

REPORT OF COMMUNITY SERVICE AGENCIES PERCEPTIONS
OF
THE COMPREHENSIVE HEALTH INVESTMENT PROJECT (CHIP)

By
Susan B. Spofford

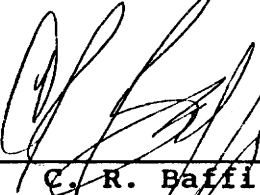
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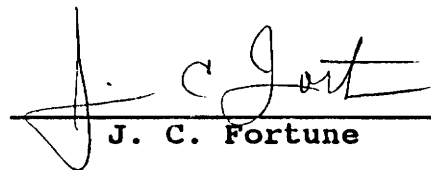
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ACKNOWLEDGEMENTS

A number of people contributed in important ways to the completion of this project. Foremost were my committee members: Kerry J. Redican, Ph.D., Associate Professor of Education, Virginia Tech, Blacksburg; Charles R. Baffi, Ph.D., Associate Professor of Education, Virginia Tech; and Jimmie C. Fortune, Ed.D., Professor of Education, Virginia Tech. Their advice, support, professional critiques and encouragement throughout my master's program are priceless. Each in his own way has helped me grow professionally as well as personally.

I wish to thank the staff of the Office of University Development at Virginia Tech for their understanding and flexibility in allowing me the time to meet with my project committee members when needed.

I thank my best friend Douglas Page for listening and for just being there for me. His daily support, encouragement, and wonderful sense of humor have been invaluable. I am truly grateful.

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Now I have completed yet another goal: obtaining a Master of Science in Community Health Education. Thank you for helping me to develop to the best of my ability. You never once left my side or the other end of the phone--and for that I will always be grateful!

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SECTION I

INTRODUCTION AND BACKGROUND

A. INTRODUCTION

Health care and health insurance coverage for Virginia residents are becoming increasingly problematic. With the recent recession and associated government cutbacks, many residents of the state have lost their jobs and health benefits, and also their ability to pay for health care costs out of pocket. In addition, there is the working poor, those who work full-time but end up just above the poverty level. Often, this segment of the population works for an hourly wage and with no fringe benefits (e.g., medical and retirement benefits), but since they are above the government defined poverty level, they do not qualify for either state or federal aid (Medicaid).

Nationally, the number of families that are unable to afford health care coverage is increasing at an alarming rate. Within the last fourteen years, 1977 to 1991, the number of children in the United States with no medical coverage at all has risen by 40 percent. In 1977, the number was approximately 8.1 million; by 1991, the number had risen to 11 million children (Wilder, 1991).

Virginia currently has more than 900,000 residents

Virginia currently has more than 900,000 residents without medical insurance. Of this total, 200,000 are children (Wilder, 1991). Governor Douglas Wilder of Virginia has identified this as a high priority problem and has appointed a special task force to investigate the situation. Since children are our most important resource, the emphasis is on increasing their overall levels of health. Preventive measures through early detection of illness contributes to a happier and healthy child. This provides a sounder basis for children to achieve their physical and intellectual potentials.

In addition to the state government's special concern for the well being of Virginia's children, the private sector also has an incentive to get involved. Everyone bears the cost of medical coverage for the uninsured child (Wilder, 1991). In his report, "Investing in Virginia's Future," Governor Wilder referred to three major areas: (1) medical bills become inflated to cover the cost of uncompensated care; (2) insurance costs escalate; and (3) taxpayers absorb the costs of delayed care (Wilder, 1991). The public and private sectors working together have the means to effect a reduction in medical costs and to provide medical care to the uninsured children of Virginia. The Comprehensive Health Investment Project (CHIP) is a project

that incorporates these ideas. This project has been in place in Roanoke, Virginia since 1988.

B. ROANOKE CITY: Social Diagnosis

Roanoke City is located in Southwest Virginia, 200 miles from the state capital of Richmond, Virginia. Roanoke is an independent city, run by the manager-council form of government whose members are elected by the people (Roanoke Regional Chamber of Commerce, 1991). Roanoke City is separate from Roanoke County with regard to government and statistical data. (Roanoke County is described in the next section.) The city encompasses 43.1 square miles and has a total population of 101,900 (U. S. Bureau of Census, 1988). The population is predominantly white. Seventy-seven percent of the population is composed of caucasians and 22 percent is black. The remaining 1 percent includes Asians, American Indians, and Hispanics (Table 1) (U. S. Bureau of Census, 1988).

The composition of households in Roanoke City is shown in Table 2. Single-person households make up a significant portion (27.9%), of the 40,023 total households in the city. This includes senior citizens and single professionals

TABLE 1: Population of Roanoke City (1988): Distribution by Race and Age Group

<u>Race Population</u>		<u>%</u>	<u>% Population by Age Group</u>	
White	73,463	77.0%	0-18 years	22.0%
Black	22,418	22.0%	18-24 years	9.6%
Spanish	713.4	0.7%	25-34 years	17.8%
<u>Other</u>	<u>305.7</u>	<u><0.4%</u>	35-49 years	17.4%
TOTAL	101,900	100.0%	50-over	33.2%
			MEDIAN AGE:	35.5 years

Source: U. S. Bureau of Census, 1988

TABLE 2: Composition of Households in Roanoke City

Total Number of Households:	40,023
Persons Per Household:	2.5
Single Headed Households:	27.9%
Female Headed Households:	14.4%

Source: U. S. Bureau of Census, 1988

(U. S. Bureau of Census, 1988). Female-headed households make up 14.4 percent of the total households in the city which indicates a trend towards the feminization of poverty in this district at this particular point in time.

