

How Healthy is Your Community?



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Community Health and Well-Being at a Glance

NORTH CAROLINA HEALTH PROFILE

MITCHELL COUNTY

[Back to Map ▶](#)

The county health profile below offers a broad picture of health in Mitchell County. The data is organized by topic and offers a comparison to the same indicators at the state-level. Most of the data is available at the county level, although a few indicators are reported for multi-county regions based on the methodology used by the data source. By compiling a diverse array of indicators, these profiles aim to be a resource to support efforts to improve



Access to Care

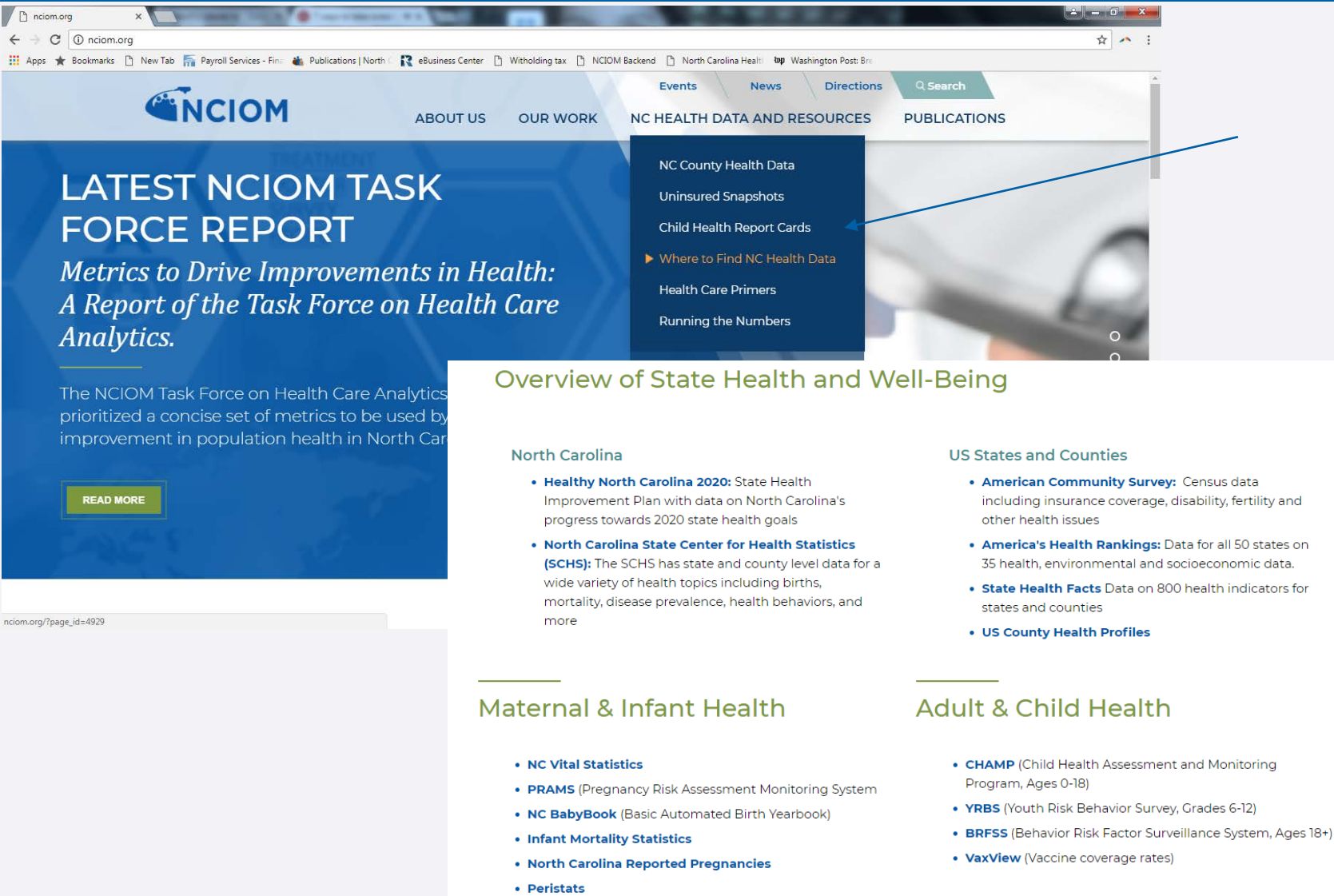
Uninsured Adults % of adults age 18 to 64 years without health insurance	17.4%	16.2%
Uninsured Children % of children age 18 and under without health insurance	5.4%	4.6%
Medicaid & CHIP Enrollees % of population enrolled in Medicaid or CHIP	26.7%	24.1%
Health Care Workforce - Primary Care Physicians Primary care physicians per 10,000 population	8.2	6.9
Health Care Workforce - Dentists Dentists per 10,000 population	3.1	4.9
Health Care Workforce - Psychiatrists & Psychologists	1.3	3.4

