & disease prevention (HPDP) esp for tobacco smoking, obesity, & unintentional injuries	Preconcept & nutrit counsel; life-style modif; comm outr & educ & ownershp of probs; wellness of school age childr; 5-a-day nutrit program; senior centers	Conven wrking hrs & flex time; addl financial support; addl staff; commun transport syst

No	Cty	Notes	Obj. (2)	Intervention (2)	Resources Needed (2)
50	Jones		Increase the #s of the migrant population who use hlth dept services	Hire a Spanish-speaking employee	Funding for this Spanish-speaking employee outreach worker
51	Lee		Inadeq prenatal care	Incr outr: home visit, media campaign: Hisp women, collab w polic mobile crime unit: canvas hi-risk women; Deliv of pts in local hosp vs. of Chap Hill; Incr nos of priv non-Mdicaid pts receiv outr & educ	More RNs w or wo social workers; Nurse mid-wife w addl MOW and vehicle
52	Lenoir		Health promotion and disease prevention	Hlth prom/preven: risk assmnt: 15% incr in screen: cholest w educ, refer, followup; 25% incr in screen: high BP w educ, refer, & followup;15% incr in screen: diabet w educ, counsel, & referral	Full-time qualified hlth educator for outreach
53	Lincoln		Improve poor life mangmt skills for teen pregnancy, suicide, tobacco, drugs & alcohol abuse, accidents, violence, drop out, childhood asthmas	Publ & priv serv agen: + lifesty; coord chld hlth facil & school: + lifesty; case mgmt: Mdcaid prenat & postpart care; incr comprh hlth serv in schls; w police: reduc crime; priv investm: recreat	Person: hlth educ; schl RN; focus grp facilitat & volunt; fund for: mtgs of focus grps & Hlthy Carolinians Tsk Frce; educat mater; training self esteem, grp dynamics; expan schl hlth serv
54	Macon		Poor utilization of available prenatal care	Exp preconcept educat & counsel serv in schools & PH clinics; incr transport to prenatal & preconcept serv; use media to prom prenat & preconcept serv (bill boards, cable adv, groc stores, etc)	RN, hlth educat, maternal outreach, or school teacher; maternal outreach worker; automobile; funding for media promotions
55	Madison		Reduc hlthy pregn risks	Educ on effects of smok: all prenatal pts; ID preg smokers: educ/counsel; incr commun awaren of effects of smok on preg; incr hlth educ: all students; free car safety seat: prenat care partic	Additional funds for hlth educator, educ materials & supplies
56	Martin	Includes Tyrrell, Washington	Mat chld hlth: hi infan mort; hi single parents; hi poverty; older women have childr; hi lead blood levels; few resourc adolesc hlth; lack of prenatal care; limit prim care for pre-school & school age children	Incr adol clinic hrs; commun & schl educ: inf mortal; pre-concept hlth educ; parent support grps; Baby Bucks prog; clinic's effectiv; lead level awaren; adol awaren prog; schl prtnrshp w HD RN	Finan: adolesc clinic from AHA & Baby Bucks progr; addl staff (midwife, RNs, hlth educ); commun transp syst; better birth cntrl; fam plan coord; educ in lead abatem; hlth occupat RN in 3 counties

No	Cty	Notes	Obj. (3)	Intervention (3)	Resources Needed (3)
50	Jones		Diabetes Mellitus, a cause of a high number of deaths	Increased diet counseling and monitoring thru the adult health program	Funding for: home glucose kits; medications; more nurse education; health educator
51	Lee		Violence: homicide, suicide, shootings, child abuse	Programs designed to reduce violence (e.g., students vs viol, stop teen viol, etc); develop of drug patrols in local commun; offer parenting classes in English and Spanish	Volunteers; hlth educator in community mobilization; grant writer
52	Lenoir		High-risk maternity	By next June: incr by 15% number of low income women who receive prenatal care; incr by 25% number of pregnant women seen in 1st trimester	Provide early prenatal care by impr access to OB care; provide educat outr to low income, minority, hi-risk teens on abstinence, pregn preven, & self esteem
53	Lincoln		Access to care: too few MDs and DDSs; providers refusal to take Mdicaid, Mdicare, & uninsured; no organized public transportat syst; lack of specialized Tx	Wrk w provid to establ cancer ctr; urge MD & DDS to accpt Mdcaid, Mdcare, & uninsur; urge prim care & benefits of HP-DP; est 24 hr emerg care site; incr MDs offic hrs; expl altern serv models	Media material; commun & HD recruit MDs & DDSs; built chemo & rad unit in cty; fund devlopm new servic models; incr Mdcaid for DDSs & PH DDSs for indigent
54	Macon		High incidence of prostate cancer	Media & clinical educat to incr awaren of prostate cancer issues, including self care, warning signs, need for annual physicals that include prostate exams after age 40	Funding for educational & media efforts; continued funding for the county's adult screening clinic (staff & supplies)
55	Madison		Reduc other unintentional injury deaths	Incr educ to hlth dept (HD) pts (clinics & home); train HD staff in accident preven; incr community awareness thru cty emerg mgt, health consirt, & other commun agencies	Addl funds of educa materials and hlth educ staff
56	Martin	Includes Tyrrell, Washington	Communicab disease (AIDS, STDs, and raise immuniz levels)	Active AIDS consort; commun involv with prob; Incr awaren of immuniz opportun; commun educat	Addl staff, space, financial support; commun transp syst; commun involv with prob; prim care MDs & DDSs for HIV+ pats

No	Cty	Notes	Obj. (4)	Intervention (4)	Resources Needed (4)
50	Jones				
51	Lee		Cancer: breast cancer (non-whites), lung cancer (40-84 yrs), prostate	Smok prev prog: shls & comm; cancer educ: hlth prom; reestab compr adult hlth scrn clinics: prostate; Incr breast cancer educ: TV, profes grps, CBOs; incr partic in BCCCP: mobile mammogr	Full-time hlth prom RN, hlth educator
52	Lenoir		Communicable disease and case management	By next June: STD-HIV educ & counsel in clinic & com wrksite; Incr to 99% # seeking STD-HIV serv by next day, monitor thru STD-HIV cntrl; TB educ & awaren w hi-risk grps (e.g., elderly)	Medical case management by: 1. A full time RN for HIV; 2. A full time hlth educator for outreach
53	Lincoln				
54	Macon		High incidence of pregnant women who smoke	Smoke-free schls thru local schl bds & anti-teenage smok progr; in-service educ for med & clinic staffs on teen smok cessat; spon grp educat at New Horiz parent-child ctr on smok dangrs	Buy "Save a Sweetheart" mater (anti teen smok progr); hlth educat staff; funding for med & clinical progr speaker & mater; purchase of educ mater & hlth educ staff
55	Madison		Reduc number of traffic accident injuries	Seat belt educ: Head Start parents & schls; incr comm awaren: traffic injur, childr's seat belt & traffic safety; seat belt progr: clinic pts & educ: 9-12 gr; prov inf seats; pickup dangers	Funding for hlth educator, educat materials; and for infant car seats
56	Martin	Includes Tyrrell, Washington	Chronic disease (hi rates of heart disease, diabetes, cancer, & stroke)	Commun educat outreach on preven of chronic disease; educa in import of screening, early detect, & consist treatment; client educ on diesease process & treatment regimens	Addl staff; addl financial support; commun transport syst; financ assist to help clients maintain treatment regimens

No	Cty	Notes '	Obj. (5)	Intervention (5)	Resources Needed (5)
50	Jones				
51	Lee		Diabetes mellitus (65-84 yrs) The 45 and up non-white population has highest incidence	Collab w Am Diab Asso: diab educ, outr & screen; Incr nutrit educ: retirem ctrs; collab w local serv: elderly for self-monitor posts: impr complia & w coop exten serv: implem wt reduc & nutrit	Addl nutritionist; train RN as CDE; staff, space , & equip for self-monitoring (glucometer, scale, lancets, etc) station; diet analysis hard- & software
52	Lenoir		Environmental exposure	By next June: continuing lead levels for young children & site evaluat by state and local personnel; incr by 25% educat in schools & churches to reach high-risk families	Hlth Dept staff to educate clients and the community about lead hazards
53	Lincoln				
54	Macon		Teen sexual activity & pregnancy	Make hlth dept fam plan clinics accessib to teens; advert incr accessibil; spons support grp for 1st time teen mother to assist in prevent 2nd pregnan	Incr clinical staffing; advertising budget; social and/or maternal outreach worker
55	Madison		Reduc breast cancer rate	Incr educ 9 &10 gr females & clinic pts on breast self exam; commun awaren: preval of brst cancer, import of screen & early detec; educ progr: breast self exam to commun organ & indust	Funding for addl staff and educat materials
56	Martin	Includes Tyrrell, Washington	Environmental hlth (hi depend on septic tanks coupled with lack of county-wide sewer syst) & In-home services for elderly	Altern septic sys in soils not permit by state regulat; commun educat on septic sys operat & need to prot water supply; for elderly: addl staff (RNs, PTs) & compet salaries for staff retention	Resear by state on altern septic sys w addl envir hlth staff & and continu educ of altern sys.; for elderly

No	Cty	Notes	Obj. (1)	Intervention (1)	Resources Needed (1)
57	McDowell		Teen pregnancy	Reduc teen preg by 25% by Jan 1, 97 thru educ progr emphasiz abstin; late pm clinics for teen contracep; followup: compl w contracep; Norplant: when other methods fail	Hlth educator @ $40K/yr; Addl MDs, RNs, support staff
58	Mecklenburg		HIV, STD, & adolesc preg. The rates for gonorrhea: high; AIDS deaths: high; syphilis: high; teen preg rate usual but costly; adolesc STD rate: high	Strengthen HIV-AIDS, STD, & adolesc pregnancy commun programs, esp for young people to promote coord & sharing of resources: expand commun base	Tech assist: expertise in capcity building, coalition forming, neighborhood strengthening
59	Mitchell		Underutiliza of chld hlth serv: Mdcaid statistic show only 49% of MCA childr have been screened; >10 fam prac MDs accept Mdcaid	Impr commun & parent educ on well-child prev care: media/cty prtnrshp for childr; devel info: well-chld; staff to locate/refer childr, incr HD PHN avail for well-child care; recruit FNP for chld care	
60	Montgomery	Grtest prob: hlth status pers <20 (e.g., teen pregn, inf mort) Only 1 priority	Hlth status of persons <20: teen pregn, inf mortal, mortal of pers <20, & other adverse hlth-related data	Seek commun input on percept of curr cty hlth status. Comm Dx publ April 96. Then community forum w city leaders. Anticipate a collabor consensus on hlth of youth	
61	Moore		Communic diseases: AIDS, TB, STD, rabies	Commun educa w multipl strateg to reach at-risk; contin supp S Centr HIV care; assure 1ary care clinics to Tx communica dis; encour Moore Hlth	Seek tradit & non-tradit resour: for addl personn, supplies & educ mater, and to maintain or expand current serv provid by HD & to develop addl serv as needed
62	Nash		STD & other communic diseases	Kids coloring bk & schl polic to stimul handwash; teach hand-washing techn; educ publ on immuniz laws & educ on benefits; target areas for STD educat	Payment for kids who partic in peer educ training
63	New Hanover	Thorough data-based approach	Hlth educ & promot (incl life-style): obes, hi fat, hi sugar, hi Na, lo fiber diets, lack of exerc, sun expos; unhlthy lifstyl; Inten-unint injur; kids & tobacco; STD/HIV, dent disease	Schl, provid, phys fitn counc, nutr therap; chron dis screen-refer, HP-DP couns, life styl-media; safety-injur prevent; no tobac-childr; STD risk reduc; dent sealnt, screen, flourid	Funds: cleric posit, educ mater, PH educat; fund mob screen unit, HPDP video; var media on injur preven + incent; B of H policy & legisl init; STD prev & mob unit, fund addl dent staff

No	Cty	Notes	Obj. (2)	Intervention (2)	Resources Needed (2)
57	McDowell		Provide prim care to low income families (i.e., Medicaid); at present, private MDs serve only 10% of this population	Employ full-time MD, FNP, RN, & support staff w strong emphasis on HP-DP	$200,000/yr for primary care team
58	Mecklenburg		Violen: homic rate in childr & 25-44 yr grp, esp non-white males; "juvenilization" of violent crime, rising numb of chld abuse & neglect, & better report & track of domestic violence	Health Dept will work with law enforcem for violen preven; assessing commun resources & needs; select indicators for tracking progress	Tech assist: expertise in capacity building, coalition forming, neighborhood strengthening
59	Mitchell		COPD dealth rate >65: higher than state avg along w rate for pneum & flu	Inc commun educ on import of pneum & flu vaccin; provide pneumococcal & flu vac in HD for resid >65	Purchase & admins pneumo-coccal & flu vac to popul not covered by Mdcare part B insur
60	Montgomery	Grtest prob: hlth status pers <20 (e.g., teen pregn, inf mort) Only 1 priority			
61	Moore		Infant mortal & morbid; teen pregn	Publ awaren of inf mortal/morbid thru HD commun activ; MD assist; addl opport to expnd MCH serv; contin home visit progr to fam plan pt after 1st pregn; cont adol preg prevent progr & coalition	Traditional & non-traditional resour in personnel & educ mater to address identif commun probl & to develop addl progr as needed
62	Nash		Teen pregn	Devlop peer educ progr off schl campuses; devel & prov parent peer educat progr; wrk w schls to prov family life educat	
63	New Hanover	Thorough data-based approach	Matn & chld hlth: Mdcaid access to med care: childr; Parent classes; Teenage pregn	Provid netwrk, impr access-refer, HD clinics; Fund, publiciz, train staff-parent classes; Educ on preg plan, preven, prenatal care, etc.;	Agency, HD pediatr, pediatr soc, etc & Mdcaid elig statis; use exist lcl & state resour; addl teen preg hlth educ & soc wrkr

No	Cty	Notes	Obj. (3)	Intervention (3)	Resources Needed (3)
57	McDowell				
58	Mecklenburg		Infant mort: higher rates than Hlthy Carolin Object; altho some rates on certain dimens (LBW, age, educ, smok, etc.) were average, they were higher for prenatal & matern hlth probs	Incr inf mortal concern & plann need; decr STDs, susb abuse, adol preg; Incr resid subs abus, matern care coord, WIC, chld serv coord, Hlthy Strt; Impr case mgt model & access to hlth care	Tech assist: expertise in capacity building, coalition forming, neighborhood strengthening
59	Mitchell		Dent caries1 of most com hlth probs in childr: in gr K-8, 20-25% have dent care needs; 3/5 DDS don't accpt Mdcaid, 3/5 will accpt schl hlth referr; schl hlth funds insuffic	Maxim sch hlth funds for dent care & ask for addl state funds; coord referr from other cty progr to incr benefits, incr HD comm dent hlth educ	Contin of schl funds to district with incr allocation if possib
60	Montgomery	Grtest prob: hlth status pers <20 (e.g., teen pregn, inf mort) Only 1 priority			
61	Moore		Protect of ground & surface water	Contin publ awaren of need to protect & educate on how to do it; develop stds for groundwater protec; contin wrk with cooper exten in research & educ; encourage Moore Hlth efforts	Traditional & non-traditional resour in personnel & educ mater to address identif commun probl and to develop addl ones as needed
62	Nash		Breast & cervical cancer	Bill board educ progr; media based encourg of mammogr & period paps; target buses, churchs, beauty salons w educat mater; edu clinic staffs re pap & mammogr; get youth to help warn mothr	
63	New Hanover	Thorough data-based approach	Envir concerns incl air, water, sewer: Inadeq traind food serv personn; inadeq track-locat grndwater/land contam; lack of storm water mgt progr	Struct food protect/sanit course & certific, make courses mandat, Inspct new facil; estab record syst (paper & electr): water/land contam data; outfall drainage monitor + developm contrls	Adl envir hlth staff, train mater, etc.; GPS & computer equip; Person to oper outfall equip + excavator & dump trucks

