

2013

Madison County Community Health Improvement Plan



2013 MADISON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

ACKNOWLEDGEMENTS

This document was developed by the Madison County Health Department, in partnership with the Madison Community Health Consortium and Mission Health as part of a community-wide action planning process.

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 many other organizations, which can be found in the [reference section](#) at the end of this document.

Our collaborative action planning process and community health improvement plan (CHIP) product were also supported by the technical assistance and tools available through our participation in WNC Healthy Impact, a partnership between hospitals and health departments in western North Carolina to improve community health. www.WNCHealthyImpact.com

Please contact Deana Stephens, Madison County Health Department, 828-649-3531 if you have any questions or would like to discuss more about how to get involved in moving forward the strategies outlined in this community health improvement plan (CHIP).

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EXECUTIVE SUMMARY

Overview of CHIP Purpose and Process

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

List of Health Priorities

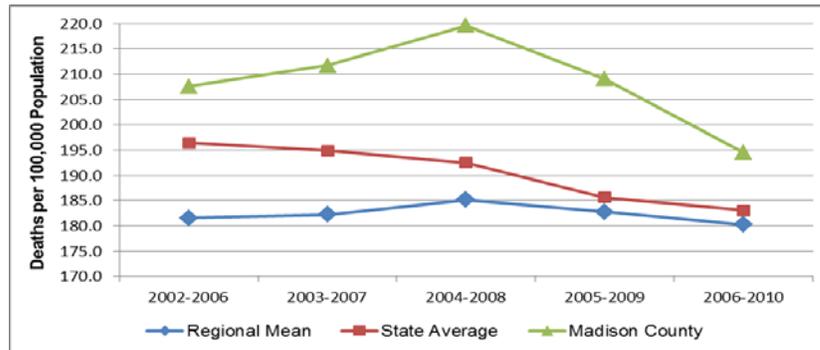
The priority areas selected during the 2011 Madison County Community Health Assessment process were: chronic disease, child health, and mental health/substance abuse, with a focus on the effects that poverty and access to care have on each of these areas. After careful review of the 2012 Madison Community Health Assessment findings, it was determined that the county's priority areas did not change in the past 12 months. A few clarifications were made to the areas to create a clearer focus for this year's assessment. The Madison County Health Department's priority areas for 2012 are: Improve access to preventive care and treatment for chronic disease, improve child health outcomes, and improve access to mental health services. Poverty continues to influence each of these areas.

The following key data and trends helped support the determination of each of this year’s three health priorities. This is only a snapshot of each area: more detail can be found in the 2012 Community Health Assessment.

1. Improve access to preventive care and treatment for chronic disease

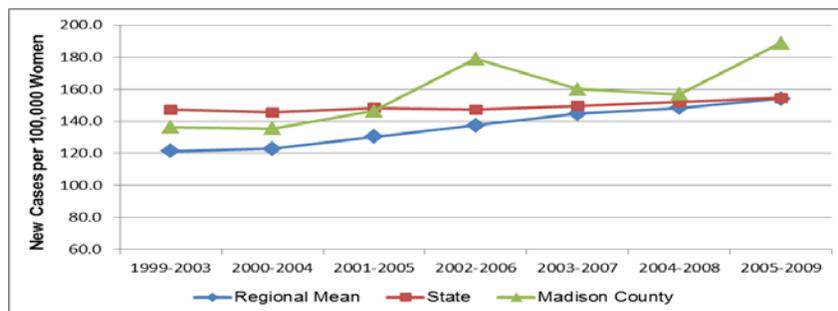
Cancer is the leading cause of death in Madison County. The total cancer mortality rate in the County is higher than the regional and state rates.

**Total Cancer Mortality Rate, Deaths per 100,000 Population
(Five-Year Aggregates, 2002-2006 through 2006-2010)**



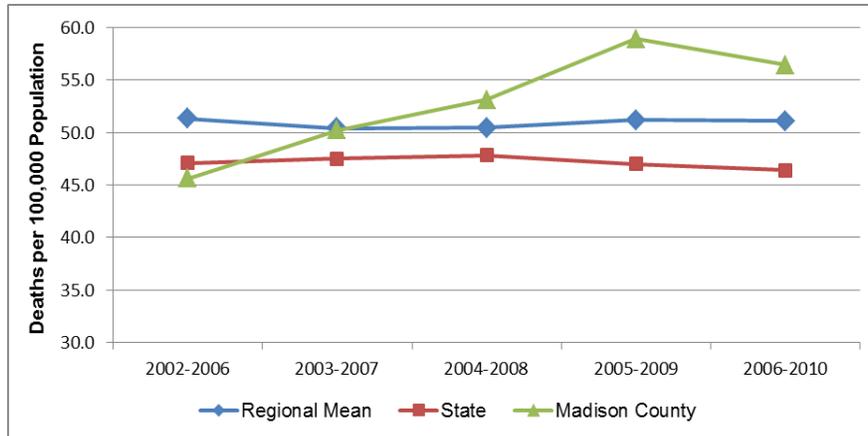
In Madison County, incidence rates for breast, prostate, and lung cancer are above the comparable incidence rates for Western North Carolina, as well as for the North Carolina state rates for the same cancers. The breast cancer incidence rate has been increasing in all three jurisdictions over the past several years, but at the fastest pace in Madison County. The Breast and Cervical Cancer Control Program at Madison County’s health department provides some financial support for clinical breast exams and mammograms, however, demand consistently outpaces funding. Madison County Health Department continues to pursue additional support to supplement state funds. There are currently no breast cancer diagnostic resources in Madison County: patients must go out of the county for mammograms, which presents a barrier for some patients (i.e. transportation, time off from work, etc.).

