Community Health Action Plan 2013

Designed to address Community Health Assessment priorities

County: Rockingham
Partnership, if applicable: Rockingham County Health Carolinians Partnership
Period Covered: 2013-2017

LOCAL PRIORITY ISSUE

- Priority issue: **Access to Healthcare**
- Was this issue identified as a priority in your county's most recent CHA? _X_ Yes __ No

LOCAL COMMUNITY OBJECTIVE Please check one: __ New _X_ Ongoing (was addressed in previous Action Plan)

- By (year): **2017**
- Objective (specific, measurable, achievable, realistic, time-lined change in health status of population):
  - **Work to create new primary care access to medically underserved residents across Rockingham County with a focus on Eden, Reidsville and western Rockingham County by 2017.**
  - **Create a local care network in which 100% of safety net and select specialists participate and provide care by 2014.**
  - **Educate and support at least 15 specialty providers to be part of a donated care network in Rockingham County by 2014.**
  - **Establish three new health science rotations in Rockingham County by the end of 2016.**
- Original Baseline: **Approximately 13.9% of children between the ages of 0-18 are uninsured in Rockingham County.**
- Date and source of original baseline data: **NC Institute of Medicine 2008**
- Updated information (For continuing objective only): **From 2010-2011, 8.5% of children (0-18 years of age) and 20.3% of adults (19-64 years of age) were uninsured.**
- Date and source of updated information: **NC Institute of Medicine, January 2013**

POPULATION(S)

- Describe the local population(s) experiencing disparities related to this local community objective:

  Rockingham County has a high percentage of adults who are low-income and have no health insurance. Additionally, many residents are low-income and Medicaid and/or Medicare recipients. The county has a shortage of primary care physicians and many accept only very limited numbers of uninsured, Medicaid, and Medicare patients.
- Total number of persons in the local disparity population(s):

  Approximately 12,000 adults and 2,000 children are uninsured in Rockingham County.
- Number you plan to reach with the interventions in this action plan:

  9,000 kids and adults

HEALTHY NC 2020 FOCUS AREA ADDRESSED

- Check **one** Healthy NC 2020 focus area:

__ Tobacco Use
__ Physical Activity and Nutrition
__ Substance Abuse
__ STDs/Unintended Pregnancy
__ Environmental Health
__ Social Determinants of Health (Poverty, Education, Housing)
__ Maternal and Infant Health
__ Injury
__ Mental Health
__ Oral Health
__ Infectious Diseases/ Food-Borne Illness
__ Chronic Disease (Diabetes, Colorectal Cancer, Cardiovascular Disease)
_X_ Cross-cutting (Life Expectancy, Uninsured, Adult Obesity)

- **List HEALTHY NC 2020 Objective**: (List the Healthy NC 2020 objective(s) that align with your local community objective.) (Detailed information can be found at publichealth.nc.gov/hnc2020/ website)

❖ **Increase the percentage of adults reporting good, very good, or excellent health**

RESEARCH REGARDING WHAT HAS WORKED ELSEWHERE*

List the 3-5 evidence-based interventions (proven to effectively address this priority issue) that seem the most suitable for your community and/or target group. **Training and information are available from DPH. Contact your regional consultant about how to access them.*

Intervention	Describe the evidence of effectiveness (type of evaluation, outcomes)	Source
Federally qualified health centers (FQHCs)	There is strong evidence that Federally Qualified Health Centers (FQHCs) increase access to primary care and improve health outcomes for their patients. FQHCs have been shown to perform as well as or better than non-safety net providers on measures of quality and access to care, such as continuity of care and delivery of preventive services, particularly for the elderly and children. By serving the uninsured, underinsured, and other vulnerable patients, FQHCs reduce disparities in access to care.	**http://www.countyhealthrankings.org/program/federally-qualified-health-centers-fqhcs**
School dental programs	There is strong evidence that school dental programs prevent cavities, especially for low income children.	**http://www.countyhealthrankings.org/program/school-dental-programs**
Expand higher education financial incentives for health professionals serving underserved areas	There is some evidence that financial incentive programs increase the number of health care providers serving in underserved areas. Additional evidence is needed to confirm effects and determine which incentives are most effective.	**http://www.countyhealthrankings.org/program/expand-higher-education-financial-incentives-health-professionals-serving-underserved-areas**

(Insert rows as needed)

WHAT INTERVENTIONS ARE ALREADY ADDRESSING THIS ISSUE IN YOUR COMMUNITY?

