



Rutherford County CHIP

Community Health Improvement Plan

October 17, 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 from 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.

Sincerely,

James H. Hines, Jr.

RPM Public Health Director

County: Rutherford Period Covered: 2015

Partnership/Health Steering Committee, if applicable: Rutherford Health Council Chronic Disease Committee

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

Local Community Objective:) Increase the percentage of adults getting the recommended amount of physical activity.

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

- Baseline Data:** 49.8% of adults in Rutherford County meet Physical Activity Recommendations of 150 minutes of activity per week (2015 PRC Healthy Communities Survey) and 50.2% or 26,000 adults are not physically active.
- For continuing objective provide the updated information:** 49.8% of adults in Rutherford County meet Physical Activity Recommendations of 150 minutes of activity per week (2015 PRC Healthy Communities Survey) and 50.2% or 26,000 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:

According to data from the 2010 US Census, the total population of Rutherford County is 67,810. In terms of racial and ethnic diversity, Rutherford County is more diverse than Western NC but less diverse than NC as a whole. In Rutherford County the population is 87.4% white/Caucasian and 11.7% non-white. The proportion of the population that self-identifies as Hispanic or Latino of any race is 3.5% in Rutherford County, 5.4% region-wide and 8.4% statewide. The predominant minority in Rutherford County is African American at 10.1%

Males are more likely than females to get the recommended amount of physical activity (51.1% versus 41.9% in 2009). Our target audience is low-income adults with an emphasis on females.

Income and education are related to physical activity levels. For example individuals with the least income are the least likely to get the recommended level. The recommended level is achieved by 33.9% among people making \$15,000 or less and by 54% among those making \$75,000 or more (2009). In Rutherford 21.5% of adults live below 100% of poverty in the aggregate period of 2009-2013 according to the US Census Bureau.

- A. **Total number of persons in the target population specific to this action plan:** 26,000 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:** 11,000 - those living below 100% of poverty.
- C. **Calculate the impact of this action plan:**
(Total # in B divided by total # in A) X 100% = 43% 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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|---|---|--|
| Tobacco Use | <input type="checkbox"/> Maternal & Infant Health | <input type="checkbox"/> Social Determinants of Health |
| X 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. Expand Rail Trails to Forest City</p> <p>Community Strengths/Assets:</p> <p>RPMHD's Safe Routes to Schools Program, Let's Go NC! Program, Outdoor Coalition, RPMHD Healthy Communities Program, RHI Legacy Foundation Chronic Disease Prevention Program, Rutherford Health Council Chronic Disease Committee, Rutherford Regional Hospital, Rutherford Community Health Center/Blue Ridge System.</p>	<p>S.M.A.R.T Goals:</p> <p>Build new segments of existing rail trail to include a total of 13 miles of trails from Gilkey to Forest City by December 31, 2018.</p> <p>Promotion of new trails on local websites ongoing with updates twice a year.</p>	<p>Target Population(s): Sedentary Adults and children/families.</p> <p>Venue: Community/Town of Forest City</p>	<p>Resources Needed:</p> <p>Funding for trail creation and maintenance</p> <p>Forest City Staff Time</p> <p>Volunteers</p>
<p>2. Name of Intervention: Build Active Living Communities</p> <p>Community Strengths/Assets:</p> <p>RPMHD's Safe Routes to Schools Program, Let's Go NC! Program, Outdoor Coalition, RPMHD Healthy Communities Program, RHI Legacy Foundation Chronic Disease Prevention Program, Rutherford Health Council Chronic Disease Committee, Rutherford Regional Hospital, Rutherford Community Health Center/Blue Ridge System.</p>	<p>S.M.A.R.T Goals:</p> <p>By May 31, 2017, support Town of Spindale to incorporate Safe Routes To School (SRTS) related strategies into 1 bicycle pedestrian plan affecting 1200 students.</p> <p>By May 31, 2017, incorporate SRTS related strategies into 1 comprehensive transportation plan affecting approximately 5,980 students.</p> <p>Increase by 1 the number of ongoing programs that encourage walking and biking to or at school at R-S Middle School and/or Spindale Elementary School</p>	<p>Target Population(s): Inactive Adults and children.</p> <p>Venue: Community, Public Grounds, Parks, Schools</p>	<p>Resources Needed:</p> <p>Staff Time</p> <p>Promotional Materials</p> <p>Bike Helmets for children</p> <p>Funds to improve or expand outdoor spaces</p>

