

RUTHERFORD COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

CHIP

2013



RUTHERFORD
POLK
McDOWELL HEALTH
DISTRICT

WNC **HEALTHY** IMPACT

2013 Rutherford COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

July 2013

ACKNOWLEDGEMENTS

This document was developed by Rutherford Polk McDowell District Health Department in partnership with Rutherford Regional Hospital and the Rutherford Health Council as part of a community-wide action planning process.

We would like to thank several agencies and individuals for their contributions and support: Rutherford County Health Council, Joannie Jolley, United Way of Rutherford County, Suzanne Porter and Faye Hassell, ARPNC Prevention Services, Basil Savitsky, NC Cooperative Extension, Tracy Davis, Rutherford Regional Hospital, Community Transformation Grant, Mary Smith, Joann O'Sullivan, Jimmy Hines, Marjorie Vestal, Becky Koone, Rachel Ross, Rutherford Polk McDowell District Health Department, Sandra McGriff, Rutherford Community Health Clinic.

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 by 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.

The principal source of secondary health data for this report was the NC State Center for Health Statistics (NC SCHS), including its County Health Data Books, Behavioral Risk Factor Surveillance System, Vital Statistics unit, and Cancer Registry. Other health data sources included: NC Division of Public Health (DPH) Epidemiology Section; NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services; National Center for Health Statistics; NC DPH Nutrition Services Branch; UNC Highway Safety Research Center; NC Department of Transportation; NC DETECT and the NC DPH Oral Health Section.

Please contact Jimmy Hines, Health Director, Rutherford Polk McDowell Health District (jhines@rpmhd.org), 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).

TABLE OF CONTENTS

| | |
|---|-----------|
| Acknowledgements..... | 2 |
| Table of Contents | 3 |
| Chapter 1 - What is a CHIP? | 5 |
| Connection to the 2012 Community Health Assessment (CHA)..... | 6 |
| WNC Healthy Impact..... | 6 |
| County Health Ranking | 7 |
| Heart Disease | 7 |
| Lung Cancer | 8 |
| Diabetes | 9 |
| Obesity and Overweight..... | 10 |
| High Blood Pressure..... | 11 |
| Cholesterol | 12 |
| Tobacco..... | 12 |
| Teen Substance Abuse..... | 13 |
| Illicit Drug Use Among Adults..... | 13 |
| Teen Pregnancy..... | 14 |
| Summarized Action Plan, Monitoring & Accountability | 14 |
| Chapter 2 – Community Health Assessment Process..... | 15 |
| Local Data | 15 |
| Chapter 3 – Priority One: Prevent Substance Abuse | 16 |
| Situational Analysis..... | 16 |
| Spotlight on Success..... | 17 |
| Partners | 19 |
| Action Plan and Community Objectives..... | 20 |
| <u>Strategy 1</u> – Address Underage Drinking..... | 21 |
| Action Plan..... | 21 |
| <u>Strategy 2</u> – Programs and Services: Prevention Education, Screening and Referral | 21 |
| Action Plan..... | 22 |
| <u>Strategy 3</u> - Community Engagement, Capacity Building..... | 23 |
| Action Plan..... | 23 |
| Chapter 4 – Priority Two: Reduce Chronic Disease | 24 |

| | |
|--|----|
| Situational Analysis | 24 |
| Spotlight on Success: Educating Mothers | 24 |
| Partners | 25 |
| Community Objectives..... | 26 |
| <u>Strategy 1</u> - Increase Screening and Referral for Chronic Disease | 26 |
| Action Plan..... | 26 |
| <u>Strategy 2</u> - Diabetes Education and Self-Management | 27 |
| Action Plan..... | 26 |
| <u>Strategy 3</u> - Decrease Chronic Disease by reducing current smokers | 27 |
| Action Plan..... | 28 |
| <u>Strategy 4</u> - Improved Nutrition | 28 |
| Action Plan..... | 29 |
| Chapter 5 - Next Steps | 30 |
| References..... | 31 |
| Glossary of Terms..... | 32 |

Chapter 1 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 Jimmy Hines, Health Director, Rutherford Polk McDowell Health District, jhines@rpmhd.org or Marjorie Vestal at mvestal@rpmhd.org.

Connection to the 2012 Community Health Assessment (CHA)

Community health assessment (CHA) is the foundation for improving and promoting the health of a community. CHA, 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 Rutherford County CHA 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.

General Review of Data and Trends

List of Health Priorities

Health Priorities chosen in 2008 are:

- Obesity
- Substance Abuse
- Access to Care

Priority areas selected for this 2012 CHA are:

- Substance Abuse
- Chronic Disease: Diabetes, High Blood Pressure, High Cholesterol, Tobacco Use
- Healthy Eating & Active Living
- Behavioral Health & Mental Well Being
- Teen Pregnancy

This CHIP will be reporting on the top two priority areas chosen by the Rutherford Health Council. Those top priorities are: Substance Abuse Prevention and Reducing Chronic Disease: Diabetes, High Blood Pressure, High Cholesterol, Tobacco Use.

Life Expectancy

Life expectancy is the average number of additional years that someone at a given age would be expected to live if current mortality conditions remained constant throughout their lifetime. Life expectancy overall in Rutherford County (74.3 years) is 2.7 years shorter than life expectancy in WNC (77.0 years), where life expectancy in turn is 0.3 years shorter than for the state as a whole (77.3 years).

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.

From the data below, it appears that females born in Rutherford County in the period cited could expect to live 7.5 years longer than males born at the same time.

African Americans born in Rutherford County at the same time could expect to live a 4.9 year shorter lifespan than their white counterparts; in WNC the comparable difference is 3.3 years.

Life Expectancy at Birth (2006-2008)

| Geography | Overall | Gender | | Race | |
|--------------------------|---------|--------|--------|-------|------------------|
| | | Male | Female | White | African American |
| Rutherford County | 74.3 | 70.6 | 78.1 | 74.9 | 70.0 |
| Regional Arithmetic Mean | 77.0 | 74.3 | 79.8 | 77.3 | 74.0 |
| State Total | 77.3 | 74.5 | 80.0 | 78.1 | 73.8 |

County Health Ranking

The table below presents the health outcome and health factor rankings for Rutherford County.

County Health Rankings via MATCH (2012)

| Geography | County Rank (Out of 100) | | | | | | Overall Rank |
|-------------------|--------------------------|-----------|------------------|---------------|---------------------------|----------------------|--------------|
| | Health Outcomes | | Health Factors | | | | |
| | Mortality | Morbidity | Health Behaviors | Clinical Care | Social & Economic Factors | Physical Environment | |
| Rutherford County | 87 | 75 | 59 | 52 | 93 | 28 | 84 |

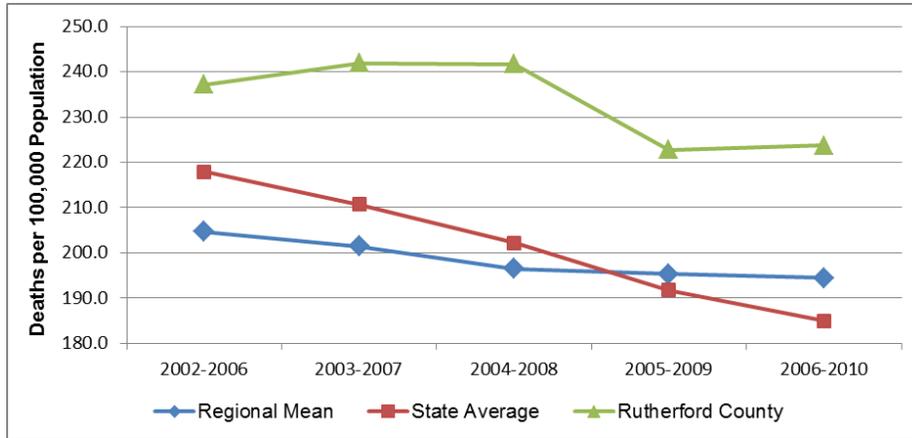
Source: *County Health Rankings and Roadmaps, 2012*. Available at <http://www.countyhealthrankings.org/app/north-carolina/2012/rankings/outcomes/overall>

Heart Disease

Heart disease is an abnormal organic condition of the heart or of the heart and circulation. Heart disease is the number one killer in the U.S. It is also a major cause of disability. The most common cause of heart disease, coronary artery disease, is a narrowing or blockage of the coronary arteries, the blood vessels that supply blood to the heart itself. This is the major reason people have heart attacks. Other kinds of heart problems may happen to the valves in the heart, or the heart may not pump well and cause heart failure (US National Library of Medicine).