Are any interventions/organizations currently addressing this issue? Yes X No___ If so, please list below.

Intervention	Lead Agency	Progress to Date
Federally Qualified Health Center – Satellite Center	Rockingham County Healthcare Alliance	Triad Adult & Pediatric Medicine (TAPM) and the Reidsville Public Housing Authority have signed a partnership agreement that will allow TAPM to open a satellite community health center on the public housing site. The Clara F. Gunn Medical Center will open in 2013.
School Dental Health Task Force	Rockingham County Schools Board of Education	The Dental Health Task Force was formed in June 2012. The goal of the task force is to improve the dental health of school age children by increasing their access to and take-up of dental services preferably by local dentist. The program has been piloted in three elementary schools (Draper, Lawsonville, and Moss Street) in grades 1st – 4th. So far the Task Force was screened 321 students out of 490 enrolled in the before mentioned schools.
Give Kids a Smiles	Rockingham County Dental Society	The American Dental Society started Give Kids a Smile in Rockingham County in 2003. GKAS is a program that provides dental care and education to underserved children. 1,930 children have received an oral exam through GKAS over the last 10 years.
Rockingham County Congregational Nursing	Cone Health System	The Rockingham County Congregational Nurse Program began in July 2012 through a Kate B. Reynolds grant. The goal of the program is to address the needs of the most vulnerable residents of Rockingham County in a holistic way through congregational nursing and connecting these residents to existing primary medical homes when needed. The primary focus of the program is connecting with Hispanic and homeless residents. So far the program has serve 127 unique clients. The staff has provided 197 encounters (health education, case management, medication assistance, and immunizations) to patients. Twenty seven individuals have been referred to the Free Clinic of Rockingham County.
Rockingham County Student Health Center	Morehead Memorial Hospital	The Rockingham County Student Health Centers began serving students in September 1994. Each year there are approximately 13,500 visits to the health centers.
Rural Health Center	Rockingham County Healthcare Alliance	The Moses Cone Community Health Needs Assessment revealed Access to Healthcare as a priority. The Cone Health System is working with the Rockingham County Healthcare Alliance to establish three rural health centers in Eden, Reidsville, and western Rockingham County. Planning will begin Summer 2013 through July 2014. Projected implementation of this plan will be December 2015.

(Insert rows as needed)

WHAT RELEVANT COMMUNITY STRENGTHS AND ASSETS MIGHT HELP ADDRESS THIS PRIORITY ISSUE?

Community, neighborhood, and/or demographic group	Individual, civic group, organization, business, facility, etc. connected to this group	How this asset might help
Housing Authority	The New Reidsville Housing Authority	Provide a location to house a new medical office facility
Foundations	Kate B. Reynolds Charitable Trust, Reidsville Area Foundation, Rural Hope Initiative Program, Office of Rural Health	Provide funding to support a new medical office facility
Alliances/Coalitions	Rockingham County Healthcare Alliance	Identify access to healthcare issues and coordinate resources
Safety Net Providers	Morehead Memorial Hospital, Annie Penn Hospital, Rockingham County Department of Public Health, Free Clinic of Rockingham County, Clara F. Gunn Medical Center, Rockingham County Student Health Centers	Serve as access points for underinsured, uninsured, or low-income individuals in Rockingham County to receive medical care as well as provide resources to the community

(Insert rows as needed)

