Northeastern North Carolina Partnership for Public Health: A Historical Overview

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The Rationale and Process in the Formation of the Northeastern North Carolina Partnership for Public Health

What is now known as the Northeastern North Carolina Partnership for Public Health (NENCPPH) began in July 1999, spearheaded by Bill Burgess and Curtis Dickson, then Health Directors of the Martin-Tyrrell-Washington (MTW) District Health Department and the Hertford-Gates District Health Department, respectively. The original focus of the collaboration between these two Health Directors involved securing funding for their public health clinics. This focus was quickly expanded, however, as other Health Directors in the region were contacted. This Partnership thus began as a collaborative effort between 10 health departments covering 18 counties in Northeastern North Carolina, for the purpose of improving the health of the residents in this region by pooling the resources and services of these local health departments.[1] These counties included Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Edgecombe, Gates, Halifax, Hertford, Hyde, Martin, Northampton, Pasquotank, Perquimans, Tyrrell, Warren, and Washington. Pamlico joined in 2004. The health directors of these counties realized their communities suffered similar public health challenges and recognized the need to develop regional approaches for addressing the daunting challenges facing their communities and for providing the core public health functions – assessment of needs, policy and program development, and assurance of services. This realization was the impetus to form a regional Partnership.[2]

Northeastern North Carolina not only had significantly higher mortality rates from illness and disease as compared to the other parts of the state but included some of the most economically depressed (Tier One) counties. Of the 19 counties who have been members of the NENCPPH, 13 (68%) of them were designated as Tier One[1] and, based on the most recent 2014 numbers, an even greater proportion of the NENCPPH member counties are now designated Tier One (85% - 8 of 13).[3] In addition, Northeastern North Carolina showed consistently higher incidence and mortality rates for chronic disease, sexually transmitted diseases, and cancer than the rest of the state.[4] Thus, the reduction of health disparities on all levels (geographic, socioeconomic, and racial) in the region has been the overarching focus of the NENCPPH since its inception, being specifically addressed through several NENCPPH initiatives, such as the Diabetes Sentinel Program, Eliminating Health Disparities Initiative, and Heart Disease and Stroke Prevention Program. Studies consistently show a positive correlation between economic health and physical health,[5] and the poor have higher mortality rates for all major causes of death and categories of health problem.[6] It has now become increasingly clear that collaboration between public health professionals and organizations as well as other government organizations is necessary to make more efficient use of resources and achieve better health outcomes.[5] However, a regional collaboration between public health agencies and health departments in 1999 was a novel concept and offered an innovative approach to providing core public health services. The NENCPPH was on the forefront of the current movement toward public health collaboration and proved to be a successful model for others to follow. The health directors of the Northeastern region realized that the formation of a voluntary collaborative was the best way to maximize their impact on the health of their residents in this largely rural area with a high rate of poverty, a high rate of uninsured, and limited resources. Ultimately, this mission of the new Partnership was summed up in its vision statement, “Healthy Communities Through Public Health

Collaboration".[7] The NENCPPH sought to accomplish this mission by sharing resources as well as best practices and services to address the public health problems common to the region. Consolidation of the resources and talents of public health personnel from various counties within the region allowed the local health departments to achieve greater efficiency and effectiveness from their common public health initiatives.[1] Additionally, each county made a different contribution to the Partnership, so that each was doing their part to make the NENCPPH successful. For example, Albemarle Regional Health Services (ARHS), which encompassed seven counties in the region, and the Dare County Department of Public Health generally had more resources and their Health Directors had more political connections than their counterparts in the region. At the other end of the spectrum, Edgecombe County usually had the health statistics to help leverage funding for the regional initiatives.

The formation of the NENCPPH allowed the health departments in Northeastern North Carolina to achieve economies of scale and to maximize individual health department capacity by facilitating the delivery of services between counties, the sharing of staff, and the delegation of administrative and financial oversight and program management responsibilities. The NENCPPH provided a cost-effective way to implement and deliver public health interventions and to pilot best-practice models via Interlocal Agreements between the counties, without requiring any change in governing structures, allowing each health department to maintain their autonomy. This maintenance of autonomy, while still enjoying the benefits of collaboration, was a major selling point for membership in the NENCPPH to the Health Directors in the region. Due to the level of poverty and the high rate of uninsured in the region, the local health departments were in high demand as the provider of last resort, with the residents heavily reliant upon the health departments in their counties for basic health care services, in addition to the core public health functions their departments were mandated by law to carry out. Despite the legal mandate to provide core public health functions, however, North Carolina did not provide funding to the local health departments specifically earmarked for this purpose. Thus, the newly formed Partnership immediately used their increased leveraging power to seek legislative funding as well as grant funding to help Northeastern North Carolina to provide these essential core public health functions. The Health Directors believed that if they could demonstrate successful implementation of a regional approach to the delivery of core public health functions that the state legislature would finally agree to adequately fund these essential functions through the local health departments. However, the arrival of Hurricane Floyd in Northeastern North Carolina in September 1999 and the subsequent massive cleanup forced the new Partnership to put the formal planning process on hold. During this time, the Health Directors maintained their commitment to the NENCPPH through telephone and email contact until they finally met again in February 2000 at Catherine's Restaurant in Ahoskie. The experience of Hurricane Floyd only reinforced the need for regional collaboration and core public health resources. The North Carolina Division of Public Health (NCDPH), the North Carolina Institute for Public Health (NCIPH), and the School of Global Public Health at the University of North Carolina (UNC) offered their support of the new Partnership and, in July 2000, the NENCPPH received a $70,000 planning grant from Kate B. Reynolds (KBR) Charitable Trust. These funds, along with state public health funds and membership dues, kept the fledgling Partnership intact and allowed it to make progress towards its agreed upon goals.

The NENCPPH subsequently applied for and received the "Northeastern North Carolina Network for Core Public Health and 'Essential Functions'" federal grant from the Human Resources and Services Administration (HRSA) in May 2002. This was the first public agency grant of its type and the first horizontally integrated network grant ever awarded. The NENCPPH received a total of $600,000 through May 2005 to fund their demonstration project to explore a regional approach to the efficient and effective delivery of core public health functions. These grant funds allowed the NENCPPH to hire a full-time regional epidemiologist and regional health disparities gap coordinator as well as a half-time project director. The regional epidemiologist with the help of contracted graduate students from the UNC School of Global Public Health conducted a regional assessment of health disparities, from which the Partnership selected three priority health issues - diabetes, HIV/AIDS, and heart disease/stroke - for which to focus their programming efforts.[2] The NENCPPH staff then conducted targeted epidemiologic assessments of these selected public health priorities. Not only did the county-level data compiled by the regional epidemiologist benefit the local health departments in program planning, but the epidemiologic training in outbreak investigation and the use of Epi Info software further strengthened the epidemiologic capacity the local health departments. NENCPPH, in a joint effort with the North Carolina Office of Minority Health (NCOMH), also coordinated the first regional "Eliminating Health Disparities" conferences of their kind, held in Fall 2004 and 2005. Epidemiologic and cultural diversity and sensitivity trainings were also very important outputs of the HRSA grant funding.

The efforts of the NENCPPH did not go unnoticed, and the Partnership was recognized by the North Carolina Public Health Association (NCPHA) for their contribution to the improvement of local public health through a regional approach to the provision of core public health functions, receiving the "Partners in Public Health Distinguished Group Award" in September 2003. Even more importantly, as it became evident through the HRSA-funded Demonstration Project that a regional approach to the efficient and effective delivery of core public health functions was indeed possible, the NENCPPH in a joint effort with the North Carolina Institute for Public Health successfully secured funding from the state legislature to support public health incubators throughout North Carolina, beginning in the 2004-2005 fiscal year. With the support of the state legislature and the stroke of a pen, The North Carolina Public Health Incubator Collaboratives had been born. Several more Public Health Incubators were established throughout the state, using NENCPPH as the template, as voluntary collaborations between local health departments for the purpose of pursuing collaborative solutions to common public health issues and leveraging the resources for implementation of those solutions, while providing core public health services more efficiently and more effectively in the underserved regions of the state. There are now six Public Health Incubators spread throughout the state of North Carolina, including:

- Central Partnership for Public Health
- Northeastern North Carolina Partnership for Public Health
- Northwest Partnership for Public Health
- South Central Partnership for Public Health
- Southern Piedmont Partnership for Public Health
- Western Partnership for Public Health

The NENCPPH has been involved in a number of activities since its inception including, but not limited to, the development and implementation of various public health prevention and awareness programs in the region, such as a diabetes awareness campaign, a Diabetes Sentinel Project, an Eliminating Health Disparities Initiative, a Health In Motion mobile clinic, a Heart Disease and Stroke Prevention (HDSP) Program, teen and college tobacco-free initiatives and, most recently, a Healthy Lifestyle Choices Promotion. The NENCPPH has also developed and implemented smaller public health initiatives, such as a regional prostate awareness multimedia campaign. Additionally, the NENCPPH provided leadership in the formation of the Eastern Carolina HIV/AIDS Partnership and has been active in promoting Quality Improvement (QI) within the local health departments and improving disease surveillance in the region. The NENCPPH has also been actively involved in the improvement of the regional public health infrastructure in other ways, such as in the provision of hand-held Geographic Information System devices to the local health departments and in the assessment of information technology usage so as to explore opportunities for resource sharing and collaboration in making necessary improvements. These public health initiatives played a significant role in the improvement of the public health infrastructure in the region as well as an improvement in health education and public health resources available to the residents of the region. Many of the health directors contend that most of these programs and initiatives would not have been possible if the local health departments had been working alone since, historically, Northeastern North Carolina was a much neglected region in both the political and the corporate realms. The NENCPPH provided a collective voice, strength in numbers, thereby increasing the leveraging power necessary to obtain the additional funds necessary to make these public health initiatives a reality. The Partnership allowed the local health departments to accomplish together what none of the health departments separately had the resources to accomplish alone. Thus, in addition to utilizing the incubator funds provided by the legislature, many of these projects and public health interventions have been funded by various federal and state grants in addition to private foundations and state agencies.

Some less tangible benefits of the Partnership have been mentioned by the Health Directors since its inception. The ability to network and to build relationships with other Health Directors in the region, the ability to share information, resources, and best practices, and the increased opportunities to address public health issues on a regional level versus a county level are the most commonly mentioned benefits of membership in the NENCPPH. Many of the Health Directors also mentioned the benefit that came from being able to share staff expertise. Because of the rural nature of the region and the budgetary constraints of its health departments, it has historically been hard to find and retain qualified staff, so the sharing of expertise when it was found has been a major benefit of the Partnership. Most recently, the regional infrastructure and relationships that had been developed over the preceding decade between the health departments of the Northeastern region perfectly poised the NENCPPH to take full advantage of a regional initiative when it became available, i.e. the Community Transformation Grant Program.

It would be disingenuous to say that there have not been challenges to the maintenance and growth of the NENCPPH over the course of its existence, however. In the beginning, of course, there were turf concerns. Health Directors wanted to be sure the autonomy of their health departments would be maintained. With these concerns coupled with the involvement of many strong personalities, it took some time to build the trust necessary to develop a cohesive unit.

Many of the Health Directors agree that the regularly held strategic planning sessions and retreats were instrumental in building up trust between the members and in developing the cohesiveness necessary to find common ground and to generate a collective focus on public health issues as they affected the region. The Health Directors spoke of a framework that was put into place early on to address any potential competition between Partnership and County when it came to application for grant funding. This framework laid out a formal algorithm that the Board of Directors used to look at grant opportunities, from both regional and county perspectives, allowing them to decide how to best proceed, individually or collectively, for a particular funding opportunity. This framework is still in place today. Another major challenge involved the establishment of membership fees and dues. While most of the counties have seen, and continue to see, a positive return on investment (ROI) in the NENCPPH, especially the smaller counties, others have not seen as good of an ROI. This has resulted in the withdrawal of several counties from the Partnership over the years – Halifax, the MTW District, Pamlico, and Warren. Changes in leadership of the local health departments have also challenge the structure of the NENCPPH. A knowledge depletion results, and there is often a lull in participation from that particular health department until a new Health Director is in place, as the interim health directors may not be able to be active participants in the activities of the NENCPPH. The Partnership is currently experiencing just such a transition, with the retirement of several long-term Health Directors within just the past year. In addition, much of the funding for past initiatives has come to an end, and the Partnership is making decisions on how to best move forward and address the public health issues of today. In 2012, the NENCPPH conducted an updated Regional Health Assessment with the aid of a graduate student from East Carolina University (ECU), from which they selected three new public health priorities - healthy weight, substance abuse, and vaccine-preventable diseases. The most recent health initiative, the Healthy Lifestyle Choices Promotion, emphasizes healthy weight. The NENCPPH has also decided to implement the Faithful Families Eating Smart Moving More Program regionally to address obesity. In regards to substance abuse, a team of individuals was assembled and attended the Injury-Free NC Academy in September 2013 to focus on prescription drug poisoning and overdose. The group focused mostly on awareness and on increasing the number of prescribers and dispensers registered in the Controlled Substance Registry System. Finally, a regional immunization workgroup and a regional immunization conference were held, providing increased knowledge as well as a forum to discuss ways of increasing vaccination rates in the region.

