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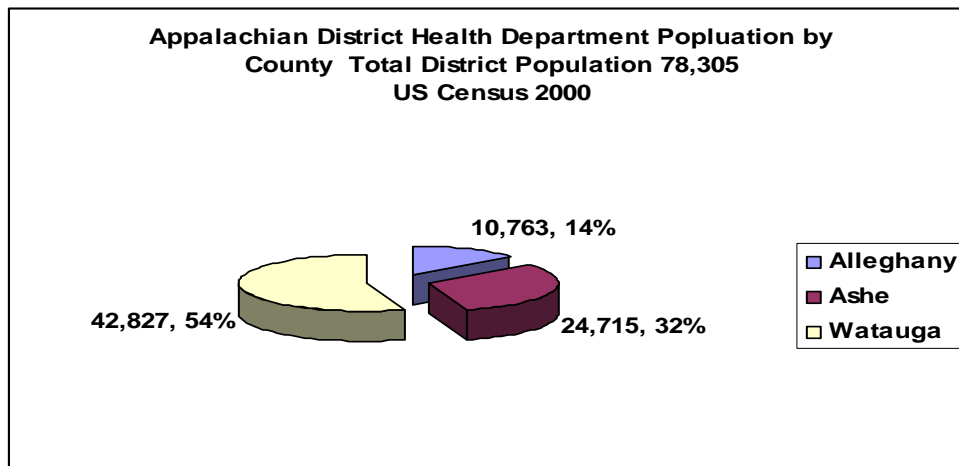
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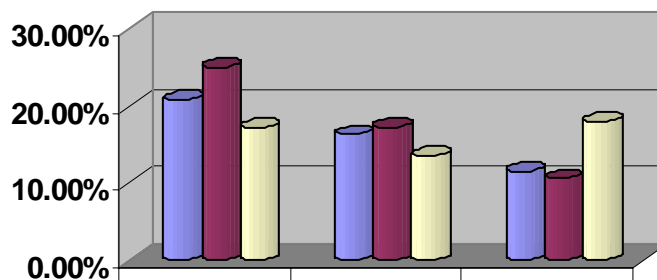
# I. INTRODUCTION

Alleghany, Ashe, and Watauga Counties comprise three northwest counties of North Carolina. This area is characterized by mountainous terrain, non-centralized population, poor roads, and predominately rural population. Alleghany, Ashe & Watauga Counties are characterized as being 100% rural. Watauga County, home of Appalachian State University and the largest town in the District, and the Town of Boone, population 13,472, is the most developed area. Over 9,000 of the Town of Boone's total population are between the ages of 19 and 24 years old, reflecting the impact of the Appalachian State University. The town centers of Ashe County; Jefferson & West Jefferson, have a total combined population of 2,503; and Sparta, the largest town in Alleghany County has a population of 1,817. The overall economy is based upon tourism, and agriculture; primarily Christmas Trees, ornamental shrubbery and burley tobacco. Alleghany, Ashe and Watauga counties represent the largest contiguous area of Christmas Tree Growers in North Carolina. (Alleghany, Ashe, Avery, Watauga and Jackson counties produce 88% of North Carolina's Christmas Trees).

The three Appalachian District counties have a combined population (2000 Census) of 78,305. A large percentage of the population has income below the Federal poverty level. The three counties average an overall poverty rate over 16%, exceeding the North Carolina State rate of 12.3%. Alleghany County has the highest poverty rate for children, 20.8%, followed by Ashe County, 16.3%. The poor elderly (Alleghany 25%, Ashe 17.3% are also considerably above the North Carolina State average of 13.2%. Watauga County's 18% is the highest percentage of individuals reporting income under the poverty level of all three counties. Income and the ability to pay for health insurance leaves many individuals in the Appalachian Health District uninsured or underinsured. As a result, inability to pay for medical services is a significant factor in accessing health care.



**Appalachian District Health Department  
Poverty Rate by County  
US 2000 Census**

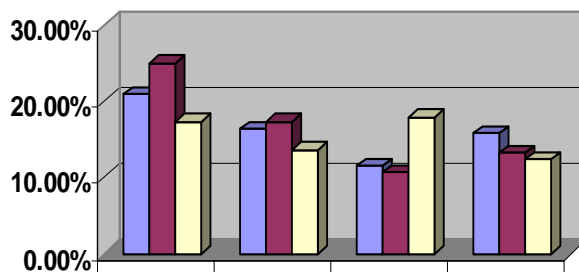


	Alleghany	Ashe	Watauga
Child Poverty Rate	20.80%	16.30%	11.50%
Elderly Poverty Rate	25.00%	17.30%	10.60%
Overall Poverty Rate	17.20%	13.50%	17.90%

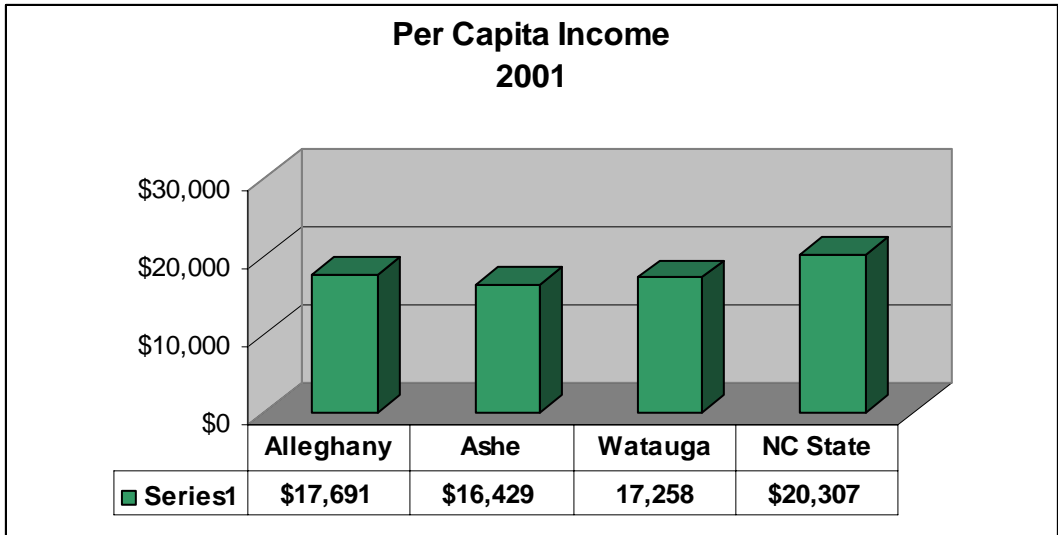
Poverty is defined as a condition of having insufficient resources or income. In its most extreme form, poverty is a lack of basic human needs, such as adequate and nutritious food, clothing, housing, clean water, and health services. (Encarta) The official measure of Poverty follows the Office of Management and Budgets Statistical Directive Number 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. The income matrix can be found at <http://www.census.gov/prod/2003pubs/p60-222.pdf>

- \*Watauga County reports more households within the standard definition of poverty.
- \*Alleghany and Ashe County have more children and elderly living in households meeting the standard definition of poverty.

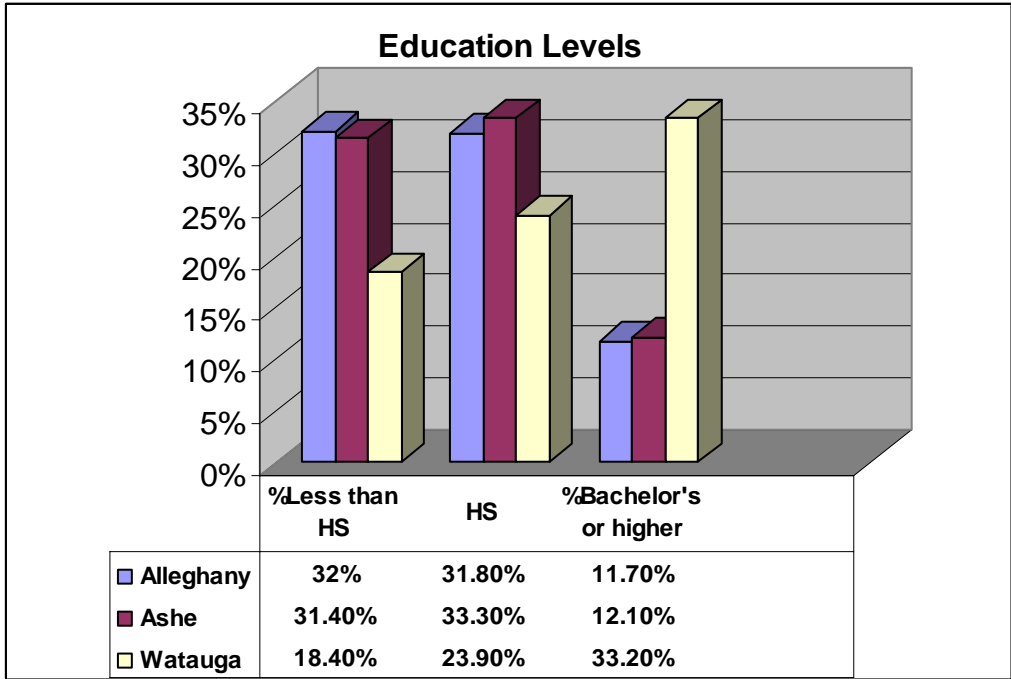
**State Poverty Rate compared to  
Appalachian District Health Department  
US 2000 Census**



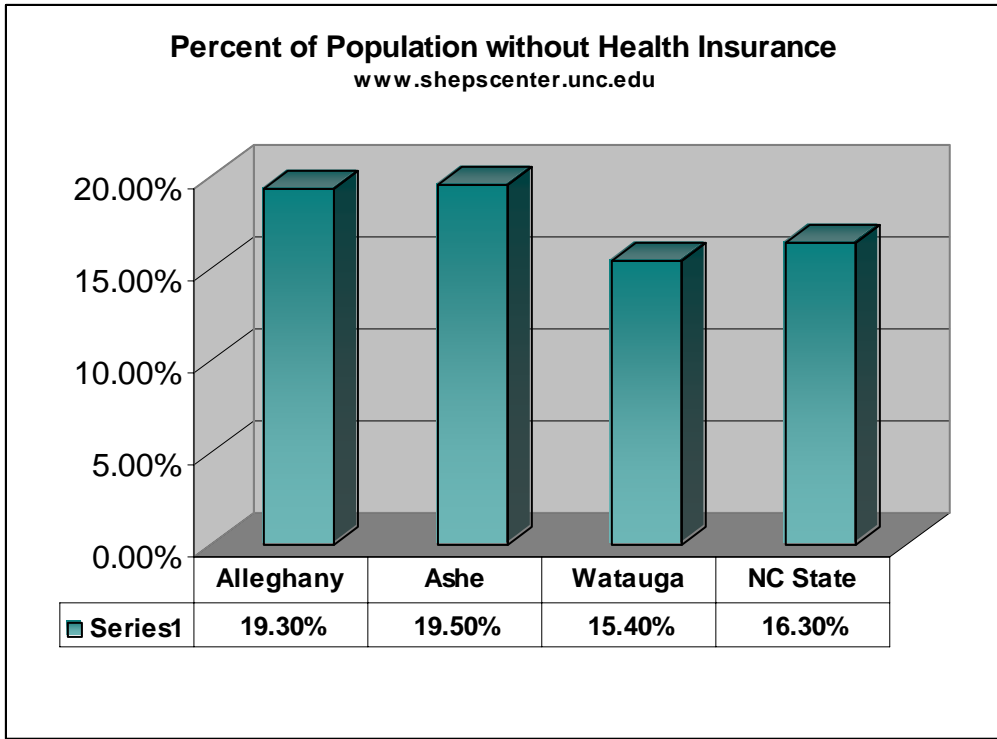
	Alleghany	Ashe	Watauga	NC State
Child Poverty Rate	20.80%	16.30%	11.50%	15.70%
Elderly Poverty Rate	25.00%	17.30%	10.60%	13.20%
Overall Poverty Rate	17.20%	13.50%	17.90%	12.30%



All three counties in the Appalachian District Health Department are below the per capital income level of the state. Alleghany County has the highest per capita income, the lowest education level, and the highest percent of children and elderly living in poverty.



The location of Appalachian State University in Boone, NC influences the number of individuals in Watauga County reporting a bachelor's degree or higher.



The reported number of uninsured individuals (from the 1999-2000 census data above) is: Alleghany: 1,492; Ashe: 3,781 and Watauga: 5,647.

## II. BACKGROUND

The Community Health Assessment is designed to be a statistical summary of health issues in the Appalachian District Health Department. The Community Health Assessment (CHA) is used as a tool to assist to determine what course of action should be taken to improve the overall health of Appalachian District residents. This report summarizes the process and its results and makes educated decisions about various health topics and develops short-term/long term goals and input into the Health Department's strategic plan for the future.

Community assessment is the foundation for improving and promoting the health of community members. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors. Through collaborative efforts forged among community leaders, public health agencies, businesses, hospitals, private practitioners, and academic centers, and many others; the community can together:

1. Determine the health status of the community
2. Assess risk factors associated with identified health problems
3. Identify the health care resources available in our community to promote action directed toward the identified problems

4. Establish Appalachian District's community health priorities and the appropriate intervention.

In this framework, the assessment process starts with the people who live in the community and gives the community primary responsibility for determining the focus of assessment activity and every level, including collection and interpretation of data, evaluation of health resources, identification of health problems and development of strategies for addressing these problems.

