

2013

Swain County Community Health Improvement Plan



Public Health

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WNC**HEALTHY**IMPACT

v3.11.13

Swain County COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) 2013

ACKNOWLEDGEMENTS

This document was developed by Swain County Health Department, in partnership with MedWest Swain Hospital, Swain Medical Center, Swain County Economic Development, Swain County Schools, Mountain Wise, and WNC Healthy Impact Center, as part of a community-wide action planning process.

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Please contact Sara Peterson, Swain County Health Department 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).

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Executive Summary

Overview of CHIP Purpose and Process

The purpose of the Community Health Improvement Plan, or CHIP, is to help focus and solidify each of our partner agency's commitment to improving the health of the community through key health issues. The goal is that with sustained and focused effort, a wide range of public health partners and stakeholders engaged in assessment, planning, and action will be able to document measured improvement in the identified health priorities over the coming years. This CHIP in no way is meant to detail all the health issues facing Swain County and its residents nor is it able to provide information on all the great programs and initiatives that are taking place in our community. This Community Health Improvement is, however, an action-oriented strategic plan outlining the priority health issues identified for Swain County in the 2012 Community Health Assessment, and an overview of how these issues will be addressed in the next three years.

In 2012, Swain County has had the opportunity to partner with Swain County Hospital, a non-profit hospital, in new ways through the development of WNC Healthy Impact.

WNC Healthy Impact is a partnership between hospitals and health departments in North Carolina to improve community health. As part of a larger, and continuous, community health improvement process, these partners are collaborating to conduct community health (needs) assessments across western North Carolina.

Health Priorities

The priority areas determined from the 2009 Swain County Community Health Assessment, process were: Community Obesity and Risky behavior in the youth population. These health concerns are still in the forefront. It takes time to see change, but with combined community efforts we are beginning to see steps in a positive direction.

Swain County Schools and Swain County Health Department have partnered to work on Youth Risky Behaviors and Obesity. Swain school's health advisory committee (SHAC) has adopted obesity and mental health issues as a focus. One elementary school has been using the fitness program to evaluate K-5 physical fitness and body mass index. Parents are sent a letter home with the results. Health seminars were held for school staff including health checks and classes in stress reduction, yoga, cross-fit intro, and CPR.

Nutritional Education has been given by Swain County Schools' nutritionist and Swain Health Department nutritionist. Activities were introduced, to promote physical activity. Work place health foods policies have been adopted. Many programs have been put into place and environments are becoming more conducive in promoting healthy choices and promoting

wellness. There have been steps forward but there is still a lot of work to be done in health and wellness awareness and environmental policy.

The Swain County 2012 Community Health Assessment Priority Areas are: Tobacco use and Obesity prevention.

General Review of Data and Trends

The following key data and trends helped support the determination of each of the health priorities. Note that this is only a snapshot of each area and that more detail, source information, and additional analysis can be found in the full report.

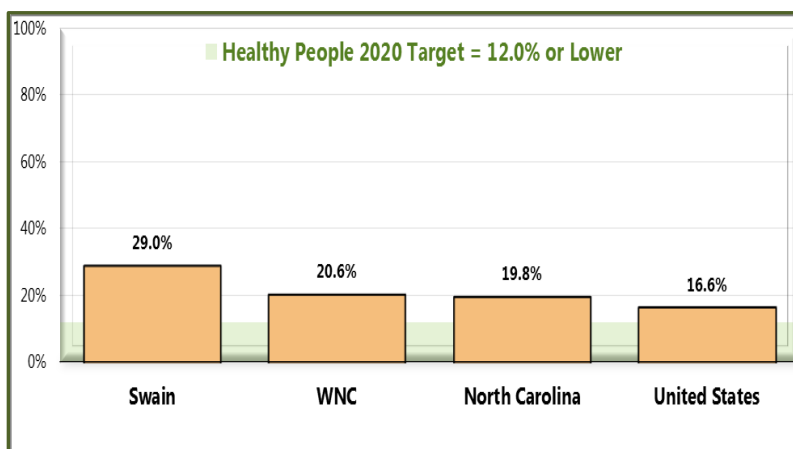
1. Tobacco Use

The leading causes of mortality, heart disease, cancer and chronic lower respiratory disease, in Swain County are influenced by tobacco use.

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US \$193 billion annually in direct medical expenses and lost productivity. Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention (DHHS, 2010).

Below are graphs showing data collected from Swain County residents by survey. These results were used in selecting health priorities.

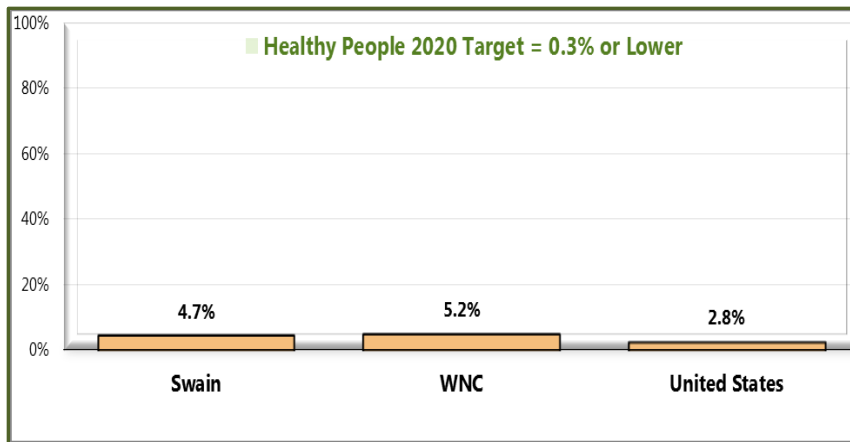


Swain Co. had 29.0 % that answered that they are **currently smoking**.

