



## **Community Health Implementation Strategy 2013-2016**



The Outer Banks Hospital, Inc. is a partnership between  
Vidant Health and Chesapeake Regional Medical Center.

## **The Outer Banks Hospital, Inc.**

The Outer Banks Hospital, Inc. (TOBH) is a not-for-profit community hospital located in Nags Head, North Carolina. The Outer Banks Hospital, Inc. is a partnership between Chesapeake Regional Medical Center and Vidant Health, located in Greenville, North Carolina. The 21-bed critical access facility offers a wide range of services, including acute hospitalization, labor and delivery, emergency and urgent care, general and specialized surgery, filmless imaging, cardiology, oncology and urology. Annually, on average, 22,000 patients are treated in the hospital's emergency department, more than 2,000 surgeries are performed and 400 babies are delivered.

## **Our Community**

The primary service area of The Outer Banks Hospital, Inc. includes Dare County, North Carolina. Dare County covers an area of 800 square miles, of which 391 square miles is land. Located in the northeast section of the state, it is bounded by the Atlantic Ocean; Pamlico, Croatan, and Albemarle Sounds; and Hyde and Tyrrell Counties.

Dare County was formed in 1870 and is named in honor of Virginia Dare, the first child born of English parents in America. The County contains much of what is known as North Carolina's "Outer Banks" resort and vacation areas and encompasses approximately two-thirds of the North Carolina coastline.

The permanent population of Dare County is 34,608, gender balanced and slightly older than North Carolina (NC) and comparable communities (median age 44/37 respectively). Dare County is less diverse, with Caucasians representing 92% of the population. Income tends to be higher in Dare County, with the per capita income at \$26,788, which is \$2833 above the North Carolina average. This is also true for median household income which is \$49,524, a full \$5608 above the North Carolina average. Off-setting income is cost of living. Dare County is a seasonal vacation destination and the cost of living is higher than the national average on most counts, including housing, groceries, healthcare and other goods and services. Our tourist driven economy impacts employment, with the largest proportion of workers (24%) in the accommodation and food service industry. These jobs are typically seasonal and hourly with no benefits, including health insurance.

*\* The Outer Banks Hospital, Inc. also reached out to our two secondary services areas as part of our Community Health Assessment efforts. TOBH helped fund the assessments for both lower Currituck County and Ocracoke Island (Hyde) and has committed to assisting with community health improvement efforts in both areas.*

## **Community Service/Community Benefit Program**

The mission of The Outer Banks Hospital, Inc. is to enhance the quality of life for residents and visitors of Dare County and the surrounding region by promoting wellness and providing the highest quality healthcare services. This mission drives a dedication to health, wellness and community service that goes beyond the traditional walls of our facility. For the 2012 fiscal year ending September 30, 2012, TOBH contributed \$811,822 in Community Benefit to help improve the health and wellness of residents in our community.

The Department of Community Outreach is the service arm of The Outer Banks Hospital, Inc. and is responsible for conducting a Community Health Assessment every three years, as required by the Internal Revenue Service. The Community Health Assessment helps guide the development of TOBH's Community Health Improvement Plan (aka Community Benefit Plan).

## **2013 Dare County Community Health Assessment**

A Community Health Assessment, which is both a process and a document, investigates and describes the current health status of the community, what has changed since the last assessment, and what still needs to change to improve the health of the community. The 2013 Dare County Community Health Assessment can be viewed in its entirety by visiting [www.theOBH.com](http://www.theOBH.com).

Local public health agencies in North Carolina are also required to conduct a Comprehensive Community Health Assessment (CHA) at least every four years. Recognizing that duplicate assessment efforts are a poor use of community resources, The Outer Banks Hospital, Inc. and the Dare County Department of Public Health (DCDPH) worked collaboratively to conduct the 2013 Dare County Community Health Assessment.

Further, TOBH and DCDPH conducted the Community Health Assessment and developed a Community Health Improvement Plan under the umbrella of Healthy Carolinians of the Outer Banks (HCOB). HCOB is a coalition of community leaders and stakeholders who are representative of the agencies and organizations that serve the health and human service needs of our local population, as well as representatives from businesses, communities of faith, schools and civic groups. A list of HCOB members is included on the last page of this document. A special thank you is extended to all HCOB members for their commitment to improving the health of the people who live in our community.

TOBH and DCDPH contracted with Sheila S. Pfaender, Public Health Consultant, to assist in collecting and analyzing data included in the 2013 Dare County Community Health Needs Assessment. Ms. Pfaender followed the guidance provided by the *Community Assessment Guidebook: North Carolina Community Health Assessment Process*, published by the NC Office of Healthy Carolinians/Health Education and the NC State Center for Health Statistics (December 2011). The assessment also adheres to the 2012 standards for community assessment stipulated by the NC Local Health Department Accreditation (NCLHDA) Program.