There has been a shift in recent years from the days of employing several regional staff to conduct regional initiatives to a much smaller model, where the Partnership only keeps a part-time Coordinator in place while utilizing more agency or local health department staff to improve the health of the communities in the region. Much of this shift has been necessitated by a reduction in funding at the state level as well as a change in direction on the state level in regards to public health. NENCPPH currently exists as a voluntary collaboration between 7 local health departments in Northeastern North Carolina that cover 13 counties: Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Edgecombe, Gates, Hertford, Hyde, Northampton, Pasquotank, and Perquimans – as well as the NCDPH, the School of Global Public Health at UNC, and the Department of Public Health at ECU. The NENCPPH is currently governed by a board consisting of the director of each local health department as well as representatives from the NCDPH, UNC, and ECU. Membership dues and per capita fees currently support the

Partnership,[1] while continued incubator funding from the NCIPH allows the NENCPPH to fund supplemental activities, such as public health trainings and conferences as well as graduate interns for special projects.

Common Billing Initiative

Description: The impetus for the NENCPPH Common Billing Initiative was to explore the possibility of establishing centralized billing for the Partnership health departments. The first step in this process involved a third-party analysis by Dixon Hughes PLLC of local health departments' billing processes for both public health services (all 11 health agencies) and home health/hospice services (only 6 of the health agencies). This analysis found that each of the local health departments were at different levels in terms of expertise, ability, and available tools so, instead of establishing centralized billing, the decision was made to mobilize second-level staff in each member health department to form internal work groups, whose purpose would be to prioritize the recommendations made in the final report and to create a timeline with assigned responsibilities to implement the recommended changes on both a regional level as well as locally, in each individual health department. State consultants were brought in to help with the planning and implementation of the recommended changes to assure compliance with state and federal agreements, rules, and policies. The most significant accomplishment of this initiative involved the creation of a best practices manual. The standardization of billing processes not only resulted in reduction of employee turnover by offering consistent guidelines and expectations for the billing personnel, thus improving their working conditions, but also minimized the revenue loss that often accompanied the lack of training or expertise due to high employee turnover. Even though all the goals and objectives of the initiative were ultimately accomplished and the initiative officially terminated, the network of professionals established as a result of the initiative still exists, availing themselves to each other to brainstorm solutions and troubleshoot problems.

Start Date: December 2004
End Date: October 2009

Counties Involved: ARHS (Bertie, Camden, Chowan, Currituck, Gates, Pasquotank, Perquimans), Beaufort, Dare, Edgecombe, Halifax, Hertford, Hyde, MTW District, Northampton, Pamlico, and Warren.

Goal: The goal of the NENCPPH Common Billing Initiative was to improve efficiency of and maximize revenue from member health departments' billing processes.

Objectives:

- Provide an overview of current billing operations.
- Identify areas of potential improvement.
- Create incentives for future strategic planning.
- Serve as a basis for determining areas of focus in revenue generation, expense reduction, and optimal staffing.

Outputs/Outcomes Resulting From Implementation:

- The final Dixon Hughes report indicated six common areas of improvement throughout the member health departments:
    - Basic ICD-9 Coding Principles and Application
    - Common Medicare Services and Billing Requirements
    - Development of detailed policies and procedures covering all steps in the Revenue Cycle Management process, manually and electronically, especially with self-pay clients.
    - Development of a monthly reporting package, to be monitored by each Health Director.
    - Education in Nurse Practitioner billing for Medicare and private pay services.
    - Education on the health department's software system for reporting and trend analysis information.
- The NENCPPH allocated $5000 in incubator funds to aid in the creation of uniform procedures and standards in common services that would benefit all health departments involved in the Partnership. This investment resulted in -
    - Significantly increased reimbursement rates throughout the NENCPPH region.
    - Creation of a best practices manual (covering billing and coding issues, performance benchmarks, alerts to problem areas), which has become a valuable resource and training tool throughout the NENCPPH region.
- **Specific Projects:**
    - 2005 – Hertford began participating in the North Carolina Local Government Debt Setoff Clearinghouse Program to aid in the collection of delinquent debt.
    - 2006 – Hertford instituted a Billing Production Bonus Program for all billing personnel to reward exceptional collection efforts of their staff members.
    - By Mar 2006, the following improvements had been completed or were in process:
        - Encounter Forms – In Process
            - ✓ Assurance of correct usage of ICD-9 codes.
            - ✓ Hertford, Dare, and Hyde
        - Income Verification - Completed
            - ✓ Development of "Proof of Income" form, rather than "Declaration of Income" form. Standardization of "Proof of Income" form still required.
            - ✓ Hyde, Beaufort, and MTW
        - Internal Controls – Completed
            - ✓ Development of standardized listing of adjustment codes.
            - ✓ Restriction on number of staff allowed to make adjustments.
            - ✓ Northampton and Halifax
        - Charge/Data Posting – In Process
            - ✓ Recommendation to develop committee for the review, the establishment, and the justification of rates, as required for accreditation.
            - ✓ Dare and MTW
        - Payment Posting – Completed

        - ✓ Establishment of procedure to post payments daily, as required by the state.
        - ✓ Pamlico and Beaufort
    - Accounts Receivables Follow-up – In Process
        - ✓ Continued education of staff in regards to accounts receivables management.
        - ✓ Billing issues, such as incorrect usage of ICD-9 codes, to be corrected.
        - ✓ Denial tracking education to be implemented.
        - ✓ Investigating electronic billing options for health departments.
        - ✓ Insurance contracts to be reviewed.
        - ✓ Reviewed North Carolina Local Government Debt Setoff Clearinghouse Program.
        - ✓ Edgecombe and Halifax
    - Medicare Billing – Completed
        - ✓ Development of process for use of free Medicare billing software.
        - ✓ MTW and Dare
    - Medicaid Billing – In Process
        - ✓ Educating staff on Medicaid billing process and denials.
        - ✓ ARHS and Hertford
- October 2009 – NENCPPH participation in a special billing conference, "Addressing Medical Billing Challenges in Public Health".

Funding Source, If Available: There was no outside funding source or grant received to cover the costs of this project. This project was paid for with incubator funds.

Lead: Anne Thomas, Health Director for Dare County Public Health Department

Diabetes Awareness Campaign

Description: Prompted by the findings of the Regional Diabetes Report in 2004, which included the lack of a multimedia approach to the delivery of health messages,[8] the NENCPPH sought and received funds to conduct a two-year multimedia diabetes awareness campaign, primarily targeting the African-American community. During the Spring 2005, diabetes education as well as physical activity and nutrition marketing was initiated in about 30 African-American churches, utilizing posters and newsletter inclusions. Television and radio spots as well as billboard advertising were also utilized. Spring 2006 saw the additional distribution of posters and/or banners to the region's schools, grocery stores, and health departments. Lewis Advertising in Rocky Mount, NC developed all the media utilized during this campaign and negotiated all media buys, ultimately netting NENCPPH $21,000 of added value ("free media").

Start Date: Spring 2005
End Date: Spring 2006

Counties Involved: ARHS (Bertie, Camden, Chowan, Currituck, Gates, Pasquotank, Perquimans), Beaufort, Dare, Edgecombe, Halifax, Hertford, Hyde, MTW District, Northampton, Pamlico, and Warren.

Goals/Objectives: The goal of the NENCPPH Diabetes Awareness Campaign was to increase regional awareness of diabetes prevention and obesity reduction, particularly among the African-American community.

Outputs/Outcomes Resulting From Implementation: Specific outputs of the campaign consisted of:

- 18 billboards
- 10 radio stations
- 6 cable channels
- 8 inserts for church bulletins

In the first year alone, approximately 3,152,950 media impressions resulted from the multiple media buys.

Funding Sources: North Carolina General Assembly via the North Carolina Institute for Public Health ($300,000 - $150,000/yr x 2 yrs).

Diabetes Sentinel Program

Description: Shortly after the NENCPPH completed its Regional Assessment of Health Disparities in 2003, the Board selected diabetes as one of its three public health priorities for the development of regional public health initiatives.[2] Not only did the regional health assessment find diabetes to be one of the leading causes of death in Northeastern North Carolina but it showed that diabetes had one of the largest health disparities compared to the state as a whole. The mortality rate from diabetes as the primary cause of death was 15% higher in Northeastern North Carolina than in the entire state. Of even further concern, the African-American community in the Northeastern region of the state bore a disproportionate amount of disease burden, with mortality rates from diabetes for both men and women almost twice that of corresponding state rates. These numbers were especially concerning, as African-Americans make up less than half (42%) of the population of Northeastern North Carolina.

In the NENCPPH 2004 Regional Diabetes Report, several gaps in the diabetes prevention programs of the region's member health departments were noted, especially at the primary level in the lack of community-level interventions.[8] This assessment prompted NENCPPH to conduct multimedia diabetes awareness campaigns, primarily targeting the African-American community. The Diabetes Sentinel Program built upon these social marketing campaigns to address the social norms of the African-American community through a culturally sensitive community-level intervention. The Diabetes Sentinel Program was the first coordinated multi-county, multi-level diabetes prevention initiative targeting a minority population in Northeastern North Carolina, accomplished through partnerships with many of the region's African-American churches. The program sought to reduce obesity and prevent diabetes through diabetes education and lifestyle modification in the African-American community. The specific components of the program utilized to accomplish the program's specific goals and objectives included diabetes education workshops and maintenance support sessions, screening and risk assessments, exercise regimens, nutrition partnerships with regional food markets (particularly those targeting the African-American community), regular community events focused on healthy lifestyles and activities, youth involvement, and policy-level interventions at both the local and regional levels. The purpose of the policy level interventions was twofold – to increase awareness of diabetes prevention as well as to encourage health-centric policies and to create changes in the environment that would make it easier for members of the community to choose healthy living.

Start Date: July 1, 2006
End Date: December 1, 2009

Counties Involved: ARHS (Bertie, Camden, Chowan, Currituck, Gates, Pasquotank, Perquimans), Beaufort, Dare, Edgecombe, Halifax, Hertford, Hyde, MTW District, Northampton, Pamlico, and Warren.

Goals: The goals of the NENCPPH Diabetes Sentinel Program were twofold. The primary goal of the project involved increasing the capacity within the region to prevent, diagnose, and medically manage diabetes among African Americans in Northeastern North Carolina. The secondary goal involved reducing health disparities within the region through the formation of

health-based partnerships between the faith community and public health providers to facilitate diabetes prevention, outreach, and policy change.

Objectives: The objectives of the Diabetes Sentinel Program covered three areas: education, prevention, and disease self-management. The individual objectives were broken down, as follows:

- Education
    - Conduct formal diabetes education to 400 members of the target population through the provision of 57 (3 per county) diabetes education workshops, conducted at local churches or other community facilities by the end of the first year.
        - Identify and establish relationships with church partners.
        - Develop culturally appropriate training materials.
        - Identify lay health advisors within each church.
        - Conduct workshops or health literacy on lifestyle modifications, cooking classes, and other related topics.
        - Identify role models for behavior change component and begin story dissemination.
        - Conduct quarterly screening drives at local churches to identify at-risk participants for Youth Sentinel case management.
    - Recruit and train 20 youth from partner churches as Youth Sentinels in diabetes prevention strategies to assist with blood sugar testing drives, workshops, and to assist project staff with various aspects of project implementation.
        - Identify and recruit youth participants for program.
        - Conduct training workshops with youth on nutrition, exercise, diabetes 101, and leadership development.
        - Conduct youth-led health drives, community exercise fairs, build walking trails, and the like.
        - Add youth to policy boards and develop a youth policy committee.
    - Establish 12 church partners as Diabetes Prevention Centers by the end of the first year. Establish 50 Diabetes Prevention Centers by the end of the project period.
        - Establish criteria for Diabetes Prevention Center qualification.
        - Assist church leaders with certification.
    - Establish a working advisory board of community members to reduce health disparities related to diabetes in North Carolina by the end of the first year.
        - Identify and recruit community members to form advisory board.
        - Conduct quarterly meetings.
        - Develop local and regional policy recommendations.
- Prevention
    - Increase by 20% the number of at-risk program participants who exercise according to the American Diabetes Association recommendations by the end of the first year.
        - Establish baseline data and begin recruitment of participants for exercise component.