No	Cty	Notes	Obj. (4)	Intervention (4)	Resources Needed (4)
57	McDowell				
58	Mecklenburg		Breast cancer: higher rates than Healthy Carolinians objectives	Promote Healthy Carolinians coalition & improve awaren; Expand women's clinic & mammogram van progr;Incr populat served by van; Design & implem awaren campaign	Tech assist: expert in capacity building, coalition forming, neighborhood strengthening
59	Mitchell		Incr non-migrat non-legal Hispan populat inelig for Mdcaid, AFDC, etc; poor educa mater in Span; staff Span lang skills poor	Continue to provid HD serv to incr Hisp populat; prov more approp Spanish educ mater; Incr staff abil to communic in Spanish	State shd revise Spanis educ mater to less than 6th grade reading level; request state prov Spanis learn opport regionally
60	Montgomery	Grtest prob: hlth status pers <20 (e.g., teen pregn, inf mort) Only 1 priority			
61	Moore		Leading causes of death: heart dis, cancer, stroke	Exp commun hlth promot activ w commun resources; identif fund source to assist clients w no insur; support commun mammo-graph initat; encour Moore Health	Traditional & non-traditional resour in personnel & educ mater to address identif commun probl & to develop addl ones as needed & to provide medical servic to un- or under-insured
62	Nash		Vascular diseases	Desig safe walking areas in commun; have regis dietit re cholest, fats, wt contrl; devlop commun welln competit w churches, etc; targ indus w young Blacks for BP; clin staff on smok	State & lcl funds to hire; get Mdcaid & Mdcare to reimb for serv
63	New Hanover	Thorough data-based approach	Long term care: Poor ratio of provid to patient; staff reten & low salaries; inconsist standards; medical supervision	Impr staff w geriatric RNs, FNPs, PAs; impr resident diversions, activ, & surround; make more friendly & pleasant	Addl staff, includ volunteers; Impr activities (fitness & crafts); Update facility: renovations or remodeling

No	Cty	Notes	Obj. (5)	Intervention (5)	Resources Needed (5)
57	McDowell				
58	Mecklenburg		Substance abuse: esp of tobacco, alcohol, & other controlled substances	Make subst abuse commun prob; Advoc legisl to reduc alcohol & tobacco avertis target youth; promot stiffer regulat; Targ role models for at-risk grps; Incr awaren of subst abuse; Contin prevent progr	Tech assist: expertise in capacity building, coalition forming, neighborhood strengthening
59	Mitchell				
60	Montgomery	Grtest prob: hlth status pers <20 (e.g., teen pregn, inf mort) Only 1 priority			
61	Moore		Injury prevent	Contin expand avail of commun injury prevent prog in areas of greates need; encour child safety seats; encour childhood injury prevent progr; encour Moore Hlth to assist in this	Traditional & non-traditional resour in personnel & educ mater to address identif commun probl & to develop addl ones as needed
62	Nash		Infant death	In-house subst abuse couns for preg clients; wrk referr w ER staff for <20 week gestat pts w probs; incent for prenat care; staff couns on smok cessat; MOW for high risk matern clien	Down East partnrshp grant & Mdcaid reimb; DEHNR grant
63	New Hanover	Thorough data-based approach	Mental health: high minority infant mortality; mental hlth issues: high subst abuse, suicide, depress rates; adoles suicides	SE Centr: wkly fora at lcl sites for minor on preg issues: subst abuse, stress; prov info for preg teens, etc; fora on subst abuse, teen suic, dprss, etc. & incr user friendls; hndbk for adol suicide	SE cntr contr with UNCW schl of nurs & use exist staff to conduct forums; printing costs & staff overtime; reproduc costs on hndbk

No	Cty	Notes	Obj. (1)	Intervention (1)	Resources Needed (1)
64	Northampton		Adolescent Hlth: well chld visits (Mdcaid), pregnancy prevent, early prenatal care, STD education	Utiliz of hlth check Serv; Hlth educ thru mater outr wrkrs, Baptist state covent volunteers, agric extens serv, hlth educators	Funding, staff, space, transport
65	Onslow	Home of Camp LeJeune	Violence (esp domestic & subst abuse)	Create coalit for violence/abuse related acts to enhance exist progrms; provide support for pro-fessionals' & volunteers' efforts; have coalit raise com-munity awareness & participat	Need infor from state to guide cty efforts on what's do-able. May need funds to est an office-clearing house for plan & maintain records
66	Orange		Incr num of communic dis incl AIDS, TB, rabies	Commun educ; immun: incr clinic hrs; hlth ed: TB, AIDS, rab; incr couns/test: HIV; exp ed MDs, hum serv agen, veter: incr awaren; contin schl hepat B immun & rabies awar; PH appr; Hlth Carol TF	Personn: RN,hlth edu, HIV couns, clerical support, CHA: hep B & commun dis followup; $ for clinic supplies & equip, educ mater, train, travel, & advertiz, addl space
67	Pamlico		Cancer: lung, bronchus, trachea	Cancer prev to lcl comm thru 7 warning signs; avoid contrib behav such as smok; use media on can rates & more inf; invol w Am Can Soc to reduc new cases & incr longevity thru educ	
68	Pender		Primary care physician	Employ a primary care physician at the Health Department	Salary & benefits
69	Person	Extensive report	Cardiovascular disease: atherosclerosis, hyper-tension, cholesterol, smoking	Provide blood pressure & choles-terol screen, nutrition ed, work w media to create awareness, parti-cipate in community campaigns, increase clinic availability to serve more patients	HD clncs, BCCCP supp CVD serv, Am Hrt Asso, commun ed, diabet supprt grp, WRXO, cable chan 10, nwspr, Cty wellness commit, churches & civic orgs., WIC, Am Can Soc, busin & indust
70	Pitt		Nutrition activity (heart disease, cancer, diabetes, cerebro-vascular disease, infant mortality)	Work w school RNs for K-5th, expand CARE Project, conduct community awaren campaign, prov case mgmt for diabetes and hypertens for low-income clients outside CARE Project	Resources for community-wide public education campaign, add'l dietitian and/or nurse for case management

No	Cty	Notes	Obj. (2)	Intervention (2)	Resources Needed (2)
64	Northampton		Chronic disease prevent & intervent	Educate popul on risk factors thru hlth educ outr; prov comprehensive screening for at-risk (cerebrovasc, breast can, prostate can, diabet, COPD); encour all adults to get flu & pneumonia vacc	Funding, staff, space, transport
65	Onslow	Home of Camp LeJeune	Obesity & lack of fitness for adults & youth: contrib to poor hlth & lack of esteem	Reinst wt loss progr; wrkshops for teachers on nutr-related mater; wrkshps for schl food serv on hlthy east; commun-wide speci events for cardiac hlth & fitness	Improv media, interagenc collab (e.g., coop exten serv, HD) schl bds interv; consult assist (AHA, ACS, NIH, DEHNR, etc)
66	Orange		Poor pregn outcomes	Outr:women at-risk; early prenatal care; incr publ awaren: on poor outcomes; prom fam plan, preconcep hlth; exp pren hlth educ; contin inf mortal coalit; use PH appr; Hlthy Carol TF	Personn: hlth educ, clerical staff, 2 outr wrkrs; $ for supplies, hlth educ mater, train, trav, modifying addl space, incr pt transport serv
67	Pamlico		Cardiovascular dis	Prom smoking cessat classes thru HD; Smok cessat classes during yr to grps who are ready to quit; HD clients w CVD to lwr NA & fat consump, & elev fiber; Incr phys activ for inc stamina & circul	
68	Pender		Motor vehicle accidents	Aggressive public awareness & educational campaign in conjunction w/ Cty sheriff & Cty schools	Media materials & media review committee to select materials
69	Person	Extensive report	Cancer: breast, lung, trachea, bronchus, colon, rectum, anus	Recruite BCCCP participants, educate about early detection, offer Great Am. Smokeout, work w media, incr clinic availablity, provide nutrition ed & therapy for hospice pts	Roxboro housing author, sr center, churches & civic orgs, cooper Ext Serv, WRXO, cable channel 10, nwspr, BCCCP outr prog, HD clinics, Cty Wellness Commit, Am Can Soc
70	Pitt		Smoking: (heart disease, cancer, diabetes, cerebro-vascular disease, infant mortality)	Continue project ASSIST to promote cessation, commit To Quit Campaign, train facilitators; offer health dept. clients participation in cessation programs; offer nicotine patch, target preconceptional clients	

No	Cty	Notes	Obj. (3)	Intervention (3)	Resources Needed (3)
64	Northampton		Infant mortality	Incentiv prenatal care; utiliza if hlth check printouts & coordinators; followup all + pregn tests; utiliz of matern outr wrkr for risk clients	Strong coordinat of time & staff
65	Onslow	Home of Camp LeJeune	Teen pregnancy, sexual activ, Incr incide of STD among young	Promote abstin, respn relatnshps, good parent in schls; enc high schl complet; prov hi grade educ on STDs, HIV/AIDS; focus young males on respn assoc w sexual activ, estab teen mentor	Hlth educ advis counc needs to be proactive on fam life curric; need to know more about progr that are successf for STDs, teen preg, parent involvm. OCAPP is focl pt on affort
66	Orange		High num of unplanned, unwanted preg	Fam plan thru outr, advertiz, hlth educ; fam pln clin: non trad hrs; awaren pre-conc hlth; schl interv; prev/delay teen preg; psychsoc dimen sexual activ & staff train, PH appr; Hlthy Carol TF	Personn: RN or hlth educ for schl interv, 2 outr wrkrs, soc wrker; $ for supplies/ training; modify or acq addl space, for advertiz, hlth educ supllies & mater
67	Pamlico		Diabetes	Assist staff certif diab educ when needed; Ident smok in ADA to quit & offer clases; prov stress mgt techn for hlthier lives; reinfor import of physic exerc to impr circul, etc.	
68	Pender		Cervical cancer in population under 50 years of age	Increased public awareness & educ, agressive screening program in population under 50 years of age	Increased funding to support cost of add'l screening and lab costs
69	Person	Extensive report	Cerebrovascular disease: stroke	Recruit BCCCP participants, educate about early detection, offer Great Am. Smokeout, work w media, incr clinic availablity, prov nutrition ed & therapy for hospice patients	Roxboro housing author, senior center, churches & civic orgs., cooper exten serv, WRXO, cable chan 10, nwspr, BCCCP outr program, HD clinics, cty wellness commit, Am Can Soc
70	Pitt		Health Services Delivery	Advertise the Health Dept's programs/services, support Pitt Partners for Health, assess relationship b/w Health Dept, Hospital and other providers	Resources for mktg public health services

No	Cty	Notes	Obj. (4)	Intervention (4)	Resources Needed (4)
64	Northampton				
65	Onslow	Home of Camp LeJeune	Immunization: only 45% of cty child are fully vaccinat	Gaps in data: need better communic betw civilian & military commun, HD shd impr contacts w Camp LeJune; need better methods for compiling & exchang relev data, reestb epi grp	
66	Orange		Dental Care: 12% child 0-5 need dental Tx; incr access to pts who are Mdcaid elig	Expand dentistry to child 0-5; HD & lcl dent shd provid more preven & clinical dent serv to Mdcaid-elig pts	Pediatr dental fellow .5 FTE; dent asst at .5 FTE; 1% of dent supply budg req ($36,000 total) 5,321 on Mdcaid in Orange. 2,966 (56%) are childr, many of whom have never seen DDS
67	Pamlico		Hypertension	Incr rate of clients w hyperten thru educ, interact, reinforcm; offer smok cessat to hyperten when ready to quit; prov strees mgt to hyperten; teach import of reg phy exercise	
68	Pender		Adult onset diabetes	Public awareness & education, agressive screening in conjunction with other health programs	Develop a protocol and screening tool, increase funding to support cost of add'l screening and lab costs
69	Person	Extensive report	Injuries	Educ expectant mother re child restraints, offer home safety compnent to hospice volunteers during training, offer bike, high-way, home, car seat safety progr, teach first-aid/CPR, contin child fatality rev commit	Maternal outreach, maternal care, child services coor-dination, Cty schools, senior ctr., sheriff's dept., NC highway patrol, cty EMS, Am. Red Cross, Smart Start Program
70	Pitt		Reproductive health infant mortality, STDs, and AIDS)	Reinstitute adoles matern clinic: prenatal care, support outr serv to ID African-American women at risk, target parents for sex ed to open communication w adolesc, cont to target adolesc at high risk, cont HIV/STD outr	Collaborate w/ MD for HIV activity, employ HIV case manager

No	Cty	Notes	Obj. (5)	Intervention (5)	Resources Needed (5)
64	Northampton	Thin & under-developed			
65	Onslow	Home of Camp LeJeune			
66	Orange	Well done, comprehen, succint	Dispar betw whites & minor of all ages on variety of hlth indicators	Netwrk w other comm agen for innovat interv (e.g., social & econ needs); commun-based PH appr; serv in commun-based set; outr; use cty Hlthy Carol TF	Personn: hlth educ, clerical staff, RN, nutr, lab tech; $ supplies, equip, trav, transp, to modify of obtain addl space
67	Pamlico		Arthritis	Stress mgt classes for arthritics for better contrl; import of reg exerc to strenght musc to protect joints; balan meals for adeq nutrit & wt contrl; organ walk-in grp for cameraderie	
68	Pender		Chronic obstructive pulmonary disease	Public awareness & education program, smoking cessation program	Physician involvement for nicotine based oral & trans-dermal therapy
69	Person	Extensive report	Teen pregnancy	Supplement educ to cty school system, provide ed to parents and youth of cty, mrkt "Tweener Years" series, mkt statistics of teen prenancy to create awareness	Cty school, girl/boy scouts, churches, SRXO, cable channel 10, newspaper, maternal outreach, maternal & child care coordination, family planning outreach
70	Pitt		Safety (injuries)	Collabor w child fatality preven-tion team & PCMH's injury pre-vention program, conduct public educ campaign re: poison; lead fire; fire-arm safety; and safety restraints, provide parenting classes in the community	Resouces for broad-based public awareness campaign, resouces for Child fatality prevention team

No	Cty	Notes	Obj. (1)	Intervention (1)	Resources Needed (1)
71	Polk	Includes Rutherford	Teen Pregancy	Reduce teen pregn by 25%, develop evening teen pregn clinics, insure com-pliance w contracep method, Norplant: advocated for pts who fail with other forms of contracep	Health educator, add'l MDs, clinical services & supportive staff
72	Randolph		Teen issues: pregnancy, drop out, alcohol and drug abuse, abusive relationship preven-tion; and STD risk reductdion	Contin to prov matern outr wrkrs pgrm, prov schl RNs, counselrs, soc wrkrs; HIV/STD educ to commun; incr visibil fam plann serv thru outr efforts (advert, media, billboards, link w comm college)	Funding for maternity outreach wrkers, legislation that is supportive of sex ed in the schools, funding for outreach to address teen issues
73	Richmond		Drug and alcohol abuse	Awaren progr & emphasis: drug awaren Day at sr high schl; hlth fairs at jr high schls; media cover; collabor w industries thru wellness progr; HIV outr; Tsk Frce, & care consortium	Brochures, funding, data, volunteers
74	Robeson		Adult health: CVD, diabetes, motor vehicle injuries, communicable diseases	Further assessment of seriousness of diseases, monitoring of data collection, community education and outreach plan	Funding and assessment tools
75	Rockingham		Inadequate prenatal care reates and high infant mortality rates	Collaboration w/ cty's prenancy prevention specialists to provide ed., counseling, and parenting skills; work with Head Start and Cooperative Extension Services	Funding for educational materials
76	Rowan		Lack of family education: resulting in adolescent pregnancy	Offer ed in pregnancy prevention services thru evening clinic services, collaborate w other orgs & agencies, encour bd of ed to support family life education curriculum	Add'l satellite sites and representatives from existing organizatons and agencies to develop a Family Life Action Plan
77	Sampson		Teen pregnancy rate	Ed in schls stress abstin & contracept; estab teen preg support grps; incr commun awaren of & # at fam plann clinics; follow-up fam plann missed appts; prov postpart fam plann	Cont funding women's health program, mini-grant support for taskforce activities, funding and staffing of clinic