Higher than WNC, NC and the US rate:

- Goal 12.0% or lower

(WNC Healthy Impact Survey) 2012



Swain Co. had 4.7% that answered they are currently using **smokeless tobacco** products.

Higher than US, lower than WNC:

- Goal 0.3%

(WNC Healthy Impact Survey) 2012

In Swain County 70.5 % of all deaths between 2006 and 2010 can be attributed to lung cancer, which is higher than the state average at 55.9%.

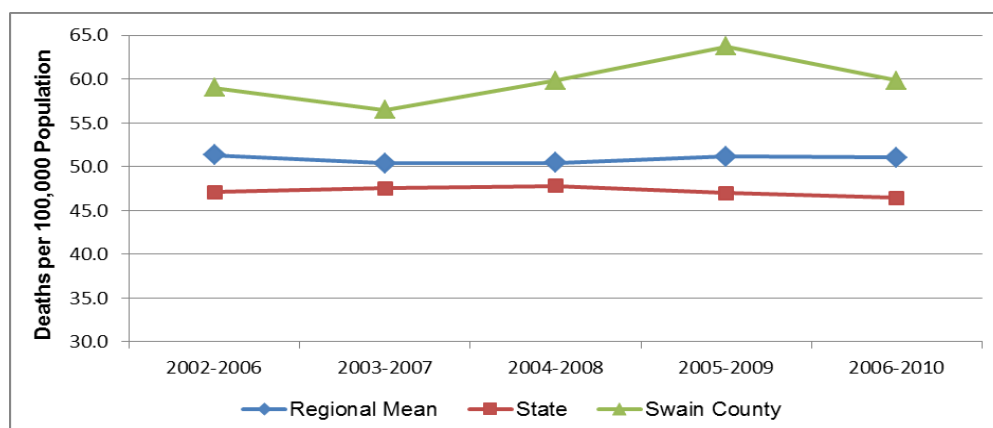
Age-Adjusted Mortality Rates for Major Site-Specific Cancers (2006-2010)

Geography	Deaths per 100,000 Population			
	Lung Cancer	Breast Cancer	Prostate Cancer	Colon Cancer
Swain County	70.5	n/a	n/a	n/a
Regional Mean	54.7	24.3	22.9	16.6
State	55.9	23.4	25.5	16.0

The stable county mortality rate for lung cancer (70.5) was above both the mean WNC and NC rates. In WNC, lung cancer is the site-specific cancer with the highest mortality, followed by breast cancer, prostate cancer, and colon cancer.

Chronic lower respiratory disease mortality rate in Swain County shows trends are higher than regional and state rates.

Figure 21. CLRD Mortality Rate, Deaths per 100,000 Population (Five-Year Aggregates, 2002-2006 through 2006-2010)



In Swain County, the mean Chronic Lower Respiratory Disease (CLRD) mortality rate among males exceeded the comparable rate among females over most of the past decade, but the difference has become much smaller. In the 2002-2006 aggregate the periods the CLRD mortality rate for Swain County males (96.8) was almost three times the rate for Swain County females (34.5); in the 2006-2010 aggregate period the rate for males (59.2) was only 1.4% higher than the rate for females (58.4). It should be noted that the first two data points for females in the figure represent technically unstable rates; all the other rates in the figure are stable.

2. Obesity Prevention is the other area chosen as a health priority for Swain County's focus.

Good nutrition, physical activity, and a healthy body weight are essential parts of a person's overall health and well-being. Together, these can help decrease a person's risk of developing serious health conditions, such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, and cancer. A healthful diet, regular physical activity, and achieving and maintaining a healthy weight also are paramount to managing health conditions so they do not worsen over time.

Swain County Healthy Impact survey results show Swain County citizens rated slightly higher on getting physical activity compared to WNC and NC State data but lower in the number of servings of fruits and vegetables consumed.

Mortality data show Swain County's number one cause of death is heart related. The disparate population are the males, more men die more often and earlier from heart disease than women.

From CDC data it appears the estimated prevalence of diagnosed diabetes among adults in Swain County rose every year, from 9.7% in 2005 to 12.1% in 2009, an increase of 24.7%. In WNC the estimated mean percent prevalence of diagnosed diabetes among adults rose from 8.5% in 2005 to 9.0% in 2009, an increase of 5.9%. Diabetes prevalence in Swain County exceeded the comparable WNC mean prevalence in every year cited in the table.

The following data helped support the determination of obesity as a health priority.

- Diagnosed Obesity trends in Swain County adults show higher rates than the regional average data percentages.
- Swain County adults with a body mass index of 25 % or higher is than that of WNC, NC, and the US.
- Swain County adults with a body mass index of 30% or higher is higher than that of WNC, NC and the US>

Table 35 presents trend data from the CDC on the estimated prevalence of diagnosed adult obesity in Swain County and WNC. The prevalence of diagnosed obesity and selected risk factors by county was estimated using data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and data from the U.S. Census Bureau's Population Estimates Program. Three years of

data were used to improve the precision of the year-specific county-level estimates of diagnosed diabetes and selected risk factors.

