

2013

Cherokee County Community Health Improvement Plan



v3.11.13



WNCHEALTHYIMPACT

2013 CHEROKEE COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

March 2013

ACKNOWLEDGEMENTS

This document was developed by Cherokee County Health Department, in partnership with Murphy Medical Center as part of a community-wide action planning process.

Special thanks to Heather Gates and her team for coordinating the regional effort, including but not limited to survey development, data collection, facilitating workgroup meetings, and encouraging community support.

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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 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. www.WNCHealthyImpact.com

Please contact Sara Wilson 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

Following the release of the *2012 Cherokee County Community Health Assessment*, the Cherokee County Health Department embarked on a process to develop a Community Health Improvement Plan (CHIP). A CHIP is a community-wide, collaborative strategic plan that sets priorities for health improvement and engages partners and organizations to develop, support, and implement the plan. A CHIP is intended to serve as a vision for the health of a community and a framework for organizations to use in making that vision a reality. A Core Planning Group and Work Groups were convened to develop the Community Health Improvement Plan for Cherokee County. Members of the groups represented different sectors of the community to contribute diverse points of view. Over the course of one year, the groups developed a vision of health for the community, values for the process, and identified five data-driven health priorities and action steps to be addressed in the plan:

Areas of Celebration

AREA 1: Cherokee County Health Department added mental health to their services as well as a new health center in Andrews, NC staffed with a middle level provider.

AREA 2: Cherokee County is a safe place to live with a low crime rate and an even lower murder rate compared to region and state rates. There are also support resources in place for individuals and families through health education, community programs, and community coalitions with programs for diabetes, substance abuse and tobacco prevention/ cessation.

AREA 3: Cherokee County has much potential for growth and development.

Areas of Concern:

AREA 1: The top 3 issues in Cherokee County ranked as being of highest priority by the 2012 Community Health Assessment (CHA) team were:

1. Physical Activity and Nutrition
2. Tobacco Use
3. Chronic Disease

AREA 2: Important community social issues include: lack of affordable health care/insurance, underemployment/lack of well-paying jobs, and lack of quality health care providers. There will also be a substantial increase in the numbers of Cherokee County residents aged 65 and older. This rapidly aging population will have a large impact on the growth of our community and on its economic, social and healthcare infrastructure.

AREA 3: The top 2 concerns of county residents according to the WNC Healthy Impact Survey were Economy/ Unemployment and Access to Healthcare Services.

Overview of CHIP Purpose and Process

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. The goal is that with constant and focused effort, a wide range of public health partners and stakeholders engaged in assessment, planning and action will be able to document measure improvements in the selected health priorities in the upcoming years. This CHIP is in no way meant to detail all of the health issues in front of Cherokee County and its community nor is it able to offer information on all of the wonderful programs and initiatives that are taking place here in our community. This Community Health Improvement Plan (CHIP) is, however, an action-oriented strategic plan that outlines the priority health issues recognized for the Cherokee County from the 2012 Community Health Assessment. Its main intention is to provide an overview of how these issues will be addressed in the next three years.

List of Health Priorities

1. Physical Activity and Nutrition
2. Tobacco Use
3. Chronic Disease

After careful review of the 2012 Cherokee County Health Assessment findings, it was determined that the county's priority areas did not change over the past six months. A few clarifications were made to the areas to form a clearer focus for this year's assessment. The Cherokee County Health Department's priority areas for 2012-2015 are: increase access to physical activity and healthy foods, promote tobacco-free places and encourage tobacco cessation, and to improve access to preventive care and treatment for chronic disease. Poverty continues to influence each of these areas.

General Review of Data and Trends

The following key data and trends helped support the selection of each of this year's three health priorities. This is only a snapshot of each area and more detail can be found in the 2012 Community Health Assessment.

1. Increase access to physical activity and healthy foods

From these data it appears that the estimated prevalence of diagnosed obesity among adults in Cherokee County rose every year between 2005 and 2009; the increase from 2005 to 2009 was 13.2% while the regional increase was 11.1%.

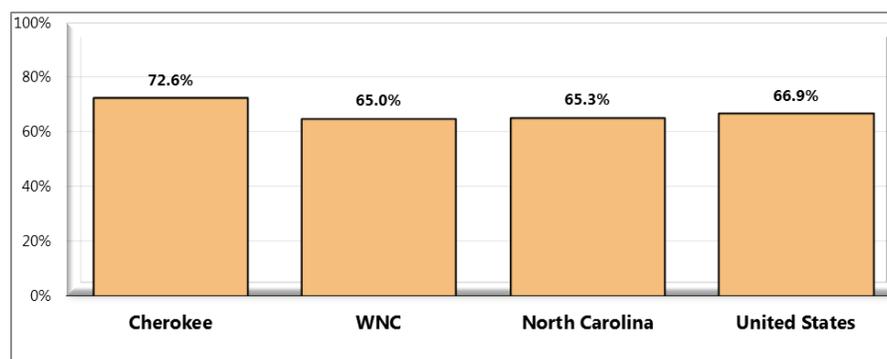
Estimate of Diagnosed Obesity Among Adults Age 20 and Older (2005-2009)

Geography	2005		2006		2007		2008		2009	
	#	%	#	%	#	%	#	%	#	%
Cherokee County	4,815	24.2	4,965	24.4	5,107	25.0	5,229	25.7	5,504	27.4
Regional Total	128,908	-	136,661	-	139,114	-	143,681	-	148,403	-
Regional Arithmetic Mean	8,057	25.2	8,541	26.4	8,695	26.7	8,980	27.4	9,275	28.0

Prevalence data of overweight and obesity show consistent increases in trends are also true for children ages 2-18 in Cherokee County.

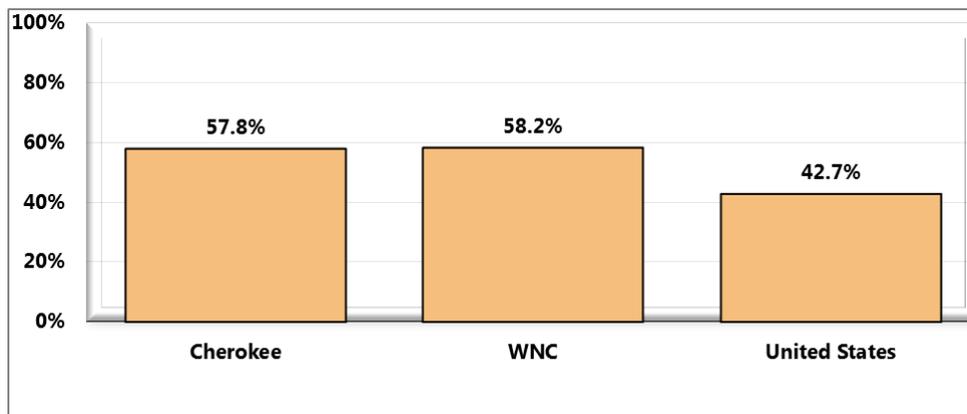
Prevalence of Total Overweight (WNC Healthy Impact Survey)

(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]
 - 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.
- Notes:
- Based on reported heights and weights, asked of all respondents.