The guidebook developed by the project staff of the North Carolina Community Health Assessment Initiative (NC-CHAI) was used to develop the procedures used throughout the Appalachian District Health Department's Community Assessment. The 2000 Community Health Assessment was used as the foundation for the 2003 Health Assessment and is considered the baseline community data collection effort for the Appalachian District Health Department.

The Healthy Carolinians provided the framework for the Community Health Assessment 2010 Health Objectives. Community Health Assessment data is utilized by the local Healthy Carolinians agencies to set measurable health goals for the next four years. The next Community Health Assessment will be conducted in 2007. The data is collected and compared over time to track the progress toward the 2010 Health Objectives set for the State of North Carolina. Additionally, the Community Health Assessment data is required to be completed by the Health Department for use by the local Healthy Carolinians agency certification process which occurs during the year following the Community Health Assessment.

## NC 2010 – HEALTHY CAROLINIANS

North Carolina's 2010 Health Objectives set out a comprehensive and ambitious statewide agenda that provides a direction for improving the health and well being of North Carolinians over the next decade. In 1999, Governor James B. Hunt, Jr. appointed the Governor's Task Force for Healthy Carolinians through Executive Order. A major assignment of the Governor's Task Force for Health Carolinians was to develop a list of health objectives for the Year 2010. North Carolina's 2010 goals and objectives are used in the Community Assessment Process to develop **ACTION PLANS** which are the formalized method of communication between the State of North Carolina, the Appalachian Health District, the Healthy Carolinians, other health related coalitions, and community based organizations.

## NC 2010 HEALTH GOALS

The Governor's Executive Order set out six broad, overarching goals to guide the development of the North Carolina 2010 Health Objectives. These goals are:

- Increase the span of healthy life of the citizens of North Carolina;
- Remove health disparities among the disadvantaged;
- Promote access to preventive health services;
- Protect the public's health
- Foster positive and supportive living and working conditions in our communities; and

- Support individuals to develop the capacities and skills to achieve healthy living.

These six goals are supported by the objectives listed in 12 focus areas.

## **NC 2010 HEALTH OBJECTIVES**

The health objectives listed in the 12 focus areas are designed to improve the health of all North Carolina residents and the health of the community. Many of the objectives call for increasing healthy behaviors and reducing or eliminating illness, disability, and premature death. Other objectives focus on broader issues such as access to health care and treatment services, community health, and environmental health. The following is a brief overview of each focus area:

### **1. Access to Health Care**

Access to quality health care is a specific goal of Healthy Carolinians 2010. Access to health care is also essential for eliminating health disparities and achieving many of the objectives. Within this focus area there are objectives for providing health insurance for all North Carolinians and improving the school nurse to student ratio to 1 nurse for every 750 students. Four developmental objectives address the need to increase the number of primary health care physicians, increase the number of minority and ethnic physicians, increase the number of dentists who accept Medicaid, and increase access to medication for Medicare and Medicaid recipients.

### **2. Chronic Disease**

The focus area addresses four leading causes of premature death due to disease: cancer, diabetes, heart disease and stroke. The objectives listed call for reducing premature deaths and the economic burden of these diseases through early detection, disease management, and health promotion. Also addressed in the Chronic Disease focus area are arthritis and osteoporosis, asthma, and obesity. The objectives listed under these chronic diseases call for reducing illness, disability, and lost productivity.

### **3. Community Health**

Healthy people need to live in healthy communities. The Community Health focus area lists nine essential components and goals that promote a healthy and safe community. These essential components are: access to quality health care, economic opportunities, education, environmental health, food security, health promotion, housing, safe and secure communities, and transportation. .

### **4. Disability**

The focus area addresses the disparities between people with disabilities and those without. Most people with disabilities have the potential to lead healthy and productive lives if given the opportunity to attain it and fully participate in all aspects of community life. The objectives in this focus area address the need for expanded information and data about people with disabilities. Objectives also call for improving support for people with disabilities.

### **5. Environmental Health**

A healthy environment is critical for healthy people. Protecting the environment is important because the impact of the environment is so great. The objectives in the

focus area target food safety and lead poisoning, as well as air, soil, and water quality. Exposure to hazardous agents in the air, soil, water, and food supply contribute to illnesses and developmental disabilities. The air, soil, and water objectives follow the guidelines for the Environmental Protection Agency. Much of environmental health is addressed through strong environmental policy.

## **6. Health Promotion**

This focus area calls for healthy behavior and lifestyles, support health policies, and environmental changes. Inherent in the nutrition, physical activity, and tobacco objectives is the need to start life with health promoting habits and sustain these habits across the life span.

## **7. Infant Mortality**

One of the greatest challenges to North Carolina is decreasing infant mortality and the number of low birth weight babies. The overall infant mortality rate for North Carolina is higher than the national average. More alarming is the very high infant mortality rate for African Americans/Blacks and American Indians in North Carolina. The objectives listed in this focus area call for reducing infant death and low birth weight, as well as improving maternal health behaviors during pregnancy.

## **8. Infectious Diseases**

Childhood vaccinations are at the highest levels ever recorded in North Carolina. This accomplishment is due to collaborative work of public health, health care providers, and community partnerships across the state. The objectives addressing childhood vaccinations call for maintaining these great strides. This focus area also calls for increasing influenza and pneumococcal vaccinations among older adults. The Infectious Disease focus area lists objectives to reduce sexually transmitted diseases.

## **9. Injuries**

Injuries are the leading cause of death for people age 1 to 34 years. Motor vehicle injuries are the leading cause of injury fatalities in North Carolina. The objectives in the injury focus area call for reducing child abuse, motor vehicle injuries; sexual assault and intimate partner violence and homicide, assault, suicide and injuries caused by firearms.

## **10. Mental Health**

This focus area calls for improving mental health through increased access to appropriate mental health treatment services. Mental disorders occur throughout life, affecting persons of all racial and ethnic groups, both genders, and all educational and socioeconomic groups. There is a large gap between the need for mental health services and available services in North Carolina. Adequate funding for mental disorder treatment through health insurance payments and other sources is needed to address this growing health issue.

## **11. Older Adult Health**

One of the most innovative focus areas in the NC 2010 Healthy Carolinians document is Older Adult Health. The underlying philosophy of the Older Adult Health committee is that people should be healthy as they enter old age. Healthy behaviors should be practiced over a lifetime. Many of the health promotion and chronic disease objectives listed in other focus areas include older adults. The objectives in

this focus area address quality-of-life issues for the older adult, including independent living, affordable housing, home and community-based care services, fiscal well being, and end-of-life care.

## **12. Oral Health**

Oral Health is essential throughout life. Children in North Carolina are at risk for poor oral health due to inadequate dental health services. Poor oral health and untreated oral conditions can have a significant impact of quality of life and can contribute to poor nutrition and ultimately chronic diseases. The Access to Health Care focus area addresses the need for increased pediatric dentists and hygienists. The objectives in the focus area call for reduced tooth decay and tooth loss for all ages, and increased access to dental health services.

**Emerging Issues:** The Governor's Task Force recognized that many changes will occur over the coming decade. These issues include alternative medicine, genomics, and changes in the environment, evolving technology and changing demographics.

THE HEALTHY CAROLINIAN GOALS AND OBJECTIVES LISTED ABOVE ARE FROM THE **REPORT OF THE GOVERNOR'S TASK FORCE FOR HEALTHY CAROLINIANS, HEALTHY CAROLINIANS 2010, NORTH CAROLINA'S PLAN FOR HEALTH AND SAFETY. [WWW.HEALTHYCAROLINIANS.ORG](http://WWW.HEALTHYCAROLINIANS.ORG)**

# **PARTNERSHIP BETWEEN HEALTHY CAROLINIANS AND THE APPALACHIAN DISTRICT HEALTH DEPARTMENT**

## ***Watauga County Healthy Carolinians***

The Appalachian District was a pilot site for the Healthy Carolinians project and through the pilot project, created the Watauga County Healthy Carolinians. This partnership included Watauga Medical Center, which is the current sponsoring agency for the Watauga Healthy Carolinians. The Executive Director is Mrs. Gillian Baker, MHA. Watauga Hospital and the Watauga Healthy Carolinians have created the Appalachian Health Care Project, an innovative solution to the lack of health insurance.

The *Appalachian Health Care Project*, a program to provide medical care to uninsured and low income populations has served approximately 300 patients and the medical community donated in excess of 1.5 million in healthcare. The Appalachian Health Care Project has purchased \$107,633 in prescription medications and obtained over \$325,000 in free medications from pharmaceutical companies indigent drug programs for our patients. The Appalachian Health Care Project created a collaborative volunteer initiative within the medical community to

provide comprehensive, coordinated healthcare for the low income, uninsured patients. The criteria for acceptance into Appalachian Healthcare Project include:

- Watauga County Residency (this program is not available in Ashe and Alleghany Counties)
- Household income at or below 150% of the federal poverty level;
- Presence of specified health condition, such as hypertension or diabetes mellitus; and,
- Lack of access to health insurance, to include Medicaid and Medicare

The Appalachian Healthcare Project is the first project of this type to be implemented in a rural area of North Carolina. The Project represents over five years of planning, community building, and collaboration to form a unique, innovative answer to the problem of access to care for the medically underserved.

Funding came from local financial and service commitments, The Duke Endowment, The North Carolina Office of Rural Health and the Kate B. Reynolds Charitable Trust. Watauga Medical Center provides oversight for this program. Hopefully, the Project can expand into Ashe and Alleghany counties over the next 5 years.

Information on the Appalachian Healthcare Project is from the information submitted for the Premier Award by Gillian Baker, Director of the program.

### ***Ashe County Health Council***

The partnership of Ashe Memorial Hospital and Ashe County Health Council (a Healthy Carolinians Partnership) has proven to be an effective means of improving the health of Ashe County citizens. The Executive Director for the Ashe County Health Council is Mrs. Nancy Kautz. The Ashe County Health Council is an excellent program and is frequently used as a model example for the entire state of North Carolina. Ashe County's Health Council Forum celebrates its 10<sup>th</sup> Anniversary on March 10, 2004.

### ***Alleghany County Health Council***

Alleghany County Health Council is making a difference in Alleghany County. The Health Council's recent grant awards will hire dedicated personnel, including a Director, for the new Wellness Center. The Wellness Center is scheduled to open in Sparta, NC in the spring, 2004. The first step for promoting good health practices is the establishment of a healthy environment and wellness center.

## **HEALTHY CAROLINIANS AND THE COMMUNITY ASSESSMENT**

The Healthy Carolinians Partnerships are required to participate in a community assessment as part of the Healthy Carolinian certification process. The State requires that all Health Department's complete a community health assessment by the State. Both the Health Department and the Healthy Carolinians are required to use the Healthy Carolinians 12 focus area to create **Action Plans**. The Appalachian District Health Department shares this report with the Healthy Carolinians of the three counties and the action plans developed by each organization are integrated into the overall process that forms the basis of the health related goals and objectives for Alleghany, Ashe and Watauga County's for the next four (4) years.

The Healthy Carolinians representatives participated actively in the 2003 community assessment process and the Appalachian District Health Department relies on the specific action plans created by these organizations in each county represented within the District.

## COLLABORATIVE EFFORTS

The role of public health is changing to include more coalitions, partnerships and collaborative efforts. The shift is towards health prevention, and the promotion of a healthy lifestyle.

*Contemporary public health is as much about facilitating a process whereby communities use their voice to define and make their health concerns known as it is about providing prevention and treatment services. The public debate, argument, and participation at the health of a democratic society are fundamental to public health work as well.*

*The Institute of Medicine (1988) report defined the mission of public health as “fulfilling society’s interest in assuring conditions in which people can be healthy.” It further notes that the primary mode of intervention is “organized community action.” This definition stresses collective actions that address conditions and not just personal behaviors or habits. It shifts focus away from disease conditions to the conditions that give rise to and sustain disease. (Wallack, 1990).*

Wallack, L. (1990a) Improving health promotion: Media advocacy and social marketing approaches. In C. Atkin & L. Wallack (Eds.), *Mass communication and public health: Complexities and conflicts* (pp.147-163). Newbury Park, CA: Sage.

The collaborative efforts of the Appalachian District Health Department also include a lead agency role to support related agencies that extend into other counties outside the Alleghany-Ashe-Watauga Health District. **The Blue Ridge Cancer Coalition (BRCC.org)** is the regional cancer control network of community based coalitions and cancer action teams serving the five North Carolina Appalachian Counties of Alleghany, Ashe, Surry, Watauga, and Wilkes Counties. The mission of the BRCC is to provide cancer prevention and early detection education, resources and support to cancer survivors and community. This mission is implemented through local grassroots cancer coalition action teams. Action team members assist residents to become more aware of when and where to seek early detection for cancer, how to proceed when cancer is diagnosed, how to navigate through an increasingly complex and technical system, and where to turn for community resources and support for survivors. The goals of the BRCC program are to:

- Reduce cancer incidence and mortality and increase cancer survival
- Reduce barriers to accessing cancer control services and programs
- Stimulate greater participation in community cancer control programs

Dee Petersen, RN, BSN, MA is the Project Manager for the Blue Ridge Cancer Coalition (BRCC) and is employed by the Appalachian District Health Department, with technical support by the NC Cooperative Extension Service. She is responsible for the administration of the project and serves as the liaison between the five counties. The familiar “pink ribbon campaign” is a BRCC project. Additional information and an extensive list of resources are available at [www.brcc.org](http://www.brcc.org).

The **High County ASSIST Coalition** is an educational effort to increase awareness of the health hazards of tobacco use and secondhand smoke. Funding for this coalition is provided by the Centers of Disease Control and Prevention and by the Tobacco Prevention and Control Branch within the Department of Health and Human Services and administered through the Appalachian District Health Department.