Online tool with 50+ indicators of health and well-being for every county in North Carolina

<http://nciom.org/map/>



Community Health and Well-Being at a Glance



The screenshot shows the NCIOM website with a navigation bar including links for Events, News, Directions, and a Search bar. A dropdown menu is open under 'NC HEALTH DATA AND RESOURCES', highlighting the link 'Where to Find NC Health Data'. The main content area features a large blue banner for the 'LATEST NCIOM TASK FORCE REPORT' with the subtitle 'Metrics to Drive Improvements in Health: A Report of the Task Force on Health Care Analytics'. Below this, there is a section titled 'Overview of State Health and Well-Being' which is divided into four columns: North Carolina, US States and Counties, Maternal & Infant Health, and Adult & Child Health. Each column contains a list of links to various health data reports and statistics.

LATEST NCIOM TASK FORCE REPORT
Metrics to Drive Improvements in Health: A Report of the Task Force on Health Care Analytics.

The NCIOM Task Force on Health Care Analytics prioritized a concise set of metrics to be used by improvement in population health in North Carolina.

[READ MORE](#)

Overview of State Health and Well-Being

North Carolina

- **Healthy North Carolina 2020:** State Health Improvement Plan with data on North Carolina's progress towards 2020 state health goals
- **North Carolina State Center for Health Statistics (SCHS):** The SCHS has state and county level data for a wide variety of health topics including births, mortality, disease prevalence, health behaviors, and more

US States and Counties

- **American Community Survey:** Census data including insurance coverage, disability, fertility and other health issues
- **America's Health Rankings:** Data for all 50 states on 35 health, environmental and socioeconomic data.
- **State Health Facts** Data on 800 health indicators for states and counties
- **US County Health Profiles**

Maternal & Infant Health

- **NC Vital Statistics**
- **PRAMS** (Pregnancy Risk Assessment Monitoring System)
- **NC BabyBook** (Basic Automated Birth Yearbook)
- **Infant Mortality Statistics**
- **North Carolina Reported Pregnancies**
- **Peristats**

Adult & Child Health

- **CHAMP** (Child Health Assessment and Monitoring Program, Ages 0-18)
- **YRBS** (Youth Risk Behavior Survey, Grades 6-12)
- **BRFSS** (Behavior Risk Factor Surveillance System, Ages 18+)
- **VaxView** (Vaccine coverage rates)

