



# Community Health Action Plan 2016 (year)

*Designed to address Community Health Assessment priorities (Form updated Jan. 2016)*

*Three priorities identified during the 2015 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.***

County: Hoke

Period Covered: July 1, 2016-June 30, 2019

Partnership/Health Steering Committee, if applicable: Hoke County Public Health Advisory Council

Community Health Priority identified in the most recent CHA: Tobacco Prevention

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

By 2019 Decrease the percentage of smokers in Hoke County by 5%.

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

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

2010 BRFSS: Current smokers for Eastern NC Region- All ages-18-65+ was 20.8% and former smokers was 23.8% for the same age groups. Date and source of original baseline data: NC State Center for Health Statistics-BRFSS Survey Results-2011.

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

2014 BRFSS: Current smokers for Eastern NC Region- All ages-18-65+ was 20.5% and former smokers was 24.8% for the same age groups. Date and source of original baseline data: NC State Center for Health Statistics-BRFSS Survey Results-2014.

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

1. Decrease the percentage of adults who are current smokers to 13% by 2020.
2. Decrease the percentage of high school students reporting current use of any tobacco product to 15% by 2020.
3. Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven 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.)*

- Minorities-African American, Native American and Hispanic
- Economically disadvantaged-residents whose gross income is less than \$15,000 per year
- Adults-persons 35-64 years and older
- Youth-persons 15-19 years of age

**II. Describe the target population specific to this action plan:**

**A. Total number of persons in the target population specific to this action plan:** 12720

**B. Total number of persons in the target population to be reached by this action plan:** 636

**C. Calculate the impact of this action plan:**

**(Total # in B divided by total # in A) X 100% =5% of the target population reached by the action plan.)**

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

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

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

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

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

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|---|---|--|
| <input checked="" type="checkbox"/> Tobacco Use                             | <input type="checkbox"/> Maternal & Infant Health             | <input type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Physical Activity & Nutrition                      | <input type="checkbox"/> Substance Abuse                      | <input type="checkbox"/> Environmental Health          |
| <input type="checkbox"/> Injury   | <input type="checkbox"/> Mental Health                        | <input type="checkbox"/> Chronic Disease               |
| <input type="checkbox"/> Sexually Transmitted Diseases/Unintended Pregnancy | <input type="checkbox"/> Infectious Disease/Foodborne Illness | <input type="checkbox"/> Cross-cutting                 |
|   | <input type="checkbox"/> Oral Health                          |  |

**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: Clinical Effort Against Secondhand Smoke Exposure (C.E.A.S.E.)</p> <p>Community Strengths/Assets:</p>	<p>S.M.A.R.T Goals: Decrease the number of adults, youth and children exposed to secondhand smoke.</p>	<p>Target Population(s): Youth-15 to 19 years and Adults-35-64 years Venue:</p>	<p>Resources Needed: Curriculum and educational pamphlets and books related to subject.</p>
<p>Name of Intervention: Quitline NC</p> <p>Community Strengths/Assets: Collaboration and networking to provide educational program information</p>	<p>S.M.A.R.T Goals: To increase the number of smokers in Hoke County who use the Quitline NC.</p>	<p>Target Population(s): Youth-15 to 19 years and Adults-35-64 years Venue: Community</p>	<p>Resources Needed: Curriculum and educational pamphlets and books related to subject.</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>Intervention: <u>To implement the smoke free/tobacco free policy at all Health Department location.</u></p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: <u>Health Department Buildings</u></p> <p>Target population: <u>35-64 years of age</u></p> <p>Start Date – End Date (mm/yy): <u>07/16/06/19</u></p> <p>Targets health disparities: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Individual/ Interpersonal Behavior</p> <p><input checked="" type="checkbox"/> Organizational/Policy</p> <p><input type="checkbox"/> Environmental Change</p>	<p>Lead Agency: <u>Hoke County Health Department</u></p> <p>Role: <u>Revised policy to include all buildings occupied by Health Dept. employees.</u></p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Target population representative: <u>Health Educator</u></p> <p>Role: <u>Assist in the planning and implementation of program activities.</u></p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Partners: <u>Hoke County Government</u></p> <p>Role: <u>Assist in policy development</u></p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p>Partners: <u>Region 6 Tobacco Collaborative</u></p> <p>Role: Assist in advocating</p>	<p><b>Expected outcomes:</b> <u>To increase the number of smoke free outdoor spaces.</u></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: <u>Lack of County Management support</u></p> <p><b>List anticipated project staff:</b> <u>Health Director and Health Educator</u></p> <p><b>Does project staff need additional training?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, list training plan: _____</p> <p><b>Quantify what you will do:</b> <u>Market and meet with management of local government offices to advocate policy support.</u></p> <p><b>List how agency will monitor intervention activities and feedback from participants/stakeholders:</b> <u>Activities will be monitored by giving a report at department and agency meetings which will be documented in meeting minutes.</u></p> <p><b>Evaluation:</b> Are you using an existing evaluation? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If no, please provide plan for evaluating intervention: _____</p>

