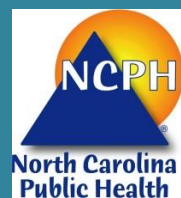


2013

Graham County Community Health Improvement Plan



WNC**HEALTHY**IMPACT

2013 GRAHAM COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

March 2013

ACKNOWLEDGEMENTS

This document was developed by the Graham County Department of Public Health, in partnership with Murphy Medical Center as part of a community-wide action planning process. We would like to thank several agencies and individuals for their contributions and support in the development of the Community Health Improvement Plan.

<i>Melba Millsaps, Graham County Board of Health</i>	<i>CHA Team</i>
<i>Andy Cable, Graham County Economic Development</i>	<i>CHA Team</i>
<i>Rick Davis, Graham Revitalization Economic Action Team</i>	<i>CHA Team</i>
<i>Glenda Bradley, Stanley Furniture Company</i>	<i>CHA Team</i>
<i>Eve Rogers, Graham County Cooperative Extension</i>	<i>CHA Team</i>
<i>Jennifer Wachacha, Snowbird Community Health</i>	<i>CHA Team</i>
<i>Marsha Harwood, Snowbird Team Ministries</i>	<i>CHA Team</i>
<i>Jason Sawyer, Graham County Recreation</i>	<i>CHA Team</i>
<i>Lisa Russo, Community Member</i>	<i>CHA Team</i>
<i>Jessi Bassett, Registered Dietician</i>	<i>CHA Team</i>
<i>Melissa McKnight, Community Transformation Project</i>	<i>CHA Team</i>
<i>Donna Stephens, MedWest Health System</i>	<i>CHA Team</i>
<i>Kathi Osbourne, Murphy Medical Center</i>	<i>CHA Team</i>
<i>Angela Kemper, HunterKemper Consulting</i>	<i>Prioritization Facilitator</i>

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 Kristen Shuler at the Graham County Department of Public Health 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).
kristen.shuler@grahamcounty.org

TABLE OF CONTENTS

Acknowledgements.....	2
Table of Contents.....	3
Executive Summary	6
Overview of CHIP Purpose and Process.....	6
List of Health Priorities	6
General Review of Data and Trends	7
Summarized Action Plan.....	8
Monitoring and Accountability	8
Chapter 1 - Introduction.....	8
What is a Community Health Improvement Plan (CHIP)?.....	10
How to Use this CHIP	10
Connection to the 2012 Community Health Assessment (CHA)	11
WNC Healthy Impact.....	11
Chapter 2 – Community Health Assessment Process.....	12
Chapter 3 –Priorities # 1 & 2: Obesity and Diabetes.....	13
Situational Analysis.....	13
Spotlight on Success	15
Partners	17
Vision of Impact	22
Community Objectives	22
Strategy 1 – Creation of, and enhanced access to places for physical activity combined with informational outreach activities	23
Strategy Background	23
Action Plan	23
Action Plan	25
Action Plan	26
Strategy 2 – Create and maintain environments and policies that support access to and consumption of healthy foods	27
Strategy Background	27
Partner Agencies	27
Action Plan	27
Action Plan	29

Action Plan	30
Chapter 4 – Priority #3: Access to Health Care.....	32
Situational Analysis.....	32
Spotlight on Success.....	34
Partners.....	35
Access to Health Care	37
Vision of Impact	37
Community Objectives	37
Strategy 1 – Develop a strong base of primary care	38
Strategy Background	38
Partner Agencies	38
Action Plan	38
Action Plan	39
Strategy 2 – Utilize Health Information Technology	40
Strategy Background	40
Partner Agencies	40
Action Plan	40
Action Plan	41
Chapter 5 – Priority #4: Substance Abuse.....	43
Situational Analysis.....	43
Spotlight on Success.....	44
Partners.....	46
Vision of Impact.....	48
Community Objectives.....	48
Strategy 1 -	49
Strategy Background.....	49
Partner Agencies.....	49
Action Plan.....	49
Action Plan	50
Action Plan.....	50
CHAPTER 6 – PRIORITY #5: TOBACCO FREE PARKS AND RECREATION.....	52
Situational Analysis	52
Spotlight on Success	53

Partners	55
Vision of Impact	57
Community Objectives	57
Strategy 1 -	57
Strategy Background	57
Partner Agencies	57
Action Plan	58
Chapter 7 – Next Steps	60
References.....	61
Glossary of Terms.....	62

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.

This 2013 CHIP was developed by the Graham County Department of Public Health, the lead agency, in collaboration with the GREAT Health and Social Committee and with public input. It is focused on creating plans within a six month to three year timeline.

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.

List of Health Priorities

Graham County conducted its previous CHA in 2008. Priorities chosen in 2008 were Recreation/Family Fitness and Access to Health Care. Much progress has been made to address these priorities in the 4 years since the 2008 CHA. The community has:

- Built the county's first public playground
- Worked with the US Forest Service on a Trails Master Plan
- Published walking maps for the Town of Robbinsville
- Hosted annual fitness challenges
- Completed a Recreation Master Plan
- Incorporated active living into Town of Robbinsville Revitalization efforts
- Established the county's online American Diabetes Association recognized Diabetes Self-Management Education program
- Supported the Robbinsville Farmer's Market and established the Stecoah Valley Center Tailgate Market
- Ensured continuation of the Robbinsville School Health Center
- Established the county's first free clinic for low-income, uninsured residents

Priorities chosen based on the 2012 CHA are obesity, access to health care, tobacco-free parks and recreation, diabetes, and support of mental health/substance abuse programs.

General Review of Data and Trends

- Graham County mortality rate for heart disease exceeds the WNC rate by 10.6% and the NC rate by 16.3%.
- Prevalence of diagnosed diabetes among adults in Graham County rose from 8.8% in 2005 to 10.1% in 2009, an increase of 14.8%. In WNC the mean estimated percent prevalence of diagnosed diabetes among adults rose from 8.5% in 2005 to 9.0% in 2009, an increase of 5.9%.
- The percentage of overweight and obesity in Graham County is significantly higher in all age groups than WNC and NC percentages.
- In NC, there is data on the ratio of active health professionals per 10,000 populations calculated at the county level. In 2010, the ratios for several medical professions in Graham County (physicians, primary care physicians and pharmacists) were 40% or less of the comparable regional or state averages.
- In Graham County 19.7% of the population is in the 65-and-older age group, compared to 12.9% statewide. The median age in Graham County is 44.3, while the state median age is 37.4 years.
- The median *family* income in Graham County was \$34,831, compared to a mean WNC median family income of \$47,608, a difference of \$12,777 *less* in Graham County. The median family income in Graham County was the lowest such value among the 16 counties of WNC. The median family income in Graham County was more than \$21,300 lower than the comparable state average, although the gap narrowed by \$1,934 between 2005-2009 and 2006-2010.
- The 200%-level poverty rate in Graham County was 56.1% in the 2005-2009 periods and fell to 54.6% in the 2006-2010 periods. In WNC the 200% poverty rate was 36.6% in the 2005-2009 periods and rose to 37.3% in the 2006-2010. Statewide, the 200%-level poverty rate rose from 35.0% to 35.6%.

There is a direct link between poverty and health disparities. In Graham County, the poverty levels and health problems that are most prevalent such as diabetes and heart disease, link hand-in-hand with lack of physical activity, poor diets, and lack of access to health care services. Also, the aging population in Graham County is increasing, which will reasonably warrant a need for more access to health care services, as older populations generally need more health services than younger people.

Summarized Action Plan

- Physical Activity and Nutrition
 - Increase the number of usable pedestrian pathways and recreation facilities and/or resources.
 - Increase the number of joint-use agreements that increase access to physical activity resources.
 - Provide informational outreach and promotional events for physical activity.
 - Improve availability of mechanisms for purchasing foods from farms.
 - Encourage restaurants to offer reasonably sized portions and low-fat and low-calorie menu options.
 - Provide informational outreach, education and promotional events for nutrition.
- Access to Health Care
 - Identify and study primary care models that have been successful in rural areas.
 - Recruit and retain medical providers to Graham County.
 - Implement electronic health records at Graham County Department of Public Health and Robbinsville School Health Center.
 - Utilize telemedicine to expand healthcare services provided in Graham County.
- Substance Abuse
 - Establish permanent medicine drop box
 - Distribute lock boxes to keep home medicines secured
 - Provide informational, education, and outreach events.
- Tobacco Free Parks and Recreation
 - Advocate for tobacco-free parks and recreation policy
 - Provide tobacco cessation classes

Monitoring and Accountability

- The Graham County Department of Public Health leads the local health coalition, the GREAT Health and Social Committee as a sub-committee of the GREAT organization. The GREAT Health and Social Committee meets every other month to monitor progress of the committee's strategic plan, which will include the CHIP. In months opposite of the GREAT Health and Social Committee meetings, the GREAT organization holds public meetings at which each subcommittee provides a report on recent activities and successes as well as challenges and needs. These public meetings give the GREAT subcommittees - which include Revitalization and Infrastructure, Recreation and Natural Resources, Leadership and Government, Education and Workforce, Economic Development and Business, and Tourism and Mountain Culture – to recognized areas for collaboration and utilization of resources to make the biggest impact.
- Each year, the GREAT organization holds an annual public forum to accept public input on the strategic plan and priorities for the upcoming year. This is a time when modifications are made to plans and priorities based on local community buy-in, support of activities, and resources available.
- The group has multiple processes for communication. Most decisions are made in bi-monthly subcommittee meetings, but are sometimes made by "workgroups" that are

working on a specific project. Meeting minutes from previous meeting are distributed at each meeting and emailed on request to those who could not attend. When a quick group decision is needed, an email is sent out to poll the members. In addition, local media is present at all GREAT public meetings. Articles are published bi-monthly in the local newspaper, [*The Graham Star*](#), and posts are published bi-monthly on a local blog, [*The Graham Editorial*](#).