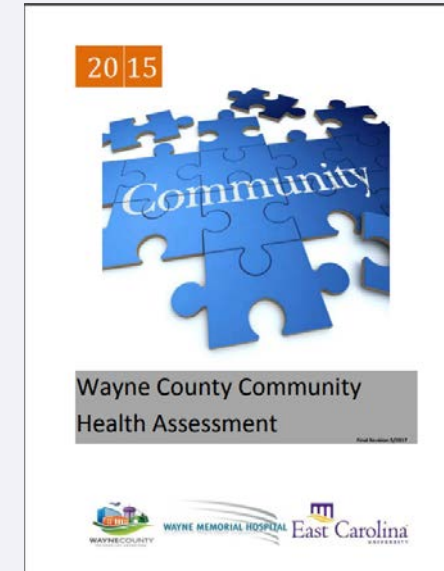
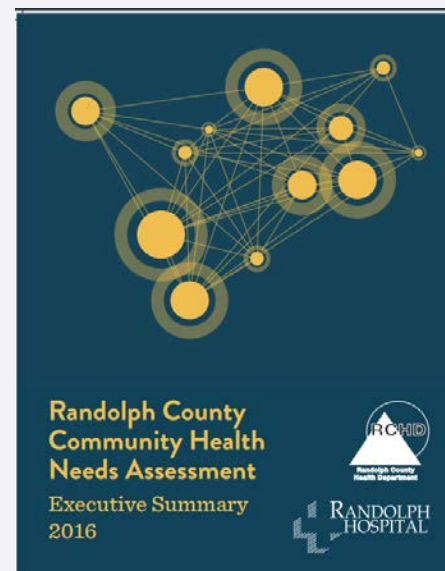
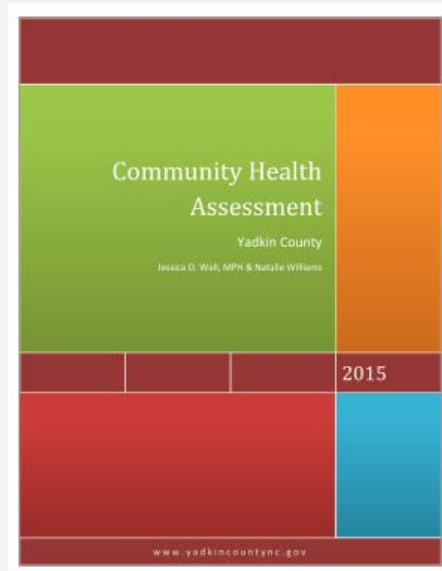
- Use "Where to Find NC Health Data" page on the NCIOM website
- Has links to resources with data on a variety of health topics, many of which have county-level data



In-Depth Look at Community Health and Well-Being

Community Health Assessments

- Conducted every 3-4 years by local health departments (LHD)
- Required as part of accreditation for LHD
- Have been conducted in North Carolina for more than 40 years
- Assessment and improvement planning process



Community Health Assessment

- Determines the health status of the community, identifies resources needed to address health and social problems, and provides a plan to improve the health status of the community
 - Identifies
 - Factors that influence health
 - Health concerns
 - Assets and resources
 - Areas for intervention
 - Priorities of community for next 3-4 years
 - Strategies for improvement



Downtown
Farmers Market

Community Health Assessment



Ultimately, the Community Health Assessment is about developing a plan of action to create the desired changes needed for a healthier community

HEALTH ASSESSMENT PROCESS: PHASES

Phase 1: Establish Community Assessment Team

Phase 2: Collect Community Data

Phase 3: Collect and Analyze Community Health Statistics

Phase 4: Combine County Statistics and Community Data

Phase 5: Solicit Community Input to Select Health Priorities

Phase 6: Create Community Health Assessment Document

Phase 7: Disseminate CHA Document to the Community

Phase 8: Develop the Community Health Action Plans

Phase 9: Implement and Evaluate Evidence Based Strategies

Community Health Assessment Teams

Community Health Needs Assessment



CHA Advisory Committee Representation

Sector	Agencies and Organizations
Hospitals	Dosher Hospital, Novant Health Brunswick Medical Center*
Health Care Clinics	New Hope Clinic (reduced fee clinic)*
Mental Health Providers	Coastal Horizons*
Community Organization	Southport Lions Club, Community Care of Lower Cape Fear
Housing	Brunswick Housing*
Education	Local public schools, University of N.C. Wilmington
Economic	Chamber of Commerce Oak Island/Swift Creek
Transportation	Brunswick Transit
Media	Brunswick Beacon
Local Government	Brunswick County Health Services*
Other	Community member
Neighboring Counties	Robeson Co. Health Dept., New Hanover County Health Dept.

2014 Community Health Assessment Committee

Name	Organization	Role
Abel Aguilar	Vision of the Lamb Ministries	Provided Latino faith community perspective, conducted a focus group and offered input
Christine Allen	Mt. Zion Church of Deliverance	Provided faith community opinions and input
Christy Barfield	Johnston County Health Department	Lead Agency for the Community Health Assessment
Connie Barnes	Board of Health, Campbell University	Serving as a liaison between public health and Campbell University
Elaine Marshall	Health Professional, Smithfield Rotary Club	Member of Community Health Assessment Team, provided input
Eugene Maynard	Board of Health, Benson Area Medical	Provided data and input, Local Medical Provider
Kimetha Fulwood	Johnston County Public Health Department	Lead Agency for the Community Health Assessment
Kyle McDermott	Johnston UNC Health Care	Provided data for Health Assessment and insight for the health assessment
Lloyd Barnes	Serve the Need in JC, Wilson Mills Town Council	Member of Community Health Assessment Team

