

ALAMANCE COUNTY BOARD OF HEALTH

Minutes

Regular Meeting of the Board of Health

August 16, 2011

The Alamance County Board of Health met at 6:00 p.m. on Tuesday, August 16, 2011, in the Professional Board Room of the Human Services Center located at 319-B North Graham-Hopedale Road, Burlington, North Carolina.

The following board members were present: Dr. Donald Courtney, Vice-Chairman; Ms. Linda Massey, Commissioner; Ms. Kathleen Colville; Dr. Kary Dodd; Dr. William Porfilio; Mr. Kent Tapscott; and Mr. Charles Wilson.

The following staff members were present: Mr. Barry Bass, Mr. Carl Carroll, Ms. Christy Bradsher, Ms. Gayle Shoffner, Mr. Eric Nickens, Ms. Jillian Cannon and Ms. Janna Elliott.

I. Call to Order

Dr. Donald Courtney, Vice-Chairman, called the meeting to order at 6:33 pm.

II. Approval of the June 21, 2011, Board of Health Minutes

A motion was made by Mr. Kent Tapscott to approve the June 21, 2011, Board of Health minutes. The motion was seconded by Dr. William Porfilio and approved unanimously by the board.

III. Public Comment

No public comments were made.

IV. Administrative Reports

A. Board of Health Handbook Update

Ms. Janna Elliott provided updated Board of Health Handbooks for new members and updated materials for longer-term members.

B. Personnel Update

Ms. Elliott introduced Ms. Jillian Cannon, Public Health Nurse I, who began employment in May.

Ms. Elliott provided the board with the following Personnel Update:

August 16, 2011

PERSONNEL UPDATE

New Hires / Transfers / Resignations:

- Dianna Hunter was separated from her position as Processing Assistant III – Finance Clerk, effective June 17, 2011.

Reclassifications:

- Public Health Nurse I position was reclassified to Public Health Nurse III – STD ERN position effective July 1, 2011.
- Public Health Educator II position was reclassified to Human Services Planner/Evaluator II position effective July 1, 2011.

Recruiting to fill the following positions:

- Dentist I, replacing Roberta Osborn
- Licensed Clinical Social Worker, replacing Mary White

Vacant positions:

- Public Health Nursing Director III, replacing Debra Garrett (rewriting job description)
- Public Health Nurse I (50%), replacing Emily Barrows (frozen until July 2011)
- Public Health Nurse II, replacing Rhonda Rambeaut (frozen until September 1, 2011)
- Administrative Assistant I, replacing Janet Clayton (reviewing application for interviews)
- Processing Assistant III – Finance Clerk, replacing Dianna Hunter (conducting interviews)

B. Budget Amendments/Transfers

Ms. Christy Bradsher presented the Health, WIC and Dental amendments and transfers 1 – 2 for the 2011-2012 fiscal year for board approval:

Budget Amendments and Transfers FYE 12				
BUDGET ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REVISION #	1		DEPT. NAME: Health	
STATE BUDGET:			TRANSFER:	
			AMENDMENT: X	
<u>Expenditures:</u>				
110-5110-(To Assign)	CLC Grant	5,878.00	5,878.00	5,878.00
<u>Revenue:</u>				
310-3511-(To Assign)	CLC Grant	5,878.00	5,878.00	5,878.00
Explanation:	Funds received from the Alamance Alliance for Children & Families. Funds will be used to support operational needs of the Centering Pregnancy Program.			
BUDGET ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REVISION #	2		DEPT. NAME: Health	
STATE BUDGET:			TRANSFER:	
			AMENDMENT: X	
<u>Expenditures:</u>				
110-5110-(To Assign)	FDA National Retail Food Standards	1,000.00	1,000.00	1,000.00
<u>Revenue:</u>				
310-3511-(To Assign)	FDA National Retail Food Standards	1,000.00	1,000.00	1,000.00
Explanation:	The Environmental Health Section received funding for completing standard 7 of the FDA Voluntary National Retail Food Regulatory Program. Funds will be used to support operational needs in the Environmental Health Section.			

A motion was made by Ms. Linda Massey to approve the Health, WIC and Dental budget amendments and transfers 1 – 2 for FY 2011-2012. The motion was seconded by Mr. Kent Tapscott and was approved by the board unanimously.

V. Environmental Health Update

Mr. Carroll reported that Environmental Health is continuing its goal of working on meeting FDA Standardization of the Food Program. Alamance County is one of five counties in North Carolina participating in this program. Last year they completed one of the standards and this year they are preparing to look at developing a baseline on the occurrence of foodborne illness risk factors. This will involve training of staff on FDA's assessment tool and then actually doing an assessment using that tool on a select group of establishments.

Mr. Carroll informed the Board about the next ServeSafe Class scheduled for October 4th thru 6th. This is a three day course for food service managers and staff, which provides two extra points on restaurant report cards upon successful completion. ServeSafe Classes are offered in

conjunction with Cooperative Extension at least two times per year. Spanish speaking classes will be offered at least once every other year. Environmental Health recently received a complaint about counterfeit ServeSafe Certificates at a local establishment and has informed The National Restaurant Association is aware of this complaint and investigating it.

Mr. Carl Carroll reported that staff member Becky Rosso-Hall is pursuing a Master of Science in Environmental Health at ECU. She recently presented her Master's Project, which involved a joint project with Alamance County Environmental Health. The overall objective of her research was to gain a better understanding of the link between proper well construction and water quality. Environmental Health Supervisor Terri Craver was present during her presentation to ECU Professors.

Mr. Carroll stated that Alamance County's 7th case of rabies was documented on August 5th. A puppy that was about 12 weeks old was brought to Alamance County at approximately six weeks of age from Hyde County and was taken to a local vet on August 4th. The puppy had become lethargic the morning of the 3rd and was having trouble walking by that afternoon. The puppy was near death on the 4th and had to be euthanized. The Vet recommended that the dog be tested for rabies, which returned positive results. A number of other counties have puppies from the same litter, one of which died on July 19th from unknown causes. It was exhumed but could not be tested. Eleven people in Alamance County are receiving post-exposure prophylaxis (PEP); individuals in other counties who have been exposed to the litter are being evaluated for PEP.

Mr. Carroll informed the Board that another staff member, Jon Fowlkes, recently made a presentation to the Mt. View Ruritan Club on Alamance County's Well Program.

VI. Personal Health Update

Ms. Gayle Shoffner informed the board about the child health clinic's Quality Improvement Initiative implementing the "Bright Futures" forms and systems into our child health clinic in early August. Bright Futures is a national health promotion and disease prevention initiative that addresses children's health needs in the context of family and community. The principles, guidelines and tools will be used in clinic to strengthen the care delivered to our children. The implementation of this program will be a requirement of the State contract agreement beginning in January 2012. However, the agency decided to use this as a quality improvement initiative and implement this in time to meet the needs of children getting ready for the new school year.

Ms. Shoffner reported that the immunization clinic is offering free Tdap vaccines to adults age 19 and older who are underinsured and meet 200% of the federal poverty level. This is made possible by a program sponsored by Sanofi Pasteur called the “gift program.” Immunization clinic has received 300 doses and have been approved to receive 1200 doses total.

Ms. Shoffner stated that there may be an Alamance County citizen who is positive for the West Nile Virus. A 48 year old male was hospitalized with encephalitis in July. Testing has been completed and the sample forwarded to the CDC for analysis. Results are still pending. Ms. Shoffner will follow-up with more information as results are known.

VII. Health Director’s Report

Mr. Barry Bass reported he recently responded to a request from the County Manager for data regarding the cost of services offered to illegal citizens. Two directives of public health include: 1) service is not denied to anyone unless there is a charge service and the patient is unwilling to pay and, 2) questions cannot be asked to patients regarding their citizenship status. DSS has a mechanism which allows them to identify undocumented aliens but Public Health does not have that capability. He will consult with state program staff regarding this matter.

Mr. Bass stated that ACHD recently received its annual Medicaid cost report. Local health departments are advised to assure charges and fees correlate to costs so they balance out. Historically, ACHD has charged close to the Medicaid reimbursement rate. After reviewing this report carefully, ACHD’s costs incurred for some procedures and services far exceed the Medicaid reimbursement rate and statewide averages, and should be adjusted. After consulting with administrative procedures representatives and the Local Health Directors Finance & Reimbursement Committee, it is likely a revised fee schedule will be presented to the board at a future meeting to address these discrepancies.

VIII. Old Business

A. Review of Operating Procedures of the Alamance County Board of Health

Mr. Bass presented the board with the Operating Procedures of the Alamance County Board of Health for their review and approval.

Operating Procedures Alamance County Board of Health

1. Name and Office.

The name of this organization is the Alamance County Board of Health (hereinafter "Board"). The principal office of the Board is located at 319-B North Graham-Hopedale Road, Burlington, North Carolina 27217.

Officers and Committees.

a. Chair and Vice-Chair

The Board members shall elect a Chair and Vice-Chair by majority vote each year at the December meeting.

b. Secretary

The local health director shall serve as Secretary to the Board, but the director is not a member of the Board. The local health director may delegate the duties of the Secretary that are set forth in these operating procedures to an appropriate local health department employee.

c. Standing committees

The Board shall have the following standing committees:

Environmental Health – Members are self-selected from Board of Health. Serves in an advisory capacity to the operation of Environmental Health programs and services.

Personal Health – Members are self-selected from Board of Health. Serves in an advisory capacity to the operation of clinical services and WIC programs.

All standing committees are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

d. Temporary committees

Nominating Committee – Recommends board officers at annual meeting. Members are appointed by the Chairperson.

Awards Committee - Selects recipients of Employee of the Year and Community Partner of the Year awards annually. Members are appointed by the Chairperson.

Operating Procedures

Personnel Committee – Conducts health director's annual performance review. Members are appointed by the Chairperson.

The Board may establish and appoint members for temporary committees as needed to carry out the Board's work. All temporary committees are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

2. Meetings.

a. Regular Meetings.