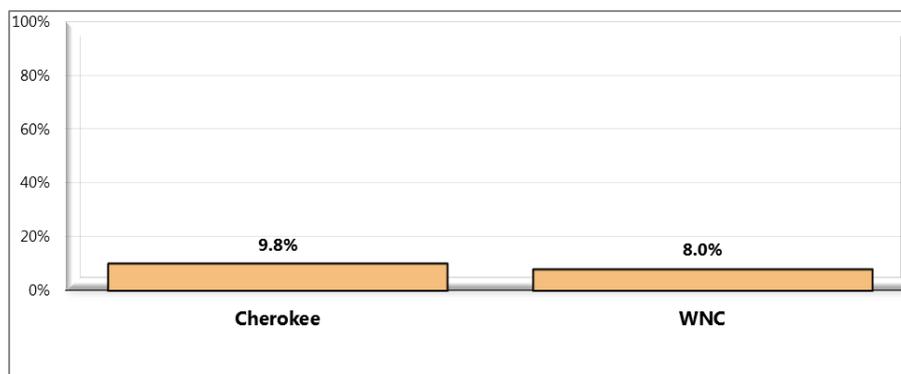
Meets Physical Activity Recommendations (WNC Healthy Impact Survey)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 80]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - In this case the term “meets physical activity recommendations” refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

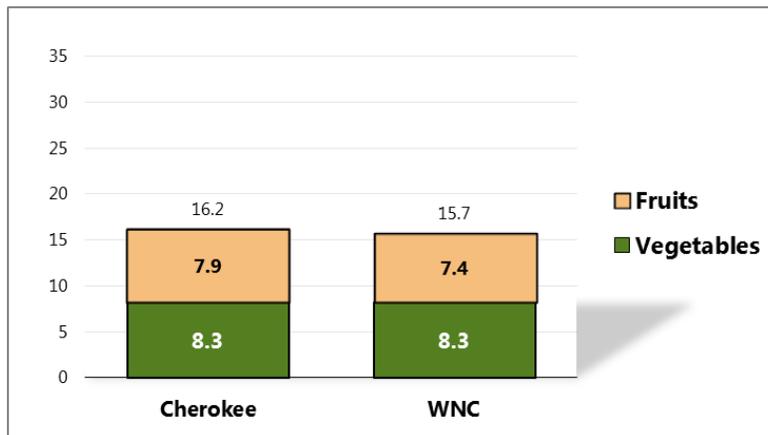
The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home. Marketing also influences people’s—particularly children’s—food choices (DHHS, 2010). According to the County Health Rankings & Roadmaps website 47% of all restaurants in Cherokee County are fast food establishments. The data from the WNC Healthy Impact Survey reflects that well with the shockingly low percentage of people reporting they had eaten the recommended servings of fruits/vegetables per day in the past week.

Had an Average of Five or More Servings of Fruits/Vegetables per Day in the Past Week (WNC Healthy Impact Survey)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
- Notes:
- Asked of all respondents.
 - For this issue, respondents were asked to recall their food intake during the previous week. Reflects 35 or more 1-cup servings of fruits and/or vegetables in the past week, excluding lettuce salad and potatoes.

**Average Servings of Fruits/Vegetables in the Past Week
(WNC Healthy Impact Survey)**

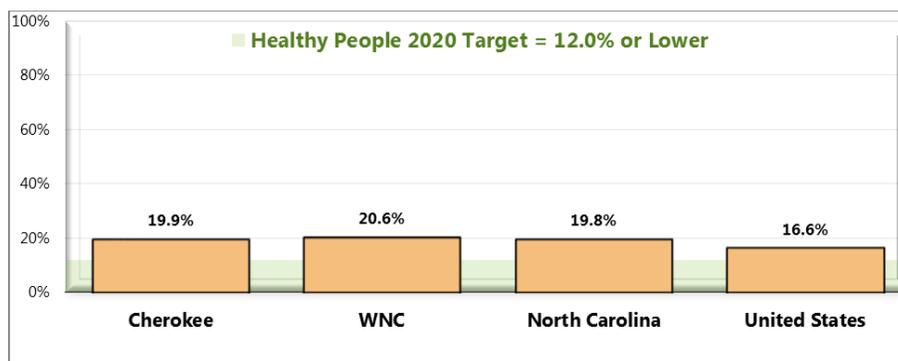


- Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 53-54]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake during the previous week. Reflects 35 or more 1-cup servings of fruits and/or vegetables in the past week, excluding lettuce salad and potatoes.

2. Promote tobacco-free places and encourage tobacco cessation

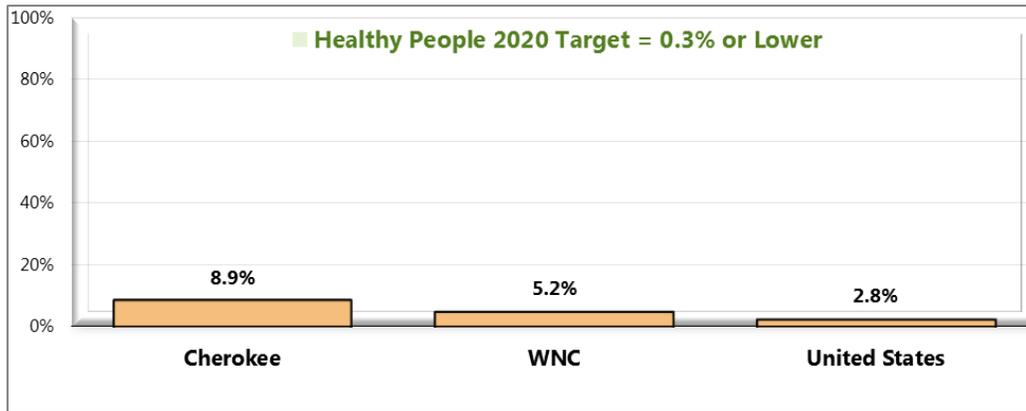
Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US \$193 billion annually in direct medical expenses and lost productivity. Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages.

Current Smokers (WNC Healthy Impact Survey)



- 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).

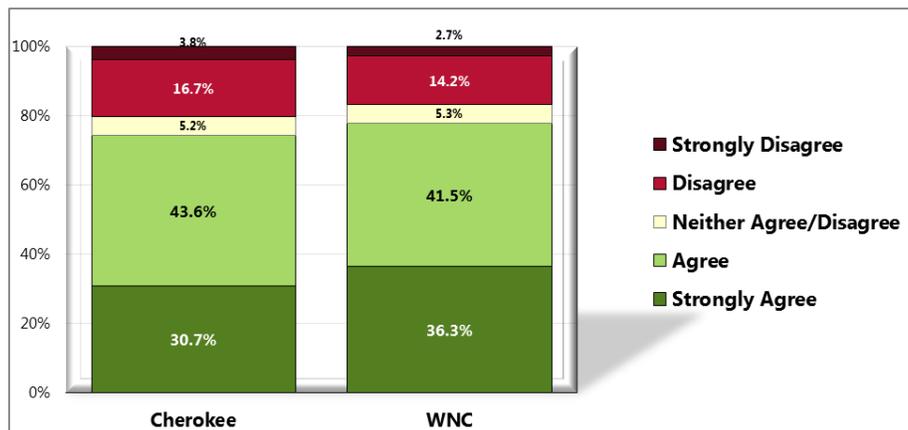
Currently Use Smokeless Tobacco Products (WNC Healthy Impact Survey)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
 - 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 TU-1.2]
- Notes:
- Asked of all respondents.
 - Includes regular and occasional users (every day and some days).

