

2013

Clay County Community Health Improvement Plan



Clay County Department of Public Health
1 Riverside Circle
Hayesville, NC 28904



WNC **HEALTHY** IMPACT

2013 CLAY COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

ACKNOWLEDGEMENTS

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Executive Summary

Overview of CHIP Purpose and Process

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

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

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

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

List of Health Priorities

After working with community partners and staff to review Clay County's health data and discussing the needs and resources in our community, we decided on a list of three priorities for the 2012-2015 Community Health Assessment Cycle. The Clay County 2012-2015 Community Health Improvement Plan Priorities are:

1. INCREASE ACCESS TO HEALTHIER FOOD OPTIONS
2. CHRONIC DISEASE CONTROL AND PREVENTION
3. ORAL HEALTH

General review of the data and Trends

#1 Increase Access to Healthier Food Options

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. One way to achieve this goal is by establishing local farmers markets.

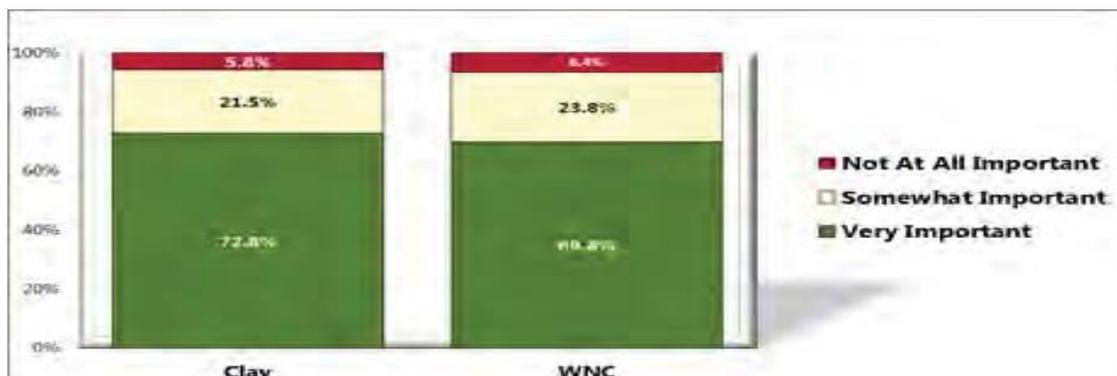
Farmers markets are important for many reasons. Foremost, they are important because they are the critical component in rebuilding local food economies. By providing a cost-effective, retail sales opportunity for local food producers, farmers markets help make farming profitable. By making farming profitable, we preserve farmland and farmers and have encouraged a new generation to take-up farming.

According to the US Department of Agriculture (USDA) Economic Research Service's *Your Food Environment Atlas*, there were a total of 49 farmers' markets in the 16 WNC counties in 2009. This number was reported to have grown by 5, to a total of 54, in 2011, an increase of 10%. In Clay County there was only one farmers' market in both 2009 and 2011 (*Data Workbook*).

According to the same source, there were a total of 158 grocery stores in the 16 WNC counties in 2007. This number was reported to have shrunken by 4, to a total of 154, in 2009, a decrease of 2%. In Clay County there was one grocery store in both 2007 and 2009 (*Data Workbook*).

Survey respondents were asked, "How important do you feel it is for your community to make it easier for people to access farmer's markets, including mobile farmer's markets and tailgate markets?"

Importance of Communities Making It Easier to Access Farmer's Markets, Including Mobile/Tailgate Markets (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]

#2 CHRONIC DISEASE CONTROL AND PREVENTION

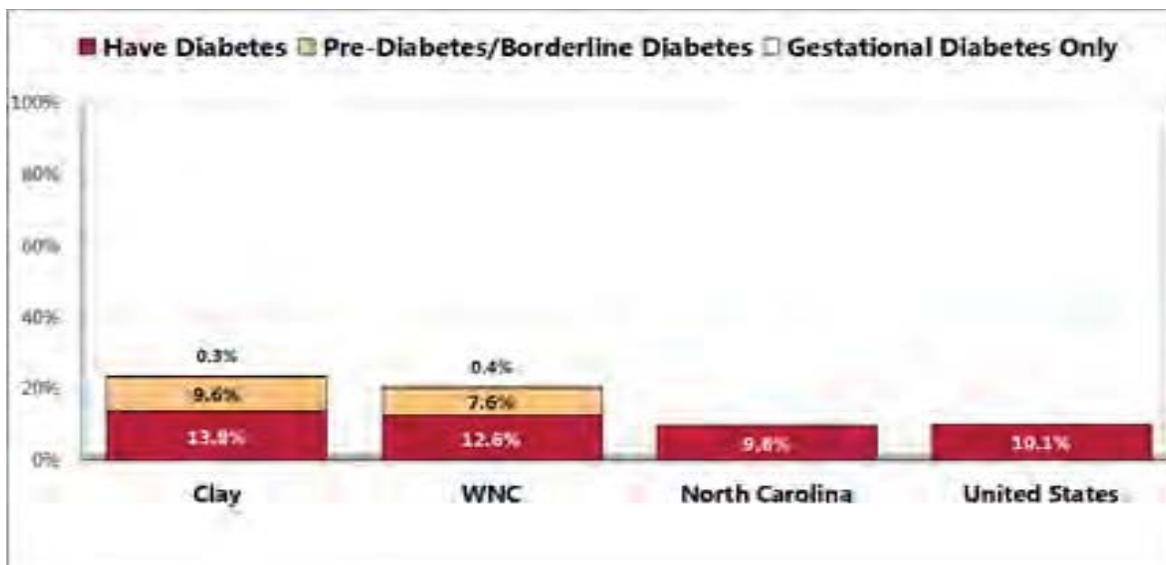
Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes. Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals (DHHS, 2010).



