The cover features a large green rectangular area on the left containing the title text. To the right of this is a vertical blue bar. At the bottom of the page is a horizontal purple bar.

Greene County
COMMUNITY
HEALTH
ASSESSMENT
2012

Acknowledgements

The 2012 Greene County Community Health Assessment (CHA) is a product of extensive collaboration between the Greene County Health Department and numerous community agencies during 2011 and 2012.

Greene County Health Department extends deep appreciation to all persons who provided and shared their knowledge, insight and ideas for improving community health in Greene County. The following agencies/participants attended CHA meetings throughout 2011 and 2012:

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Greene County Senior Center	Sharon Harrison Sue Smith
Greene County Sheriff's Office	Doug Stocks
Greene County Transportation	Mike Lovett
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Lenoir/Greene Partnership for Children	Keith Sylvester Christy Hobbs
North Carolina Cooperative Extension	Casey Stevens Shenile Ford Shirley Howard
North Carolina Department of Corrections	Whitney Driver
Ready Set Walk Club	David Jones
The Beacon Center	Karen Salacki

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A special thank you to Caroline Chappell, Jean Caldwell and Anthony Proctor from the North Carolina Division of Public Health and Dr. Nancy Winterbauer, Dr. Suzanne Lea and Ashley Tucker from the Department of Public Health at East Carolina University for all of the assistance and guidance you have provided throughout the MAPP process.

Greene County Health Department is responsible for the development of this report. Any questions about this report can be sent to:

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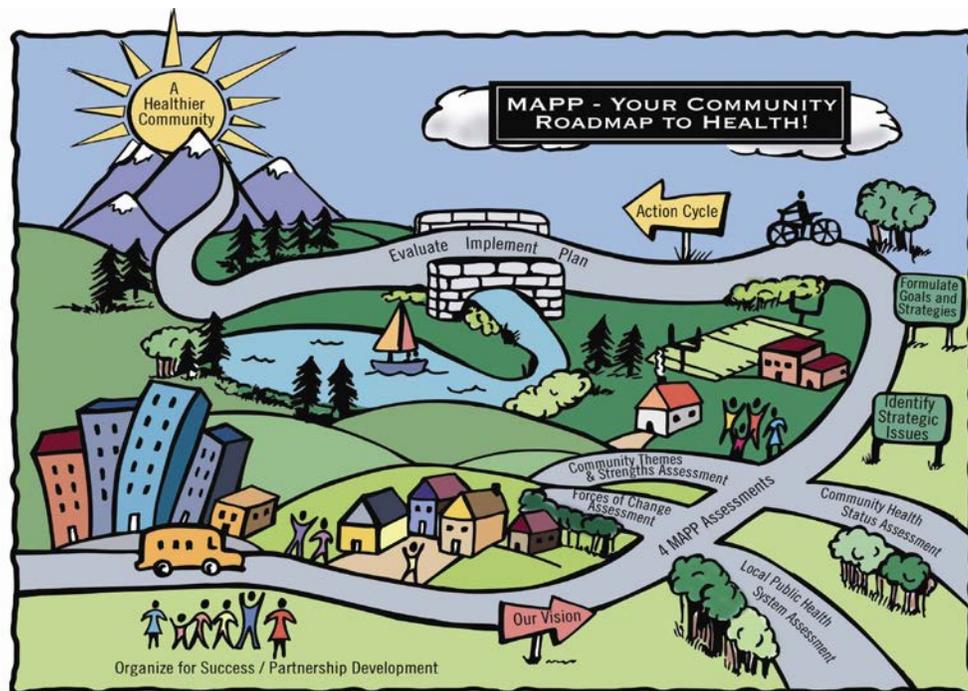
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Purpose

Community Health Assessment (CHA) is an effort to involve residents and health service providers in reviewing health statistics along with community concerns to prioritize health needs for our county and to create a plan to address these priorities over the next four years.

For this Community Health Assessment process, Greene County had the unique opportunity to utilize a model called Mobilizing for Action through Planning and Partnerships (MAPP), a community-based framework for improving public health based in part on the Centers for Disease Control and Prevention's Racial and Ethnic Approaches to Community Health (REACH) initiative. MAPP helps communities, like ours, review health status indicators, prioritize public health issues, identify resources and develop strategies for addressing priority issues. The MAPP process results in the development of a community-wide action plan for public health improvement. This program is designed to implement policy, systems and environmental changes aimed at improving community health and removing disparities in our community.

MAPP was originally developed by the National Association of City and County Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). We worked closely with the North Carolina Division of Public Health – Chronic Disease and Injury Section and the Department of Public Health at East Carolina University to implement MAPP in Greene County. Hertford and Nash counties also participated in the MAPP process in 2011 – 2012.



Timeline for the Community Health Assessment/MAPP process:

2010

CTSA community surveys completed and analyzed

2011

July Invitation letters emailed to community agencies

August MAPP orientation session

September Visioning session

2012

February LPHSA

March FOCA

June CHSA data analyzed

July Reports written and PowerPoint presentations developed

August Identifying Strategic Issues meeting

September CTSA focus group

October Formulate Goals and Strategies meeting

2013

January – February CHSA data analyzed (updated) and CHA document written

March CHA document submitted to North Carolina Division of Public Health (NCDPH)

April – May CHA document and/or Executive Summary shared with team members, agency stakeholders, Board of Health, Board of County Commissioners and the community

June Action Plans submitted to NCDPH

As utilization of the MAPP/REACH process is unique for North Carolina and Greene County, this Community Health Assessment is organized by assessment to best incorporate all of the knowledge and information gained through the process in our community. However, it still meets NCDPH Community Health Assessment and Accreditation requirements.

Background

History

Greene County, being a part of land grant by King Charles II of England in 1663, was first settled around 1710 by immigrants from Maryland, Virginia, and parts of North Carolina. Upon arrival of these new settlers, great numbers of settlers were killed, driven off, or tortured by the Tuscarora Indians. However, on March 20-23, 1713, a fighting force of South Carolinians and Yemassee Indians, under Colonel Murice Moore, defeated the Tuscarora, under the leadership of Chief Hancock. This was the final major battle of the Tuscarora War at Fort Neoheroka near current day Snow Hill.

In 1758, the area now recognized as Greene and Lenoir Counties was separated from Johnston and named Dobbs for the Royal Governor. This section was bisected to form Glasgow County, for James Glasgow - North Carolina Secretary of State from 1777 to 1798. In 1799, after Glasgow's involvement in military land grant frauds had forced him to resign and leave the state, Glasgow County was renamed Greene County - in honor of Nathaniel Greene, one of General Washington's right-hand men.

General Information

Located in beautiful eastern North Carolina in the middle of the coastal plain, Greene County is bordered by Lenoir, Pitt, Wayne and Wilson counties. Greene County has a total land area of 265.9 square miles at a density of 80.3 people per square mile. Snow Hill is the county seat and largest town. It is also the major commercial center in the county. The town draws its name from the historic white sandy banks of nearby Contentnea Creek.

Demographics

According to the 2010 US Census, Greene County has a population of 21,362; an increase of 12.6 percent since 2000. Of that number, the population can be broken down into the following percentages: 58.9 percent are White, 37.1 percent are African American, 14.6 percent are Hispanic (of any race), 1.1 percent are two or more races, 2.2 percent are American Indian and Alaska Native, and 0.4 percent are Asian. Fifty-four percent of Greene County's population is male and 46 percent is female.

Greene County Population Compared to State, 2010

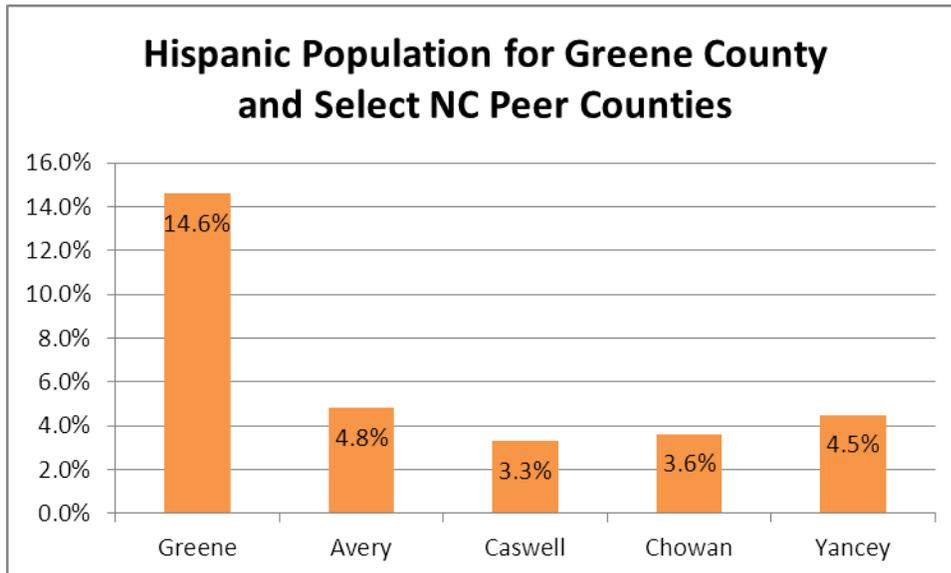
	Greene County	North Carolina
Population	21,362	9,535,483
Population, percent change (2000 to 2010)	12.6%	18.5%
Percent of Females	46.4%	51.3%
Percent of Males	53.6%	48.7%
Persons under 5 years of age	6.6%	6.5%
Persons under 18 years old	22.9%	23.7%
Persons 65 years and older	12.4%	13.2%
Percent of Whites	58.9%	72.1%
Percent of African Americans	37.1%	22.0%
Percent of Hispanics	14.6%	8.6%
Percent of Asians	0.4%	2.3%
Percent of American Indian/Alaska Native	2.2%	1.5%

Greene County Population by Age Compared to State, 2010

Age	Greene County	North Carolina
0 – 9	12.87%	13.34%
10 – 19	12.71%	13.53%
20 – 29	13.02%	13.51%
30 – 39	14.60%	13.41%
40 – 49	14.17%	14.32%
50 – 59	14.68%	13.32%
60 – 69	9.34%	9.87%
70 – 79	5.40%	5.43%
80 – 84	1.70%	1.73%
85 +	1.51%	1.54%

2010 Population Comparison for Select (Peer) North Carolina Counties

	Greene	Avery	Caswell	Chowan	Yancey
Population	21,362	17,797	23,719	14,793	17,818
Population, percent change (2000 to 2010)	12.6%	3.7%	0.9%	1.8%	0.2%
Percent of Females	46.4%	45.3%	48.9%	52.3%	50.8%
Percent of Males	53.6%	54.7%	51.1%	47.7%	49.2%
Persons under 5 years of age	6.6%	4.4%	4.6%	5.8%	4.8%
Persons under 18 years old	22.9%	17.0%	19.8%	22.1%	19.9%
Persons 65 years and older	12.4%	17.4%	16.7%	19.8%	21.1%
Percent of Whites	58.9%	94.0%	64.0%	63.5%	96.9%
Percent of African Americans	37.1%	4.2%	33.8%	34.4%	1.1%
Percent of Hispanics	14.6%	4.8%	3.3%	3.6%	4.5%
Percent of Asians	0.4%	0.4%	0.3%	0.4%	0.2%
Percent of American Indian/ Alaska Native	2.2%	0.5%	0.5%	0.4%	0.6%



MAPP

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. The MAPP framework is facilitated by public health leaders and helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

There are six phases within the MAPP framework:

Phase 1 – Organize for Success and Partnership Development

Phase 2 – Visioning

Phase 3 – Four Assessments

- Community Themes and Strengths Assessment
- Community Health Status Assessment
- Forces of Change Assessment
- Local Public Health System Assessment

Phase 4 – Identify Strategic Issues

Phase 5 – Formulate Goals and Strategies

Phase 6 – The Action Cycle

Vision Statement

The MAPP process was guided by a vision statement developed by MAPP/CHA partners:

Greene County provides a small town atmosphere where all people can live and work while enjoying optimal physical, mental and economic health; where we are linked together to provide an array of health services, public transportation and state of the art recreational opportunities; and where people feel safe both indoors and out.

The MAPP process utilizes the development of four assessments:

- ❖ **Community Themes & Strengths Assessment (CTSA):** The CTSA gathers information about residents' thoughts, opinions, and concerns on health and safety issues while also seeking insight into the issues of importance to the residents of our community. This assessment was conducted in Greene County through a community survey as well as a focus group.
- ❖ **Forces of Change Assessment (FOCA):** The FOCA is a broad all-encompassing tool that addresses trends, events and factors that affect the local public health system in the areas of Social, Economic, Political, Technological, Environmental, Scientific, Legal and Ethical. After assessment, participants identified opportunities and threats for each force of change.
- ❖ **Local Public Health System Assessment (LPHSA):** The LPHSA is one of three instruments (the local instrument) in the National Public Health Performance Standards Program (NPHPSP). Key stakeholders were invited to participate and complete the assessment by discussing and determining how the entire county public health system was performing among the thirty model public health standards.
- ❖ **Community Health Status Assessment (CHSA):** The CHSA is a crucial component of the MAPP process as the data gathered serves as the foundation for analyzing and identifying community health issues and determining where the community stands in relation to peer communities, state and national data.



Community Health Status Assessment

The Community Health Status Assessment (CHSA) is a crucial component of the MAPP process as the data gathered serves as the foundation for analyzing and identifying community health issues and determining where the community stands in relation to peer communities, state data and national data.

Within this Greene County CHSA report, it is our aim to provide as much secondary data as possible on health outcomes, trends and health factors. We have taken a comprehensive perspective of health status with a goal to provide an in-depth data presentation with accompanying narrative explanation.

Most of the health statistics in this report were obtained from the North Carolina State Center for Health Statistics, US Census, 2012 County Health Rankings, and locally gathered information. In order to meet the Community Health Assessment (CHA) standards, peer counties were used for comparing community concerns and strengths. The peer counties used in this report were designated as such by the North Carolina State Center for Health Statistics as comparable to Greene County and include:

- ❖ Avery County
- ❖ Caswell County
- ❖ Chowan County
- ❖ Yancey County

State Center for Health Statistics (SCHS) - This state agency is a part of the Department of Health and Human Services, Division of Public Health. The SCHS is responsible for data collection, health-related research, production of reports, and maintenance of a comprehensive collection of health statistics. SCHS collects a large amount of county-level data on a variety of health issues.

U.S. Census - The United States Census Bureau serves as a leading data source of quality data about the nation's people and economy. They collect information on population and housing (every 10 years via Census as well as on specific surveys conducted more often), economic issues (every five years via Census and continuously for some indicators), governments (every 5 years via Census), and an annual American Community Survey.

County Health Rankings - The *County Health Rankings* rank the health of nearly every county in the nation. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people are and how long they live. Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the *Rankings* help counties understand what influences how healthy

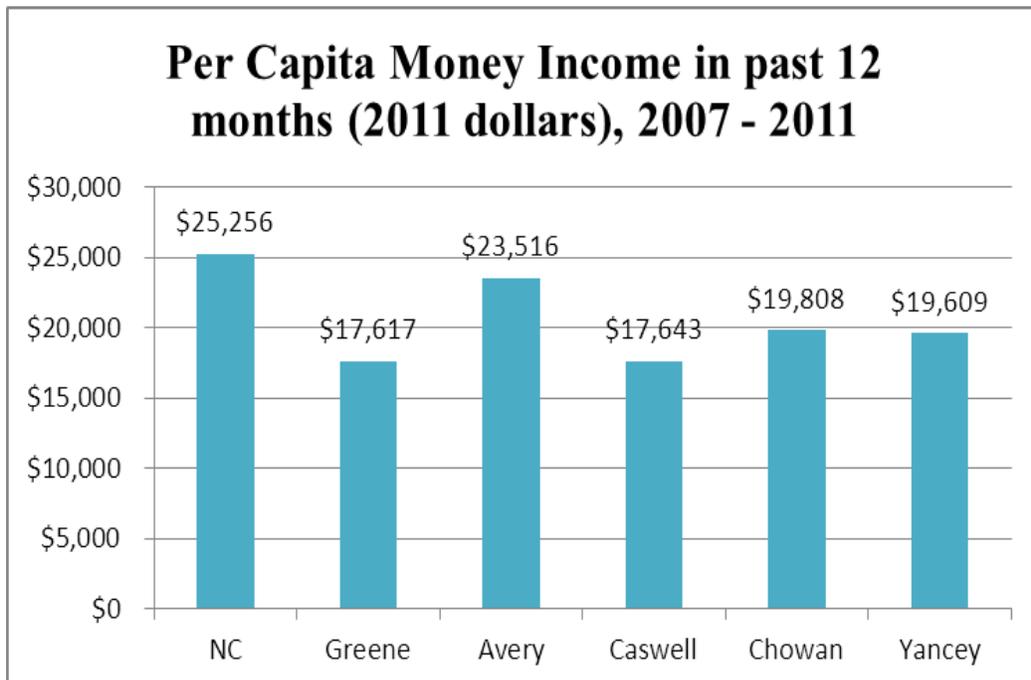
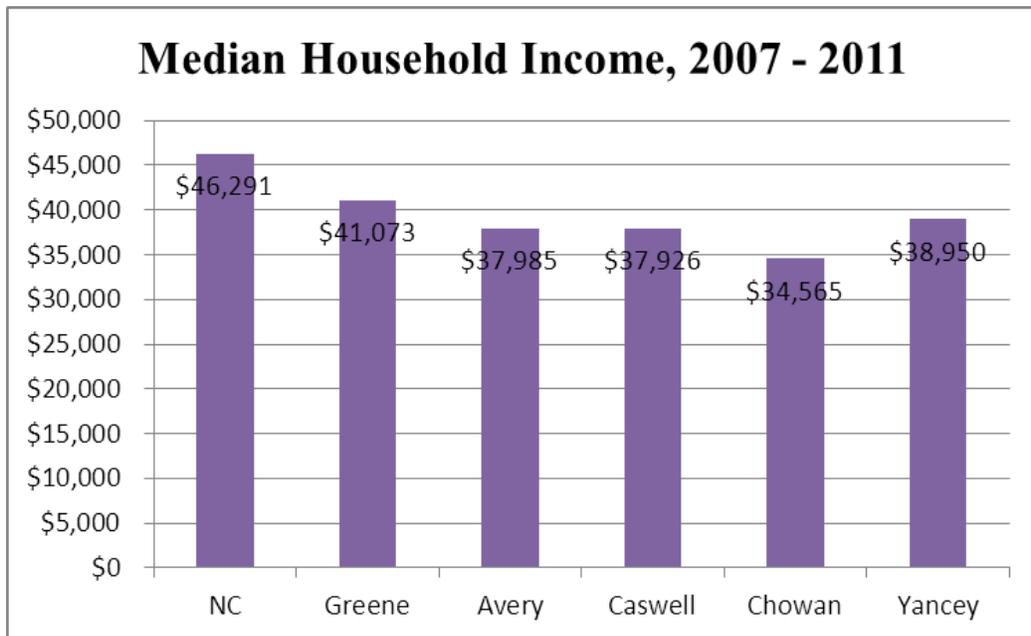
residents are and how long they will live. The *Rankings*, based on the latest data publically available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.