**Breast Cancer Incidence, New Cases per 100,000
Women (Five-Year Aggregates, 1999-2003 through 2005-2009)**



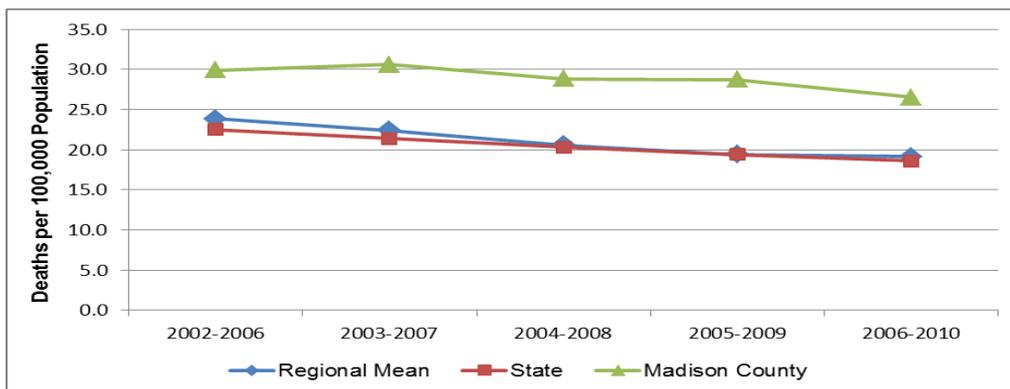
The Chronic Lower Respiratory Disease mortality rate in Madison County is higher than the Western North Carolina and North Carolina rates. Chronic Lower Respiratory Disease ranks third among the leading causes of death in the 40 to 64 age group for Madison County while it's not among the top three in the region or state. Lower respiratory disorders ranked third highest in emergency department visits in Madison County residents in 2010 and was the second leading cause of hospitalizations.

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



The pneumonia and influenza mortality rate in Madison County is also higher than the Western North Carolina and North Carolina rates.

**Pneumonia and Influenza Mortality Rate, Deaths per 100,000 Population
(Five-Year Aggregates, 2002-2006 through 2006-2010)**



Heart Disease is the second leading cause of death in Madison County. Chest pain/ischemic heart disease ranked second highest in emergency department visits for Madison County residents in 2010 and cardiovascular/circulatory diseases was the leading cause of hospitalizations. The Madison County Health Department believes there is a connection between tobacco use and heart disease in the county, but poverty, access to preventive care and treatment and isolation—either geographic or cultural—may also be factors.

In Madison County, 24.1 percent of the population smoke tobacco compared to 20.6 percent in Western North Carolina and 19.8 percent in North Carolina. And 11.3 percent use smokeless tobacco, compared to 5.2 percent in Western North Carolina and 2.8 percent in North Carolina. The high percentage of tobacco use in Madison County may contribute to the high rates of cancer—in particular lung cancer—and the higher rates of respiratory disease in the county. The only tobacco cessation resource available to Madison County residents is QuitlineNC provides free cessation services to any North Carolina resident who needs help quitting tobacco use. Quit Coaching is available in different forms, which can be used separately or together, to help any tobacco user give up tobacco. QuitlineNC is now in jeopardy due to funding.

2. Improve child health outcomes

The percentage frequency of smoking during pregnancy in Madison County was higher than the comparable mean percentages for Western North Carolina in every period except 2004-2008.

**Births to Mothers Who Smoked During the Prenatal Period
(Five-Year Aggregates, 2001-2005 through 2005-2009)**

Geography	2001-2005		2002-2006		2003-2007		2004-2008		2005-2009	
	#	%	#	%	#	%	#	%	#	%
Madison County	258	24.2	245	23.4	227	22.1	209	20.8	205	21.4
Regional Total	7,496	22.4	7,442	22.1	7,361	21.7	7,106	21.2	6,919	20.6
State Total	76,712	12.9	74,901	12.4	73,887	11.9	72,513	11.5	70,529	11.0

In Madison County, 76 percent of grandparents living with their minor grandchildren and are also the party responsible for their grandchildren's care, compared to around 51 percent in the region and state.