About 70 percent of Roanoke City's adult residents have completed 12 years of education. Of the 63,844 persons 25 years and older used in calculating educational levels, 57.5 percent completed high school, and 12.5 percent attained four or more years of education beyond high school (U. S. Bureau of Census, 1988).

The median household income in the city is \$20,125 (The Roanoke Market, 1989). The percentages of households in different income categories are shown in Table 3. About 50 percent of the households in the city have annual incomes less than \$20,000.

Roanoke City residents are employed in retail trade, wholesale trade, and service industries throughout the city. In 1986 51,533 persons made up the labor force; 3,052 were unemployed, resulting in an unemployment rate of 5.6 percent (U. S. Bureau of Census, 1988). The Blue Ridge Regional Business Journal reports an unemployment rate of 4.2 percent in October 1990 (Warren, 1991). This rate in all likelihood has risen since the October 1990 figure and may be slightly higher due to the current recession, which has resulted in

TABLE 3: Income Distribution of Households in Roanoke City

<u>Income Category</u>	<u>% of Total</u>
\$9,999-under	23.1%
\$10,000-19,999	26.7%
\$20,000-34,999	26.3%
\$35,000-49,999	14.0%
\$50,000-over	9.9%

Source: The Roanoke Market, 1989

several business closings and employee layoffs.

Unemployment implies an increased demand for social services for individuals and families out of work. However, many social support services that normally would be available have been under funded for an extensive period of time and, since the state-wide recession began, have suffered cut-backs which has created even more serious funding shortages.

C. ROANOKE COUNTY: Social Diagnosis

Roanoke County surrounds Roanoke City; the city of Salem lies within its geographical boundaries (See the map in Appendix A). In comparison with surrounding counties, Roanoke County is urban in character. Based on United States Census data, the total population of the county in 1990 was 103,088, of which 48,846 were males (47.4%) and 54,242 were females (52.6%). The age distribution of the population of Roanoke County, is shown in Table 4.

Roanoke County is predominantly white. Ninety-six percent of the population is composed of caucasians, and 3 percent is black. The remaining 1 percent includes Asians, American Indians, and Hispanics. This is shown in Table 4 (U. S. Bureau of Census, 1990).

TABLE 4: Population of Roanoke County: Distribution by Race and Age Group

<u>Population</u>			<u>% Population By Age Group</u>	
		<u>%</u>		
White	98,993	96.0%	<5	5.6%
Black	3,086	3.0%	5-14	11.3%
<u>Other</u>	<u>1,009</u>	<u>1.0%</u>	15-24	16.5%
TOTAL	103,088	100.0%	25-34	16.9%
			35-44	11.4%
			45-54	10.0%
			55-64	11.3%
			65-74	9.6%
			>75	7.4%

Source: U. S. Bureau of Census, 1990

Of the total 39,516 households in Roanoke County, averaging 2.6 persons per household, 13.8 percent are headed by females. The remaining households, 29,296, are considered intact "family" dwellings (as defined by the 1990 Census). The median value of houses in Roanoke County is \$34,694; 45 percent of all households have 2 or more cars (Lease & Schuhmann, 1991).

Education levels in Roanoke County are a little higher than they are in Roanoke City; 60 percent of the population of Roanoke County residents have at least twelve years of education and 14 percent have sixteen years or more (U. S. Bureau of Census, 1990).

Income levels in Roanoke County also are higher than in Roanoke City. The median household income in the county is \$36,163, as compared with \$20,125 in Roanoke City, with only 5.2 percent of the population below the poverty level. The difference between the county and the city is especially noticeable in the free lunch program. Only 10 percent of Roanoke County school children receive free lunches, whereas 42 percent of Roanoke City students receive free lunches (Lease & Schuhmann, 1991).

As of September 1991, the unemployment rate in the county was 4.6 percent which is up from 3.8 percent one year earlier. If this rate is compared with the national unemployment rate of 6.4%, it would appear to be good. But

relative to historic Roanoke County unemployment rates, it is higher than usual.

D. CRAIG COUNTY: Social Diagnosis

Craig County borders Roanoke County on the northwest. The county covers a total of 336 square miles (or 216,040 acres) of woodlands and rolling farmland. It has a total population of 4,372, with 49.3 percent of the population male and 50.7 percent female (U. S. Bureau of Census, 1990). Craig County contains one small town, New Castle, which is the county seat. New Castle, the actual township, has a population of 200 and is the hub of the county for community service (U. S. Bureau of Census, 1990). The median family income in Craig County in 1986 was \$10,825, according to the 1986 census estimates.

Craig County is predominantly white. According to the 1980 Census, Craig County was composed of 99.6 percent caucasians, and 0.2 percent black; the remaining 0.2 percent include Asians, American Indians, and Hispanics (Table 5).