The MAPP Coordinator collected data for compilation and analysis. The MAPP Coordinator worked diligently to provide a comprehensive review but the following limitations are acknowledged:

- Not all data was available for every year needed; some data was not as up-to-date.
- Some data was collected on specific agency reporting systems which may make comparisons difficult.
- Some data sources might have issues in accurately counting individuals or providing representative data.

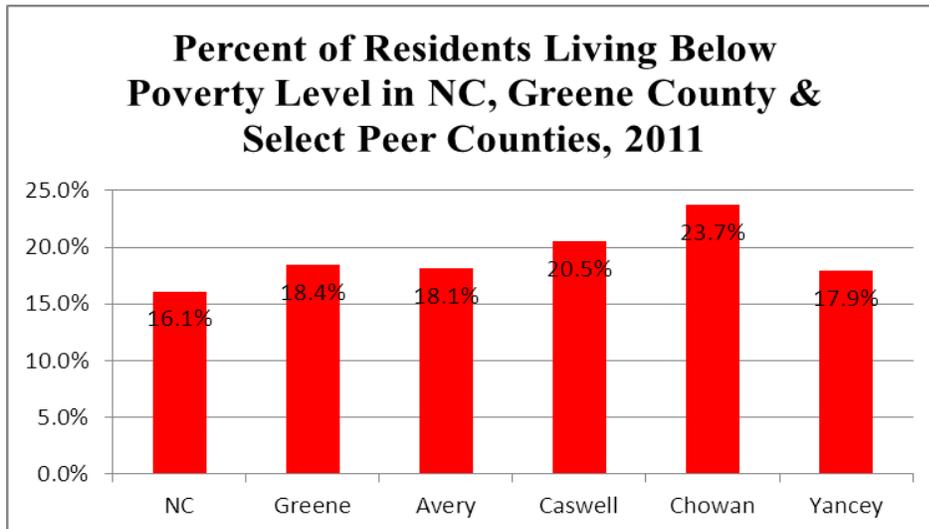
Income

According to the US Census Bureau, the median household income for Greene County residents was \$41,073 (2007 – 2011). The following tables show that Greene County’s median household income is lower than the state, yet higher than the median household income compared to the peer counties.



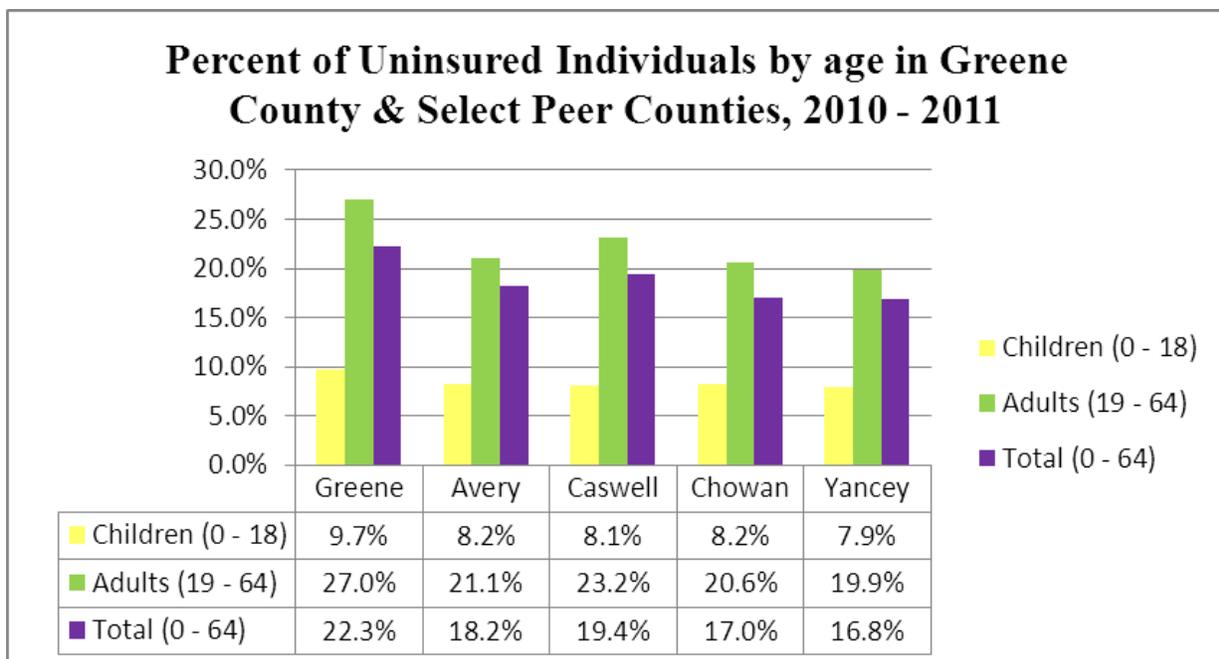
Poverty

In 2011, the percentage of residents living below poverty level in Greene County was 18.4 percent; compared to the state rate of 16.1 percent.



Uninsured

According to the North Carolina Institute of Medicine (2010 – 2011), 9.7% of children (0 – 18) and 27.0% of adults (19 – 64) in Greene County do not have health insurance.

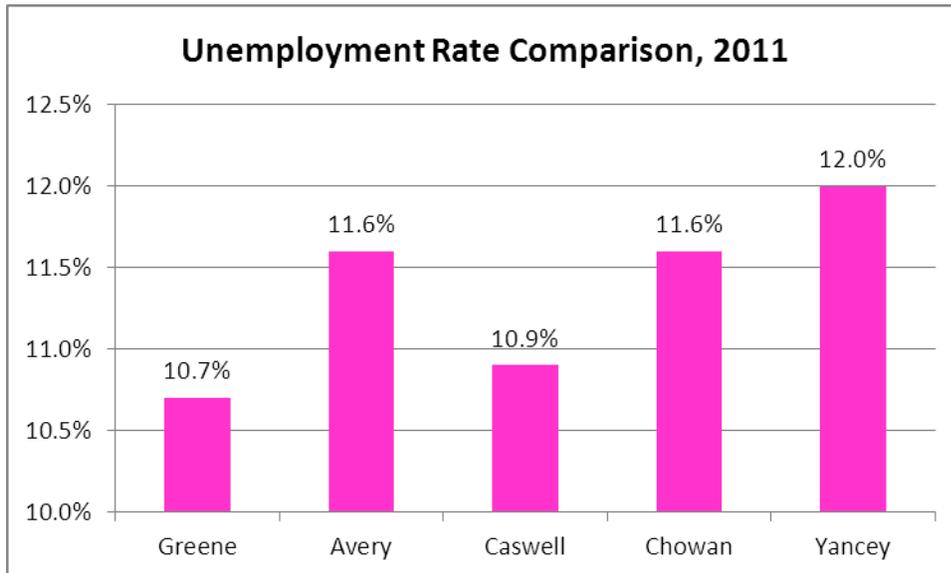


Labor Force

According to NC Department of Commerce, Division of Employment Security, Greene County's top ten largest employers in order are:

1. State of NC Department of Correction
2. Greene County Public Schools
3. County of Greene
4. Yelverton's Enrichment Services Inc.
5. Associated Materials Inc.
6. Principle Long Term Care Inc.
7. Greene County Health Care Inc.
8. Ham Produce Co. Inc.
9. NWL Capacitors Snow Hill Division
10. Curtainwall Erectors Inc.

In 2011, of the 9,219 residents considered part of the work force in Greene County, 8,232 were employed and 987 were unemployed. This data placed the county's average annual unemployment rate for 2011 at 10.7 percent; compared to the state rate of 10.5.

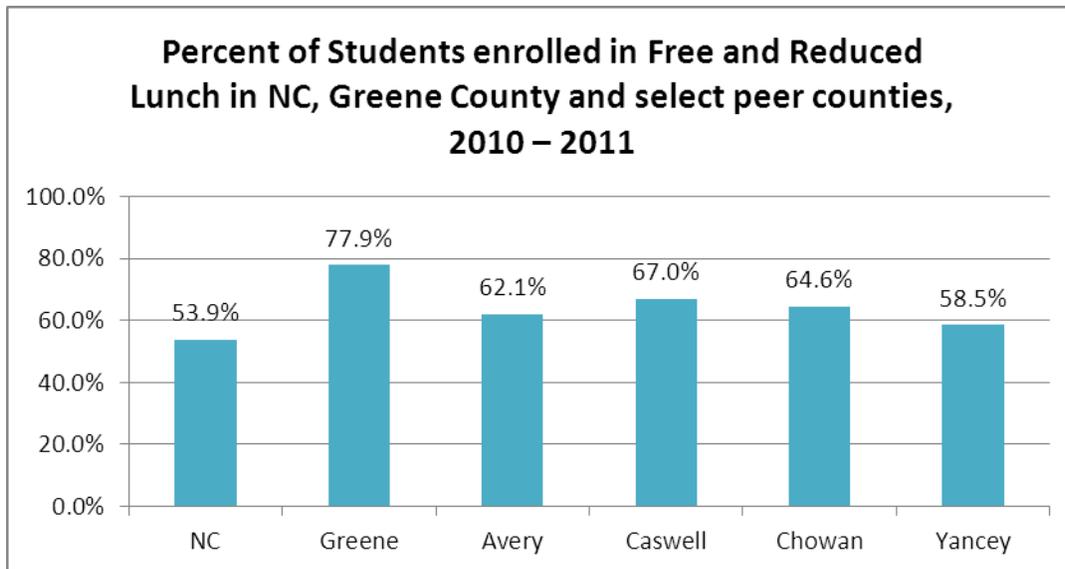


Education

Greene County Middle School was heavily damaged by the tornado that ripped through parts of Greene County on April 16, 2011. For the remainder of the semester, both the middle school and high school students attended classes at Greene Central High School. The middle school students attended for the first half of the school day then the high school students attended the second part of the day. The middle school students were able to return to Greene County Middle School for the 2011-2012 school year.

Greene County Schools is experiencing several changes for the 2012-2013 school year – Snow Hill Primary School will now be Kindergarten and 1st grade, West Greene Elementary School will now be 2nd and 3rd grades, and the brand new school, Greene County Intermediate School, will be 4th and 5th grades.

According to the NC Department of Public Instruction (2010 – 2011), 77.9% of Greene County students are enrolled in free and reduced lunch; compared to the state rate of 53.9%.



A dropout is defined by State Board policy as any student who leaves school for any reason before graduation or completion of a program of studies without transferring to another elementary or secondary school.

The chart below provides trend data for the school years 2006-2007 to 2010-2011 on dropout rates in Greene County and North Carolina.

	2006-07		2007-08		2008-09		2009-2010		2010-2011	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Greene County Schools	52	5.29	63	6.32	45	4.57	39	3.97	25	2.56
North Carolina	23550	5.27	22434	4.97	19184	4.27	16804	3.75	15342	3.43

Crime

The State Bureau of Investigation (SBI) recently released its annual crime statistics report for year 2010. Index Crime includes the total number of violent crimes (murder, rape, robbery, and aggravated assault) and property crimes (burglary, larceny, and motor vehicle theft). The following table represents the Crime Rates per 100,000 for North Carolina, Greene County and select peer counties for 2009 and 2010.

	2009 Index Crime Rate	2010 Index Crime Rate	2009 Violent Crime Rate	2010 Violent Crime Rate	2009 Property Crime Rate	2010 Property Crime Rate
NC	4,191.2	3,955.7	417.1	374.4	3,774.1	3,581.4
Greene ¹	3,121.9	3,324.9	283.0	275.9	2,839.0	3,049.0
Avery	1,601.2	1,561.6	110.8	83.7	1,490.4	1,478.0
Caswell ¹	-	2,384.3	-	216.4	-	2,167.9
Chowan	2,444.3	2,800.6	354.1	303.7	2,090.3	2,497.0
Yancey	1,226.3	1,450.1	129.1	102.4	1,097.2	1,347.6

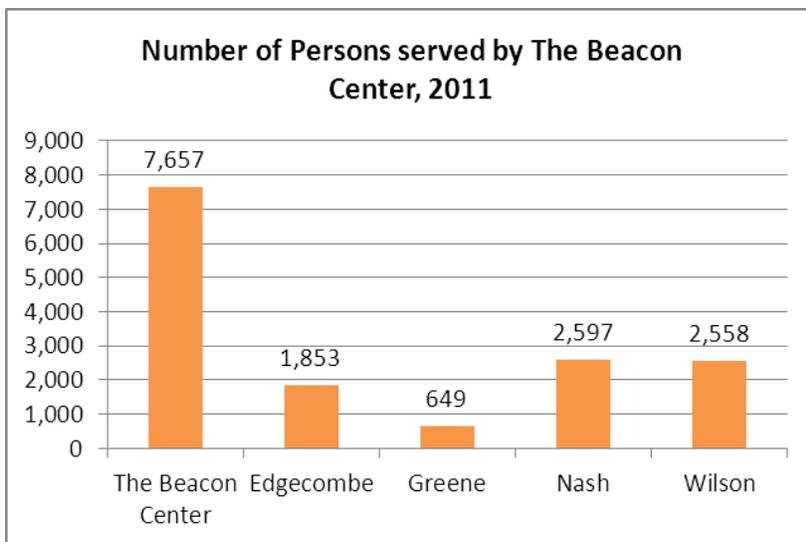
¹ Indicates partial year data was reported (not full 12 months of reported data) for over 50 percent of the county population for 2009.

Mental Health

Mental health illnesses continue to be a burden for Greene County residents. In fact, many find themselves without services since the statewide reform of mental health programs across the state.

Serving residents in Nash, Edgecombe, Greene and Wilson counties, the Beacon Center is the Local Management Entity (LME) for mental health services. Their mission is to educate, develop, support, and link individuals and families to a network of community services for people with disabilities based on best practices and develops community-based resources for information and referral. Currently, this LME is undergoing another change to merge with Eastpointe LME to provide services.

In 2011, a total of 7,657 individuals from Edgecombe, Greene, Nash and Wilson counties were served by the Beacon Center. Of this total, 649 were from Greene County and received services for mental illness, developmental disabilities and substance abuse.



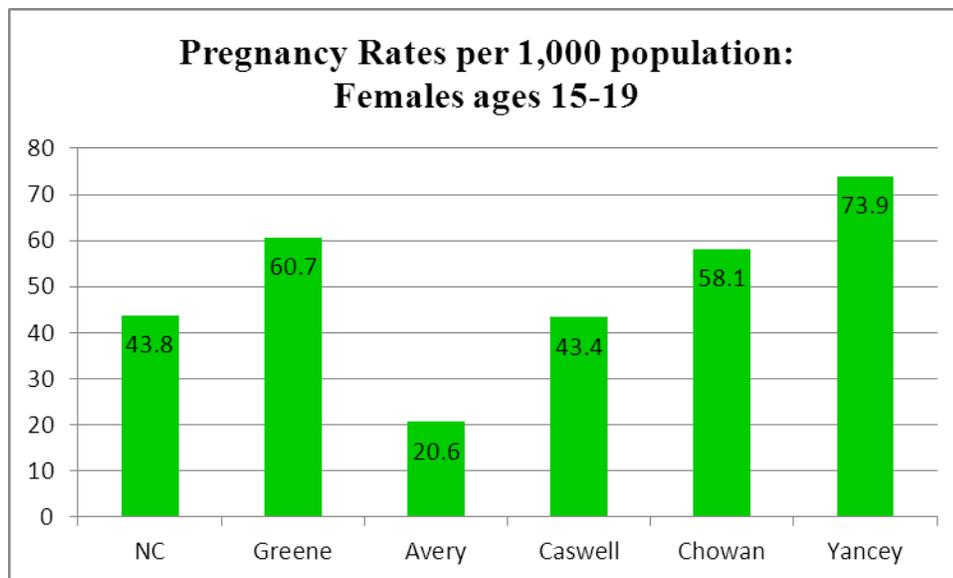
Pregnancies & Live Births

From 2007 – 2011, there were 1,229 live births in Greene County, with an overall live birth rate of 11.7 births per 1,000 population. The live birth rate in North Carolina during this same time period was 13.5.