The Board shall hold a regular meeting on the third Tuesday in February, April, June, August, October and December, except that if a regular meeting day is a legal holiday, the meeting shall be held on the next business day. The meeting shall be held at the Alamance County Human Services Center and shall begin at 6:30 P.M. The Environmental Health Committee and Personal Health Committee shall hold a regular meeting on the third Tuesday in January, March, May, September and November at the Alamance County Human Service Center. The Environmental Health Committee meets at 12:00 P.M. and the Personal Health Committee meets at 6:00 P.M.

b. Agenda.

The Secretary to the Board shall prepare an agenda for each meeting. Any board member who wishes to place an item of business on the agenda shall submit a request to the Secretary at least two working days before the meeting. For regular meetings, the Board may add items to the agenda or subtract items from the agenda by a majority vote. The agenda for a special or emergency meeting may be altered only if permitted by and in accordance with the North Carolina open meetings laws.

Any person may request that an item be placed on the Board's agenda by submitting a written request to the Secretary at least ten working days before the meeting.

c. Presiding Officer.

The Chair of the Board shall preside at Board meetings if he or she is present. If the Chair is absent, the Vice-Chair shall preside. If the Chair and Vice-Chair are both absent, another member designated by a majority vote of members present at the meeting shall preside.

d. Quorum.

A majority of the actual membership of the Board, excluding vacant seats, shall constitute a quorum. A member who has withdrawn from a meeting without

Operating Procedures

being excused by a majority vote of the remaining members shall be counted as present for purposes of determining whether or not a quorum is present.

e. Voting.

Each Board member shall be permitted to abstain from voting, by so indicating when the vote is taken. A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law. If a member has withdrawn from a meeting without being excused by a majority vote of the remaining members, the member's vote shall be recorded as an abstention.

f. Minutes.

The Secretary shall prepare minutes of each Board meeting. Copies of the minutes shall be made available to each Board member before the next regular Board meeting. At each regular meeting, the Board shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may obtain copies of Board meeting minutes at the Alamance County Health Department located at 319-B North Graham-Hopedale Road, Burlington, N.C. 27217.

3. Amendments to Operating Procedures.

These operating procedures may be amended at any regular meeting or at any properly called special meeting that includes amendment of the operating procedures as one of the stated purposes of the meeting. A quorum must be present at the meeting at which amendments are discussed and approved, and any amendments must be approved by a majority of the members present at the meeting.

4. Other Procedural Matters.

The Board shall refer to the current edition of *Robert's Rules of Order Newly Revised (RONR)* to answer procedural questions not addressed in this document, so long as the procedures prescribed in *RONR* do not conflict with North Carolina law.

5. Compliance with North Carolina Law.

In conducting its business, the Board shall comply with all applicable North Carolina laws, including but not limited to open meetings laws, public records laws, and the laws setting forth the powers and duties of local boards of health. To assist the Board in compliance, the local health director shall maintain a current copy of relevant North Carolina General Statutes and make them available to Board members on request.

Operating Procedures

Approved and adopted by the Alamance County Board of Health on June 21, 2011.

Chairman, Alamance County Board of Health

Secretary, Alamance County Board of Health

A motion was made by Mr. Kent Tapscott to approve the Operating Procedures of the Alamance County Board of Health. The motion was seconded by Dr. Kary Dodd and approved unanimously by the board.

B. Request to Approve the Alamance County Health Department Strategic Action Plan 2011 – 2015

Mr. Eric Nickens discussed the draft of the 2011 – 2015 Strategic Action Plan. The plan was distributed to board members at the June meeting and has been posted on the county's website for public comment since that time. Mr. Nickens stated he received positive feedback from the public regarding ACHD's support of increased development of sidewalks and bike lanes in local municipalities for wellness and safety. There was also a complaint regarding the goal of providing one ServeSafe class to Spanish speakers every other year; the caller suggested Spanish speaking classes be offered more often. Mr. Nickens stated that this Plan is fluid and will be adjusted as need arises. Ms. Kathleen Colville stated that she was disappointed not to see more new goals in the Chronic Disease Prevention section, however since the Chronic Disease Committee of Healthy Alamance is working to address this issue, new goals may be added in the future.

A motion was made by Ms. Kathleen Colville to approve the Alamance County Health Department Strategic Action Plan 2011 - 2015. The motion was seconded by Dr. William Porfilio and approved unanimously by the board.

IX. New Business

A. Request to Approve Action Plans for Community Health Assessment

Mr. Eric Nickens presented the board with Action Plans for the Community Health Assessment:



Community Health Action Plan 2011

Designed to address Community Health Assessment priorities and to meet Healthy Carolinians Re/Certification requirements

County: Alamance

Partnership, if applicable: Healthy Alamance

Period Covered: 2011-2013

LOCAL PRIORITY ISSUE

- Priority issue: Chronic Disease Prevention
- Was this issue identified as a priority in your county's most recent CHA? ☒ Yes ☐ No

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

- By (year): 2013
- Objective (specific, measurable, achievable, realistic, time-lined change in health status of population) : Increase physical activity levels of Alamance County, NC residents.
- Original Baseline: Regular physical activity substantially reduces obesity as well as the risk of mortality from cancer, heart disease, and diabetes. It is recommended that 30-60 minutes be spent per day for 3-5 days a week being physically active.
36% of Alamance county residents meet this recommendation (compared to 42% for NC).
20.6% of Alamance county residents are physically inactive (compared to 18.2% for NC).
71% of diabetics do not meet physical activity recommendations and 84% of diabetics are overweight in Alamance County.
- Date and source of original baseline data: 2007 Community Assessment (we are currently conducting/compiling our 2011 Community Assessment)
- Updated information (For continuing objective only): n/a
- Date and source of updated information: n/a

POPULATION(S)

- Describe the local population(s) experiencing disparities related to this local community objective: There is a disparity among minority populations. There is also a clear link between obesity, poor diet, and inactivity as those with these unhealthy lifestyle practices are at a higher risk for chronic disease development.
- Total number of persons in the local disparity population(s): The total population in Alamance County is 145,360; where 18% are African American; 63% are overweight/obese (2007 Community Assessment).
- Number you plan to reach with the interventions in this action plan: This action plan targets the entire population, with emphasis on minorities and those that are overweight. We are also focused geographically in the eastern part of Burlington, which is a lower socioeconomic area.

HEALTHY NC 2020 FOCUS AREA ADDRESSED

Check **one** Healthy NC 2020 focus area: (Which objective below most closely aligns with your local community objective?)

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

HEALTHY NC 2020 Objective(s) that most closely match your local community objective include:

Increase the percentage of adults getting the recommended amount of physical activity.

Decrease the percentage of adults with diabetes.

Increase the percentage of adults who are neither overweight nor obese.

RESEARCH - 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
Eat Smart Move More NC	NC Obesity Prevention Plan to create policies and built environments that support healthy living	www.eatsmartmovemorenc.com
Stairwell Initiative	Promoting stairwell to incorporate physical activity	www.eatsmartmovemorenc.com
Fresh Fruit & Vegetable Program	Promoting use of local agriculture through farmer's markets	www.fruitsandveggiesmatter.gov
Let's Move	Federal Government Campaign to promote community wide physical activity	www.letsmove.gov

WHAT INTERVENTIONS ARE ALREADY ADDRESSING THIS ISSUE IN YOUR COMMUNITY?

Are any interventions/organizations currently addressing this issue? Yes ☒ No ☐ If so, please list below.

Intervention	Lead Agency	Progress to Date
Eat Smart Move More	Healthy Alamance	Implemented North Park in Motion (built environment changes to east Burlington)
Stairwell Initiative	Health Department	Implemented signage in health and human service building for public and staff
Fresh Fruit & Vegetable Program	Healthy Alamance, Health Department	Hosted a Farmer's Market at the Health Department last year, working to organize one for this year at North Park
Let's Move	Healthy Alamance	Community Wide Physical Activity Challenge, PARC Passport – using all local parks through a unique adventure, free to everyone in county
Let's Move	North Park in Motion, Healthy Alamance	Free and reduced cost dance classes at North Park for residents have been offered since last year

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
East Burlington, North Park Community (African American, Low Income)	City of Burlington, Health Dept, Healthy Alamance, School System	There is great energy and enthusiasm in place and a great working relationship has begun over the past two years
All municipal recreation & parks depts.	Healthy Alamance, Health Dept	Since the pilot program of the PARC Passport initiative last summer, there is a new community wide partnership to address physical activity for the county through innovation and low cost programs



INTERVENTIONS: SETTING, & TIMEFRAME	COMMUNITY PARTNERS' Roles and Responsibilities	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
INTERVENTIONS SPECIFICALLY TARGETING HEALTH DISPARITIES		
<p><u>Intervention: Access to Fresh Produce</u></p> <p>Intervention: <input checked="" type="checkbox"/> new <input type="checkbox"/> ongoing <input type="checkbox"/> completed</p> <p>Setting: Community Center at North Park</p> <p>Start Date – End Date: 6/2011-9/2011</p> <p>Level of Intervention - change in: <input checked="" type="checkbox"/> Individuals <input checked="" type="checkbox"/> Policy &/or Environment</p>	<p>The lead agency is Woods Harvest who will supply the fresh produce weekly to the park and manage the farm stand.</p> <p>Healthy Alamance, Health Dept, Community Advisory Board will assist with staffing the event weekly and seeing that additional supplies for the stand are secured. In order to ensure the farmer will stay committed to working with the park, at the close of each weekly market any remaining produce will be purchased by Advisory Board members.</p> <p>Include how you're marketing the intervention: We have created flyers in English and Spanish and have posted the event on facebook and circulated it via email distribution lists. We have also put up a curbside banner.</p>	<p>1. Quantify what you will do (# classes & participants, policy change, built environment change, etc.): We will offer a seasonal farm stand with locally grown fruits and veggies one day per week at the busiest time, Thursdays 5-8pm.</p> <p>2. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <p>This area does not have any places to purchase fresh produce in walking distance and could be considered a food desert with only corner store selling junk food. We have heard that residents would like to have a farmer's market nearby as most of the community organized ones are on the other side of town. We decided to start with one farm stand to begin.</p>
INDIVIDUAL CHANGE INTERVENTIONS		
<p><u>Intervention: Offer free or reduced cost dance exercise classes on site at North Park for residents</u></p> <p>Intervention: <input type="checkbox"/> new <input checked="" type="checkbox"/> ongoing <input type="checkbox"/> completed</p> <p>Setting: Community Center at North Park</p> <p>Start Date – End Date: 6/2011-ongoing</p>	<p>The lead agency is the City of Burlington and it will manage all programming.</p> <p>Healthy Alamance, Health Dept, Community Advisory Board, Dance Instructors will work together to evaluate, schedule and promote classes.</p> <p>Include how you're marketing the intervention: North Park in Motion has a facebook page that is widely used by those living in the neighborhood. In addition the Health Dept is nearby and several schools.</p>	<p>1. Quantify what you will do (# classes, # participants, etc.): We will offer seasonal classes for adults and youth. Adult classes will take place two evenings per week for a \$5 fee. Youth classes will take place after school in various age groups 2-3 days per week and will be free.</p> <p>2. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <p>The community has expressed an interest in dance and thus far the classes have been well attended.</p>
<p><u>Intervention: Offer PARC Passport Program at North Park and other community parks in county</u></p> <p>Intervention: <input type="checkbox"/> new <input checked="" type="checkbox"/> ongoing <input type="checkbox"/> completed</p> <p>Setting: All parks in Alamance County</p>	<p>The lead agency is Healthy Alamance and Health Dept and they will coordinate community wide programming and secure funding.</p> <p>All municipal parks will work together to implement the program at their sites.</p>	<p>3. Quantify what you will do (# classes, # participants, etc.): We will offer an annual PARC Passport season where community members can obtain a free booklet and seek the hidden clues throughout the county.</p>