According to the 1990 Census, 2,171 of Craig County's 4,372 population comprised the civilian labor force; 5.2 percent of that labor force (113) were unemployed. Fifty percent of the work force in the county travels outside of

TABLE 5: Population of Craig County: Distribution By Race

	<u>Population</u>	<u>%</u>
White	4,354	99.6%
Black	8	0.2%
<u>Other</u>	<u>10</u>	<u>0.2%</u>
TOTAL	4,372	100.0%

Source: U. S. Bureau of Census, 1980

Craig for work with an average trip of 30 minutes. Roanoke County is the number one employer with Montgomery County a close second. Other employment localities include: Roanoke City, City of Salem, Botetourt County, Giles County and Alleghany County.

Craig County has no hospital. There is one courthouse, one clinic, one dentist, and one drugstore. For the most part, residents rely on neighboring communities for medical services, and other provisions.

I was unable to acquire up-to-date economic data from the Craig County Clerk's office.

E. COMPREHENSIVE HEALTH INVESTMENT PROJECT (CHIP)

The Comprehensive Health Investment Project (CHIP) began in 1988 with a grant of \$118,000 from the State Division of Maternal and Child Health to the Roanoke City Health Department. It has subsequently been augmented by a grant from the W. K. Kellogg Foundation. CHIP has used these funds to hire public health nurses (PHNs) and outreach workers, and to reimburse participating physicians for services associated with the program. CHIP services Roanoke City, Roanoke County, and Craig County, as shown in the map in Appendix A. The CHIP program focuses on children up to

eight years of age who do not qualify for Medicaid because family incomes are above the poverty level. To implement the program, CHIP formed close ties with the Roanoke City Health Department, the Roanoke County Health Department, Total Action Against Poverty (TAP), local physicians, and Blue Cross/Blue Shield of Virginia (Table 6).

To enroll in the CHIP program, children must be referred by a health service agency within the Roanoke area. Upon referral, the family is evaluated to see if it meets the requirements of enrollment which are based on family income level and residency. Once a family is enrolled in the program, a formal needs assessment is administered by the outreach workers. This is where CHIP looks for other areas that also may need addressing. Examples include: housing, transportation to and from appointments, heating assistance, and parenting skills. When needs are identified, intervention strategies are developed and implemented by the public health nurses and outreach workers. Follow up visits are conducted to make sure the families have adhered to their program and to answer any questions they might have.

CHIP works toward building family unity, which is central to most interventions, and maintaining the dignity of the families that participate in the program. The program accomplishes this by teaching parent(s) the skills

TABLE 6: Summary of Contributions Made by Community Agencies in the Roanoke Area.

<u>Community Agency:</u>	<u>Contribution:</u>
Roanoke City Health Department	Public Health Nurses provide case management.
Roanoke County Health Department	Public Health Nurses provide case management.
Total Action Against Poverty (TAP)	A community agency that assists families that boarder and are at poverty level.
Local Physicians	Provide health services on a personal basis to children who participate in the program.
Blue Cross/Blue Shield of Virginia	Assist in a variety of ways, such as donations, gift-in-kind contributions, information systems planning, and direct financial support.

Source: Wilder, 1991; Pierce, 1990

they will need in order for the families to become self-sufficient. This, in turn, provides the necessary family environment for children to reach their individual potentials.

The main idea of the program is to provide healthy children with routine medical examinations by the same family physician. The intent is to identify potential illnesses early such that negative health effects will be minimized. CHIP also refers individuals, as well as entire families, to other community services when deemed necessary (e.g., mental health clinics, drug/alcohol dependency programs, WIC and food stamps).

At the current time, approximately 900 children throughout the Roanoke Valley are receiving case management and health care services offered by CHIP.

F. STATEMENT OF PURPOSE

The purpose of this project is to evaluate the perceptions of community service agencies in the Roanoke Valley of the value of the Comprehensive Health Investment Project (CHIP).

G. DEFINITION OF TERMS AND ACRONYMS

The following definitions of terms and acronyms will assist and aid in understanding the elements of this project:

CHIP-Comprehensive Health Investment Project.

PHN-Public Health Nurse.

WIC-Special supplemental food program for Women,
Infants, and Children

H. PROCEDURE

A list of the community service agencies to be surveyed by this project was compiled by CHIP outreach workers. A memorandum explaining the purpose of the project and assessment procedure, and a set of blank contact sheets were given to the CHIP staff in November 1991. A copy of the memorandum and contact sheet is provided in Appendix B. The staff was asked to list all agencies to which CHIP clients were referred, or and all agencies that referred clients to CHIP. The CHIP outreach workers were asked to complete the contact sheets by the week of December 9, 1991, so that an initial mailing list could be compiled. A first draft of the mailing list was produced at that time. Outreach

workers were asked to edit the mailing list and to add last minute agencies. The responses of the outreach workers is provided in Appendix B. The Forty-four community service agencies that were identified are provided in Appendix C.

A questionnaire was designed (Appendix D) and on February 25, 1992 was mailed to all 44 agencies on the list. By March 6, 1992, 17 of the original 44 agencies had returned this questionnaire. A reminder postcard was mailed on March 6, 1992. By March 16, 1992, 9 more surveys had been returned, for a total of 26 questionnaires (representing a return rate of 59 percent).