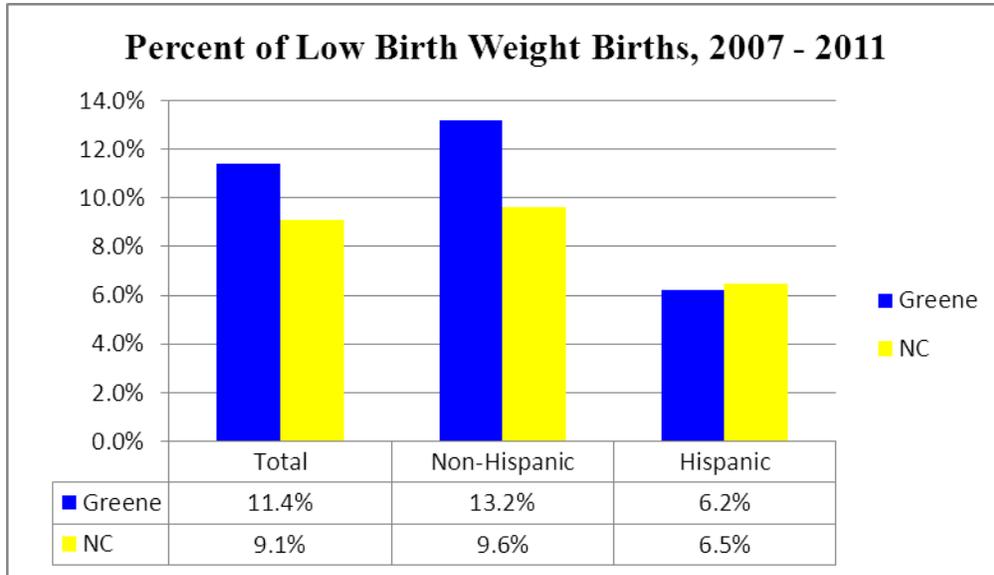
Of the 1,229 live births in Greene County between 2007 – 2011, 908 were Non-Hispanic and 321 were Hispanic.

	Non-Hispanic											
	Total		Total		White		Black		Other		Hispanic	
	Births	Rate	Births	Rate	Births	Rate	Births	Rate	Births	Rate	Births	Rate
NC	631,134	13.5	530,307	12.3	350,686	11.2	149,337	14.7	30,284	18.8	100,827	27.5
Greene	1,229	11.7	908	10.0	450	9.1	453	11.1	5	7.2	321	22.8
Avery	831	9.3	752	8.8	738	9.2	3	0.7	11	18.7	79	21.2
Caswell	1,056	9.1	993	8.8	666	9.2	322	8.1	5	8.0	63	18.6
Chowan	897	12.1	842	11.7	423	9.3	418	16.0	1	2.3	55	28.2
Yancey	893	9.8	761	8.8	753	8.9	5	5.0	3	7.4	132	28.2

In 2011, Greene County’s teenage pregnancy rate was 60.7 pregnancies per 1,000 females ages 15 – 19; compared to the state rate of 43.8.

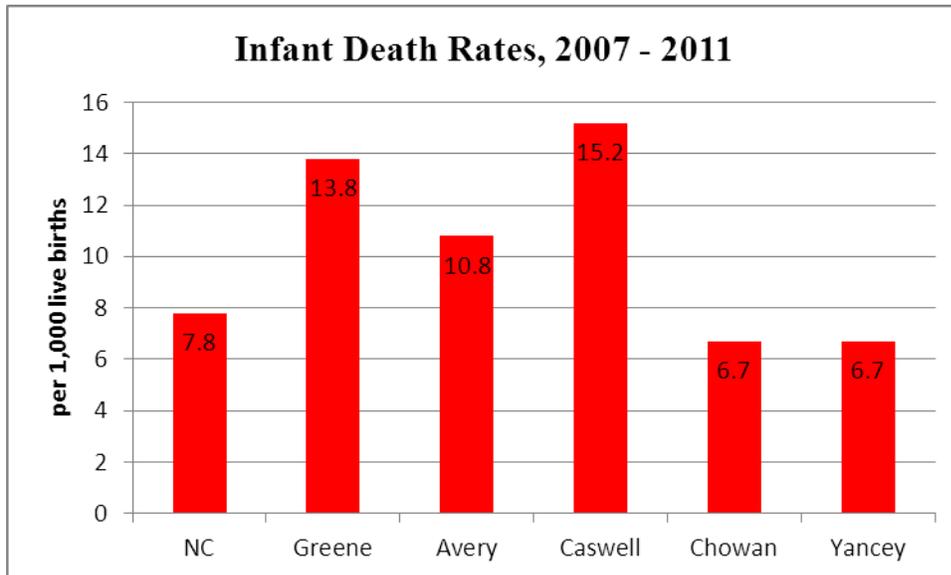


From 2007 – 2011, 11.4 percent of the babies born in Greene County had low birth weights ($\leq 2,500$ grams). Thirteen (13.2) percent of non-Hispanic babies were born with low birth weights compared to 6.2 percent of Hispanic babies.



Infant Mortality

Over the five-year period of 2007 – 2011, Greene County had a rate of 13.8 infant deaths per 1,000 live births; compared to the state rate of 7.8.



Of the 17 infant deaths in Greene County between 2007 – 2011, 15 were Non-Hispanic and 2 were Hispanic.

	Total		Non-Hispanic						Hispanic	
			White		Black		Other			
	Infant Deaths	Infant Death Rate								
NC	4,899	7.8	2,001	5.7	2,129	14.3	188	6.2	581	5.8
Greene	17	13.8	6	13.3	9	19.9	0	0	2	6.2
Avery	9	10.8	9	12.2	0	0	0	0	0	0
Caswell	16	15.2	8	12.0	7	21.7	0	0	1	15.9
Chowan	6	6.7	0	0	5	12.0	0	0	1	18.2
Yancey	6	6.7	6	8.0	0	0	0	0	0	0

Mortality

Of the 917 deaths that occurred in Greene County during the five-year period 2007 – 2011, 55 percent were caused by heart disease, cancer and cerebrovascular disease.

The five leading causes of death in Greene County from 2007 – 2011 and the number of deaths they caused were:

1. Heart Disease – 225 deaths
2. Cancer – 207 deaths
3. Cerebrovascular Disease – 69 deaths
4. Chronic Lower Respiratory Diseases – 36 deaths
5. Diabetes Mellitus – 30 deaths

Listed below are the five leading causes of death for males and females in Greene County from 2007 – 2011 and the number of deaths they caused:

Males

1. Cancer - 110
2. Heart Disease - 103
3. Cerebrovascular Disease - 27
4. Chronic Lower Respiratory Diseases - 18
5. All Other Unintentional Injuries - 15

Females

1. Heart Disease - 122
2. Cancer - 97
3. Cerebrovascular Disease - 42
4. Alzheimer's Disease - 22
5. Chronic Lower Respiratory Diseases - 18
Diabetes Mellitus - 18

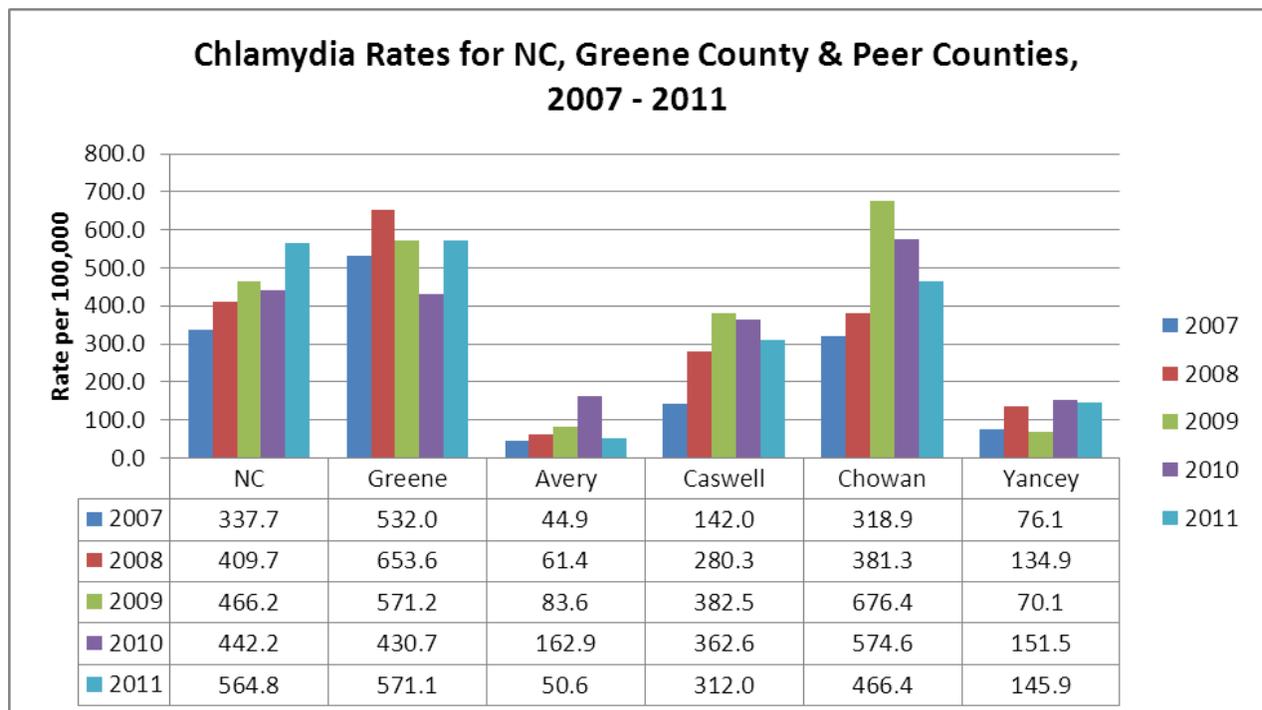
Comparison of Peer Counties -- the five leading causes of death, 2007 - 2011					
Rank	Greene	Avery	Caswell	Chowan	Yancey
1	Heart Disease	Heart Disease	Heart Disease	Cancer	Cancer
2	Cancer	Cancer	Cancer	Heart Disease	Heart Disease
3	Cerebrovascular Disease	Chronic Lower Respiratory Diseases	Chronic Lower Respiratory Diseases	Cerebrovascular Disease	Chronic Lower Respiratory Diseases
4	Chronic Lower Respiratory Diseases	Pneumonia & Influenza	Other Unintentional Injuries	Chronic Lower Respiratory Diseases	Cerebrovascular Disease
5	Diabetes Mellitus	Cerebrovascular Disease	Cerebrovascular Disease	Other Unintentional Injuries	Alzheimer's Disease

Morbidity

In 2011, STD rates continued to be problem in Greene County, particularly for Chlamydia, the most common reportable infectious disease in the county with a rate of 571.1 reports per 100,000 population. For Gonorrhea, the Greene County rate was 107.7 reports per 100,000 population. Greene County ranked 50th in the state for HIV disease and has more cases than all peer counties.

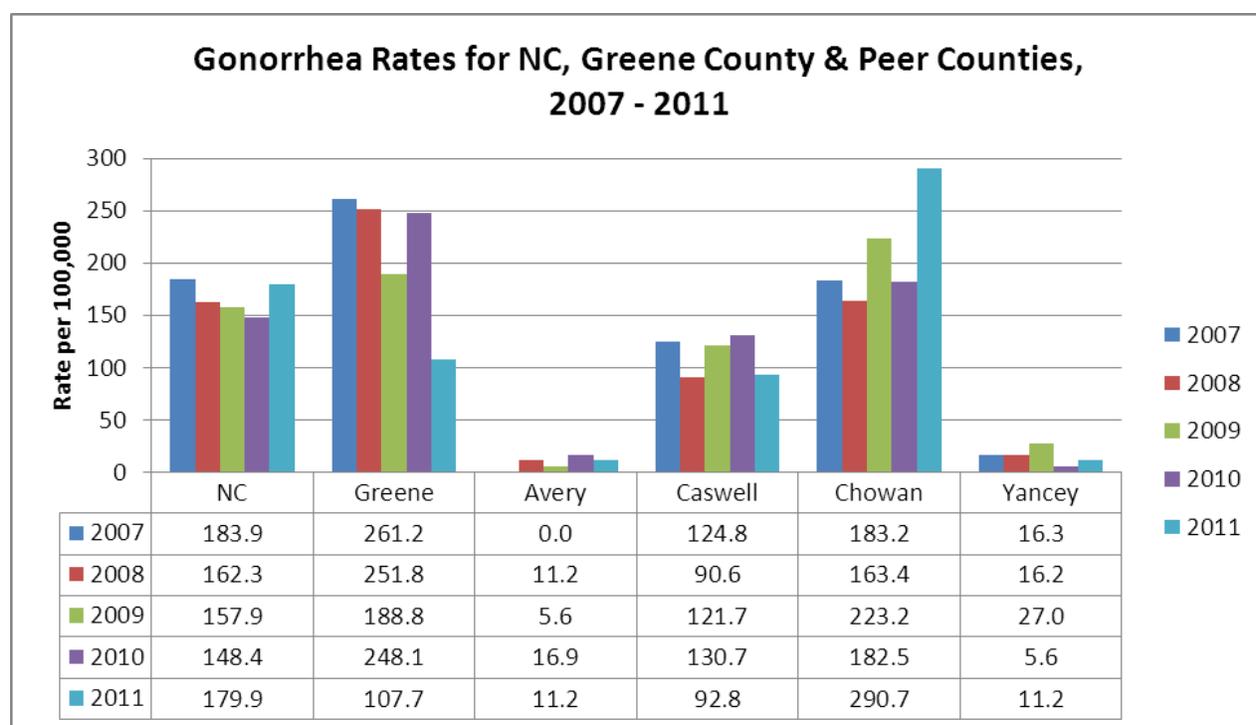
Chlamydia Cases for NC, Greene County & Peer Counties, 2007 - 2011										
	2007		2008		2009		2010		2011	
	Cases	Rate*								
NC	30,612	337.7	37,885	409.7	43,734	466.2	42,167	442.2	53,854	564.8
Greene	110	532.0	135	653.6	118	571.2	92	430.7	122	571.1
Avery	8	44.9	11	61.4	15	83.6	29	162.9	9	50.6
Caswell	33	142.0	65	280.3	88	382.5	86	362.6	74	312.0
Chowan	47	318.9	56	381.3	100	676.4	85	574.6	69	466.4
Yancey	14	76.1	25	134.9	13	70.1	27	151.5	26	145.9

*Rate per 100,000

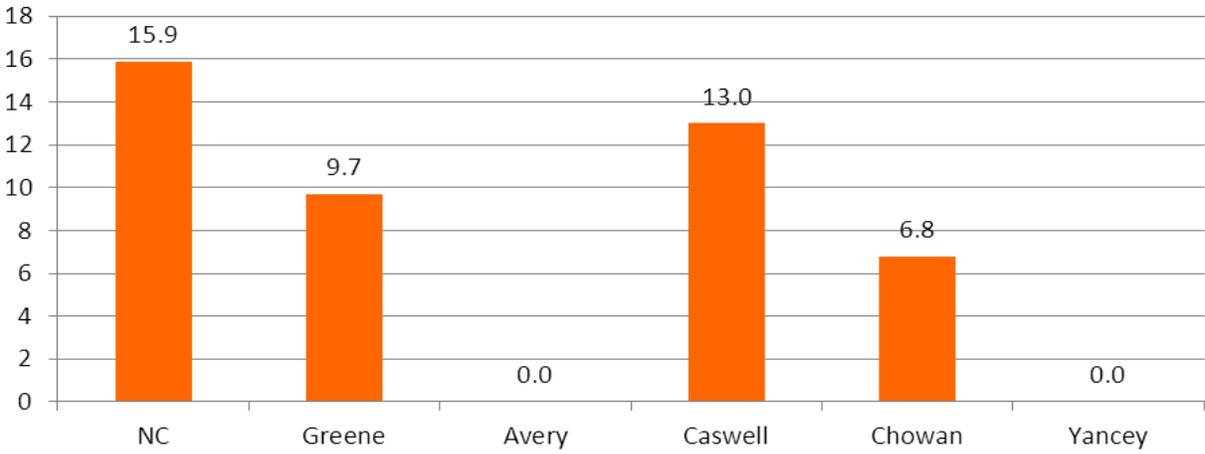


Gonorrhea Cases for NC, Greene County & Peer Counties, 2007 - 2011										
	2007		2008		2009		2010		2011	
	Cases	Rate*								
NC	16,666	183.9	15,012	162.3	14,811	157.9	14,153	148.4	17,158	179.9
Greene	54	261.2	52	251.8	39	188.8	53	248.1	23	107.7
Avery	0	0.0	2	11.2	1	5.6	3	16.9	2	11.2
Caswell	29	124.8	21	90.6	28	121.7	31	130.7	22	92.8
Chowan	27	183.2	24	163.4	33	223.2	27	182.5	43	290.7
Yancey	3	16.3	3	16.2	5	27.0	1	5.6	2	11.2