INTERVENTIONS: SETTING, & TIMEFRAME **Each plan will need a minimum of one intervention for each of the three sections below**	**COMMUNITY PARTNERS' Roles and Responsibilities**	**PLAN HOW YOU WILL EVALUATE EFFECTIVENESS**
INTERVENTIONS SPECIFICALLY TARGETING HEALTH DISPARITIES		
Intervention: Donated Care Network Intervention: **X** new __ ongoing __ completed Setting: **Clinical** **Start Date** January 2013 **End Date** December 2014 Level of Intervention - change in: __ Individuals **X** Policy &/or Environment	**Lead Agency:** Free Clinic of Rockingham County/Healthcare Alliance **Role:** Convene partners to create new ways for providers to donate care to low-income uninsured residents **Partners:** Cone Health, Morehead Hospital, individual physicians and dentists **Role:** Advice, donated care, suggestions, marketing help	**1. Quantify what you will do:** • Track number of visits and how they equate to a dollar amount • Educate and support specialty providers to be a part of a donated care network • Recruit at least 15 providers to be a part of the donated care network • Increase the number of visits available to uninsured individuals with specialty/dental providers • Increase access to dental care to reduce Emergency Department visits for dental care **2. Expected outcomes:** • Reduce ED usage by uninsured individuals

INDIVIDUAL CHANGE INTERVENTIONS		
Intervention: Federally Qualified Health Center – Satellite Site Intervention: _**X**_ new __ ongoing __ completed Setting: **Community/Clinical** Start Date **August 2012** End Date **December 2013**	The lead agency is **Triad Adult and Pediatric Medicine** and it will **create a satellite Federally Qualified Health Center in Rockingham County** List other agencies and what they plan to do: ❖ **Rockingham County Healthcare Alliance – facilitate partnership between Triad Adult and Pediatric Medicine and existing healthcare infrastructure** ❖ **The New Reidsville Housing Authority – provide the onsite location for the medical facility** ❖ **Reidsville Area Foundation and Kate R. Reynolds Charitable Trust – provide funding for the medical facility** Include how you're marketing the intervention: **Marking will be handled by Triad Adult Pediatric Medicine through press releases, ground breaking ceremony, flyers, door hangers, etc.**	**1. Quantify what you will:** • The Clara F. Gunn Medical Center (satellite site) will see 675 new patients or 1500 visits first year of operation **2. Expected outcomes:** • Increase the number of children with appropriate immunizations age 2 years and younger seen at the medical center • Increase the number of adults patients 18 years and older, with diagnosed hypertension, whose blood pressure was less than 140/90 (adequate control) • Increase the number of adult patients with type 1 or 2 diabetes, whose most recent hemoglobin A1c is less than or equal to 9% (under control) • Increase the number of women ages 25-64 years of age who received one or more Pap tests • Increase the number of patients accepting the recommendation to be screened for HIV
Intervention: Community Screening Event Intervention: _**X**_ new __ ongoing __ completed Setting: **Community** Start Date **Spring 2014** End Date **July 2017**	The lead agency is **Annie Penn Hospital** and it will **coordinate the implementation of the screening events and work with community partners.** List other agencies and what they plan to do: ❖ **Morehead Memorial Hospital – help with event planning, staff volunteers, and provide equipment** ❖ **Rockingham County Department of Public Health – help with event planning and participation in the screening event** ❖ **Free Clinic – help with event planning and participation in the screening event** ❖ **Rockingham County Healthcare Alliance – screen and enroll eligible patients in the Care Connect system** ❖ **Various community agencies/businesses/organizations – participate at the screening event** Include how you're marketing the intervention **Flyers, social media advertisement, news media, Healthy Carolinians Newsletter, radio broadcasts**	**1. Quantify what you will do** • Annually host the Community Screening Event which will provide diabetic screening **2. Expected outcomes:** • Increase awareness of diabetes and/or other chronic diseases • Increased awareness of chronic disease management resources • Increased access to healthcare