SECTION II

PROJECT FINDINGS AND DISCUSSION

A. PROJECT FINDINGS

The findings of the survey (questionnaire) administered to the forty-four community service agencies are summarized in this section and illustrated in Table 7.

Of the twenty-six community service agencies surveyed, 25 (or 96.2%) reported being familiar with the Comprehensive Health Investment Project (CHIP). Only one agency (3.8%) had no knowledge or very little knowledge of the program. Twenty of the agencies (or 76.9%) have worked in conjunction with CHIP on a regular basis within the last twelve months.

When asked to characterize their interaction with CHIP, using a rating scale of excellent, good, fair, and poor, 22 agencies (84.6%) rated their interaction as excellent or good. The remaining 4 agencies (15.4%) either answered not applicable or elected to leave the question blank. No agency returned a "fair" or "poor" rating.

With regard to viewing CHIP as providing a useful service, 24 agencies (92.3%) responded positively. The two remaining (7.7%) elected to leave the question blank.

When asked what CHIP services the agencies were familiar with, 25 of the agencies (96.2%) that returned the

TABLE 7: RESULTS OF COMMUNITY AGENCY SURVEY

Mailed to:	44 Agencies
Response:	26 Agencies
Response Rate:	59.1% (26/44)

Are you familiar with the Comprehensive Health Investment Project?

Yes	96.2%	(25/26)
No	3.8%	(1/26)

During the past 12 months, have you worked with CHIP?

Yes	79.9%	(20/26)
No	15.4%	(4/26)
NA	7.7%	(2/26)

How would you characterize your interaction with CHIP?

Excellent	57.7%	(15/26)
Good	26.9%	(4/26)
Fair	0.0%	
Poor	0.0%	
NA	15.4%	(4/26)

Do you think that CHIP provides a useful service?

Yes	92.3%	(24/26)
No	0.0%	
NA	7.7%	(2/26)

Do you feel that CHIP duplicates services that your agency provides?

Yes	15.4%	(4/26)
No	84.6%	(22/26)

Have you found CHIP easy to work with?

Yes	88.5%	(23/26)
No	0.0%	
NA	11.5%	(3/26)

survey were able to articulate the basic services provided by CHIP. Examples of their responses include: (1) CHIP uses a referral basis for entrance into the program; (2) CHIP maintains health records and offers comprehensive medical care; (3) CHIP provides home visits, transportation and family education round out the program offerings; and lastly, referrals to special agencies for additional interventions (e.g., formal counseling and training in occupational skills).

Of the twenty-six agencies that responded to the survey, 22 or 84.6% felt that CHIP did not duplicate the services provided by their agency. The remaining 4 agencies (15.4%) felt that CHIP did provide similar services, but that CHIP services did not overlap with their programs. In fact, these agencies felt that CHIP and their agency complimented one another. With such a response to CHIP, these four agencies should have answered "no" to the question. Which would bring the total agencies that felt that CHIP did not duplicate services provided by another agency to 26 (or 100% of those who responded).

The majority of the agencies returning the questionnaire (88.5%) feel that the CHIP staff is easy to work with. No agency expressed difficulty in working with CHIP staff.

In regard to the question concerning "...what changes would you make in CHIP if you could?", all the agencies that responded to the survey basically said the same thing. They would like to see the program expanded by: (1) increasing the size of the CHIP staff to meet the needs of the target population; (2) raising the maximum age from 8 years to 10 or 12 years; (3) increasing the visibility of the program within the community through advertising and more public relations outreach; and (4) accepting children of qualified families within the program in a more timely fashion, or providing an alternative program during the interim period.

B. DISCUSSION AND RECOMMENDATIONS

Overall, the community service agencies in the Roanoke City, Roanoke County and Craig County that work with CHIP view the project in a positive light and feel CHIP makes a valuable contribution to the community. CHIP is designed to help children with needs, but who would not otherwise qualify for social services provided by the state or federal government. According to the agencies that responded to the survey, the benefits of the program are substantial and both individuals and families are thriving. Several families have increased their earning potential through newly

acquired occupational skills. The overall health status of the children participating in the program has increased. Finally, the families who participate in the program view this service as an opportunity to improve their lot without losing their dignity or sacrificing family values.

Based on the findings of the survey of community service agencies in the Roanoke Valley, a more complete assessment of CHIP seems warranted with the goal of expanding the services provided by the program. Specifically, the following recommendations are made:

(1) Follow-up (personal) interviews should be conducted with the 18 community service agencies that did not respond to the original survey. Ideally, interviews should be conducted with all forty-four community service agencies on the original list (Appendix C) to learn more about specific benefits of the program. This is necessary because (a) the return rate on the mail survey was 59 percent (26 responses out of 44), and (b) a mail survey can provide general indications and impressions, but cannot provide the detailed information and personal exchange needed to better understand and assess the program and to make specific recommendations for change.

(2) Interviews should be conducted with the public health nurses and outreach workers associated with CHIP to learn more about specific benefits of the program on a case-

by-case basis. This information would be mostly anecdotal, but it would assist in the design of a more systematic and objective evaluation of CHIP with an aim toward improving the services provided by CHIP.

