

2013

Transylvania County Community Health Improvement Plan



Public Health
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**Transylvania County
Department of Public Health**



TRANSYLVANIA
REGIONAL HOSPITAL

TRANSYLVANIA COUNTY
COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)
AUGUST 2013

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This CHIP format draws heavily on the work of the Wisconsin Association of Local Health Departments and Boards (WALHDAB), particularly their Template Implementation Plan, as well as actual examples from Bexar County, Texas. This product was also informed by many other organizations, which can be found in the [reference section](#) at the end of this document.

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Many components of the document mirror the format and context of the 2013 Macon County Community Health Improvement Plan. We are grateful to Macon County Public Health for sharing their information and plan structure.

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EXECUTIVE SUMMARY

The Community Health Improvement Plan (CHIP) is the final phase of the Community Health Assessment (CHA) process. In its simplest form, the Community Health Assessment reflects the core health priorities chosen by the community for targeted improvement over the next three years and the Community Health Improvement Plan stipulates what the community will undertake to improve outcomes in those focus areas. Readers may review the 2012 Community Health Assessment at the Transylvania County Department of Public Health website, <http://health.transylvaniacounty.org/>.

A detailed analysis of primary data (statistical data) and secondary data (community input including surveys and prioritization exercises) led to the identification of three core community health priorities:

- Physical Activity/Nutrition (obesity)
- Substance Abuse (focus on illicit use of prescription drugs)
- Dental Health

Although many other health needs are important for our community, these three priorities are supported by the data analysis and were relevant to the majority of community input. That context is important because we need to be able to quantify the magnitude or severity of the problem and to be able to measure progress as strategies are implemented. When possible, our community health efforts will be associated with Healthy NC 2020 objectives.

Other areas of concern identified for our community include:

- Aging Population
- Tobacco (substance abuse)
- Social Determinants of Health (includes access to care)
- Mental Health/Suicide

These secondary priorities along with other issues are certainly part of our community health fabric and warrant attention, but this particular Community Health Improvement Plan will address recommended strategies for the core priorities. The intent is for this work to serve as the community's plan to strategically address the primary challenges for community health in Transylvania County during the action period from 2013 – 2015. Community agencies, community health partners and residents across the county are encouraged to participate and assist with implementation.

The Transylvania Regional Hospital also created a unique report that includes our priority areas as well as the Aging Population.

General Review of Data and Trends

Given the assessment and community input previously mentioned, the concerns for each community health priority were supported by data and local insights. Some of the most significant information is referenced below by category.

Physical Activity/Nutrition

- 1 out of every 3 children is overweight or obese
- 2 out of every 3 adults is overweight or obese
- Heart disease mortality - #1 cause of death in Transylvania County
- 42.8% of Transylvania County residents have high blood pressure vs 39.4% average for Western NC region and 31.5% average for North Carolina
- 11.8% of Transylvania County residents have diabetes vs 12.6% average for Western NC region and 9.8% average for North Carolina
- 10.9% of Transylvania County residents are in a pre-diabetes/borderline diabetes risk category vs 7.6% average for Western NC region

Substance Abuse (illicit use of prescription drugs)

- One of the top 3 concerns referenced by local residents as part of the community health survey related to issues negatively impacting our local quality of life
- 2009 mortality rate per 100,000 residents for unintentional poisonings was 29.8, one of the highest in the Western NC region
- 2009 emergency department visit rate per 100,000 residents related to unintentional poisonings was 645.6, one of the higher rates in the Western NC region
- Nationally, the number of emergency department visits for prescription drug abuse now equal the number of emergency department visits for use of illegal drugs

Dental Health

- Leading complaint for emergency department visits (dental pain)
- From 2008 to 2010, Transylvania County kindergarteners caries free rate dropped from 60% to 56% (during this same time period the NC caries free rate improved from 61% to 64%)
- From 2008 to 2010, Transylvania County kindergarteners untreated decay rate increased from 14% to 17% (during this same time period the NC untreated decay rate decreased from 18% to 15%)
- From 2008 to 2010, Transylvania County 5th graders caries free rate dropped from 76% to 72% (during this same time period the NC caries free rate improved from 74% to 75%)
- Low utilization rate of dental care services by Medicaid populations, only 45.9% of those less than 21 years of age

Multiple risk factors for various population groups were also identified as part of the assessment and action planning process . These overarching considerations included elements like geographic/social isolation, limited transportation, lack of health insurance, limited proficiency with English language, racial disparities associated with health outcomes, unemployment/underemployment, lack of affordable housing and limited access to care.

Summarized Action Plans

For any of the action plans detailed later in this document, it is helpful to establish some context about the types and/ or levels of proposed strategies and in particular, how those might be characterized. The current orientation for many community based strategies is focused on 3 primary components. These include categories for changes in the environment, systems and policy. The latter would include components like health education and promotion activities.

Levels of change or levels of intervention can be described at the community, family or individual level. Most environmental or system changes would be related to large portions of the community population while policy changes might impact the community, families or individuals in different ways.

To illustrate these principles, we'll use the example of tobacco use prevention in a school system. To prevent tobacco use, a school system would typically prohibit tobacco use on campus by staff, students and visitors. This policy change would affect the school campus environment since "No Tobacco Use" signs would be posted on campus to inform others of the policy. System change would occur at administrative levels in terms of providing tobacco cessation opportunity for existing tobacco users, enforcement obligations for the policy by school staff and proactive linkages with other community institutions that have similar policies on prohibiting tobacco use.

This perspective for community health improvement is significant because it prioritizes sustainable change and interventions that are more likely to have significant impact.

Physical Activity/Nutrition

This particular community health priority encompasses a broad array of potential strategies given the inherent importance to individual health and community health outcomes. Our diverse strategies will include EFNEP (Expanded Food and Nutrition Education Program), increased access to healthy foods (farmers markets and local food production), School Health Advisory Council health initiatives, Lighten Up 4 Life, improved opportunities for physical activities, various health education components and the partnership with the regional Community Transformation Project (MountainWise) to name a few.