The graph below illustrates that the heart disease mortality rate in Rutherford County was higher than the comparable rates for WNC and NC throughout the period cited. The graph also illustrates that the heart disease mortality rate in Rutherford County fell from 237.2 in the 2002-2006 aggregate period to 223.7 in the 2006-2010 aggregate period, a decrease of 5.7%; most of the improvement was in the most recent two aggregate periods. Over the same interval the NC heart disease mortality rate fell from 217.9 for the 2002-2006 aggregate period to 184.9 for the 2006-2010 aggregate period, a decrease of 15.1%. The mean WNC rate, which for the first three periods cited was below the state rate, surpassed the state rate and leveled during the two most recent periods. For the 2002-2006 period the mean WNC heart disease mortality rate was 204.6; by the 2006-2010 period it had fallen to 194.4, a decrease of 4.9%.

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



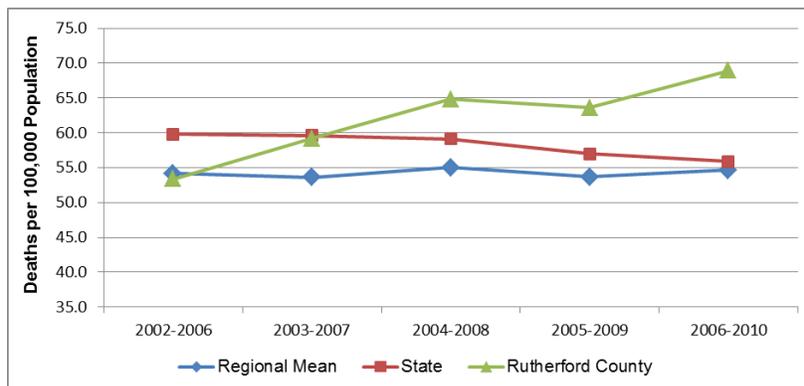
Rutherford County males have had a higher heart disease mortality rate than females for the past decade, with the difference as high as 64%.

Lung Cancer

Cancer is a term for diseases in which abnormal cells divide without control and can invade nearby tissues. Cancer cells also can spread to other parts of the body through the blood and lymph systems. If the disease remains unchecked, it can result in death (National Cancer Institute).

Lung cancer was the leading cause of cancer mortality in Rutherford County in the 2006-2010 aggregate period (Table 32, cited above). Figure 13 plots lung cancer mortality rates for several aggregate periods. This data reveals that the lung cancer mortality rate in Rutherford County was above the comparable WNC and NC rates for most of the period cited in the figure and that while the rates in the region and state fell, the lung cancer mortality rate in Rutherford County rose. The lung cancer mortality rate in Rutherford County rose from 53.4 for 2002-2006 to 68.9 for 2006-2010, an increase of 29.0%. In the 2006-2010 aggregate period the county rate was approximately 25% higher than the WNC or NC rate. Statewide the lung cancer mortality rate fell from 59.8 for 2002-2006 to 55.9 for 2006-2010, a 6.5% decrease over the period. The comparable mean WNC rate fluctuated somewhat but was essentially the same at the end of the period (54.7) as at the beginning (54.2).

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

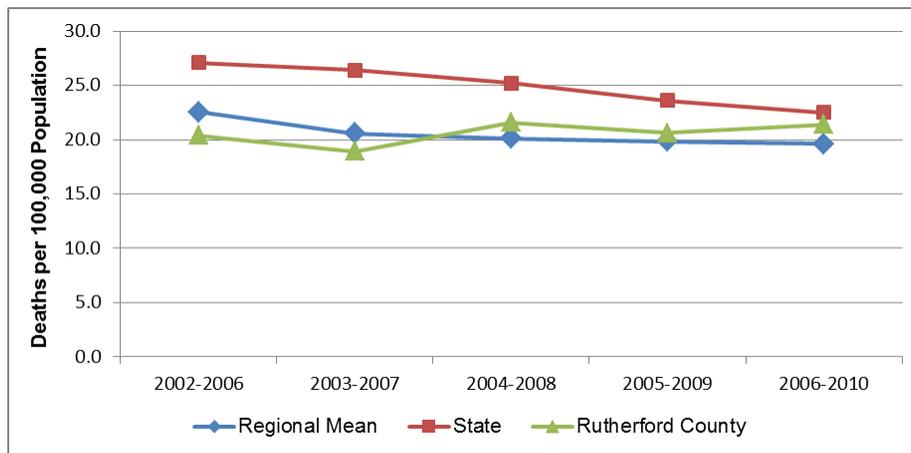


Diabetes

Diabetes is a disease in which the body's blood glucose levels are too high due to problems with insulin production and/or utilization. Without enough insulin, glucose stays in the blood. Over time, having too much glucose in the blood can damage the eyes, kidneys, and nerves. Diabetes can also lead to heart disease, stroke and even the need to remove a limb (US National Library of Medicine).

Diabetes is the seventh leading cause of death in Rutherford County in the 2006-2010 aggregate period. In Rutherford County the diabetes mortality rate rose 4.9% from the beginning of the period cited (20.4) to the end (21.4).

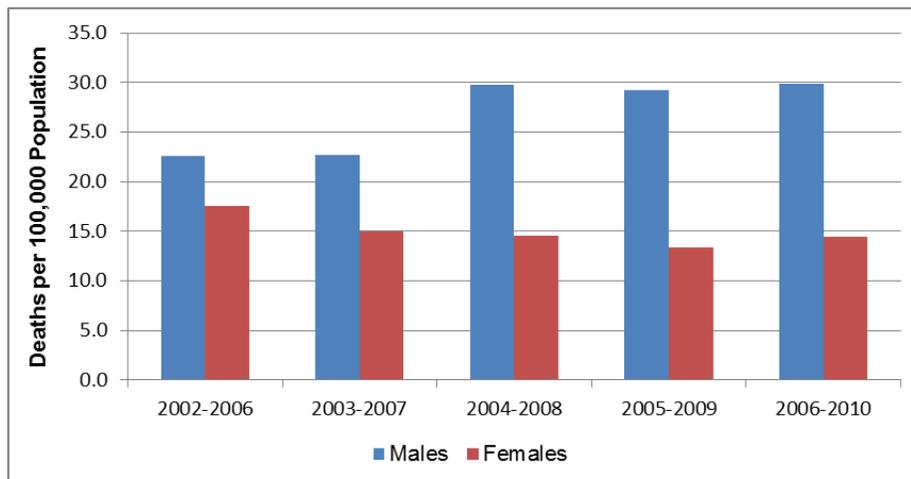
Figure 31. Diabetes Mellitus Mortality Rate, Deaths per 100,000 Population (Five-Year Aggregates, 2002-2006 through 2006-2010)



