**ALAMANCE COUNTY BOARD OF HEALTH**

**Minutes**

**Regular Meeting of the Board of Health**

**April 19, 2016**

The Alamance County Board of Health met at 6:30 p.m. on Tuesday, April 19, 2016, 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: Vice Chair Dr. Annette Wilson, Ms. Norman Thompson, Dr. Robby Osborn, Mr. Kent Tapscott, Mr. Michael Venable, Dr. William Porfilio and Ms. Kathleen Colville.

The following staff members were present: Ms. Stacie Saunders, Ms. Gayle Shoffner, Dr. Kathleen Shapley-Quinn, Mr. Carl Carroll, Ms. Janna Elliott, Ms. Arlinda Ellison, and Ms. Ariana Lawrence. The following new staff members were present: Ms. Laura Rojas, Ms. Candy West, Mr. Ryan Langley, Ms. Elizabeth Rosario and Ms. Cassandra Webb.

## I. Call to Order and Introductions

Board of Health Vice Chair, Dr. Annette Wilson called the meeting to order at 6:31 p.m. Ms. Janna Elliott introduced new staff. Ms. Saunders informed the board that Dr. Minter will be out due to a sudden medical issue and Dr. Wilson will be taking over her duties as Chair until Dr. Minter returns. Ms. Saunders presented Dr. Kathleen Shapley-Quinn a certificate of appreciation and thanked her for her 15 years of service to Alamance County Health Department.

## II. Public Comments

There were no public comments made.

## III. Approval of the February 16, 2016 Board of Health Minutes

***A motion was made by Mr. Kent Tapscott to approve the February 16, 2016 Board of Health minutes as presented. The motion was seconded by Ms. Kathleen Colville and approved unanimously by the board.***

## IV. Administrative Reports

### A. PERSONNEL UPDATE

***New Hires / Transfers / Resignations:***

- Laura Rojas began employment in the Processing Assistant V – Provider Administrative Support and CenteringPregnancy Program Manager position effective February 29, 2016.

- Elizabeth Rosario began employment in the Foreign Language Interpreter II position effective February 29, 2016.
- Robin Robertson retired from her position as Administrative Assistant I – WIC effective March 1, 2016.
- Spencer Carr resigned from his position as Environmental Health Specialist Intern effective March 4, 2016
- Christy Poovey resigned from her position as Processing Assistant III – WIC effective March 11, 2016.
- Debra Lovelace transferred into the Administrative Assistant I – WIC position effective March 28, 2016.
- Alva NeSmith transferred into the Dental Assistant Supervisor position effective April 1, 2016.
- Cassandra Webb began employment as a Public Health Nurse I effective April 7, 2016.
- Ryan Langley began employment in as an Environmental Health Specialist Intern effective April 11, 2016.
- Berenice Cruz began employment in a Processing Assistant III – WIC position effective April 18, 2016.
- Jasmene Eubanks will begin employment in the Community Health Technician – CNA position effective April 26, 2016.
- Dr. Kathleen Shapley-Quinn is resigning from her position as Physician IIIA – Medical Director effective May 31, 2016.

***Recruiting to fill the following positions:***

- Physician IIIA (50%), replacing Dr. Isa Cheren (accepting applications)
- Public Health Nurse I (one position), replacing Heather Walters (conducting interviews)
- PHN III – Immunization/Child Health Coordinator (conducting interviews)
- Processing Assistant IV – WIC, replacing Debra Lovelace (appointment pending)
- Physician IIIA – Medical Director, replacing Dr. Kathleen Shapley-Quinn (accepting applications through April 30, 2016)

***Vacant positions:***

- Quality Assurance Specialist I
- Community Health Assistant – WIC Breastfeeding Peer Counselor (frozen FY 15-16)
- Administrative Assistant II – Dental Clinic (rewriting job description)
- Dental Assistant (frozen until July 1, 2016)

**B. FY 2015-2016 Budget Amendments and Transfers**

| BUDGET ACCOUNT CODE | DESCRIPTION | | TRIAL BALANCE | STATE BUDGET | COUNTY BUDGET |
|---|---|---|---|---|---|
| REVISION # | **8** | | | DEPT. NAME: | HEALTH |
| STATE BUDGET: | | | | TRANSFER: | |
| | | | | AMENDMENT: | X |
| **Expenditures:** | | | | | |
| 110-5110-220 | SUPPLIES - COMPUTER | | $ 2,192.00 | | $ 2,192.00 |
| 110-5110-239 | MEDICAL/SCIENTIFIC SUPPLIES | | $ 195.50 | | $ 195.50 |
| 110-5110-360 | FREIGHT CHARGES | | $ 22.50 | | $ 22.50 |
| 110-5110-510 | CAPITAL OUTLAY - EQUIPMENT | | $ 8,195.00 | | $ 8,195.00 |
| 110-5110-540 | CAPITAL OUTLAY - VEHICLES | | $ 32,800.00 | | $ 32,800.00 |
| | | | | | |
| **Revenue:** | | | | | |
| 310-5110-319 | ENVIRONMENTAL HEALTH | | $ 43,405.00 | | $ 43,405.00 |
| | | | | | |
| | | | | | |
| **Explanation:** | The Alamance County Health Department was allocated $43,405.00 by the N. C. Department of Public Health to be used for food, lodging and institution sanitation programs and activities. These are entirely state funds and do not require any local match or expenditure of any local funds. | | | | |

***A motion was made by Dr. Roberta Osborn to accept all three budget amendments. The motion was seconded by Mr. Kent Tapscott and approved unanimously by the board.***

## V. Environmental Health Update

Mr. Carl Carroll announced that Environmental Health will be hosting a Rabies Clinic on April 30 9am-1pm at a cost of $5 per dog or cat. Mr. Carroll highlighted requests received through Environmental Health:

Food and Lodging
6 transitional permits
11 plans to be reviewed
10 vendors to permit at 2 events this month
14 food facilities to permit at athletic events
27 public pools submitted applications for permits, most will be wanted to be opened in mid may
17 applications for new or renewal of tattooing permit

Healthy Homes
7 referrals

Complaints from the Public
10 trash
7 sewage
1 mold
2 mosquito

Animal Incidents
Since January 1:
75 animal bites
9 animals sent for rabies testing

Lead Program
3 elevated lead level investigations

February-March 2016
30 applications for new building lots
28 existing system
4 migrant housing applications
25 water samples
147 requests from realtors
353 requests from the public for information

## VI. Personal Health Update

Ms. Gayle Shoffner provided the board with a Communicable Disease (CD) update. On March 23rd staff received a report of a positive Tuberculosis (TB) lab result. During the investigation of this case, one additional person was identified, tested and confirmed to also be positive. Currently, the TB Coordinator is following both of these active TB cases. The investigation of contacts to these cases is underway.
Staff are continuing to monitor the internal prenatal patients for Zika travel risk and per consult with the State CD Branch obtain permission for testing. Currently two health department prenatal patients have been tested and both results returned negative. Staff are conducting verbal Zika travel screening questions and educating all of those who have a positive pregnancy test.
Ms. Shoffner explained that the Health Department is required per State and Title X guidelines to maintain a very detailed inventory on 340 B medications. She said that this is very difficult to do accurately by hand, and staff are currently researching and obtaining price quotes for a possible automated pharmacy inventory system. Staff have viewed and obtained 4 price quotes and will be meeting this week to make a recommendation on the system that may best fit the clinic needs.
Ms. Shoffner stated that with the implementation of EMR the current clerical staff are unable to meet the needs of document scanning. Ms. Shoffner said that staff are exploring vendors and obtaining price quotes for possible outside assistance. Staff have obtained one quote so far and have meetings with two additional vendors scheduled.

## VII. Medical Director's Report

Dr. Shapley-Quinn reported that electronic medical records continue to be an adjustment for all clinical staff.

## VIII. Health Director's Report

Ms. Saunders announced that Ms. Janna Elliott is expecting a baby in September!
Ms. Saunders reported that Alamance Partnership for Children's Early Childhood Summit recently took place, and the Health Department was happy to help sponsor this event through money from the Maternal Child and Infant Mortality planning money. Ms. Saunders shared that April is Public Health month, and recently Executive Director of NACCHO, Dr. LaMar Hasbrouck visited the Health

Department and kicked off a walk with Health Department staff around the neighborhood. Ms. Arlinda Ellison added that every day in April there has been some activity around public health.
The strategic planning consultants have conducted key informant interviews, next a survey will be developed and sent out for all staff to take, and after that will be a retreat. There will be more to come on this in future meetings. Ms. Saunders announced that in June the Health Department will be getting a new employee from the Elon Alamance Health Partner program, Mr. Zachary Fisher who will work at the Health Department for one year. Ms. Shelby Smith who was the Health partner for 15/16 will be working under contract for the health department for one more year as a Program Manager. Ms. Saunders shared that the Health Department has been awarded Health Beginnings grant money. Ms. Ellison explained that Healthy Beginnings is a home-based case management program that is designed to address the high rates of infant mortality among minority populations. Alamance County rates #18 in North Carolina for infant mortality among the minority population. Ms. Shoffner added that the targeted population for this program will be non-Medicaid and those who do not qualify for case management programs. Ms. Ellison explained that curriculum will be provided to the case managers, and the education will start during pregnancy, and will continue until the child is two years old. Group sessions will be held to discuss healthy eating, smoking cessation, nutrition, etc.
Ms. Saunders reported that Ann Meletzke, Director of Healthy Alamance, and she will be presenting at the NCAPHA Spring conference about health in all policies. This is a continuation of the community health assessment and community health improvement plan.
Ms. Saunders gave a summary from the last Tobacco Steering Committee. Ms. Saunders discussed the committee's and Board of Health's vision of tobacco free grounds with commissioners, and the consensus from the commissioners standpoint was to not move any further with this potential policy at this time. Ms. Saunders discussed this was the Tobacco Steering Committee at their meeting on April 13, and the committee is recommending that there be no action at this time. The committee would still like to meet to create plans and work on a policy for when the time is right to proceed with this. The committee would like to explore the options that have been discussed during these meetings: making a 30 foot no smoking rule, a designated smoking area, or creating a tobacco free campus. The board was in agreement to refer this back to the Tobacco Steering Committee.

## IX. Old Business

No old business was discussed.

## X. New Business

### A. Request to Approve Fee Policy Changes

Ms. Janna Elliott presented the changes to the fee policy (*see Attachment A for the policy*). The policy was amended several years ago to include that the board of health will be consulted before waiving or refunding fees. However, this change was not carried over through the years. Other changes to the policy include waiving fees for personal health patients with approval exclusively from the Health Director, Business Officer or their delegate. The Dental Clinic added elective dental services are charged at 100% and paid in advance of services being rendered, and added Dental Clinic sliding fee scale of 101% – 250% of poverty.