Start Date – End Date: 6/2011-ongoing	Include how you're marketing the intervention: A unique website has been created that each partner can link to. The local newspaper has agreed to cover the program.	<p>4. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <p>The community has expressed an interest in free local activities and thus far the pilot program went well and we are in our 2nd year of the program.</p>
POLICY OR ENVIRONMENTAL CHANGE INTERVENTIONS		
<p>Intervention: <u>Improve Built Environment</u></p> <p>Intervention: ___ new <input checked="" type="checkbox"/> ongoing ___ completed</p> <p>Setting: North Park</p> <p>Start Date – End Date: 6/2011-6/2012</p>	<p>The lead agency is the City of Burlington and it will manage all revitalization.</p> <p>Healthy Alamance, Health Dept, Community Advisory Board will work together with the City on all park improvements.</p> <p>Include how you're marketing the intervention: North Park in Motion has a facebook page that is widely used by those living in neighborhood.</p>	<p>1. Quantify what you will do (policy change, change to built environment, etc.): North Park and surrounding neighborhood will have safe access to the park via foot or bicycle. At the park they will find amenities that they desire to use to be installed and in working condition.</p> <p>2. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <p>The neighborhood surrounding North Park has expressed their concerns about the park and frustrations with the City. We expect that with continued follow through and improvements the park will continue to flourish and be utilized.</p>



Improving health, improving life

319-B North Graham-Hopedale Road
Burlington, NC 27217
Website: www.healthy.alamance.com

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Email: adurr@arnc.com

June 1, 2011

Office of Healthy Carolinians
Division of Public Health, DHHS
5505 Six Forks Road, 1st Floor Suite D
Raleigh, NC 27609

Dear NC Governor's Task Force for Healthy Carolinians:

Please find the enclosed application for Healthy Alamance to be recertified as a Healthy Carolinians Partnership. The application has been completed and the supplemental information has been attached.

Healthy Alamance has had a long history of being the leader in community health initiatives for Alamance County, and has been certified in the past.

As the materials in this application will illustrate we have completed numerous noteworthy goals over the past couple of years. If our partnership was not strong, we would not have been able to accomplish these things. Throughout the past few years despite the obstacles we have faced we have been able to continue growing, secure funding, expand membership, and assist with a satisfactory community assessments and state of county health reports. We continue to meet the needs of our community and act as a collaborator with other agencies.

It is my hope that you will find the following information suitable to the standards of certification.

Your consideration is appreciated.

Cordially,
April Durr
Executive Director/Program Coordinator

NC Governor's Task Force for Healthy Carolinians
2011 Recertification Application
Alamance County
June 10, 2011

County Name: Alamance

Partnership Name: Healthy Alamance

Year of Original Certification: Received Initial Certification, 1998; recertified 2000 & 2004. Decertified, 2008. Received 2nd Certification, 2009. Currently seeking recertification with this 2011 application.

Partnership Statement: *Healthy Alamance has had a long history both in the state of NC and Alamance County as being a leader in mobilizing communities to improve their health status. This reputation is built on the philosophy that first a comprehensive assessment of the community must be conducted in order to identify gaps and disparities and then culturally sensitive initiatives must be developed to address emerging issues. Within Alamance County, Healthy Alamance is widely known and respected for bringing both partner agencies and residents to the table in order to address important health issues in a safe and effective manner. Healthy Alamance has been working collaboratively to implement assessments and community based interventions since 1997, before it became a requirement under the state Department of Public Health.*

Organizational Structure:

1. List the action teams and committees of the partnership indicating the priority area/task of each:

Healthy Alamance Board of Directors, previously known as Healthy Alamance Steering Committee.

Oversees Healthy Alamance staff and the active coalitions of the partnership; major tasks include management of personnel, membership, finance, & compliance with state requirements. This group meets every other month.

Healthy Alamance Chronic Disease Coalition, previously known as HERO (Healthy Environments Reduce Obesity). This community coalition is composed of professionals, volunteers, and faith community that work on various projects related to chronic disease prevention (heart disease, cancer, and diabetes) by trying to reduce obesity through programming, policy change and improving the built environment, it has been meeting for approximately 8 years. The Coalition meets monthly. The coalition has several subgroups such as a faith-based initiative, North Park in Motion, Mebane on the Move and a community wide physical activity programming subgroup, called the PARC Passport Program, all of which meet separately. The activities of these subgroups fall under the mission of the Chronic Disease Coalition.

Healthy Alamance Substance Abuse Task Force is a community coalition composed of professionals, volunteers, and youth that work on various projects related to tobacco and underage drinking prevention. This group has been around for over 10 years. There are two youth subgroups that meet separately. One focuses on tobacco and is the local TRU group. The other focuses on underage drinking and is called the Alamance County Youth Advisory Council. This task force recently pioneered the establishment of the Elon Coalition to Prevent Underage Drinking. This group meets separately on a monthly basis. This Elon Coalition was formed after the competitive North Carolina Coalition Initiative (NCCI) grant was received. The group is focused on preventing underage drinking, specifically in the West Burlington/Elon area. All of the activities of these groups fall under the mission of the Substance Abuse Task Force.

Healthy Alamance Child Asthma Coalition is a community coalition composed of professionals and volunteers that work on various projects related to child asthma. Asthma continues to be a concern in our county, even though it is not one of the priority areas. This group has remained active since its inception (approximately 8 years ago). The group currently meets quarterly.

Friends & Advocates for Sustainable Transportation (FAST), formerly known as Community Council Transportation Task Force. This group was formed after the 2007 Community Assessment. The meetings now take place quarterly which allow the members to be engaged with advocacy work. The group does not fall under the umbrella of Healthy Alamance; however, Healthy Alamance has been one of the lead agencies along with Hayden-Harman Foundation. Together we have worked diligently in establishing and carrying out a plan of action for this group consisting of local professionals and community members.

Community Assessment Team is a joint effort between the Alamance County Health Department, Healthy Alamance, United Way of Alamance County and Alamance Regional Medical Center. This group meets 2x per month during the year prior to an assessment. We are currently working to complete our 2011 Community Assessment and have since been meeting in order to work on surveying our community, conduct focus groups and compile data for the assessment document.

2. How often do the leadership (steering committee or board) and the action teams/committees of your partnership meet?

- The Healthy Alamance Board of Directors meets bi-monthly (6x per year)
- The Healthy Alamance Chronic Disease Coalition as well as Substance Abuse Task Force meet monthly (12x per year)
- The subgroups of the Chronic Disease Coalition meet as necessary, for the most part monthly (12x per year)
- The Healthy Alamance Child Asthma Coalition meets quarterly (4x per year)
- The FAST group meets quarterly (4x per year)
- The Community Assessment Team meet 2x per month (24x per year)

3. How often does the entire membership of the partnership meet?

The entire membership of the partnership along with any interested community members or partner agencies meet one time per year, these meetings take place when the Community Health Assessment or State of the County Health Report data is released. Additional presentations are then scheduled as needed on an appointment basis, i.e. community members, partner agencies, etc. are able to call and schedule a presentation for their staff, members, board or key stakeholders and Healthy Alamance staff comes to present data and explain active initiatives.

4. If new or updated, send a copy of your mission, by-laws, and staff job description.

N/A nothing has changed with these documents since our application was filed in 2009.

5. How has your partnership responded to feedback from the Governor's Task Force for Healthy Carolinians reviewers at your last certification? (Other than required GTF report)

In 2008 when we were decertified we received a great deal of written feedback from the Office of Healthy Carolinians in addition we had a meeting with key Healthy Alamance board members and state staff members, since that time we have been making an effort to incorporate their recommendations into our work where appropriate.

We were pleased to receive the letter from the Governor's Task Force stating that we satisfied all requirements for certification after our last application (2009) and that feedback document was shared with our Board of Directors.

One area we have been working on since 2009, is reaching more Latino residents. This was one recommendation from the Governor's Task Force. For example, since our last certification application was filed, we have reached out to El Centro la Comunidad, the local human service agency that the Latino community uses. The Healthy Alamance Director and Director there, Jeremy Ireland, had a meeting. As a result of the meeting, El Centro became interested to work with our Chronic Disease Coalition on a Latino Community Garden. They were also interested to become involved with the Community Assessment process. A focus group was recently held at their center, in Spanish, for our 2011 Community Assessment. We had a tremendous response from the community, so much so, that we had to close the door and put a sign up that notified interested folks that the event was at capacity and had begun. We provided child care, gift-cards and dinner to overcome obstacles with attendance. The Latinos that attended were very appreciative to be a part of the Community Assessment and felt valued to have a voice in the process. Another way we have reached out to the Latino community is through a new partnership with Alamance Partnership for Children – our Smart Start initiative. They are conducting parenting classes in Spanish for this population and they too have joined the Chronic Disease Coalition. We feel these are steps in the right direction to gaining additional support for this community. In the past we primarily worked with the Latino families who were using the Health Department and through the school system and we still continue to do this. We also continue to develop our flyers in both English and Spanish. We hope that as the assessment results are released this fall we will create further plans for partnership in this area.