Grandparents Responsible for Grandchildren, Five-Year Estimate (2006-2010)

Geography	Family Composition		
	# Grandparents Living with Own Grandchildren (<18 Years)*	Grandparent Responsible for Grandchildren (under 18 years)	
		Est. #	%
Madison County	437	332	76.0
Regional Total	13,470	6,971	51.8
State Total	187,626	95,027	50.6

The average number of decayed, missing, or filled teeth discovered among kindergarteners screened in Madison County was 8 percent higher than the mean percentage for Western North Carolina and 57 percent higher than the state average. In addition, the ratio of dentists to population is lower in Madison County than in the region, state or country as a whole.

3. Improve access to mental health services

Twenty-eight percent of Madison County residents surveyed in 2011 expressed concern about finding or using mental health care/counseling services and 27 percent of the populations surveyed had been diagnosed with depression or anxiety. The highest frequency emergency department visits for Madison County residents (21.5 percent) in 2010 was for psychiatric disorders.

Poverty and Access

Poverty is the cause of the greatest disparity in access to health care in Madison County. The poverty rate for all ages in Madison County was higher than the comparable rates in the state and region. Of those surveyed in Madison County, 31.8 percent report lack of health insurance. The number and percent of Medicaid-eligible persons increased every year since 2005, and the percent of Medicaid-eligible Madison County residents was higher than the comparable figures for Western North Carolina and North Carolina for each year shown.

Contributing to poverty is the cost of housing and annual wage amounts. For example, in Madison County, WNC, and NC as a whole, a higher proportion of renters than mortgage holders spend 30 percent or more of household income on housing costs. The annual wage per employee in Madison County is lower than the comparable figure for employees region-wide and statewide. **The annual wage during 2011 in Madison County was the second lowest for the 16-county Western North Carolina region.**

Poverty limits access to quality health care in Madison County. Last year, 15.3 of residents surveyed reported being unable to get needed medical care at some point in the past year, compared to 10.8 percent of Western North Carolina residents. Cost or lack of insurance was reported as a limitation to access by 74.7 percent of those surveyed and 19.8 percent of respondents also reported not being able to get a prescription filled in the past year.

The ratio of health professionals to population is lower in all categories for Madison County than in the region, state, or country, further contributing to health care access issues.

Summarized Action Plan

Community health action plans have been developed to address the identified health priorities. Each action plan will include evidence-based strategies that focus on system or policy change, target specific disparate groups, and promote individual, family, or community change.

Monitoring and Accountability

The Community Health Improvement Plan (CHIP) will be monitored bi-monthly by the committees that are addressing the identified health priorities. Frequent monitoring will allow for modification of actions as needed to improve overall results. Committee chairs will report any needed modifications to the Coordinator of the Madison Community Health Consortium when they are identified. The Madison Community Health Consortium Coordinator and the Health Educator at the Madison County Health Department will review the CHIP jointly on a quarterly basis and will revise the plan as needed. Shared responsibility throughout the monitoring process will allow for joint responsibility for the actions to be carried out in the plan.

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 our county.

We encourage you to review the priorities and goals, reflect on the suggested intervention strategies, and consider how you can join this call to action: individually, within your organizations, and collectively as a community. **To get involved or for questions about the purpose of this document, please contact Deana Stephens at (828) 649-3531.**

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 Madison 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

Community Health Assessment (CHA) is the foundation for improving and promoting the health of Madison County residents. The role of the CHA is to identify factors that affect the health of Madison County residents and determine the availability of resources within the county to adequately address those factors. The process involved the collection and analysis of a large range of secondary data as well as primary data and involved a team composed of representatives from a broad range of health and human service and other organizations as well as community partners and residents.

Local Health Departments are required to conduct a comprehensive community health assessment at least every four years. As a part of the Affordable Care Act, non-profit hospitals are now also required to conduct a community health needs assessment at least every three years. In order to better meet both health department and hospital needs and to align with both requirements, Madison County Health Department decided to submit another complete CHA in 2012. This means that the 2012 CHA took place only one year after the last CHA was submitted. This involved requesting an extension on action planning until 2013. For this reason, the 2012 CHA involved the examination of the 2011 priority areas and the engagement of a smaller number of community leaders rather than re-creating the extensive process that took place in 2011.

Madison County is included in Mission Health's community for the purposes of community health improvement and investment, and as such Mission Health was a key partner in the 2012 local level assessment process.

Madison County Health Department and Mission Health are also part of a larger partnership in Western North Carolina: WNC Healthy Impact. WNC Healthy Impact has supported the regional CHA effort through consultation, data collection, and technical assistance. See www.WNCHealthyImpact.com for more details about the purpose and participants of this region-wide effort.

As part of WNC Healthy Impact, a regional data workgroup of public health and hospital representatives and regional partners (with support of a consulting team) made recommendations to the steering committee on the data approach and content used to help inform regional data collection. From data collected as part of this core dataset, the consulting team compiled secondary data for each county in the region. This data was then compared to the data collected in the 2011 Madison County CHA to look for similarities and differences.

In addition, primary data was also collected in a community health survey of the 16-county region via telephone. Two hundred community members completed the random-sample survey.