***Mr. Kent Tapscott made a motion to delete the word "exclusively" and approve all other changes to the policy as presented. The motion was seconded by Ms. Kathleen Colville and approved unanimously by the board.***

### B. Request for New Service- Liletta

Ms. Elliott explained that Liletta is a hormone-releasing IUS (otherwise known as an intrauterine device or IUD) placed in the uterus to prevent pregnancy for up to three years. The recommendation is to charge $75.00 per J7297 code billed to patients on the sliding fee scale and to other third-party insurances. The regular Medicaid reimbursement rate for this code is $662.50; however, since we will purchase Liletta through our 340B state contract, we will charge J7297-UD at our current expense rate, which is $50.oo per device to Medicaid.

***A motion was made by Dr. Roberta Osborn to approve the new service. The motion was seconded by Ms. Norma Thompson and approved unanimously by the board.***

**C. Fee Request for LabCorp**

Ms. Elliott reviewed the fee request for LabCorp services (*see attachment B for fee request*). She explained that Labcorp charges Medicaid and third party insurance for the lab fees, and if they are indigent Labcorp will write this off as charitable care. Ms. Elliott explained that if LabCorp applied their fees to patients without insurance who do not slide to zero, the fee would be extended at 100% and patients would be sent to collections for failure to pay. The Health Department is requesting to handle the fees for patients on the sliding scale, and patients would be billed according to the sliding scale and we would follow ACHD's collection process. Some of the board members questioned why a lab test for B12 was $22 and Folate lab test was $57, but if you get B12 and Folate tested together the cost is $126. Mr. Tapscott requested for this to be looked at to see if the $126 B12 and Folate test can be eliminated since it is less expensive to have the two labs done separately, and to see if any other lab tests are combined that could be eliminated if the cost is more.

***Mr. Tapscott made a motion to approve the fee request as presented. The motion was seconded by Ms. Kathy Colville and approved unanimously by the board.***

**D. 2011-2015 Strategic Plan Report**

Ms. Ellison reviewed the 2011-2015 Alamance County Health Department Strategic Plan *(see Attachment C for report*).

**E. Alamance County Health Department Annual Report**

Ms. Ellison reviewed the Alamance County Health Department Annual Report (*see Attachment D for Annual Report*).

***A motion was made by Ms. Kathy Colville to approve the Alamance County Health Department Annual Report. The motion was seconded by Dr. Annette Wilson and approved unanimously by the board.***

**F. Presentation of the Community Health Assessment Action Plan**

The Health Improvement process will be focusing on three main areas: access to care, education and economic issues (*see Attachment E for the draft action plan*). The final plan will be presented to the Board of Health for approval at a later meeting.

**G. Appointment of a Personnel Committee**

Dr. Wilson created a personnel committee to evaluate the health director's job performance. This committee will be comprised of health department staff, board of health members, county administrations and community partners. The following members have been appointed to this committee: Dr. Annette Wilson, Mr. Kent Tapscott, Ms. Kathleen Colville, Commissioner Bob Byrd, Mr. Bryan Hagood, Ms. Gayle Shoffner and Ms. Rebecca Rosso. Ms. Lawrence will send out a doodle poll for committee members to submit their availability for a meeting before the June board of health meeting.

### H. Proposed New Board of Health Agenda Structure

Ms. Saunders proposed to have a consent agenda to cut down on some of the meeting time. The items will be sent out to review prior to the meeting, and the items under consent agenda could be approved with just one vote. After some discussion, the board decided that if any one board member wanted an item pulled from the consent agenda for discussion that is allowed. The board had questions about electronic voting or remote participation for meetings. Ms. Saunders will bring information back to a future meeting to address remote participation for board meetings. The board was in favor of the consent agenda including: approval of board of health minutes, review of sub-committee minutes, and personnel report.

***A motion was made by Mr. Kent Tapscott to approve the board of health agenda to have consent agenda items of approval of board of health minutes, review of subcommittee minutes, and personnel report. The motion was seconded by Mr. Michael Venable and approved unanimously by the board.***

## XI. Adjournment

With no other business discussed, a motion was made by Mr. Kent Tapscott to adjourn the meeting at 8:36pm. The motion was seconded by Ms. Kathy Colville and approved unanimously by the board.

**ALAMANCE COUNTY BOARD OF HEALTH**

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Dr. Karin Minter, Chair

_____

Ms. Stacie Turpin Saunders, Secretary

ALAMANCE COUNTY HEALTH DEPARTMENT

"COMMITTED TO PROTECTING AND IMPROVING THE PUBLIC'S HEALTH IN ALAMANCE COUNTY"


# FEE POLICY
01-02

APPROVAL DATE BY BOARD OF HEALTH:

July 1, 2006

SIGNATURES:

_____
Chair, Board of Health

_____
Health Director

_____
Division Manager

| Title: Fee Policy | Number: 01-02 |
|---|---|
| Approved by: Alamance County Board of Health | Program Area: Administration |
| Effective Date: July 1, 2006 | |
| Revised Date: April 20, 2011, June 19, 2012 , March 17, 2015, April 19, 2016 | |

I. GOAL:
To ensure health department services are provided to clients regardless of inability to pay.

II. PURPOSE:
To ensure accuracy, consistency and standardization in the development of fee policies and procedures and standing orders for Alamance County Health Department; to establish a methodology to be followed by the Board of Health and the Health Director in the formulation, approval, and execution of establishing new fees for new services, new fees for existing services, and changes to existing fees.

III. REFERENCES:
Formulation of Policies
North Carolina Public Health fees for health department services are authorized under NC G.S. 130A-39
NC G.S. 150A authorizes Debt Set-Off program
IV. DEFINITIONS:
Bad Debt: Any outstanding balance in which three years or more has lapsed since the last date of client account activity.
Sliding Scale: Percentage based scale (see attachment)
Poverty Level: Each February the U.S. Census Bureau releases updated Federal Poverty Guidelines for the 48 contiguous states, D.C., Alaska and Hawaii. These guidelines are used to determine how many Americans live in poverty and eligibility for a wide range of federal and state public assistance programs. They are also known as the HHS Poverty Guidelines.
Flat Fee: Set fee amount for services rendered unless prohibited.

V. FOCUS POPULATION:
Alamance County residents

VI. POLICY:
Fees for health department services are authorized under NC G.S. 130A-39, provided that (1) they are in accordance with a plan recommended by the health director and approved by the Board of Health and the County Commissioners, (2) they are not otherwise prohibited by law.
1. New fees for new or existing services can be set at any time. The Board is advised at that time of the fee recommended and both the rationale for the fee and the cost analysis which set the rate. The Board then approves the fee and, if approved by the Board of County Commissioners, the fee is implemented immediately unless a different effective date is specified.

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2. All existing fees are to be reviewed at least once a year during the budget process by management. This fee review is reviewed by the Board prior to June 30. The Board accepts the fees carried over from the Alamance County Health Department and treats them as existing fees.
3. Fees will be charged for health services to individuals unless prohibited by law or regulation. Separate fees may be charged for laboratory and other technological services when these are not included as a part of the current procedure terminology (CPT) for service.
4. Flat fees, not subject to sliding scales, may be established for certain screening or program services.
5. Patients whose income falls at poverty level or below on the sliding fee schedule cannot be charged a flat fee for services provided for State supported programs. Example: Family Planning, Maternity or Child Health. The sliding fee schedule must slide to zero for these state-supported programs.
6. The health department may adopt separate sliding fee schedules for clinic services; however the fee schedule cannot exceed 250% of Poverty for Women's Health. Any fee schedule above 200% of Poverty must receive state approval.
7. Patients are billed based on a sliding scale fee scale adopted for their program as determined by the State or Federal requirement unless prohibited. Fee-for-service clinics may bill the patient directly for payment, and in many cases, bill another third party. Third parties include:

- Private Health Insurance
- Medicaid
- North Carolina Health Choice
- Medicare part B
- Employers/Various Agencies (with whom the Alamance County Health Department has a contract)

8. Proof of income is required annually, or upon income and family size changes, for personal health services (unless prohibited by State and Federal regulations) subject to sliding fee charges for Medicaid-covered services. Clients shall be informed when appointment is made that proof of income is required at initial visit. If proof of income is not provided, the sliding fee scale charges are assessed at the 100% rate unless prohibited by State and Federal regulations (with the exception of Family Planning). Adjustments may be made to the charges if proof of income is provided within 45 days of service. For the patients of the Dental Clinic, adjustments may be made to the charges if proof of income is provided within 30 days of service.
9. With the exception of personal health clinic fees, which may be waived by the Health Director or Business Officer or their delegate based upon risk to the patient and risk to the community, the Health Director has the authority to waive or refund fees under special extenuating circumstances; however, the Board of Health will be consulted before waiving or refunding fees.
10. Bad Debt Summaries will be done no less than annually.
11. Debt Set-Off: The department will participate in the Debt Setoff Program administered by the Tax Office in accordance with the North Carolina General Statutes, Chapter 105A, The Debt Setoff Collection Act. The Debt Setoff Program allows outstanding account balances to be

submitted to the North Carolina Department of Revenue for collection by applying the debt (s) against any income tax refund in excess of $50.00.

VII. SERVICE PLAN:

A. Program reviews and committee meetings comprised of all disciplines will meet, within the Health Department setting, as necessary to determine the cost of providing services and discuss the "setting of rates", for the services provided. The following procedures define the methods used for setting rates

1. The "Medicaid Cost Analysis" provided by the Office of Medicaid Reimbursement will be utilized to compare how much it costs the Health Department to provide a service. The Medicaid Cost Study is performed annually in all Health Departments. The actual results are in this document and shared with each county. The cost of providing services is compared throughout the State, from one Health Department to another. This information gives a realistic figure to work with and compares cost to perform a service to all other counties within the State.

2. The Office of Medicaid Reimbursement issues their reimbursement rates, usually in January of each year. These rates will be used as a baseline when comparing to other third parties.

3. Medicare, surrounding community rates (ex: community physicians' rates, local labs, hospital rates, etc), plus a comparison of surrounding counties' Health Department fees are also contributing factors in determining rates.

4. Environmental Health Fees are reviewed and compared to cost of services. The most recent calendar year environmental health time accounting reports are used to establish the percentage of time spent in specific program areas. Those percentages are multiplied by the cost (as provided by the Finance Officer) of providing specific programs. The product is then compared to the revenue collected during the most recent calendar year. That information should be used to determine new fees or adjust existing fees. A comparison of surrounding counties Environmental Health Fees may also be used in determining new fees or adjusting existing fees.

5. Dental Clinic Fees are reviewed and compared to surrounding public health dental clinics, local community dental practitioners, and usual and customary fee schedules set by private dental insurance companies. Fees are reviewed on a yearly basis and adjustments are made accordingly. Patients that fall at or below 100% poverty level will not be denied dental services based on their inability to pay. Routine preventive and operative procedures may be restricted or denied to full pay or partial pay patients that fall at 60% and above on the sliding fee scale who do not make a "good faith" effort to pay. Emergency dental services will not be denied. Elective dental services are charged at 100% and paid in advance of services being rendered.