Sources: •2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]

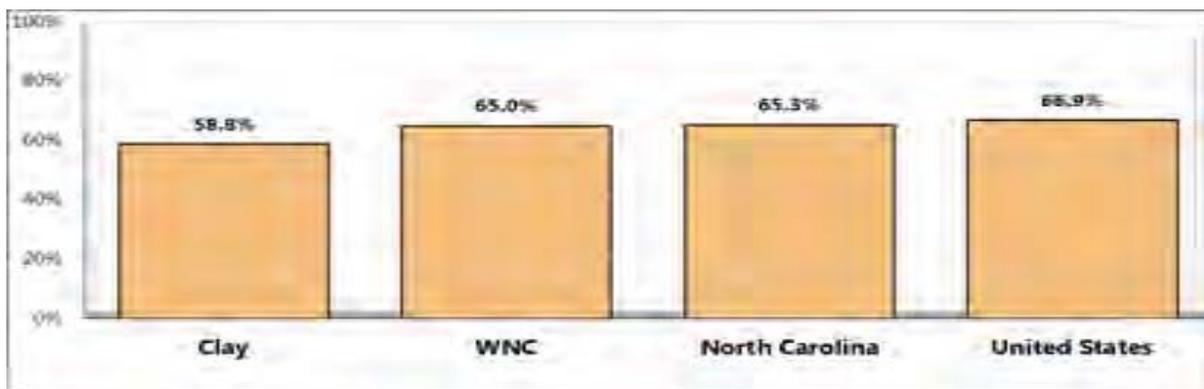
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 North Carolina data.
- US Department of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

Obesity is a problem throughout the population. However, among adults in the U.S., vast disparities in obesity exist. Within the U.S., the prevalence of obesity is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity. Social and physical factors affecting diet and physical activity have an impact on weight. (DHHS, 2010).

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. Overweight is defined as having a Body Mass Index (BMI) of 25 or more and is associated with coronary heart disease, type 2 diabetes, cancer, hypertension, stroke, liver disease, sleep apnea, respiratory problems, osteoarthritis, gynecological problems, and poor health status.

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.

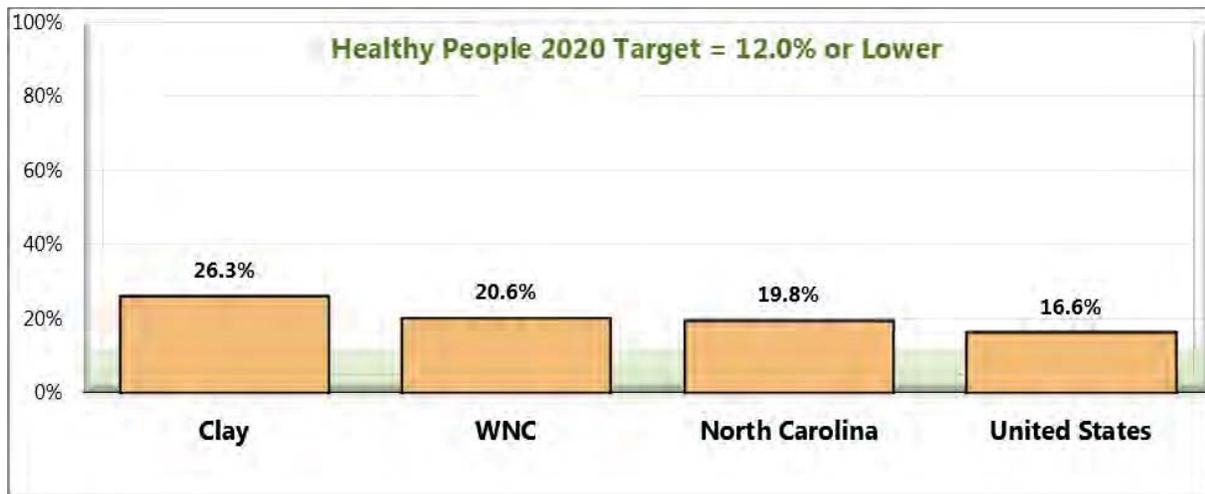
Notes:

- Based on reported heights and weights, asked of all respondents.

While many in Clay County find the rural life to be a healthy one, there is ample evidence that many in the county suffer from common diseases and chronic health conditions that are in many cases preventable with better health choices and lifestyle changes.

Overeating, poor nutritional choices, smoking and lack of exercise all contribute to obesity, hypertension, diabetes and a variety of heart and lung symptoms that affect long term health. The 2012 Clay County Health Assessment found ample evidence that these health issues should be a community priority.

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).

The results of the Clay County Community Health Assessment report showed tobacco use on the rise and a trend of growing use by young people; however, tobacco concerns reach beyond cigarettes. Smokeless tobacco use in the county is substantially above average and brings with it many health risks as well.