The Madison County community was engaged in the health assessment process via local data interpretation and priority setting as well.

CHAPTER 3 – PRIORITY # 1: PHYSICAL ACTIVITY AND NUTRITION

Situational Analysis

Children and adolescents who are overweight have a greater risk of developing Type 2 diabetes and asthma; they are more likely to have increased blood pressure and high cholesterol levels; and they are more likely to experience depression.

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.

Obesity is a problem throughout the US, however, among adults, vast disparities in obesity exist. The association between income and obesity varies according to age, gender, and race/ethnicity. Social and physical factors affecting diet and physical activity have an impact on weight (DHHS, 2010). Children and adolescents who are overweight have a greater risk of developing Type 2 diabetes and asthma; they are more likely to have increased blood pressure and high cholesterol levels; and they are more likely to experience depression. In addition, the majority of children and adolescents who are overweight are likely to remain overweight throughout adulthood. Childhood obesity is a serious health concern according to North Carolina and national data. The percentage of Madison County children ages 5 to 13 years who are obese increased from 2009 to 2010 and has remained at 24.8 percent in 2011. Forty percent of community health assessment survey respondents expressed great concern about child obesity/overweight.

As a community, we must commit to creating an environment that helps residents make the healthy choices and take responsibility for decisions that support good health in our homes, neighborhoods, schools, and workplaces.

Madison County has started to make these changes by offering low cost/no cost physical activity opportunities for school age children during the summer months through the Madison County Parks and Recreation Department's "Terrific Tuesdays and Thursdays" program. The county's school-based health center, Patriot Place, offers nutrition counseling to students and families, as well as BMI follow up through the evidence based "Heart Smart Kids" program.

Spotlight on Success

With the financial assistance from Nourishing NC and Blue Cross Blue Shield of NC Foundation, Mars Hill Elementary School was able to repurpose old football stadium seating into a community garden in Mars Hill. The garden is managed by local government agencies, a garden team of community members, and the students of Mars Hill Elementary School. Students are able to learn about gardening from seed to harvest and the healthy benefits of eating more fruits and vegetables. All of the harvest is donated to families inside Madison County who need more nourishment. This has become a model that we hope to replicate in the future in other areas of our county. A video of the community garden can be viewed at <http://www.youtube.com/watch?v=7e3XWIZW6UE>.

"The students feel a great sense of pride when they are able to contribute back to their community. "



Mars Hill Elementary School Garden

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 and nutrition in our community.

Organizations:	Primary Focus or Function	Website or Contact Information
Madison County School System	The mission of the Madison County School System is to embrace, equip and empower our students to excel.	www.madisonk12.net
Madison County Health Department	Dedicated to the purpose of disease prevention and health promotion for all Madison County residents.	www.madisoncountypublichealthnow.com
Madison County Cooperative Extension	The North Carolina Cooperative Extension Service partners with communities to deliver education and technology that enriches the lives, land and economy of North Carolinians.	www.madison.ces.ncsu.edu
Madison County Parks and Recreation	To plan and implement an all-encompassing recreation department including programs for youth, adults, and senior citizens.	www.madisoncountync.org
WNC Healthy Kids/WNCHN	Enhance regional alignment among all of the individual, organizational and community initiatives that are working to accelerate childhood obesity prevention.	www.wnchealthykids.net
Mission Health	Mission Health system builds relationships and seeks collaborative opportunities with other non-profit and governmental organizations to leverage resources to serve the health needs of Buncombe and Madison counties as well as the primary service areas of our affiliates.	www.mission-health.org
Coalitions / Groups:		
Madison Community Health Consortium	A partnership that seeks to improve the overall health of Madison County citizens by networking, assessment, project development, implementation, and evaluation.	www.madisoncountypublichealthnow.com
Community Transformation Grant	To support tobacco-free communities, active living, and healthy eating while promoting clinical and community supports to reduce chronic disease.	
School Health Advisory Council	The mission of the Madison County School System is to embrace, equip, and empower students to excel.	www.madisonk12.net

Physical Activity and Nutrition Action Plan



Vision of Impact

To make healthy choices easier by improving access to physical activity and healthy food options where community members live, learn, work, and play.

<u>Community Objectives</u>	Baseline/Indicator Source
1. By December 2015, increase the percentage of children ages 5 to11 years with normal BMI from 55.75% to 60%.	Local BMI Data
Related Healthy NC 2020 Objective: Increase the percentage of high school students who are neither overweight or obese. [2020 Target: 79.2%]	BRFSS

Strategy 1 – Increase healthy snacks in elementary schools

Goal: Decrease overweight and obesity among school children in Madison County by improving the snack policy for K-5 students

Strategy Background

Source: <http://www.nchealthyschools.org/components/nutritionservices>

Evidence Base: *Improving the health and nutritional well-being of students through coordinated and comprehensive nutrition policies that enhance the school classroom, cafeteria, and community environment, and support lifelong healthful eating habits in turn improves students academic performance. For more information see www.cdc.gov/healthyouth/npao/strategies.htm*

Type of Change: Policy level change

Partner Agencies

Lead: Madison County School Health Advisory Council

Collaborating: Madison County Health Department, Madison Community Health Consortium, and Madison County Schools

Supporting: All members of the Madison Community Health Consortium

Strategy Objective #1:

By December 2013, Madison County Schools will adopt a *Healthy Snack Policy* for K-5 students.