6. Once the above information has been reviewed, fees will be taken to the Board of Health and Board of County Commissioners for their discussion and final approval. Once approval has been

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received, the appropriate fees are set and will be maintained in the Health Department, noted as the approved "schedule of charges". Board approvals (Health and County Commissioners) will be reflected in the respective minutes.

B: Sliding Fee scales used by the Alamance County Health Department are:

- Personal Health Clinic Services 101% – 250% of poverty
- Dental Clinic 101% – 250% of poverty
- WIC Program – 185% of poverty

# ALAMANCE COUNTY
## Health Department

319 North Graham-Hopedale Road Suite B
Burlington, NC 27217-2995
www.alamance-nc.com/d/health

Dr. Karin Minter, MD, MPH, FAAP, Chair
Dr. Annette Wilson, DVM, Vice-Chair
Dr. Roberta Osborn, DDS
Dr. William L Porfilio, MD
Ms. LaTina McGee, BSN, MHA
Mr. W. Kent Tapscott, RPh, CPP
Mr. Robert "Bob" Byrd
Mr. G Kevin Bengel, PE
Ms. Kathleen Colville, MSW, MSPH
Mr. Michael S. Venable
Ms. Norma Thompson, MS, LSC

Board of Health

Stacie Turpin Saunders, MPH
Health Director

(336) 227-0101
FAX (336) 513-5593


**MEMORANDUM**

**TO:** Board of Health Members

**FROM:** Stacie Turpin Saunders, Health Director

**DATE:** April 13, 2016

**SUBJECT:** Request to Establish Fees for Laboratory Services

Please consider this request to begin charging lab fees, which we incur from LabCorp as follows:

| LabCorp Test Code | Lab Description | ACHD Recommended Fee | LabCorp Fee to ACHD |
|---|---|---|---|
| 000620 | Thyroid panel | $13.00 | $12.50 |
| 000810 | B12 & folate | $126.00 | $126.20 |
| 001032 | Glucose, post prandial 2hr | $4.00 | $3.70 |
| 001057 | Uric Acid, Serum | $1.00 | $1.45 |
| 001404 | Lipase | $43.00 | $43.20 |
| 001453 | Hgb A1C | $8.00 | $8.40 |
| 001503 | B12 only | $22.00 | $22.02 |
| 001818 | Random Blood Sugar | $4.00 | $3.70 |
| 002014 | Folate (folic Acid) | $57.00 | $56.60 |
| 003129 | Spot Urin Prot/creat w/ratio | $24.00 | $23.70 |
| 003277 | Protein Total, 24 Hr Urine | $23.00 | $23.40 |
| 004259 | TSH | $6.00 | $5.80 |
| 004309 | FSH | $14.00 | $13.60 |
| 004416 | Beta Hcg-Quant | $11.00 | $10.50 |
| 004465 | Prolactin | $11.00 | $10.50 |
| 005009 | CBC w/diff, w/platelets | $4.00 | $4.20 |

| | | | |
|---|---|---|---|
| 005249 | Platelet Count | $20.00 | $19.60 |
| 006015 | Antibody Screen | $7.00 | $7.10 |
| 006395 | Hep B Survace ab | $15.00 | $15.40 |
| 006510 | Hep B Surf Ant Labcorp | $15.00 | $15.40 |
| 007625 | Blood Lead Serum | $13.00 | $12.90 |
| 008003 | Anaerobic and Aerobic Cx | $199.00 | $198.50 |
| 008128 | GC Culture | $11.00 | $10.50 |
| 008680 | SuscepTst-Aer/Anaer | $63.00 | $62.80 |
| 008847 | Urine C&S | $11.00 | $10.50 |
| 008904 | Anaerobic Culture | $102.00 | $101.50 |
| 010330 | Bile Acids | $52.00 | $52.30 |
| 012005 | RPR, Rfx Qun | $5.00 | $5.00 |
| 012005 | Syphyllis Sero | $5.00 | $5.00 |
| 018804 | Beta Strep Grp B-Ant | $30.00 | $30.00 |
| 083824 | HIV screen | $7.00 | $7.30 |
| 090365 | 3 Hr GTT | $15.00 | $14.60 |
| 102277 | Gest Diabetes 1-hr | $7.00 | $7.30 |
| 121679 | Hemaglobinopathy Prof | $16.00 | $15.70 |
| 138651 | HSV 1 & 2 | $172.00 | $171.60 |
| 163147 | HSV Type 2 IgG ant | $24.00 | $23.61 |
| 164905 | Herpes Antibody IgG | $38.00 | $38.34 |
| 182835 | MAC Suscedptibility Bro | $173.00 | $173.25 |
| 183616 | Chlamydia/GC NAA, Conf | $228.00 | 227.50 |
| 183620 | C Trachomatis NAA,Confirm | $160.00 | 160.00 |
| 183656 | Mtb NAA+AFB Smear/Cult | $426.00 | $426.00 |
| 183766 | Concentration | $31.00 | 31.25 |
| 183773 | AFB ID by DNA Probe Rf | $110.00 | 109.75 |
| 188128 | Rectovag GBS | $31.00 | $31.30 |
| 188132 | Strep Gp B NAA | $31.00 | $31.30 |
| 188139 | Rectovag GBS-PCN allerg | $154.00 | $154.00 |
| 193000 | Pap IG | $22.00 | $21.90 |
| 199300 | IGP, rfx Aptima HPV AS | $88.00 | $88.00 |
| 199330 | IGP,Aptima HPV | $276.00 | $275.75 |
| 202945 | Prenatal prof w/o varicella | $31.00 | $31.30 |
| 224576 | TSH & Free T4 | $127.00 | $127.00 |
| 226902 | Anemia profile | $29.00 | $28.80 |
| 237305 | CBC/D/Plt+RPR+Rh+ABO+A | $34.00 | $34.20 |
| 237305 | Prenatla prof w/o vari/rub | $34.00 | $34.20 |
| 282020 | Prenatal Prof w/varicella | $59.00 | $58.70 |
| 303756 | Fasting Lipid panel | $6.00 | $6.30 |
| 304375 | PIH panel | $11.00 | $10.90 |
| 322755 | Hepatic Function Panel | $6.00 | $5.80 |
| 507301 | High Risk HPV | $35.00 | $35.00 |
| 507800 | HPV Aptima | $188.00 | $187.75 |
| 726778 | Urine Drug Screen | $14.00 | $13.60 |
| 789231 | 789231 7+Oxycodone-Bun | $133.00 | 133.00 |

LabCorp extends the fees above to ACHD when a patient does not have insurance and does not slide to zero on the sliding fee scale. We would like to charge patients the recommended fees above and the fees would slide.

LabCorp does file insurance for patients who have Medicaid and/or third-party insurance. They also write-off lab fees for patients who slide to zero on the sliding fee scale as part of their charitable care service.

If LabCorp applied their fees to patients without insurance who do not slide to zero, the fee would be extended at 100% and patients would be sent to collections for failure to pay. By ACHD handling the fees for patients on the sliding scale, patients would be billed according to the sliding scale and we would follow ACHD's collection process. (We send billing statements quarterly and annually submit outstanding accounts greater than $50 to the debt setoff program for patients who have provided their social security number.)

We feel that if patients knew they would be billed by LabCorp at 100%, they would decline recommended labwork and potentially put themselves and/or their children at risk.

Thank you for your consideration.

# STRATEGIC PLAN REPORT: 2011-2015

ALAMANCE COUNTY HEALTH DEPARTMENT

# FOCUS AREAS

- Maternal/Child Health
- Chronic Disease and Prevention
- Unintentional Injury Prevention
- Oral Health
- Infectious Disease
- Mental Health
- Environmental Health
- Public Health Preparedness
- Internal Performance-Based Measures

# MATERNAL/CHILD HEALTH

| MATERNAL & CHILD HEALTH BENCHMARKS | 2005 | Baseline 2010 | Goal 2015 | Actual 2015 |
|---|---|---|---|---|
| 1. Decrease rates of obesity among reproductive age population by 10%. (BRFSS, 2010) | 33.2 | 29.5 | 27.2 | |
| 2. Decrease the percent of ACHD maternity patients who use tobacco during pregnancy by 10%. (ACHD Chart Review, 2010) | 35% | (2009) 19% | 17.1% | (2014)* 12% |
| 3. Reduce the teen pregnancy rate (per 1000 teen girls) by 15%. (NC SCHS, 2010) | 64.2 | 44.5 | 37.8 | 2014 – 30.3 (SHIFT) |
| 4. Reduce repeat teen pregnancy by 12%. (NC SCHS, 2010) | 27.0 | 27.3 | 24.0 | 2014 – 13.8 (SHIFT) |
| 5. Reduce the teen pregnancy disparity between Hispanics and white teens. (NC SCHS, 2010) | NA | 2.85 | 2.5 | 2013 – White 1.8% Hispanic 2% |
| 6. Reduce low birth weight rate to 9% of all live births. (NC SCHS,2010) | 10.7 | 9.6 | 9.0 | (2014)* 8.6 |
| 7. Reduce the minority infant mortality rate by 10%. (NC SCHS,2010) | 17.2 | 8.2 | 7.4 | 15.5 (AA)+ 8.5 (H) |

# CHRONIC DISEASE & PREVENTION

| CHRONIC DISEASE & PREVENTION BENCHMARKS | 2005 | Baseline 2010 | Goal 2015 | Actual 2015 |
|---|---|---|---|---|
| 1. Reduce the percent of overweight adolescents (5-11) by 10%. (NC-NPASS, 2009) | 23% | (2009) 45% | 40.5% | County level data no longer available |
| 2. Reduce the percent of overweight adolescents (12-18) by 10%. (NC-NPASS, 2009) | 35% | (2009) 26.1% | 23.5% | County level data no longer available |
| 3. Reduce the percent of overweight/obese adults by 10%. (BRFSS, 2009) | 62.7% | (2009) 67.6% | 60.8% | 34% according to the county health rankings |
| 4. Increase the percent of adults who participate in 30-60 minutes of physical activity 3-5 days per week by 15%. (BRFSS, 2009) | 36% | (2009) 47.9% | 55% | County level data no longer available |
| 5. Increase the percent of residents who consume 5 or more servings of fruits and vegetables by 20%. (BRFSS, 2009) | 24.5% | (2009) 24.4% | 29.3% | County level data no longer available |
| 6. Maintain 100% smoke-free eating establishments per HB 2. (Wellness Program Tracking, 2010) | 44.9% | 100% | 100% | 100% |
| 7. Increase the number of public grounds that are smoke-free by 2. (Wellness Program Tracking, 2010) | NA | 35 | 37 | |