Intervention: Young Moms Connect: Communities Supporting Young Families Intervention: __ new _**X**_ ongoing __ completed Setting: **Pregnant and/or Parenting Women Ages 13-24** Start Date **April 2011** End Date **August 2013**	The lead agency is **Rockingham County Partnership for Children** and it will **serve as the fiscal agent for the grant program.** List other agencies and what they plan to do: ❖ **Rockingham County Department of Public Health – provide educational classes for the target population, provide physical exams, birth control, and lab services to those uninsured in the target population, and provide funds to cover prenatal office visits at either of the two local OB/GYN offices for pregnant, uninsured women in the target population** ❖ **Rockingham County Student Health Centers – provide nutritional counseling to the target population** ❖ **Rockingham Pregnancy Care Center – provide prenatal nursing services to pregnant students through the Student Health Centers and home visits.** ❖ **Help, Inc. – provide domestic violence counseling and classes to women in the target population.** ❖ **Rockingham County Schools – provide extended Homebound services to pregnant students as well as extended online studies.** Include how you're marketing the intervention **Flyers, Presentations** **Health Fairs, Promotional materials bearing the YMC logo, and community event appearances**	**1. Quantify what you will do**: • Provide up to 50 hours of in-home instruction for 10 weeks to students enrolled in the on-line homebound education program. • Provide incentive items to 10 homebound education participants that return and remain in school through the remainder of the school year. • Provide education materials for 10 homebound education participants. • Provide bimonthly on-site nutrition counseling in the four Rockingham County high schools for 45-55 students who are pregnant and/or parenting. Services will be provided twice a month during the school year and will be provided off site at Morehead Memorial Hospital during the summer months. • Provide domestic violence prevention assistance and support for teens and young women who are pregnant and/or parenting by providing 10 group sessions utilizing the Safe Dates curriculum to a group of 10-15 women ages 13-24 and individual counseling to 25 women in the same age group. • Provide one-on-one weekly health counseling by a registered nurse for 20-35 pregnant and/or parenting teens at the 4 high schools. Provide the same counseling to any of these students that are home-bound on a weekly basis. • Provide funding for 24 new female clients and 20 returning female clients ages 13-24 years to receive a physical exam through the family planning or adult health clinic. • Provide funding for 24 new female clients and 20 returning female clients ages 13-24 years to receive laboratory services related to primary care or family planning. • Provide funding for 24 new female clients and 20 returning female clients to receive a family planning visit in which a contraceptive method is initiated or continued. • Provide funding for 140 prenatal visits to local providers for women ages 13- 24 years who reside in Rockingham County. • Provide twelve 2 hour classes on health maintenance and self-sufficiency for 15-20 women by Rockingham County Department of Public Health. • Provide incentive items to 24 new women and 20 returning women ages 13-24 years who receive services at Rockingham County Department of Public Health to encourage compliance with services that promote health maintenance, parenting skills and self-

		sufficiency. • Provide home visits using the Parents as Teachers (PAT) Born to Learn Curriculum to 20 families with mothers ages 13- 24 years in Rockingham County. • Provide transportation, childcare and educational materials for 11 PAT parent/child support groups for 15 mother/child couples with mothers ages 13- 24 years. • Provide transportation for 45-50 pregnant and parenting women ages 13-24 years who live in Rockingham County to services that promote health maintenance, parenting skills and self-sufficiency. (Average round trip is 40 miles – total mileage provided will be 2075.) • Provide 12 two hour Motheread/Fatheread® sessions to 15 pregnant and/or parenting families ages 13-24 focusing on adult and child literacy, the development of parenting skills including appropriate discipline strategies, establishment and utilization of a medical home, the importance of prenatal care, and positive child development. All participants will receive workshop materials to encourage positive home literacy environments through early reading and book extender activities. Transportation and childcare will be provided to the participants. • Conduct a Conscious Discipline® evidence based parent and child character education workshop for 10 pregnant and/or parenting women ages 13-24. • Design and distribute the Young Moms Connect monthly newsletter to 200 young families and community agencies per month via mail or email. • Plan, coordinate and implement a provider/client celebration event at the end of the year for 55 pregnant and/or parenting women ages 13-24 and 30 community agency members to promote continued participation in services, contact with community agencies, and to celebrate participant achievements. • Collaborate with the Wayne County Partnership for Children to host a college tour and leadership/character building event in Charlotte, NC for 10 Rockingham County YMC Leadership Council participants (pregnant and/or parenting women ages 13-24). Transportation, lodging, and meals will be provided for the 10 Rockingham County YMC Leadership Council participants. • Provide GED test assistance for 100 young pregnant and/or parenting women ages 13-24 at the Rockingham Community