Indicator: Number of elementary schools with healthy snack policies (measured through survey of elementary schools)

Action Plan

Activity (what is being done?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
100% of school staff will receive training in BMI local data, the link between academic performance and BMI's	Staff Time, Space	Increased knowledge of supporting healthy nutrition in the classroom	Training sign-in forms	May 2013
Draft healthy snack policy presented for review to K-5 principals	Staff Time, Space	Increased knowledge of supporting healthy nutrition in all K-5 schools	Meeting minutes	May 2013
The adoption of a healthy snack policy to be uniform in all schools in the LEA	Staff Time	Decrease the amount of sugary food/drink that are brought into the classroom	Healthy Snack Policy K-5	December 2013

Strategy 2 - Increase nutrition education for students at elementary schools (Steps to Health)

Goal: Decrease overweight and obesity among school children in Madison County by providing nutrition education in the classroom.

Strategy Background

Source: <http://www.ces.ncsu.edu/depts/fcs/steps-to-health/index.html>

Evidence Base: *Steps to Health* has been evaluated and proven to improve students overall nutrition knowledge and health behaviors such as playing outside, drinking more water, and eating more fruits and vegetables. For more information see <http://www.ces.ncsu.edu/depts/fcs/steps-to-health/docs/Final%20Reports/Steps%20to%20Health%2010-11.pdf>.

Type of Change: Program level change

Partner Agencies

Lead: Madison County Cooperative Extension

Collaborating: Madison County Schools, Madison County School Health Advisory Council and Madison Community Health Consortium

Supporting: All members of the Madison Community Health Consortium

Strategy Objective #1: By June 2015, all elementary schools in Madison County will participate in the *Steps to Health* program.

Indicator: Number of elementary schools participating in the *Steps to Health* program (measured through survey of elementary schools)

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Identify resources/barriers for expanding program	Staff Time, Funding	Resources and barriers identified and strategies created	Lead agency commitment	June 2014
Present program expansion plan at principals meeting	Staff Time	Support of program expansion	Meeting minutes	December 2014
Educate 3 rd grade children and their families about healthy nutrition choices	Staff Time, Funding	Students and parents will improve their overall knowledge of nutrition	Post program surveys	June 2015

Strategy 3 - Decrease overweight and obesity in children by use of positive health messaging (5-2-1-almost none)

Goal: Decrease overweight and obesity among school children in Madison County by using positive health messaging

Strategy Background

Source: <http://www.wnchealthykids.net/our-programs/521-almost-none>

Evidence Base: *The 5-2-1-almost none program has led to favorable behavior changes that have helped to halt the increase in overweight/obesity in research studies. Specific elements have been shown to increase public awareness and knowledge of desired behaviors and encourage primary care providers, schools, and childcare providers to create systems that support children in adopting healthier lifestyles. For more information see <http://www.innovations.ahrq.gov/content.aspx?id=3148>*

Type of Change: Individual level change

Partner Agencies

Lead: WNC Healthy Kids

Collaborating: Madison County Health Department, Madison Community Health Consortium, Madison County School Health Advisory Council, and Madison County Parks and Recreation.

Supporting: All members of the Madison Community Health Consortium

Strategy Objective #1: By December 2014, 5-2-1-almost none messaging will be disseminated through various media outlets

Indicator: Number of media outlets containing 5-2-1-almost none messaging

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Use of the 5-2-1 Almost None message in childcare provider newsletters	Staff Time	5-2-1 Almost None will become widely recognized in Madison County	Number of newsletters	December 2014
5-2-1 Almost None message will be included in nutrition education forms for parents of children in grades K-5	Staff Time	5-2-1 Almost None will become widely recognized in Madison County	Number of forms	December 2014
Health Department bulletin boards, public signs, and website and facebook page will display 5-2-1 Almost None message	Staff Time	5-2-1 Almost None will become widely recognized in Madison County	Number of boards and signs. Number of website views	December 2014

Strategy 4 - Implement a standardized physical education curriculum (SPARK) and assessment (Fitnessgram)

Goal: Decrease overweight and obesity among school children in Madison County by implementing a standardized physical education curriculum/assessment for K-8 students

Strategy Background

Source: <http://www.sparkpe.org/physical-education/>

Evidence Base: Over 45 publications have been written and reviewed to support that SPARK positively effects all of the following student outcomes: activity levels, fitness, sport skills, enjoyment, and academic achievement. Teachers improve the quantity and quality of instruction, and the positive effects of SPARK are lasting. For more information see <http://www.sparkpe.org/physical-education-resources/publications/>.