		<p>for policy development and change.</p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p><b>Partners: <u>Maternal Child Health Grant Initiative</u></b></p> <p>Role: <u>Assist in policy development</u></p> <p><input checked="" type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p><b>Include how you're marketing the intervention: _____</b></p> <ol style="list-style-type: none"><li>1. <u>Advocate to key policy makers on the benefits of a smoke free environment.</u></li><li>2. <u>Provide awareness of related activities to interventions through the media-radio, TV, local newspaper, and community events. Information will be posted on county website.</u></li></ol>	
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<p><b>Intervention:</b> <u>Conduct and assist in providing Smoking Cessation Programs</u></p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: <u>Community and worksites</u></p> <p>Target population: <u>Youth-15-19 and Adults 35-64</u></p> <p>Start Date – End Date (mm/yy): <u>07/16-06/19</u></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 type="checkbox"/> Environmental Change</p>	<p><b>Lead Agency:</b> <u>Hoke County Health Department</u></p> <p>Role: <u>Collaboration</u></p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p><b>Target population representative:</b> <u>Health Educator</u></p> <p>Role: <u>Health Educator to contact area minority churches, civic organizations, worksites, health department clinics and public housing to establish communication channels for activities.</u></p> <p><input checked="" type="checkbox"/> New partner <input type="checkbox"/> Established partner</p> <p><b>Partners:</b> <u>Maternal Child Health Grant Initiative</u></p> <p>Role: <u>Provide patient referrals</u></p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p><b>Partners:</b> <u>Quitline NC</u></p> <p>Role: <u>Support and assist participants/clients with</u></p>	<p><b>Expected outcomes:</b> <u>The number of smokers who participate in smoking cessation program will understand the benefits of quit smoking.</u></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:</p> <ol style="list-style-type: none"> <li><u>Commitment and willingness of participants to participate in program.</u></li> <li><u>Transportation</u></li> </ol> <p><b>List anticipated project staff:</b> <u>Health Educator</u></p> <p><b>Does project staff need additional training?</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, list training plan: <u>Staff will attend required trainings and any trainings to update knowledge of program area.</u></p> <p><b>Quantify what you will do:</b> <u>Decrease the number of individuals who smoke by participation in smoking cessation programs and support groups.</u></p> <p><b>List how agency will monitor intervention activities and feedback from participants/stakeholders:</b> <u>Activities will be monitored by giving a report at department and agency meetings which will be documented in meeting minutes.</u></p> <p><b>Evaluation:</b> Are you using an existing evaluation? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If no, please provide plan for evaluating intervention: _____</p>
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		<p><u>technique on how to stop smoking and using tobacco products and e-cigarettes.</u></p> <p><input type="checkbox"/> New partner <input checked="" type="checkbox"/> Established partner</p> <p><b>Partners:</b> <u>Medical Providers</u></p> <p>Role: <u>Provide patient referrals</u></p> <p><b>Include how you're marketing the intervention:</b></p> <ol style="list-style-type: none"><li><u>1. Distribute flyers and letters to Faith community, civic groups and worksites about upcoming educational programs and events related to smoking.</u></li><li><u>2. Articles/ads to the local newspaper for program promotion; Radio PSA's submitted to the local radio station and stations in surrounding areas. Information will be posted on county website.</u></li></ol>	
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<p><b>Intervention:</b> <u>CEASE Program</u></p> <p><input checked="" type="checkbox"/> New   <input type="checkbox"/> Ongoing   <input type="checkbox"/> Completed</p> <p><b>Setting:</b> <u>Health Department Child Health and Maternity Clinic</u></p> <p><b>Target population:</b> <u>18-64 (parents and caregivers of children)</u></p> <p><b>Start Date – End Date (mm/yy):</b> <u>07/16-06/19</u></p> <p><b>Targets health disparities:</b> <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 type="checkbox"/> Environmental Change</p>	<p><b>Lead Agency:</b> <u>Hoke</u></p> <p>Role: <u>Collaboration of program initiatives with Cumberland, Richmond and Montgomery County Health Departments</u></p> <p><input checked="" type="checkbox"/> New partner   <input type="checkbox"/> Established partner</p> <p><b>Target population representative:</b> <u>Health Department Project Coordinator</u></p> <p>Role: <u>To coordinate and supervise program with health department clinic staff.</u></p> <p><input type="checkbox"/> New partner   <input checked="" type="checkbox"/> Established partner</p> <p><b>Partners:</b> <u>Quitline NC</u></p> <p>Role: <u>To provide counseling and services to assist with smoking cessation.</u></p> <p><input type="checkbox"/> New partner   <input checked="" type="checkbox"/> Established partner</p> <p><b>Partners:</b> <u>Maternity Coordinator/Child Health Coordinator</u></p>	<p><b>Expected outcomes:</b> <u>Increase the number of parents/caregivers participating in the program to use the Quitline NC.</u></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: <u>Willingness to participate in the program, transportation, life stressors with limited coping skills other than smoking.</u></p> <p><b>List anticipated project staff:</b> <u>Health Educator, Maternity Coordinator, Child Health Coordinator</u></p> <p><b>Does project staff need additional training?</b> <input checked="" type="checkbox"/> Y   <input type="checkbox"/> N If yes, list training plan: <u>Staff will attend required CEASE training.</u></p> <p><b>Quantify what you will do:</b> <u>Decrease smoking by 5% of participating members participating in program</u></p> <p><b>List how agency will monitor intervention activities and feedback from participants/stakeholders:</b> <u>Conducting surveys and interviews with participants.</u></p> <p><b>Evaluation:</b> Are you using an existing evaluation? <input checked="" type="checkbox"/> Y   <input type="checkbox"/> N If no, please provide plan for evaluating intervention: _____</p>
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		<p>Role: <u>To assess, refer, evaluate smoking cessation efforts of maternity patients and parents of child health clinic patients.</u></p> <p><b>Include how you're marketing the intervention:</b> <u>Public service announcements, verbal and written information in the clinical areas of Health Department..</u></p>	
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