



Brunswick County Health Department

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The State-of-the-County's Health Report

December 2006

The purpose of this report is to relate current information on the health status of Brunswick County as compared to the Community Assessment of 2003 and to update the actions taken to address them.

Overview

Brunswick County is North Carolina's southeastern most county and has experienced tremendous population growth over the past ten or so years. It has grown from 50,985 in 1990 to a population of 73,692 in 2000. Its projected population is expected to grow to approximately 85,000 in the year 2006. In the summer, the population increases to approximately 180,000 with tourists and summer residents but these numbers are not used in this report even though it places a tremendous strain on all aspects of community life.

The population of persons 55 years old and older is on the rise with a total of 27,801 residents or 33% of the population in 2000. The projected population of 55 and older for 2010 is 33,277 or 35.6% of the total population. An even closer examination reveals that persons 65 and older make up 16.9% of the population compared to 12.7% for the state. The projected figures for 65 and older show an increase to 21% of the total population. The percent of the population 17 and under is 21.2% and under 5 is 5.5%. Females make up 50.8% of the total population and males make up 49.2%. The White population is 82.3% and African American is 14.4% as of 2000. Latino population is 2.7%. The remaining 0.6% is divided between Asian and Native America Indian.

The minority population or Non-white citizens' health indicators are much higher than whites in

many health indices. The Health Department is making progress in reducing disparities with a 50 percent increase in the number of African-Americans we are servicing and a 60 percent increase in the number of Latinos being serviced. These improvements are directly attributable to the lack of performance working with minorities we identified during the last reporting cycle and corrective actions we implemented.

The Community Assessment for 2003 was completed to identify the major health problems confronting Brunswick County. It included quantitative data (vital statistics) and qualitative data (surveys and focus groups). The data was utilized as a tool for the residents of the county to have a say about which health issues are included in their community’s Health Action Plan. It included feedback from collaborative partners, citizens, the Health Department Management Team and staff and the Board of Health. It resulted in documentation of positive changes in health indices brought about by projects initiated in support of the last report.

Final Priority Problem List

The results of the vital statistics, surveys, and focus group were discussed comparing each factor by level of importance, local ability to influence and available resources. After close scrutiny, the following list of the top five problems was compiled and agreed upon.

Priority List for 2003
1. Seniors Program to address disparities in cancer survival and diabetes
2. Continued work on minority infant mortality to prevent backsliding
3. Diabetes Education and Support
4. Mobilization of Services to Improve Access to Care/Transportation Expansion
5. Obesity Efforts in Schools, Senior Centers, etc.

Update of Action Plan

From this priority list, there was completed the Community Health Action Plan.

1. Seniors Program to address disparities in cancer survival and diabetes

The Seniors’ Healthcare Program was started using data collected from the 2003 Community Assessment. The program started using the Mobile Health Unit to provide services in neighborhoods. In March 2006, a clinic was established in Health Department just for senior and adult healthcare. Since

that time, there has been an increase in patients to 17 per day earning approximately \$7000 per month with about the same amount of money given out a free care. The clinic is also seeing county employees. We have started to incorporate the revenues from the flu clinic into this program.

2. Continued work on minority infant mortality to prevent backsliding

The Minority Infant Mortality Rate has increased this year but 5 year average of 11.6 for Brunswick County is still lower than the state average of 15.9. One year by itself is a very volatile number so we focus on the five year average. The Health Department provides individual health education to pregnant women providing additional information to women who smoke during pregnancy.

The Minority Infant Mortality Task Force is still functioning but has not been as active this year as in the past. The Task Force has focused on community education encouraging citizens to become involved.

Plans are to revitalize the Task Force in 2007 going back to the basics ensuring minority pregnant women receive the needed services that already exist and continue with recruitment of volunteers.

3. Diabetes Education and Support

Access III of the Lower Cape Fear has been providing education in the Health Department each month during 2006. They also provide classes at two other sites in the county.

Don Yousey, Health Director, made a proposal to the state to use incubator funding to form an umbrella agency to run a statewide diabetes education program. He wanted to find a way to bill for diabetes education services using a regional Certified Diabetes Educator, overseeing the education programs at each health department. In turn the health departments would give the CDE agency a percentage of the revenues.

The proposal was accepted and was awarded \$50,000. The State Health Director's Office agreed to match the funds with \$50,000 and administer the program. Currently the state is selecting four counties to be pilot sites and the program should be starting in the spring of 2007. Brunswick County

hopes to be a pilot site.

4. Mobilization of Services to Improve Access to Care/Transportation Expansion

The Health Department's Mobile Health Unit is now going out into the community four days per month providing healthcare. The Unit also is used for kindergarten physicals and FluMist programs in the schools.

Cape Fear Healthy Carolinians Access to Care committee has received grant funds and has hired a director and two "navigators" and has been organizing a Brunswick/New Hanover counties coalition of safety net providers. The coalition's goal is to organize a system of volunteer doctors to provide their fair share of free services. The chairman of the Brunswick County Physicians Association is in support of the goal and is currently recruiting more physicians. There are also two free clinics participating from Brunswick County along with the Health Department.

5. Obesity Efforts in Schools, Senior Centers, etc.

Health Department staff are still involved in the School Health Advisory Council (SHAC) sponsored by the school system which has submitted the action plan to increase physical activity in the schools.

The Senior Site in the town of Northwest in Brunswick County has several members attend an exercise class on Wednesdays held at a church. The church received a grant from the Eat Smart Move More program and used the money to build a walking trail around the community baseball field. The Health Promotions coordinator and the Americorp volunteer have also provided nutrition education and counseling at the Senior Sites.

The Obesity Committee of the Cape Fear Healthy Carolinians has recently hired a coordinator and health educator using grant funds to pay their salaries and other program expenses. They have started to organize promote walking programs.

The Brunswick County Government administration has formed a wellness committee for county

employees. The Wellness Program has measured off a ½ mile walking trail and has sponsored several walking challenges. They have also had cooking classes and educational events promoting good nutrition and physical activity.

Conclusion

Meeting the objectives of the five priority problems requires time and a commitment by the staff and the community. Collaboration with community groups takes time to achieve results but we continue to commit staff to participate.

We are proud that the entire staff of the health department is continually building relationships with different agencies and community organizations. Changing the face of health disparities is an ongoing process and has become interwoven into the fabric of health department programs.