



Community Health Action Plan 2014-2017

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

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: Substance Use and Abuse

Local Community Objective: (*Working description/name of community objective*) (check one): **New** X **Ongoing** (*addressed in previous Action Plan*)

- Objective 1 (Ongoing): By June 30, 2017, increase the community policy, practice, and environmental changes to support prevention of substance misuse and abuse by youth and adults from 0 to 6.
- Objective 2 (Ongoing): By June 30, 2017, reduce the percentage of high school students who had alcohol on one or more of the past 30 days.

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

- According to the 2009-2013 NC State Center for Health Statistics, there were 32 deaths due to poisoning and most were unintentional and related to narcotics.
- According to the 2014-15 CHA, 59% of community members noted that prescription drug misuse/abuse is the 2nd substance use and abuse concern and 46% noted alcohol as the 3rd substance use and abuse concern in Ashe County.
- Ashe Data: According to the data detailed in the Substance Abuse section of the 2014-15 CHA, we note that community members pointed out their top 3 substance abuse concerns as methamphetamine use (80%), prescription drug misuse or abuse (60%), alcohol use (46%), and tobacco use (43%). Ranked slightly lower, were driving after using drugs or alcohol (25%) and marijuana use (25%).
- Alleghany Data: According to the data detailed in the Substance Abuse section of the 2014-15 CHA, we note that community members pointed out their top substance abuse concerns as prescription drug misuse or abuse (69%), alcohol use (59%), methamphetamine use (56%), and tobacco use (48%).
- Watauga Data: According to the data detailed in the Substance Abuse section of the 2014-15 CHA, we note that community members pointed out their top 3 substance abuse concerns as methamphetamine use (60%), prescription drug misuse or abuse (60%), alcohol use (56%), and tobacco use (48%). Ranked slightly lower, marijuana use (27%), and driving after using drugs or alcohol (26%).
- Alcohol use also warrants additional review since it is linked to 7% of all crashes compared to 4.9% in NC and 5.5% in Macon County. In NC, 28% of all fatal crashes were related to alcohol in 2013, and 0% were alcohol related in Ashe County for 2012 and 2013, but in prior years, it ranged from 25% to 67% (UNC HSRC, 2013).

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:

- Reduce the unintentional poisoning mortality rate.
- Reduce the percentage of high school students who had alcohol on one or more of the past 30 days.

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. Low socioeconomic populations, children, adolescents, key populations, LGBTQ, status of family, environmental risk factors include accessibility and availability of prescription drugs and alcohol products, alcohol advertising and promotion, perceptions that alcohol use is normative, use and approval of use by peers and siblings, and lack of parental involvement. Those with chronic pain are more likely to be at risk for substance use and abuse, including prescription medication

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. Ashe County: 3,167 (total enrollment in Ashe County Schools)
 - b. Alleghany County: 1,392 (total enrollment in Alleghany County Schools)
 - c. Watauga County: 4,551 (4,380 enrolled in Watauga County Schools and 171 enrolled in Two Rivers Charter School)
- B. Total number of persons in the target population to be reached by this action plan: 2,278
 - a. Ashe County: 792
 - b. Alleghany County: 348
 - c. Watauga County: 1,138
- C. Calculate the impact of this action plan:
 - a. 25% of each approximate target population will be impacted by this action plan

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

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

For more detailed information and explanation of each focus area, please visit the following websites: http://publichealth.nc.gov/hnc2020/foesummary.htm

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

Tobacco Use	Maternal & Infant Health
Physical Activity & Nutrition	Substance Abuse
🛛 Injury	Mental Health
Sexually Transmitted	Infectious Disease/Foodborne
Diseases/Unintended	Illness
Pregnancy	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.

Evidence Based Strategies Used with Like Population(s) (Include source)	Strategy/Intervention Goal(s)	Implementation Venue(s)	Resources Utilized/Needed for Implementation
Name of Intervention: Project Lazarus Source – Project Lazarus http://www.projectlazarus.org/ Community Strengths/Assets: Ability to work across multiple sectors and communicate the same message throughout the community of the importance of prescription medication safety	S.M.A.R.T Goals: By June 30, 2017, the Project Lazarus initiatives will work with various agencies to establish two additional permanent drop box locations, work with law enforcement to supply two police departments with Naloxone for each officer, purchase and distribute 100 lock boxes, coordinate three media messages to promote prescription medication safety, work with the school system to educate 3,000 students on prescription medication safety prescribers to adopt two more practices and policies for safe prescribing/appropriate use of opioids.	Target Population(s): School system, hospital, law enforcement, prescribers, residents of Ashe County Venue: schools, hospital, law enforcement agencies, media, pain clinics, health department, treatment facilities, Access Care of the Blue Ridge, etc.	 Resources Needed: Staffing needs to coordinate the various aspects of implementation Participation and coordination from multiple sectors in the community to send the same message of prescription medication safety Budget to purchase lock boxes, media, and printing Education/Training for law enforcement carrying and administering Naloxone
Name of Intervention: Talk It Up, Lock It Up campaign to encourage parents and adults in the community to secure and monitor alcohol in their home Source – NC Preventing Underage Drinking <u>http://www.ncpud.org/about/</u> Community Strengths/Assets: Knowledgeable stakeholders to coordinate campaign (Western Youth Network)	S.M.A.R.T Goals: By June 30, 2017, 500 school aged kids will have heard of and participated in activities related to Talk It Up, Lock It Up.	Target Population(s): Parents and Adults in the Appalachian District Venue: schools and neighborhoods	 Resources Needed: Western Youth Network Development and implementation of media messages
Name of Intervention: Healthful LivingCurricula and Media Ready and ProjectVentureSource – SAMHSA National Registry ofEvidence-Based Programs and Practiceshttp://www.samhsa.gov/Community Strengths/Assets: Western	S.M.A.R.T Goals: By June 30, 2017, 2,000 students will be reached with substance abuse prevention messages through evidence-based healthful living curricula, in addition to routine youth prevention programs being offered by Western Youth Network.	Target Population(s): School aged kids Venue: Schools and afterschool programs	 Resources Needed: Western Youth Network Willingness of school system
Youth Network provides substance abuse prevention programs in the App District– both in the school setting and afterschool.			Revised July 2015