*Rate per 100,000



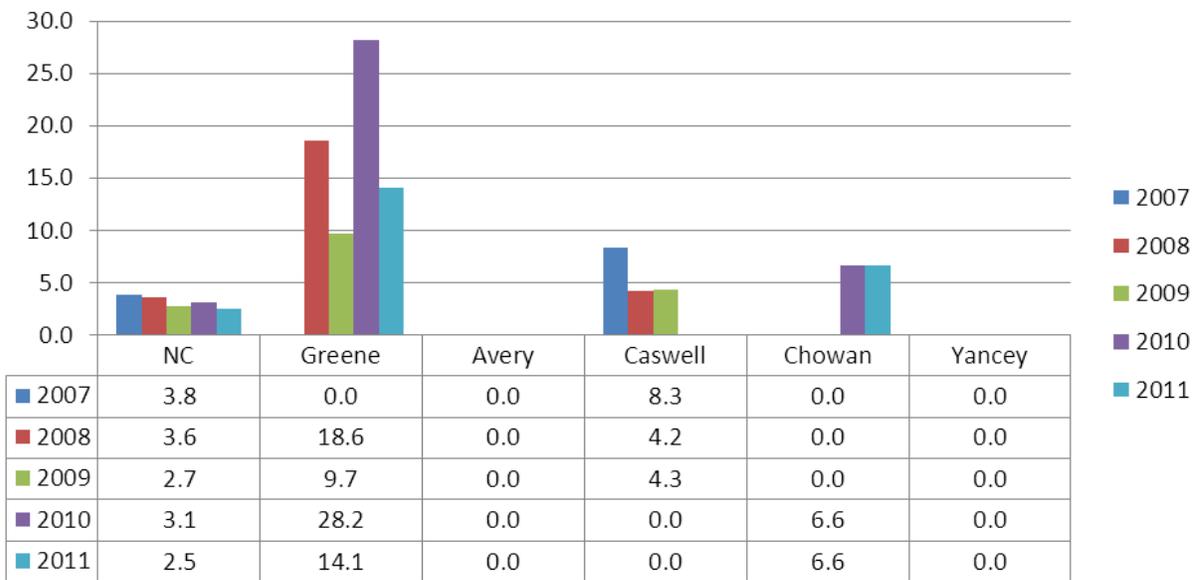
HIV Disease Rates for NC, Greene County and Peer Counties, 2010



**Tuberculosis (TB) Cases and Case Rates for North Carolina,
Greene County & Peer Counties, 2007 - 2011**

	2007		2008		2009		2010		2011	
	Cases	Rate								
NC	345	3.8	335	3.6	250	2.7	296	3.1	244	2.5
Greene	0	0.0	4	18.6	2	9.7	6	28.2	3	14.1
Avery	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Caswell	2	8.3	1	4.2	1	4.3	0	0.0	0	0.0
Chowan	0	0.0	0	0.0	0	0.0	1	6.6	1	6.6
Yancey	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

**Tuberculosis (TB) Rates for NC, Greene County & Peer Counties,
2007 - 2011**

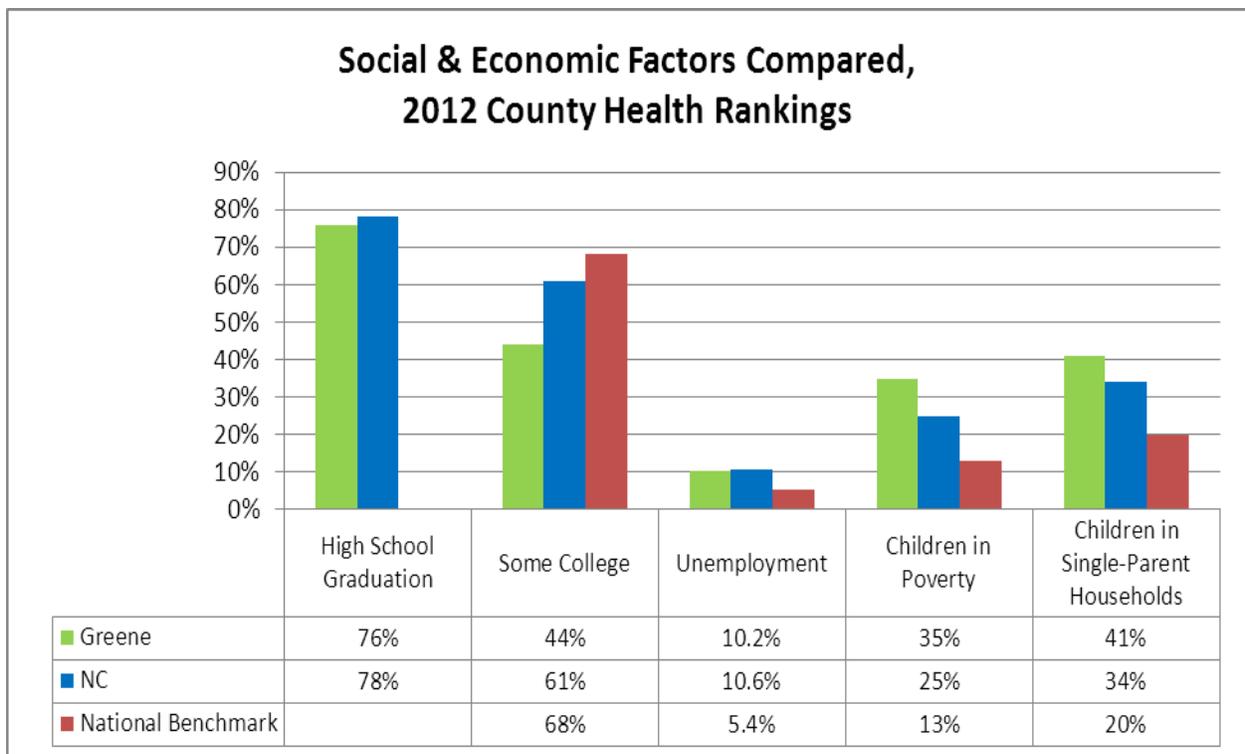


County Health Rankings

The *County Health Rankings* rank the health of nearly every county in the nation. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people are and how long they live. Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings*, based on the latest data publically available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.

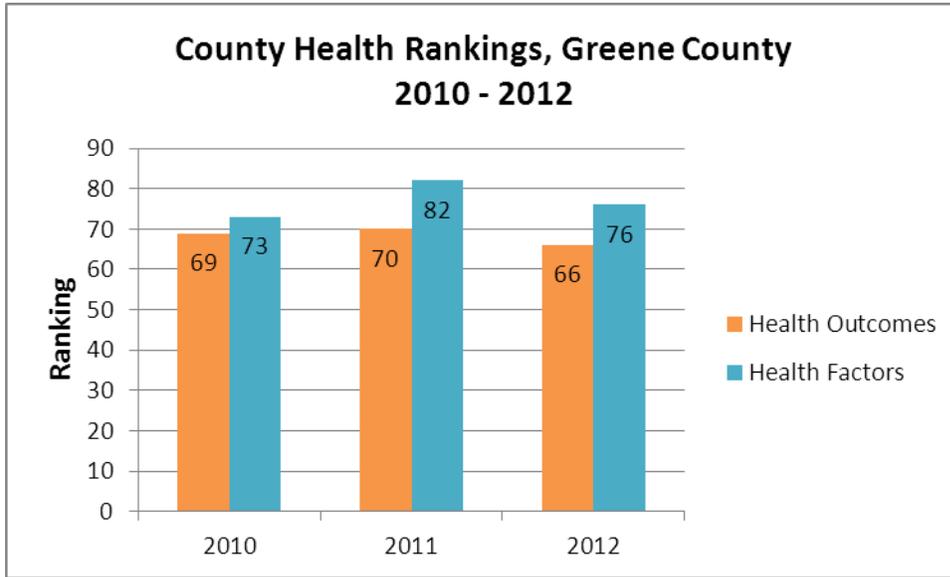
Social & Economic Factors

According to the 2012 County Health Rankings, Greene County ranks 76 out of 100 counties in Social and Economic factors that affect health.



Health Outcomes & Health Factors

In the 2012 County Health Rankings, Greene County ranked 66th out of 100 on overall health outcomes. On health factors, Greene County ranked 76th.



Since the inception of the Rankings in 2010, Greene County has fluctuated on both Health Outcome and Factor rankings. The County Health Rankings are not necessarily the best way to track improvement over time because they are based on broad measures and, in order to be valid for counties of all sizes, many of the measures are based on multiple years of data. Therefore, local data should take precedence and it should be understood that initiatives to change health factors and outcomes take many years to show impact and results. Likewise, year-to-year fluctuations most likely do not represent true changes to health.

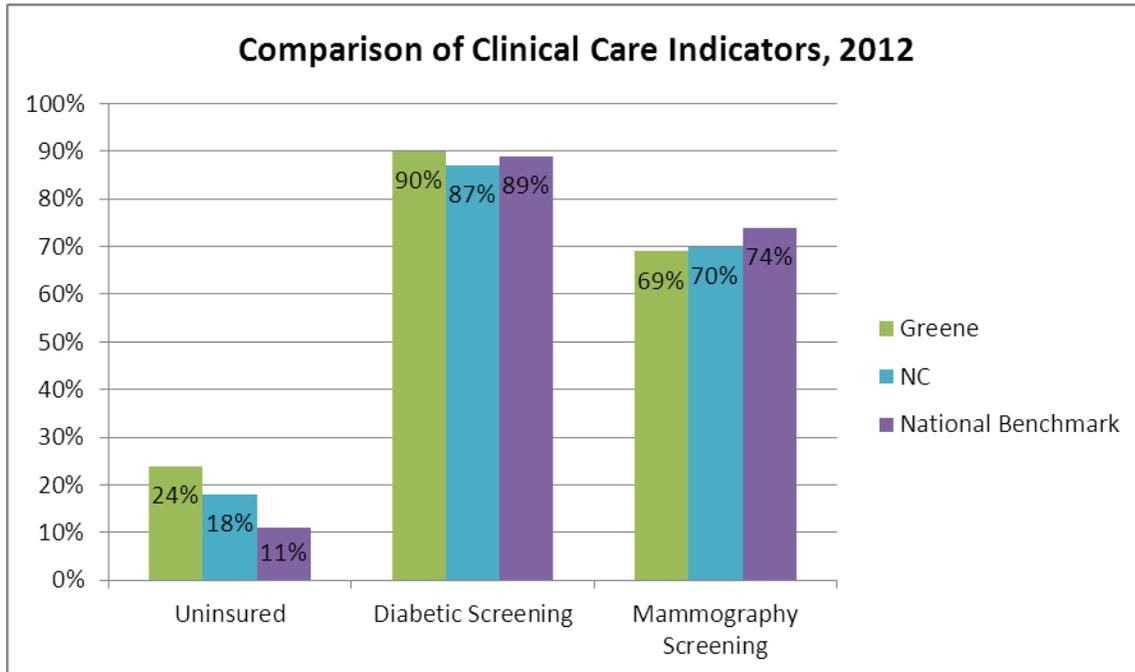
County Health Rankings for Greene County and Selected Peer Counties, 2010 – 2012

	Health Outcomes			Health Factors		
	2010	2011	2012	2010	2011	2012
Greene	69	70	66	73	82	76
Avery	52	45	15	46	45	59
Caswell	55	67	72	71	81	82
Chowan	50	72	49	69	69	51
Yancey	16	16	16	13	24	35

Clinical Care

According to the 2012 County Health Rankings, Greene County ranks 96 in clinical care among North Carolina counties. Greene County's ratio of primary care physicians/population (4,131:1) is drastically worse than that of NC (859:1) and the national benchmark (631:1). Twenty-four percent of Greene County's population under the age of 65 does not have health insurance, significantly higher than the NC average (18%) and national benchmark (11%).

The 2012 County Health Rankings show that Greene County residents utilize health screenings. The percentage of diabetic Medicare enrollees that receive proper screening in Greene County is 90%, higher than the NC average (87%) and national benchmark (89%). The percentage of female Medicare enrollees that receive mammography screening in Greene County is 69%, slightly lower than the NC average of 70% and national benchmark of 74%.



Physical Environment

According to the 2012 County Health Rankings, Greene County ranks 98 out of 100 in physical environment among NC counties. Greene County had one air pollution-particulate matter days compared to the state average of one and the national benchmark of zero. Greene County had no air pollution-ozone days compared to the state average of six and met the national benchmark of zero. The rate of recreational facilities per 100,000 persons in Greene County was zero, compared to a state average of eleven and a national benchmark of 16. (Recreational facilities are defined as establishments primarily engaged in operating fitness and recreational sports facilities, featuring exercise and other active physical fitness conditioning or recreational sports activities such as swimming, skating, or racquet sports.) With regards to limited access to healthy foods, 41% of Greene County's population are low-income and do not live close to a grocery store, compared to the NC average of 10% and the national benchmark of 0%. The percent of restaurants in the county that are fast-food-related was 56%, compared to the NC average of 49% and more than twice the national benchmark of 25%.

Greene County ranks very poorly for Physical Environment. This is mostly due to lack of access to recreational facilities and access to healthy foods. It is evident that the state of the physical environment has an effect on health outcomes so changing the physical environment of Greene County has tremendous potential for improving our overall health.

Greene County has implemented a variety of programs and services to improve the health of our community focusing our efforts on creating environmental change, promoting healthy eating, encouraging physical activity, and eliminating tobacco use and exposure to secondhand smoke in our schools, worksites, and restaurants.

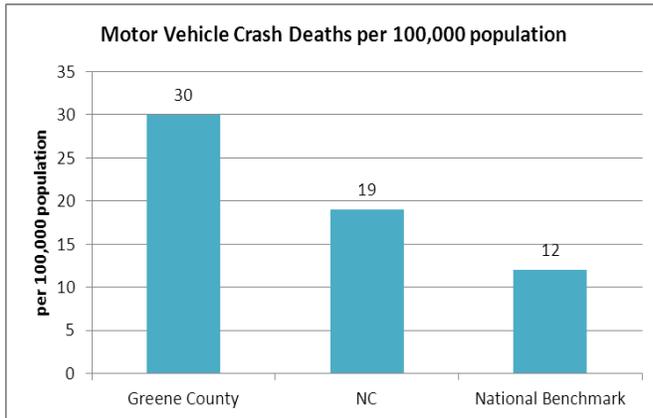
Due to state regulation implemented in 2010, all Greene County bars and restaurants are smoke-free. The law requires enclosed areas of almost all restaurants and bars to be smoke-free effective January 2, 2010.

Greene County Health Department has a 100% Tobacco-Free Policy that prohibits the use of tobacco products within 50 feet of any entrance to the Health Department. Greene County Schools and Lenoir Community College – Greene County Center also have 100% Tobacco-free policies.

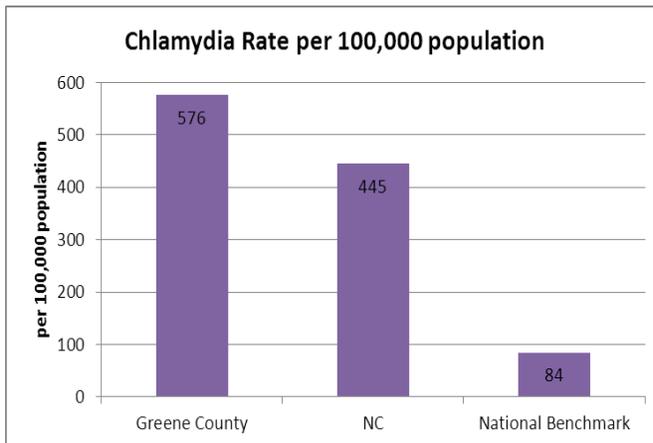


Health Behaviors

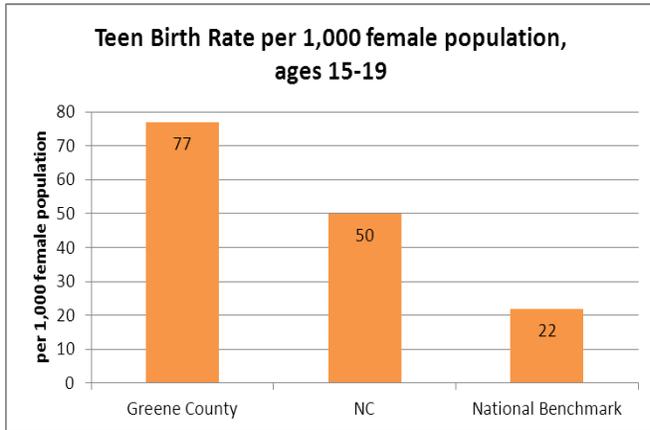
According to the 2012 County Health Rankings, Greene County ranked 21st in Health Behaviors in North Carolina. The motor vehicle crash death rate in Greene County (30/100,000) was higher than the NC average of 19 and more than double the national benchmark of 12.