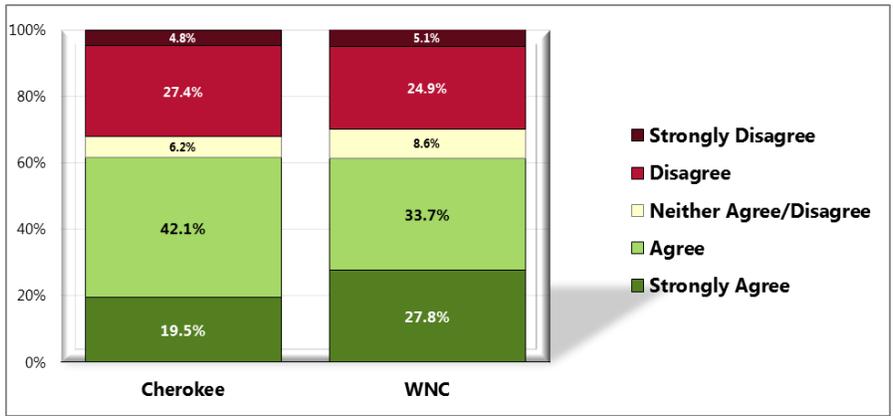
The WNC Healthy Impact Survey showed that residents of Cherokee County strongly support the desire for more tobacco free environments.

“I believe it is important for government buildings and grounds to be 100% tobacco-free (WNC Healthy Impact Survey)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
- Notes:
- Asked of all respondents.

“I believe it is important for parks and public walking/biking trails to be 100% tobacco-free (WNC Healthy Impact Survey)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
 Notes: • Asked of all respondents.

Data showed the percentage of smoking during pregnancy in Cherokee County was significantly higher than the comparable mean percentages for WNC, and the WNC means were significantly higher than the comparable percentages statewide in *all* of the time periods cited in the table.

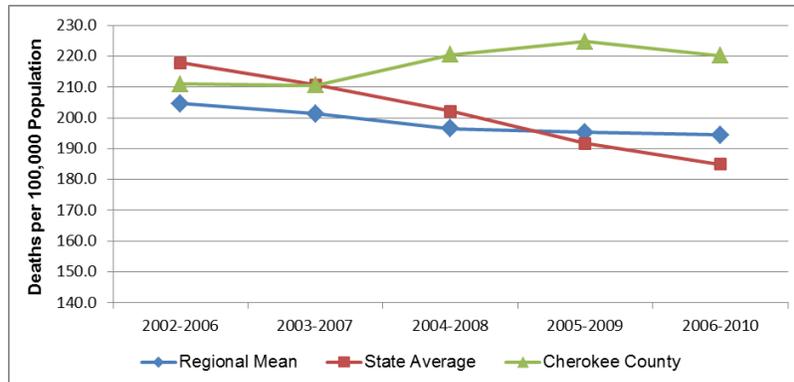
Births to Mothers Who Smoked During the Prenatal Period (Five-Year Aggregates, 2001-2005 through 2005-2009)

Geography	2001-2005		2002-2006		2003-2007		2004-2008		2005-2009	
	#	%	#	%	#	%	#	%	#	%
Cherokee County	410	30.8	419	30.7	410	31.1	396	30.2	382	29.1
Regional Total	7,496	22.4	7,442	22.1	7,361	21.7	7,106	21.2	6,919	20.6
State Total	76,712	12.9	74,901	12.4	73,887	11.9	72,513	11.5	70,529	11.0

3. Improve access to preventive care and treatment for chronic disease

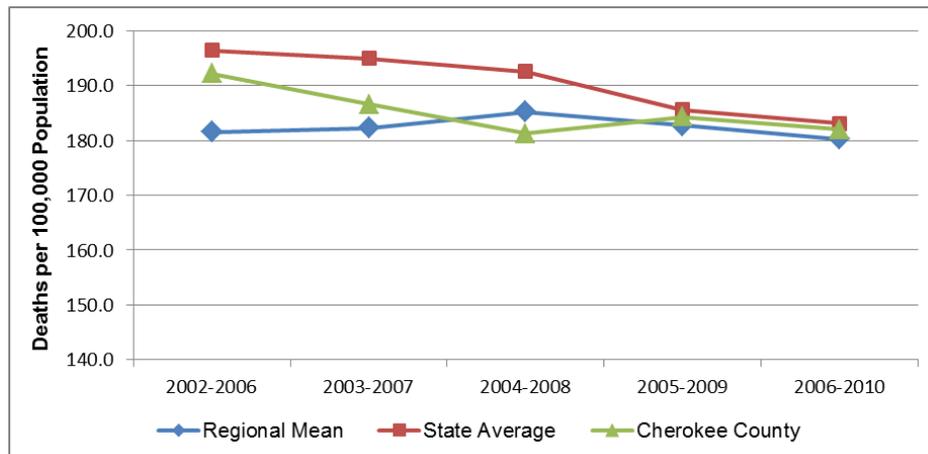
Heart disease was the leading cause of death in Cherokee County, WNC and NC in the 2006-2010 aggregate. This graph illustrates that the heart disease mortality rate in Cherokee County has exceeded the comparable rates for WNC and NC throughout most of the period cited. The graph also illustrates that the heart disease mortality rate in Cherokee County increased from 210.9 in the 2002-2006 aggregate period to 220.2 in the 2006-2010, an increase of 4.4%.

**Heart Disease Mortality Rate, Deaths per 100,000 Population
Five-Year Aggregates (2002-2006 through 2006-2010)**



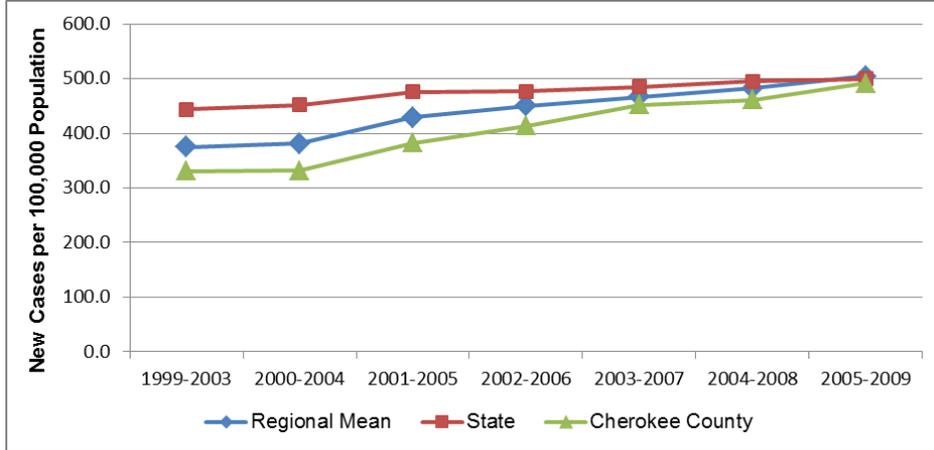
Taken together, cancers of all types compose the second leading cause of death in Cherokee County, WNC and NC in 2006-2010.