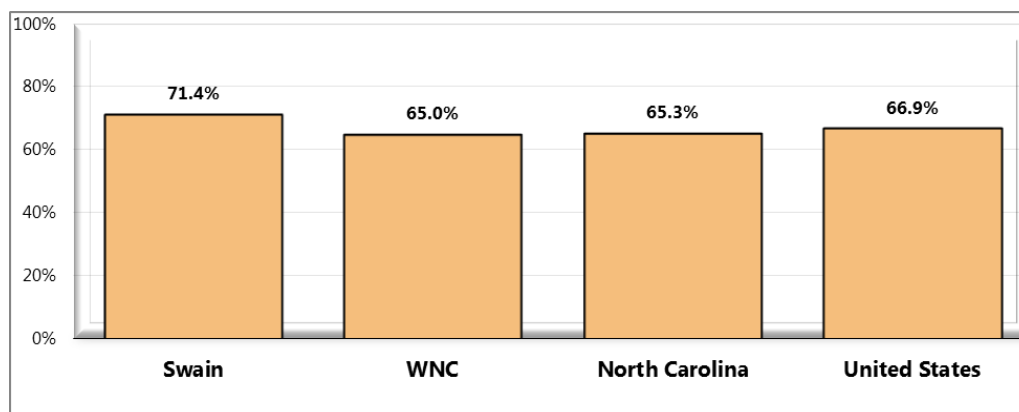
From this data it appears the estimated prevalence of diagnosed obesity among adults in Swain County fluctuated from year to year but rose 8.0% overall between 2005 and 2009. The estimated mean prevalence of adult obesity in WNC increased annually throughout the period cited. Between 2005 and 2009 the estimated mean percentage of the WNC population diagnosed as obese rose from 25.2% to 28.0%, a total increase of 11.1%. Obesity prevalence in Swain County exceeded the comparable mean obesity prevalence for WNC in every year cited.

Table 35: Estimate of Diagnosed Obesity Among Adults Age 20 and Older (2005-2009)

Geography	2005		2006		2007		2008		2009	
	#	%	#	%	#	%	#	%	#	%
Swain County	2,880	30.1	2,855	29.0	2,867	28.2	3,191	32.0	3,175	32.5
Regional Total	128,908	-	136,661	-	139,114	-	143,681	-	148,403	-
Regional Arithmetic Mean	8,057	25.2	8,541	26.4	8,695	26.7	8,980	27.4	9,275	28.0

Based on self-reported heights and weights, the survey data below shows 2012 county and regional estimates of the prevalence of healthy weight, overweight, and obesity.

**Figure 48: Prevalence of Total Overweight (WNC Healthy Impact Survey)
(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)**



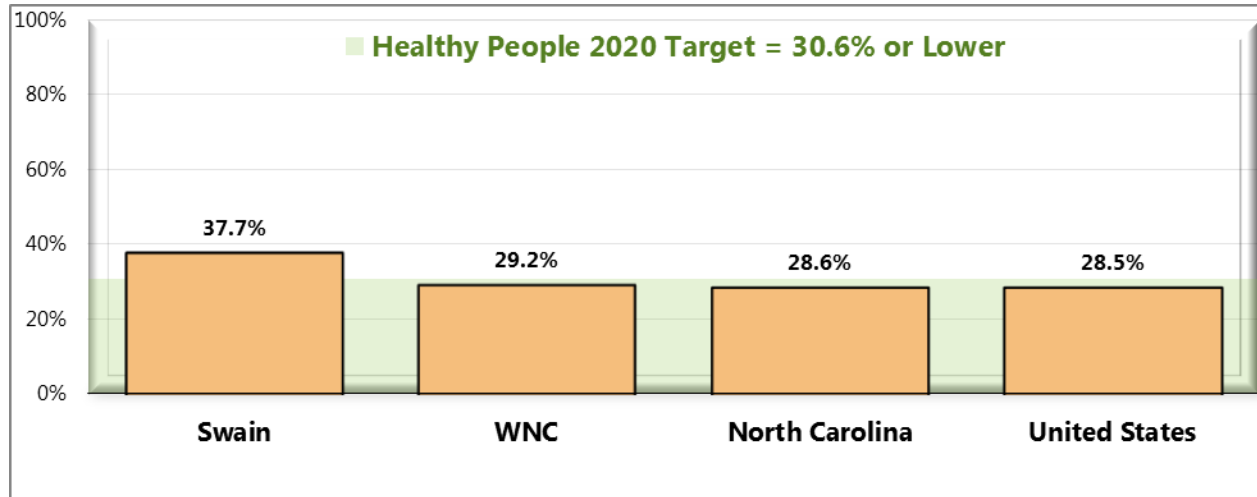
Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 North Carolina data.

Notes:

- Based on reported heights and weights, asked of all respondents
- Definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. Definition of obesity is a BMI greater than or equal to 30.0.

**Figure 49: Prevalence of Obesity (WNC Healthy Impact Survey)
(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)**



Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]
- 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 NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 North Carolina data.