	<p>by December 2018.</p> <p>Increase miles on Greenways by any amount by December 2018.</p> <p>Increase the number of parks and outdoor recreation spaces by 1 before December 2018.</p>		
<p>3. Name of Intervention: Offer evidence-based clinical preventive screening, counseling and treatment guidelines.</p> <p>Community Strengths/Assets: RPMHD Clinics, RHI Legacy Foundation Chronic Disease Prevention Program, Rutherford Hospital System, Blue Ridge Community Health and local clinics.</p>	<p>S.M.A.R.T Goals:</p> <p>Organize and mobilize clinicians to make appropriate referrals for those identified as physically inactive.</p> <p>RHI Legacy Foundation Chronic Disease Program will organize 4 Health Fairs each year at Food Distribution Sites. RPMHD will participate in 4 Health Fairs by providing Health Education by December 2016.</p> <p>Incorporate Health Education (benefits of active living and healthy eating) into Health Fairs at Food Distribution Sites.</p> <p>Promote places to be physically active to low-income families.</p>	<p>Target Population(s): Inactive Adults</p> <p>Venue: Clinics, Food Distribution Sites</p>	<p>Resources Needed:</p> <p>Staff time</p> <p>Promotional Materials</p> <p>Biometric Screening tools and supplies</p>

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

<u>INTERVENTIONS: SETTING, & TIMEFRAME</u>	<u>LEVEL OF INTERVENTION CHANGE</u>	<u>COMMUNITY PARTNERS' Roles and Responsibilities</u>	<u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u>
<p>1. Intervention: Rail Trails New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed Setting: Community and public access Target population: Sedentary adults Start Date – End Date August 2016 – December 2018 Targets health disparities: X Y <input type="checkbox"/> N</p>	<p>X Individual/ Interpersonal Behavior Organizational/Policy X Environmental Change</p>	<p>Lead Agency: Rutherford Outdoor Coalition (ROC) Role: Convener/Implementer New partner X Established partner Target population representative: Outdoor Coalition Role: Program guidance New partner X Established partner Partner: Rutherford Railroad Development Corporation will donate land. Partner: RPMHD program support through RBA evaluations, promotions and awareness Partner: Rutherford Health Council promote programs Partner: RHI Legacy Foundation provide staff and funding support Partner: WNC Healthy Impact provide support with evaluations. Role of all partners: Promote access</p>	<p>Expected outcomes: An increased number of adults will report getting recommended level of physical activity. Our goal is that 55% of adults in Rutherford report getting the recommended amount of physical activity by December 31, 2018. The Chronic Disease Sub-committee of the Rutherford Health Council will use a results-based monitoring system, such as the Results Scorecard, to track their program performance by December 31, 2018. The Chronic Disease Sub-committee of the Rutherford Health Council will use RBA in their own work (programs, agencies etc.). Target population will access Interactive Trails on ROC websites. Anticipated barriers: Any potential barriers? <input type="checkbox"/> Y X N If yes, explain how intervention will be adapted: List anticipated project staff: WNC Healthy Impact Staff Forest City Staff Rutherford Health Department Integrator/Health Educator Does project staff need additional training? X Y N If yes, list training plan: Use RBA training and technical assistance available through WNC Healthy Impact. Quantify what you will do:</p>

