



COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

2013 – 2016

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I. ONSLOW MEMORIAL HOSPITAL

Onslow Memorial Hospital (OMH) is a 162-bed acute care hospital located in coastal North Carolina that has served the residents of Onslow County for more than 65 years. Onslow Memorial Hospital is the only public hospital in the County, serving an important function as the safety net for healthcare services in the community. OMH has an extensive history delivering acute care services, and community residents rely heavily on it for their healthcare needs. OMH's surplus funds are prudently reinvested to maintain access to patient services and to expand access to patients throughout the community.

OMH is nationally accredited by The Joint Commission (TJC) and is also considered a national leader in several areas of patient satisfaction as measured by Press Ganey, an independent, national healthcare research firm. These include inpatient nursing, the OMH Sleep Disorders Lab, and SurgiCare.

The organization provides access to quality medical services including areas of excellence such as oncology, cardiology, stroke women's services, and outpatient care. Needed services are provided despite a financial loss to the organization.

The OMH medical staff is open to all physicians in the community who meet membership and clinical privilege requirements. With over 100 physicians, the medical staff offers over 25 medical specialties including: Anesthesiology, Cardiology, Dermatology, Emergency Medicine, Family Practice, Gastroenterology, Internal Medicine, Nephrology, Neurology, Obstetrics/Gynecology, Oncology, Ophthalmology, Oral Surgery, Orthopedic Surgery, Otolaryngology, Pain Management, Pathology, Pediatrics, Plastic Surgery, Podiatry, Pulmonology, Radiology, Surgery, Wound Care and Hyperbaric Oxygen Treatment, and Urology.

OMH provides access to a vast array of high quality healthcare services. These include a modern Labor and Delivery suite with state-of-the-art monitoring system, Neonatal Intensive Care Unit, Newborn Nursery, Intensive Care Unit/Coronary Care Unit, Medical and Surgical Services, and Rehabilitation Services. A responsive Emergency Department that treats over 60,000 patients annually. State-of-the-art diagnostic services include a Women's Imaging Center, Sleep Lab, Heartburn Center, Cardiac Catheterization Lab, Radiation Oncology Center, Neurodiagnostic Lab, MRI and CT Scan.

In recent years, a robust array of online services and portals has been developed to provide all of our stakeholders, from patients to students to medical partners, access to timely information and insights. OMH health news, wellness tips and the latest hospital information can be followed via Twitter and Facebook.

- O'Healthy is a one-stop source for consumer healthcare news and medical information.
- MomTalk connects Onslow County moms and moms-to-be with a collection of entertaining and informative blogs from other local parents.
- LightenUp Onslow is a free community wellness program offered by the hospital. It encourages participants to embrace a healthy lifestyle with proper diet, exercise, and stress reduction.

Awards and Recognition

Onslow Memorial Hospital is proud of its track record of striving to deliver the best quality healthcare and patient service to our community. We are committed to making continual improvements in every

area of our operation. An important barometer of our performance is recognition in the form of awards and rankings by the many objective third-party institutions that review hospitals across the nation.

Notable accreditation, awards and recognition received:

- **The Joint Commission’s Gold Seal of Approval™**
 - Onslow Memorial Hospital’s stroke program has earned The Joint Commission’s Gold Seal of Approval™ -- an internationally recognized symbol of quality.
- **American Heart Association Get With The Guidelines Gold Achievement Award in 2012 and Silver Achievement Award in 2011**
 - OMH received the Get With The Guidelines®-Heart Failure Gold Quality Achievement Award from the American Heart Association (AHA). This honor recognizes 12 consecutive months of achieving benchmark performance in implementing scientific guidelines from the AHA, demonstrating exemplary care for heart failure patients.
 - The Silver Achievement Award represents a collaborative effort between nursing, education, performance improvement, our medical staff and our front-line staff. It shows everyone is focused on patient-centered care.
- **Surgical Care Improvement Project Recognition**
 - This was presented to the Hospital by the Carolinas Center for Medical Excellence for OMH’s commitment to quality improvement and exceptional performance in improving surgical outcomes.
- **Primary Stroke Center—Advanced Designation**
 - OMH is nationally accredited by the Joint Commission and has recently earned the Joint Commission’s designation as an Advanced Primary Stroke Center. OMH is one of the few community hospitals east of I-95 to earn this designation.

