Community Health Improvement Plan

Rutherford County

RUTHERFORD POLK McDOWELL HEALTH DISTRICT

WNCHEALTHYIMPACT

2013 Rutherford County

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

July 2013

ACKNOWLEDGEMENTS

This document was developed by Rutherford Polk McDowell District Health Department in partnership with Rutherford Regional Hospital and the Rutherford Health Council as part of a community-wide action planning process.

We would like to thank several agencies and individuals for their contributions an support: Rutherford County Health Council, Joannie Jolley, United Way of Rutherford County, Suzanne Porter and Faye Hassell, ARPNC Prevention Services, Basil Savitsky, NC Cooperative Extension, Tracy Davis, Rutherford Regional Hospital, Community Transformation Grant, Mary Smith, Joann O'Sullivan, Jimmy Hines, Marjorie Vestal, Becky Koone, Rachel Ross, Rutherford Polk McDowell District Health Department, Sandra McGriff, Rutherford Community Health Clinic.

This CHIP format draws heavily on the work of the Wisconsin Association of Local Health Departments and Boards (WALHDAB), particularly their Template Implementation Plan, as well as actual examples from Bexar County, Texas. This product was also informed by many other organizations, which can be found in the reference section at the end of this document.

Our collaborative action planning process and community health improvement plan (CHIP) product were also supported by the technical assistance and tools available through our participation in WNC Healthy Impact, a partnership between hospitals and health departments in western North Carolina to improve community health. The principal source of secondary health data for this report was the NC State Center for Health Statistics (NC SCHS), including its County Health Data Books, Behavioral Risk Factor Surveillance System, Vital Statistics unit, and Cancer Registry. Other health data sources included: NC Division of Public Health (DPH) Epidemiology Section; NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services; National Center for Health Statistics; NC DPH Nutrition Services Branch; UNC Highway Safety Research Center; NC Department of Transportation; NC DETECT and the NC DPH Oral Health Section.

Please contact Jimmy Hines, Health Director, Rutherford Polk McDowell Health District (jhines@rpmhd.org), if you have any questions or would like to discuss more about how to get involved in moving forward the strategies outlined in this community health improvement plan (CHIP).

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Executive Summary
General Review of Data and Trends

LIST OF HEALTH PRIORITIES

Health Priorities chosen in 2008 are:

- Obesity
- Substance Abuse
- Access to Care

Priority areas selected for this 2012 CHA are:

- Substance Abuse
- Chronic Disease: Diabetes, High Blood Pressure, High Cholesterol, Tobacco Use
- Healthy Eating & Active Living
- Behavioral Health & Mental Well Being
- Teen Pregnancy

This CHIP will be reporting on the top two priority areas chosen by the Rutherford Health Council. Those top priorities are: Substance Abuse Prevention and Reducing Chronic Disease: Diabetes, High Blood Pressure, High Cholesterol, Tobacco Use.

LIFE EXPECTANCY

Life expectancy is the average number of additional years that someone at a given age would be expected to live if current mortality conditions remained constant throughout their lifetime. Life expectancy overall in Rutherford County (74.3 years) is 2.7 years shorter than life expectancy in WNC (77.0 years), where life expectancy in turn is 0.3 years shorter than for the state as a whole (77.3 years).

From the data below, it appears that females born in Rutherford County in the period cited could expect to live 7.5 years longer than males born at the same time.

African Americans born in Rutherford County at the same time could expect to live a 4.9 year shorter lifespan than their white counterparts; in WNC the comparable difference is 3.3 years.

LIFE EXPECTANCY AT BIRTH (2006-2008)

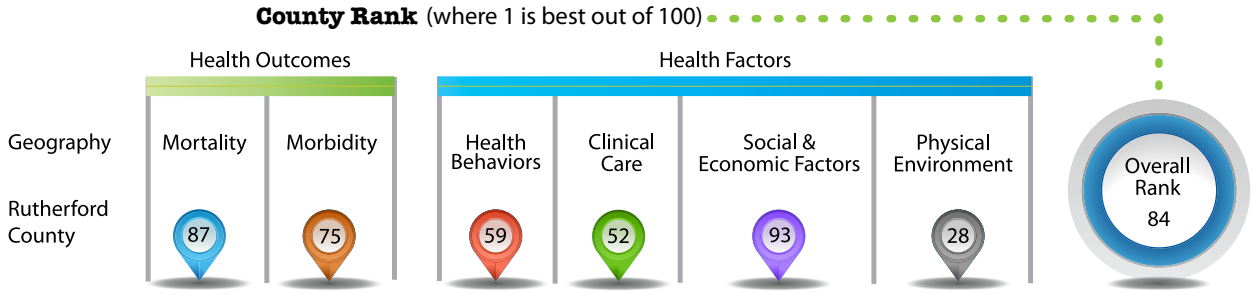
Life expectancy overall in Rutherford County is 74.3 years.

		Gender		Race	
Geography	Overall	Male	Female	White	African American
Rutherford County	74.3	70.6	78.1	74.9	70.0
Regional Arithmetic Mean	77.0	74.3	79.8	77.3	74.0
State Total	77.3	74.5	80.0	78.1	73.8

County Health Ranking

The table below presents the health outcome and health factor rankings for Rutherford County.

County Health Rankings via MATCH (2012)



Source: County Health Rankings and Roadmaps, 2012. Available at http://www.countyhealthrankings.org/app/north-carolina/2012/rankings/outcomes/overall

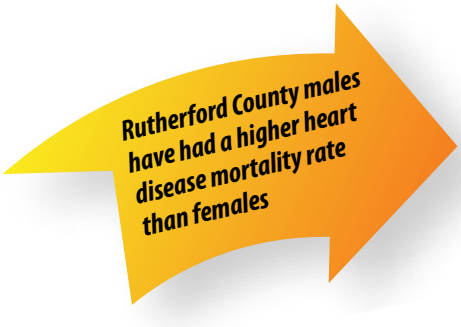
Heart Disease

Heart disease is an abnormal organic condition of the heart or of the heart and circulation. Heart disease is the number one killer in the U.S. It is also a major cause of disability. The most common cause of heart disease, coronary artery disease, is a narrowing or blockage of the coronary arteries, the blood vessels that supply blood to the heart itself. This is the major reason people have heart attacks. Other kinds of heart problems may happen to the valves in the heart, or the heart may not pump well and cause heart failure (US National Library of Medicine).

The graph below illustrates that the heart disease mortality rate in Rutherford County was higher than the comparable rates for WNC and NC throughout the period cited. The graph also illustrates that the heart disease mortality rate in Rutherford County fell from 237.2 in the 2002-2006 aggregate period to 223.7 in the 2006-2010 aggregate period, a decrease of 5.7%; most of the improvement was in the most recent two aggregate periods. Over the same interval the NC heart disease mortality rate fell from 217.9 for the 2002-2006 aggregate period to 184.9 for the 2006-2010 aggregate period, a decrease of 15.1%. The mean WNC rate, which for the first three periods cited was below the state rate, surpassed the state rate and leveled during the two most recent periods. For the 2002-2006 period the mean WNC heart disease mortality rate was 204.6; by the 2006-2010 period it had fallen to 194.4, a decrease of 4.9%.

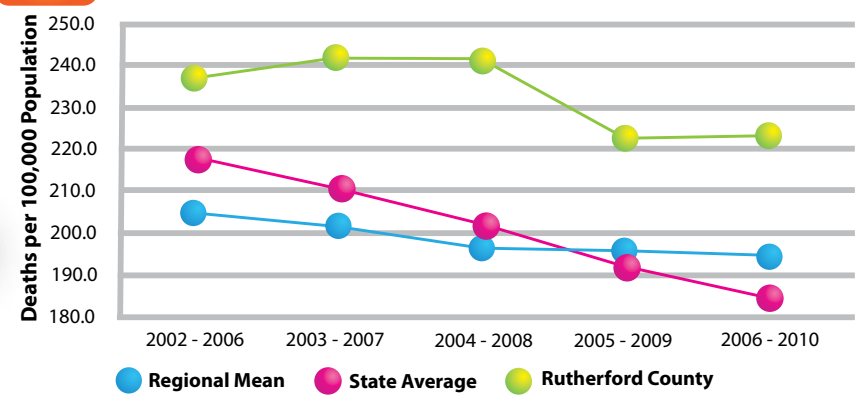
Five-Year Aggregates (2002 – 2010)

Rutherford County males have had a higher heart disease mortality rate than females for the past decade, with the difference as high as 64%.



