

Polk County CHIP

Community Health Improvement Plan



October 17, 2016



RUTHERFORD
POLK
MCDOWELL

HEALTH
DISTRICT

September 28, 2016

Dear Community Residents,

I am pleased to share with you a copy of the most recent Community Health Action Plan/CHIP(Community Health Improvement Plan) for Rutherford Polk and McDowell Counties. I prefer the term CHIP and it is the term I will reference. CHIP is a component of the Community Health Assessment Process(CHA), which provides our communities with the challenge of developing prioritized strategies to Improve Health based on the data and information received from the CHA. A final component is measuring the Results achieved after strategies have been implemented.

There are generally four considerations when developing plans to Improve Health and Well-Being for All. # 1. **Know What Affects Health:** Action Areas; Socioeconomic Factors, Clinical Care, Health Behaviors and Physical Environment. #2. **Focus on Areas of Greatest Need:** Your zip code can be more important than your genetic code. Profound health disparities exist depending on where you live. # 3. **Collaborate with Others to Maximize Efforts:** Collective Vision. # 4. **Use a Balanced Portfolio of Interventions for Greatest Impact:** Action in one area may produce positive outcomes in another. Start by using Interventions that work across all 4 Action Areas. Over time, increase investment in Social Determinants for the greatest impact on Health and Well-Being for All. CHIP's focus on strategies that support sustainable policy and environmental changes that increase people's ability to make healthy choices is also critical to achieve success.

Prioritized focus area for Rutherford Polk and McDowell County include: Tobacco Free Lifestyles for all especially pregnant women, young adults and teens; Easy Access to: healthy food, playgrounds, greenways and trails; Addiction Free Lifestyles by reducing, under-age drinking, E-cigarette use and Drug overdose; and Mental Health by increasing access to Behavioral Health services. Obviously, there are many other health areas we can work on that are related to the ones listed ie Chronic Disease is just one example; hopefully working on one priority will also lead to positive outcomes in another.

Please join your communities' efforts to improve HEALTH!

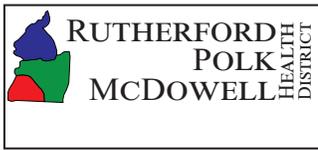
"It is amazing what you can accomplish if you do not care who gets the credit." **Harry S. Truman**

Please contact our Public Health Department if you want to get involved or have questions at (828) 223-1001 or Email ycisneros@rpmhd.org.

Sincerely,

James H. Hines, Jr.

RPM Public Health Director



Community Health Action Plan 2016

County: Polk Period Covered: 2016 - 2018

Partnership/Health Steering Committee, if applicable: Polk Fit Fresh and Friendly Health Coalition (PF3)
Community Health Priority identified in the most recent CHA: Tobacco Use

Local Community Objective: (Working description/name of community objective) Tobacco - Decrease the percentage of adults who are current smokers

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

- Baseline Data:** (State measure/numerical value. Include date and source of current information): 14.1% of Polk County adults report current use of tobacco (PRC Community Health Survey 2015.)
- For continuing objective provide the updated information: (State measure/numerical value. Include date and source of current information): 14.1% of Polk County adults report current use of tobacco (PRC Community Health Survey 2015.)
- Healthy NC 2020 Objective* that most closely aligns with focus area chosen below: Decrease the percentage of adults who are current smokers. Healthy NC 2020 Objective goal is 13% by 2020.
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Population(s)

I. Describe the local population at risk for health problems related to this local community objective:

Individuals with less education and those with lower incomes are more likely to smoke. The poverty rates in Polk County have been steadily rising due to decreased economic opportunities. The median family income in Polk County is \$3019 below the NC state average.

People with less than a high school education are three times as likely to smoke as college graduates and those with higher incomes are less likely to smoke. Compared to WNC, Polk County has 1% lower overall High School graduation rate. (2009-2013 NC State Center for Health Statistics).

Individuals with certain lifetime mental illnesses and those with serious psychological distress are more like to use tobacco. According to the 2015 PRC Healthy Communities Survey, 16% of Polk County adults experienced more than 7 days of poor mental health during the past month. This rate is higher than the WNC comparable rate of 13%. The suicide rate in Polk County has risen significantly in recent years.

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

- A. Total number of persons in the target population specific to this action plan: 2278
- B. Total number of persons in the target population to be reached by this action plan: 1000
- C. Calculate the impact of this action plan:
(Total # in B divided by total # in A) X 100% = 43% of the target population reached by the 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/>

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|---|---|--|
| <input checked="" type="checkbox"/> Tobacco Use | <input type="checkbox"/> Maternal & Infant Health | <input type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Physical Activity & Nutrition | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Environmental Health |
| <input type="checkbox"/> Injury | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Chronic Disease |
| <input type="checkbox"/> Sexually Transmitted Diseases/Unintended Pregnancy | <input type="checkbox"/> Infectious Disease/Foodborne Illness | <input type="checkbox"/> Cross-cutting |
| | <input type="checkbox"/> Oral Health | |

Evidence Based Strategy/Intervention (EBS) Table:

Evidence Based Strategies Used with Like Population(s) <i>NC Healthy People 2020</i>	Strategy/Intervention Goal(s)	Implementation Venue(s)	Resources Utilized/Needed for Implementation
<p>Name of Intervention: 1. Tobacco-Free College Campuses</p> <p>Community Strengths/Assets: RPMHD Staff Tobacco and Control Regional Manager County Partners St. Luke's Hospital Cessation Programs PF3 Health Coalition</p>	<p>S.M.A.R.T Goals:</p> <p>Year 1 - Educate community leaders and the Board of Health, Board of Trustees at Isothermal Community College (ICC) about the benefits of adopting a Tobacco Free Campus Policy at the Polk Campus as well as at the Main Campus in Spindale by December 31, 2016.</p> <p>Year 2 - Educate and mobilize students and faculty to support a TF Campus Policy by December 31, 2017.</p> <p>Year 3 - Adoption of a Tobacco Free Policy at ICC. Smoking and all tobacco use is prohibited on all campus property and at college sponsored events by December 31, 2018.</p>	<p>Target Population(s):</p> <p>Isothermal Community College Board of Trustees, Staff, Faculty, and students.</p> <p>Because campuses are often highly visible within a community, adopting a tobacco-free policy educates the public, local government and organizations about the advisability of such a policy, and encourages them to adopt similar measures. A campus-wide policy can also help reduce youth initiation to tobacco use, through positive modeling behavior.</p>	<p>Resources Needed:</p> <p>Health Promotion Staff time to support policy change. Tobacco Control Branch Regional Manager's time and expertise. Signs.</p>
<p>Name of Intervention: 2. Implementation of the 5As Counseling Method for Tobacco Cessation</p> <p>Community Strengths/Assets: RPMHD Staff Tobacco and Control Regional Manager County Partners St. Luke's Hospital Cessation Programs</p>	<p>S.M.A.R.T Goals:</p> <p>Build relationships with 2 Mental Health and Behavioral Health Providers by December 31, 2016 so that we are invited to do an assessment and to provide 5As training to staff on location.</p> <p>Assess current needs and gaps to address smoking during pregnancy</p>	<p>Target Population(s):</p> <p>WIC and Nurse Family Partnership Staff at Health Department, Maternal Clinical Staff, Mental Health and Behavioral Health Staff in local clinics, St. Luke's Hospital.</p> <p>Venue: Staff Meetings and Collaborative</p>	<p>Resources Needed:</p> <p>Staff time 5As pocket card Quit Line Fax Referral Materials Nicotine Replacement Therapies Handouts</p>

<p>PF3 Health Coalition</p>	<p>with clients and staff by July 31, 2016. Deliver 5As Training to 6 clinical staff each year 2016, 2017, 2018. Provide materials for Fax Referrals to Quitline to all staff trained at time of training and afterwards if needed.</p>	<p>Meetings, on site trainings to encourage participation among intended audience.</p>	
<p>Name of Intervention: 3. Mass Media Campaigns promoting Quit Line NC Community Strengths/Assets: Rutherford Polk McDowell Healthy Communities Program Funds and Program Management Staff in place. Tobacco and Control Branch Regional Manager.</p>	<p>S.M.A.R.T Goals: By July 19, 2016 Launch mass media campaign to promote Quitline NC using digital media, printed materials, posters, coasters, DVDs in Middle Schools and High Schools. Using CDC's Tips Campaign Materials for specific target populations. By July 19, 2017 follow up with new campaign ads as funds allow. By July 19, 2018, follow up with new campaign ads as funds allow.</p>	<p>Target Population(s): General Population especially low income, low educational status, women ages 18-39 and pregnant women. Venue: Mobile devices, websites, social media sites, Schools, Community Colleges, Clinics, Social Services, Libraries, Mental and Behavioral Health Agencies.</p>	<p>Resources Needed: CDC Tips Campaign Ads Healthy Communities Program Funds Project Managers Staff Time T.A. from Media Buyer</p>

Interventions Specifically Addressing Chosen Health Priority

<p><u>INTERVENTIONS:</u> <u>SETTING, & TIMEFRAME</u></p>	<p><u>LEVEL OF INTERVENTION CHANGE</u></p>	<p><u>COMMUNITY PARTNERS' Roles and Responsibilities</u></p>	<p><u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u></p>
<p>Intervention: Tobacco Free Campus Policy <input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed Setting: Community College Target population: ICC Board of Trustees, Board of Health</p>	<p><input type="checkbox"/> Individual/ Interpersonal Behavior <input checked="" type="checkbox"/> Organizational/Policy <input type="checkbox"/> Environmental Change</p>	<p>Lead Agency: RPMHD Role: Educate and support policy level change <input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner Target population</p>	<p><u>Expected outcomes:</u> <u>TF Campus Policy Adopted</u> <u>Anticipated barriers:</u> Any potential barriers? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, explain how intervention will be adapted: We will continue to educate and mobilize the community until the policy is passed. List anticipated project staff: Healthy Communities Coordinator, Health Director, Assistance Health Director,</p>

<p>Members</p> <p>Start Date - End Date (mm/yy): July 1, 2016 – December 2018.</p> <p>Targets health disparities: x <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>representative: yes, students and faculty</p> <p>Role: Mobilize student body and faculty</p> <p>X New partner <input type="checkbox"/> Established partner</p> <p>Partners:</p> <p>Rutherfordon Town Manager, Board of Health Members, RHI Legacy Foundation, PF3 Health Coalition members.</p> <p>Role:</p> <p>Community Organizers and Supporters</p> <p>X New partner <input type="checkbox"/> Established partner</p> <p>Include how you're marketing the intervention:</p> <p>Word of mouth until policy is passed, then use of mass media and signage.</p>	<p>Health Educator, Regional Tobacco Branch Manager</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:</p> <p>We will pass one Campus-wide policy</p> <p>List how agency will monitor intervention activities and feedback from participants/stakeholders:</p> <p>Agency will work with the Board of Health and Health Council. We will record minutes of our educational presentations, letters to the editor, and conversations with key stakeholders.</p> <p>Evaluation: Are you using an existing evaluation? X Y <input type="checkbox"/> N If no, please provide plan for evaluating intervention: _____</p> <p>Compliance measures, student and staff support will be monitored.</p>
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INTERVENTIONS: SETTING, & TIMEFRAME	LEVEL OF INTERVENTION CHANGE	COMMUNITY PARTNERS' Roles and Responsibilities	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
Intervention: 5As Brief	X Individual/	Lead Agency: RPMHD	Expected outcomes: Referral to Quitline and smoking