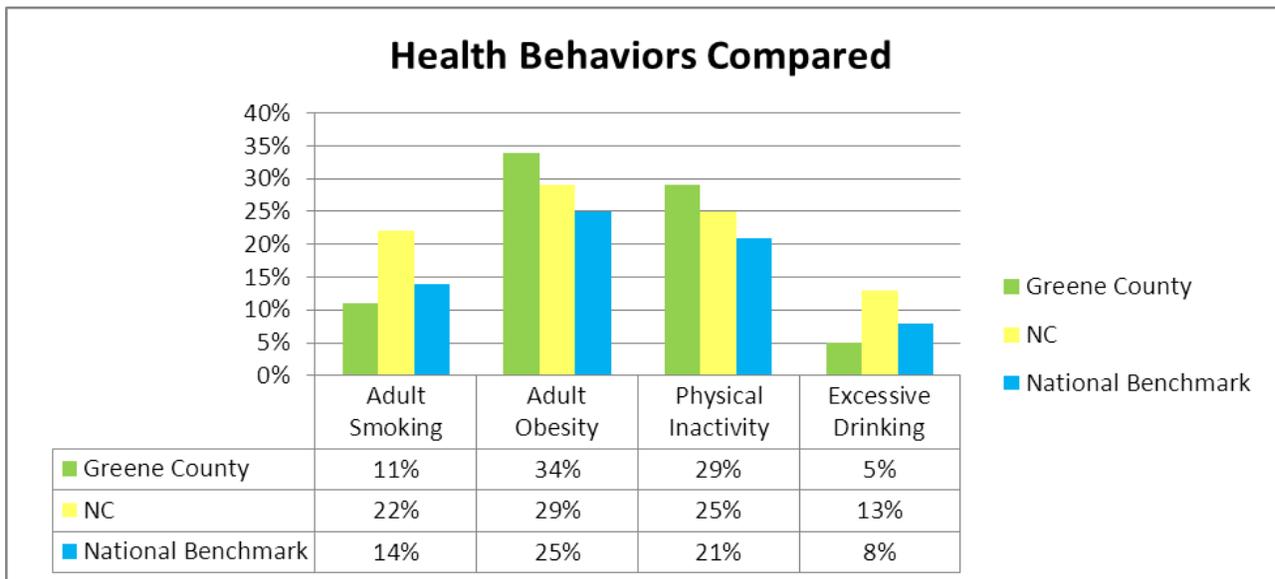
The rate of sexually transmitted infections (represented as the Chlamydia rate per 100,000) in Greene County (576) was higher than the NC average (445) and drastically higher than the national benchmark of 84.



The Greene County teen birth rate (77/1,000) was higher than the NC average of 50 and more than triple the national benchmark of 22.



Adult smoking rates (11%) were well below the state rate of 22% and national benchmark of 14%. Percent of adult residents in Greene County who were obese was 34%, higher than the state rate of 29% and the national benchmark of 25%. Similarly, percent of persons in Greene County who were physically inactive (29%) was higher than the state rate of 25% and the national benchmark of 21%. The percent of Greene County residents who drink excessively was 5%, lower than the state rate of 13% and national benchmark of 8%.



Health Outcomes

Mortality -- According to the 2012 County Health Rankings, Greene County ranked 69th in overall mortality in NC. This is due to the fact that our premature death indicator of 9,404 is significantly higher than the state average of 7,961 and the national benchmark of 5,466. Premature death is represented by the years of potential life lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost to a county's YPLL. The YPLL measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 U.S. population.

Morbidity -- According to the 2012 County Health Rankings, Greene County ranked 58th in overall morbidity in NC. The average number of physically unhealthy days reported in the past 30 days by Greene County residents was 3.6 days per month compared to the NC average of 3.6 and national benchmark of 2.6. The average number of mentally unhealthy days reported in the past 30 days by Greene County residents was 2.3 days per month compared to the NC average of 3.4 and national benchmark of 2.3. Greene County had a higher percentage of babies born at low birth weight (11.7%) compared to the state rate of 9.1% and the national benchmark of 6%.

Data Sources

- County Health Rankings and Roadmaps
- Greene County Government
- Greene County Health Department
- Greene County Public Schools
- North Carolina Department of Commerce
- North Carolina Department of Public Instruction
- North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services
- North Carolina Division of Public Health
- North Carolina Electronic Disease Surveillance System
- North Carolina Institute of Medicine
- North Carolina State Center for Health Statistics
- State Bureau of Investigation
- US Census Bureau

Community Themes and Strengths Assessment

The purpose of the Community Themes and Strengths Assessment is to gather information about Greene County residents' thoughts, opinions and concerns on health and safety issues while also seeking insight into the issues of importance to the residents of our community. This assessment was conducted by surveying Greene County residents and by compiling information from a focus group of Hispanic residents. The focus group targeted the Hispanic population because they are typically underrepresented on the community survey.

Focus Group Questions:

1. What do you like most about living in Greene County?
2. What do you see as the major health problems/concerns in Greene County?
3. What keeps people in Greene County from being healthy?
4. What are some of the things that you see as lacking in your community?
5. What are some health services people need that are not currently being offered?
6. What makes it hard for people to get health information and health care?

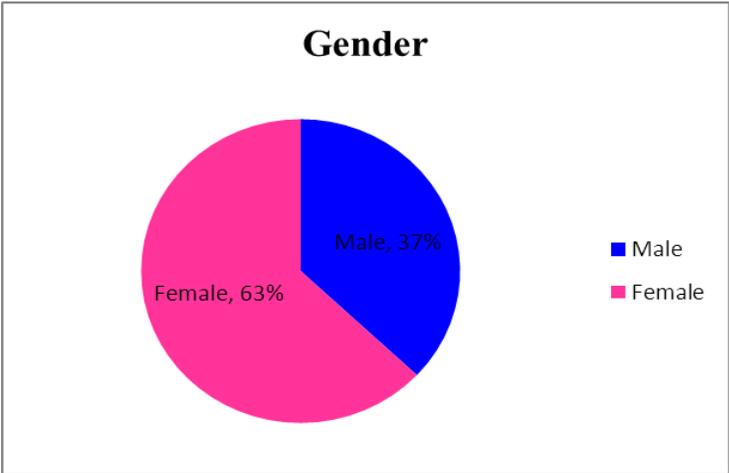
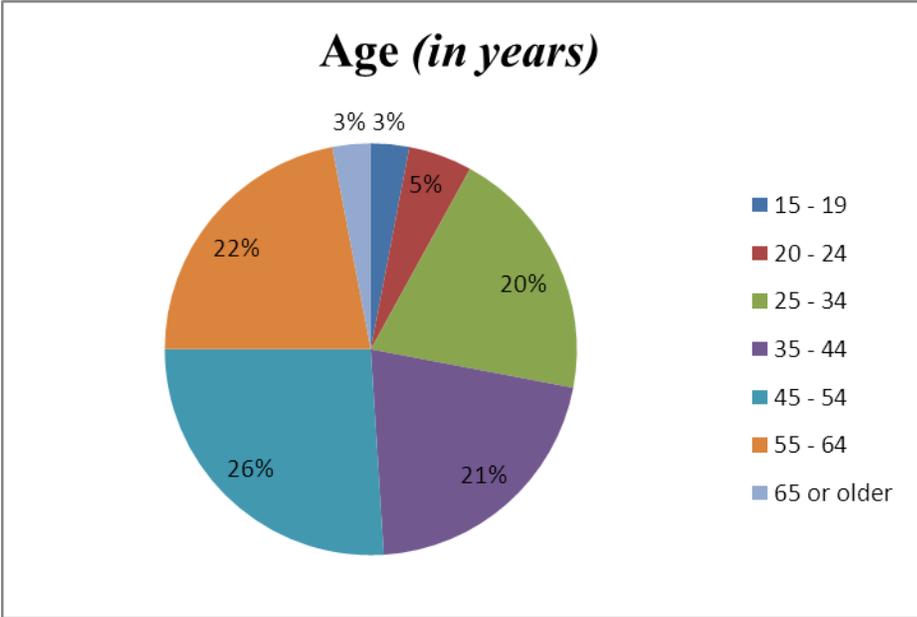
Methodology

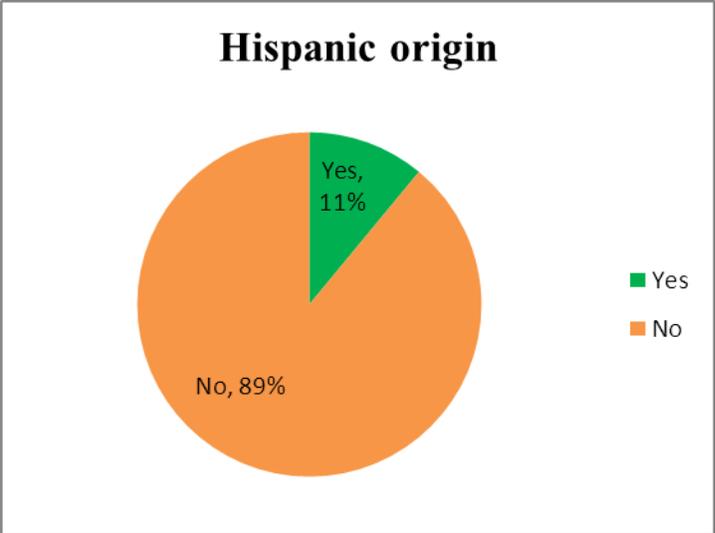
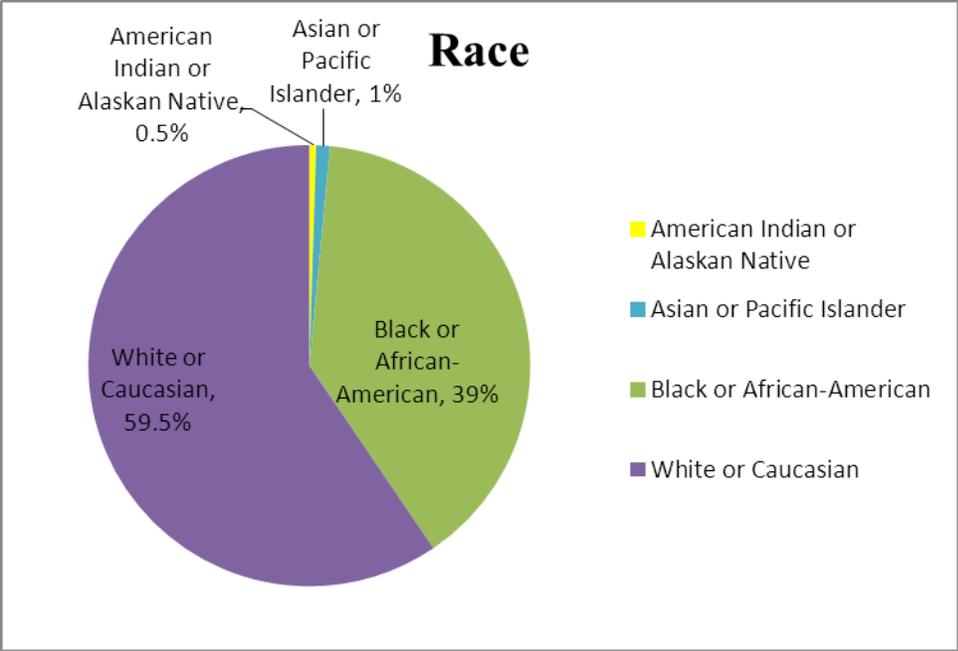
The Community Themes and Strengths Assessment (CTSA) report compiles the findings from the surveys and focus group in an attempt to highlight the community themes, strengths and areas of concern of residents in Greene County. Members of the MAPP Steering Committee were selected to participate in the CTSA subcommittee based on their interest and expertise. The CTSA subcommittee reviewed the survey tool used in the previous Community Health Assessment to see what questions they thought should be used again and what questions they thought should be added or taken away to create the new Community Health Survey instrument. During this process, the group also decided that it would be beneficial to conduct a focus group directed at the Hispanic population because they are typically underrepresented on the community survey. Data from both the Community Health Survey and Hispanic focus group are compiled to present an overall representative picture of the community's perception of health issues, quality of life and assets in Greene County.

Community Health Survey

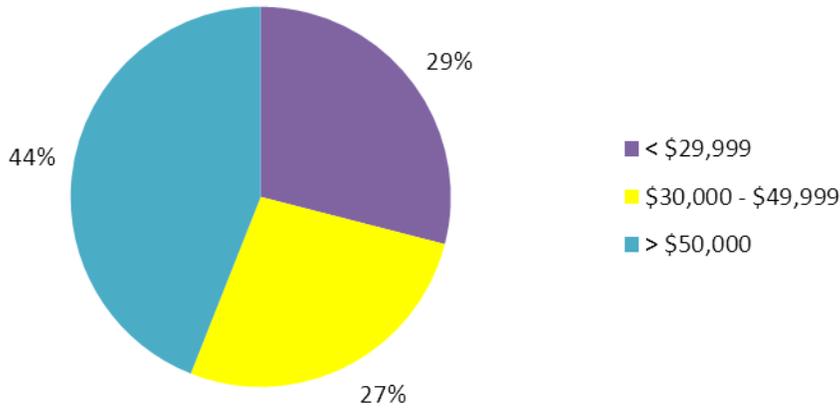
Residents of Greene County were surveyed in the fall of 2010 through paper survey distribution at community sites and/or events. Numerous community agencies worked to advertise the survey to all segments of the county's population for a fairly representative distribution of respondents. A total of 505 surveys were completed and analyzed.

Characteristics of Survey Participants

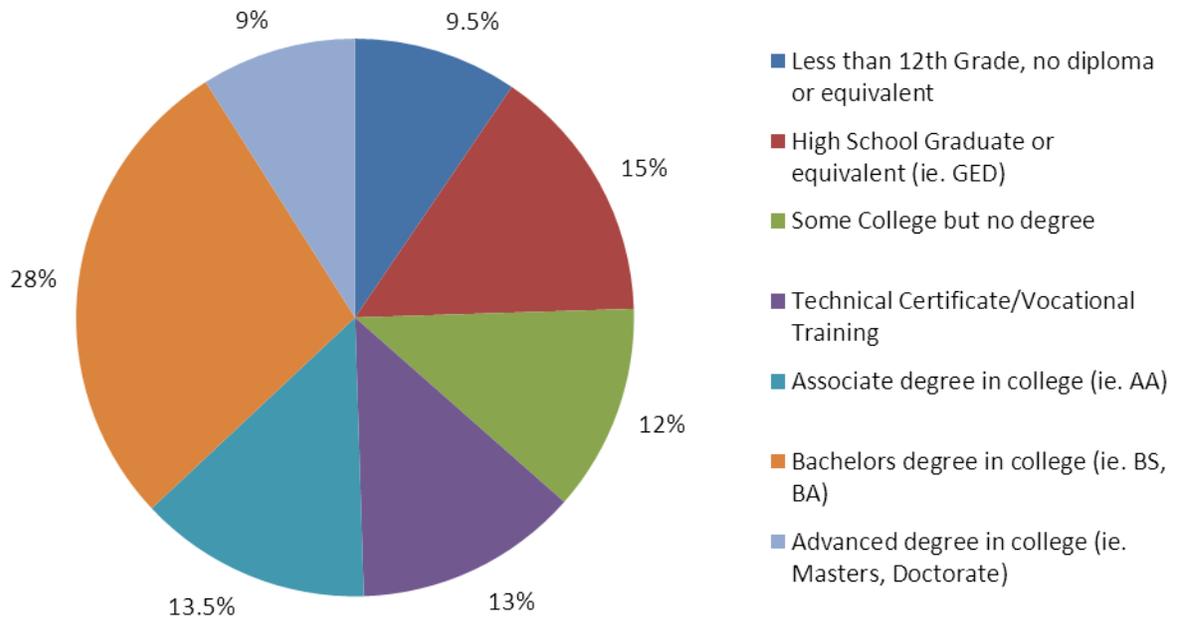


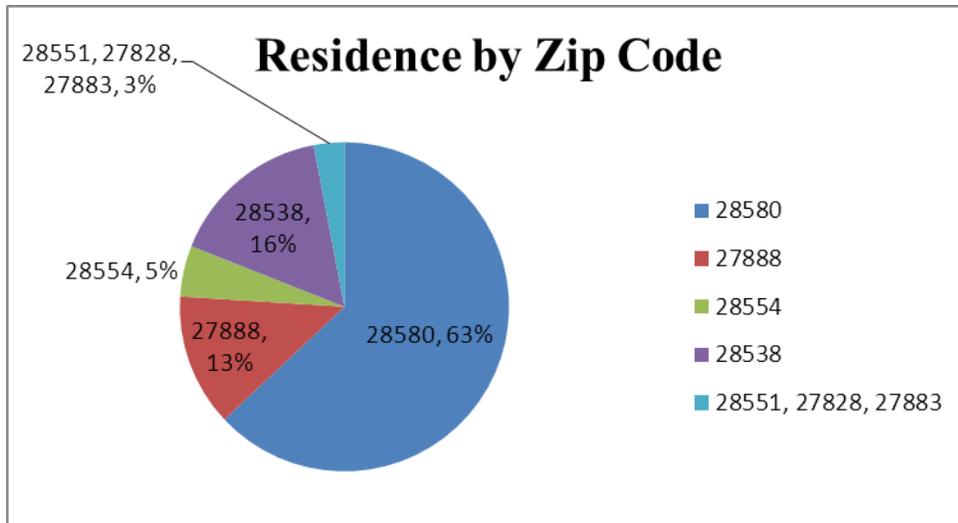


Annual Household Income (total)



Highest Level of School, College or Vocational Training Completed





Community Health Survey Questions

- ❖ How do you feel about this statement, “There is a good healthcare system in Greene County”? Consider the cost and quality, number of options, and availability of healthcare in Greene County.

Strongly Agree – 9.8%
 Agree – 57.0%
 Disagree – 22.0%
 Strongly Disagree – 11.2%

- ❖ How do you feel about this statement, “Greene County is a good place to raise children”? Consider the quality and safety of schools and child care programs, after school programs, and places to play in this county.

