Outcome: All of Durham's citizens are healthy.

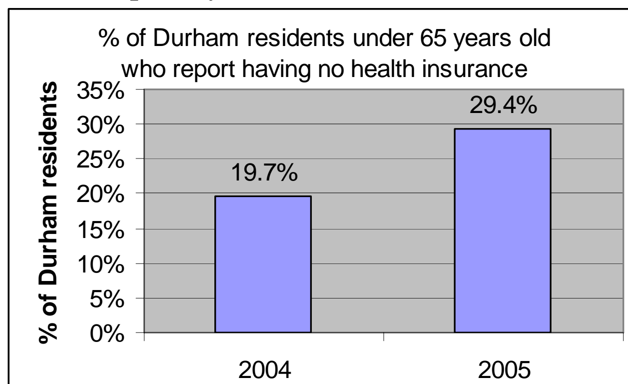
Committee Members *(please update membership)*:

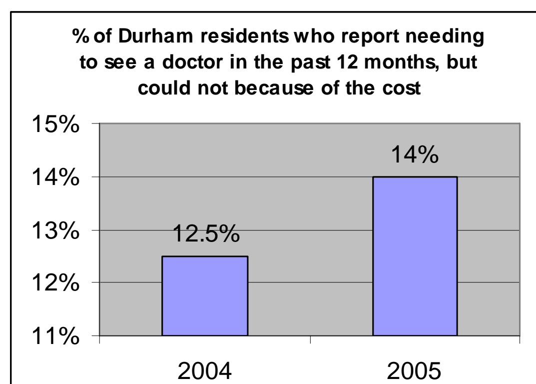
The Partnership for a Healthy Durham is focusing on this objective as a coalition. There are over 100 people actively involved in the activities of the Partnership, in ten committees. These participants represent agencies, organizations, and the community. We will list members by indicator area.

Indicator 1: Access to Health Care: percentage of Durham residents without insurance

Chair – Gina Upchurch
Members – James Amos, Andy Barada, MaryAnn Black, Beth Bordeaux, Betty Borden, Reyn Bowman, Chris Carlson, Arnold Dennis, Suzanne Deobold, Mat Despard, Anne Drennan, Michele Easterling, Theresa El-Amin, Sharon Elliott-Bynum, David Farrell, Ann Fisher, Tekola Fisseha, Sue Guptill, Teresa Hart, Rudy Henkel, Brian Letourneau, Cheryl Lloyd, Frank Lombard, Judy Orser, Evy Schmidt, Pam Silberman, William Spencer, Marti Wagner, Mark Werner, Luis Pastor, Cynthia Cason, Rev. Dr. BA Angeloe Burch, Dennis Lazof, Matt Ayotte

Please update your baseline data:





Source: 2004 and 2005 Behavioral Risk Factor Surveillance Systems, State Center for Health Statistics

What works or what would it take to improve this indicator? (Consider both long and short term strategies).

Short term (up to 2 years)

1. Increase enrollment in Medicaid and Health Choice through targeted and coordinated outreach efforts (i.e., activities during "Cover the Uninsured Week", town hall meetings, etc).
2. Clarify charity care and discount policies from clinics and institutions in Durham that provide primary care and/or other physician services. This would include Lincoln Community Health Center, Duke University Health System (DUHS), the Private Diagnostic Clinic, the Health Department, Durham Center Access and affiliated

providers, and any other public/private practices that will share their policies.

3. Support the continuation of the Local Access to Coordinated Healthcare (LATCH) program and network of care.
4. Improve access to specialty medical care for uninsured child and adult patients of Lincoln Community Health Center through the Specialty Access Project. Durham Health Partners is the lead agency on this effort.
5. Support the efforts of others to create a group health insurance product through the Latino Community Credit Union.
6. Assess the feasibility of increasing the capacity of existing clinics.
7. Assess the feasibility of increasing the number of neighborhood clinics.
8. Assess the feasibility of a shared model for financing a community health plan. An example would include a 4-share model (government, health care institutions, businesses, and individuals) for providing basic health coverage for Durham County residents.
9. Increase physician commitment to these various short-term strategies through an endorsement and active involvement of the Durham-Orange Medical Society and Prima Health.

Long term (2 to 5 years)

1. After considering the pros and cons of the 3 major options for improving access to primary health in Durham: a) **increase the capacity of existing clinics** b) **increase the number of neighborhood clinics**; c) **launch a community health plan model**; and move forward with the most feasible, sustainable plan/s for Durham.
2. Support the efforts of LATCH, Durham Health Partners, and a possible group health insurance model via the Latino Community Credit Union.
3. Establish partnerships between public and private sectors to provide resources for services.
4. Partner with the County through the Department of Social Services to provide more eligibility specialists to local health care providers.

Of the strategies listed above, please further define them by their cost category.

NO COST

1. Increase physician commitment to both the short- and long-term strategies identified above through an endorsement and active involvement of the Durham-Orange Medical Society and Prima Health.

LOW COST

1. Increase enrollment in Medicaid and Health Choice through targeted and coordinated outreach efforts.
2. Clarify charity care and discount policies from clinics and institutions in Durham that provide primary care and/or other physician services. This would include Lincoln Community Health Center, Duke University Health System (DUHS), the Private Diagnostic Clinic, the Health Department, Durham Center Access and affiliated

providers, and any other public/private practices that will share their policies.
3. Support the efforts of others to create a group health insurance product through the Latino Community Credit Union.
4. Establish partnerships between public and private sectors to provide resources for services.

REQUIRES ADDITIONAL RESOURCES

1. Support the continuation of the Local Access to Coordinated Healthcare (LATCH) program and network of care.
2. Improve access to specialty medical care for uninsured child and adult patients of Lincoln Community Health Center through the Specialty Access Project.
3. Assess the feasibility of *increasing the capacity of existing clinics*
4. Assess the feasibility of *increasing the number* of neighborhood clinics.
5. Assess the feasibility of a shared model for financing a community health plan. An example would include a 4-share model (government, health care institutions, businesses, and individuals) for providing basic health coverage for Durham County residents.
6. Partner with the County through the Department of Social Services to provide more eligibility specialists to local health care providers.