The overall intent will be targeted toward improvement with consumption of healthy foods and improvement with recommended physical activity levels. Gains in these areas should lower the portion of our population with unfavorable Body Mass Index (BMI) values and the incidence of related chronic disease (diabetes).

Substance Abuse

Our primary focus within this category will be the abuse and illicit use of prescriptions drugs (narcotics, opiates, etc.). This is a rapidly evolving community health problem across the nation and the negative impacts are certainly being evidenced here.

Local efforts are being coordinated through the Community Awareness and Recovery Effort (C.A.R.E.) coalition which has been formally organized for more than a year. The related strategies include policy development within the medical community for consistent prescribing practices, accountability measures for patients utilizing narcotic prescriptions, enhanced screening for patients that might need additional pain management support and the addition of pain management resources within the community. Broader community efforts will center around education and awareness of prescription drug abuse along with interventions like medicine drops and improved security measures for prescription medications in the home.

The combined effect of this two-pronged approach (medical community and general public) should help reduce Emergency Department visits related to substance abuse, inappropriate sharing/utilization of prescription medications and unintentional poisonings (morbidity and mortality).

Dental Health

Poor dental health is one of the most prevalent diseases in our community. It affects all socio-economic levels, but disproportionately impacts at risk populations including the uninsured/underinsured, low income, Medicaid children, unemployed/underemployed and geographically isolated groups.

Our local strategies for children include dental health education, dental screenings and dental care referrals. These early interventions will reinforce appropriate dental hygiene practices and will diminish the incidence of dental decay within younger populations. These components will be integrated with a network of local and regional dental care providers with a collaborative referral process supported by a broad range of community services and organizations.

Monitoring and Accountability

The integrity of the plan will rely on participation by identified stakeholders and community support for improved outcomes. The individual plan for each community health priority has overarching measurements identified for the desired improvement, but that progress in most cases will rely on multiple activities to address different aspects of the community health challenge.

It is important to acknowledge that the nature of our local challenges may change and that the plan should adapt as necessary based on our experience. Progress toward our community goals will be reflected in the annual State of the County's Health (SOTCH) Reports. Those reports will be issued December 2013 and December 2014. The next Community Health Assessment will be completed by December 2015. These 3 documents in total will provide an objective report on our progress and challenges.

*The documents referenced above will be posted on the Transylvania County Department of Public Health website at <http://health.transylvaniacounty.org/>. You can access the Transylvania Regional Hospital's plan at:

The achievements and lessons learned will inform the 2015 community health assessment process and will continue to refine our community efforts to accomplish targeted improvement with the highest priority community health issues.

"Coming together is a beginning; keeping together is progress; working together is success."

- Henry Ford

CHAPTER 1 - INTRODUCTION

What is a Community Health Improvement Plan (CHIP)?

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

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

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

This 2013 CHIP is focused on creating plans within a six month to three year timeline. The community health improvement process is iterative and involves continuous monitoring; we plan to release an annual update of this document in December 2013, and again in December 2014. The next community health assessment will be conducted in 2015.

How to Use this CHIP

This CHIP is designed to be a broad, strategic framework for community health, and will be a "living" document that will be modified and adjusted as conditions, resources, and external environmental factors change. It has been developed and written in a way that engages multiple voices and multiple perspectives. We are working towards creating a unified effort that helps improve the health and quality of life for all people who live, work, and play in Transylvania 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 Steve Smith at (828) 884-3135.

Connection to the 2012 Community Health Assessment (CHA)

Community health assessment (CHA) is the foundation for improving and promoting the health of a community. Community health assessment, as a process and product, is a key step in the continuous community health improvement process. The role of CHA is to identify factors that affect the health of a population and determine the availability of resources within the county to adequately address these factors.

The 2012 Transylvania County Community Health Assessment process and products were designed to provide a rich set of data for our county and its partners to use in identifying major health concerns and issues. The information collected through this process, and the priorities identified, were considered in setting the priorities for our county, which are included in this CHIP¹.

WNC Healthy Impact

WNC Healthy Impact is a partnership between hospitals and health departments, and their partners, in western North Carolina to improve community health. As part of a larger, and continuous, community health improvement process, these partners are collaborating to conduct community health (needs) assessments across western North Carolina. See www.WNCHealthyImpact.com for more details about the purpose and participants of this regional effort. The regional work of WNC Healthy Impact is supported by a steering committee, workgroups, local agency representatives, and a public health/data consulting team.

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

CHAPTER 2 – COMMUNITY HEALTH ASSESSMENT PROCESS

In an effort to determine the priority health issues to be addressed in the community health action plans, the Transylvania County CHA Team used a variety of methods to report assessment findings to the community. This created the opportunity to meet with county residents to engage them in the CHA process, to report CHA findings, and to garner their input about health priorities. The CHA Team created a presentation detailing the process of community health assessment, data highlights and analysis, and a description of next steps in determining priorities. The information was emailed to local partners as well as presented at a CHA information session open to the public and CHA Team in December 2012.

The CHA Team advertised for this public meeting presentation in the local paper, through various partner email lists, and at regular community group meetings during November 2012. An effort was made to include people from all parts of the county and people of all ages, races, cultures, classes, job classifications, etc. The meeting was designed specifically to present CHA findings and generate a discussion period to hear opinions from the audience and lasted just over an hour. During this session, those present were given the opportunity to weigh-in on potential priorities based on data findings through a *Dotmocracy* activity. Through this interactive process, participants determined their level of support for six broad health issues and identified opportunities and challenges the community may face in addressing each issue.

