



# McDowell County CHIP

## Community Health Improvement Plan

October 13, 2016



RUTHERFORD  
POLK  
MCDOWELL  
HEALTH  
DISTRICT



September 28, 2016

Dear Community Residents,

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

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

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

Please join your communities' efforts to improve HEALTH!

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

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

Sincerely,

James H. Hines, Jr.

RPM Public Health Director



## Community Health Action Plan 2015 – Physical Activity

County: McDowell Period Covered: 2015

Partnership/Health Steering Committee, if applicable: McDowell Health Coalition

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

Local Community Objective: **Physical Activity:**

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

- Baseline Data:** 46.2% of adults in McDowell County meet Physical Activity Recommendations of 150 minutes of activity per week (2015 PRC Healthy Communities Survey) and 53.8% or 18,830 adults are not physically active.
- For continuing objective provide the updated information:** According to the 2015 PRC Healthy Communities Survey 53.8% or 18,830 adults are not physically active.
- Healthy NC 2020 Objective** that most closely aligns with focus area chosen below: Increase the percentage of adults getting the recommended amount of physical activity to 60.6%.
- Population(s)**

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

The total population of McDowell County was 44,996 in 2010 according to US Census Bureau. A large majority of the population is white, while about 3.6% are of African descent. A growing segment of the population (5.3%) are people of Hispanic ancestry.

Individuals with less education and those with lower incomes are more likely to smoke. Compared to the Western NC Region, McDowell has 8% lower overall High School Graduation rates (for a 4-year cohort of 9<sup>th</sup> graders entering school in 2010-2011 and graduating in SY 2013-2014 (US Census Bureau). People with less than a high school education are three times as likely to smoke as college graduates. The estimated poverty rates in McDowell County have been steadily rising. The rate was 21.9% of adults living below 100% of poverty in the aggregate period of 2009-2013 (US Census Bureau). Those with higher incomes are less likely to smoke. Individuals with certain lifetime mental illnesses and those with serious psychological distress are more like to use tobacco.

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- A. **Total number of persons in the target population specific to this action plan:** 18,830 adults currently not getting recommended amount of physical activity.
- B. **Total number of persons in the target population to be reached by this action plan:** 4000 - those living below 100% of poverty.
- C. **Calculate the impact of this action plan:**

(Total # in B divided by total # in A) X 100% =21% of the target population reached by the action plan.)

**Healthy North Carolina 2020 Focus Area Addressed:** Each of the two CHA priorities selected for submission must have a corresponding *Healthy NC 2020* focus area that aligns with your local community objectives.

**■ Check below the applicable Healthy NC 2020 focus area(s) for this action plan.**

*For more detailed information and explanation of each focus area, please visit the following websites:* <http://publichealth.nc.gov/hnc2020/foesummary.htm> **AND**

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

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

Selection of Strategy/Intervention Table

Strategy/Intervention(s)	Strategy/Intervention Goal(s)	Implementation Venue(s)	Resources Utilized/Needed for Implementation
<p>1. Name of Intervention: Workforce Wellness Program</p> <p>Community Strengths/Assets: McDowell Health Coalition, Employee Health Advisor, RPMHD Healthy Communities Program Staff and resources, HEAL Catalyst, KBR Healthy Places Initiative</p>	<p>S.M.A.R.T Goals:</p> <p>By August 2016, assess readiness of local employers to use CDC Scorecard with employees.</p> <p>Assess health risks and offer (using CDC Scorecard) feedback and interventions to support meeting activity goals by December 31, 2016.</p>	<p>Target Population(s): <b>Working Adults</b></p> <p>Venue: Worksites</p>	<p>Resources Needed:</p> <p>Staff Time</p> <p>Wellness Activity Resources</p>
<p>2. Name of Intervention: Build Active Living Communities</p> <p>Community Strengths/Assets: McDowell Health Department's Active Route to Schools Program, McDowell Health Coalition Staff, Employee Health Advisor, City of Marion, McDowell County, KBR Healthy Places Initiative, NC HEAL Catalyst, RPMHD Healthy Communities Program.</p>	<p>S.M.A.R.T Goals:</p> <p>Increase the number of ongoing programs that encourage walking and biking to or at school.</p> <p>Increase awareness of and access to Greenways, Parks and outdoor recreation spaces by expanding social media, websites, word of mouth.</p> <p>Increase access to physical activity opportunities by bringing wellness programming to greenways, parks and recreation spaces by December 31, 2017, 2018.</p>	<p>Target Population(s): Inactive Adults and children.</p> <p>Venue: Community, Public Grounds, Parks, Schools, Recreation Spaces</p>	<p>Resources Needed:</p> <p>Staff Time</p> <p>Funds to improve or expand programming at outdoor spaces.</p> <p>Funds to promote events.</p>
<p>3. Name of Intervention: Offer evidence-based clinical preventive screening, counseling and treatment guidelines.</p> <p>Community Strengths/Assets: McDowell Health Coalition Staff,</p>	<p>S.M.A.R.T Goals:</p> <p>By September 31, 2016, meet with McDowell Hospital to plan screenings at worksites.</p> <p>Increase access to primary care by December 31, 2017.</p>	<p>Target Population(s): Inactive Adults</p> <p>Venue: Clinics</p>	<p>Resources Needed:</p> <p>Staff time</p>

<p>MATCH Program Staff, KBR          Healthy Places Initiative, NC          HEAL Catalyst, RPMHD Clinics,          McDowell Hospital System, local          clinics.</p>	<p>Organize and mobilize clinicians to make          appropriate referrals for those identified as          physically inactive.</p>		
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Interventions Specifically Addressing Chosen Health Priority (Insert rows as needed.)