* - The following questions about priority strategies should only be completed for **NO COST** and **LOW COST** strategies

Priority Strategies (From the above list of no cost and low cost strategies, please highlight those with the greatest need for implementation in FY06-07)
1) Establish partnerships between public and private sectors to provide resources for services;
2) Increase enrollment in Medicaid and Health Choice; and
3) Clarify charity care and discount policies from clinics and institutions in Durham that provide primary care and/or other physician services.

Goals (What do we hope to achieve with each above strategy)
1) Stronger partnerships between the County, DUHS, BCBS of NC, LCHC, and the business community in particular would help create shared responsibility for improving access to care for the under- and uninsured in Durham.
2) Increase enrollment in Medicaid and Health Choice through targeted and coordinated outreach efforts.
3) Work with local healthcare agencies to clarify and simplify for public consumption their charity care and discount policies.

Value to the Community (How will attaining this/these goal(s) benefit the community)

1) Stronger partnerships that lead to a shared vision should improve access to care because it would allow the community to optimize what is good about healthcare for the under-and uninsured in Durham and would identify the gaps in services that still exist.
2) Medicaid and Health Choice are valuable healthcare coverage options for hundreds and maybe thousands of Durham residents who don't know they are eligible. As we increase the ranks of those with coverage (from public or private sources), the financial burden of caring for the uninsured when they are sicker will decrease.
3) Many Durham residents cannot afford their medical care and do not understand that often times payments can be negotiated. Many avoid necessary medical care for fear of further debt. Ultimately, this is costly to our society in terms of lost productivity and because prevention and early intervention is usually less expensive than acute care. If Durham residents were aware that they can make reasonable and fair payments, they are more likely to seek timely and appropriate healthcare services.

Short-Term Implementation Plan (Please include dates and identify responsibility for each step of the plan)

1) In May, we sponsored the Covered the Uninsured forum and had representatives of these agencies (the County, DUHS, BCBS of NC, LCHC) publicly commit to addressing the needs of the under- and uninsured in Durham. In June, we met with representatives from Durham CAN, the Latino Credit Union, and Durham Health Partners to better understand what we are collectively trying to accomplish. We will have a follow-up meeting with representatives from DUHS in August. Durham CAN has arranged for Pam Silberman from the NC Institute of Medicine to facilitate a meeting of all these agencies to consider different models for helping the under- and uninsured in Durham.
2) We have created a brochure highlighting what resources exist in Durham to help the under- and uninsured. We have been promised in-kind printing and will work with other healthcare advocates to distribute this brochure (English and Spanish translation) throughout Durham beginning in August.
3) The Access to Care Committee has spearheaded an effort with the Herald-Sun newspaper to write a monthly column on access to care that is focused on Durham issues. We will highlight what already exists and ignite conversations about how to improve access to care in the City of Medicine. Time Warner Cable has promised that if we can find volunteers to work their cameras that we can create a regular show on access to healthcare in Durham, mirrored after the Herald-Sun articles.

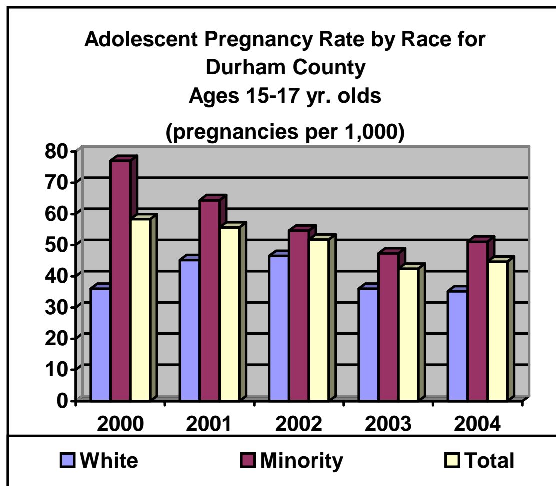
No Cost or Low Cost (If there is a cost to this strategy, please identify the resources needed)

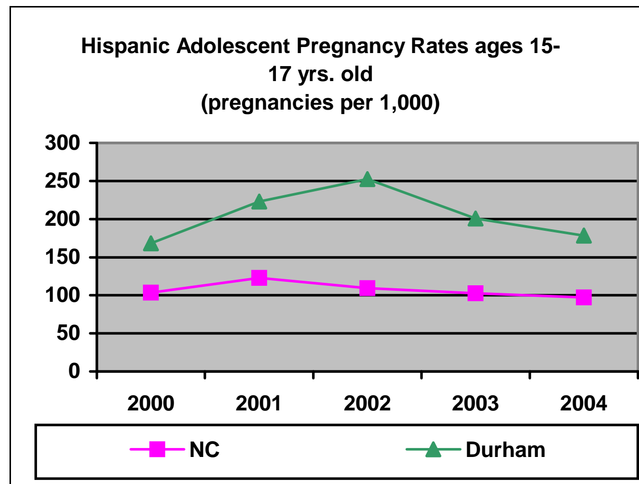
Currently, all of the costs associated with our efforts including printing, professional expertise, etc. are donated with the exception of the staff time of Sarah Covington with the Partnership.

Indicator 2: Adolescent pregnancy rate

Chair - Annette Carrington
Emily Adams, Betty Brown, Clementine Buford, Howard Clement III, Cora Cole-McFadden, Bomi Robeson, Dennis Ellis, Donna Rosser, Erline Harvin, Carol Hunt, Ann Milligan-Barnes, K.K. Lamb, Rev. Michael Page, Desiree Simpson, Joyce Snipes, Teka Dempson, Wendell Davis, Vickie White, Pat Harris.

Please update your baseline data:





Source: NC State Center for Health Statistics
The 2005 pregnancy rate data will be made available by the State Center at the end of October 2006.

What works or what would it take to improve this indicator? (Consider both long and short term strategies).

Short term (up to 2 years)

1. Expand existing teen pregnancy prevention programs such as Teen Voices and Together Everyone Accomplishes Something (TEAS) to at least two additional sites.
2. Coordinate locations and recruitment of participants with El Centro Hispano to implement Joven a Joven (Spanish version of Teen Voices) to improve pregnancy prevention programming for the Latino community.
3. Coordinate services with Pregnancy Support Services Hispanic Client Services Coordinator to provide programming that will educate teen Hispanic mothers to keep them from having repeat pregnancies and/or getting pregnant at all.
4. Develop a schedule and conduct meetings with representatives of Durham Public Schools, i.e. coordinator of School Health Education Programs, teachers, and local advisory councils to address the Comprehensive Sex Education and the re-evaluation and update of current materials used to teach Family Life and Growth and Development classes.
5. Re-introduce abstinence as a preventive method and present model curriculums to be

used in Durham Public Schools and Durham Charter Schools.