The coalition currently serves Alleghany, Ashe, Caldwell, and Watauga County. In July, 2004, the coalition name will change to the Foothills/High County ASSIST Coalition with the addition of Wilkes County as a formal member of the coalition. The North Carolina Tobacco Prevention and Control Program works to improve the health of North Carolina residents by promoting smoke free environments and tobacco-free lifestyles. The High Country ASSIST Coalition, through the North Carolina Tobacco Prevention and Control Program reduces deaths and health problems due to tobacco use and secondhand smoke. The North Carolina Tobacco Prevention and Control Program builds the capacity of diverse organizations and communities to carry out effective, culturally appropriate strategies to: prevent youth tobacco use and access to tobacco; promote and support quitting among tobacco users; promote smoke free environments; reduce disparities by improving the health-related norms of special populations more adversely affected by tobacco use.

The program goals of Foothills/High Country ASSIST Coalition are to:

- Prevent initiative among Youth
- Eliminate exposure to environmental tobacco smoke
- Promote quitting among youth and adults
- Identify and eliminate disparities among populations.

Teri VanDyke, Health Educator, is the program coordinator. Many of the ASSIST activities are youth directed and she is joined in her efforts by the Health and Wellness Trust Grant awards to the Ashe County School District and the Watauga County School District, the health educators from Wilkes and Caldwell Counties and from the offices of the Healthy Carolinians. Current statewide initiatives include support for the tobacco excise tax and promote a smoke free school campus in each county.

Teri VanDyke's office is located at the Appalachian Health District Office, Watauga County Health Department, 126 Poplar Grove Connector, Boone, NC 28607. The action plans for Project ASSIST are included in this document.

**High County PEAKS Coalition** (Promoting healthful Eating and Activity in KidS) was formed two years ago with a mini-grant from the Watauga County Healthy Carolinians, Chronic Disease/Nutrition/Physical Fitness Committee. The PEAKS Coalition includes members from the Department of Health, Leisure & Exercise Science at Appalachian State University, the North Carolina Cooperative Extension Services in Alleghany, Ashe and Watauga Counties, the Alleghany, Ashe, and Watauga County Health Councils, area hospitals, the Ashe and Watauga School Systems, and the Appalachian District Health Department. This is a new coalition formed to submit a grant request to the NC Health & Wellness Trust Fund Commission Children, Youth and Community Obesity Prevention/Reduction Initiative. Although the grant request was not funded, the group continues to seek funds and activities to expand on a regional level to provide infrastructure for communities to support healthy lifestyles and reduce risks of chronic disease.

### **School Health Initiative**

Ashe County took the lead with the "Top Dog" School Health Clinic in Warrentsville, NC. Many agencies including Ashe Memorial Hospital, the NC Cooperative Extension Service of Ashe County, Public Officials and volunteers, and the Appalachian District came together to fund the school clinic. The success of this venture led Appalachian District Health Department to successfully apply for funds to expand school-based health services to all three (3) school districts in the region. In 2003, Ashe Memorial Hospital utilizes clinic space for an 'after-hours' Urgent Care Facility to provide health care services to the local rural community.

### III. ASSESSMENT PROCESS

The first step in the assessment process is to devise a survey instrument to collect information from the public. Our selection of questions was determined by the *Leading Health Indicators* from Healthy People 2010. Healthy People 2010 is the prevention agenda for the Nation. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats.

Individuals from the Appalachian District Health Department and the Healthy Carolinians of Watauga County reviewed the questionnaire from the 2000 Community Health Assessment and selected survey questions based upon the ability to collect and analyze the data. The questions in the 2003 Community Health Assessment were chosen as Leading Indicators for the community. Domestic Violence and Tobacco were new areas on the Community Health questionnaire and the non-profit organizations who served these areas were asked to assist with the question development. The *Council on the Status of Women for Watauga Count*, *OASIS*, and *Project ASSIST* made financial contributions toward the cost of the distribution and printing of the questionnaire and received raw data results in exchange for their contributions. The same questionnaire was used in both Watauga and Alleghany Counties. Ashe County conducted a comprehensive community health assessment in 2000. Ashe County 2000 - 2003 community data was reviewed, compared to NC State data and those results determined the direction and appropriateness of the Appalachian District Health Department's Action Plans for Ashe County. In all areas of the health assessment process, the statistical information was analyzed and compared 'by County', 'by State' whenever possible.

#### METHODOLOGY FOR WATAUGA COUNTY:

Sixteen Thousand Seven Hundred (16,700) questionnaires were printed and 16,000 of them were distributed through The Mountain Times, a free, weekly newspaper distributed throughout all areas of Watauga County and in the Watauga Democrat, a subscription-based newspaper published three days weekly. The Mountain Times and The Watauga Democrat inserted the questionnaire as a contribution of the community. *Precision Printing Group* provided a legal sized, bright green florescent paper and double-sided printing for a cost of \$857.07 or approximately .06 per questionnaire. The Community Health Assessment questionnaire was distributed through The Watauga Democrat in the August 20, 2003 edition and in the Mountain Times August 21, 2003 edition. To return the survey, drop-off points were established at the Watauga County Library and other centrally located grocery stores. The majority of the questionnaires were returned through the return address directly to the health department, with the participant paying the .37 postage fee. A total of 573 local individuals residing across Watauga County, returned the survey and the Watauga County Health Department compiled the completed surveys. Additional surveys were distributed during Watauga County Primary Care Clinic regular business hours in order to survey current health department clients. The return rate for the Watauga County Community Health Assessment was 4%.

## **METHODOLOGY FOR ALLEGHANY COUNTY:**

Blue Ridge Business Development Center (BDC) in Sparta, NC provided staff for the development of a mailing list developed from the Alleghany County tax records. Approximately forty (40) hours was spent by the BDC staff in making revisions and updates to this file.

The survey mailing was sent to 4,122 households with 207 (5%) of those being returned completed. Less than fifty of the questionnaires were returned as undeliverable.

The Alleghany Community Assessment Team included staff from the Alleghany Health Department, staff from BDC and New River Community Partners, volunteers from Alleghany Wellness Center, Alleghany Partnership for Children, Sparta Presbyterian Church, and students from Wilkes Community College.

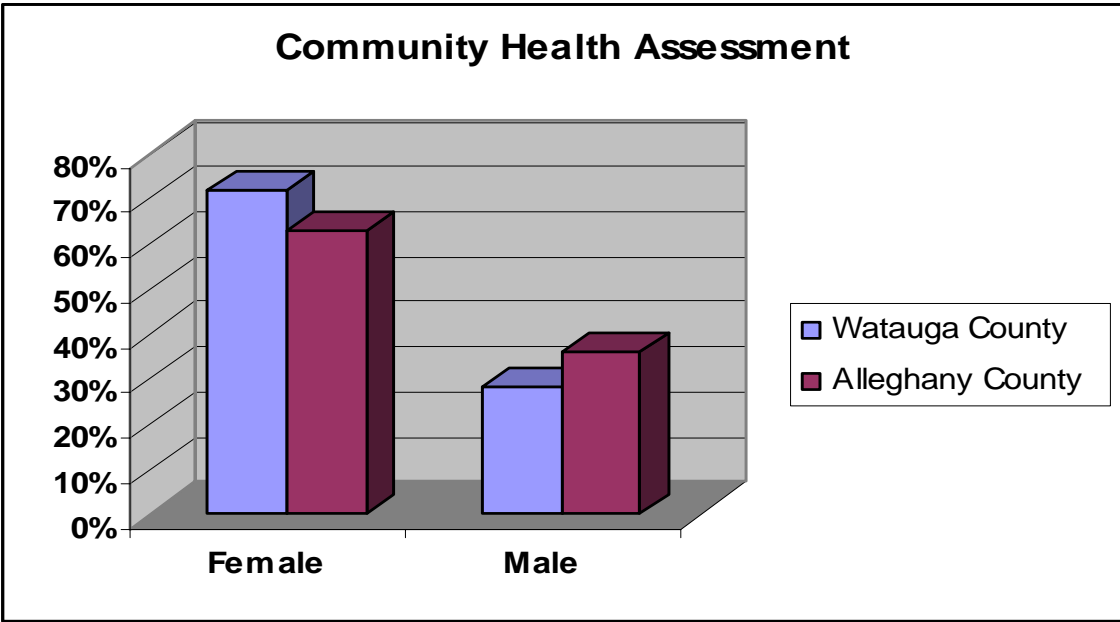
## **PROCEDURE:**

The Appalachian District Health Department chose Epi-Info, a data analysis program offered by the CDC (Centers for Disease Control) as the data collection tool. The questionnaire was entered into Epi Info and the results tallied via the computer. Epidemiologic statistics and tables were produced through this software application. Student Interns from Appalachian State University's Health Promotion Department and the Department of Health, Leisure & Exercise Science assisted Appalachian District Health Department staff with the data entry. Alleghany County utilized the talent of a student from Wilkes Community College with the data entry and analysis.

After the questionnaire results were reviewed, secondary data sources were evaluated to support or eliminate the perceptions of the participants. The preliminary results were brought to the Board of Health Meeting on January 6, 2004 and the Action Plans for the Appalachian District Health Department were determined by the Health Director with input from the Directors of each Healthy Carolinians organization within the Appalachian District. Finally, a diverse committee representing the Health Promotion Department reviewed and established priorities for the coming years based upon the information provided in the Community Health Assessment.

## **IV. SURVEY RESULTS:**

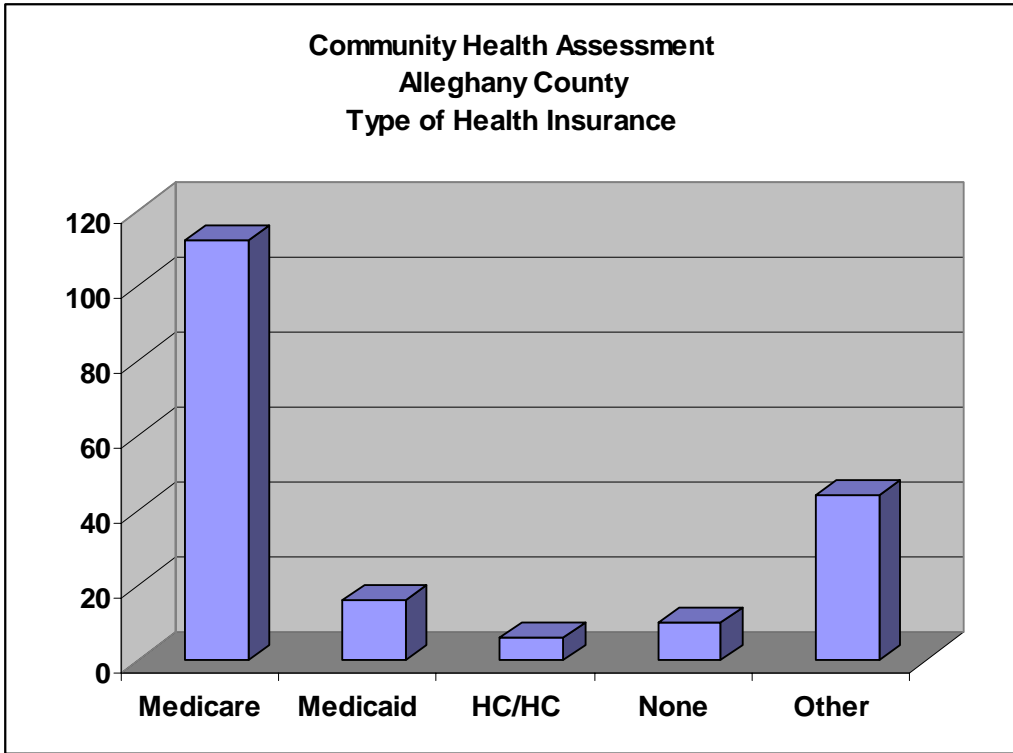
The age of the individuals responding to the Community Health Assessment ranged from age 19 to age 96. The majority of the individuals responding were retired; (Watauga County reported 43% retired respondents and Alleghany County 36.8%). The majority of the completed applications were from retired females over age 55.