6. Briefly describe any organizational changes, barriers and/or challenges of your partnership since you were last certified.

Since our last application for certification we have successfully obtained 501c3 status and became a legal independent nonprofit entity at the state and federal level. Our Board of Directors has been actively meeting in their new role and our finance committee has worked with staff to set up a checking account for the business purposes of Healthy Alamance. We have closed out all financial business with the hospital and health department and are now operating through the use of a Healthy Alamance checking account for all expenses related to Healthy Alamance. The Healthy Alamance staff person remains to be employed and paid by the hospital, so those are the only expenses that are done outside of the agency books. Healthy Alamance continues to have office space at the Health Department. Start up funds for the Healthy Alamance bank account was secured from Alamance Regional Medical Center. The Board and staff are now currently working to seek donors and grant funds that can be put through the new Healthy Alamance checking account to fund programs. We successfully filed our taxes for 2010 and have set up a QuickBooks accounting system for the organization. We haven't yet obtained a grant, but we have received donations and sponsorships.

Certification Standards:**#1 Alignment with 2020 Health Objectives**

1. From your action plans, list which HNC 2020 focus areas and objectives you are working on.

We have three open action plans from our 2009 application: Transportation, Substance Abuse (tobacco and underage drinking prevention) and Chronic Disease Prevention.

The focus areas that these action plans align with are: Tobacco Use, Physical Activity & Nutrition, Substance Abuse, Environmental Health, Chronic Disease and Cross Cutting.

#2 Funding & Sustainability

1. List funding for partnership operations/activities since last certification using table.

Funding source (e.g. agency, foundation, fundraising event)	Time period	\$ amount	In-kind support: type and \$ value	Purpose of funds (e.g. partnership staff and operational costs, specific Action Plan interventions, etc.)
Funding for partnership operations/activities since partnership formed/last certification:				
Alamance Regional MC	Annually	35,000.00	Cash	Staff Salary
Alamance Regional MC	Annually	7,350.00	Cash	Staff Benefits (21% of Salary)
Alamance Regional MC	Annually	1,200.00	Cash	Staff Mileage
AC Health Dept	Annually	4,200.00	In-Kind	Office Space
AC Health Dept	Annually	480.00	In-Kind	Office Supplies/Equipment
Alamance Regional MC	Annually	500.00	Cash	Education/Membership
Alamance Regional MC	Annually	750.00	Cash	Website
Alamance Regional MC	2011	13,000.00	Cash	Opening Funds for Healthy Alamance Checking Account
Hayden Harman Foundation	2010	500.00	Cash	Donation/Sponsor (Thick to Fit Forum & PARC Passports)
United Way of Alamance	2011	500.00	Cash	Community Assessment
Alamance Burlington School System	2011	500.00	Cash	Community Assessment
AC Health Dept	2011	2,133.29	Cash	Community Assessment Printing
TOTAL AMOUNT:		66,113.29		

2. List other grants or funding leveraged in your county since last certification that is the result of your partnership's work, even though they do not benefit the partnership financially using the table.

Funding source	Date	\$ amount	Purpose of funds (Fiscal Agency)
Since partnership last certification			
NC DPH	6/2010-5/2011	20,000.00	Health Promotion Coordinator (ACHD)
HWTF Teen Tobacco	6/2010 - 6/30/11	100,000.00	Tobacco Prevention (LME)
NC Asthma Grant	8/2010-8/2011	11,850.00	Child Asthma Coalition (ACHD)
USDA Fresh Fruit & Vegetable Grant	8/2010-5/2011	32,050.00	School System – Hillcrest Elementary (ABSS)
PUD Grant	5/2010-6/2011	24,600.00	Underage Drinking Prevention – Elon Community Coalition/Alamance Citizens Drug Free Community
TOTAL AMOUNT:		188,500.00	

3. Briefly describe your strategies for resource development and long-term partnership sustainability (included financial sustainability, long-term commitment of leadership): 1) What are your annual operating expenses (salary, office, etc. – independent of programmatic costs)? 2) What are potential sources of funding for sustainability costs in the short-term and long-term? Consider: local and state funding, foundation grants, government grants, fundraising events, member agency donations, donor solicitation, in kind contribution, contracts for specific work, etc.

Our annual operating expenses are approximately \$50,000. The Healthy Alamance staff member continues to be an employee of Alamance Regional Medical Center and housed at Alamance County Health Department, thus the bulk of these operating expenses are absorbed by the two sponsoring agencies.

Currently all programs and initiatives of Healthy Alamance are paid for by leveraging funds through collaboration and seeking grants, sponsors and donations. We now have a Healthy Alamance checking account to run these types of expenses and revenue through.

Since our last certification we have approached our other two sponsoring agencies (DSS & LME) for funding; however, due to budget cuts within the county and the reorganization at our LME (mental health) we haven't been able to secure funding from them at this time.

The other option that our board has been discussing is to develop an annual signature fundraising event that Healthy Alamance could be known for in the community. Now that Healthy Alamance is a legal nonprofit entity this could be possible, under our former structure this wasn't feasible. Our new structure and independent bank account allows us to except donations, sponsorships and grants directly. We have already received some donations and sponsorships and we are currently exploring some potential grants such as: Kate B Reynolds, Mary Reynolds Babcock Foundation and Blue Cross & Blue Shield.

Lastly, we have had several strategic planning meeting around the concept of formalizing our membership. This would involve policy and practice requirements for members to meet as well as financial support. We are in the beginning stages of developing this concept with our Board and Chronic Disease Coalition.

#3 Leadership

1. List all leaders of your partnership (Steering Committee/Board members and action team leaders) using table.

Below you will find the list of current Board of Directors members. Members who were a part of the original Steering Committee are marked with a * and they have been involved with the leadership of Healthy Alamance for over two years; most them have been serving since the inception of Healthy Alamance. Members who were recruited within the past year to join the established Board of Directors are marked with a +. Please note that when individuals join our board we promise to keep their preferred method of contact and contact information (email &/or mailing address) confidential. We are always delighted to pass information along to them from other agencies, but we do not release their information to any county/state agencies for solicitation. Many of our members have strict "no solicitation" policies and have voiced that they do not wish to be added to any databases outside of Healthy Alamance.

Name; length of service (noted by either * or +)	Position held in partnership	Race / Ethnicity	Title and organization, business, community group, and/or geographic area of the county this person is representing	Mailing address	Phone and email
Greg Walters*	President	Caucasian	President, Piedmont Health Coalition Inc	PO Box 4175 Burlington, NC 27215	336.586.1356 gwalters@piedmonthealthcoalition.org
Susan Osborne*	Vice President	Caucasian	Director, Department of Social Services	319 N Graham- Hopedale Rd Burlington, NC 27217	336.229.2910 susan.osborne@alamance-nc.com
Marnus Pettiford+	Member at Large	African- American	Director of Student Support Services, Public School System	1712 Vaughn Rd Burlington, NC 27217	336.438-4141 Marnus_Pettiford@abss.k12.nc.us.com

Bob Byrd*	Treasurer	Caucasian	Senior VP, Alamance Regional Medical Center	1240 Huffman Mill Rd Burlington, NC 27215	336.538.8030 bbyrd@amc.com
Barry Bass*	Ex-Officio Member	Caucasian	Director, Health Department	319 B N Graham-Hopedale Rd Burlington, NC 27217	336.513.5514 barry_bass@alamance-nc.com
Debra Welch+	Ex-Officio Member	Not Reported	Interim Director, LME	319 N Graham-Hopedale Rd Burlington, NC 27217	336.513.4200 dwelch@acmhdds.org
Eric Nickens*	Ex-Officio Member	Not Reported	Health Education Supervisor Health Department	6778 Cobble Creek Rd Apt 2A Whitsett, NC 27377	336.229.3665 eric.nickens@alamance-nc.com
Glenda Linens*	Member at Large	Caucasian	Health Promotion/Wellness, Health Department	3109 Windfield Ridge Dr Burlington, NC 27215	336.570.6430 glenda.linens@alamance-nc.com
Laura Kruczynski*	Ex-Officio Member	Caucasian	Tobacco Prevention Coordinator, LME	900-1 Lydias Way Durham, NC 27713	336.513.4223 lkruczynski@acmhdds.org
Cindy Brady*	Secretary	Caucasian	Coordinator, Family Justice Center	5914 Stoney Mtn Rd Burlington, NC 27217	cindy.brady@alamance-nc.com
Kathy Colville*	Member at Large	Caucasian	Emergency Management Coordinator, ARMC	608 S 5 th St Mebane, NC 27302	336.586.3911 kcolville@amc.com
Marty Stadler*	Member at Large	Caucasian	Market Executive, Proponent Federal Credit Union	3305 Coventry PI Burlington, NC 27215	336.436.6825 mstadler@proponentfcu.org
Scott Williams*	Member at Large	Caucasian	CPA, Gilliam Coble & Moser	PO Box 621 Burlington, NC 27215	336.417.5470 swilliams@gcmlp.com
Brenda Poteat*	Member at Large	African American	Director, Allied Churches Drop-in Center	3443 Grant Rd Haw River, NC 27258	336.570.0851 bpoteat@alliedchurches.org
Kathleen Treadwell*	Member at Large	Caucasian	Attorney, Wishart Norris Henninger & Pittman	3120 S Church St Burlington, NC 27215	336.584.3388 Kathleen.treadwell@wnhplaw.com
Carlyn Stovall Sautter+	Member at Large	Caucasian	Program Supervisor, Graham Recreation & Parks	PO Box 357 Graham, NC 27253	336.513.5510 csautter@cityofgraham.com
Diane Duffy+	Ex-Officio Member	Caucasian	Pediatrician	300 Jefferson Dr Graham, NC 27253	dduffy@triad.rr.com
Bill Lashley+	Member at Large	Caucasian	Elected Official (County Commissioner)	Graham, NC	slashley@bellsouth.net
April Durr*	Healthy Alamance Staff	Caucasian	Program Coordinator/Director, Healthy Alamance	319 B N Graham-Hopedale Rd Burlington, NC 27217	336.513.5590 adurr@amc.com

Below you will find a list of all of our coalition members. Members marked with a * have been involved with Healthy Alamance for over two years; most them have been serving since the inception of Healthy Alamance. Members who were recruited within the past year are marked with a +. Please note that when individuals join our coalitions we promise to keep their preferred method of contact and contact information (email &/or mailing address) confidential. We are always delighted to pass information along to them from other agencies, but we do not release their information to any local/state agency. Many of our members have strict "no solicitation" policies and have voiced that they do not wish to be added to any databases outside of Healthy Alamance.