(3) Interviews should be conducted with the family physicians participating in CHIP to learn more about the benefits of the program on a case-by case basis and also about the health care needs of the population residing in the Roanoke Valley that are not now being met by CHIP or other state or federal programs. This information would be mostly anecdotal, but it would assist in the design of a more systematic and objective evaluation of CHIP with the aim of improving the services provided by CHIP.

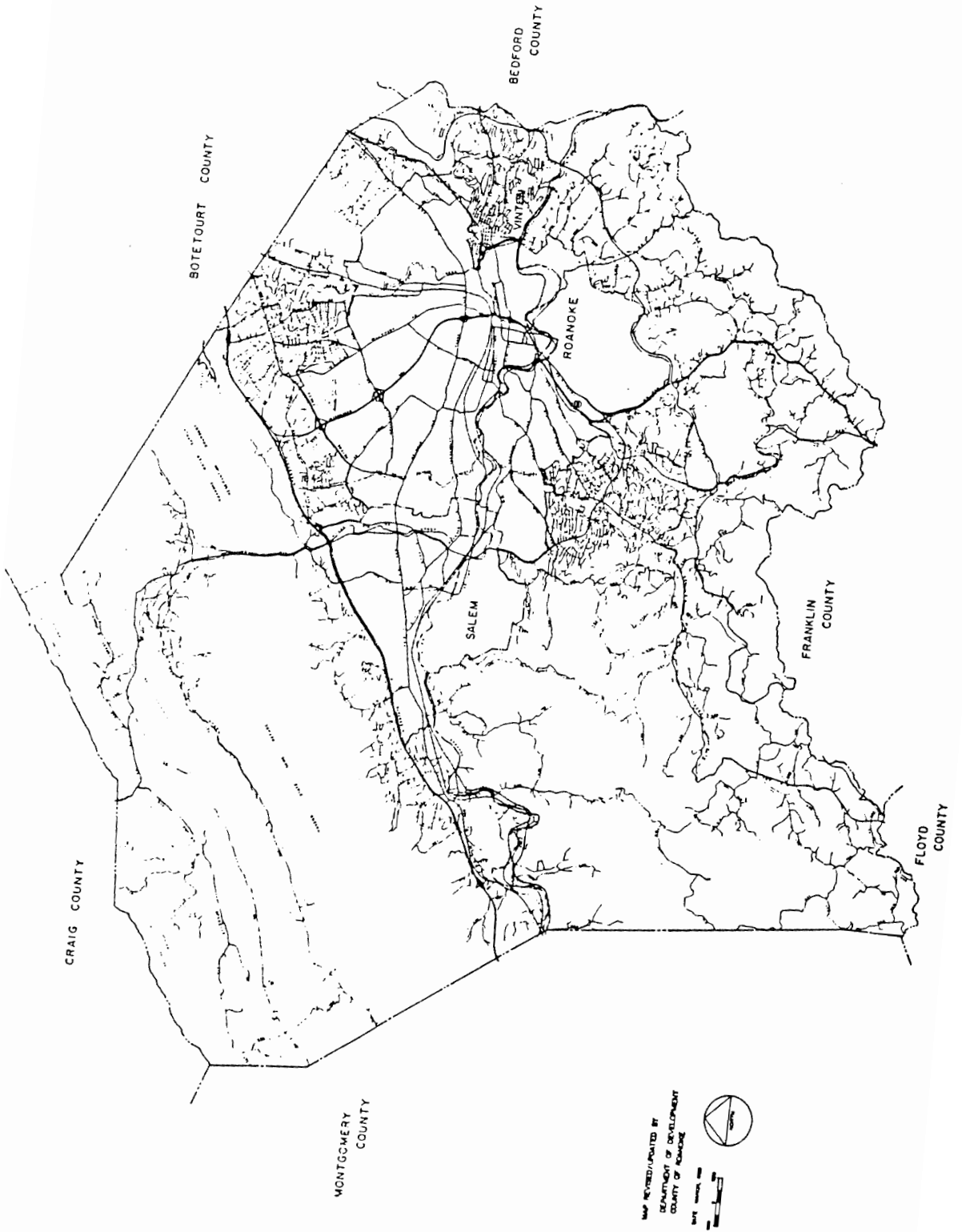
(4) A study should be designed to assess the costs and benefits of CHIP, including an estimate of the future health cost savings attributable to CHIP. The results of this study will be needed for fundraising for the program to justify (a) continuation of the existing program, and (b) expansion of the program to include currently unmet needs. It will be important to demonstrate that CHIP is cost-effective in providing health care services to a segment of the population that otherwise falls in between existing state and federal health care programs.

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APPENDIX A.

Map of the Areas that CHIP Serves



APPENDIX B.

**Original Memo Sent to CHIP Staff
Responses From CHIP Staff to the Memo**

VIRGINIA TECH

Virginia Polytechnic Institute and State University

COLLEGE OF EDUCATION
Division of Health and Physical Education

BLACKSBURG, VIRGINIA 24061-0326
(703) 231-8285

MEMORANDUM

TO: CHIP Staff
FROM: Kerry Redican
DATE: November 20, 1991
SUBJECT: Agency Survey

We have developed a short questionnaire to determine CHIP's effectiveness as perceived by members of community health and social agencies.