## Community Health Improvement Priorities

Healthy Carolinians of the Outer Banks, including TOBH and DCDPH, carefully reviewed the "Watch List" of concerns identified by the 2013 Dare County Community Health Assessment. The "Watch List" is made up of items where Dare County statistics deviate from North Carolina Statistics; when trend data shows significant changes over time; and when there are significant age, gender or racial disparities.

### The 2013 Watch List includes:

- **Heart Disease** -the mortality rate has increased.
- **Pneumonia and Influenza** -mortality statistics remain high, especially among females, and the two conditions account for many Emergency Department visits.
- **Chronic Lower Respiratory Disease** -the mortality rate has risen steadily over the last few years, especially among females.
- **Non-motor Vehicle Unintentional Injuries** –the mortality rate has increased recently among both males and females.
- **Alzheimer's Disease** -The mortality rate is increasing dramatically after years of decline.
- **Colon Cancer** -The mortality rate has decreased for all major site specific cancers, *Except for colon cancer*, which has increased.
- **Obesity** –The prevalence of obesity is high among both children and adults.
- **Diabetes** -Although not a major cause of mortality in Dare County, the prevalence of diabetes among adults has risen steadily over the past several years.

Using the "Watch List" above, members of Healthy Carolinians of the Outer Banks set community health improvement priorities resulting in the following HCOB Task Forces:

### 2013-2016 Community Health Improvement Priorities and Task Forces:

- **Access To Healthcare Task Force** – This Task Force was in existence at the time of the Community Health Assessment and will continue its work to increase access to healthcare for Dare County residents. Increasing access to healthcare will positively impact all of the watch list items listed above.
- **Healthy Weight Task Force** – This Task Force was in existence at the time of the Community Health Assessment and will continue its work to encourage healthy weight among community residents.
- **Chronic Disease Task Force** – This newly formed Task Force will focus on Heart Disease, Diabetes, Colon Cancer and Chronic Lower Respiratory Disease (CLRD).
- **Dementia Task Force** – This newly formed Task Force will look at issues related to aging, particularly Dementia and Alzheimer's.

## **Outer Banks Hospital Community Health Improvement Plan**

The Outer Banks Hospital, Inc. will implement the following Community Health Improvement Plan beginning October 1, 2013, through September 30, 2016. The Community Health Improvement Plan is largely based on the 2013 Dare County Community Health Assessment and it includes most of TOBH's Community Benefit initiatives, but not all. Other Community Benefit initiatives are also detailed below. It is also important to note that based on the nature of the Community Health Improvement process, the plan is general in nature and will be updated as Task Forces develop specific strategies based on a closer, in-depth analysis of each issue.

### **Access To Healthcare**

#### **Supporting Data**

- 15.7% of Dare County Residents age 0-64 are uninsured (2010-2011).
- High utilization of the TOBH Emergency Department for "routine" care indicates that many residents do not have a medical home.
- High utilization for dental services indicates a need for resources for adult dental care.

#### **Community Health Improvement Objective**

Reduce non-elderly uninsured individuals (aged less than 65 years) to 8%.

#### **Outer Banks Hospital Strategies**

- TOBH Director of Community Outreach (DCO) will serve on the HCOB Access to Healthcare Task Force. One Task Force strategy is to develop a coordinated plan to educate uninsured individuals about insurance options available through the new PPACA legislation.
- TOBH DCO will serve on the Dare County Transportation Advisory Board.
- TOBH will award Community Benefit Grants totaling more than \$100,000 for projects that increase access to healthcare.
- TOBH will continue to support the Community Care Clinic of Dare (free clinic) by employing their Executive Director.
- TOBH President will continue to serve on the Board of Directors for the Community Care Clinic of Dare.
- TOBH Department of Community Outreach will operationalize a mobile health unit to provide free health screenings for individuals in our service area.
- TOBH Department of Community Outreach will develop a health screen follow-up and referral system to assist participants who need additional care following a health screen.

## Alzheimer's Disease/Aging Population

### Supporting Data

- Alzheimer's is the 7<sup>th</sup> leading cause of mortality in Dare County.
- Dare's mortality rate has dramatically increased by 43.1% to 19.6/100,000.
- The median age in Dare County is 43.6; 6.2 years older than the median age in North Carolina.
- The proportion of all age groups 65+ in Dare County will increase accordingly by 2020:
  - 65+ (61.7% to 8355)
  - 65-74 (60.1% to 5078)
  - 75-84 (55.3% to 2429)
  - 85+ (96.3% to 848)

### Community Health Improvement Objective

- Explore opportunities to enhance medical care for individuals with Alzheimer's.
- Develop a strategic plan to accommodate this growing population.

