



Community Health Action Plan 14-15 (year)

Designed to address Community Health Assessment priorities (Form updated July 2015)

*Two priorities identified during the 2014 CHA process are required to be addressed. Each priority should have a separate "Community Health Action Plan". Action plans are due by **the first Monday in September following the March submission of the CHA, per consolidated agreement.***

<http://publichealth.nc.gov/employees/forms/contracts/agreementAddenda/FY15ConsolidatedAgmt.pdf>

County: Appalachian District (Alleghany, Ashe, and Watauga Counties) **Period Covered:** July 1, 2015-June 30, 2017

Partnership/Health Steering Committee, if applicable:

- **Ashe County:** Ashe Health Alliance; Ashe Memorial Hospital; Western Youth Network; Ashe County Schools School Health Advisory Council; Western Youth Network
- **Alleghany County:** Alleghany County Health Advisory Council; Alleghany Memorial Hospital; Alleghany County Schools; Western Youth Network
- **Watauga County:** High County United Way; Watauga County Schools Health Advisory Council; Appalachian Regional Healthcare System; Western Youth Network

Community Health Priority identified in the most recent CHA: Chronic Disease Management and Awareness

Local Community Objective: **(Working description/name of community objective)**

By June 30, 2017, increase the 100% tobacco free grounds policies, practice, and environmental changes to support prevention of tobacco use for youth and adults from 2 to 4.

By June 30, 2017, decrease the amount of adults aged 18-65 years old who are pre-diabetic by 1%.

(check one): **New** **Ongoing** (addressed in previous Action Plan)

■ **Baseline Data:** (State measure/numerical value. Include date and source of current information):

Ashe County:

- According to the 2015 NCSCSHS, the 3 top causes of death are: 1. heart disease at 170.8 per 100,000 deaths, 2. Cancer at 164.4 per 100,000 deaths, and 3. COPD at 60.8 per 100,000 deaths.
- According to the 2014-15 CHA, 43% of community members noted tobacco use to be the 4th highest substance abuse concern for Ashe County.
- According to the 2014-15 CHA, the top 3 most important community health problems that have the greatest impact on the community were: alcohol/drug use 64%; cancers 43%; mental health problems 30%; aging problems 28%; and heart disease/stroke 23%.
- Along with traditional forms of tobacco use, another trend that is emerging in the community is electronic nicotine delivery systems (ENDS), which may be better known as e-cigarettes or some other form. There is much that is unknown about the potential harms that may come as a result of the use of ENDS, but the Office on Smoking and Health of the Centers for Disease Control and Prevention note: “Smoking is by far the leading cause of preventable death in the U.S., causing nearly 500,000 premature deaths each year, including 42,000 deaths caused by secondhand smoke exposure (DHHS, 2014).
- According to the NC SCCHS 2014, 19.2 per 100,000 of adult deaths were from diabetes.

Alleghany County:

- According to the 2014 NCSCSHS, the 3 top causes of death are: disease of the heart, total cancer and COPD.
- According to the 2014-15 CHA, 48% of community members noted tobacco use to be 4th highest substance abuse concern for Alleghany County.
- According to the 2014-15 CHA, the top 3 most important community health problems that have the greatest impact on the community were: alcohol or drug use 63%, Cancers 53%, Aging problems 33%, Mental health problems 25%, and Heart disease/stroke 19%.
- Community members who participated in the survey pointed out the connection between poor eating habits, being overweight, lack of exercise, and tobacco use as impactful aspects of overall community health problems. In addition, most supported the notion of providing recreational and active living opportunities in the community, tobacco free environments like workplaces, parks, and other public venues beyond restaurants and bars.
- Along with traditional forms of tobacco use, another trend that is emerging in the community is electronic nicotine delivery systems (ENDS), which may be better known as e-cigarettes or some other form. There is much that is unknown about the potential harms that may come as a result of the use of ENDS, but the Office on Smoking and Health of the Centers for Disease Control and Prevention note: “Smoking is by far the leading cause of preventable death in the U.S., causing nearly 500,000 premature deaths each year, including 42,000 deaths caused by secondhand smoke exposure (DHHS, 2014).
- According to the 2011 BRFSS, the prevalence rate of diabetes in Alleghany County in 2010 was 11.4%, which is higher than the NC rate of 9.3%.