The CHA findings indicate that smokeless products are used by about 50 percent more Clay County residents than the rest of western North Carolina. Products include snuff and chewing tobacco among others. Throughout the United States, the percentage of smokeless tobacco users is a little more than a third of the percentage of Clay County users.

Many of those using smokeless tobacco are young people. In the late 1990s and early 2000s, youth smokeless tobacco use declined nationwide, but in recent years, CDC statistics show that more American high school students, especially white males, have reported using smokeless tobacco products.

#3 Oral Health

Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health (DHHS, 2010).

Utilization of Dental Services by the Medicaid Population

Table 50 presents data on the percent of the Medicaid population eligible for dental care that utilizes it. This data represents the Medicaid population of all ages, but split into under-age-21 and age-21-and-over-categories. In all three jurisdictions the Medicaid population under age 21 appears to be more likely to utilize dental services than the population age 21 and older.

Table 50. Medicaid Recipients Receiving Dental Services, All Ages (2010)

Geography	Medicaid Recipients Utilizing Dental Services (by Ages Group)					
	<21 Years Old			21+ Years Old		
	# Eligible for Services	# Receiving Services	% Eligibles Receiving Services	# Eligible for Services	# Receiving Services	% Eligibles Receiving Services
Clay County	1,235	564	45.7	1,047	270	25.8
Regional Total	85,652	42,135	49.2	62,817	18,536	29.5
State Total	1,113,692	541,210	48.6	679,139	214,786	31.6

Table 51, focusing only on children ages 1-5, helps in understanding why utilization in the under-21 age group is so high. In this youngest age group, 40% or more of the eligible population received dental services in all three jurisdictions.

Table 51. Medicaid-Recipients Receiving Dental Services, Ages 1-5 (2010)

Geography	Children (aged 1-5) Enrolled in Medicaid Who Received Any Dental Service In the Previous 12 Months)		
	# Eligible for Services*	# Receiving Services**	% Eligibles Receiving Services
Clay County	356	155	43.5
Regional Total	26,820	14,407	53.7
State Total	n/a	n/a	51.7

Dental Screening Results among Children

Table 52 presents 2009 dental screening results for kindergarteners. While the screening process captures other data, this data covers only the average number of decayed, missing or filled teeth. The average number of decayed, missing or filled teeth discovered among kindergarteners screened in Clay County (1.84 per child) was 22% higher than the state average (1.50) but 16% lower than the WNC mean (2.18).

Table 52. Dental Screening Results, Kindergarteners (2009)

Geography	Average # Decayed, Missing or Filled Teeth
Clay County	1.84
Regional Arithmetic Mean	2.18
State Total	1.50

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 committees that are addressing the identified health priorities. Frequent monitoring will allow for modification of actions as needed to improve overall results. Committee chairs will report any needed modifications to the Coordinator of Healthy Carolinians when they are identified. The Healthy Carolinians Committee and the Health Educator at the Clay County Health Department will review the CHIP jointly on a quarterly basis and will revise the plan as needed. Shared responsibility throughout the monitoring process will allow for joint responsibility for the actions 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.

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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 Hope Burch at (828) 389-8052.**

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 Clay 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 Clay County residents. The role of the CHA is to identify factors that affect the health of Clay County residents and determine the availability of resources within the county to adequately 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. As a part of the Affordable Care Act, non-profit hospitals are now also required to conduct a community health needs assessment at least every three years.

Clay County Health Department is part of a larger 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. This data was then compared to the data collected in the 2011 Clay County CHA to look for similarities and differences.

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 Clay 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

Children and adolescents who are overweight have a greater risk of developing Type 2 diabetes and asthma; they are more likely to have increased blood pressure and high cholesterol levels; and they are more likely to experience depression.

Physical activity and healthy eating are both critical parts of maintaining good health. Everyone—children and adults—benefits from being physically active and eating a variety of fresh, healthy foods every day. Regular physical activity and good nutrition can reduce a person’s risk of obesity and chronic disease and may prevent certain health conditions from worsening over time.

Obesity is a problem throughout the US, however, among adults, vast disparities in obesity exist. The association between income and obesity varies according to age, gender, and race/ethnicity. Social and physical factors affecting diet and physical activity have an impact on weight (DHHS, 2010). Children and adolescents who are overweight have a greater risk of developing Type 2 diabetes and asthma; they are more likely to have increased blood pressure and high cholesterol levels; and they are more likely to experience depression. In addition, the majority of children and adolescents who are overweight are likely to remain overweight throughout adulthood. Childhood obesity is a serious health concern according to North Carolina and national data. The percentage of Clay County children ages 5 to 13 years who are obese increased from 2009 to 2010 and has remained at 24.8 percent in 2011. Forty percent of community health assessment survey respondents expressed great concern about child obesity/overweight.

Children and adolescents who are overweight have a greater risk of developing Type 2 diabetes and asthma; they are more likely to have increased blood pressure and high cholesterol levels; and they are more likely to experience depression.

Physical activity and healthy eating are both critical parts of maintaining good health. Everyone—children and adults—benefits from being physically active and eating a variety of fresh, healthy foods every day.

Regular physical activity and good nutrition can reduce a person’s risk of obesity and chronic disease and may prevent certain health conditions from worsening over time.

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.