		<p>to trails, and Increase capacity and public participation</p> <p>New partner X Established partner</p> <p>Include how you're marketing the intervention: Websites, Brochures, word of mouth, flyers at worksites, Health Council Members</p>	<p>Attend one or more training or coaching sessions with WNC Healthy Impact RBA consultants by December 2017.</p> <p>Introduce RBA basic ideas to our Chronic Disease Committee one time by December 2017.</p> <p>Host 1 RBA 101 for our Chronic Disease Committee by December 2017.</p> <p>50% of the Chronic Disease Committee members will be exposed to RBA basic ideas by December 2017.</p> <p>50% of the Chronic Disease Committee members will be exposed to a Whole Distance exercise by December 2017.</p> <p>List how agency will monitor intervention activities and feedback from participants/stakeholders:</p> <p>Participants will be given evaluation forms to complete after each training.</p> <p>Evaluation: Are you using an existing evaluation? Y X 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>
<p><u>INTERVENTIONS: SETTING, & 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>2. Intervention: 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</p> <p>July 1, 2016- December 31, 2018</p> <p>Targets health disparities: X Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Individual/ Interpersonal Behavior</p> <p>X Organizational/Policy</p> <p>X Environmental Change</p>	<p>Lead Agency: RPMHD Safe Routes to Schools Program</p> <p>Role: Convener/Implementer</p> <p><input type="checkbox"/> New partner X Established partner</p> <p>Target population representative: Active Routes to Schools, School staff, parents, children.</p> <p>Role: Program guidance</p> <p><input type="checkbox"/> New partner X Established partner</p> <p>Partners: Safe Kids provide program support for events</p> <p>Partners: Active Routes to Schools program support for events and environmental changes</p> <p>Partner: Outdoor Coalition promote program, provide volunteers.</p> <p>Partners: Cooperative Extension provide promotions and classes for children and families</p> <p>Partner: WNC Healthy Impact provide support for program evaluations.</p> <p>Role of all partners: Organize and</p>	<p>Expected outcomes:</p> <p>An increased number of adults will report getting recommended level of physical activity. Our goal is that 55% of adults in Rutherford report getting the recommended amount of physical activity by December 31, 2018.</p> <p>Anticipated barriers: Any potential barriers? <input type="checkbox"/> Y X N If yes, explain how intervention will be adapted:</p> <p>List anticipated project staff: Safe Routes to School Regional Coordinator, RPMHD Health Educator/Integrator.</p> <p>Does project staff need additional training? X Y N If yes, list training plan:</p> <p>Rutherford Health Department Health Educator will meet with Active Routes to Schools Coordinator to gain an understanding of that program.</p> <p>Quantify what you will do: We will coordinate one program that encourages walking or biking to school per year.</p> <p>List how agency will monitor intervention activities and feedback from participants/stakeholders: Attendance reports, feedback surveys from participants, records of media advocacy.</p> <p>Evaluation: Are you using an existing evaluation? Y X N</p>
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		<p>promote community events and spaces to be active</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Include how you're marketing the intervention: Social Media, Flyers, Health Coalition Members – word of mouth, brochures, newspaper.</p>	<p>If no, please provide plan for evaluating intervention: We plan on using RBA, a planning, monitoring, evaluation and continuous improvement framework that focuses on results for communities and individuals.</p>
<p>3. Intervention: Offer evidence-based clinical preventive screening, counseling and treatment guidelines</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: Clinics, Health Fairs</p> <p>Target population: Inactive adults</p> <p>Start Date – End Date 07/16-12/16</p> <p>Targets health disparities: X Y <input type="checkbox"/> N</p>	<p><input checked="" type="checkbox"/> Individual/ Interpersonal Behavior</p> <p><input type="checkbox"/> Organizational/Policy</p> <p><input type="checkbox"/> Environmental Change</p>	<p>Lead Agency: RPMHD</p> <p>Role: Clinicians, Convener and Program Coordination</p> <p>X New partner <input type="checkbox"/> Established partner</p> <p>Target population representative: Health Department Clients</p> <p>Role: Program and marketing guidance</p> <p>X New partner <input type="checkbox"/> Established partner</p> <p>Partners: Rutherford Health Council will promote programs and serve as a convener of all partners. Partner: RPMHD Clinics and local</p>	<p>Expected outcomes: The Chronic Disease Committee and RHI Legacy Foundation will offer health screenings and health education at local food distribution centers to target population beginning in August 2016 and continuing until December 31, 2016.</p> <p>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>Screen participants for Medicaid eligibility.</p> <p>Enroll eligible residents into Medicaid.</p> <p>Provide Health Education about BMI and benefits of physical activity and healthy eating.</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:</p> <p>List anticipated project staff: Health Department</p>

		<p>clinics will implement program Partner: Rutherford Regional Hospital System will implement program. Partner: RHI Legacy Foundation will offer program support and coordinate with Food Distribution Centers, and Gilkey Community Center, Partner: WNC Healthy Impact will provide evaluation assistance</p> <p>Role of all partners: Offer evidence-based clinical preventive screening, counseling and treatment guidelines, provide evaluation training</p> <p><input type="checkbox"/> New partner X Established partner</p> <p>Include how you're marketing the intervention: Brochures, flyers, word of mouth with Rutherford Council Members, websites and social media. <input type="checkbox"/> New partner X Established partner</p>	<p>Clinicians, Clinicians from other local clinics, RHI Legacy Staff, DSS Staff.</p> <p>Does project staff need additional training? <input type="checkbox"/> Y X N If yes, list training plan: _____</p> <p>Quantify <u>what you will do</u>: We will screen and counsel 1600 clients per year to increase physical activity levels.</p> <p>List how agency will monitor intervention activities and feedback from participants/stakeholders:</p> <p>Attendance reports at Health Fairs</p> <p>Verbal and written feedback from Health Fair participants.</p> <p>Review of clinical records indicating activity levels over the course of the year.</p> <p>Evaluation: Are you using an existing evaluation? Y X N 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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Community Health Action Plan 2015 – Smoking During Pregnancy

County: Rutherford Period Covered: 2015

Partnership/Health Steering Committee, if applicable: Rutherford Health Council and 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 Ongoing (addressed in previous Action Plan)

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

According to data from the 2010 US Census, the total population of Rutherford County is 67, 810. In terms of racial and ethnic diversity, Rutherford County is more diverse than Western NC but less diverse than NC as a whole. In Rutherford County the population is 87.4% white/Caucasian and 11.7% non-white. The proportion of the population that self-identifies as Hispanic or Latino of any race is 3.5% in Rutherford County, 5.4% region-wide and 8.4% statewide. The predominant minority in Rutherford County is African American (10.1%).