<p>Cessation Counseling</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: Clinics, Behavioral Health Treatment Centers</p> <p>Target population: Adults who smoke</p> <p>Start Date – End Date (mm/yy): July 1, 2016 – December 2018.</p> <p>Targets health disparities: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Interpersonal Behavior <input type="checkbox"/></p> <p>Organizational/Policy <input type="checkbox"/> Environmental</p> <p>Change</p>	<p>Role: Train Health Providers to provide brief cessation counseling, to educate and Refer to Quitline</p> <p><input type="checkbox"/> New partner X <input type="checkbox"/> Established partner</p> <p>Target population representative: Yes, Health Department Clients and staff.</p> <p>Role: Provide Cessation Counseling and Quitline Referrals</p> <p><input type="checkbox"/> New partner x <input checked="" type="checkbox"/> Established partner</p> <p>Partners: NC Tobacco Branch, PF3 Health Coalition, Blue Ridge Health Clinics.</p> <p>Role: Provide 5As to Clients.</p> <p>X New partner <input type="checkbox"/> Established partner</p> <p>Include how you're marketing the intervention:</p> <p>Through community outreach, email communications, PF3 coalition meeting announcements and through phone calls to partners, we continually reach out to local clinics to offer 5As trainings. Within our Health Department Clinics, 5As counseling is given to all clients who smoke as</p>	<p>cessation.</p> <p>Anticipated barriers: Any potential barriers? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, explain how intervention will be adapted:</p> <p>We will continue to educate and provide counseling as needed.</p> <p>List anticipated project staff: Healthy Communities Coordinator, Clinic Staff, Health Educator, Regional Tobacco Branch Manager to provide training as needed.</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:</p> <p>We will provide brief cessation counseling to 100 Health Department clients who smoke each year in WIC and in the Maternity Health Clinic.</p> <p>We will provide training in 5As to local partners in clinics once per year for a minimum of 6 clinicians for three years.</p> <p>List how agency will monitor intervention activities and feedback from participants/stakeholders:</p> <p>Agency will work with local clinics to monitor this intervention. Health Department Clinics will monitor progress with clients via Quitline and through clinical records.</p> <p>Evaluation: Are you using an existing evaluation? X Y <input type="checkbox"/> N If no, please provide plan for evaluating intervention: _____</p>
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INTERVENTIONS: SETTING, & TIMEFRAME	LEVEL OF INTERVENTION CHANGE	a policy measure.	COMMUNITY PARTNERS' Roles and Responsibilities	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
<p>Intervention: Mass Media Campaigns promoting Quit Line NC</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: Polk County</p> <p>Target population: Current Smokers</p> <p>Start Date – End Date (mm/yy): July 1, 2016 – December 2019.</p> <p>Targets health disparities: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Individual/ Interpersonal Behavior</p> <p><input type="checkbox"/> Organizational/Policy</p> <p><input checked="" type="checkbox"/> Environmental Change</p>	<p>Lead Agency: RPMHD</p> <p>Role: Place ads and other promotions to promote Quitline</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Target population representative: Yes, local smokers market test ads.</p> <p>Role: Test message effectiveness</p> <p><input checked="" type="checkbox"/> New partner <input type="checkbox"/> Established partner</p> <p>Partners: Tobacco and Control Branch, St. Luke's Hospital, Blue Ridge Health Center, PF3 Health Coalition Members</p> <p>Role: Promote Quitline</p> <p><input checked="" type="checkbox"/> New partner <input type="checkbox"/> Established partner</p> <p>Include how you're marketing the</p>	<p><u>Expected outcomes</u>: Smokers will receive Quitline coaching and stop smoking.</p> <p><u>Anticipated barriers</u>: Any potential barriers? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>If yes, explain how intervention will be adapted:</p> <p>List anticipated project staff: Healthy Communities Coordinator, Regional Tobacco Branch Manager</p> <p><u>Does project staff need additional training?</u> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>If yes, list training plan:</p> <p><u>Quantify what you will do</u>: We will motivate 1000 smokers to receive Quitline coaching.</p> <p>List how agency will monitor intervention activities and feedback from participants/stakeholders:</p> <p>Agency will monitor Quitline reports and discuss outcomes with clients who smoke.</p> <p><u>Evaluation</u>: Are you using an existing evaluation? X Y <input type="checkbox"/> N</p> <p>If no, please provide plan for evaluating intervention:</p>	

		intervention: Digital ad campaign, posters, coasters, brochures.	
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Community Health Action Plan 2015 – Smoking During Pregnancy

County: Polk Period Covered: 2015

Partnership/Health Steering Committee, if applicable: PF3 Coalition

Community Health Priority identified in the most recent CHA: Smoking During Pregnancy

Local Community Objective: **Tobacco** - Decrease the percentage of women who smoke during pregnancy

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

- Baseline Data:** (State measure/numerical value. Include date and source of current information): 15.9% % of pregnant women smoke during pregnancy.
- 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 women who smoke during pregnancy to 6.8% by 2020.

Population(s)

Describe the local target population that will be impacted by this community objective:

According to data from the 2010 US Census, the total population of Polk County is 20,520 and 14.1% of the adults currently use tobacco according to the PRC Healthy Communities Survey done May 2015.

Individuals with less education and those with lower incomes are more likely to smoke. The poverty rates in Polk County have been steadily rising due to decreased economic opportunities. The median family income in Polk County is \$3019 below the NC state average.

People with less than a high school education are three times as likely to smoke as college graduates and those with higher incomes are less likely to smoke. Compared to WNC, Polk County has 1% lower overall High School graduation rate. (2009-2013 NC State Center for Health Statistics).

Individuals with certain lifetime mental illnesses and those with serious psychological distress are more like to use tobacco. According to the 2015 PRC Healthy Communities Survey, 16% of Polk County adults experienced more than 7 days of poor mental health during the past month. This rate is higher than the WNC comparable rate of 13%.