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 iterative and involves continuous monitoring; we plan to release an annual update of this document in December 2013, and again in December 2014. The next community health assessment will be conducted in 2015.

How to Use this CHIP

This CHIP is designed to be a broad, strategic framework for community health, and will be a "living" document that will be modified and adjusted as conditions, resources, and external environmental factors change. It has been developed and written in a way that engages multiple voices and multiple perspectives. We are working towards creating a unified effort that helps improve the health and quality of life for all people who live, work, and play in our county.

We encourage you to review the priorities and goals, reflect on the suggested intervention strategies, and consider how you can join this call to action: individually, within your organizations, and collectively as a community. **To get involved or for questions about the purpose of this document, please contact Kristen Shuler at (828) 479-7900.**

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 Graham 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 county residents. **Community health assessment is a key step in the continuous community health improvement process.** The role of CHA is to identify factors that affect the health of a population and determine the availability of resources within the county to adequately address these factors.

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

WNC Healthy Impact is a partnership between hospitals and health departments in 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. For the data collection phase of our regional efforts, a survey vendor (PRC – Professional Research Consultants, Inc.) was hired to administer a region-wide telephone survey. Various partners, coalitions, and community members are also engaged at the local level. In addition to primary (new) data collected via the telephone survey, the partners also collected and included secondary (existing) data into the report).

"Overweight and obese adults are at increased risk for heart disease, diabetes, stroke, osteoarthritis, and several forms of cancer resulting in reduced quality of life, and premature death (U.S. Department of Health and Human Services, 2001).

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."

"Our organization recently released a report citing Department of Defense data indicating that an alarming 75 percent of all young Americans 17 to 24 years of age are unable to join the military because they failed to graduate from high school, have criminal records, or are physically unfit.

Being overweight or obese turns out to be the leading medical reason why applicants fail to qualify for military service. Today, otherwise excellent recruit prospects, some of them with generations of sterling military service in their family history, are being turned away because they are just too overweight," (Too Fat To Fight, Mission Readiness, 2010)

CHAPTER 3 –PRIORITIES # 1 & 2: OBESITY AND DIABETES

Situational Analysis

Graham County, NC is poverty-stricken, being classified as economically "distressed" by the Appalachian Regional Commission and "Tier 1" (most distressed) by The North Carolina Department of Commerce because the county consistently has one of the highest unemployment rates and food insecurity rates along with one of the lowest per capita income rates in the nation.

There is a direct link between poverty and health disparities, so it was no surprise when the 2008 Graham County Comprehensive Community Health Assessment (CHA) identified obesity, diabetes, and heart disease as disparities in Graham County. At that time, the CHA team chose to adopt Family Fitness as a priority health issue to address. The 2012 CHA revealed that heart disease, diabetes, and obesity rates in Graham County continued to be worse than WNC and NC rates, the CHA team chose to continue to work on this priority.

Obesity is defined as a condition characterized by the excessive accumulation and storage of fat in the body (Merriam Webster, 2013). Factors contributing to obesity and diabetes in Graham County have been identified as

- lack of access to safe places to exercise,
- lack of knowledge about physical activity resources,
- difficulty accessing healthy foods, and
- lack of nutrition knowledge.

Diabetes 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. Lifestyle change (increasing physical activity and eating healthier) has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals (DHHS, 2010).

The CDC Community Preventive Services Task Force recommends the creation of or enhanced access to places for physical activity based on strong evidence of their effectiveness in increasing physical activity and improving physical fitness.

In 2001, the CDC Community Preventive Services Task Force reviewed ten studies and found:

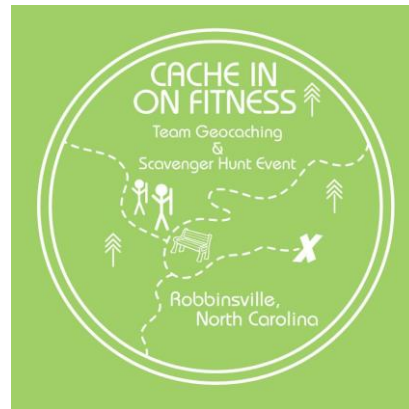
- In all 10 studies reviewed, creating or enhancing access to places for physical activity was effective in getting people to exercise more.
 - Aerobic capacity: median increase of 5.1% (interquartile interval: 2.8% to 9.6%; 8 study arms)
 - Energy expenditure: median increase of 8.2% (interquartile interval: -2.0% to 24.6%; 3 study arms)
 - Percentage of participants reporting some leisure-time physical activity: median increase of 2.9% (interquartile interval: -6.0% to 8.5%; 4 study arms)
 - Exercise score: median increase of 13.7% (interquartile interval: -1.8% to 69.6%; 6 study arms)
- Most of the studies also reported weight losses or decreases in body fat among program participants.
- Many of these programs train participants to use exercise equipment and offer health behavior education, risk factor screening, referrals to physicians or additional services, health and fitness programs, and support or buddy systems.
- These interventions were effective among both men and women and in various settings, including industrial plants, universities, federal agencies, and low-income communities.
- If appropriately adapted to the target populations, these interventions should be applicable to diverse settings and groups.

The local health coalition chose in 2008 to commit to making Graham County an *Active Living* community where healthy choices are easier to make. This will be accomplished by establishing policies, programs and built environments that support physical activity and healthy eating. Graham County has started to make these changes by building the county's first public playground, incorporating healthy living components into master planning documents, providing healthy living classes, and hosting annual fitness challenges.

Spotlight on Success

In 2010-2011, a grant from the NC Health and Wellness Trust Fund made it possible to build county's first public playground. Before the playground was constructed there was no public "park" in Graham County which meant that pre-school age children and home-schooled children had to wait until after school hours to have access to climbing towers, swings, and the usual activities that young children enjoy. After school hours, Graham County Schools opens its playgrounds to the public. The new public playground has been a center of activity for young families in the community – a place

where stay-at-home moms can meet up during the day and let their children enjoy the slides and toys, families can have birthday parties at no charge, and home-school families have access to the same outside play amenities as a larger public or private schools.



As a promotional event for the playground, the Graham County Department of Public Health hosted its first annual *Cache in on Fitness* program in 2011. *Cache in on Fitness* is a geocaching program that developed by the local health coalition. The official definition of geocaching, copied directly from the geocaching website, <http://www.geocaching.com/>, is "Geocaching is a high-tech treasure hunting game played throughout the world by adventure seekers equipped with GPS devices. The basic idea is to locate hidden outdoor containers, called geocaches [or caches], and then share your experiences online. Geocaching is enjoyed by people from all age groups, with a strong sense of community and support for the environment." Along with geocaching, organizers also offered scavenger hunt type clues/directions for those participants who are not comfortable using GPS or who simply prefer to use the low-tech method to find the caches.

The goal of the program is to make people more aware of the resources available in the community for physical activity and increase physical activity levels in participants. In 2011 and 2012, this program has highlighted recreation resources within the county by placing caches at recreation areas such as trails, the health department fitness center, swimming pools, and a putt-putt course, both near the county seat of Robbinsville, and in outlying areas of the county such as Fontana Dam.

At the kick-off event, participants were given a Cache Guide with GPS coordinates and directions to caches that were part of the challenge. In the 2012 challenge, 17 caches were placed, including a range of difficulty levels as well as 7 handicap accessible caches. Participants were encouraged to find as many caches as possible during the 6-week challenge and were given a "Passport" to keep track of the caches they found.

The first *Cache in on Fitness* program had 100 participants in 2011. Survey responses at the end of the program indicated that all participants who completed the program became aware of a physical activity resource that they did not previously know about, were more physically active during the program, and planned to continue being more physically active on a regular basis as a result of the program. The second program was done in partnership with the *90 Day Fitness Challenge*. This 2012 program had 125 participants with similar post-program survey results and participant reports of significant weight loss.

Partners

Addressing obesity and diabetes 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 obesity and diabetes in our community.