		College. • Provide textbook vouchers/payments to 25 young pregnant and/or parenting women ages 13-24 to be used at the Rockingham Community College. • Provide four nutrition/healthy weight workshops (one workshop at each high school in the county), for 30 pregnant and/or parenting mothers enrolled in high school. • Provide a nutrition/healthy weight workshop in partnership with the Cooperative Extension for 15-20 pregnant and/or parenting mothers and a parent/guardian or adult from their home to promote healthy nutrition with the extended family. Transportation and childcare will be provided to the participants. • Plan, coordinate and implement a professional development workshop for 30 professionals/area providers focusing on increasing health literacy of young families through evidence-based best practices. • Analyze and report YMC Interview Project data and provide a written report and toolkit to assist local agencies in working more effectively with young families for 50 professionals/providers from 20-25 community agencies **2. Expected outcomes:** • Decreased teen pregnancy rates in Rockingham County • Increased access to healthcare for young families in Rockingham County
Intervention: Congregational Nurse Program Intervention: _**X**_ new __ ongoing __ completed Setting: **Hispanic/Latino and Homeless Community** Start Date **July 2012** End Date **July 2014**	The lead agency is **Cone Health** and it will **provide a tested and operational model for Congregational Nursing, expertise in providing holistic, congregational nursing services to underserved and hard-to-reach populations and existing collaboration with the UNCG Social Work program. They also provide financial management and administrative oversight of the Rockingham County project.** List other agencies and what they plan to do: ❖ **Free Clinic of Rockingham County – provides a space for congregational nurses and social workers to see clients in a private consulting environment as well as accept referrals for primary care.** ❖ **Rockingham County Healthcare Alliance – facilitate collaboration and coordination between new and existing healthcare providers and**	**1. Quantify what you will do** • Connect vulnerable members of the community to primary care services, so patient enrollment and visits can be tracked. • Approximately 80% of the referrals to primary medical homes are anticipated to be successful, resulting in patient enrollment and visits. **2. Expected outcomes:** • Improved health and increased engagement with the healthcare community among clients served by this program • Reduce the number of clients who do not have a primary medical home and to provide them with appropriate and accessible services to improve and meet basic needs.

	other programs in Rockingham County. ❖ **Churches –provide space for screenings.** ❖ **Home of Refuge Homeless Shelter – provide space for screenings.** ❖ **Reidsville Soup Kitchen – provide space for screenings.** ❖ **Reidsville Housing Authority – provide space for screenings.** ❖ **Salvation Army of Eden – provide space for immunization clinic.** Include how you're marketing the intervention: **Having a presence at health fairs, homeless support groups, Salvation Army, and places in which homeless and Hispanic individuals frequent**	
Intervention: Give Kids a Smile Intervention: ___ new _**X**_ ongoing __ completed Setting: **School/Community** Start Date **February 2003** End Date **June 2017**	The lead agency is **Rockingham County Dental Society** and it will **volunteer to support and provide dental services to the Give Kids a Smile Program** List other agencies and what they plan to do: ❖ **Rockingham County Schools – provide transportation for students to receive dental services at local dental offices, provide a school coordinator to help families sign-up for GKAS, and provide an ESL teacher to help with the Spanish speaking families** ❖ **Rockingham County Healthy Carolinians – promote the GKAS program and provide assistance at the local dental offices during GKAS** ❖ **NC Oral Health Section – appoint a staff member to coordinate the GKAS efforts for the Rockingham County Dental Society and coordinate media efforts** Include how you're marketing the intervention: **Press release/news article, letters to parents**	**1. Quantify what you will do:** • Screen approximately 1,000 children in the GKAS program yearly • Provide dental education to approximately 300 children yearly • Recruit 12-14 local dentists to provide free services to children participating in GKAS • Provide oral services to 100-150 children annually through GKAS • Provide 600-850 sealants annually • Recruit at least 12 of the 16 elementary schools to participate in the GKAS program **2. Expected outcomes:** • Increased access to dental care for children
Intervention: Health and Wellness Resource Directory Intervention: _**X**_ new ___ ongoing __ completed Setting: **Community** Start Date **December 2012** End Date **June 2017**	The lead agency is **Rockingham County Department of Public Health** and it will **create and display the directory on their website and update the directory annually.** List other agencies and what they plan to do: ❖ **Rockingham County Healthcare Alliance – review directory and provide input** Include how you're marketing the intervention:	**3. Quantify what you will do:** • Annually update the Health and Wellness Resource Directory **4. Expected outcomes:** • Increased access and usage of various medical facilities and health promotion opportunities listed in the directory