- A. **Total number of persons in the target population specific to this action plan:** 131 adults currently using tobacco
- B. **Total number of persons in the target population to be reached by this action plan:** 65
- C. **Calculate the impact of this action plan:**
(Total # in B divided by total # in A) X 100% = 50% of the target population reached by the 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> AND <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

Selection of Strategy/Intervention Table

Strategy/Intervention(s)	Strategy/Intervention Goal(s)	Implementation Venue(s)	Resources Utilized/Needed for Implementation
<p>Name of Intervention: 100% Tobacco-Free Schools</p>	<p>S.M.A.R.T Goals: Work with schools and school districts to improve policy and compliance (including e-cigarette policy and usage), and to increase implementation of evidence-based strategies that support cessation for youth and school employees – on going from July 2016 – December 31, 2018</p>	<p>Target Population(s): Youth and pregnant women</p>	<p>Resources Needed: Staff time</p>
<p>Name of Intervention: Mass Media Campaigns promoting Quit Line NC with ads that relate to pregnancy. Community Strengths/Assets: Rutherford Polk McDowell Healthy Communities Program Funds and Program Management Staff in place. Tobacco and Control Branch Regional Manager.</p>	<p>S.M.A.R.T Goals: By July 31, 2016, launch mass media campaign to promote Quitline NC using digital media, printed materials, posters, coasters, DVDs in Middle Schools and High Schools.</p>	<p>Target Population(s): General Population especially low income, low educational status, women ages 18-39 and pregnant women. Venue: Mobile Devices Schools, Community Colleges, Clinics, Social Services, Libraries, Mental and Behavioral Health Agencies.</p>	<p>Resources Needed: CDC Tips Campaign Ads Healthy Communities Program Funds Project Managers Staff Time T.A. from Media Buyer</p>
<p>Name of Intervention: Implementation of the 5As Brief Cessation Counseling through the Maternal Child Health Initiative (MCHI). Community Strengths/Assets: MCHI RPMHD Staff Tobacco and Control Regional Manager</p>	<p>S.M.A.R.T Goals: Have patient complete online registration for Quitline NC. Provide gift to patient for initial registration. Complete vitals. Take Pre-test C)2 measurement (2x). Play CDC Tips video Mark patient record with data points accordingly. Assess current needs and gaps within local community to address smoking during pregnancy with clients and staff by December 1, 2016</p>	<p>Target Population(s): WIC and Nurse Family Partnership Staff at Health Department, Maternal Clinical Staff, Mental Health and Behavioral Health Staff in local clinics, Rutherford Regional Hospital and pregnant women who smoke. Venue: Staff Meetings and Collaborative Meetings for Train the Trainer sessions. Trained Clinicians will</p>	<p>Resources Needed: Staff time 5As pocket card Quit Line Fax Referral Materials Nicotine Replacement Therapies Handouts Quit Line CDC website videos IPADs Breathalyzers Subway meal gift certificates</p>

<p>County Partners SLH Hospital Cessation Programs</p>	<p>through the Maternal Child Health Initiative (MCHI). Deliver 1 or more 5As Training to staff each year. Provide materials for Fax Referrals to Quitline by December 31, 2016, 2017, 2018.</p>	<p>deliver 5As Counseling to current smokers in clinical settings.</p>	<p>as incentives</p>
<p>Name of Intervention: Triangulum Seminar for Educators Community Strengths/Assets: Tobacco and Control Branch RHA Prevention Services Staff Healthy Communities Program Staff and funds Local School Staff Local Law Enforcement Professionals Behavioral Health Collaborative</p>	<p>SMART Goals: On September 22, 2016, RPMHD will host a Seminar in Tryon, NC for Health and PE Teachers, school nurses, counselors and School Resource Officers. The seminar will educate about new research on e-cigarettes and other electronic nicotine and THC (ENDS) delivery systems. New Tobacco Prevention curriculum will be introduced and provided for Middle School and High School students. We expect 60 attendees. Dr. Smith, Addiction Medicine Specialist from Pavillon Treatment Center in Polk County will present "Current trends in Drug Use" over lunch. New Curriculum will be introduced and provided to MS and HS Teachers. A panel discussion on current trends will be presented and discussed by leaders in various community populations that work with youth and adults. Related Posters and other tools will be distributed to Schools, Clinics and other agencies as part of the mass media campaign to promote Quitline NC.</p>	<p>Target Population: PE Teachers, school nurses, counselors and School Resource Officers, Law Enforcement Professionals, Curriculum Directors. Middle School and High School students are an indirect intended population – they will receive education via their teachers and others listed above. <u>Venue:</u> Schools</p>	<p>Resources Needed: Staff from Tobacco and Control Branch to deliver presentation on new research into Triangulum. Healthy Communities Staff to Organize Invitations Lunch Boxes Curriculum RHA partners Media advocacy</p>

Interventions Specifically Addressing Chosen Health Priority (Insert rows as needed.)