The CHA team researched several methods for determining priorities and decided to use the *Hanlon Method* outlined in the CHA guidebook and on the NACCHO website. This method allowed the CHA Team and other interested people to come together and discuss the choices and resources available to best meet the community's needs. Realizing that different methods of communication appeal to different individuals; staff provided several means for participation in prioritization. The CHA Team was invited to a meeting specifically designated to determine the top three health priorities in early January. Partners also received priority-setting materials via email, slide presentation, and at community group meetings during December and January. Staff developed a *Problem Importance Worksheet* for each health issue to highlight local data, current strategies, and *Healthy NC 2020* objective-related information. This worksheet assisted individuals in determining the *magnitude* and *seriousness* of the health problem as well as the *feasibility* of a successful intervention. The CHA Team and other interested citizens were asked to rate each health issue based on these three parameters and then provide a numerical ranking score.

Through use of the *Hanlon Method*, partners were able to recognize that our community faces a number of health problems that call for intervention; however, resources may not currently be available to address each problem. Once interested citizens and partners had a chance to complete a *Problem Importance Worksheet* for each health issue, staff compiled the rankings into a formula that weighted seriousness and feasibility. The three health issues that received the highest scores were designated as the top three health problems to focus on in community health action planning during 2013.

The Transylvania County 2012 Community Health Assessment Priority Areas are:

- Physical Activity/Nutrition (obesity)
- Substance Abuse (focus on prescription drug abuse)
- Dental Health

For historical perspective, the 2009 Community Health Assessment resulted in the following priorities:

- Access to Care
 - Mental health, substance abuse, chronic illness, dental health
- Healthy Lifestyles/Wellness
 - Mental health, substance abuse, chronic illness, dental health
- Basic Needs
 - Education, housing, employment, food security

It is evident that several types or categories of need have been consistent through both community health assessment cycles over a period of 7 years.

CHAPTER 3 – PRIORITY # 1:

PHYSICAL ACTIVITY & NUTRITION

Situational Analysis

Overweight and obesity pose significant health concerns for both children and adults. Excess weight increases an individual's risk of developing type 2 diabetes, high blood pressure, heart disease, certain cancers, and stroke. Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. (NC Institute of Medicine – Healthy NC 2020: Physical Activity and Nutrition <http://www.publichealth.nc.gov/hnc2020/>)

Based on self-reported heights and weights, Transylvania County self-reported rates mirror regional, state, and national estimates that roughly 1 in 3 children and 2 in 3 adults are overweight or obese. While Transylvania County is less obese than the region, state, and country; the majority (65%) of our adult population has a BMI of greater than 25. Only 13.3% of Transylvania County residents are eating the recommended minimum fruit and vegetable servings per day.

Residents in Transylvania County want to see our county become a healthier place to live by improving access to fresh produce and increasing physical activity opportunities. Of those residents that completed the WNC Healthy Impact survey, the majority think it is important for our communities to make the following changes:

- Make it easier for residents to access farmer's markets and tailgate markets (75.7%)
- Improve the public's access to physical activity spaces (65%)
- Improve access to trails, parks, and greenways (64.9%)
- Need more indoor physical activity spaces (70.7%)

As a community, we must commit to creating an environment that helps residents make the healthy choices and take

"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.



responsibility for decisions that support good health in our homes, neighborhoods, schools, and workplaces.

Spotlight on Success

In 2008, the City of Brevard secured a grant from Safe Routes to Schools (SRTS) to support programming and infrastructure to improve pedestrian access to Brevard Elementary. In addition to this initial grant, the City and private donors were able to fund the building of the Gallimore Road section of the greenway that connects Brevard Elementary and Brevard High School. This section also connects students to the Boys and Girls Club and provides access to the schools for residents of a densely populated neighborhood with two apartment complexes. This spring, access to Brevard Elementary was improved for families residing near Elm Bend Road with the addition of a sidewalk.



For the last three years, students have been able to participate in a walking school bus every Wednesday. To encourage students to participate in this activity, as well as using an active mode of transportation to commute to school; students are given tokens at the crosswalk. Tokens are redeemable weekly at a prize store. The program coordinator has noticed an increase in the number of tokens redeemed, with a few students walking almost everyday.

The last component of the program is education and outreach. A bicycle rodeo focusing on bicycle and pedestrian safety is presented annually. This year, Brevard College students will help implement part of this programming. Based on the its success at Brevard Elementary, the City of Brevard is planning to expand educational programming to Pisgah Forest Elementary and Brevard Middle School for the 2013-2014 school year.

Partners

Addressing obesity 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 physical activity opportunities and nutrition choices to prevent or reduce the negative impacts of obesity in our community.

Key Stakeholders

- Appalachian Sustainable Agriculture Project
- Boys and Girls Club
- City of Brevard
- NC Cooperative Extension
- NC Department of Transportation
- Transylvania County
- Transylvania County Public Health
- Transylvania County Schools
- Transylvania Regional Hospital
- WNC Healthy Kids/Western NC Hospital Network
- Land of Sky Regional Council
- Community Transformation Project/Region 1
- Physician practices
- Worksite wellness sites
- Churches
- Recreation Facilities
- Government Officials
- City and County Planning Offices
- MANNA Food Bank
- Mountain Area Health and Education Center

Physical Activity & Nutrition – Action Plan

Goal

Lower rates of chronic disease that are associated with overweight/obesity. Lower rates of preventable deaths associated with overweight/obesity.

Vision of Impact

Create and support a culture of wellness and good health within the community through improved access to healthy foods and expanded opportunities for physical activity.

Risk Factors

Limited knowledge about healthy nutrition choices; lack of awareness about importance of regular physical activity; limited access to healthy foods and physical activity spaces; limited access to care.