Interventions Specifically Addressing Chosen Health Priority

INTERVENTIONS:	LEVEL OF INTERVENTION	COMMUNITY PARTNERS'	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
SETTING, & TIMEFRAME	<u>CHANGE</u>	Roles and Responsibilities	PLAN HOW TOO WILL EVALUATE EFFECTIVENESS
Intervention #1: Project Lazarus	Individual/	Lead Agency:	Expected outcomes: Increased awareness of prescription medication
	Interpersonal Behavior	Appalachian District Health	safety practices, reduced mortality rates due to unintentional
New Ongoing Completed		Department in conjunction with	<u>poisonings</u>
	Organizational/Policy	community agencies	
	Environmental Change		Anticipated barriers: Any potential barriers? X N
Setting: Alleghany, Ashe and Watauga		Role: <u>Lead efforts in organizing</u>	If yes, explain how intervention will be adapted:
County Communities		Project Lazarus initiatives and	Barriers will include staff capacity to carry forth objectives, willingness
		implementing objectives	of community agencies/partners – will address by clear communication
Target population: School system,			and dedication to achievable goals
hospital, law enforcement, prescribers,		New partner Established	
residents of each county		partner	List anticipated project staff: Health Promotion Staff (App District
			Health Department), Ashe Memorial/Ashe Health Alliance Staff
Start Date – End Date (mm/yy):		Target population	
<u>July 1, 2015 – June 30, 2017</u>		representative:	Does project staff need additional training?
			If yes, list training plan: Training needed for safe prescribing practices,
Targets health disparities: 🛛 Y 🔲 N			evidence based interventions
		Role: Assist in interventions and	
		leverage partnerships to achieve	Quantify what you will do: Establish at least one additional permanent
		goal	drop box, distribute additional lock boxes, educate and encourage
			development of policies for safe medication prescribing, educate
		New partner 🛛 Established	students of the importance of safe medication use
		partner	
			List how agency will monitor intervention activities and feedback
		Partners: Project Lazarus	from participants/stakeholders: Will continually meet and dialogue
			with participants/stakeholders and develop a strategic plan for
		Role: Provide training, technical	intervention activities. Will continue to keep community
		assistance to community	coalitions/agencies informed and engaged.
		<u>partners</u>	
			Evaluation:
		New partner 🔀 Established	Are you using an existing evaluation? 🛛 Y 🗌 N
		partner	If no, please provide plan for evaluating intervention:
		Include how you're marketing	
		the intervention: consistent	
		messaging with print &	
		<u>electronic media</u>	

Intervention #2: <u>Talk It Up, Lock It Up</u> <u>Campaign</u>	Individual/ Interpersonal Behavior	Lead Agency: <u>Western Youth</u> <u>Network</u>	Expected outcomes : Increased number of parents and adults in the community securing and monitoring alcohol in their home
New Ongoing Completed	Organizational/Policy	Role: <u>Lead efforts in</u> organizing campaign	Anticipated barriers: Any potential barriers? \square Y \square N If yes, explain how intervention will be adapted:
Setting: <u>Alleghany, Ashe and</u> <u>Watauga County Communities</u>		initiatives and implementing objectives	List anticipated project staff: Western Youth Network Staff
Target population: <u>Parents and adults</u> in each county		New partner Established partner	Does project staff need additional training? X N If yes, list training plan: <u>Training needed for additional information and</u> <u>best practices of campaign</u>
Start Date – End Date (mm/yy):		Target population representative:	Quantify what you will do: Host 4 community tables that will work to
July 1, 2015 – June 30, 2017		Role:	educate parents and adults of the importance of locking up alcohol and
			creating a safe environment in the home. Host a communication plan
Targets health disparities: X IN		New partner Established	to provide awareness of the importance of locking up alcohol.
		partner	List how agency will monitor intervention activities and feedback
		Partners: <u>School Health</u> Advisory Councils	from participants/stakeholders: <u>Will continually meet and dialogue</u> with participants/stakeholders and develop a strategic plan for intervention activities. Will continue to keep community coalition members informed and engaged.
		Role: Provide support for	
		<u>implementation of</u> <u>curriculum</u>	Evaluation: Are you using an existing evaluation? X N If no, please provide plan for evaluating intervention:
		New partner Kestablished partner	
		Include how you're marketing the intervention: <u>consistent</u> <u>messaging with print &</u> <u>electronic media</u>	