Notes:

- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Summarized Action Plan

Community health action plans have been developed to address the identified health priorities, tobacco use and obesity. Each action plan will include evidence based strategies that focus on environmental and policy change, target specific disparate groups, and promote individual, family or community change. For example, tobacco cessation classes will be held using the Fresh Start evidence based program.

We will continue promoting policy and environmental changes to promote tobacco free environments in Swain County. Smoking is still occurring on some county owned properties as well as school campuses. In schools we will have TRU club activities advocating the 100% tobacco free schools. The health department will use the 5 A's in the clinic. The 1-800 QUIT NOW will be used for referrals. The Swain Recreation Park and other parks properties are being prioritized for the grounds to be tobacco free in Swain County.

For the priority issue of Obesity, we will utilize Body Mass Index data from K – 5 school health fairs and the Youth Risk Behavior Surveillance System. Health education programs will be provided to encourage individual change. My Plate and Eat Smart Move More programs will be offered. Community Lifestyle Balance classes will be offered. Media campaigns such as 5-2-1, and Mountain Wise will be utilized. Through regional efforts Farmer's Market and healthier corner stores will be promoted. A regional diabetes grant initiative around resources for education and services for diabetics is on the forefront.

Monitoring and Accountability

The Community Health Improvement Plan (CHIP) will be monitored consistently by the responsible agency representative. The CHIP team decided to meet quarterly to address to current and past initiatives to make sure that the plan is up to date on all health issues related to the priorities. The contact person for receiving ideas and news related to the CHIP will be Sara Peterson, Health Educator, at the Swain County Health Department. Updates will be e-mailed to the team. Shared responsibility throughout the monitoring process will allow for joint responsibility for the goals and objectives of the Community Health Improvement Plan.

This document is meant to be fluid, in that it is an ever changing process, to improve meeting the needs of the community. Strategies might be met or changed over time.

CHAPTER 1 - INTRODUCTION

What is a Community Health Improvement Plan (CHIP)?

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

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

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

This 2013 CHIP is focused on creating plans within a six month to three year timeline. The community health improvement process is frequentative 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 Sara Peterson at Swain County Health Department (828) 488-3198 or speterson@swaincountync.gov

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 Swain 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.

¹ In some guidance documents, including National Public Health Accreditation standards, the CHIP includes details on the priority setting process. However, in the state of North Carolina, Local Health Department Community Health Assessment process and product includes the priority setting process, and the CHIP here is intended to document efforts involved in action planning that follow the collaborative setting of priorities in each county.

CHAPTER 2 – COMMUNITY HEALTH ASSESSMENT PROCESS

Community health assessment is a key step in the continuous community health improvement process. The role of CHA is to identify factors that affect the health of Swain County residents and determine the availability of resources within the county to adequately address those factors. The process involved the collection and analysis of a large range of secondary and primary data.

Swain County looked at what has changed since a recent past assessment, and what still needs to change to improve the health of the community. The process involved 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.

Statistical analysis reveals the areas where Swain County has less favorable findings when compared to the state and peer counties. After analysis, gaps in services may be identified. Then the top health priorities are examined by the following criteria.

The problem affects a lot of Swain County residents – including low income and underserved residents.

More resources are needed for this issue; it is not being sufficiently addressed by existing programs. There's a good chance that the problem could be reduced if local groups were dedicated to working on it. It will be beneficial to use a collaborative approach involving a variety of community stakeholders in addressing this issue. Using a worksheet and formula prescribed, a priority rank is assigned. By the priority score two priorities were identified for Swain County, tobacco use and obesity.

CHAPTER 3 – PRIORITY # 1:

TOBACCO USE SITUATIONAL ANALYSIS

The effects of smoking are serious. It can harm nearly every organ of the body. It causes nearly one of every five deaths in the United States each year.

Is smoking a risk factor for autoimmune diseases?.....YES
Does smoking affect my bones?.....YES
Does smoking affect my heart and blood vessels?.....YES
Does smoking affect my lungs and breathing?.....YES
Can smoking affect my vision?.....YES
Do cigarettes cause cancer?.....YES
Do light cigarettes cause cancer?.....YES
Do menthol cigarettes cause cancer?.....YES
Can smoking cigars and pipes cause cancer?.....YES

An estimated 13,000 North Carolinians aged 35 years or older died from a smoking-related cause each year during 2005-2009. North Carolina has the 14th highest smoking prevalence in the nation. Although overall smoking rates among adults in the state have dropped in the past decade, North Carolina still lags behind the national average.

(NC Institute of Medicine. Healthy North Carolina 2020: A Better State of Health.)

Tobacco use is the #1 cause of preventable death in the United States, killing more than 440,000 Americans each year. It is also the leading cause of preventable death in North Carolina, and is primarily responsible for numerous deadly cancers and debilitating illnesses. Despite these facts, thousands of kids in our state take up tobacco use each year. And according to North Carolina's [2005 Youth Tobacco Survey \(YTS\)](#), the vast majority (82%) of NC students who have ever smoked tried their first cigarette before the age of 15.

Evidence shows that comprehensive school-based programs, combined with community and mass-marketing efforts, can effectively prevent or postpone the onset of youth smoking. HWTF's Teen Tobacco Use Prevention and Cessation Initiative (TTUPC) leads the effort to accomplish its primary goal as defined by the General Assembly: "to improve the health and wellness of the people of North Carolina, with a priority on preventing, reducing and remedying the effects of tobacco use with an emphasis on reducing youth tobacco use.