<p><b><u>INTERVENTIONS: SETTING, &amp; TIMEFRAME</u></b></p>	<p><b><u>LEVEL OF INTERVENTION CHANGE</u></b></p>	<p><b><u>COMMUNITY PARTNERS' Roles and Responsibilities</u></b></p>	<p><b><u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u></b></p>
<p>Intervention: Workforce Wellness Programs</p> <p>X New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: Worksites</p> <p>Target population: Working adults</p> <p>Start Date – End Date August 2016 – December 2018</p> <p>Targets health disparities: XY <input type="checkbox"/> N</p>	<p>X Individual/ Interpersonal Behavior</p> <p>X Organizational/Policy</p> <p>X Environmental Change</p>	<p><b>Lead Agency:</b> McDowell Health Coalition</p> <p><b>Role:</b> Workforce Wellness Programs</p> <p>X New partner <input type="checkbox"/> Established partner</p> <p><b>Target population representative:</b> Local employers and Safety Committees will help with program design and implementation.</p> <p><b>Role:</b> Program guidance and implementation</p> <p>X New partner Established partner</p> <p><b>Partners:</b> McDowell Trails will help to develop funds to promote recreation spaces</p> <p><b>Partner:</b> Chamber of Commerce will help to identify worksites and promote programs.</p> <p><b>Partner:</b> RPMHD, will provide program support through the Healthy Communities Program</p> <p><b>Partner:</b> HEAL Catalyst, will provide program support</p> <p><b>Partner:</b> McDowell Hospital will</p>	<p><b>Expected outcomes:</b> Increased physical activity levels among working adults.</p> <p>8 worksites will implement group exercise programs on site by December 31, 2018.</p> <p><b>Anticipated barriers:</b> Any potential barriers? XY N If yes, explain how intervention will be adapted: Barriers around workers availability will be adjusted as needed.</p> <p><b>List anticipated project staff:</b> Employee Health Advisor</p> <p><b>Does project staff need additional training?</b> <input type="checkbox"/> Y X N If yes, list training plan:</p> <p><b>Quantify what you will do:</b> We will work with 8 worksites to offer CDC Scorecard to 1000 working adults over three years.</p> <p>McDowell Trails will secure funding from local government for increasing awareness and access to recreation spaces - ongoing.</p> <p>We will support 8 worksites to implement group exercise programs for employees at the worksite.</p> <p><b>List how agency will monitor intervention activities and feedback from participants/stakeholders:</b></p> <p>Annual review of aggregate data from CDC scorecards. Feedback from group exercise participants with survey</p>

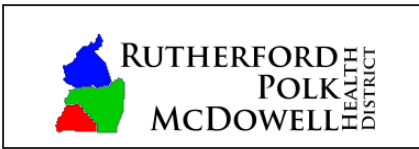


<p>provide screenings and other program support  <b>Partner:</b> NC Worksite Wellness and School Coordinator will give program guidance.  <b>Partner:</b> CDC Scorecard  <b>Partner:</b> WNC Healthy Impact, support for evaluation.  <b>Other Partner Roles:</b> Increase capacity, sustainability and participation  X New partner <input type="checkbox"/> Established partner</p>	<p>monkey to determine program utilization and satisfaction.  <b>Evaluation:</b>  Are you using an existing evaluation? X Y <input type="checkbox"/> N  If no, please provide plan for evaluating intervention:</p>
<p><b>Include how you're marketing the intervention:</b> Brochures, word of mouth, flyers at worksites, Health Coalition Members</p>	

<u>INTERVENTIONS: SETTING, &amp; TIMEFRAME</u>	<u>LEVEL OF INTERVENTION CHANGE</u>	<u>COMMUNITY PARTNERS' Roles and Responsibilities</u>	<u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u>
<p>2. <b>Intervention:</b> Active Communities</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: Community, Schools</p> <p>Target population: Adults and Children</p> <p>Start Date – End Date July 1, 2016- December 31, 2019</p> <p>Targets health disparities: XY <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Individual/ Interpersonal Behavior</p> <p>X Organizational/Policy</p> <p>X Environmental Change</p>	<p><b>Lead Agency:</b> McDowell Health Coalition and Active Routes to Schools Program</p> <p>Role: Convene partners and coordinate collective impact</p> <p><input type="checkbox"/> New partner X Established partner</p> <p><b>Target population representative:</b> School staff and parents</p> <p>Role: Program guidance</p> <p><input type="checkbox"/> New partner X Established partner</p> <p><b>Partners:</b> Active Routes to Schools Region 2, City of Marion,</p> <p><b>Partner:</b> McDowell Trails will provide funding support</p> <p><b>Partner:</b> McDowell Schools will provide space and participate in programs</p> <p><b>Partner:</b> HEAL Catalyst for program support</p>	<p><b>Expected outcomes:</b> Increased activity levels among target population.</p> <p><b>Anticipated barriers:</b> Any potential barriers? <input type="checkbox"/> Y X N If yes, explain how intervention will be adapted:</p> <p><b>List anticipated project staff:</b> Active Routes to School Regional Coordinator, HEAL Catalyst, McDowell Health Coalition Staff.</p> <p><b>Does project staff need additional training?</b> <input type="checkbox"/> Y X N If yes, list training plan:</p> <p><b>Quantify what you will do:</b></p> <p>Active Routes to School will coordinate one program that encourages walking or biking to school per year.</p> <p>We will promote one family friendly activity at an existing recreation space each year beginning in 2016 and continuing until December 31, 2018.</p> <p><b>List how agency will monitor intervention activities and feedback from participants/stakeholders:</b> Attendance reports, feedback surveys from participants, records of media advocacy.</p> <p><b>Evaluation:</b> Are you using an existing evaluation? XY <input type="checkbox"/> N If no, please provide plan for evaluating intervention: We</p>

		<p><b>Partner:</b> RPMHD supplies facilities, program support.</p> <p><b>Partner:</b> WNC Healthy Impact will provide evaluation support.</p> <p><b>Role of all partners:</b> To promote community events and spaces to be active</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p><b>Include how you're marketing the intervention:</b> Social Media, Flyers, Health Coalition Members – word of mouth, brochures, newspaper.</p>	<p>will work with WNC Healthy Impact to receive training in Results Based Accountability.</p>
<p><b>3. Intervention:</b> Offer evidence-based clinical preventive screening, counseling and treatment guidelines and referral to existing opportunities to increase physical activity.</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: Clinics</p> <p>Target population: Inactive adults</p>	<p><input checked="" type="checkbox"/> Individual/ Interpersonal Behavior</p> <p><input type="checkbox"/> Organizational/Policy</p> <p><input type="checkbox"/> Environmental</p> <p>Change</p>	<p><b>Lead Agency:</b> RPMHD</p> <p>Role: Convene and organize partners engaged in this intervention</p> <p><input checked="" type="checkbox"/> New partner <input type="checkbox"/> Established partner</p> <p><b>Target population representative:</b> Clinics and inactive adults.</p> <p>Role: Program and marketing guidance, program implementation and participation.</p>	<p><b>Expected outcomes:</b> An additional 100 adults per year will get the recommended physical activity as a result of being given screening, counseling and treatment guidelines for becoming more active.</p> <p><b>Anticipated barriers:</b> Any potential barriers? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, explain how intervention will be adapted:</p> <p><b>List anticipated project staff: Health Department Clinicians, Clinicians from other local clinics.</b></p> <p><b>Does project staff need additional training?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, list training plan:</p> <p><b>Quantify what you will do:</b> We will screen and counsel</p>