Heart Disease Mortality Rate

Death per 100,000 Population (Five-Year Aggregates 2002-2006 through 2006-2010)



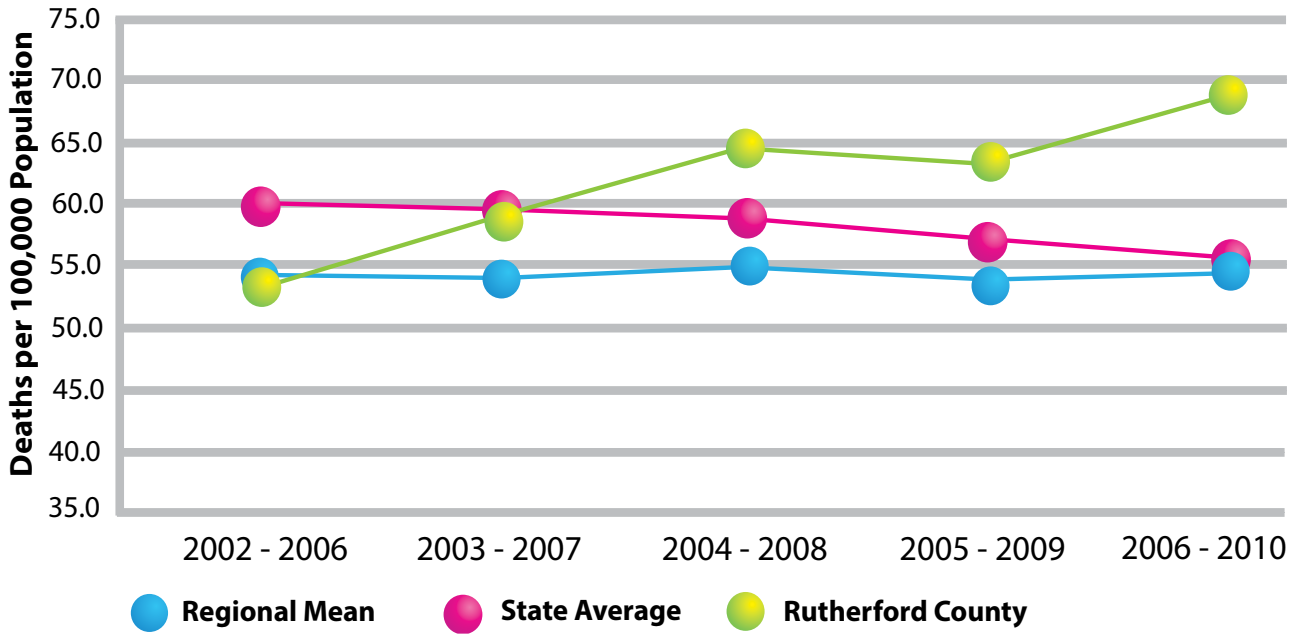
Lung Cancer

Cancer is a term for diseases in which abnormal cells divide without control and can invade nearby tissues. Cancer cells also can spread to other parts of the body throughthe blood and lymph systems. If the disease remains unchecked, it can result in death (National Cancer Institute).

Lung cancer was the leading cause of cancer mortality in Rutherford County in the 2006-2010 aggregate period (Table 32, cited below). Figure 13 plots lung cancer mortality rates for several aggregate periods. This data reveals that the lung cancer mortality rate in Rutherford County was above the comparable WNC and NC rates for most of the period cited in the figure and that while the rates in the region and state fell, the lung cancer mortality rate in Rutherford County rose. The lung cancer mortality rate in Rutherford County rose from 53.4 for 2002-2006 to 68.9 for 2006-2010, an increase of 29.0%. In the 2006-2010 aggregate period the county rate was approximately 25% higher than the WNC or NC rate. Statewide the lung cancer mortality rate fell from 59.8 for 2002-2006 to 55.9 for 2006-2010, a 6.5% decrease over the period. The comparable mean WNC rate fluctuated somewhat but was essentially the same at the end of the period (54.7) as at the beginning (54.2).

Lung Cancer Mortality Rate

Death per 100,000 Population
(Five-Year Aggregates 2002 - 2006 through 2006 - 2010)



Diabetes is the seventh leading cause of death in Rutherford County in the 2006-2010 aggregate period.

Diabetes

Diabetes is a disease in which the body's blood glucose levels are too high due to problems with insulin production and/or utilization. Without enough insulin, glucose stays in the blood. Over time, having too much glucose in the blood can damage the eyes, kidneys, and nerves. Diabetes can also lead to heart disease, stroke and even the need to remove a limb (US National Library of Medicine).

Diabetes is the seventh leading cause of death in Rutherford County in the 2006-2010 aggregate period. In Rutherford County the diabetes mortality rate rose 4.9% from the beginning of the period cited (20.4) to the end (21.4).

The difference in diabetes mortality between men and women has grown as the rate for males increased and the rate for females decreased.

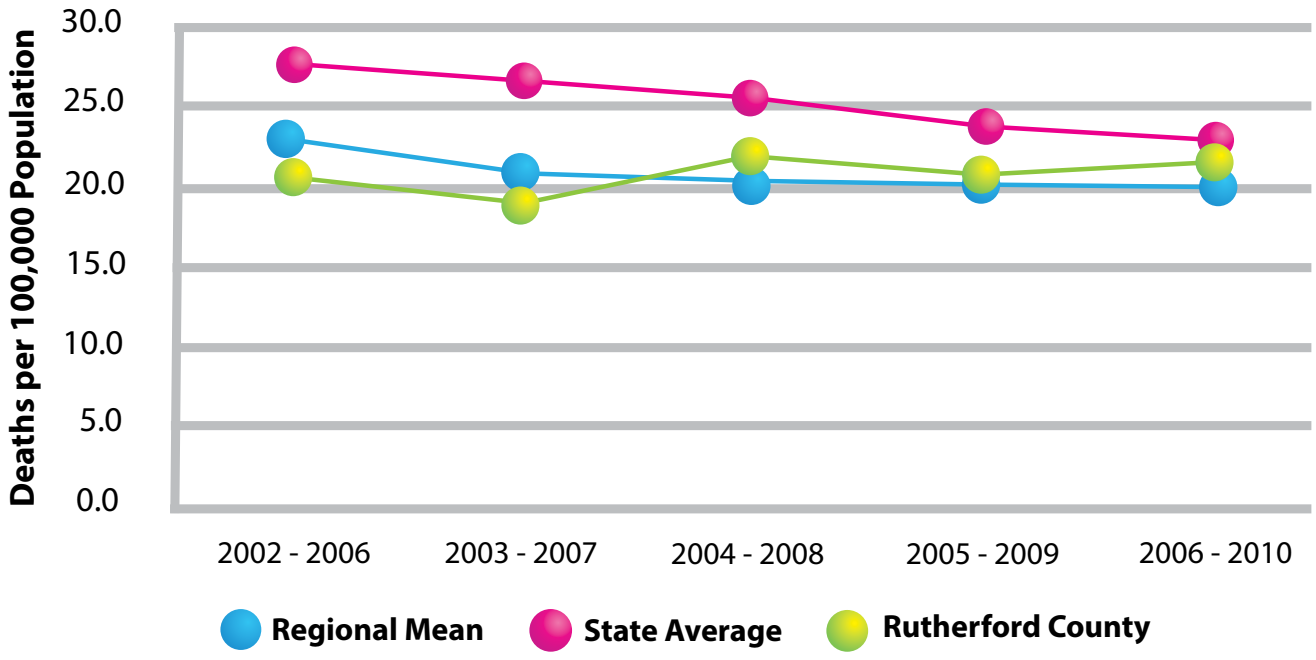
Notes:

- *There is some instability in the regional mean rates because each includes one or more unstable county rate.*

Diabetes Mellitus Mortality Rate

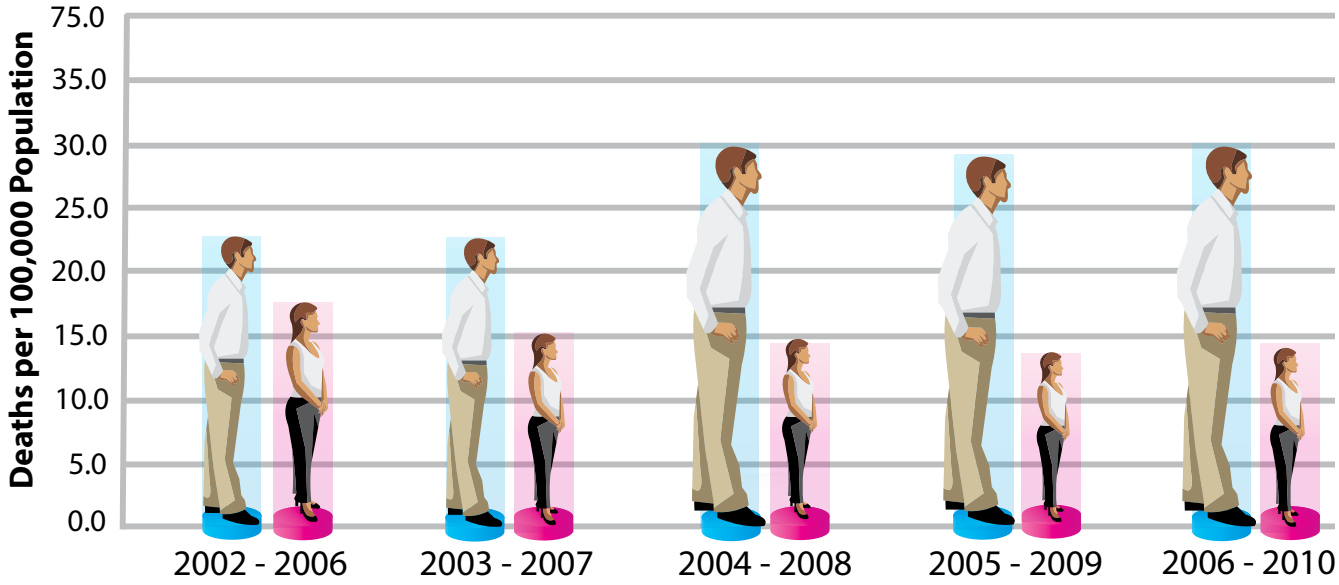
Death per 100,000 Population

(Five-Year Aggregates 2002 - 2006 through 2006 - 2010)