Type of Change: Policy level change

Partner Agencies

Lead: Madison County Schools

Collaborating: Madison County Health Department, Madison Community Health Consortium, and Madison County School Health Advisory Council

Supporting: All members of the Madison Community Health Consortium

Strategy Objective #1: Fitnessgram assessments provided to parents twice each school year with report cards by June 2014

Indicator: Number of elementary/middle schools using SPARK/FITNESSGRAM (measured through survey of elementary/middle schools)

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Coordinate BMI assessments annually	Staff Time	K-8 students HT/WT measurements recorded	CDC BMI Calculator spreadsheet entries	June 2013
Disseminate BMI assessments to K-8 healthful living staff	Staff Time	BMI data shared with healthful living staff	Email confirmation	June 2103
Support School Health Advisory Committee to develop strategies on dissemination of Fitnessgram to parents	Staff Time	Dissemination strategies identified	Meeting minutes	December 2013
Fitnessgram assessments provided to parents bi-annually	Staff Time, Printing and Mailing Cost	Parents will receive student fitness assessments bi-annually	Number of forms printed/mailed	June 2014

Strategy 5 - Increase the number of safe places for people to be physically active

Goal: Increase the number of people who are getting their CDC-recommended amount of daily physical activity.

Strategy Background

Source: ChangeLab Solution

Evidence Base: *There is some evidence that joint-use agreements increase the opportunity for physical activity according to the County Health Rankings and Roadmaps. Although more research needs to be conducted, some studies have been shown that joint-use agreements result in an increased amount of physical activity for community members especially children and low-income communities especially when partnered with education. For more information visit:*

<http://www.countyhealthrankings.org/policies/joint-use-agreements> or

http://changelabsolutions.org/healthy-planning/search-tools?tid=65&tid_2=All&keys=

Type of Change: Policy/School level change

Partner Agencies

Lead: Madison County Schools, Madison County Parks and Recreation, and Madison County Health Department

Collaborating: Madison Community Health Consortium

Supporting: Youth sports leagues

Strategy Objective #1:

By October 2015, there will be three more facilities that are formally open for physical activity through establishment of a joint-use or shared-use agreements.

Indicator:

Number of properties that are open to the public for community use as indicated

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Inventory current opportunities for physical activity in the county	Time	Increased knowledge of places to be physically active in Madison County	List of schools with JUAs- NCSU survey	By September 2013
Identify areas of need and opportunities to fill the need	Time, GIS map	Increased knowledge of gaps and opportunities for expanding the number of physical activity spaces	List of opportunities	By January 2014
Develop partnership with key decision makers for targeted properties	Time	Increased number of community partnerships	Meetings with decision makers	By January 2015

Work with partners to optimize needs, opportunities, and access	Time	Increased understanding of how to establish physical activity spaces that are beneficial to the community and the location	List of win-win opportunities	By April 2015
Establish shared use and joint use agreements as appropriate with partners	Time, funding	Increased number of places where people can be physically active.	Joint use and shared use agreements	By August 2015

Strategy 6 - Explore telehealth nutrition therapy

Goal: Decrease overweight and obesity in school-age children by providing telehealth nutrition therapy

Strategy Background

Telehealth adds a new paradigm in healthcare, where the patient is monitored between physician office visits. This practice has been shown to significantly reduce hospitalizations and visits to the emergency room significantly, while improving patient's quality of life. Telehealth also benefits patients when traditional delivery of health services is affected by distance, such as in rural areas, and lack of local specialist clinicians to deliver services.

Type of Change: Individual level change

Partner Agencies

Lead: Madison County Health Department

Collaborating: Mission Hospitals, Madison County Schools, and Madison Community Health Consortium

Supporting: All members of the Madison Community Health Consortium

Strategy Objective #1: By December 2014, establish a group to explore the possibility of telehealth nutrition therapy between Mission Hospitals and Madison County Health Department

Indicator: A group is established and is having conversations about telehealth

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Decide who would best represent Madison County Health Department and Mission Hospitals	Staff time	Individuals with knowledge and interest in telehealth will be identified	A core group of individuals will be selected	December 2013
The first meeting will be held	Staff time, travel, meeting space	Representatives will meet to discuss the possibility of establishing telehealth between MCHD and Mission Health to deliver nutrition therapy	Meeting minutes	June 2014
A decision will be made about the feasibility of telehealth	Staff time	Telehealth will proceed or discussions will end.	Meeting minutes	December 2014

CHAPTER 4 – PRIORITY # 2: ORAL HEALTH

Situational Analysis

Oral health is often taken for granted, but it is an essential part of our everyday lives. Good oral health enhances our ability to speak, smile, smell, taste, touch, chew, swallow, and convey our feelings and emotions through facial expressions.

Tooth decay (cavities) is a common, preventable problem for people of all ages and affects more than one-fourth of US children aged 2–5 years and half of those aged 12–15 years. For children, untreated cavities can cause pain, dysfunction, school absences, difficulty concentrating, and poor appearance—problems that greatly affect a child's quality of life and ability to succeed. Children from lower-income families often do not receive timely treatment for tooth decay, and they are more likely to suffer from these problems.