<p><u>INTERVENTIONS: SETTING, & TIMEFRAME</u></p>	<p><u>LEVEL OF INTERVENTION CHANGE</u></p>	<p><u>COMMUNITY PARTNERS' Roles and Responsibilities</u></p>	<p><u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u></p>
<p>Intervention: 100% Tobacco Free Schools</p> <p>X New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: Schools</p> <p>Target population: Youth and School Staff</p> <p>Start Date – End Date 01/17-12/18</p> <p>Targets health disparities: XY <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Individual/ Interpersonal Behavior</p> <p>X Organizational/Policy</p> <p>X Environmental</p> <p>Change</p>	<p>Lead Agency: RPMHD</p> <p>Role: Convener/Implementer</p> <p><input type="checkbox"/> New partner X Established partner</p> <p>Target population representative: School Health Advisory Council (SHAC) represents children and families.</p> <p>Role: Program guidance and support</p> <p><input type="checkbox"/> New partner X Established partner</p> <p>Partners: Rutherford County Schools will enforce 100% TF Schools</p> <p>Partner: Tobacco and Control Branch will provide guidance</p> <p>Partner: Asthma Coalition will provide program support</p> <p>Partner: Health Council program support</p> <p>Partner: WNC Healthy Impact</p> <p>Role: Evaluation support</p> <p><input type="checkbox"/> New partner X Established partner</p> <p>Include how you're marketing the</p>	<p><u>Expected outcomes:</u></p> <p>Work with schools and school districts to improve policy and compliance (including e-cigarette policy and usage), and to increase implementation of evidence-based strategies that support cessation for youth and school employees – on going from July 2016 – December 31, 2018</p> <p><u>Anticipated barriers:</u> Any potential barriers? XY <input type="checkbox"/> N If yes, explain how intervention will be adapted: School personnel are very busy and don't have much time to devote to meeting and planning. We plan to work more closely with the School Health Advisory Council to encourage more robust support from that group.</p> <p>List anticipated project staff: Health Department Staff</p> <p><u>Does project staff need additional training?</u> <input type="checkbox"/> Y X N If yes, list training plan:</p> <p><u>Quantify what you will do:</u> We will hold 2 meetings each year with the school system representatives to discuss evidence based strategies as described above.</p> <p>List how agency will monitor intervention activities and feedback from participants/stakeholders: We will listen and take notes as we seek to gain feedback from our partners. We will record minutes of our meetings and one on one conversations. We will monitor the number and quality of activities held by the schools promoting Tobacco Free Schools.</p> <p><u>Evaluation:</u> Are you using an existing evaluation? <input type="checkbox"/> Y X N</p>

		intervention: Brochures, posters, banners, coasters, digital ads	<p>If no, please provide plan for evaluating intervention:</p> <p>We plan on using RBA, a planning, monitoring, evaluation and continuous improvement framework that focuses on results for communities and individuals.</p>
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<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: Mass Media Campaigns promoting Quit Line NC</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: Community</p> <p>Target population: Current Tobacco Users</p> <p>Start Date – End Date (mm/yy): July 1, 2016 – December 2018</p> <p>Targets health disparities: X Y <input type="checkbox"/> N</p>	<p>X Individual/ Interpersonal Behavior</p> <p><input type="checkbox"/> Organizational/Policy X Environmental Change</p>	<p>Lead Agency: RPMHD</p> <p>Role: Project Coordinator</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Target population representative: Health Department Clients, WIC Staff and Maternity Clinicians, general population, Spanish speaking clients and staff from Health Department will test messages in Spanish.</p> <p>Role: Market test media messages, Promote Quitline, Access Quitline Coaching for Cessation</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Partners: NC Tobacco and Control Branch will provide Technical Assistance. Partners: Moffitt Media will place digital ads</p>	<p>Expected outcomes: Increased use of Quitline and decrease in current use of tobacco.</p> <p>Anticipated barriers: Any potential barriers? <input type="checkbox"/> Y X N</p> <p>If yes, explain how intervention will be adapted:</p> <p>List anticipated project staff: Healthy Communities Coordinator</p> <p>Does project staff need additional training? <input type="checkbox"/> Y X N</p> <p>If yes, list training plan:</p> <p>Quantify what you will do: We will place \$10,000 worth of digital ads promoting the Quitline to our target audience by December 2019.</p> <p>List how agency will monitor intervention activities and feedback from participants/stakeholders:</p> <p>We will examine Quitline usage data to determine if more of our target population is accessing Quitline coaching.</p> <p>We will get feedback from our partners. We will monitor reports from Moffitt Media to see how many clicks are coming to Quitline from our Ad campaigns.</p>

		<p>and monitor success rates, provide reports to RPMHD.</p> <p>Partner: Rutherford Health Council will promote campaign</p> <p>Partner: Rutherford Regional Hospital will promote campaign and provide cessation resources, participate in Quitline referrals wherever appropriate.</p> <p>Role: Promote Quitline. Refer smokers for cessation resources to quit tobacco use.</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Include how you're marketing the intervention: Digital media ads, posters, coasters in clinics and worksites, brochures, flyers, word of mouth to partners.</p>	<p><u>Evaluation:</u> Are you using an existing evaluation? X Y <input type="checkbox"/> N If no, please provide plan for evaluating intervention</p>
<p><u>INTERVENTIONS: SETTING, & TIMEFRAME</u></p> <p>Intervention: 5As Counseling Method for Tobacco Cessation Delivered through the Maternal Child Health Initiative</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: Clinical</p> <p>Target population: Clinicians who serve current tobacco users</p>	<p><u>LEVEL OF INTERVENTION CHANGE</u></p> <p>X Individual/ Interpersonal Behavior</p> <p><input type="checkbox"/> Organizational/Policy Change</p> <p><input type="checkbox"/> Environmental Change</p>	<p><u>COMMUNITY PARTNERS' Roles and Responsibilities</u></p> <p>Lead Agency: RPMHD</p> <p>Role: Provide 5As Training to Staff and to patients who are pregnant.</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Target population representative: Behavioral Health Clients and Staff represent the intended population of current smokers.</p> <p>Role: Program guidance and participation in referring smokers to cessation resources.</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p>	<p><u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u></p> <p>Expected outcomes: We will provide at least one 5As Training each year for three years to target audiences that serve a large number of current tobacco users. We expect that more clinicians and behavioral health professionals will use the 5As method to encourage tobacco cessation.</p> <p><u>Anticipated barriers:</u> Any potential barriers? <input type="checkbox"/> Y X N</p> <p>If yes, explain how intervention will be adapted:</p> <p>List anticipated project staff: Healthy Communities Program Coordinator for RPMHD, Maternity Clinic Nurses</p> <p><u>Does project staff need additional training?</u> <input type="checkbox"/> Y X N</p>