**Total Cancer Mortality Rate, Deaths per 100,000 Population
(Five-Year Aggregates, 2002-2006 through 2006-2010)**



In Cherokee County, the total cancer incidence rate rose from 330.7 at the beginning of the period cited to 491.2 at the end, an increase of 48.7%.

**Total Cancer Incidence Rate, New Cases per 100,000 Population
(Five-Year Aggregates, 1999-2003 through 2005-2009)**



Cherokee County incidence rates for breast, prostate and lung cancer are below the comparable incidence rates for WNC and NC. The county incidence rate for colon cancer is higher than in the other two jurisdictions.

Age-Adjusted Incidence Rates for Major Site-Specific Cancers (2005-2009)

Geography	New Cases per 100,000 Population			
	Breast Cancer	Prostate Cancer	Lung Cancer	Colon Cancer
Cherokee County	145.7	108.5	72.5	49.5
Regional Mean	154.0	139.2	75.4	46.0
State	154.5	158.3	75.9	45.5

Summarized Action Plan

Community health action plans have been developed to address the identified health priorities. Each action plan will include evidence-based strategies that focus on system or policy change, target specific disparate groups and promote individual, family, or community change.

Monitoring and Accountability

The Community Health Improvement Plan (CHIP) will be monitored bi-monthly by the Cherokee County Health Department. Frequent monitoring will allow for modification of actions as needed to improve overall results. The Cherokee County Health Director and the Health Educator at the Cherokee County Health Department will review the CHIP jointly on a quarterly basis and will revise the plan as needed. Throughout the process continual monitoring will allow for the action steps to be carried out in the plan.

CHAPTER 1 - INTRODUCTION

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 interactive 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 Sara Wilson at (828) 837-1212.

Connection to the 2012 Community Health Assessment (CHA)

Community Health Assessment (CHA) is the foundation for improving and promoting the health of a community. Community health assessment, 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 Cherokee County Community Health Assessment 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 CHIP¹.

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 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 in action planning that follow the collaborative setting of priorities in each county.

CHAPTER 2 – COMMUNITY HEALTH ASSESSMENT PROCESS

Community Health Assessment (CHA) is the foundation for improving and promoting the health of Cherokee County residents. The primary role of the CHA is to identify factors that affect the health of Cherokee County residents and determine the availability of resources within the county to effectively address those factors. The process involved the collection and analysis of a large range of secondary data as well as primary data and involved a team composed of representatives from a broad range of health and human service and other organizations as well as community partners and residents.

Local Health Departments are required to conduct a comprehensive community health assessment at least every four years. Now as a part of the Affordable Care Act, non-profit hospitals are also required to conduct a community health needs assessment at least every three years.

Cherokee County is included in Murphy Medical Center's community for the purposes of community health improvement and investment, and as such The Foundation of Murphy Medical Center was a key partner in the 2012 local level assessment process.

Cherokee County Health Department and Murphy Medical are also part of the far western partnership in Western North Carolina: WNC Healthy Impact. WNC Healthy Impact has supported the regional CHA effort through consultation, data collection, and technical assistance. See www.WNCHealthyImpact.com for more details about the purpose and participants of this region-wide effort.

As part of WNC Healthy Impact, a regional data workgroup of public health and hospital representatives and regional partners (with support of a consulting team) made recommendations to the steering committee on the data approach and content used to help inform regional data collection. From data collected as part of this core dataset, the consulting team compiled secondary data for each county in the region

In addition, primary data was also collected in a community health survey of the 16-county region via telephone. Two hundred community members completed the random-sample survey.

The Cherokee County community was engaged in the health assessment process via local data interpretation and priority setting as well.

CHAPTER 3 – PRIORITY # 1: PHYSICAL ACTIVITY & NUTRITION

Situational Analysis

In Cherokee County, it is easier and cheaper to buy a cheeseburger value meal than a piece of fresh fruit. As a result because of this sad fact our community is in danger of raising the first generation of children who live sicker and die younger than their parents. During the past 30 years, the number of overweight young people in the United States has more than tripled among children 6 to 11 years old and more than doubled among adolescents 12 to 19 years old (Source: CDC, Child Overweight and Obesity). Locally in Cherokee County, 32% of children on the WIC program are overweight or obese (CCHD WIC CY2011). Children and adolescents who are overweight have a greater danger of developing Type 2 diabetes and asthma; they are more likely to have increased blood pressure and high cholesterol levels; and are more prone to experience depression. In addition, the greater part of children and adolescents who are overweight are likely to remain overweight all the way through adulthood. Based on data from 2010 Behavioral Risk Factor Surveillance System (BRFSS) data, 39.5% of adults are overweight and 24.7% are obese in Western North Carolina.

As a community, we must commit to creating an environment that helps residents make the healthy choices and take responsibility for decisions that support good health in our homes, neighborhoods, schools, and workplaces.

Cherokee County has started making these changes by improving parks, extending the Murphy River Walk and Canoe Trail, increasing the availability of fresh fruits and vegetables through farmers markets and road side stands, and many other efforts.

Eating a diet high in vegetables and fruit is associated with a decreased risk of many chronic diseases, including heart disease, stroke, high blood pressure, diabetes, and some cancers. Another important part of weight management is replacing high calorie foods with foods of low energy density, such as fruits and vegetables.

Regular physical activity can produce long term health benefits. People of all ages, shapes, sizes, and abilities can benefit from being physically active. Being physically active can increase your chances of living longer, decrease your chances of depression, increased mobility, and helps you sleep well at night. It is also a great way to meet new people, and have fun.

The bottom line: PHYSICAL ACTIVITY AND NUTRITION WORK TOGETHER FOR BETTER HEALTH.

Spotlight on Success

With the financial and technical assistance of the Community Transformation Grant Region 1, Cherokee County Health Department was able to enhance and expand local access to fresh fruits and vegetables through partnering with Farmers Markets and roadside stands in Cherokee County. Through this project 10 individual farmers who have roadside stands received items such as tents, tables, signage, coolers, and reusable bags. These resources allowed some farmers to vend in multiple locations, store their produce longer in harsh weather, increase visibility, and free up financial resources to produce more crops. A strong partnership has also been formed with the Cedar Valley Farmers Market in Murphy through this initiative as well. This season they were awarded tents, tables, a cooking demo kit, signage, coolers, and equipment to help expand and enhance the current market. There is also a growing relationship with the small Andrews Farmers Market and efforts are being made to help them grow by supplying signage to increase Market visibility, and by providing resources such as tables and tents to improve service efficiency. In the future we anticipate that these partnerships will grow stronger and we will begin to see a noticeable change in market participation and local grower returns.



“This tent and tables will be replacing my beach umbrella and cardboard.”



Partners

Addressing obesity 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 physical activity and nutrition in our community.