2016 CHOWAN COUNTY COMMUNITY HEALTH ASSESSMENT

Albemarle Regional Health Services, Vidant Bertie, Vidant Chowan, and Vidant Roanoke-Chowan Hospitals, The Outer Banks Hospital, Sentara Albemarle Medical Center, Three Rivers Healthy Carolinians, Gates Partners for Health, and Healthy Carolinians of the Albemarle

Comprehensive Secondary Data Report with Primary Data Summary

March, 2017



Community Health Assessment Community Data

2015 Buncombe County Community Health Assessment

Community Input & Engagement

Including input from the community is an important element of the community health assessment process. The following primary data (collected directly from community members via surveys or focus groups) was reviewed. You will note icons for each data type. The same icons appear throughout this document as each data type is referenced.



Results from Primary Survey of 300 Buncombe County residents done by Professional Research Consultants, Inc. (PRC) as part of the WNC Healthy Impact Partnership. The same survey was done of 200 residents of partnering counties for comparison.



Electronic survey of 43 local community leaders across Buncombe County who have leadership roles in community health, businesses, social service, mental health and healthcare organizations. This survey was also done by PRC and so was done in many other western NC counties.



Locally compiled electronic surveys collected from 60 community health partners currently working within agencies in Buncombe County to understand what they see as their clients' greatest health concerns and challenges.



Survey data from 400 older adults completed through The Area Council on Aging, Aging Planning Consortium to gather information on healthy lifestyles.



Women and Children's Safety Coalition's Intimate Partner Violence Victim Focus Group results that gathered input from women experiencing intimate partner violence to help improve the system.



Survey data from residents of a local public housing community asking about their biggest health concerns and challenges.



Responses from pregnant and parenting women in our community who were asked, "What are the main issues impacting your health and pregnancy?" as part of the Community Centered Health Home Project through MAHEC. In addition, results from the Photovoice Project conducted by Positive Parenting Program and Buncombe Partnership for Children that captured the voice of pregnant and parenting women through their photos and stories to better understand the challenges and needs facing these women.

As part of the Community Health Assessment, local data is collected to ensure that residents' perspective is included



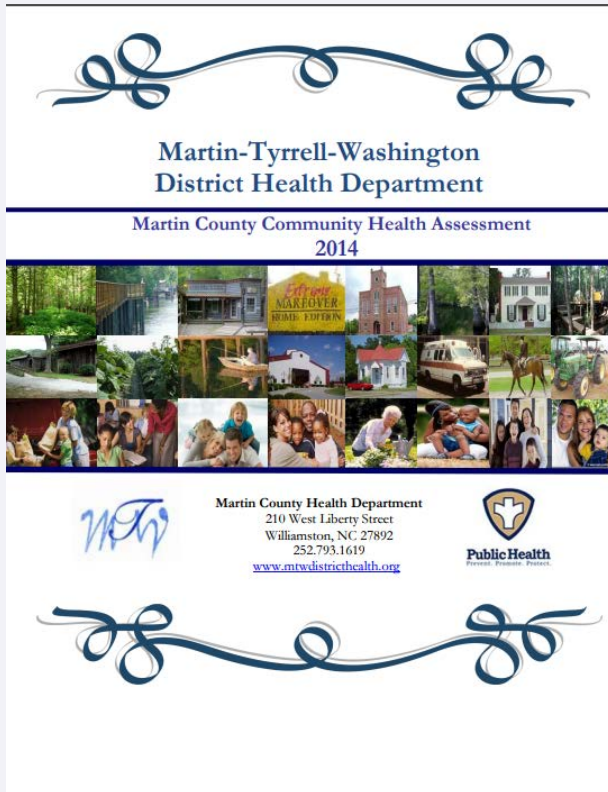
Community Health Assessment

Community Health Statistics

- State Center for Health Statistics
 - County Health Data Book <http://www.schs.state.nc.us/data/databook/>
 - County-Level data <http://www.schs.state.nc.us/data/county.cfm>
- North Carolina State Data Center
- LINC Log Into North Carolina <https://www.osbm.nc.gov/facts-figures/linc>
- Data from various state agencies including Divisions of Medical Assistance, Social Services, Public Health, Mental Health as well as other NC state government agencies