<p>Start Date - End Date 07/16-12/16</p> <p>Targets health disparities: XY  <input type="checkbox"/> N</p>		<p>X New partner <input type="checkbox"/> Established partner</p> <p><b>Partners:</b> McDowell Health Coalition Staff, including Workforce Health Advisor, MATCH Program Staff will provide program support.</p> <p><b>Partners:</b> RPMHD Clinics, McDowell Hospital System, local clinics will implement program.</p> <p><b>Role:</b> Offer evidence-based clinical preventive screening, counseling and treatment guidelines</p> <p><input type="checkbox"/> New partner X Established partner</p> <p><b>Include how you're marketing the intervention:</b> Brochures, flyers, word of mouth with McDowell Health Coalition Members.</p>	<p>300 clients per year to increase physical activity levels.</p> <p><b>List how agency will monitor intervention activities and feedback from participants/stakeholders:</b>  Review of clinical records indicating activity levels over the course of the year.</p> <p><b>Evaluation:</b>  Are you using an existing evaluation? XY <input type="checkbox"/> N  If no, please provide plan for evaluating intervention:</p>
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## Community Health Action Plan 2015 – Smoking During Pregnancy

County: McDowell Period Covered: 2015

Partnership/Health Steering Committee, if applicable: McDowell Health Coalition

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

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

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

**Baseline Data:** (*State measure/numerical value. Include date and source of current information*):

The percentage of women who smoked during pregnancy was 23.6% in 2013. This rate is higher than it was in 2008 in McDowell and higher than the NC rate in 2013.

(State Center for Health Statistics 2008-2013)

23.5% of pregnant women smoke during pregnancy.

**For continuing objective provide the updated information:** (*State measure/numerical value. Include date and source of current information*):

**Healthy NC 2020 Objective** that most closely aligns with focus area chosen below: Decrease the percentage of women who smoke during pregnancy to 6.8% by 2020. **Population(s)**

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

The total population of McDowell County was 44,996 in 2010 according to US Census Bureau. A large majority of the population is white, while about 3.6% are of African descent. A growing segment of the population (5.3%) are people of Hispanic ancestry.

Individuals with less education and those with lower incomes are more likely to smoke. The poverty rates in McDowell County have been steadily rising due to decreased economic opportunities. 21.9% of the population lives below 100% of poverty. 23.2% of the population lives at 100%-199% poverty according to the 2015 PRC Community Health Survey. The median family income in McDowell County is \$11000 below the NC state average (US Census Bureau).

People with less than a high school education are three times as likely to smoke as college graduates and those with higher incomes are less likely to smoke. Compared to WNC, McDowell County has 8% lower overall High School graduation rate. (2009-2013 NC State Center for Health Statistics).

The percentage of women who smoked during pregnancy was 23.6% in 2013. This rate is higher than it was in 2008 in McDowell and higher than the NC rate in 2013.

Smoking during pregnancy is associated with multiple adverse birth outcomes, including low-birth-weight babies and pre-term deliveries according to the State Center for Health Statistics and NC DHHS.

Smoking during pregnancy is an unhealthy behavior that may have negative effects on both the mother and the fetus. Smoking can lead to fetal and newborn death, and contributes to low birth weight and pre-term delivery. The Western NC region has very high percentages of women who smoke during pregnancy and Rutherford County’s rates are similar to many WNC counties.

A. **Total number of persons in the target population specific to this action plan:** 123 pregnant women smoked during pregnancy in 2013.

B. **Total number of persons in the target population to be reached by this action plan:** 61

C. **Calculate the impact of this action plan:**

**(Total # in B divided by total # in A) X 100% =50% of the target population reached by the action plan.)**

**Healthy North Carolina 2020 Focus Area Addressed:** Each of the two CHA priorities selected for submission must have a corresponding *Healthy NC 2020* focus area that aligns with your local community objectives.

**■ Check below the applicable Healthy NC 2020 focus area(s) for this action plan.**

*For more detailed information and explanation of each focus area, please visit the following websites:* <http://publichealth.nc.gov/hnc2020/foesummary.htm> AND <http://publichealth.nc.gov/hnc2020/>

Tobacco Use

Physical Activity & Nutrition

Injury

Sexually Transmitted

Diseases/Unintended

Pregnancy

Maternal & Infant Health

Substance Abuse

Mental Health

Infectious Disease/Foodborne

Illness

Oral Health

Social Determinants of Health

Environmental Health

Chronic Disease

Cross-cutting

**Selection of Strategy/Intervention Table**

- Complete this table for all strategies/interventions that you plan to implement.
- At least two of the three selected community health priorities must be from the 13 Healthy North Carolina 2020 (HNC 2020) focus areas. For these 2 priorities, there must be 2 evidence based strategies (EBS) for each action plan. (Insert rows as needed if you choose more than 2 EBS.)

Strategy/Intervention(s)	Strategy/Intervention Goal(s)	Implementation Venue(s)	Resources Utilized/Needed for Implementation
<p>Name of Intervention:</p> <p>100% Tobacco-Free Schools</p>	<p>S.M.A.R.T Goals:</p> <p>Work with schools and school districts to improve policy and compliance (including e-cigarette policy and usage), and to increase implementation of evidence-based strategies that support cessation for youth and school employees – on going from July 2016 – December 31, 2018</p>	<p>Target Population(s):</p> <p>Youth and pregnant women</p> <p>Venue: Schools</p>	<p>Resources Needed:</p> <p>Staff time</p>
<p>Name of Intervention:</p> <p>Mass Media Campaigns promoting Quit Line NC with ads that relate to pregnancy.</p> <p>Community Strengths/Assets: Rutherford Polk McDowell Healthy Communities Program Funds and Program Management Staff in place. Tobacco and Control Branch Regional Manager.</p>	<p>S.M.A.R.T Goals:</p> <p>By July 31, 2016, launch mass media campaign to promote Quitline NC using digital media, printed materials, posters, coasters, DVDs in Middle Schools and High Schools.</p>	<p>Target Population(s):</p> <p>General Population especially low income, low educational status, women ages 18-39 and pregnant women.</p> <p>Venue:</p> <p>Mobile Devices Schools, Community Colleges, Clinics, Social Services, Libraries, Mental and Behavioral Health Agencies.</p>	<p>Resources Needed:</p> <p>CDC Tips Campaign Ads Healthy Communities Program Funds Project Managers Staff Time T.A. from Media Buyer</p>
<p>Name of Intervention:</p> <p>Implementation of the 5As Brief Cessation Counseling through the Maternal Child Health Initiative (MCHI).</p>	<p>S.M.A.R.T Goals:</p> <p>Have patient complete online registration for Quitline NC. Provide gift to patient for initial registration. Complete vitals.</p>	<p>Target Population(s):</p> <p>WIC and Nurse Family Partnership Staff at Health Department, Maternal Clinical Staff, Mental Health and Behavioral Health Staff in local clinics, and pregnant women who smoke.</p>	<p>Resources Needed:</p> <p>Staff time 5As pocket card Quit Line Fax Referral Materials</p>