In Swain County, 70.5 % of all deaths between 2006 and 2010 can be attributed to lung cancer. Chronic lower respiratory disease mortality trend data is higher than regional and state data. We must continue educating and promoting tobacco free environments, with all the research showing that tobacco is the direct cause for so much illness.

- Tobacco use is the #1 cause of preventable death in the United States.
- Tobacco is a leafy plant grown around the world. In 2007, four countries—China, Brazil, India, and the United States—produced two-thirds of the world's tobacco. Tobacco is currently grown in 16 states in the United States. The largest tobacco-producing states are Kentucky and **North Carolina**. They account for **71%** of all tobacco grown in the United States.
- Tobacco is an addictive substance because it contains the chemical nicotine. Like heroin or cocaine, nicotine changes the way your brain works and causes you to crave more and more nicotine. This addiction to nicotine is what makes it so difficult to quit smoking and other tobacco.
- "In **September 1935**, Fortune Magazine published a discussion of the medical implications of smoking. It concluded that this much can be said:

"The possible benefit to be derived from tobacco is always less than the possible harm"

(Robert, 1949:256).



Spotlight on Success

Swain County 100% Tobacco Free Schools

Bryson City Smoke-Free Restaurants and Bars Law

Med-West Swain Hospital Tobacco Free

Swain County government buildings Tobacco Free

North Carolina community college campus's Tobacco Free

5 A's assessment/counseling for health department clients

Referral to QuitLine for coaching

High School Tobacco Reality Unfiltered clubs

In April 2013, students at Swain High School Health Awareness Symposium, signed the below poster, stating their desire for Swain County Parks to be Tobacco Free.



Partners

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

Organizations

Swain Co. Health Dept.
 MedWest Swain Hospital
 Swain County Schools
 MAHEC
 Local Churches
 Chamber of Commerce
 WNC Healthy Kids/WNCHN
 Swain County Rec. Park
 Government Officials
 Swain Co. Economic Dev.
 NC Cooperative Extension
 Mountain Wise – Community
 Transformation Grant
 Swain Medical Center

Primary Focus or Function

Lead partner
 Team partner
 SHAC – Team partner
 Consultation
 Community support
 Partner
 Support
 Support
 Team Partner
 Support
 Team Partner – Tobacco & Healthy Living
 Team Partner

Coalitions / Groups:

Healthy Buncombe
 Pioneering Healthy Communities
 Community Transformation Grant

ADDITIONAL RESOURCES

Center for Disease Control
 Eat Smart Move More NC
 NC division of Public Health
 SCHS County Health Data Book – www.schs.state.nc.us/
 WNC Healthy Impact
www.wnchealthyimpact.com
 Healthy People 2020
www.healthypeople.gov

TOBACCO ACTION PLAN

TOBACCO-FREE LIVING

Vision of Impact

Healthier Swain County citizens, by increasing tobacco free environments and decreasing the use of tobacco through education, and policy change.



Healthy North Carolina 2020 TOBACCO OBJECTIVE:

Objective	Current	2020 Target	Based On	Data Sources
1. Decrease the percentage of adults who are current smokers. *#	20.3% (2009)	13.0%	Best pace (WA)	BRFSS (CDC)
2. Decrease the percentage of high school students reporting current use of any tobacco product.	25.8% (2009)	15.0%	NC's pace +10% improvement	YTS, TPCB
3. Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days.	14.6% (2008)	0%	Surgeon General, Guide to Community Preventive Services	SCHS BRFSS

TOBACCO

Swain County Objectives

INTERVENTION: Advocate for continued funding for TRU Coordinator in schools
<p>SETTING: Swain County School System</p> <p>START DATE – END DATE: 2012 – ongoing</p> <p>LEVEL OF INTERVENTION: Change in policy; youth</p>
<p>LEAD AGENCY: Swain County Health Department</p> <p>OTHER AGENCIES: Schools, Hi-Top Assist, Hospitals</p>
<p>EVALUATION MEASURES: Continued support of TRU group, youth participation in TRU activity, and active engagement of youth in tobacco use prevention initiatives</p> <p>PROCESS: Discuss with schools possibility of continued support of staff person trained to lead TRU groups and desirability of having TRU Coordinator in schools; advocate for state funding for TRU Coordinator; if necessary, train Staff as TRU leader</p> <p>OUTPUT/IMPACT: reduction in youth tobacco use</p>
<p>HEALTH/SAFETY OUTCOMES: Comprehensive, sustained multi-component programs can cut youth tobacco use in half in 6 years. Prevention is critical. Successful multi-component programs prevent young people from starting to use tobacco in the first place and more than pay for themselves in lives and health care dollars saved. Strategies that comprise successful comprehensive tobacco control programs include mass media campaigns, higher tobacco prices, smoke-free laws and policies, evidence-based school programs, and sustained community-wide efforts. Comprehensive tobacco control programs are most effective when funding for them is sustained at levels recommended by the Centers for Disease Control and Prevention.</p>
INTERVENTION: Increase tobacco-free environments for government grounds, including parks and recreational areas
<p>SETTING: Community</p> <p>START DATE – END DATE: June 1, 2013 – May 31, 2014</p> <p>LEVEL OF INTERVENTION: Change in policy</p>
<p>LEAD AGENCY: Swain County Health Department</p> <p>OTHER AGENCIES: Community Transformation Grant Project, Med-West, Swain County Government and Municipality, Media, Youth, Hi-Top Assist, Tobacco Prevention and Control Branch, Community.</p>

INTERVENTION: Increase tobacco-free environments for government grounds, including parks and recreational areas (con't)

EVALUATION MEASURES: This intervention is new.