We are asking your help in identifying these agencies. These can be agencies that you refer clients to for services or agencies that are commonly used by clients with or without CHIP.

We would appreciate it if you would list, on the attached sheets, the agencies you think we should survey. The more complete your listing in terms of address and contact person, the easier it will be for us. If you need more space feel free to use blank paper.

Please put your completed sheet in the same place you put your Medicaid informed consent forms. We will be picking up the completed sheets the week of December 9.

Thanks once again for your help and cooperation.

Attachment
bcfz

CONTACT SHEET

COUNTY	AGENCY	ADDRESS	PHONE #	CONTACT PERSON

CONTACT SHEET

COUNTY	AGENCY	ADDRESS	PHONE #	CONTACT PERSON
Roanoke City	✓ Health Dept.	505 3rd Street	857-7544 857-7600	Linda Hildgens
Roanoke City	✓ Caring & Helping Hands	315 24th Street	344-1018	Mrs. MacKenzie
"	✓ REACH	Grandin Ct. Elem. 2815 Spessard Ave. SW.	981-2801 / 981-2608	LA Elin + VIVIAN BARKER
"	✓ RISK	1201 Franklin Rd. SW	982-3689	Gail Pagnan
"	✓ Eastern Seaboard	9941 Williamson Rd.	362-1656	Suzanne Knight
"	✓ St. Francis House	874 Campbell Ave SW	345-9090	Bileen
"	✓ YWCA Parents Place	425 Church Ave.	343-2476	N/A
"	✓ B.A.M.	824 Campbell Ave SW	345-8950	981-1732 - Darning -
"	✓ S.E. Protestant Center	1228 Jamison Ave SE.	982-2911	N/A
"	✓ Catholic Family & Children Services	820 Campbell Ave. SW.	344-5107	N/A
"	✓ Education Among Free Clinics	Dale Ave. SE.	343-5335	Mrs. Blankenship
Roanoke City	✓	1240 3rd St. SW.	344-5156	N/A
"	✓ Rescue Mission 481 4th St. SE	345-0829 Thru 1st St. E	343-7227	Patty Wood
"	✓ Health Dept	1701 Shenandoah Ave	345-3502	Quinn Peterson
Roanoke City	✓ Baptist Friendship House	635 Elm Ave SW.	343-5437	Marylou Whiteford
Roanoke City	✓ Family Service	3208 Hershberger Rd. NW.	563-5314	Tom Davidson
"	✓ JWC	2617 Bluestone NE.	857-7190	N/A

CONTACT SHEET

COUNTY	AGENCY	ADDRESS	PHONE #	CONTACT PERSON
*Roanoke City	X Health Dept. D. SS. - Turner Program Battered Women's Offices	515 8th St. SW 24014 - 210 Church Ave. (Turning Point)	857-7600 981-2664 345-0400 981-7000	Andrea Rykoff Nurse Manager Debbie Henderson ? Nancy Annick Punkat's Ed
Roanoke City	St John's Church	Jefferson + Elm Ave	Have to go to person	?
Roanoke City/County	Good Neighbor Fund.	Franklin		
Craig County	Dept Social Service			
Craig County	Craig Co Health Dept.			
Roanoke County	Roanoke Health Dept			Arma Kennedy Superintendent

CONTACT SHEET

COUNTY	AGENCY	ADDRESS	PHONE #	CONTACT PERSON
Roanoke City	Planning Point Farmers Home Administration	— P.O. Box 185 Dadeville, Va.	345 - 0400 922 - 1458	Wade Young
"	I.L.C. - Transnational Living Center	23 24th St. NW	345 - 7537	
"	Parental Health	301 Elm Ave. SW	345 - 4341	
"	Social Services	210 Church Ave. SW Atlanta	931 - 2571 857 - 7920	Wanda Helton
"	St. John's Episcopal Church	501 Colonial Ave. SW	343 - 9341	Mr. Johnson
"	TAP	Campbell Ave.	952 - 3559 342 - 1861 345 - 6781	IGED. Clinton Perkins Project Planning - Domestic Planning - Lyndia Hays
Roanoke	Water Project	Peterson Circle Rd.	345 - 1154	Sergey Hill
"	Legal Aid	416 Campbell Ave SW	344-2080 931 - 2361	
"	Housing Authority	2024 Salem Turnpike NW	983-9251	Willa Perkins
Information	Green Memorial United Methodist Church	402 2nd Street SW	344-6715	Mr. Carter (underwood)

Roanoke
Roanoke

✓ Consumer Credit Counseling 302 B. Peters Blvd. 563-0076
✓ Information & Referral Center M/H 982-2345

County	Agency	Address	Phone #	Contact Person
	✓ Child Develop- ment Clinic	210 Church Ave SW Rte, VA 24016	857-7197	
	✓ Children's Specialty Services	Ste 106, 213 McCowan St SW Rte VA 24014	857-7039	Kyle Spilke
	✓ Catholic Family Svcs	820 Campbell Ave SW Rte 24016	344-5107	Paula Harris
	✓ Dental Salina Optometrist	2222 Electric Rd SW Rte	774-8007	
City	✓ Monterey Elem School	4501 Ocean Rd NE Rural	981-2933	Mr Bell