### Outer Banks Hospital Strategies

- A member of the TOBH clinical med/surge staff and the DCO will participate on the HCOB Dementia Task Force.
- TOBH will sponsor and participate in the planning of the annual Dare County Alzheimer's Walk.
- TOBH's DCO will participate on the HCOB Dementia Task Force. TOBH will contribute technical assistance and resources toward Task Force strategies.

## Colon Cancer

### Supporting Data

- Mortality rates have decreased for all major site specific cancers *except colon cancer*.
- The colon cancer mortality rate has increased 72%, to an all time high of 16.21/100,000 – while the state rate saw an 18% decline.

### Community Health Improvement Objective

- Reduce the colon cancer mortality rate to 10.1/100,000.

### Outer Banks Hospital Strategy

- TOBH's Director of Cancer Services and the DCO will serve on the HCOB Chronic Disease Task Force. TOBH will contribute technical assistance and resources toward Task Force strategies.

## Chronic Lower Respiratory Disease

### Supporting Data

- The mortality rate for CLRD has risen 52% to 43.91100,000, with CLRD now the 4<sup>th</sup> leading cause of death for Dare County residents.

### Community Health Improvement Objective

- Reduce the CLRD mortality rate.

### Outer Banks Hospital Strategy

- A member of the TOBH Respiratory Team and the DCO will participate on the HCOB Chronic Disease Task Force. TOBH will contribute technical assistance and resources toward Task Force strategies.

## Diabetes

### Supporting Data

- The prevalence of diagnosed diabetes among adults has increased steadily from 7.9% in 2005 to 9.8% in 2009.

### Community Health Improvement Objective

- Decrease the percentage of adults with diabetes to 8.6%. (*9.6% of adults in NC have been diagnosed with diabetes/2009*).

### Outer Banks Hospital Strategies

- TOBH's Lead Registered Dietician will serve on the HCOB Chronic Disease Task Force. TOBH will contribute technical assistance and resources toward Task Force strategies.
- TOBH's mobile medical unit will provide free diabetes screening and referral services.



## Heart Disease

### Supporting Data

- Heart Disease is the #1 cause of mortality in Dare County.
- Dare's mortality rate has increased 12.3% to 182.4/100,000.
- Dare's mortality rate is 2% higher than the state rate.

### Community Health Improvement Objective

- Reduce the cardiovascular mortality rate to 161.5/100,000.

### Outer Banks Hospital Strategies

- TOBH's DCO will participate on the HCOB Chronic Disease Task Force. TOBH will contribute technical assistance and resources toward Task Force strategies.
- TOBH's mobile medical unit will provide free heart health screenings and referral services.

## Obesity

### Supporting Data

- 28.6% of adults are obese (2009); this is an increase from 23.4% in 2005.
- 37.5% of elementary school students are overweight or obese (2011-2012).
- 37% of middle school students are overweight or obese (2011-2012).

### Community Health Improvement Objective

- Decrease the percentage of elementary and middle school youth who are overweight or obese.

### Outer Banks Hospital Strategies

- The TOBH DCO will continue to Chair the HCOB Healthy Weight Task Force. TOBH will contribute technical assistance and resources toward Task Force strategies. The Task Force is currently focused on youth. Several Task Force strategies are planned based on BMI data analysis and an inventory of best practices recommended by the Institute of Medicine.
  - 1) Implement a lunch bunch program at Manteo Elementary School to increase physical activity and healthy eating among Hispanic families on Roanoke Island.
  - 2) Launch a community-wide evidence-based social media campaign to increase physical activity among children and families.
  - 3) Continue Safe Routes to School Initiatives in Dare County Elementary Schools.



## Pneumonia/Flu

### Supporting Data

- Pneumonia and Flu were reported as the 3<sup>rd</sup> leading cause of death for Dare County residents.
- Although the mortality rate has declined slightly to 49/100,000 (2011), it remains reported a full 31.1% higher than the state rate.

### Community Health Improvement Objective

- Decrease the pneumonia and flu mortality rate to 19.5/100,000.

### Outer Banks Hospital Strategies

- TOBH will continue to partner with the DCDPH to implement free flu vaccination clinics. TOBH pre-books 1000 flu vaccine doses annually for this purpose.
- HCOB leadership will follow-up on a key finding from prior Task Force work related to death certificate documentation that is potentially impacting local data.

### Other Community Benefit Initiatives

The Outer Banks Hospital, Inc. previously established the following initiatives based on results of the 2010 Dare County Community Health Assessment conducted by the Dare County Department of Public Health. These initiatives will continue and are part of TOBH's 2013-2016 Community Health Improvement Plan.