Organizations:	Primary Focus or Function	Website or Contact Information
Cherokee County School System	The mission of the Cherokee County school system is to embrace, equip and empower our students to excel. Locally grown and globally prepared.	www.cherokee.k12.nc.us
Cherokee County Health Department	To assess, address, and assure the health and environmental needs of the local community.	http://www.cherokeecounty-nc.gov/index.aspx?page=102
Cherokee County Cooperative Extension	The North Carolina Cooperative Extension Service partners with communities to deliver education and technology that enriches the lives, land and economy of North Carolinians.	http://cherokee.ces.ncsu.edu/
Cherokee County Parks and Recreation	To provide citizens of all ages (children/adults) of Cherokee County, regardless of age, race, or sex with recreational programs for fun and a healthier Cherokee County.	www.examplewebsites.org
Appalachian Sustainable Agriculture Project	ASAP's mission is to help local farms thrive, link farmers to markets and supporters, and build healthy communities through connections to local food.	http://asapconnections.org
WNC Healthy Kids/WNCHN	Enhance regional alignment among all of the individual, organizational and community initiatives that are working to accelerate childhood obesity prevention.	www.wnchealthykids.net
Murphy Medical Center	To provide our communities with high-quality, patient-centered care.	http://www.murphymedical.org
Coalitions / Groups:		
Coalition for a Safe and Drug Free Cherokee County	Support Cherokee County in becoming a strong and cohesive community that promotes and maintains healthy behaviors to enhance and empower the citizens of Cherokee County.	http://ccdugfree.com/2-uncategorised/1-home

School Health Advisory Council	The mission of the Cherokee County School System is to embrace, equip and empower our students to excel. Locally grown and globally prepared.	www.cherokee.k12.nc.us
Community Transformation Grant	To support tobacco-free communities, active living, and healthy eating while promoting clinical and community support to reduce chronic disease.	www.mountainwise.org

Physical Activity & Nutrition Action Plan

Vision of Impact

To make healthy choices easier by improving access to physical activity and healthy food options where community members live, learn, work, and play.



<u>Community Objectives</u>	Baseline/Indicator Source
1. By December 2015, increase percentage of adults engaging in recommended physical activity from 57% to 67%	WNC Healthy Impact Survey
Related Healthy NC 2020 Objective: Increase the percentage of adults getting recommended amount of physical activity [2020 Target: 60.6%]	BRFSS (CDC)
2. By December 2015, increase percentage of adults consuming recommended daily servings of fruits and vegetables from 10% to 25%	WNC Healthy Impact Survey
Related Healthy NC 2020 Objective: Increase the percentage of adults who report they consume fruits and vegetables five or more times per day [2020 Target: 29.3%]	BRFSS (CDC)

Strategy 1 – Increase the number of safe places for people to be physically active

Goal: Increasing the number of people who are getting their CDC- recommended amount of daily physical activity.

Strategy Background

Source: ChangeLab Solutions

Evidence Base: There is some evidence that joint-use agreements (JUAs) increase the opportunity for physical activity according to the County Health Rankings and Roadmaps. Although more research needs to be conducted, some studies have been shown that joint-use agreements result in an increased amount of physical activity for community members especially children and low-income communities especially when partnered with education. For more information visit: <http://www.countyhealthrankings.org/policies/joint-use-agreements> or http://changelabsolutions.org/healthy-planning/search-tools?tid=65&tid_2=All&keys=

Type of Change: Policy level change

Partner Agencies

Lead: Cherokee County Health Department, Cherokee County Parks and Recreation, and Cherokee County Schools

Collaborating: Local Churches in Cherokee County

Supporting: Community Transformation Grant

Strategy Objective #1:

By October 2015, there will be three more facilities that are formally open for physical activity through establishment of a joint-use or shared-use agreement.

Indicator:

Number of properties that are open to the public for community use as indicated.

Action Plan

Activity <i>(what is being done?)</i>	Resources Needed <i>(who? how much?)</i>	Anticipated Result <i>(what will happen?)</i>	Result Verification <i>(how will you know?)</i>	Target Date <i>(by when?)</i>
Inventory current opportunities for physical activity in the county	Time	Increased knowledge of places to be physically active in Cherokee County	List of schools with JUAs- North Carolina State University (NCSU) survey List of Faith Based organization resources	By September 2013

Identify areas of need and opportunities to fill the need	Time, GIS map	Increased knowledge of gaps and opportunities for expanding the number of physical activity spaces	List of opportunities	By January 2014
Develop partnership with key decision makers for targeted properties	Time	Increased number of community partnerships	Meetings with decision makers	By January 2015
Work with partners to optimize needs, opportunities, and access	Time	Increased understanding of how to establish physical activity spaces that are beneficial to the community and the location	List of win-win opportunities	By April 2015
Establish shared use and joint use agreements as appropriate with partners	Time, funding	Increased number of places where people can be physically active.	Joint use and shared use agreements	By August 2015

Strategy 2 – Increase the number of healthy convenience stores in Cherokee County

Goal: Increase the number of people who are consuming healthy foods

Strategy Background

Source: Healthy Corner Stores Network

Evidence Base: There is evidence indicating that increasing access to fresh fruits and vegetables in convenience stores results in increased consumption of fruits and vegetables for low-income consumers. For more information see:

<http://www.healthycornerstores.org/if-you-stock-it-will-they-buy-it-healthy-food-availability-and-customer-purchasing-behaviour-within-corner-stores-in-hartford-ct-usa>

Type of Change: Environmental-level change

Partner Agencies

Lead: Cherokee County Health Department, Community Transformation Grant

Collaborating: Cherokee County Cooperative Extension

Supporting:

Strategy Objective #1:

By September 2016, increase the number of healthy corner stores in Cherokee County by two

Indicator:

Pre-post test for healthy food store inventory

Action Plan

Activity <i>(what is being done?)</i>	Resources Needed <i>(who? how much?)</i>	Anticipated Result <i>(what will happen?)</i>	Result Verification <i>(how will you know?)</i>	Target Date <i>(by when?)</i>
Identify low food access communities in Cherokee County	Time, GIS, PAGE project, EBT/WIC store inventory	Increased knowledge of gaps in food access	Map of food access points in Cherokee County	By September 2013
Identify convenience and corner stores that accept EBT in the low food access areas	Time	Identification of high impact intervention sites	List of stores	By October 2014

Assess readiness of store owners to increase healthy food availability and improve product placement	Time, Interest letter	Identification of early adopters of intervention	List of interested food outlets	By January 2015
Implement changes to promote healthy eating	Time, training, funding	Greater access to healthy eating in Cherokee County	Healthy convenience store	By August 2015
Celebrate healthy corner store changes	Time, funding, media	Increased community knowledge of healthy food options in their community	Presence of media	By September 2015

Strategy 3 - Decrease overweight and obesity in children by use of positive health messaging (5-2-1-almost none)

Goal:

Decrease overweight and obesity among school children in Cherokee County by using positive health messaging

Strategy Background

Source: <http://www.wnchealthykids.net/our-programs/521-almost-none>

Evidence Base: The 5-2-1-almost none program has led to favorable behavior changes that have helped to halt the increase in overweight/obesity in research studies. Specific elements have been shown to increase public awareness and knowledge of desired behaviors and encourage primary care providers, schools, and childcare providers to create systems that support children in adopting healthier lifestyles. For more information see

<http://www.innovations.ahrq.gov/content.aspx?id=3148>

Type of Change: Individual level change

Partner Agencies

Lead: WNC Healthy Kids

Collaborating: Cherokee County Health Department, Cherokee County School Health Advisory Council,

Supporting:

Strategy Objective #1: By December 2014, *5-2-1-almost none* messaging will be disseminated through various media outlets