        - Train participants in exercise regimens, develop incentive plans, and provide logbooks and equipment as needed.
        - Coordinate group activities such as fun walks, walking trails, and other community-based activities.
    - Increase by 20% the number of at-risk program participants who modify their diet consistently by the end of the first year.
        - Establish baseline data on weight/body mass index, dietary practices, and barriers to a healthy diet.
        - Implement culturally appropriate nutritional literacy workshops to improve nutritional literacy among participants.
        - Conduct cooking and shopping workshops with participants.
        - Develop healthful food policies at churches to model healthy choices.
- Disease Self-Management
    - Increase the proportion of the target population with diabetes who has glycosylated H1C evaluation annually by the end of the project period.
        - Establish baseline and seek annual increase of 20%.
        - Implement diabetes resource awareness projects to increase awareness of these resources to target population.
        - Coordinate semi-annual evaluation drives with diabetic participants.
        - Develop collaborations with area health providers, clinics, and hospitals to assist diabetic participants with accessing diabetes-related healthcare.
        - Develop liaisons with healthcare providers to increase providers' cultural knowledge and sensitivity to affect patient compliance with blood sugar monitoring.
    - Increase the proportion of the target population who has an annual dilated eye exam by the end of the project period.
        - Establish baseline and seek annual increase of 20%.
        - Develop comprehensive resource list of area ophthalmologic and optometric resources.
        - Coordinate and conduct quarterly eye exam drives.
        - Develop liaisons with optometric providers to increase providers' cultural knowledge and sensitivity to affect patient compliance in getting annual eye exams.
    - Increase the proportion of the target population with diabetes who has an annual foot exam by the end of the project period.
        - Establish baseline and seek annual increase of 20%.
        - Develop comprehensive resource list of area podiatrists and podiatric resources.
        - Coordinate and conduct semi-annual foot exam drives.
        - Develop liaisons with podiatric providers to increase provider cultural knowledge and sensitivity to affect client compliance in getting annual foot exams.

Outputs/Outcomes Resulting From Implementation: The Diabetes Sentinel Program was implemented in 27 churches throughout 15 counties within the Partnership region. However, by the end of the grant funding period, 25 churches in 13 counties had continued in the program.

The primary outcomes of the program were to increase knowledge and to improve health-seeking behavior and lifestyle choices related to diabetes among at-risk members of the target population. Some key indicators showing the success the program included the following outputs and outcomes:

- 85 youth and lay health advisors trained
- 27 church policy advisory boards created
- 60% lost weight
- 27% increased fruit and vegetable intake
- 72% increased amount of physical activity
- 200+ educational workshops
- 100 youth-led events
- 150 community events
- 1000 screened for diabetes risk
- 680 screened for high blood pressure
- 49 environmental changes implemented in participating churches
- 31 policies developed and adopted by participating churches

The long-term outcomes of the program were to be sustainable change in awareness, education, and lifestyle choices related to diabetes among African Americans in Northeastern North Carolina and the formation of faith-based partnerships to solidify these changes. The first of these faith-based partnerships to launch a certified Diabetes Prevention Center was Indian Woods Missionary Baptist Church in Bertie County, in February 2008. During the subsequent year-and-a half, 16 more certified Diabetes Prevention Centers were established throughout the region's Partnership counties. A Diabetes Sentinel Program Planning and Resource Guide was developed to ensure sustainability of the program in participating churches after the exhaustion of grant funds, as well as to act as a guide for new churches to establish their own diabetes prevention programs.

Funding Sources: "Elimination of Health Disparities Initiative" grant from the Health and Wellness Trust Fund (HWTF) Commission ($800,000 - $266,667/yr X 3 yrs). A six-month extension was approved at the end of the grant period, to allow leftover funds to be utilized.

Lead: Erin Riddle
Support Staff: Shenae Godley, Arthenia Booth

Disease Surveillance Monitoring

In June 2012, the Board of Directors for the NENCPPH decided it was necessary to strengthen disease surveillance in each of their member health departments. In September 2012, local health department staff along with a couple of members of the board met with Bill Cleve, the epidemiologist at the Vidant Medical Center in Greenville, as well as Amy Ising, Director of NC DETECT, to address this issue. This group generated a list of health indicators for monitoring the NENCPPH region rates as compared to the state and developed a set of reporting requirements to provide a standard report to each of the member health departments. In addition to increased awareness of disease surveillance issues, this regional collaboration resulted in each county in the region receiving expanded weekly disease surveillance reports from Bill Cleve as well as annual disease surveillance reports from NC DETECT, beginning with 2008-2012. The next report, 2008-2013, will be released in spring 2014.

East Carolina HIV/AIDS Partnership

Shortly after the NENCPPH completed its Regional Assessment of Health Disparities in 2003, the Board selected HIV/AIDS as one of its three public health priorities for the development of regional public health initiatives.[2] The incidence rate of HIV/AIDS in the region was 27% higher than the state incidence rate in 2003, having steadily increased since 1999. In addition, the health disparities associated with HIV/AIDS were staggering, with 83% of new HIV/AIDS cases among African-Americans, even though African-Americans account for only 42% of the region's population. The incidence rate among African-American men was 7.4 times greater than that among white men, while black women fared even worse, with an incidence rate 15.4 times that of white women. Six of the 19 Partnership counties were found to be among the top 25 out of 100 North Carolina counties regarding incidence of HIV/AIDS, while nine other counties were among the top 50 counties.

In the NENCPPH 2004 Regional HIV and AIDS Report, several gaps in the HIV/AIDS prevention programs of the region's member health departments were noted at all levels – primary, secondary, and tertiary. This assessment prompted NENEPPH to find ways to address the gaps in HIV/AIDS prevention, screening, and care that existed in the Partnership counties. A major issue in the region involved the large amount of late testing, as 40% of HIV cases in Northeastern North Carolina were identified only after progression to AIDS.[9] At this time, four separate regional consortia existed. In 2005, the NENCPPH provided leadership in the five-month strategic planning process for a new HIV Care Consortium to cover 27 counties in the Eastern North Carolina region. The purpose of this new consortium was to provide an integrated approach to HIV clinical care, care case management, and prevention services throughout the entire region, as a better way to maximize resources and enhance systems of care for a specific common public health issue. Eventually, this collaborative partnership between 27 counties in Eastern North Carolina came together as the Eastern Carolina HIV/AIDS Partnership, utilizing the infrastructure already in place under the former Partners In Action Care Consortium. In 2009, the consortium model of HIV care underwent a transition to the Network of Care model. A need assessment was conducted by the state in 2009, in which it was determined that the Network of Care model offered a better approach to HIV care, since HIV/AIDS had progressed to being managed as a chronic disease rather than as a terminal illness. The Eastern Carolina HIV/AIDS Partnership was therefore dissolved, and the Region 9 Network of Care for HIV was established in its place.

Eliminating Health Disparities Initiative

Description: The overarching focus of the NENCPPH since its inception has been the reduction of the geographic, socioeconomic, and racial health disparities present in Northeastern North Carolina. In September 2003, NENCPPH published the Regional Assessment of Health Disparities Report. Several health conditions, namely heart disease, stroke, HIV/AIDS, and diabetes, stood out not only for the burden of disease they brought to the region but also for the geographic, gender, and racial disparities associated with the morbidity and mortality from these particular conditions. For example, the mortality rate from heart disease was 11% higher in Northeastern North Carolina than throughout the rest of the state and, while the mortality rate from stroke was similar to that of the state, the racial disparity in this region for this cause of death was staggering. The mortality rate from stroke for black males was 48% higher than for all males throughout the state, and the mortality rate from stroke for black females was 18% higher than for all females throughout the state. Geographic disparity in mortality from HIV/AIDS was also noted in the report, with the mortality rate 45% higher in Northeastern North Carolina than the rest of the state. However, the racial disparity within the region for HIV/AIDS was even more disturbing than that seen for stroke. The incidence and mortality rates for black males were 114% and 191% higher, respectively, than for all males throughout the state. The incidence and mortality rates among black females versus all females throughout the state were even greater, at 142% and 235% respectively. Finally, the racial disparity in diabetes mortality was huge as well, with mortality rates among black males and black females 89% and 92% higher, respectively, than males and females throughout the entire state.[4] Out of the 18 health conditions assessed in the report, 17 showed geographic disparities, and 13 showed racial/gender disparities in comparison to state rates.[2]

At the 2005 Regional Health Disparities Leadership Conference, the following Call to Action recommendations were put forth and became the framework for the Eliminating Health Disparities Initiative:

- Increase awareness of health and services disparities, especially disparities related to race/ethnicity, disability, and socioeconomic status.
- Communicate, document, and champion best practices in eliminating health disparities.
- Promote, develop, and enhance community's capacity to engage in healthy living and eliminating health disparities.
- Monitor progress towards eliminating health disparities.
- Promote customer friendly services that meet the needs of underserved populations, i.e. low-income and minority groups.
- Increase resources and investments to eliminate health status gaps.
- Build, support, and fully utilize diverse workforce capacity of working in cross-cultural settings.
- Identify and advocate for public policies that aid in closing the health status gap.
- Demonstrate accountability and ownership of health outcomes.

Health educators from each of the 11 health departments in the Partnership had been chosen to act as liaisons between the Partnership and community partners, to implement health disparity

programs and events throughout the NENCPPH region, and to attend quarterly diversity and cultural competence and sensitivity trainings. These local representatives became known as Disparity Gap Coordinators and made up the Partnership's Health Disparities Advisory Committee. The members of this committee continued in their roles after the Eliminating Health Disparities Initiative began, and a Regional Disparities Coordinator was brought in to lead this committee. The responsibilities of the Regional Disparities Coordinator included coordinating the quarterly trainings, producing a regional health disparities newsletter, planning regional leadership conferences, conducting community focus groups, and development of the Eastern Health Network. The Eastern Health Network was a collaborative endeavor to facilitate cooperation between the local health departments and various community and government entities for the purpose of eliminating health disparities by sharing resources and increasing capacity and infrastructure across county lines. Community focus groups were conducted in churches within Beaufort, Bertie, Northampton, Hertford, and Edgecombe Counties in order to gain community input regarding the health status of their respective communities to aid in the development of the Eastern Health Network.

Start Date: July 1, 2006
End Date: July 8, 2011

Counties Involved: ARHS (Bertie, Camden, Chowan, Currituck, Gates, Pasquotank, Perquimans), Beaufort, Dare, Edgecombe, Halifax, Hertford, Hyde, MTW District, Northampton, Pamlico, and Warren.

Goals: The goal of the NENCPPH Eliminating Health Disparities Initiative was to increase regional awareness of existing health disparities within the region and to support the efforts of the local Disparity Gap Coordinators in developing solutions to close these gaps in disease morbidity and mortality.

Objectives: The objectives of the Eliminating Health Disparities Initiative included the following:

- To create an Eastern North Carolina Health Network, through collaboration between health agencies and faith-based organizations as well as local schools, governments, and churches.
- To increase awareness of regional health disparities, especially those found in HIV/AIDS and diabetes morbidity and mortality rates.
- To address regional health disparities through collaboration, research sharing, and development of promising service models.
- To reduce health disparities in the 19 counties of the NENCPPH region.
    - To reduce the onset of type 2 diabetes by 10% among minority group populations, by 2010.
    - To reduce cancer deaths by 10% among minority population groups via early detection, by 2010.
    - To reduce heart disease and stroke by 10% among minority population groups, by 2010.