Community Objectives	Baseline/Indicator Source
1. By December 2015, increase percentage of adults engaging in recommended physical activity from 61% to 65%	WNC Healthy Impact Survey
Related Healthy NC 2020 Objective: Increase the percentage of adults getting recommended amount of physical activity [2020 Target: 60.6%]	BRFSS
2. By December 2015, increase percentage of adults consuming recommended daily servings of fruits and vegetables from 13.3% to 19.3%	WNC Healthy Impact Survey
Related Healthy NC 2020 Objective: Increase the percentage of adults who report they consume fruits and vegetables five or more times per day [2020 Target: 29.3%]	BRFSS
3. By December 2015, decrease the percentage of adults with diabetes from 11.8% to 9.8%	WNC Healthy Impact Survey
Related Healthy NC 2020 Objective: Decrease the percentage of adults with diabetes [2020 Target: 8.6%]	BRFSS

CDC's Community Strategies and Measurements to Prevent Obesity in the US: Implementation and Measurement Guide. CDC, 2009. Available at:

http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf

Physical Activity & Nutrition – Action Plan

<p>INTERVENTION: Promote research based 5-2-1-Almost None message in Transylvania County SETTING: Community START DATE – END DATE: April 2012 - ongoing LEVEL OF INTERVENTION: Community/Families</p>
<p>LEAD AGENCY: Transylvania County Public Health OTHER AGENCIES: Transylvania Regional Hospital, Smart Start of Transylvania County, Community Transformation Project, local child care centers, physician practices, WNC Healthy Kids and youth programs</p>
<p>EVALUATION MEASURES: New Process: Development and sharing of 5-2-1-Almost None toolkits to raise awareness among children and caregivers that children should eat 5 or more fruits and vegetables each day; spend 2 hours or less per day on screen time; engage in daily physical activity for at least one hour per day and limit or avoid consumption of sugary drinks. Output/Impact: WNC Healthy Kids and its stakeholders are prepared to assist Transylvania County by sharing 5-2-1-Almost None tools, strategies and resources that each sector can use to improve consumption of fresh fruits and vegetables and levels of physical activity. Outcomes/References: Research has demonstrated that branding and marketing of simple messages, including 521Almost None, in conjunction with other interventions can improve health outcomes. Institute of Medicine. 2011. Early Childhood Obesity Prevention Policies. Available at: http://www.nciom.org/wp-content/uploads/2011/09/IOM-Young-Child-Obesity-2011-Recommendations.pdf; Let's Go. 2012. Let'sGo! It's Working: Greater Portland Demonstration Project. Available at: http://www.letsgo.org/wp-content/uploads/LG5yrReport_Final.pdf</p>
<p>INTERVENTION: Encourage participation with Lighten up 4 Life, a free web-based team approach to weight loss SETTING: Community START DATE – END DATE: 2012- ongoing LEVEL OF INTERVENTION: Community (families and individuals)</p>
<p>LEAD AGENCY: Transylvania Regional Hospital OTHER AGENCIES: Physician practices, Transylvania County Public Health, local companies and organizations, youth groups.</p>
<p>EVALUATION MEASURES: New Process: Sharing information about Lighten Up 4 Life campaign with physician (for referrals), through local health fairs, with local youth programs, with churches and with worksite wellness coordinators Output/Impact: Transylvania Regional Hospital supports the web based program by offering enrollment in regular sessions throughout the year. Outcomes/References: Research indicates advantages with weight loss strategies embodied in a team</p>

approach. <http://www.shapeup.com/PDFs/Study-Social-Influence-Affects-Weight.pdf>; Leahey TM, Crane MM, Pinto AM et al. 2010. Effect of teammates on changes in physical activity in a statewide campaign. Preventive Medicine 51:45–49. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2885551>

INTERVENTION: Expanded Food and Nutrition Education Program (EFNEP)

SETTING: Child care centers, schools and community groups

START DATE – END DATE: 2011-2012

LEVEL OF INTERVENTION: Community (families and individuals)

LEAD AGENCY: NC Cooperative Extension Service – Transylvania County

OTHER AGENCIES: Transylvania County Public Health, Transylvania County Schools, School Health Advisory Council, farmer’s market and community youth programs.

EVALUATION MEASURES: New

Process: Provide EFNEP curriculum in school classroom settings and in other venues which allow participation by parents.

Output/Impact: Focuses on improved knowledge of nutrition, food safety practices and relationship to physical activity (adult and child components).

Outcomes/References: Pre and post surveys demonstrate improved knowledge of appropriate nutrition choices and relationship to overall health. Provides support for improved food choices and food preparation practices in home.

Rutgers University. 2013. Expanded Food and Nutrition Education Program (EFNEP). Available at:

<http://njaes.rutgers.edu/efnep/>;

Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables. CDC, 2011. Available at:

http://www.cdc.gov/obesity/downloads/fandv_2011_web_tag508.pdf

INTERVENTION: Improved access to local produce and foods (Farmer’s Markets, corner store campaign)

SETTING: Community

START DATE – END DATE: July 2013 – June 2014

LEVEL OF INTERVENTION: Community (families and individuals)

LEAD AGENCY: Community Transformation Project, City of Brevard & NC Cooperative Extension

OTHER AGENCIES: Transylvania County Public Health, ASAP, City and County Planners, Corner Stores, Farmer’s Market

EVALUATION MEASURES: New

Process: Raise awareness about importance of local food systems through consistent messaging provided by NC Cooperative Extension, ASAP and MountainWise campaigns. Support exploratory process by City of Brevard to establish permanent place/structure for Farmer’s Market. Support Farmer’s Market evolution into formally organized entity that would enhance access strategies for the general public like acceptance of debit/credit cards, acceptance of SNAP EBT cards and expanded hours.

Output/Impact: Improve access to and availability of local vegetables and food products provided through the Farmer’s Market.

Outcomes/References: Increase the locations for availability of local food products through alternative venues like corners stores and improve overall access to a centralized Farmer’s Market. Haynes-Maslow L, Parsons SE, Wheeler SB, Leone LA. 2013. A Qualitative Study of Perceived Barriers to Fruit and Vegetable Consumption Among Low-Income Populations, North Carolina, 2011. *Prev Chronic Dis* 2013;10:120206. DOI: Available at: <http://dx.doi.org/10.5888/pcd10.120206>. National Prevention Council. 2011. National Prevention Strategy: America’s Plan for Better Health and Wellness. Available at: <http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>

INTERVENTION: Diabetes Self-Management Education

SETTING: Community

START DATE – END DATE: Ongoing

LEVEL OF INTERVENTION: Individual

LEAD AGENCY: Transylvania Regional Hospital

OTHER AGENCIES: Blue Ridge Community Health Services, Transylvania County Public Health, The Free Clinic of Transylvania County (MAP)

EVALUATION MEASURES: This program provides counseling, education and support to newly diagnosed patients with diabetes and patients with uncontrolled diabetes following initial interventions.