Name	Title and organization, business, community group, and/or neighborhood this person representing	Race / Ethnicity	<u>Participation in partnership:</u> Chronic Disease Coalition; Faith Based Initiative; PARC Passport; North Park in Motion; FAST; Child Asthma Coalition; Substance Abuse Task Force
Bob Byrd*	Senior VP, Alamance Regional Medical Center	Caucasian	Chronic Disease Coalition Member; FAST Member
Dr. Diane Duffy*	Pediatrician, Community Member	Caucasian	Chronic Disease Coalition Chair
Doris Jefferson*	Retired Health Dept WIC Director, Community Member	Caucasian	Chronic Disease Coalition Member
Glenda Linens*	Health Promotion/Wellness, Health Dept	Caucasian	Chronic Disease Coalition Member; Faith Based Initiative Member; PARC Passport Chair; North Park in Motion Member; FAST Member; Substance Abuse Task Force Member
Jennie Matkins*	Alamance County Parks & Recreation	Caucasian	Chronic Disease Coalition Member
Jo Ely*	Exercise Instructor, Senior Center	Caucasian	Chronic Disease Coalition Member
JT Sharpe*	J & L Bike Company	Caucasian	Chronic Disease Coalition Member; PARC Passport Member; FAST Member
Kim Jernigan*	State Dental Hygienist	Caucasian	Chronic Disease Coalition Co-Chair
Laura Kruczynski*	Tobacco Prevention Coordinator, LME	Caucasian	Chronic Disease Coalition Member; Substance Abuse Task Force Chair
Lucy Kernodle*	Lead Nurse, Public School System	Caucasian	Chronic Disease Coalition Member; Child Asthma Coalition Member; Substance Abuse Task Force Member
Sheila Walker*	Cancer Center Staff	Caucasian	Chronic Disease Coalition Member
Eric Nickens+	Health Education Supervisor Health Department	Not Reported	Chronic Disease Coalition Member; Child Asthma Coalition Member
Andy Sharpe+	YMCA	Caucasian	Chronic Disease Coalition Member
Annie Martinie+	Mebane on Move; Be Active NC	Caucasian	Chronic Disease Coalition Member; FAST Member; PARC Passport Member
Jamie Athas+	LifeStyle Center Director, ARMC	Caucasian	Chronic Disease Coalition Member
Barry Bass+	Health Director	Caucasian	Chronic Disease Coalition Member

Tammy Brooks+	Occupational Nurse – Glen Raven	Caucasian	Chronic Disease Coalition Member
Carlyn Stovall Sautter+	Graham Recreation	Caucasian	Chronic Disease Coalition Member; PARC Passport Member
Debbi Kennerson-Webb+	Alamance Partnership for Children – Smart Start	Caucasian	Chronic Disease Coalition Member
Keri Harrison+	ALMAP – Medication Assistance	Caucasian	Chronic Disease Coalition Member; FAST Member
Wanda Smith*	ARMC Occupational Nursing Supervisor	Caucasian	Chronic Disease Coalition Member
Jeremy Ireland+	El Centro la Comunidad	Latino	Chronic Disease Coalition Member
Betty Chrisp*	Alamance Minority Cancer Awareness Program	African American	Faith Based Initiative Member
Brenda Howard*	Green Level Christian Church	African American	Faith Based Initiative Member
Cathy Chapman*	First Baptist Church	African American	Faith Based Initiative Member
Elaine Moore*	Elon First Baptist Church	African American	Faith Based Initiative Member
Marian Jeffries*	First Baptist Church	African American	Faith Based Initiative Member
Nellie Yarborough*	Green Level Christian Church	African American	Faith Based Initiative Member
Renee Currie*	Philadelphia Seventh Day Adventist Church	African American	Faith Based Initiative Member
Valerie Hightower*	Green Level Christian Church	African American	Faith Based Initiative Member
Brenda Poteat+	Allied Churches	African American	Faith Based Initiative Member
Dr. Cheryl Jeffries*	Physician; Jeffries Cross Church	African American	Faith Based Initiative Member
Rev. Jessie Vinson+	Children's Chapel	African American	Faith Based Initiative Member
William Gattis*	Ebenezer Church; North Park Director	African American	Faith Based Initiative Member; PARC Member; North Park in Motion Member
Beth & Bud Warner*	Community Members, Elon Professors	Caucasian	North Park in Motion Member
Jane Smith*	Supervisor, City of Burlington Facilities	Caucasian	North Park in Motion Member
Mark Allison*	Burlington Housing Authority	African American	North Park in Motion Member
Mary Pollok Faucette*	Supervisor, City of Burlington Recreation & Parks	Caucasian	North Park in Motion Member; FAST Member; PARC Passport Member
Nim Harris*	Captain, Burlington Fire Dept, Safe Kids of Alamance	Caucasian	North Park in Motion Member
Ramona Allen*	Property Manager, East Burlington	African American	North Park in Motion Member
Sandra Reid*	Community Member, Elon Professor	African American	North Park in Motion Member

Toyia Vaughn*	Community Member	African American	North Park in Motion Member
Celo Facuette+	City Council Member	African American	North Park in Motion Member
Wendi Woods Cash*	Event Planner, Community Member	African American	North Park in Motion Member
DeVonn Williamson*	Dental Office Manager, Community Member	African American	North Park in Motion Member
Jessica Chambers*	Community Member	African American	North Park in Motion Member
Kendra Canady+	Community Member, Writer, Speaker	African American	North Park in Motion Member
Nsima Morgan+	Community Member, Dance Instructor	African American	North Park in Motion Member
Jaquel Simmons+	Community Member, Dance Instructor, High School Staff	African American	North Park in Motion Member
Gina Stephens+	Community Member, Dance Assistant	African American	North Park in Motion Member
Carl Carroll*	Director, Environmental Health	Caucasian	Child Asthma Coalition Member
Cindy Boley*	NC Access Care	Caucasian	Child Asthma Coalition Member
Jackie Harrell*	Pharmacist	Caucasian	Child Asthma Coalition Member; Chronic Disease Coalition Member
Kelley Kinrey*	Health Educator, Health Dept	Caucasian	Child Asthma Coalition Chair
Kenneth Greene*	Environmental Health Worker	Caucasian	Child Asthma Coalition Co-Chair
Tammy Bailey*	Pediatric Asthma Center	Caucasian	Child Asthma Coalition Member
Rhonda Rambeat+	Child Care Health Consultant	Caucasian	Child Asthma Coalition Member
Alexa Jordan*	Dispute Settlement	Caucasian	Substance Abuse Task Force Member; FAST Member
Amanda Marvin*	Health Educator, Health Dept	Caucasian	Substance Abuse Task Force Member
Ann Hancock*	Consultant, LME	Caucasian	Substance Abuse Task Force Member
Barb Carlton*	Prevention Specialist, Public School System	Caucasian	Substance Abuse Task Force Member
Bethany Beachy*	Prevention Specialist, Public School System	Asian	Substance Abuse Task Force Member
Brian Doward*	Alcohol Law Enforcement	Not Reported	Substance Abuse Task Force Member
Brian Roof*	Elon Police Officer	Caucasian	Substance Abuse Task Force Member
Gary Cole*	Judicial Affairs	Caucasian	Substance Abuse Task Force Member
Janet Wriht*	Alcohol Drug Services	African American	Substance Abuse Task Force Member
Karen Webb*	Grant Manager (PUD)	Caucasian	Substance Abuse Task Force Co-Chair
Shana Mebane*	Alcohol Drug Services	African American	Substance Abuse Task Force Member
Tony Foriest*	Community Member, Former Elected Official	African American	Substance Abuse Task Force Member

Patrick Harman*	Hayden-Harman Foundation	Caucasian	FAST Member
Tara & Marc Jones Le-Gros+	Owners of J&L Bicycle Company	Caucasian	FAST Member; PARC Passport Member
Caroline Ansbacher+	Former Local Elected Official, Community Member, Retired	Caucasian	FAST Member
Veronica Revels+	Housing Authority/Elected Official	African American	FAST Member
Deborah Long+	Elon Academy	Caucasian	FAST Member
Tracy Salisbury+	Open Door Clinic	Caucasian	FAST Member
Eric Henry+	Owner, T. S. Designs	Caucasian	FAST Member
Dennis Williams+	Alamance County Transit Authority	Caucasian	FAST Member
Tammy Cobb+	Elon Bio Bus/Service Learning	Caucasian	FAST Member
Phyllis Creech+	Elon Recreation	Caucasian	PARC Passport Member
Jennifer Kamineides+	Alamance County Recreation	Caucasian	PARC Passport Member
Brian Baker+	Haw River Trail	Caucasian	PARC Passport Member
Jill Auditori+	Mebane City Council	Caucasian	PARC Passport Member
Randall King+	Haw River Parks & Recreation	Caucasian	PARC Passport Member
Dean Ray+	Mebane Parks & Recreation	Caucasian	PARC Passport Member
Ronald Graves+	Alamance County Recreation	African American	PARC Passport Member

2. Briefly explain how elected officials (city, county and state representatives) participate on your partnership.

Healthy Alamance encourages elected officials to be involved with our coalition work. Recently we have had some turnover as Senator Tony Foriest is no longer in office and Rick Gunn now has his position. We have reached out to Senator Gunn; however, he hasn't been as active with the activities of Healthy Alamance as Tony Foriest was. Tony Foriest was very engaged with our underage drinking prevention initiatives and the redevelopment of North Park. Mr. Foriest had spent an entire Saturday with us last summer at North Park completing a workshop on overcoming racism and developing leaders facilitated by trainers from Visions Inc. We reserve a place on our Board of Directors for an elected official. Recently the Chair of our County Commissioners; Linda Massey served a year term on the Board. She has now offered to have Councilman Bill Lashley become involved with the Board this year. Through our work with the various municipalities on physical activity programming we have remained well known by all local elected officials. Burlington City Councilman, Celo Faucette has been an active member of the North Park in Motion Community Advisory Board after the conclusion of the FIT Community Grant. In our recent work with Mebane we have been working closely with Jill Auditori, council member. The transportation initiative continues to be an area where we are in constant communications with elected officials. At our community forum regarding obesity last fall, Thick to Fit, we had representatives in attendance from the various municipal elected offices. The Mayor of Burlington, Ronnie Wall was recently named to become the new President of our United Way. Due to our work with him through his former position with the school system and his current volunteer position as Mayor we know that he will be eager to get involved with the Community Assessment and our Board. We feel that overall we have strong engagement with local elected officials.