    - To reduce the number of new HIV cases by 10% among minority population groups, by 2010.
- To form collaboration with The Kidney Foundation.
    - To implement education programs and screening for kidney disease.
    - To reduce the mortality rate from diabetes and chronic kidney disease among African-Americans in North Carolina to the target level found in North Carolina Healthy People 2010.

Outputs/Outcomes Resulting From Implementation:

- Quarterly regional newsletter, "Giving Clarity to Disparities" to share health disparity events conducted throughout the NENCPPH region.
- Quarterly cultural sensitivity and health disparities trainings for Disparity Gap Coordinators.
- Educational presentations and awareness events
    - Power to End Stroke program
    - Healthy cooking demonstrations
    - Peer Power program
    - Eat Smart, Move More
    - RESPECT sessions (concerning HIV/AIDS)
    - Weight Wise sessions
    - Physical activity and nutrition
    - Smoking cessation
- Health fairs and screenings
    - Blood pressure
    - Glucose
    - Cholesterol
    - HIV/AIDS
    - Kidney disease
    - Breast and cervical cancer
- Advocated for healthy eating policies and 100% smoke-free tobacco policies.
- Partnerships with the Towns of Norlina, Warrenton, and Macon to build community walking trails.
- Partnership with Town of Ahoskie to build a community recreational center.
- Conducted focus groups to collect the quantitative data necessary to aid in the development of the Eastern Health Network.
    - Bertie County
    - Hertford County
    - Edgecombe County
    - Northampton County
    - Beaufort County
- Creation of Steering Committees to aid in the development of the Eastern Health Network.
    - Hertford County
    - Beaufort County

- "Northeastern North Carolina Putting Together the Pieces..A Call to Action to Eliminate Health Disparities 2007", the regional action plan.
- June 2011 - 4th Annual Health Disparities Leadership Conference, "Bringing Communities Together…Connecting the Pieces", in Williamston, NC (~100 participants)
- July 2011 - "A Call to Action", an evaluation of the regional action plan.

Funding Sources, if available:

- "Community-Focused Eliminating Health Disparities Initiative" planning grant from the North Carolina Office of Minority Health and Health Disparities (OMHHD) to fund Disparity Gap Advisory Council (consisting of the 11 disparity gap coordinators) activities surrounding the operationalization of the first five of nine key recommendations to eliminate health disparities put forth by the North Carolina Department of Health and Human Services ($19,948 – 7/1/06 through 6/30/07).
- "Closing the Gap" grant from NCOMHHD to aid in the elimination of regional health disparities ($80,000/yr X 3 yrs - 7/1/07 through 6/30/10).
    - An additional $6,000 provided during fiscal year 2007-08 for enhanced education and outreach media campaign.
    - An additional $13,273 provided during fiscal year 2008-09 for enhanced education and outreach media campaign.
    - An additional $12,000 provided during fiscal year 2008-09 to facilitate the development of community partnerships and collaborations.
- "North Eastern Partnerships to Eliminate Health Disparities" grant from OMHHD to facilitate the establishment of a health ministry within Indian Woods Ministries, Inc. ($12,000 – 4/9/09 through 9/30/09).
- "Closing the Gap II" grant from OMHHD to continue the initiative to eliminate regional health disparities ($100,000/yr X 3 yrs – 7/1/10 through 6/30/13). Funding for this grant was terminated prematurely, effective 7/8/11, due to changes enacted by the North Carolina legislature.

Lead: Crystal Dempsey

Epidemiologic Capacity of Local Health Departments

One of the original goals of the NENCPPH was to strengthen the epidemiologic capacity of the local health departments. In 2002, the NENCPPH received funding to hire a full-time regional epidemiologist, who was kept on staff for several years, until funding for the position ran out in 2006. The epidemiologist was responsible for conducting epidemiologic investigations of regional health issues, updating and distributing county-level health data, and providing technical assistance and training to the local health departments. According to a current and a former member of the governing board, the training they received in outbreak investigation and in the use of Epi Info software proved especially useful on the local level, since even larger health departments often do not have the resources to keep an epidemiologist on staff.

Regional health assessments were conducted in this effort as well, with the county-level data obtained proving especially useful to the local health departments. The first group of health assessments was conducted under the umbrella of the staff epidemiologist, while the latest regional assessment was conducted with the help of a graduate student from East Carolina University. The NENCPPH used the data from these assessments to aid in prioritizing regional public health issues and for writing regional grant proposals. Information from the assessments also helped the NENCPPH decide what types of interventions would be most effective in addressing the public health priorities chosen by the board. Several assessments have been published by the Partnership since its inception and include the following:

- Health in Northeastern North Carolina: Assessing Health Disparities of an 18-County Region (2003)
    - Compiled as a baseline assessment of regional health status.
    - Included ARHS (Bertie, Camden, Chowan, Currituck, Gates, Pasquotank, Perquimans), Beaufort, Dare, Edgecombe, Halifax, Hertford, Hyde, MTW District, Northampton, and Warren.
    - Funded by a federal grant from HRSA, given to address regional health disparities and improve the health status of the region.[4]
- Diabetes in Northeastern North Carolina (March 2004)
    - Compiled to assess the regional disease burden of diabetes as well as the strengths and weaknesses of existing intervention programs throughout the member health departments.
    - Included ARHS (Bertie, Camden, Chowan, Currituck, Gates, Pasquotank, Perquimans), Beaufort, Dare, Edgecombe, Halifax, Hertford, Hyde, MTW District, Northampton, and Warren.[8]
    - Also funded by the above-mentioned HRSA grant.
- HIV and AIDS in Northeastern North Carolina (December 2004)
    - Compiled to assess the regional disease burden of HIV/AIDS as well as the strengths and weaknesses of existing intervention programs throughout the member health departments.
    - Included ARHS (Bertie, Camden, Chowan, Currituck, Gates, Pasquotank, Perquimans), Beaufort, Dare, Edgecombe, Halifax, Hertford, Hyde, MTW District, Northampton, Pamlico, and Warren.[9]

    - Also funded by the above-mentioned HRSA grant.
- Cardiovascular Disease in Northeastern North Carolina (March 2005)
    - Compiled to assess the regional disease burden of cardiovascular disease as well as the strengths and weaknesses of existing intervention programs throughout the member health departments.
    - Included ARHS (Bertie, Camden, Chowan, Currituck, Gates, Pasquotank, Perquimans), Beaufort, Dare, Edgecombe, Halifax, Hertford, Hyde, MTW District, Northampton, Pamlico, and Warren.[10]
    - Also funded by the above-mentioned HRSA grant.
- Health in Northeastern North Carolina: Regional Health Assessment of a 15-County Region (2012)
    - Compiled to update the original assessment performed in 2003.
    - Included ARHS (Bertie, Camden, Chowan, Currituck, Gates, Pasquotank, Perquimans), Beaufort, Dare, Edgecombe, Halifax, Hertford, Hyde, Northampton, and Warren.
    - Funded by North Carolina Institute for Public Health and compiled by a graduate student from the ECU Department of Public Health.[11]

Health in Motion: A Mobile Clinic and HIV Outreach

Description: Shortly after the NENCPPH completed its Regional Assessment of Health Disparities in 2003, the Board selected HIV/AIDS as one of its three public health priorities for the development of regional public health initiatives.[2] The following year, the NENCPPH published its Regional HIV and AIDS Report, in which it was noted that the incidence rate of HIV/AIDS in the region was 27% higher in 2003 than that of the state, having steadily increased since 1999. In addition, the health disparities associated with HIV/AIDS were staggering, with 83% of new HIV/AIDS cases among African-Americans, even though African-Americans account for only 42% of the region's population. The incidence rate among African-American men was 7.4 times greater than that among white men, while black women fared even worse, with an incidence rate 15.4 times that of white women. Six of the 19 Partnership counties were found to be among the top 25 out of 100 North Carolina counties regarding incidence of HIV/AIDS, while nine other counties were among the top 50 counties.

Further noted in the Regional HIV and AIDS Report, several gaps in the HIV/AIDS prevention programs of the region's member health departments were noted at all levels – primary, secondary, and tertiary. This assessment prompted the NENEPPH to find ways to address the gaps in HIV/AIDS prevention, screening, and care that existed in the Partnership counties. Even though Hertford County Public Health Authority did have an on-site Infectious Disease Clinic, two major challenges to HIV care existed in Northeastern North Carolina – lack of transportation to access clinic services as well as a continued large amount of late testing, with 40% of HIV cases not being identified until AIDS had already developed. Much of this was a result of the stigma associated with the disease, as potential clients feared identification if they visited the health department.[9] In June 2005, the North Carolina General Assembly allocated funds to the NENCPPH for the purchase of a regional HIV medical van and operational planning support. What was to become known as the Health in Motion Van was an innovative solution to the challenges in addressing this complex community public health issue. It was managed by the NENCPPH staff under the umbrella of the Infectious Disease Clinic in Hertford County. The purpose of the mobile clinic was to provide medical and dental services to people living with HIV/AIDS at non-traditional locations, in areas where HIV/AIDS care services did not currently exist. Four locations were chosen to cover not only the 19 Partnership counties but other counties outside the Partnership, covered by the Eastern Carolina HIV/AIDS Partnership. The locations chosen to set up the Health in Motion van were in Beaufort County, Bertie County, Dare County, Halifax County, and Pasquotank County (Elizabeth City) due to their lack of HIV/AIDS care services and their proximity to other counties in need of these services. For a short time, Lenoir County served as an additional mobile van site. Mobile clinics were held at each site every three months, and the mobile clinic provided HIV/AIDS awareness through education and outreach, HIV testing, and HIV counseling as part of general health screenings. The general health screenings included screening for and education about cholesterol, diabetes, and hypertension in addition to HIV/AIDS. Offering HIV testing and counseling as just one part of a general health screening as well as appropriately "cloaking" the van served to eliminate some of the stigma and fear attached to HIV/AIDS that had been contributing to the large amount of late testing in the region. With the establishment of the Region 9 Network of Care for HIV in 2009, the NENCPPH involvement with Health in Motion ended. The Health in Motion

Van continued, however, under the umbrella of the Hertford County Public Health Authority. Due to the tremendous success of the van, the program continues into the present, still managed and entirely funded by Hertford County Public Health Authority through its general funds as well as dedicated grant funding, though on a smaller scale due to a reduction in the grant funding component. Site visits to Halifax and Beaufort Counties were eliminated after the establishment of the Region 9 Network of Care for HIV, since the clients residing in those counties could receive services through the Network of Care. Dental services were also eliminated as a result of these funding cuts.

Start Date: January 2006
End Date: June 2009

Counties Involved: ARHS (Bertie, Camden, Chowan, Currituck, Gates, Pasquotank, Perquimans), Beaufort, Dare, Edgecombe, Halifax, Hertford, Hyde, MTW District, Northampton, Pamlico, and Warren.

Goals: The goal of the NENCPPH Health in Motion program was to expand capacity by providing HIV primary care services to individuals residing in the region who face barriers to accessing care, such as lack of transportation and/or the stigma associated with their diagnosis, and who have fallen out of care.

Objectives: The objectives of mobile van initiative were twofold, involving services and outreach, and were broken down as follows:

- Services
    - To provide health screening throughout the NENCPPH region.
    - To deliver primary medical HIV care to select regional care sites.
    - To provide HIV prevention education.
    - To provide case management and outreach services to identified patients.
    - To sponsor stakeholder meetings to coordinate service efforts.
- Outreach
    - To raise awareness of HIV/AIDS.
    - To increase the number of people who know their status.
    - To identify clients in need of HIV care services.

Outputs/Outcomes Resulting From Implementation: The first mobile site visit occurred in Bertie County on 2/16/2007. During the duration of NENCPPH involvement, two mobile clinics were held each month, in addition to the two fixed clinics, with dedicated lab days each week. At the time of the first mobile site visit, the fixed site clinic in Ahoskie boasted 65 clients. By September 2008, Health in Motion boasted 108 active clients as well as 20 dental clients. In addition, the staff administered 1063 HIV screening tests during this one-and-a-half year period.

The first outreach activities were held 1/31/2007 and 2/7/2007 in Ahoskie at the local Walmart and at Elizabeth City State University, respectively, the latter in honor of National Black AIDS Awareness Day. In Ahoskie, Health in Motion staff saw 19 clients and conducted 8 HIV tests. At the ECSU site, the staff saw 16 clients and conducted 12 HIV tests. All of the ECSU clients

received HIV pre-test counseling. Stakeholder meetings were held on a regular basis to ensure HIV care services continued to meet the needs of the region.