No	Cty	Notes	Obj. (2)	Intervention (2)	Resources Needed (2)
71	Polk	Includes Rutherford	Generalized primary health care services to low income families	Employ full-time doc, FNP, RNs and clerical support during normal working hrs and evenings coupled with a strong health promotion component	Funding for implementation of primary care services
72	Randolph		Insufficient health care for indigent & uninsured	Continue to provide facility for Merce Clinic which is non-profit service org (provides free medical and dental care to Randolph County Residents).	Continue BCCCP funding
73	Richmond		Teen Pregnancy/Infant Mortality	Awaren: HIV-sex ed in schls, employmt, chrchs, civic grps, commun action grps, Hlthy Carolin TF, establ teen pregn coalit, ntwrk w March of Dimes, peer educat	Media support, funding, perental support, volunteers
74	Robeson		Meternal health: lack of early prenatal care, infant mortality, teen pregnancies	Improve task force efforts in all areas, increased community education; outreach; & awareness, incentive programs to encourage participation	Funding for incentives, volunteers or staffing to further outreach efforts
75	Rockingham		Adolescent pregnancy	Collabor w schl hlth clinics to transp students to fam plann clinic 1 night per mo, prov fam plann ed; begin sex ed for Head Start parents, enlist WIC clinic, prov fam plann flyers as payroll stuffers	Increase staff hours for night clinic once a month, increase health ed., money for materials utilizing MCH and Health Promotion Funds
76	Rowan		Residents lifestyle behaviors detrimental to their health	Devel wellh program for cty; replicat in business thruout cty, train commun leadrs & volunt as needed in assmnt, plann, implem, evaluat; devel short-term progr for specif commun hlth issues	State funds for health promotion and prevention
77	Sampson		Health care access/resources: primary care physicians, RN/FNP/PAs, ina-appropriate use of emergency room	Establ prim care clinic w HD for indigent pop; assist commun w recrutim & retent efforts, impr salary & benefits pkg, refer patients who need sick care; implem hlth check coord prog	Funding and staffing of clinic

No	Cty	Notes	Obj. (3)	Intervention (3)	Resources Needed (3)
71	Polk	Includes Rutherford	Health Dept facility improvement	Current facility requires add'l 10, 000 sq ft to accommodate primary care servcies	Funding for expansion
72	Randolph		Lack of health education related to risk	Cont to provide ed about high risk STDs behav, provide nutrition & exercise educ in worksites, provide smoking cessation to community, continue BCCCP awareness and ed.	Legislation supportive to health ed in schools, funding of Adult Health Promition contract, fund-ing for add'l health promotion staff
73	Richmond		Cancer/heart disease, & tobacco usage	Wellness program thru public health, awareness campaign, ntwrking w Amer Can Soc, continue BCCCP, smok cessat progr, outr efforts	Funding, media support, inter- and intra-agency collaboration, add'l staff, volunteers
74	Robeson		Child health: asthma, motor vehicle injuries, abuse/neglect	Collaboate w/ local hospital to secure grant funding to research asthmatic conditions in cty, Communty traffic safety program-cont coalition efforts, collabor-ative efforts w/ other cty agencies	Staffing and funding
75	Rockingham		Chronic Disease: heart disease, chronic obstructive pulmonary disease, cancer	Collabor w commun hosp for ed compon at hlth fair; prov ed progr at rec depts; enclos diseas preven pamphlets in tax notices; place chronic diseas-relat artic in lcl nwspaprs; prov payroll stuffers	Utilize health promotion funds for development and distribution of brochures, payroll stuffers and phamphlets
76	Rowan		Underground water supply unprotected against contami-nation by sewage & other pollutants	Ensure all new wells are properly construct; prom comphren plann for water supply & wastewater treatm thru cty to maxim commun sys where feasible	State legislation requireing proper construction and location of all water supplies, matching state grants to conduct feasibility studies for county wide water and sever services
77	Sampson		Infanct mrotality rate	Incr access & maint HD low & high risk clinic, implem Baby Love matern outr wrker proj; enhance matern hlth & care coord staff, implem prenatal wrk-site & incent progr; re-establ inf mortal tsk frce	Community support (churches, schools, industry, private docs, concerned citizens) cont federal and state funding for maternal health activities

No	Cty	Notes	Obj. (4)	Intervention (4)	Resources Needed (4)
71	Polk	Includes Rutherford			
72	Randolph		Adult Chronic Disease	Contin: nutrit & exerc ed; breast & cerv can ed; smok cessat; hlth screen & referr to gen clinic; ed thru health fairs; nutrit therap counsel, commun ed to sr adults, keep hlth promot ntwrk	Funding for add'l hlth promotion staff, expand helath promotion money from state
73	Richmond		HIV/AIDS	Awaren Campaign, continu outr already in place, expans of existing AIDS clinic, cont collabor efforts w HIV TF, HIV; sex ed awaren in schl syst	Funds, staffing, media support, incrased support from agencies; churches; civic groups; industry, volunteers, peer education
74	Robeson		Insufficient primary care: patient-Physicain ration, hosital bed availability, uninusred & underinsured patients	Recrutiment & retention of FNPs,MDs, PAs	Competitive salary scale, availability of staff in local area, funding
75	Rockingham		Injury prevention: death rate and motor vehicle death rate	Wrk w NC hwy patr traffic safety info offic; estabi safty poster progr w schls; prov safety color bks for chld hlth progr; devel safety info packet for new mothers; safety broch for home hlth pts	Funding for safety posters, coloring sheets and materials for information packets
76	Rowan		Lack of medical insurance, under-employment and poverty decrease the ability to purchase services	Incr ed: prenat care & facilit those. serv; cont nutrit support thru WIC; support MCC; exp child hlth serv to prom contin of care; streng chld serv coord for chldr at risk; seek add'l prenatal serv	Support legislation to expand the scope of practice of registered nurses, midwives, PAs and nurse practioners, support state funding at prenatal services for women
77	Sampson		Tuberculosis disease	Public ed., and awareness re TB, increase surveillance of high-risk groups, follow-up positive findings and ensure medical intervention	Funding and staffing, grants to assist with follow-up

No	Cty	Notes	Obj. (5)	Intervention (5)	Resources Needed (5)
71	Polk	Includes Rutherford			
72	Randolph		Qualtiy of drinking water	Contin water sampl on reqst; 1-1 educ; new well permit & inspec; well inspec for prprty transf; advise on contamin probs; coordin w cooper extens & publ wrks for commun ed in schls; impr commun	Input of groundwater program data into the Cty's mainframe computer system, increase # of staff in division of environmental management
73	Richmond		Preventive injuries	Cont activ of commun traffic safty prog; awaren campaign; collabor w MADD, DADD, PH, law enforcem, bicycle & seat belt safety; car seat rental progr, traffic observ	Funding, media support, staffing, collaberation of activities, volunteers
74	Robeson		Environmental health: rabies and intensive livestock operations	Community outreach/ed., collaboration w/ local clinics and veterinarians, cont investigation and determination of whether a public health nuisance exists	Media cooperation to heighten awareness of environmental concerns
75	Rockingham		Access to care: due to location of Health Dept., transportation needs, dedicaid, and personal attitudes and preferences	Place hlth resour pamphlet & HD services broch in strategic locat in cty, etc; expand HD clinic hrs one night per mo for genl servic; prov screen for indust; be Carolina access provider	Funds for health resource pamphlet and services brochure, add'l staff hours for evening clinic, add'l staff for providing care to Carolina Access patients
76	Rowan		Increased number of AIDS/HIV and STDs cases	Red # of teens <18 years engag in-sex activ; counsel 100% of STD pts re HIV testing; exp prim care serv for STD/HIV/ AIDS pts; prov add'l even serv for STD pts; use volunteers	Add'l community school programs for teens focusing on abstinence, self esteem, family life, add'l funds to hire staff
77	Sampson		Leading causes of mortality (motor vehicle accident, unintential injuries, sucides, homicides)	Establ Hlthy Carolin TF; cont work of child fatal prevent team; educ schls & commun; encour periodic seat belt safety checks; plan annual public awaren campaigns	Agreement to incr access to schl childr during schl hours; add'l health educat & outreach personnel; funding for commun campaigns

No	Cty	Notes	Obj. (1)	Intervention (1)	Resources Needed (1)
78	Scotland				
79	Stanly		HD's negative image (seen as less desirable provider, provider of last resort, only for poor, and lacking confidentiality)	Incr consist marketing re HD serv in papers, cahrlotte & lcl radio, area pubs; lobby com-mission to upgr prking in & out of Quenby Mall: incr # commun present on HD serv; incr + publ relations	$ to purch ads; people to clean up and maint Quenby Mall facil; advocacy from commun
80	Stokes		Suicide prevent among males, esp <20	Stress mgt progr in commun & in schls; "Identif those at-risk" progr for lay persons in commun & in schls	Involve ment hlth, publ hlth, schools, dept of social services
81	Surry		Tobacco use by pregnant women	Health promotion activities, health educ thru media, school involvement, smoking cessation classes, civic group involvement, enforcement of existing laws	Support of local radio, cable, newspapers; involvement in the education of the community; dialogue w/ and involvement of the civic community
82	Swain		Teenage Pregnancy	Adolescent pregnancy prevention project & family planning services provided at no charge to teenagers	Funding is needed to support the adolescent pregnancy prevention project, need sufficient clinic space and privacy and family planning supplies
83	Transylvania		Cancers are leading cause of death in cty: i.e., trachea, bronchus, lung (TBL); breast; colon, rectum, anus (CRA), prostate (P)	All: pub awar: media/educ; TBL: tobac cessat, erly prev ed, ban minor sales, incr indoor air qual; breast: incr BCCCP, mammogr, early detec & Tx; CRA: incr awar symp & exams, ed on nutr; P: avail Dx tst	Recuit volunt for ed activ; media coopr; addl fund for Dx & Tx; seek costs reduc for Dx proced from lcl hlth provid
84	Union		Chld hlth serv: lack: pediatr & fam prac MDs & screen; incr lead screen; parenting class; need for dental care; incr immunizat for all childr & hepat B for 6th gr	Prov hlth care at HD?; publicty for clin & incr hrs; Incr publ awaren: priv MDs re lead screen; prov parent classes; re-activ schl hlth advs counc: dent needs & altern; immun: clinic, media, outr, etc.	MD or NP, nurs & cler support; addl clin space; staff time & promot mater; staff time for class devel, AV, educ mater; RNs train for expan role; staff & fund, comput, state support: schl-based clin

No	Cty	Notes	Obj. (2)	Intervention (2)	Resources Needed (2)
78	Scotland				
79	Stanly		Lack of prim care MDs, DDSs (who accept Mdcaid), & pediadontists	Stnly Mem hosp: arrang: free MDs time & bldg new med stff bldg (nr HD) improv access; MD/NP in HD budg: prev care; Hlthchck progr: w DDSs to acpt Mdcaid; Rur Hlth hlp & Econ Devl Ag for growth	$ & ability to generate 3rd party revenue
80	Stokes		Reduc Infant mortal by preven teen pregn (teen preg rate over all not hi when compar to NC, but white teen live birth rate is signif higher	Devel/implm peer educ progr in schls (re sexual, societal infl, pregn, preven, reltionshps, drugs, etc); devel abstin campaign coordin w schls; impl progr thru PTA on how to talk re sex w childr	HD, schls, parents collaborating to make progr a success
81	Surry		Motor vehicle injuries (under 20 yrs of age)	Initiate study of injury patterns and then disseminate results thru news media, shcool groups and civic groups	1 full time employee dedicated on month to do study
82	Swain		Heart Disease (Smoking, Overweight, High Cholesterol and Blood Pressure)	Gen clinic screens for BP, choles-terol & weight; health promot progr offered for smoking cessation, cholesterol reduction, regular exercise, & weight manage-ment	Follow-up & ed. programs, funds for current program materials, personnel funds for provision of health education services
83	Transylvania		Poten ground water contam: sources: old serv stat petrol tnks; flyash disp sites; improper well locat/construc; abandon landfill sites; hi mineral/inorgan contam in localiz areas	Loc aban landfill & undrgrnd stor tnks; refer lndfls: appro agen for grnd water sampl; enfor solid waste laws (incl demo lit mater); extnd munic publ water & sewage syst; devel & impl well ordinan, etc.	Addl fund for: agency cleanup, monitor, enforcem, staff to enf well ordin; manual to prov info to publ re drinking water contam/hlth risks; ground water contam survey
84	Union		Need for addl communic dis serv: daily, compreh HIV-STD serv (syph & gonorr rates higher than state's); followup for infants w + serology; incr incid of HIV infect	Clinic serv on dail basis (2 RNs w expan role); STD protoc expan to compreh screen; devlop protoc using CDC & state guidlns on + serol; assist priv MDs track + infan; prov HIV couns daily	Addl space for STD clinic and HIV servic; incr staff time to devel & communic protocols

No	Cty	Notes	Obj. (3)	Intervention (3)	Resources Needed (3)
78	Scotland				
79	Stanly		Lack of educ, esp re hlth, preven, avail hlth serv in county	HD & hosp hlth educ wrk togeth: expan schl hlth; hlth curric: avail to scouts/4-H/etc; hlth fair; incr bullet bds & displys for hlth ed; incr hlth ed to indusr/chrchs; collb w provid, citiz grps on comm hlth	
80	Stokes		Red inf mortal thru smok cessat progr to pregn women	Devel/implem smok cessat progr to pregn women at HD; HD & DARE progr in schls collabor to prom tobacco abstin during adolesc & adulthd	Perents, schls, DARE, & HD to wrk togther closely
81	Surry		Heart disease, stroke, and cancer	Cont commun hlth screen, hlth promot activites (present to churches, formal classes, hlth info booth, Mallwalker Fitness Progr), hlth ed. thru media, cont worksite wellness progr	Support of local radio, cable, and newspaper; laboratory staff, cont funding current programs
82	Swain		Diabetes	Health Dept provides diabetic screening, nutrition counseling, and general diabetic training to patients	Need personnel to provide diabetic education, supplies needed for glucose screening, Quarterly diabetes clinic staffed by endocrinologiest is needed, glucometers for rental are needed
83	Transylvania		Teen pregancy: Statist show that 31.9% of female teens ages 15-19 rec late or no prenatal care	Erly enroll mat care coord for erly pre-natal care; info: haz smok to preg wom w tobac cessat interv; educ on appro preg wt gain; init reprod hlth ed earlier; behav mod, self est, decis mak	Funding for educ mater & activities
84	Union		Inf mortal (non-white infant mort rate of 25.1 much higher than state's 15.6); women deliv w non prenatal care incr from 16 to 22 in 1994 + incr drug use; Incr # non-English speak Hispan	Educ non-wh; info thru employrs; educ: erly/consist care; mat care coord, pst-prt scrn, br feed, data; Span interp; 2.4 x preg rate non-wh; domes viol/drugs dur preg; 10% rate: depress: matern pts	Mat outr wrkrs, addl PHN: home visit serv; fund for space, interpr serv, un-insur Hisp fees, transp; preg prev/parent/male resp; train inj prev; subst abuse prev ed; $ for depress scrn

