

## Community Health Action Plan 2014-15 (year)

*Designed to address Community Health Assessment priorities (Form updated July 2015)*

Two priorities identified during the 2014 CHA process are required to be addressed. Each priority should have a separate "Community Health Action Plan". Action plans are due by **the first Monday in September following the March submission of the CHA, per consolidated agreement.**

<http://publichealth.nc.gov/employees/forms/contracts/agreementAddenda/FY15ConsolidatedAgmt.pdf>

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**County:** Appalachian District (Alleghany, Ashe and Watauga Counties) **Period Covered:** July 1, 2015-June 30, 2017

**Partnership/Health Steering Committee, if applicable:** Watauga Vision Council, Ashe Health Alliance, Alleghany Health Advisory Council (Note: Each of these Partnerships/Health Steering Committees are made up of and include a multitude of agencies in each community)

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

**Local Community Objective:** *(Working description/name of community objective)*

- Objective 1 (Ongoing): By June 30, 2017, decrease the number of children and adults who are overweight or obese by 2%.

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

### **Alleghany:**

- More than a third, 35.7%, of US adults are overweight or obese (CDC, 2012).
- Approximately 25% of Alleghany County adults are obese. (CDC, 2011)
- 19.4% of children ages 2-4 are obese. (NC-NPASS 2012)
- Obesity is linked to heart disease, stroke, diabetes, and cancer and an estimated \$147 billion in annual healthcare costs in the US, or an additional \$1,429 in medical costs in comparison to those of normal weight (CDC, 2013).
- When looking regionally, over 25% of Western NC adults reported no physical activity in the past month (BRFSS, 2012).
- More recent data show that as of 2013, adults who participated in the BRFSS reported over 28% physical inactivity.
- Among the 2012 NC NPASS sample of children from Alleghany County, 32% were either overweight or obese.
- According to County Health Rankings in 2014, Alleghany County was ranked among the 100 NC counties (where 1 is "best"):
  - 67th in length of life
  - 58th in quality of life
  - 53rd in health behaviors
  - 85th in clinical care
  - 74th in social and economic factors
  - 70th in physical environment

### **Ashe:**

- More than a third, 35.7%, of US adults are overweight or obese (CDC, 2012).
- Approximately 5,218 adults are obese. (CDC, 2011)
- 13.6% of children 2-4 years old are obese and 14% are overweight. (NC-NPASS 2012)

- Obesity is linked to heart disease, stroke, diabetes, and cancer and an estimated \$147 billion in annual healthcare costs in the US, or an additional \$1,429 in medical costs in comparison to those of normal weight (CDC, 2013).
- When looking regionally, over 25% of Western NC adults reported no physical activity in the past month (BRFSS, 2012).
- More recent data show that as of 2013, adults who participated in the BRFSS reported over 28% physical inactivity.
- The prevalence of adults who are overweight or obese has increased slightly since 2012 to the most current data that demonstrates over 64% of adults are either overweight or obese (Note due to a change in statistical methods data for 2011 is not comparable with data for previous years). (BRFSS)
- According to County Health Rankings in 2014, Ashe County was ranked among the 100 NC counties (where 1 is “best”):
  - 41st in Health Outcomes and 53rd in Health Factors, with the following contributing to the overall rankings
  - 31st in length of life
  - 62nd in quality of life
  - 22nd in health behaviors (and included here, the county ranked 63rd in tobacco use)
  - 83rd in clinical care
  - 69th in social and economic factors
  - 42nd in physical environment
- From Ashe CHAs, major themes emerging from those write-in responses were around addressing healthcare coverage and affordability (73), improving physical activity options including indoor and outdoor recreation opportunities (56), increase and/or improve medical care services (49, of which 10 are specifically related to mental health services available), increase healthy food options and/or nutrition behaviors (35), furthering education, with most specifically about education for preventive health efforts (27), and addressing substance abuse concerns (23, of which most were about tobacco control/prevention followed by youth prevention efforts related to substance use).

#### **Watauga:**

- More than a third, 35.7%, of US adults are overweight or obese (CDC, 2012).
- 15.9 % of children ages 2-4 are overweight and 15.6% are obese. (NC-NPASS 2012)
- According to the CDC Obesity Data and Trends 2011, 10,110 adults in Watauga County are obese.
- Obesity is linked to heart disease, stroke, diabetes, and cancer and an estimated \$147 billion in annual healthcare costs in the US, or an additional \$1,429 in medical costs in comparison to those of normal weight (CDC, 2013).
- When looking regionally, over 25% of Western NC adults reported no physical activity in the past month (BRFSS, 2012).
- More recent data show that as of 2013, adults who participated in the BRFSS reported over 28% physical inactivity.
- The respondents in the survey included several specific comments about these topics in rank order:
  - More affordable, accessible healthcare services and insurance for those who are uninsured when all categories related to healthcare are combined. Of those responses, the following 2 themes emerged in addition to affordability:
  - Mental health service accessibility was the most commonly mentioned specialty service
  - Dental health care affordability for uninsured was the second most commonly mentioned specialty service
  - An indoor recreation facility in Watauga County; the # 1 response in promoting physical activity category
  - Increased healthy food options that are affordable
  - Substance Abuse prevention including prescription drug abuse, tobacco, and alcohol
- According to County Health Rankings in 2015, Watauga County was ranked #3 among the 100 NC counties (where 1 is “best”):