Funding Sources:

- Unexpended funds from the North Carolina General Assembly via HRSA to purchase a mobile van ($150,000) and provide operational planning and support ($40,000) in January 2006.
- Unexpended funds from Ryan White Title II funding to augment current funding of primary medical and dental care project ($282,129 – 1/2006).
- "Eliminating the Gap Initiative" planning grant from the NCOMH to create a primary prevention program for HIV Disease in African-Americans ($5,000 – 12/2005).
- The Ryan White Primary Medical and Dental Care Project grant from the NCDPH, the HIV/STD Prevention and Care Branch, to help support the medical van for HIV care and outreach ($265,000 - 7/1/06 through 6/30/07).
- HIV Van Augmentation grant from KBR Charitable Trust Funds to help support the medical van for HIV care and outreach ($207,069 X 3 years - 7/1/06 through 6/30/09).

Current Coordinator: Tiffany Sewell

Health Lifestyle Choices Promotion

During late 2012 to early 2013, the Board of Directors for the NENCPPH began discussion regarding a collective application to the Community Transformation Grant Program (CTGP) for Region 9. All NENCPPH counties were invited to apply collectively for grant funds from this program. However, Beaufort County decided to apply with their own assigned region, as did Halifax and Warren Counties. Edgecombe County decided to apply with Region 9 instead of their own assigned region in consideration of their successful history of working with the other counties of NENCPPH. The CTGP is administered by the Centers for Disease Control and Prevention (CDC) and made possible through the Affordable Care Act's Prevention and Public Health Fund. The CDC awarded $7,466,092 to the NCDPH[12] for disbursement throughout the state via 10 distinct regions to fund public health programs aimed at reducing chronic disease and health disparities, promoting healthy lifestyles, and controlling health care spending. The public health objectives of Region 9 focus specifically on initiatives aimed at promoting healthy eating, tobacco-free living, and active living by increasing the availability of locally grown produce and products via farmers' markets and stands, through implementation of tobacco-free policies, and by increasing joint-use agreements.[13] In October 2013, the NENCPPH received a grant for $27,185 to target obesity in their region by promoting healthy lifestyle choices, i.e. healthy eating and active living. The Partnership will accomplish this goal via a multimedia awareness campaign utilizing billboards, gas pump toppers, and newspaper ads. This multimedia campaign is expected to commence spring 2014.

Heart Disease and Stroke Prevention Program

Description: Shortly after the NENCPPH completed its Regional Assessment of Health Disparities in 2003, the Board selected heart disease and stroke as one of its three public health priorities for the development of regional public health initiatives.[2] Heart disease and stroke were found to be among the leading causes of death in Northeastern North Carolina, as they were throughout the entire state. However, the similarity in the numbers stopped there. The mortality rate from heart disease was 11% higher in Northeastern North Carolina than in the state as a whole and, while the mortality rate from stroke was similar to that of the state, the racial disparity for this cause of death was staggering. The mortality rate from stroke for black males was 48% higher than for all males throughout the state, and the mortality rate from stroke for black females was 18% higher than for all females throughout the state.[4]

In the NENCPPH Regional Cardiovascular Disease Report in 2005, several gaps in the heart disease and stroke preventions programs of the region's member health departments were noted. One surprising finding noted in the report involved the low percentage of residents who knew the signs and symptoms of a heart attack and stroke (11% and 16%, respectively). Increasing awareness of the signs and symptoms of a heart attack and stroke, thus, became a key priority of the Heart Disease and Stroke Prevention (HDSP) Program. There were several other gaps noted in the Cardiovascular Disease Report, and these were also addressed by the HDSP Program. Some of these included the implementation of secondary prevention programs to control blood pressure and cholesterol levels among the regional population, the improvement in the emergency response for heart attack and stroke calls, the improvement in the quality of care for cardiovascular disease, and the elimination of health disparities among population groups, particularly as it concerned stroke.[10] While the initiative began with a primary prevention focus, this focus shifted over time to a greater focus on secondary prevention. The CDC Million Hearts Initiative, with their focus on the ABCS of cardiovascular disease, as well as the American Heart Association's Get with the Guidelines Campaign were important aspects of the HDSP Program, as well as a focus amongst primary care and emergency department providers regarding the importance of timely administration of tPA to improve a stroke victim's chances of recovery. The Pitt County Health Department regularly partnered with the HDSP Program staff on many of these initiatives.

The NENCPPH HDSP program was an integral part of the Eastern North Carolina Stroke Network (ENCSN), consisting of 30 counties in the eastern part of the state. Due in large part to the collaboration between Vidant Medical Center, the Brody School of Medicine at ECU, and Pitt County Public Heath, the ENCSN was established "in response to the impact of cardiovascular disease as well as the prevalence of stroke" in the region.[14] A key resource for the program was the ENCSN website, which allowed for the sharing of resources, information, important links, and a calendar of events for individuals and organizations between counties throughout the region, as well as other states. The ENCSN coordinated several workgroups, including Hospital Plan of Care, Quality Improvement, Community Prevention Education, Continuing Education, and Stroke Rehabilitation, all to help facilitate systems- and policy-level changes throughout the region. The quarterly meetings of the ENCSN were essential to providers and lay people as well as caregivers, usually including the presentation of educational

information of interest to the medical and public health communities as well as to the community at large. The Regional Coordinator of the HDSP Program was responsible for overseeing the functions of the ENCSN, such as conducting the quarterly meetings and ensuring the website was kept up-to-date. In addition, the Regional Coordinator was responsible for addressing policy-level changes, providing relevant trainings throughout the region, as well as facilitating the media campaigns and ensuring proper dissemination of heart disease and stroke-related educational materials. In short, the HDSP Program played a major role in regional collaboration and information sharing related to heart disease and stroke until its dissolution in 2013, when funding for the program was terminated.

Start Date: June 1, 2007
End Date: June 29, 2013

Counties Involved: ARHS (Bertie, Camden, Chowan, Currituck, Gates, Pasquotank, Perquimans), Beaufort, Carteret, Craven, Dare, Duplin, Edgecombe, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, MTW District, Nash, Northampton, Onslow, Pamlico, Pitt, Warren, Wayne, and Wilson.[3]

Goals: The goal of the NENCPPH HSDP Program was to facilitate policy changes and environmental changes at three levels of the community – the healthcare system, the worksite, and within the general community – for the purpose of promoting secondary prevention of heart disease and implementing a comprehensive regional cardiovascular disease plan.

Objectives: The objectives to accomplish the community-level goals mentioned above included the following:

- Healthcare System
    - A healthcare provider system that follows nationally recognized guidelines for care of heart disease and stroke.
        - Promote chronic care model via Chronic Disease Management Collaborative. By June 2009, recruit and support up to 4 collaborative teams per year in the Chronic Disease Management Collaborative.
        - By June 2009, recruit at least 50% of Northeastern North Carolina hospitals to participate in the American Heart Association's Get with the Guidelines for coronary artery disease and congestive heart failure.
        - By June 2009, increase the number of Northeastern North Carolina hospitals participating in the Coverdell Stroke Registry, from 4 to 8 hospitals.
        - Recruit and support hospital participation in consistent and equitable care for all racial and ethnic groups.
    - Policy, environmental, and system strategies to improve the quality of care and reduce health disparities by promoting consistent and equitable care for all racial and ethnic groups.
        - By June 2009, conduct at least 4 training sessions per year for healthcare and public health professionals on cultural competence as well as hypertension and cholesterol per JNC 7 and ATP III guidelines.

    - Increase awareness among health care providers of racial and ethnic disparities in healthcare and cardiovascular disease.
        - By June 2009, develop Regional Stroke Networks to coordinate regional stroke care and establish consistent transfer guidelines that are adopted by 75% of hospitals within the region.
- Worksite
    - Ensure employee training and education on signs and symptoms of heart attack and stroke, cardiopulmonary resuscitation (CPR), and automated emergency defibrillators (AED).
        - Work with occupational health programs to assure detection and follow-up services to control high blood pressure and cholesterol.
        - Provide training on blood pressure and cholesterol guidelines and blood pressure management to occupational health programs.
        - By June 2009, work with occupational health programs in at least 50% of Northeastern North Carolina counties to assure policies that support employee training and education on signs and symptoms, use of 9-1-1, CPR, AED's, emergency medical services (EMS), how to access care, and how to participate in treatment decisions.
- General Community
    - Increase public knowledge of signs and symptoms and the need to call 9-1-1.
        - By June 2009, conduct public awareness campaigns that complement statewide efforts and reach 100% of Northeastern North Carolina counties.
    - Increase awareness of racial and ethnic disparities in healthcare and cardiovascular disease.
        - Promote EMS training and protocols related to heart attack and stroke.
        - By June 2009, conduct training needs assessment of EMS providers related to care for heart attack and stroke as well as develop written report of findings.

In addition, the specific objectives to accomplish the other above-mentioned priorities of the program include the following:

- Control of Blood Pressure
  By June 2012, HDSP staff will implement or play a leadership role in the implementation of at least 70 policies and programs at the community and state levels to help prevent or control blood pressure for North Carolina residents.
    - By June 2011, one health promotion campaign and one community-based hypertension monitoring program to control blood pressure will be initiated.
    - By June 2011, the Regional Coordinator will implement or play a leadership role in implementation of one lay health advisor initiative and one adult patient education initiative in health care settings, with focus on controlling blood pressure.
    - By June 2011, one community-based environmental, systems, and/or policy initiative to control blood pressure through improved food labeling will be initiated in Northeastern North Carolina.

- By June 2011, one Northeastern North Carolina worksite will make an environmental, policy, and/or systems change for healthier vending options to control blood pressure among employees.
- By June 2011, at least one worksite in Northeastern North Carolina will develop behavioral approaches (i.e. exercise and weight management) to control blood pressure among employees.

- Control of High Cholesterol
  By June 2012, HDSP staff will implement or play a leadership role in the implementation of at least 60 policies and programs at the community and state levels that help prevent or control high cholesterol.
  - By June 2011, there will be one community-based environmental, systems, or policy change to improve food labeling to control high cholesterol.
  - By June 2011, HDSP staff will implement or play a leadership role in the implementation of one lay health advisor initiative and one adult patient education initiative in healthcare settings, with a focus on controlling high cholesterol.
  - By June 2011, a North Carolina worksite will make environmental, policy, and/or systems changes for healthier vending options to control high cholesterol among employees.
  - By June 2011, at least one worksite in Northeastern North Carolina will develop behavioral approaches (i.e. exercise and weight management) to control high cholesterol among employees.
- Increase Knowledge of Signs and Symptoms of Heart Attack and Stroke
  By June 2012, through implementation of statewide and regional media campaigns, 30% of North Carolina adults will be reached with information about risk factors associated with stroke and heart attack and will know the signs and symptoms as well as the need to call 9-1-1 when heart attack or stroke is suspected.
  - By June 2011, implement one public awareness campaign to increase the percentage of adults in Northeastern North Carolina able to correctly identify stroke symptoms and to understand the need to call 9-1-1.
  - By June 2011, implement one public awareness campaign to increase the percentage of adults in Northeastern North Carolina able to correctly identify heart attack symptoms and to understand the need to call 9-1-1.
- Improve Quality of Care
  By June 2012, HDSP staff working collaboratively with partners will implement or play a leadership role in the implementation of a range of statewide initiatives to optimize care for people with cardiovascular risk factors as well as people with cardiovascular disease. These initiatives will focus on improving systems, educating healthcare professionals, and providing the resources needed to provide the highest quality of care. The Regional Coordinator and staff will work together with partners to plan, implement, and evaluate a comprehensive, regionally based and locally determined stroke system of care that coordinates and promotes patient access to a full range of activities and services associated with stroke prevention, treatment, and rehabilitation.
  - By June 2011, the Regional Coordinator will have played a lead or supporting role in the recruitment and/or retention of one hospital into Get with the Guidelines for coronary artery disease and congestive heart failure.

- By June 2011, the Regional Coordinator will have played a lead or supporting role in the recruitment and/or retention of one hospital into the NC Stroke Care Collaborative.
- By June 2011, HDSP staff will have trained or played a leadership role in training 1,000 healthcare professionals in advanced stroke life support, 500 healthcare providers in JNC 7, 500 healthcare providers in ATP III, and 800 providers in other trainings aimed at improving quality of care.