<p>Community Strengths/Assets:</p> <p>MCHI RPMHD Staff Tobacco and Control Regional Manager County Partners McDowell Hospital Cessation Programs McDowell Health Coalition</p>	<p>Take Pre-test C)2 measurement (2x). Play CDC Tips video Mark patient record with data points accordingly.</p> <p>Assess current needs and gaps within local community to address smoking during pregnancy with clients and staff by December 1, 2016 through the Maternal Child Health Initiative (MCHI).</p> <p>Deliver 1 or more 5As Training to staff each year. Provide materials for Fax Referrals to Quitline by December 31, 2016, 2017, 2018.</p>	<p><u>Venue:</u></p> <p>Staff Meetings and Collaborative Meetings for Train the Trainer sessions. Trained Clinicians will deliver 5As Counseling to current smokers in clinical settings.</p>	<p>Nicotine Replacement Therapies Handouts Quit Line CDC website videos IPADs Breathalyzers Subway meal gift certificates as incentives</p>
<p><b>Name of Intervention:</b> Triangulum Seminar for Educators</p> <p><b>Community Strengths/Assets:</b></p> <p>Tobacco and Control Branch RHA Prevention Services Staff Healthy Communities Program Staff and funds Local School Staff Local Law Enforcement Professionals McDowell Health Coalition</p>	<p><b>SMART Goals:</b> On August 23, 2016, RPMHD will host a Seminar for Health and PE Teachers, school nurses, counselors and School Resource Officers. The seminar will educate about new research on e-cigarettes and other electronic nicotine and THC (ENDS) delivery systems. New Tobacco Prevention curriculum will be introduced and provided for Middle School and High School students. We expect 60 attendees.</p> <p>New Curriculum will be introduced and provided to MS and HS Teachers. A panel discussion on current trends will be presented and discussed by leaders in various community populations that work with youth and adults.</p> <p>Related Posters and other tools will be distributed to Schools, Clinics and other agencies as part of the mass media campaign to promote Quitline NC.</p>	<p><b>Target Population:</b> PE Teachers, school nurses, counselors and School Resource Officers, Law Enforcement Professionals, Curriculum Directors. Middle School and High School students are an indirect intended population – they will receive education via their teachers and others listed above.</p> <p><u>Venue:</u> Schools</p>	<p><b>Resources Needed:</b> Staff from Tobacco and Control Branch to deliver presentation on new research into Triangulum. Healthy Communities Staff to Organize Invitations Lunch Boxes Curriculum RHA partners Media advocacy</p>



Interventions Specifically Addressing Chosen Health Priority

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

			<p><u>Evaluation:</u> Are you using an existing evaluation? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>If no, please provide plan for evaluating intervention:</p> <p>We plan on using RBA, a planning, monitoring, evaluation and continuous improvement framework that focuses on results for communities and individuals.</p>
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<u>INTERVENTIONS: SETTING. &amp; TIMEFRAME</u>	<u>LEVEL OF INTERVENTION CHANGE</u>	<u>COMMUNITY PARTNERS' Roles and Responsibilities</u>	<u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u>
<p><b>Intervention:</b> Mass Media Campaigns promoting Quit Line NC</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p><b>Setting:</b> Community</p> <p><b>Target population:</b> Current Tobacco Users</p> <p><b>Start Date – End Date :</b> July 1, 2016 – December 2018</p> <p><b>Targets health disparities:</b> X Y <input type="checkbox"/> N</p>	<p>X Individual/ Interpersonal Behavior</p> <p><input type="checkbox"/> Organizational/Policy X Environmental Change</p>	<p><b>Lead Agency:</b> RPMHD <b>Role:</b> Project Coordinator</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p><b>Target population representative:</b> Health Department Clients, WIC Staff and Maternity Clinicians, general population, Spanish speaking clients and staff from Health Department will test messages in Spanish.</p> <p><b>Role:</b> Market test media messages, Promote Quitline, Access Quitline Coaching for Cessation</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p><b>Partner:</b> NC Tobacco and Control Branch will provide Technical Assistance. <b>Partner:</b> Moffit Media will place digital ads and monitor success rates, provide reports to RPMHD. <b>Partner:</b> McDowell Health Coalition Board and members will promote campaign <b>Partner:</b> McDowell Hospital will promote campaign and provide cessation resources, participate in Quitline referrals wherever appropriate. <b>Role:</b> Promote Quitline. Refer smokers for cessation resources to quit tobacco use.</p>	<p><u>Expected outcomes:</u> Increased use of Quitline and decrease in current use of tobacco. <u>Anticipated barriers:</u> Any potential barriers? <input type="checkbox"/> Y X N</p> <p>If yes, explain how intervention will be adapted:</p> <p>List anticipated project staff: Healthy Communities Coordinator</p> <p><u>Does project staff need additional training?</u> <input type="checkbox"/> Y X N If yes, list training plan:</p> <p><u>Quantify what you will do:</u> We will place \$10,000 worth of digital ads promoting the Quitline to our target audience by December 2019.</p> <p>List how agency will monitor intervention activities and feedback from participants/stakeholders: We will examine Quitline usage data to determine if more of our target population is accessing Quitline coaching. We will get feedback from our partners. We will monitor reports from Moffit Media to see how many clicks are coming to Quitline from our Ad campaigns. <u>Evaluation:</u> Are you using an existing evaluation? X Y <input type="checkbox"/> N If no, please provide plan for evaluating intervention</p>