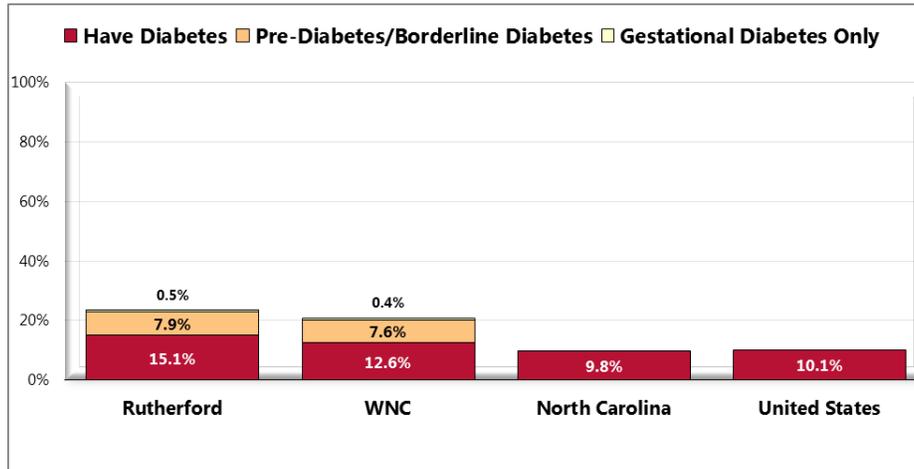
Note: There is some instability in the regional mean rates because each includes one or more unstable county rate.

The difference in diabetes mortality between men and women has grown as the rate for males increased and the rate for females decreased.

Gender Disparities in Diabetes Mellitus Mortality, Rutherford County (Five-Year Aggregates, 2002-2006 through 2006-2010)



The self-reported rate of diabetes among adults in Rutherford County is higher than the rates for WNC, NC and the US. For detailed information please see the full CHA report.



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 78]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 North Carolina data.
- Notes:
- Asked of all respondents.
 - Local and national data exclude gestation diabetes (occurring only during pregnancy).

Obesity and Overweight

Obesity is a problem throughout the population. However, among adults in the U.S., vast disparities in obesity exist. The association of income with obesity varies by age, gender, and race/ethnicity. Social and physical factors affecting diet and physical activity have an impact on weight (DHHS, 2010).

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight.

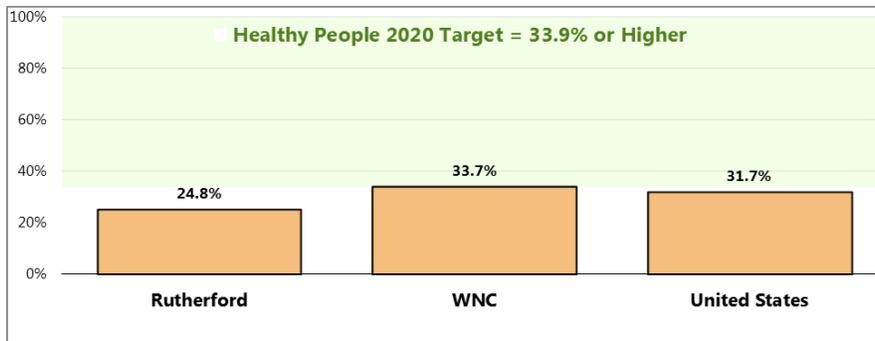
From these data it appears that the estimated prevalence of diagnosed obesity among adults in Rutherford County rose overall from 25.1% in 2005 to 31.2% in 2009, an increase of 24.3%.

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

| Geography | 2007 | | 2008 | | 2009 | |
|--------------------------|--------|------|--------|------|--------|------|
| | # | % | # | % | # | % |
| Rutherford County | 13,030 | 27.9 | 14,000 | 29.9 | 14,480 | 31.2 |
| Regional Arithmetic Mean | 8,695 | 26.7 | 8,980 | 27.4 | 9,275 | 28.0 |

Healthy Weight (WNC Healthy Impact Survey)

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

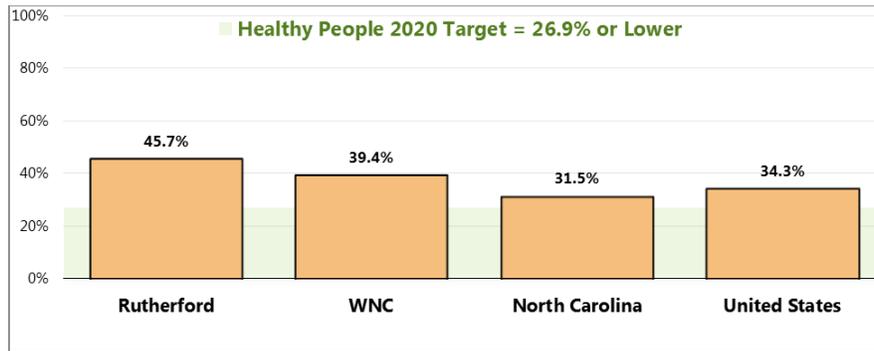


- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> Objective NWS-8]
 - The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

High Blood Pressure

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure is still a major contributor to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control (DHHS, 2010).

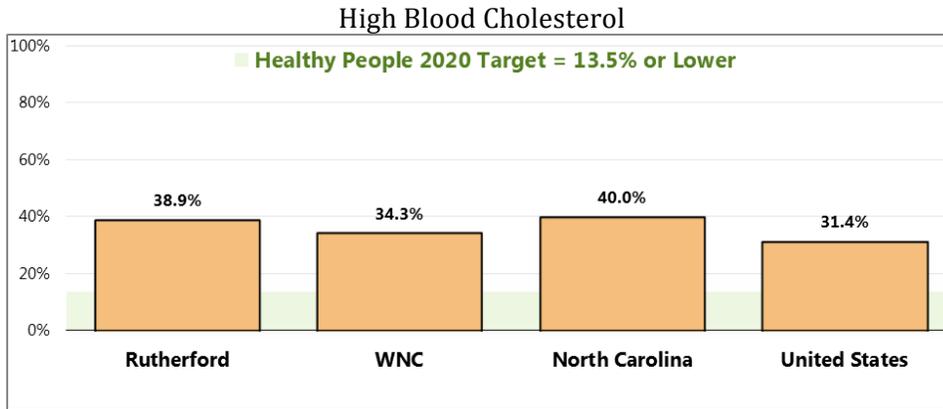
Figure 80. Prevalence of High Blood Pressure (WNC Healthy Impact Survey)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 76]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 North Carolina data.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
 Notes: • Asked of all respondents.

Cholesterol

Cholesterol is also a major contributor to the national epidemic of cardiovascular disease. Survey respondents were asked a series of questions about their blood cholesterol levels.

