

## Progress on CHIP

- Due to the COVID-19 pandemic, Greene County Department of Public Health (GCDPH) had to pause implementing strategies outlined in our Community Health Improvement Plans.
- GCDPH has adopted Results-Based Accountability™ (RBA) which is a data-driven, decision-making process that uses Turn-the-Curve thinking to get from ends to means. RBA uses data to make informed decisions with consultation from our key partners and stakeholders. It's a disciplined way of thinking and taking action that can be used to improve the quality of life in communities, cities, counties, states, and nations, as well as to improve the performance of programs.
- We are currently in the progress of transitioning our paper-based Community Health Improvement Plans (CHIPS) to web-based through the use of the Clear Impact Scorecard™. The Clear Impact Scorecard™ is a strategy and performance management software that is accessible through a web browser and designed to support collaboration internally or with outside organizations. GCDPH will be using Clear Impact Scorecard™ to support the development of our CHIPS and State of the County Health Reports.
- The Clear Impact Scorecard™ provides a seamless process of setting up results, indicators, programs, and performance measures related to our CHIPS. Results are conditions of well-being for children, families, and communities. Indicators are measures that determine the progress a community is making towards achieving community well-being as a whole. Programs are the strategies implemented to improve the health of our community. Performance Measures focus on whether our community members are better off as a result of our programs and also look at the quality and efficiency of these services.
- Healthy people and healthy communities are the foundation of a thriving, prosperous state, and improving the health, safety, and well-being of North Carolinians is a core part of the work of state government. Healthy North Carolina (HNC) 2030 is the health plan for public health and the whole state. HNC 2030 contains thirteen indicators that will serve as the population health improvement plan for the North Carolina Division of Public Health. These indicators have a focus on health equity and are the overall drivers of health outcomes (health behaviors, clinical care, social and economic factors, and the physical environment). GCDPH's Scorecard is linked to the indicators from HNC 2030's Scorecard. Identifying key indicators and targets allows NC DHHS, the Division of Public Health (DPH), local health departments, and other partners across the state to work together toward shared goals.
- Since March of 2020, our ability to work with partners and with our community members came to halt after Governor Cooper's Stay at Home Executive Order which directed people to stay at home except to visit essential businesses, exercise outdoors, or help family members. This eventually led to more Executive Orders that closed K-12 public schools statewide and closed indoor dining of bars and restaurants. As result, the implementation of community programs in Greene County was postponed. Meetings and work with our partners were conducted via virtual platforms. Through the use of our department website and Facebook page, we were able to engage the community on COVID-19 updates (cases, hospitalizations, and deaths), encouraged prevention efforts to slow the spread of COVID-19 through mask-wearing and social distancing, and provided health education on topics such as tobacco awareness and cessation, healthy eating, and physical activity.

Greene County reported its first lab-confirmed positive COVID-19 case on March 26, 2020.

In 2020, there were:

- COVID-19 cases: 1,528
- COVID-19 deaths: 40

\*COVID-19 cases and death totals include our congregate settings (correctional facilities and Long-Term care facilities) as of December 30, 2020.

**Demographics**

Covid-19 Cases by Race		Covid-19 Cases by Gender		Covid-19 Cases by Age	
Race	Percentage	Gender	Percentage	Age (yrs)	Percentage
White	56%	Female	45%	10 to 14	4%
Other	20%	Male	54%	18 to 24	11%
Suppressed	24%			25 to 49	40%
Missing Data	457			50 to 64	21%
				65 to 74	11%
				75+	7%

\*Demographic data retrieved from the NCDHHS COVID-19 Dashboard as of July 19, 2021.

Stay at Home orders in 2020 were enforced to decrease the spread of the COVID-19 virus. As a result, residents lost their jobs or saw their incomes drastically reduced. This resulted in residents facing difficulties in affording food, shelter, and other basic needs. In April 2020, the IRS sent out Economic Impact Payments for eligible taxpayers to provide financial relief to individuals and families.

**Food Insecurity**

- The COVID-19 pandemic increased food insecurity by reducing incomes and disrupting food supply chains. The NC Department of Health and Human Services and the NC Department of Public Instruction, with authorization from the United States Department of Agriculture, collaborated to develop the Pandemic Electronic Benefit Transfer (P-EBT) program. The P-EBT program helped families purchase food for children whose access to free or reduced-priced meals at school had been impacted by COVID-19. This impact resulted in students learning virtually, outside of brick-and-mortar schools, and also provided for families with young children and infants who needed extra help buying food.

## **Housing**

- The COVID-19 pandemic exacerbated housing instability. Individuals and families could not pay their rent, mortgage, or utility bills.
- In March 2020, Governor Cooper issued an Executive Order that prohibited utilities such as electric, gas, water, and wastewater services from being disconnected from customers who were unable to pay during the COVID-19 pandemic and from collecting fees, penalties, or interest for late payments.
- In May 2020, Governor Cooper implemented a moratorium on evictions. Research shows that eviction moratoriums help prevent the spread of COVID-19.
- To promote housing stability, the Housing Opportunities and Prevention of Evictions (HOPE) Program assisted residents facing financial hardship by providing rent and utility payments directly to landlords and utility companies. Homeowners were encouraged to contact their mortgage servicer for a mortgage payment forbearance.

## **Vaccine**

- In December 2020, Moderna and Pfizer-BioNTech released vaccines to combat the COVID-19 pandemic after receiving Emergency Use Authorization from the U.S. Food and Drug Administration. These vaccines were initially for health care workers and staff working directly with patients with COVID-19 and Long-Term Care staff and residents.

## **COVID-19 Variants**

- Viruses constantly change through mutation, and new variants of a virus are expected to occur. Sometimes new variants emerge and disappear. Other times, new variants persist. Multiple variants of the virus that causes COVID-19 have been documented in the United States and globally during this pandemic. The B.1.1.7 (Alpha) variant was first detected in the United States in December 2020. It was initially detected in the United Kingdom.

## **New/Paused/Discontinued Initiatives Since Last CHA**

- The initiatives outlined in our Long-Term and Short-Term Community Health Improvement Plans were paused since our last Community Health Needs Assessment in 2018 due to the COVID-19 pandemic.
- These strategies, activities, and pieces of training were focused on tobacco awareness and cessation, diabetes prevention, weight management, opioid misuse and awareness, and nutrition.