# UNINTENTIONAL INJURY

| UNINTENTIONAL INJURY BENCHMARKS | 2005 | Baseline 2010 | Goal 2015 | Actual 2015 |
|---|---|---|---|---|
| 1. Reduce the unintentional injury death rate (per 100,000) by 10%. (NC SCHS, 2009) | 26.5 * | (2009) 34.5 * | 31.0% | 28.6** |
| 2. Reduce the motor vehicle injury death rate (per 100,000) by 10%. (NC SCHS, 2009) | 18.4* | (2009) 14.9* | 13.4% | 12.1** |

# ORAL HEALTH

| ORAL HEALTH BENCHMARKS | 2005 | Baseline 2010 | Goal 2015 | Actual 2015 |
|---|---|---|---|---|
| 1. Decrease the percent of residents who needed dental services but had trouble finding services by 10%. (Elon Poll, 2011) | NA | (2011) 17.9% | 16.1% | |
| 2. Increase the percent of children in kindergarten who have never had a cavity by 5 percentage points. (DHHS Oral Assessment Data, 2010) | XX% | 70% | 75% | (2012-13) 67% |
| 3. Increase the number of dentists accepting adult Medicaid on the Adult Dental Provider referral list by 2. (State Dental Hygienist) | NA | 9 | 11 | 14 (A, C, O) 5 A |
| 4. Increase the number of children served through Give Kids a Smile by 15%. (GKAS, 2010) | NA | 100 | 115 | 2014* 61 |

*Program ended in 2014

# INFECTIOUS DISEASE

| INFECTIOUS DISEASE BENCHMARKS | 2005 | Baseline 2010 | Goal 2015 | Actual 2015 |
|---|---|---|---|---|
| 1. Reduce the Gonorrhea incidence rate disparity among minorities by 10%. (NC SCHS, 2010) | (ending in 2005) 3.6 | (ending in 2010) 3.3 | 3.0 | |
| 2. Reduce the Syphilis incidence rate disparity among minorities by 10%. (NC SCHS, 2010) | 4.5 | 2.7 | 2.5 | (2014) 9.6 Total |
| 4. Decrease the number of pertussis cases to <10 cases per year. (ACHD, 2010) | 1 | 13 | <10 | 7 |
| 5. Increase the percent of residents who have had a flu shot by 10%. (Wellness Program, 2010) | 28.1% | 36.7% | 40.4% | |

# MENTAL HEALTH

| MENTAL HEALTH BENCHMARKS | 2005 | Baseline 2010 | Goal 2015 | Actual 2015 |
|---|---|---|---|---|
| 1. Decrease the percent of residents that are unaware of mental health resources by 15%. (Elon Poll, 2011) | NA | (2011) 21% | 17.8 | 10% |
| 2. Achieve 600 children reached through Early Childhood Mental Health team in primary care. (Project LAUNCH, 2012) | NA | 0 | 600 | 600 |
| 3. Increase the number of Early Childhood Mental Health team in primary care by 2 practices. (Project LAUNCH, 2012) | NA | 0 | 2 | 2 |
| 4. Increase the number of providers trained in Triple P by 60. (Project LAUNCH, 2012) | NA | 0 | 60 | 171 |
| 5. Establish one behavioral health position in the personal health clinic. (Project LAUNCH, 2012) | 0 | 0 | 1 | 1 |

# ENVIRONMENTAL HEALTH

| ENVIRONMENTAL HEALTH BENCHMARKS | 2005 | Baseline 2010 | Goal 2015 | Actual 2015 |
|---|---|---|---|---|
| 1. Decrease the percent of residents that dispose unused chemicals in the trash by 15%. (Elon Poll, 2011) | NA | (2011) 25% | 21.3% | 19.5% |
| 2. Maintain at least 85% rabies vaccination rate among county pets. (Elon Poll, 2011) | (2007) 81% | (2011) 92% | 85% | 93.5% |
| 3. Increase number of homes that receive the NC Healthy Homes Needs Assessment by 52 homes. (ELAE Grant, 2012) | NA | 0 | 52 | 61 |
| 4. Decrease holding violations for full service restaurants by 10 percentage points. (EH, 2012) | NA | (2012) 61% | 51% | 32% |
| 5. Decrease poor personal hygiene violations for full service restaurants by 20%. (EH, 2012) | NA | (2012) 24% | 16% | 36% |
| 6. Achieve 90% mapping of wastewater systems. (EH, 2012) | 0% | 1% | 90% | 99% |
| 7. Increase number of Medicaid eligible children tested for lead by 10%. (NC Children's Environmental Health Branch, 2009) | 38.4% | (2009) 72.6% | 79.8% | 2011* 74.7% |

# PUBLIC HEALTH PREPAREDNESS

| PUBLIC HEALTH PREPAREDNESS BENCHMARKS | 2005 | Baseline 2010 | Goal 2015 | Actual 2015 |
|---|---|---|---|---|
| 1. Increase the percent of residents that are prepared for emergency at home by 10%. (Elon Poll, 2011) | NA | (2011) 37% | 40.7% | 44.9% |
| 2. Achieve at least three (3) local and/or regional exercises per year. (Preparedness Program, 2010) | NA | 3 | 15 (total for 5 years) | 18 |
| 3. Achieve at least 80% of ACHD responders are up-to-date with training requirements. (Preparedness Program, 2011) | NA | (2011) 70% | 80% | 97% |

# INTERNAL PERFORMANCE-BASED MEASURES

| Personal Health Clinics | 2005 | Baseline 2010 | Goal 2015 | Actual 2015 |
|---|---|---|---|---|
| 1. Achieve 85% client satisfaction with clinical services provided during health department visit. | NA | NA | 85% | 90% (Dental;WIC;STD) |
| 2. Achieve 85% staff satisfaction with management responsiveness to issues. | NA | NA | 85% | |
| 3. Achieve 20 patient see per nurse per integrated nurse clinic day. | NA | NA | 20 | 20 |
| 4. Achieve total adults physical exam time of no more than 1 hour. | 120 min | 90 min | 60 min | +60 min (EMR) |
| 5. Provide all personal health clinical services at least 85% of the time. | NA | 30% | 85% | FP, MHC, STD, Nurse Clinic- 100%<br>Child Health & Colposcopy Clinic- (2) ½ days per week |
| 6. Achieve at least 90% seasonal flu immunization rate for personal health clinic employees. | NA | NA | 90% | 93% |
| 7. Increase the overall flu shot immunization rate for all Health Department staff by 15%. | NA | 60.3% | 69% | 90% |

# INTERNAL PERFORMANCE-BASED MEASURES

| | | | | |
|---|---|---|---|---|
| **Environmental Health** | | | | |
| 8. Maintain EH client satisfaction for explanation and answers to questions at 97%. | 96% | 97% | 97% | 98% 13/14 |
| 9. Maintain EH client satisfaction of timeliness of services at 93%. | 89% | 93% | 93% | 96%<br>132/14 |
| 10. Meet four (4) additional FDA Voluntary National Retail Regulatory Program Standards in EH. | 0 | 1 | 5 | 3 as of 13/14 |
| **Dental Health Clinic** | | | | |
| 11. Increase generated revenue and collection in Dental Clinic by 1.3%. | NA | NA | ↑1.3% | 41%↑ (2011-2015) |

# PUBLIC HEALTH ANNUAL REPORT 2015

**Care Coordination for Children Contacts**

13,210

**Children's Dental Clinic Visits**

7,523

**WIC Counseling Sessions**

13,115

## Environmental Health Services

2027 Food/Lodging Inspections

173 Health Hazard Investigations

590 Water Samples Collected

124 Well Inspections

318 Soil/Site Evaluations

476 Rabies Vaccinations

46 Specimen Tested for Rabies

4 Confirmed Rabies Cases

## Clinical Services

**18,061** Lab Tests Completed

**2689** HIV Tests Administered

**2233** STD Clinic Visits

3350 Family Planning Visits

3955 Maternity Clinic Visits

158 Child Health Visits

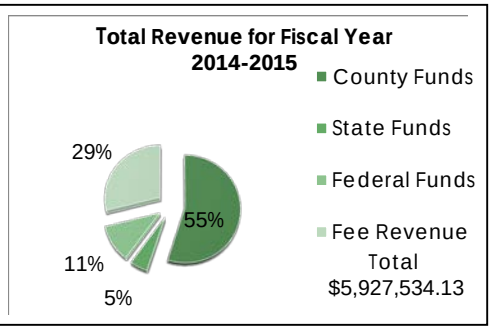
**1696** Flu Vaccines Given

**4716** Immunizations Given

## Community Health

**1777** Health Education Encounters

**$15,310** Health Education Grants Received



# Alamance County Health Department Annual Report 2015

## A Message from the Health Director

It is with great pleasure that the health department staff and myself present the 2015 Annual report for Alamance County Health Department. Typically, this report is included in the State of the County Health report which is done is the years between the Community Assessment. Since the assessment was done in 2015, the annual report is presented as a stand along report in that year.

Three priorities were identified by the Community Assessment: Access to Care, Income and Education. These priority areas demonstrate our community's understanding and recognition that health, wealth and education are inevitably linked to one another and when we work to improve one of those areas we are likely to see gains in the others. I look forward to the health department's role in tackling each of those community identified priorities.

I am personally thankful for the work and commitment of more than 100 public health champions that dedicate their professional lives to Alamance County Health Department. You will read about their accomplishments within this report including their drive to provide quality clinical care to our clients, their passion to provide Safe Sleep environments for newborns, their commitment to ensuring safe food establishments for our residents and visitors alike, their efforts to deliver dental services to children, their care when counseling mothers and their families about nutrition, and their promise to improve the health of all those who live, work and play in our county. Thank you for your time as you review the many highlights and accomplishments in 2015.

-Stacie Turpin Saunders

## Trauma Informed Care Enviroment

The Health Department has initiated work to become a trauma-informed agency. This means that the physical environment, administrative policies, consumer interactions, and clinical procedures will shift to become more sensitive to the needs of patients who have experienced traumatic events outside of our care. Core principles include safety, trustworthiness, choice, collaboration and empowerment with our patients, and this work will mirror the progress of the Department of Social Services who has undergone a similar process. A workgroup has been formed and will be pursuing goals over the next year that include an agency-wide assessment of our current level of trauma sensitivity, staff training in trauma informed care principles, and a renovation of our physical environment .

## Alamance Baby Closet

The Healthy Mothers Healthy Babies Coalition of Alamance County has created a Baby Closet located at the Health Department. It is designed to promote a pregnant women's active participation in prenatal care as well as promote healthy behaviors during pregnancy through education. Clients can earn points to use in the Baby Closet by participating in prenatal care, bringing their baby in for well-baby check-ups, breastfeeding, and coming in for their post-partum visits. This program is completely free to clients and made possible by the generous donations of our community partners which include Burlington Junior Women's Club and Leadership Alamance.

## Communicable Disease and Preparedness Planning

Communicable diseases see no county, state or national borders. This was never more evident than the Global outbreak of Ebola that continued in 2015. This emerging infection became a priority for the world and public health professional globally were a part of the work to stop the spread of the disease. On a local level this meant training and preparing a public health staff to monitor travelers from affected countries, working with state and local partners on protocols and procedures, and offering education to the community at large.