<p>Start Date – End Date (mm/yy): July 2016 – December 2018.</p> <p>Targets health disparities: X Y <input type="checkbox"/> N</p>		<p>Partners: Rutherford Regional and St.Luke' Hospitals will provide cessation resources.</p> <p>Partner: Rutherford Health Council will provide program promotion to local Clinics</p> <p>Partner: NC Tobacco and Control Branch will provide technical assistance and assistance with training as needed.</p> <p>Role: Program Support and Promotion to Partners, Program implementation to intended audience.</p> <p><input type="checkbox"/> New partner X Established partner</p> <p>Include how you're marketing the intervention: Presentations to the Rutherford Health Council and to the Board of Health, calls and emails to partners to schedule training for staff.</p>	<p>If yes, list training plan: <u>Quantify what you will do:</u> We will provide 3 5As trainings to clinicians and mid-level staff by December 2019.</p> <p>List how agency will monitor intervention activities and feedback from participants/stakeholders: We will keep records of attendance at trainings. We will evaluate training sessions.</p> <p><u>Evaluation:</u> Are you using an existing evaluation? X Y <input type="checkbox"/> N</p>
<p><u>INTERVENTIONS: SETTING. & TIMEFRAME</u></p> <p>Intervention: Triangulum Seminar – Training on Electronic Nicotine and THC Delivery Systems (ENDS)</p> <p>X New Ongoing Completed <input type="checkbox"/></p> <p>Setting: Schools & Community</p>	<p><u>LEVEL OF INTERVENTION CHANGE</u></p> <p>X Individual/ Interpersonal Behavior</p> <p><input type="checkbox"/> Organizational/Policy Environmental Change</p>	<p><u>COMMUNITY PARTNERS' Roles and Responsibilities</u></p> <p>Lead Agency: RPMHD</p> <p>Role: Project Coordinator</p> <p><input type="checkbox"/> New partner X Established partner</p> <p>Target population representative: Polk School Administrators, Educators, school nurses, SROs, Counselors, ultimately MS and HS students.</p> <p>Role: Attend Seminar, use new curriculum to deliver Tobacco Prevention Education to MS and HS students.</p>	<p><u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u></p> <p><u>Expected outcomes:</u> All MS and HS Health and PE Teachers will receive training in updated Tobacco Prevention Education. All attendees will feel competent to deliver new curriculum to students in the 2016-2017 school year.</p> <p>School nurses, Counselors and SROs will use new information about ENDS to help students who may be using or considering use of ENDS.</p> <p>Students will be prevented from initiating use of ENDS.</p>

<p>Target population: Educators, school nurses, SROs, Counselors, ultimately MS and HS students</p> <p>Start Date – End Date: July 1, 2016 – October 2016</p> <p>Targets health disparities: X Y <input type="checkbox"/> N</p>		<p><input type="checkbox"/> New partner X Established partner</p> <p>Partners: NC Tobacco and Control Branch will provide training Partner: RHA Prevention Services will deliver best practices and curriculum updates for Tobacco Prevention Education. Partner: Behavioral Health Collaborative will promote Seminar to partners. Partner: Polk Schools will provide space and give Teachers time to attend Seminar. Partner: Polk Sheriff's Department will provide SRO to attend Seminar and apply new information when working with students. Partner: Pavillon Treatment Center will present "Current Trends in Drug Use" during lunch hour at Seminar.</p> <p>Role: Attend and Promote Seminar. Extend new research on ENDS to appropriate intended audiences. Use new curriculum and related information to prevent use of e-cigarettes and other harmful substances among youth and adults.</p> <p><input type="checkbox"/> New partner X Established partner</p> <p>Include how you're marketing the intervention: Invitations, announcements via email, social media and word of mouth at meetings, Health Council and CET members promoting, School system promoting.</p>	<p>Increased awareness of dangers of nicotine, THC and other drugs among all community partners in attendance.</p> <p>Reduced use of harmful substances among populations at risk including youth and adults.</p> <p><u>Anticipated barriers:</u> Any potential barriers? <input type="checkbox"/> Y X N</p> <p>If yes, explain how intervention will be adapted:</p> <p>List anticipated project staff: Healthy Communities Coordinator, Tobacco and Control Staff</p> <p><u>Does project staff need additional training?</u> <input type="checkbox"/> Y X N</p> <p>If yes, list training plan:</p> <p><u>Quantify what you will do:</u> We will provide 6 hours of training for 60 people who work with youth and adults on September 27, 2016.</p> <p>We will provide 6 hours of training to MS and HS Educators on 2 new curriculums to prevent use of tobacco and ENDS.</p> <p>We will train all attendees (n=60) on current trends in drug use for 90 minutes on September 27, 2016.</p> <p>We will discuss best practices for preventing the use of tobacco, THC and other drugs among youth and adults for 60 minutes with 60 people in attendance on September 27, 2016.</p>
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			<p>List how agency will monitor intervention activities and feedback from participants/stakeholders:</p> <p>We will use an evaluation form at the end of the Triangulum Training Seminar. We will review comments and make improvements in Rutherford and Polk County. The Seminars in those counties will take place in September 2016.</p> <p><u>Evaluation:</u> Are you using an existing evaluation? X Y <input type="checkbox"/> N If no, please provide plan for evaluating intervention:</p>
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County: Polk Period Covered: 2015

Partnership/Health Steering Committee, if applicable: PF3 Coalition

Community Health Priority identified in the most recent CHA: Physical Activity

Local Community Objective:) Increase the percentage of adults getting the recommended amount of physical activity.

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

- Baseline Data:** 49.4%% of adults in Polk County meet Physical Activity Recommendations of 150 minutes of activity per week (2015 PRC Healthy Communities Survey) and 50.6% are not meeting the recommendations.
- For continuing objective provide the updated information:** According to the 2015 PRC Healthy Communities Survey 53.8% or 18,830 adults are not physically active.
- Healthy NC 2020 Objective** that most closely aligns with focus area chosen below: Increase the percentage of adults getting the recommended amount of physical activity to 60.6%.

Population(s)

Describe the local target population that will be impacted by this community objective:

According to data from the 2010 US Census, the total population of Polk County is 20,520.