Spotlight on Success

The Clay County Health Department, Clay County Schools, and the Southern Appalachian Bicycle Association have formed a collaboration to attract youth to an organized bicycling exercise program. The youth were trained in bicycle skills trail located at an existing nearby mountain biking and hiking trail. By providing the facility and training, a wide participation of youth, their families and friends were exposed to the fun and exercise of mountain biking.

Clay County is a rural, sparsely populated mountain community with one school system serving all of its youth. The venues for youth exercise are limited, mainly by community resources, mountain terrain and distance. This mountainous terrain is not conducive to youth learning basic biking skills at home, or to and from school, as they would in other areas of our state. These factors restrict our youth's participation in this physical activity. Clay County does have an existing mountain biking and hiking trail system which is used by many residents of our community as well as visitors to our region. However, for the inexperienced youth, it is necessary to gain the skills needed to engage in the sport of mountain biking. A skills trail would provide the venue needed to gain experience and to practice new skills before progressing on to the trails.

The collection of Body Mass Index (BMI) studies during the past few years reveals that students at Clay County Schools have BMI's above the national average. Approximately one-fourth of middle school-aged student's measure over the 95th percentile, and upwards of 31.9 percent has been documented. Limited venues for youth exercise programs in our community could be a major contributing factor in these high obesity statistics.



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
Southern Appalachian Biking Association (SABA)	The Southern Appalachian Bicycle Association, SABA, serves cyclists in Western North Carolina, North Georgia, and SE Tennessee.	www.sabacycling.com
Clay County Health Department	The Clay County Department of Public Health offers services in Personal Health, Communicable Diseases, Specialty Clinics, Family Outreach Services, Laboratory Services and Environmental Health.	www.clayhdnc.us
Clay County Schools	The mission of the Clay County School System is to embrace, equip and empower our students to excel.	www.clayschools.org
Tusquitee Ranger District of the USFS	This 158,900-acre district lies in the far southwestern tip of North Carolina in Cherokee and Clay Counties. The Tusquitee District has three large lakes that offer a variety of recreation. Two major rivers, the Hiwassee and Valley, provide canoeing. Three reservoirs in beautiful mountain settings provide a playground for recreation enthusiasts. Hiwassee Lake, Chatuge Lake, and Appalachia Lake offer boating, water skiing, fishing, and swimming, as well as a quiet place to relax and enjoy nature's wonders.	www.fs.usda.gov
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.	www.asapconnections.org
Chamber of Commerce	Since 1986 the Clay County Chamber has been a voluntary dynamic organization made up of over 300 business and professional people interested in supporting or doing business in Clay County.	www.ncmtnchamber.com
WNC Healthy Kids/WNCHN	Promote policy changes locally, statewide and nationally that will	www.healthykids.net

	<p>support obesity reduction.</p> <p>Serve as the curator of shared benchmark and measurement data across the region, collecting and sharing specific outcomes that will lead to obesity reduction.</p>	
Clay County Communities Revitalization Association	To serve as a catalyst to bring forth a cooperative, creative spirit within Clay County that enables us to reclaim and preserve our unique mountain heritage and natural resources, create new jobs and provide opportunities, and to encourage economic growth and prosperity – today and tomorrow.	http://cccra.net
Eat Smart Move More NC	To help communities, schools and businesses make it easy for people to eat healthy food and be physically active. We also encourage individuals to think differently about what they eat and how much they move, and to make choices that will help them feel good and live better.	http://www.eatsmartmovemorenc.com
Coalitions / Groups:		
Clay County Healthy Carolinians	Healthy Carolinians of Clay County is a network of agencies and citizens partnering to promote health and wellness in Clay County.	
Community Transformation Grant	The grant will support public health efforts in local communities to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and control health care spending.	www.mountainwise.org
Food Policy Council	It is the purpose of the North Carolina Sustainable Local Food Advisory Council to contribute to building a local food economy, thereby benefiting North Carolina by creating jobs, stimulating statewide economic development, circulating money from local food sales within local communities, preserving open space, decreasing the use of fossil fuel and thus reducing carbon emissions, preserving and protecting the natural environment, increasing consumer access to fresh and nutritious foods, and providing greater food security for all North Carolinians.	http://www.ncagr.gov/localfood/

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>	<u>Baseline/Indicator Source</u>
1. By December 2015, increase the percentage of children ages 5 to 11 years with normal BMI from 59.5% to 64%.	Local BMI Data
Related Healthy NC 2020 Objective: Increase the percentage of high school students who are neither overweight nor obese. [2020 Target: 79.2%]	BRFSS (CDC)
2. By December 2015, increase percentage of adults consuming recommended daily servings of fruits and vegetables from 8% to 15%	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 healthy snacks in elementary school

Goal: Decrease overweight and obesity among school children in Clay County by improving the snack policy for PK-4 students

Strategy Background

Source: <http://www.nchealthyschools.org/components/nutritionservices>

Evidence Base: *Improving the health and nutritional well-being of students through coordinated and comprehensive nutrition policies that enhance the school classroom, cafeteria, and community environment, and support lifelong healthful eating habits in turn improves students' academic performance. For more information see www.cdc.gov/healthyyouth/npao/strategies.htm*

Type of Change: Policy level change

Partner Agencies

Lead: Clay County School Health Advisory Council

Collaborating: Clay County Health Department, Clay County Healthy Carolinians, and Clay County Schools

Supporting: All members of the Clay County Healthy Carolinians

Strategy Objective #1:

By December 2013, Clay County Schools will adopt a *Healthy Snack Policy* for PK-4 students.