Community Health Assessment

- Community Health Assessments are a great source of information about the health and well-being of the communities you serve



County Trends in Key Health Indicators

- Chronic Diseases such as Heart Disease, Cancer, and Cerebrovascular Disease remain the top three leading causes of death in Martin County.
- Diabetes death rates in Martin County (34.9) are higher compared to the state (21.7) for 2009-2013.
- Colorectal Cancer death rates (14.6) compared to NC (14.3) and Healthy NC 2020 (10.1) for 2009-13 and Prostate Cancer (162.6) and NC (139.4) for 2007-2011 were the leading causes of cancer deaths in Martin County.
- Inpatient hospitalization rates for Asthma, all ages was significantly higher in Martin County (244.2) compared to the NC average (104.2) for 2009-2013.
- Maternal smoking rate was 16.9 in Martin County, and continues to be significantly higher than the state average of 10.3 per 1,000 live births.
- Martin County's maternal health indicators are higher than the state's rate for Low Birth Weight (13.0%), NC (9.0%); Very Low Birth Rate (2.4%), NC (1.8%); and resident Live Births that were Premature (12.3%), NC (9.5%).
- The teen pregnancy rate, ages 15-19 per 1,000 population, has decreased since 2010 (63.0) in Martin County compared to the 2013 rate of (53.9).

Community Health Assessment

- Based on the information gathered, each community must identify priority areas (at least 3)

Mecklenburg County Community Health Assessment



Print



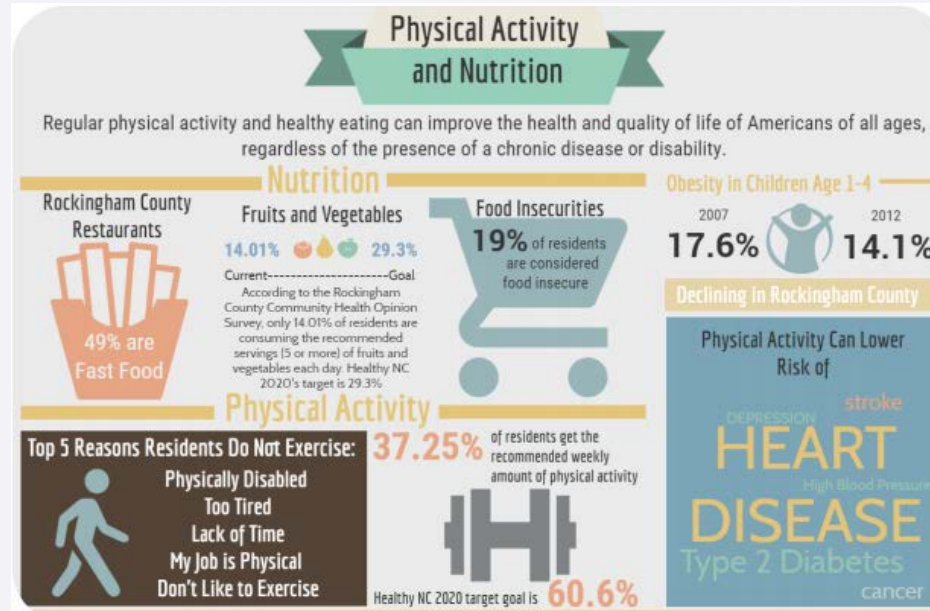
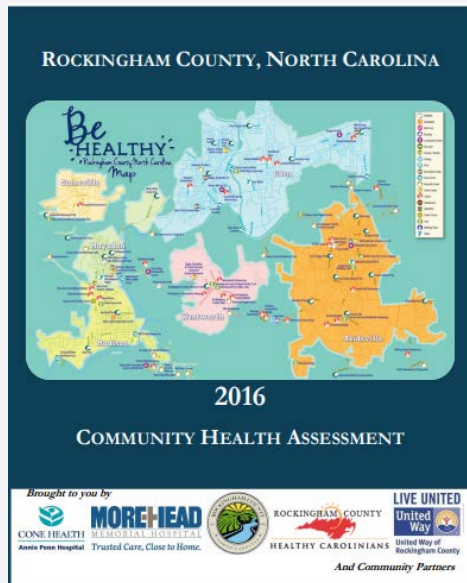
Share