	Press release/news article, display the directory on the website, have Alliance partners create a link on their websites	
POLICY OR ENVIRONMENTAL CHANGE INTERVENTIONS		
Intervention: Care Connect Intervention: ___ new **X** ongoing ___ completed Setting: **Community/Clinical** Start Date **May 2012** End Date **June 2017**	**The lead agency is** Rockingham County Healthcare Alliance **and it will** work with community partners to create a single shared eligibility and enrollment process for community healthcare resources **List other agencies and what they plan to do:** ❖ Free Clinic – pilot the program ❖ Rockingham County Congregational Nursing– use the shared database in community events and outreach ❖ Project Access Dental – utilize Eligibility and Enrollment scheme to place patients with oral care needs into donated dental care ❖ Project Access Medical – utilize Eligibility and Enrollment scheme to place patients with medical care needs with specialty providers **Include how you're marketing the intervention :** New and improved Rockingham County Healthcare Alliance website, hold quarterly Alliance meetings for updates, distribute flyers around the county, create newsletters	**1. Quantify what you will do** • Create a system that simplifies eligibility and enrollment in a variety of community resources that improve health. The screening program verifies patient residence, household size and income for various participating programs. • Enroll 900 new in the patients Care Connect database by June 2014. **2. Expected outcomes:** • Simplified Enrollment and Eligibility process for uninsured individuals • Increased capacity for participating programs and medical facilities
Intervention: Health Science Rotation Intervention: _**X**_ new __ ongoing __ completed Setting: **Clinical** Start Date **August 2013** End Date **June 2017**	The lead agency is **Greensboro AHEC** and it will **find medical students and coordinate with medical schools to establish a one week elective rotation in Rockingham County** List other agencies and what they plan to do: ❖ **Rockingham County Healthcare Alliance – liaison between the community and lead agency** ❖ **Hospitals – accept students to do a rotation** ❖ **Elon University – provide/assign PA students to do a 6 week rotation in Rockingham County** Include how you're marketing the intervention: **Marketing done by Elon University and Greensboro AHEC to students as well as practices to host students**	**1. Quantify what you will do:** • Develop 3 or more new health science rotations in Rockingham County **2. Expected outcomes:** • Medical Students or Physician Assistant Students may open a practice or choose to practice in Rockingham County which will increase access to healthcare

Intervention: Rockingham County Diabetes Task Force Intervention: **X** new ___ ongoing ___ completed Setting: **Community** Start Date **2014** End Date **2016**	The lead agency is **Annie Penn Hospital** and it will **recruit members for the Task Force and monitor activities, initiatives, and material developed by the Task Force.** List other agencies and what they plan to do: ❖ **Rockingham County Department of Public Health and Morehead Memorial Hospital will assist with the development of standardized care and provide Diabetes Self-Management Program classes (DSMP).** ❖ **Free Clinic of Rockingham County, Carolina Apothecary and the faith community will assist development of standardized care and refer clients to DSMP classes.** Include how you're marketing the intervention **Brochures and/or information cards, participating partner websites, resource guides, community presentations**	**1. Quantify what you will do** • Create a countywide standard of care for diabetes patients. • Host an annual collaborative community event offering screenings and education. • Develop and disseminate a comprehensive diabetes resource guide **2. Expected outcomes:** • Improved standard of care • Increased number of diabetes patients who participates in the DSMP • Increased self-efficacy in patients managing their diabetes

(Insert rows as needed)