6. Provide Family Life trainings to Durham Public Schools and Durham Charter schools teachers.
7. Conduct annual presentations to the Durham City Council, Board of Health, the Durham County Commissioners and Durham Public Schools Board of Education regarding funding for prevention programs such as a Male Responsibility Program and expansion of successful teen pregnancy prevention programs.
8. Increase membership and diversity on Durham Coalition on Adolescent Pregnancy Prevention (DCAPP).

Long term (2 to 5 years)

1. Meet with the local health department and other agencies providing adolescent reproductive health care to advocate for accessible, affordable, confidential and friendly clinic hours for male and female teens.
2. Develop a mass media marketing campaign (Social Marketing) to address current reproductive health issues, current legislation, policies and practices, prevention services, or the implications of a teen pregnancy targeting the Durham Community.
3. Develop a local Teen Pregnancy Information Web-site.
4. Provide annual community-wide programs for Teen Pregnancy Prevention Month in May and Let’s Talk Month in October.
5. Conduct annual community leaders brunch to evaluate and coordinate prevention strategies.
6. Expand “best practice models for adolescent pregnancy prevention” to two middle and two high schools in Durham each year.
7. Expand “best practice models for adolescent pregnancy prevention” to two charter schools each year.
8. Hire two health educators to implement 1) Male Involvement and 2) Hispanic Pregnancy Prevention:
    a. Hire a full time health education specialist to coordinate and evaluate the Male Involvement Program
    b. Hire one full time health education specialist to coordinate and evaluate Hispanic Pregnancy Prevention.
9. Use health educators to assist with other comprehensive and coordinated school health issues with a correlation to adolescent pregnancy prevention, i.e., physical activity, obesity, nutrition, gang awareness, etc.

Of the strategies listed above, please further define them by their cost category.

NO COST

1. Develop a schedule and conduct meetings with representatives of Durham Public Schools, i.e. coordinator of School Health Education Programs, teachers, and local advisory councils to address the Comprehensive Sex Education and the re-evaluation and update of current materials used to teach Family Life and Growth and

Development classes.
2. Re-introduce abstinence as a preventative method and present model curriculums to be used in Durham Public Schools and Durham Charter Schools.
3. Provide Family Life trainings to Durham Public Schools and Durham Charter schools teachers.

LOW COST

1. Extend and provide accessible Family Planning Clinic hours for minority male and female teens.
2. Expand existing teen pregnancy prevention programs such as Teen Voices and Together Everyone Accomplishes Something (TEAS) to at least two additional sites.
3. Coordinate locations and recruitment of participants with El Centro Hispano to implement Joven a Joven (Spanish version of Teen Voices) to improve pregnancy prevention programming for the Latino community.
4. Coordinate services with Pregnancy Support Services Hispanic Client Services Coordinator to help programming that will educate teen Hispanic mothers to keep them from having repeat pregnancies and/or getting pregnant at all.

REQUIRES ADDITIONAL RESOURCES

1. Hire two health educators to implement 1) Male Involvement and 2) Hispanic Pregnancy Prevention:
    a. Hire a full time health education specialist to coordinate and evaluate the Male Involvement Program
    b. Hire one full time health education specialist to coordinate and evaluate Hispanic Pregnancy Prevention and collaborate with existing programs
2. Use health educators to assist with other comprehensive and coordinated school health issues with a correlation to adolescent pregnancy prevention, i.e., physical activity, obesity, nutrition, gang awareness, etc.

* - The following questions about priority strategies should only be completed for **NO COST** and **LOW COST** strategies

Priority Strategies (From the above list of no cost and low cost strategies, please highlight those with the greatest need for implementation in FY06-07)

No cost

1. Develop a schedule and conduct meetings with representatives of Durham Public Schools, i.e. coordinator of School Health Education Programs, teachers, and local advisory councils to address the Comprehensive Sex Education and the re-evaluation and update of current materials used to teach Family Life and Growth and Development classes.

2. Re-introduce abstinence as a preventative method and present model curriculums to be used in Durham Public Schools and Durham Charter Schools.
3. Provide Family Life trainings to Durham Public Schools and Durham Charter schools teachers.

Low cost

4. Extend and provide accessible Family Planning Clinic hours for minority male and female teens.
5. Expand existing teen pregnancy prevention programs such as Teen Voices and Together Everyone Accomplishes Something (TEAS) to at least two additional sites.
6. Coordinate locations and recruitment of participants with El Centro Hispano to implement Joven a Joven (Spanish version of Teen Voices) to improve pregnancy prevention programming for the Latino community.
7. Coordinate services with Pregnancy Support Services Hispanic Client Services Coordinator to help programming that will educate teen Hispanic mothers to keep them from having repeat pregnancies and/or getting pregnant at all.

Goals (What do we hope to achieve with each above strategy)

No Cost: Goal

To increase knowledge, skills and the comfort level for those providing sexuality education to youth in different learning environments.

Low Cost: Goal

To provide comprehensive pregnancy prevention clinical and community services for both male and female teens

Value to the Community (How will attaining this/these goal(s) benefit the community)

1. Increases teens' ability to complete high school
2. Increase teens' ability to find and maintain employment
3. Decrease the rate for out of wed-lock births
4. Decease the teenage pregnancy rate
5. Decrease the number of teens receiving public assistance, i.e. TANF

Short-Term Implementation Plan (Please include dates and identify responsibility for each step of the plan)

No cost

1. Develop a schedule and conduct meetings with representatives of Durham Public Schools to address the Comprehensive Sex Education and the re-evaluation and update of current materials used to teach Family Life and Growth and Development classes. DCAPP (2005-2007)

2. Re-introduce abstinence as a preventative method and present model curriculums to be used in Durham Public Schools and Durham Charter Schools. DCAPP (2005-2007)
3. Provide Family Life trainings to Durham Public Schools and Durham Charter schools teachers. Durham County Health Department and Planned Parenthood of Central North Carolina (2005-2007)