Community Collaborations

The Partnership for Patients: Better Care, Lower Costs is a new public-private partnership that will help improve the quality, safety and affordability of healthcare for all Americans. OMH is a proud partner of the Partnership for Patients program. In this capacity, we strive to attain the initiative’s goals and commit to building on efforts already under way to achieve safe, high-quality care using tools and processes that improve safety for patients.

OMH’s Patient and Family Advisory Council (PFAC) provides a strong collaborative link to the community with members that include: patients, physicians, community residents, and members of OMH’s Executive Team, Board and Auxiliary. The PFAC strives to improve hospital services, reduce access barriers, enhance the overall patient experience and identify patient and community health needs. PFAC members were involved throughout the community health needs assessment (CHNA) process and served on the Community Advisory Board for the implementation plan.

II. MISSION STATEMENT

We are proud of our dedication to our mission: “To provide excellent patient health services in a healing and family-centered environment.”

III. COMMUNITY SERVED

Onslow Memorial Hospital's community is Onslow County. Historically, Onslow County residents have accounted for 85% to 90% of OMH's patients, with no other county representing more than 4% of patients. In addition, the majority of Onslow County residents needing inpatient acute care hospital care were treated at OMH.

Onslow County occupies 756 square miles on the southeastern coast of North Carolina along the Atlantic Ocean and is the home to more than 180,000 people. The U.S. Marine Corps Base Camp Lejeune occupies approximately 246 square miles, nearly a third of Onslow County's land area.

Based on percentage growth, Onslow County is the second fastest growing county in North Carolina. Onslow County's population is projected to grow 22.5% between 2010 and 2020, expanding by 40,000 residents during this decade. Significant growth is projected in residents under 18 years of age and 65 years of age and older.

- Between 2010 and 2017, residents under 18 years are projected to increase at a compounded annual growth rate (CAGR) of 3.7%. This compares to a projected CAGR of 0.9% in North Carolina.
- The 65 years and older population is projected to grow at a CAGR of 3.7%, which is similar to North Carolina's projected 3.8% CAGR.

In 2011, Onslow County's population was 77% White/Caucasian, 16% Black/African American and 10% Hispanic/Latino. This is somewhat less diverse than North Carolina overall which had 72% White/Caucasian, 22% Black/African American and 9% Hispanic/Latino.

Onslow County has a higher percentage of men than found in the State.

- Overall that county has 53.5% male vs. 48.8% for the State.
- The biggest difference is in the 18 to 44 year age group with 57.2% male in Onslow County vs. 49.8% in the State. This reflects the military population in the County.

Although Onslow County has low levels of both unemployment and poverty, it also has low income. The median household income of \$41,875, is 5.5% below the North Carolina average and 15.5% below the U.S. average.

- Tarawa Terrace has the lowest median annual income in Onslow County, \$29,094. However, most of these residents are members of the military with many of their household expenses, such as rent, paid directly by the military and not reflected in household income.
- Midway Park and Maysville are also low income areas. Maysville is not a military community.
- Camp Lejeune has the highest income, \$54,220.

Eight-five percent (85%) of Onslow County residents have at least a high school diploma or GED. The County has the lowest high school drop out rate in North Carolina.

Military Presence

A unique aspect of Onslow County is the presence of a significant military population based at Marine Corps Base Camp Lejeune and Marine Corps Air Station New River. In addition to tens of thousands of active duty personnel, the population includes family members of active duty personnel and a contingent of retired military personnel who choose to live in Onslow County. While the Onslow County community is proud to be home these active and retired military members and families, the high level of transience that accompanies military life make identifying and prioritizing the community resources and needs more challenging.

As of March 2013, the population associated with MCB Camp Lejeune totaled 144,379. This includes active, retired, family members and civilian employees. (Source: Quarterly Camp Lejeune Population Report). The Bureau of Economic Analysis estimates that 67% of all incomes in Onslow County are earned from military or federal civilian jobs.¹