<p><b><u>INTERVENTIONS: SETTING, &amp; TIMEFRAME</u></b></p> <p><b>Intervention:</b> 5As Counseling Method for Tobacco Cessation Delivered through the Maternal Child Health Initiative</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p><b>Setting:</b> Clinical</p> <p><b>Target population:</b> Clinicians who serve current tobacco users</p> <p><b>Start Date – End Date (mm/yy):</b> July 2016 – December 2018.</p> <p><b>Targets health disparities:</b> X Y <input type="checkbox"/> N</p>	<p><b><u>LEVEL OF INTERVENTION CHANGE</u></b></p> <p><input checked="" type="checkbox"/> Individual/ Interpersonal Behavior</p> <p><input type="checkbox"/> Organizational/Policy Change</p>	<p><input type="checkbox"/> New partner X Established partner</p> <p><b>Include how you're marketing the intervention:</b> Digital media ads, posters, coasters in clinics and work sites, brochures, flyers, word of mouth to partners.</p> <p><b><u>COMMUNITY PARTNERS' Roles and Responsibilities</u></b></p> <p><b>Lead Agency:</b> RPMHD</p> <p><b>Role:</b> Provide 5As Training to Staff and to patients who are pregnant.</p> <p><input type="checkbox"/> New partner X Established partner</p> <p><b>Target population representative:</b> Behavioral Health Clients and Staff represent the intended population of current smokers.</p> <p><b>Role:</b> Program guidance and participation in referring smokers to cessation resources.</p> <p><input type="checkbox"/> New partner X Established partner</p> <p><b>Partner:</b> McDowell Hospital will provide cessation resources.</p> <p><b>Partner:</b> McDowell Health Coalition will provide program promotion to local Clinics.</p> <p><b>Partner:</b> NC Tobacco and Control Branch will provide technical assistance and assistance with training as needed.</p>	<p><b><u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u></b></p> <p><b>Expected outcomes:</b> Working with the Maternal Health Initiative and the Healthy Communities Program, we will provide at least one 5As Training each year for three years to target audiences that serve a large number of current tobacco users. We expect that more clinicians and behavioral health professionals will use the 5As method to encourage tobacco cessation.</p> <p><b>Anticipated barriers:</b> Any potential barriers? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>If yes, explain how intervention will be adapted:</p> <p>List anticipated project staff: Healthy Communities Program Coordinator for RPMHD, Maternity Clinic Nurses</p> <p><b>Does project staff need additional training?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>If yes, list training plan: <b>Quantify what you will do:</b> We will provide 3 5As trainings to clinicians and mid-level staff by December 2019.</p> <p>List how agency will monitor intervention</p>
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		<p><b>Role:</b> Program Support and Promotion to Partners, Program implementation to intended audience.</p> <p><input type="checkbox"/> New partner <b>X</b> Established partner</p> <p><b>Include how you're marketing the intervention:</b> Presentations to the McDowell Health Coalition and to the Board of Health, calls and emails to partners to schedule training for staff.</p>	<p>activities and feedback from participants/stakeholders: We will keep records of attendance at trainings. We will evaluate training sessions.</p> <p><u>Evaluation:</u> Are you using an existing evaluation? X Y <input type="checkbox"/> N</p>
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<p><b>Intervention:</b>  <b>Triangulum Seminar :</b>  Training on Electronic  Nicotine and THC Delivery  Systems (ENDS)</p> <p><input checked="" type="checkbox"/> <b>New Ongoing</b>  <input type="checkbox"/> <b>Completed</b></p> <p><b>Setting: Schools &amp;  Community</b></p> <p><b>Target population:</b>  Educators, school nurses,  SROs, Counselors,  ultimately MS and HS  students</p> <p><b>Start Date – End Date:</b>  <b>July 1, 2016 – October  2016</b></p> <p><b>Targets health  disparities: X Y <input type="checkbox"/> N</b></p>	<p>X Individual/  Interpersonal  Behavior</p> <p><input type="checkbox"/> Organizational/Policy  Environmental  Change</p>	<p><b>Lead Agency: RPMHD</b></p> <p><b>Role:</b> Project Coordinator</p> <p><input type="checkbox"/> <b>New partner</b> <input checked="" type="checkbox"/> <b>Established partner</b></p> <p><b>Target population representative:</b>  McDowell School Administrators,  Educators, school nurses, SROs, Counselors,  ultimately MS and HS students.</p> <p><b>Role:</b> Attend Seminar, use new curriculum  to deliver Tobacco Prevention Education to  MS and HS students.</p> <p><input type="checkbox"/> <b>New partner</b> <input checked="" type="checkbox"/> <b>Established partner</b></p> <p><b>Partner:</b> NC Tobacco and Control Branch  will provide training  <b>Partner:</b> RHA Prevention Services will  delivery best practices and curriculum  updates for Tobacco Prevention Education.  <b>Partner:</b> Schools will provide space and  give Teachers time to attend Seminar.  <b>Partner:</b> Sheriff's Department will provide  SRO to attend Seminar and apply new  information when working with students.</p> <p><b>Role:</b> Attend and Promote Seminar. Extend  new research on ENDS to appropriate  intended audiences. Use new curriculum  and related information to prevent use of e-  cigarettes and other harmful substances  among youth and adults.</p>	<p><u>Expected outcomes:</u> All MS and HS Health  and PE Teachers will receive training in  updated Tobacco Prevention Education. All  attendees will feel competent to deliver new  curriculum to students in the 2016-2017  school year.</p> <p>School nurses, Counselors and SROs will use  new information about ENDS to help  students who may be using or considering  use of ENDS.</p> <p>Students will be prevented from initiating  use of ENDS.</p> <p>Increased awareness of dangers of nicotine,  THC and other drugs among all community  partners in attendance.</p> <p>Reduced use of harmful substances among  populations at risk including youth and  adults.</p> <p><u>Anticipated barriers:</u> Any potential barriers?  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>If yes, explain how intervention will be  adapted:</p> <p>List anticipated project staff: Healthy  Communities Coordinator, Tobacco and  Control Staff</p> <p><u>Does project staff need additional training?</u>  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p>
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		<p><input type="checkbox"/> <b>New partner X Established partner</b></p> <p><b>Include how you're marketing the intervention:</b> Invitations, announcements via email, social media and word of mouth at meetings, Health Coalition members promoting, School system promoting.</p>	<p>If yes, list training plan:</p> <p><a href="#">Quantify what you will do:</a></p> <p>We will provide 2.5 hours of training for 20 people who work with youth and adults on August 23, 2016.</p> <p>We will provide 2.5 hours of training to MS and HS Educators on 2 new curriculums to prevent use of tobacco and ENDS.</p> <p>We will discuss best practices for preventing the use of tobacco, THC and other drugs among youth and adults for 60 minutes with 20 people in attendance on August 23 2016.</p> <p>List how agency will monitor intervention activities and feedback from participants/stakeholders:</p> <p>We will use an evaluation form at the end of the Triangulum Training Seminar. We will review comments and make improvements in Rutherford and Polk County. The Seminars in those counties will take place in September 2016.</p> <p><a href="#">Evaluation:</a> Are you using an existing evaluation? X Y <input type="checkbox"/> N If no, please provide plan for evaluating intervention:</p>
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County: McDowell Period Covered: 2015