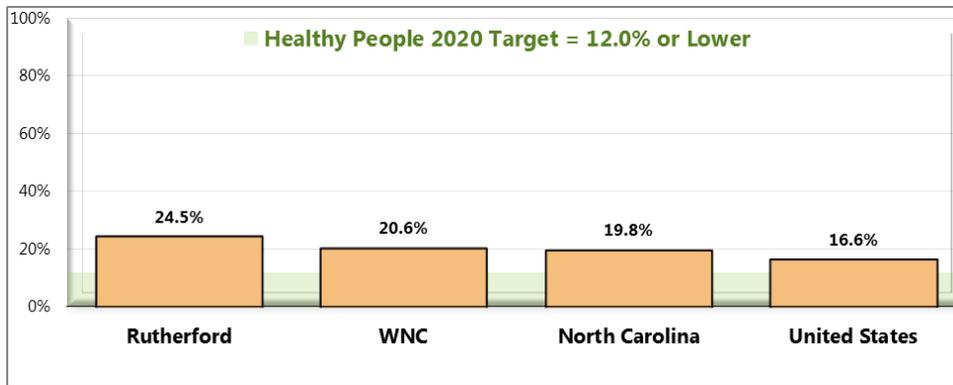


Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 77]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 North Carolina data.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.

Tobacco

Tobacco use is the single most preventable cause of death and disease in the United States. The Rutherford County rate for current smokers is 24.5%, which is double the target rate of Healthy People 2020 (12%). People who stop smoking greatly reduce their risk of disease and premature death.

Current Smokers (WNC Healthy Impact Survey)



Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 North Carolina data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
 Notes: Asked of all respondents.
 • Includes regular and occasional smokers (every day and some days).

Teen Substance Abuse

How many teens are using drugs in our area?

Percentage of Students Who Have Ever Used During Their Lifetime

| Grades | Prescription Drugs | Marijuana | Inhalants | Cocaine | Methamphetamines |
|--------|--------------------|-----------|-----------|---------|------------------|
| 9 | 21.1 | 15.5 | 19.0 | 7.0 | 3.8 |
| 10 | 24.1 | 17.1 | 14.3 | 6.9 | 3. |
| 11 | 30.3 | 19.0 | 12.0 | 8.4 | 4.7 |
| 12 | 27.4 | 21.5 | 11.3 | 8.7 | 4.3 |

Percentage of Students Who Used in the Past 30 Days

| Grades | Alcohol | Binge Alcohol | Smoked Cigarettes | Marijuana |
|--------|---------|---------------|-------------------|-----------|
| 9 | 29.1 | 15.7 | 17.0 | 15.5 |
| 10 | 30.2 | 22.0 | 21.9 | 17.1 |
| 11 | 41.0 | 23.0 | 23.4 | 19.0 |
| 12 | 42.5 | 29.0 | 26.1 | 21.5 |

Source: Western North Carolina High School Drug Use (YRBS 2009)

Illicit Drug Use Among Adults

Rutherford County's fatal overdose rate is higher than state average at 20.5 per 100,000 compared to the state rate of 10.3 per 100,000 (2009). These deaths are classified as accidental overdoses with 77% attributed to prescription drugs. Source: NC State Center for Health Statistics

In 2009, 13 people died in accidental drug overdoses – the majority attributed to prescription drugs. Source: NC State Center for Health Statistics

693 Emergency room visits for accidental drug overdoses in Rutherford County (2009) NC Detect

Rutherford County had the 2nd highest controlled substances prescription rate in the state for 2010.

Source: Project Lazarus, NC SBI

In 2009, Rutherford County was ranked #5 in controlled substance outpatient dispensing rate 27,487/10,000 pop. Source: NC Controlled Substance Reporting System

Teen Pregnancy

Rutherford County Health Council recognizes that Teen Pregnancy is a health priority that needs to be addressed. Therefore, an Action Team has been formed to work with the Rutherford County Schools to ensure that the Healthful Living Curriculum, as mandated through the Department of Public Instruction, includes an age appropriate lessons designed to reduce risky behaviors that may result in teen pregnancy.

Summarized Action Plan

The Rutherford County Health Council voted to concentrate its efforts on reducing Chronic Disease and Reducing Underage Drinking and Prescription Drug Abuse. A common agenda and shared measures to improve these priority areas follows in this report.

Monitoring and Accountability

The Rutherford Polk McDowell District Health Department works with the Rutherford County Health Council to monitor Community Health Improvement Plans. The Health Council is coordinated by Joannie Jolley and works through its Action Teams. Action Teams reflect a diverse cross sector of community members working together to achieve shared measures. Monthly board meetings serve to monitor activities and provide accountability toward meeting objectives.

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.



Local Data

The Rutherford Polk McDowell District Health Department used an online Survey Monkey Tool to receive additional feedback from residents in the three counties we serve.

Information for our Health Resource Inventory and 2-1-1 caller statistics was provided by the 2-1-1 of Western North Carolina and lists health providers in each county, pulled from the 2-1-1 database as of June 2012, as well as data on most common requests and unmet needs of callers to 2-1-1. See Appendix C for more details.

Next Steps

The findings of this Community Health Assessment (CHA) were presented to the Rutherford County Health Council on November 13, 2012 at an open Forum held at Isothermal Community College. Following the presentation of the data on November 13, 2012, break-out groups were formed to capture input and facilitate the development of prioritized action steps and strategies.

Action planning and collaborative implementation began at this Community Forum and continues through the monthly meetings of the Rutherford Health Council. The development of strategies to improve the chosen priority health issues will continue throughout 2013 and beyond.

"We see a lot of overdoses and mental health issues."

"We've seen a big increase in prescription drug abuse - pain pills, Oxycontin, Mathadone. Crack and weed are still big problems here."

Spindale Police Department Employees

Help us stop the scourge of Rx drug abuse in Rutherford County

Community Engagement Team

The more drugs available in the community, the easier it is for the wrong people to get their hands on them. (Source: Project Lazarus and State Bureau of Investigation).

Emergency Room Deluged... On average, one overdose patient is treated daily in the emergency room at Rutherford Regional Medical Center according to interviews with the Emergency Room Medical Director and Emergency Room support staff in October 2010.

CHAPTER 3 – PRIORITY ONE: SUBSTANCE ABUSE PREVENTION

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. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues.

Illicit drug use includes use of illegal substances or of prescription drugs taken without a physician's order.

Rutherford County agencies are taking proactive steps to address substance abuse issues. United Way of Rutherford County created the Community Engagement Team (CET) in October 2008 after results of a county-wide needs assessment indicated that substance abuse issues are a top concern among Rutherford County residents and service providers. Further research indicated that more specifically, prescription drug abuse/misuse is a growing problem in Rutherford County that demanded immediate attention.

Rutherford County's unintentional overdose fatality rate has been consistently higher than the state average for the last four years according to the State Center for Health Statistics—and the majority of those deaths are attributed to prescription drugs.

In the past three years, through its partnership with the Rutherford County Behavioral Health Coalition, United Way has applied for and received grant funding from various sources to initiate new services and programs in Rutherford County to deal with substance abuse issues (with a heavy emphasis on prescription drug abuse/misuse). Since 2009, funding has been procured to:

1. Launch evidence-based substance abuse prevention programs in the Rutherford County School system. ARP Prevention Services intervene in 7th and 8th grade to address risk factors for drug abuse and underage drinking. In addition to providing programs at schools, prevention professionals train teachers and counselors to facilitate these programs. Prevention Specialists work with schools to identify whether the school "culture" is reducing risk factors and increasing protective factors.
2. Provide trainings for the medical community to provide heightened awareness of addiction issues, encourage patient screenings, reduce doctor shopping, pill diversion, and prescription fraud, and to encourage increased use of the NC Controlled Substance Reporting System.
3. Install a permanent prescription drug drop box at the Rutherford County Sheriff's Office.