Low cost

4. Extend and provide accessible Family Planning Clinic hours for minority male and female teens. Durham County Health Department and Planned Parenthood of Central North Carolina (2005-2007)
5. Expand existing teen pregnancy prevention programs such as Teen Voices and Together Everyone Accomplishes Something (TEAS) to at least two additional sites. Durham County Health Department and Planned Parenthood of Central North Carolina (2005-2007)
6. Coordinate locations and recruitment of participants with El Centro Hispano to implement one Joven a Joven (Spanish version of Teen Voices) to improve pregnancy prevention programming for the Latino community. DCAPP (2005-2007)
7. Coordinate services with Pregnancy Support Services Hispanic Client Services Coordinator to help programming that will educate teen Hispanic mothers to keep them from having repeat pregnancies and/or getting pregnant at all. DCAPP (2005-2007)

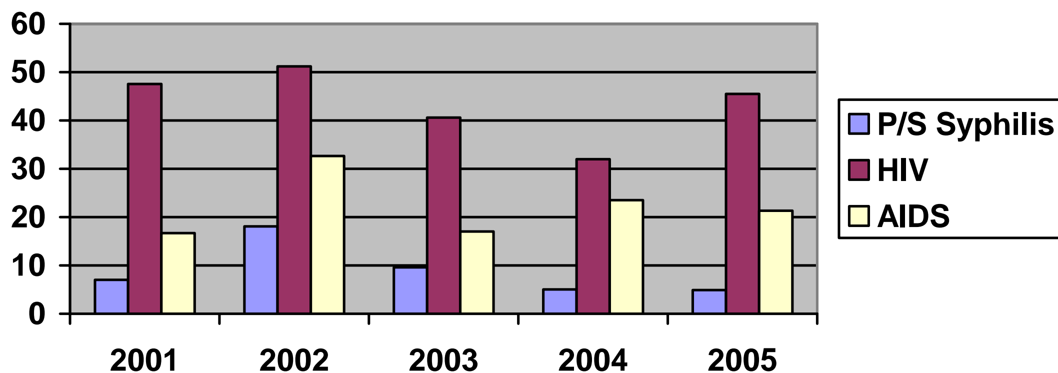
No Cost or Low Cost (If there is a cost to this strategy, please identify the resources needed)

Resource needed: health educators, social workers, elected officials (school board), community representatives, teens, parents, DPS and charter school personnel, agency staff, etc.

Indicator 3: HIV rates, Primary and Secondary Syphilis rates, and AIDS rates

Co-chairs – Carlotta McNeil and Tiffany Frazier
Membership – Pat Amaechi, Genevieve Ankeny, Lumbe Davis, Mary DeCoster, Cedar Eagle, Laini Echols, Avis Ellis, Dennis Ellis, Tekola Fisseha, Melissa Green, Erline Harvin, Gwendolyn Hunt, Ann Milligan-Barnes, Selena Monk-Judon, Timothy Moore, Donna Tennyson, Pam Weaver, Trish Bartlett, Bowman Smith, Steve Chisholm, Keith Clark, Gloria Turner, Joyce Snipes, Sarah Covington, Mary Nyhan, Theresa Hart, Jennifer Moore, Shelisa Howard

Please update your baseline data:



What works or what would it take to improve this indicator? (Consider both long and short term strategies).

Short term (up to 2 years)

1. Conduct needs assessments in areas of high priority, on access to testing and care for HIV and STDs, use findings to evaluate and adapt outreach and testing strategies, and to advocate for increased access to care.
2. Develop an agency resource guide listing activities and priority populations served to increase networking and collaboration among partners.

Long term (2 to 5 years)

1. Hold Community Advisory Council meetings monthly to discuss issues of relevance to HIV/STDs and efforts to coordinate outreach, education, testing and treatment. Encourage expansion to additional interested groups and community members. Use group meetings to increase partnership opportunities and networking among agencies, reduce redundancy, and jointly seek funding for new initiatives.
2. Duke AIDS Research & Treatment Center (DART) will hold Community Advisory Board meets quarterly to discuss services for people living with HIV/AIDS, HIV clinical trial reviews, access to care issues, HIV housing needs, and peer education updates.
3. Conduct outreach and testing events for priority populations and increase the number of

people who know their HIV status, ongoing.
4. Educational interventions: increase knowledge and awareness of HIV/STDs through outreach and education events, ongoing.
5. Maintain traditional and non-traditional testing sites. Decrease transmission risk by increasing rate of return for results, and providing HIV/STD treatment or referral, ongoing.
6. Implement a mass media campaign with messages about prevention and testing for HIV/STDs, ongoing.

Of the strategies listed above, please further define them by their cost category.

NO COST

- Conduct needs assessments in areas of high priority, on access to testing and care for HIV and STDs, use findings to evaluate and adapt outreach and testing strategies, and to advocate for increased access to care

LOW COST

- Increase knowledge and awareness of HIV/STDs through awareness raising events, community neighborhood outreach and educational trainings/sessions, applying information gained from needs assessment.

REQUIRES ADDITIONAL RESOURCES

Increased funding needed to increase access to screening, testing and treatment for HIV and STDs.

* - The following questions about priority strategies should only be completed for **NO COST** and **LOW COST** strategies

Priority Strategies (From the above list of no cost and low cost strategies, please highlight those with the greatest need for implementation in FY06-07)

1. Conduct needs assessments in areas of high priority, on access to and testing and care for HIV, STDs, and other communicable diseases, use findings to evaluate and adapt outreach and testing strategies, and to advocate for increased access to care
2. Develop an agency resource guide listing activities and priority populations served to increase networking and collaboration among partners, and help community identify resources

Goals (What do we hope to achieve with each above strategy)

1. The needs assessment will inform the Community Advisory Council about the greatest needs and the emerging areas. We will assess the physical locations of the populations at greatest risk. We will also ask about barriers to behavior change (i.e. using more prevention strategies) and barriers to accessing care.
2. The agency resource guide will clarify the various agencies' roles and activities in this area. This will help the community, as well as other professionals, to know where to go for resources and services.