Indicator: Number of media outlets containing *5-2-1-almost none* messaging

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Use the <i>5-2-1 Almost None</i> message in childcare provider newsletter	Staff Time	<i>5-2-1 Almost None</i> will become widely recognized in Cherokee County	Number of newsletters	December 2014
<i>5-2-1 Almost None</i> message will be included in nutrition education forms for parents of children in grades K-5	Staff Time	<i>5-2-1 Almost None</i> will become widely recognized in Cherokee County	Number of forms	December 2014

<p>Health Department bulletin boards, public signs, twitter, website and Facebook page will display <i>5-2-1 Almost None</i> message</p>	<p>Staff Time</p>	<p><i>5-2-1 Almost None</i> will become widely recognized in Cherokee County</p>	<p>Number of boards and signs. Number of website views</p>	<p>December 2014</p>
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CHAPTER 4 – PRIORITY # 2: TOBACCO USE

Situational Analysis

Tobacco use is the leading cause of preventable death in North Carolina. Approximately 30% of all cancer deaths and nearly 90% of all lung cancer deaths are caused by smoking. The harmful effects of smoking do not end with the smoker. An estimated 88 million nonsmoking Americans, including 54% of children aged 3–11 years, are exposed to secondhand smoke. Even brief exposure can be dangerous because nonsmokers inhale many of the same poisons in cigarette smoke as smokers.

During the 2012 Community Health Assessment – WNC Healthy Impact survey 3 out of 10 residents of Cherokee County said they used some form of tobacco products. To be even more specific, data showed that 3 out of 10 mothers had reported having smoked during pregnancy.

Breaking free from nicotine dependence is not the only reason to quit smoking. Tobacco smoke contains a deadly mix of more than 7,000 chemicals; hundreds are toxic, and about 70 can cause cancer. Tobacco smoke can cause serious health problems, numerous diseases, and death. Fortunately, people who stop smoking greatly reduce their risk for disease and premature death. Although the health benefits are greater for people who stop at earlier ages, cessation is beneficial at all ages. – CDC

Non-smokers who breathe in secondhand smoke take in nicotine and other toxic chemicals just like smokers do. The more secondhand smoke that is inhaled, the higher the level of these harmful chemicals will be in the body (American Cancer Society, 2011).

Spotlight on Success

Students from the MMS 6th grade and Ranger 6-8 *Sadd but Tru* clubs conducted an environmental scan on the Ranger, MMS and MHS campuses picking up cigarette butts, dip cans and trash. The students then put the trash in ziplock bags identifying the area of campus the trash was found. Environmental scans such as these assist the school administration in identifying areas on campus that are high tobacco use areas and also identify areas that need extra patrolling to maintain the tobacco free campus policy.



Students were surprised to see how much tobacco litter they found on campus. They also found alcohol bottles and cans. Overall, the students collected over 1000 cigarette butts in various places around the campus. At the end of the day the students began chanting "Don't Trash Our School" and expressed the desire to make the promotion of a tobacco free campus their next campaign to promote awareness of the issue. "I thought the scan was fun. I was surprised to see so many cigarette butts and trash. I think the community needs to know more about this because there is so much of it," stated Kailey Graves MMS 6th grader. The students will also be participating in pursuing a smoke free parks ordinance sometime in the future.

**DON'T TRASH OUR
SCHOOL!"**

COALITION FOR A SAFE AND DRUG FREE CHEROKEE COUNTY



Partners

Addressing Tobacco use 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 promote tobacco-free places and encourage tobacco cessation in our community.

Organizations:	Primary Focus or Function	Website or Contact Information
Cherokee County School System	The mission of the Cherokee County school system is to embrace, equip and empower our students to excel. Locally grown and globally prepared.	www.cherokee.k12.nc.us
Cherokee County Health Department	To assess, address, and assure the health and environmental needs of the local community.	http://www.cherokeecounty-nc.gov/index.aspx?page=102
Cherokee County Parks and Recreation	To provide citizens of all ages (children/adults) of Cherokee County, regardless of age, race, or sex with recreational programs for fun and a healthier Cherokee County.	www.examplewebsites.org
Murphy Medical Center	To provide our communities with high-quality, patient-centered care.	http://www.murphyhospital.org
Coalitions / Groups:		
Coalition for a Safe and Drug Free Cherokee County	Support Cherokee County in becoming a strong and cohesive community that promotes and maintains healthy behaviors to enhance and empower the citizens of Cherokee County.	http://ccdrugfree.com/2-uncategorised/1-home
School Health Advisory Council	The mission of the Cherokee County School System is to embrace, equip and empower our students to excel. Locally grown and globally prepared.	www.cherokee.k12.nc.us
Community Transformation Grant	To support tobacco-free communities, active living, and healthy eating while promoting clinical and community support to reduce chronic disease.	www.mountainwise.org

Priority #2 Action Plan

Vision of Impact

To improve health status by increasing access to lifestyle change programs and limiting exposure to tobacco products where community members live, learn, work, and play.



Community Objectives	Baseline/Indicator Source
1. By December 2015, decrease percentage of adults using tobacco products from 30% to 20%.	WNC Healthy Impact Survey
Related Healthy NC 2020 Objective: Decrease the percentage of adults who are current smokers [2020 Target: 60.6%]	BRFSS (CDC)

Strategy 1 – Decrease exposure to second-hand smoke and other tobacco products

Goal: Decrease exposure to tobacco products in Cherokee County

Strategy Background

Source: <http://www.tobaccopreventionandcontrol.ncdhhs.gov>

Evidence Base: Smoking bans and restrictions is scientifically supported as an effective way to reduce the exposure of second-hand smoke exposure, tobacco use, and smoking prevalence.

For more information see <http://www.countyhealthrankings.org/policies/smoking-bans-restrictions>.

Type of Change: Policy level change

Partner Agencies

Lead: Cherokee County Health Department

Collaborating: Cherokee County Schools, Youth Empowered Solutions, and the Community Transformation Grant, Murphy Medical Center

Supporting: Cherokee County SADD but TRU Club, Coalition for a Safe and Drug Free Cherokee County

Strategy Objective #1: By December 2015, Cherokee County will have a smoke-free or tobacco-free policy for all county property

Indicator: Number of Board of Health rulings, county commissioner policies, or municipal rules about smoke-free or tobacco-free spaces.

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Develop and implement a Tobacco Free Cherokee Campaign	Funding, training, media exposure, and community advocates	Increased knowledge of harms of second-hand smoke for community	Campaign is on multiple media outlets	By March 2014
Engage youth in tobacco-free campaign	Funding and training from Youth Empowered Solutions!	Youth will be engaged in the process of changing tobacco policy	Youth from Cherokee County attend YES training, events and presentations	By May 2014
Conduct cigarette butt pickups on county owned properties	Time and youth participation	Effective visual for county officials to understand the prevalence of tobacco use on their property	Number of cigarettes collected	By May 2014

Present to county officials the harms of second-hand smoke and best practices to protect community members	Time, access to county officials, presentation	Increased knowledge of county officials of the harms of second-hand smoke and the community's desire to have tobacco control policies	Meeting minutes	By April 2014
Policy is passed	Sample Board of Health rulings and Commissioner Policies	County official will pass a policy to control tobacco use	Presence of ruling or policy	By October 2014
Promote policy change	Time, media exposure, funding for signs and media	Increased knowledge of new community policies	Presence of media buys and signage on government property	By February 2015

Strategy 2 – Education to Reduce Home Exposure to Secondhand Smoke

Goal: Reduced exposure to secondhand smoke

Strategy Background

Source: <http://www.countyhealthrankings.org/policies/education-reduce-home-exposure-secondhand-smoke>

Evidence Base: Education to reduce home exposure to secondhand smoke informs smokers of the dangers of secondhand smoke, and encourages them to smoke less in their homes. Education can be delivered through counseling, health care programs, informational materials, or media messages.