Mecklenburg County Public Health has been collecting community input on our health issues. Results from the health opinion survey, community presentations and the Priority Setting Event have been combined. The top 4 issues identified in the 2017 Community Health Assessment (CHA) prioritization process are:

1. Mental Health
2. Access to Care
3. Chronic Disease Prevention
4. Violence Prevention

Community Health Assessment

- Action plans must be developed for each priority
- Action plans in the latest cycles have been required to include 2 of the Healthy NC 2020 focus areas
- Must include 2 evidence-based strategies in each action plan



County Action Plans:			
Intervention	Goals	Implementation Population & Venue	Resources for Implementation
Name of Intervention: Diabetes Registry To improve adherence to standards of care, develop a county-wide registry of patients who have been diagnosed with Type 2 diabetes. Community Strengths/Assets: Rockingham County Diabetes Task Force	S.M.A.R.T Goals: By June 2017, the Rockingham County Diabetes Task Force will have a roadmap for registry implementation, including sources of funding, software program, purpose and goals of utilization, information sharing guidelines, and participating practices.	Target Population(s): <ul style="list-style-type: none"> Primary Care Providers Residents with Type 2 diabetes Venue: <ul style="list-style-type: none"> Rockingham County Diabetes Task Force Annie Penn Hospital Morehead Memorial Hospital CDE program in Dr. Nida's office 	Resources Needed: <ul style="list-style-type: none"> Funding for Diabetes Registry software and administration Time and resources from participating practices
Name of Intervention: Diabetes Standard of Care Community Strengths/Assets: Rockingham County Diabetes Task Force	S.M.A.R.T Goals: By April 2017, purchase and disseminate standards of care documents for all primary care practitioners in Rockingham County. By October 2017, offer CME training opportunity in Diabetes Standards of Care for all primary care practitioners, with 20% participation rate.	Target Population(s): <ul style="list-style-type: none"> Primary Care providers Venue: <ul style="list-style-type: none"> Rockingham County Diabetes Task Force Annie Penn Hospital Morehead Memorial Hospital CDE program in Dr. Nida's office 	Resources Needed: <ul style="list-style-type: none"> Funding to purchase standards of care materials Location, meal, and materials for standards of care training
Name of Intervention: Diabetes Prevention Program Community Strengths/Assets: Rockingham County Diabetes Task Force YMCA of Greensboro Cone Hospital Minority Diabetes Prevention Program Region 5 Grant	S.M.A.R.T Goals: By April 2017 begin implementation of two DPP sessions for minority individuals in Rockingham County, with a 50% participation rate.	Target Population(s): <ul style="list-style-type: none"> Minority Individuals Venue: <ul style="list-style-type: none"> Community space provided free of charge throughout Rockingham County, i.e. YMCA, Rockingham County Governmental Center, Rockingham Wellness Center, etc. 	Resources Needed: <ul style="list-style-type: none"> Funding to advertise using several methods Funding for incentives

The Other Community Health Assessments You May Hear About

Crosswalk of Community Health Needs Assessment Requirements

Requirements	County (based on NC DHHS CHA requirements)	Hospitals (IRS)	Federally Qualified Health Centers	United Way
Establish Community Assessment Team	X	X		
Collect Primary Data	X	X	X	
Collect Secondary Data	X	X	X	X
Population Demographics	X	X	X	X
• Sub-population Data	X	X	X	
• Population Groups with Health Disparities (including homeless)	X	X	X	X
Socioeconomic Factors	X	X	X	X
Environmental Factors	X		X	
Current Health Status	X	X	X	X
• Pregnancies and Births	X	X		
• Mortality	X	X	X	
• Morbidity	X	X	X	
• Utilization Data	X	X	X	
• General Health Status (Adult and Children)	X	X	X	X
Epidemiology Forecasts	X	X	X	
Healthcare Facilities and Providers	X	X	X	
Parks and Recreation Facilities	X		X	
Smoke-Free Facilities	X		X	
Analyze and Interpret County Data	X	X	X	X
Determine Health Priorities	X	X	X	X
Create CHA Document	X	X	X	X
Disseminate the CHA Document	X			
Develop CHA Action Plans	X	X	X	X

- There are other organizations that do community health assessments
- Since the enactment of the Affordable Care Act, which included the requirement for 501c3 hospitals to conduct community health needs assessments, many groups required to conduct community health assessments are working together.