4. Implement a substance abuse treatment program for inmates at the Rutherford County Jail.
5. Medicine turn-in events help ensure that powerful medications don't fall into the wrong hands or contaminate the water system from being flushed down the toilet. The twice annual Operation Medicine Drop events are the result of strong partnerships between the CET, Rutherford County Sheriff's Office, Forest City Police Department, Rutherfordton Police Department, Spindale Police Department, Safe Kids of Rutherford County, Rutherford County Schools, U.S. Attorney's Office, Food Lion of Rutherfordton, Forest City Fire Department and Ellenboro Fire Department, and a variety of local businesses.

The Community Engagement Team meets the 4th Tuesday of each month. Meeting locations are open to the public and rotate throughout the county. For more information, please contact the United Way of Rutherford County at (828) 286-3929.

District 29A Adult Drug Treatment Court

Drug Court is a place where instead of prison addicts receive the right mix of treatment and accountability needed to change their lives.

Rutherford Community Health Center (RCHC) provides access to licensed counselors to provide substance abuse and mental health services to low-income individuals and uninsured and residents seeking services.

RCHC is now offering SBIRT - a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Through SBIRT they provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care

[Spotlight on Success](#)

Rutherford County Spotlight: Community Engagement Team (CET) Youth Council

It would be hard to find a teen in Rutherford County who hasn't been affected by substance abuse. In a 2009 survey, over 30 percent of high school juniors in Western North Carolina reported having abused prescription drugs and over 40 percent of juniors reported binge drinking. But even many youth who haven't tried drugs have still been personally touched by the issue; they may have a family member or friend who's an addict, who has overdosed, or even died. Rutherford County's unintentional overdose fatality rate has exceeded the state average for the last four years and the majority of those deaths are attributed to prescription drugs.

Addressing substance abuse is one of the top priorities for the Rutherford County Health Department, and to do so, the agency has enlisted the help of partners such as the United Way of Rutherford County's Community Engagement Team (CET), a coalition that focuses on implementing a variety of strategies to not only address current drug use issues—but to also help steer younger

generations away from drug use all together. In 2012, the CET launched its Youth Council, aimed specifically at engaging teens in combating substance abuse in the county. According to the National Institute on Drug Abuse, community prevention programs with consistent, community-wide programs and messages delivered through multiple channels (media, faith communities, schools, home) are effective in teen substance abuse prevention, in part because they don't solely target high-risk populations which can result in labeling.

With the support of a Drug-Free Communities grant, CET Coordinator Suzanne Porter began recruiting area middle and high school students with the help of guidance counselors, youth serving agencies, and CET members. A few students came to the first meeting and decided to encourage other friends to participate. Some were outspoken and others shy, but each felt the need to make a difference. Overcoming challenges such as transportation and conflicts with other after-school activities, the group committed to meeting monthly, but later began to meet every other week. The core group of 12 students county finished out the school year and will begin recruiting again in



from schools across the school year and will the 2013-14 school year.

Porter tasked the group with creating a social media and advertising campaign tailored to raise awareness about substance abuse with local youth, focusing on two issues in particular:

underage drinking and prescription drug abuse. But once they started discussing the issues, it became clear that the students were interested in sharing with adults how the issues kids face today are intertwined. In the teens' experience, bullying (in person and through social media), self-harm, depression, and suicide were inextricably linked to substance abuse. The Youth Council adopted the slogan "Take a Stand" as the message of their campaign. This broad, encouraging message can apply to any of issues identified. The message is really a call-to-action that feels authentic and meaningful to teens—and reminds them that it's okay to be that one kid who speaks out when they see something bad or negative happening.

A 2011 Ohio State University study found that emphasizing positive messages is the most effective approach for media campaigns aimed at decreasing teen substance abuse. The study, which included 16 middle and high schools in small towns and rural areas, revealed that over a two-year period, the number of students reporting that they had engaged in substance abuse was 50 percent less in participating schools in comparison to schools not participating. Allowing the students to take the lead and come up with a message that felt genuine to them was important says Porter. Youth Council members felt their input was valued, and most importantly they felt like adults really heard them, increasing their investment in the group.

The Youth Council capped the school year with a lock-in at a local camp that was open to any area youth. The kids planned the entire overnight event which included tons of food, a dj, a cupcake decorating contest, games, a glow-in-the-dark volleyball game, and movies. The event closed with a question and answer session during which participants submitted questions anonymously for the group to discuss. The group was "brutally honest," says Porter: about bullying, depression and suicide, issues which have affected even the youngest students there. The group made connections between these issues and substance abuse and shared strategies for coping at critical moments

when opportunities for substance abuse are likely to arise, such as making an agreement with a parent or other trusted adult that they always have a safe ride home. The kids agreed to make sure to have the number of a trusted adult already programmed in their phones so they have an exit plan to escape risky situations. “We make it clear that making this type of pact doesn’t mean we condone underage drinking or other risky behaviors. Everyone is still accountable,” says Porter. “We just recognize that good kids can make bad decisions or get in a bad place and the top priority at that point is giving them a safe alternative to remove themselves from the risky situation; allowing them to “take a stand” against it by already having a plan in place.

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 reduce underage drinking in our community.

| Organizations: | Primary Focus or Function | Website or Contact Information |
|--|--|--|
| United Way of Rutherford County, Suzanne Porter | Community Engagement Team and Drug Free Communities Program Coordination | http://unitedwayofrutherford.org |
| Carolina Community Health Partnership | Tom Martin, Pharmacist | cccatmartin@yahoo.com www.cchpnetwork.org |
| South Mountain Christian Camp | Steve Collins, E.D. | www.SouthMountainChristianCamp.org . steve@southmountainchristiancamp.org |
| Chamber of Commerce | Clark Poole, Director | www.rutherfordcoc.com , clarkpool@rutherfordcoc.com |
| R.O.T.W Community Development Resource Center | Community Development Resource Center, Kisha McDowell | Kisha McDowell Creativeprofessionalservices@yahoo.com (800) 381-9478 |
| Rutherford Community Health Clinic | Assessments, Treatment, Group Therapy, Integrated Care | Sandra.mcgriff@rutherfordchc.com |
| NC Cooperative Extension, Tracy Davis | Extension Agent – Family and Consumer Sciences | Tracy_davis@ncsu.edu www.rutherford.ces.ncsu.edu |
| WIC - Rutherford Polk McDowell Health District | Becky Koone, WIC Director | bkoone@rpmhd.org www.rpmhd.org/wics |
| Project Lazarus | Preventing Opioid Overdose | www.projectlazarus.org |
| ARP Prevention Services – Basil Savitsky | Prevention Education in Schools | www.arpnc.org , basils@arpnc.org |
| Rutherford County Sheriff's Department, Chris Francis, Sheriff | Pill Drop Boxes and Medicine Take Back Programs, Leon Godlock | Chris.francis@rutherfordcountync.gov , leon.godlock@rutherfordcountync.gov |
| Rutherford Polk McDowell Health District | Health Council Leadership, Jimmy Hines, Health Director | www.rpmhd.org |
| Rutherford County Schools School Nurse, Theresa Calhoun | Healthful Living Classes, BRFS data, | tcalhoun@rutherhosp.org |
| District Attorney Brad Greenway | Drug Court | Sandra.h.freeman@nccourts.org |
| Isothermal Community College | Mike Gavin, Public Information Officer. | chris.francis@rutherfordcountync.gov |
| Rutherford Regional Hospital | Marsha Baker, Administrator of Community Care Services | marsha.baker@rutherfordregional.com |

| | | |
|--|--|---|
| NC Dept Public Instruction, Healthful Living Course of Study | North Carolina Healthful Living Essential Standards | http://www.ncpublicschools.org/curriculum/healthfulliving/ |
| Coalitions / Groups: | | |
| JCPC | Needs Assessments, Prevention of Substance Abuse, Faye Hassell | Ann.Moore@rutherfordcountync.gov |
| Rutherford Health Council – Joannie Jolley | Community Organizing | rtcchc@gmail.com |
| Youth Empowerment Solutions | Tracy Williams, Prevention Education and Youth Empowerment | youthempowermentinc@gmail.com |
| Community Transformation Grant – Mary Smith | Supports Tobacco Free Communities | ctcbrpm@gmail.com |