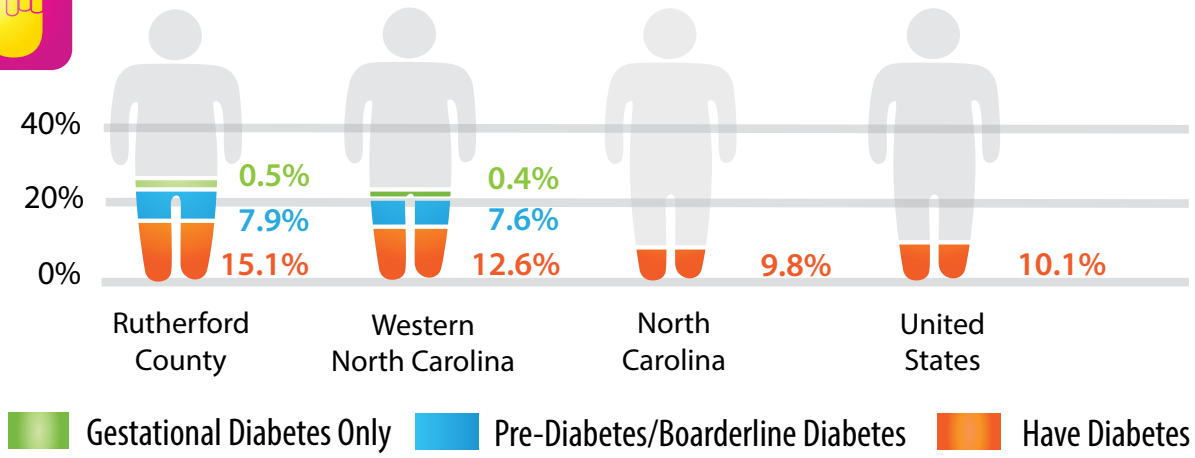
Gender Disparities in Diabetes Mellitus Mortaility Rutherford County

(Five-Year Aggregates 2002 - 2006 through 2006 - 2010)



The self-reported rate of diabetes among adults in Rutherford County is higher than the rates for WNC, NC and the US. For detailed information please see the full CHA report.

Self-reported rate of Diabetes among adults



Sources:

012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 78]2011 PR..C National Health Survey,Professional Research Consultants, Inc

- *Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 North Carolina data.*

Notes:

- *Asked of all respondents.*
- *Local and national data exclude gestation diabetes (occurring only during pregnancy).*

The estimated prevalence of diagnosed obesity among adults in Rutherford County from 2005 to 2009 increased by 24.3%.

Estimate of Diagnosed Obesity Among Adults 20 and older (2005 - 2009)

Geography	2007 #	2007 %	2008 #	2008 %	2009 #	2009 %
Rutherford County	13,030	27.9	14,000	29.9	14,480	31.2
Regional Arithmetic Mean	8,695	26.7	8,980	27.4	9,275	28.0

Obesity and Overweight

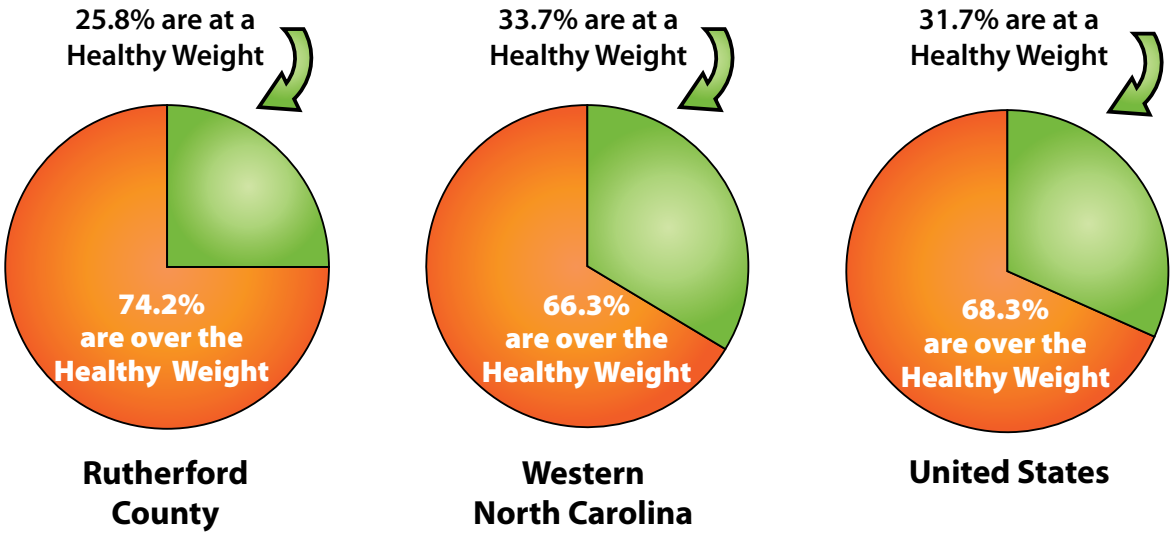
Obesity is a problem throughout the population. However, among adults in the U.S., vast disparities in obesity exist. The association of income with obesity varies by age, gender, and race/ethnicity. Social and physical factors affecting diet and physical activity have an impact on weight (DHHS, 2010).

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight.

From these data it appears that the estimated prevalence of diagnosed obesity among adults in Rutherford County rose overall from 25.1% in 2005 to 31.2% in 2009, an increase of 24.3%.

Healthy Weight (WNC Health Impact Survey)

Percent of Adults With a Body Mass Index Between 18.5 and 24.9



Sources:

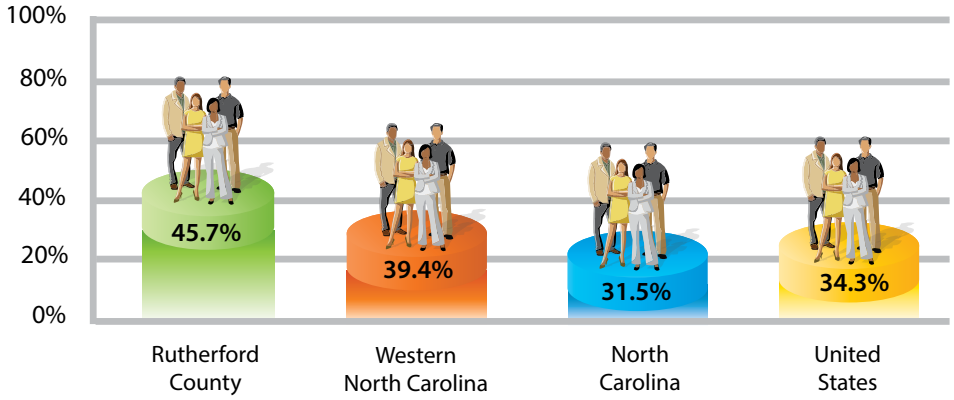
- *2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]*
- *2011 PRC National Health Survey, Professional Research Consultants, Inc.*

Notes:

- *Based on reported heights and weights, asked of all respondents.*
- *US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov Objective NWS-8]*
- *The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.*

Prevalence of High Blood Pressure

(WNC Healthy Impact Survey)



Sources:

- *2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 76]*
- *Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 North Carolina data.*
- *2011 PRC National Health Survey, Professional Research Consultants, Inc.*
- *US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]*

Notes:

- *Asked of all respondents*

High Blood Pressure

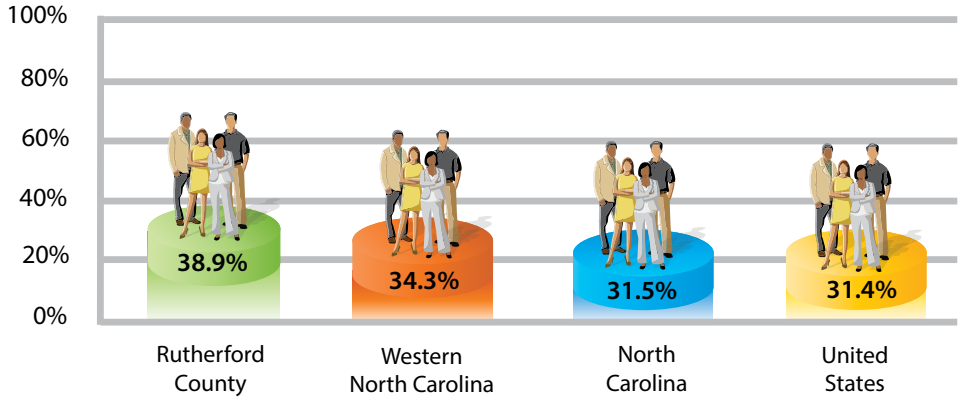
Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure is still a major contributor to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control (DHHS, 2010).

Cholesterol

Cholesterol is also a major contributor to the national epidemic of cardiovascular disease. Survey respondents were asked a series of questions about their blood cholesterol levels.

High Blood Cholesterol

Healthly People 20/20 Target = 13.5% or lower



Sources:

- *2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 77]*
- *Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 North Carolina data.*
- *2011 PRC National Health Survey, Professional Research Consultants, Inc.*
- *US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]*

Notes:

•Asked of all respondents.