CONTACT SHEET

COUNTY	AGENCY	ADDRESS	PHONE #	CONTACT PERSON
Craig Co.	<input checked="" type="checkbox"/> Health Dept	Main Street New Castle P.O. Box 6 24127	703-864-5136	Nancy Surface - OSS Pat - PHN
Craig Co.	<input checked="" type="checkbox"/> Animal Services	Main Street New Castle	864-5117	Bill Walker B. Hy Hoffman
Craig Co.	<input checked="" type="checkbox"/> Headstart Teachers		864-5663	Joyce Gillingham
Roanoke City	<input checked="" type="checkbox"/> St. Francis Hosp	824 824 Campbell Ave Rtc	345-9090	Eileen
Roanoke City	<input checked="" type="checkbox"/> Exhibition Army	824 824 724 Dale Ave SE Rtc	343-5335	Mrs. Blankenship
Roanoke City	<input checked="" type="checkbox"/> Police House	874 Campbell Ave. Rtc	395-8890	Various

APPENDIX C.

List of Contact Agencies

CONTACTS

CRAIG COUNTY

Craig County Department
of Social Services
P. O. Box 330
New Castle, Virginia 24127
(703) 864-5117

Bill Wilcher-Director
Betsy Hoffman-Food Stamps
Judy Burleson-Medicaid

Craig County Health
Department
P. O. Box 6 Main Street
New Castle, Virginia 24127
(703) 864-5136

Nancy Surface-OSS
Pat-PHN

Craig County Headstart
Teachers(3)
Joyce Gillingham
P. O. Box 354
New Castle, Virginia 24127
(703) 864-5663 Home Phone

Joyce Medley
P. O. Box 88
New Castle, Virginia 24127

Helena Arthur
Route 2, Box 96 B
New Castle, Virginia 24127

ROANOKE CITY

Health Department
515 8th Street
Roanoke, Virginia 24016
(703) 857-7539
(703) 857-7600

Linda Hudgins
Sandra Ryols, Nurse Manager

Mr. McDaniel

Caring & Helping Hands
 Street Address:
 315 24th Street, NW
 Roanoke, Virginia 24017
 (703) 344-1048
 Mailing Address:
 Caring & Helping Hands
 P. O. Box 6035
 Roanoke, Virginia 24017

REACH
 Grandin Court Elementary
 2815 Spessard Avenue, SW
 Roanoke, Virginia 24015
 (703) 981-2867
 (703) 981-2608

Alice/ Vivian Barnes

Risk
 1201 Franklin Road, SW
 Roanoke, Virginia 24016
 (703) 982-3689

Gail Paysour

Easter Seals
 Street Address:
 4841 Williamson Road, NW
 Roanoke, Virginia 24012
 (703) 362-1656

Susan Knight

Mailing Address:
 Easter Seals
 P. O. Box 5496
 Roanoke, Virginia 24012

St. Francis House
 824 Campbell Avenue, SW
 Roanoke, Virginia 24013
 (703) 345-9090

Eileen

YMCA Parents Place
425 Church Avenue, SW
Roanoke, Virginia 24016
(703)343-2476

Patty Moore

Roanoke Area Ministries
R.A.M. House
824 Campbell Avenue, SW
Room 5
Roanoke, Virginia 24016
(703) 345-8850

Danny (703) 981-1732

S. E. Presbyterian Center N/A
1228 Jamison Avenue, SE
Roanoke, Virginia 24013
(703) 982-2911

Catholic Charities of Southwestern VA, Inc.
Catholic Family & Children's Services
820 Campbell Avenue, SW
Roanoke, Virginia 24016
(703) 344-5107

Paula Harris

Salvation Army
724 Dale Avenue, SE
Roanoke, Virginia 24013
(703) 343-5335

Mrs. Blankenship

Free Clinic
1240 3rd Street, SW
Roanoke, Virginia 24016
(703) 344-5156

N/A

The Rescue Mission of Roanoke, Inc. Patty Ward
Street Address:
402 4th Street, SE
Roanoke, Virginia 24013
(703) 343-7227
(703) 345-0829 Thrift Store

Mailing Address:

P. O. Box 525

Roanoke, Virginia 24003-0525

Head Start

1701 Shenandoah Avenue

Roanoke, Virginia 24001

(703) 345-3502

Louise Anderson

Baptist Friendship House

635 Elm Avenue, SW

Roanoke, Virginia 24016

(703) 343-5437

MaryLou Whiteford

Family Service

3208 Hershberger Road, NW

Roanoke, Virginia 24017

(703) 563-5316

Pam Davidson

Roanoke City WIC

2617 Blue Stone Avenue, NE

Roanoke, Virginia 24012

(703) 857-7190

N/A

Roanoke Memorial Hospital

Street Address:

Bellevue Avenue & Jefferson Street, SE

Roanoke, Virginia 24033

(703) 981-7000

Nancy Amick, Perinatal Social Worker

Mailing Address:

P. O. Box 13367

Roanoke, Virginia 24033

St. John's Church

Jefferson & Elm Avenue

Roanoke, Virginia

(Must go in person)

(?)