Indicator: Number of elementary schools with healthy snack policies (measured through survey of elementary school)

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
100% of school staff will receive training in BMI local data, the link between academic performance and BMI's	Staff Time, Space	Increased knowledge of supporting healthy nutrition in the classroom	Training sign-in forms	May 2013
Draft healthy snack policy presented for review to PK-4 principals	Staff Time, Space	Increased knowledge of supporting healthy nutrition in all PK-4 schools	Meeting minutes	May 2013

Strategy 2 - 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 Clay 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=314>*

Type of Change: Individual level change

Partner Agencies

Lead: WNC Healthy Kids

Collaborating: Clay County Health Department, Clay County Healthy Carolinians, Clay County School Health Advisory Council, and Clay County Parks and Recreation.

Supporting: All members of Clay County Healthy Carolinians.

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	Resources Needed	Anticipated Result	Result Verification	Target Date
Use of the <i>5-2-1 Almost None</i> message in childcare provider newsletters	Staff Time	<i>5-2-1 Almost None</i> will become widely recognized in Clay 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 Clay County	Number of forms	December 2014
Health Department bulletin boards, public signs, and website and Facebook page will display <i>5-2-1 Almost None</i> message	Staff Time	<i>5-2-1 Almost None</i> will become widely recognized in Clay County	Number of boards and signs. Number of website views	December 2014

Strategy 3 - Implement a standardized physical education curriculum (SPARK) and assessment (Fitnessgram)

Goal: Decrease overweight and obesity among school children in Clay County by implementing a standardized physical education curriculum/assessment for K-8 students

Strategy Background

Source: <http://www.sparkpe.org/physical-education/>

Evidence Base: Over 45 publications have been written and reviewed to support that SPARK positively affects all of the following student outcomes: activity levels, fitness, sport skills, enjoyment, and academic achievement. Teachers improve the quantity and quality of instruction, and the positive effects of SPARK are lasting. For more information see <http://www.sparkpe.org/physical-education-resources/publications/>.

Type of Change: Policy level change

Partner Agencies

Lead: Clay County Schools

Collaborating: Clay County Health Department, Clay County Healthy Carolinians, and Clay County School Health Advisory Council

Supporting: All members of Clay County Health Carolinians

Strategy Objective #1: Fitnessgram assessments provided to parents twice each school year with report cards by June 2014

Indicator: Number of elementary/middle schools using SPARK/FITNESSGRAM (measured through survey of elementary/middle schools)

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Coordinate BMI assessments annually	Staff Time	K-8 students HT/WT measurements recorded	CDC BMI Calculator spreadsheet entries	June 2013
Disseminate BMI assessments to K-8 healthful living staff	Staff Time	BMI data shared with healthful living staff	Email confirmation	June 2103
Support School Health Advisory Committee to develop strategies on dissemination of Fitnessgram to parents	Staff Time	Dissemination strategies identified	Meeting minutes	December 2013
Fitnessgram assessments provided to parents bi-annually	Staff Time	Parents will receive student fitness assessments bi-annually	Number of forms printed/mailed	June 2014

CHAPTER 4 – PRIORITY # 2: INCREASE ACCESS TO HEALTHIER FOOD OPTIONS

Situational Analysis

Cross-cutting objectives represent measures of population health in North Carolina that span other focus areas. Self-reported health status offers a proxy measure of the health of Clay County's population. In North Carolina, the percentage of adults reporting good, very good, or excellent health remained relatively unchanged between 1999 and 2009 at 82.1 percent and 81.9 percent, respectively.

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention) (DHHS, 2010). In the 2012 Community Health Assessment Survey for Clay County, respondents were asked about their personal health. At least 50 percent of persons with greater than \$25,000 income expressed concern about availability of health services and healthy food choices (CHA Survey). According to survey respondents earning less than \$25,000 per year, annual preventive health screenings such as mammograms, pap smears, prostate exams, and colonoscopies are not routinely accessed (CHA Survey). Simple preventive screenings could greatly influence the county's death rates for all cancers.

Programs such as the Breast and Cervical Cancer Control Program are available. However, more preventive measures must be taken. In addition, tobacco use has long been recognized as a major cause of death and disease, responsible for hundreds of thousands of deaths each year in the US. Smoking is known to cause lung cancer and is a major risk factor for heart disease. However, it is not only active smokers who suffer the effects of tobacco smoke. In 1993, the EPA published a risk assessment on passive smoking and concluded that the widespread exposure to environmental tobacco smoke (ETS) in the US had a serious and substantial public health impact (US Environmental Protection Agency, 2011)

The choice of where to eat appears to influence 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).

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



The community garden received a grant through Nourishing North Carolina, a statewide community garden program making local, healthy food more accessible to people across the state. Blue Cross and Blue Shield of North Carolina (BCBSNC) launched the program in partnership with the North Carolina Recreation and Park Association (NCRPA) to create or enhance community gardens in all 100 North Carolina counties over the next three years.

“This grant will allow us to expand our garden so we can provide fresh, local produce for more people in need in our community and encourage healthy eating habits,” said Jan Kowalsky, community garden coordinator from Master Gardeners. “We are proud to be part of the Nourishing North Carolina network. Our garden not only provides healthy food, it also provides a safe area for our neighbors to work together, share a public green space, and be physically active through gardening.”