Value to the Community (How will attaining this/these goal(s) benefit the community)

Good information is crucial to targeting our scarce resources to where they are needed most. For instance, if there are certain neighborhoods with higher prevalence of STDs, we can focus outreach there. If we discover that certain populations are reticent to be tested for HIV because of certain reasons, we can address those barriers and educate the community that they don't exist. All the agencies and communities involved in this Advisory Council can use this type of information and service coordination.

In addition, an agency resource guide will inform the community about where they can go to find help with STD issues. For instance, it can be confusing to know where different sites perform testing, how much it costs, how much time it takes, etc. Agencies must make it as easy as possible for people to be tested for HIV and syphilis, as one of the main ways we seek to stop the spread of these diseases is through people knowing their status. There are treatments and resources available for infected persons, so we want to make sure that they have a clear path towards receiving them.

Short-Term Implementation Plan (Please include dates and identify responsibility for each step of the plan)

Needs assessment –

1. Community Advisory Council (CAC) decides on priority groups and questions by September
2. CAC works with the Partnership's Technical Assistance Committee (TAC) to carry out focus groups and informant interviews through May 2007
3. CAC works with TAC to analyze data from focus groups and interviews by July 2007
4. CAC reports information back to the community through the Partnership website, reports, and forums by July 2007

Resource guide –

1. CAC begins collecting information from member agencies in September 2006
2. CAC finalizes information and formatting by November 2006
3. CAC prints and uploads (onto www.healthydurham.org) the resource guide.
4. CAC updates the data online as needed and in print copy yearly at the beginning of the calendar year.

No Cost or Low Cost (If there is a cost to this strategy, please identify the resources needed)

For needs assessment –

1. In-kind staff support from Health Department and CAC member agencies to design, conduct, and analyze the study
2. Students from local Schools of Public Health, Nursing, and Medicine to help with focus groups and interviews
3. Incentives for focus group participants (approx. $20 per participant, up to 50 participants)
4. Materials for community forums for reporting study results (approx. $200 for refreshments, in-kind donation of space)

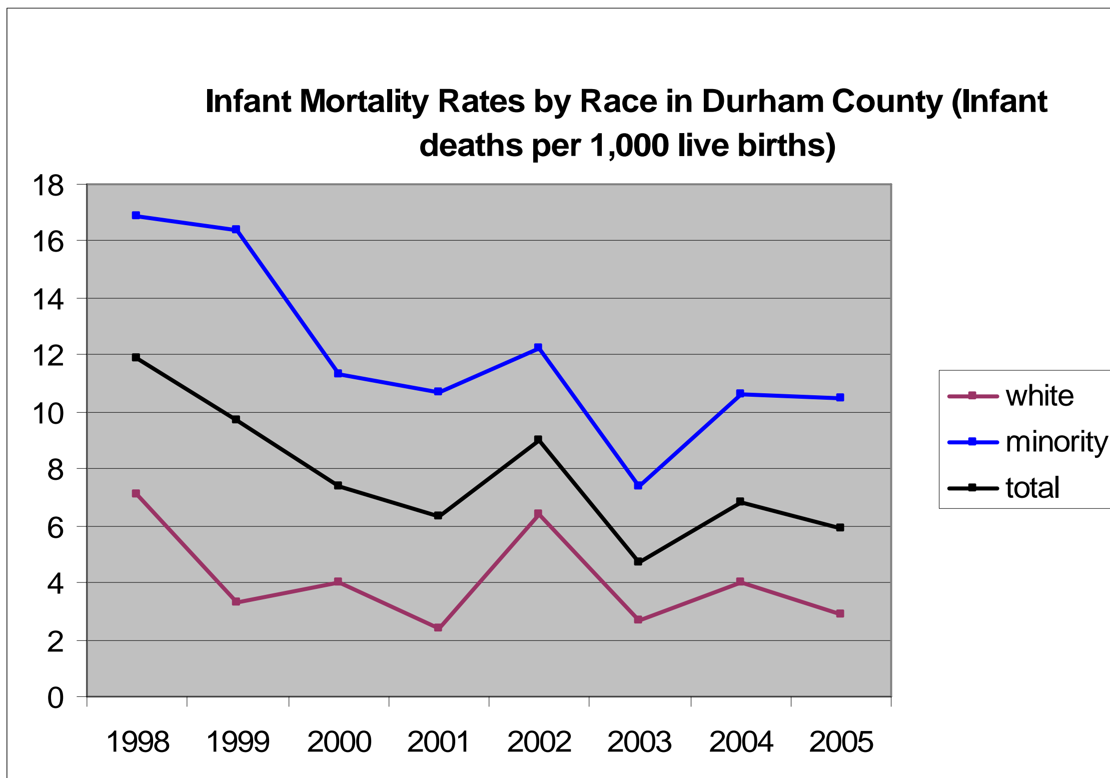
For agency resource guide –

1. In-kind staff support from Health Department to collect and format information
2. Printing costs for print version (approx $150)
3. Uploading and updating database on the website (www.healthydurham.org) (approx. $50 to upload and $10/month to update)

Indicator 4: Infant death rates (prior to 1st birthday) by race

Chair - Diane Wright
Aviva Starr, Liz Burkett, Myrtle Mayfield, Claudia Ruiz, Cheryl Lloyd, Laura Woods, Desiree Simpson, Kathy Mellown, Nira Bonner, Joyce Snipes, Ann Milligan-Barnes, Teresa Cromling, Shavonda Mercer, Ann Jones, Nikki Collier, Cynthia Harris, Shaun Evans, Nikkia Williams, Shannon French, Willie McCoy, Inez Brown, Tashia Townes, Gladys Straiter, Deborah Carver, Gayle Harris, Tekola Fisseha, Becky Freeman, Evelyn Schmidt, Sue Guptill, Mary Nyhan, Selena Judon-Monk

Please update your baseline data:



Data source: NC State Center for Health Statistics

What works or what would it take to improve this indicator? (Consider both long and short term strategies). You may copy from your December report:

Short term (up to 2 years)

1. Promote smoking cessation among adults in reproductive age:
   a. Smoking cessation training to Maternity and Family Planning Clinic staffs
   b. Smoking cessation information provided to Maternity and Family Planning Clinic patients
   c. Smoking cessation training to Lay Health Advisors
2. Focus efforts on breastfeeding promotion through one-on-one work in:
   a. WIC
   b. Maternity clinics

c. Maternity Care Coordination
d. Neighborhood Nursing
and community promotion by:
Durham County Health Department Nutrition Division

Long term (2 to 5 years)
1. Analyze demographics, barriers to care, underlying risk factors, and environmental issues in
families experiencing infant death by:
   a. Advocating for law or rule change to allow for full Health Department review of prenatal and newborn/infant records for all infants who die
   b. Hiring a staff person (probably PHN) to do interviews with families and coordinate standard Fetal-Infant Mortality Reviews
   c. Developing and implementing a systematic review protocol for all Durham County Health Department records related to Infant Mortality

Of the strategies listed above, please further define them by their cost category.