Outputs/Outcomes Resulting From Implementation: The HDSP Program played a major role in regional collaboration and information sharing related to heart disease and stroke during its existence. The Regional Coordinator partnered with various community health organizations, county and town governments, churches, and even private employers to organize and conduct community education events related to heart disease and stroke throughout the region. A key partnership occurred between the HDSP Program and Project DIRECT Legacy for Men-Hyde County, a project implemented by the local health department to address the low life expectancy and high rate of mortality among African-American men. This project focused on diabetes and cardiovascular disease and was especially needed in Hyde County due to their almost nonexistent healthcare resources.[15] These partnerships also proved useful to facilitate systems- and policy-level changes throughout the region, i.e. the removal of vending machines and/or the implementation of Healthy Food Policies in the workplace which, among other things, promoted the inclusion of low-sodium options at staff events. In addition, the ENCSN regularly awarded scholarships and mini-grants to healthcare personnel or organizations within the region to encourage attendance at conferences and trainings conducted by the HDSP coordinator and/or staff or to encourage participation in policy change initiatives. The Town of Edenton found particular success with receipt of one of these mini-grants. The town had recently conducted a health survey of their employees. The results were alarming. Out of 70 full-time employees, 46% of them were obese, 33% were overweight, 42% were found to be diabetic or pre-diabetic, 44% were pre-hypertensive, and 33% were hypertensive. The Town of Edenton subsequently applied for and received a $1,000 mini-grant for the purpose of expanding upon previously implemented policy changes – a Healthy Food Policy and removal of its vending machines. Between March and June 2013, this mini-grant allowed 60 employees to receive four heart healthy cooking classes, emphasizing low-sodium dishes, and allowed all employees to participate in "Blood Pressure Wednesdays", a blood pressure monitoring and education program. Some additional key indicators of the program's success include the following outputs and outcomes:

- Media Campaigns
  - September 2009 – Health education insert into The Warren Record.
  - October 2009-May 2010 - Heart disease and stroke awareness billboard campaign within 5 Northeastern North Carolina counties.
    - Carteret County ~33,100 impressions/day
    - Lenoir County ~12,200 impressions/day
    - Camden County
    - Pasquotank County
    - Edgecombe County

- January 2010 – Heart disease and stroke awareness TV and newspaper campaign within 4 Northeastern North Carolina counties.
    - TV commercial aired for 30 days in Pasquotank County on Public Service Announcement Channel.
    - Flyer inserts for newspapers in Gates, Hyde, and Martin County.
- February 2010
    - Stroke signs & symptoms billboard campaigns in Pasquotank and Edgecombe Counties.
    - Heart attack signs & symptoms TV campaign on public access and government channels.
- March 2010
    - Stroke awareness flyer and poster campaign within Gates County.
        - ✓ Flyer insert for Gates County Index.
        - ✓ Posters placed in various Gates County businesses and offices.
    - Regional stroke awareness and cholesterol education radio campaign.
- April 2010 – Stroke awareness messages distributed across Northeastern North Carolina.
    - Town of Hertford through paychecks – 35 people reached.
    - African-American churches – 430 people reached.
    - Public schools' employees and students through distribution of brochures, posters, flyers, and bulletin boards ~6,000 people reached.
- May 2010 – Stroke awareness TV and flyer campaign within Northeastern North Carolina.
    - TV commercial aired on the Community Channel ~8,000 households reached.
    - TV commercial aired with 7 cable systems on 3 networks (BET, ESPN News, Lifetime).
    - Flyer inserts
        - ✓ Hyde County Shopper ~1,270 households/businesses reached.
        - ✓ The Enterprise News ~6,000 households/businesses reached.
        - ✓ Gates County Index ~2,400 households/businesses reached.
        - ✓ MTW District through paychecks – 125 people reached.
        - ✓ Williamston Yarn Mill through paychecks – 500 people reached.
        - ✓ Via emails to Albemarle Regional Health Services employees each week ~400 people reached (x4).
- April-September 2011 – Hypertension radio campaign across the NENCPPH region, which worked especially well in the region's rural communities, especially on the gospel and country stations.
- May 2011 – Stroke awareness TV campaign across NENCPPH region, in addition to play on the Albemarle Regional Health Services website.
- February 2012 – "ABCS of Heart Disease and Stroke Prevention" TV commercial.
- February-August 2012 – Signs & Symptoms billboard campaigns within 2 select Northeastern North Carolina counties –
    - Edgecombe County, the county with the highest stroke mortality.
    - Washington County, the county with the highest heart disease mortality.

    - May-November 2012 – Hypertension radio campaign targeting Edgecombe, Washington, Chowan, Lenoir, and Martin Counties.
    - January 2013 – "The Signs Are Everywhere" public service announcements distributed via email to 351 ARHS employees.
    - February 2013 – Media release to the NENCPPH region newspapers to recognize American Heart Month.
    - May-October 2013 – Hypertension radio campaign.
- Professional Education
    - Summer 2011 – Implementation of Blood Pressure Measurement mini course.
        - **SUCCESS STORY:** The Roanoke-Chowan Community Health Center hosted a Blood Pressure Measurement training during April 2013. The 50 attendees included medical staff from their site as well as the surrounding five rural FQHC sites in Bertie, Hertford, Gates, and Chowan Counties. Ninety percent of the participants rated the training effectiveness as "excellent", and four out of the six FQHC sites decided to implement several quality improvement changes in their practices to improve the blood pressure measurements of their patients.
    - Continuing education workshops regarding related to stroke, especially pre-hospital and post-hospital.
    - Cholesterol guidelines trainings (ATP III/JNC7)
    - Advanced Stroke Life Support trainings
    - "Unbuckling the Stroke Belt" modules
    - Employee/worksite wellness trainings
    - March 2013 – Addressed Neurology Topics for Pharmacists at the Eastern Area Health Education Center to discuss the importance of pharmacists in promoting cardiovascular health.
- Conferences (at least partially sponsored and/or conducted by ENCSN)
    - North Carolina Cardiopulmonary Rehabilitation Association Conference – February 2010
    - Eastern Regional Stroke Conferences in Greenville, NC – April 2010, May 2011, May 2012, and April 2013
    - Tri-State Stroke Summit: Moving the Tri-State Stroke Network Forward – May 2010
    - Eastern Area Health Education Center Stroke Conference - April 2011
    - Genetech Regional EMS-ED Stroke Care Collaboration Conference – November 2011 – 9 participants from NENCPPH member counties
    - Cardiopulmonary Rehabilitation Symposium in Chapel Hill, NC – March 2013

Funding Sources, if available:

- North Carolina Department of Public Health grant to establish the HDSP Program ($193,502 – $91,650 YR1, $101,852 YR2).
- CDC grant via the North Carolina HDSP Branch to support a regional coordinator ($600,000 – $100,000/yr X 6 yrs)
- Carry-forward funding from the CDC to launch hypertension radio campaigns [$25,000 x 2 yrs (2011 and 2012)]

Quality Improvement: Lean and QI 101

Description: In 2007, the NENCPPH began a Business Insights work group and, with the help of consultants with Kirby Marketing Solutions, began the process of locating potential business assets to partner with for the purpose of solving the region's most challenging public health issues and implementing certain business-based practices into the organizational structure of the local health departments to increase efficiency and effectiveness. Out of the consultation, the Partnership learned of Lean, a quality improvement approach which had already been of great benefit to major corporations. Lean teaches a way of thinking that begins with determining what processes add value to the department (thus, should be continued) and what processes do not add value (thus, should be discontinued). Lean promotes the transformation of workplace culture, as opposed to focusing on budgets, and teaches front-line staff how to use these tools to serve customers' needs. There were some who believed that Lean could benefit local health departments as well, in streamlining and improving the flow of services to better meet clients' needs while making more efficient use of department resources. The initial Lean project took place at the Beaufort County Health Department, in their Family Planning Clinic. After the success of that event, the rest of the Partnership's member health departments held Lean trainings and Kaizen ("rapid improvement") events, where Lean quality improvement projects were completed in each local health department.

In 2008, Roxanne Holloman, M.A., the health director for the Beaufort County Health Department, volunteered her local health department to pilot test the state's quality improvement program, run by Dr. Greg Randolph of the North Carolina Center for Public Health Quality (NC CPHQ). This time, Beaufort applied quality improvement to their WIC department's process of breastfeeding promotion. According to Ms. Holloman, Lean principles were not a part of the state's quality improvement program at this time. After completion of the pilot program, Beaufort County Health Department suggested the state integrate Lean principles into their Quality Improvement (QI) program. Dr. Randolph and members of his staff agreed to meet with staff members from health departments throughout the Partnership region to learn of their successes using Lean techniques. Dr. Randolph was thus convinced that Lean principles should be utilized in the state's quality improvement program. In June 2010, Beaufort County joined the other three pilot counties on the Lean curriculum development team for the NC CPHQ. This team was to be responsible for adjusting and/or adding to the quality improvement curriculum based on their experiences during their pilot tests of the program.

The Beaufort County Health Department success with the Lean approach to quality improvement was ultimately featured, along with other local health departments in North Carolina, in the 4th edition of McLaughlin and Kaluzny's Continuous Quality Improvement in Health Care, a well-known and longstanding resource for public health professionals, released in August 2011. In the winter of 2011, Ms. Holloman was invited to present to the Public Health Leaders Conference in South Carolina about the Partnership's experiences with Lean. The NENCPPH QI project continues, with Lean projects currently taking place in Dare County Department of Public Health and Northampton County Health Department.

Start Date: 2007
End Date: Present

Counties Involved: ARHS (Bertie, Camden, Chowan, Currituck, Gates, Pasquotank, Perquimans), Beaufort, Dare, Edgecombe, Halifax, Hertford, Hyde, MTW District, Northampton, and Warren.

Goals/Objectives: The goal of the NENCPPH QI program was to improve the efficiency and effectiveness of local health departments via collaboration between staff members from various areas in each health department, working together to identify quality improvement goals specific to their department.

Outputs/Outcomes Resulting From Implementation: Each member health department developed a project with a specific goal. All of these projects resulted in major improvements, saving both time and money. Workflow improved, resulting in happier and more efficient staff members, who were able to offer more effective services of greater value to their clients.

Specific Projects:

- 2007 – Beaufort decreased client wait time in family planning clinic from 3.5 hours to 1.5 hours (ROI of $7.79/dollar invested).
  - Reorganized appointment times and adjusted scheduling template.
  - Adjusted staff lunch times, so that patient prep and billing could be done earlier.
  - Improved encounter forms.
  - Verified Medicaid benefits the day before a client's visit.
  - Repaired non-working equipment.
  - Instituted time out for nurses.
  - Changed paging protocol.
  - Organized forms.
- 2008 – Beaufort improved health and wellness outcomes for women and infants enrolled in the WIC program to promote breastfeeding.
  - Improved coordination between clinics and WIC.
  - Consultation with regional breastfeeding expert by the WIC nutritionist.
  - Improved visual environment to make it more supportive of breastfeeding.
  - Increased staff interest in future QI projects.
- One project reduced the length of time necessary to process a Home Health request from 45 days to 7 days.
- Another project reduced the time necessary to complete the morning scheduling of Home Heath visits from 120 minutes to 60 minutes.
- 2009 - Hertford decreased the time between client service and billing (ROI of $5.70/dollar invested).
  - Decreased duplication of efforts.
  - Created checklists to reduce errors being forwarded.
  - Faxed information for review, rather than traveling to location.
  - Standardized certain documentation.
- Beaufort streamlined the permit process in Environmental Health.