Individuals with less education and those with lower incomes are more likely to smoke. The poverty rates in Rutherford County have been steadily rising due to decreased economic opportunities. The median household income in Rutherford County is \$10,000 below the NC state average.

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, Rutherford County has a 7% lower high school graduation rate (US Census and Public Schools of NC 2009-2013 estimate).

Individuals with certain lifetime mental illnesses and those with serious psychological distress are more like to use tobacco. The suicide rate in Rutherford County is 23% higher than the NC state rate (2009-2013 NC State Center for Health Statistics).

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: 10,786 adults currently using tobacco
- B. Total number of persons in the target population to be reached by this action plan: 8000
- C. Calculate the impact of this action plan:

(Total # in B divided by total # in A) X 100% = 74% 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 checked="" 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>Name of Intervention: 100% Tobacco-Free Schools</p>	<p>S.M.A.R.T Goals: 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): Youth and pregnant women</p>	<p>Resources Needed: Staff time</p>
<p>Name of Intervention: Mass Media Campaigns promoting Quit Line NC with ads that relate to pregnancy. 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, 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): 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 Brief Cessation Counseling through the Maternal Child Health Initiative (MCHI). Community Strengths/Assets: MCHI and McDowell Health Coalition RPMHD Staff Tobacco and Control Regional Manager County Partners</p>	<p>S.M.A.R.T Goals: Have patient complete online registration for Quitline NC. Provide gift to patient for initial registration. Complete vitals. Take Pre-test C)2 measurement (2x). Play CDC Tips video Mark patient record with data points accordingly. Assess current needs and gaps within local community to address smoking during pregnancy with clients and staff by December 1, 2016</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, Rutherford Regional Hospital and pregnant women who smoke. Venue: Staff Meetings and Collaborative Meetings for Train the Trainer sessions. Trained Clinicians will</p>	<p>Resources Needed: Staff time 5As pocket card Quit Line Fax Referral Materials Nicotine Replacement Therapies Handouts Quit Line CDC website videos IPADs Breathalyzers Subway meal gift certificates</p>

<p>Rutherford Regional Hospital Cessation Programs Rutherford Health Coalition Asthma Coalition</p>	<p>through the Maternal Child Health Initiative (MCHI). 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>deliver 5As Counseling to current smokers in clinical settings.</p>	<p>as incentives</p>
<p>Name of Intervention: Triangulum Seminar for Educators Community Strengths/Assets: Tobacco and Control Branch RHA Prevention Services Staff Healthy Communities Program Staff and funds Local School Staff Local Law Enforcement Professionals Community Engagement Team</p>	<p>SMART Goals: On September 27, 2016, RPMHD will host a Seminar at The Foundation Center at Isothermal Community College 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. Dr. Smith, Addiction Medicine Specialist from Pavillion Treatment Center in Polk County will present “Current trends in Drug Use” over lunch. 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. 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>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. <u>Venue:</u> Schools</p>	<p>Resources Needed: 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 (insert rows as needed.)

<p><u>INTERVENTIONS: SETTING, & 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/Politic y 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: Asthma Coalition will provide program support Partner: Health Council program support Partner: WNC Healthy Impact Role: Evaluation support</p>	<p><u>Expected outcomes:</u> Work will 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: Quantify what you will do: 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</p>