NO COST

1. Smoking cessation training to Lay Health Advisors

LOW COST

1. Smoking cessation training to clinic staff
2. Providing smoking cessation information to patients
3. Breastfeeding promotion to patients in areas listed
4. Community promotion of breastfeeding (already funded through state grant)
5. Development of a systematic review protocol for health department records

REQUIRES ADDITIONAL RESOURCES

Staff person to conduct family interviews and coordinate Fetal-Infant Mortality Review

* - The following questions about priority strategies should only be completed for **NO COST** and **LOW COST** strategies

Priority Strategies (From the above list of no cost and low cost strategies, please highlight those with the greatest need for implementation in FY06-07)

For upcoming year, the same strategies will be in effect. A subcommittee of the Infant Mortality Task Force will meet to prioritize and to develop an implementation plan.

Goals (What do we hope to achieve with each above strategy)

- For smoking cessation strategies: Women will improve their health throughout their childbearing years in order to have healthy pregnancy outcomes and to reduce second-hand smoke risks to their children.
- For breastfeeding outcomes: Infants will be healthier due to exposure to benefits of breastfeeding, including reduced infections and allergies and reduced obesity.
- For data collection and analysis goals (Fetal-Infant Mortality Reviews): The community will have a better understanding of the complex causes of prematurity and infant mortality, and will develop more effective strategies to reduce infant morbidity and mortality.

Value to the Community (How will attaining this/these goal(s) benefit the community)

Durham will experience a reduction in infant mortality, infant morbidity (illness), and an overall improvement in child health.

Short-Term Implementation Plan (Please include dates and identify responsibility for each step of the plan)

To be developed.

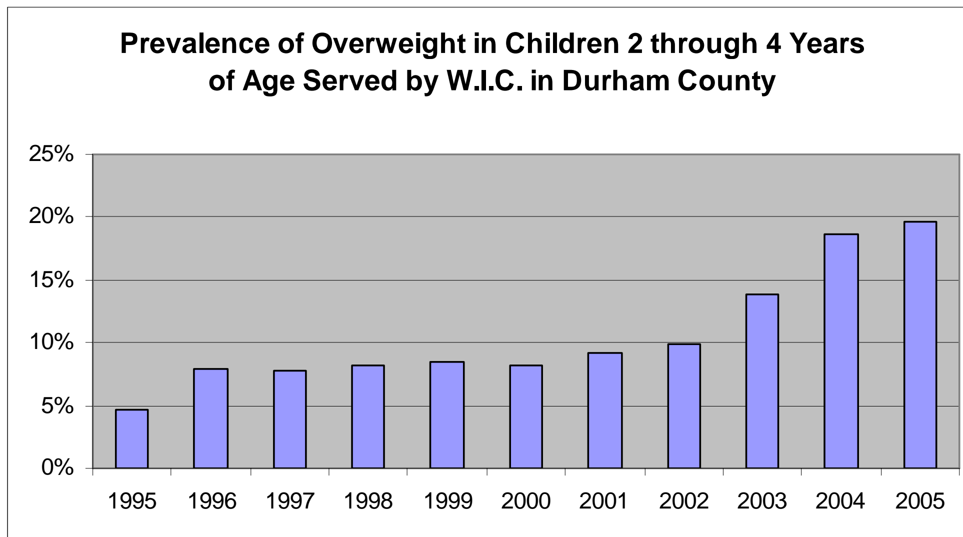
No Cost or Low Cost (If there is a cost to this strategy, please identify the resources needed)

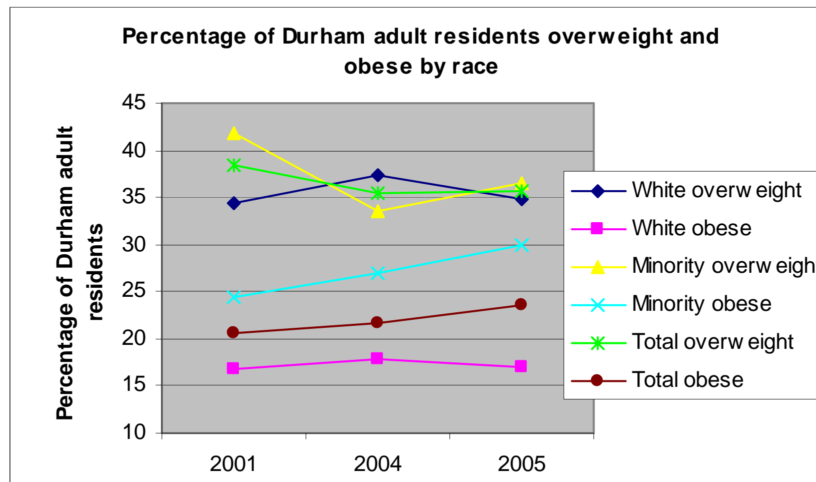
To be developed.

Indicator 5: Prevalence of overweight in children ages 2 through 4 and percentage of adults who are overweight and obese

Chair – Susan Yaggy Members – Dorothy Amey, MaryAnn Black, Nadine Blake, Maritza Chirinos, Darrell Crittendon, Michele Easterling, Becky Freeman, Suzette Goldman, Gayle Harris, Katie Kalb, Lara Khalil, W. Floyd Laisure, Brian Letourneau, Nancy Love, Glorina "Mery" Lupoli, Gail McLamb, Donna Rosser, Lowell Siler, Casey Wardlaw, Alison Carpenter, Eric Westman.