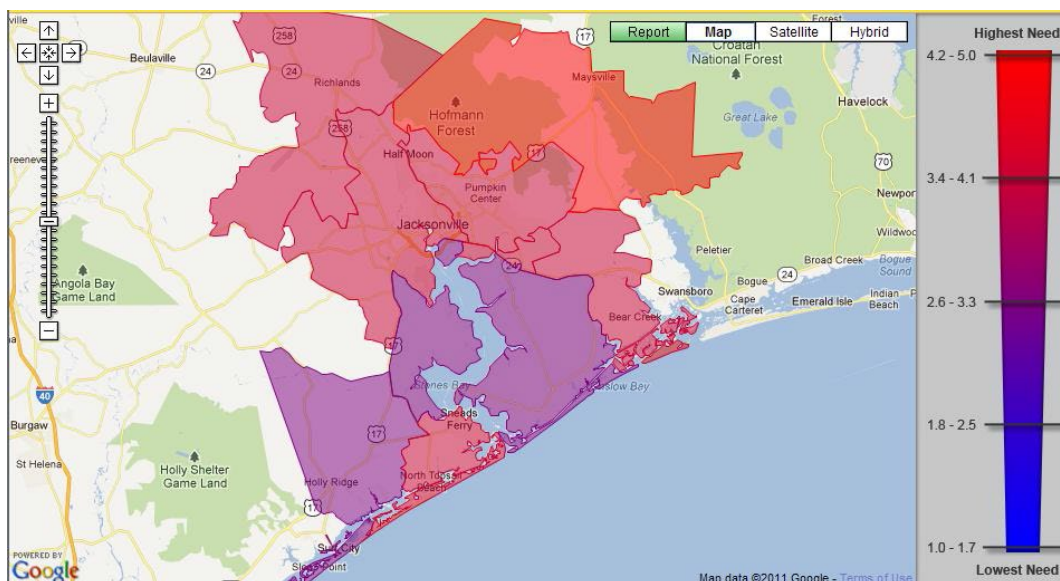
Community Need Index

Dignity Health's Community Need Index (CNI) identifies ZIP codes with high levels of socioeconomic risk and potential healthcare need. The CNI accounts for the underlying economic and structural barriers that affect overall health.

In Onslow County Maysville is the highest risk/highest need community.

- Jacksonville and Tarawa Terrace are also high need/high risk.
- Camp Lejeune has the lowest CNI score, and thus the lowest risk.

The map below presents the CNI scores for all ZIP codes within Onslow County. Areas with red coloration are the highest need and blue the lowest.



¹ Onslow County, NC Data Center 2013

IV. COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

An in-depth Onslow County community health needs assessment was conducted in 2012. A multi-faceted approach was used to assess the community health needs and concerns of County residents. Multiple sources of public and private data along with diverse community viewpoints were incorporated in the study to provide a detailed understanding of Onslow County's health and the healthcare landscape. The methodology included community and stakeholder input and engagement, data review and analysis, and content analysis of community feedback. The results were synthesized to identify key areas of priority and need.

The CHNA measured and estimated the level of current health needs for Onslow County residents, and highlighted key factors and conditions that are expected to have the greatest impact on those needs in the future. Leveraging the analyses and findings and using a collaborative priority setting process, OMH reviewed and evaluated Onslow County healthcare needs. Each potential need was analyzed and prioritized using the following criteria:

- Input received from OMH's Patient Family Advisory Council (PFAC);
- Input received from key informant interviews with community health leaders, community members, and OMH leadership;
- Variance of need metrics from state/other benchmarks and from other OMH internal indicators;
- Impact of demographics and socioeconomic characteristics on need levels;
- Availability of other health resources to meet the need;
- Ability of OMH to positively impact the need.

At the conclusion of the prioritization process, OMH identified four health Priorities. These are addressed with this implementation plan and include:

1. Primary Care/Uninsured Access,
2. Heart/Vascular Disease,
3. Cancer/Oncology Care
4. Behavioral Health

The following provides an overview of each priority area including a brief summary of key facts and findings.