No	Cty	Notes	Obj. (4)	Intervention (4)	Resources Needed (4)
78	Scotland				
79	Stanly				
80	Stokes		Reduc schl dropout rate	Implem progr in commun promot values of educat, careers, and impact on attaining hlthy & fulfilling lives	Chrches, parents, & civic grps wrk together to empshize family's role in educational attainment
81	Surry		Infant deaths (among babies weighing 1500-2499 grams)	FCC support, grater medial support staff education, support newborn psotpartum care program, cont support of WIC, breast feeding ed, early prenatal care, cont WIC and breast feeding support	Seat on Mount Airy Chamber of Commerce, Support economic development
82	Swain		Cancer	Adult health clinic, women's preventive health Clinic (BCCCP), family planning clinic, prenatal clinic, educational programs	Funding for follow-up and referrals
83	Transylvania		Lack of prevent hlth care for wrking poor (no insur or Mdcaid)	Incr # childr in nurse screen clin by incl non-Mdcaid child; emphas need for pre-ven; addl can scrn for non-elig BCCCP; incr referr to WIC, appt remind 2 wks prior, coord transp w cty transp direc	Adlut scrn train for PHNs; sliding fee scale for serv; outr mater for distrib by providers; funds for clin expansion
84	Union		Addl hlth promot: breast & cervical cancer low inc women < 50; heart dis & pros can rates hi; injury prev need, vaccin needs; nutrit realted diseas; cancers, diabet, kidney & heart disease	Comprh prevent/scrn progr: br/cerv; exp clinics, pub awaren, research; implem injury prev progr (inc nurs hom); offer vacc: pneum, flu, hep B; nutrit interv (5-a-day, hlthy cook, etc)	Staff and space, lcl fund suppl serv, addl regis dietitions, cult appropr educ mater

No	Cty	Notes	Obj. (5)	Intervention (5)	Resources Needed (5)
78	Scotland				
79	Stanly				
80	Stokes		Other concerns: maternal anemia, maternal diabetes; pneumonia & influenza; unintentional injuries	For anemia & diabetes: prenatal referr to nutrit dept for counselin: for pneumonia & influenza: vaccin offered by HD	
81	Surry	Priorities not numbered	Non-white teenage pregnancy rate	Extend family planning clinics to pop. centers, emphasis on long term methods (IUD, Depo), Support TCCP, extend school base clinics, support satellite clinics	Support school ed on these topics, encourage churches to take on this issue, hire full time Physician Assistant for school based clinics
82	Swain		Infant mortality	Prenatal Clinics available, childbirth & parenting classes available, "Baby Bucks" availalbe to all prenatal patients, MCC & MOW services thru Mediciad, transportation is provided	Funding to support "Baby Bucks" and other incentives, and continuation fo funding for staff positions
83	Transylvania		Rabies: epidemic spreading from adjoin states & incr state wide	Proact enforc of state rabies law; - coord w lcl DVMs: addl rabies vacc clin; incr awaren risks handl wldlfe & migrat patter of rabie epidem; educ progr to civic gps & schls; alert MDs re spread	Media cooper & involvem, funding for educ mater; cooper between lcl & state agenc
84	Union		Broad disparity betw whites & non wh in NC, magnif in Union cty: socio-econ status, hi NW birth rate, Blacks disproport young, poor, low hlth stat: (prost, diab, pneum, nephr, injur, atherscl, etc)	Organiz minor TF: identif probs/find solutions; devel commun-based, com-prehen, coord preven hlth progr in minor comm; HD serv in non tradit set; ID org target Afro Amer hlth-rel intrerv, etc	Collab agrmnt betw HD & minor commun to address minor probs; Minor hlth TF; facil in large minor commun, train & educ mater; etc

No	Cty	Notes	Obj. (1)	Intervention (1)	Resources Needed (1)
85	Vance		Hi incidence of cardiovascular disease	Early detec, scrn, commun ed, indiv ed, grp ed, lifestyl choic, behav mod & risk factor ID; contin HD's wrksite-wellness progr liked w Am Hrt Assoc, Hosp, MH cntr, YMCA; exp wrksite-wellness	On-going fund for core-PH funct (rather than just FFS - either fed, state or lcl)
86	Wake		Contin integrated long range strat pln	Commun hlth informat system (CHIS); vital records; data processing	Devl nghbrdhd-level demogr/hlth indicat data syst for assmt & track; effic & accur regist births & deaths, incr histor data base, insur resid satisf; DH: comp syst w access 6 days/wk & on sched
87	Warren		Substance abuse	Netwrk: w schl personn for educ at chld hlth clin; w schl, commun org, county agen for educ; commun awaren (bill boards, churches, stores, etc); w mental hlth for support & commun educ	$ for commun awaren
88	Wayne	Seymour Johnson AFB: 11% of cty's popultion	Lack of prim care MDs w lack of access to prim care by indigents	Encour med schls to prod more prim care MDs: Cty to recruit more prim care MDs thru collabor (hosp, med soc, cham comm, bd of hlth); lcl hlth depts implem prim care clinics for indigents	Need support of NC DEHNR, Offic of Rural Hlth Resour Devel to help plan recuit; state finan & lcl MD support; sustain Mdcaid reimburs for prim care & preven
89	Wilkes		Adolescent pregnancy	Expnd hlth educ mentor progr: ID addl mentors; pair mentors w adol; hlp adol set viabl goals & object; prov incent to motiv achievem; wrk w establ schl grps to prev pregn; contin fam plang clinics	Addl grant & lcl funds to expand existing progr
90	Wilson		Continued "excedingly" high rates for STD in all races in cty (gonorrhea & syphilis)	St STD grt: scrn, educ, Tx in hi rsk areas; feasab: STD blitz; intrvn spclst; STD prev strat: hi schls, hous proj; inform comm: prob, preven; legis: Tx-rfusrs; rurl pts trnsp; enfrc: drgs-STD	No addl resouc for grant implm; St mnpwr avail for blitz; $ avail for hire; hlth educ; Hlth direc assn, incr St alloc for transp
91	Yadkin		Hi # deaths from inflenza & pneumonia in elderly	Vacc progr: incr hrs, to home-bound, sr cntrs, etc; survey to ID home-bound; newsltr targ elderly; devel flyers-mail for distr via phone bills, groceries, etc; cable commun notes; wrk w MDs	$ for home visits; Mdcare/Mdcaid reimb; addl staff hrs; chrch vans & volunteers

No	Cty	Notes	Obj. (2)	Intervention (2)	Resources Needed (2)
85	Vance		Hi incidence of cancer	Collabor w commun agen: Amer Can Soc, MH serv, Hosp, Fam ResCntr, lcl job sites) for educ, counsel, detec, scrn, tx, monitor for cancers of breast/cervical/prostate/ tra-chea/colon	On-going fund, outr wrkrs
86	Wake		Protect environment re health effects	Animal contrl progr (vs rabies, etc) reduc strays, neuterng, etc; facil serv progr thru inspec, camplaint invest, illness rprtng/track	Reduc strays, educ publ on rabies, upgr telecom report, impoundm; Incr insp all facil: 95% total coverage, investig/track meth; genl serv progr: treatm & septic syst in schls, homes, indust, etc
87	Warren		Hypertension	Addressed thru Strike-out Stroke prevent	Contin of this progr
88	Wayne	Seymour Johnson AFB: 11% of cty's popultion	Teen pregnancy	Exp compre hlth educ progr in schls to K-12; supprt teach compreh hlth educ progr emphasiz hlth; state-wide media campaig on preven teen preg; $ incent vs preg; peer supprt preven teen preg	State support includ support of Dept of Public Instruc; state-wide campaign; State & corporate support
89	Wilkes		Infant mortal	List progr in cty to redus IM; rev all fetal/ inf deaths for patt; Info on MD off avail; followup/tracking preg in ER; dissem pre-nat res to MDs; prov Span trans, media blitz on LBW/IM factors; preconcpt; etc	$ support thru grants/cty funds; incentives; software & print costs of directory; coalit to study needs w techn & finan asst
90	Wilson		High rate of HIV and AIDS in cty	Prev educ & outr to hi-risk; incr MD acces; implem St gr: scrn, educ, Tx; commun awaren & educ; implm Wilson 2001 re law enforcm, drgs, STD; cty retain $ for HIV scrn & outr	Hlth educat; ratat MD for clin coverage; Incent for local MD to Tx local pts; hlth dirc assn, NCAPHNA, DEHNR
91	Yadkin		Hi incid of breast cancer	Exp BCCCP prog thru outr; targ hi risk (thru Blck/Hisp chrch & elderly grps); encour breast self exam; mammgr avail; hlth fair publicity; Oct is breast cancer awaren month; industr outr	Hlth promot in-house, Hoots Memor & Hugh Chath Mem hosp avail; cancer serv; $ from NC Baptis hosp; Pink Broomstick

No	Cty	Notes	Obj. (3)	Intervention (3)	Resources Needed (3)
85	Wake		Unplanned pregn/Hi parity rate	Adolesc hlth clin: pre-teen & young adult females after schl in HD (abstin, birth contrl, parenthd, respons, etc); collab w schls, chrches, fam res cntr, etc; contin teen TLC (train, learn, car)	On going fund + fund for peer facilitat
86	Wake		Control communic diseases: incl TB, Hep B, meas, pertus, shigell, etc; HIV/AIDS/STD progr	Suveill syst (monitor, invest, report) & case investig for wide range of diseases and so to collbor, coordin, & improv services to reduce rates for specif commun dis	Perfecting surveill syst, impr case investig, better collabor, coord, & improv of serv
87	Warren		Diabetes	Train commun leaders to dissmen infor to serve as resource & referr agents; estab exercse progr for diabetics	$ for training & educ mater; $ for clearing house for med serv, $ for trained staff for exerc progr
88	Wayne	Seymour Johnson AFB: 11% of cty's popultion	STD incl HIV/AIDS	Inc clinic serv in lcl hlth depts; incr educ in clinic settings, incr public awaren of STDs & HIV thru media campaigns; solve transport probe by use of mobile unity for outr to hi-risk areas	Slinic staff, MDs, PEs, hlth educ staff, state-wide campaign, state support
89	Wilkes		Chronic diseases	Emplyr's HP & scrn surv; wrk w Hlthy Carol 2000 TF to priorit; dev emplyr hlth coop; assist employe to get prim care MD; list exist resour; brst can surviv semin; exp to cerv, BP, nutrit, etc.	TA & Fian asst w computer software for data & progr implement; $ for gathering & print; $ commun sympos; contin $ & Tech asst from BCCCP
90	Wilson		High rate of TB	LPN outr to monitor pts; RN in hi-risk commun/deten cntr; educ/inform com-mun; Rtain $ for TB serv in lcl dept; more staff time for TB incl skin tests in hi-risk areas	Contin CDC TB cntrl proj, fund hlth educ post re activ orgniz by Cty hlth assmt committ; Hlth dir assn, NCAPHNA, DEHNR, $ for staff RN for TB cntrl
91	Yadkin		Pregnant women smokers	Smok cessat to prenatal & other interest individ; educ publ/HD clients about smok risks (esp while pregn); incent progr for smok cessat	State training; $ incent progr thru March of Dimes

No	Cty	Notes	Obj. (4)	Intervention (4)	Resources Needed (4)
85	Vance		STDs, HIV/AIDS	Devlp/implem male incolv progr, collab w schls, jobs, MVA, courts, commun coll, etc) in STDs, HIV/AIDS, self est, mediat, confl resolut, choices, fam plan, respon; Outr sites for meetings w target pop	Fund full time staff (male role model), mater, supplies, volunteers
86	Wake		Prev dis by promt hlth in commun: adult hlth promot (hrt dis, cancer); Proj DIRECT for diab; schl hlth: screen, hlth supprt serv, depress/ suicide, subst abuse, drop outs; minor hlth progr	Hrt dis & canc screen, outr, clinic serv; diabet interv, outr & educat; early Dx, Tx, counseling, evaluat, hlth educ; impr hlth stat of minor/reduc dispar betw whi and minor, hlthier wrkforce	Pt tracking, scrn, Tx, and $ + materials for training & educat
87	Warren		Heart diease	Commun awarene campaign, train commun leaders to act as dissem/ resource agents win commun; early screen	Addl training staff; $ for educat and training mater; mobile unit to be sent to commun
88	Wayne	Seymour Johnson AFB: 11% of cty's popultion	Unhealthy lifestyles (respn for hi rates of heart dis & cancer	Nutrit educat to genl publ & schools (* lifesty educ part of compreh schl hlth curric k-12); incr commun-based exer-cise & physical ed; contin subst abuse ed; expand adult hlth progr in lcl HDs	Nutritionist; state & DPI support, Incr hlth teachers;
89	Wilkes		Susbt abuse	Survey schl age child 6-9 on susbt use; survey preg women on subst use; smok contrl rules; self help mater for serv win cty's many grps; back drug-free/tobac free schls; enc busin to remove vend	$ for wrkshops; $ to form collabor on smok, alcoh, & drug cessat; $ to purch time of employees to man progr
90	Wilson		Hi inciden of death from heart disease & cerebrovascular dis in non-white males & females	Serv avail: lfstyl mod, rsk reduc; ID targ grp to benefit; add HPDP in HD clin; reactiv Wilson cty wellnss counc: coord serv; educ ldrs, citiz; cardiov rsk reduc, prtnrshp w AHrtAsso/Mem hosp	$ for hlth educ/nutrit in HPDP w travel, equip, AV
91	Yadkin		Hi incid of suicide	Coord w mental hlth for suicide preven, staff train: signs/sympt of suicide; educ publ, parents, teachers, studen: signs/sympt; commun awaren & suicide prevn; educ in schls, chrches; stress mgt progr	$ for schl/mental hlth personn & stff time

No	Cty	Notes	Obj. (5)	Intervention (5)	Resources Needed (5)
85	Vance		Late or inadequate prenatal care	Prov early interv in preconept educ & parent educ, link w Dept of Soc Serv, woman's hlth clin, & MD offic; piggyback WIC, Hlth Chk w prenat & fam plan progr; expand MCCBaby Love progr	On going funding; mgt support staff time, social wrkr staff time
86	Wake		Provide clinical care serv to targeted populat, and develp & maintain adequate resourc (the last part is Wake's number 6 priotity)	Women/childr hlth: abuse/negl, injur prev, immuniz, outr, hlth supervis; MCH nutrit progr: inf mort, brstfding, obesity, lead poison thru serv (eg, WIC); fam hlth progr; womens/ adolec hlth; subs abuse	$ for staff, trav, supplies for home visits/outr/serv
87	Warren				
88	Wayne	Seymour Johnson AFB: 11% of cty's popultion			
89	Wilkes		Access to med services	Mob med unit: serv to 4 lcl hi schools; expan mob unit: lcl commun for child from 0-5 for child/smart start progr; after hrs clin to incr access; wkend immuniz progr; wrk w HdStrt emplyee	Incr staff support by lcl funding or grant $
90	Wilson		Increasing infant mortal rate - as affected by teen pregn	Slf esteem classes, abstin, preg avoid; fam plan, prev 2nd pregn; schl progr: self esteem, pregn preven, abstin; push career opport; HD on TF addr this prob; Mdcaid pts in matern care coord	$ for hlth educ and PHRN; support of bd of hlth, schl bd, cty commissioners
91	Yadkin		Hi number pregn women with <9 yrs education	Support grps: mthrs: stay in schl; facil teen preg preven; prov hlth counselor: schls for hlth ed & interv; spnsrshp: women <21: START; asst mthrs: GED & START; ID barriers/wrk w commun grps	

No	Cty	Notes	Obj. (1)	Intervention (1)	Resources Needed (1)
92	Yancey		Hi propor & incr number of elderly	Exp current serv (inl home hlth, CAP/DA & prim care); offer adult day care, rspite care; create posit to coord socl serv for elders; prevent serv for elderly via telep calls/visits	$ for home hlth, CAP/DA & prim care; Space & staff needed: new bldg; addl staff for coordin; staff for preven serv
93	Ashe	(see Alleghany)			
94	Chowan	(see Camden)			
95	Pasquotank	(see Camden)			
96	Perquimans	(see Camden)	Community diagnoses included with other counties named		
97	Rutherford	(see Polk)			
98	Tyrell	(see Martin)			
99	Washington	(see Martin)			
100	Watagua	(see Alleghany)			

No	Cty	Notes	Obj. (2)	Intervention (2)	Resources Needed (2)
92	Yancey		Cerebrovascular Dis (CVD): death, hosp Dx & disabil rates are high, esp for white females and >85	Impr ID of at-risk CVD pts & incr screen for hi BP thru hlth promot prog at 3-4 lrg wrksites; behav chng progr for modifiab risks in pts (thru good hlth progr); incr adher to med Tx regimens for HiBP, etc	Train HP staff on BP measurm & mrktng wellness; HD proj on rsk-fact interv by nutr smok cessat, fitness (new bldg wd help)
93					
94					
95					
96					
97					
98					
99					
100					