Watauga County:

- According to the 2014 NCSCSHS, the 3 top causes of death are: heart disease, total cancer and COPD.
- According to the 2014-15 CHA, 48% of community members noted tobacco use to be the 4th substance abuse concern for Watauga County.
- According to the 2014-15 CHA, the top 3 most important community health problems that have the greatest impact on the community were: alcohol or drug use 62%, Mental health problems 47%, Cancers 25%, Diabetes 22%, Heart disease/stroke 20%, Domestic Violence 19%, Aging problems 19%, and Child Abuse/Neglect 18%.

- Along with traditional forms of tobacco use, another trend that is emerging in the community is electronic nicotine delivery systems (ENDS), which may be better known as e-cigarettes or some other form. There is much that is unknown about the potential harms that may come as a result of the use of ENDS, but the Office on Smoking and Health of the Centers for Disease Control and Prevention note: “Smoking is by far the leading cause of preventable death in the U.S., causing nearly 500,000 premature deaths each year, including 42,000 deaths caused by secondhand smoke exposure (DHHS, 2014).
- The percentage of adults age 20+ years that have been diagnosed with diabetes in Watauga County is 8.4% (CDC, National Center for Chronic Disease Prevention and Health Promotion, 2012).

■ **For continuing objective provide the updated information:** *(State measure/numerical value. Include date and source of current information):*

■ **Healthy NC 2020 Objective** that most closely aligns with focus area chosen below:

- Decrease the percentage of high school students reporting current use of any tobacco product.
- Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days.
- Decrease the percentage of adults with diabetes.

Population(s)

I. **Describe the local population at risk for health problems related to this local community objective:** *(Examples of factors placing populations at risk for disparities include race, ethnicity, gender, age, income, insurance status, and geographical location.)*

- a. Low socioeconomic populations, children, adolescents, key populations, LGBTQ, status of family, environmental risk factors include accessibility and availability of tobacco products, cigarette advertising and promotion, the price of tobacco products, perceptions that tobacco use is normative, use and approval of tobacco use by peers and siblings, and lack of parental involvement. Personal risk factors include poor self-image and low self-esteem relative to peers, the belief that tobacco use is functional (useful or providing a benefit), and lack of confidence in one's ability to refuse an offer to use tobacco (USDHHS, 1994, 2000)
- b. Pre-diabetic and those with diabetes populations

II. **Describe the target population specific to this action plan:**

A. Total number of persons in the target population specific to this action plan:

a. Tobacco: (the total population will be effected by this action plan)

1. Ashe County: 27,151
2. Alleghany County: 11,046

b. Diabetes Prevention:

1. Ashe County: 5, 218 (adults diagnosed obesity prevalence estimate trend, 2011)
2. Alleghany County: 2, 146 (adults diagnosed obesity estimated prevalence, 2010)
3. Watauga County: 10, 110 (adults diagnosed obesity prevalence estimate trend, 2011)

B. Total number of persons in the target population to be reached by this action plan:

a. Tobacco: Approximately 9,550 {Ashe (6,788); Alleghany (2,762)}

b. Diabetes Prevention: Approximately 4,370 {Ashe (1,305); Alleghany (537); Watauga (2,528)}

C. Calculate the impact of this action plan:

25% of each approximate target population will be impacted by this action plan:

Healthy North Carolina 2020 Focus Area Addressed: Each of the two CHA priorities selected for submission must have a corresponding *Healthy NC 2020* focus area that aligns with your local community objectives.

■ **Check below the applicable Healthy NC 2020 focus area(s) for this action plan.**

For more detailed information and explanation of each focus area, please visit the following websites:

<http://publichealth.nc.gov/hnc2020/foesummary.htm>

<http://publichealth.nc.gov/hnc2020/>

Tobacco Use

Physical Activity & Nutrition

Injury

Sexually Transmitted

Diseases/Unintended

Pregnancy

Maternal & Infant Health

Substance Abuse

Mental Health

Infectious Disease/Foodborne

Illness

Oral Health

Social Determinants of Health

Environmental Health

Chronic Disease

Cross-cutting

Evidence Based Strategy/Intervention (EBS) Table: Researching effective strategies/interventions

List 3-5 evidence-based interventions (proven to effectively address this priority issue) that seem the most suitable for your community and/or target group.
(Insert rows as needed)