Priority Health Need: Primary Care/Uninsured Access

Primary Care Access

Access to comprehensive, quality healthcare services is critical for the achievement of health equity and for affording a healthy life to area residents. Access to healthcare impacts:

- Overall physical, social, and mental health status
- Prevention of disease and disability
- Detection and treatment of health conditions
- Quality of life
- Preventable death and life expectancy

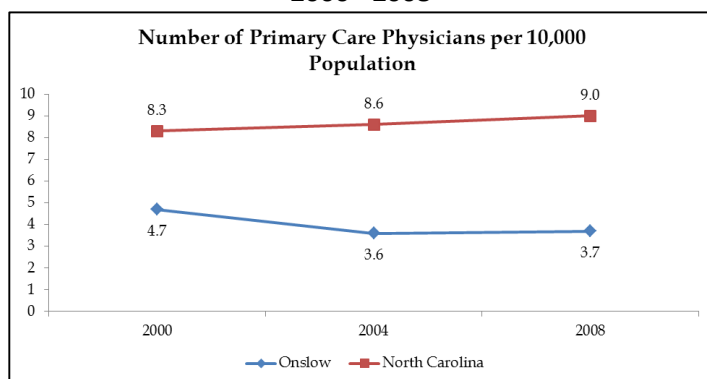
Therefore, a top OMH priority is expanding access to quality primary medical care for all Onslow County residents.

Onslow County has a severe shortage of primary care physicians.

- The OMH 2011 physician demand analysis identified a need for 38 additional primary care physicians by 2016. OMH's comprehensive physician demand analysis includes physicians providing care to military personnel.
- The 2013 *County Health Rankings*² identified a significant primary care physician shortage, with 2,719 residents for every primary care physician (2,719:1). This compares to 1,480:1 and 1,067:1 for North Carolina and the U.S., respectively.
- MCB Camp Lejeune, MCAS Cherry Point and MCAS New River reportedly have shortages of primary care physicians which negatively impacts the ability of Marine families to access healthcare services.

Figure IV.1 presents the difference in the number of primary care physicians per 10,000 residents for Onslow County and North Carolina. Onslow County has only 40% of the physicians available throughout the State. While North Carolina experienced a slight increase between 2000 and 2008, to 9/10,000 residents in the latter year, Onslow County had a decline of 1 physician per 10,000 residents to 3.7/10,000.

Figure IV.1
Physicians Per 10,000 Residents
Onslow County vs. North Carolina
2000 - 2008



In addition, the CHNA reported Onslow County had fewer dentists, pharmacists, registered nurses, nurse practitioners, physician assistants, licensed practical nurses, chiropractors, occupational therapists, occupational therapy assistants, optometrists, podiatrists, psychologists, physical therapists, physical therapist assistants, and respiratory therapists as compared to North Carolina.

While most of the emergency care and primary care needed by active duty military is provided on base at Camp Lejeune, family members receive their care and treatment through community providers. Each military family member, retiree and retiree family member has a primary care manager located on the

² *County Health Rankings*, developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, compare all/most counties within each state against each other on a wide range of health indicators.

base. The large base population is increasing the need for not only primary care physicians but the full range of health care providers.

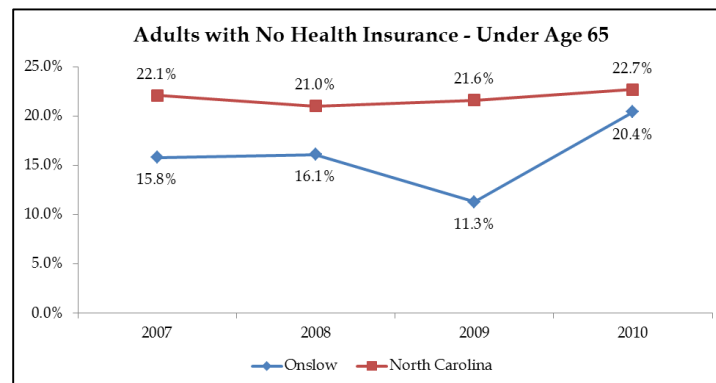
Health Insurance Status

As the only public hospital in the County, OMH serves an important function as the safety net for healthcare services in the community. The uninsured access to primary care is both through OMH clinics and physicians as well as through the OMH Emergency Room.

Recent reports demonstrate that the number of Onslow County uninsured is increasing.

- A 2008-2009 study by the North Carolina Institute of Medicine indicates the percentage of uninsured adults in Onslow County at 23.4% compared the statewide average of 19.7%.
- On the other hand, as presented in Figure IV.2 the North Carolina Behavioral Risk Factor Surveillance System (BRFSS) data shows that Onslow County has a lower percentage of adults younger than 65 without insurance though in 2010 it is close to the statewide average.