		<input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner Include how you're marketing the intervention: Brochures, posters, banners, coasters, digital ads	promoting Tobacco Free Schools. <u>Evaluation:</u> Are you using an existing evaluation? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If no, please provide plan for evaluating intervention: We plan on using RBA, a planning, monitoring, evaluation and continuous improvement framework that focuses on results for communities and individuals.
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<u>INTERVENTIONS:</u> <u>SETTING. & TIMEFRAME</u>	<u>LEVEL OF INTERVENTION CHANGE</u>	<u>COMMUNITY PARTNERS'</u> <u>Roles and Responsibilities</u>	<u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u>
Intervention: Mass Media Campaigns promoting Quit Line NC <input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed Setting: Community Target population: Current Tobacco Users	<input checked="" type="checkbox"/> Individual/ Interpersonal Behavior <input type="checkbox"/> Organizational/Policy <input checked="" type="checkbox"/> Environmental Change	Lead Agency: RPMHD Role: Project Coordinator <input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner Target population representative: Health Department Clients, WIC Staff and Maternity Clinicians, general population, Spanish speaking clients and staff from Health Department will test messages in Spanish. Role: Market test media messages, Promote Quitline, Access Quitline Coaching for Cessation	Expected outcomes: Increased use of Quitline and decrease in current use of tobacco. Anticipated barriers: 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 Coordinator <u>Does project staff need additional training?</u> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, list training plan: <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>Start Date – End Date (mm/yy): July 1, 2016 – December 2018</p> <p>Targets health disparities: X Y <input type="checkbox"/> N</p>		<p><input type="checkbox"/> New partner X Established partner</p> <p>Partners: NC Tobacco and Control Branch will provide Technical Assistance. Partners: Moffit Media will place digital ads and monitor success rates, provide reports to RPMHD. Partner: Rutherford Health Council will promote campaign Partner: Rutherford Regional Hospital will promote campaign and provide cessation resources, participate in Quitline referrals wherever appropriate.</p> <p>Role: Promote Quitline. Refer smokers for cessation resources to quit tobacco use.</p> <p><input type="checkbox"/> New partner X Established partner</p> <p>Include how you're marketing the intervention: Digital media ads, posters, coasters in clinics and workites, brochures, flyers, word of mouth to partners.</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? XY <input type="checkbox"/> N If no, please provide plan for evaluating intervention</p>
<p><u>INTERVENTIONS: SETTING, & TIMEFRAME</u></p>	<p><u>LEVEL OF INTERVENTION CHANGE</u></p> <p>X Individual/ Interpersonal Behavior <input type="checkbox"/> Organizational/Policy <input type="checkbox"/> Environmental Change</p>	<p><u>COMMUNITY PARTNERS' Roles and Responsibilities</u></p> <p>Lead Agency: RPMHD Role: Provide 5As Training to Staff and to patients who are pregnant. <input type="checkbox"/> New partner X Established partner</p> <p>Target population representative: Behavioral Health Clients and Staff represent the intended population of</p>	<p><u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u></p>
<p>Intervention: 5As Counseling Method for Tobacco Cessation Delivered through the Maternal Child Health Initiative <input type="checkbox"/> New X Ongoing <input type="checkbox"/> Completed</p> <p>Setting: Clinical</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. <u>Anticipated barriers:</u> Any potential barriers? <input type="checkbox"/> Y X N If yes, explain how intervention will be adapted:</p>

<p>Target population: Clinicians who serve current tobacco users</p> <p>Start Date – End Date (mm/yy): July 2016 – December 2018.</p> <p>Targets health disparities: X Y <input type="checkbox"/> N</p>		<p>current smokers.</p> <p>Role: Program guidance and participation in referring smokers to cessation resources.</p> <p><input type="checkbox"/> New partner X Established partner</p> <p>Partners: Rutherford Regional Hospital will provide cessation resources.</p> <p>Partners: McDowell Health Coalition will support program promotion and implementation</p> <p>Partner: Rutherford Health Council will provide program promotion to local Clinics</p> <p>Partner: NC Tobacco and Control Branch will provide technical assistance and assistance with training as needed.</p> <p>Role: Program Support and Promotion to Partners, Program implementation to intended audience.</p> <p><input type="checkbox"/> New partner X Established partner</p> <p>Include how you're marketing the intervention: Presentations to the Rutherford Health Council and to the Board of Health, calls and emails to partners to schedule training for staff.</p>	<p>List anticipated project staff: Healthy Communities Program Coordinator for RPMHD, Maternity Clinic Nurses</p> <p><u>Does project staff need additional training?</u> <input type="checkbox"/> Y X</p> <p>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.</p> <p>List how agency will monitor intervention 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>
<p><u>INTERVENTIONS: SETTING, & 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: Triangulum Seminar – Training on Electronic Nicotine and THC Delivery Systems (ENDS)</p>	<p>X Individual/ Interpersonal Behavior</p>	<p>Lead Agency: RPMHD Role: Project Coordinator</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</p>