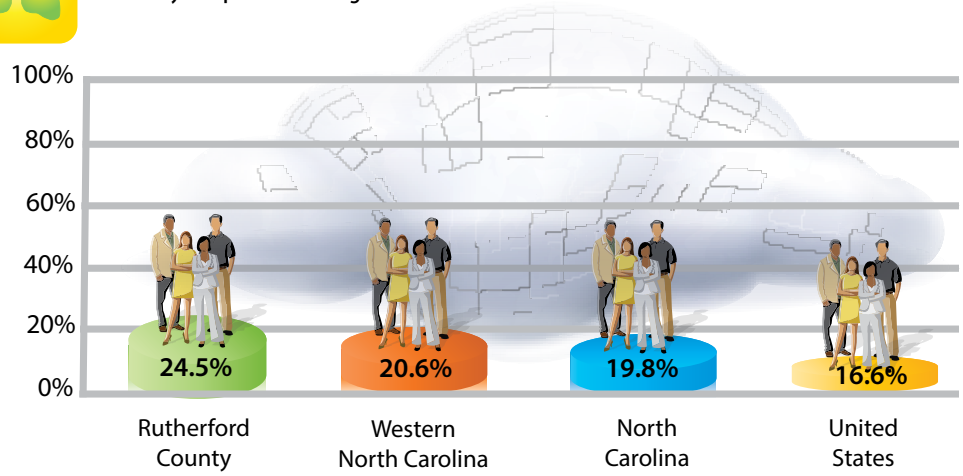
Tobacco

Tobacco use is the single most preventable cause of death and disease in the United States. The Rutherford County rate for current smokers is 24.5%, which is double the target rate of Healthy People 2020 (12%). People who stop smoking greatly reduce their risk of disease and premature death.

Tobacco use is the single most preventable cause of death and disease in the United States

Current Smokers *(WNC Healthy Impact Survey)*

Healthly People 20/20 Target = 12.0% or Lower



Sources:

- *2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]*
- *2011 PRC National Health Survey, Professional Research Consultants, Inc.*
- *Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 North Carolina data.*
- *US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]*

Notes:

- *Asked of all respondents.*
- *Includes regular and occasional smokers (every day and some days).*

Illicit Drug Use Among Adults

Rutherford County's fatal overdose rate is higher than state average at 20.5 per 100,000 compared to the state rate of 10.3 per 100,000 (2009). These deaths are classified as accidental overdoses with 77% attributed to prescription drugs.

Source:

- *NC State Center for Health Statistics*

Rutherford County's fatal overdose rate is higher than state average

13 ACCIDENTAL DEATHS

In 2009, 13 people **DIED** in accidental drug overdoses – the majority attributed to **PRESCRIPTION DRUGS**.

Source• NC State Center for Health Statistics

693 DRUG OVERDOSES

693 EMERGENCY ROOM VISITS for **ACCIDENTAL DRUG OVERDOSES** in Rutherford County (2009) NC Detect.

Source• NC State Center for Health Statistics

2ND IN THE STATE

Rutherford County had the 2nd highest **CONTROLLED SUBSTANCES PRESCRIPTION RATE** in the state for 2010.

Source • NC State Center for Health Statistics

5TH IN THE STATE

In 2009, Rutherford County was ranked 5th in **CONTROLLED SUBSTANCE** outpatient dispensing rate 27,487/10,000 pop.

Source • NC Controlled Substance Reporting System

Teen Substance Abuse
How many teens are using drugs in our area?

Percentage of Students Who Used in the Past 30 Days

Grades	Alcohol	Binge Alcohol	Smoked Cigarettes	Marijuana
9	29.1	15.7	17.0	15.5
10	30.2	22.0	21.9	17.1
11	41.0	23.0	23.4	19.0
12	42.5	29.0	26.1	21.5

Percentage of Students Who Have Ever Used During There Lifetime

Grades	Prescription Drugs	Marijuana	Inhalants	Cocaine	Methamphetamines
9	21.1	15.5	19.0	7.0	3.8
10	24.1	17.1	14.3	6.9	3.0
11	30.3	19.0	12.0	8.4	4.7
12	27.4	21.5	11.3	8.7	4.3

Source:

Western North Carolina High School Drug Use (YRBS 2009)

Teen Pregnancy

Rutherford County Health Council recognizes that Teen Pregnancy is a health priority that needs to be addressed. Therefore, an Action Team has been formed to work with the Rutherford County Schools to ensure that the Healthful Living Curriculum, as mandated through the Department of Public Instruction, includes an age appropriate lessons designed to reduce risky behaviors that may result in teen pregnancy.

Summarized Action Plan

The Rutherford County Health Council voted to concentrate its efforts on reducing Chronic Disease and Reducing Underage Drinking and Prescription Drug Abuse. A common agenda and shared measures to improve these priority areas follows in this report.

Monitoring and Accountability

The Rutherford Polk McDowell District Health Department works with the Rutherford County Health Council to monitor Community Health Improvement Plans. The Health Council is coordinated by Joannie Jolley and works through its Action Teams. Action Teams reflect a diverse cross sector of community members working together to achieve shared measures. Monthly board meetings serve to monitor activities and provide accountability toward meeting objectives.

Chapter 1

WHAT IS A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)?

A Community Health Improvement Plan, or CHIP, is an action-oriented strategic plan outlining the priority health issues for a defined community, and how these issues will be addressed, including strategies and measures, to ultimately improve the health of the community. CHIPs are created through a community-wide, collaborative action planning process that engages partners and organizations to develop, support, and implement the plan. A CHIP is intended to serve as a vision for the health of the community and a framework for organizations to use in leveraging resources, engaging partners, and identifying their own priorities and strategies for community health improvement.

This CHIP is intended to help focus and solidify each of our key partner agency's commitment to improving the health of the community in specific areas. The goal is that through sustained, focused effort on this overarching framework, a wide range of public health partners and stakeholders engaged in assessment, planning, and action will be able to document measured improvement on these key health issues over the coming years.

The next phase will involve broad implementation of the action plan details included in this CHIP, and monitoring/evaluation of the CHIP's short-term and long-term outcomes and indicators.

This 2013 CHIP is focused on creating plans within a six month to three year timeline. The community health improvement process is iterative and involves continuous monitoring; we plan to release an annual update of this document in December 2013, and again in December 2014. The next community health assessment will be conducted in 2015.

HOW TO USE THIS CHIP

This CHIP is designed to be a broad, strategic framework for community health, and will be a "living" document that will be modified and adjusted as conditions, resources, and external environmental factors change. It has been developed and written in a way that engages multiple voices and multiple perspectives. We are working towards creating a unified effort that helps improve the health and quality of life for all people who live, work, and play in our county. We encourage you to review the priorities and goals, reflect on the suggested intervention strategies, and consider how you can join this call to action: individually, within your organizations, and collectively as a community. To get involved or for questions about the purpose of this document, please contact Jimmy Hines, Health Director, Rutherford Polk McDowell Health District, jhines@rpmhd.org or Marjorie Vestal at mvestal@rpmhd.org. Connection to the 2012 Community Health Assessment (CHA) Community health assessment (CHA) is the foundation for improving and promoting the health of a community. CHA, as a process and product, is a key step in the continuous community health improvement process. The role of CHA is to identify factors that affect the health of a population and determine the availability of resources within the county to adequately address these factors.

The 2012 Rutherford County CHA process and products were designed to provide a rich set of data for our county and its partners to use in identifying major health concerns and issues. The information collected through this process, and the priorities identified, were considered in setting the priorities for our county, which are included in this CHIP.

To access the complete CHA, please go to www.rpmhd.org/index.php/health-promotion.

WNC HEALTHY IMPACT

WNC Healthy Impact is a partnership between hospitals and health departments, and their partners, in western North Carolina to improve community health. As part of a larger, and continuous, community health improvement process, these partners are collaborating to conduct community health (needs) assessments across western North Carolina. See www.WNCHealthyImpact.com for more details about the purpose and participants of this regional effort. The regional work of WNC Healthy Impact is supported by a steering committee, workgroups, local agency representatives, and a public health/data consulting team.

1. In some guidance documents, including National Public Health 1 In some guidance documents, including National Public Health Accreditation standards, the CHIP includes details on the priority setting process. However, in the state of North Carolina, Local Health Department Community Health Assessment process and product includes the priority setting process, and the CHIP here is intended to document efforts involved

CHAPTER 2

COMMUNITY HEALTH ASSESSMENT PROCESS

Community health assessment (CHA) is the foundation for improving and promoting the health of county residents. Community-health assessment is a key step in the continuous community health improvement process. The role of CHA is to identify factors that affect the health of a population and determine the availability of resources within the county to adequately address these factors.