3. How do you gain the support of elected officials and keep them informed about your activities?

Healthy Alamance includes all local elected officials on outgoing email announcements. We also interact with local elected officials through facebook. We have found that using technology is a great way to reach elected officials who are often pulled in many directions. It is also quite common to find Healthy Alamance staff or coalition members attending and speaking at council meetings throughout the year. This presence shows support for the work they are doing and enables them to put a face with a name. This balance of engaging them both directly and indirectly allows us to cultivate an effective relationship with elected officials.

#4 Membership

1. How representative is your partnership of the demographics of your county? Provide a demographic breakdown of your county and a correlating breakdown of partnership membership by race/ethnicity using the table. Count as members of your partnership those who have an active, ongoing, role in the partnership, such as attending meetings or serving on a committee.

	Alamance County	Healthy Alamance Partnership	
Total population	147,797 (approximate) 2009 Chamber/Census Data	Approximately 50 organizations	Approximately 100 Individuals
White	71%	60%	
African American	18%	30%	
Latino	11%	1%	
Other/Unknown (specify :)	n/a	9%	

2. How do you revitalize the membership in you partnership? Briefly describe how your efforts are successful.

Each year when the State of the County Health Report is released, we send a press release to the local news and try to update the community via website updates and presentations about our progress. During this time we also recruit new members and solicit new partnerships. We also do this every four years when the Community Assessment is released. We find this is an appropriate time to gain support financially and through personnel.

See also answer above, #5 under Organizational Structure, regarding our recent efforts to reach out to our Latino community.

3. If you have implemented a plan to expand minority representation, please attach.

We believe we have a wide range of people involved with Healthy Alamance: men, women, senior citizens, local professionals, youth, retired professionals, diverse ethnicities, various income levels, students, families, single adults, faith community, diverse backgrounds, businesses, representatives from county municipalities, elected officials, public and private schools, and local residents. We do not have an official plan to expand minority representation at this time.

#5 Community Assessment

1. When was your community assessment conducted?

Our last complete assessment was conducted in 2006; we submitted it in 2007 and refer to it as the 2007 Community Assessment. It was completed in partnership with Alamance County Health Department and United Way of Alamance County.

We have been working over the last year to conduct our next assessment; it will be submitted at the end of the 2011 calendar year. We added an additional fourth partner, Alamance Regional Medical Center, in order to assist them in meeting the new IRS regulations.

2. Briefly describe the process that your partnership used to determine/review priorities based on your community assessment.

In 2007 we used hand-held GIS/GPS devices to collect 228 household surveys; we then interviewed key informant leaders and conducted focus groups. This health and social information was then reviewed along with the secondary data sources online. A comprehensive report, overview brochure and power point presentation was then compiled. Our assessment team (lead agencies) pulled out the issues that continued to surface throughout all four sources. We held a community forum in early spring to report the findings back to the community members and stakeholders. Our action teams/coalitions reviewed the findings and updated their action plans accordingly. The lead agencies used the findings for their independent processes and strategic planning. For example the United Way uses the final report to guide their funding decisions.

For our current 2011 assessment, we have adjusted the process a bit, but for the most part it is similar. This cycle we partnered with Elon University's Polling Center and conducted a telephone survey that called landlines and cell phones in the county and asked a similar series of questions that was asked using the hand-held GIS/GPS technology several years ago. We hosted a press conference when the poll report was complete. We then facilitated focus groups to have dialogue with the groups we felt were underrepresented in the telephone survey. We are now working to review the secondary data sources online and write the chapters. Our action teams/coalitions have already begun reviewing the preliminary data and started the dialogue for future planning due to this certification application. We have decided to eliminate the key informant leader interviews this time, as it feels redundant. We will summarize the main findings through the development of a brochure and power point presentation again. We will invite all leaders, stakeholders, elected officials, lead agency board members and community members to a forum in late fall. At this time we will report the findings and have attendees vote on the areas they believe are most changeable, highest priority and are willing to work on. We will then compile our complete report. Then our

action teams/coalitions will review the report and update their action plans accordingly. The lead agencies will again use the findings for their independent processes and strategic planning.

3. List the priorities that are currently being addressed by you partnership.

The emerging issues that surfaced from conducting the assessment and compiling the assessment document are those that came up in the survey portion, the focus groups, the key informant interviews, as well as the secondary data. Many issues that are still of concern were also evident in the last assessment completed in 2003. The top three social and health issues that surfaced through the 2007 assessment include:

Social: Transportation, Economy, and Community Violence
Health: Chronic Disease, Tobacco, and Access to Healthcare

The Community Assessment priority areas that resulted in action planning based on the NC 2010 Health Objectives are:

- (1) Chronic Disease/Health Promotion, focusing on the health issue from the assessment (chronic disease prevention)
- (2) Health Promotion, focusing on the health issue from the assessment (tobacco, also addressing alcohol)
- (3) Community Health, focusing on the social issue from the assessment (transportation) as well as the health issue from the assessment (access to healthcare)

Since Healthy Alamance was a lead partner for the assessment and these finding were in line with the mission of Healthy Alamance and previous efforts, Healthy Alamance has adopted the same three areas above and written the subsequent action plans.

#6 Reducing Health Disparities

1. List disparities identified in your most recent Community Health Assessment (CHA) using the table, and for each disparity, tell us: 1) Whether the disparity issue is addressed by an Action Plan submitted with this application (It is not necessary for all disparities identified in the CHA to be addressed by an Action Plan.) 2) If so, describe how the groups facing disparities are actively involved in the planning, implementation, and evaluation of the interventions.
2. Tell us how the interventions in the Action Plan target the identified disparity group(s), and briefly describe how the groups facing the disparities are involved in the planning, implementation, and evaluation of the interventions. Please note: when identifying disparities, consider income level, educational attainment, lack of health insurance, geography (i.e. living in outlying rural communities), age, and ethnicity.

Community Health Assessment: List disparities identified (issue and groups facing disparities)	Action Plans: Is this issue addressed by an Action Plan submitted with this application?	Per Action Plan: Which interventions in the Action Plan target the disparity group(s) and how?	Per Action Plan: Describe how the groups facing disparities are actively involved in the planning, implementation, and evaluation of the interventions?
Chronic Disease/Health Promotion: Cancer, Diabetes, Heart Disease. Impacts African-Americans, Overweight/Obese Uninsured & those living in poverty	Yes	Yes	We have numerous African-Americans involved with our coalition, who have been active in meetings, action planning and programming. We continue gain insight from these populations when any programs are being planned.
Transportation: Lack of complete transit system in county. Impacts senior citizens, commuters, low income, unemployed, young adults and rural residents	Yes	Yes	We have conducted community forums, focus group and surveys to gain insight from residents. We have also spoken with elected officials, service providers and leaders in the county. We have developed a grassroots effort called FAST, Friends & Advocates for Sustainable transportation after getting over 1,000 signatures from the community. We have partnered with Elon University to expand their Bio Bus to offer an East Burlington Human Service Route that also stops at Walmart, this is now open to the public. Many residents from target population are using this limited service and offering feedback. We have also organized small groups of

			residents to attend the municipal council meetings when this topic is on the agenda and encouraged them to participate in the public comment period.
Substance Abuse: Tobacco and alcohol use. Impacts youth, urban culture, those dealing with stress, local vendors and parents of teens.	Yes	Yes	We continue to have two strong youth groups to work on initiatives related to tobacco and alcohol under the supervision of community partners. Our partnership with Elon University and law enforcement is an asset. Our relationship with local vendors to enforce laws around purchasing these products has been important. Through alcohol purchase surveys and advocacy about tobacco marketing we have been able to raise awareness with the merchants.
Air Quality: Outdoor air quality is poor. Impacts people living with asthma.	No	N/A	Our Child Asthma Coalition continues to be strong and recently received a grant to do an air quality awareness campaign. We continue to work hand in hand with the pharmacists, respiratory therapists and schools who work with these children daily. Our efforts to reduce the number of places where children are exposed to second hand smoke has been a priority and this is the common concern from the population.
Unintentional Injuries: Injury rates are high. Impacts youth and low income.	No	N/A	We continue to have an active Safe Kids coalition. We have expanded our car seat program to include more certified technicians in the county. We have offered more car seat checks and seats in low income neighborhoods. We have expanded our annual Splash into safety event to include more interactive safety booths for parents and children. We have spoken directly to residents in high traffic areas to gain insight and worked with the municipal planners to implement traffic calming measures, such as crosswalks, children at play signs, additional stop signs etc... in areas where children walk and cycle. We have spoken to youth riding bicycles and offered helmets and bicycle rodeos to teach them about safety and the rules of the road.
Maternal & Child Health/Infant Mortality: Pregnant women are not receiving prenatal care & infant mortality rates are high. Impacts African-Americans, Latinos, low income and uninsured.	No	N/A	The Health Department continues to employ a health educator solely for this purpose. This staff person works directly with clinic staff and the community, aimed at improving health outcomes. The Centering model is used in both English and Spanish. A Folic Acid program has been implemented. This program also works closely with our Partnership for Children and their parenting classes. A grassroots effort continues through, Healthy Mothers Healthy Babies which fosters communication between service providers and residents from the target populations.