<p>X New Ongoing <input type="checkbox"/></p> <p>Completed</p> <p>Setting: Schools & Community</p> <p>Target population: Educators, school nurses, SROs, Counselors, ultimately MS and HS students</p> <p>Start Date – End Date: July 1, 2016 – October 2016</p> <p>Targets health disparities: X Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Organizational/Policy</p> <p>Environmental Change</p>	<p><input type="checkbox"/> New partner X Established partner</p> <p>Target population representative: Rutherford School Administrators, Educators, school nurses, SROs, Counselors, ultimately MS and HS students.</p> <p>Role: Attend Seminar, use new curriculum to deliver Tobacco Prevention Education to MS and HS students.</p> <p><input type="checkbox"/> New partner X Established partner</p> <p>Partners: NC Tobacco and Control Branch will provide training Partner: RHA Prevention Services will delivery best practices and curriculum updates for Tobacco Prevention Education. Partner: Community Engagement Team (CET) will promote Seminar to partners. Partner: Rutherford Schools will provide space and give Teachers time to attend Seminar. Partner: Rutherford Sheriff's Department will provide SRO to attend Seminar and apply new information when working with students. Partner: Pavillion Treatment Center will present "Current Trends in Drug Use" during lunch hour at Seminar. Role: 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><input type="checkbox"/> New partner X Established partner</p> <p>Include how you're marketing the intervention: Invitations, announcements</p>	<p>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 X 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 X N</p> <p>If yes, list training plan:</p> <p><u>Quantify what you will do:</u> We will provide 6 hours of training for 60 people who work with youth and adults on September 27, 2016.</p> <p>We will provide 6 hours of training to MS and HS Educators on 2 new curriculums to prevent use of</p>
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		<p>via email, social media and word of mouth at meetings, Health Council and CET members promoting. School system promoting.</p> <p>tobacco and ENDS.</p> <p>We will train all attendees (n=60) on current trends in drug use for 90 minutes on September 27, 2016.</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 60 people in attendance on September 27, 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 wherever possible.</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>
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County: Rutherford Period Covered: 2015

Partnership/Health Steering Committee, if applicable: Rutherford Health Council

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 Ongoing (addressed in previous Action Plan)

- **Baseline Data:** (State measure/numerical value. Include date and source of current information): 21.2% of adults report currently using tobacco (PRC Community Health Survey 2015.)
- **For continuing objective provide the updated information:** (State measure/numerical value. Include date and source of current information): 21.2% of adults report currently using tobacco (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:

According to data from the 2010 US Census, the total population of Rutherford County is 67, 810. In terms of racial and ethnic diversity, Rutherford County is more diverse than Western NC but less diverse than NC as a whole. In Rutherford County the population is 87.4% white/Caucasian and 11.7% non-white. The proportion of the population that self-identifies as Hispanic or Latino of any race is 3.5% in Rutherford County, 5.4% region-wide and 8.4% statewide. The predominant minority in Rutherford County is African American (10.1%).

Individuals with less education and those with lower incomes are more likely to smoke. The poverty rates in Rutherford County have been steadily rising due to decreased economic opportunities. The median household income in Rutherford County is \$10,000 below the NC state average.

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, Rutherford County has a 7% lower high school graduation rate (US Census and Public Schools of NC 2009-2013 estimate).

Individuals with certain lifetime mental illnesses and those with serious psychological distress are more like to use tobacco. The suicide rate in Rutherford County is 23% higher than the NC state rate (2009-2013 NC State Center for Health Statistics).

- A. **Total number of persons in the target population specific to this action plan:** 10,786 adults currently using tobacco
- B. **Total number of persons in the target population to be reached by this action plan:** 8000
- C. **Calculate the impact of this action plan:**

(Total # in B divided by total # in A) X 100% = 74% 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/>

- | | | |
|---|---|--|
| <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>Name of Intervention: Tobacco-Free College Campuses Community Strengths/Assets: Rutherford Polk McDowell Healthy Communities Program , Rutherford Health Educator, RHI Legacy Foundation, ICC Board, Local Town Managers, Tobacco and Control Branch Regional Manager, School Health Advisory Council, RHA Prevention Services Staff.</p>	<p>S.M.A.R.T Goals: Attend one meeting to educate community leaders and the Board of Health, Board of Trustees at Isothermal Community College (ICC) about the benefits of adopting a Tobacco Free Campus Policy, existing model policies and best practices for adopting TF policies by December 2017. Attend one event to educate and mobilize ICC students and faculty to support a TF Campus Policy by December 31, 2017. Success will be the adoption of a Tobacco Free Policy at ICC by December 31, 2018.</p>	<p>Target Population(s): Isothermal Community College Board of Trustees, Staff, Faculty, and students. Venue: ICC Campus. Because campuses are often highly visible within a community, adopting a tobacco-free policy educates the public, local government and organizations about the advisability of such a policy, and encourages them to adopt similar measures. A campus-wide policy can also help reduce youth initiation to tobacco use, through positive modeling behavior.</p>	<p>Resources Needed: Health Promotion Staff time to support policy change. Tobacco Control Branch Regional Manager's time and expertise. Signs. RHA Staff time</p>
<p>Name of Intervention: Mass Media Campaigns promoting Quit Line NC 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 Community Strengths/Assets: RPMHD Staff Tobacco and Control Regional Manager County Partners Rutherford Regional Hospital Cessation Programs Rutherford Health Coalition Asthma Coalition</p>	<p>S.M.A.R.T Goals: Build relationships with Mental Health and Behavioral Health Providers and 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, Rutherford Regional Hospital. <u>Venue:</u> Staff Meetings and Collaborative Meetings for Train the Trainer sessions. Trained Clinicians will deliver 5As Counseling to current smokers in clinical settings.</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 Community Strengths/Assets: Tobacco and Control Branch RHA Prevention Services Staff Healthy Communities Program Staff and funds Local School Staff Local Law Enforcement Professionals Community Engagement Team</p>	<p>SMART Goals: On September 27, 2016, RPMHD will host a Seminar at The Foundation Center at Isothermal Community College for Health and PE Teachers, school nurses, counselor 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. Dr. Smith, Addiction Medicine Specialist from Pavillon Treatment Center in Polk County will present "Current trends in Drug Use" over lunch. 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. 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. <u>Venue:</u>Schools</p>	<p>Resources Needed: 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 (Insert rows as needed.)