No	Cty	Notes	Obj. (3)	Intervention (3)	Resources Needed (3)
92	Yancey		Underutiliz of hlth care by childr (chld hlth, immuniza, chld serv coord, chlrn's spec hlth serv. Mdcaid data shows that many of these chldr have not been absorb by priv provid	Effect inform promo pamphlet on hlth serv availab; assess need & feasab for exten hrs in chld hlth clin; make appts at conven time & notify 1 wk before; coord schls, day cntrs, etc & prov info on serv	$ for design & produc of pamphlet; $ of addl staff time, postage, mailings

No	Cty	Notes	Obj. (4)	Intervention (4)	Resources Needed (4)
92	Yancey		Dental caries in childr: hi percent w caries, only 2 DDSs accept Mdcaid, but consensus on need for this most common prob	Coord referr from all cty chld progr & ex-pand serv avail to schls thru DEHNR reg dent hygen (inc seal/ mouth rinse); use several mobile dent vans; hire DDS for children	$ for supplies, staff coord time, DDS w staff & supplies

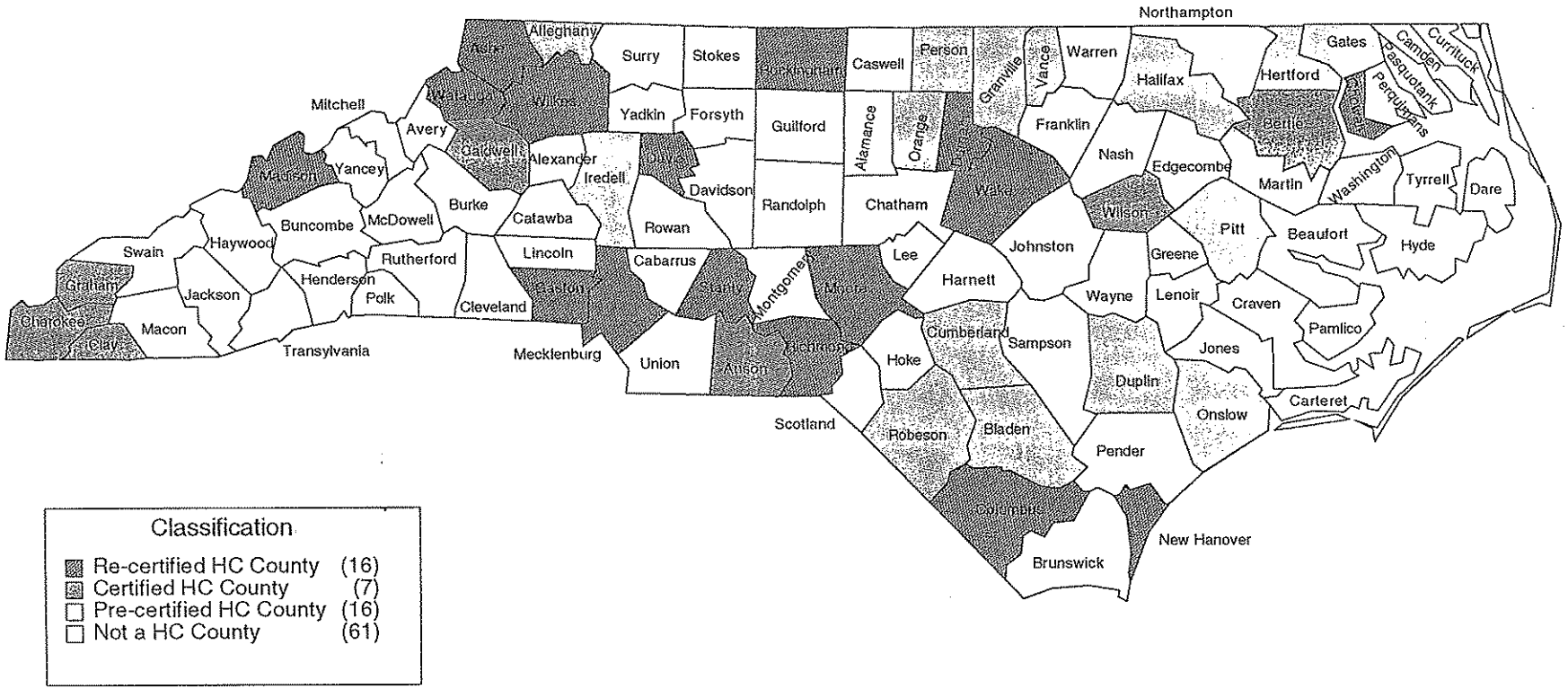
No	Cty	Notes	Obj. (5)	Intervention (5)	Resources Needed (5)
92	Yancey		Heart disease: leading cause of death, hospitaliz, costs in cty, which is far from yr 2000 goals	Same preven approach at CVD in obj 2 to left: wrksite HP & good hlth progr; key is lfsty chng much earlier in life (nutrit, wt reduc, smok cessat); create compet wellness progr for students & teachers	March of Dimes grant, Duke endowm, Smart Start; Commun grps: churches, JCs; wrk w schls & mental hlth staff

Category B:

Healthy Carolinians 2000 County Classification Map and Assessment Abstracts

HEALTHY CAROLINIANS

North Carolina Department of Environment, Health and Natural Resources
Division of Health Promotion - Disease Prevention Section



Classification

- Re-certified HC County (16)
- Certified HC County (7)
- Pre-certified HC County (16)
- Not a HC County (61)

Produced by: North Carolina Rural Health Research and Policy Analysis Center,
Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

No	County	Health Assessment Org. Structure	Funding	Data Sources
1	Alleghany	Health Services Coordinating Council: Alleghany Memorial Hospital and 14 agencies from the county (health dept included)		
2	Ashe	County Health Council : 3 primary commit: maternal & child hlth; nutrition & physical fitness; chronic disease (58 reps: providers, health dept, county organiz)		
3	Caldwell	Healthy Caldwellians: 33 reps are drawn from county & city govt, education, social serv, law enforcem, clergy, industry, banking, insurance, organiz related to ethnic & disadv		Primary: surveys; secondary: comm diagnosis data, vital statistics, behavioral risk data
4	Chowan	Task Force Commit - HC 2000. 24 provider, health dept, & various Co agen reps, organizations, businesses, etc; subcommit: chronic disease, maternal & infant health, STD.		
5	Columbus (1)	Healthy Carolinians 2000 TF: 56 Reps from providers, health dept, various co. agen, organiz, businesses, etc; subcommit: injury control, immuniz, & substance abuse		
6	Columbus (2)	Columbus County Healthy 2000 TF: Includes providers, health dept & various reps from county organizations & agencies (51 reps)	Fed grant ($403K), priv grant ($75K); county for traffic injury contr proj; donat from Lions, Junior Women's, & Kiwanis	Primary: personal surveys; secondary: 1992 Community Diagnosis
7	Davie	Healthy People 2000 TF: Reps include provider, health dept, agencies, organiz, & citizens from the county (26 reps)	Duke Endowment; hospital & health dept provide clerical support, admi-nistrative oversight, office space, & utilities.	Primary: surveys, interviews; secondary: baseline data 1990 - 1993 statistics.
8	Durham	Durham Co. Healthy Carolinians Initiative: broad-based TF with reps from providers, health dept, business, industry, & various services org (52 reps)	Duke Endowment: $100K; Durham Co. Hospital Corp is financing agent & provides office space.	Durham Human Needs Action committee, hlth dept, Lincoln Community Hlth Cntr, & Durham Regional Hosp
9	Durham	Durham County Needs Assessment: Human Services Research & Design Laboratory - UNC-CH		Primary: interviews, focus groups, telephone survey, survey; secondary: state data
10	Gaston	Gaston Community Healthcare Commission: Reps from health, education, business, religion, & gov't (commission members; TF members; project groups)	Duke Endowment & Gaston Health Care	Primary: interviews; secondary: review demographic & statistical info.

County	Objective 1	Goals/Priorities 1	Strategies/ Intervention 1
Alleghany	Enhance continuous care planning	Substance abuse: reduction in use of tobacco	Substance abuse: five strategies promoting measures to decrease the use of tobacco products.
Ashe	Join public & private resources for solutions to health care problems.	Maternal & child health	Maternal & child health: 1995 target, mis-sion statement & indivual strategies related to target. MCH: Families with children.
Caldwell	Improve the health status of the County by collaborative effort.	Chronic disease	Chronic disease: devel goals; collect baseline data; ID genl strateg; prepar certif applic (goals & strat not includ, but it defined "intervent development" as these 4 points.)
Chowan	Promote healthy living for all residents thru increased awareness.	Chronic disease: reduce heart disease, stroke, & cancer risk factors.	Chronic disease: special targets & general strategies established to achieve the primary goal; chronic disease: 4 targets, 9 strategies
Columbus (1)	Injury prevention: reduce all traffic related injuries and deaths by 10% by 1998.	Traffic injury control: 1994-4 strategies, 1995-8 strategies, &1996-2 strategies.	
Columbus (2)	Injury prevention: Reduce traffic related injures and deaths by 10% by 1998.	Injury prev intervn: incr seat belt & car seat use by 10% by Dec1996. Strateg: seat belt study; secure local/federal funding; increase public awareness	
Davie	Provide the health dept & entire local health community with a consensus plan.	Subst abuse: Reduce illegal drug arrests; reduce DWI arrests; reduce use of tobacco; increase awareness of legal (Rx/OTC) drug abuse	Subst abuse: Strateg are specific to each primary goal & focuses on object. Commit identified targets & measures (e.g., Davie Co illegal drug arrest data).
Durham	Induce community ownership, shared values	Maternal & child health: reduce # of low wt births by 30%; reverse teenage pregnan trend; reduce # of pregn women with subst abuse probs	Maternal & child health: strateg incl incr education, access, & use of pregan plann & preven serv by various means.
Durham	Provide overview of findings from community needs assessment conducted in Durham County.		
Gaston	Develop a community-wide agenda to improve health status.	Lifestyle/behaviors: practical quest to dis-cover what makes a healthy adult lifestyle & what actions will provide stimuli & pro-grams to motivate adults to live healthy	Lifestyles/behaviors: nutrit & wellness project group: reduce # of overwt residents; mental hlth proj: help resid make better choices when coping with juvenile school violence

County	Objective 2	Goals/Priorities 2	Strategies/ Intervention 2
Alleghany	Enhance services & care available to the disadvantaged population in the county	Chronic disease: increase access, affordability, & availability of diagnosis & treatment (heart disease, stroke, cancer, lung cancer, & diabetes).	Chronic disease: three strategies providing more education & programs.
Ashe	Involve community in community health planning.	Nutrition & physical fitness	Nutrition & physic fitn: 1995 target, mission stmt & indiv strateg related to target. nutrit & phys fitness: works with M&C & CD committees to implem nutrit & physic fitn interven
Caldwell	Identifying and prioritizing the health concerns of Caldwell County	Environment	Environ: Devel goals; collect baseline data; ID genl strateg; prepar certif applic (goals & strat not includ, but it defined "intervent developm" as these 4 points.)
Chowan	Provide accessible health care resources to improve the quality and quantity of life.	Maternal & child health: Reduce infant mortality by 30%.	MCH: special targets & general strateg establish to achieve primary goal. MCH: 3 targets, 12 strategies
Columbus (1)	Immunization: increase the rate immunized at age 2.	Immuniz: education strateg: immunizat awareness campaign; Co. Health dept immun progr; target older adults & chronically ill re educat on flu shots	
Columbus (2)	Immunizations: increase immun. levels, especially among younger children, persons at risk, and older adults.	Immun: timely immun to 75% of childr by age 2 by '96; basic immun to 75% of licen chld care facilit & kinderg; incr # of immun for influenza for chron ill 64+ by 200-Dec. '94; strateg: public educat	Develop Action Plans to achieve established goals for each committee
Davie	To guide and assist in collectively planning and insitituting Longe Range preventive health care strategies.	STD-HIV-AIDS: increase # of at-risk per-sons identified; reduce # of persons who contracted Non-HIV STDs	STD: strateg for each prim goal & focuses on the object; Comtte incl disadvant persons in low-rent housing areas to improve specific knowl & exper with STDs.
Durham	Improve coordination and collaboration & build on local resources	Substance Abuse:	Substance abuse: file incomplete
Durham	Identify some of the key observations that can be used to strengthen pro-grams & services.		
Gaston	Identify opportunities for people and organizations to work together, pooling resources in a cooperative way to improve healthcare in the community.	Hlthy childr TF: Determine what makes a healthy child & what collabor actions will provide evey child opportunity to grow into a productive adult.	Healthy children TF: work proj grps: kindergart hlth assmt; prevent hlth serv; busin & comm support for childr's hlth issues; parents as teachers

County	Objectives 3	Goals/Priorities 3	Strategies/ Intervention 3
Alleghany		Immunizations: Education & programs.	Immunizations: Three strategies aimed at increasing education & total # of immunizations.
Ashe	Target education to meet needs.	Chronic disease	Chronic disease: 1995 target, mission stmt & indiv. strategies related to target. Chronic disease: breast cancer
Caldwell	Establish subcommittees to focus on individual health concerns	Maternal & child health	MCH: devel goals; collect baseline data; ID genl strateg; prepar certif applic (goals & strat not includ, but it defined "intervent developm" as these 4 points.)
Chowan	STD: Reduce # STDs thru community screening, diagnosis, education, & counseling.	STD: special targets & general strategies established to achieve the primary goal. STD: 4 targets, 6 strategies.	
Columbus (1)	Substance abuse: reduce the abuse of legal & illegal substance.	Substance Abuse: 7 strategies.	
Columbus (2)	Alcohol/drug prevention: enable Co. to take action to prevent the abuse of legal & illegal substances & so contain their consequences.	Alcoh/drug preven strateg: strength comm prtnrshp; define subst abuse prob in county; provide training on preven measures to members & volunteers (bylaws includ)	
Davie	To improve and meet the future community health needs of the Davie Co. Citizens.	Nutrition & physical fitness: physical fitness; nutrition (targeted education); nutrition (community education)	Nutrition & phys fitn: strateg for each primary goal & focuses on the object; Comtte incl disadvant persons in low-rent housing areas to improve nutri & fitness
Durham	Measure outcomes: focus on preventative rather than curative.		
Durham	Improve the quality of life for the citizens in the county.		
Gaston	Develop strategies to contain overall community health care costs.	Access: define means to prov appropr, cost-effective comm health care; impr comm access; determ what collabor actions are needed.	Access: appropr use of ER: prov altern resourc to indiv using ER for non-emerg care; prevent care for childr & adults: promote use of serv & progr for id & prevent of health prob

County	Objectives 4	Goals/Priorities 4	Strategies/ Intervention 4
Alleghany			
Ashe	Address total health, not just disease; ID & focus on preventive health care needs		
Caldwell	Using guidelines supplied by county's regional consultant, develop action plans	Nutrition & physical fitness	Nutrit/Phys Fitn: Devel goals; collect baseline data; ID genl strateg; prepar certif applic (goals & strat not includ, but it defined "intervent developm" as these 4 points.)
Chowan			
Columbus (1)			
Columbus (2)	STD/HIV: Decr number of cases of STD in Co by educ citizens & incr awaren of these problems	STD/HIV: awareness; survey public re attitudes; provide educat resources; encour at-risk patients to be tested for HIV & other STDs.	
Davie			
Durham			
Durham			
Gaston	Assist in implementa-tion when appropriate.		

County	Objective 5	Goals/Priorities 5	Strategies/ Intervention 5
Alleghany			
Ashe			
Caldwell		STD	STD: Devel goals; collect baseline data; ID genl strateg; prepar certif applic (goals & strat not includ, but it defined "intervent developm" as these 4 points.)
Chowan			
Columbus (1)			
Columbus (2)	Maternal & child health		
Davie			
Durham			
Durham			
Gaston	Create a forum so that diverse groups can participate in dialogue about healthiness, healthcare and resource allocation in the County.		