PROCESS: Raise awareness about tobacco-free issues through use of media, consistent messaging; create educational tools based on the Tobacco Prevention and Control Branch smoke free implementation tool kit and inventory; continue to engage partners; explore options for county process; build community support; implement policy; provide smoking receptacles and signage; promote policy change throughout the community

Output/Impact: development of media plan and educational tools; completion of interviews and analysis of interview results; identification of county process; documented community interest in task; successful policy implementation; placement of receptacles and signage; community awareness

SETTING: Community

START DATE – END DATE: June 1, 2013 – May 31, 2014

LEVEL OF INTERVENTION: Change in community

HEALTH/SAFETY OUTCOMES: Tobacco free policies in community and town

LEAD AGENCY: Swain County Health Department

OTHER AGENCIES: Community Transformation Grant Project, Med-West, Hi-Top Assist

EVALUATION MEASURES: This intervention is new.

PROCESS: contract with individual to create inventory of available health resources in clinical preventive resources

OUTPUT/IMPACT: development of metrics and process; completion of assessment

HEALTH/SAFETY OUTCOMES: Increase the number of community organizations offering supports for individuals identified with tobacco use



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

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

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

Chapter 4 – Priority # 2: Obesity

Situational Analysis

Obesity affects everyone. Obesity is an American problem. It is also a Swain County problem. Obesity affects our families, schools, and businesses, and it threatens our economy. Obesity is a health concern, a social dilemma, a personal challenge, an economic burden, and a policy issue.

The obesity crisis harms some segments of society more than others, but this problem crosses all lines of ethnicity, race, socioeconomic class, gender, age, and ability. The primary concern related to overweight and obesity is the health risks they pose. Overweight and obesity increases the risk of chronic disease, including heart disease, stroke, type 2 diabetes, and some forms of cancer. The high rates of overweight and obesity in our county, state, and nation decrease in life expectancy, productivity, and quality of life.

When we discuss obesity, it is defined by the guidelines below:

Overweight

Adults (aged 20 years and older): BMI between 25 and 29.9
Children (aged 2-19 years): BMI = 85th percentile < 95th percentile for children of the same age and sex

Obese

Adults (aged 20 years and older): BMI 30 or higher
Children (aged 2-19 years): BMI =95 percentile for children of the same age and sex

* BMI = body mass index, an approximate index of body fat. The formula for calculating BMI is: weight (kg) / [height (m)]² or weight (lb) / [height (in)]² x 703

Swain County statistics, from County Health Rankings & Roadmaps, reported Swain County in the 90th percentile, meaning only 10 counties were below this point in the rankings.

The County rankings are derived from health behaviors, clinical care, social economic factors and physical environment. These county health rankings are to show what we can do to create healthier places to live. In the quest of a healthier Swain County, leaders look at such areas as:

- improving access to fresh fruits and vegetables
- creating an environment that is conducive to walking, hiking, biking and getting physical exercise in general.

In Swain County we have incorporated many projects and interventions to increase physical activity and healthier eating. We need to continue the battle against obesity, not only in Swain and surrounding counties but across the state and nation.

Spotlight on Success

Kate B. Reynolds Regional planning grant for Diabetes services

School nutrition sessions for 4th graders

“Walk and Talk” program at West Elementary School

Nutrition Education – Swain Hospital

Worksite wellness programs

Health Awareness Symposium at Swain High School

Farmers Market promotions

Mountain Wise Billboard – Media campaign for Active Living

SHAC (School Health Advisory Committee) student wellness party policies, watch your drink awareness



Partners

Addressing our health priorities 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 obesity in our community.



Organizations

Swain Co. Health Dept.
MedWest Swain Hospital
Swain County Schools
MAHEC
Local Churches
Chamber of Commerce
WNC Healthy Kids/WNCHN
Swain County Rec. Park
Government Officials
Swain Co. Economic Dev.
NC Cooperative Extension
Mountain Wise – Community

Transformation Grant
Swain Medical Center

Coalitions / Groups:

Healthy Buncombe
Pioneering Healthy Communities
Community Transformation Grant

Primary Focus or Function

Lead partner
Team partner
SHAC – Team partner
Consultation
Community support

Partner
Support
Support
Team Partner
Support
Team Partner – Tobacco & Healthy Living

Team Partner

ADDITIONAL RESOURCES

Center for Disease Control

Eat Smart Move More NC

NC division of Public Health

SCHS County Health Data Book – www.schs.state.nc.us/

WNC Healthy Impact
www.wnchealthyimpact.com

Healthy People 2020
www.healthypeople.gov

OBESITY ACTION PLAN

PHYSICAL ACTIVITY – NUTRITION - HEALTHY PEOPLE

Vision of Impact

Swain is a place where people can eat smart and move more, by improved access to physical activity and healthy foods and increased quality of living.