Please update your baseline data:





Data source: NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System; Eat *Smart Move More North Carolina, North Carolina Nutrition and Physical Activity Surveillance System*

What works or what would it take to improve this indicator? (Consider both long and short term strategies).

Short term (up to 2 years) 1. Conduct a community needs assessment in the Latino community to identify current diabetes/obesity information needs; community-identified barriers to physical activity and participation in recreational programming and community-identified recreational programming needs; agency-expressed barriers and challenges to providing sustainable recreational programming; health care provider experiences providing diabetes and obesity-related treatment and education to the target population. 2. Develop a database of BMI's of children ages 5 to 18 years in Durham County, including a plan for annual measurement to determine population-based data by schools, extent of the interventions (i.e., teaching children to make better selections, providing parent education, etc.). 3. Advocate for the inclusion of Youth Risk Behavior Survey (YRBS) modules that would survey risk factors for obesity and chronic disease. 4. Study the connection between obesity in seniors and the following: food habits, prescribed medications, physical activity, social background and psychosocial factors. 5. Develop an inventory for existing physical activity resources availability for the community. 6. Identify options for healthy after-school snacks and implement a program. 7. Continue Healthy Kids, Healthy Communities Project to address pediatric obesity in 28 elementary Durham Public Schools through assessments and environmental and policy changes (promotion of physical activity and healthy food options in cafeterias) and professional and parent education. 8. Increase public knowledge of healthy eating options by labeling at least 2 additional eating venues annually with Winner's Circle and promoting Winner's Circle to the public. 9. Develop website with links from partnering organizations to disseminate information. 10. Develop and implement a worksite chronic disease and obesity prevention/ reduction program. 11. Implement a nutrition and dental project in the Health Department that will address childhood nutrition in children less than 5 years old.
Long term (2 to 5 years) 1. Develop physical activity guidelines for after-school and intramural programs using the President's Fitness Testing guidelines. 2. Train neighborhood-based lay health educators who will lead the Latino diabetes and obesity reduction efforts.

Of the strategies listed above, please further define them by their cost category.

Focus: Childhood Obesity

NO COST

- Provide healthy snacks at no local cost to after-school programs in partnership with DPS Child Nutrition Services.

LOW COST

- Collect baseline data on children 5-18 years old [i.e., Body Mass Index (BMI) and Youth Risk Behavior Survey (YRBS)] for nutrition and fitness programming.

REQUIRES ADDITIONAL RESOURCES

- Use Healthy Kids, Healthy Communities results to develop a sustainable program for DPS.
- Implement a nutrition and dental project in the Health Department that will address childhood nutrition in children less than 5 years old.

Focus: Adult Overweight and Obesity

NO COST

- Link websites of partnering organizations to communicate healthy nutrition and fitness information.

LOW COST

- Collect baseline data on senior citizens through the Council on Seniors and survey residents of Eagle Village for nutrition and fitness programming.

REQUIRES ADDITIONAL RESOURCES

- Develop a coordinated worksite wellness program for Durham Public Schools, Durham City and County employees.

* - The following questions about priority strategies should only be completed for **NO COST** and **LOW COST** strategies

Priority Strategies (From the above list of no cost and low cost strategies, please highlight those with the greatest need for implementation in FY06-07)

1. Collect baseline data on children 5-18 years old [i.e., Body Mass Index (BMI) and Youth Risk Behavior Survey (YRBS)] for nutrition and fitness programming.
2. Link websites of partnering organizations to communicate healthy nutrition and fitness resources for the community, and to use as a planning tool to determine gaps in available, accessible nutrition and physical activity services to all areas of Durham. Coordinate resources and advocate to create presently unavailable services.
3. Collect baseline data on senior citizens and residents within the geographic boundaries of Eagle Village for nutrition and fitness programming.

Goals (What do we hope to achieve with each above strategy)
Information is a key first step towards addressing a problem. Baseline data on children's BMI will help to target the behaviors and environmental factors that create unhealthy lifestyles. By

addressing the prevalence and incidence of pediatric obesity and overweight, we can develop strategies that are appropriate and culturally acceptable for groups of children. Data on seniors and data derived from neighborhood surveys will be used to determine physical activity and nutrition needs for specific geographic areas and populations.

Information on a newly developed mapping site and placed into locally available brochures will help Durham residents know available resources and access Durham programs for fitness and healthy eating. Durham is rich in opportunities to exercise and eat right, but not all segments of the community are making use of these services. Additional programs and services may be needed, but it additional information through the geo-mapping will be needed to make specific recommendations.

Value to the Community (How will attaining this/these goal(s) benefit the community)
Obesity is associated with several serious chronic illnesses, including diabetes, high blood pressure, heart disease, and many cancers. These are not only illnesses that can shorten the healthy lifespan of individuals, but they cost society in lost productivity and health care expenses (chronic illnesses are one of the largest contributors to the increase in health care costs in this country). By encouraging a healthy weight through fitness and nutrition, we will improve the lives of individuals and families, which will then impact our community economically, socially, and physically.

Short-Term Implementation Plan (Please include dates and identify responsibility for each step of the plan)

1. Support Durham Public School to include BMI measurements of students in elementary and middle schools as part of fitness testing. (Obesity and Chronic Illness Committee, Durham Public Schools)
2. Work with local universities to place students in schools to take measurements and share health resources with students (Obesity and Chronic Illness Committee, Durham Public Schools, UNC Schools of Nursing and Public Health, Duke Nursing)
3. Coordinate a follow-on survey of Eagle Village residents, using students from NCCU, by June 2007 (Obesity and Chronic Illness Committee, NCCU School of Health Education, Eagle Village CDC)
4. Gather information on fitness and nutrition resources throughout Durham through December 2006 (Obesity and Chronic Illness Committee)
5. Seek funding to print paper brochures of Durham fitness and nutrition resources by March 2007 (Obesity and Chronic Illness Committee, Durham Fitness and Nutrition Council)
6. Place this data on GIS map and distribute via website and paper brochures by June 2007 (City / County GIS Office, Obesity and Chronic Illness Committee, Durham Fitness and Nutrition Council)
7. Use the GIS maps to ascertain gaps in available fitness and nutrition services available to the public, with special attention to no/low cost services. Work with neighborhoods and

community groups to help develop accessible, affordable services (Obesity and Chronic Illness Committee)