Substance Abuse Prevention Action Plan

Vision of Impact

We envision a community in Rutherford working together to support healthy drug-free lifestyles for adults and teens.

| <u>Community Objectives</u> | Baseline/Indicator Source |
|---|--|
| <i>Reduce the percentage of high school students who had alcohol on one more of the past 30 days.</i> | |
| 1. By December 2015, reduce the percentage of high school students who had alcohol on one or more days from 34.3% to 31.3%. | Source: North Carolina High School Drug Use YRBS 2011 http://www.nchealthyschools.org |
| Related Healthy NC 2020 Objective: 26.4% | Healthy NC 2020 |
| | |
| 2. By December 2015, reduce the percentage of individuals aged 12 years and older reporting ever using Marijuana in their lifetime from 42.9% to 41.4% | Source: North Carolina High School Drug Use (YRBS 2011) http://www.nchealthyschools.org |
| Related Healthy NC 2020 Objective: By December 2015, reduce the percentage of individuals aged 12 years and older reporting any illicit drug use in the past 30 days. [2020 Target: 6.6%] | Healthy NC 2020 |

Strategy 1 – Address Underage Drinking

Goal: Reduce the percentage of high school students who had alcohol on one more of the past 30 days.

xStrategy Background

Source: 2012 NATIONAL DRUG CONTROL STRATEGY, United Way of Rutherford County/Community Engagement Team <http://unitedwayofrutherford.org> or <http://www.arpnc.org>.

Evidence Base: <http://nrepp.samhsa.gov/ViewIntervention>

Type of Change: individual, family, community, policy. Likely to address disparities.

Partner Agencies

Lead: United Way Community Engagement Team

Collaborating: Rutherford County Sheriff's Department, ARP Prevention Services

Supporting: All members of the Community Engagement Team, Drug Free Communities

Strategy Objective #1: Increase participation in alcohol-free activities through establishing a community-supported policy for Youth Council.

Indicator: Example: YRBS 2009, BRFSS

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?) |
|--|---|--|---|---------------------------|
| Youth Council Coordination | United Way staff time and volunteers; | Increased knowledge and skills, develop youth leadership | Attendance at Youth Council meetings | By December 2013 |
| Alternative Events Lock-in | United Way staff time, volunteers time, | Develop youth leadership, peer support, build capacity | Attendance at Events such as Lock-in. Evaluation of Event | By November 2013 |
| Build Advocacy | Staff, volunteer time | Youth advocate | Public speaking, notes from youth councils, media | By December 2013 |
| Testimonials, Earned media, social media | Staff time, volunteer time | Increase Community Awareness of risks of underage drinking | Published articles, | By December 2013 |

Strategy 2 – Programs and Services: Prevention Education, Screening and Referral for Treatment

Goal: Reduce the percentage of high school students who had alcohol on one more of the past 30 days.

Strategy Background

Source: <http://www.samhsa.gov/prevention/sbirt/>, NC DPI Healthful Living Curriculum and

Evidence Base: BRFSS

Type of Change: Individual, Community. Likely to address health disparities.

Partner Agencies

Lead: United Way Of Rutherford County, Kate B. Reynolds (Funder)

Collaborating: ARP Prevention Services, Rutherford County Schools

Supporting: Community Engagement Team

Strategy Objective #1: Increase awareness of the dangers of underage drinking and Increase drug resistance skills.

Indicator: Class evaluations, self-report, pre and post tests

Action Plan

| Activity (what?) | Resources Needed (who? how much?) | Anticipated Result (what will happen?) | Result Verification (how will you know?) | Target Date (by when?) |
|-----------------------------|------------------------------------|---|--|------------------------|
| Prevention Education | Staff Time ARP Prevention Services | Increased Awareness, reduced use of alcohol among youth | Class Evaluations, PRIDE Survey planned for future | May 2014 |
| Train Teachers & Counselors | Staff Time ARP Prevention Services | Teachers/counselors gain proficiency with materials and delivery of classes | Evaluations, feedback | May 2014 |

Strategy 3 - Community Engagement, Capacity Building

Goal: By December 2015, reduce the percentage of individuals aged 12 years and older reporting any illicit drug use in the past 30 days.

Strategy Background

Source: <http://www.cdc.gov/injury/about/focus-rx.html>

Evidence Base: Educating Health Care Providers, Policy Makers, and the Public, Centers for Disease Control

Type of Change: individual, family, likely to address health disparities.

Partner Agencies

Lead: United Way of Rutherford County and Rutherford County Sheriff’s Department, Forest City Police Department

Collaborating: APR Prevention Services, US Attorney’s Office of WNC, Spindale Police Department,

Supporting: RPMHD, Rutherford County Health Council, Food Lion, Safe Kids

Strategy Objective #1: Hold one or more Medicine Take Back Events annually

Indicator: Number of Events held

Action Plan

| Activity (what?) | Resources Needed (who? how much?) | Anticipated Result (what will happen?) | Result Verification (how will you know?) | Target Date (by when?) |
|---|--|---|--|------------------------|
| Pill Drop Promotion, flyers in schools, Senior Center, local media, posters | Sheriff’s Department, Staff time, United Way, Staff Time to promote and coordinate, earned media | Unused medications will be turned over to law enforcements and disposed of by DEA protocols. | Collected Pills will be weighed and counted. Results will be recorded. | December 2013 |
| Pill Drop Boxes – Install one new Box in the county in 2013 and 2014 | Staff time, box, Law Enforcement staff time | More prescription drugs will be disposed of and harm will be reduced. Reduce access to illicit drugs. | Box installed | December 2013 |
| Press release following event | Staff time | More awareness and remind people to use permanent boxes year round. | Press release published in local papers | December 2013 |

Strategy Objective #2: S-BIRT and Integrated Care Using S-BIRT/Other Drug-Related Trainings

Indicators: Number screened, number referred to treatment

Action Plan

| Activity (what?) | Resources Needed (who? how much?) | Anticipated Result (what will happen?) | Result Verification (how will you know?) | Target Date (by when?) |
|---|--|--|--|------------------------|
| Screening and treatment referrals for Integrated Medical Care | Rutherford Community Health Clinic Staff time, | Improved continuum of care, Successful care compliance | S-BIRT results | December 2013 |

| | | | | |
|---|---|--|---------------------------------|---------------|
| Training for medical community of prescription drug abuse | Trainer, staff time, materials, partners time | Increase knowledge and awareness about prescription drug abuse | Attendance records, evaluations | December 2013 |
| S-BIRT training for clinicians | Staff time | S-BIRT administered to clients | Verify administration | December 2013 |

Chapter 4 – Priority Two: Reduce Chronic Disease through a Comprehensive Community Approach

Situational Analysis

Chronic Diseases such as heart disease, high blood pressure and diabetes are major causes of death and disability in Rutherford County. Although genetics and environmental factors contribute to these chronic diseases, lifestyle choices play a major role. Lifestyle choices can greatly reduce our risk of chronic disease. Tobacco use, sedentary lifestyles and poor nutrition are behaviors that can be improved with awareness, education and social support.