Type of Change: Individual Change

Partner Agencies

Lead: Cherokee County Health Department

Collaborating: Community Transformation Grant, Murphy Medical Center

Supporting:

Strategy Objective #1: By December 2014, all families with children in a Cherokee County Health Department programs will receive tobacco education and motivational interviewing.

Indicator: Number of children receiving services in Cherokee County Health Department programs.

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Work with WIC, CC4C, and PCM to provide tobacco education in each program for each child and their family.	Staff time, educational materials	Tobacco education will be provided for each child's family to inform them of the dangers of secondhand smoke and cause lifestyle change to begin.	WIC, CC4C, and PCM reports	December 2014

Strategy 3 – Smoking Cessation Counseling

Goal: Promote tobacco cessation and Quitline NC referrals for Health Department clients

Strategy Background

Source: <http://www.countyhealthrankings.org/policies/provider-reminder-systems-tobacco-cessation>

Evidence Base: There is strong evidence that provider reminder systems for tobacco cessation improve quit rates. Reminders and training encourage health care providers to conduct brief tobacco interventions which then help patients quit smoking.

Type of Change: Individual Change

Partner Agencies

Lead: Cherokee County Health Department

Collaborating: Quitline NC

Supporting:

Strategy Objective #1: By December 2015, Cherokee County Health Department will provide cessation services to 100 people who use tobacco products.

Indicator: Number of clients currently receiving cessation services.

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Provide tobacco cessation counseling using the 5A's	Clinic nurse, staff time, materials	Clients will choose to be proactive and pursue tobacco cessation.	Reduced tobacco use data	December 2015
If patient agrees to attempt tobacco cessation, nurse will have the client fill out a QuitlineNC fax form and will fax for client.	Clinic nurse, staff time, QuitlineNC	The client will have been assisted and connected to a follow up source for support and have all the necessary tools to make a successful attempt at tobacco cessation.	Reduced tobacco use data	December 2015

CHAPTER 5 – PRIORITY # 3: CHRONIC DISEASE

Situational Analysis

Over the next 20 years Cherokee County is expected to go through a big shift in population age. The percentage of adults here in our county will rise by a noteworthy 33%. This projection translates into an estimated 9,386 residents of Cherokee being age 65 and older. According to state projected population growth this will mean that about 3 out of 10 people in Cherokee County will be age 65 or older. With this projected growth Cherokee County needs to be prepared for an aging population. Many changes and considerations will need to be made across all sectors of the county along with public health.

As a community and a public health department we need to identify and implement effective strategies, policies, and programs to promote and protect the health of our older adults.

Public health efforts to promote health and functional independence are critical strategies in helping older adults stay healthy. Research has shown that poor health does not have to be an inevitable consequence of aging. Older adults who practice healthy behaviors, take advantage of clinical preventive services, and continue to engage with family and friends are more likely to remain healthy, live independently, and incur fewer health-related costs. An essential component to keeping older adults healthy is preventing chronic diseases and reducing associated complications. About 80% of older adults have one chronic condition, and 50% have at least two.

Chronic diseases are the most common and costly of all the health problems, but they are also the most preventable.

Four common, health-damaging, but modifiable behaviors—tobacco use, insufficient physical activity, poor eating habits, and excessive alcohol use are responsible for much of the illness, disability, and premature death related to chronic diseases.

As a nation, 75% of our health care dollars goes to treatment of chronic diseases. These persistent conditions—the nation's leading causes of death and disability—leave in their wake deaths that could have been prevented, lifelong disability, compromised quality of life, and burgeoning health care costs. -CDC

Only about 25% of adults aged 50–64 years are up-to-date on recommended immunizations and cancer screenings. Community strategies that increase the number of places where older adults can receive multiple preventive services could increase the use of these potentially lifesaving measures.

Spotlight on Success

The North Carolina Farm Bureau and Cherokee County Farm Bureau donated \$2,500 to the local medical community as part of the North Carolina Farm Bureau's Healthy Living for a Lifetime initiative, which visited Murphy on May 14th 2013. During the event, 142 people received free health screenings, including cholesterol, blood glucose, blood pressure, body mass index, bone density, and vascular ultrasound.

"It was a huge success with 142 screenings provided to Cherokee County residents!"

"The Cherokee County Farm Bureau was excited and proud to bring Healthy Living for a Lifetime to our community. We are so grateful to all of the volunteers from the local medical community and our local 'Busy Bees' Community Involvement Group who took time out of their day to make this event a success," said Mae Clay, President of the Cherokee County Farm Bureau. "Healthy Living for a Lifetime is a great way for Farm Bureau to continue to give back to our community. Cherokee County Farm Bureau is happy to help support our local medical community, and we hope we can help many of our neighbors with this donation."

"Cherokee County Health Department would like to thank Farm Bureau for bringing their Healthy Living for a Lifetime health screening bus to Cherokee County on May 14, 2013. It was a huge success with 142 screenings provided to Cherokee County residents. We would also like to thank community partners who participated by setting up informational booths. We would also like to thank Wells & West and Save-A-Lot for the use of their parking lot. We hope this will become an annual event for Cherokee County," said Monica Holley, Interim Health Director, Cherokee County Health Department.



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 access to preventative care and treatment for chronic disease in our community.

Organizations:	Primary Focus or Function	Website or Contact Information
Cherokee County School System	The mission of the Cherokee County school system is to embrace, equip and empower our students to excel. Locally grown and globally prepared.	www.cherokee.k12.nc.us
Cherokee County Health Department	To assess, address, and assure the health and environmental needs of the local community.	http://www.cherokeecounty-nc.gov/index.aspx?page=102
Cherokee County Cooperative Extension	The North Carolina Cooperative Extension Service partners with communities to deliver education and technology that enriches the lives, land and economy of North Carolinians.	http://cherokee.ces.ncsu.edu/
Cherokee County Parks and Recreation	To provide citizens of all ages (children/adults) of Cherokee County, regardless of age, race, or sex with recreational programs for fun and a healthier Cherokee County.	www.examplewebsites.org
Appalachian Sustainable Agriculture Project	ASAP's mission is to help local farms thrive, link farmers to markets and supporters, and build healthy communities through connections to local food.	http://asapconnections.org
Murphy Medical Center	To provide our communities with high-quality, patient-centered care.	http://www.murphymedical.org
Clay County Health Department	To constantly monitor the health of our community in an on-going manner to quickly identify problems and implement measures to limit or stop disease, death, and disability.	http://www.clayhdnc.us/index.html
Coalitions / Groups:		
Coalition for a Safe and Drug Free Cherokee County	Support Cherokee County in becoming a strong and cohesive community that promotes and maintains healthy behaviors to enhance and empower the citizens of Cherokee County.	http://ccdugfree.com/2-uncategorised/1-home

School Health Advisory Council	The mission of the Cherokee County School System is to embrace, equip and empower our students to excel. Locally grown and globally prepared.	www.cherokee.k12.nc.us
Community Transformation Grant	To support tobacco-free communities, active living, and healthy eating while promoting clinical and community support to reduce chronic disease.	www.mountainwise.org

Priority #3 Chronic Disease Action Plan

Vision of Impact

To improve health status by increasing access to lifestyle change programs, healthy food options, and early disease detection.