County	Goals/Priorities 6	Strategies/ Intervention 6	Comments
Alleghany			Health assessment includes objectives, goals, and strategies for improving the health of the county by the year 2000.
Ashe			Commit plans are specific, w/ mission statem, targets, goals for 1995, strateg for achievem, & action plans; issues were breast & cervical cancer, immuniz, nutrition & physic fitn; timelines includ
Caldwell	Substance abuse	Substance abuse: Goals; baseline data; genl strateg; certificat applicat (goals & strategies not includ, but defined intervention development as these 4 points.)	Report is preliminary, IDing Co's needs & major issues; county has develop-ed subcommittees to focus on the specific issues; using established guidelines, the committees are developing indepth action plans.
Chowan			Good structure for health assessment: very straight forward with goals, targets, and strategies; action plans & time lines are not included.
Columbus (1)			Straight forward: although seemed to not to be organ as a TF committee working for some common goals. Appears 3 separate subcommit independent of each other.
Columbus (2)			Although not complete, the structure is well design-ed, with goals, interventions, and strategies; did not include report by the Maternal & Infant Health committee.
Davie			Good structure to health assessm: includ object, goals, targets, strateg with action plans & timelines for each committ; well supported throughout implement, has committee represent
Durham			Report is basic, with stand goals & strategies. It seems as though this is a prelimin report estab-lish basic object, goals, and strat; missing info on substance abuse commit
Durham			Report - results of a compreh communtiy needs assessm: process involv analysis of data collected from interv with comm leaders, focus grps, phone interv, door to door, & volunt surveys; no issues or strateg as yet
Gaston			Assessment goals & related strategies are broad; good representation from the commun-ity in assessment; not clear how effective the strategies were, but seemed to be organized (see mission statement).

No	County	Health Assessment Org. Structure	Funding	Data Sources
11	Iredell	34 Reps from county resid, commun org, public & mental health, social serv, educators, health provid, health dept, local govt, & busin agencies		Primary: focus groups, community ballot; secondary: public data, existing studies
12	Jackson	Clinical Resource Management Initiative: Reps from health providers, physicians, school system, business agencies & resident (30 reps)		Primary: consultant run consumer survey; secondary: existing data
13	Madison	Madison Community Health Consortium: 65 Reps include health dept, business & public agencies, education, government, & service organizations		Primary: individual surveys secondary: existing data
14	Mecklenburg	Mecklenburg County Healthy Carolinians: 37 Reps from three medical providers, six local agencies, health dept, & nine community organizations. No business organizations.		Primary: 5 public fora held in the community; secondary: NC Center for Health & Environ Statistics
15	Moore	Moore Health: 90 Reps from community, providers, health dept, business, churches, gov't & agencies. Committee gender & race % represent of County	Duke Endowment	Primary: surveys, interviews; secondary: existing data
16	New Hanover	Committee Members: 34 Reps from providers, health department, agencies, student reps, and other organizations		Primary: Secondary:
17	Richmond	Committee members: 28 Reps from providers, health dept, local associations, education, churches, & residents		Primary: ___ ; secondary: NC & Richmond Co health statistics, commun diagnosis
18	Rockingham	Rockingham County Healthy Carolinians: 102 Reps from health providers, health dept, local agencies, government, schools, & residents		Primary: Secondary:
19	Stanly	Healthy Carolinians 2000: 18 Reps from health dept, providers, school, gov't agencies, & local organizations		Primary: Secondary:

County	Objective 1	Goals/Priorities 1	Strategies/ Intervention 1
Iredell	Establish baseline measurements of health using existing information from providers.	Access: identify health care issues relating to access: costs, transportation, Medicaid-Medicare, un- & underinsured, primary care physicians.	None Documented
Jackson	Act as a single team to provide necessary resources.	Adolescent-teen ed: enhance decision making skills; receive sex educ in an undistracted fashion; enhance parental info & confid about teaching sex educat to children	Adolescent-teen ed: strateg incl gen'l hlth, sex, nutrition, commun resour education, transport, support grps, school based resour, addressing cultural issues, parent-ing classes.
Madison	Provide forum for citizens, community agencies, groups and businesses to identify the health issues and seek solutions for those needs.	Nutrition & physical fitness: increase the level of fitness of county residents of all ages; targets: school age children, adults, & older adults.	Nutrition & physical fitness: incr awaren of phys fitn thru press releases, resour fairs, listings, comm, church, employer nwsltters; support schools in implem Physical Best progr
Mecklenburg	Develop a community health plan which includes health problem identifi-cation, analysis of risk factors, direct contributing factors, and indirect contributing factors.	Violence-physic abuse-homicide: red homic & incidence of child maltreatment by 10%; targets: young black males, all schl childr, teen parents, subst abusing parents.	Violence: prev progr with police dept. & Right Moves for Youth; encour gov't $ support; target schl childr with training in conflict resolut; prov athletics for at-risk youths, educat & preven progr
Moore	Coordinate collection & assessment of existing community health data, identify info gaps, develp addit'l collection & dissemin strategies.	Heart Dis: incr wkly activ level of childr by 10%; conduct exercise progr to impr hlth indices by 5%; incr public awaren of benefit of nonsedent lfstyls thru 6 promotions	Heart Dis: 9 strateg for goal 1; 8 strateg for Goal 2; 7 strateg for Goal 3. Specific aim to attain goals. Lists accountabil, deadlines, indicators, outcomes.
New Hanover	None Listed	Maternal & infant health: reduc the total infant mortal rate to <7 per 1000 live births; Incr to 95% proport of all preg women who receiv prenatal care by end of 2nd trimest.	Maternal & child health: promote HD media efforts & progr; solicit priv & publ resour to impr media campaign; distrib health info; discov % of women who receive prenatal care in 1st trim, determin barriers
Richmond	None Listed	STD: reduce number of teens who contract STDs and/or become pregnant; target: teens 13-18, young adults 15-24	STD: Expand after schl & summer mentor progr in Co, incr student awaren thru health ed in schools; incr commun & family involv in ed; make video thru hospital & HD
Rockingham	Preventing disease and disability among our citizens.	Maternal & infant health: reduce the rate of county total infant mortality by 15% as compared to the 1993 rate of 11.2 deaths per 1000.	Maternal & child hlth: pre-natal care aware campaign; list avail serv to pregn women; emphasis on pre-natal hlth; cooper exten mother's progr; includ strateg, measures, results
Stanly	Increase the span of healthy life.	STD: reduce incidence of syphilis & gonorrhea among 15-19yr by 10% by '2000 & total rate of HIV infection by 5% by '2000.	Maternal & child health: 10 specific strategies for intervention to accomplish set goals.

County	Objective 2	Goals/Priorities 2	Strategies/ Intervention 2
Iredell	Obtain input from diverse groups in the community on health needs and issues.	Education: literacy, drop out rate, health education	
Jackson	Require personal and family responsibility and accountablitiy.	Pre-concept counsel: ident & minim risk factors; address birth cntrl needs; prom hlthy lifestyles & decision-making skills; prov family educat on reproduct issues.	Pre-conception counsel: strateg incl genl health, sex, nutrition, child care & comm resour educ, family plan, health & genetic screening, birth control, "crisis" & drug educ, & parent classes.
Madison	Implement programs designed by the MCHC task groups, providing ongoing evaluation of progress.	Subst abuse: reduce tobacco use & inapprop use of alcohol & other drugs. Targets: adolesc using smokeless tobacco, pregnant women who smoke	Nutrit & physic fit: involve grps & employers to devel walk trails for employees; encour employers to allow 15-20min/day for exerc & sponsor fitn events; incr awaren of exerc resour
Mecklenburg	Propose actions to remedy indirect contributin factors, remove associat-ed barriers to such remedies, and recommend resources which can contribute to the remedies.	Subst abuse: red by 15% # of 7th-12 graders who smoke; red by 15% # of 7th-12th graders who used drugs; red by 15% # of 7th-12th graders who using alcohol that month.	Subst abuse: impl proj ASSIST & ADD & alcoh, tobac, drug prev & educ; role models for at-risk grps; red alcoh & tobac advert for youth; prom stiffer regulat for underage
Moore	Inventory community resources & information referral systems. Identify & prioritize the unment health needs of the communtiy.	Immuniz: estab baseline for immun rates for Co; educate parents & care-givers on immun sched & locat; effec-tive reminder sys; remove obstacles; incr rates for infants <2 yrs.	Immuniz: 6 strateg goals; also lists accountability, deadlines, indicators & outcomes.
New Hanover		STD: reduce gonorrhea rate to no more than 70 cases per 1000 for non-white, 15-24 age category, by 2000.	STD: prov sex ed info that promot hlthy behav thru community organiz; encour accessib to prophylaxis & treatment; pro-mote publ serv media campaign for respons sexual behavior
Richmond		Elderly; incr direct services to home-bound elderly who have little or no family support. Target: home deliv meals, adult day care cntr, lift equip vehic, long-term nursing beds.	Elderly: seek funding for add'l clients to be served delivered meals; adult day care cntr; addt'l vehicles to transport non-ambulatory clients; add'l long-term nurs home beds in county
Rockingham	Promote longr life through preventative health.	Chronic disease: decr by 5% death rates from chronic diseases (heart disease, stroke, lung disease, diabetes & cancer) in county.	Chron Dis: comm-wide educat event each year; 2 health fair events for non-white pop in 2 areas; organ fitness counc to impr phys fitn; devel material on hlthy eating
Stanly	Reduce health disparaties among the disadvantaged.	Maternal & infant health: By 2000, red infant mort rate for babies by 30%; reverse % of low-birth wt babies by 25%; reversal of pregnancy trend for females under18.	STD: Syphilis interven: 3 specific strategies; Gonorrhea: 4 specific strategies; HIV/AIDS: 5 specific strategies

County	Objectives 3	Goals/Priorities 3	Strategies/ Intervention 3
Iredell	Identify & prioritize health needs & gaps in service.	Prenatal Care:	
Jackson	Facilitate education & access to hlth promotion resources for everyone.	Pregn activ & ed: minim risk factors; prov quality care; establ labor & deliv expectat; emot & psycholog support; identify & access financ resour for preg; educ busin on employee matern care.	Pregn activ & ed: strateg incl access, couns, pregn ed, fam support syst, prenatal serv, high-risk screen, establ child care plan, devel telep support, establ pain mgmt during pregn
Madison	Serve as a resource for commmunity agencies, groups and businesses in their implementation of health-related projects.		Nutrition & physical fitness: explore local interest in forming a fitness council; support & disseminate info re the efforts in the area of physical fitness.
Mecklenburg	Establish priorities for all identified health problems. ID who should coordinate efforts with respect to each health problem.	STD/HIV/AIDS: reduce gonorrhea rate by 30%; reduce adolesc pregn rate for females age 15-19 years by 33%.	STD/AIDS/HIV: preven educat at schls, to disadv families & indiv, prim care provid, role models, & religious org; routine HIV prevent, training, flexible HIV test & counsel
Moore	Organize & facilitate community task forces to validate prorities, narrow the focus, & develop high leverage & measurable activities.	Breast cancer: identify women at risk for breast cancer; promote early detection methods; identify barriers in using those services.	Br Can: ID avail serv; prom educ present & NC mammog registry; devel comm & physic office survey; ID task force objectiv; (task force does not have action plan-design phase)
New Hanover		Subst abuse: for grades 9-12, reduce by 50% consump of alcohol, use of illegal drugs, & use of tobacco	Subst abuse:1,2,5.Implem compreh educ progr to prevent use of alcohol, illegal drugs, & tobacco; promote incr alcohol- & drug free activ; advocate reduct of alcohol & tobacco advert
Richmond		Nutrition & phys fitness: red # of overwt residents; red by 5% heart disease, stroke, & lung cancer death rates; red by 5% diabetes death rate; red by 5% cancer death rate	Nutrition & phys fitness: incr # of schls providing nutrit ed & hlth fairs/hlth screen; incr phys activ for overwt, esp for12+; educ low-income on low cost meals & other hlth behav
Rockingham	Improve access to health care regardless of race or economic situation.	Public relations: promoting Healthy Carolinians in county	Pub rel: devel brouchure & posters for high traffic areas for Co; prov quarterly news releases to the 3 local newspapers & 2 AM radio stations; make civic group presentation on HC.
Stanly	Emphasize preventive health services.	Nutrition & physical fitness: increase nutrition knowledge of 4th grade elementary school children.	Nutrition & physical fitness: 4 specific intervention strateg to accomplish set goal.

County	Objectives 4	Goals/Priorities 4	Strategies/ Intervention 4
Iredell	Identify opportunities for people & organizations to work together and pool resources.	Substance abuse among youth & adults	
Jackson		Labor & delivery: manage & satisfy patient's labor & deliv expectat; provide a plan for appropr follow-up care of mothers & infant; maximiz ability of patient to have a normal delivery.	Labor & delivery: strateg incl actual deliv, triage activ, newborn & followup care, support resour, perinatal loss support, phone & visitor mgmt at L&D, decr C-section rate & VBAC rate.
Madison	Encour open mmbrshp to promote agency, business, comm & student organiz in identified health issues.		Provide MCHC-spons certif to schools & school bds for 100% smoke-free schls; support schl hlth educat in pursuing Search Instit's adolesc health survey
Mecklenburg	Draft & present to board recomm hlth plan; promote & support need to reduc hlth probs to board & comm	Cancer: by year 2000, red breast cancer rate deaths by 5%. Targets: women 50 & over, minority women, & all those w barriers to access of prevent screen & treatm	Breast cancer: expand women's clinic & mammogr van progr; incr availablity; build clientele serviced by van; design publ awaren campaigns to address needs & cost.
Moore	Initiate cooper & collabor efforts to ID & address needs; serve as liasons w/constit grps & community	Auto injury: identify risk factors within Co; Indentify interventions.	Auto Injury: identified 3 risk factors for attention: seat belt & child restraint use; driving while impaired; speeding. This TF does not have action plan-design phase.
New Hanover			
Richmond		Auto Injury: reduce # of traffic related injuries in the Co;targets: seat belt & child-restraint use, bicycle safety, impaired drivers.	Auto Injury: develop community traffic safety coalition; implem commun traffic safe-ty awaren progr; incr awaren of school-aged students of risks assoc with traffic accid, safety, & prevent
Rockingham			
Stanly			

County	Objective 5	Goals/Priorities 5	Strategies/ Intervention 5
Iredell	Mobilize cooperation and coordination among all providers and generate enthusiasm from the community	Lifestyles behaviors re STD, strokes, cancer, sexual activity in youth	
Jackson		Mothers: develop & enhance coping skills; birth cntrl; full recov of mother; prior to dischrg, successfl initiat of breastfeed prior & connect family with follow-up resour	Mother: strateg incl post delivery check-up, follow-up, fam educ; assist w postpartum exhaustion; explan of chld care options, support mothers progr
Madison	Promote collaboration & involvement of consortium members and the community at large in health related projects.		Subst abuse: adolesc: facilit recruitm of childr & chaperones for Project Assist; sponsor youth surv of local tobacco vendors; facilit awaren of statistics re tobacco use.
Mecklenburg	Develop and maintain good communications via reports to the Board from the Execut Committee of the Community Health Committee.	Heart dis: by 2000, reduce # heart dis deaths by 15%; targets: indiv. w barriers to prevent screen & treatm, smokers, hyperten, CHD, overwt & physic inactive indiv	Heart dis: devel mobile prog for hyperten & blood lipid screen; promote preven, educat, screen, heart smart nutrit in schools; health promot & activit w LIFE grant, etc
Moore	Increase the level of public awareness on healthy lifestyles & behaviors; periodically, evaluate process.		
New Hanover			
Richmond			
Rockingham			
Stanly			