Figure IV.2
Adults with No Insurance
Onslow County vs. North Carolina
2000 - 2008



The primary care physician shortage and increasing uninsured residents' results in:

- Decline in the overall health status of community residents, due to limitations in access to primary care treatment and preventive services.
- Increased overall costs to the healthcare system as uninsured patients' access primary care services through the OMH emergency department.
- Delays in accessing treatment of minor conditions resulting in increased severity when care is sought.
- Dramatic increases in emergency room utilization, particularly for the uninsured.
- People leaving the Onslow County for care. The CHNA found higher than expected levels of patient outmigration for most hospital services, including primary care.

Priority Health Need: Heart/Vascular Disease

Heart disease and stroke are among the most widespread and costly health problems facing the Nation today. The OMH Patient Family Advisory Committee identified Heart/Vascular disease as the number one priority health issue facing the community.

According to *Healthy People 2020*, cardiovascular health is significantly influenced by the physical, social, and political environment, including:

- Availability of healthy foods, physical activities and education, and extracurricular activities in schools
- Quality of working conditions and worksite health
- Availability of community support and resources
- Access to affordable, quality health care
- Maternal and child health
- Access to educational opportunities

Other than open heart surgery, OMH offers the continuum of cardiovascular services to County residents. The Hospital's cardiac and stroke services have received awards by the Joint Commission and the American Heart Association.

The CHNA found cardiovascular disease was the second highest cause of death in Onslow County, and this mortality rate was greater than the North Carolina average. In addition, the prevalence of heart attacks is greater in Onslow County than in North Carolina overall.

Onslow County residents have significant cardiac risk factors including:

- **High percentage of tobacco use**--Onslow County residents' smoking and tobacco use exceeds North Carolina and U.S. averages. Between 2005 and 2010, North Carolina experienced a steady decrease in smoking and tobacco use to below 20% of residents. On the other hand, Onslow County experienced increases in 2009 and 2010, peaking at 29.7% in the latter year.
- **High obesity rate**--Onslow County overweight and obesity rates exceed both North Carolina and national averages.

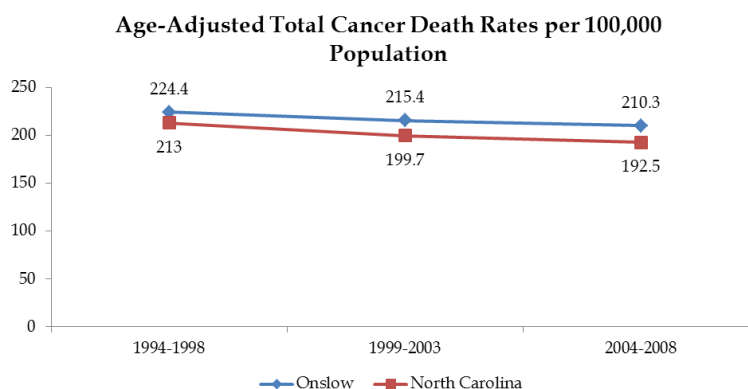
The CHNA also found a significant need for cardiologists in the Onslow County. It identified a significant outmigration of patients for cardiac care services outside the County. These factors have implications for access to timely care, ease of follow-up and ongoing treatment/monitoring.

Priority Health Need: Cancer/Oncology Care

OMH offers a wide range of cancer care services to County residents. Oncology care is led by highly regarded hematology-oncology physicians and a well-trained, multidisciplinary team of nurses, case managers, physical therapists, pharmacists, and patient/family advocates. OMH recently opened a new state-of-the-art radiation oncology facility.

Cancer is the number one cause of death in Onslow County with total cancer death rates in Onslow County higher than the state average.

Figure IV.3
Age-Adjusted Total Cancer Death Rates per 100,000
Onslow County vs. North Carolina
1994 - 2008



Of particular concern are trachea, bronchus, and lung cancer death rates in Onslow County which are significantly higher than in North Carolina overall. These may be linked to the high rates of smoking in the County. Prostate cancer incidence and death rates are also notably higher than the average for the State.

Priority Health Need: Behavioral Health

Behavioral health (mental health and chemical dependency) is increasingly being linked to physical health indicators.

- Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality.
- Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems.

In Onslow County behavioral health disorders were identified as priority community health needs.