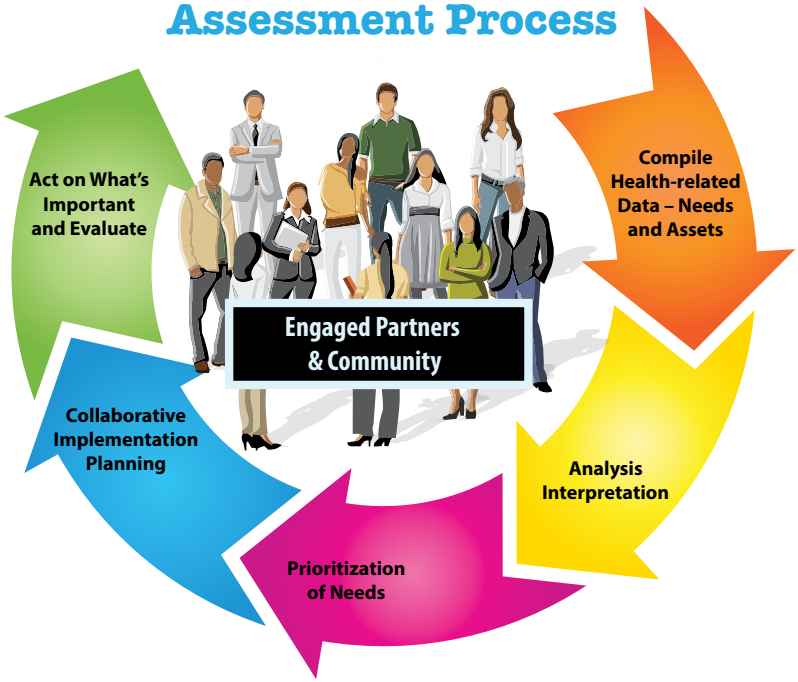
A community health assessment (CHA), which refers both to a process and a document, investigates and describes the current health status of the community, what has changed since a recent past assessment, and what still needs to change to improve the health of the community. The process involves the collection and analysis of a large range of secondary data, including demographic, socioeconomic and health statistics, environmental data, as well as primary data such as personal self-reports and public opinion collected by survey, listening sessions, or other methods. The document is a summary of all the available evidence and serves as a resource until the next assessment. Together they provide a basis for prioritizing the community's health needs, and for planning to meet those needs.

LOCAL DATA

The Rutherford Polk McDowell District Health Department used an online Survey Monkey Tool to received additional feedback from residents in the three counties we serve.

Information for our Health Resource Inventory and 2-1-1 caller statistics was provided by the 2-1-1- of Western North Carolina and lists health providers in each county, pulled from the 2-1-1 database as of June 2012, as well as data on most common requests and unmet needs of callers to 2-1-1.

Community Health Assessment Process



NEXT STEPS

The findings of this Community Health Assessment (CHA) were presented to the Rutherford County Health Council on November 13, 2012 at an open Forum held at Isothermal Community College. Following the presentation of the data on November 13, 2012, break-out groups were formed to capture input and facilitate the development of prioritized action steps and strategies.

Action planning and collaborative implementation began at this Community Forum and continues through the monthly meetings of the Rutherford Health Council. The development of strategies to improve the chosen priority health issues will continue throughout 2013 and beyond.

CHAPTER 3

PRIORITY ONE: SUBSTANCE ABUSE PREVENTION

Situational Analysis

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues.

Illicit drug use includes use of illegal substances or of prescription drugs taken without a physician's order.

Rutherford County agencies are taking proactive steps to address substance abuse issues. United Way of Rutherford County created the Community Engagement Team (CET) in October 2008 after results of a county-wide needs assessment indicated that substance abuse issues are a top concern among Rutherford County residents and service providers. Further research indicated that more specifically, prescription drug abuse/misuse is a growing problem in Rutherford County that demanded immediate attention.

Rutherford County's unintentional overdose fatality rate has been consistently higher than the state average for the last four years according to the State Center for Health Statistics—and the majority of those deaths are attributed to prescription drugs.

In the past three years, through its partnership with the Rutherford County Behavioral Health Coalition, United Way has applied for and received grant funding from various sources to initiate new services and programs in Rutherford County to deal with substance abuse issues (with a heavy emphasis on prescription drug abuse/misuse). Since 2009, funding has been procured to:

1. Launch evidence-based substance abuse prevention programs in the Rutherford County School system. ARP Prevention Services intervene in 7th and 8th grade to address risk factors for drug abuse and underage drinking. In addition to providing programs at schools, prevention professionals train teachers and counselors to facilitate these programs. Prevention Specialists work with schools to identify whether the school "culture" is reducing risk factors and increasing protective factors.

2. Provide trainings for the medical community to provide heightened awareness of addiction issues, encourage patient screenings, reduce doctor shopping, pill diversion, and prescription fraud, and to encourage increased use of the NC Controlled Substance Reporting System.
3. Install a permanent prescription drug drop box at the Rutherford County Sheriff's Office.
4. Implement a substance abuse treatment program for inmates at the Rutherford County Jail.
5. Medicine turn-in events help ensure that powerful medications don't fall into the wrong hands or contaminate the water system from being flushed down the toilet. The twice annual Operation Medicine Drop events are the result of strong partnerships between the CET, Rutherford County Sheriff's Office, Forest City Police Department, Rutherfordton Police Department, Spindale Police Department, Safe Kids of Rutherford County, Rutherford County Schools, U.S. Attorney's Office, Food Lion of Rutherfordton, Forest City Fire Department and Ellenboro Fire Department, and a variety of local businesses.

The Community Engagement Team meets the 4th Tuesday of each month. Meeting locations are open to the public and rotate throughout the county. For more information, please contact the United Way of Rutherford County at 828-286-3929.

District 29A Adult Drug Treatment Court

Drug Court is a place where instead of prison, addicts receive the right mix of treatment and accountability needed to change their lives.

Rutherford Community Health Center (RCHC)

provides access to licensed counselors to provide substance abuse and mental health services to low-income individuals and uninsured and residents seeking services.

RCHC is now offering SBIRT - a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Through SBIRT they provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care

SPOTLIGHT ON SUCCESS

Rutherford County Spotlight: Community Engagement Team (CET) Youth Council

It would be hard to find a teen in Rutherford County who hasn't been affected by substance abuse. In a 2009 survey, over 30 percent of high school juniors in Western North Carolina reported having abused prescription drugs and over 40 percent of juniors reported binge drinking. But even many youth who haven't tried drugs have still been personally touched by the issue; they may have a family member or friend who's an addict, who has overdosed, or even died. Rutherford County's unintentional overdose fatality rate has exceeded the state average for the last four years and the majority of those deaths are attributed to prescription drugs.

Addressing substance abuse is one of the top priorities for the Rutherford County Health Department, and to do so, the agency has enlisted the help of partners such as the United Way of Rutherford County's Community Engagement Team (CET), a coalition that focuses on implementing a variety of strategies to not only address current drug use issues—but to also help steer younger generations away from drug use all together. In 2012, the CET launched its Youth Council, aimed specifically at engaging teens in combating substance abuse in the county. According to the National Institute on Drug Abuse, community prevention programs with consistent, community-wide programs and messages delivered

through multiple channels (media, faith communities, schools, home) are effective in teen substance abuse prevention, in part because they don't solely target high-risk populations which can result in labeling.

With the support of a Drug-Free Communities grant, CET Coordinator Suzanne Porter began recruiting area middle and high school students with the help of guidance counselors, youth serving agencies, and CET members. A few students came to the first meeting and decided to encourage other friends to participate. Some were outspoken and others shy, but each felt the need to make a difference. Overcoming challenges such as transportation and conflicts with other afterschool activities, the group committed to meeting monthly, but later began to meet every other week. The core group of 12 students from schools across the county finished out the school year and will begin recruiting again in the 2013-14 school year.

Porter tasked the group with creating a social media and advertising campaign tailored to raise awareness about substance abuse with local youth, focusing on two issues in particular: underage drinking and prescription drug abuse. But once they started discussing the issues, it became clear that the students were interested in sharing with adults how the issues kids face today are intertwined. In the teens' experience, bullying (in person and through social media), self-harm, depression, and suicide were inextricably linked to substance abuse. The Youth Council adopted the slogan "Take a Stand" as the message of their campaign. This broad, encouraging message can apply to any of issues identified. The message is really a call-to-action that feels authentic and meaningful to teens—and reminds them that it's okay to be that one kid who speaks out when they see something bad or negative happening.

A 2011 Ohio State University study found that emphasizing positive messages is the most effective approach for media campaigns aimed at decreasing teen substance abuse. The study, which included 16 middle and high schools in small towns and rural areas, revealed that over a two-year period, the number of students reporting that they had engaged in substance abuse was 50 percent less in participating schools in comparison to schools not participating. Allowing the students to take the lead and come up with a message that felt genuine to them was important says Porter. Youth Council members felt their input was valued, and most importantly they felt like adults really heard them, increasing their investment in the group.

The Youth Council capped the school year with a lock-in at a local camp that was open to any area youth. The kids planned the entire overnight event which included tons of food, a dj, a cupcake decorating contest, games, a glow-in-the-dark volleyball game, and movies. The event closed with a question and answer session during which participants submitted questions anonymously for the group to discuss. The group was "brutally honest," says Porter: about bullying, depression and suicide, issues which have affected even the youngest students there. The group made connections between these issues and substance abuse and shared strategies for coping at critical moments when opportunities for substance abuse are likely to arise, such as making an agreement with a parent or other trusted adult that they always have a safe ride home. The kids agreed to make sure to have the number of a trusted adult already programmed in their phones so they have an exit plan to escape risky situations. "We make it clear that making this type of pact doesn't mean we condone underage drinking or other risky behaviors. Everyone is still accountable," says Porter. "We just recognize that good kids can make bad decisions or get in a bad place and the top priority at that point is giving them a safe alternative to remove themselves from the risky situation; allowing them to "take a stand" against it by already having a plan in place.

Partners

Addressing Substance Abuse is complex and will require the collaborative planning, action, and coordination of multiple partners in our community. The following partner agencies and organizations are engaged in efforts to reduce underage drinking in our community.