8. Using the survey results from the survey conducted of after school programs' snack programs, create food service for programs without capacity to offer after-school snacks, and develop and implement a nutrition education program for parents, children and staff, a key finding from the surveys (Obesity and Chronic Illness Committee)

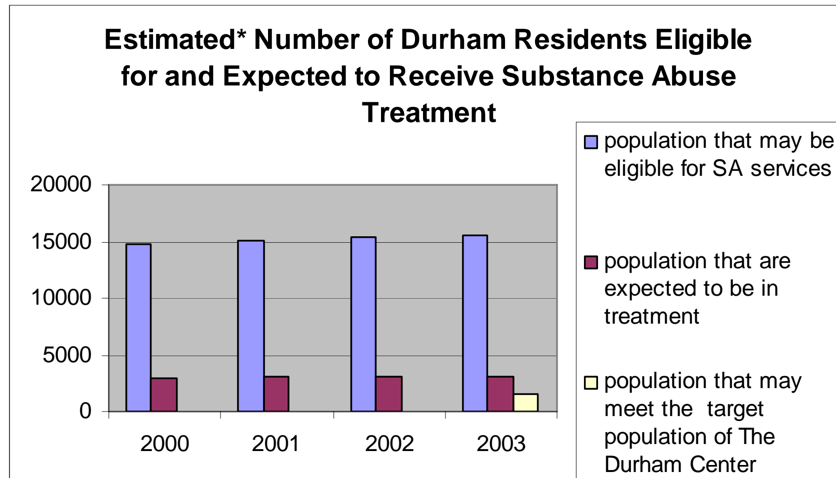
No Cost or Low Cost (If there is a cost to this strategy, please identify the resources needed)

1. Website maintenance for nutrition and fitness information (approx. $50 / month)
2. Printing of brochures (approx. $5,000)

Indicator 6: Percentage of substance abusers in treatment

Chair – Lloyd Schmeidler
Latte Baker, Jesse Battle, Wanda Boone, Carl Britton-Watkins, Marvin Brooks, Jessica Burroughs, Theresa Clark Tekola Fisseha, Dennis Garrett, Beth Gifford, Melissa Green, Bart Grimes, Gayle Harris, Glen Harsch, Dale Johnson, Wilhelmina Long, Gail McLamb, Ernie Mills, Judy Orser, Paul Savery, Cheryl Scott, Jennifer Snyder, and Diane Wright

Please update your baseline data:



*According to the Durham Center cost model, 6.6% of the population may be eligible for SA services within a year. Of that, according to the National Institute of Drug Abuse, 20% are expected to be in treatment. Fifty percent (50%) of those in treatment may meet The Durham Center's target population.

What works or what would it take to improve this indicator? (Consider both long and short term strategies). You may copy from your December report:

Short term (up to 2 years)

1. Hold focus groups with African American and Latino residents to assess barriers to accessing services.
2. Identify and develop guidelines to improve culturally competent substance abuse treatment services for African Americans and Latinos.
3. Develop a resource directory of providers, disseminate to 2-1-1, The Durham Center, and others and make it accessible through the internet. (Duke University Health System has completed the directory and it is available on their website http://dukehealth1.org/community_relations/DUMCSubAbuseDirectory06.pdf as well as www.healthydurham.org. The committee has distributed it to many agencies and communities around Durham.)
4. Develop a Community Epidemiologic Surveillance Network to collect and track data that will define community substance abuse problem.

Long term (2 to 5 years)

1. Strengthen the Durham Coalition to address DWIs among Latinos.
2. Increase community education to reduce stigma of addiction, raise awareness of substance

abuse prevention and treatment and reduce SA-related crimes.
3. Increase numbers of bilingual, culturally competent providers through The Durham Center and other agencies.

Of the strategies listed above, please further define them by their cost category.

NO COST

- Strengthen Durham Coalition to address DWIs among Latinos.

LOW COST

- Implement Community Epidemiologic Surveillance Network to track impact of substance abuse on the Durham Community.

REQUIRES ADDITIONAL RESOURCES

- Increase community education to eliminate the stigma of addiction, raise awareness of prevention and treatment and reduce SA-related crimes.

* - The following questions about priority strategies should only be completed for **NO COST** and **LOW COST** strategies

Priority Strategies (From the above list of no cost and low cost strategies, please highlight those with the greatest need for implementation in FY06-07)

1. Hold focus groups with African American and Latino residents to assess barriers to accessing services.
2. Implement Community Epidemiologic Surveillance Network to track impact of substance abuse on the Durham Community.

Goals (What do we hope to achieve with each above strategy)

Goals for these strategies include:

- Improving our understanding of the barriers to accessing services that Latino and African American people experience, so that we can identify strategies to remove the barriers.
- Securing the active involvement of members of the priority populations.
- Surveillance Network will collect baseline data and then update data annually to enable the Partnership to determine if implemented interventions and strategies are contributing to meeting the community objective.

Value to the Community (How will attaining this/these goal(s) benefit the community)
The primary goal is to increase the proportion of adults in the target populations of African Americans and Hispanics in need of comprehensive substance abuse treatment who actually receive treatment by 25% by 2010. Attaining the above goals will enable the Partnership to remove barriers to treatment/services and to regularly assess whether interventions/strategies are being successful.

Short-Term Implementation Plan (Please include dates and identify responsibility for each step of the plan)

1. Develop questions and target groups for focus groups and key informant interviews by September 2006 (Substance Abuse Committee, Technical Assistance Committee, Durham Center)
2. Hold at least three focus groups by June 2007 (Substance Abuse Committee, Technical Assistance Committee, Durham Center, Health Department)
3. Finalize baseline report on substance abuse in Durham by October 2006 (Substance Abuse Committee, Durham Center, Duke Center for Child and Family Policy)
4. Assign annual data follow-up on the baseline report as Community Epidemiological Surveillance Network (CESN) by June 2007 (Substance Abuse Committee, Durham Center)
5. Publish follow-up reports annually (Substance Abuse Committee, Technical Assistance Committee, Durham Center)

No Cost or Low Cost (If there is a cost to this strategy, please identify the resources needed)

1. Incentives for focus group participants (approximately $20 per person)
2. Publication of baseline CESN report on the web and in print (web - $50, print – in-kind)