- High mental health occurrence rates exceed both N.C. and the U.S.
- Heavy drinking and binge drinking rates are significantly greater than N.C. and the U.S.
- The OMH Patient Family Advisory Committee and CHNA key informants both identified behavioral health as a priority health need.
- Onslow County Department of Health Consumer Survey found behavioral health among the highest concerns of local residents. Three issues identified by more than half of respondents were: post-traumatic stress disorder (55.1%), driving under the influence (52.2%) and adult alcohol abuse (50.2%). Underage drinking was identified as a concern by 45.9% of respondents.
- Research suggests behavioral health issues may increase for both military service members and their families as deployments lengthen.

Appropriate treatment for behavioral health conditions was identified as a priority need in the CHNA, with a high level of patient outmigration due to lack of capacity in the County. The following Onslow County providers were identified for inpatient and acute treatment.

- Brynn Marr Hospital, located in Jacksonville, is the only non-military provider of inpatient behavioral health services in Onslow County. Brynn Marr operates 16 adult psychiatric, 26 adolescent psychiatric, and 12 substance abuse inpatient beds. A representative of Brynn Marr served on the Healthy Communities Advisory Board that directed this implementation plan.
- Naval Hospital Camp Lejeune has 12 acute psychiatric beds and a range of outpatient treatment. The CHNA found that the military behavioral health providers are “overwhelmed” by the needs of soldiers and their families. Therefore, referrals are made to community providers which have limited capacity.
- OMH’s Emergency Room (ER) treats a significant number of behavioral health patients. Logistics and psychiatric bed availability are barriers to effective patient transfer, resulting in patients being maintained in the ER for longer than is medically necessary, impacting care and treatment.

V. PLAN OF ACTION/STRATEGY

Since OMH is the only public, not for profit hospital in Onslow County, it serves as the healthcare safety net for the community. Working with healthcare and other community partners, OMH strives to address the priority needs identified in the CHNA in order to improve the overall health of Onslow County residents.

Implementation Plan Collaboration

OMH reached out to community partners to establish the Healthy Communities Advisory Board (HCAB) to collaboratively develop and support implementation of this plan. The HCAB includes representatives of Onslow County Health Department, OMH medical staff, Coastal Carolina Health Network, United Way of Onslow County, Naval Hospital, Brynn Marr Behavioral Health System, and OMH Patient Family Advisory Committee.

Through a series of meetings and conference calls, the HCAB reviewed the OMH CHNA results, the key Onslow County Department of Health Community Health Assessment findings and obtained input from collaborative partners. The HCAB’s collaborative input led to the development of the plan’s goals. Each HCAB member further identified initiatives that their organization would undertake to support and achieve these goals.

OMH Implementation Plan

The OMH Community Health Needs Assessment Implementation Plan, is outlined below. The goals and initiatives have been developed in collaboration with all of the HCAB partners, but the Initiatives presented in this plan are those that OMH will directly implement and/or impact. These initiatives will be undertaken over the next three years.

In addressing the four CHNA priority areas, OMH will contribute high quality staff and resources, maintain and expand joint services and collaborations with the HCAB and other community partners, and bring the HCAB together to evaluate progress. The result will be a healthier Onslow County.

CHNA PRIORITY AREA – PRIMARY CARE, PARTICULARLY FOR UN/UNDERINSURED

Goal 1: Increase Onslow County residents' access to the primary care service continuum, emphasizing outreach to those who are un/underinsured.

OMH Initiatives

- 1.1 Reduce the number of OMH Emergency Department (ED) patients who could be treated in a primary care setting annually by identifying patients using the ED for primary care and directing them to more appropriate healthcare settings within the community.
- 1.2 Expand access to primary care for the uninsured and low income by evaluating opportunities to enhance resources of the OMH Care and Community Clinic and other existing community clinics.
- 1.3 In conjunction with the OMH medical staff, explore the feasibility of developing and implementing a patient centered medical home model.
- 1.4 Update the OMH medical staff development plan in the context of the local changing environment to include Camp Lejeune realignment strategies.
- 1.5 In conjunction with OMH medical staff, local businesses, schools and others in the community, develop initiatives to retain physicians in Onslow County.

Indicators

- Reduce the number of self-pay patients using the ED for non-emergent visits.
- Increase additional primary care providers offering financial assistance programs to uninsured patients; possibly through the Caring Community Clinic.
- Successful recruitment of primary care physicians to Onslow County.
- Maintenance of practicing Onslow County physicians in the county.