To access the complete CHA, please go to www.rpmhd.org/index.php/health-promotion.

Partners

Organizations	Primary Focus or Function	Contact Information/Website
United Way of Rutherford County	Suzanne Porter, Community Engagement Team and Drug Free Communities Program Coordination	unitedwayofrutherford.org
Carolina Community Health Partnership	Tom Martin, Pharmacist	cccatmartin@yahoo.com www.cchpnetwork.org
South Mountain Christian Camp	Steve Collins, E.D.	steve@southmountainchristiancamp.org www.SouthMountainChristianCamp.org.
Chamber of Commerce	Clark Poole, Director	clarkpool@rutherfordcoc.com www.rutherfordcoc.com
R.O.T.W Community Development Resource Center	Kisha McDowell , Community Development Resource Center,	Creativeprofessionalservices@yahoo.com (800) 381-9478
Rutherford Community Health Clinic	Assessments, Treatment, Group, Therapy, Integrated Care	Sandra.mcgriff@rutherfordchc.com
NC Cooperative Extension	Tracy Davis, Extension Agent Family and Consumer Sciences	Tracy_davis@ncsu.edu www.rutherford.ces.ncsu.edu
WIC - Rutherford Polk, McDowell Health District	Becky Koone, WIC Director	bkoone@rpmhd.org www.rpmhd.org/wics
Project Lazarus	Preventing Opioid Overdose	www.projectlazarus.org
ARP Prevention Services	Basil Savitsky Prevention Education in Schools	basils@arpnc.org www.arpnc.org
Rutherford County Sheriff's Department, Chris Francis, Sheriff	Leon Godlock Pill Drop Boxes and Medicine Take Back Programs	chris.francis@rutherfordcountync.gov leon.godlock@rutherfordcountync.gov
Rutherford Polk McDowell Health District	Jimmy Hines, Health Director, Health Council Leadership,	www.rpmhd.org
Rutherford County Schools	School Nurse, Theressa Calhoun Healthful Living Classes, BRFS data,	tcalhoun@rutherhosp.org
District Attorney Brad Greenway	Drug Court	Sandra.h.freeman@nccourts.org
Isothermal Community College	Mike Gavin, Public Information Officer	chris.francis@rutherfordcountync.gov
Rutherford Regional Hospital	Marsha Baker, Administrator of Community Care Services	marsha.baker@rutherforregional.com
NC Dept Public Instruction, Healthful Living Course of Study	North Carolina Healthful Living Essential Standards	www.ncpublicschools.org/curriculum/healthfulliving/

Coalitions/ Groups		
Organizations	**Primary Focus or Function**	**Contact Info/ Website**
JCPC	Faye Hassell, Needs Assessments, Prevention of Substance Abuse,	Ann.Moore@rutherfordcountync.gov
Rutherford Health Council	Joannie Jolley, Community Organizing	rtcchc@gmail.com
Youth Empowerment Solutions	Tracy Williams, Prevention Education and Youth Empowerment	youthempowermentinc@gmail.com
Community Transformation Grant	Mary Smith, Supports Tobacco Free Communities	ctcbrpm@gmail.com

Substance Abuse Prevention Action Plan

Vision of Impact

We envision a community in Rutherford working together to support healthy drug-free lifestyles for adults and teens.

Substance Abuse Prevention Action Plan	
Community Objectives **Reduce the percentage of high school students who had alcohol on one more of the past 30 days.**	**Baseline/Indicator Source**
1. By December 2015, reduce the percentage of high school students who had alcohol on one or more days from 34.3% to 31.3%.	*Source: North Carolina High School Drug Use YRBS 2011 http://www.nchealthyschools.org*
Related Healthy NC 2020 Objective: 26.4%	*Healthy NC 2020*
2. By December 2015, reduce the percentage of individuals aged 12 years and older reporting ever using Marijuana in their lifetime from 42.9% to 41.4%	*Source: North Carolina High School Drug Use (YRBS 2011) http://www.nchealthyschools.org*
Related Healthy NC 2020 Objective: By December 2015, reduce the percentage of individuals aged 12 years and older reporting any illicit drug use in the past 30 days. [2020 Target: 6.6%]	*Healthy NC 2020*

Goal:

Reduce the percentage of high school students who had alcohol on one more of the past 30 days.

Strategy 1 – Address Underage Drinking

STRATEGY BACKGROUND

Source:

2012 NATIONAL DRUG CONTROL STRATEGY, United Way of Rutherford County/Community Engagement Team http://unitedwayofrutherford.org or http:// www.arpnc.org.

Evidence Base

http://nrepp.samhsa.gov/ViewIntervention

Type of Change:

individual, family, community, policy. Likely to address disparities.

PARTNER AGENCIES

Lead:

United Way Community Engagement Team
Collaborating: Rutherford County Sheriff's Department, ARP Prevention Services Supporting: All members of the Community Engagement Team, Drug Free Communities

STRATEGY OBJECTIVE 1

Increase participation in alcohol-free activities through establishing a community-supported policy for Youth Council.

INDICATOR:

Example: YRBS 2009, BRFSS

Action Plan

Activity (what is being done?)	**Resources Needed** (who? how much?)	**Anticipated Result** (what will happen?)	**Result Verification** (how will you know?)	**Target Date** (by when?)
Youth Council Coordination	United Way staff time and volunteers;	Increased knowledge and skills, develop youth leadership	Attendance at Youth Council meetings	By December 2013
Alternative Events Lock-in	United Way staff time and volunteers;	Develop youth leadership, peer support, build capacity	Attendance at Events such us Lock-in. Evaluation of Event	By November 2013
Build Advocacy	Staff, volunteer time	Youth advocate	Public speaking, notes from youth councils, media	By December 2013
Testimonials, Earned media, social media	Staff time, volunteer time	Increase Community Awareness of risks of underage drinking	Published articles	By December 2013

Goal:

Reduce the percentage of high school students who had alcohol on one more of the past 30 days.

Strategy 2 – Programs and Services: Prevention Education, Screening and Referral for Treatment

STRATEGY BACKGROUND

Source

http://www.samhsa.gov/prevention/sbirt/, NC DPI Healthful Living Curriculum and

Evidence Base

BRFSS

Type of Change

Individual, Community. Likely to address health disparities.

PARTNER AGENCIES

Lead

United Way Of Rutherford County, Kate B. Reynolds (Funder)

Collaborating

ARP Prevention Services, Rutherford County Schools

Supporting

Community Engagement Team

STRATEGY OBJECTIVE 1

Increase awareness of the dangers of underage drinking and Increase drug resistance skills.

INDICATOR

Class evaluations, self-report, pre and post tests

Action Plan

Activity (what is being done?)	**Resources Needed** (who? how much?)	**Anticipated Result** (what will happen?)	**Result Verification** (how will you know?)	**Target Date** (by when?)
Prevention Edcation	Staff Time ARP Prevention Services	Increased Awareness, reduced use of alcohol among youth	Class Evaluations, PRIDE Survey planned for future	May 2014
Train Teachers & Counselors	Staff Time ARP Prevention Services	Teachers/counselors gain proficiency with materials and delivery of classes	Evaluations, feedback	May 2014

Goal:

By December 2015, reduce the percentage of individuals aged 12 years and older reporting any illicit drug use in the past 30 days

Strategy 3 - Community Engagement, Capacity Building

STRATEGY BACKGROUND

Source: http

/www.cdc.gov/injury/about/focus-rx.html

Evidence Base

Educating Health Care Providers, Policy Makers, and the Public, Centers for Disease Control

Type of Change

individual, family, likely to address health disparities.

PARTNER AGENCIES

Lead

United Way of Rutherford County and Rutherford County Sheriff's Department, Forest City Police Department

Collaborating

APR Prevention Services, US Attorney's Office of WNC, Spindale Police Department,

Supporting:

RPMHD, Rutherford County Health Council, Food Lion, Safe Kids

STRATEGY OBJECTIVE 1

Hold one or more Medicine Take Back Events annually

INDICATOR

Number of Events held

Action Plan – Objective 1

Activity (what is being done?)	**Resources Needed** (who? how much?)	**Anticipated Result** (what will happen?)	**Result Verification** (how will you know?)	**Target Date** (by when?)
Pill Drop Promotion flyers in schools, Senior Center, local media, posters	Sheriff's Department, Staff time, United Way, Staff Time to promote and coordinate, earned media	Unused medications will be turned over to law enforcements and disposed of by DEA protocols.	Collected Pills will be weighed and counted. Results will be recorded.	December 2013
Pill Drop Boxes – Install one new Box in the county in 2013 and 2014	Staff time, box, Law Enforcement staff time	More prescription drugs will be disposed of and harm will be reduced. Reduce access to illicit drugs.	Box installed	December 2013
Press release following event	Staff time	More awareness and remind people to use permanent boxes year round.	Press release published in local papers	December 2013

Strategy 3 continued - Community Engagement, Capacity Building

STRATEGY OBJECTIVE 2

S-BIRT and Integrated Care Using S-BIRT/Other Drug-Related Trainings

INDICATORS:

Number screened, number referred to treatment

Action Plan – Objective 2

Activity (what is being done?)	**Resources Needed** (who? how much?)	**Anticipated Result** (what will happen?)	**Result Verification** (how will you know?)	**Target Date** (by when?)
Screening and treatment referrals for Integrated Medical Care	Rutherford Community Health Clinic Staff time,	Improved continuum of care, Successful care compliance	S-BIRT results	December 2013
Training for medical community of prescription drug abuse	Staff time	S-BIRT administered to clients	Verify administration	December 2013

Chapter 4

PRIORITY TWO: REDUCE CHRONIC DISEASE THROUGH A COMPREHENSIVE COMMUNITY APPROACH

Situational Analysis

Chronic Diseases such as heart disease, high blood pressure and diabetes are major causes of death and disability in Rutherford County. Although genetics and environmental factors contribute to these chronic diseases, lifestyle choices play a major role. Lifestyle choices can greatly reduce our risk of chronic disease. Tobacco use, sedentary lifestyles and poor nutrition are behaviors that can be improved with awareness, education and social support.