Process: May be referred by physician, health department or self.

Output/Impact: Outpatient diabetes education counseling for patients with diabetes mellitus type I and II and pre-diabetes status.

Outcomes/References: Improvement with glycemic control in patients with all types of diabetes mellitus. Decreases potential for multiple associated chronic diseases including cardiovascular disease. Improves compliance with appropriate nutrition choices and needed levels of physical activity as part of weight management strategies.

Norris S, Engelgau M, KV Narayan. 2001. Effectiveness of Self-Management Training in Type 2 Diabetes: A Systematic Review of Randomized Controlled Trials. *Diabetes Care* 4 (3): 561-587. Available at: <http://care.diabetesjournals.org/content/24/3/561.full#ref-list-1>;

Task Force on Community Preventive Services. 2011. Strategies for Reducing Morbidity and Mortality from Diabetes through Health-Care System Interventions and Diabetes Self-Management Education in Community Settings: A Report on Recommendations of the Task Force on Community Preventive Services. 2011. Available at: <http://www.cdc.gov/MMWR/preview/mmwrhtml/rr5016a1.htm>

INTERVENTION: Increase opportunities for physical activity

SETTING: Community

START DATE – END DATE: July 2013 – June 2014

LEVEL OF INTERVENTION: Community, policy & environment

LEAD AGENCY: Transylvania County Public Health & Community Transformation Project

OTHER AGENCIES: City and County Planning Departments, Southwest Commission, HIA Contractor, Facilitator, Media.

EVALUATION MEASURES: New

Process: Partner with CTP, Southwest Commission and local planning entities to implement a workshop targeting public health professionals and planners; raise awareness about the linkage between planning documents and the natural incorporation of health considerations; evaluate existing

plans and policies related to health considerations; foster consideration of including health specific chapters or elements in future plans within various jurisdictions. Includes City of Brevard Comprehensive Pedestrian Plan and future development of general Comprehensive plans for City of Brevard and Transylvania County.

Output/Impact: Increase the number of new or revised comprehensive plans that incorporate health specific considerations including promotion of additional physical activity spaces and connectivity.

Outcomes/References: Research indicates that there is a correlation between the environment and physical activity levels thus supporting the promotion of additional physical activity opportunities. Task Force on Community Preventive Services. Recommendations to Increase Physical Activity in Communities. American Journal Preventative Medicine 2002; 22 (4S): 67-62. Available at:

<http://www.thecommunityguide.org/pa/pa-ajpm-recs.pdf>

CDC Recommendations for Improving Health Through Transportation Policy. Available at:

<http://www.cdc.gov/transportation/docs/final-cdc-transportation-recommendations-4-28-2010.pdf>

CHAPTER 4 – PRIORITY # 2: SUBSTANCE ABUSE (PRESCRIPTION DRUGS)

Situational Analysis

“Drug overdose death rates in the United States have more than tripled since 1990 and have never been higher. In 2008, more than 36,000 people died from drug overdoses and most of these deaths were caused by prescription drugs.

Although many types of prescription drugs are abused, there is currently a growing deadly epidemic of prescription painkiller abuse. Nearly three out of four prescription drug overdoses are caused by prescription painkillers – also called opioid pain relievers. The unprecedented rise in overdose deaths in the United States parallels a 300% increase since 1999 in the sale of these strong painkillers. These drugs were involved in 14,800 overdose deaths in 2008, more than cocaine and heroin combined.”

- Policy Impact/Prescription Painkiller Overdoses
CDC National Center for Injury Prevention and Control,
Division of Unintentional Injury Prevention

Those trends are consistent with our local experience in Transylvania County. Transylvania Regional Hospital has been tracking the number of overdose cases in the Emergency Department over the last few years. In 2008, there were 122 overdoses, in 2009 – 117, in 2010 – 120 and in 2011 – 131. The leading substances contributing to the overdoses were benzodiazepines, followed by opiates and sedatives/tranquilizers.

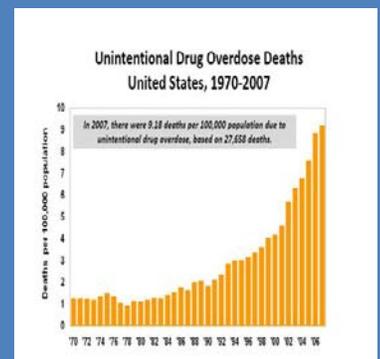
Unintentional poisonings in Transylvania County (primarily drug overdoses) is the 3rd leading cause of death here as compared to a #5 ranking for Western North Carolina and North Carolina. In the WNC Healthy Impact Survey, substance abuse was one of 3 issues referenced by residents as having a significant negative impact on the quality of life here.



The Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic. While there has been a marked decrease in the use of some illegal drugs like cocaine, data from the [National Survey on Drug Use and Health \(NSDUH\)](#) show that nearly one-third of people aged 12 and over who used drugs for the first time in 2009 began by using a prescription drug non-medically.

Some individuals who misuse prescription drugs, particularly teens, believe these substances are safer than illicit drugs because they are prescribed by a healthcare professional and dispensed by a pharmacist. Addressing the prescription drug abuse epidemic is not only a top priority for public health, it will also help build stronger communities and allow those with substance abuse disorders to lead healthier, more productive lives.

Office of National Drug Control Policy



In an August 2012 Transylvania Times article, the Department of Social Services Director, Stoney Blevins was quoted as saying “the substance abuse problem is by far the biggest challenge that we have right now” when asked about the dramatic increase with children in foster care and protective custody.