Strongly Agree – 17.5%
 Agree – 59.4%
 Disagree – 16.9%
 Strongly Disagree – 6.2%

❖ How do you feel about this statement, “Greene County is a good place to grow old”? Consider our county’s elder-friendly housing, transportation to medical services, recreation, and services for the elderly.

Strongly Agree – 21.5%
Agree – 55.5%
Disagree – 15.7%
Strongly Disagree – 7.3%

❖ How do you feel about this statement, “There is plenty of economic opportunity in Greene County”? Consider the number and quality of jobs, job training/higher education opportunities, and availability of affordable housing in Greene County.

Strongly Agree – 5.0%
Agree – 24.2%
Disagree – 41.0%
Strongly Disagree – 29.8%

❖ How do you feel about this statement, “Greene County is a safe place to live”? Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks, and shopping centers in Greene County.

Strongly Agree – 13.5%
Agree – 66.1%
Disagree – 15.2%
Strongly Disagree – 5.2%

❖ How do you feel about this statement, “There is plenty of help for individuals and families during times of need in Greene County”? Consider social support in Greene County: neighbors, support groups, faith community outreach, community organizations, and emergency monetary assistance.

Strongly Agree – 11.3%
Agree – 46.5%
Disagree – 24.3%
Strongly Disagree – 17.9%

Health Problems

When asked on the Community Health Survey what the five most important health problems in Greene County were, the top ten problems identified were:

1. Obesity/overweight (63.2%)
2. Teenage Pregnancy (46.1%)
3. Diabetes (45.5%)
4. Cancer (45%)
5. Sexually Transmitted Diseases (36.6%)
6. Aging Problems (32.5%)
7. Heart Disease (31.5%)
8. Mental Health problems (27.9%)
9. Asthma (25.7%)
10. HIV/AIDS (23.8%)

Unhealthy Behaviors

When asked on the Community Health Survey what the five unhealthiest behaviors in Greene County were, the top five unhealthy behaviors identified were:

1. Alcohol and/or drug abuse (66.7%)
2. Having unsafe sex (51.7%)
3. Poor eating habits (50.7%)
4. Smoking/tobacco use (45.9%)
5. Lack of exercise (42.4%)

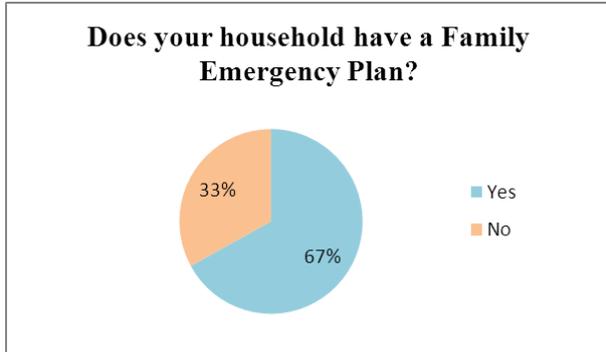
Community Issues

When asked on the Community Health Survey to identify the top five community issues that have the greatest effect on quality of life in Greene County, the top five community issues identified were:

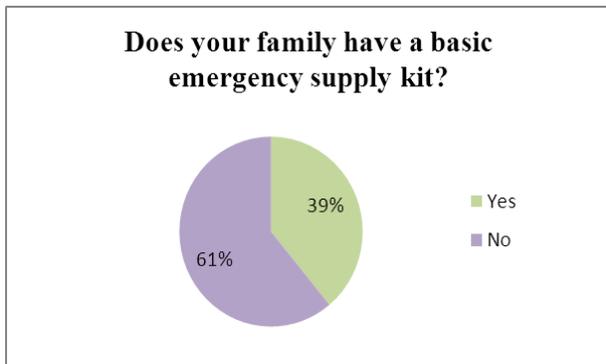
1. Low income/poverty (49.9%)
2. Unemployment (45.1%)
3. Dropping out of school (44.4%)
4. Availability of positive teen activities (30.5%)
5. Lack of/inadequate health insurance (25.7%)

Emergency Preparedness

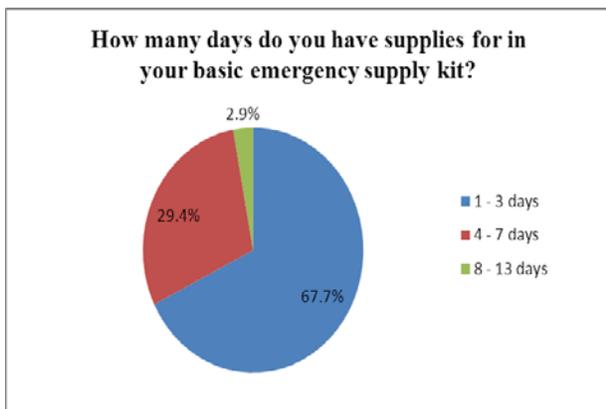
When asked on the Community Health Survey if their household had a Family Emergency Plan, most persons (67%) responded “yes”.



However, when asked on the Community Health Survey if their family had a basic emergency supply kit, most persons (61%) responded “no”.



If they responded “yes” that their family had a basic emergency supply kit, they were asked how many days they had supplies for.



Focus Group

The focus group was conducted in September 2012 and targeted the Hispanic population because they are typically underrepresented on the community survey. There were 18 participants (11 males and 7 females).

Focus Group Questions:

1. What do you like most about living in Greene County?
2. What do you see as the major health problems/concerns in Greene County?
3. What keeps people in Greene County from being healthy?
4. What are some of the things that you see as lacking in your community?
5. What are some health services people need that are not currently being offered?
6. What makes it hard for people to get health information and health care?

Participant Responses...

1. What do you like most about living in Greene County?
 - ❖ Good schools, good teachers, children are getting a good education
 - ❖ Quiet
 - ❖ Outside space for our children to play
 - ❖ Feel safe
 - ❖ Good healthcare clinics
2. What do you see as the major health problems/concerns in Greene County?
 - ❖ Cancer
 - ❖ Diabetes
 - ❖ Dental problems
 - ❖ Transportation
 - ❖ Obesity
 - ❖ High Blood Pressure
3. What keeps people in Greene County from being healthy?
 - ❖ Not going to the doctor – can't afford to go
 - ❖ No money to pay for prescriptions/medicines
 - ❖ Not exercising
 - ❖ Scared to go to the doctor
 - ❖ Don't know where to go for care
 - ❖ Not eating fruits and vegetables
 - ❖ Smoking

4. What are some of the things that you see as lacking in your community?
 - ❖ Recreation
 - ❖ Not enough interpreters
 - ❖ Restaurants
 - ❖ Better communication for Hispanic population
 - ❖ Places to shop
 - ❖ Not enough doctors

5. What are some health services people need that are not currently being offered?
 - ❖ There are a lack of specialists in the county

6. What makes it hard for people to get health information and health care?
 - ❖ Can't take off work during the day to go to the doctor
 - ❖ No insurance
 - ❖ Don't know where to go for information
 - ❖ Don't understand all the services that the clinics provide
 - ❖ Don't have transportation
 - ❖ Language barrier

Forces of Change Assessment

The Forces of Change Assessment provides insight into what is influencing the health of the community through identification of external factors, trends and events.

What are Forces of Change?

Forces are a broad all-encompassing category that includes:

- ❖ Trends are patterns over time, such as migration in and out of a community.
- ❖ Factors are discrete elements, such as a community's large ethnic population or a jurisdiction's proximity to a major waterway.
- ❖ Events are one-time occurrences, such as natural disasters or passage of new legislation.

Methodology

The Forces of Change Assessment meeting on March 28, 2012 began with a review of the purpose and design of the MAPP process, and the vision statement was read to the group. It was explained that Forces of Change in Public Health are what influence the health of the community. These forces include environmental and social factors. A brainstorming session was conducted for about 15 minutes whereby individuals wrote down their ideas. To help the participants come up with Forces of Change, they were given questions on a brainstorming worksheet to ask themselves (Appendix I).

- What has occurred recently that may affect our local public health system or community?
- What may occur in the future?
- Are there any trends occurring that will have an impact?
- What forces are occurring locally? Regionally? Nationally? Globally?

There was group discussion and the facilitator recorded their ideas on post-it paper in organized groups. The groups focused on the following: Social, Economic, Political, Legal, Technological, Ethical, Environmental and Scientific. Once the ideas were presented, the facilitator asked the following questions:

- What characteristics of our jurisdiction or state may pose an opportunity or threat?
- What may occur or has occurred that may pose a barrier to achieving the shared vision?
- What specific threats or opportunities are generated by these forces of change?

The participants identified and discussed threats and opportunities, and had a worksheet to write down their ideas (Appendix II).

Results

Participants from around Greene County helped the Forces of Change Assessment provide an overview of trends, events and factors that either are or could potentially affect the overall health of the county. The opinions represented are those of participants that attended the meeting, not a representation of the entire county. However, these results are useful with the other data collected through the MAPP process. Below are the forces of change that were identified:

- ❖ Social, Mental Health, Educational
 - Loss of school nurses
 - New School, Restructuring of the other schools
 - New Mental Health structure/LME
 - Lack of male-focused family planning
 - No Boys and Girls Club, limited after school activities
 - Lack of self-respect among youth
 - New Parent Matters curriculum/program being offered
 - Prescription drug abuse
 - Early college program
- ❖ Economic
 - Farmers Market
 - Cutter Creek Golf Club
 - Significant Hispanic population (14%)
 - One of the largest Senior Hispanic populations in North Carolina
 - Greene Regional Home Health agency has closed
 - Rising gas prices
 - Decrease in transportation funds for public transportation
 - Persons living below poverty level (23%)
 - No hotel in the county
 - Recent budget cuts
 - County used as a “training ground”
 - No county employee salary increases
 - The aging population (≤ 65 years) can’t afford co-pays. Having to choose between groceries, gas, medications.
 - Teen Pregnancy
 - Increase in funding for prevention
- ❖ Political
 - No hospital
 - Lack of medical providers
 - Distrust of government (at all levels)
 - Job turnover

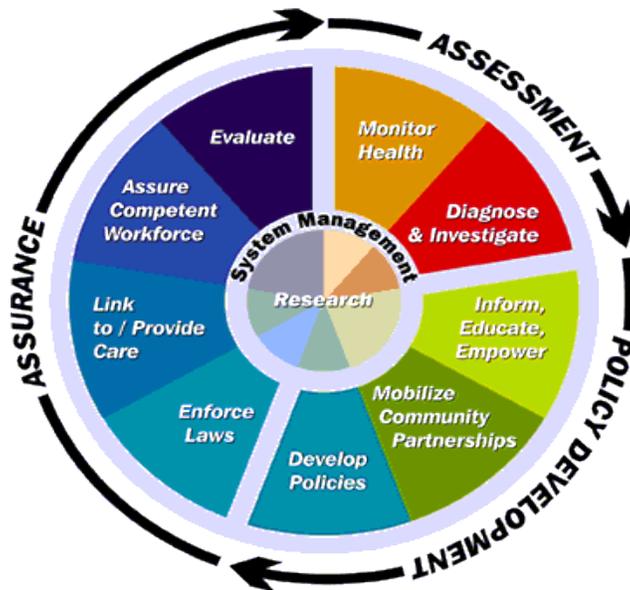
- Poor county employee morale
- ❖ Scientific and Technological
 - Broadband services are limited
 - Limited Wi-Fi sites
 - New tornado warning system
 - Research with ECU
- ❖ Legal and Ethical
 - Potential animal cruelty and gambling
 - Medicaid fraud and abuse
 - Distrust of government (at all levels)
- ❖ Environmental
 - Tornado on April 16, 2011
 - Hurricane Irene in August 2011
 - Abandoned properties
 - No/limited public meeting space
 - Poor livestock management
 - Feral dog population
 - Lack of recreational opportunities/lack of outdoor trails, sidewalks, bike paths, swimming pools, etc.

Local Public Health System Assessment

The purpose of the assessment is to identify the activities and capacities of the local public health system and identify areas for strengthening the system's ability to respond to day-to-day public health issues public health emergencies. It takes more than healthcare providers and public health agencies to address the social, economic, environmental and individual factors which influence health. The local public health system is comprised of agencies, organizations, individuals and businesses that must work together to create conditions for improved health in a community.

The LPHSA is one of three instruments (the local instrument) in the National Public Health Performance Standards Program (NPHPSP). It was developed in 2001 as a collaboration of the Centers for Disease Control and Prevention (CDC) and the National Association of County and City Health Officials (NACCHO). Key stakeholders (e.g. local health department and other governmental agencies, healthcare providers, human service organizations, schools and universities, faith institutions, youth development organizations, economic and philanthropic organizations, environmental agencies) are invited to participate and complete the assessment. Participants have the opportunity to discuss and determine how their organization/agency is performing in comparison to each of the thirty model standards.

The model standards are based on the Ten Essential Public Health Services (EPHS) framework and represent the spectrum of public health activities that should be provided in any jurisdiction.



Methodology

The essential services were divided into three groups. The seventeen stakeholders were placed into those groups based on their experience and knowledge of the specific essential services. One facilitator and one recorder were assigned to each group.

After a brief introduction and review of the workshop agenda and instruction of the voting process, the three groups began their review of the essential services. During the work sessions, each assigned Essential Public Health Services (EPHS), model standard and indicator question was reviewed, discussed and scored. Recorders documented the scores and discussions to note significant comments. The notes were used to provide insight as to how the voting occurred. They also provided additional information as to what activities are taking place. The following scale was used for scoring:

No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
0	1 Between 1 – 25%	2 Between 26 – 50%	3 Between 51 – 75%	4 Between 76 – 100%



Results

The results that follow include the scores for the Ten Essential Public Health Services and their rankings. (Appendix III is the LPHSA Data Report which contains the scores of the individual model standards and their related questions.)

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

Essential Public Health Services Performance Scores	Score
1. Monitor Health Status To Identify Community Health Problems	76
2. Diagnose And Investigate Health Problems and Health Hazards	93
3. Inform, Educate, And Empower People about Health Issues	65
4. Mobilize Community Partnerships to Identify and Solve Health Problems	63
5. Develop Policies and Plans that Support Individual and Community Health Efforts	69
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	99
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	74
8. Assure a Competent Public and Personal Health Care Workforce	67
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	72
10. Research for New Insights and Innovative Solutions to Health Problems	72
Overall Performance Score	75

Figure 1: Summary of EPHS performance scores and overall score (with range). The range bars show the minimum and maximum values of responses within the Essential Service and an overall score.

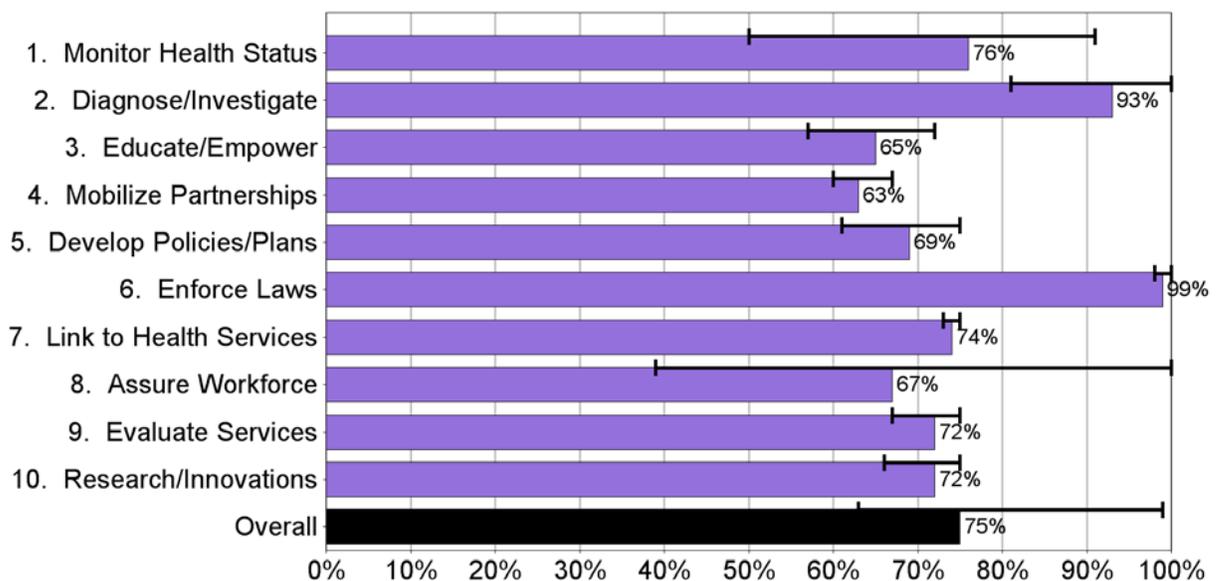


Figure 2: Rank ordered (from low to high) performance scores for each Essential Service