The Salvation Army, Turning Point
815 Salem Avenue, SW
Roanoke, Virginia 24016
(703) 345-0400

Darlene Young
Battered Women's Shelter

Farmers Home Administration
P. O. Box 125
Daleville, Virginia 24083
(703) 992-1458

(?)

Transition Living Center For The Homeless (TLC)
23 24th Street, NW
Roanoke, Virginia 24017
(703) 345-7537

Mental Health
301 Elm Avenue, SW
Roanoke, Virginia 24016
(703) 345-9841

(?)

State Department of Social Services, Piedmont Region
Commonwealth of Virginia Building
Suite 100
210 Church Avenue, SW
Roanoke, Virginia 24011
(703) 857-7920

Warren Holdren

Roanoke City Social Services
Program)
215 West Church Avenue
Room 307
Roanoke, Virginia 24011
(703)981-2591

Debbie Henderson (Teen Pregnancy

St. John's Episcopal Church
5004 Colonial Avenue, SW
Roanoke, Virginia 24018
(703) 343-9341

Mr. Johnson

TAP

403 West Campbell Avenue

Roanoke, Virginia 24016

(703) 982-3859

(703) 342-1861

(703) 345-6781

Virginia Water Project

Street Address:

1314 Peter's Creek Road

Suite 210

Roanoke, Virginia 24017

(703) 345-1184

Mailing Address:

P. O. Box 6659

Roanoke, Virginia 24017

Legal Aid

416 Campbell Avenue, SW

Roanoke, Virginia 24016

(703) 344-2088

Housing Authority

Street Address:

2624 Salem Turnpike, NW

Roanoke, Virginia 24017

(703) 983-9281

Mailing Address:

P. O. Box 6359

Roanoke, Virginia 24017

Green Memorial United

Methodist Church

Street Address:

402 2nd Street, SW

Roanoke, Virginia 24007-1305

(703) 344-6225

G.E.D. -Gloria Perkins

Project Discovery-Deanna Hunt

Housing-Linda Hagle

Joyce Hill

(?)

Hilda Perdue

Brenda Underwood

Mailing Address:

P. O. Box 1305

Roanoke, Virginia 24007-1305

Consumer Credit Counseling

(?)

3102 B Peter's Creek Road, NW

Roanoke, Virginia 24019

(703) 563-0076

**Council of Community Services
Information and Referral Center****Street Address:**

502 Campbell Avenue, SW

Roanoke, Virginia 24011

(703) 982-2345

Mailing Address:

P. O. Box 598

Roanoke, Virginia 24004

Child Development Clinic

(?)

210 Church Street, SW

Roanoke, Virginia 24016

(703) 857-7197

**Children's Specialty
Services**

Gale Updike

213 McClanahan Street, SW

Suite 106

Roanoke, Virginia 24014

(703) 857-7229

Dr. Karl Saliba (Optometrist)

222 Electric Road, SW

Roanoke, Virginia 24018

(703) 774-8007

Monterey Elementary School
4501 Olive Road, NE
Roanoke, Virginia 24012
(703) 981-2933

APPENDIX D.
Cover Letter and Survey



College of Education

110 War Memorial Hall
Blacksburg, Virginia 24061-0326
(703) 231-8285

February 24, 1992

Dear Agency Administrator/Contact Person:

The Comprehensive Health Investment Project (CHIP) has been implemented for the past couple of years. As project evaluators, we have been examining the impact of CHIP on many different variables. It is too early at this point to identify significant changes in these variables attributable to CHIP.

As part of our evaluation, we would like to collect and analyze perceptions of community agency personnel regarding CHIP. We feel that networking with community agencies is a key element of CHIP, and their perceptions regarding CHIP, represent a strategic part of the evaluation process.

We certainly hope that you would be willing to respond to the enclosed brief questionnaire. Again, your perceptions are an important part of this evaluation. Once completed, it can be returned to us in the SASE. The responses will be kept confidential, only aggregate information will be reported.

Thank you, in advance, for your cooperation. We look forward to receiving the completed questionnaire.

Sincerely,

Kerry J. Redican, MPH, Ph.D.
Associate ProfessorCharles R. Baffi, MPH, Ph.D.
Associate Professor

COMMUNITY AGENCY SURVEY
(CHIP)

Type of Community Agency _____

Nature of Relationship (if any) with CHIP _____

County in Which Agency is Located _____

1. Are you familiar with the Comprehensive Health Investment Project (CHIP)?
- ☐ Yes
- ☐ No

If No, please stop and return this inventory in SASE. Thank You.

2. During the past 12 months, have you worked with CHIP?
- ☐ Yes
- ☐ No

3. How would you characterize your interaction with CHIP?
- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

4. Do you think that CHIP provides a useful service?
- ☐ Yes
- ☐ No

5. Specifically, what CHIP services are you familiar with or received?

Continued on page 2

6. Do you feel that CHIP duplicates services that your agency provides?

☐ Yes
☐ No

If yes, which ones? _____

7. Have you found CHIP easy to work with?

☐ Yes
☐ No If not, why not? _____

8. If you had the opportunity to change CHIP in any way, what change(s) would you make?

Thank you for your help.