Evidence Based Strategies Used with Like Population(s) (Include source)	Strategy/Intervention Goal(s)	Implementation Venue(s)	Resources Utilized/Needed for Implementation
<p>Name of Intervention: Adopt local policies for smoke-free parks and recreation areas and government buildings and grounds. <i>Source: Healthy NC 2020</i></p> <p>Community Strengths/Assets: The Ashe Health Alliance, the Alleghany County Health Advisory Council and the High Country United Way Vision Council, all established multi-disciplinary coalitions, strongly supports tobacco free grounds, parks and government buildings.</p>	<p>S.M.A.R.T Goals: By June 30, 2017, increase the number of smoke-free policies and/or supports (e.g. signage or education campaign) for new policies from 2 to 4.</p>	<p>Target Population(s): Community members of Ashe County, Alleghany and Watauga counties</p> <p>Venue: Ashe, Alleghany and Watauga County parks and recreation areas.</p>	<p>Resources Needed:</p> <ul style="list-style-type: none"> • Community member input to guide policymakers in adopting new policies. • Allocated funding from local coalitions, Healthy Communities, and/or Northwest Tobacco Prevention funding to promote policy (e.g., signage, paid media in addition to earned media). • Local government staff input to guide policymakers in adopting new policies.

<p>Name of Intervention: Expand diabetes prevention through establishment as a CDC Recognized program to provide the HELP-PD Diabetes Prevention Program. <i>Source: CDC Katula, Vitolins, Morgan, et. al. (2013). The healthy living partnerships to prevent diabetes study: 2 year outcomes of a randomized control trial. Amer J Prev Med 44(4):S324-332.</i></p> <p>Community Strengths/Assets:</p> <ul style="list-style-type: none"> • Appalachian District to assist with referrals for the DPP through WIC and other clinical programs, including federally qualified health center patient quality improvement measures where applicable. • Interest expressed in community improvement planning for increased resources to address conditions that increase risk for diabetes such as obesity, pre-diabetes, etc. • Training has begun • Recipient of A1c and Cholestech laboratory grant from NC DPH to assist with measures 	<p>S.M.A.R.T Goals:</p> <p>By June 30, 2016, establish a business development and marketing plan for recruitment of participants to ensure a sustainable financial model and those most at-risk are included in program that provides access to Medical Nutrition Therapy and Diabetes Self-Management program when applicable.</p> <p>By June 30, 2017, obtain CDC recognition status for Diabetes Prevention Program delivery.</p> <p>By June 30, 2017, increase the number of Appalachian District residents enrolled in the Diabetes Prevention Program from 0 to 60 (3 cohorts).</p>	<p>Target Population(s): Residents ages 18-65 years of age, at risk for type 2 diabetes or determined pre-diabetic</p> <p>Venue: Alleghany, Ashe, and Watauga County Health Departments or approved community locations for service delivery (e.g., workplace or community centers)</p>	<p>Resources Needed:</p> <ul style="list-style-type: none"> • Funding to hire and maintain a core staff to implement DPP (R.D., health promotion/RN/or Community Health worker to promote, recruit, and implement program) • Establish the team to carry out the goals of DPP (coaches, RD, lead coordinator, etc.) • Training in the curriculum for additional staff
--	---	--	--

Interventions Specifically Addressing Chosen Health Priority

<u>INTERVENTIONS: SETTING, & TIMEFRAME</u>	<u>LEVEL OF INTERVENTION CHANGE</u>	<u>COMMUNITY PARTNERS' Roles and Responsibilities</u>	<u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u>
<p>Intervention: Adopt local policies for smoke-free parks and recreation areas and government buildings and grounds.</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: <u>Appalachian District</u></p> <p>Target population: <u>All residents</u></p> <p>Start Date – End Date (mm/yy): <u>July 1, 2015-June 30, 2017</u></p> <p>Targets health disparities: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input checked="" type="checkbox"/> Individual/ Interpersonal Behavior</p> <p><input checked="" type="checkbox"/> Organizational/Policy</p> <p><input checked="" type="checkbox"/> Environmental Change</p>	<p>Lead Agency: <u>Appalachian District Health Department</u></p> <p>Role: Lead the planning and adoption of the policy for smoke-free government buildings and grounds and parks and recreation areas. Provide evaluation.</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Target population representative: Government employees in Ashe and Alleghany Counties</p> <p>Role: Provide support in the implementation of policies.</p> <p>Include how you're marketing the intervention: <u>consistent messaging with print & electronic media</u></p> <p>Partners: <u>Town of Jefferson, Town of Lansing; Town of Sparta; Town of Boone; Town of West Jefferson; Alleghany County</u></p> <p>Role: <u>Participate and assist with policy implementation and adoption. Market and educate the new policy to the employees and</u></p>	<p>Expected outcomes: <u>Eliminate the use of tobacco products in government buildings and grounds and parks and recreation areas.</u></p> <p>Anticipated barriers: Any potential barriers? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, explain how intervention will be adapted: Staff and citizens may have resistance to the policy adoption, as well as some community members. Continue to provide education and awareness on the negative effects of secondhand smoke.</p> <p>List anticipated project staff: <u>Northwestern Tobacco Prevention Manager; Health Promotion Director</u></p> <p>Does project staff need additional training? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, list training plan: _____</p> <p>Quantify what you will do: Adopt 3 smoke-free policies for government buildings and grounds in the towns of Jefferson, Lansing and Sparta. Provide media around the adoption of these policies.</p> <p>List how agency will monitor intervention activities and feedback from participants/stakeholders: <u>Will continually meet with the Town/County staff to provide any technical assistance and support in regards to the policy. Will also provide educational information on tobacco cessation resources. Will continue to keep community coalitions members engaged.</u></p> <p>Evaluation: Are you using an existing evaluation? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If no, please provide plan for evaluating intervention: _____</p>