County	Goals/Priorities 6	Strategies/ Intervention 6	Comments
Iredell	Crime: safety & violence prevention		Indepth process for assessment: organization, visioning, community health assessment, identification & prioritization; did not include strategies to achieve priorities; organizing task force for implementing strategies.
Jackson	Newborn: optimal care as required; problem identification; successful initiation of feeding method.	Newborn: strateg incl triage activity, well-baby care, immunizat, case manage-ment, safety training, & access for compromised infants.	This assessment was very provider biased, with access and a maternal & child health focus. Specific strategies were not developed, only broad topical strategies.
Madison		Subst abuse: preg women: promote Proj Assist-spons smoking cessation; prov support to MAPSAP for subst abusers & HSHP smoking cessat progr; funds for preven	Assessment is focused on physical fitness & substance abuse; it has well defined action plan, overall strategies for specific targets, & current tasks now being implement
Mecklenburg	MCH: red inf mort by 20%; red non-white inf mort by 30%; reduce % of LBW babies (minor femal, subst abusers, women w/o care)	MCH: strateg for STD & subst abusers; prom Matern Care Coordin, WIC, mobiliz immuniz, child serv coordin, healthy start-like progr; mgmt model for preg & parent teens; assure access	Used the APEX/PH process for assessment; developed criteria & weighting for ranking health problems (rather than APEX/PH approach) to emphasize local judgment and values. 5 public fora were held in community.
Moore			Assessment is sturctured with very good communtiy involvement; breast cancer & automobile injury TFs are identifying strategies & are not in the implemen-tation phases; other 2 TFs were specific about interventions
New Hanover			Assessment not organized as a community-wide coalition with objectives and mission statement; members are mostly providers & health deptartment.
Richmond			Assessment not organized as a community wide coalition with objectives and mission statement.
Rockingham			Assessment not clear on how obtained data & information; good structure & specific strate-gies for intervention.
Stanly			Average assessment: strategies for inter-vention are sound, specific, & can be imple-mented; not large TF & not clear about data sources

No	County	Health Assessment Org. Structure	Funding	Data Sources
20	Sury	Surry County Healthy Carolinians: 38 Reps from school, providers, gov't agencies, & local organizations		Primary: ____; secondary: health dept's community diagnosis
21	Wake	Healthy Wake County 2000: Reps include health dept, minority agencies, gov't agencies, local organizations, & residents. (55 reps) No reps from hospitals or providers.		Primary: survey health & human serv agencies, public hearing (televised); secondary:
22	Watauga	Healthy Wataugans: 24 Reps from providers, health dept, local organizations, and gov't agencies		Primary: Secondary:
23	Wilkes	Community Health Council: 19 Reps - members of health & human services, business & industry, county gov't, local residents (WRMC med staff+ 7 ex-offic)		Primary: emergency room utilization survey; secondary: community diagnosis, community needs assmnt

County	Objective 1	Goals/Priorities 1	Strategies/ Intervention 1
Sury	Determine two major areas of concern for the county.	Nutrit & phys fitness: increase by 20% perform of schl childr on fitness tests; incr by10% proport of adults & older adults who perform at least 20 min exercise 3X a week.	Nutrition & physical fitness: formulate "feasible" Co-wide physic fitness tests for schools; devel & distrib calendar w hlthy behav & physical fit; develop & distrib HC physical fitness brochure
Wake	To focus agency & community resources on targeted health problems affecting minorities, and thereby reduce disparities in health status.	Chronic disease: reduce the rate of premature mortality from total causes due to chronic diseases among people of color by 15% from 9641.6 to 8195.4 by '2000.	Red mortal rates for heart dis by 25%; cerebrovascu-lar dis by 25%; cancer by 5%; breast cancer by 1%; prostate cancer by 5%; diabetes by 10%; plan incl strateg for each
Watauga	Increase awareness of health care issues & access to health care services.	Injury control: rede motor vehicle deaths by 25%; incr # of homes with working smoke detectors by 10%; red job site injuries by 10%; incr knowledge of family violence in families.	Injur cntrl:15 genl strateg; 14 strateg targeted in1993 &1994; 10 strateg targeted for 1995. Also identifies problem areas & evaluation techniques
Wilkes	Identify needs & resources for the issues of quality, continuity, access & coordination of healthcare services.	Chron disease: decr prevalence & severity of prevent & control prim risk factors for heart disease, stroke, & chronic lung dis; incr rate of mammogr & pap smears by guidelines by 25%.	Chronic Disease: 3 strateg for goal1, with actions, date, personnel, & status in action plan; 3 strateg for goal #2, with actions, date, personnel, & status in action plan.

County	Objective 2	Goals/Priorities 2	Strategies/ Intervention 2
Sury	Set priorities and draft an action plan for the county.	Substance Abuse:1, 2 &3: Reduce # of illegal drug users, tobacco users, & alcohol users for students 7th-12th grade in schools.	Substance Abuse: pro-mote PRIDE Progr; distrib HC 2000 subst abuse brochure; distribue Growing Up Drug Free & Youth Help Card; survey11-12 gr on drug use.
Wake		STD: HIV/AIDS: reduce number of STDs, includ HIV & AIDS, for people of color by 10%.	STD: reduce incid of AIDS for people of color by10%; incr tracking & monitoring data thru Cntr for Hlth Statist to develop baseline data; plan incl strateg for each.
Watauga	Develop cooperative relationships between organizations of the county.	Maternal & infant health: reduc infant mort by 30%; incr % of mothers with prenatal care to 90%; incr % of fully immuniz 2-year olds to 90%; reduce # of adol pregn by 10%	Matern & inf health: expand commun ed re causes of infant mort, prematurity, LBW; expand teen preg prevent proj; expand availab of parent educ; incl accomplish & eval
Wilkes	To act as the steering committee for Healthy Carolinians 2000.	Maternal & infant health: reduc infant mort rate by 30%; reduce pregn. for15-19 yr at least 50/1000; reduce pregn for10-14yr at least 5/1000; reduc LBW to 5% & VLBW to 1%	Maternal & child health: 7 strateg with related actions, target dates, personnel, & status for intervention of prim goals of maternal & child health.

County	Objectives 3	Goals/Priorities 3	Strategies/ Intervention 3
Sury			
Wake		Violence: reduce incidence of violence by 5% for people of color	Violence: red rate premature homicides for males of color by 25%; incr capac for data tracking & monitoring thru Cntr for Hlth Stat to devel baseline data; incl strateg for each
Watauga	Target a review of eleven health care objectives as stated by the NC Health Object for 2000.	Nutrition	Nutrit: 7 strategies out-lined, 4 are being imple-mented. (Because this part of report is a recertifi-cation, they did not re-submit goals, object, & strateg for subcommittee.)
Wilkes	To serve as advisory board for information & referral services.	Subst abuse:1, 2, 3 red # in 6-9 gr smokers, do drugs or alcohol by 25%, 50%, & 50%; red # male 6-9 gr use smokless tobac by 50%; red # Mdcaid preg wom smokers dur preg by 25%.	Substance Abuse: 3 strateg w related actions, dates, personnel, & status for goal1,2,3,4; 2 strateg w related actions, dates, personnel, & status for goal 5

County	Objectives 4	Goals/Priorities 4	Strategies/ Intervention 4
Sury			
Wake			
Watauga	Establish subcommit-tees for 5 prim issues; establish ownership & participation in health status of the Co	Physical fitness: make resources available for physical fitness; coord resourc and funds to produce educa-tional pamplets; increase scope of fitness council.	Physical fitness: none documented
Wilkes			

County	Objective 5	Goals/Priorities 5	Strategies/ Intervention 5
Sury			
Wake			
Watauga	Identify target populations in need of improving their health status; identify problems in access to health care.	Subst abuse: prov opportun for partnership, collabor, cooper among agenc, grps in commun to red human & econ impact of alcohol, drug abuse & addiction.	Subst abuse: operate as indepen non-profit org & as clearinghouse for info & ed; ID comm needs; prov agen support for needed serv & facil; impl polic & progr
Wilkes			

County	Goals/Priorities 6	Strategies/ Intervention 6	Comments
Sury			This assessment has achievable objectives and sets strategies for intervention.
Wake			Assessment includes goals, subgoals, objectives, & strategies for intervention; process is thorough & assessment concentrates on non-white population; assessment is health dept based.
Watauga			Good assessment, but unclear where the data came from; well organized & specific strategies for inter-vention; subcommittees are formally organized with seperate funding wherever possible.
Wilkes			Assessment has achievable objectives & sets strategies for intervention.

Category C:

Independent Assessment Abstracts

No.	County	City/Entity	Consult Firm	Mission Statemt	Health Assessment Organizational Structure	Funding	Data Sources
1	Ashe	Community Outreach Program			Community Outreach Program		Primary: interviews, focus groups; secondary: existing data
2	Bladen Brunswick Columbus New Hanover Pender	Five Coastal Counties Effort	Janus Healthcare Consultants, Inc.	Y	Community steering committee (35 reps from providers, health dept, and other county agencies) and consultants.		Primary: personal and group interviews, focus groups, mail surveys; secondary: review available health status data.
3	Buncombe	Memorial Mission & St. Joseph's Hospitals		Y	Health Partners: represents physi-cians & other providers, medically underserved community resi-dents, health & human services agencies reps.	Formed organization, Health Partners, and applyied for tax exempt status to receive funds.	Primary: health care utilization survey, community forums, focus groups, phone survey (800); secondary: existing data sets from state & county agencies.
4	Catawba		Premier Consulting Team, Inc.	Y	HealthTrek: Partners for Healthier Community Steering Cmtee:19 comm reps (incl publ hlth, provid, governmt, & business) & 5 PCT Rec: 501(c)(3) corp: Steering cmtee acting as BOA grp		Primary: focus grps, individ interviews, town & organizational meetings; secondary: existing data sets from state and county agencies.
5	Cherokee, Clay, Graham				Co-sponsored by 3 HDs, District Memor Hosp, Good Shepard Home Hlth & Hospice Agen, Mtn Home Nurs Serv, Murphy Med Cntr, & Smoky Mtn Counsel Cntr.	Duke Endowment: (in part)	Primary: phone survey, focus groups, interviews; secondary: comparison data: county, state, & national.
6	Davidson		Health Faculty Consultants, Inc.		Davidson County Agenda for Health: 73 representatives from county, community leaders, health providers, health dept, & government agencies		Primary: telephone inter-views, focus groups, indiv interviews; secondary: existing databases of public & private health care organizat

County	Objective 1	Goals/Priorities 1	Strategies/ Intervention 1
Ashe		Children: every child is healthy, safe, educated and optimistic with a strong sense of personal responsibility and self-confidence.	Children: immunizations via Ashe Co HD & mobile services; preventive care for Medicaid eligibles: educate families not to be reactive to medical needs; need for add'l family activities.
Bladen Brunswick Columbus New Hanover Pender	Delivering apppropriate, high quality health care, and improving health status of the community	Maternal & child health	None documented
Buncombe	Assemble broad-based planning group.	Access: remove financial barriers preventing improvement of health status for those under the federal poverty level.	Access: pharmeaceut assistance for medically indigent thru coalition of hospital & community pharmacies; Buncombe Co. hlth dept: develop. computerized patient record system.
Catawba	Develop a unified, collaborative group of community leaders, community organizations, and citizens	Preven health: develop health promotion & disease prevention activities that are both condition specific & general. Target: exercise, weight loss, blood pressure & stress reduction, smoking cessation, & substance abuse prevent	Preventive hlth: task forces to focus on: smoking rates by age categories; chronic illness rates; DRG analysis; family history v. manifestation rates
Cherokee, Clay, Graham	Identify and better understand the health needs of the people in our three counties.	Injury Prevention: Promote seat belt usage among the tri-county residents	
Davidson	Identify the major health problems and issues currently facing the county.	Substance abuse: continue, expand, & reinforce community actions underway to improve understand of underlying probs with alcohol & drug abuse & to provide needed preventive & therapeutic services.	Substance abuse: no specific interventions cited, but community rated this issue as a priority; services to prevent or deal with substance abuse.

County	Objective 2	Goals/Priorities 2	Strategies/ Intervention 2
Ashe		Parents: parents shd have a strong parent-child relationship, effectively meeting the physical, social-emotional & intellectual needs of their children.	Parents: enhance parenting skills: utilize existing services: PTOs, churches, 4-H, & sports; fewer teen pregnancies; increase non-institutional counseling services for families; link parenting skills to better job performance.
Bladen Brunswick Columbus New Hanover Pender	Expanding the community's knowledge, participation, and collaboration	Environmental issues	
Buncombe	Conduct a community health needs assessment, health care utlization survey, town meetings in 7 medically under served areas, & conduct focus groups w/ specific populat.	Prevention: Provide better access and utilization of prevention & wellness services to all people in the county.	Prevention: develop of a mobile PC clinic under Mission & St. Joseph Health Systems
Catawba	Design & conduct commun-ity needs assessment & collect community asset information	Employers & employee health: Improve education on the effects of negative health on work, and provide programs to promote health education and healthy activity.	Emplyrs & Emplyee Hlth: expand data-base to include employee prod & hlth status; devlp of Champion employers; expand occup'l health prog & hlth risk ident; encourage family friendly work-places; hlth insur for small businesses
Cherokee, Clay, Graham	Explore areas where organiza-tions can work together to better serve our people.	Preventive health care: expand the availability of accessible & affordable prev health care services; targets: low-income indiv, working poor, victims of heart disease & stroke, & cancer screenings.	
Davidson	Determine the community resources available to address these problems.	Parenting skills: develop a multi-faceted and innovative educational, counseling, & community support network to reduce teenage pregnancy & improve parenting skills throught the county.	Parenting Skills: No specific interventions were cited, but the community rated this issue as a priority. Services to improve parenting skills.

County	Objective 3	Goals/Priorities 3	Strategies/ Intervention 3
Ashe		Families are empowered to help themselves become self-sufficient, responsible to self & community, & respectful of each family member.	Family: promote economic status thru improv availabil of chld care to promote two-income families (if desired); incr family involvem in community activities; reduc abuse, neglect, & incr violence counseling & access to shelters.
Bladen Brunswick Columbus New Hanover Pender	Improving the availability, accessibility, & affordability of health care services	Preventive health	
Buncombe	Identify community-based leaders to serve on the planning committee.		
Catawba	Identify and prioritize the cricial issues to address within a healthy community initiative	Education of the community on managed care & responsibility: Promote community awareness of changes in the health services environment & emphasize the responsibilty of the individual.	Education on managed care & responsibility: education strategies: discussions, expert speakers, literature, traveling information fair; devel of demand management programs thru the county
Cherokee, Clay, Graham	Integrate this information into our planning as health care providers.	Nutrition & physical fitness: reduce prevalence of overweight residents; promote exercise for cardiovascular fitness	
Davidson	Develop priorities for addressing the major health problems that are consistent with community perceptions, values, & resources.	Access: Strengthen collabor relationships betw health providers & health inst in the county to develop an effective health care & preventive system, educate public on use of health services, recruit qualified professionals.	Access: no specific interventions were cited, but the community rated this issue as a priority; health system coord; public info. & education on health & health services; physician, dentist, & allied health recruitment & distribution.

County	Objective 4	Goals/Priorities 4	Strategies/ Intervention 4
Ashe		Access: Quality services are available, accessible and affordable in a personal manner that empowers families & offers continues support thru collaborative efforts.	Access: cooperation among various agencies & service providers; educate residents on what is avail; destigmatize some services. promote quality control; centralized data base w single phone # for residents
Bladen Brunswick Columbus New Hanover Pender			
Buncombe	Outline a plan for improving access for the uninsured and under-insured.		
Catawba	Identify specific task forces related to the critical issues.	Health care issues among the working poor: provide programs & educational tools to specific populations (aged, poor, new moms, pregnant women).	HC issues among poor: reform health care; congregational nursing program; devel collabor community HMO-Medicaid HMO; financial planning prog; health corner in church bulletin; devel center for creative aging
Cherokee, Clay, Graham	Inform the public and encourage their involvement as we address these needs.	Substance abuse: reduce prevalence of smoking	
Davidson		Maternal and infant health: expand & support county-wide efforts to ensure basic health education & preventive health services to mothers & infants, especially adequate prenatal care and early immunization.	Maternal and child health: community rated this issue as a priority: immunization programs; initiatives to reduc low birthwt as a means of reduc infant mortality.