OBESITY: Healthy North Carolina 2020 Objectives:

Objective	Current	2020 Target	Based On	Data Sources
1. Increase the percentage of high school students who are neither overweight nor obese.*	72.0% (2009)	79.2%	10% improvement in current percent	YRBSS (CDC)
2. Decrease the percentage of high school students reporting current use of any tobacco product.	46.4% (2009)	60.6%	Best state (AK)	BRFSS (CDC)
3. Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days.	20.6% (2009)	29.3%	Best state (VT)	BRFSS (CDC)

OBESITY: Swain County Objectives

INTERVENTION: Promote research based 5-2-1-Almost None message in Swain County
SETTING: Community START DATE – END DATE: April 2012 – ongoing
LEAD AGENCY: Swain County Health Department. The Health Educator serves as the liaison to the School Health Advisory Committee and various committees/organizations throughout the community and region. OTHER AGENCIES: Hospitals, the medical community, schools, families, child care providers, government agencies, businesses, parks and recreation can promote the message
EVALUATION MEASURES: New intervention PROCESS: Assist in developing a tool kit for the 5-2-1-Almost None education initiative to raise awareness among children and caregivers of the recommendations that children should eat five or more fruits and vegetable per day; spend 2 hours or less per day on leisure screen time, engage in daily physical activity for at least one hour, and limit consumption of sugary drinks.
OUTPUT/IMPACT: WNC Healthy Kids and its stakeholders are prepared to assist the region in improving children and families' health by sharing <i>5-2-1 Almost None</i> tools, strategies and ideas that each sector can use to assure that Western North Carolina reaches its healthy weight goals
HEALTH/SAFETY OUTCOMES: Research has shown that promoting a simple, unifying message, in conjunction with community interventions, can empower entire communities to take clear and direct actions which will improve specific health outcomes.
INTERVENTION: Increase the number of Swain County residents who have access to opportunities for active living
SETTING: Community START DATE – END DATE: June 1, 2013 – May 31, 2014 LEVEL OF INTERVENTION: Change in policy, environment, individual, family
LEAD AGENCY: Community Transformation Grant Project OTHER AGENCIES: Swain County Health Department, Planning Departments, Southwest Commission (Region A Planning), Health Impact Assessment (HIA) contractor
EVALUATION MEASURES: This intervention is new. PROCESS: engage planning departments; plan and implement a public health professional and planner professional development workshop; raise awareness about active living issues and

<p>initiative through use of media, consistent messaging; create education tools to assist in planning efforts; complete an assessment of existing policies and plans; complete an evaluation of existing policies and plans; evaluate each comprehensive plan with regards to health to determine future actionable directions; complete public and stakeholder outreach through public input sessions; draft a health-specific element of a chapter or other materials related to documenting county specific public outreach; incorporate health elements into comprehensive plans as county process dictates</p>
<p>OUTPUT/IMPACT: increase the number of new or revised comprehensive plans that include health considerations; workshop implementation; development of educational tools; completion of assessment with county specific considerations;</p>
<p>HEALTH/SAFETY OUTCOMES: Engaging in regular physical activity is one of the most important things that people of all ages can do to improve their health.</p>
<p>INTERVENTION: Diabetes Education through Endocrinology Support Services</p>
<p>SETTING: Individual</p> <p>START DATE – END DATE:</p> <p>LEVEL OF INTERVENTION: Change in individual</p>
<p>LEAD AGENCY: Med-West</p> <p>OTHER AGENCIES: Swain County Health Department, physicians, Western Carolina University, Kate B. Reynolds, additional Far West Health Departments</p>
<p>EVALUATION MEASURES: This intervention is ongoing but not reported before</p> <p>PROCESS: A physician's referral form will be required to receive services.</p>
<p>OUTPUT/IMPACT: The Kate B. Reynolds planning grant is intended to facilitate the planning and recruitment process of an Endocrinologist that will lead a program which provides diabetes education and endocrinology support services through the Health Department in each Far West County.</p>
<p>HEALTH/SAFETY OUTCOMES: The evidence is strong that the American College of Endocrinology (ACE) Guidelines for the management of diabetes provide a thorough framework of clinical and lifestyle guidance for the long-term successful management of Type II diabetes.</p>
<p>INTERVENTION: Appalachian Care Medical Mission</p>
<p>LEVEL OF INTERVENTION: Change in individual</p>