        - Educated the public about website.
        - Added FAQs to website.
        - Created client checklists.
        - Restructured staff responsibilities.
        - Instituted cross-training of staff.
        - Obtained the necessary equipment to provide clients more effective service.
    - Beaufort developed new job description for a clerical person being shared by Environmental Health and County Inspections.
        - Eliminated job duties that were of no value and/or belonged to another department.
        - Improved workflow by rearranging files and software to one computer and work area.
        - Simplified client forms and information, color coding them based on department.
        - Applications and relevant information added to website.
    - One project improved clinic flow, saving time and inventory.
        - Reorganized clinic set-up as well as stock and supplies.
        - Changed scheduling days for some clinics.
        - Organized charts.
        - Created signage and standardization.
        - Shortened the number of "station" moves for clients and staggered staff.
    - Another project improved employee retention and reduced turnover rate (ROI of $4.42/dollar invested).
        - Developed a New Employee Orientation Program Manual.
        - Utilized a Kaizen technique whereby the main team brings in "subject experts" for their input, in this case other staff including those new to the agency.
    - Yet another project streamlined billing process.
        - Improved encounter forms.
        - Clarified billing statements.
        - Changed billing follow-up procedure.
    - 2011 - Hertford reduced accounts receivable greater than 90 days by 75%.
    - 2011 – Beaufort implemented an open-access appointment system for the WIC appointment.
        - Increased show rate of clients from 76% to 85%, even with an increased WIC participation rate.
        - Decreased wait time for clients.
        - More predictable staff days.
    - 2011 – Warren reduced number of re-bills of Medicaid through the Health Information Systems by approximately 25%.
        - Dedication of one staff member entirely to billing.
        - Mobilized other staff members to assist with patient check-in and check-out.
        - Redirected traffic flow to minimize distractions.
    - 2012 – Halifax improved clinic flow in the areas of Well-Child Health Services.

- Create a checklist for front office/medical records staff.
- Develop new nurse notification system, so they are alerted when patients are ready to be taken back to the provider.
- Create provider chart ID/summary system to reduce amount of time nurses must spend with a provider before he/she sees the patient.
- Relocate vital signs equipment into one location.
- Initiate 5S Process to organize the clinic supply closet (5S = sort, set in order, shine, standardize, sustain).

Funding Sources: The NENCPPH QI project was paid for primarily with incubator funds and member dues in the first years of the project. The Lean projects are now funded by the individual local health departments. In 2011, the NC CPHQ provided some funding ($7700 to each participating health department) for a special 8-month public health QI 101 course, incorporating certain aspects of Lean and a Kaizen (rapid improvement) event, and associated travel costs. Prior to the QI 101 course, local health departments paid for whatever was needed to implement chosen quality improvements.

Lead: Roxanne Holloman, Health Director for Beaufort County Health Department

Tobacco-Free Colleges Initiative

Description: North Carolina began receiving its allocation of money from the Master Tobacco Settlement in 1999, with these funds ultimately being managed by the Health and Wellness Trust Fund Commission. It was decided that some of these funds would be used to fund initiatives throughout the state to decrease the number of youth in North Carolina who begin using tobacco, as it was noted that 54.3% of high school students throughout the state had smoked at some point. About half of these students will go on to become regular, daily smokers and about 50% of these smokers will eventually die of a smoking-related disease. The regional epidemiologist employed by the NENCPPH researched the tobacco issue as it pertained to Northeastern North Carolina and found that 19.5% of middle school students and 37.9% of high school students in the region currently used tobacco products. It was further noted that approximately 50% of these teen smokers desired to quit. Tobacco was the leading preventable cause of death in North Carolina, and the first seven leading causes of death in Northeastern North Carolina involved diseases typically related to tobacco use, such as ischemic heart disease, cerebrovascular disease, acute myocardial infarctions, lung cancer, other forms of heart disease, chronic lower respiratory disease, and atherosclerotic cardiovascular disease. Given these realities, the NENCPPH decided to pursue funding that would allow them to develop a regional Teen Tobacco Use Prevention and Cessation program to decrease the number of teens within an 11-county region of Northeastern North Carolina who will begin using tobacco products. As the Teen Tobacco Initiative was coming to an end, NENCPPH received additional funding from the Health and Wellness Trust Fund to expand the initiative into the colleges and universities within the Partnership counties. The purpose of the expanded initiative was to target 18 to 24 year olds, as this was the only group for which smoking rates were continuing to rise instead of fall. The colleges and universities targeted by the Tobacco-Free Colleges Initiative included Beaufort Community College, Edgecombe Community College on both the Rocky Mount and Tarboro campuses, Halifax Community College, Roanoke-Chowan Community College, Chowan University, Martin Community College including their satellite location in Bertie County, Pamlico Community College, and College of the Albemarle as well as their satellite campuses in Chowan and Dare Counties. Adding further impetus to the NENCPPH Tobacco-Free Colleges Initiative, like with the Teen Tobacco Initiative, was the North Carolina General Assembly's drafting of legislation requiring all schools within the state to become 100% tobacco free by August 2008.

Start Date: January 1, 2006
End Date: December 31, 2007

Counties Involved: ARHS (Bertie, Camden, Chowan, Currituck, Gates, Pasquotank, Perquimans), Beaufort, Dare, Edgecombe, Halifax, Hertford, Hyde, MTW District, Northampton, Pamlico, and Warren.

Goals: The main focus of the NENCPPH Tobacco-Free Colleges Initiative was to advance the adoption of tobacco-free campus policies on the campuses of colleges and universities within the Partnership's member counties. Other equally important goals of the Tobacco-Free Colleges Initiative included:

- To prevent initiation of tobacco use among college students.

- To reduce college students' exposure to secondhand smoke.
- To provide information on treatment options for those wishing to quit, including Quitline NC.
- To reduce health disparities among minority students attributable to tobacco use.

Objectives: The specific objectives of the NENCPPH Tobacco-Free Colleges Initiative utilized to meet the main goal, advancing the adoption of tobacco-free campus policies, included the following:

- August 2006
    - The project coordinator will have identified each college or university's campus organizations, clubs, and administration to target for tobacco-free presentations.
- September 2006
    - The program coordinator will hire two public health educators to fulfill staffing needs.
- October 2006
    - All new student government association advisors/executive board members on each campus will be introduced to the initiative by way of presentations. Assessment of coalition interest and coalition building will begin at this time.
- November 2006
    - Program staff will have recruited 3-5 coalition members on each campus to begin assisting staff with tobacco-free presentations and outreach.
    - Program staff will complete campus-wide surveys assessing student, faculty, and staff tobacco use.
- December 2006
    - Each campus coalition will have scheduled presentations with all campus organizations, clubs, and administration to recruit additional coalition members.
    - Quitline NC will be introduced to each campus coalition, and strategies to promote Quitline NC will be identified.
    - The Quitline contact member will appear at each campus and within local newspapers once per month as well as within radio public service announcements biweekly through local and campus stations.
- January 2007
    - Each campus coalition will survey the college or university to determine compliance with existing policies.
    - Presentations about Quitline will be conducted to all campus organizations at each college or university.
    - Each campus coalition will make a presentation discussing their individual coalition initiatives to each campus' Board of Trustees.
- February 2007
    - Each campus coalition will have presented tobacco-free presentations to a minimum of 50% of campus organizations.
- March 2007
    - Each campus coalition will have doubled the number of coalition members.
    - Each campus coalition will promote adopting campus policies for tobacco-free campuses via two media sources to increase students, faculty, and staff awareness.

- April 2007
    - Presentations will be made to key stakeholders to ensure support for tobacco-free initiatives on each campus.
    - Each campus coalition will meet with each individual county legislator to promote their coalition's initiatives.
- May 2007
    - Each campus coalition will have identified two campus organizations or clubs to collaborate with the coalition's efforts.
    - Letters will be distributed to key stakeholders and campus organizations promoting tobacco-free initiatives and policies at each campus.
    - Two campus organizations from each campus will adopt tobacco-free policies.
    - Each campus coalition will have 500 signatures on petitions showing support for campus policy initiatives.
    - Each campus coalition member and program staff will have attended a minimum of three trainings based upon specific needs.
- June 2007
    - Each campus will consider adopting at least one tobacco-free policy.
    - Coalition members from each campus and program staff will help colleges or universities develop a tobacco-free policy.
- July 2007
    - Have each campus considering the adoption of a tobacco-free campus policy.
- August 2007
    - Each campus coalition will have earned three newspaper and radio messages promoting support for campus policy initiatives.
- September 2007
    - Each campus will adopt at least one tobacco-free policy.
    - The colleges or universities will designate department or official responsible for enforcement of all tobacco- and smoking-related policies.
- October 2007
    - Each campus will adopt a policy prohibiting tobacco use at all campus functions.

Outputs/Outcomes Resulting From Implementation: The Tobacco-Free Colleges Initiative ultimately resulted in five campuses in the region becoming tobacco free by the end of 2007 – College of the Albemarle in March 2007 and Roanoke-Chowan Community College in June 2007. By the end of 2011, three more of the participating campuses had become tobacco free. Beaufort Community College had adopted a 50 feet from buildings smoking policy, in lieu of an entirely tobacco-free policy, by the end of the grant-funded initiative period. By the end of the grant-funded initiative period, the development of important relationships had taken place and important groundwork has been completed to facilitate Chowan University into becoming tobacco free by December 2008. Like Beaufort Community College, however, Chowan University ultimately decided not to adopt a totally tobacco-free policy, instead adopting a 25 feet from buildings smoking policy as well as instituting a no-smoking policy in the residence halls. Other accomplishments of the initiative included the following:

- Contacts developed at every campus and regular meeting schedules created.

- Good press and increased media interest in tobacco-related topics - The media relationships developed during the teen tobacco initiative proved useful during this initiative as well, becoming enhanced and strengthen in the process.
- Media buys throughout the state
    - 21 radio stations
    - 26 cable channels
- 2.8% of callers to Quitline NC from the NENCPPH region from March to June 2006.
- First of its kind multimedia campaign to promote Quitline NC to 18-24 year olds.
- Partnered with regional dentists and periodontists to offer residents free oral cancer screenings during "Through With Chew" week in February – These free screenings continued to be offered for several years, even after grant funding was exhausted.

Funding Sources: "College Tobacco Use Prevention and Cessation Initiative" grant from the HWTF Commission ($289,960 – 2 yrs).

Lead: Jill Overton

Touch No Tobacco: Teen Tobacco Initiative

Description: North Carolina began receiving its allocation of money from the Master Tobacco Settlement in 1999, with these funds ultimately being managed by the Health and Wellness Trust Fund Commission. It was decided that some of these funds would be used to fund initiatives throughout the state to decrease the number of youth in North Carolina who begin using tobacco. Per the 2005 North Carolina Youth Tobacco Survey, 54.3% of high school students throughout the state had smoked at some point. About half of these students will go on to become regular, daily smokers and about 50% of these smokers will eventually die of a smoking-related disease. The regional epidemiologist employed by the NENCPPH researched the tobacco issue as it pertained to Northeastern North Carolina and found that 19.5% of middle school students and 37.9% of high school students in the region currently used tobacco products. It was further noted that approximately 50% of these teen smokers desired to quit. Tobacco was the leading preventable cause of death in North Carolina, and the seven leading causes of death in Northeastern North Carolina involved tobacco-related diseases such as ischemic heart disease, cerebrovascular disease, acute myocardial infarctions, lung cancer, other forms of heart disease, chronic lower respiratory disease, and atherosclerotic cardiovascular disease. Given these realities, the NENCPPH decided to pursue funding that would allow them to develop a regional Teen Tobacco Use Prevention and Cessation program to decrease the number of teens within an 11-county region of Northeastern North Carolina who begin using tobacco products. The Touch No Tobacco (TNT) Initiative utilized six main program components to accomplish this goal:

- Provision of tobacco use prevention education and empowerment opportunities.
- Promotion of awareness of relationship between price of tobacco and initiation of teen smoking.
- Promotion of enforcement of underage tobacco sale laws and to reduce tobacco advertising targeting youth.
- Advancement in the adoption of and/or encouragement in the implementation of and compliance with 100% Tobacco Free Schools Policy.
- Promotion in the adoption of smoke-free policies in indoor and outdoor venues popular among youth.
- Provision of effective tobacco cessation resources for teens who do smoke.

Adding further impetus to the NENCPPH TNT Initiative, the North Carolina General Assembly began discussing the possibility of passing legislation requiring all schools within the state to become 100% tobacco free by August 2008.

Start Date: July 1, 2004
End Date: June 30, 2006

Counties Involved: Bertie, Camden, Currituck, Pasquotank, Beaufort, Dare, Edgecombe, Hyde, Martin, Northampton, Pamlico (during Phase III), and Warren.

Goals: The overall goal of the NENCPPH TNT Initiative was to decrease the number of teens who begin using tobacco products in an 11-county region of Northeastern North Carolina.