Males are more likely than females to get he recommended amount of physical activity (51.1% versus 41.9% 2009). Our target audience is low-income adults with an emphasis on females. Income and education are related to physical activity levels. For example individuals with the least income are the least likely to get the recommended level. The recommended level is achieved by 33.9% among people making \$15,000 or less and by 54% among those making \$75,000 or more (2009). In Polk, 16.7% of adults live below 100% of poverty in the aggregate period of 2009-2013 according to the US Census Bureau.

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- A. Total number of persons in the target population specific to this action plan:** 11,470 adults currently not getting recommended amount of physical activity.
- B. Total number of persons in the target population to be reached by this action plan:** 1915 - those living below 100% of poverty.
- C. Calculate the impact of this action plan:**

(Total # in B divided by total # in A) X 100% = 16.7% of the target population reached by the 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> **AND**

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Maternal & Infant Health | <input type="checkbox"/> Social Determinants of Health |
| X <input checked="" type="checkbox"/> Physical Activity & Nutrition | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Environmental Health |
| <input type="checkbox"/> Injury | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Chronic Disease |
| <input type="checkbox"/> Sexually Transmitted Diseases/Unintended Pregnancy | <input type="checkbox"/> Infectious Disease/Foodborne Illness | <input type="checkbox"/> Cross-cutting |
| | <input type="checkbox"/> Oral Health | |

Selection of Strategy/Intervention Table

Strategy/Intervention(s)	Strategy/Intervention Goal(s)	Implementation Venue(s)	Resources Utilized/Needed for Implementation
<p>1. Name of Intervention: Healthy Foods & Community Gardens</p> <p>Community Strengths/Assets: Grow Food Where People Live Program (GFWPL), DSS Gardens, Thermal Belt Outreach, Cooperative Extension, RPMHD Healthy Communities Program, Ashley Meadows, Partnership for Children, Polk School Health Advisory Council (SHAC) Polk County Parks and Recreation, local faith communities.</p>	<p>S.M.A.R.T Goals:</p> <p>Year 1 – Cooperative Extension will deliver 1 gardening education program to target audience.</p> <p>Year 1 – Polk Agriculture and GFWPL will expand and support maintenance of existing gardens at Ashley Meadows and DSS. Measure and record amount of produce grown by October 31, 2016.</p> <p>Year 1 – Polk Parks and Rec will distribute educational information about smart snacks and physical activity to program participants by December 31, 2016.</p> <p>Year 1 – Partnership for children will work with at least one faith community to encourage adoption of healthy food policies and joint use agreements by December 2016.</p> <p>Year 2 – Deliver 1 gardening education program to target audience.</p> <p>Year 2 – Design and create 1 new community garden by October 31, 2017.</p> <p>Year 3 – Deliver 1 gardening education program to target audience.</p> <p>Year 3 – Design and create 1 new community garden</p>	<p>Target Population(s): Families including children of all ages and adults of all ages.</p> <p>Venue: Communities, especially low-income communities, faith communities in each municipality.</p>	<p>Resources Needed: Staff Time Gardening supplies and tools</p>

<p>2. Name of Intervention: Build Active Living Communities</p> <p>Community Strengths/Assets: Polk Health Department's Safe Routes to Schools Program, Let's Go NC! Program, Polk Sheriff's Department, RPMHD Healthy Communities Program, Polk County Recreation Department and Trails Manager, PF3 Polk Fit Committee</p>	<p>by October 31, 2018.</p> <p>S.M.A.R.T Goals:</p> <p>Year 2 - Increase by 1 the number of ongoing programs that encourage walking and biking to or at school by December 31, 2017.</p> <p>Increase number of miles on Greenways by December 31, 2018 by any amount.</p> <p>By May 2017, work with Polk County School system to find funding to pilot the Let's Go NC! bicycle safety curriculum in 1 afterschool program impacting 8-15 students.</p> <p>Increase by 1, the number of Parks, trails and outdoor recreation spaces by December 31, 2018.</p> <p>Increase access to physical activity opportunities by adding new opportunities to websites and increasing promotions by December 31, 2017.</p> <p>S.M.A.R.T Goals:</p> <p>Ongoing in year 1, 2, 3 - Organize and mobilize clinicians to make appropriate referrals for those identified as physically inactive by November 31, 2016, 2017, 2018.</p>	<p>Target Population(s): Inactive Adults and children.</p> <p>Venue: Community, Public Grounds, Parks, Schools</p>	<p>Resources Needed:</p> <p>Staff Time Funds to improve or expand outdoor spaces. Bike Helmets for children Promotional materials</p>
<p>3. Name of Intervention: Offer evidence-based clinical preventive screening, counseling and treatment guidelines.</p> <p>Community Strengths/Assets: Blue Ridge Health Systems, RPMHD Clinics, St. Luke's Hospital System, local clinics.</p>		<p>Target Population(s): Inactive Adults Venue: Clinics</p>	<p>3. Name of Intervention: Offer evidence-based clinical preventive screening, counseling and treatment guidelines.</p> <p>Community Strengths/Assets: Blue Ridge Health Systems, RPMHD Clinics, St. Luke's Hospital System, local clinics.</p>