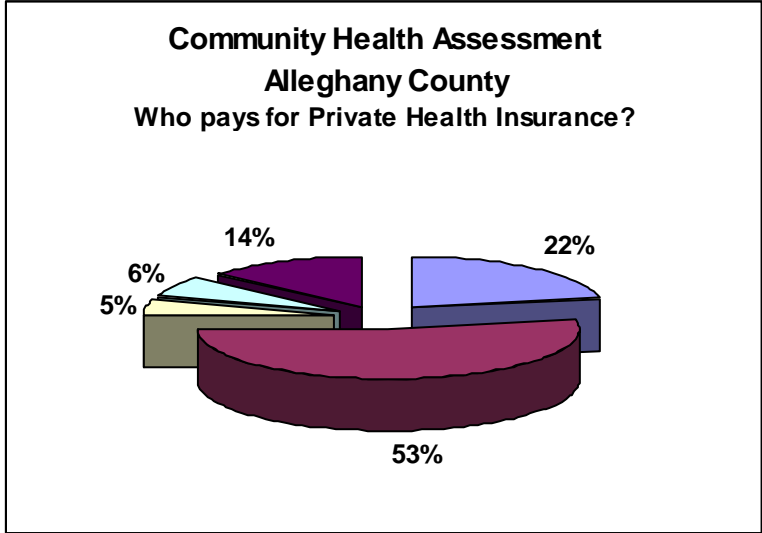
**SECTION I OF THE COMMUNITY HEALTH ASSESSMENT ASKS QUESTIONS ON HEALTH INSURANCE:**

*“What types(s) of health insurance do people in your household have? Circle all that apply:”*

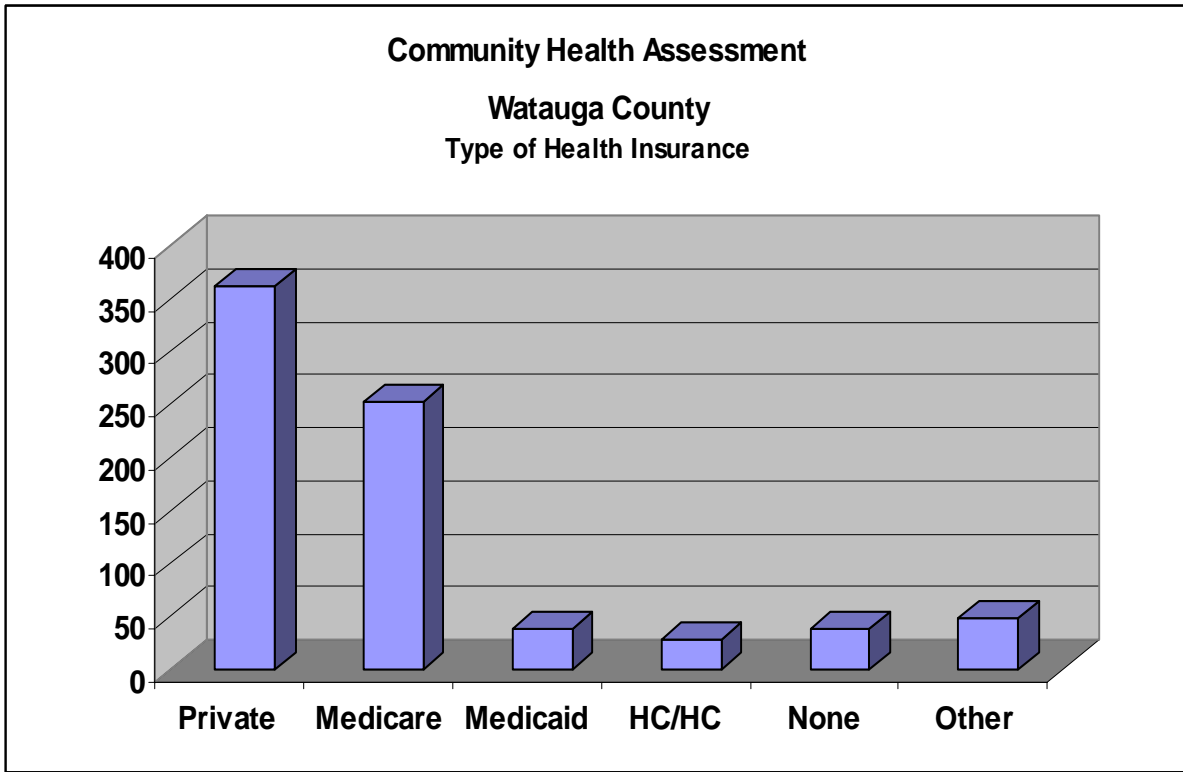
- |                             |   |
|-----------------------------|---|
| <b>1. Private Insurance</b> | <b>4. NC Health Choice / Health Check</b> |
| <b>2. Medicare</b>          | <b>5. None</b>                            |
| <b>3. Medicaid</b>          | <b>6. Other</b>                           |



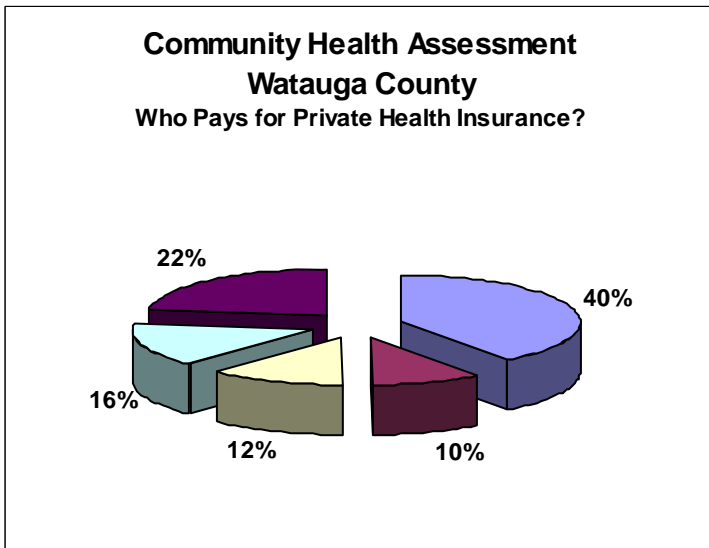
***“If you circled #1 (Private Insurance), who pays for this insurance?”***



- 22% The employer pays most of the cost for the insurance
- 53% I, (or my family) pay for most of the cost
- 5.3% The employer and I (or my family) pays about half
- 6.4% The employer pays for the worker; no one else is on this insurance
- 13.5% The employer pays for the worker; I pay for the family



***“If you circled #1 (Private Insurance), who pays for this insurance?”***



- 22% The employer pays most of the cost for the insurance
- 40% I, (or my family pay) for most of the cost
- 10% The employer and I (or my family) pay about half
- 16% The employer pays for the worker; no one else is on this insurance
- 12% The employer pays for the worker; I pay for the family

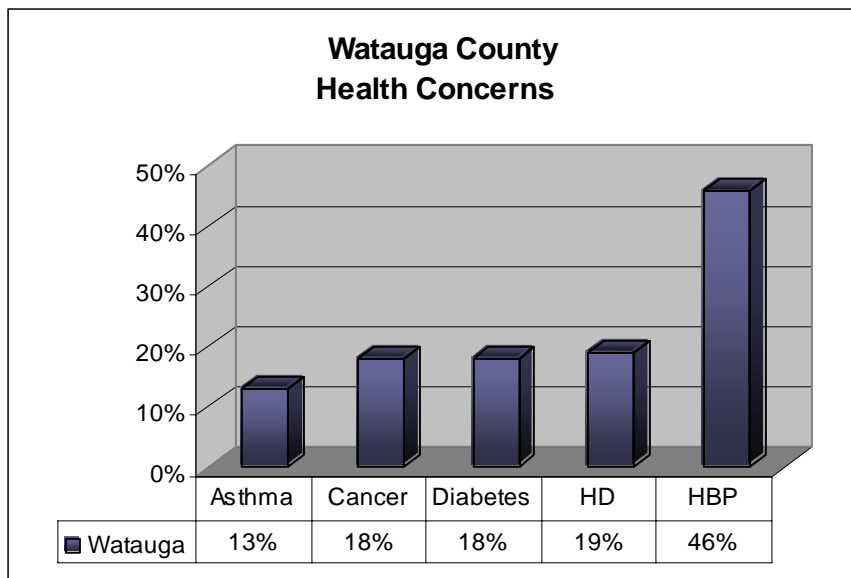
# HEALTH CONCERNS

Section II. of the Community Health Assessment indicated whether or not disease was present in their household. The questions reads:

***“Have you are anyone in your household ever been told by a doctor or healthcare provider that you have any of the following:”***

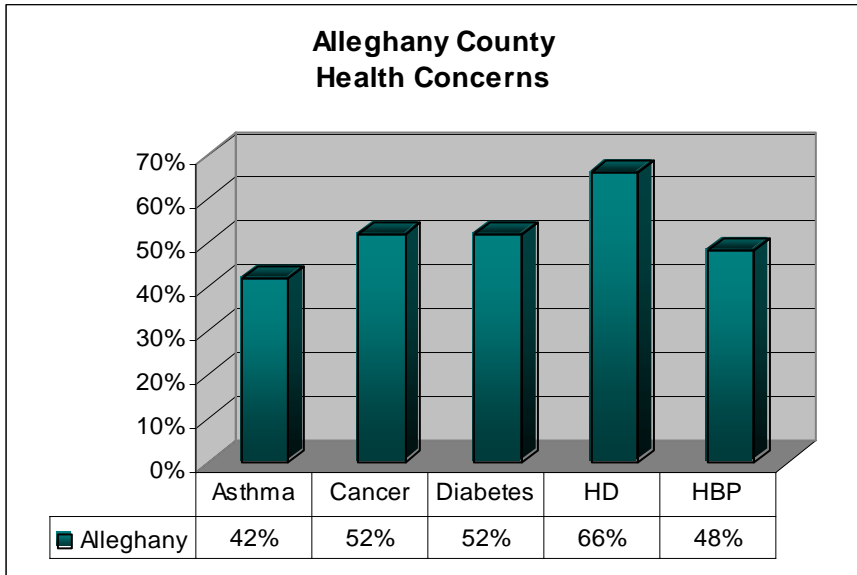
<b>Cancer</b>	<b>1. You</b>	<b>2. Others in household</b>
<b>Diabetes</b>	<b>1. You</b>	<b>2. Others in household</b>
<b>Heart Disease</b>	<b>1. You</b>	<b>2. Others in household</b>
<b>High Blood Pressure</b>	<b>1. You</b>	<b>2. Others in household</b>
<b>Sexually Transmitted Diseases</b>	<b>1. You</b>	<b>2. Others in household</b>
<b>Asthma</b>	<b>1. You</b>	<b>2. Others in household</b>
<b>Other Lung Problems</b>	<b>1. You</b>	<b>2. Others in household</b>
<b>Stroke</b>	<b>1. You</b>	<b>2. Others in household</b>
<b>Mental Health Problems</b>	<b>1. You</b>	<b>2. Others in household</b>
<b>Learning &amp; developmental problems</b>	<b>1. You</b>	<b>2. Others in household</b>
<b>Physical disabilities</b>	<b>1. You</b>	<b>2. Others in household</b>
<b>Other: (please list)</b>		

The top health concerns were, by county:



\*HD (Heart Disease) \*\*HBP (High Blood Pressure)

The main concern of Watauga County residents responding to the survey was that 46% have been told by a doctor or other health personnel that they or members of their household have high blood pressure.



Alleghany County property owners seem to have more health problems in each category as based upon their response to the same question.

## **ASHE COUNTY SURVEYS/WORK RESULTS**

Health Concern results are from Ashe County's Opinion Surveys as presented at the Ashe County Health Council's Community Forum 2003.

### ***What are the Most Important Problems in Our Ashe County Communities?***

- 1. Cancer**
- 2. Lack of Health Insurance**
- 3. Drugs/Meth Labs**
- 4. Heart Disease**
- 5. Obesity**
- 6. Lack of Concern**
- 7. Teen Pregnancy**
- 8. Suicide**
- 9. Lack of Jobs**
- 10. High Blood Pressure**

### ***What are the causes of these health problems?***

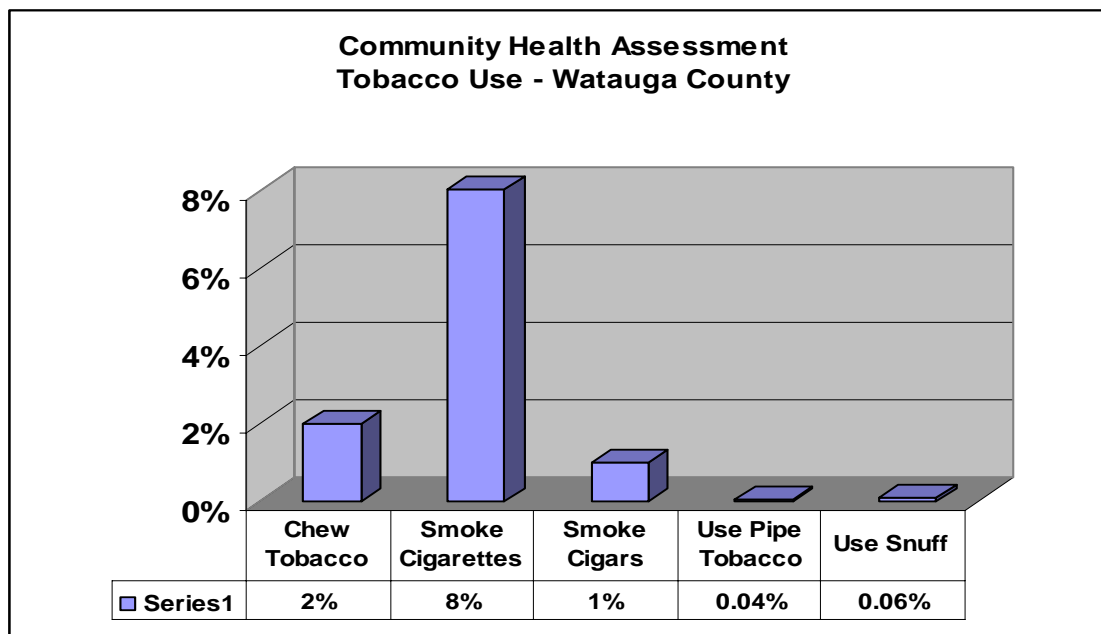
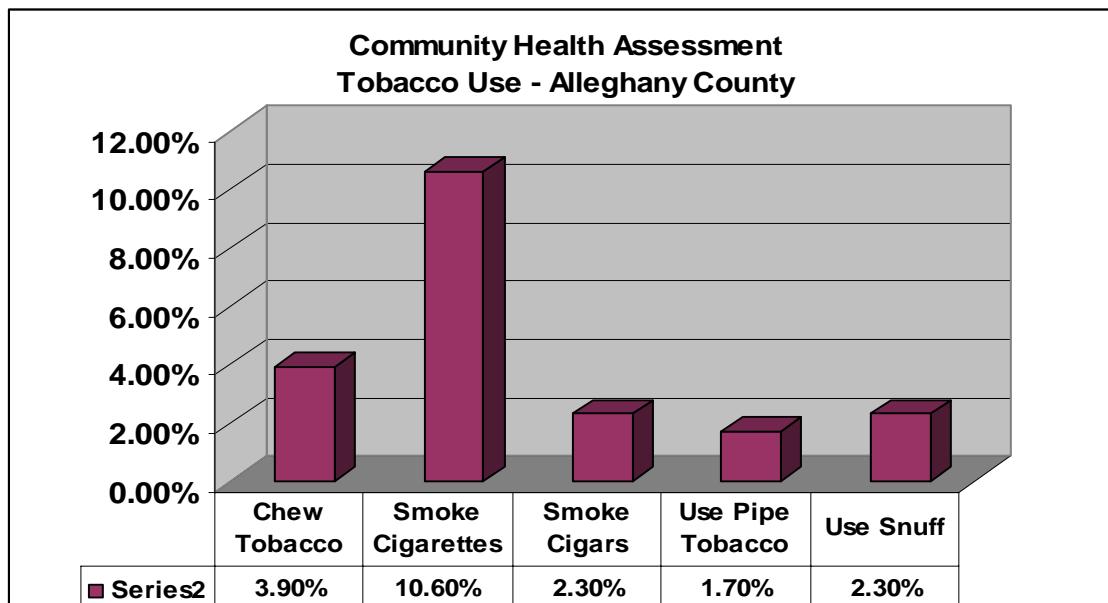
- |                                      |                                |
|--------------------------------------|--------------------------------|
| <b>1. Lack of education</b>          | <b>8. Environment</b>          |
| <b>2. Poor nutrition</b>             | <b>9. Heredity</b>             |
| <b>3. Lack of concern for health</b> | <b>10. Lack of Prevention</b>  |
| <b>4. Sedentary Lifestyle</b>        | <b>11. Lack of Exercise</b>    |
| <b>5. Obesity</b>                    | <b>12. Older Population</b>    |
| <b>6. Economics/poverty</b>          | <b>13. No Insurance</b>        |
| <b>7. Smoking</b>                    | <b>14. Sex before Marriage</b> |