## Substance Abuse

### Supporting Data (2010 Dare County Community Health Assessment)

- 804 TOBH Emergency Department admissions specifically related to drugs were reported over a three year period (2010-2012).
- 45% of assessed Dare County Youth report substance abuse (2011-2012).
- Unintentional poisoning deaths (usually Rx drug) have recently risen in Dare County.

### Community Health Improvement Objective

- Reduce substance abuse and its negative effects among Dare County residents.

### Outer Banks Hospital Strategies

- TOBH will continue efforts of the Physicians' Council on Prescription Drug Abuse. A TOBH Hospitalist chairs the Council. TOBH DCO coordinates council activities.

- TOBH will continue to host drug drop-off events.
- TOBH will participate in planning the 2014 Dare County State of the Child Conference; part of the conference focus may be on youth substance abuse.

## **Breast Cancer**

### **Supporting Data (2010 Dare County Community Health Assessment)**

- Dare County's mortality rate was 17% higher than the state rate during the time period of 2004-2008 (30.4/100,00)

### **Community Health Improvement Objective**

- Decrease the mortality rate from breast cancer among Dare County residents.

### **Outer Banks Hospital Strategy**

- TOBH provides free screening mammograms to un and underinsured individuals who live and work in Dare County. This program is funded by the TOBH Development Council's Get Pinked! Program. Since the program's inception on October 17, 2011, The Outer Banks Hospital, Inc. has provided 602 free screening mammograms and diagnosed (2) invasive breast cancers. Both patients were enrolled in the DCDPH BCCCP Program and are receiving treatment through Breast Cancer Medicaid.

### **Priority Needs NOT Being Addressed by The Outer Banks Hospital, Inc.**

The following area was identified by the 2013 Dare County Community Health Assessment and is not being addressed by The Outer Banks Hospital, Inc. at this time.

## **Non-motor Vehicle Unintentional Injuries**

### **Supporting Data**


- Non-motor vehicle unintentional injuries are the 5<sup>111</sup> leading cause of death for Dare County residents.
- The mortality rate has increased 22% to 35.6/100,000.

### **Reason for Not Developing Strategies to Address this Issue**

The sample size is small and utilization data needs to be analyzed. TOBH will provide HIPPA compliant data to HCOB for further analysis.

## Approval

The Outer Banks Hospital, Inc. is committed to our mission, which is to enhance the quality of life for residents and visitors of Dare County and the surrounding region by promoting wellness and providing the highest quality healthcare services. We are also committed to working with community partners to achieve this mission. This work would not be possible without collaboration among members of Healthy Carolinians of the Outer Banks, the Dare County Department of Public Health, Vidant Health and Chesapeake Regional Medical Center. The 2013-2016 The Outer Banks Hospital, Inc. Community Health Improvement Plan demonstrates strong collaboration among our partners and is hereby approved by The Outer Banks Hospital, Inc. Board of Directors.

  
Chair, The Outer Banks Hospital, Inc. Board of Directors

9/16/13  
Date

## ACKNOWLEDGMENTS

The 2013 Dare County Community Health Assessment and community health improvement successes that are sure to follow are the result of the efforts of members of the Healthy Carolinians of the Outer Banks Partnership. Members of the Partnership include:

· Brandi Rheubottom (Chair), Dare County Older Adult Services  
Dianne Denny (Co-Chair), Spring Arbor Assisted Living

Anna Schafer, Dare County Department of Public Health  
Anne Thomas, Dare County Department of Public Health  
Amy Montgomery, The Outer Banks Hospital, Inc.  
Beulah Ashby, The Outer Banks Hospital, Inc.  
Charles Watson, Dare County Emergency Medical Services  
Christina Bowen, Coastal Family Medicine & Wellness  
David Ryan, Dare County Department of Public Health, Board of Health  
Doug Doughtie, Dare County Sheriffs' Office  
Ellie Ward, Dare Hospice & Dare Home Health  
Gail Sonnesso, Gem Day Services  
Janet JallTett, Albemarle Regional Medical Services  
Jay Burrus, Dare County Department of Social Services  
Jennifer Albanese, Interfaith Community Outreach  
Judy Bruno, The Outer Banks Hospital, Inc.  
Karen Brown, Outer Banks Chamber of Commerce  
Kelly Nettin (Coordinator), Dare County Department of Public Health  
Linda Palombo, The Outer Banks Hospital, Inc.  
Loretta Michael, Children & Youth Partnership for Dare County  
Lynn Bryant, Outer Banks Hotline  
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Michelle Decker, New Horizons/PORT Human Services  
Patty McKenna, Dare County Collaborative Council  
Rick Gray, Community Care Clinic of Dare  
Robin Holton, Dare County Department of Public Health  
Ronnie Sloan, The Outer Banks Hospital, Inc.  
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Skeeter Sawyer, retired EMS  
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Tess Judge, Dare County Collaborative Council  
Tim White, Dare County Parks & Recreation