Transylvania County residents want to see positive change and have engaged with proactive strategies promulgated through the North Carolina Coalition Initiative (NCCI) which support local efforts through the C.A.R.E. (Community Awareness and Recovery Effort) coalition. Those efforts are also linking with strategies and best practices identified through the Project Lazarus initiative which originated in Wilkes County to address prescription drug abuse.

Local efforts include improving community awareness about the problem; medical community leadership to revise and develop more advanced policies for prescribing associated with pain; medical community identification and management of high risk patients and enhanced security for personal medications including medicine drops and lockbox utilization in homes. This broad array of public and medical community strategies can make a positive difference and reduce unintentional poisonings and deaths related to prescription drug overdoses.

As a community, we must address the protective and risk factors associated with prescription drug abuse and acknowledge the inherent risks associated with the proliferation of these drugs and the complex medical responsibility for appropriate pain management.

Spotlight on Success

In 2010, Transylvania Regional Hospital and Transylvania County Public Health began reviewing data and other community information related to the local increase with unintentional poisonings and related deaths. Leadership from the hospital and medical community convened local stakeholders from multiple sectors including law enforcement, education, faith community, business, community organizations, government and other human service agencies.

Participants acknowledged the troubling trends and committed to specific actions including sponsorship of medicine drops and additional community forums. Fred Brason from Project Lazarus spoke to local groups on a number of occasions and shared state, regional and local data that supported local insights about the magnitude of the problem.

These various efforts culminated in a formal grant proposal for substance abuse prevention through the North Carolina Community Initiatives program (funded by state funds through the NC Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Direction and technical assistance provided by the NCCI Coordinating Center at Wake Forest School of Medicine). The grant application was structured through the local Healthy Carolinians task force, the Land of Waterfalls Partnership for Health which maintains a 501 (c)(3) status.



C.A.R.E. Coalition Members

<http://transylvaniacare.org/>

The Partnership was successful with the grant application and has received funding for a 2 year cycle to address prescription drug abuse. Due to the support of the grant, a part time coordinator, Kathleen Mallet was hired and community meetings, educational efforts, ongoing assessment and the development of a logic model and strategic plan have been accomplished. The coalition is currently working on implementation of the chosen strategies to address the various factors contributing to prescription drug abuse in our county.

Partners

Improving local outcomes associated with prescription drug abuse will be challenging due to the complexity of the contributing factors and the association with legitimate medical treatment of pain. Many sectors will have to work together to create a unified system of education, awareness and interventions in order to reduce the incidence of unintentional poisonings and deaths due to prescription drug abuse.

Key Stakeholders

- Community Awareness and Recovery Effort (C.A.R.E.) Coalition
- Land of Waterfalls Partnership for Health
- Transylvania Regional Hospital
- Transylvania County Public Health
- North Carolina Coalition Initiative
- Medical Community
- Pain Management Organizations
- Transylvania County Schools
- Transylvania County Sheriff's Office
- City of Brevard Police Department
- Local Mental Health Services Providers
- Substance Abuse Treatment Providers
- Transylvania County Department of Social Services
- Churches
- Project Lazarus
- Western Highlands Network/Smoky Mountain Center
- NAMI – Transylvania County Chapter
- Juvenile Crime Prevention Council
- Blue Ridge Community Health Services

Substance Abuse (prescription drugs) – Action Plan

Goal

Lower rates of unintentional poisonings and deaths associated with prescription drug abuse.

Vision of Impact

Create and enhance systems which reinforce appropriate pain management, minimize community risk factors and reduce or eliminate preventable injury or death associated with prescription drug abuse.

Risk Factors

Perception that abuse of prescription drugs isn't harmful because they are "legal" drugs; medication sharing; law enforcement challenges; widespread availability; inconsistent use of Controlled Substances Reporting System; complexities of pain management; lack of specialized pain management capacity; limited mental health services capacity; social isolation.

Community Objectives	Baseline/Indicator Source
1. By December 2015, decrease rate of unintentional poisoning deaths from 26.9 to 23 (per 100,000 based on 2005-2007 data)	NC Center for Health Statistics
Related Healthy NC 2020 Objective: Reduce the unintentional poisoning mortality rate [2020 Target: 9.9]	NC Center for Health Statistics
2. By December 2015, decrease the number of unintentional poisonings cases presenting at the ED (not resulting in death) from current annual baseline of 131 to 99.	Transylvania Regional Hospital ED Data
Related Healthy NC 2020 Objective: Reduce the unintentional poisoning mortality rate [2020 Target: 9.9]	NC DETECT

Substance Abuse (prescription drugs) – Action Plan

<p>INTERVENTION: Transylvania Regional Hospital and the medical community will create and revise advanced policies for prescribing practices associated with pain management; identification of high risk patients and consistent utilization of the Controlled Substances Reporting System (CSRS)</p> <p>SETTING: Hospital and physician practices</p> <p>START DATE – END DATE: August 2013 – June 2014</p> <p>LEVEL OF INTERVENTION: Policy</p>
<p>LEAD AGENCY: Transylvania Regional Hospital</p> <p>OTHER AGENCIES: C.A.R.E. Coalition, Community Care of WNC, Mission Hospitals, Project Lazarus, Physician practices</p>
<p>EVALUATION MEASURES: New</p> <p>Process: Tools, resources and technical assistance for standardized policy changes will be promulgated by entities like the NC Hospital Association, WNC Hospital Network, Mission Hospitals and Community Care of WNC and shared with Transylvania Hospital to consider and potentially incorporate with their standard operating procedures associated with narcotic prescriptions and pain management. A regional effort from Project Lazarus will also support this initiative.</p> <p>Output/Impact: Improved consistency with prescribing practices among physicians and increased patient accountability for use of pain management medications.</p> <p>Outcomes/References: Avoidance/reduction of unintentional poisonings, limitations on inappropriate drug seeking behaviors.</p> <p>Simeone R and Lynn H. 2006. An Evaluation of Prescription Drug Monitoring Programs. Simeone Associates, Inc Available at: http://www.cdc.gov/transportation/docs/final-cdc-transportation-recommendations-4-28-2010.pdf</p> <p>Brown M,Swiggart W, Dewey C. and M.Ghulyan. 2012. Searching for Answers: Proper Prescribing of Controlled Prescription Drugs. <i>Journal of Psychoactive Drugs</i>. Available at : http://www.thefreelibrary.com/Searching+for+answers%3a+proper+prescribing+of+controlled+prescription...-a0287390917</p>
<p>INTERVENTION: Develop specific capacity for comprehensive pain management medical care.</p> <p>SETTING: Hospital and pain management clinic</p> <p>START DATE – END DATE: August 2013 – June 2014</p> <p>LEVEL OF INTERVENTION: Community, Environment, System</p>
<p>LEAD AGENCY: Transylvania Regional Hospital</p> <p>OTHER AGENCIES: Mission Hospitals, Blue Ridge Community Health Services, Physician practices, mental health services providers, substance abuse treatment providers</p>
<p>EVALUATION MEASURES: New</p> <p>Process: Development of a part time pain management clinic which will serve as a central resource for local physicians related to patients with complex pain management needs and other risk factors. Specific expertise within clinic will provide specialized assessment, evaluation and care management for</p>