Organizations:	Primary Focus or Function	Website or Contact Information
Graham County Department of Public Health	The mission of the Graham County Department of Public Health is to provide compassionate, individualized quality health care by a caring, professional staff, specifically trained to meet the needs of all our citizens and to continually monitor, anticipate and respond to community health problems, with emphasis on health promotion, disease prevention and accessibility.	www.grahamcounty.org 828-479-7900
Graham County Schools	The mission of Robbinsville Elementary/ Middle School is to provide an environment which develops responsible, well-educated, and highly skilled citizens who can compete in the 21st century. In the Robbinsville High School learning community, faculty and staff are committed to providing all students with the keys to unlock their full potential while preparing them to succeed and contribute in our constantly changing global society.	www.grahamcountyschools.org 828-479-3413
Cooperative Extension	North Carolina Cooperative Extension partners with communities to deliver education and technology that enrich the lives, land and economy of North Carolinians.	http://graham.ces.ncsu.edu 828-479-7979
Graham County Recreation	Recreation for Graham County which includes: Community pool, tennis court, playground, organized youth sports.	www.grahamcounty.org 828-479-7681 828-735-2704 (Jason Sawyer)

Eastern Band of Cherokee Indians – Snowbird	<p>The Eastern Band of Cherokee, which is the only tribe in North Carolina that is recognized by the federal government, is located in western North Carolina in our traditional homelands.</p> <p>Healthy Cherokee promotes health education in the community, particularly in the areas of substance abuse prevention and injury prevention.</p> <p>They work within the school system, in childcare centers, the youth center, summer camps, community centers and individual communities on the Qualla Boundary, in Robbinsville and Cherokee County. They partner with healthcare departments, state agencies and the Cherokee fire and police departments.</p>	http://nc-chokeee.com
County Planner	Works to improve and grow community to create healthy, productive, and dynamic environment.	www.grahamcounty.org 828-479-7984 828-735-0886 (Andy Cable)
Economic Development Commission	Help with business plans and financial assistance to ideas that are approved through the EDC board.	www.grahamcounty.org 828-479-7984 828-735-0886 (Andy Cable)
Town of Robbinsville	Works to improve and grow the community to create a healthy, productive, and dynamic environment.	www.grahamcounty.org www.grahamchamber.com www.grahamcountytravel.com
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
Chamber of Commerce	Works to improve and grow the community to create a healthy, productive, and dynamic environment.	www.grahamchamber.com

WNC Healthy Kids/WNCHN	<p>The WNC Health Network will support its members in delivering health services that are cost-effective, high quality, and safe for the residents of the communities it serves.</p> <p>WNC Healthy Kids is a population health program of WNC Health Network, an association of hospitals and health departments in our region. The program is designed to reduce and prevent childhood obesity in Western North Carolina.</p>	http://www.wnchn.org/wnc-healthy-kids
Murphy Medical Center	To provide our communities with high-quality, patient-centered care.	www.murphymedical.org 828-837-8161
MedWest Swain and Harris	MedWest Health System provides personalized, compassionate, and quality care to improve the health of our communities.	www.medwesthealth.org 828-586-7000 (Harris) 828-488-2155
NC DOT	Connecting people and places safely and efficiently, with accountability and environmental sensitivity to enhance the economy, health and well-being of North Carolina.	www.ncdot.gov 828-479-3520
Stanley Furniture Company	Collaborate and partner with community stakeholders to provide support for growth and improvement.	www.stanleyfurniture.com 828-479-3311
US Forest Service	The Southern Region of the Forest Service, U.S. Department of Agriculture, is a dynamic collection of lands, cared for by people as a legacy for future generations. We believe that benefits to people flow from healthy land, that healthy land is conserved through wise management, and that management is most effective when shared.	http://www.fs.fed.us/ 828-479-6431

Coalitions / Groups:		
GREAT Health and Social Committee	Works to improve and grow the community to create a healthy, productive, and dynamic environment that promotes and enhances health and wellness as well as upholds high quality standards.	http://www.grahamcounty.net/great/great.htm
GREAT Revitalization Committee	Works to improve and grow the community to create a healthy, productive, and dynamic environment.	http://www.grahamcounty.net/great/great.htm
Community Transformation Grant Project	Region 1 Community Transformation Grant Project (CTG) works within the 8 Westernmost counties of North Carolina to provide opportunities for physical activity, access to local, fresh fruits and vegetables, and provide support for tobacco-free places. We know that supporting environments and systems that make the healthy choice the easy choice ensures the health of all our communities in Western North Carolina.	http://mountainwise.org/ https://ncregion1ctg.squarespace.com/
WNC Food Policy Council	The WNCFPC brings together food producers, policy leaders, food security agencies, and economic advocates to address policy needs for agricultural development and food insecurity in the seven western counties of North Carolina: Cherokee, Clay, Graham, Swain, Macon, Jackson and Haywood.	Emily M. Elders WNCFPC Director wncfpc@gmail.com

NC STEP	<p>The North Carolina Spit Tobacco Education Program (NC STEP) assists the statewide tobacco prevention and control network in reducing spit-tobacco usage rates among North Carolina's youth.</p> <p>The program provides consultation and information about spit tobacco; develops educational and school materials; provides training for the medical, dental, public health and school communities; and provides presentations to schools and youth groups.</p>	http://www.tobaccopreventionandcontrol.ncdhhs.gov
90 Day Fitness Challenge	<p>The challenge was developed by The Biggest Loser Season 6 contestants, Phil and Amy Parham. It's designed to change our lives by starting with transforming the mentality that many people have that struggle with weight and then shares simple, practical knowledge in the areas of diet and exercise.</p>	<p>Snowbird TEAM Ministries 6601 Snowbird Road Robbinsville, NC 28771 828-479-4539</p>
STEP UP Diabetes Coalition	<p>The STEP UP Diabetes Coalition for Graham County was formed in 2004 after obesity was identified as one of the top health disparities in the 2004 community health assessment. The main goal of this coalition is to continue promoting healthy lifestyles of families in Graham County through environmental/policy changes and education for diabetes prevention and management.</p>	http://livewell.marshall.edu/DMC/diabetes-coalitions/north-carolina/nc

Obesity & Diabetes Action Plan

Vision of Impact

Graham County will be an *Active Living* community where healthy choices are easier to make. This will be accomplished by establishing policies, programs and built environments that support physical activity and healthy eating.



<u>Community Objectives</u>	<u>Baseline/Indicator Source</u>
1. By December 2015, increase the percentage of adults engaging in recommended physical activity from 60.2% to 61%	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
2. By December 2015, increase the percentage of adults who report they consume the recommended daily servings of fruits and vegetables from 4.2% to 10%	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
3. By December 2015, reduce the proportion of children and adolescents ages 2 to 18 years who are considered overweight or obese from 42% to 37.8% (10% decrease)	WNC Healthy Impact Survey
Related Healthy People 2020 Objective: Reduce the proportion of children and adolescents ages 2 to 18 years who are considered obese from 16.1% to 14.5% (10 % decrease)	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
4. By December 2015, reduce the proportion of children and adolescents ages 2 to 18 years who are considered overweight or obese from 42% to 37.8% (10% decrease)	WNC Healthy Impact Survey
Related Healthy People 2020 Objective: Decrease the percentage of adults with diabetes from 9.6% (2009) to 8.6% (10% improvement in NC's current percent)	BRFSS

Strategy 1 – Creation of, and enhanced access to places for physical activity combined with informational outreach activities

Goal: Increase physical activity in Graham County through improving access to safe places for community members to exercise.

Strategy Background

Source: [The CDC Guide to Strategies to Increase Physical Activity in the Community](#)

Evidence Base: “The recommendation for creating or enhancing access to places for physical activity is based on review of 10 studies in which the median effect size suggests that this intervention results in a 25% increase in the proportion of the population who are physically active at least three times per week. Most of the studies also reported weight loss or a decrease in body fat among participants.” [The CDC Guide to Strategies to Increase Physical Activity in the Community](#)

Type of Change: Community, Individual, Policy

Partner Agencies

Lead: Graham County Department of Public Health

Collaborating: GREAT, Graham County Recreation, NC DOT, Graham County Planner, Town Officials, County Officials, Graham County Schools, US Forest Service, Recreation Providers, Eastern Band of Cherokee Indians –Snowbird Community, Stanley Furniture Company, Local Employers, Community Transformation Project, STEP UP Diabetes Coalition

Supporting: All members of the GREAT Health and Social Committee, GREAT Revitalization Committee, GREAT Recreation and Natural Resources Committee, School Health Advisory Committee, NC STEP coalition members, Area Businesses, NC Rural Center, and Graham County Chamber of Commerce

Strategy Objective #1:

By December 2015, the number of usable pedestrian pathways and recreation facilities/resources will increase.