As 2015 came to a close, we would learn of a new emerging infection, Zika virus, and its potential effects on a developing fetus. Again, a global response is required for this infection which means public health professional globally, nationally, statewide and locally are involved in the control, monitoring, and study of Zika. On the local front, public health is educating pregnant women on what we know about the virus and recommended travel restrictions to areas with active transmission. We continue to work with community providers to inform them on recommended best practices when treating patients that may have been exposed to the virus. Educational outreach campaigns will be important as we move into warmer weather and mosquitoes begin to breed. Public health's main charge is prevention of infectious diseases and so these campaigns will focus on ways to protect oneself from mosquito bites as well as removal of all sources for mosquito breeding.

## Elecronic Medical Records

An electronic medical record is a digital version of a paper chart that contains all of a patient's medical history from one practice. An EMR allows providers to track data over time for patients, identify patients who are due for preventive visits and screenings, monitor how patients measure up to certain parameters, and provide continuity in different aspects of care. Once it is fully implemented, EMR data can be created, managed, and consulted by authorized providers and staff from across more than one health care organization.

In 2015, the Health Department began the transition away from paper medical charts and move toward electronic medical records for patients. Implementation has begun in each of the clinic with the exception of Child Health, scheduled implementation for that clinic is planned in 2016/17. Clinics are currently functioning at approximately 75% of volume as compared to pre-implementation as clinic staff continue to learn the new system, adjust to electronic patient records, and make improvements to the new chart system.

## Stay Informed and Connected!

ALAMANCE COUNTY HEALTH DEPARTMENT

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https://twitter.com/ACHealthDept

https://www.facebook.com/AlamanceCountyHealthDept

# ALAMANCE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

By connecting social determinants of health with strategies known to create health communities, agencies can leverage resources to improve community health

A Guide for Community Leadership

## *EXECUTIVE SUMMARY*

Following the release of the 2015 Alamance County Community Assessment, the Alamance County Health Department embarked on a process to develop a Community Health Improvement Plan (CHIP). A CHIP is a community-wide, collaborative strategic plan that sets priorities for health improvement and engages partners and organizations to develop, support, and implement the plan. A CHIP is intended to serve as a vision for the health of a community and a framework for organizations to use in making that vision a reality.

Areas of Celebration

AREA 1: Public Transportation
AREA 2: Alamance Achieves
AREA 3: Public Health Integration efforts

Areas of Concern

AREA 1: Prevention efforts
AREA 2: Mental Health
AREA 3: Local Resources

## *Overview of CHIP Purpose and Process*

A CHIP is intended to serve as a vision for the health of the community and a framework for organizations to use in leveraging resources, engaging partners, and identifying their own priorities and strategies for community health improvement. The goal is that with constant and focused effort, a wide range of public health partners and stakeholders engaged in assessment, planning and action will be able to document measure improvements in the selected health priorities in the upcoming years. This CHIP is in no way meant to detail all of the health issues in front of Alamance County and its community nor is it able to offer information on all of the wonderful programs and initiatives that are taking place here in our community. This Community Health Improvement Plan (CHIP) is, however, an action-oriented strategic plan that outlines the priority health issues recognized for the Alamance County from the 2015 Community Health Assessment. Its main intention is to provide an overview of how these issues will be addressed in the next three years.

## *List of Health Priorities*

Access to Care
Education
Economy

Summarized Action Plan Community health action plans have been developed to address the identified health priorities. Each action plan will include evidence-based strategies that focus on system or policy change, target specific disparate groups and promote individual, family, or community change.

### *Monitoring and Accountability*

The Community Health Improvement Plan (CHIP) will be monitored bi-monthly by the Healthy Alamance. Frequent monitoring will allow for modification of actions as needed to improve overall results. The INSERT will review the CHIP jointly on a quarterly basis and will revise the plan as needed. Throughout the process continual monitoring will allow for the action steps to be carried out in the plan.

## *CHAPTER 1 - INTRODUCTION*

What is a Community Health Improvement Plan (CHIP)? A Community Health Improvement Plan, or CHIP, is an action-oriented strategic plan outlining the priority health issues for a defined community, and how these issues will be addressed, including strategies and measures, to ultimately improve the health of the community. CHIPs are created through a community-wide, collaborative action planning process that engages partners and organizations to develop, support, and implement the plan. A CHIP is intended to serve as a vision for the health of the community and a framework for organizations to use in leveraging resources, engaging partners, and identifying their own priorities and strategies for community health improvement. This CHIP is intended to help focus and solidify each of our key partner agency's commitment to improving the health of the community in specific areas. The goal is that through sustained, focused effort on this overarching framework, a wide range of public health partners and stakeholders engaged in assessment, planning, and action will be able to document measured improvement on these key health issues over the coming years. The next phase will involve broad implementation of the action plan details included in this CHIP, and monitoring/evaluation of the CHIP's short-term and long-term outcomes and indicators. This 2016 CHIP is focused on creating plans within a six month to three year timeline. The community health improvement process is interactive and involves continuous monitoring; we plan to release an annual update of this document in December 2016, and again in December 2017. The next community health assessment will be conducted in 2018.

### *How to Use this CHIP*

This CHIP is designed to be a broad, strategic framework for community health, and will be a "living" document that will be modified and adjusted as conditions, resources, and external environmental factors change. It has been developed and written in a way that engages multiple voices and multiple perspectives. We are working towards creating a unified effort that helps improve the health and quality of life for all people who live, work, and play in our county. We encourage you to review the priorities and goals, reflect on the suggested intervention strategies, and consider how you can join this call to action: individually, within your organizations, and collectively as a community.

## *CHAPTER 2 – COMMUNITY ASSESSMENT PROCESS*

### *Connection to the Alamance County Community Assessment (CA)*

Community Assessment (CA) is the foundation for improving and promoting the health of a community. Community health assessment, as a process and product, is a key step in the continuous community health improvement process. The role of CHA is to identify factors that affect the health of a population and determine the availability of resources within the county to adequately address these factors.


Healthy People 2020

### *Partners*

| *Organizations* | *Primary Focus or Function* | *Website* |
|---|---|---|
| Alamance County Health Department | Lead Partner | |
| Cone Health-Alamance Regional | Lead Partner | |
| United Way of Alamance County | Lead Partner | |
| Healthy Alamance | Lead Partner | |
| Impact Alamance | Lead Partner | |


9,250
Alamance County children are food insecure
That is equal to the population of the Town of Elon


211


UNTEER.
United Way


Local Context:
Shared Community Vision
& Mission


Got Expired or Unused Medicines?
Take Them To a Medicine Drop Box for Safe, Secure Disposal
conehealth.com/community
SAFE KIDS
Alamance Co. Sheriff's Office • Burlington Police Dept. • Mebane Police Dept.

## *CHAPTER 3 – PRIORITIES*

### PRIORITY AREA # 1: Access to Care

The residents of Alamance County chose access to care as one of three priorities in the 2015 Alamance County Community Assessment, in addition to education and the economy. Access to quality and affordable physical and mental care is affected by provider availability, insurance coverage, transportation, education, and the economy. In other words "Getting There" (transportation), "Having Somewhere to Go" (sufficient providers) and "Paying for It" (insurance coverage) are key contributors to access to care. The lack thereof of these contributors associated with accessing care have been a perennial concern for the residents of Alamance County. Research shows that there is a direct correlation between health, education, and wealth. Physically and mentally healthy students are better able to learn and graduate high school, and can therefore be eligible for post-secondary education opportunities or jobs. These jobs provide livable incomes and a better quality of life and work to eliminate poverty. The income produced feeds back into the county's economy. It is an iterative process.

Alamance County's area medical providers including safety net providers along with other community organizations are working together to address and alleviate the barriers to access to care. The safety net providers include the four Federally Qualified Health Centers (FQHCs) operated by Piedmont Health Services; Alamance Regional Medical Center; Open Door Clinic; Alamance County Health Department, and area mental health providers. These organizations provide care to patients with Medicaid and/or uninsured patients and those who don't have the ability to pay. They are joined by other community organizations, such as the United Way and FAST (Friends and Advocates for Sustainable Transportation), who support the expansion of transportation services. Legal Aid of NC has an important role in expanding access to care through their health insurance navigators who assist people in finding affordable health insurance appropriate to their needs as does Piedmont Health Services. Improvements in medical provider and transportation availability, and increased insurance coverage through the Affordable Care Act and other plans, are important first steps in addressing and decreasing the access disparities which plague this county.

Another important step to improving the health of Alamance County residents came through the development of Alamance Achieves, a cradle-to-career collective impact partnership designed to create sustainable change through education. Though education is the focal point, the health, education, business, and social community of Alamance County recognizes the important role that access to quality physical and mental health, beginning with preconception, plays in kindergarten readiness, literacy skills, graduation rates, and career initiation. Through its process, Alamance Achieves will bring together representatives from multiple sectors of the community to identify resources to support key health indicators.

The community health improvement plan indicators address factors that influence access to care. Our goal is to align community resources in order to increase the number of individuals with access to quality health care through adequate insurance coverage, provider availability, and transportation opportunities. Improving the overall health of the community is of utmost importance.

*Alamance County Health Improvement Process*
*Implementation Plan*

Date Created: 1.10.16 Date Reviewed/Updated:

| PRIORITY AREA: *Access to Care* |
|---|
| GOAL:<br>*Alamance County will implement policies and programs that improve residents' access to high quality comprehensive health care services.* |

| PERFORMANCE MEASURES<br>How We Will Know We are Making a Difference | | |
|---|---|---|
| **Short Term Indicators** | **Source** | **Frequency** |
| *Increase the percentage of adults who have health insurance. (Coverage)* | *DSS/Census* | *Annual* |
| *Decrease the percentage of adults using the Emergency Department for non-acute concerns. (Services)* | *Cone Health-Alamance Regional* | *Annual* |
| *Fewer than 20% of adults will report difficulty accessing dental care due to availability and/or cost.* | *Elon Poll* | *Every three years* |
| *Fewer than 20% of adults accessing mental health due to availability and/or cost* | *Elon Poll* | *Every three years* |
| *Increase the number of access points for public transportation* | *Alamance Regional* | *Annual* |
| **Long Term Indicators** | **Source** | **Frequency** |
| *Increase the number of Alamance County residents who report that they have a primary care medical provider (medical home). (Emerging Access Issues)* | *Healthy Alamance* | *Annual* |
| *Increase number of primary care appointment availability – current total days until third next available appointment (currently 18)* | *Alamance Regional* | *Annual* |
| *Decrease the percentage of disparities by measuring access to care for diverse populations. (Emerging Access Issues)* | *Healthy Alamance Health Department* | *Annual* |

| OBJECTIVE #1:<br>*By 2018, Increase the number of adults who have a specific source of high quality healthcare services (primary and specialty care, dental, behavioral health, health education).* |
|---|
| BACKGROUND ON STRATEGY -<br>Source: Evidence Base*:*<br>Policy Change (Y/N): *Yes* |