# TOBACCO

The Appalachian District Health Department through active participation in Project ASSIST is concerned about the health effects of tobacco. Three questions were asked on the Community Health Assessment regarding tobacco use, exposure and whether or not they would support a 100% smoke free school initiative.

***Do you use any of the following tobacco products?***

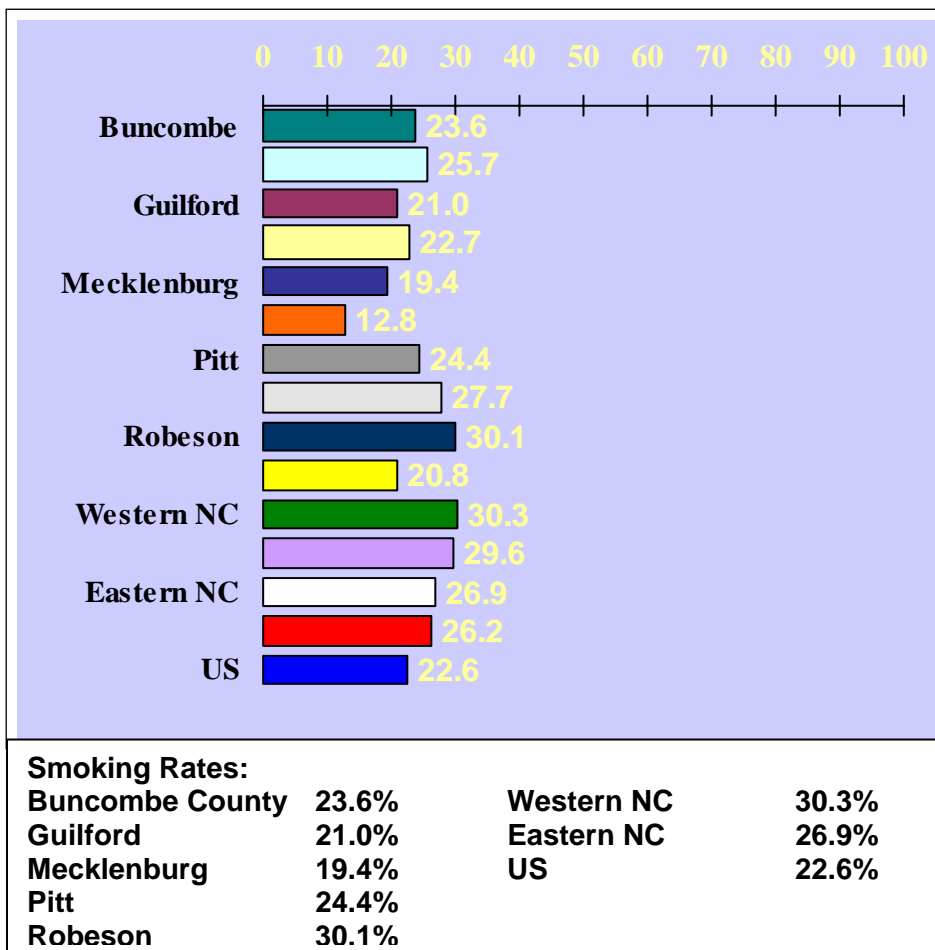
<b>Cigarettes</b>	<b>1. None</b>	<b>2. Daily</b>	<b>3. Weekly</b>
<b>Cigars</b>	<b>1. None</b>	<b>2. Daily</b>	<b>3. Weekly</b>
<b>Pipe Tobacco</b>	<b>1. None</b>	<b>2. Daily</b>	<b>3. Weekly</b>
<b>Snuff</b>	<b>1. None</b>	<b>2. Daily</b>	<b>3. Weekly</b>



# TOBACCO SMOKING RATES

These percentages of tobacco usage contrast with the results in the 2002 Behavioral Risk Factor Survey (BRFSS). The BRFSS is a random telephone survey of state residents age 18 and older in households with telephones. The interviews are conducted monthly and data are analyzed at the end of each year.

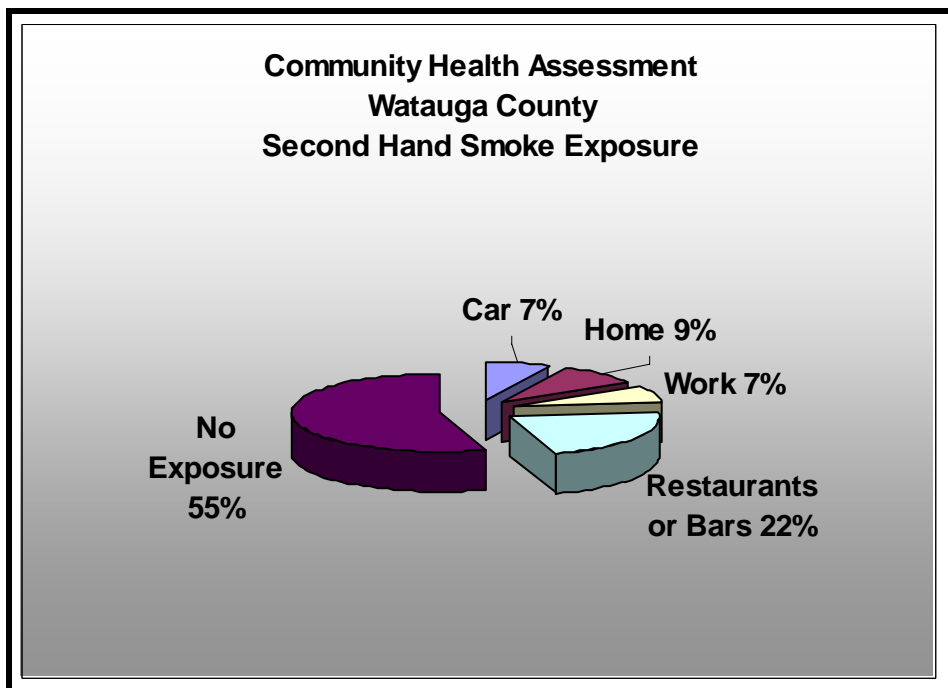
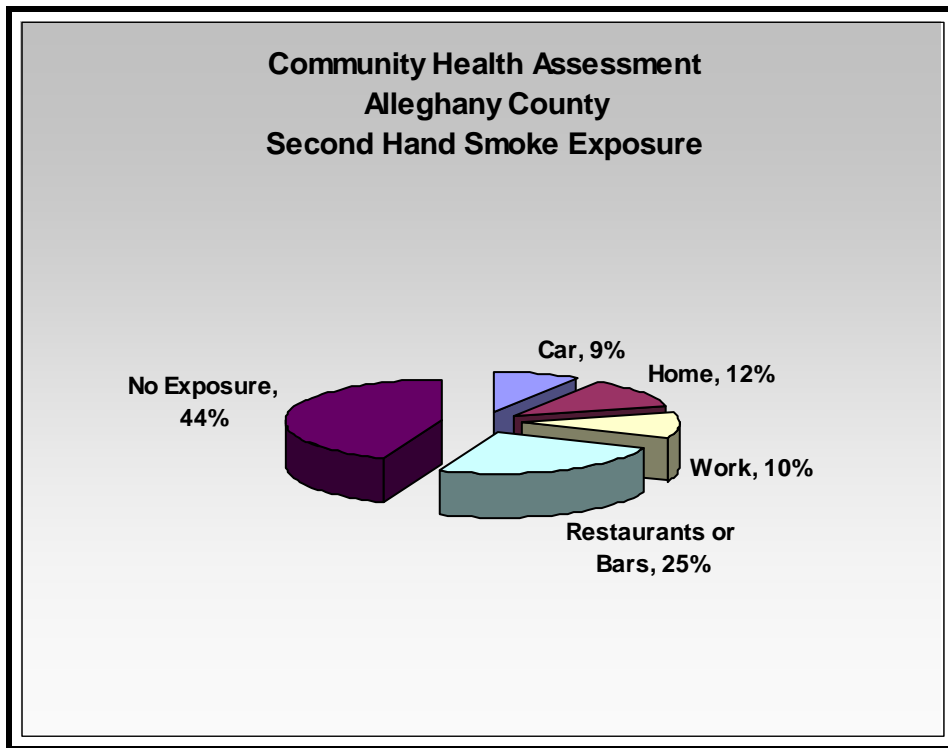
**BRFSS Smoking Rates 2002**



**Note:** In the 2003-2004 Behavioral Risk Factor Survey, Appalachian District teams up with Wilkes County to become a separate population category listing. This will provide a separate result category for Wilkes, Alleghany, Ashe and Watauga Counties and the Appalachian District will no longer be listed in the larger, less distinct, 'Western NC' grouping.

# SECOND-HAND SMOKE EXPOSURE

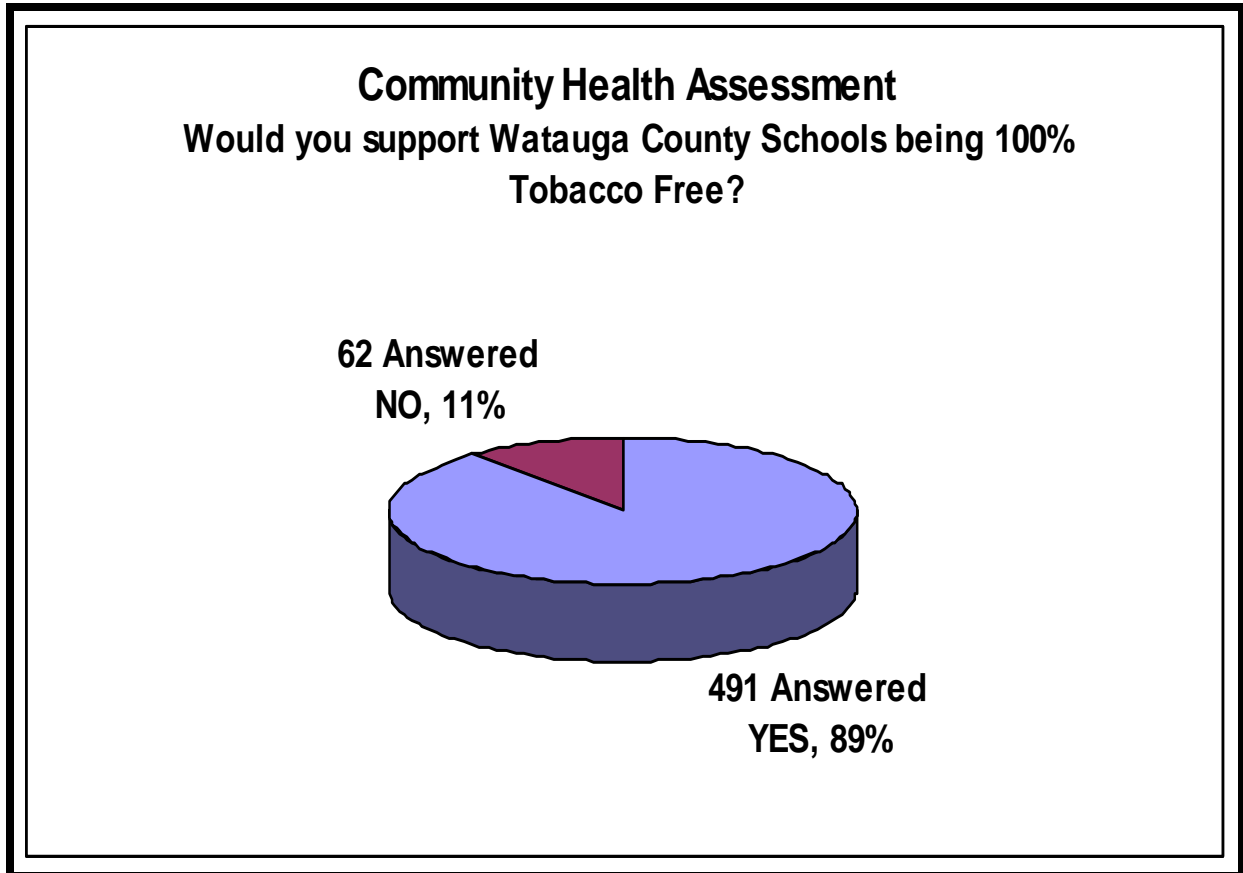
*Are you regularly exposed to secondhand smoke (smoke from other people's tobacco products)?*