North Carolinians continue to face serious health issues, while the state’s obesity rates remain at alarming levels. In fact, unhealthy eating and physical inactivity cost the state an estimated \$57 billion per year in avoidable medical expenses, workers’ compensation claims and lost productivity. Community gardens are just one targeted but impactful way to address health issues across North Carolina.

“The long-term benefits of Nourishing North Carolina will extend well beyond the growing season,” said Brad Wilson, BCBSNC president and CEO. “By increasing access to healthy food, we can all eat better, lower rates of diabetes, heart disease and obesity, and ultimately lessen the impact of unhealthy lifestyles on our health care system.”

The Clay County Community Garden was started by Cooperative Extension in an effort to provide space for individuals in the community who did not have space or financial means to grow a garden. It was then open to the Pathways and Discovery Program at Clay County Schools.

The Clay County Community Garden is a joint venture locally between Clay County Recreation Center, Master Gardeners, Pathways and Discovery Program, Clay County Food Pantry, Communities in Schools, Cooperative Extension, Clay County Social Services and Clay 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 chronic disease in our community.

Organizations	Primary Focus or Function	Website or Contact Information
Clay County Health Department	Dedicated to the purpose of disease prevention and health promotion for all Clay County residents	www.clayhdnc.us
Land of Sky Regional Council	Land-of-Sky Regional Council is a multi-county, local government planning and development organization in North Carolina.	http://www.landofsky.org/
American Cancer Society	The American Cancer Society is the nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.	http://www.cancer.org/
Clay County School System	The mission of the Clay County School System is to embrace, equip and empower our students to excel.	www.claycountyschools.org
Youth Empowered Solutions	YES! is a nonprofit organization that empowers youth, in partnership with adults, to create community change.	http://www.youthempoweredolutions.org
Appalachian Sustainable Agricultural Program	ASAP's mission is to help local farms thrive, link farmers to markets and supporters, and build	http://asapconnections.org

	healthy communities through connections to local food.	
Clay County Parks and Recreation	To plan and implement an all-encompassing recreation department including programs for youth, adults and senior citizens.	www.clayconc.com
Clay County Economic Development Partnership Board	The EDB is the lead government agency for planning and executing strategies to Clay County's position as a business center and grow the Clay County's economy.	mailto:mwaldroup@claync.org
Coalitions / Groups:		
Clay County Healthy Carolinians	A partnership that seeks to improve the overall health of Clay County citizens by networking, assessment, project development, implementation, and evaluation	
Community Transformation Grant Project	To support tobacco-free communities, active living, and healthy eating while promoting clinical and community supports to reduce chronic disease.	www.mountainwise.org
GroWNC	GroWNC is an effort to generate interest within our community in collectively working together to create our future. GroWNC seeks to identify action steps and ideas towards creating more jobs, lowering housing and transportation costs, and using our natural and cultural resources so that our children and grandchildren can enjoy them.	http://www.gro-wnc.org

Priority #2 Action Plan

Vision of Impact

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



Community Objectives	Baseline/Indicator Source
1. By December 2015, increase the percentage of adults in Clay County reporting good, very good, or excellent health from 80.4% to 85%.	WNC Healthy Impact
Related Healthy NC 2020 Objective: Increase the percentage of adults reporting good, very good, or excellent health. (2020 Target 90.1%)	BRFSS (CDC)

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

Goal: Decrease exposure to tobacco products in Clay 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: Clay County Health Department

Collaborating: Clay County Healthy Carolinians, Clay County Cooperative Extension, Clay County Schools, Youth Empowered Solutions, and the Community Transformation Grant Project

Strategy Objective #1: By December 2013, Clay County will have a smoke-free or tobacco-free policy for all county buildings and vehicles, and planning for Tobacco-Free Parks

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

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
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 Clay County attend YES training, events and presentations	By May 2013
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 2013
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 2013
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 2013
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 2014

Strategy Objective #1:

By September 2016, Clay County will have farmers markets that are enhanced for low-income customers

Indicator: Number of markets with enhancements as detailed by Appalachian Sustainable Agriculture Project's Farmers Markets

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Interview farming champions about barriers markets have to being more accessible	Staff time, interview tool	Increased knowledge of barriers to enhancing farmers markets	List of barriers	By August 2013
Identify farmers markets that are interested in accessibility enhancements	Staff time	Increased knowledge of likely partners	List of interested markets	By September 2013
Analyze farmers market for current enhancements to increase accessibility and opportunities for improvement	Staff time, tool for inventory	Increased knowledge in how accessible markets currently are	Completed inventory for each market	By September 2013
Educate markets on enhancement opportunities	Staff time, webinar access, handouts for markets and farmers	Increased knowledge of potential enhancements	Documentation of distribution of handouts and webinar attendance	By February 2014
Markets are enhanced	Farmers and market manager time, funding	Increase in number of enhanced markets	Documentation of enhancements	By May 2014
Advertise and celebrate the enhancements	Funding	Increased knowledge of enhanced markets for Clay residents	Presence of marketing materials	By September 2014

Strategy 2 - Increase access to farmers markets in Clay County

Goal: Decrease chronic disease in Clay County by increasing the consumption of fresh fruits and vegetables