County	Objective 5	Goals/Priorities 5	Strategies/Intervention 5
Ashe		Community: Ashe County is a unified community in which all children and families are assured care and support.	Community: Involve business community: critical to success of this goal; Promote optimism that families can make economic progress in Ashe County; Make services available & accessible to all community members.
Bladen Brunswick Columbus New Hanover Pender			
Buncombe	Inform & mobilize physician support, and identify sources of funds to support the activities of the plan.		
Catawba		Access: primary care availability: increase recruitment of physicians & physician extenders to accomodate managed care market.	Access to primary care: recruitment of addtional physicians based on recommended rates in primary care report; expand hours of service for PC; incr # of physicians willing to accept Medicaid
Cherokee, Clay, Graham		Access: promote availability of mental health services in area, esp for lower-income	
Davidson			

County	Goals/Priorities 6	Strategies/ Intervention 6	Comments
Ashe			Assessment not clear on how chose questions for interview or other secondary data used; goals are very broad and strategies are not specific (strategies don't describe how they are going to accomplish the goal.)
Bladen Brunswick Columbus New Hanover Pender			Purpose of assessment: To facilitate commun action. Janus had 2 functions: use primary & secondary data to produce county profiles; organize the commun actions (3 TFs, each with primary issue, goals, & strategies)
Buncombe			Health Partners as an organization tied with Mission - St. Joseph Health Systems has been able to accomplish specific goals. The report was not the actual document, but was a summary of method and results. Provider biased.
Catawba			Structure is good, but issues are very broad. Strategies are many and indeth. Appears to be a provider biased report. Health assessment prepared by Premier Inc (formerly SunHealth).
Cherokee, Clay, Graham			Assessment coalition is in the analysis of the needs assessment, identiying priorities. In the process of exploring solutions and developing action plans. (No strategies were included.)
Davidson			Method incl analysis of existing data +13 focus group interviews, county health resources assmt, expert panel to identify action priorties re health risks & perceived service gaps. Detailed explanation of data.

No.	County	City/Entity	Consult Firm	Mission Statemt	Health Assessment Organizational Structure	Funding	Data Sources
No.	County	City/Entity	Consult Firm	Mission Statemt	Health Assessment Organizational Structure	Funding	Data Sources
7	Davie, Forsyth, Stokes, Yadkin		Center for Human Serv Research Wake Forest University (CHSR)	N	Four county hlth needs assessmt: reps incl providers, research cntrs, serv agencies, business, gov't, educat instit, coalition & advocacy groups (31 reps)	Public & private human services funds: Forsyth Mem Hosp, Caro-lina Medcorp, NCBH, Bowman Gray, Duke	Primary: Random digit dialing teleph interviews, focus grps, key informant interview; Secondary: state data
8	Guilford	Greater Greensboro Community Health Partnership	Tripp Umbach & Associates		Greater Greensboro Community Health Partnership: Reps: community's civic, business, religious, & hlth & human serv organiz (21 reps)	Part from Moses Cone Health System endowment; add'l funding from organiz, foundations, & other grants.	Primary: Household surveys & focus grps; secondary: Guilford Cty Health Profile, existing needs assessment studies
9	Guilford	High Point Partnership for a Healthier, More Desirable Community	Tripp Umbach & Associates		High Point Partnership for a Healthier, More Desirable Community:		Primary: 20,000 tel household survey; Secondary: Guilford County health profile
10	Henderson		Professional Research Consultants		PRC Community Health Assessment		Primary: telephone survey, focus groups; Secondary: data from various sources
11	Jackson, Macon, Swain		Professional Research Consultants, Inc.		PRC Community Health Assessment: Professional Research Consultants, Inc. performed a tri-county health needs assessment for Harris Regional Hospital		Primary: telephone survey (sample size: 1,100); secondary: existing data
12	Lenoir		SunHealth Alliance		SunHealth Alliance: Little community involvement.		Primary: focus groups; secondary: public data (1987-1994)

County	Objective 1	Goals/Priorities 1	Strategies/ Intervention 1
County	Objective 1	Goals/Priorities 1	Strategies/ Intervention 1
Davie, Forsyth, Stokes, Yadkin	Establish a partnership, and define the project scope	Access: Improve health care access for infants & children, pregnant women, and medically indigent	
Guilford	Focus on the major unmet & undermet health needs of greater Greensboro residents.	Access to preventive & primary care.	Access: strateg incl expansion of hlth services & reducing barriers; better Medicaid & access for low income & uninsured residents; promote preven swervices for STD, substance abuse, & teen preg; create nurse triage system, etc.
Guilford	Improve the overall health of residents living in the High Point area.	Caring for the elderly: Increase well-ness of elderly living in the community; increase access to respite services for caregivers of the elderly; increase access to transportation, medical, & home repair services for elderly.	Caring for the elderly: program to pro-vide respite care to the frail; develop ways to increase participat of the elderly in existing day care services; develop database for safe & affordable transp. options; provide & expand services.
Henderson			
Jackson, Macon, Swain	Assess the needs and perceptions of the communities it serves.	Automobile Injury: Promote seat belt usage among community residents.	None Documented
Lenoir	Understand where the major gaps within the community lie pertaining to health care issues.	Cardiovascular disease: develop programs to better serve this high risk groups, includ education & behavioral changes.	None Documented

County	Objective 2	Goals/Priorities 2	Strategies/ Intervention 2
County	Objective 2	Goals/Priorities 2	Strategies/ Intervention 2
Davie, Forsyth, Stokes, Yadkin	Develop community profiles, resource inventory, and disseminate findings	Assess 2: define factors which influence access to qualtiy care, as viewed by the consumer & the primary care provider	
Guilford	Measurably improve the health status of individuals in the community.	Health education for school-aged children	Health education strategies include: media campaign to promote healthy behavior among children, focusing on prevention; educ leaders who have responsib for children; promote & create education programs.
Guilford	Use a collaborative effort to involve the entire community.	Mental health: Increase # of residents who seek intervention for depression; decrease incidence of substance abuse.	Mental health: mobile depression interven services; change perception via media; promote depression preven & education prog; improve adolesc self-esteem & drug-free social & rec center; Incr legal consequences
Henderson			
Jackson, Macon, Swain	Develop strategies for meeting those needs.	Access, esp for low income: expand the availability of accessible & affordable preventive services; promote availability of mental health services.	
Lenoir	Using public data, existing studies, and focus groups, identify the major health issues.	Cancer: promote early detection of cancer; identify high risk populations.	

County	Objective 3	Goals/Priorities 3	Strategies/ Intervention 3
County	Objective 3	Goals/Priorities 3	Strategies/ Intervention 3
Davie, Forsyth, Stokes, Yadkin	Develop and implement action plans, and evaluate progress	Access 3: improve care access for adolescents & young adults	
Guilford	Focus on prevention.	Maternal & child health: prenatal & postpartum care (for special populations)	Maternal & child Health strategies
Guilford		Access: increase access to services by bringing community services closer to residents; increase the visibility & awareness of available services.	Access: offer screenings & wellness programs at vaious areas in community; utilize media; promote services, edu-cation, & distribute information; utilize referral sources; coordinate needs of clients with providers.
Henderson			
Jackson, Macon, Swain		Nutrition & physical fitness: reduce prevalence of overweight residents; promote exercise for cardiovascular fitness.	
Lenoir		Maternal and child health: reduce infant mortality & teenage pregnancy with education & prevention programs.	

County	Objective 4	Goals/Priorities 4	Strategies/ Intervention 4
County	Objective 4	Goals/Priorities 4	Strategies/ Intervention 4
Davie, Forsyth, Stokes, Yadkin		Define: characteristics of an improved health care system most desired by consumers.	
Guilford	Develop partership with other organizations in community, as appropriate.	Parenting skills: parenting education & parenting skill building	Parenting skills: strategies include: utilize available facilities to promote & create after-school programs; create programs to educate new parents about parenting; utilize cable television to promote services available & parent successes
Guilford		Violence: increase # of children & families who utilize appropriate forms of behavior to resolve conflict; reduce # of first-time & repeat violent offenders; reduce # of gunshot wounds occuring in community.	Violence: estab fam resource, day care, in-home, & after school cntrs; establish voucher progr to encourage sponsors for low income children; educat: peer mediation, conflict resolution, diversity & race relations training.
Henderson			
Jackson, Macon, Swain		Substance Abuse: reduce prevelance of smoking in county.	
Lenoir		Low income residents: utilize Carolina ACCESS to provide more efficient arrangements for delivering care by linking recipients with primary care physicians.	

County	Objective 5	Goals/Priorities 5	Strategies/Intervention 5
County	Objective 5	Goals/Priorities 5	Strategies/Intervention 5
Davie, Forsyth, Stokes, Yadkin			
Guilford		Stress: stress on the family unit	Stress: strategies: encourage employers to adopt family-friendly policies; promote existing parent support groups; create programs to alleviate stress relative regarding elderly relatives (senior daycare);
Guilford		Lifestyles & behaviors: incr # of safe & healthy lifestyle choices among adolesc & their families; incr access testing & treatment serv for adolescents; reduce # of teens with repeat STD treatments & teen pregnancy	Unhealthy teenage behavior: promote health education in schools, peer-based advocacy, reward desirab behavior; extend school to hrs for students; commun advoc; develop village model; use media; mobile testing & treatment
Henderson			
Jackson, Macon, Swain		Prevention: expand efforts to reduce risks for & prevent premature deaths due to cardiovascular disease & stroke; expand awareness & usage of preventive cancer screening, esp women.	
Lenoir		Communicable disease: reduce incidence of tuberculosis, STDs, and AIDS	

County	Goals/Priorities 6	Strategies/ Intervention 6	Comments
County	Goals/Priorities 6	Strategies/ Intervention 6	Comments
Davie, Forsyth, Stokes, Yadkin			Assessment seemed to be provider biased, and did not seek to implement strategies pertatining to specific issues, only ways to improve access to care for certain populations. No strategies were included.
Guilford			Process: Needs assessment; Household survey (20,000 mailed/2490 completed); Focus grps(8 groups, 97 members total); Comparison betw needs, household, focus grps; Key concerns; Strategies; Priorit & Implement; Provider oriented.
Guilford			Good method for forming assessment: establish goals & strategies; follow up with how strategies effected goals. Note in the exec summary that implementation is on-going & begins with this document.
Henderson			This report is a community diagnosis. It does not include priorities, strategies, or major issues. It is the first step "by which a hospital can assess the needs & behaviors of the community, and develop strategies to measure those needs."
Jackson, Macon, Swain			Assessment is a summary of health & county statistics from needs assessment; report identifies needed hlth improve-ments, but does not specify strategies or interventions. Good methods
Lenoir			SunHealth Alliance reviewed publications of data and existing studies to identify the leading causes of health problems.

No.	County	City/Entity	Consult Firm	Mission Statemt	Health Assessment Organizational Structure	Funding	Data Sources
No.	County	City/Entity	Consult Firm	Mission Statemt	Health Assessment Organizational Structure	Funding	Data Sources
13	Mitchell	Spruce Pine	Professional Research Consultants		Professional Research Consultants, Inc. performed health needs assessment for Spruce Pine Commun Hospital.		Primary: Telephone surv, Focus Groups; Secondary: Hosp, NC State data, CACI, NC Behavioral Risk Fctrs Surveil Syst, US Census
14	Robeson		Southeast Regional Med Center		Community hlth status assessmt: by the SE Reg Med Cntr 20 addit'l contributors to the project from HD, local agencies, providers, gov't, & consultans	Duke Endowment	Primary: Survey; Secondary: Census Bureau; utlization info from Southeastern Med Center; NC Division of Vital Statistics, local gov't
15	Transylvania		Professional Research Consultants		Professional Research Consultants, Inc. performed a health needs assessment for Transylvania Community Hospital, Inc.		Primary: teleph survey, focus grps; secondary: NC State data; Behav Risk Fctrs Surveil Syst; US popul & housing census
16	Wilson		The Hatteras Group				Primary: Focus grps, public opinion survey, medical opinion survey; secondary: existing data: death & disease rates, econ & demogr trends, & education.

County	Objective 1	Goals/Priorities 1	Strategies/ Intervention 1
County	Objective 1	Goals/Priorities 1	Strategies/ Intervention 1
Mitchell	Assess the needs and perceptions of the communities it serves.	Automobile Injury: Promote seat belt usage among community residents.	None Listed
Robeson	Plan, develop & implement a collaborative strategy for improving the health status of the population of Robeson County.		
Transylvania	Assess the needs and perceptions of the communities it serves.	Automobile Injury: Promote seat belt usage among community residents.	None Listed
Wilson	Gain a comprehensive understanding of community health issues.	Behavior: Combating interrelated epidemics of drugs, crime, & sexually transmitted diseases.	None listed

County	Objective 2	Goals/Priorities 2	Strategies/ Intervention 2
County	Objective 2	Goals/Priorities 2	Strategies/ Intervention 2
Mitchell	Develop strategies for meeting those needs.	Access, esp for low-income: expand the availability of accessible & affordable pre-ventive services; promote availability of mental health services.	
Robeson	A regional population-based health status & health resources assessment.		
Transylvania	Develop strategies for meeting those needs.	Access, esp to low income: expand the availability of accessible & affordable pre-ventive services; promote availability of mental health services	
Wilson	Interview all types of individuals w/in the community in order to get a true representation of the population of Wilson county.	Behavior: Reducing number of teen & out-of-wedlock pregnancies	

County	Objective 3	Goals/Priorities 3	Strategies/ Intervention 3
County	Objective 3	Goals/Priorities 3	Strategies/ Intervention 3
Mitchell		Nutrition & physical fitness: reduce the prevalence of overweight residents; promote exercise as a means toward cardiovascular fitness.	
Robeson	Create a healthier county by improving access to primary care & developing health education & prenatal services to diminish problems associated with adolescent pregnancy & infant mortality.		
Transylvania		Nutrition & physical fitness: reduce the prevalence of overweight residents; promote exercise for cardiovascular fitness.	
Wilson	Develp an action plan for improving the overall health of the citizens of Wilson County.	Behavior: ensuring that the young people of Wilson County have a positive outlook toward their futures.	

County	Objective 4	Goals/Priorities 4	Strategies/ Intervention 4
County	Objective 4	Goals/Priorities 4	Strategies/ Intervention 4
Mitchell		Substance abuse: reduce prevelance of smoking in county.	
Robeson	Create a feeling by the community of ownership of responsibility for its own health destiny.		
Transylvania		Substance abuse: reduce prevelance of smoking in county.	
Wilson		Prevention: reducing rates of disease & death among all citizens, esp those with cardiovascular & cerebrovascular disease among minorities.	

County	Objective 5	Goals/Priorities 5	Strategies/Intervention 5
County	Objective 5	Goals/Priorities 5	Strategies/Intervention 5
Mitchell		Preventions: expand efforts to reduce risks for & prevent premature deaths due to cardiovascular disease and stroke; expand awareness &usage of preventive cancer screening, esp women.	
Robeson			
Transylvania		Prevention: expand efforts to reduce risks for & prevent premature deaths due to cardiovascular disease & stroke; expand awareness & usage of prevent cancer screening, esp for women.	
Wilson		Economic stimulation to provide more rapid growth.	

County	Goals/Priorities 6	Strategies/ Intervention 6	Comments
County	Goals/Priorities 6	Strategies/ Intervention 6	Comments
Mitchell			This assessment is a community diagnosis and does not include strategies for accomplishing goals/priorities. The method used for obtaining data (including the community's opinion through focus groups and interviews).
Robeson			Health Status Assessment has not developed specific goals, related strategies of intervention, or begun implementation. They have develped a useful basic & comprehensive health status assessment.
Transylvania			This assessment is a community diagnosis and does not include strategies for accomplishing goals/priorities. The method used for obtaining data (including the community's opinion through focus groups and interviews).
Wilson	Access: making health care more accessible to all citizens.		Assessment: more needs assessmt than community hlth assessment. Methods reveals public opinion, but is not necessarily based on data. Comparison of public opinion vs baseline data v medical community opinion.