## SMOKE FREE SCHOOLS:

*Would you support Watauga County Schools being 100% Tobacco-Free? (This means no tobacco products allowed on campus anywhere, anytime by anyone including at outdoor extracurricular events).*

1. Yes      2. No

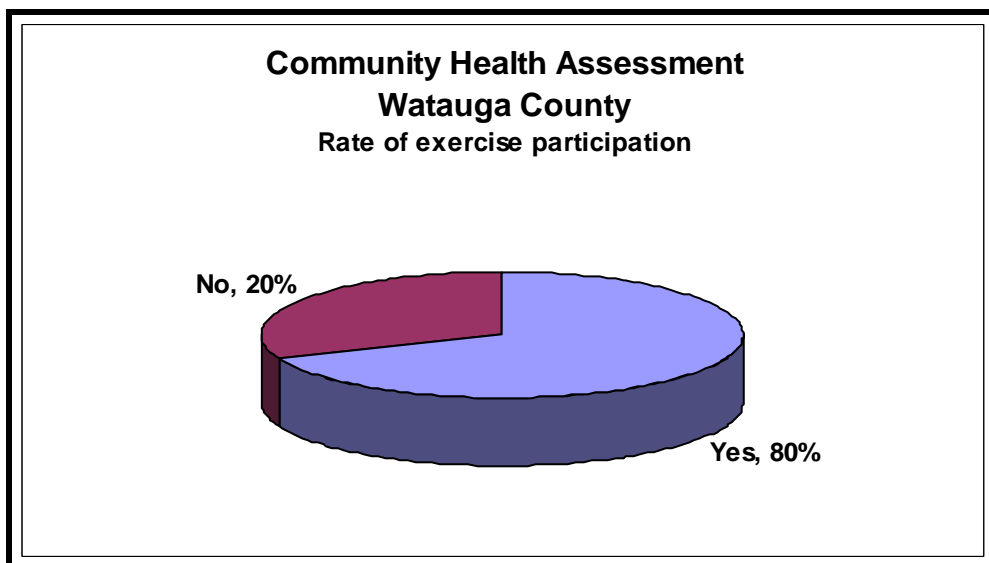
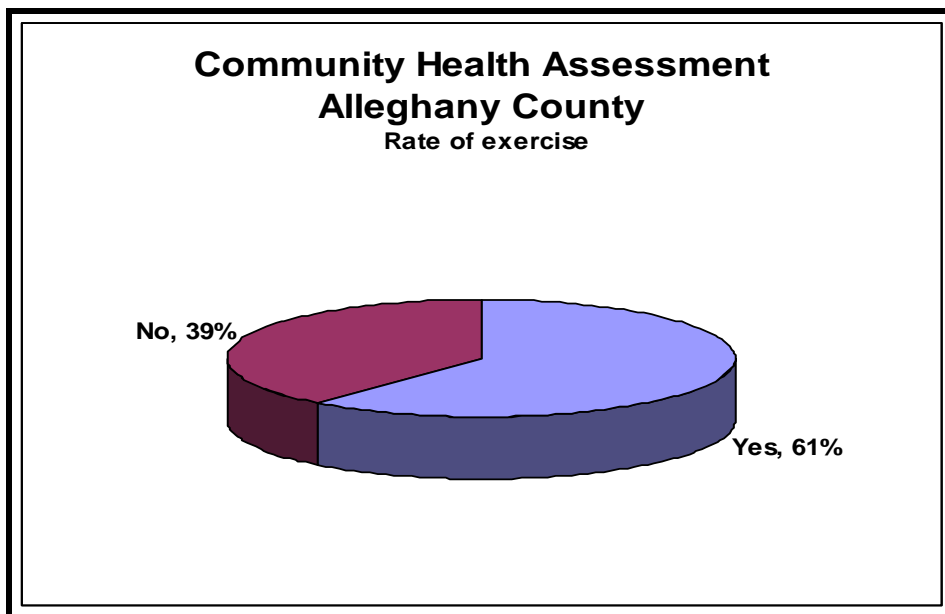


# PHYSICAL ACTIVITY AND NUTRITION

*Do you participate in exercise or physical activity 30 minutes a day, 5 or more days a week? (Examples: walking, gardening, dancing, golfing, vacuuming).*

1. Yes

2. No

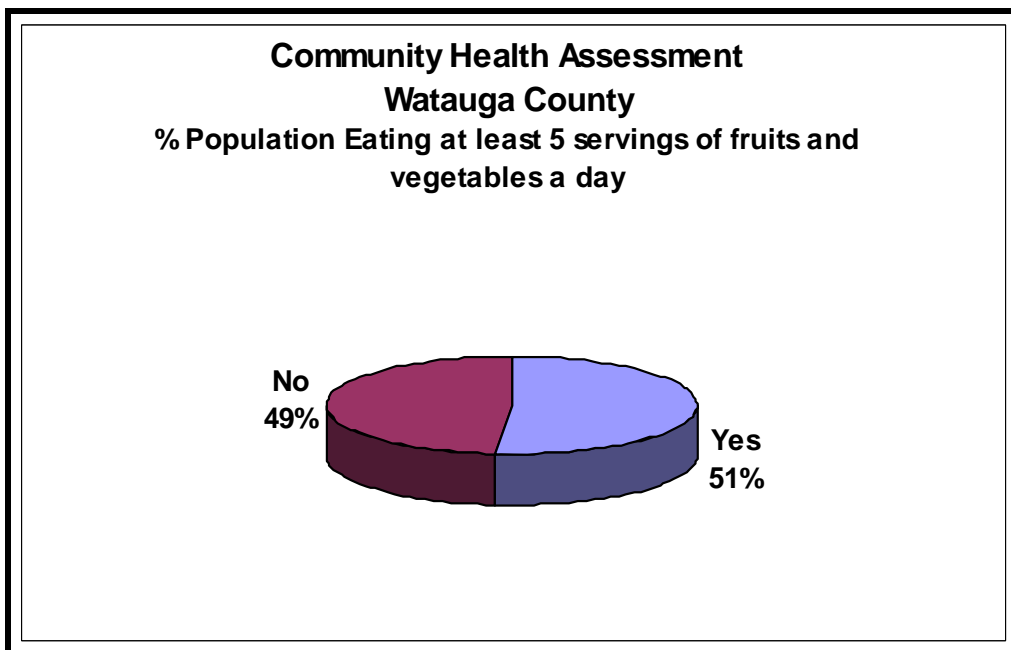
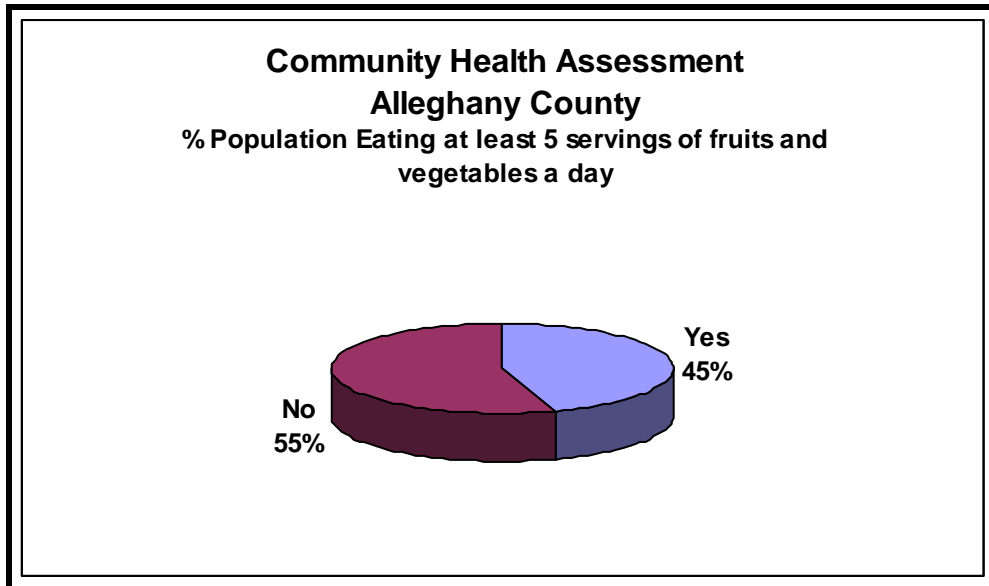


# NUTRITION:

*Do you eat at least 5 servings of fruits and vegetables a day?*

1. Yes

2. No



# DOMESTIC VIOLENCE

Have you or anyone in your household ever been the victim of:

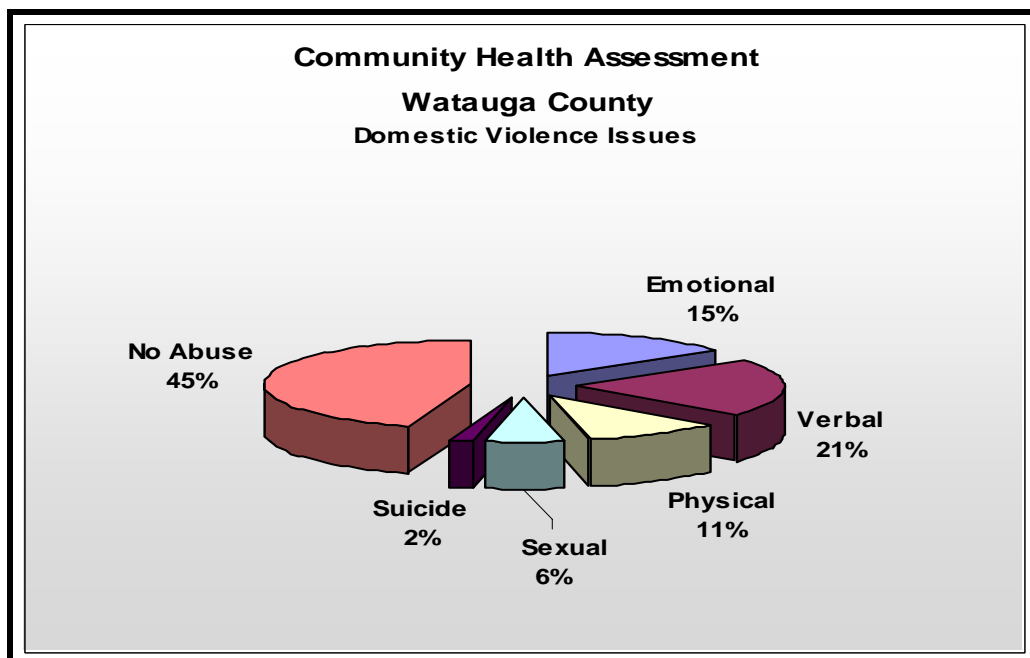
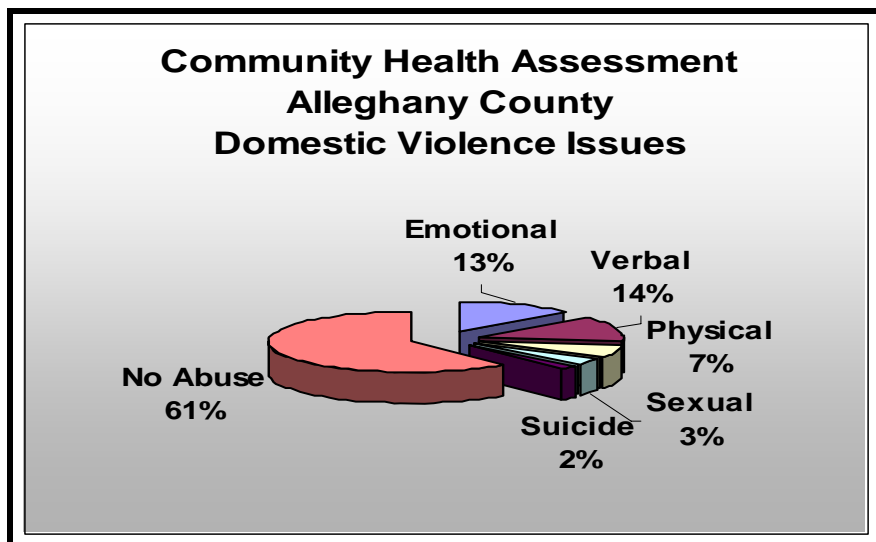
**Verbal abuse** (name calling; frequent yelling; calling you stupid or crazy)

**Emotional abuse** (controls your money; breaks your things; humiliates you in public)

**Physical Abuses** (hits, punches, kicks you; throws you against the wall; kicks or punches stomach while pregnant)

**Sexual Abuse** (forces sexual intercourse and/or sexual acts; forces you to watch sexual acts)

**Suicide** (Others in Household)



## SECTION III. ACCESS TO HEALTH CARE

*Do you and the people in your family have good access to the following services?*

Allegheny County Access to Health Care		Yes	No	Does not apply
1. Medical Care/Physicians		193	2	9
2. Care for Pregnant Women		18	3	150
3. Elderly Care		42	10	125
4. Emergency Room Services		181	1	11
5. Hospital Services		177	2	11
6. Adult Dental Care		150	21	21
7. Child Dental Health Care		33	11	125
8. Child Care/Daycare		23	3	141
9. Pharmacy Services		188	3	10
10. Respite Care (relief for caregivers)		10	7	150
11. Drug & Alcohol Treatment		12	7	150
12. Mental Health Counseling		23	8	139
13. Health Education Programs		45	18	106
14. Public Transportation		23	14	136

Watauga County Access to Health Care		Yes	No	Does not apply
1. Medical Care/Physicians		500	29	20
2. Care for Pregnant Women		70	13	422
3. Elderly Care		118	36	362
4. Emergency Room Services		480	15	48
5. Hospital Services		477	18	42
6. Adult Dental Care		447	54	38
7. Child Dental Health Care		107	26	375
8. Child Care/Daycare		54	22	428
9. Pharmacy Services		502	17	24
10. Respite Care (relief for caregivers)		39	34	440
11. Drug & Alcohol Treatment		38	36	439
12. Mental Health Counseling		102	40	369
13. Health Education Programs		170	55	280
14. Public Transportation		309	110	102

# ACCESS TO CARE

The charts on the previous page indicate those responding to the survey have ranked the following access to health care. The rankings are by most mentioned.