ACTION PLAN

| Activity | Target Date | Resources Required | Liaison | Anticipated Product or Result | Progress |
|---|---|---|---|---|---|
| **Identify host organization to serve as clearing house for ACA enrollment.** | Fall 2016 | Alamance County Health Department Elon-Alamance Health Partner | **Alamance County Health Department** | Goal 1: Produce materials designating Health Department's role |  |

| | | | | | |
|---|---|---|---|---|---|
| | | | | Goal 2: Train EAHP | |
| Analysis and education regarding the impact of Medicaid expansion in Alamance County. | 2017 | | Alamance Regional | Goal 1: Analysis of potential health system revenue, job creation and economic impact. Goal 2: White paper for elected officials and others for advocacy. |  |
| Support the expansion of public transit opportunities in Alamance County. | 2016-2017 | Advocacy Coalition<br>Advocacy Training<br>Wellness Collaborative<br>Funds for Shelter Construction | Alamance Regional Initiative for LINK and partners | Goal 1: Construction of three bus shelters/stops at sites serving healthcare needs. Goal 2: Expansion of fixed-route transit to additional municipalities. Goal 3: Additional routes/scheduled stops on commuter transit system. |  |

OBJECTIVE #2:
*By 2018, decrease the percentage of adults using the Emergency Department for non-acute health needs.*

BACKGROUND ON STRATEGY – Increase access to dental care for those most at risk for oral health problems and increase supply of dentists in underserved areas.
Increase the availability of appointments.
Source: Evidence Base:
Policy Change (Y/N): *Yes*

ACTION PLAN

| Activity | Target Date | Resources Required | Liaison to community | Anticipated Product or Result | Progress |
|---|---|---|---|---|---|
| Increase access to dental homes (preventive and maintenance care) and acute dental services for uninsured adults. | 2017 | | Alamance Regional Medical Center | Goal 1: Work with local partners to develop collaborative plan for dental access for preventive, urgent, and emergent care.<br><br>Goal 2: Increase access to urgent dental services for adults through new services at Open Door Clinic.<br><br>Goal 3: Reduce the number of emergency department visits for dental issues by 20%. |  |
| Complete analysis of Emergency Department utilization for non-acute needs. | 2016 | | Alamance Regional | Goal 1: Identify days of week, resident location, health concerns most |  |

| | | | | | |
|---|---|---|---|---|---|
| | | | | likely to generate a non-acute visit. Goal 2: Structured approach to identifying individuals with high utilization of ED visits; evaluation of interventions attempted. Goal 3: Development of community strategy for lowering number of preventable ED visits, | |
| **Create a system of care for the safety net.** | Spring 2017 | Safety Net Providers group and Pediatric Collaborative | **Charles Drew Medical Center Healthy Alamance** | Goal 1: Identify goals regarding care coordination amongst Safety Net group Goal 2: Hold June retreat to refine goals and introduce potential protocols |  |
| **Explore transition care clinics** | Spring 2017 - ongoing | Open Door Clinic Cone Health-Alamance Regional Healthy Alamance | **Healthy Alamance** | Goal 1: Research models like THN and Richmond County |  |

**OBJECTIVE #3:**
*By 2018, increase the proportion of persons who receive appropriate evidence-based clinical preventive services.*

**BACKGROUND ON STRATEGY - Support implementation of community-based preventive services and enhance linkages with clinical care OR Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.**
**Source: US DHHS Recommendations for Clinical Preventive Services**
**Evidence Base: Yes**
**Policy Change (Y/N):** *Yes*

**ACTION PLAN**

| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result | Progress |
|---|---|---|---|---|---|
| **Centering Pregnancy** | 2016 | ACHD Maternity Clinic Program Coordinator | **Alamance County Health Department** | Additional weekly session to accommodate more participants during scheduled prenatal appointments |  |
| **Flu vaccine** | Ongoing | ACHD Flu Clinic NC DHHS Flu medication availability | **Alamance County Health Department** | Community access to flu vaccine through health department and homeless shelter. 90% compliance with all health department clinical staff to |  |

| | | | | | |
|---|---|---|---|---|---|
| | | | | further protect public safety | |
| IUD program | 2016 | | Alamance County Health Department | Increased access to LARCS- same day/next day insertion |  |
| Diabetes Prevention Program | 2016 | | Alamance Regional | |  |
| Cancer screenings | 2017 | | Alamance Regional | |  |
| COPD screenings | 2016 | | Alamance Regional | |  |
| Mammograms and BCCCP | 2016 | | Alamance Regional | |  |
| Oral health screenings for children | 2016 | | Alamance County Health Department | |  |
| Smoking Cessation | 2016 | | Alamance County Health Department | Goal 1: ACHD nurses will attend 5As training Feb & Mar 2016<br>Goal 2: All nurses will provide the 5As during each clinic visit |  |
| Pediatric Nutrition Collaborative | Spring/Summer 2016 | Burlington Peds<br>Kernodle Clinic<br>Health Department (dental, well-child, WIC)<br>FQHC | Healthy Alamance | Goal 1: Custom protocols for addressing at risk BMI's for well-child visits<br>Goal 2: Care coordination regarding preventions for obesity in county |  |
| Alamance Wellness Collaborative | 2015 | | Healthy Alamance | |  |
| Alamance Food Collaborative | 2015 | | Healthy Alamance | |  |

| ALIGNMENT WITH STATE/NATIONAL PRIORITIES | | | |
|---|---|---|---|
| Obj # | Healthiest North Carolina 2020 | Healthy People 2020 | National Prevention Strategy |
| *1* | *Reduce the percentage of non-elderly uninsured individuals (aged less than 65 years).* | *Increase the proportion of children and youth **aged 17 years and under** who have a specific source of* | *Inform people about the range of preventive services they should receive and the benefits of these* |

| | | | |
|---|---|---|---|
| | *(Cross-cutting)* | *ongoing care.*<br>*(AHS – 5.2)* | *services.* |
| *2* | *Decrease the percentage of adults who have had permanent teeth removed due to tooth decay or gum disease.*<br><br>*(Oral Health)* | *Increase the proportion of adults who received preventive interventions in dental offices.*<br>*(OH -14)* | *Reduce or eliminate client out-of-pocket costs for certain preventive services, as required by most health plans by the ACA, and educate and encourage enrollees to access these services.*<br><br>*Establish patient/clinical reminders systems for preventive services.*<br><br>*Offer preventive services* |
| *3* | *Decrease the percentage of pregnancies that are unintended.*<br><br>*(Prevent and Reduce Sexually Transmitted Disease & Unintended Pregnancy)* | *Increase the proportion of persons who receive appropriate evidence-based clinical preventive services.*<br>*(AHS-7)* | *Facilitate coordination among diverse care providers.*<br><br>*Create interoperable systems to exchange clinical, public health, and community data; streamline eligibility requirements; and expedite enrollment processes to facilitate access to clinical preventive services and other social services.* |

| DESCRIBE PLANS FOR SUSTAINING ACTION |
|---|
| Actions addressed in this plan will be sustained by multiple groups. The collaborative nature of our work has made it possible for a member of the Community Assessment team to be involved in each of the initiatives listed. This team will bring in community partners as needed when implementing new plans and will continue to engage with current project teams to stay up to date with program progress.<br><br>Additionally, the community assessment team will report the progress that is made in access to care throughout the community by updating the Health Improvement Process Implementation Plan. This will serve as a "living document" that our team will continue to use throughout the next few years to ensure that steps are being made to improve the health climate and decrease disparities in health access in our community. |

## PRIORITY AREA # 2: Education

The 2015 Alamance County Health Assessment took a new approach in addressing the upstream social determinants of health to improve the health status of our community. Education was chosen as a priority for improvement because research shows that educational attainment is linked to higher income, better employment opportunities, and increased social support that helps individuals to make healthier choices. Improved education allows individuals to be more informed in their healthcare decisions and to have the means and opportunities to practice healthy behaviors.

Alamance County is at a turning point in education with strong community vision and support for education. The alignment of the Community Assessment priority areas with community priority areas will help to leverage resources and create sustainable change. The Board of Education, along with more than 50 business and community leaders worked together to create "A Vision for Public Education" which was launched in April 2013 and will serve as the strategic plan for the public school system over the next ten years. Community funders, such as the United Way and Impact Alamance, are joining together with organizations such as Alamance Community College and The Children's Executive Oversight Committee, to form a collective impact model of shared data analysis and continuous improvement to address challenges in kindergarten readiness, literacy skills, graduation rates, and career initiation. These community groups have worked with the national model, Strive Together, to form a local partnership, Alamance Achieves which conducted the first community leaders input session in February 2016. Alamance Achieves will convene multiple sectors around shared goals for education and align community resources to support key education indicators. This community health improvement process implementation plan will be altered as the collective impact group establishes outcomes and measures for their shared goals for education.

The community health improvement plan indicators address factors that influence educational attainment. Our goal is to align community resources and implement evidenced based programs that will positively change these educational attainment goals and indicators to improve the overall health of our community. We know that health status is highly correlated with a child's educational attainment and we know that health improvements like living in a non-smoking household and born to non-smoking mothers, completions of immunizations, and continual medical visits impacts a child's school readiness and school performance. Additionally, educational opportunities like early childhood literacy exposure and access to high quality education pre-kindergarten environments can dramatically improve a child's performance in school and future opportunity. We also know that students who consistently attend school and meet 3$^{rd}$ and 8$^{th}$ grade reading and math benchmarks do better in school, socially, and have higher educational attainment rates. Improved educational success will give students access to more resources, thus improving their health and the health of the community.

The education improvement plan ties closely to the priorities of our community and uses existing resources to magnify impact. Working closely with Alamance Achieves will ensure that this document and its priorities will maintain momentum as our county works towards improving its education system. The research and data collection provided by existing community resources will help to inform our work and ensure that the actions steps presented in this plan will continue to improve the health status of our county.