Using a socio-ecological model for community change, our CHIP includes strategies to improve the built environment, increase access to fresh fruits and vegetables, promote breastfeeding for infants, develop smoke-free Community College Campus policies, and offer health screenings, education and interventions for individuals.

Building on our successful programs, we will continue to make improvements especially within vulnerable populations.

Spotlight on Success: Educating and Encouraging Mothers Through Team Approach

Investing in woman, infants and children (WIC) has proven to be a winning strategy in preventing chronic diseases. The health effects of breastfeeding infants are well documented. Breastfeeding decreases many risks, including childhood overweight and obesity. Children who are not breastfed are more likely to be overweight and obese than those who are breastfed.

The Rutherford Polk McDowell District Health Department has a branch WIC office at the Rutherford County Health Department in Spindale, NC that serves young families who qualify for WIC.

By increasing our communication among related programs with overlapping clients, RPMHD is pioneering a new policy designed to improve outcomes in childhood nutrition services. Our WIC staff now collaborate with our Nurse Family Partnership staff to coordinate efforts to prevent chronic disease through motivational interviewing techniques, education, Quit Line referrals and follow-up from pre-conception health through pre-school years. Our Public Health programs are committing to improving our services and serving more families each year.

Young children in Rutherford are given a good start with the successful implementation and coordination of these two programs. Dedicated nurses and breastfeeding peer counselors aim to prevent chronic disease through introducing healthy habits early in life and ensuring that infants and children get the nutrition they need for health.

Partners

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

| Organizations: | Primary Focus or Function | Website or Contact Information |
|--|--|---|
| Carolina Community Health Partnership | Tom Martin, Pharmacist | ccatmartin@yahoo.com www.cchpnetwork.org |
| Chamber of Commerce | Clark Poole, Director | www.rutherfordcoc.com , clarkpool@rutherfordcoc.com |
| R.O.T.W Community Development Resource Center | Community Development Resource Center, Kisha McDowell | Kisha McDowell Creativeprofessionalservices@yahoo.com (800) 381-9478 |
| Rutherford Community Health Clinic | Health Screenings for Chronic Disease, Diabetes Education, Management, Integrated Care | Sandra.mcgriff@rutherfordchc.com |
| NC Cooperative Extension, Tracy Davis | Extension Agent – Family and Consumer Sciences, Nutrition Education and Access | Tracy_davis@ncsu.edu www.rutherford.ces.ncsu.edu |
| WIC - Rutherford Polk McDowell Health District | Becky Koone, WIC Director, Breastfeeding | bkoone@rpmhd.org www.rpmhd.org/wics |
| ARPNC – Basil Savitsky | Train Health Educators in Prevention Education in Schools | www.arpnc.org |
| Rutherford Polk McDowell Health District | Health Council Leadership, Jimmy Hines, Health Director | www.rpmhd.org |
| Rutherford County Schools | Healthful Living Classes, BRFS data, School Nurse, Theresa Calhoun | tcalhoun@rutherhosp.org |
| Isothermal Community College | Mike Gavin, Public Information Officer. Smoke-free Campus Policy | chris.francis@rutherfordcountync.gov |
| Rutherford Regional Hospital | Marsha Baker, Administrator of Community Care Services, Screenings, Health Fairs | marsha.baker@rutherfordregional.com |
| NC Dept Public Instruction, Healthful Living Course of Study | North Carolina Healthful Living Essential Standards | http://www.ncpublicschools.org/curriculum/healthfulliving/ |
| Coalitions / Groups: | | |
| Rutherford Health Council – Joannie Jolley | Community Organizing and Mobilizing for Health Priorities | rtcchc@gmail.com |
| Community Transformation Grant – Mary Smith | Community Planning for Health and Wellness, Smoke-free Policy Support, Access to fresh fruits, vegetables, support of joint use agreements | ctcbrpm@gmail.com |

Community Transformation Grant Program

Rutherford County is part of the NC Community Transformation Grant Project (CTGP). This project aims to reduce chronic diseases, promote healthier lifestyles, reduce health disparities and control health care spending in North Carolina.

Some early strategies of the Community Transformation Grant Project include increasing tobacco free environments and increasing physical activity. Enhancing Farmers Markets and access to fresh fruits and vegetable is another key strategy that will be used to reduce chronic disease.

Priority Two: Reduce Chronic Disease

Vision of Impact: We envision a collaborative community that works together to reduce the burden of chronic disease.

| Community Objectives | Baseline/Indicator Source |
|---|--|
| 1. Reduce the cardiovascular disease mortality rate 3% by December 2015. | Current Baseline (CHA) 223.7% 12/15 Target: 220.7% |
| Related Healthy NC 2020 Objective: Reduce the cardiovascular disease mortality rate. | Healthy NC 2020 Target: 161.5% |
| 2. By December 2015, decrease percentage of adults with diabetes by .5% per year. | WNC Healthy Impact Survey – Baseline = 15.1%% Target for 2015 = 13.6%, |
| Related Healthy NC 2020 Objective: By December 2015, decrease percentage of adults with diabetes | NC 2020 target = 8.6% |

Strategy ONE – Screening & Referral for Chronic Disease

Goal: Decrease chronic disease by reducing the percentage of adults who are screened for High Blood Pressure, High Cholesterol and unhealthy glucose levels.

Strategy Background

Source: <http://www.cdc.gov/communitytransformation>

Evidence Base: *Recommendations of Centers for Disease Control and Prevention*

Type of Change: Community, Individual, Policy

Partner Agencies

Lead: Rutherford Regional Hospital (RRH)

Collaborating: Rutherford Polk McDowell District Health Department (RPMHD)

Supporting: Rutherford Community Health Center (RCHC)

Strategy Objective #1: Increase screenings especially for populations with higher risk: Men, African American, Older

Indicators: Number screened

Action Plan

| Activity (what?) | Resources Needed (who? how much?) | Anticipated Result (what will happen?) | Result Verification (how will you know?) | Target Date (by when?) |
|---|--|---|--|--|
| Health Fairs for Seniors, Hispanics, Men’s Health, Women’s Health | RCHC, RRH & RPMHD Staff Time | Awareness, screenings, education, collaboration happens | Number participating, attending and screened is recorded | December 2013, 2014, 2015 annually |
| Blood Pressure Checks Cholesterol Screening | RRH, RCHC & RPMHD, Staff Time | Make referrals for high risk screenings | Health Fairs and related events occur annually | December 2013 December 2014, December 2015 |
| Clinical Screening and | Clinical staff time | Make referrals for those at | Referrals made | December 2013 |

| | | | | |
|--------------------|-------------------------------|--|--|---|
| referrals | | risk, early intervention | | |
| Diabetes screening | RRH, RCHC & RPMHD, Staff Time | Make referrals for those at risk, early intervention | Health Fairs and related screening events occur annually | December 2013 December 2014 December 2015 |

Strategy TWO – Diabetes Education and Self-Management

Goal: Decrease the percentage of adults with diabetes

Strategy Background

Source: Centers for Disease Control and Prevention <http://www.cdc.gov/communitytransformation>

Evidence Base: *Guide to Community Prevention Services*

<http://www.thecommunityguide.org/diabetes/selfmgmteducation.html>

Type of Change: Individual

Partner Agencies

Lead: Rutherford Regional Hospital

Collaborating: Rutherford Polk McDowell Health District, Rutherford Community Health Center