<b><i>The Community has easy access to:</i></b>	
<b><i>Alleghany County</i></b>	<b><i>Watauga County</i></b>
<ol style="list-style-type: none"><li>1. Emergency Room Services</li><li>2. Medical Care / Physicians</li><li>3. Hospital Services</li><li>4. Pharmacy Services</li><li>5. Child Care / Daycare</li><li>6. Care for Pregnant Women</li><li>7. Respite Care</li></ol>	<ol style="list-style-type: none"><li>1. Care for Pregnant Women</li><li>2. Emergency Room Services</li><li>3. Pharmacy Services</li><li>4. Hospital Services</li><li>5. Child Care / Daycare</li><li>6. Child Dental Care</li><li>7. Medical Care/ Physicians</li></ol>

<b><i>The Community has difficulty finding:</i></b>	
<b><i>Alleghany County</i></b>	<b><i>Watauga County</i></b>
<ol style="list-style-type: none"><li>1. Adult Dental Services</li><li>2. Health Education</li><li>3. Public Transportation</li><li>4. Child Dental</li><li>5. Elderly Care</li><li>6. Mental Health Counseling</li><li>7. Drug &amp; Alcohol Treatment</li></ol>	<ol style="list-style-type: none"><li>1. Public Transportation</li><li>2. Health Education</li><li>3. Adult Dental Services</li><li>4. Mental Health Counseling</li><li>5. Elderly Care</li><li>6. Drug &amp; Alcohol Treatment</li><li>7. Respite Care</li></ol>

## Ashe County

The next Community Health Assessment is due in 2007 and will be expanded to include survey responses from all three counties in the Appalachian District Health Department. The Ashe County survey results are listed in a separate section. The Ashe County Health Council conducts community surveys on a yearly basis. Additional information on Ashe County is available from Nancy Kautz, Director of the Ashe County Healthy Carolinians.

# SECONDARY DATA

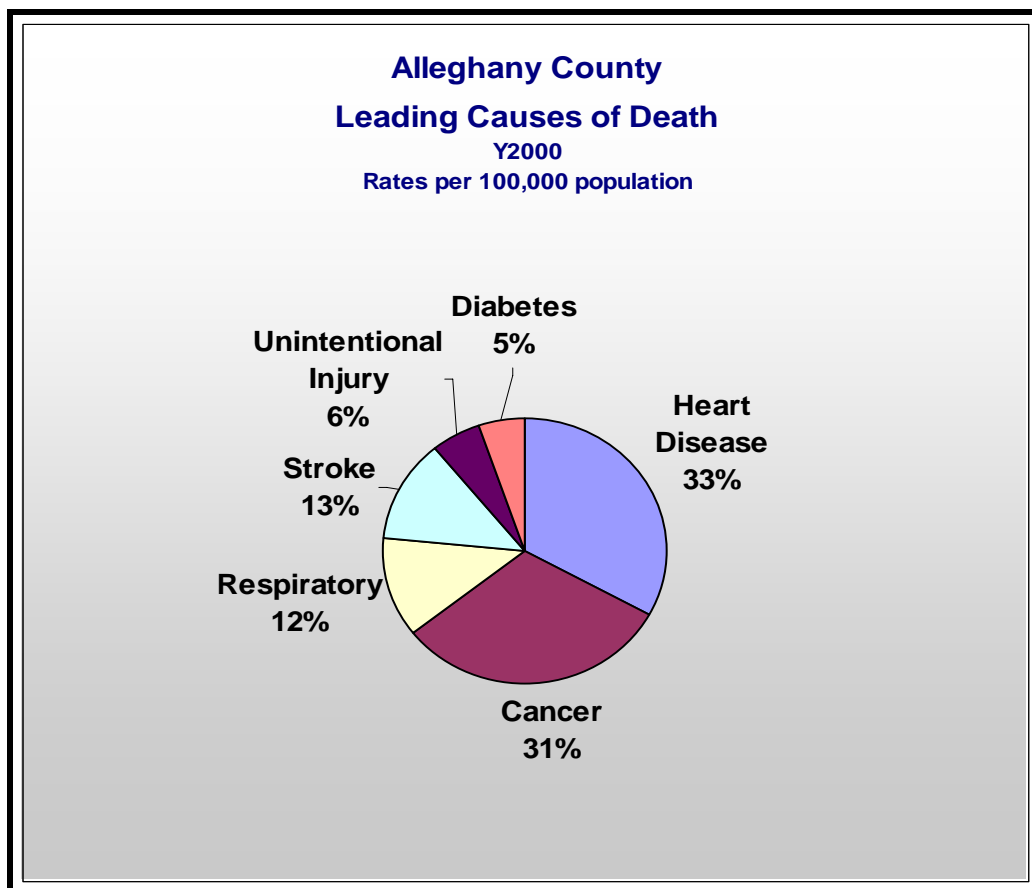
The next step in performing a community health assessment is to compare our local community survey results to other standard data collection measures. The data sources for this assessment included the NC State Center for Health Statistics, US Census Bureau, NC Rural Center Databank, Region D Council of Governments, and the North Carolina Department of Agriculture. The following information is from those sources.

## IV. LEADING CAUSES OF DEATH

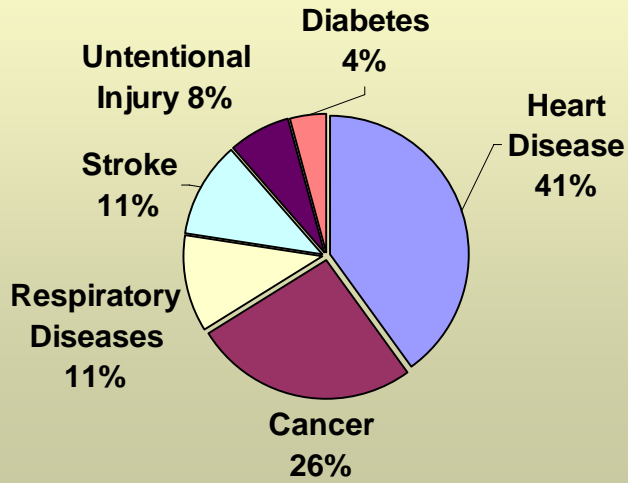
The State collects this data and identifies the leading causes of death in each county. The leading causes of death in the Appalachian Health Department remained the same from 1998-2003.

The leading cause of death in all counties within the Appalachian District is heart disease. The other top causes are: cancer, cerebrovascular disease (stroke), the respiratory diseases of pneumonia & influenza and chronic obstructive pulmonary disease (COPD), accidents and diabetes.

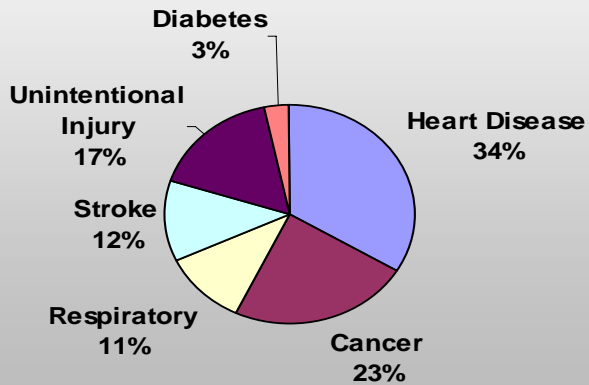
The following graphs illustrate the leading cause of death in each county within the Appalachian District Health Department.



**ASHE COUNTY  
LEADING CAUSES OF DEATH  
Y 2000  
Rates per 100,000 Population**



**WATAUGA COUNTY  
LEADING CAUSES OF DEATH  
Y2002  
Rates per 100,000 Population**

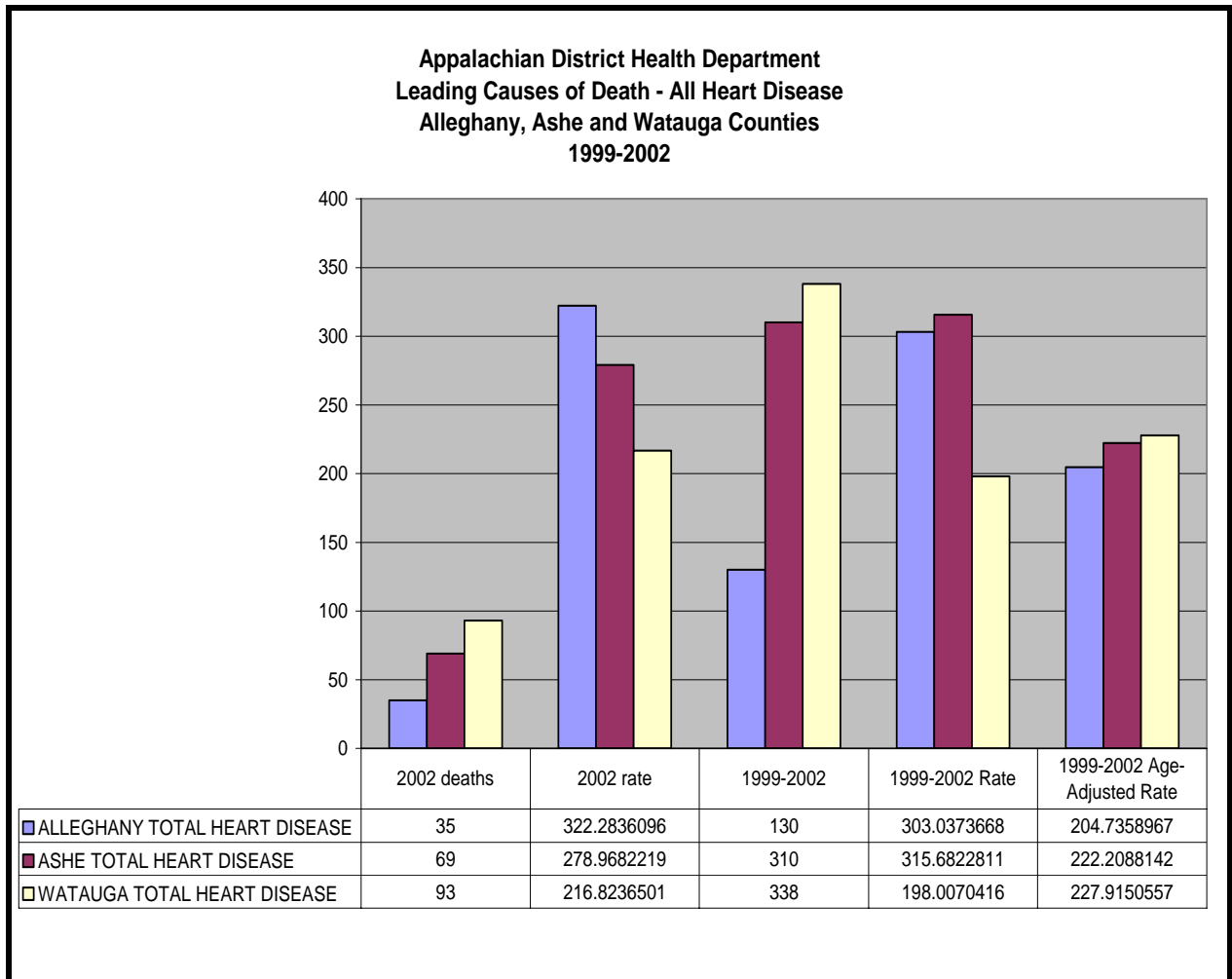


# V. CRITICAL CONCERNS

## HEART DISEASE

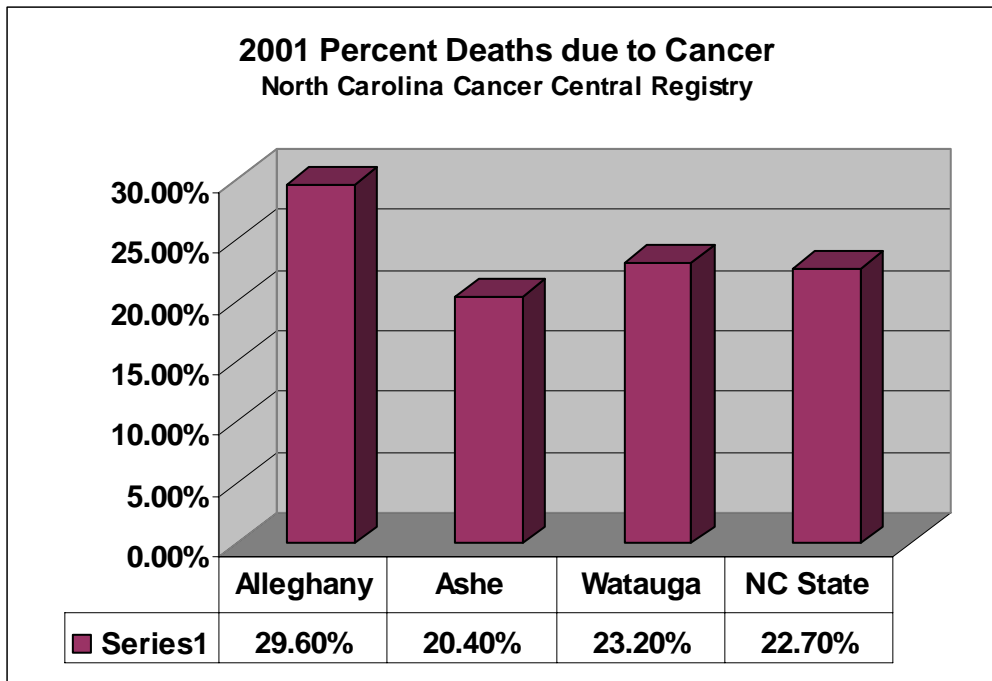
Heart Disease is overwhelming the leading cause of death in all three counties. The secondary data results confirm the 2003 Community Health Survey results as it related to Heart Disease and High Blood Pressure.