<u>INTERVENTIONS: SETTING_ & TIMEFRAME</u>	<u>LEVEL OF INTERVENTION CHANGE</u>	<u>COMMUNITY PARTNERS' Roles and Responsibilities</u>	<u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u>
<p>Intervention: Tobacco Free College Campuses</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: Community</p> <p>Target population: ICC Board of Trustees, Board of Health Members</p> <p>Start Date – End Date: July 1, 2016 – December 2018.</p> <p>Targets health disparities: X Y <input type="checkbox"/> N</p>	<p>X Individual/ Interpersonal Behavior</p> <p>X Organizational/Policy Change</p> <p>X Environmental</p>	<p>Lead Agency: RPMHD</p> <p>Role: Program Implementation, educate and support community leaders toward policy level change.</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Target population representative: Administrators, students and faculty at ICC, parents of high school students who attend early college at ICC and are exposed to tobacco smoke.</p> <p>Role: Mobilize student body, parents and faculty to adopt new policy.</p> <p>X New partner <input type="checkbox"/> Established partner</p> <p>Partners: Rutherfordton Town Manager will support TF policies. Partner: Board of Health Members will pass TF ordinances wherever possible. Partner: RHI Legacy Foundation will support TF policy adoption Partner: Health Council will support TF policy change and assist with community organizing for policy change. Partner: Rutherford Asthma Coalition will support policy change Partner: RHA will educate about protective factors to youth exposed to tobacco at ICC while attending early college there. Partner local Media: Will educate about the risks of youth initiation into tobacco use</p>	<p><u>Expected outcomes:</u> One Tobacco Free policy will be passed by Isothermal Community College (ICC) by December 31, 2018.</p> <p><u>Anticipated barriers:</u> Any potential barriers? X Y N</p> <p>If yes, explain how intervention will be adapted: We expect discussions with the Board of Trustees at ICC. We intend to build support from the community partners listed in this Action Plan.</p> <p>List anticipated project staff: Healthy Communities Program Coordinator for RPMHD</p> <p><u>Does project staff need additional training?</u> <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If yes, list training plan: <u>Quantify what you will do:</u> We will present one or more trainings on the benefits of passing a TF Campus Policy to Board of Health members and to ICC Trustees by December 2017.</p> <p>We will meet with potential advocates 3 or more times each year until a TF Policy is passed.</p> <p>List how agency will monitor intervention activities and feedback from participants/stakeholders: We will keep records of attendance at trainings and meetings with potential advocates, planning meetings.</p>

		<p>and the cost of tobacco related illness.</p> <p>X New partner <input type="checkbox"/> Established partner</p> <p>Include how you're marketing the intervention:</p> <p>Word of mouth with local partners until policy is passed, then use of mass media and signage.</p>	<p><u>Evaluation:</u> Are you using an existing evaluation? X Y <input type="checkbox"/> N</p>
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<u>INTERVENTIONS: SETTING, & TIMEFRAME</u>	<u>LEVEL OF INTERVENTION CHANGE</u>	<u>COMMUNITY PARTNERS' Roles and Responsibilities</u>	<u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u>
<p>Intervention: Mass Media Campaigns promoting Quit Line NC</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: Community</p> <p>Target population: Current Tobacco Users</p> <p>Start Date – End Date: July 1, 2016 – December 2018</p> <p>Targets health disparities: X Y <input type="checkbox"/> N</p>	<p>X Individual/ Interpersonal Behavior</p> <p><input type="checkbox"/> Organizational/Policy X Environmental Change</p>	<p>Lead Agency: RPMHD Role: Project Coordinator</p> <p><input type="checkbox"/> New partner X Established partner</p> <p>Target population representative: 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>Role: Market test media messages, Promote Quitline, Access Quitline Coaching for Cessation</p> <p><input type="checkbox"/> New partner X Established partner</p> <p>Partners: NC Tobacco and Control Branch will provide Technical Assistance. Partners: Moffit Media will place digital ads and monitor success rates, provide reports to RPMHD.</p>	<p><u>Expected outcomes:</u> Increased use of Quitline and decrease in current use of tobacco.</p> <p><u>Anticipated barriers:</u> 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><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.</p>