NC Community Health Improvement Collaborative

- Partnership of local and state public health leaders, hospital leaders, and community-based stakeholders created in 2007 to lead collaborative efforts to measurably improve the health of North Carolinians
 - Began with the Hospital Association and the NC Division of Public Health, has since expanded to include many community partners
 - With the new requirements in the ACA, have focused on best practices for collaboration on community health assessments
 - Collaboration of hospitals/health systems and local public health to accomplish community health assessment and community health action plans



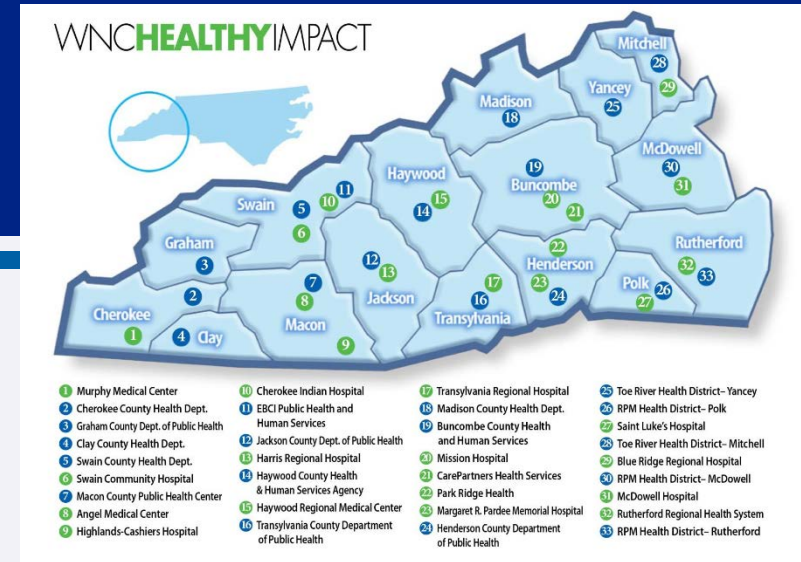
Collaboration on Community Health Assessments

- Many ways to collaborate
 - Work together on process and develop independent Community Health Assessments
 - Lexington Medical Center (LMC), part of Wake Forest Baptist Health, collaborated with Thomasville Medical Center, part of Novant Health, and the Davidson County Health Department on their Community Health Assessment but all produced their own reports
 - Work together on process and issue joint report
 - Wake County Health and Human Services, UNC Rex, Duke Raleigh Hospital, WakeMed Health and Hospitals, Advance Community Health, United Way of the Triangle and the Wake County Medical Society
 - Work together on process, develop coordinated Community Health Assessments
 - New Hanover Regional Medical Center created a Community Health Needs Assessment that builds on the Community Health Assessments from their three county area: Pender, Brunswick, and New Hanover
 - CarolinaEast Health System builds their Community Health Needs Assessment from Craven, Jones, and Pamlico Community Health Assessments and supports joint survey instruments



WNC Healthy Impact

- Regional partnership to improve community health using the Community Health Assessment process as the driver
- Working together when makes sense
 - Standardizing and conducting data collection
 - Creating reporting and communication templates and tools
 - Providing training and technical assistance
 - Addressing regional priorities
 - Sharing evidence-based practices
- Each community still has their own Community Health Assessment
- Northeastern North Carolina and the Southeastern NC Regional Health Collaborative are looking at similar approaches



WNC Regional Health Priorities (2015 – 2018)

Regional Priority 1 - Chronic Disease Prevention and Management

Including strategies related to prevention, early detection, self-management, and clinical care

- Chronic Disease Prevention
Buncombe, Cherokee, Clay, EBCI, Graham, Jackson, Macon, Mitchell, Swain, and Yancey
- Healthy Eating and Active Living
Graham, Haywood, Jackson, McDowell, Mitchell, Polk, Rutherford, Transylvania, and Yancey
- Healthy Weight (Obesity Prevention)
Buncombe, Henderson, and Madison

How Community Health Assessments Can Help You?

- Wealth of data and information collected by teams representing multiple stakeholders in the communities you serve
- Include data on what residents view as the most pressing health concerns in their communities
- Priorities for your communities allow you to easily identify where stakeholders are targeting their efforts
- Action Plans provide examples of health strategies your communities are working to implement

Questions?