Strategy Background

Source: ChangeLab Solutions

Evidence Base: *Increasing access to fresh fruits and vegetables is possible through expansion of the number of farmers markets, but according to ChangeLab Solutions land use policies and zoning regulations can pose real barriers to emerging markets. Therefore, communities should consider land use policies that are supportive of new markets. For more information see:*

<http://changelabsolutions.org/publications/land-use-farmers-markets>

Type of Change: Policy level change

Partner Agencies

Lead: Clay County Cooperative Extension

Collaborating: Clay County Health Department, Clay County Healthy Carolinians, Appalachian Sustainable Agriculture Project, and the Community Transformation Grant Project

Supporting: Clay County Parks and Recreation Department

Strategy Objective #2:

By September 2016, Clay County zoning regulations will be supportive of and protect the location of farmers markets

Indicator: County and municipal zoning ordinances will reflect best practices as detailed by ChangeLab Solutions at <http://changelabsolutions.org/publications/land-use-farmers-markets>

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Interview farming champions about the process markets have to take to establish their location	Time	Increased knowledge of barriers to establishing farmers markets	List of barriers	By August 2013
Analyze county comprehensive plans and municipality plans and zoning ordinances for regulations for farmers markets	Comprehensive plans, zoning ordinances, municipality plans, planning consultant time	Increased knowledge of current community policies	List of policies concerning farmers markets	By June 2013
Research of best practices to remedy barriers discovered in steps	Planning consultant time, access to best practice literature	Recommendations for changes to plans and regulations are established	List of recommendations	By June 2013

1 and 2				
Educate farming champions about possible changes that could be made to reduce barriers to farmers markets	Time, documentation of the recommended policy language change	Increased knowledge of remedies for barriers	Documentation of transferring list to farming champions	By January 2014
Farming champions advocate for changes in plans and zoning regulations	Time, advocacy opportunities	Increase in knowledge of barriers by key community decision makers	Documentation of meeting and advocacy	By March 2014
Community leaders make recommended changes	Time, documentation of the recommended policy language change	Decrease in barriers for those establishing farmers markets	Changed policy is adopted	By July 2014

Strategy 3 - Increase the number of healthy convenience stores in Clay County

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

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: Clay County Health Department, Store Owners

Collaborating: Clay County Economic Development Partnership Board, Clay County Cooperative Extension, Community Transformation Grant Project

Strategy Objective #1:

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

Indicator:

Pre-posttest for healthy food store inventory

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Identify low food access communities in Clay County	Time, GIS, PAGE project, EBT/WIC store inventory	Increased knowledge of gaps in food access	Map of food access points in Clay 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 Clay 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 6 - Increase access to lifestyle change programs/worksites wellness programs for individuals with chronic disease.

Goal: Improve health status for individuals living with chronic disease in Clay County

Strategy Background:

Source: <http://www.landofsky.org/livinghealthy.html> , <https://esmmweighless.com/>

Evidence Base: *There is evidence that subjects, who took chronic disease self-management programs, when compared to those who did not, demonstrated significant improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, and fatigue, disability, and social/role activities limitations. They also spent fewer days in the hospital, and there was also a trend toward fewer outpatient visits and hospitalizations. For more information see:*

<http://patienteducation.stanford.edu/programs/cdsmp.html>, <https://esmmweighless.com/>

Type of Change: Individual

Partner Agencies

Lead: Land of Sky Area Agency on Aging, Clay County Cooperative Extension, and Clay County Healthy Carolinians.

Collaborating: Clay County Health Department, Community Transformation Grant Project

Strategy Objective #1: By December 2014, lifestyle change program information will be given to Clay Health Professionals and worksite wellness information will be given to local businesses

Indicator: Number of inventories distributed to local health professionals and businesses

Strategy Objective #2: By December 2015, increase the number of chronic disease self-management programs (CDSMP) offered in Clay to two per year

Indicator: Number of Chronic Disease Self-Management classes held per year

Strategy Objective #3: By October 2014, restart Eat Smart, Move More, Weigh Less (ESMMWL) programs in Clay County

Indicator: Number of ESMMWL classes held

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Inventory lifestyle change programs and worksite wellness programs for people with chronic disease and who use tobacco.	Contract staff time Volunteer time	Increased knowledge of available resources for community members, health professionals, and businesses.	List of resources	December 2013
Inventory is incorporated into 211 Inventory is distributed to local health professionals and businesses	Staff time	Increased knowledge of programs for physicians and businesses	Documentation that inventory was submitted to providers and businesses	By June 2014
Schedule two CDSMP classes per year	Land of Sky Area Agency on Aging staff time	Increased availability of CDSMP classes	Documentation of registered class participants	By December 2015
Restart ESMMWL Classes In Clay County.	Cooperative Extension and Health Department staff time	Availability of ESMMWL classes in Clay County.	Documentation of registered class participants.	By October 2014

CHAPTER 5 – PRIORITY # 3: ORAL HEALTH

Situational Analysis

Oral health is often taken for granted, but it is an essential part of our everyday lives. Good oral health enhances our ability to speak, smile, smell, taste, touch, chew, swallow, and convey our feelings and emotions through facial expressions.