		<p>Partner: Rutherford Health Council will promote campaign</p> <p>Partner: Rutherford Regional Hospital will promote campaign and provide cessation resources, participate in Quitline referrals wherever appropriate.</p> <p>Role of all partners: Promote Quitline. Refer smokers for cessation resources to quit tobacco use.</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Include how you're marketing the intervention: Digital media ads, posters, coasters in clinics and worksites, brochures, flyers, word of mouth to partners.</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, & 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: 5As Counseling Method for Tobacco Cessation</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: Clinical</p> <p>Target population: Clinicians who serve current tobacco users</p> <p>Start Date - End Date (mm/yy): November 2016 - December 2018.</p>	<p>X Individual/ Interpersonal Behavior</p> <p><input type="checkbox"/> Organizational/Policy</p> <p><input type="checkbox"/> Environmental Change</p>	<p>Lead Agency: RPMHD</p> <p>Role: Provide 5As Training</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Target population representative: Behavioral Health Clients and Staff represent the intended population of current smokers.</p> <p>Role: Program guidance and participation in referring smokers to cessation resources.</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Partners: Rutherford Regional Hospital</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</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><u>Does project staff need additional training?</u> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>If yes, list training plan:</p>

<p>Targets health disparities: X Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>		<p>will provide cessation resources.</p> <p>Partner: Rutherford Health Council will provide program promotion to local Clinics</p> <p>Partner: NC Tobacco and Control Branch will provide technical assistance and assistance with training as needed.</p> <p>Role: Program Support and Promotion to Partners, Program implementation to intended audience.</p> <p><input type="checkbox"/> New partner X Established partner</p> <p>Include how you're marketing the intervention: Presentations to the Rutherford Health Council and to the Board of Health, calls and emails to partners to schedule training for staff.</p>	<p><u>Quantify what you will do:</u> We will provide 3 5As trainings to clinicians and mid-level staff by December 2019.</p> <p>List how agency will monitor intervention 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 <input checked="" type="checkbox"/></p>
<p><u>INTERVENTIONS: SETTING, & 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: Triangulum Seminar – Training on Electronic Nicotine and THC Delivery Systems (ENDS)</p> <p>X New Ongoing <input type="checkbox"/> Completed</p> <p>Setting: Schools & Community</p> <p>Target population: Educators, school nurses, SROs, Counselors, ultimately</p>	<p>X Individual/ Interpersonal Behavior</p> <p><input type="checkbox"/> Organizational/Policy</p> <p>Environmental Change</p>	<p>Lead Agency: RPMHD</p> <p>Role: Project Coordinator</p> <p><input type="checkbox"/> New partner X Established partner</p> <p>Target population representative: Rutherford School Administrators, Educators, school nurses, SROs, Counselors, ultimately MS and HS students.</p> <p>Role: Attend Seminar, use new curriculum to deliver Tobacco Prevention Education to MS and HS students.</p> <p><input type="checkbox"/> New partner X Established partner</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</p>

<p>MS and HS students</p> <p>Start Date – End Date: July 1, 2016 – October 2016</p> <p>Targets health disparities: X Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p>Partners: NC Tobacco and Control Branch will provide training Partner: RHA Prevention Services will delivery best practices and curriculum updates for Tobacco Prevention Education. Partner: Community Engagement Team (CET) will promote Seminar to partners. Partner: Rutherford Schools will provide space and give Teachers time to attend Seminar. Partner: Rutherford Sheriff's Department will provide SRO to attend Seminar and apply new information when working with students. Partner: Pavillon Treatment Center will present "Current Trends in Drug Use" during lunch hour at Seminar. Role: 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><input type="checkbox"/> New partner X Established partner</p> <p>Include how you're marketing the intervention: Invitations, announcements via email, social media and word of mouth at meetings, Health Council and CET members promoting, School system promoting.</p>	<p>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 X 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 X N</p> <p>If yes, list training plan:</p> <p><u>Quantify what you will do:</u> We will provide 6 hours of training for 60 people who work with youth and adults on September 27, 2016.</p> <p>We will provide 6 hours of training to MS and HS Educators on 2 new curriculums to prevent use of tobacco and ENDS.</p> <p>We will train all attendees (n=60) on current trends in drug use for 90 minutes on September 27, 2016.</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 60 people in attendance on September 27, 2016.</p>
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