CHNA PRIORITY AREA—HEART/VASCULAR DISEASE

GOAL 2: **Improve heart and vascular health outcomes in Onslow County.**

OMH Initiatives

- 2.1 Collaborate with community partners, network with schools, churches and businesses for cardiac and stroke risk factor prevention programs ensuring that cardiovascular health risks are addressed:
 - a. Smoking cessation
 - b. Improved physical fitness
 - c. Healthy nutrition
 - d. Reduced obesity

- 2.2 Partner with OMH medical staff to identify gaps in heart/vascular disease diagnosis and treatment. This will include:
 - a. Identifying the need for additional cardiologist recruitment and developing a service line consistent with the skill set of the recruited cardiologist.
 - b. Promoting available cardiology and cardiac services in the community including cardiologists, cardiac acute care programs and resources, cardiac rehabilitation.

Indicators

- Improve heart-related quality scores as measured by CMS (data from Hospital Compare).
- Increase the number of participants in Lighten Up Onslow meeting or exceeding their weight loss goals.
- Reach at least 550 individuals in the community for stroke risk factor screenings in conjunction with our stroke center recertification.

PRIORITY—CANCER CARE

GOAL 3: Improve health outcomes for cancer patients and reduce the incidence of preventable cancers by enhancing the cancer care continuum and other cancer related services in Onslow County.

OMH Initiatives

- 3.1 Collaborate to further expand and develop cancer care in Onslow County by: (a) Recruiting up to two additional hematologists/oncologists in conjunction with the current hematology/oncology physician practice; (b) Making necessary investments in additional equipment; (c) Developing an infusion center.
- 3.2 Continue work through the multidisciplinary OMH Cancer Committee and the Cancer Committee Core Team to accomplish OMH's goal of Commission on Cancer accreditation.
 - a. Develop an oncology nurse navigator to enhance cancer patients' service access across the oncology care continuum in order to improve access, understanding and treatment compliance.
 - b. Develop a state-of-the-art oncology patient and family education center in the Onslow Radiation Oncology building using a range of multimedia informational tools.
- 3.3 Enhance the clinical trial initiatives in Onslow County in partnership with area oncologists and the organizational Institutional Review Board.
- 3.4 Continue to work with collaborative partners to develop and implement targeted clinical prevention programs in order to diagnose cancer as early in the disease process as possible resulting in fewer patients diagnosed with late stage cancer.
- 3.5 Evaluate opportunities to collaborate with Onslow County Health Department, Goshen Federally Qualified Health Center (FQHC) and other partners to obtain grant funding for clinical prevention screening programs targeting low income and uninsured Onslow County residents.
- 3.6 Support the Onslow County Health Department's "Tackle Tobacco" community prevention campaign to reduce smoking and tobacco use.

Indicators

Indicators will be determined in conjunction with HCAB partners. Examples of possible indicators:

- Annual statistics for Onslow County patients presenting at later stages II, III, and IV were more in line with NCDB percentages, suggesting earlier detection.
- Supported the Health Department's "Tackle Tobacco" community prevention campaign to reduce smoking and tobacco use.

CHNA PRIORITY AREA—BEHAVIORAL HEALTH

GOAL 4: Improve prevention, identification and treatment efforts for behavioral health in Onslow County.

- 4.1 Build on existing collaborative efforts with the LME and others to develop a county-wide behavioral health community education plan, engaging with community-based organizations, schools, military organizations and others to inform residents and providers about available behavioral health services (including hotlines), early recognition and treatment of both mental health and substance abuse.
- 4.2 Continue to advocate for additional state, federal and grant funding for behavioral health services in Onslow County.

Indicators

1.

VI. MECHANISM TO EVALUATE THE PLAN'S EFFECTIVENESS

As outlined in the sample indicators following each initiative, the specific OMH indicators are being developed in conjunction with HCAB, specialty-specific medical staff members and others in the community.

It is expected that the evaluation timeframe will be annually for most indicators. Short-term initiatives/indicators, however, will be evaluated more frequently as needed.

VII. PLAN CONTACT INFORMATION

Any comments or suggestions in regard to the community benefit activities are greatly welcomed and may be addressed to Amy Sousa, Vice President, Public Relations and Marketing, Onslow Memorial Hospital, 317 Western Blvd., Jacksonville, North Carolina 28546.