Using a socio-ecological model for community change, our CHIP includes strategies to improve the built environment, increase access to fresh fruits and vegetables, promote breastfeeding for infants, develope smoke-free Community College Campus policies, and offer health screenings, education and interventions for individuals.

Building on our successful programs, we will continue to make improvements especially within vulnerable populations.

Spotlight on Success - Educating and Encouraging Mothers Through Team Approach

Investing in women, infants and children (WIC) has proven to be a winning strategy in preventing chronic diseases. The health effects of breastfeeding infants are well documented. Breastfeeding decreases many risks, including childhood overweight and obesity. Children who are not breastfed are more likely to be overweight and obese than those who are breastfed.

The Rutherford Polk McDowell District Health Department has a branch WIC office at the Rutherford County Health Department in Spindale, NC that serves young families who qualify for WIC.

By increasing our communication among related programs with overlapping clients, RPMHD is pioneering a new policy designed to improve outcomes in childhood nutrition services. Our WIC staff now collaborate with our Nurse Family Partnership staff to coordinate efforts to prevent chronic disease through motivational interviewing techniques, education, Quit Line referrals and follow-up from preconception health through pre-school years. Our Public Health programs are committing to improving our services and serving more families each year.

Young children in Rutherford are given a good start with the successful implementation and coordination of these two programs. Dedicated nurses and breastfeeding peer counselors aim to prevent chronic disease through introducing healthy habits early in life and ensuring that infants and children get the nutrition they need for health.

Partners

Addressing chronic disease is complex and will require the collaborative planning, action, and coordination of multiple partners in our community. The following partner agencies and organizations are engaged in efforts to improve heart health in our community.

Organizations	Primary Focus or Function	Contact Information or Website
Carolina Community Health Partnership	Tom Martin, Pharmacist	cccatmartin@yahoo.com www.cchpnetwork.org
Chamber of Commerce	Clark Poole, Director	clarkpool@rutherfordcoc.com www.rutherfordcoc.com,
R.O.T.W Community Development Resource Center	Kisha McDowell Community Development Resource Center	Creativeprofessionalservices@yahoo.com (800) 381-9478
Rutherford Community Health Clinic	Health Screenings for Chronic Disease, Diabetes Education, Management, Integrated Care	Sandra.mcgriff@rutherfordchc.com
NC Cooperative Extension	Tracy Davis	Tracy_davis@ncsu.edu www.rutherford.ces.ncsu.edu
WIC - Rutherford Polk McDowell Health District	Becky Koone, WIC Director, Breastfeeding	bkoone@rpmhd.org www.rpmhd.org/wics
ARPNC – Basil Savitsky	Train Health Educators in Prevention Education in Schools	www.arpnc.org
Rutherford Polk McDowell Health District	Jimmy Hines, Health Director. Health Council Leadership	www.rpmhd.org
Rutherford County Schools	Theresa Calhoun, School NurseHealthful Living Classes, BRFS data,	tcalhoun@rutherhosp.org
Isothermal Community College	Mike Gavin, Public Information Officer. Smoke-free Campus Policy	chris.francis@rutherfordcountync.gov
Rutherford Regional Hospital	Marsha Baker, Administrator of Community Care Services, Screenings, Health Fairs	marsha.baker@rutherforregional.com
NC Dept Public Instruction, Healthful Living Course of Study	North Carolina Healthful Living Essential Standards	www.ncpublicschools.org/ curriculum/health-fulliving/

Coalitions/ Groups

Organizations	Primary Focus or Function	Contact information and Website
Rutherford Health Council	Joannie Jolley, Community Organizing and Mobilizing for Health Priorities	rtcchc@gmail.com
Community Transformation Grant - Mary Smith	Community Planning for Health and Wellness, Smoke-free Policy Support, Access to fresh fruits, vegetables, support of joint use agreements	youthempowermentinc@gmail.com

Community Transformation Grant Program

Rutherford County is part of the NC Community Transformation Grant Project (CTGP). This project aims to reduce chronic diseases, promote healthier lifestyles, reduce health disparities and control health care spending in North Carolina.

Some early strategies of the Community Transformation Grant Project include increasing tobacco free environments and increasing physical activity. Enhancing Farmers Markets and access to fresh fruits and vegetable is another key strategy that will be used to reduce chronic disease.

Priority 2 Reduce Chronic Disease

Vision of Impact

We envision a collaborative community that works together to reduce the burden of chronic disease.

Community Objectives	Baseline/Indicator Source
1. Reduce the cardiovascular disease mortality rate 3% by December 2015.	*Current Baseline (CHA) 223.7% 12/15 Target: 220.7%*
Related Healthy NC 2020 Objective: Reduce the	*Healthy NC 2020 Target:*
2. By December 2015, decrease percentage of adults with diabetes by .5% per year.	*WNC Healthy Impact Survey – Baseline = 15.1% Target for 2015 = 13.6%,*
Related Healthy NC 2020 Objective: By December 2015, decrease percentage of adults with diabetes	*NC 2020 target = 8.6%*

Goal:

Decrease chronic disease by increasing the percentage of adults who are screened for High Blood Pressure, High Cholesterol and unhealthy glucose levels.

Strategy 1 – Screening & Referral for Chronic Disease

STRATEGY BACKGROUND

Source
http://www.cdc.gov/communitytransformation

Evidence Base
Recommendations of Centers for Disease Control and Prevention

Type of Change
Community, Individual, Policy

PARTNER AGENCIES

Lead
Rutherford Regional Hospital (RRH)

Collaborating
Rutherford Polk McDowell District Health Department (RPMHD)

Supporting
Rutherford Community Health Center (RCHC)

STRATEGY OBJECTIVE 1
Increase screenings especially for populations with higher risk: Men, African American, Older

INDICATOR
Number screened

Action Plan

Activity (what is being done?)	**Resources Needed** (who? how much?)	**Anticipated Result** (what will happen?)	**Result Verification** (how will you know?)	**Target Date** (by when?)
Health Fairs for Seniors, Hispanics, Men's Health, Women's Health	RCHC, RRH & RPMHD Staff Time	Awareness, screenings, education, collaboration happens	Number participating, attending and screened is recorded	December 2013, 2014, 2015 annually
Blood Pressure Checks Cholesterol Screening	RRH, RCHC & RPMHD, Staff Time	Make referrals for high risk screenings	Health Fairs and related events occur annually	December 2013 December 2014, December 2015
Clinical Screening and referrals	Clinical staff time	Make referrals for those at risk, early intervention	Referrals made	December 2013
Diabetes screening	RRH, RCHC & RPMHD, Staff Time	Make referrals for those at risk, early intervention	Health Fairs and related screening events occur annually	December 2013 December 2014 December 2015

Goal:
Decrease the percentage of adults with diabetes

Strategy 2 – Diabetes Education and Self-Management

STRATEGY BACKGROUND

Source
Centers for Disease Control and Prevention http://www.cdc.gov/communitytransformation

Evidence Base
Guide to Community Prevention Services http://www.thecommunityguide.org/diabetes/selfmgmteducation.html

Type of Change
Individual

PARTNER AGENCIES

Lead
Rutherford Regional Hospital

Collaborating
Rutherford Polk McDowell Health District, Rutherford Community Health Center

Supporting
Rutherford Community Health Center, Community Transformation Grant

STRATEGY OBJECTIVE 1
Increase enrollment in Diabetes Self-Management Education Programs

INDICATOR
Number of participants

Action Plan

Activity (what is being done?)	**Resources Needed** (who? how much?)	**Anticipated Result** (what will happen?)	**Result Verification** (how will you know?)	**Target Date** (by when?)
Enroll Participants	Staff time, referral network	120 participants enrolled	Enrollment records	June 2014
Education/support groups	Staff time	Gain knowledge, resource	Pre and post testing	June 2014
Increase Physical Activity (P.A.)	Staff time	Participants increase P.A. to recommended amounts	Self-report activity logs, attendance records	June 2014
Biometric measurement	Staff time, hospital staff time, medical personnel	Improved blood sugar level	Biometrics, blood glucose checks	June 2014

Goal:
Decrease the percentage of adults with diabetes

Strategy 3 – Reduce Tobacco Use

STRATEGY BACKGROUND

Source
http://www.cdc.gov/communitytransformation

Evidence Base
Recommendations of Centers for Disease Control and Prevention

Type of Change
Community, Individual, Policy

PARTNER AGENCIES

Lead
Rutherford Regional Hospital

Collaborating
Community Transformation Program

Supporting
ICC, Rutherford Polk McDowell District Health Department, RCHC

STRATEGY OBJECTIVE 1

Increase tobacco screening, cessation programs and referrals

INDICATOR

Participation in local tobacco cessation services, use of QuitLineNC, Utilization of 211 to share resources with the community.