Partnership/Health Steering Committee, if applicable: McDowell Health Coalition

Community Health Priority identified in the most recent CHA: Current Tobacco Use

Local Community Objective: **Tobacco** - Decrease the percentage of adults who are current smokers

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

- **Baseline Data:** (*State measure/numerical value. Include date and source of current information*): 29.6% of McDowell Adults report currently using tobacco according to the PRC Community Health Survey 2015
- **For continuing objective provide the updated information:** (*State measure/numerical value. Include date and source of current information*): 29.6% of McDowell Adults report currently using tobacco according to the PRC Community Health Survey 2015
- **Healthy NC 2020 Objective** that most closely aligns with focus area chosen below: Decrease the percentage of adults who are current uses to 2020 goal of 13%.

### Population(s)

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

The total population of McDowell County was 44,996 in 2010 according to US Census Bureau. A large majority of the population is white, while about 3.6% are of African descent. A growing segment of the population (5.3%) are people of Hispanic ancestry.

Individuals with less education and those with lower incomes are more likely to smoke. Compared to the Western NC Region, McDowell has 8% lower overall High School Graduation rates (for a 4-year cohort of 9<sup>th</sup> graders entering school in 2010-2011 and graduating in SY 2013-2014 (US Census Bureau).

People with less than a high school education are three times as likely to smoke as college graduates. The estimated poverty rates in McDowell County have been steadily rising. The rate was 21.9% of adults living below 100% of poverty in the aggregate period of 2009-2013 (US Census Bureau). Those with higher incomes are less likely to smoke. Individuals with certain lifetime mental illnesses and those with serious psychological distress are more like to use tobacco.

I.

- A. **Total number of persons in the target population specific to this action plan:** 8100 adults currently using tobacco
- B. **Total number of persons in the target population to be reached by this action plan:** 7000
- C. **Calculate the impact of this action plan:**  
(Total # in B divided by total # in A) X 100% = 86% of the target population reached by the action plan.)

**Healthy North Carolina 2020 Focus Area Addressed:** Each of the two CHA priorities selected for submission must have a corresponding *Healthy NC 2020* focus area that aligns with your local community objectives.

- **Check below the applicable Healthy NC 2020 focus area(s) for this action plan.**

For more detailed information and explanation of each focus area, please visit the following websites:

<http://publichealth.nc.gov/hnc2020/foesummary.htm> AND <http://publichealth.nc.gov/hnc2020/>



- X Tobacco Use
- Physical Activity & Nutrition
- Injury
- Sexually Transmitted Diseases/Unintended Pregnancy

- Maternal & Infant Health
- Substance Abuse
- Mental Health
- Infectious Disease/Foodborne Illness
- Oral Health

- Social Determinants of Health
- Environmental Health
- Chronic Disease
- Cross-cutting

**Selection of Strategy/Intervention Table**

Strategy/Intervention(s)	Strategy/Intervention Goal(s)	Implementation Venue(s)	Resources Utilized/Needed for Implementation
<p>Name of Intervention: Tobacco-Free Worksites</p> <p>Community Strength/Assets: McDowell Health Coalition Workforce Health Advisor Program, RPMHD Healthy Communities Program, NC Tobacco and Control Branch, McDowell Hospital Cessation Programs, NC Quit Line</p>	<p>S.M.A.R.T Goals: By August 1, 2016, build relationships and have conversations to work toward adopting policies at worksites. Work with local Worksites to adopt a policy that prohibit the use of tobacco at the worksite by December 31, 2016, 2017, 2018.</p>	<p>Target Population(s): Working adults, Senior Management at Worksites, HR Directors, Wellness Committees</p>	<p>Resources Needed: Staff Time – Worksite Health Advisor Tobacco and Control Branch T.A. Model Policies Health Coalition Support Staff Time – RPMHD Healthy Communities Coordinator</p>
<p>Name of Intervention: Mass Media Campaigns promoting Quit Line NC</p> <p>Community Strengths/Assets: Rutherford Polk McDowell Healthy Communities Program Funds and Program Management Staff in place. Tobacco and Control Branch Regional Manager.</p>	<p>S.M.A.R.T Goals: By July 31, 2 016, launch mass media campaign to promote Quitline NC using digital media, printed materials, posters, coasters, DVDs in Middle Schools and High Schools.</p>	<p>Target Population(s): General Population especially low income, low educational status, women ages 18-39 and pregnant women. Venue: Mobile Devices Schools, Community Colleges, Clinics, Social Services, Libraries, Mental and Behavioral Health Agencies.</p>	<p>Resources Needed: CDC Tips Campaign Ads Healthy Communities Program Funds Project Managers Staff Time T.A. from Media Buyer</p>
<p>Name of Intervention: Implementation of the 5As Counseling Method for Tobacco Cessation</p> <p>Community Strengths/Assets: RPMHD Staff Tobacco and Control Regional Manager County Partners McDowell Hospital Cessation Programs McDowell Health Coalition Worksite Health Advisor Staff</p>	<p>S.M.A.R.T Goals: Build relationships with Mental Health and Behavioral Health Providers. Assess current needs and gaps to address smoking during pregnancy with clients and staff, ongoing.  Deliver 5As Training to staff each year by December 2016, 2017, 2018. Provide materials for Fax Referrals to Quitline at that time or before.</p>	<p>Target Population(s): WIC and Nurse Family Partnership Staff at Health Department, Maternal Clinical Staff, Mental Health and Behavioral Health Staff in local clinics, McDowell Hospital. Venue: Staff Meetings and Collaborative Meetings</p>	<p>Resources Needed: Staff time 5As pocket card Quit Line Fax Referral Materials Nicotine Replacement Therapies Handouts</p>
<p>Name of Intervention: Triangulum Seminar for Educators</p> <p>Community Strengths/Assets: Tobacco and Control Branch RHA Prevention Services Staff Healthy Communities Program Staff and funds Local School Staff Local Law Enforcement Professionals</p>	<p>SMART Goals: By October 1, 2016, RPMHD will host a Seminar at McDowell Schools Professional Development Day for Health and PE Teachers, school nurses, counselors and School Resource Officers. The seminar will educate about e-cigarettes and other electronic nicotine and THC (ENDS) delivery systems. New Tobacco Prevention curriculum will be introduced and provided for MS and HS students. New Curriculum will be introduced and provided to 40 MS and HS Teachers, nurses and SROs. Related Posters and other tools will be distributed to Schools.</p>	<p>Target Population: PE Teachers, school nurses, counselors and School Resource Officers, Law Enforcement Professionals, Curriculum Directors. Middle School and High School students are an indirect intended population – they will receive education via their teachers and others listed above.  Venue: Schools</p>	<p>Resources Needed: Staff from Tobacco and Control Branch to deliver presentation on new research into Triangulum. Healthy Communities Staff Curriculum RHA partners Media advocacy</p>