those utilizing narcotic prescription medications.

Output/Impact: Enhanced quality of care for patients with intensive pain management needs.

Outcomes/References: Appropriate specialized care for pain management patients which should reduce incidence of unintentional poisonings and related ED visits.

Institute of Medicine. 2011. Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research. The National Academies Press. Available at:

<http://www.iom.edu/Reports/2011/Relieving-Pain-in-America-a-Blueprint-for-Transforming-Prevention-Care-Research.aspx>

INTERVENTION: Implement C.A.R.E. Coalition Strategic Plan (NCCI)

SETTING: Community

START DATE – END DATE: July 2013 – June 2014

LEVEL OF INTERVENTION: Community, Policy, Environment, System

LEAD AGENCY: C.A.R.E. Coaliton, Land of Waterfalls Partnership for Health, Transylvania County Public Health

OTHER AGENCIES: Transylvania County Schools, Transylvania County Law Enforcement, Churches, Community Organizations, Youth Groups, Businesses, NAMI, Western Highlands Network, Smoky Mountain Center, ARP

EVALUATION MEASURES: New

Process: Community education and outreach regarding protective and risk factors associated with prescription drug abuse in Transylvania County, promotion of medicine drop campaigns, enhanced security for medications in homes (lockboxes). Coordination with regional Project Lazarus initiative for community engagement.

Output/Impact: Increased awareness of unintentional poisonings and related deaths. Increased awareness of harm associated with illicit use of prescription drugs.

Outcomes/References: Community empowerment to engage in proactive strategies to support prevention of substance abuse. Increase perception of harm associated with prescription drug abuse. Integration of educational effort with previously described direct interventions to reduce incidence of unintentional poisonings.

Office of National Drug Control Policy. Epidemic: Responding to America's Prescription Drug Abuse Crisis. 2011. Available at: http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/prescription-drugs/rx_abuse_plan.pdf

CHAPTER 5 – PRIORITY # 3: DENTAL HEALTH

Situational Analysis

Dental health is an important determinant for overall community health in Transylvania County. According to the US Surgeon General's Report, Oral Health in America, population groups that are disproportionately impacted by dental decay include:

- The poor, particularly young children and the elderly
- Racial and ethnic minorities
- Medically and developmentally compromised individuals

As reported by the Transylvania County 2012 Community Health Assessment, approximately a 1/3 of our population has income levels below 200% of the Federal Poverty Level (\$46,100 of income for a family of four). Only 51% of the population of Medicaid children ages 1-5 utilize any dental care services.

Dental decay is the most prevalent chronic disease for children and yet it is totally preventable.

From 2008 to 2010, the percentage of Transylvania County caries free kindergarteners dropped from 60% to 56% while NC caries free kindergarteners rates improved from 61% to 64%.

From 2008 to 2010, the percentage of Transylvania County kindergarteners with untreated decay increased from 14% to 17% while NC kindergartener untreated decay rates decreased from 18% to 15%.

Dental pain remains the most common complaint for individuals entering the Transylvania Regional Hospital Emergency Department.

Fluoridation of drinking water supplies is a core public health strategy for improving community dental health. The City of Brevard (largest municipal jurisdiction in Transylvania County) removed fluoride from their water system in 2007.



Oral health is an important contributor to overall health for individuals and the population. Dental caries both untreated and treated and tooth loss are key indicators of oral health and are used to monitor oral health status in the United States and internationally (1,2). Although prevalence of dental caries has been declining in the United States, the magnitude of the decline has varied across different population groups during the past two decades.

Recent data from the National Health and Nutrition Examination Survey, 2005–2008 indicated that more than one in five people had untreated dental caries and 75% had existing dental restorations.

NCHS Data Brief, May 2012



Spotlight on Success

Leadership in the local dental community and public health joined forces over a decade ago to partner in an innovative system of care model to promote dental hygiene through dental health education and screenings and to provide improved access to care for Medicaid children populations. The concept was supported and funded in part by Smart Start of Transylvania County. The program targeted local child care centers and provided dental health education along with dental hygiene supplies. One of the related strategies was to increase the percentage of children that brushed their teeth while at the center.

Basic dental screenings were also accomplished and children needing dental hygiene or dental care services were referred to one of the participating dental practices. Local dentists volunteered their time and allowed the Medicaid revenues to be dedicated back to the program. Dental practice staff were paid a minimal contract rate for their work and also volunteered time for some clinics. Due to intensive case management of this patient population and the coordinated system of referrals, show rates for dental appointments were typically above 90% and the majority of children were compliant with follow up visits.