In Madison County, the average number of decayed, missing, or filled teeth discovered among kindergarteners screened (2.35 per child) was 8 percent higher than the mean percentage for Western North Carolina (2.18 percent) and 57 percent higher than the state average (1.50 percent). Access to dental care is an issue in Madison County as well. Only four dentists serve the county's entire population, and several of them do not serve children under the age of 3 years.

Fluoride has been shown to reduce cavities significantly, however in rural areas such as Madison County, most residents have wells, and therefore don't drink fluorinated water regularly. Another safe, effective way to prevent cavities is through the use of dental sealants—plastic coatings applied to the chewing surfaces of the back teeth, where most decay occurs. Yet only about one-third of children aged 6–19 years have sealants. Although children from lower-income families are almost twice as likely to have decay as those from higher-income families, they are only half as likely to have sealants. The lack of fluoride and dental sealants only further supports education and screening efforts beginning at an early age.

Dental caries is the most common chronic infectious disease among children. If untreated, dental caries can result in problems with speaking, playing, learning, and receiving proper nutrition. (CDC and US Surgeon General Report 2010)

Untreated oral health problems in children can cause severe pain and suffering, and those who delay care often have higher treatment costs when they finally receive it. (Healthy People 2010)

Spotlight on Success

"The success of the dental center can be largely attributed to the excellent staff",
Jan Shepard, Health Director.

The state-of-the-art Madison County Health Department Dental Center opened on September 29, 2008. Funded through the Kate B. Reynolds Charitable Trust, the North Carolina Office of Rural Health, and Madison County government, the center is helping to meet the oral health needs of Madison County residents.

Services are available to all Madison County residents, children and adults. The center accepts Medicaid and private insurance. In addition, a sliding fee scale is available. Services include: preventative dental care (cleaning, exams, sealants), digital x-rays, restorative care (tooth colored fillings, porcelain crowns and bridges), dentures and partials, extractions, and endodontic (root canals).

In its first year of operation, the dental center served over 600 patients, including children and adults. In the past four plus years, the center has served a total of 3270 patients. Prior to the opening of the Madison County Health Department Dental Center, there were two dental offices in the county. Many residents had to travel outside the county for dental care. The ratio of dentists to population prior to the opening of the center was 1:10,000 compared to the state ratio of 1:2,302 at that time. With the addition of the Madison County Health Department Dental Center, access to dental care services for children and adults has increased within Madison County and for low-income individuals in particular.



Madison County Health Department Dental Center Staff

Partners

Addressing oral health 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 young children's oral health in our community.

Organizations	Primary Focus or Function	Website or Contact Information
Madison County Health Department	Dedicated to the purpose of disease prevention and health promotion for all Madison County residents	www.madisoncountypublichealthnow.com
Madison County Partnership for Children	The Madison County Partnership for Children and Families enhances family and community resources to nurture the development of every child.	(828) 689-1526
NC DHHS Oral Health Section	The Oral Health Section (OHS) provides dental health prevention and education services for the children of North Carolina.	www.ncdhhs.gov/dph/oralhealth/
Mission Health	Mission Health System builds relationships and seeks collaborative opportunities with other non-profit and governmental organizations to leverage resources to serve the health needs of Buncombe and Madison counties as well as the primary service areas of our affiliates.	www.mission-health.org
Coalitions / Groups:		
Madison Community Health Consortium	A partnership that seeks to improve the overall health of Madison County citizens by networking, assessment, project development, implementation, and evaluation	www.madisoncountypublichealthnow.com

Oral health Action Plan



Vision of Impact

Young children will have healthy smiles due to access to dental education, screenings, and treatment at an early age.

<u>Community Objectives</u>	Baseline/Indicator Source
<i>1. By December 2015, decrease the average number of decayed, missing or filled teeth among Madison County Kindergartners from 2.35 to 2.</i>	NC SCHS
Related Healthy NC 2020 Objective: <i>Decrease the average number of decayed, missing or filled teeth among Kindergartners. (2020 Target 1.1)</i>	NC SCHS

Strategy 1 - Increase dental education/screenings/fluoride applications for preschool age children

Goal: Increase oral health for young children in Madison County by increasing dental education, dental screenings, and fluoride applications

Strategy Background

Source: <http://www.ncdhhs.gov/dph/oralhealth/index.htm>

Evidence Base: Medicaid-covered children receiving dental education, screenings, and fluoride varnish applications have fewer caries-related treatments in dental offices than enrolled children not having those preventive services. (Into the Mouths of Babes Program, NC DHHS)

<http://www.ncdhhs.gov/dph/oralhealth/partners/IMB.htm>

Type of Change: Individual Change, Systems Change, and Health Disparity

Partner Agencies

Lead: Madison County Health Department

Collaborating: Madison County Partnership for Children and Families, Mission Health, NC Western Regional Dental Hygienist and Madison Community Health Consortium