Interventions Specifically Addressing Chosen Health Priority

<p><u>INTERVENTIONS: SETTING, & TIMEFRAME</u></p>	<p><u>LEVEL OF INTERVENTION CHANGE</u></p>	<p><u>COMMUNITY PARTNERS' Roles and Responsibilities</u></p>	<p><u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u></p>
<p>1. Intervention: Healthy Foods and Community Gardens</p> <p>New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: Low-income communities</p> <p>Target population: Families and young children.</p> <p>Start Date – End Date 07/16-12/18</p> <p>Targets health disparities: X <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p>X Individual/ Interpersonal Behavior</p> <p>Organizational/Policy</p> <p>Environmental Change</p>	<p>Lead Agency: Partnership for Children and Cooperative Extension</p> <p>Role: Community Organizer and Program Implementation</p> <p>New partner X Established partner</p> <p>Target population representative: Polk Agriculture, Groundswell International working with families.</p> <p>Role: Program guidance, design, implementation and promotions</p> <p>New partner X Established partner</p> <p>Partners: Groundswell International, Polk Agriculture, DSS, Thermal Belt Outreach, PF3 Health Coalition, Cooperative Extension.</p> <p>Role: Increase capacity and participation</p> <p>New partner X Established partner</p> <p>Include how you're marketing the intervention: Brochures, word of mouth, flyers, PF3 Wellness Coalition Members</p>	<p>Expected outcomes: Increased physical activity levels among children and adults.</p> <p>Increased knowledge about healthy foods.</p> <p>Increased access to nutritious foods and beverages.</p> <p>Anticipated barriers: Any potential barriers? <input type="checkbox"/> Y X N If yes, explain how intervention will be adapted:</p> <p>List anticipated project staff: Partnership for Children Staff, Healthy Communities Program Coordinator, Cooperative Extension Staff.</p> <p>Does project staff need additional training? <input type="checkbox"/> Y XN If yes, list training plan:</p> <p>Quantify what you will do: We will maintain 3 existing community gardens and deliver 3 garden education programs per year. We will create one new garden in a low income community.</p> <p>List how agency will monitor intervention activities and feedback from participants/stakeholders: Surveys and program evaluations, conversations, meeting minutes.</p> <p>Evaluation: Are you using an existing evaluation? X Y <input type="checkbox"/> N If no, please provide plan for evaluating intervention:</p>

<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>2. Intervention: Active Communities</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: Community, Schools</p> <p>Target population: Adults and Children</p> <p>Start Date – End Date</p> <p>July 1, 2016- December 31, 2018</p> <p>Targets health disparities: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input 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: RPMHD/Active Routes to School Program.</p> <p>Role: Program Coordination</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Target population representative: Partnership for Children, PF3 Polk Fit Committee members, Active Routes Coordinator and teachers working with inactive adults and children</p> <p>Role: Program guidance</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Partners: Active Routes to Schools implement program, coordinate events</p> <p>Partners: Polk Recreation will distribute educational materials.</p> <p>Partner: Cooperative Extension will offer nutrition education.</p> <p>Partner: PF3 Health Coalition will promote events</p> <p>Partner: Polk Schools will support efforts of the SHAC to identify and strengthen school policies and</p>	<p>Expected outcomes: Increased activity levels among target population</p> <p>Anticipated barriers: Any potential barriers? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, explain how intervention will be adapted:</p> <p>List anticipated project staff: Active Routes to School Regional Coordinator</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: We will coordinate one program that encourages walking or biking to school per year.</p> <p>List how agency will monitor intervention activities and feedback from participants/stakeholders: Attendance reports, feedback surveys from participants, records of media advocacy.</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>programs for promoting healthy and active living.</p> <p>Partner: SHAC will work with Polk Schools to revitalize school gardens and provide model policies for healthy foods and recommended activity levels for children and staff.</p> <p>All partners will provide program support, marketing and promotions, volunteers to assist at events.</p> <p>Role of all partners: Promote healthy eating policies, community events and spaces to be active.</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Include how you're marketing the intervention: Social Media, Flyers, Health Coalition Members – word of mouth, brochures, newspaper.</p>	
<p><u>INTERVENTIONS: SETTING, & TIMEFRAME</u></p> <p>3. Intervention: Offer evidence-based clinical preventive screening, counseling and treatment guidelines</p>	<p><u>LEVEL OF INTERVENTION CHANGE</u></p> <p><input checked="" type="checkbox"/> Individual/ Interpersonal Behavior <input type="checkbox"/> Organizational/Policy</p>	<p><u>COMMUNITY PARTNERS' Roles and Responsibilities</u></p> <p>Lead Agency: RPMHD Role: Convener, Implementation <input checked="" type="checkbox"/> New partner <input type="checkbox"/> Established partner</p>	<p><u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u></p>
			<p>Expected outcomes: An additional 150 adults per year will get the recommended physical activity as a result of being given screening, counseling and treatment guidelines for becoming more active.</p>

<input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed Setting: Clinics, Health Fairs Target population: Inactive adults Start Date – End Date 07/16-12/16 Targets health disparities: X Y <input type="checkbox"/> N	<input type="checkbox"/> Environmental Change	<p>Target population representative: Polk PF3 Coalition Hear to Help Program Coordinator will do outreach with target audience.</p> <p>Role: Outreach to target population, program design and marketing guidance</p> <p>X New partner <input type="checkbox"/> Established partner</p> <p>Partner: PF3 Coalition Staff, Hear to Help Staff will promote program to target audience.</p> <p>Partner: RPMHD and local Clinics will implement program</p> <p>Partner: St. Luke's Hospital System will implement program, offer screenings</p> <p>Role of all participating clinics: Offer evidence-based clinical preventive screening, counseling and treatment guidelines</p> <p><input type="checkbox"/> New partner X Established partner</p> <p>Include how you're marketing the intervention: Brochures, flyers, word of mouth with PF3 Health Coalition Members.</p>	<p>Anticipated barriers: Any potential barriers? <input type="checkbox"/> Y X N If yes, explain how intervention will be adapted:</p> <p>List anticipated project staff: Health Department Clinicians, Clinicians from other local clinics.</p> <p>Does project staff need additional training? <input type="checkbox"/> Y X N If yes, list training plan:</p> <p>Quantify what you will do: We will screen and counsel 150 clients per year to increase physical activity levels.</p> <p>List how agency will monitor intervention activities and feedback from participants/stakeholders: Review of clinical records indicating activity levels over the course of the year.</p> <p>Evaluation: Are you using an existing evaluation? X Y <input type="checkbox"/> N If no, please provide plan for evaluating intervention:</p>
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