Socio-economic Status: Residents living in poverty or low income neighborhoods may have poor quality of life & deal with inequality. Impacts Latinos, Ex-Offenders, African-Americans.	Yes	Yes	Focus groups have been conducted with Latinos and Ex-Offenders. Communication continues to be strong with African-American community. Efforts have been directed toward connecting these communities to improved facilities, services and programs. North Park in Motion has been a successful initiative in east Burlington. Plans are underway to begin a curbside fresh produce stand in a neighborhood that is considered a food desert. Free exercise classes have been made available. Educational, leadership and motivational programs have been implemented. We have conducted two medicine drop events. All of these ideas were a direct result of communications with the target population. Members from these communities are now involved with the coalition work.
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#7 Action Plans

Please submit one Action Plan Form using the attached forms for each of the local health objectives that your partnership is currently working on or plans to work on. (Including action plans for ongoing objectives, which were originally submitted in previous certification applications.) **A minimum of two HNC 2020 focus areas (one objective for each focus area) is required.**

For each Action Plan from your community health assessment and/or last certification application that has either been completed or is no longer being addressed by your partnership, please 1) Describe the local community objective and 2010 focus area that was addressed, 2) Provide the completion date and reason the action plan was discontinued, 3) Quantify what you did, and 4) Quantify what changes in the health and safety of the population resulted (include policy and environmental changes).

PLEASE SEE ATTACHED ACTION PLAN FORMS under section marked as such.

#8 Communications and Marketing

1. **How You Are "Branding" Your Partnership? Describe the 3-5 most significant marketing efforts your partnership has made since your last certification/recertification and what your plans are for marketing the partnership using the table.**

The most significant marketing efforts our partnership has made over the past two years include:

March 2011 News 14 Carolina segment that highlighted our work after a poll was conducted by Elon University.

March 2011 Alamance County Ranking improved to 20th place, the local news did a wonderful job of covering it in the newspaper.

March 2011 Child Asthma Coalition launched an air quality awareness campaign using billboards on roadways, signage on county transportation vans and billboards on Elon's baseball field.

Spring/Summer 2010 PARC Passport Pilot Program was featured in the Burlington Times-News after the program launched, shortly thereafter over 4,000 passport booklets were circulating around the community.

Spring 2010 Healthy Alamance joined facebook and quickly went from zero people who "like" us, to now over 100, consisting of partner agencies and community members.

Summer 2010 North Park in Motion joined facebook and quickly went from zero people who "like" us, to now close to 300, consisting primarily of resident living in east Burlington.

Please see the section marked "media pieces" to see examples of these items.

2. Attach 3-5 examples of your partnership's marketing efforts (newspaper articles, flyers, brochures, website, emails, list serves, script/description for radio and TV spots). Please use examples that include the partnership's name and/or logo (in the article, on the flyer or brochure, etc). Ensure that any photographs or marketing examples include the date, context and/or location.

Please see the section marked "promotional materials and "media pieces" to see examples of these items.

Marketing goal (e.g. raise general awareness of partnership, educate elected officials about partnership, have media rely on partnership as source of info, etc.)	Task (e.g. create logo, create letterhead, develop relationship with newspaper editor)	Who is responsible?	Timeframe (mm/yy)	Results, if applicable (e.g.: # people who joined partnership after presentation, newspaper editorial published)
Plans for marketing your partnership for the next several years:				
Create a local movement about Healthy Alamance membership	Establish criteria for membership and a core network official longstanding members to market around the community.	Healthy Alamance Staff, Chronic Disease Coalition, Board of Directors	Summer 2011 through Winter 2013	Currently over 50 organizations are involved with Healthy Alamance and 100 people
Increase number of people who "like" us and interact with us on facebook	Develop a daily and weekly plan for using facebook as a way to connect with community, members and partner agencies.	Healthy Alamance Staff, Interns, Volunteers, Board of Directors	Summer 2011 through Summer 2012	Currently over 100 people are on the Healthy Alamance page and almost 300 are on the North Park page
Update/revamp Healthy Alamance website	Set a meeting with Appian Digital who hosts our website to determine costs. Then decide if costs are feasible. Explore options with Elon Communications Department. Explore options with partnering with the hospital.	Healthy Alamance Staff, Finance Committee, Volunteers and Interns	Winter 2011- Winter 2012	Currently we have a website that has limited capabilities
Develop a signature event for Healthy Alamance to host annually as a fundraiser and media event	Establish a committee on the Board of Directors. Gain insight from partner agencies and community members to avoid duplications. Determine the time of year that would be best to host the event.	Healthy Alamance Staff and Board of Directors	Winter 2012- Summer 2013	Healthy Alamance has not hosted an annual fundraising event to date

#9 Members' Support and Commitment

1. The application must be signed by the coordinator, board chair, and health director. The coordinator or person preparing the application should also include an **application cover letter**.
2. Attach **letters of commitment** from individuals / organizations to include: 1) the chair of your partnership, 2) **new board members** since last certification, 3) the chair of each action team, and 4) **new representatives** of organizations listed in your action plans. These letters should be submitted with the application (**if members and/or representatives are still active since last certification, a list of letters of support currently on file is acceptable**).

PLEASE SEE ATTACHED LETTERS OF SUPPORT, note some are **new*** and others are marked "copy" which haven't changed.

- ___ 1. Alamance Regional Medical Center, Bob Byrd (copy) – no change from 2009
- ___ 2. Alamance County Health Department, Barry Bas (copy) – no change from 2009
- ___ 3. Piedmont Health Coalition, Greg Walters (copy) – no change from 2009
- ___ 4. Local Management Entity, Alamance-Caswell Mental Health, Debra Welch – **new letter***, leadership is in transition
- ___ 5. United Way of Alamance County, Chris Clemmons – **new letter***, leadership is in transition
- ___ 6. Scott Williams, Accountant, Board Member (copy) – no change from 2009
- ___ 7. Susan Osborne, Department of Social Services, Board Vice Chair (copy) – no change from 2009
- ___ 8. Brenda Poteat, Allied Churches, Board Member (copy) – no change from 2009
- ___ 9. Alamance Burlington School System, Marrius Pettiford – **new letter***, new Board Member (replaced Alice Shelton)
- ___ 10. Kathleen Treadwell, Lawyer, Board Member (copy) – no change from 2009
- ___ 11. Marty Stadler, Banker, Board Member (copy) – no change from 2009
- ___ 12. Graham Recreation & Parks, Carlyn Stovall Sautter – **new letter***, new Board Member (replaced Antoinette Moyer)
- ___ 13. Safe Kids of Alamance County, Nim Harris (copy) – no change from 2009
- ___ 14. Faith Community, Philadelphia Seventh Day Adventist Church, Renee Lea-Currie (copy) – no change from 2009
- ___ 15. Local Business, Restaurant Owner, Wayne Buning, Blue Ribbon Diner (copy) – no change from 2009
- ___ 16. Doris Jefferson, Resident (copy) – no change from 2009
- ___ 17. City of Burlington – **new letter***, updated progress with partnership, City Manager - Harold Owen
- ___ 18. Elon Community Coalition to Prevent Underage Drinking, Karen Webb (copy) – no change from 2009
- ___ 19. Local Funder, Hayden Harman Foundation, Patrick Harman (copy) – no change from 2009
- ___ 20. UNC, Brandolyn White (copy) – no change from 2009
- ___ 21. Elon University, Center for Service Learning, Mary Morrison, **NEW LETTER***
- ___ 22. Diane Duffy, Chronic Disease Coalition Chair & Board Member, Local Doctor, **NEW LETTER***
- ___ 23. Mebane on the Move, Annie Martinie, **NEW LETTER***



Community Health Action Plan 2011

Designed to address Community Health Assessment priorities and to meet Healthy Carolinians Re/Certification requirements

County: Alamance

Partnership, if applicable: Healthy Alamance

Period Covered: 2011-2013

LOCAL PRIORITY ISSUE

- Priority issue: Transportation
- Was this issue identified as a priority in your county's most recent CHA? ☒ Yes ☐ No

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

- By (year): 2013
- Objective (specific, measurable, achievable, realistic, time-lined change in health status of population): Implement a Park & Ride Service and/or a Fixed Route System for Alamance County, NC.
- Original Baseline: The only public transportation that exists in Alamance County is privately owned Taxi Services and Alamance County Transportation Authority Van Service. There is not a Park & Ride service available through Piedmont Authority for Regional Transportation in the county, nor a local fixed route system. Burlington is the largest city in the state within a county where no public transportation exists.
 - 62,458 People do not work at home
 - 15,964 People commute out of county to work
 - 12,988 People commute into county for work
 - 51,929 People drove car, truck, van alone to work
 - 47,734 people worked in state/county of residence (74.9%)
 - 15,563 people worked in state/outside county of residence (24.4%)
 - Guilford County, NC is the most traveled to/from for work
 - The unemployment rate in Alamance County has been on the rise since 2007.
 - 13% of people living in Alamance County are below the poverty line.
 - 18% of people living in Alamance County do not have health insurance.
 - Alamance County has high levels of fine particle pollution, which is formed when gases from fuel react with sunlight and water vapor. This pollution has important health consequences. The EPA's acceptable cancer level due to pollution is one case in a million. The risk in Alamance County is 226 times greater than the acceptable level. While our proximity to interstates is surely a cause of this problem, our own actions, such as burning trash
- Date and source of original baseline data: 2007, Community Assessment. 2008, State of the County Health Report. 2006, Public Transit Feasibility Study. 2008, 2nd Quarter Report for Alamance County, NC (NC Commerce Economic Development). 2000, Commuting Statistics for Alamance County (Piedmont Triad Council of Governments Data/Statistical Report). NC Employment Security Commission. Please note we are currently working to complete our 2011 Community Assessment.
- Updated information (For continuing objective only): n/a
- Date and source of updated information: n/a

POPULATION(S)

- Describe the local population(s) experiencing disparities related to this local community objective: Those that are unemployed, those that do not have a car or drivers license, those that commute alone to work, those that can not afford a personal vehicle, and those that can not access health care.
- Total number of persons in the local disparity population(s): The population in Alamance County, NC is approximately 145,360.
- Number you plan to reach with the interventions in this action plan: This action plan targets the entire population, with emphasis on local officials and policy makers, as well as those commuting or those who are unable to get around the county (approximately 75,000 people).