Action Plan – Objective 1

Activity (what is being done?)	**Resources Needed** (who? how much?)	**Anticipated Result** (what will happen?)	**Result Verification** (how will you know?)	**Target Date** (by when?)
Smoking cessation, support groups	Rutherford Regional Hospital Staff Time	Participation will increase	Attendance is recorded	December 2013
QuitLineNC	CTG Staff	Policy Development	Events occur annually	December 2015
Promote Events, Media and Testimonials support	Rutherford Hospital, Isothermal Community College Board & CTG time	Earned Media Collect Testimonials Online Resources created	Earned Media happens Testimonials are heard and seen Online Resources are used	December 2013 December 2014 December 2015
Clinical Screening and referrals	RCHC staff time, Cessation Programs	Reduction in smoking	Attendance records for cessation classes	December 2013
Secondhand smoke education and awareness, referrals through WIC	Staff time, brochures from state, referral source for cessation classes	Decrease in secondhand smoking among parents of young children	Attendance the awareness classes	December 2013 December 2014 December 2015

Goal:
Decrease chronic disease by reducing the percentage of adults who are current smokers

Strategy 3 Continued – Reduce Tobacco Use

STRATEGY OBJECTIVE 2

Capacity Building for Policy Level Change, Targeting population with highest smoking rates

INDICATOR

Smoke free Campus Policy

Action Plan - Objective 2

Activity (what is being done?)	**Resources Needed** (who? how much?)	**Anticipated Result** (what will happen?)	**Result Verification** (how will you know?)	**Target Date** (by when?)
Smoke free campus policy change	CTG Staff Time, RPMHD staff time	Stakeholder input gathered	Attendance records at stakeholder meetings,	December 2015
Awareness campaign	CTG Staff, ICC staff time	Update and Maintain Tobacco Free Policy Resources, Trainings, Policy Development	Events occur annually	December 2015
Media and Testimonials support	Isothermal Community College Board of Directors & Community Transformation Program	Earned Media Collect Testimonials Online Resources created	Earned Media happens Testimonials are heard and seen Online Resources are used	December 2015

Strategy 4 – Improved Nutrition

STRATEGY BACKGROUND

Source

NC's Plan to Address Obesity: Healthy Weight and Healthy Communities 20133-2020 www. EatSmartMoveMoreNC.com

Evidence Base

American Academy of Family Physicians www. aafp.org/online/en/home/policy/policies/b breastfeedingpositionpaper.html.
WHO: Evidence on the long-term effects of breastfeeding. http://www.who.int/ materal_child_adolescent documents/9241595230/en/

Type of Change

Family, Individual, Likely to address health disparities

PARTNER AGENCIES

Lead

Rutherford Polk McDowell Health District WIC ProgramCollaborating

Supporting

Rutherford Health Council

Rationale

The health effects of breastfeeding infants are well documented. Breastfeeding decreases many risks including childhood overweight and obesity. Children who are not breastfed are more likely to be overweight and obese than those who are breastfed. The duration and exclusivity of breastfeeding are both associated with lower rates of overweight and obesity.

STRATEGY OBJECTIVE 1

By December 31, 2015, the proportion of North Carolina infants who are breastfed will increase to 75 % and the roportion of infants who are breastfed for at least six months will increase to 50%.Indicator

INDICATOR

Number breastfed www.cdc.gov/breastfeeding/data/ reportcard2.htm. North Carolina's Obesity Prevention Plan Objective 3B.

Action Plan – Objective 1

Activity (what is being done?)	**Resources Needed** (who? how much?)	**Anticipated Result** (what will happen?)	**Result Verification** (how will you know?)	**Target Date** (by when?)
Increasing percentage of WIC mothers breastfeeding	Peer counselor Staff training and staff time	More promotion, more evidence based programming and education	Training attendance records, staff time records	December 2013 December 2014
Increased collective impact	RPMHD task force participation increase, including clinicians	More communication and education	More clinician involvement, attendance records	December 2015
Events to promote world Breastfeeding Week	Promotional materials, volunteer time	Increase awareness of peer counseling program	More referrals to peer counseling, number of contacts made, number reached through media	August 30, 2013
Breastfeeding support group	Staff, space for meetings	Mothers will attend and gain support	Mothers will attend	December 2015

Strategy 4 Continued – Improved Nutrition

STRATEGY OBJECTIVE 2

Increase access to fresh fruits and vegetables among low-income residents through expanding farmer's markets.

INDICATOR

Sales of fruits and vegetables, self-reported increased consumption of fresh fruits and vegetables

Action Plan – Objective 2

Activity (what is being done?)	**Resources Needed** (who? how much?)	**Anticipated Result** (what will happen?)	**Result Verification** (how will you know?)	**Target Date** (by when?)
Add space to County Farmer's Market	Table, chairs, floor space	More vendors will offer more foods, more sales, more consumption	Verify number of vendors	August 2013
Hold special events	Rutherford Cooperative Extension	More sales, more consumption	Sales records	November 2013
Provide tools/ resources to expand markets	CTG will provide resources and TA	Expansion, more vendors, more sales	Vendors records	November 2013
Awareness Campaign on Healthy Food Access	CTG will develop targeted messages and distribute	Increased awareness of benefits fresh produce	Measure exposure of media	December 2015
Promote Farmers Market	CTG and Cooperative Extension, Social Marketing sites, flyers	More sales, more consumption	Sales records	November 2013
WIC vouchers to purchase fresh produce	Promote programs to those eligible, staff time	Increase consumption of fresh produce	Increased redemption rate of vouchers issued	December 2015

Goal: Increase the number of residents at a healthier weight

Chapter 5 – Next Steps

We will continue to work with a wide range of community partners to modify this Community Health Improvement Plan (CHIP) in the months and years ahead in Rutherford County. This CHIP will be used by partner organizations to complete agency specific reporting of roles and responsibilities (e.g., our health department and local hospitals), as well as informing agency strategic plans across the county where appropriate.

This CHIP will be widely disseminated electronically to partner organizations and used as a community roadmap to monitor and evaluate our collective efforts.

Dissemination of this CHIP will also include making it publicly available on the Rutherford Polk McDowell District Health Department website (www.rpmhd.org), the WNC Healthy Impact website (www.WNCHealthyImpact.com) and in local libraries.

Moving forward, the CHIP report will be updated to provide the framework for the annual State of the County's Health Report, which will be submitted and made publicly available in December 2013.

REFERENCES

NACCHO's CHA/CHIP Resource Center *http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm*

Wisconsin Association of Local Health Departments and Boards *http://www.walhdab.org/NewCHIPPResources.htm*

NC Division of Public Health Community Health Assessment Resource Site *http://publichealth.nc.gov/lhd/cha/resources.htm*

Template Implementation Plan v 1.0; 6/2012. Wisconsin CHIPP Infrastructure Improvement Project *Revised 7/2012 for NACCHO CHA/CHIP Project

NC DPH Community Health Assessment Guide Book *http://publichealth.nc.gov/lhd/cha/docs/guidebook/CHA-GuideBookUpdatedDecember15-2011.pdf*

Connecticut DPH Guide and Template for Comprehensive Health Improvement Planning http:*//www.ct.gov/dph/lib/dph/state_health_planning/planning_guide_v2-1_2009.pdf*

Bexar County CHIP h*ttp://www.bcchip.org/#!home/mainPageSedgwick County CHIPhttp://www.sedgwickcounty.org/healthdept/communityhealthpriorities_2010.pdf*

Kane County CHIP Executive Summary *http://kanehealth.com/chip.htm*

Kane County full CHIP *http://kanehealth.com/chip.htm*

[Counties: insert additional details used in determining EBIs, researching the issues, etc.]

Glossary of Terms

Vision of Impact	Describe the impact that the work of the CHIP will have in the identified health priorities in your county at the end of three years. In other words, what does success look like in 2016?
Community Objective	Description of what the collaborative action team wants to accomplish by addressing the specific health priority.
Strategy	Also known as interventions or approaches which will address priority health issues.
Goal	The impact of the work you anticipate for a specific strategy
Strategy Objectives	Description of what is to be achieved or the specific change expected to occur within a specific time frame. Objectives should be SMART (Specific, Measurable, Achievable, Realistic, & Time Specific). Can have more than one objective for each strategy and related goal.
Indicators	Measurements used to determine whether the objectives were met. They answer the question: how will I know if the objective was accomplished?
Activities	Key components of the strategy needed to achieve the objective for the strategy.
Resources Needed	Description of what your community will need (staff time, materials, resources, etc.) to implement the specific activity.
Results	Also 'impacts, outputs, and outcomes'. It's what happens as a result of the completion of specific activities.
Result Verification	How you will know that results have been achieved for specific activities.
Target Date	The date results will be verified.
Lead	An organization in this role commits to seeing that the issue is addressed. It would take responsibility for developing the resources needed to advance the issue such as a detailed plan. It would focus on the day-to-day and long-range tasks of moving the goal forward. Organizations in a lead role would ask others to assist with specific tasks.
Collaborating	An organization in this role commits to significant help in advancing the issue. For example, it might assist with planning, assembling data, or developing policy options. It would participate regularly in developing strategy to advance the goal.
Supporting	An organization in this role commits to help with specific circumscribed tasks when asked. These tasks might include attending meetings or writing letters of support to move the goal forward.