- #3 in Health Outcomes and # 9 in Health Factors, with the following contributing to the overall rankings
- #3 in length of life
- #2 in quality of life
- #4 in health behaviors (and included here, the county ranked 63rd in tobacco use)
- #16 in clinical care
- #16 in social and economic factors
- #83 in physical environment: lower rank linked to housing and single occupancy motor vehicle commuting
- Accessible indoor and outdoor recreation opportunities like parks and indoor recreation opportunities offer community members ability to engage in physical activity. School walking tracks also provide a wonderful community shared resource since schools and community members can benefit from having them. Smart growth, mixed use development along with sidewalks, crosswalks, and shared lanes, markings, and signage also help support physical activity in the community.
- According to Community Commons (2015) the Recreation and Facilities rate per 100,000 is 11.75 in Watauga
- County compared to 10.11 in NC and 9.44 in the U.S. overall (US Census Bureau County Business Patterns, 2008 - 12). This rate only includes facilities that are registered as a business that offers “exercise and other active physical fitness conditioning or recreational sports activities” by indicating the associated code according to the North American Industry Classification System (NAICS).

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

**Healthy NC 2020 Objective** that most closely aligns with focus area chosen below:

- Increase the percentage of adults getting the recommended amount of physical activity.
- Increase the percentage of adults who are neither overweight or obese.

#### Population(s)

- I. **Describe the local population at risk for health problems related to this local community objective:** *(Examples of factors placing populations at risk for disparities include race, ethnicity, gender, age, income, insurance status, and geographical location.)*
  - a. All children and adults who are food insecure, population of children and adults who are already overweight and obese, those with low socioeconomic status and those who use tobacco are at risk for lower physical activity and poor nutrition
- II. **Describe the target population specific to this action plan:**
  - A. Total number of persons in the target population specific to this action plan:
    - a. Alleghany: Approximately 3,000 children and adults (estimated numbers related to obesity rates)
    - b. Ashe: Approximately 8,000 children and adults (estimated numbers related to obesity rates)
    - c. Watauga: Approximately 10,000 children and adults (estimated numbers related to obesity rates)
  - B. Total number of persons in the target population to be reached by this action plan:
    - a. 25% of each approximate target population will be impacted by this action plan: 21,000
  - C. Calculate the impact of this action plan:
    - a. 25% of each approximate target population will be impacted by this action plan 5,250
      - i. Alleghany County: 750
      - ii. Ashe County: 2,000
      - iii. Watauga County: 2,500

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

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

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

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

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

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

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

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

**Evidence Based Strategy/Intervention (EBS) Table:** Researching effective strategies/interventions

List 3-5 evidence-based interventions (proven to effectively address this priority issue) that seem the most suitable for your community and/or target group. (Insert rows as needed)

Evidence Based Strategies Used with Like Population(s) (Include source)	Strategy/Intervention Goal(s)	Implementation Venue(s)	Resources Utilized/Needed for Implementation
<p>Name of Intervention: Implement one new active living project (built environment plan, design, and/or infrastructure project) Source: Healthy People 2020; The Community Guide</p> <p>Community Strengths/Assets: Towns, County Representatives, Hunger Coalitions, Food Banks, School Administration, Non-Profit Agencies that support farmers and agriculture, Department of Transportation, Health Alliances, Hospitals and more.</p>	<p>S.M.A.R.T Goals: By June 30, 2017, plan and implement one active living project (development of the county greenway) to provide more physical activity opportunities for Appalachian District residents.</p>	<p>Target Population(s): Community members /residents, especially those populations with low socioeconomic status and who are children and families.</p> <p>Venue: Schools, After School Organizations, Neighborhoods, and more.</p>	<p>Resources Needed: Funding; Buy-in from community and regional stakeholders; Expertise in developing one new active living project.</p>
<p>Name of Intervention: Increase physical activity among children and adolescents in school. Source: The Community Guide</p> <p>Community Strengths/Assets: Active Routes to School, Safe Routes to School, Agricultural Extension, Blue Ridge Women in Agriculture, Youth Extensions, After School Programs, Towns, County Representatives, Hunger Coalitions, Food Banks, School Administration, Non-Profit Agencies that support farmers and agriculture, Department of Transportation, Health Alliances, Hospitals and more.</p>	<p>S.M.A.R.T Goals: By June 30, 2017, implement two walking school bus activities in the Appalachian District school system.</p>	<p>Target Population(s): School aged children.</p> <p>Venue: Schools and Neighborhoods</p>	<p>Resources Needed: Funding; Safety planning and gear; Coordinator; Buy-in from community and regional stakeholders; School leadership and support.</p>