Revised January 2011

HEALTHY NC 2020 FOCUS AREA ADDRESSED

Check **one** Healthy NC 2020 focus area: (Which objective below most closely aligns with your local community objective?)

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

HEALTHY NC 2020 Objective(s) that most closely match your local community objective include:

Increase the percentage of air monitor sites meeting the current ozone standard of 0.075 PPM.

RESEARCH - 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
NC Air Quality Awareness	Monitoring air quality and raising awareness about ozone and particle pollution in order to change behavior and policy	www.ncair.org
Piedmont Triad Sustainable Communities Regional Planning Project	Develop regional partnerships to tackle initiatives related to comprehensive transportation systems	www.triadsustainability.org
ALBD (Active Living by Design) is a community change project created to demonstrate the ability of interdisciplinary partnerships to enhance built environments to increase active living	Community design and the built environment can have an impact on mobility, sidewalks, bicycle lanes, complete streets, public transit and traffic calming are vital to a sustainable community	www.activelivingbydesign.org


WHAT INTERVENTIONS ARE ALREADY ADDRESSING THIS ISSUE IN YOUR COMMUNITY?

 Are any interventions/organizations currently addressing this issue? Yes ☒ No ☐ If so, please list below.

Intervention	Lead Agency	Progress to Date
Air Quality Monitoring and Awareness Campaign	Healthy Alamance, Health Dept, Child Asthma Coalition	Air Quality flags are up at all schools and many large businesses in town. In addition billboards are up on the roadways and at the Elon baseball field, as well as on the county transit vans. The newspaper has started printing it daily as well as putting it on their website.
Piedmont Triad Sustainable Communities Regional Planning Project	PART NC	Healthy Alamance has been asked to join this regional team.
A grassroots initiative in Alamance County has started called FAST, Friends & Advocates for Sustainable Transportation	Hayden-Harman Foundation and Healthy Alamance	A logo has been developed and advocacy work has begun.

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
Child Asthma Coalition	Pharmacists, Respiratory Therapists, School Nurses are all involved	The coalition has been active for almost 10 years now and is interested to get involved with some of the new initiatives that align with their objectives, such as the public transportation.
Elon University	Bio Bus Program	Elon is interested to get students into the community for service learning via Bio Bus, a new East Burlington loop has been established that runs through all Human Service agencies each afternoon. Healthy Alamance has been instrumental in gaining support to also stop at Walmart and open the service up to the public.
Downtown Corporation – City of Burlington	Company Shops Market, local food coop	Recently downtown Burlington has begun a major revitalization process to attract new businesses and to gain support from community members. The old A&P grocery store has been converted to a local food coop and café. This has brought a huge amount of traffic to downtown Burlington already, in the first 2-weeks of business. The City is interested in connecting the downtown to surrounding neighborhoods via safe bicycle lanes, sidewalks and other sustainable transportation options.

INTERVENTIONS: SETTING, & TIMEFRAME	COMMUNITY PARTNERS' Roles and Responsibilities	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
POLICY OR ENVIRONMENTAL CHANGE INTERVENTIONS		
<u>Intervention: Complete Streets Model & Increase Public Transportation Options</u> Intervention: _____ new <input checked="" type="checkbox"/> ongoing _____ completed Setting: Alamance County Start Date – End Date: 6/2011-ongoing	The lead agency is FAST and it will increase support through membership and elected officials. Healthy Alamance and Hayden-Harman Foundation will co-lead the grassroots FAST initiative. Include how you're marketing the intervention: The United Way Community Council will be utilized. A website and or social network site/blog will be created. Advocacy work will be done and general educational presentation throughout the county.	1. Quantify what you will do (policy change, change to built environment, etc.) Ensure that the Bio Bus continues to service east Burlington, advocate for expansion of hours and routes. Host an open streets event in at least one municipality to raise awareness about the issue. Work collaboratively with the asthma coalition to continue air quality awareness campaign. Eventually have enough support to implement a fixed route bus system or park and ride in Alamance County. 2. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?) By creating awareness about mobility options and impact on air quality we will foster an improved quality of life for residents in Alamance County.

A brief discussion ensued regarding the definition of, and what constitutes, a “built environment.”

A motion was made by Mr. Kent Tapscott to approve the Action Plans for the Community Health Assessment as presented. The motion was seconded by Ms. Kathleen Colville and approved unanimously by the board.

B. Request to Approve Changes to Managing Customer Complaints Policy

Mr. Bass presented changes to the Managing Customer Complaints Policy for review.

A motion was made by Ms. Linda Massey to approve the Managing Customer Complaints Policy as presented. The motion was seconded by Dr. Kary Dodd and approved unanimously by the board.

C. Request to Approve Changes to Personal Health Program Orientation Procedures

Mr. Bass presented changes to the Personal Health Program Orientation Procedures.

A motion was made by Dr. William Porfilio to approve the Personal Health Program Orientation Procedures as amended changing any references to “Facebook” and “Twitter” to “Social Media.” The motion was seconded by Mr. Kent Tapscott and approved unanimously by the board.

D. Request to Approve Changes to Quality Improvement Policy

Mr. Bass presented changes to the Quality Improvement Policy.

A motion was made by Ms. Kathleen Colville to approve the Quality Improvement Policy as amended changing Section VII, Part B to remove “the Department; Division; Sections,” and remove “and individuals as well as Branches and Sections.” The motion was seconded by Mr. Kent Tapscott and approved unanimously by the board.

E. Request to Approve Changes to the Title VI Language Access Policy

Mr. Bass presented changes to the Title VI Language Access Policy (Title VI Compliance Policy).

A motion was made by Mr. Kent Tapscott to approve the Title VI Compliance Policy as amended changing Section I, Part A, from “Americas” to “Americans;” Section VI, Part G, to include complete phone number; Section VII, Part A, 2, b, to include Spanish Voicemail number; and reformatting it properly. The motion was seconded by Dr. William Porfilio and approved unanimously by the board.

F. Request to Approve Changes to the Communicable Disease Policy

Mr. Bass presented changes to the Communicable Disease Policy.

A motion was made by Mr. Kent Tapscott to approve the Communicable Disease Policy as amended, changing Section III, Part 3.1 from

“NCEDDS” to “NCEDSS” under Surveillance and Reporting Procedure. The motion was seconded by Ms. Kathleen Colville and approved unanimously by the board.

G. Request to Approve Dental Procedure Occurrence Form

Mr. Bass presented a new form, Dental Procedure Occurrence Form, for use in the Dental Clinic whenever an incident occurs with a patient, such as latex reaction.

A motion was made by Mr. Charles Wilson to approve the Dental Procedure Occurrence Form as amended, changing the title from “Occurrence” to “Incident.” The motion was seconded by Dr. Kary Dodd and approved unanimously by the board.

H. Request to Approve Diversity Action Plan

Mr. Bass presented the Diversity Action Plan for Alamance County Department of Public Health.

A motion was made by Dr. Kary Dodd to approve the Diversity Action Plan as amended, deleting “(Adopted by CDC/ATSDR)” and adding “and Board of Health” under Section V, Part 5. The motion was seconded by Ms. Kathleen Colville and approved unanimously by the board.

X. Other

Dr. Courtney discussed a phone call he recently received from Dr. Marklin, a local veterinarian, in regards to ACHD sponsored rabies clinics and the fees charged. Dr. Marklin is requesting that the Board of Health approve increasing the fee from a maximum of \$5.00 to a maximum of \$10.00 per vaccination given during ACHD sponsored rabies clinics. A lengthy discussion ensued. If the board approves this increase, a representative would need to present the request to the Board of Commissioners. Mr. Carroll will survey all local vets which are not currently participating in ACHD sponsored rabies clinics to determine how many would begin participating if the fee were to increase. Mr. Carroll will also try to determine how much uncompensated care local veterinarians provide as well as total cost to administer the rabies

vaccine. ACHD is required by statute to organize at least one rabies clinic per year:

130A-187. County rabies vaccination clinics.

(a) *Local Clinics.* – The local health director shall organize or assist other county departments to organize at least one countywide rabies vaccination clinic per year for the purpose of vaccinating animals required to be vaccinated under this Part. Public notice of the time and place of rabies vaccination clinics shall be published in a newspaper having general circulation within the area.

(b) *Fee.* – The county board of commissioners may establish a fee to be charged for a rabies vaccination given at a county rabies vaccination clinic. The fee amount may consist of the following:

(1) A charge for administering and storing the vaccine, not to exceed ten dollars (\$10.00).

(2) The actual cost of the rabies vaccine, the vaccination certificate, and the rabies vaccination tag.

Mr. Carroll will report his findings at the next meeting or sooner if possible.

XI. Closed Session

The meeting went into closed session per N.C. General Statute 143-318.11 (a) (6) at 8:29 p.m. on a motion by Mr. Charles Wilson for the purpose of discussing a personnel issue. The motion was seconded by Mr. Kent Tapscott.

The closed session adjourned into open session at 9:09 p.m. on a motion by Ms. Linda Massey and second by Ms. Kathleen Colville.

Dr. Courtney announced that a personnel matter (the health director's annual performance review) was conducted during the closed session.

XII. Adjournment

With no further action or discussion, the meeting adjourned at 9:11 p.m.

ALAMANCE COUNTY BOARD OF HEALTH

Dr. Michael Blocker, Chairman

Mr. Joseph B. Bass, Jr., Secretary