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

<p><u>INTERVENTIONS: SETTING, &amp; TIMEFRAME</u></p>	<p><u>LEVEL OF INTERVENTION CHANGE</u></p>	<p><u>COMMUNITY PARTNERS' Roles and Responsibilities</u></p>	<p><u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u></p>
<p><b>Intervention:</b> Tobacco-Free Worksites X New <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Completed  Setting: Worksites  Target population: Working adults who use tobacco  Start Date – End Date: July, 2016 – December 2018  Targets health disparities: X Y <input type="checkbox"/> N</p>	<p>X Individual/Interpersonal Behavior  X Organizational/Policy  X Environmental  Change</p>	<p><b>Lead Agency:</b> RPMHD  Role: Convener and Implementation X New partner <input type="checkbox"/> Established partner  <b>Target population representative:</b> Employee Health Advisor and McDowell Worksite Wellness Committees, HR Directors at Worksites  Role: Build relationships, assess readiness to change, Guide Program, participate in program planning and development  X New partner <input type="checkbox"/> Established partner  <b>Partners:</b> RPMHD, NC Tobacco and Control Branch, Chamber of Commerce, McDowell Health Coalition  Role: Program Support  <input type="checkbox"/> New partner X Established partner  <b>Include how you're marketing the intervention:</b> McDowell Health Coalition's website, word of mouth through partners, brochures, flyers, direct contact with worksites.</p>	<p><b>Expected outcomes:</b> At least one worksite will adopt a Tobacco Free Policy by December 2018.  Increase smoking cessation coaching and/or classes at one worksite by December 2018.  <b>Anticipated barriers:</b> Any potential barriers? <input type="checkbox"/> Y X N If yes, explain how intervention will be adapted:  <b>List anticipated project staff:</b> Worksite Health Advisor, Healthy Communities Coordinator.  <b>Does project staff need additional training?</b> <input type="checkbox"/> Y X N If yes, list training plan:  <b>Quantify what you will do:</b>  We will meet with at least three worksites to build capacity for Tobacco Free Worksite Policies and support for current smokers through cessation services by December 2018.  <b>List how agency will monitor intervention activities and feedback from participants/stakeholders:</b> Regular Wellness Committee meetings will be held. Regularly monitor minutes from meetings.  Notes from Focus groups and one on one conversations with workers who use tobacco, HR Directors and Senior level management will contribute to baseline data and local conditions.  <b>Evaluation:</b> Are you using an existing evaluation? X Y <input type="checkbox"/> N If no, please provide plan for evaluating intervention:</p>

<p><b><u>INTERVENTIONS:</u></b> <b><u>SETTING &amp; TIMEFRAME</u></b></p> <p><b>Intervention:</b> Mass Media Campaigns promoting Quit Line NC</p> <p><input type="checkbox"/> <b>New</b> <input checked="" type="checkbox"/> <b>Ongoing</b> <input type="checkbox"/> <b>Completed</b></p> <p><b>Setting: Community</b></p> <p><b>Target population:</b> Current Tobacco Users</p> <p><b>Start Date – End Date (mm/yy):</b> July 1, 2016 – December 2019</p> <p><b>Targets health disparities:</b> X Y <input type="checkbox"/> N</p>	<p><b><u>LEVEL OF INTERVENTION CHANGE</u></b></p> <p>X Individual/ Interpersonal Behavior</p> <p><input type="checkbox"/> Organizational/Policy X Environmental Change</p>	<p><b><u>COMMUNITY PARTNERS' Roles and Responsibilities</u></b></p> <p><b>Lead Agency:</b> RPMHD</p> <p><b>Role:</b> Project Coordinator</p> <p><input type="checkbox"/> <b>New partner</b> <input checked="" type="checkbox"/> <b>Established partner</b></p> <p><b>Target population representative:</b> Health Department Clients, WIC Staff and Maternity Clinicians</p> <p><b>Role:</b> Market test media messages, Promote Quitline, Access Quitline Coaching for Cessation</p> <p><input type="checkbox"/> <b>New partner</b> <input checked="" type="checkbox"/> <b>Established partner</b></p> <p><b>Partners:</b> NC Tobacco and Control Branch, Moffit Media, McDowell Health Coalition, McDowell Hospital.</p> <p><b>Role:</b> Promote Quitline</p> <p><input type="checkbox"/> <b>New partner</b> <input checked="" type="checkbox"/> <b>Established partner</b></p> <p><b>Include how you're marketing the intervention:</b> Digital media ads, posters, coasters in clinics and work sites, brochures, flyers, word of mouth to partners. Through distribution channels with McDowell Health Coalition Partners and McDowell Hospital.</p>	<p><b><u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u></b></p> <p><b>Expected outcomes:</b> Increased use of Quitline and decrease in current use of tobacco.</p> <p><b>Anticipated barriers:</b> Any potential barriers? <input type="checkbox"/> Y X N If yes, explain how intervention will be adapted:</p> <p>List anticipated project staff: Healthy Communities Coordinator</p> <p><b>Does project staff need additional training?</b> <input type="checkbox"/> Y X N If yes, list training plan:</p> <p><b>Quantify what you will do:</b> We will place \$10,000 worth of digital ads promoting the Quitline to our target audience by December 2019.</p> <p>List how agency will monitor intervention activities and feedback from participants/stakeholders:</p> <p>We will examine Quitline usage data to determine if more of our target population is accessing Quitline coaching.</p> <p>We will get feedback from our partners. We will monitor reports from Moffit Media to see how many clicks are coming to Quitline from our Ad campaigns.</p> <p><b>Evaluation:</b> Are you using an existing evaluation? X Y <input type="checkbox"/> N If no, please provide plan for evaluating intervention:</p>
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<u>INTERVENTIONS: SETTING, &amp; TIMEFRAME</u>	<u>LEVEL OF INTERVENTION CHANGE</u>	<u>COMMUNITY PARTNERS' Roles and Responsibilities</u>	<u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u>
<p><b>Intervention:</b> 5As Counseling Method for Tobacco Cessation  <input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing  <input type="checkbox"/> Completed</p> <p><b>Setting:</b> Clinical</p> <p><b>Target population:</b> Clinicians who serve current tobacco users</p> <p><b>Start Date – End Date (mm/yy):</b> November 2016 – December 2018.</p> <p><b>Targets health disparities:</b> X Y <input type="checkbox"/> N</p>	<p>X Individual/ Interpersonal Behavior  <input type="checkbox"/> Organizational/Policy  <input type="checkbox"/> Environmental Change</p>	<p><b>Lead Agency:</b> RPMHD</p> <p><b>Role: Provide 5As Training</b>  <input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p><b>Target population representative:</b> Behavioral Health Clients and Staff</p> <p><b>Role: Program guidance</b>  <input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p><b>Partners:</b> McDowell Hospital will provide cessation resources.  <b>Partner:</b> McDowell Health Coalition will provide program promotion to local Clinics  <b>Partner:</b> NC Tobacco and Control Branch will provide technical assistance and assistance with training as needed.</p> <p><b>Role: Program Support and Promotion to Partners</b>  <input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p><b>Include how you're marketing the intervention:</b> Presentations to the McDowell Health Coalition and to the Board of Health, calls to partners.</p>	<p><u>Expected outcomes:</u> We will provide at least one 5As Training each year for three years to target audiences that serve a large number of current tobacco users. We expect that more clinicians and behavioral health professionals will use the 5As method to encourage tobacco cessation.</p> <p><u>Anticipated barriers:</u> Any potential barriers?  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N  If yes, explain how intervention will be adapted:   List anticipated project staff: Healthy Communities Program Coordinator for RPMHD, Maternity Clinic Nurses</p> <p><u>Does project staff need additional training?</u>  Y X N  If yes, list training plan:   <u>Quantify what you will do:</u> We will provide 3 5As trainings to clinicians and mid-level staff by December 2019.   List how agency will monitor intervention activities and feedback from</p>