Indicator: Number of usable pedestrian pathways and recreation facilities/resources (asset mapping 2013 compared to 2015)

Action Plan

Activity (what is being done?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Pedestrian pathways and recreation facilities/resources asset mapping	Staff time and volunteers; supplies	Create a baseline for comparison and program evaluation	Completed asset mapping document.	July 2013, 2015

Complete comprehensive Pedestrian Pathways Plan	Staff time and volunteers; supplies	Community will have a unified vision for pedestrian connectivity plans which will increase ability to obtain funding and establish new partnerships.	Completed planning document.	August 2013
Present plans to town and county officials	staff time	Support of town and county officials for future needs related to projects	Adoption of plans or letters of support for future funding opportunities	By November 2013
Ensure that each local comprehensive plans (recreation, pedestrian, county, towns, etc.) are evaluated for active living components and advocate for incorporation of health components if not already in place	Staff time, sample health considerations to include, public and stakeholder time	Active living components included in all local comprehensive plans	Involvement in planning processes and review of comprehensive plans	2013-2015
Complete Santeetlah Lake Trail	Staff and volunteer time, supplies, signage, media coverage	Increase in physical activity	CHA 2015. Asset mapping document.	December 2013
Complete Town of Robbinsville Greenway System	Funding, supplies, staff and volunteer time, land, directional signage	Increase in physical activity	CHA 2015. Asset mapping document.	December 2015
Traffic Slowing Measures in Town of Robbinsville	Funding, supplies, support of DOT	Increase in physical activity	CHA 2015.	December 2013
Upgrade sidewalks in Town of Robbinsville	Funding, DOT support	Increase in physical activity	CHA 2015.	December 2013
Crossing signals in Town of Robbinsville	Funding, DOT support	Increase in physical activity	CHA 2015.	December 2013
Install bike racks in Town of Robbinsville	Staff and volunteer time, installation supplies	Increase in physical activity	CHA 2015	December 2013
Install benches along sidewalk paths in Town of Robbinsville	Staff and volunteer time, supplies	Increase in physical activity	CHA 2015	December 2013
Complete Stanley Furniture Recreation Park	Funding, land, supplies, community support,	Increase in resources for physical activity	CHA 2015. Asset mapping document.	2015

Update Master Recreation Plan	Staff time, funding, community input	Identification of recreation strengths, weaknesses, opportunities, threats, and development of action plan to address any identified issues	Master Recreation Plan Document will include SWOT assessment and action plan	2014
-------------------------------	--------------------------------------	---	--	------

Strategy Objective #2: Increase the number of joint-use agreements (JUAs) that increase access to physical activity opportunities by 2015.

Indicator: Number of joint use agreements (2012 vs. 2015)

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Survey of current JUAs	Staff and volunteer time	Knowledge of existing JUAs,	List of existing JUAs	Completed March 2013
Promote transition for informal JUAs to formal JUAs	Sample JUAs, CTG consultation	Change in status from informal to formal agreements	Copy of formal JUA	2015
Promote JUAs with any new construction of playgrounds, gyms, etc.	Staff time, sample JUAs	Increase in JUAs, increase in physical activity	List of JUAs, CHA 2015	2015
Pursue JUA with new Snowbird Youth Center	Staff time, sample JUAs	Increase in JUAs, increase in physical activity	List of JUAs, CHA 2015	2015
Pursue JUA with new Stanley Furniture Recreation Park	Staff time, sample JUAs	Increase in JUAs, increase in physical activity	List of JUAs, CHA 2015	2015

Strategy Objective #3: Provide informational outreach activities and promotional events to increase individual knowledge about physical activity and nutrition.

Indicator: Individual participation in promotional events, outreach activities, and information session/classes. Individual use of recreation facilities/resources.

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Annual Family Fitness Fair	Funding, staff time, volunteer time, participation of local recreation providers, supplies, media involvement.	Increased knowledge of physical activity resources and participant commitment to healthy lifestyle	Post-fair commitment signed by participants	Annually
Annual <i>Cache in on Fitness</i> event	Staff time, volunteer time, funding, participation of local recreation providers, media, supplies, printing	Increased knowledge of physical activity resources and increase in physical activity	Post participation survey	Annually
Participation in local health fairs	Staff time, media, supplies	Increased knowledge of healthy behavior and health resources	Participant survey	At least annually
Local newspaper articles	Staff time, media buy-in	Increased knowledge of healthy behavior and health resources	Informal reader surveys	At least monthly
Support <i>Robbinsville Roadrunners</i> program	Staff time, volunteer time, supplies, promotional materials	Increased healthy behaviors in participants	Continued participation year to year; Informal participant surveys	Annually
Health message boards at playground and RHS Fitness Trail	Supplies, information, staff time, volunteers	Increased knowledge of healthy behavior and health resources	Informal reader surveys	2013
Workplace wellness challenges	Employer buy-in, information for employers, supplies, staff time, volunteer time	Increase in healthy behaviors of employees	Post participation surveys	Annually

Strategy 2 – Create and maintain environments and policies that support access to and consumption of healthy foods.

Goal: Increase the availability and consumption of healthy foods.

Strategy Background

Source: [Access to Healthy Food: Challenges and Opportunities: A Policy Options Brief](#), June 2012, Public Health Law Center at William Mitchell College of Law.

Evidence Base: “Healthy food environments encourage healthy dietary choices. Likewise, unhealthy food environments encourage unhealthy dietary choices. Adopting healthier behaviors is often difficult when the environment makes unhealthy food convenient, inexpensive, and appealing,” [Access to Healthy Food: Challenges and Opportunities: A Policy Options Brief](#), June 2012, Public Health Law Center at William Mitchell College of Law.

Type of Change: Community, Policy, Individual

Partner Agencies

Lead: Graham County Department of Public Health

Collaborating: Graham County Farmer’s Market, Stecoah Valley Center Tailgate Market, Cooperative Extension, Community Transformation Project, Graham County Schools, Graham County Recreation, Town of Robbinsville, WNC Food Policy Council, 90-Day Fitness Challenge, Local Farmers, STEP UP Diabetes Coalition

Supporting: Local Media, Appalachian Sustainable Agriculture, Chamber of Commerce, GREAT Health and Social Committee members, GREAT Revitalization Committee Members, School Health Advisor Council members

Strategy Objective #1: Improve availability of mechanisms for purchasing foods from farms by 2015.

Indicator: Asset mapping of current mechanisms for purchasing food from farms 2012 vs. 2015.

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Asset mapping of current mechanisms for purchasing food from farms.	Staff time, supplies, technical support	List of resources available for purchasing food from farms.	CTG Project NC Fruit And Vegetable Outlet Inventory 2012	Completed 2012
Secure a designated permanent location for the Graham County Farmer’s market	Staff time, supplies, location with contract.	Farmer’s market will become a more permanent asset to community with consistency of location and availability to community.	Increased participation from vendors and community consumers.	Secured for beginning of 2013 farmer’s market.

Promote local farmer's markets and tailgate markets through signage, media	Staff time, supplies, technical support.	Increased participation and knowledge of farmer's market by consumers in the community.	Increased participation from consumers in the community.	Results seen by end of 2013 farmer's market season.
Provide workshops for farmer to enhance their profits from farmer's market (e.g. extending growing seasons, marketing and packaging your product)	Staff time, supplies, technical support.	Increased local farmers' knowledge on how to extend growing seasons, marketing and product packaging.	Self-reports from farmers.	Results seen by end of 2014 farmer's market season.
Extend hours/days/months of farmer's market availability	Staff time, supplies, technical support.	Increase availability of community to purchase foods from farms as well as increase farmers' profit and benefit through participation in farmer's market.	Extended hours/days/months of farmer's market availability.	2013 farmer's market.
Enhance farmer's market capacity by accepting SNAP and WIC benefits.	Staff time, supplies, technical support, funding	Increase opportunities for low-income residents to purchase foods from farms as well as increase farmers' profit and benefit through participation in farmer's market.	Increased participation from consumers in the community.	Results seen by end of 2014 farmer's market season.
Establish partnerships between farmers and convenience store owners to increase availability of health foods in convenience stores.	Staff time, supplies, technical support.	Increase availability of community to purchase foods from farms as well as increase farmers' profit and benefit through participation in farmer's market.	Increased participation from consumers in the community.	Results seen by end of 2014 farmer's market season.
Establish farm to where-you-are (schools, workplaces, restaurants, soup kitchen) programs.	Staff time, supplies, technical support.	Increase availability of community to purchase foods from farms as well as increase farmers' profit and benefit through participation in farmer's market.	Increased participation from consumers in the community.	Results seen by end of 2014 farmer's market season.

Gardens (School, community, church)	Staff time, supplies, technical support.	Increase availability of foods from farms to community through school, community and church gardens.	Creation of school and community garden.	2014 garden season
CSAs	Staff time, supplies, technical support.	Increase availability of foods from farms for those unable or unwilling to grow their own garden.	Increased amount of CSA's in community.	Results seen by December 2015
Home Garden Assistance	Staff time, supplies, technical support, funding	Increased number of home gardens.	Program participation numbers. Program data and participant reports.	2015 garden season
Participate in regional food policy council	Staff time, supplies, technical support, new partnership	Increased strength of regional food policies.	Increased knowledge of food policy as well as participation in policies in the region regarding food.	December 2015

Strategy Objective #2: Encourage restaurants to offer reasonably sized portions and low-fat and low-calorie menus by 2015.

Indicator: Number of restaurants offering healthy menus.

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Review local restaurants current menus	Staff time, supplies, technical support.	Increase knowledge of restaurants on portion size and low-fat and low-calorie foods.	Documentation of menu review.	December 2015
Recruit local restaurants to participate	Staff time, supplies, technical support.	Increased amount of reasonably sized portions and low-fat and low-calorie menu options.	Increased restaurant participation.	Completed 2012
Present suggestions to restaurant owners/managers	Staff time, supplies, technical support.	Increase knowledge of restaurants on portion size and low-fat and low-calorie foods.	Increased amount of reasonably sized portions and low-fat and low-calorie menu or menu options.	December 2015
Incentive program (endorsement of menu items)	Staff time, supplies, technical support.	Increased participation of restaurants.	Increased participation of restaurants.	December 2015

Media to promote endorsement branding	Staff time, supplies, technical support.	Increased community knowledge of menu items as well as participation in ordering such items.	Restaurant surveys.	December 2015
Strategy Objective #3: Provide informational outreach, education and promotional activities. Indicator: Individual participation in outreach, educational and promotional activities.				