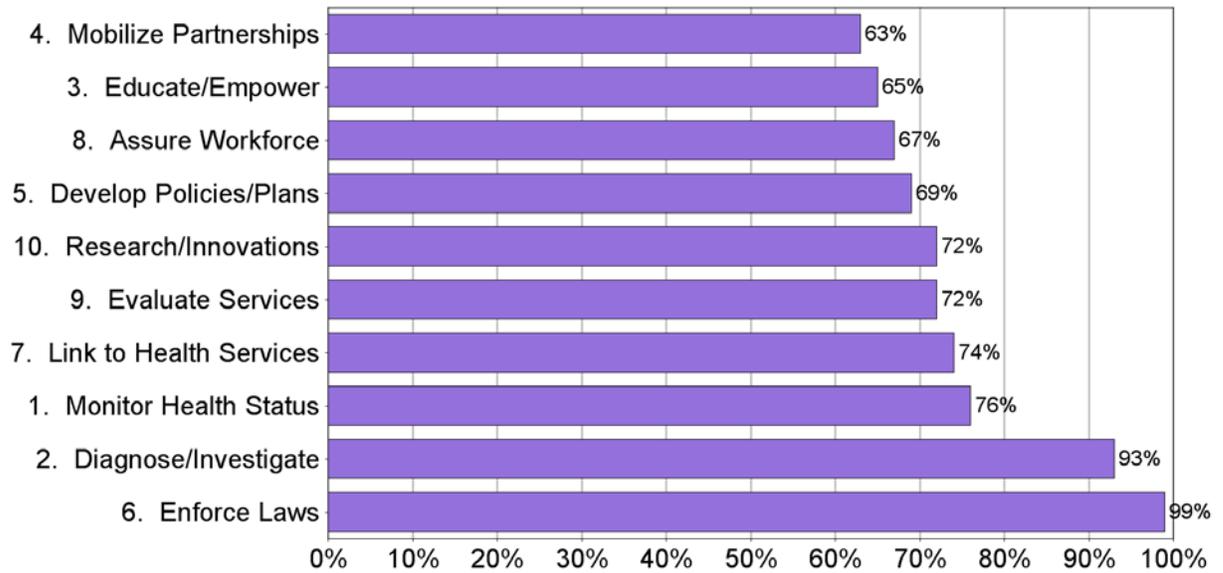
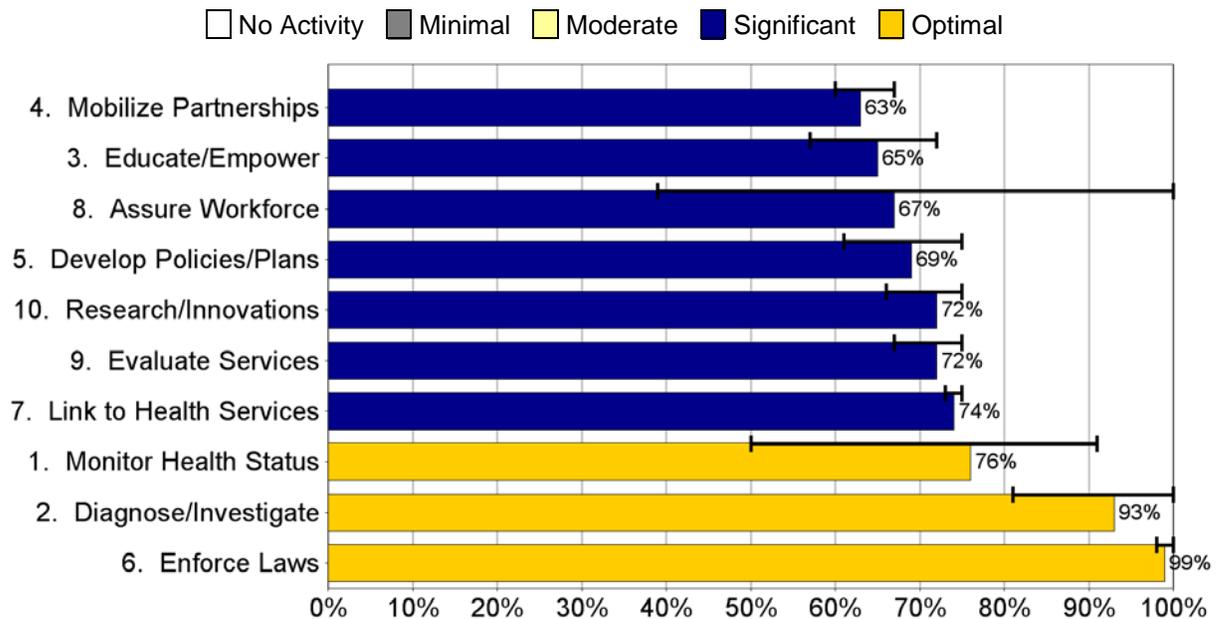


Figure 3: This figure is a composite picture of figures 1 and 2 with rank ordered performance scores for each Essential Service, by level of activity, and with the range bars indicating the high and how scores within each EPHS.



The next section of charts reveals how well the Greene County local public health system is achieving optimal level activities. These results are based on scores of the Ten Essential Public Health Services, the model standards under each of those, and the specific questions within the model standards, respectively.

Figure 4: Percentage of Essential Services scored in each level of activity

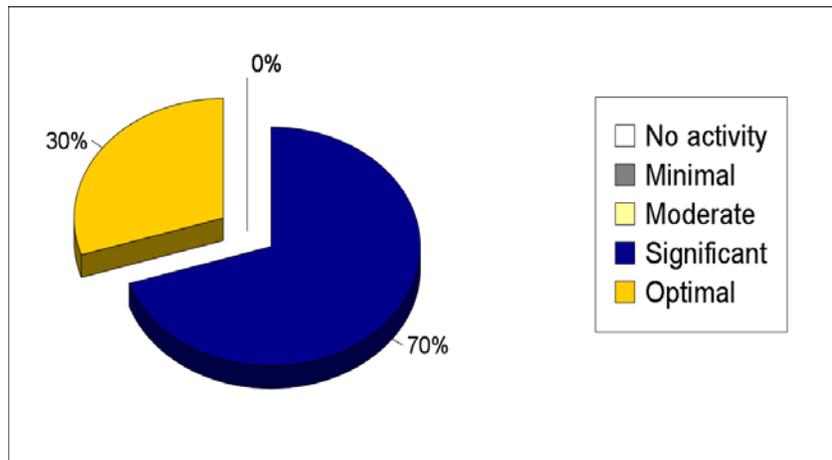


Figure 5: Percentage of model standards scored in each level of activity

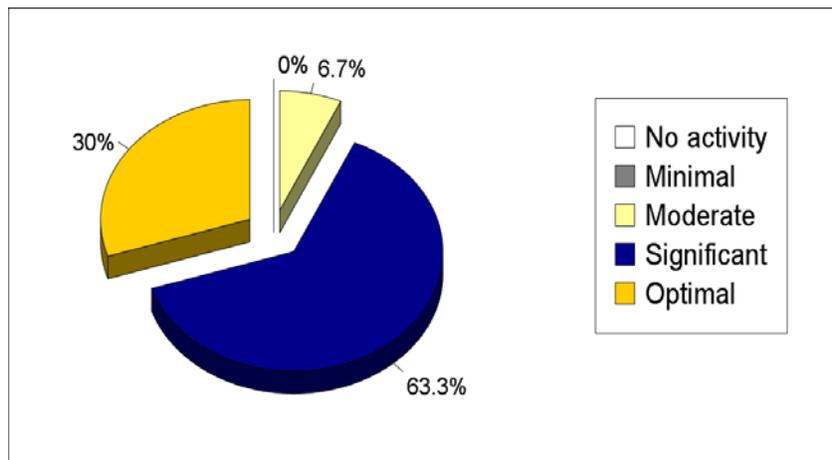
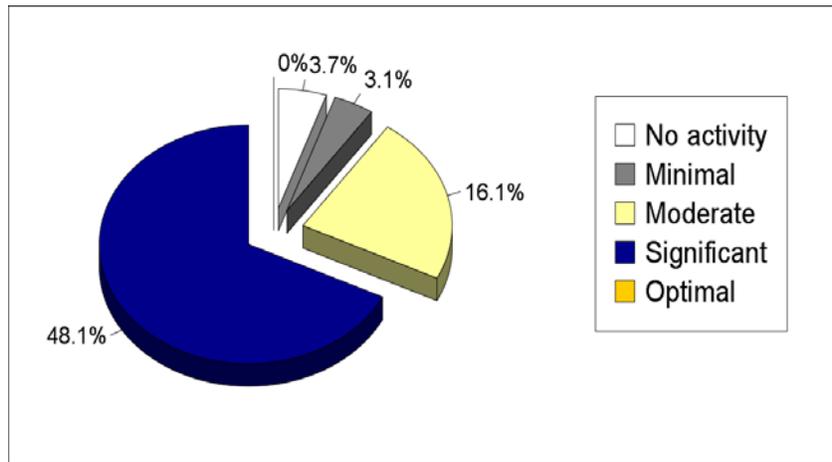


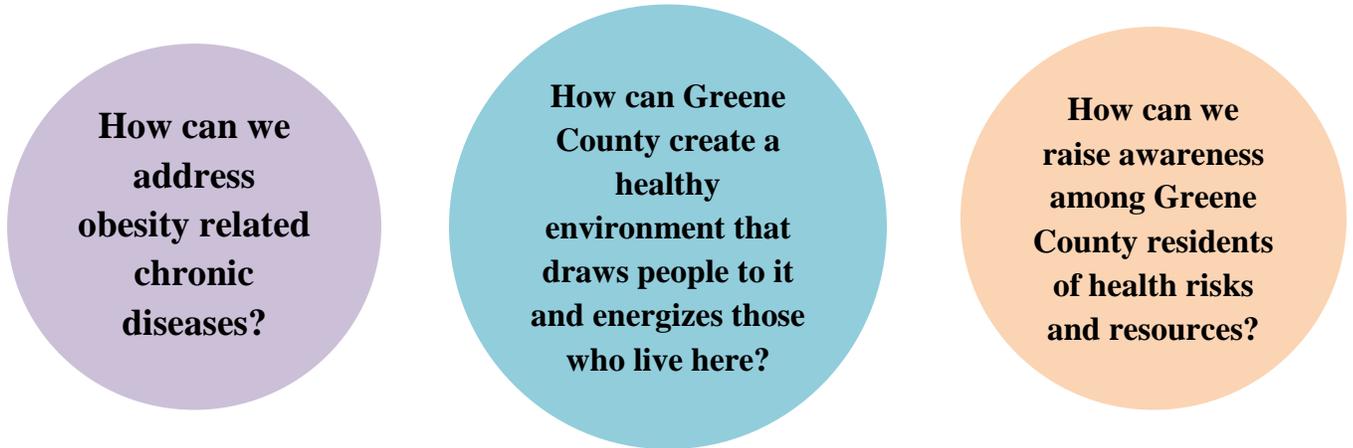
Figure 6: Percentage of all questions scored in each level of activity



Identifying Strategic Issues

Using the key themes and information from the four assessments, partners were guided in developing strategic issues for the CHA/MAPP process. Unlike routine CHAs, due to the MAPP model used, the strategic issues identified are less definitive health outcomes, but rather more general to encompass the context of how health outcomes are driven and constructed.

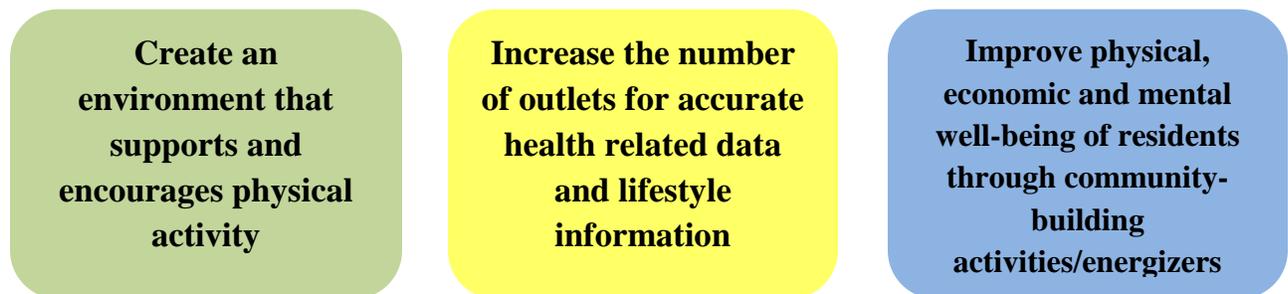
The three strategic issues identified were:



Formulate Goals and Strategies

Using the identified strategic issues, partners worked to develop goals, current/past related work, potential partners, existing resources and funding, potential strategies to achieve the goal, and barriers to implementation.

The three goals identified were:



Next Steps

Currently, Community Health Action Plans are being finalized and will be distributed to partner agencies when complete and submitted to NCDPH in June 2013. Additionally, this document will be distributed to Board of Health members, County Commissioners and key community agencies. An Executive Summary of this document will be distributed widely to Town Boards, County Boards, community agencies and local community buildings. Both documents will be available on the Greene County Health Department website.

Presentations on the CHA will be given to health department staff, Board of Health members and any other requesting agency on an on-going basis.

Existing community committees will take on each of the identified goals, as will be described in the Community Health Action Plans. Additionally, on an annual basis, community health update meetings will be conducted with key community agencies to review progress on the Community Action Plans and identify opportunities for improvement and enhanced collaboration. These meetings will coincide with annual releases of the State of the County Health Report, which will provide updates on progress made on goals and health outcomes.

Appendix I: Forces of Change Brainstorming Worksheet

Greene County MAPP Forces of Change Brainstorming Worksheet

The following two-page worksheet is designed for MAPP Committee members to use in preparing for the Forces of Change brainstorming session.

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

What Kind of Areas or Categories are Included?

Be sure to consider any and all types of forces, including:

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

How to Identify Forces of Change

Think about forces of change — outside of your control— that affect the local public health system or community.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

Also, consider whether or not forces identified were unearthed in previous discussions.

1. Was the MAPP process spurred by a specific event such as changes in funding or new trends in public health service delivery?
2. Did discussions during the Local Public Health System Assessment reveal changes in organizational activities that were the result of external trends?
3. Did brainstorming discussions during the Visioning or Community Themes and Strengths phases touch upon changes and trends occurring in the community?

Greene County MAPP Forces of Change Brainstorming Worksheet

Using the information from the previous page, list all brainstormed forces, including factors, events, and trends. Continue onto another page if needed. Bring the completed worksheet to the brainstorming session

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Appendix II: Forces of Change Assessment Threats & Opportunities

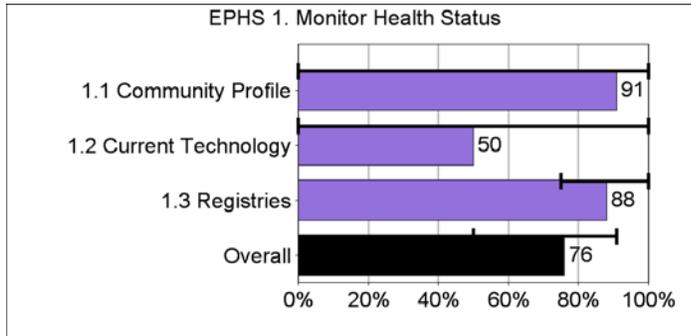
Forces of Change	Threats Created	Opportunities Posed
Social, Mental Health, Educational		
1. Loss of school nurses	- less communication with parents - less on-site care, follow-up, referrals	
2. New School	- youth attending 5 schools prior to graduation	- smaller schools
3. New Mental Health structure/ LME	- unknown changes in services	- better services though larger LME
4. Lack of male-focused family planning	- males take little responsibility	- changes in attitudes; accept responsibilities
5. No Boys and Girls Club, limited after school activities	- lost opportunity for empowering adolescents - lost opportunity for visioning a future	- prioritize youth needs/focus
6. Lack of self-respect among youth	- encourages entitlement	- evidence-based intervention study/research
7. New Parent Matters curriculum/ program		
8. Prescription Drug Abuse	- not perceived as a significant problem by the community	- education - Operation Medicine Drop events
9. Early College program offered in Greene County		- growing partnership with community college system
Economic		
1. New Farmers Market		- fresh produce availability - local farmers have an outlet for earning money
2. Cutter Creek Golf Club	- membership fees	- brings revenue into county - county "name recognition"
3. Significant Hispanic Population	- drain on services, schools and resources - cultural barriers	- volunteer pool - integration into community
4. One of the largest Senior Hispanic populations in North Carolina	- aging services for elderly will be affected	- more communication with Hispanic population - interpreters to bridge language barrier
5. Greene Regional Home Health Agency has closed	- lack of services for home health patients	- extend services of other agencies to meet shortfall - grants to focus on this service need
6. Rising gas prices	- affects the entire community's pocketbook - affects meeting medical needs due to travel	- pooling resources - car pooling/sharing