			<p>participants/stakeholders: We will keep records of attendance at trainings. We will evaluate training sessions.</p> <p><u>Evaluation:</u>          Are you using an existing evaluation? X Y <input type="checkbox"/> N          If no, please provide plan for evaluating intervention:</p>
<p><u>INTERVENTIONS: SETTING, &amp; TIMEFRAME</u></p>	<p><u>LEVEL OF INTERVENTION CHANGE</u></p>	<p><u>COMMUNITY PARTNERS' Roles and Responsibilities</u></p>	<p><u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u></p>
<p><b>Intervention:</b>          Triangulum Seminar - Training on Electronic Nicotine and THC Delivery Systems (ENDS)  <input checked="" type="checkbox"/> <b>New Ongoing Completed</b></p> <p><b>Setting: Schools &amp; Community</b></p> <p><b>Target population:</b>          Educators, school nurses, SROs, Counselors,</p>	<p>X Individual/ Interpersonal Behavior  <input type="checkbox"/> Organizational/Policy          Environmental Change</p>	<p><b>Lead Agency: RPMHD</b>  <b>Role:</b> Project Coordinator  <input type="checkbox"/> <b>New partner</b> <input checked="" type="checkbox"/> <b>Established partner</b>  <b>Target population representative:</b>          McDowell School Administrators, Educators, school nurses, SROs, Counselors, ultimately MS and HS students  <b>Role:</b> Attend Seminar, use new curriculum to deliver Tobacco Prevention Education to MS and HS students.  <input type="checkbox"/> <b>New partner</b> <input checked="" type="checkbox"/> <b>Established partner</b></p>	<p><u>Expected outcomes:</u> All MS and HS Health and PE Teachers will receive training in updated Tobacco Prevention Education. All attendees will feel competent to deliver new curriculum to students in the 2016-2017 school year.</p> <p>School nurses, Counselors and SROs will use new information about ENDS to help students who may be using or considering use of ENDS.</p> <p>Students will be prevented from initiating use of ENDS.</p>

<p><b>ultimately MS and HS students</b></p> <p><b>Start Date – End Date: July 1, 2016 – October 2016</b></p> <p><b>Targets health disparities: X Y <input type="checkbox"/> N</b></p>	<p><b>Partners:</b> NC Tobacco and Control Branch will provide training  <b>Partner:</b> RHA Prevention Services will delivery best practices and curriculum updates for Tobacco Prevention Education.  <b>Partner:</b> McDowell Health Coalition will promote Seminar to partners.  <b>Partner:</b> McDowell Schools will provide space and give Teachers time to attend Seminar.  <b>Partner:</b> McDowell Sheriff's Department will provide SRO to attend Seminar and apply new information when working with students.  <b>Role:</b> Attend and Promote Seminar. Extend new research on ENDS to appropriate intended audiences. Use new curriculum to prevent use of e-cigarettes among youth and adults.</p> <p><input type="checkbox"/> <b>New partner</b> X <b>Established partner</b></p> <p><b>Include how you're marketing the intervention:</b> Invitations, announcements via email, social media and word of mouth at meetings, Health Coalition members promoting, School system promoting.</p>	<p><u>Anticipated barriers:</u> Any potential barriers?  <input type="checkbox"/> Y X N  If yes, explain how intervention will be adapted:    List anticipated project staff: Healthy Communities Coordinator, Tobacco and Control Staff <input type="checkbox"/>    <u>Does project staff need additional training?</u>  Y X N  If yes, list training plan:    <u>Quantify what you will do:</u>  We will provide training for 20 people who work with you on August 23, 2016.  We will train Educators on 2 new curriculums to prevent use of tobacco and ENDS.    List how agency will monitor intervention activities and feedback from participants/stakeholders:    We will use an evaluation form at the end of the Triangulum Training Seminar. We will review comments and make improvements in Rutherford and Polk County. The Seminars in those counties will take place in September 2016.</p>
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