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Local newspaper articles.	Staff time, supplies, technical support.	Improve community knowledge of nutrition and physical activity.	Community surveys	Completed 2012
90 Day Fitness Challenges	Staff time, supplies, technical support.	Increase physical activity and healthy eating by participants and in community.	Participation data from challenge. CHA 2015.	December 2015.
ESMM Weigh Less Classes	Staff time, supplies, technical support.	Decrease in participant individual BMIs. Decrease in community average BMI.	Program data. CHA 2015.	December 2015
School Presentations	Staff time, supplies, technical support.	Increase student knowledge of nutrition and physical activity.	Student pre/post surveys, tests, or presentation evaluations.	December 2015
Integrate farm/nutrition education into school garden project	Staff time, supplies, technical support.	Enhance student knowledge of gardens and their care and harvest.	Student pre/post surveys, tests, or presentation evaluations.	December 2015
Future Farmers of America	Staff time, supplies, technical support.	Enhance student knowledge of gardens and their care and harvest.	Establishment of future farmers of America club	December 2015
Continue nutrition services at Robbinsville School Health Center	Staff time, supplies, technical support, funding.	Provide 8 hours per month of Registered Dietician services at RMS and RHS.	RD contract continuation.	December 2015
Mobile kitchen cooking demos	Staff time, supplies, technical support, funding.	Improve knowledge of cooking healthy with low-fat and low-calorie foods.	Participant surveys.	December 2015
Canning, freezing, drying food preservation classes	Staff time, supplies, technical support.	Increased consumption of fruits and vegetables.	Participation data.	December 2015

Train child care teachers on health eating	Staff time, supplies, technical support. Assistance from Smart Start Program.	Teachers will report increased knowledge of healthy eating.	Teacher surveys.	December 2015
Grocery store tours with “healthy eating on a budget”	Staff time, supplies, technical support. RHS nutrition staff assistance.	Create knowledge of “healthy eating on a budget” through tours of grocery stores and hands-on activities to establish a knowledge of healthy eating.	Participant surveys.	December 2015
Utilize 5-2-1-almost none messaging and education in clinical setting.	Staff time, supplies, technical support.	Clinics adopt 5-2-1-almost none as education tool. Clients will be able to verbalize 5-2-1-almost none teaching points.	Clinics reporting using 5-2-1-almost none. Client chart audits.	December 2015
Diabetes Support Group	Supplies, volunteer time, space	Increase individual knowledge about diabetes self-management	Participant surveys and attendance.	2013
Support Regional Diabetes Self-Management Education Mobile Unit	Staff time, funding, supplies	Increase availability of DSME to residents of far-western NC counties.	Data gathered from DSME records.	2015

CHAPTER 4 – PRIORITY #3: ACCESS TO HEALTH CARE

Situational Analysis

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

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).

“The status of rural healthcare in North Carolina can be described as precarious at best. Many rural communities continue to be plagued by shortages of resources to serve the growing needs of a rural population that is increasingly aged and uninsured. The shortage of physicians in rural communities remains a chronic problem. Despite some progress in the last decade in dealing with this maldistribution, significant disparities persist between metropolitan and rural areas,” (NCMJ, January/February 2006).

One way to judge the supply of health care providers in a jurisdiction is to calculate the ratio of the number of health professionals to the number of persons in the population of that jurisdiction.

In NC, there is data on the ratio of active health professionals per 10,000 populations calculated at the county level. According to this data, the ratio of professionals (physicians, primary care physicians, dentists, registered nurses, and pharmacists) to population is lower in every category for Graham County than for WNC, NC or the US. In 2010, the ratios for several medical professions in Graham County (physicians, primary care physicians and pharmacists) were 40% or less of the comparable regional or state averages. It should be noted that the average ratios for WNC also are lower than the comparable state averages in every professional category listed.

Graham County is similar to other rural areas on North Carolina in this respect. An article in the *North Carolina Medical Journal* states, “The status of rural healthcare in North Carolina can be described as precarious at best. Many rural communities continue to be plagued by shortages of resources to serve the growing needs of a rural population that is increasingly aged and uninsured. The shortage of physicians in rural communities remains a chronic problem. Despite some progress in the last decade in dealing with this maldistribution, significant disparities persist between metropolitan and rural areas,” (January/February 2006).

Access to healthcare has become an issue nationwide as fewer physicians are entering primary care. Little evidence is available on how to effectively address the problem. However, preliminary findings described in *Redesigning the Rural Health Center: High Tech, High Touch, and Low Overhead* show that "the [Patient Centered Medical Home can be successfully applied to a low-overhead practice model and may be ideally suited to rural or targeted isolated communities," (NCMJ, Vol. 72, No.3).

Spotlight on Success

Hilltop Healthcare Free Clinic opened in February, 2011 to care for the low-income, uninsured residents of Graham County. The clinic operates 4 hours per week with a mid-level practitioner, a Registered Nurse, and volunteer clinical and clerical staff. Since opening in 2011, the clinic has provided care to 510 patients, averaging 15 visits per week, and seeing up to 21 patients per week.

Patients at Hilltop Clinic are provided primary and urgent care services such as blood pressure management, cholesterol management, and sick visits. Patients are not charged any fees for the provider visit or lab work. Some medications are also provided at no charge to the patient, while others are provided through medication assistance programs with pharmaceutical companies. To date, 38 patients have participated in the medication assistance programs with pharmaceutical companies.

Partners

Addressing access to health care 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 health care in our community.

Organizations	Primary Focus or Function	Website or Contact Information
Graham County Department of Public Health	The mission of the Graham County Department of Public Health is to provide compassionate, individualized quality health care by a caring, professional staff, specifically trained to meet the needs of all our citizens and to continually monitor, anticipate and respond to community health problems, with emphasis on health promotion, disease prevention and accessibility.	21 South Main Street Robbinsville, NC 28771 www.grahamcounty.org 828-479-7900
Tallulah Health Center	Our Mission is to improve the health of the people of Western North Carolina and the surrounding region.- Mission Health	409 Tallulah Rd. Robbinsville, NC 28771 828-479-6434 www.mission-health.org/content/tallulah-health-center
GREAT	Members of the Board of Directors guide the Graham Revitalization Economic Action Team's activities by volunteering their time and talent for the improvement of Graham County.	Rick Davis, GREAT Executive Director Schoolhouse Road Robbinsville, NC 28771 828-479-9008 GREAT@email.dnet.net
Appalachian Regional Commission	"ARC's mission is to be a strategic partner and advocate for sustainable community and economic development in Appalachia."	1666 Connecticut Avenue, NW Suite 700 Washington, DC 20009-1068 202-884-7700 www.arc.gov
Southwestern Commission, Region A	"The mission of the Southwestern Commission is to improve the quality of life in its seven county service area by assisting local governments in reaching their goals"	125 Bonnie Lane Sylva, NC 28779 Phone: (828) 586-1962 Fax: (828) 586-1968 www.regiona.org
Graham County Government	Graham County Government Offices serving the areas of Robbinsville North Carolina, Stecoah, Lake Santeetlah, Fontana Lake.	12 North Main Street Robbinsville, NC 28771 828-479-7961 828-479-7988 www.grahamcounty.org

Murphy Medical Center	To provide our communities with high-quality, patient-centered care.	www.murphymedical.org 828-837-8161
MedWest Swain and Harris	MedWest Health System provides personalized, compassionate, and quality care to improve the health of our communities.	www.medwesthealth.org 828-586-7000 (Harris) 828-488-2155 (Swain)

Access to Health Care

Action Plan

Vision of Impact

Residents of Graham County will have access to health care services, especially a primary care medical home where they have a relationship with their primary care provider, do not have to wait long periods of time for an appointment, and receive quality, affordable care.



<u>Community Objectives</u>	<u>Baseline/Indicator Source</u>
1. Reduce the proportion of persons who are unable to get needed medical care at some point in the past year from 11.7% to 10.5%	WNC Healthy Impact Survey 2012
Related Healthy NC 2020 Objective:	
Related Healthy People 2020 Objective: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care from 4.7% to 4.2%	Medical Expenditure Panel Survey (MEPS), AHRQ
2. Increase the percentage of adults reporting good, very good, or excellent health from 76.9% to 84.6% (10% increase).	WNC Healthy Impact Survey 2012
Related Healthy NC 2020 Objective: Increase the percentage of adults reporting good, very good, or excellent health from 81.9% to 90%.	BRFSS 2009

Strategy 1 – Develop a strong base of primary care.

Goal: Increase Access to Primary Care to produce better health outcomes at a lower cost.

Strategy Background

Source: [Early Evidence on the Patient-Centered Medical Home](#), Agency for Healthcare Research and Quality. [Redesigning the Rural Health Center](#), NCMJ, May/June 2011.

Evidence Base: "Improving primary care is the lynchpin of achieving the *Triple Aim* outcomes [improving the patient experience of care including quality and satisfaction, improving the health of populations, and reducing the per capita cost of healthcare]," [Early Evidence on the Patient-Centered Medical Home](#), Agency for Healthcare Research and Quality. "There is extensive evidence that health systems with a strong base of primary care produce better health outcomes at a lower cost," [Redesigning the Rural Health Center](#), NCMJ, May/June 2011.