**Interventions Specifically Addressing Chosen Health Priority**

<u>INTERVENTIONS: SETTING, &amp; TIMEFRAME</u>	<u>LEVEL OF INTERVENTION CHANGE</u>	<u>COMMUNITY PARTNERS' Roles and Responsibilities</u>	<u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u>
<p><b>Intervention:</b> Implement one new active living project (built environment plan, design, and/or infrastructure project)</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: Community</p> <p>Target population: Community members /residents, especially those populations with low socioeconomic status and who are children and families.</p> <p>Start Date – End Date (mm/yy): 7/2015-6/2017</p> <p>Targets health disparities: <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><input checked="" type="checkbox"/> Individual/ Interpersonal Behavior</p> <p><input type="checkbox"/> Organizational/Policy</p> <p><input checked="" type="checkbox"/> Environmental Change</p>	<p><b>Lead Agency:</b> Appalachian District Health Department</p> <p>Role: Lead community collaboration and act as coordinator/secretariat of project</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p><b>Target population representative:</b> Towns, County Representatives, Hunger Coalitions, Food Banks, School Administration, Non-Profit Agencies that support farmers and agriculture, Department of Transportation, Health Alliances, Hospitals and more.</p> <p>Role: Develop and collaborate on all aspects of planning and implementing one new active living project.</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p>	<p><b>Expected outcomes:</b> One new active living project completed.</p> <p><b>Anticipated barriers:</b> Any potential barriers? <input checked="" type="checkbox"/>Y <input type="checkbox"/>N If yes, explain how intervention will be adapted: Funding could strongly guide the outcome of this project.</p> <p><b>List anticipated project staff:</b> Appalachian District Health Department Employees</p> <p><b>Does project staff need additional training?</b> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N If yes, list training plan: Ongoing professional development.</p> <p><b>Quantify what you will do:</b> Implement one new active living project.</p> <p><b>List how agency will monitor intervention activities and feedback from participants/stakeholders:</b> Through continued communications and through evidence based feedback best practices.</p> <p><b>Evaluation:</b> Are you using an existing evaluation? <input type="checkbox"/>Y <input checked="" type="checkbox"/>N If no, please provide plan for evaluating intervention: Intervention will be evaluated through planned benchmarks in the implementation plan.</p>

		<p><b>Partners:</b> Towns, County Representatives, Hunger Coalitions, Food Banks, School Administration, Non-Profit Agencies that support farmers and agriculture, Department of Transportation, Health Alliances, Hospitals and more.</p> <p>Role: See above</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p><b>Include how you're marketing the intervention:</b> Through various media and communications best practices.</p>	
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<u>INTERVENTIONS: SETTING, &amp; TIMEFRAME</u>	<u>LEVEL OF INTERVENTION CHANGE</u>	<u>COMMUNITY PARTNERS' Roles and Responsibilities</u>	<u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u>
<p><b>Intervention:</b> Increase physical activity among children and adolescents in school.</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: Schools and community</p> <p>Target population: School aged children and families.</p> <p>Start Date – End Date (mm/yy): 7/2015-6/2017</p> <p>Targets health disparities: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input checked="" type="checkbox"/> Individual/ Interpersonal Behavior</p> <p><input checked="" type="checkbox"/> Organizational/Policy</p> <p><input checked="" type="checkbox"/> Environmental Change</p>	<p><b>Lead Agency:</b> Appalachian District Health Department</p> <p>Role: Lead community collaboration and act as coordinator/secretariat of project</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p><b>Target population representative:</b> Active Routes to School, Safe Routes to School, Agricultural Extension, Blue Ridge Women in Agriculture, Youth Extensions, After School Programs, Towns, County Representatives, Hunger Coalitions, Food Banks, School Administration, Non-Profit Agencies that support farmers and agriculture, Department of Transportation, Health Alliances, Hospitals and more.</p> <p>Role: Develop and collaborate on all aspects of planning and implementing of projects.</p>	<p><b>Expected outcomes:</b> Implementation of two walking school bus activities in the Appalachian District school system.</p> <p><b>Anticipated barriers:</b> Any potential barriers? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, explain how intervention will be adapted: Funding could strongly guide the outcome of this project. Lack of school buy-in could determine where these activities take place.</p> <p><b>List anticipated project staff:</b> Appalachian District Health Department Employees</p> <p><b>Does project staff need additional training?</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, list training plan: Ongoing professional development.</p> <p><b>Quantify what you will do:</b> Implementation of two walking school bus activities in the Appalachian District school system.</p> <p><b>List how agency will monitor intervention activities and feedback from participants/stakeholders:</b> Through continued communications and through evidence based feedback best practices.</p> <p><b>Evaluation:</b> Are you using an existing evaluation? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If no, please provide plan for evaluating intervention: Intervention will be evaluated through planned benchmarks in the implementation and action plan.</p>



		<input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner  <b>Partners:</b> Active Routes to School, Safe Routes to School, Agricultural Extension, Blue Ridge Women in Agriculture, Youth Extensions, After School Programs, Towns, County Representatives, Hunger Coalitions, Food Banks, School Administration, Non-Profit Agencies that support farmers and agriculture, Department of Transportation, Health Alliances, Hospitals and more.  Role: See above  <input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner  <b>Include how you're marketing the intervention:</b> Through various media and communications best practices.	
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