Community Objectives	Baseline/Indicator Source
1. By December 2015, reduce the heart disease mortality rate from 220 per 100,000 to 154 per 100,000	<i>State Center for Health Statistics</i>
Related Healthy NC 2020 Objective: Reduce the cardiovascular disease mortality rate (per 100,000 population) (2020 Target 161.1)	<i>State Center for Health Statistics</i>
2. By December 2015, we will increase the percentage of adults who are neither overweight or obese from 27.1% to 35%	WNC Healthy Impact
Related Healthy NC 2020 Objective: Increase the percentage of adults who are neither overweight nor obese. (2020 Target 38.1%)	State Center for Health Statistics

Strategy 1 – Increase Health Literacy

Goal: To increase the degree to which people obtain, process, and understand basic health and health services in order to make appropriate health decisions.

Strategy Background

Source: <http://www.countyhealthrankings.org/policies/interventions-improve-health-literacy>

Evidence Base: Being an informed consumer of health information requires more than reading ability. People with limited health literacy often lack knowledge or have misinformation about the body and the causes of disease. Without this knowledge, they may fail to understand the relationship between lifestyle factors such as diet and exercise and health outcomes. People with limited health literacy skills may not know when or how to seek care.

Type of Change: Individual level

Partner Agencies

Lead: Murphy Medical Center

Collaborating: Cherokee County Health Department, Clay County Health Department

Supporting: Local businesses

Strategy Objective #1: Women in the community will gather once a month for a fun and relaxed event called “Ladies Night Out” for the purpose of health education and information that will enrich their lives.

Indicator: Average attendance and feedback surveys from participants.

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Collaborate with Murphy Medical on upcoming topics to determine appropriate educational materials	Health Department and Murphy Medical Staff time	Building relationship between Health Departments and Hospital	We will have clear goals and vision for each event	The Wednesday after every Ladies Night Out event.
Select and order appropriate materials	Health Department Staff Time and Materials	Will have relevant and easy to read materials to distribute at event	There will be an increased health literacy of participants with take home materials.	3 rd Tuesday of every month
Promote “Ladies Night Out” on Social Media, Health Department Programs, and bulletin boards	Health Department Materials and Staff	Many people from all different demographics will be aware of the FREE program and attend	Attendance numbers of event	End of each month and first week of each month.

Attend event and supply health education materials for information table	Staff time and Materials	Visibility for health department and staff. Great partnership between two providers for the benefit of the community	Attendance of Health Department Staff and Hospital Staff.	Second Tuesday of every month
Discuss post-event and review feedback surveys to make necessary changes	Staff Time	Collaboration, teamwork, and problem solving between Health Department and Hospital Staff	Meeting sign in sheets and changes to future events	Second Wednesday of every month

Strategy 2 – Diabetes Self-Management

Goal: To prevent and reduce complications of diabetes.

Strategy Background

Source: <http://www.nchca.org/displaycommon.cfm?an=1&subarticlenbr=50>

Evidence Base: Cherokee County Health Department received grant funding from Chronic Disease and Injury, Diabetes Prevention and Control Branch, DPH (862 Diabetes Capacity Building) to address the issue of diabetes self management education. The strategy for this program is to increase access to diabetes self management education for persons with diabetes by providing a series of self-management classes to persons with diabetes. DSME classes include: an initial 1:1 one hour assessment with a diabetes educator, a subsequent 8 hours of classroom education and, a 3 month follow-up one hour class.

Type of Change: Individual

Partner Agencies

Lead: Cherokee County Health Department

Collaborating: Division of Public Health, Chronic Disease and Injury Section, Diabetes Prevention and Control Branch

Supporting: American Diabetes Association

Strategy Objective #1: To have 50% of participants report they are checking their feet daily.

Indicator: 3 month follow-up assessment

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Attend training: Initial Program/Staff/Curriculum training	Funding for travel and training Chronicle Software	*Increased knowledge of diabetes and improved skills at teaching the Self-Education Diabetes Class *Compliance with NCDERP data collection requirements	*Training evaluation *NCDERP data review	In progress
Market Program by use of appropriate media, physician office visits, and brochures	Staff time, computer	Brochures, Physician Office Visits, PSA in print and radio	Program Enrollment	In progress
Develop Policy	Computer, staff time	To define program guidelines	Program Evaluation	In progress

Perform Program	Instructor, Lab Staff, Lab Equipment, Educational Materials, Required Forms, Classroom	*Concise and complete program which meets standards established by the American Diabetes Association *Improved participant health outcomes	*Annual Chart Review *Program Goals met as defined in Outcome Measures and Participant Behavioral Outcomes	In progress
Perform Chart Audits	Chart Audit Form, Staff time	Compliance with DCDERP program requirements	Audit Results	In progress

Strategy 3 – Explore mobile nutrition therapy

Goal: Decrease overweight and obesity in adults by providing mobile nutrition therapy

Strategy Background

Source: <http://clinical.diabetesjournals.org/content/30/3/110.full>

Evidence Base: Medical Nutrition Therapy is an essential component of comprehensive healthcare. Individuals with a variety of conditions and illnesses can improve their health and quality of life by receiving medical nutrition therapy. During an MNT intervention, Registered Dietitians counsel clients on behavioral and lifestyle changes required to impact long-term eating habits and health.

Type of Change: Individual level change

Partner Agencies

Lead: Regional Diabetes Self-Management Committee

Collaborating: Jackson County Health Department, MedWest, Cherokee County Health Department,

Supporting: Western Carolina University

Strategy Objective #1: Provide Medical Nutrition Therapy for ADA sites in the rural far Western Counties of North Carolina

Indicator: A lead organization is established to manage mobile clinic

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Decide who will represent Cherokee County Health Department in the discussion	Staff time	Individuals with a knowledge and interest in diabetes management ways to bring in more services to the county	A core group will be meeting and lead organization established	End of August 2013
The first meeting will be held	Staff time, travel, meeting space	Representatives will meet to discuss lead organization and supporting organizational rolls.	Meeting minutes	End of September 2013
A decision will be made about applying for Kate B Reynolds grant as funding source	Staff time	Regional agreement and grant writing process will begin	Meeting minutes	End of November 2013

CHAPTER 6 – 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 Cherokee 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 Cherokee County Health Department website (<http://www.cherokeecounty-nc.gov/index.aspx?page=102>), the WNC Healthy Impact website (www.WNCHealthyImpact.com) and 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/NewCHIPResources.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 CHIP 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 <http://www.bcchip.org/#!/home/mainPage>

Sedgwick County CHIP

http://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>

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.