Type of Change: Organizational, Policy

Partner Agencies

Lead: Graham County Department of Public Health

Collaborating: GREAT, Tallulah Health Center, Mission Hospital, Murphy Medical Center, Appalachian Regional Commission, Southwestern Commission, Hilltop Healthcare, NC Rural Health

Supporting: MAHEC

Strategy Objective #1: Identify and study primary care Models that have been successful in rural areas by 2015.

Indicator: Document outlining the study results.

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Identify primary care models	Staff time, supplies, technical support.	Primary care models for rural areas will be identified	Results of research- list of primary care models for rural areas	December 2015
Identify practices that have implemented each model	Staff time, supplies, technical support.	Contact info and list of practices that have implemented primary care model into practice. Those practices will share successes/challenges and lessons learned during implementation of the model.	List of practices that have implemented each model and are willing to share successes and challenges.	December 2015

Study effectiveness of each model	Staff time, supplies, technical support.	Results of effectiveness of each model	Reports from practices.	December 2015
Provide presentations about each model to local health coalition	Staff time, supplies, technical support.	Increased knowledge of primary care models by health coalition.	Meeting minutes of review of models researched.	December 2015
Seek out technical assistance in starting a new primary care practice utilizing a model chosen but the health coalition.	Staff time, supplies, technical support.	Technical assistance will be obtained.	Technical assistance meeting minutes/ sign-in sheets.	December 2015

Strategy Objective #2: Recruit and retain medical providers to Graham County by 2015.

Indicator: Maintain or increase the number of medical providers in Graham County.

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 local, regional, and state health coalitions and agencies.	Staff time, supplies, technical support.	Collaboration with local, regional, and state health coalitions and agencies.	Established partnerships with local, regional, and state health coalitions and agencies	December 2015
Advocate for continuation of loan repayment programs	Staff time, supplies, technical support.	Increase interest and incentives for healthcare professionals to seek employment in area. Ongoing budget allocations for loan repayment programs.	Increased applications of qualified professionals. Ongoing budget allocations for continuation of loan repayment programs.	December 2015

Strategy 2 – Utilize Health Information Technology

Goal: Utilize Health Information Technology (including EHR, telehealth/telemedicine, Health Information Exchange, etc.) to increase access, efficiency, and quality of care.

Strategy Background

Source: [*The Role of Health Information Technology in Creating Networks of Medical Homes in Rural North Carolina*](#), North Carolina Medical Journal, May/June 2009. [*Redesigning the Rural Health Center*](#), NCMJ, May/June 2011.

Evidence Base: "... [Health Information Technology (HIT)] is capable of delivering on its promise to improve clinical efficiency and reduce overhead costs by reducing average clinic cycle times for an office visit... HIT is a powerful tool to support improvements in guideline-based chronic care in that it is able to extract monthly clinical chronic care measures by each provider from the [Electronic Health Record, HER] without having to do time-consuming audits, and this monthly feedback supports the quality improvement activities of the teams," [*The Role of Health Information Technology in Creating Networks of Medical Homes in Rural North Carolina*](#), North Carolina Medical Journal, May/June 2009. "Information technology appears capable of improving communication between patients and their physicians, while allowing more efficient use of staff time...If implemented well, this technology can be a means for more personalized care...[and] may be well suited to the next generation of family physicians..." [*Redesigning the Rural Health Center*](#), NCMJ, May/June 2011.

Type of Change: Organizational, Individual, Policy

Partner Agencies

Lead: Graham County Department of Public Health

Collaborating: Robbinsville School Health Center, Tallulah Health Center, GREAT Health and Social Committee, Graham County Government, Graham County Schools, Appalachian Community Services, Hilltop Healthcare

Supporting: Kerr Drug, Robbinsville Pharmacy, Local Media

Strategy Objective #1: Implement EHR at Graham County Department of Public Health and Robbinsville School Health Center by 2014.

Indicator: Functioning EHR implemented.

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Research EHRs, schedule demos, choose EHR	Staff time, supplies, technical support.	EHR will be chosen.	EHR contract.	December 2013
Provide staff training	Staff time, supplies, technical support.	Staff will report more knowledge regarding	Informal staff surveys. Documentation of	December 2013

		EHR.	training provided.	
Monitor staff satisfaction and patient satisfaction during and after implementation	Staff time, supplies, technical support.	Staff and patients will report satisfaction level as good or excellent.	Staff and patient surveys.	December 2014
Monitor time-use studies to determine efficiency of using EHR	Staff time, supplies, technical support.	Time-use studies will yield positive results of use of time and efficiency.	Time study results. QI/QA meeting minutes.	December 2015
Apply for incentive funds and obtain funding for continuation beyond incentives	Staff time, supplies, technical support.	Long-term use of EHR. Receipt of funds. Ongoing budget allocations.	Long-term use of EHR. Receipt of funds. Ongoing budget allocations.	Spring 2014, December 2015.
Obtain County Commission approval for purchase/ implementation	Staff time, supplies, technical support.	County commission approval.	Purchase and implementation of EHR. Ongoing budget allocations.	December 2013

Strategy Objective #2: Utilize telemedicine to expand healthcare services provided in Graham County by 2015.

Indicator: Number of places that offer healthcare services and telemedicine.

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Expand SHC to RES	Staff time, supplies, technical support.	Expansion of SHC to RES.	Successful expansion of SHC to RES.	December 2015
Provide Urgent Care in county.	Staff time, supplies, technical support.	Increase access to non-emergency services.	Shorter wait times for appointments and fewer days to seeking care. CHA 2015.	December 2015
Provide after - hours care in county.	Staff time, supplies, technical support.	Increase access to non-emergency services.	Shorter wait times for appointments and fewer days to seeking care. CHA 2015.	December 2015
Provide specialist care in county	Staff time, supplies, technical support.	Increase access to non-emergency services.	Shorter wait times for appointments and fewer days to seeking care. CHA 2015.	December 2015
Provide education about telemedicine and telehealth services to increase patient utilization.	Staff time, education materials, media support.	Individual knowledge about telemedicine will increase and patients will utilize services. Clients will utilize	EHR data on usage.	December 2015.

		patient portal in EHR.		
--	--	------------------------	--	--

CHAPTER 5 – PRIORITY #4: SUBSTANCE ABUSE

Situational Analysis

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. In 2005, an estimate 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems (DHHS, 2010).

"According to research, the most commonly abused drugs in [Graham County] at this time are tobacco, alcohol, marijuana, prescription drugs and methamphetamines," (Lindsay Carpenter, Coalition for a Safe and Drug-Free Graham County).

In Graham County, the most notable substance abuse problem according the Graham County Sheriff's Department data and surveys conducted by the Coalition for a Safe and Drug-Free Graham County is the abuse of prescription drugs. Data reveal that 45% of adults surveyed reported knowing someone who abuses prescription drugs (Parent Link Phone Survey, 2013) and from 2008 to 2011, drug-related emergency room visits increased by 51% (NCDETECT).

The root causes of prescription drug abuse in Graham County are easy access and low perception of harm (Pride Survey, 2013). Prescription drugs are being kept beyond the time period that they are medically needed, unsecured in homes, shared between family and friends, and illegally trafficked. In 2012,

- 20 of 63 drug violation sin Graham County involved illegal possession of prescription pills (Graham County Sheriff's Department),
- 43,196 doses of medication were collected form a total of 20 residents during Operation Medicine Drop,
- 80% of high school students surveyed reported prescription medications are not locked up in their homes (Coalition Survey) and
- 34% of adults surveyed reported they do not lock up prescription medications in their homes (Parent Link Phone Survey).

Spotlight on Success

In 2011, Lindsay Carpenter was in a position to be working with some of Graham County's youngest population and it was there that she started to see some of the effects of the substance abuse problem that is in our community. While collaborating with her coworkers – a mental health provider, school social worker, school counselors and school administrators – they agreed to form the Coalition. Although it took her away from working directly with the children, Lindsay felt it was very important to have this group of people willing to work together on this issue. The first meeting of the Coalition for a Safe and Drug-Free Graham County was held on January 18, 2012 and it became necessary early on to seek funding to help support the now growing responsibilities. Lindsay applied for a \$30,000 grant from the [North Carolina Coalition Initiative \(NCCI\)](#), which is funded by the NC Dept. of Health and Human Services and took the position of coordinator.



This local coalition was one of seven that received funding. "The first year, according to Lindsay, is designed to provide the coalition with intensive training and technical assistance to help build capacity in order to tackle challenging substance abuse issues in the community." The second year's funding is contingent on how much is accomplished the first year, and the coalition's focus will be facilitating implementation of plans developed in the first year.

During the first year the coalition has focused on capacity building, recruitment, training, community assessment and action planning. The coalition has accomplished the following:

- Recruited approximately 20 active members, of which include the Sheriff and two narcotics detectives who have given a verbal commitment to support this program and its initiatives.
- Collaborated with the Graham County Schools to help with the Pride Surveys, which is used to collect data about substance abuse and school safety issues from students in grades 5, 7, 9 and 11.
- Joined CADCA-[Community Anti-Drug Coalitions of America](#), the nation's leading drug abuse prevention organization.
- Partnered with [Project Lazarus](#), which "believes that communities are ultimately responsible for their own health and that every drug overdose is preventable. We are a secular, non-profit organization that provides technical assistance to community groups and clinicians throughout North Carolina and beyond. Using experience, data, and compassion we empower communities and individuals to prevent drug overdoses and meet the needs of those living with chronic pain."
- Partnered in Operation Medicine drop to collect 43,196 doses of medication, over two events, which included a high number of controlled substances.