<p>LEAD AGENCY: Swain County Health Department</p> <p>OTHER AGENCIES: US Department of Defense, Med-West, physicians, dentists, Swain County Government</p>
<p>EVALUATION MEASURES: This is a new intervention</p> <p>OUTPUT/IMPACT: The United States Department of Defense is staging an extended chronic disease and episodic care clinical intervention in the Spring of 2014 as part of their staff training and readiness. The Medical Mission is intended to identify and initiate a medical care plan for the under-served population of the community.</p>
<p>INTERVENTION: Increase the number of Swain County residents with access to fresh fruits and vegetables through farmers markets, tail gate markets, and road side stands.</p>
<p>SETTING: Community</p> <p>START DATE - END DATE: June 1, 2013 – May 31, 2014</p>
<p>LEVEL OF INTERVENTION: Change in environment</p>
<p>LEAD AGENCY: Community Transformation Grant Project</p> <p>OTHER AGENCIES: Swain County Health Department, Western Carolina University Professors and Students, State Staff, Media, WNC Food Policy Council, ASAP, Cooperative Extension, Chamber of Commerce, Businesses.</p>
<p>EVALUATION MEASURES: This intervention is new.</p> <p>PROCESS: raise awareness about healthy eating issues and initiatives through use of media and consistent messaging; advocate for vendors to accept and use supplies to facilitate ability to sell/market fresh fruits and vegetables; work with WCU Nutrition Department to gather data on consumer perspective on fresh fruits and vegetables; create or use existing implementation and marketing plan to assist local vendors</p>
<p>Output/Impact: development of a media plan and educational tools; completion of data collection and analysis; creation of implementation and marketing plans; assess business owners and neighborhoods; identification of pilot participants; initiation of pilot sites; evaluation report; dissemination of evaluations; identify future or continued participants</p> <p>Health/Safety Outcomes: increase the number of farmers markets, tail gate markets and road side stands selling fresh fruits and vegetables to the community.</p>

INTERVENTION: Continue health interventions in schools facilitated through School Health Advisory Committee (SHAC)
SETTING: Schools START DATE – END DATE: On-going
LEVEL OF INTERVENTION: Individual and individual school policy LEAD AGENCY: Swain County School System OTHER AGENCIES: Swain County Health Department, Med-West
EVALUATION MEASURES: collection of screening data through school health initiatives PROCESS: Assessments, education initiatives, and outreach occur throughout the school year
OUTPUT/IMPACT: A variety of outcomes are achieved throughout the year to include the support of a comprehensive health policy for the Swain County School System, K-5 BMI assessment and documentation, The Healthy Party Policy, Health Awareness education initiatives targeted at 4 th grade and high school students, on-going nutrition education and advocacy, and the elementary school Walk-and-Talk Program.
HEALTH/SAFETY OUTCOMES: Students will attend classes in a health conscious environment and receive necessary referrals to address health issues.

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 Swain 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 Swain County Health Department website, www.swaincountync.gov/health ;the WNC Healthy Impact website (www.WNCHealthyImpact.com), and local libraries.

Moving forward, the CHIP report will be updated to provide the framework for the annual State of the County's Health Report, which will be submitted and made publicly available in December 2013.

REFERENCES

NACCHO's CHA/CHIP Resource Center

<http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm>

Wisconsin Association of Local Health Departments and Boards

<http://www.walhdab.org/NewCHIPResources.htm>

NC Division of Public Health Community Health Assessment Resource Site

<http://publichealth.nc.gov/lhd/cha/resources.htm>

Template Implementation Plan v 1.0; 6/2012. Wisconsin CHIP Infrastructure Improvement Project *Revised 7/2012 for NACCHO CHA/CHIP Project

NC DPH Community Health Assessment Guide Book

<http://publichealth.nc.gov/lhd/cha/docs/guidebook/CHA-GuideBookUpdatedDecember15-2011.pdf>

Connecticut DPH Guide and Template for Comprehensive Health Improvement Planning

http://www.ct.gov/dph/lib/dph/state_health_planning/planning_guide_v2-1_2009.pdf

Bexar County CHIP <http://www.bcchip.org/#!/home/mainPage>

Sedgwick County CHIP

<http://www.sedgwickcounty.org/healthdept/reports/Community%20Health%20Priorities.pdf>

Kane County CHIP Executive Summary <http://kanehealth.com/chip.htm>

Kane County full CHIP <http://kanehealth.com/chip.htm>

GLOSSARY OF TERMS

Vision of Impact	Describe the impact that the work of the CHIP will have in the identified health priorities in your county at the end of three years. In other words, what does success look like in 2016?
Community Objective	Description of what the collaborative action team wants to accomplish by addressing the specific health priority.
Strategy	Also known as interventions or approaches which will address priority health issues.
Goal	The impact of the work you anticipate for a specific strategy
Strategy Objectives	Description of what is to be achieved or the specific change expected to occur within a specific time frame. Objectives should be SMART (Specific, Measurable, Achievable, Realistic, & Time Specific). Can have more than one objective for each strategy and related goal.
Indicators	Measurements used to determine whether the objectives were met. They answer the question: how will I know if the objective was accomplished?
Activities	Key components of the strategy needed to achieve the objective for the strategy.
Resources Needed	Description of what your community will need (staff time, materials, resources, etc.) to implement the specific activity.
Results	Also 'impacts, outputs, and outcomes'. It's what happens as a result of the completion of specific activities.
Result Verification	How you will know that results have been achieved for specific activities.
Target Date	The date results will be verified.
Lead	An organization in this role commits to seeing that the issue is addressed. It would take responsibility for developing the resources needed to advance the issue such as a detailed plan. It would focus on the day-to-day and long-range tasks of moving the goal forward. Organizations in a lead role would ask others to assist with specific tasks.
Collaborating	An organization in this role commits to significant help in advancing the issue. For example, it might assist with planning, assembling data, or developing policy options. It would participate regularly in developing strategy to advance the goal.
Supporting	An organization in this role commits to help with specific circumscribed tasks when asked. These tasks might include attending meetings or writing letters of support to move the goal forward.