*Alamance County Health Improvement Process*
*Implementation Plan*

Date Created: 3/27/2016 Date Reviewed/Updated: 4/12/16

| PRIORITY AREA: *Education* |
|---|
| GOAL: Alamance County will engage and align our community to create pathways so that every child has the opportunity to thrive in their education. |

| PERFORMANCE MEASURES: TBD by Alamance Achieves Outcomes Team | | |
|---|---|---|
| **Short Term Indicators** | **Source** | **Frequency** |
| *Number of children completing immunizations* | *Health Department & Local pediatric offices (office managers)* | *Annual* |
| *Number of parents reporting that they read to their children or reporting that they have improved ways that they are reading to their children* | *Alamance Partnership for Children (Reach out and Read, Imagination Library surveys)* | *Annual* |
| *Amount of time families are on a waiting list to receive childcare subsidies and number of families on waiting list for childcare subsidies* | *Alamance Partnership for Children* | *Annual* |
| *Smoking rates of pregnant mothers and smoking rates within households where children are present* | *Health Department, Department of Social Services* | *(TBD)* |
| **Long Term Indicators** | **Source** | **Frequency** |
| *Grade level proficiency in 3rd and 8th grade reading and math* | *North Carolina Department of Public Instruction, Alamance-Burlington School System* | *Annual* |
| *Four-year cohort graduation rate in Alamance-Burlington Public Schools* | *NC DPI, ABSS* | *Annual* |
| *Scores on Kindergarten readiness assessment for Alamance- Burlington Public Schools* | *NC DPI, ABSS* | *(Exact exam to be determined)* |

**OBJECTIVE #1:**
By 2018, increase early child hood literacy across the county

**BACKGROUND ON STRATEGY:** Education is highly, positively correlated with health outcomes and status. Early literacy is a leading indicator to educational attainment.
**Source:** Robert Wood Johnson Foundation
**Evidence Base:** *Programs like Dolly Parton Imagination Library and Reach Out and Read have national support and strong data collection methods.*
**Policy Change (Y/N):** *Yes, funding for programs that demonstrate success and creating of a community wide literacy council.*

**ACTION PLAN**

| Activity | Target Date | Resources Required | Liaison | Anticipated Product or Result | Progress |
|---|---|---|---|---|---|
| Expand Reach Out and Read to the majority of medical care providers with large pediatric populations.<br><br>Currently in:<br>Burlington Pediatrics East<br>Burlington Pediatrics West<br>Kernodle Clinic Pediatrics<br>Mebane Pediatrics<br>KidzCare<br>Health Department<br>Open Door Clinic (3 sites)<br><br>Missing two pediatric offices | 2018 | Funding for Reach Out and Read Physician and Medical Care Provider Support | Impact Alamance and United Way will work with Dr. Carol and Reach Out and Read NC | Reaching all children with Reach Out and Read in Alamance County through pediatric visits.<br><br>According census July 1st 2014, there were 10,882 0-5 year olds in Alamance county |  |
| Build home libraries for Alamance County children through expanding Imagination Library. | 2018 | Funding for Imagination Library | Impact Alamance and United Way will work with Alamance Partnership for Children | Goal is saturation of Alamance County so that every child age 0-5 will receive a new, developmentally appropriate book each month. |  |
| Increase offerings of programs like the Book Mobile and Little Free Libraries. | 2018 | Funding and support to expand programs | Impact Alamance and United Way will work with Libraries, Alamance Partnership for Children, local funders | Increased access to literacy rich home environments for children. |  |
| Form a community "Literacy Council". | 2018 | Community convening, school system support | United Way Education Council:<br>Alamance Burlington School System, Healthy Alamance, Alamance County Partnership for Children, Alamance County Public Libraries | Increased promotion of literacy rich areas within the county and increased education of community as to benefits of increased literacy rates. |  |
| Identify evidenced based strategies that work to improve childhood literacy in Alamance County. | 2018 | Research into what is working in our county to improve literacy and kindergarten | Alamance Achieves | Improve literacy rates will translate to improved kindergarten readiness and |  |

| | | | | | |
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| | | readiness | | educational achievement. | |

| OBJECTIVE #2:<br>*By 2018, decrease wait times to access quality pre-k and childcare* | | | | | |
|---|---|---|---|---|---|
| **BACKGROUND ON STRATEGY:** Quality early childhood care improves health, social, and emotional outcomes for children.<br>**Source:** *National Association for the Education of Young Children*<br>**Evidence Base:** Quality care includes interactive, stimulating, literacy rich educational environments like Outdoor Learning Environments and are correlated with positive childhood educational outcomes<br>**Policy Change (Y/N):** *Yes: funding for childcare and support of quality pre-k and OLE's.* | | | | | |
| ACTION PLAN | | | | | |
| **Activity** | **Target Date** | **Resources Required** | **Liaison** | **Anticipated Product or Result** | **Progress** |
| Fund improvements to childcare centers to achieve higher star rating-environment of childcare center and educational attainment of providers. | 2018 | Funding and cooperation between childcare centers. | Alamance Achieves<br><br>Department of social services<br><br>Alamance Partnership for Children<br><br>Alamance community college early childhood education center | Increased access to quality childcare will decrease disparities amongst our population and improve kindergarten readiness. |  |
| Increase number of outdoor learning environments in the county. | 2018 | Alamance Community College Early Childhood courses and funding for new OLE's | Alamance Achieves<br>Alamance County Partnership for Children<br><br>Alamance Community College<br><br>Impact Alamance | More OLE's across the county will increase access to stimulating environments for children. Location for OLE's will help to eliminate disparities in access to education rich environments. |  |
| Increasing pre-K opportunities across the county. | 2018 | Funding for programming | Alamance Achieves<br>Alamance-Burlington School System,<br>Alamance County Partnership for Children,<br>Funders within the County | Increasing access to pre-k opportunities will ensure that more children are in licensed, regulated care and are preparing for kindergarten |  |
| Decrease wait times to access childcare. | 2018 | Increase in availability of licensed, regulated care. Improved methods of education around the benefits of licensed childcare facilities to parents and their children. | Alamance Achieves<br>Health Department<br>Department of Social Services<br>Alamance Partnership for Children<br>Alamance Community College | By decreasing wait times for childcare subsidies and increasing the availability of childcare, we expect to decrease disparities in kindergarten readiness. |  |
| Increase the number of childcare center personal trained in Triple P positive | 2018 | Funding for training | Health Department | Triple P is an evidenced based practice that has been successful in our county, expansion will |  |

| | | | | | |
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| parenting techniques. | | | | allow more childcare providers to have access to this model. | |
| Identify evidenced based strategies that increase access and affordability of quality childcare. | 2018 | Research by numerous community organizations. Funding to support identified projects. | Alamance Achieves | |  |

**OBJECTIVE #3:**
*By 2018, Improve attendance rates across all schools*

**BACKGROUND ON STRATEGY:** School attendance impacts a child's ability to succeed in school
Source: Department of Education
**Evidence Base:** Attendance is a leading indicator of educational success. When students miss days in the classroom they fall behind and often fail to catch up.
**Policy Change (Y/N):** *Yes, need policy and IT systems changes*

**ACTION PLAN**

| Activity | Target Date | Resources Required | Liaison | Anticipated Product or Result | Progress |
|---|---|---|---|---|---|
| Implement policy around attendance that impacts students, parents, and other systems tied with education. | 2018 | School system data, school system advocacy, community advocacy | Alamance Achieves<br>Danielle Woodall- ABSS lead social worker | Reduced absenteeism, reduced dropout rates, improved test scores |  |
| Improve data tracking in absenteeism rates. | 2018 | School system<br>Community support | Alamance Achieves<br>ABSS<br>Funding organizations within the county | Systems and technological equipment to track, monitor, and intervene will help to identify trends in absenteeism and inform intervention methods. |  |
| Implement programs that address causes of absenteeism: transportation, access to health services, and accessibility of walkways to schools. | 2018 | School system and community support | Alamance Achieves<br>ABSS/ Community Wide | Addressing absenteeism will help to remove disparities and improve educational attainment across the county |  |

**ALIGNMENT WITH STATE/NATIONAL PRIORITIES**

| | Healthy North Carolina 2020 | Healthy People 2020 | National Prevention Strategy |
|---|---|---|---|
| Obj #1 | | Document and track population-based measures of health and well-being for early and middle childhood populations over time in the United States. | |

| | | | |
|---|---|---|---|
| | | EMC-1(Developmental) Increase the proportion of children who are ready for school in all five domains of healthy development: physical development, social-emotional development, approaches to learning, language, and cognitive development<br><br>EMC-2.3Increase the proportion of parents who read to their young child | |
| Obj #2 | | DH-20Increase the proportion of children with disabilities, birth through age 2 years, who receive early intervention services in home or community-based settings<br><br>ECBP-1.1(Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in all priority areas<br><br>ECBP-1.7(Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in inadequate physical activity<br><br>ECBP-1.8(Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in dental and oral health | Early Childhood Development: Comprehensive, Center-Based Programs for Children of Low-Income Families—<br><br>Recommendations to promote healthy social environments. |
| Obj #3 | Increase the four-year high school graduation rate.<br><br>Increase the percentage of children aged 19-35 months who receive the recommended vaccines. | SDOH-2Proportion of high school completers who were enrolled in college the October immediately after completing high school.<br><br>AH-5.1Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade | Evaluating coordinated school health programs as an intervention to reduce school dropout rates. Coordinated school health programs include: Comprehensive school health education Health Services Physical Education Nutrition services Mental health and social services Staff wellness Family/community involvement A healthy and safe environment<br><br>- Establishing an evidence base for community health and education policy interventions to determine their impact and effectiveness. |

| | | | |
|---|---|---|---|
| | | | - Increasing the number and skill level of community health and other auxiliary public health workers to support the achievement of healthier communities. |

| DESCRIBE PLANS FOR SUSTAINING ACTION |
|---|
| Actions addressed in this plan will be sustained by multiple groups. The collaborative nature of our work has made it possible for a member of the Community Assessment team to be involved in each of the initiatives listed. Additionally, each one of the Community Assessment team members will have a place in the Alamance Achieves team and will use this connection to continually inform the work of the Community Health Improvement Plan. This team will bring in community partners as needed when implementing new plans and will continue to engage with current project teams to stay up to date with program progress.<br><br>Additionally, the community assessment team will report the progress that is made in education throughout the community by updating the Health Improvement Process Implementation Plan. This will serve as a "living document" that our team will continue to use throughout the next few years to ensure that steps are being made to improve the education climate and decrease disparities in educational attainment in our community. |



## PRIORITY AREA #3 Economic Issues

Community leaders agree that addressing the social determinants of health (for example: poverty, educational attainment, housing etc.) are a necessary first step in improving population health and eliminating disparities. Vulnerable populations and communities often experience disparities; that is,

they have poorer outcomes than other segments of the population. Research shows that our physical environment, social and economic factors, clinical care, and our behaviors affect health outcomes. Poor family support, poverty, unemployment, and low educational attainment can result in limited access to healthcare. Equitable and stable communities provide individuals and families with safe and affordable housing, access to quality education and the supports needed to lead a healthy life. Due to housing cost burden, after paying rent, many low-income families may not have enough money to cover their essential needs, foregoing healthy foods or medical care, which can lead to higher costs down the road. Housing cost burden can push families into substandard conditions (overcrowding, mold, pests, and other unfavorable conditions) that can have a negative impact on health outcomes. The availability of quality, affordable housing is a public health concern.

People with higher educational attainment and higher income levels have lower rates of chronic disease and generally live longer compared to those living in poverty. Higher income, in turn, creates opportunities for people to live in neighborhoods that facilitate a healthy lifestyle (for example: sidewalks, parks, full service grocery stores or outlets offering fresh produce). Education provides a pathway to employment and often results in increased earning power for graduates.