Tooth decay (cavities) is a common, preventable problem for people of all ages and affects more than one-fourth of US children aged 2–5 years and half of those aged 12–15 years. For children, untreated cavities can cause pain, dysfunction, school absences, difficulty concentrating, and poor appearance—problems that greatly affect a child's quality of life and ability to succeed. Children from lower-income families often do not receive timely treatment for tooth decay, and they are more likely to suffer from these problems.

In Clay County, the average number of decayed, missing, or filled teeth discovered among kindergarteners screened (1.85 per child).

Fluoride has been shown to reduce cavities significantly, however in rural areas such as Clay County; most residents have wells, and therefore don't drink fluorinated water regularly. Another safe, effective way to prevent cavities is through the use of dental sealants—plastic coatings applied to the chewing surfaces of the back teeth, where most decay occurs. Yet only about one-third of children aged 6–19 years have sealants. Although children from lower-income families are almost twice as likely to have decay as those from higher-income families, they are only half as likely to have sealants. The lack of fluoride and dental sealants only further supports education and screening efforts beginning at an early age.

Dental caries is the most common chronic infectious disease among children. If untreated, dental caries can result in problems with speaking, playing, learning, and receiving proper nutrition. (CDC and US Surgeon General Report 2010)

Untreated oral health problems in children can cause severe pain and suffering, and those who delay care often have higher treatment costs when they finally receive it. (Healthy People 2010)

Spotlight on Success

The mission of the Clay County dental program is to serve the community by providing necessary dental services to families. By fulfilling this mission we have had the opportunity to help people through dentistry and beyond.

Children should not have to suffer because of the costs of dental work. Children should be instructed that taking care of their teeth is an important part of taking care of their body. A person is only given one set of teeth to last a lifetime and choices made as a child will determine the life of the teeth.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health (DHHS, 2010).



Partners

Addressing oral health 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 young children's oral health in our community.

Organizations	Primary Focus or Function	Website or Contact Information
Clay County Health Department Dental Program	Dedicated to the purpose of disease prevention and health promotion for all Clay County residents	www.clayhdnc.us
NC DHHS Oral Health Section	The Oral Health Section (OHS) provides dental health prevention and education services for the children of North Carolina.	www.ncdhhs.gov/dph/oralhealth/
Coalitions / Groups:		
Clay County Healthy Carolinians	A partnership that seeks to improve the overall health of Madison County citizens by networking, assessment, project development, implementation, and evaluation	hopeburch@clayhdnc.us
Truett Baptist Association	Mission is to provide dental care to adult patients in 5 western North Carolina counties.	www.truettba.com

Priority #3 Action Plan

Vision of Impact

Young children will have healthy smiles due to access to dental education, screenings, and treatment at an early age.



Community Objectives	Baseline/Indicator Source
1. By December 2015, decrease the average number of decayed, missing or filled teeth among Clay County Kindergartners from 1.84 to 1.25.	State Center for Health Statistics
Related Healthy NC 2020 Objective: Decrease the average number of decayed, missing or filled teeth among Kindergartners. (2020 Target 1.1)	State Center for Health Statistics

Strategy 1 - Increase dental education/screenings/fluoride applications for preschool age children

Goal: Increase oral health for young children in Clay County by increasing dental education, dental screenings, and fluoride applications

Source: <http://www.ncdhhs.gov/dph/oralhealth/index.htm>

Evidence Base: Medicaid-covered children receiving dental education, screenings, and fluoride varnish applications have fewer caries-related treatments in dental offices than enrolled children not having those preventive services. (Into the Mouths of Babes Program, NC DHHS)

<http://www.ncdhhs.gov/dph/oralhealth/partners/IMB.htm>

Type of Change: Individual Change, Systems Change, and Health Disparity

Partner Agencies

Lead: Clay County Health Department

Collaborating: NC Western Regional Dental Hygienist and Clay County Healthy Carolinians

Supporting: Clay County Schools

Strategy Objective #1: By December 2014, implement a bi-annual dental day at the Clay County Health Department
Indicator: Number of dental days implemented at the Clay County Health Department

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Establish a committee to plan dental day	Staff time	Interested individuals will be identified to serve on planning committee	Meeting minutes	June 2013
Set date for dental day	Staff time	Date will be set	Meeting minutes	June 2013
Engage CCHD Dental Center Staff in dental day planning	Staff time	A dental center staff member will participate on the planning committee	Meeting minutes	June 2013
Engage WIC staff and clients in dental day	Staff time, flyers	WIC clients will be solicited via one-on-one conversations with WIC staff and flyers to participate in dental day	Flyers, WIC staff participation	August 2013
Secure participation of Western Regional Dental Hygienist	Staff time	Western Regional Dental Hygienist will be available to provide dental screenings and education on dental day	Meeting minutes	June 2013
Promote dental day	Staff time, flyers, newspaper ads, Facebook, health department sign, health department website	Dental day will be promoted via a variety of media outlets	Flyers, ads, Facebook, website, sign	September 2013
Hold first dental day event	Staff time, client participation	The first-ever dental day will be a success	Continuation of dental day	September 2013

Strategy Objective #2: By December 2014, all children in child care in Clay County will receive annual dental education

Indicator: Number of children in childcare receiving dental education

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Work with the Smart Start Child Care Health Consultant to provide dental education at each child care center in Clay County	Staff time, educational materials	Dental education will be provided at each child care center at least annually	Child Care Health Consultant reports	December 2014

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 Clay 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 Clay County Health Department website (www.clayhdnc.us), 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.