Objectives: The specific objectives of the NENCPPH TNT Initiative involved the following four areas:

- To prevent initiation of teen tobacco use.
    - Increase the proportion of young people in middle school and high school who have never smoked.
        - Encourage teens in local school and community youth groups to become tobacco use prevention advocates.
        - Provide teen tobacco use prevention education in schools and in the community.
        - Promote awareness of research that details relationship between tobacco prices and initiation of tobacco use among teens.
        - Promote enforcement of underage tobacco sale laws and reduce tobacco advertising targeted to teens.
    - Increase the proportion of schools that are 100% tobacco free – for students, staff, and visitors on all school property and at all school-related events on and off campus.
        - Advance adoption of 100% Tobacco Free Schools Policy in county school systems.
        - Encourage compliance with tobacco use policy.
        - Encourage implementation and enforcement of 100% Tobacco Free Schools Policy throughout entire school districts.
- To eliminate teens' exposure to secondhand smoke.
    - Increase smoke-free policies in both indoor and outdoor areas frequented by teens, such as restaurants, recreational facilities, bowling alleys, malls, movie theaters, parks, churches, homes, amusement parks, convenience stores, grocery stores, and sports venues.
        - Educate school and community members to be advocates for adoption of smoke-free policies in indoor and outdoor areas frequented by teens.
        - Indoor or outdoor area frequented by youth in contract area adopts or advances toward smoke-free policy.
- To promote tobacco cessation among teens who smoke.
    - Increase the number of middle school and high school students who quit using tobacco.
        - Provide middle school and high school students with access to effective tobacco use cessation resources through promotion of Quitline NC, the implementation of N-O-T teen cessation program, and implementation of smoking cessation counseling that meets Clinical Practice Guidelines advocated by the Department of Health and Human Services.
- To reduce health disparities among minority teens attributable to tobacco use.
    - Decrease the proportion of middle school and high school students from minority populations identified with tobacco-related disparities, as a result of tobacco use.
        - Encourage teens from identified populations to become tobacco use prevention advocates.

- Partner with community groups and organizations working with teens from identified populations.

Outputs/Outcomes Resulting From Implementation: The TNT Initiative effectively organized six teen advocacy groups throughout the Partnership region. These advocacy groups were called Tobacco. Reality. Unfiltered., otherwise known as TRU. The teens in these groups actively participated, along with program staff, in the provision of tobacco use prevention and cessation education in their schools and community in the form of TRU Events, such as basketball games, presentations, a Lunch and Learn in the school cafeteria, or A Butt Clean-Up Day. Teens who attended these events were encouraged to sign a tobacco-free pledge. Four school systems in the region voluntarily adopted the 100% Tobacco Free Schools Policy – Currituck, Dare, Northampton, and Warren counties. A list of smoke-free restaurants was compiled during the Smoke-Free Restaurant Campaign. Restaurants were encouraged to adopt smoke-free policies during this campaign through incentives such as certificate recognition and free publicity. Dare County saw a reduction in the cigarette buy rate as a direct result of merchant education via trained youth working alongside alcohol law enforcement agents. Other accomplishments of the initiative included the following:

- Quarterly regional meetings for all youth tobacco prevention programs in Partnership counties.
- Collaboration with the program coordinators of other HWTF grantees within the Partnership's member counties:
    - Chowan Regional Healthcare Foundation
    - Hertford County Public Health Authority
    - Halifax County School System
- Provision of a weekly media news tip, often with a regional slant to facilitate media publication.
    - Developed relationships with over a dozen reporters and a listserv with over 50 media contacts.
    - Resulted in good press and increased media interest in tobacco-related topics, including Associated Press articles.

The TNT Initiative continues into the present day. After the initial HWTF grant, Phase III Teen Tobacco Use Prevention and Cessation Initiative grants were awarded to the individual health departments within the NENCPPH region, allowing the continuation of the use prevention and cessation programs established under the initial grant funding. Since the exhaustion of the Phase III grant funds in June 2009, individual health departments have continued to receive grant funding individually, rather than regionally, from various sources to continue each of their tobacco use prevention and cessation programs.

Funding Sources: "Teen Tobacco Use Prevention and Cessation Initiative" grant from the HWTF Commission ($845,904 – 2 yrs).

2013 Public Health Priorities

At the Spring 2013 Strategic Planning Meeting, the Board of Directors for the NENCPPH selected three new public health priorities – healthy weight, substance abuse, and vaccine-preventable diseases – as regional targets for development of public health programming. Action teams were formed to explore the various interventions available to address these regional public health issues. Varying degrees of progress have thus far been made on each of these new priorities. The members of the Healthy Weight Action Team have recommended the region-wide implementation of the Faithful Families Eating Smart Moving More program. Plans are currently underway to choose and train a Faithful Families facilitator from each county within the Partnership region. Once in place, this facilitator will implement the program in at least one faith-based organization within the next year. The Substance Abuse Action Team attended the Injury-Free North Carolina Academy in September 2013 to receive training regarding prescription drug poisoning and overdose as well as the registration of providers and pharmacists in the Controlled Substances Registry System. Finally, the action team for vaccine-preventable diseases has organized the region's local health department staff to review immunization coverage throughout the region and to discuss the barriers to as well as some improvement strategies for increasing coverage. An immunization conference is currently in the planning stages and is expected to be held in Spring 2014.

Appendices

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Timeline of Events

Jul 1999	Formation of NENCPPH.
Feb 2000	Health directors meet at Catherine's Restaurant in Ahoskie, NC to discuss development of a Tier One Partnership. Bylaws developed.
Jun 2000	NCIPH facilitates strategic planning and provides consultation to health directors from 18 counties. Mission and goals developed.
Jul 2000	Receipt of planning grant ($70,000) from the KBR Charitable Trust Funds.
Nov 2001	Board of Directors develops action plans for each goal and identifies staffing needs.
May 2002	Receipt of federal grant ($600,000 - $200,000 X 3 yrs) from HRSA to fund a demonstration project to explore a regional approach to the delivery of core public health functions and to address health disparities in the region.
Dec 2002	Board of Directors hire a regional epidemiologist and a regional health disparities gap coordinator.
Feb 2003	Provision of a health educator by each health department to provide 10% in-kind service as health disparity gap coordinators for NENCPPH projects.
Sep 2003	Receipt of "Partners in Public Health Distinguished Group Award" from the NCPHA.
Sep 2003	*Health in Northeastern North Carolina: Assessing Health Disparities of an 18-County Region* published.
Sep 2003	Selection of diabetes, HIV/AIDS, and heart disease and stroke as priorities for development of regional public health programs.
Spr 2004	Successfully introduced legislation that would provide public health incubator funding (joint effort between NENCPPH and NCIPH).
Mar 2004	*Diabetes in Northeastern North Carolina* published.
Jun 2004	Receipt of grant ($845,904 - 2 yrs) from HWTF for a regional Touch No Tobacco-Teen Tobacco Use Initiative.
Sep 2004	Pamlico County becomes a member of NENCPPH.

Nov 2004 1st Eliminating Health Disparities Conference in Plymouth, NC (a joint effort between NENCPPH and OMH).

Dec 2004 Billing Project Report published.

Dec 2004 Media event/appreciation lunch in Nags Head, NC with legislators.

Dec 2004 *HIV and AIDS in Northeastern North Carolina* published.

Dec 2004 Publication of article in the North Carolina Medical Journal: "Northeastern North Carolina Partnership for Public Health and Health Disparities in Northeastern North Carolina".

Spr 2005 Receipt of funds ($150,000) from the North Carolina General Assembly via the NCIPH to conduct a health information campaign to prevent obesity and diabetes, by targeting the parents and caregivers of African-American children.

Mar 2005 *Cardiovascular Disease in Northeastern North Carolina* published.

Apr 2005 Successfully introduced legislation to provide recurring funding for public health incubators.

Fall 2005 Provision of leadership in planning of new HIV Care Consortium, Eastern Carolina HIV/AIDS Partnership, for 27 counties.

Oct 2005 2nd Eliminating Health Disparities Conference in Windsor, NC (a joint effort between NENCPPH and OMH).

Dec 2005 Receipt of grant ($289,960 – 2 yrs) from HWTF for a regional Tobacco-Free Colleges Initiative.

Dec 2005 Receipt of funds ($5,000) from OMH for an Eliminating the Gap Initiative to create a primary prevention program for HIV Disease in African Americans.

Jan 2006 Receipt of funds from the North Carolina General Assembly via HRSA for the purchase of a regional HIV medical van ($150,000) and operational planning support ($40,000).

Spr 2006 Receipt of additional funds ($150,000) from the North Carolina General Assembly via NCIPH to continue the health information campaign to prevent obesity and diabetes, by targeting the parents and caregivers of African-American children.

May 2006	Eastern Carolina Health Summit (partnership of NENCPPH, OMH, Congressman Butterfield, and ECU), an effort to increase awareness of HIV/AIDS, diabetes, and prescription drug use.
Jun 2006	Receipt of funds ($207,069 - 3 yrs) from the KBR Charitable Trust Funds.
Jul 2006	Receipt of planning grant ($19,948) from OMHHD to create an action plan for eliminating regional health disparities.
Jul 2006	Receipt of grant ($800,000 – $266,667/yr X 3 yrs) from HWTF for a regional Diabetes Sentinel Program in African-American churches to help prevent diabetes and obesity in the African-American community.
Jul 2006	Receipt of grant ($265,000) from NCDPH to help support the mobile medical van for HIV care and outreach.
2007	QI Project begins.
Jun 2007	Receipt of grant ($193,502 – 2 yrs) from the NCDPH to establish a regional HDSP Program.
Jun 2007	Receipt of CDC grant ($600,000 – $100,000/yr X 6 yrs) from the state's HDSP Branch to support a Regional HDSP Coordinator.
Jul 2007	Receipt of grant ($80,000/yr x 3 yrs) from OMHHD to aid in the elimination of health disparities in the region.
Jul 2007	Pamlico County leaves NENCPPH.
Dec 2007	End of NENCPPH involvement in Tobacco-Free Colleges Initiative due to lack of additional funding.
Jun 2009	3rd Eliminating Health Disparities Leadership Conference: "Unity in Communities – Creating Healthy Opportunities" (a partnership between ECU, OMHHD, and NENCPPH).
Apr 2009	Receipt of grant ($12,000) from OMHHD to establish a health ministry within Indian Woods Ministries, Inc.
Jun 2009	End of NENCPPH involvement in Health in Motion Initiative.
Dec 2009	End of NENCPPH involvement in Diabetes Sentinel Program due to lack of additional funding.

Jul 2010	MTW District leaves NENCPPH.
Jul 2010	Receipt of grant ($100,000/yr x 3 yrs) from OMHHD to continue initiative for eliminating regional health disparities.
Jan 2011	Carry-forward funding ($25,000) from the CDC to launch hypertension radio campaign.
Jun 2011	4th Eliminating Health Disparities Leadership Conference: "Bringing Communities Together, Connecting the Pieces" at Bob Martin Center in Williamston, NC.
Jul 2011	Eliminating Health Disparities Initiative ended due to state legislative changes.
Win 2011	Roxanne Holloman invited to present to the Public Health Leaders in South Carolina about NENCPPH experiences with the Lean approach to quality improvement.
Jan 2012	Carry-forward funding ($25,000) once again received from the CDC to launch hypertension radio campaign.
Aug 2012	*Health in Northeastern North Carolina: Regional Health Assessment of a 15-County Region* published.
Jul 2012	Halifax and Warren Counties leave NENCPPH.
Sep 2012	Regional disease surveillance discussion to generate recommended reporting requirements for future disease surveillance reports.
Oct 2012	Regional Public Health Awareness Kick-Off and Planning event at the Hitchin' Post in Williamston, NC.
Feb 2013	Regional Public Awareness Task Force Meeting.
Spr 2013	Development of a multi-pronged approach to increase the community's awareness of public health in the 13 Partnership counties.
Spr 2013	Selection of new public health priorities to address regionally – healthy weight, substance abuse and vaccine-preventable disease (as regional targets for development of public health programming).
Jun 2013	HDSP Program terminated due to lack of additional funding.

Jul 2013	Executive committee agreed to accept technical assistance from the Center for Healthy North Carolina to further define its health priorities and initiatives.
Oct 2013	Receipt of funds ($27,185) from CTG Program for multimedia awareness campaign targeting obesity by promoting healthy lifestyles.
Sep 2013	Participation in the Injury-Free North Carolina Academy, targeting prescription drug poisoning and overdose.

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