		<p><u>community.</u></p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Include how you're marketing the intervention: Through various media and communications best practices.</p>	
<p>Intervention: Expand diabetes prevention efforts through the implementation of a Diabetes Prevention Program</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: <u>Watauga, Ashe and Alleghany Counties</u></p> <p>Target population: <u>People ages 18-65 years of age that are pre-diabetic and/or at risk for type 2 diabetes</u></p> <p>Start Date – End Date (mm/yy): <u>July 1, 2015-June 30, 2017</u></p> <p>Targets health disparities: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input checked="" type="checkbox"/> Individual/ Interpersonal Behavior</p> <p><input type="checkbox"/> Organizational/Policy</p> <p><input type="checkbox"/> Environmental Change</p>	<p>Lead Agency: <u>Appalachian District Health Department</u></p> <p>Role: Provide the oversight and project management of the DPP</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Target population representative Health Department Registered Dietician, Maggi Birdsell</p> <p>Role: Provide feedback on the implementation of the program; assist with evaluation; assist with program implementation</p> <p>Partners: <u>Local Hospitals and Primary Care Offices</u></p> <p>Role: <u>Refer people at risk for type 2 diabetes to the ADHD to be enrolled in the DPP.</u></p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established</p>	<p>Expected outcomes: <u>Increase enrollment in the DPP across the District; provide healthy lifestyle coaching to prevent type 2 diabetes.</u></p> <p>Anticipated barriers: Any potential barriers? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, explain how intervention will be adapted: -Currently 1 staff member is trained to implement the HELP-PD diabetes prevention model. We will need to increase this number since staff turnover occurred since past training. -Obtaining CDC recognition will be a priority, but timing for class participation will be required since this may be impacted by the number of weekly sessions required and the inclement weather being a given in the Appalachian District. Therefore, cohort recruitment will be limited to begin in Spring to limit this problem. -Determining a financially sustainable model to encompass reaching the uninsured adults and creating a balanced payor mix will be challenging, but essential for ongoing service delivery.</p> <p>List anticipated project staff: <u>Health Promotion staff; Nutrition staff</u></p> <p>Does project staff need additional training? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, list training plan: <u>training in the DPP curriculum program and evaluation methods</u></p> <p>Quantify what you will do: Provide 16 sessions over 6 months followed by 6 follow-up sessions in the next 6 months per year, per county. (Estimating 20 people participating, per session)</p>

		<p>partner</p> <p>Include how you're marketing the intervention: <u>consistent messaging with print & electronic media</u></p>	<p>List how agency will monitor intervention activities and feedback from participants/stakeholders: <u>Will continually meet with the DPP Core staff to evaluate and monitor implementation of the program using database developed by WFBU to submit to CDC. Will continue to keep community coalitions members engaged in recruitment and promoting the class cohorts. Clients participating will complete customer satisfaction surveys on an ongoing basis to ensure high quality service delivery. Lead staff will evaluate for continuous quality improvement efforts.</u></p> <p>Evaluation: Are you using an existing evaluation? <input checked="" type="checkbox"/>Y <input type="checkbox"/>N If no, please provide plan for evaluating intervention: -In addition to standardized program quality measures, customer satisfaction survey will be implemented for continuous improvement</p>
--	--	--	---