In 2014 the City of Burlington participated in an Analysis of Impediments and Assessment of Fair Housing. An Access to Opportunity index was completed which identified 15 census tracts scoring below average as areas of concern. Low-opportunity areas are concentrated in East and North Burlington, creating a disparity between these areas and West Burlington. West Burlington is home to the majority of employment centers, health care facilities and pharmacies, general shopping, fresh foods, and quality housing stock. Existing medical providers are not located in areas that have easy access. Currently, there is no public transit in Burlington. Thus, the location of these resources is a major barrier. A shortfall in quality affordable housing in high-opportunity areas of the city also makes it difficult to obtain safe living environments that also provide access to healthcare, food, and employment. Goals in the City's Comprehensive Plan have identified these barriers and proposed the encouragement of appropriate land uses to ensure basic services are provided equitably. This would include: the development of basic community health services; the development of healthy, local-source food stores; development and redevelopment efforts that include appropriate open space amenities; and ensuring an appropriate mix of uses is supported in neighborhood center districts.

**Date Created: February 9, 2016 (April Durr)** **Date Reviewed/Updated: Mar. 29- April 18, 2016 (Heidi Norwick, April Durr)**

| **PRIORITY AREA:** *Local Economy (Economic Issues)* |
|---|
| **GOAL:** *Alamance County will implement policies and programs that are aimed to improve the local economy and reduce disparities.* |

| **PERFORMANCE MEASURES**<br>**How We Will Know We are Making a Difference** | | |
|---|---|---|
| **Short Term Indicators** | **Source** | **Frequency** |
| *Unemployment Rates* | *NC Dept. of Commerce* | *Monthly* |
| *Unemployment Benefits & Financial Assistance (actively seeking employment or in school)*<br>- *Food Insecurity / SNAP*<br>- *Work First* | *NC Dept. of Commerce & Ala. Co. Dept. of Social Services* | *Monthly* |
| *Job Growth & Creation* | *Ala. Co. Chamber of Commerce* | *Annually* |
| *Skilled Labor Force (job readiness/adult education)* | *Ala. Co. Chamber of Commerce & Ala. Community College* | *Annually* |
| *Median Household Income /Living Wage Standard*<br>- *Prevalence of Savings Accounts* | *US Census – American Community Survey & NC Budget & Tax Center* | *Annually* |
| *Childcare Subsidy (eligible/waitlist)* | *Ala. Co. Dept. of Social Services* | *Quarterly?* |
| *Transportation* | *LINK Transit* | *TBD?* |
| *VITA EITC & TAX Return Rates* | *UWAC* | *Annually* |
| **Long Term Indicators** | **Source** | **Frequency** |
| *Aligning wages to housing costs* | *US Census – American Community Survey* | *Annually* |
| *Number of renters experiencing housing cost burden (paying over 30% of income for housing expenses)* | *US Census – American Community Survey* | *Annually* |
| *Homeownership rates (foreclosures)* | *US Census – American Community Survey & Realtytrac.com* | *Annually* |
| *Homelessness rates* | *Allied Churches of Ala. Co. & ACICHA* | *Annually* |

**OBJECTIVE #1:**
*Decrease the percentage of people spending more than 30% of their income on rental housing. Expand affordable housing opportunities in higher opportunity areas.*

**BACKGROUND ON STRATEGY – Housing affordability is a problem that affects mostly low-income individuals and families. People with limited income may have problems paying for basic necessities, such as food, heat, and medical needs. In addition, people with limited incomes may be forced to live in substandard in an unsafe environment. 33% of population in Burlington (largest city in county) are renters. A 2-bedroom rental apartment at FMR ($695) requires 1.8 full time jobs to afford.**
**Source: Evidence Base:** *Analysis of Impediments and Assessment of Fair Housing (Piedmont Triad Region, 2014)*
http://www.ci.burlington.nc.us/DocumentCenter/View/7201
**Policy Change (Y/N): Yes**

| Activity | Target Date | Liaison | Anticipated Product or Result | Progress |
|---|---|---|---|---|
| Increase affordable mixed-use and mixed-income housing options in downtown and higher opportunity areas (with accessible transportation) | 2018 | **ACICHA**<br>*City of Burlington* | Identify/monitor at-risk properties<br>Map inventory of unsafe/abandoned properties<br>Host an annual housing tour<br>Identify ways to revitalize neighborhoods |  |
| Amend the zoning ordinance to permit single-room occupancy (SRO) or micro-units as an affordable housing option for single persons, regardless of income. | 2018 | **City of Burlington** | New Zoning Ordinance |  |
| Update plans and policies to incorporate the designation of developable parcels along major corridors and near existing/emerging employment centers as appropriate for multi-family housing. | 2018 | **City of Burlington** | Policy Change |  |
| Partner with Graham Housing Authority to reach out to private landlords in higher opportunity areas to accept Section 8 Housing Choice Vouchers. | 2018 | **ACICHA**<br>*Graham Housing*<br>*Private Landlords* | Increase Section 8 Housing Options<br>Decrease homelessness |  |
| Expand Rapid Rehousing and Rent Stabilization programs. | Ongoing | **Allied Churches of Ala. Co.**<br>*United Way of Ala. Co.* | Additional Landlords/Property Management Companies offer Rent Stabilization<br>DeBoer Gabriel remain engaged |  |

| | | | | |
|---|---|---|---|---|
| | | | Decrease homelessness | |
| Establish discretionary funds earmarked for affordable housing projects. | 2018 | **City of Burlington** | A Fund is established<br>Funds are earmarked |  |
| Establish a voluntary program that rewards/recognizes new housing developers that dedicate a percentage of units at FMR. | 2017 | **ACICHA** | Research other areas |  |
| Increase job development and training in low and moderate income neighborhoods. | Ongoing | **Ala. Chamber**<br>*Ala. Community College*<br>*Goodwill*<br>*ACICHA*<br>*LINK Transit* | Establish workforce development centers<br>Increase skilled workforce<br>Increase job opportunities |  |
| Increase LINK Transit capacity to include additional municipalities as well as evening/weekend service hours. | Ongoing | **FAST**<br>*LINK Transit*<br>*Public Transit Advisory Commission* | Graham Service<br>Mebane Service<br>Elon Service<br>Evening Hours<br>Weekend Hours |  |
| Research Food Deserts and address disparities (housing re-development projects are not eligible for funding if located more than 2 miles from a full service grocery store). | 2018 | **Alamance Food Collaborative**<br>*ACICHA*<br>*City of Burlington* | Map Food Deserts<br>Map full service grocery stores<br>Map sidewalks<br>Map LINK Transit Routes<br>Increase Farmers Markets<br>Increase Community Gardens |  |
| Establish a 501c3 Community Development Corporation or Commission to oversee housing and redevelopment projects. | 2020 | **ACICHA** | Research other areas<br>*Reference* http://community-wealth.org/strategies/panel/cdcs/index.html<br>*Example* *http://www.cdcli.org/* |  |

**OBJECTIVE #2:**
*Decrease the percentage of individuals living in poverty.*

**BACKGROUND ON STRATEGY – In general, increasing income levels correspond with gains in health and health outcomes – especially at the lower end of the income scale. People in poverty have the worst health, compared to people at higher income levels. For example, compared to their counterparts, people in poverty are more likely to have chronic illnesses and be in poor or fair health. The newest data (2015) reports that a living wage for Burlington is $13.37.**
**Source: Evidence Base***: Census* http://quickfacts.census.gov/qfd/states/37/37001.html
**Policy Change (Y/N):**

| Activity | Target Date | Liaison | Anticipated Product or Result | Progress |
|---|---|---|---|---|
| Establish supports for families to get his or her high school diploma or GED and pursue higher education. | Ongoing | **Ala. Community College**<br>*United Way of Ala. County*<br>*Ala. Co. Public Libraries* | Increase community based GED programs |  |
| Increase Childcare Subsidy programs for low income children (for working families & teen parents to support employment & education) | Ongoing | **Smart Start**<br>*Ala. Co. Dept. of Social Services* | Increase enrollment for children in regulated childcare programs |  |
| Develop (& support) learn and earn partnerships between community colleges, high schools, and local industry. | Ongoing | **Ala. Co. Chamber of Commerce**<br>*ABSS*<br>*Ala. Community College*<br>*Business/Industry* | Increase enrollment for children in learn and earn programs |  |
| Provide outreach to employees regarding applying for Earned Income Tax Credit and to low income families about Volunteer Income Tax Assistance. | Ongoing | **United Way of Ala. Co.**<br>*Elon University*<br>*AARP/Senior Ctr*<br>*Williams HS* | Increase capacity for local VITA programs<br>Increase individuals served through VITA<br>Increase funds coming into Ala. Co. through EITC and tax returns |  |
| Support public policies that create new jobs and provide worker education and training, as well as worker supports – such as childcare. | Ongoing | **United Way of Ala. Co.**<br>*Ala. Community College* | Research other areas |  |
| Establish a voluntary program that rewards new businesses that pay a living wage to employees. | 2018 | **ACICHA** | Research other areas |  |

## Attachment 1:
## Hospital & Public Health Requirements related to Implementation Planning

Not-for-profit hospitals have particular requirements related to community health improvement. In terms of an Implementation Strategy, those requirements include:

- Adopt a written Implementation Strategy to address the community health needs identified during the assessment
- Describe how the hospital will address the needs
- Adopt a budget for the provision of services that address the identified needs
- Describe any planned collaboration to address the needs
- Execute the implementation strategy

Public health departments seeking national accreditation need to meet the specific requirements for an implementation plan outlined in Public Health Accreditation Board (PHAB) Standard 5.2.2L. Those requirements include:

- Community health priorities, measurable objectives, improvement strategies and performance measures with measurable and time-framed targets.
    - Strategies should be evidence based or promising practices (using sources such as the National Prevention Strategy, Guide to Community Preventive Services, and Healthy People 2020)
- Policy changes needed to accomplish health objectives
- Individuals and organizations who have accepted responsibility for implementing strategies.
- Measurable health outcomes or indicators to monitor progress.
- Alignment between the community health plan and the state and national priorities (and tribal where appropriate).
- Provide a report documenting progress implementing the community health improvement plan. (See 5.2.3A)

## Attachment 2:
## Link Between Template Implementation Plan and Logic Model

The template implementation plan provided here is intended to follow a typical logic model by providing a structure to move from a broad goal to intermediate accomplishments or outcomes and then to very concrete strategies and action steps. Because different models/tools use different language, this crosswalk is provided to illustrate the link between the language used in this template implementation plan and that used in a logic model.

| Template Implementation Plan Category | Logic Model Category |
|---|---|
| Goal …….. | Long Term Outcome |
| Long Term Indicators …….. | Mid-Term Outcomes |
| Short Term Indicators…….. | Mid-Term Outcomes |
| Objectives …… | Short-Term Outcomes |
| Anticipated Product/Results …… | Outputs |
| Resources Needed …….. | Inputs |