- Partnered with the [GREAT](#) organization and the [Chamber of Commerce](#) (due to negative effects substance abuse has on the work force).
- Lindsay attended CADCA's National Leadership Forum in Washington, DC from Feb.4-7 this year. Along with other NC delegates, Lindsay got to meet with the aides of State Senators Kay Hagan and Richard Burr to "lobby for continued/increased funding for prevention programs." While there she was able to attend some other informative group sessions and brought back some good ideas on "how to engage and partner with different sectors of the community."

When talking specifically about Graham County, Lindsay states that "according to research, the most commonly abused drugs in the county at this time are tobacco, alcohol, marijuana, prescription drugs and methamphetamines. " As stated in the previous post on "[Substance Abuse in Small Town America](#)" one of the biggest obstacles in our county is the lack of treatment options for those afflicted with addiction. [Appalachian Community Services](#) is the only local treatment option available.

The Coalition has decided to focus on Prescription Drug Abuse. Many children do not understand the risk of abusing these drugs. They feel that if a doctor has prescribed it, then it is safe. The coalition will reach out to local pharmacies and medical facilities and participation in programs such as the [Project Lazarus](#).

Partners

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

Organizations	Primary Focus or Function	Website or Contact Information
Coalition for a Safe and Drug-Free Graham County	The Coalition for a Safe and Drug-Free Graham County seeks to bring about a reduction in substance abuse in order to improve the health and safety of our youth and families by providing education, raising awareness, encouraging positive choices, and building cooperative links within our community.	TBA
Graham County Schools	The mission of Robbinsville Elementary/ Middle School is to provide an environment which develops responsible, well-educated, and highly skilled citizens who can compete in the 21st century. In the Robbinsville High School learning community, faculty and staff are committed to providing all students with the keys to unlock their full potential while preparing them to succeed and contribute in our constantly changing global society.	www.grahamcountyschools.org 828-479-3413
Appalachian Community Services	Appalachian Community Services provides Mental Health, Substance Abuse, and Developmental Disability services to individuals, families, and communities within the seven western counties of North Carolina. Our mission is to promote the emotional and physical well-being of consumers in a safe and respectful environment. We are committed to providing a wide continuum of	217 S Main St Robbinsville, NC 28771 (828) 479-6466 www.acswnc.com

	services to effectively meet the changing needs within the community.	
Mountain Projects	Mountain Projects Community Action Agency changes people's lives, embodies the spirit of hope, improves communities, and makes Haywood and Jackson Counties a better place to live.	2251 Old Balsam Rd Waynesville, NC 28786 (828) 452-1447
Juvenile Justice	To reduce and prevent juvenile delinquency by effectively intervening, educating, and treating youth in order to strengthen families and increase public safety.	4212 Mail Service Center Raleigh, NC 27699-4212 919-733-3388 www.ncdjjdp.org
Graham County Sheriff's Department	Maintain and Improve of safety for community. Partner and support programs that aim to educate and enhance community well-being.	PO Box 622 Robbinsville, NC 28771 Office (828)479-3352, Jail (828)479-8650, FAX (828)479-6599 www.grahamcounty.org

Substance Abuse Action Plan

Vision of Impact

Reduce substance abuse in order to improve the health and safety of our youth and families by providing education, raising awareness, encouraging positive choices, and building cooperative links within our community.



<u>Community Objectives</u>	<u>Baseline/Indicator Source</u>
1. By 2015, reduce the number of residents who report keeping medication in the home after it is no longer medically necessary.	ParentLink phone survey
2. By 2018, decrease the number of high school students who report prescription drugs are "easy to obtain" from 33.6% (2013) to 25.6%.	PRIDE Survey
3. By 2023, decrease the number of adults who report knowing someone who abused prescription drugs from 45% (2013) to 30%.	ParentLink phone survey
4. By 2015, decrease the number of high school students reporting prescription drugs are not locked up in their homes from 80% to 65%.	Coalition for a Safe and Drug Free Graham County survey
5. By 2018, decrease the number of high school students who report they think taking prescription drugs not prescribed for them posed little or no risk of harm from 33.4% to 25%.	PRIDE survey
6. By 2023, decrease the number of drug-related emergency department visits for the use of controlled substances from 985 per 100,000 to 700 per 100,000.	NCDETECT

Strategy 1 – Decrease ease of access to prescription drugs.

Goal: Decrease availability of prescription drugs being abused/misused Graham County residents.

Strategy Background

Source: *Epidemic: Responding to America's Prescription Drug Abuse Crisis*, Executive Office of the President of the United States, 2011 ; *Seven Strategies to Affect Community Change*, Rx Abuse Prevention Toolkit, www.preventrxabuse.org

Evidence Base: "The DEA's Take-Back events are a significant piece of the White House's prescription drug abuse prevention strategy released in 2011 by the Office of National Drug Control Policy. Disposal of unwanted, unused or expired drugs is one of four strategies for reducing prescription drug abuse and diversion," (*Epidemic: Responding to America's Prescription Drug Abuse Crisis*). "Providing information places prescription drug abuse on a community's radar screen," (*Seven Strategies to Affect Community Change*).

Type of Change: Environmental, Policy, Individual

Partner Agencies

Lead: Coalition for a Safe and Drug-Free Graham County

Collaborating: Graham County Department of Public Health, Graham County Sheriff's Department, Graham County Schools, Project Lazarus, Parent Teacher Organization, Snowbird Community

Supporting: GREAT Health and Social Committee Members, Coalition for a Safe and Drug-Free Graham County members, Local Medical Providers, Local Pharmacies

Strategy Objective #1: Establish a permanent medicine drop box location in Graham County by 2014.

Indicator: Coalition report on drop box availability.

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Coordinate with law enforcement to install permanent medicine drop box in Sheriff's Department Lobby	Sheriff support, drop box, funding, time,	A medicine drop box will be available to the public at all times.	Drop box installation.	May 2014
Collaborate with Graham County transit to provide shuttle service to drop box and medicine drop events	Transit support, staff times, time, funding	Usage of drop box will increase.	Data/logs of drop box utilization.	April 2014

Incentive programs for utilizing drop box	Staff time, funding, supplies, volunteers	Usage of drop box will increase.	Data/logs of drop box utilization.	April 2014
---	---	----------------------------------	------------------------------------	------------

Strategy Objective #2: Ensure that residents have prescription drugs in their homes secured in a locked box.

Indicator: ParentLink phone survey results show decrease in the percentage of high school students who report that prescription drugs are not locked up in their homes.

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Coordinate bi-annual medicine drop events	Volunteers, staff time, Sheriff's department support	Decrease in availability of prescription drugs for abuse/misuse	ParentLink phone survey	2015
Disseminate free lock boxes to residents who pledge to lock up medications in the homes	Staff time, volunteers, funding, lock boxes, pledge cards, education materials,	Decrease in availability of prescription drugs for abuse/misuse	ParentLink phone survey	May 2014
Encourage residents to sign pledge cards agreeing to lock up medications in the home to send a message to young people that medicine can be dangerous	Staff time, volunteers, funding, lock boxes, pledge cards, education materials,	Decrease in availability of prescription drugs for abuse/misuse	ParentLink phone survey	May 2014

Strategy Objective #3: Education/outreach to ensure usage of medicine drop box.

Indicator: Medication drop box utilization will increase as education/outreach occurs and beyond that time period.

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Produce community billboard that clearly defines how to properly store and dispose of prescription medications	Funding, design assistance, staff time	Knowledge of proper disposal of medications will increase	Informal surveys	May 2014
Publish article in local newspaper informing residents of importance of properly disposing of unused medications and how/where to	Time, data, educational materials, funding, journalist coordination	Usage of drop box will increase.	Data/logs of drop box utilization.	May 2014

dispose				
Booth at Fall Festival to teach adults proper ways to dispose of medications	Time, funding, educational materials, supplies, volunteers, booth	Knowledge of proper disposal of medications will increase	Informal surveys	Annually
Collaborate with elementary school to host parent dinner and provide information about safe storage and disposal of medications	Time, funding, supplies, staff times, volunteers, PTO support, information, education materials	Knowledge of proper disposal of medications will increase	Informal surveys	Annually
Encourage local pharmacies to provide information to consumers about proper storage and disposal of medications upon dispensing	Staff time, support of pharmacies, funding, supplies, information, education materials	Knowledge of proper disposal of medications will increase	Informal surveys	May 2014
Continue to utilize Mendez curriculum in Graham County Schools	School collaboration, staff time, volunteers, funding, supplies, education materials	Decrease in the number of high school students who report they think taking prescription drugs not prescribed for the poses little to no risk of harm	PRIDE Survey	2018
Encourage unlikely partners (veterinarians, realtors, funeral homes) to alert families to protect medications by locking them up	Staff time, community support, education materials, training time	Increase in utilization of home lock boxes	Home lock box data	May 2014

CHAPTER 6 – PRIORITY #5: TOBACCO FREE PARKS AND RECREATION

Situational Analysis

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 (DHHS, 2010). The WNC Health Impact Survey results state that for every person who dies from tobacco use, 20 more people suffer from at least one serious tobacco-related illness which includes but is not limited to: cancer, heart disease, lung diseases (emphysema, bronchitis, chronic airway obstruction), premature birth, low birth weight, stillbirth, and infant death. Further, tobacco use costs the US \$193 billion annually in direct medical expenses and lost productivity. The 2012 Graham County CHA, 27.5% of survey respondents were current smokers and 8.2% currently used smokeless tobacco products. When compared to other counties in Western North Carolina, smoking prevalence is higher in both Graham and Swain counties.