Supporting: Rutherford Community Health Center, Community Transformation Grant

Strategy Objective #1: Increase enrollment in Diabetes Self-Management Education Programs

Indicator: Number of participants

Action Plan

| Activity (what?) | Resources Needed (who? how much?) | Anticipated Result (what will happen?) | Result Verification (how will you know?) | Target Date (by when?) |
|-----------------------------------|--|---|---|------------------------|
| Enroll Participants | Staff time, referral network | 120 participants enrolled | Enrollment records | June 2014 |
| Education/support groups | Staff time | Gain knowledge, resources | Pre and post testing | June 2014 |
| Increase Physical Activity (P.A.) | Staff time, | Participants increase P.A. to recommended amounts | Self-report activity logs, attendance records | June 2014 |
| Biometric measurement | Staff time, hospital staff time, medical personnel | Improved blood sugar levels | Biometrics, blood glucose checks | June 2014 |

Strategy THREE – Reduce Tobacco Use

Goal: Decrease chronic disease by reducing the percentage of adults who are current smokers

Strategy Background

Source: <http://www.cdc.gov/communitytransformation>

Evidence Base: *Recommendations of Centers for Disease Control and Prevention*

Type of Change: Community, Individual, Policy

Partner Agencies

Lead: Rutherford Regional Hospital

Collaborating: Community Transformation Program

Supporting: ICC, Rutherford Polk McDowell District Health Department, RCHC

Strategy Objective #1: Increase tobacco screening, cessation programs and referrals

Indicators: Participation in local tobacco cessation services, use of QuitLineNC, Utilization of 211 to share resources with the community.

Action Plan

| Activity (what?) | Resources Needed (who? how much?) | Anticipated Result (what will happen?) | Result Verification (how will you know?) | Target Date (by when?) |
|---|---|--|--|--|
| Smoking cessation , support groups | Rutherford Regional Hospital Staff Time | Participation will increase | Attendance is recorded | December 2013 |
| QuitLineNC | CTG Staff | Policy Development | Events occur annually | December 2015 |
| Promote Events, Media and Testimonials support | Rutherford Hospital, Isothermal Community College Board & CTG time | Earned Media Collect Testimonials Online Resources created | Earned Media happens Testimonials are heard and seen Online Resources are used | December 2013 December 2014, December 2015 |
| Clinical Screening and referrals | RCHC staff time, Cessation Programs | Reduction in smoking | Attendance records for cessation classes | December 2013 |
| Secondhand smoke education and awareness, referrals through WIC | Staff time, brochures from state, referral source for cessation classes | Decrease in secondhand smoking among parents of young children | Attendance the awareness classes | December 2013 December 2014 December 2015 |

Strategy Objective #2: – Capacity Building for Policy Level Change, Targeting population with highest smoking rates

Indicators: Smoke free Campus Policy

Action Plan

| Activity (what?) | Resources Needed (who? how much?) | Anticipated Result (what will happen?) | Result Verification (how will you know?) | Target Date (by when?) |
|---------------------------------|--|--|--|------------------------|
| Smoke free campus policy change | CTG Staff Time, RPMHD staff time | Stakeholder input gathered | Attendance records at stakeholder meetings, | December 2015 |
| Awareness campaign | CTG Staff, ICC staff time | Update and Maintain Tobacco Free Policy Resources, Trainings, Policy Development | Events occur annually | December 2015 |
| Media and Testimonials support | Isothermal Community College Board of Directors & Community Transformation Program | Earned Media Collect Testimonials Online Resources created | Earned Media happens Testimonials are heard and seen Online Resources are used | December 2015 |

Strategy FOUR – Improved Nutrition

Goal: Increase the number of residents at a healthier weight

Strategy Background

Source: NC’s Plan to Address Obesity: Healthy Weight and Healthy Communities 2013-2020
www.EatSmartMoveMoreNC.com

Evidence Base: American Academy of Family Physicians

www.aafp.org/online/en/home/policy/policies/b/breastfeedingpositionpaper.html. WHO: Evidence on the long-term effects of breastfeeding.

http://www.who.int/maternal_child_adolescent/documents/9241595230/en/

Type of Change: Family, Individual, Likely to address health disparities

Partner Agencies

Lead: Rutherford Polk McDowell Health District WIC Program

Collaborating: Rutherford Regional Hospital

Supporting: Rutherford Health Council

Rationale: The health effects of breastfeeding infants are well documented. Breastfeeding decreases many risks including childhood overweight and obesity. Children who are not breastfed are more likely to be overweight and obese than those who are breastfed. The duration and exclusivity of breastfeeding are both associated with lower rates of overweight and obesity.

Strategy Objective #1: By December 31, 2015, the proportion of North Carolina infants who are breastfed will increase to 75 % and the proportion of infants who are breastfed for at least six months will increase to 50%.

Indicator: Number breastfed www.cdc.gov/breastfeeding/data/reportcard2.htm. North Carolina's Obesity Prevention Plan Objective 3B.

Action Plan

| Activity (what?) | Resources Needed (who? how much?) | Anticipated Result (what will happen?) | Result Verification (how will you know?) | Target Date (by when?) |
|--|--|---|--|--------------------------------|
| Increasing percentage of WIC mothers breastfeeding | Peer counselor Staff training and staff time, | More promotion, more evidence based programming and education | Training attendance records, staff time records | December 2013 December 2014 |
| Increased collective impact | RPMHD task force participation increase, including clinicians | More communication and education | More clinician involvement, attendance records | December 2015 |
| Increase Lactation Consulting in medical settings | Medical staff training and promotion, flyers, website, referral system | Increased awareness of risks of not breastfeeding and benefits of | Attendance records, referral system records | December 2015 |
| Events to promote world Breastfeeding Week | Promotional materials, volunteer time | Increase awareness of peer counseling program | More referrals to peer counseling, number of contacts made, number reached through media | August 30, 2013 |
| Breastfeeding support group | Staff, space for meetings | Mothers will attend and gain support | Mothers will attend | December 2015 |

Strategy Objective #2: Increase access to fresh fruits and vegetables among low- income residents through expanding farmer's markets.

Indicator: Sales of fruits and vegetables, self-reported increased consumption of fresh fruits and vegetables

Action Plan

| Activity (what?) | Resources Needed (who? how much?) | Anticipated Result (what will happen?) | Result Verification (how will you know?) | Target Date (by when?) |
|---|---|--|--|------------------------|
| Add space to County Farmer's Market | Table, chairs, floor space | More vendors will offer more foods, more sales, more consumption | Verify number of vendors | August 2013 |
| Hold special events | Rutherford Cooperative Extension | More sales, more consumption | Sales records | November 2013 |
| Provide tools/resources to expand markets | CTG will provide resources and TA | Expansion, more vendors, more sales | Vendors records | November 2013 |
| Awareness Campaign on Healthy Food Access | CTG will develop targeted messages and distribute | Increased awareness of benefits fresh produce | Measure exposure of media | December 2015 |
| Promote Farmers Market | CTG and Cooperative Extension, Social Marketing sites, flyers | More sales, more consumption | Sales records | November 2013 |
| WIC vouchers to purchase fresh produce | Promote programs to those eligible, staff time, | Increase consumption of fresh produce | Increased redemption rate of vouchers issued | December 2015 |

Chapter 5 – 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 Rutherford 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 Rutherford Polk McDowell District Health Department website (www.rpmhd.org), the WNC Healthy Impact website (www.WNCHealthyImpact.com) and in 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 CHIPP 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>

[Counties: insert additional details used in determining EBIs, researching the issues, etc.]

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. |