7. Decrease in transportation funds for public transportation	- medical care affected due to lack of transportation - making difficult choices among necessities	- grants - more comprehensive and/or alternative transportation planning
8. Persons living below poverty level (23%)	- making difficult choices among necessities - no jobs	
9. No hotel in the county	- money spent out of the county	- opportunity for prospective business
10. Recent budget cuts	- loss of key services - no raises	
11. County used as a “training ground”	- loss of trained, professional staff	- partnership with research, universities, etc.
12. No county employee salary increases	- employee morale suffers - job turnover	- county employee appreciation events
13. Aging population (≤ 65 years)	- can't afford co-pays - having to choose between groceries, gas, medications - lack of services for the elderly - the “working poor”	
14. Teen Pregnancy	- puts a strain on the Medicaid system	- grants to address issue
15. Increase in funding for prevention		- new partners; emphasis on public health
Political		
1. No hospital	- residents traveling to 4 neighboring counties for care - may not seek medical care due to distances, fuel costs, lack of transportation	
2. Lack of medical providers	- traveling out of county to seek care - lack of transportation	- education/marketing local providers
3. Distrust of government (at all levels)	- low morale	- leadership improvement
4. Job turnover	- loss of money, resources - more time spent on training	
5. Poor county employee morale	- job performance low due to morale - job turnover, lack of incentive	- opportunity to explore alternative ways to boost job satisfaction - salary raises
Scientific, Technological		
1. Broadband services are limited	- communication	- library expansion
2. Limited Wi-Fi Sites	- communication	
3. New tornado warning system	- threat from tornado, flood, hurricanes significant due to recent	- advanced warning of tornado - more time to get out of harm's

	events	way - residents are appreciative
4. Research with ECU		- county can serve as a partner - trainings
Legal, Ethical		
1. Potential animal cruelty and gambling	- animal abuse - fighting	- education to the community regarding negative impacts of this activity
2. Medicaid fraud and abuse	- further drain on resources	- education to the community regarding negative impacts of this activity
3. Distrust of Government (at all levels)	- low morale - negative environment - poor leadership	- instilling trust in leadership - creates the need for positive and effective communication
Environmental		
1. Tornado on April 16, 2011	- property damage to homes, businesses, schools - economic loss	- neighbors helping neighbors - schools working together to meet educational needs
2. Hurricane Irene in August 2011	- property damage	
3. Abandoned properties	- prompts unwanted/illegal activity - unsafe	- need for county beautification
4. No/limited public meeting space		
5. Poor livestock management	- complaints about odor - safety, hygiene	- education
6. Feral dog population	- livestock loss - safety issues	- animal control
7. Lack of recreational opportunities/lack of outdoor trails, sidewalks, bike paths, swimming pools, etc.	- limited physical activity venues for residents	- Tennis Town USA designation - New County Parks and Recreation Complex

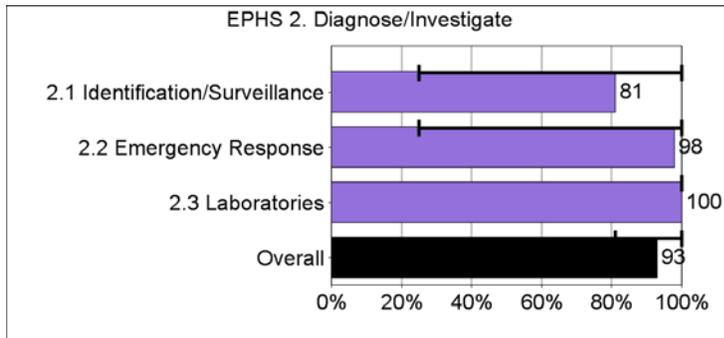
Appendix III: Local Public Health System Assessment Data Report

Essential Public Health Service #1: Monitor health status to identify community health problems



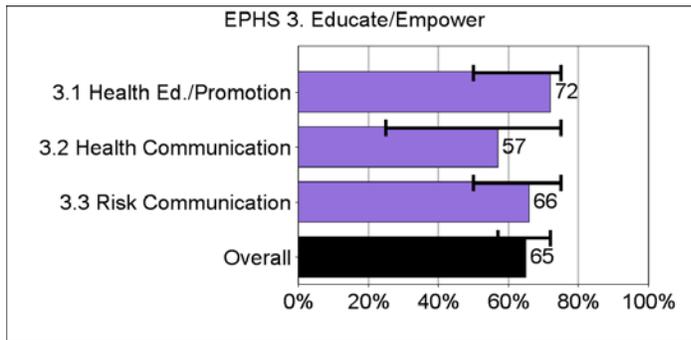
Essential Public Health Service #1	Score
Monitor Health Status To Identify Community Health Problems	76
1.1 Population-Based Community Health Profile (CHP)	91
1.1.1 Community health assessment (CHA)	97
1.1.2 Community health profile (CHP)	84
1.1.3 Community-wide use of CHA or CHP data	92
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	50
1.2.1 State-of-the-art technology to support health profile databases	50
1.2.2 Access to geocoded health data	50
1.2.3 Use of computer-generated graphics	50
1.3 Maintenance of Population Health Registries	88
1.3.1 Maintenance of and/or contribution to population health registries	100
1.3.2 Use of information from population health registries	75

Essential Public Health Service #2: Diagnose and investigate health problems and health hazards



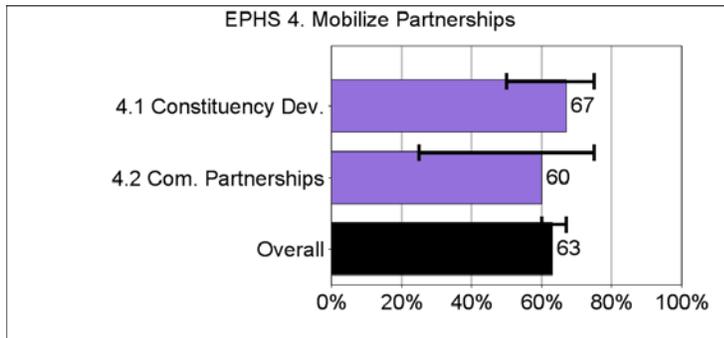
Essential Public Health Service #2	Score
Diagnose And Investigate Health Problems and Health Hazards	93
2.1 Identification and Surveillance of Health Threats	81
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	100
2.1.2 Submission of reportable disease information in a timely manner	100
2.1.3 Resources to support surveillance and investigation activities	44
2.2 Investigation and Response to Public Health Threats and Emergencies	98
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	92
2.2.2 Current epidemiological case investigation protocols	100
2.2.3 Designated Emergency Response Coordinator	100
2.2.4 Rapid response of personnel in emergency/disasters	100
2.2.5 Evaluation of public health emergency response	100
2.3 Laboratory Support for Investigation of Health Threats	100
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	100
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	100
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	100

Essential Public Health Service #3: Inform, educate, and empower people about health issues



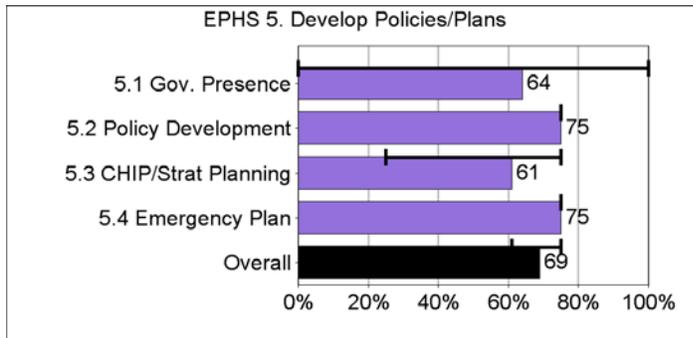
Essential Public Health Service #3	Score
Inform, Educate, And Empower People about Health Issues	65
3.1 Health Education and Promotion	72
3.1.1 Provision of community health information	75
3.1.2 Health education and/or health promotion campaigns	73
3.1.3 Collaboration on health communication plans	69
3.2 Health Communication	57
3.2.1 Development of health communication plans	33
3.2.2 Relationships with media	71
3.2.3 Designation of public information officers	69
3.3 Risk Communication	66
3.3.1 Emergency communications plan(s)	75
3.3.2 Resources for rapid communications response	69
3.3.3 Crisis and emergency communications training	50
3.3.4 Policies and procedures for public information officer response	69

Essential Public Health Service #4: Mobilize community partnerships to identify and solve health problems



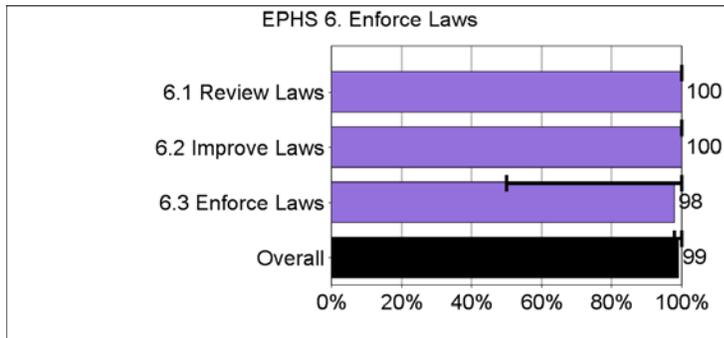
Essential Public Health Service #4	Score
Mobilize Community Partnerships to Identify and Solve Health Problems	63
4.1 Constituency Development	67
4.1.1 Identification of key constituents or stakeholders	75
4.1.2 Participation of constituents in improving community health	63
4.1.3 Directory of organizations that comprise the LPHS	63
4.1.4 Communications strategies to build awareness of public health	69
4.2 Community Partnerships	60
4.2.1 Partnerships for public health improvement activities	67
4.2.2 Community health improvement committee	68
4.2.3 Review of community partnerships and strategic alliances	45

Essential Public Health Service #5: Develop policies and plans that support individual and community health efforts



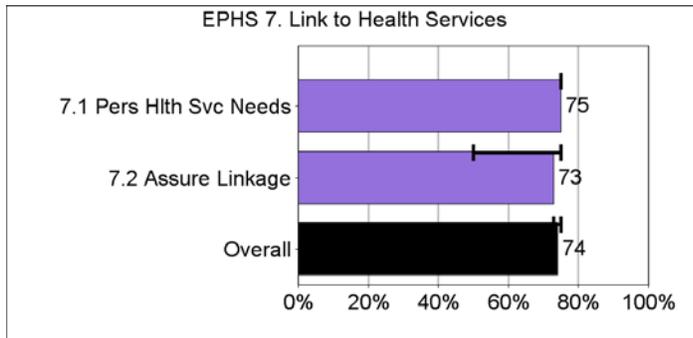
Essential Public Health Service #5	Score
Develop Policies and Plans that Support Individual and Community Health Efforts	69
5.1 Government Presence at the Local Level	64
5.1.1 Governmental local public health presence	96
5.1.2 Resources for the local health department	60
5.1.3 Local board of health or other governing entity (not scored)	0
5.1.4 LHD work with the state public health agency and other state partners	38
5.2 Public Health Policy Development	75
5.2.1 Contribution to development of public health policies	75
5.2.2 Alert policymakers/public of public health impacts from policies	75
5.2.3 Review of public health policies	75
5.3 Community Health Improvement Process	61
5.3.1 Community health improvement process	71
5.3.2 Strategies to address community health objectives	50
5.3.3 Local health department (LHD) strategic planning process	63
5.4 Plan for Public Health Emergencies	75
5.4.1 Community task force or coalition for emergency preparedness and response plans	75
5.4.2 All-hazards emergency preparedness and response plan	75
5.4.3 Review and revision of the all-hazards plan	75

Essential Public Health Service #6: Enforce laws and regulations that protect health and ensure safety



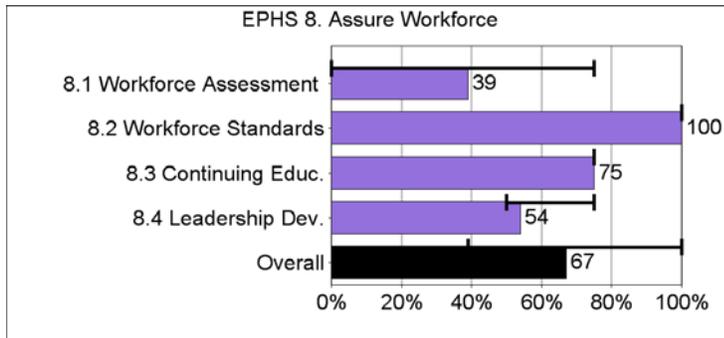
Essential Public Health Service #6	Score
Enforce Laws and Regulations that Protect Health and Ensure Safety	99
6.1 Review and Evaluate Laws, Regulations, and Ordinances	100
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	100
6.1.2 Knowledge of laws, regulations, and ordinances	100
6.1.3 Review of laws, regulations, and ordinances	100
6.1.4 Access to legal counsel	100
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	100
6.2.1 Identification of public health issues not addressed through existing laws	100
6.2.2 Development or modification of laws for public health issues	100
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	100
6.3 Enforce Laws, Regulations and Ordinances	98
6.3.1 Authority to enforce laws, regulation, ordinances	100
6.3.2 Public health emergency powers	100
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	92
6.3.4 Provision of information about compliance	100
6.3.5 Assessment of compliance	100

Essential Public Health Service #7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable



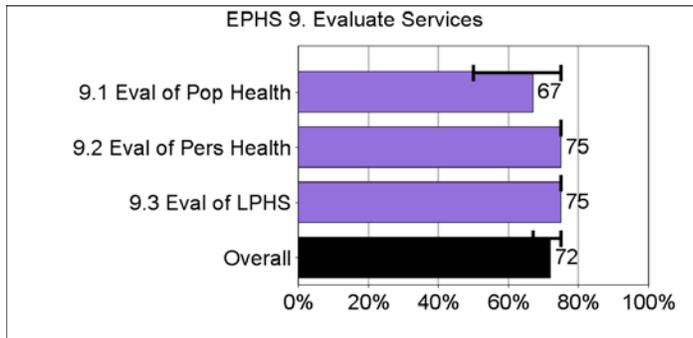
Essential Public Health Service #7	Score
Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	74
7.1 Identification of Populations with Barriers to Personal Health Services	75
7.1.1 Identification of populations who experience barriers to care	75
7.1.2 Identification of personal health service needs of populations	75
7.1.3 Assessment of personal health services available to populations who experience barriers to care	75
7.2 Assuring the Linkage of People to Personal Health Services	73
7.2.1 Link populations to needed personal health services	75
7.2.2 Assistance to vulnerable populations in accessing needed health services	75
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	75
7.2.4 Coordination of personal health and social services	69

Essential Public Health Service #8: Assure a competent public and personal health care workforce



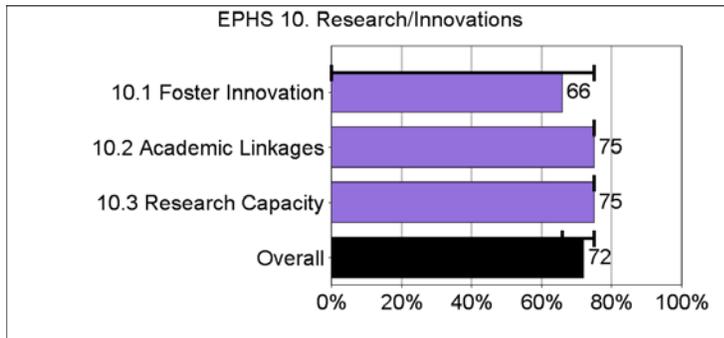
Essential Public Health Service #8	Score
Assure a Competent Public and Personal Health Care Workforce	67
8.1 Workforce Assessment Planning, and Development	39
8.1.1 Assessment of the LPHS workforce	75
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	43
8.1.3 Dissemination of results of the workforce assessment/gap analysis	0
8.2 Public Health Workforce Standards	100
8.2.1 Awareness of guidelines and/or licensure/certification requirements	100
8.2.2 Written job standards and/or position descriptions	100
8.2.3 Annual performance evaluations	100
8.2.4 LHD written job standards and/or position descriptions	100
8.2.5 LHD performance evaluations	100
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	75
8.3.1 Identification of education and training needs for workforce development	75
8.3.2 Opportunities for developing core public health competencies	75
8.3.3 Educational and training incentives	75
8.3.4 Interaction between personnel from LPHS and academic organizations	75
8.4 Public Health Leadership Development	54
8.4.1 Development of leadership skills	53
8.4.2 Collaborative leadership	50
8.4.3 Leadership opportunities for individuals and/or organizations	50
8.4.4 Recruitment and retention of new and diverse leaders	63

Essential Public Health Service #9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services



Essential Public Health Service #9	Score
Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	72
9.1 Evaluation of Population-based Health Services	67
9.1.1 Evaluation of population-based health services	69
9.1.2 Assessment of community satisfaction with population-based health services	75
9.1.3 Identification of gaps in the provision of population-based health services	75
9.1.4 Use of population-based health services evaluation	50
9.2 Evaluation of Personal Health Care Services	75
9.2.1. In Personal health services evaluation	75
9.2.2 Evaluation of personal health services against established standards	75
9.2.3 Assessment of client satisfaction with personal health services	75
9.2.4 Information technology to assure quality of personal health services	75
9.2.5 Use of personal health services evaluation	75
9.3 Evaluation of the Local Public Health System	75
9.3.1 Identification of community organizations or entities that contribute to the EPHS	75
9.3.2 Periodic evaluation of LPHS	75
9.3.3 Evaluation of partnership within the LPHS	75
9.3.4 Use of LPHS evaluation to guide community health improvements	75

Essential Public Health Service #10: Research for new insights and innovative solutions to health problems



Essential Public Health Service #10	Score
Research for New Insights and Innovative Solutions to Health Problems	72
10.1 Fostering Innovation	66
10.1.1 Encouragement of new solutions to health problems	38
10.1.2 Proposal of public health issues for inclusion in research agenda	75
10.1.3 Identification and monitoring of best practices	75
10.1.4 Encouragement of community participation in research	75
10.2 Linkage with Institutions of Higher Learning and/or Research	75
10.2.1 Relationships with institutions of higher learning and/or research organizations	75
10.2.2 Partnerships to conduct research	75
10.2.3 Collaboration between the academic and practice communities	75
10.3 Capacity to Initiate or Participate in Research	75
10.3.1 Access to researchers	75
10.3.2 Access to resources to facilitate research	75
10.3.3 Dissemination of research findings	75
10.3.4 Evaluation of research activities	75