Further investigation in Heart Disease found the following data trends:



# CANCER

One of the top concerns expressed in the self-reporting section of the Community Health Assessment was pesticide use in the Christmas Tree Industry. The cancer statistics for the area as compared to the state is:



The Appalachian District Health Department is concerned about the use of pesticides and the general chemical use of our farmers. Watauga, Ashe and Alleghany produce over 75% of the state's Christmas trees. The North Carolina Christmas tree industry is ranked second in the nation, behind Oregon in the number of trees harvested; and first in the nation in terms of dollars made per tree. Christmas Trees are a very important factor in the economic growth of our rural counties.

The average 6-7 foot Fraser fir Christmas tree has been visited by the grower more than 100 times during its life. North Carolina Department of Agricultural regulates who can purchase and spay chemicals in the farm environment by the pesticide license program required in each county. North Carolina has joined the National Cancer Institute, the National Institute of Environmental Health Sciences, the US Environmental Protection Agency, and the National Institute for Occupational Safety & Health to contribute to the Nation Agricultural Health Study to improve agricultural health and prevent disease.

The Agricultural Health Study was designed to learn more about the incident of certain diseases, including cancer. In our area, a collaborative effort to study the effect of worker exposure to Di-Syston 15-G (disulfoton), a granular pesticide that is vital to North Carolina's Christmas tree industry has been underway since 1999. This product is used to control the balsam twig aphid and the spruce spider mite, two pests of the Fraser Fir Christmas Trees. The data from the worker exposure study is now being analyzed at a lab in Colorado.

The cancer rates as indicated in the North Carolina Cancer Registry, takes too many lives in North Carolina. Alleghany County rates are higher than the state average. As a part of an ACTION PLAN, the Blue Ridge Cancer Coalition, the North Carolina Extension Cooperative Service Agency and the Appalachian District Health Department will present information regarding the worker exposure test results in educational sessions.

It is also generally accepted that 65-80% of all cancers are related to personal lifestyle factors, such as smoking and diet, and may be preventable. The Blue Ridge Cancer Coalition will assist the Appalachian District Health Department determine if any cluster of cancer mandates further investigation.

## **VI. LIFESTYLES**

Our rural, low-income citizens have medical problems related to lifestyle choices. Meeting the challenges that lifestyle choices and personal behaviors pose for our citizen's health requires a concentrated and coordinated response from our entire medical community. Because of continued funding limitations and the lack of other resources, efforts sometimes fail to reach those in need. The Appalachian District Health Department is working to create a focused coordinated program that ties together the resources of the Health Department, the Healthy Carolinians coalitions, the hospitals, the school systems and other community partners. Such habits such as lack of exercise, poor nutrition, alcohol and tobacco use and obesity, play a role in the onset and severity of chronic disease. The attached ACTION PLANS reflect the efforts put forth by these coalitions.

These sources, as well as the Appalachian District Health Department's partners determine the top health concerns for each county. Appalachian District Health Department works closely with the district's Healthy Carolinians, Coalitions, hospitals, school systems, public agencies, faith communities and civic groups to address health care needs. The District Health Department and community partners are working on solutions for the priorities set by past years and has also listed the 2003 top Health Care Concerns in the chart listed below.

## VII. COMMUNITY HEALTH CONCERNS

### A Comparison of Community Health Concerns 1998-2003

	1998 Health Care Concerns	2000 Health Care Concerns	2003 Health Care Concerns
1.	Health Problems related to Lifestyles	Chronic Diseases	Chronic Disease, <i>particularly</i> Health Disease and Diabetes & Lifestyle Choices including tobacco use, obesity, lack of physical exercise and the absence of consistent healthy nutritional meals. Lifestyle practices that lead to the development of chronic disease
2.	Lack of Dental Services	Lifestyle behaviors including Substance Abuse	Illegal Clandestine Methamphetamine Laboratory Decontamination for the safe re-occupancy of the cleaned residence by children and adults and health issues related to substance abuse & chemical exposure.
3.	Diabetes	Elderly Health Care Services	Affordability of health insurance and providing health services for the under-insured, uninsured and undocumented workers.
4.	Access to affordable health care	Accessibility, affordability and quality of health care	Elimination of the Blue Ridge Cancer Coalition may result in the lack of local cancer education and patient advocacy all ADHD Counties
5.	Suicide	Dental Needs	Domestic Violence Issues

## VIII. APPALACHIAN DISTRICT HEALTH DEPARTMENT RESPONDS

How will Appalachian District Health Department, along with our community partners respond to the 2003 Community Health Assessment? We cannot address these priorities alone. We will need collaboration within the entire District to impact these needs. We will continue to work with the Healthy Carolinians Coalitions to answer health care needs. We have created new action plans for this assessment. Additionally, we will adopt the action plans from all our coalition partners. As the coalitions update action plans, we will make them part of this report. As the State moves closer to the 2010, the Healthy Carolinians objectives become a critical component for performance measurement.

Public health is changing and expanding to include focus areas that have not traditionally been addressed at the local level. This includes the new initiative for public health preparedness. Resources for public health have been established to integrate public health workforce training and workforce development to deal with emergencies and the special threats posed by Bioterrorism, infectious diseases (both newly emerging infectious diseases, and HIV/TB/STDs), and other emergency situations. Our collaborative efforts have expanded to include law enforcement agencies, emergency medical services, fire departments, justice departments and Homeland Defense agencies.

The Appalachian District Health Department tackles the tough issues that influence the health of our citizens.

### 1. Health problems associated with lifestyles

One of the most difficult behaviors to change is that of personal lifestyle choices – exercise, diet and tobacco use. Through worksite wellness, Project ASSIST (tobacco use cessation and prevention) and community screens and education, we are proceeding with informing our citizens about choosing health behaviors to improve health and reduce chronic disease. Our area hospitals and Healthy Carolinians also publicize or produce programs that impact health behaviors. The **Action Plans** of the Healthy Carolinians, Project ASSIST, Health Promotion, and the Blue Ridge Cancer Coalition will be adopted by the Appalachian District.

### 2. Dental Services

The new facilities of the District have improved our ability to provide and expand services. All three county health departments have modern medical facilities to provide care and deliver programs and services including full-service dental clinics. The Appalachian

District's **Action Plan** is to expand these services and hire additional staff to better serve the Alleghany, Ashe and Watauga indigent child population.

### **3. Access to affordable health care**

The Appalachian District Health Department, unlike many health departments, provides primary care services. Primary care is offered daily, on an open access basis, in all three clinics. The primary care services are provided through a generous grant through Kate B. Reynolds.

The primarily rural nature of the Appalachian District counties has most individuals and families paying the majority of their health insurance plan. This can lead to under-insured and uninsured situations. Additionally, the growing Hispanic population as farm workers finds undocumented aliens searching for health care services.

### **4. School Health**

The health of our children is our immediate concern. In 2003 the Appalachian District was awarded a demonstration grant from the Appalachian Regional Commission to provide nurses to the local school district. The health department expanded available school health resources to target pre-kindergarten children, second graders, exceptional children, sixth graders, high school seniors, and school staff. The demonstration effort will span portions of two school years and serve 15 elementary schools and three high schools in the Alleghany, Ashe and Watauga School Districts. Additionally, the Division of Public Health has announced the availability of school health funds to hire school nurses and support Coordinated School Health Programs. Appalachian District supports the applications made by Ashe and Watauga School Districts.

### **5. Environmental Health**

Illegal clandestine methamphetamine labs have been found in many North Western counties of North Carolina. However, the majority have been found in Watauga County. In 2001, there were 34 methamphetamine labs discovered in North Carolina. As of August, 2003, more than one hundred (100) labs have been discovered statewide. The Appalachian District Health Department issued a Health Alert in the spring of 2003 after 26 clandestine labs had been discovered in Ashe and Watauga Counties in the time period between January 1, 2003 and April 22. Approximately 25% of all the illegal methamphetamine labs discovered in North Carolina are found within the Appalachian Health Department District's counties. Most of these illegal drug labs have been found in private homes, but some have been found in barns and car trunks. Additionally, discarded methamphetamine lab materials have been abandoned beside our local highways.

The overall concern of the Appalachian District Health Department are the safety of the children in these homes, water and sewer systems, improper chemical disposal, lack of health risk assessment of contamination levels, clean up, and re-entry to these sites. For these reasons the Appalachian District Health Department supports the September 2003 Clandestine Methamphetamine Laboratory Decontamination and Re-occupancy Guidelines where most of the above chemical information may be found. As a member of the Methamphetamine Task Force the Appalachian District's

**Action Plan** is to support the efforts of this group to address the medical, social, environmental, administrative and law enforcement dilemmas we are currently facing.

**6. Domestic violence is a health care issue.** Most women visit health care providers for routine medical care for themselves or their dependents. The Appalachian District Health Department is in a unique position to help identify victims of domestic violence and provide victims with referrals and support.

The Appalachian District Health Department recorded a 3-county total of 2,592 Maternity Clinic visits during Fiscal Year 2003. A 2001 study in North Carolina found that only 23% of women injured shortly after pregnancy received treatment for the injuries. However, almost all of these women used care for their infants indicating that pediatric practices are important settings for identifying domestic violence.

Martin, Mackie, Kupper, Buescher & Moracco *Physical Abuse of Women Before, During and After Pregnancy*. The Journal of the American Medical Association, 285, No. 12, March 2001.

The complications of pregnancy, including low weight gain, anemia, infections, and other clinical problems are significantly higher for abused women, as are maternal rates of depression, suicide attempts, tobacco, alcohol, and illicit drug use. Further studies indicate that pregnant and recently pregnant women are more likely to be victims of homicide than to die of any other cause. Programs have been established specifically for health care worker that increase the safety of pregnant abused women. The Appalachian District Health Department's **Action Plan** is to conduct a historical study & review of the lifestyle self-assessment form completed by maternal patients, and to contact *OASIS (Opposing Abuse with Service, Information and Shelter)* a private, non-profit, volunteer organization serving Alleghany (DARE), Ashe (SAFE) and Watauga Counties) to provide educational programs for both the staff and the maternal health clients.

The way we respond, collaborate and use resources will dictate the effectiveness of our services. The Appalachian District Health Department is willing to meet the demanding health care needs of our communities.

This Community Health Assessment will be distributed throughout the three county area using local media resources including: brochure, Mountain TV, newspaper articles, radio interview, presentations, and it will be featured on the upcoming Appalachian District Health Department's website.

# COMMUNITY HEALTH ASSESSMENT TIMELINE

This timeline is for Alleghany and Watauga Counties. Ashe County conducted their health assessment that reflected the work completed for the Ashe County Healthy Carolinian recertification process.

June 2003

Planning underway and work begun  
Representatives from the Appalachian District Health Department and the Watauga Healthy Carolinians attended NC State sponsored Community Health Assessment Presentation

July 2003

Questionnaire development conducted by Appalachian District Health Department and the Watauga Healthy Carolinians

August 2003

Contract awarded to the Blue Ridge Business Development Center (BDC) to conduct the Alleghany County survey

September 2003

Watauga County Questionnaires placed in The Mountain Times and The Watauga Democrat  
Questionnaires mailed to property owners by the Blue Ridge Business Development Center

October 2003

Begin data entry of Watauga results into Epi-Info 2002  
Technical assistance provided to Blue Ridge Business Development Center

November 2003

Complete data entry of Watauga results

December 2003

Blue Ridge Business Development Center finishes data entry  
Obtain deadline extension from Healthy North Carolinians

January 2004

Focus Group Sessions held to review data results  
Present report to Board of Health  
Obtain Health Department Accreditation Standards applicable to Community Health Assessments  
Determine Action Plans

February

Health Concerns reviewed by appropriate agencies  
Individual meeting held with Alleghany, Ashe, and Watauga Healthy Carolinians  
Executive Directors  
Final report released upon approval

## ACKNOWLEDGEMENTS

THE WORK OF THE 2003 COMMUNITY HEALTH ASSESSMENT WOULD NOT HAVE BEEN POSSIBLE WITHOUT THE HELP AND WORK OF:

Danny Staley, Director	Appalachian District Health Department
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And the employees of the Appalachian District Health Department

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