Healthy Smiles Program Coordinator, Bridgett Masters teaching children proper dental hygiene practices using "Flossie" the Flossasaurus. (2012)

After 12 years of successful outcomes, the program was acknowledged by the NC GlaxoSmithKline Foundation with their Child Health Recognition Award in 2012. This was a great testament to the collaboration to address dental health needs for over 4,000 children during that period of time. That progress recently garnered additional investment from United Way of Transylvania County to expand the program into elementary grades of the school system. The recent addition of Blue Ridge Community Health Services to our community will continue to improve access to dental care for Medicaid and uninsured populations.

Partners

Improving dental health outcomes has always required targeted interventions to reach at risk populations. These systemic issues can be difficult to overcome and the community partners below represent critical resources for our local efforts.

Key Stakeholders

- Local Dentists
- Blue Ridge Community Health Services
- Mission Hospitals Tooth Bus
- NC Division of Public Health – Oral Health Section
- Smart Start of Transylvania County
- Transylvania Regional Hospital
- Transylvania County Public Health
- Medical Community
- United Way of Transylvania County
- Transylvania County Schools
- Local Child Care Centers

Dental Health – Action Plan

Goal

Advance overall community health with improvement in dental health outcomes.

Vision of Impact

Comprehensive dental health education, dental screenings and improved access to dental care for children with a particular emphasis on at risk populations.

Risk Factors

Uninsured/underinsured; low income; Medicaid; racial/ethnic minorities; geographically isolated; limited transportation; lack of knowledge about importance of dental hygiene practices.

Community Objectives	Baseline/Indicator Source
1. By December 2015, decrease percentage of children aged 1-5 years enrolled in Medicaid who received any dental service during the previous 12 months from 51% to 59%	NC Division of Medical Assistance
Related Healthy NC 2020 Objective: Increase the % of children ages 1-5 years enrolled in Medicaid who received any dental service during the previous 12 months [2020 Target: 56.4%]	NC Division of Medical Assistance
2. By December 2015, decrease the average number of decayed, missing or filled teeth among kindergarteners from 1.75 to 1.1	NC Oral Health Section
Related Healthy NC 2020 Objective: Decrease the average number of decayed, missing or filled teeth among kindergarteners [2020 Target: 1.1]	NC Oral Health Section

Dental Health – Action Plan

<p>INTERVENTION: Provide dental health education and dental screenings in local child care centers. Coordinate referrals to local dental practices when dental services are indicated. Integrate efforts when possible with child care health consultation program.</p> <p>SETTING: Child care centers</p> <p>START DATE – END DATE: August 2013 – December 2015</p> <p>LEVEL OF INTERVENTION: Community (families and individuals)</p>
<p>LEAD AGENCY: Transylvania County Public Health</p> <p>OTHER AGENCIES: Smart Start of Transylvania County, child care centers, Blue Ridge Community Health Services, Mission Hospitals, local dentists</p>
<p>EVALUATION MEASURES: Percentage of children accomplishing tooth brushing in centers; percentage of children receiving dental health education and dental screenings</p> <p>Process: Comprehensive dental health curriculum provided by public health dental hygienist and coordinated with local dental care resources.</p> <p>Output/Impact: Improved hygiene practices for young children which will support positive dental health outcomes in the future. Establishment of “dental homes” for those with limited access to care.</p> <p>Outcomes/References: Decreased rates of dental caries through education and preventive care. American Academy of Pediatric Dentistry and American Academy of Pediatrics. 2011. Policy on Early Childhood Caries (ECC): Classifications, Consequences and Preventive Strategies. <i>Pediatric Dentistry</i>. Reference Manual 33(6): 47. Available at: http://www.aapd.org/media/Policies_Guidelines/P_ECCClassifications.pdf</p> <p>Scottish Intercollegiate Guidelines Network. 2005. Prevention and Management of Dental Decay in the Pre-school Child. Available at: http://www.sign.ac.uk/pdf/sign83.pdf</p>
<p>INTERVENTION: Provision of access to care and “dental home” for uninsured and Medicaid populations</p> <p>SETTING: Dental practices, dental care providers</p> <p>START DATE – END DATE: August 2013 – December</p> <p>LEVEL OF INTERVENTION: Community, System</p>
<p>LEAD AGENCY: Blue Ridge Community Health Services</p> <p>OTHER AGENCIES: Transylvania Regional Hospital , Physician practices, Transylvania County Public Health, local child care centers</p>
<p>EVALUATION MEASURES: New</p> <p>Process: Supporting agencies will coordinate and provide appropriate referrals based on need, payor source and ability of entity to accept new patients. Patient may self-refer.</p> <p>Output/Impact: Improved access to care for at risk populations.</p> <p>Outcomes/References: Dental hygiene and dental care services for at risk populations disproportionately impacted by poor dental health outcomes. Reduced incidence of dental decay in the community. Reduction in Emergency Department visits related to dental pain. Association of State and Territorial Dental Directors. 2013. Best Practice Approaches for Prevention and</p>

Early Childhood Tooth Decay. Available at: <http://www.astdd.org/docs/BPAEarlyChildhood.pdf>
Chu, Sally. 2006. Early Childhood Caries: Risk and Prevention in Underserved Populations. University of California, Los Angeles. Available at: <http://www.jyi.org/issue/review-early-childhood-caries-risk-and-prevention-in-underserved-populations/#sthash.Zkw5NmSG.dpuf>

CHAPTER 6 – 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 Transylvania 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 Transylvania County Department of Public Health website (<http://health.transylvaniacounty.org/>) and the WNC Healthy Impact website (www.WNCHealthyImpact.com) .

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

References

NACCHO's CHA/CHIP Resource Center

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

Wisconsin Association of Local Health Departments and Boards

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

NC Division of Public Health Community Health Assessment Resource Site

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

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

NC DPH Community Health Assessment Guide Book

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

Connecticut DPH Guide and Template for Comprehensive Health Improvement Planning

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

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

Sedgwick County CHIP

http://www.sedgwickcounty.org/healthdept/communityhealthpriorities_2010.pdf

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

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

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.