In the most recent CHA, 63.3% of survey respondents agreed or strongly agreed to the statement, "I believe it is important for parks and public walking/biking trails to be 100% tobacco-free."

While tobacco use has long been recognized as a contributing factor for death and disease (according to the WNC Health Impact Survey results, 4 of the 5 leading causes of death in North Carolina can be attributed to tobacco use), more than active smokers suffer from the effects of tobacco smoke. Yearly, secondhand smoke is responsible for 3000 lung cancer deaths in the United States (EPA, 2011). Further, the Environmental Protection Agency published a risk assessment on exposure to environmental tobacco smoke in the US, stating that it had a serious and substantial impact on public health (EPA, 2011). The high use of tobacco in Graham County combined with the high risk of secondhand smoke lends to the decision to focus on tobacco free parks.

In the most recent CHA, 63.3% of survey respondents agreed or strongly agreed with the statement, "I believe it is important for parks and public walking/biking trails to be 100% tobacco-free." When the data is broken down into specific demographics; men, young adults, and residents living in the low-income category are the least likely to agree with the aforementioned statement. Further, in a more localized survey completed at Robbinsville High School only 26% of students surveyed were against tobacco-free parks and public walking/biking trails.

Spotlight on Success

In 2011, the state of North Carolina was awarded the Community Transformation Grant. The funds for the grant were divided up per public health district and each district determined how to work to towards achieving the eleven strategies regionally. In Region 1, Western North Carolina, Intervention Leads were assigned to counties based on geographic and population make-up to focus on strategies as each county saw fit.

In Graham County, a strategy that was selected to work on was increasing the number of tobacco-free regulations for government grounds, including parks and recreational areas. To work towards this strategy, the Community Transformation Grant Project staff, in partnership with the Graham County Health Department and HiTop ASSIST, worked with the Robbinsville High School TRU Club, led by Liz Butler. Over 170 surveys were distributed to students to gather primary information on what the youth believe in regards to tobacco-free spaces. Further, students were given an outlet to verbalize their specific thoughts on tobacco free spaces. Each student was given the opportunity to finish this sentence, "Graham County students believe parks should be tobacco free because..." by writing in his/her answer on a backboard.



The following survey data from students at Robbinsville High School was collected:

- Most students do not use tobacco products (69% don't smoke, 71% don't use smokeless tobacco products)
- Many students are exposed to secondhand smoke in public places (51%)
- The most frequently recorded free-response answer given when asked "Where are you exposed to secondhand smoke?" is home
- Only 26% of students are against colleges & universities being tobacco-free
- Only 23% of students are against government buildings & grounds being tobacco-free
- Only 28% of students are against public walking trails & parks being tobacco-free
- Only 34% of students are against all public places being tobacco-free

In collaboration with HiTop ASSIST, the Community Transformation Grant staff wrote a tobacco free parks ordinance specific to Graham County. Also, informational packets were assembled that included the ordinance, media articles from surrounding counties that had passed similar ordinances, secondhand smoke one-pagers, economic impact of tobacco one-pagers, and tobacco free parks one-pagers. Finally, HiTop ASSIST ordered tobacco free parks signage in anticipation of the passage of an ordinance.

The information from the Graham County Community Health Assessment, WNC Health Impact Project, the survey from Robbinsville High School TRU Club, and the assembled packets were presented to the Graham County Board of Commissioners for the purpose to request the

passage of a tobacco free parks ordinance. Public input was given; the Commissioners deliberated and decided to table the issue for a future meeting. The ordinance will be re-presented at a Commissioners' meeting in September 2013.

Partners

Addressing tobacco free parks and recreation 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 tobacco free parks and recreation in our community.

Organizations	Primary Focus or Function	Website or Contact Information
Community Transformation Grant Project	Region 1 Community Transformation Grant Project (CTG) works within the 8 Westernmost counties of North Carolina to provide opportunities for physical activity, access to local, fresh fruits and vegetables, and provide support for tobacco-free places. We know that supporting environments and systems that make the healthy choice the easy choice ensures the health of all our communities in Western North Carolina.	http://mountainwise.org/ https://ncregion1ctg.squarespace.com/
Graham County Department of Public Health	The mission of the Graham County Department of Public Health is to provide compassionate, individualized quality health care by a caring, professional staff, specifically trained to meet the needs of all our citizens and to continually monitor, anticipate and respond to community health problems, with emphasis on health promotion, disease prevention and accessibility.	www.grahamcounty.org 828-479-7900
Robbinsville High School TRU	TRU – Tobacco. Reality. Unfiltered – is a movement started by young people to	Liz Butler, Graham County Schools 301 Sweetwater Road Robbinsville, NC 28771

	stomp out teen tobacco use. TRU is about taking a stand and making a difference.	www.grahamcountyschools.org
Graham County Recreation	Recreation for Graham County which includes: Community pool, tennis court, playground, organized youth sports.	www.grahamcounty.org 828-479-7681 828-735-2704 (Jason Sawyer)
MedWest Health System	Serves 160,000 people in WNC by providing quality healthcare. MedWest will be providing tobacco cessation classes at their Swain County and Harris Regional Hospitals as well as having a webpage dedicated to healthy living programs.	http://www.medwesthealth.org/ (828) 586-7000 (Harris) (828) 488-2155 (Swain County)

Tobacco Free Parks and Recreation Action Plan

Vision of Impact

To improve the health status of Graham County residents by limiting exposure to tobacco products, especially through secondhand smoke.



Community Objectives	Baseline/Indicator Source
1. By December 2015, increase the number of tobacco free parks and recreation policies in Graham County from 0 to 1	HiTop ASSIST
Related Healthy People 2020 Objective: Reduce the proportion of nonsmokers exposed to secondhand smoke	BRFSS

Strategy 1 – Increase the number of tobacco-free parks and recreation policies in Graham County.

Goal: Decrease chronic disease in Graham County by reducing exposure to tobacco products

Strategy Background

Source: 2009 International Agency for Research on Cancer Report

Evidence Base: The International Agency for Research on Cancer (IARC) released a new report in September, 2009, entitled "Evaluating the Effectiveness of Smoke-free Policies" which concluded that smoking bans in public places are associated with a rapid and substantial reduction in heart attacks, and these benefits increase over time.

Type of Change: Environmental

Partner Agencies

Lead: Community Transformation Grant Project

Collaborating: Graham County Department of Public Health, Graham County Recreation

Supporting: GREAT Health and Social Committee Members

Strategy Objective #1: By 2015, Graham County will have a tobacco-free parks and recreation policy

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

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Raise awareness about tobacco-free issues through a) use of media, b)consistent messaging, c) use of regional educational tools based on the TPCB smoke-free implementation tool kit and inventory	Funding, media exposure, community advocates, smoke-free implementation tool kits and inventory	Increased knowledge of harms of tobacco use and secondhand smoke for community at large	Campaign available through various media outlets (television, radio, print, website)	Ongoing
Continue to engage and collaborate with partners	Funding and possible training with Youth Empowered Solutions!	Partners will be engaged in process and willing to help in furthering the movement	Partners will participate in coalition meetings and discuss tobacco free policy; Possible YES! training	Ongoing
Explore options for county process (BOH/County Commissioner, Municipality vs. County)	Time, access to county officials	Increased knowledge on how to proceed with policy passing	Meeting minutes	By September 2013
Tobacco cessation classes provided by MedWest at Swain County Hospital and Harris Regional Hospital	Participation, media, time,	Tobacco cessation and increased knowledge of strategies to stop using tobacco.	Sign-in sheets, pre and post program evaluations	By October 2013
Continue to build support for tobacco free parks and recreation areas	Time, access to community, community buy-in and support	Continued engagement with county partners	Partner will participate in coalition meetings and discuss tobacco free policy	Ongoing
Present policy to appropriate official based on county process and feedback	Time, access to county officials, presentation	Increased knowledge of county officials on harms of secondhand smoke and county's desire to implement tobacco-free policies	Meeting minutes	By July 2014
Policy is passed	Sample policies	Passed policy	Presence of a policy	By 2015
Promote policy	Time, media, promotional materials, funding for promotional materials	Increased community knowledge of new policy	Presence of media on policy passing; Presence of signage on parks and recreation areas	By 2015
Provide smoking receptacles and signage to parks and recreation department	Time, funding for receptacles	Receptacles will be available	Presence of receptacles in parks and recreation areas	By 2015

CHAPTER 7 – 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 [insert] 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 [insert name and hyperlink] website, 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.