Supporting: All members of the Madison Community Health Consortium

Strategy Objective #1: By December 2014, implement a bi-annual dental day at the Madison County Health Department

Indicator: Number of dental days implemented at the Madison County Health Department

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Establish a committee to plan dental day	Staff time	Interested individuals will be identified to serve on planning committee	Meeting minutes	June 2013
Set date for dental day	Staff time	Date will be set	Meeting minutes	June 2013
Engage MCHD Dental Center Staff in dental day planning	Staff time	A dental center staff member will participate on the planning committee	Meeting minutes	June 2013

Engage WIC staff and clients in dental day	Staff time, flyers	WIC clients will be solicited via one-on-one conversations with WIC staff and flyers to participate in dental day	Flyers, WIC staff participation	August 2013
Secure participation of Western Regional Dental Hygienist	Staff time	Western Regional Dental Hygienist will be available to provide dental screenings and education on dental day	Meeting minutes	June 2013
Promote dental day	Staff time, flyers, newspaper ads, facebook, health department sign, health department website	Dental day will be promoted via a variety of media outlets	Flyers, ads, facebook, website, sign	September 2013
Hold first dental day event	Staff time, client participation	The first-ever dental day will be a success	Continuation of dental day	September 2013

Strategy Objective #2: By December 2014, all children in child care in Madison County will receive annual dental education

Indicator: Number of children in childcare receiving dental education

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Work with the Smart Start Child Care Health Consultant to provide dental education at each child care center in Madison County	Staff time, educational materials	Dental education will be provided at each child care center at least annually	Child Care Health Consultant reports	December 2014

Strategy Objective #3: By June 2014, a partnership will be developed with Mission Health and Madison County Health Department to assess dental needs in Madison County
Indicator: Number of partnerships developed

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Decide who would best represent Madison County Health Department and Mission Hospitals	Staff time	Individuals with knowledge and interest in dental care will be identified	A core group of individuals will be selected	December 2013
The first meeting will be held	Staff time, travel, meeting space	Representatives will meet to discuss dental needs of children in Madison County	Meeting minutes	June 2014

CHAPTER 5 – PRIORITY # 3: CROSS CUTTING

Situational Analysis

Cross-cutting objectives represent measures of population health in North Carolina that span other focus areas. Self-reported health status offers a proxy measure of the health of Madison County's population. In North Carolina, the percentage of adults reporting good, very good, or excellent health remained relatively unchanged between 1999 and 2009 at 82.1 percent and 81.9 percent, respectively.

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention) (DHHS, 2010). In the 2011 Community Health Assessment Survey for Madison County, respondents were asked about their personal health. At least 50 percent of persons with greater than \$25,000 income expressed concern about availability of health services and healthy food choices (CHA Survey). According to survey respondents earning less than \$25,000 per year, annual preventive health screenings such as mammograms, pap smears, prostate exams, and colonoscopies are not routinely accessed (CHA Survey). Simple preventive screenings could greatly influence the county's death rates for all cancers. Madison County has seen an increase in the breast cancer rate since the last CHA in 2007. Programs such as the Breast and Cervical Cancer Control Program are available. However, more preventive measures must be taken.

In addition, tobacco use has long been recognized as a major cause of death and disease, responsible for hundreds of thousands of deaths each year in the US. Smoking is known to cause lung cancer and is a major risk factor for heart disease. However, it is not only active smokers who suffer the effects of tobacco smoke. In 1993, the EPA published a risk assessment on passive smoking and concluded that the widespread exposure to environmental tobacco smoke (ETS) in the US had a serious and substantial public health impact (US Environmental Protection Agency, 2011).

The choice of where to eat appears to influence diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home. Marketing also influences people's—particularly children's—food choices (DHHS, 2010).

Non-smokers who breathe in secondhand smoke take in nicotine and other toxic chemicals just like smokers do. The more secondhand smoke that is inhaled, the higher the level of these harmful chemicals will be in the body (American Cancer Society, 2011).

Spotlight on Success

24 Madison County women will hear the words “you have breast cancer” in 2013.

American Cancer Society’s Community Health Program (CHA) in Madison County

This evidence-based program was created to reverse the trend of low cancer screening rates and very high cancer incidence and mortality rates in Madison County. CHA Volunteers are trained to provide education, advocacy and outreach to the men and women of Madison County. The ultimate goal is to navigate them to cancer screenings.

Madison County: Progress

9 CHA Volunteers: Actively educating and navigating women to breast, cervical and colorectal cancer screenings.

40 un-insured or under insured women have received breast, cervical and colorectal cancer screenings through CHA partner resources since May of 2012.

500 people received some kind of outreach – either one on one – small group presentation or big group event.

600 families received breast cancer educational materials through a partnership with the Madison County Public School System

Madison County Health Department resulted in 72 more mammograms (BCCCP fund-raiser) for 2012

22 Latino/Hispanic women are being navigated to cervical and breast cancer screenings

Outreach “campaigns” are being developed by community and religious organizations to service far reaching areas of the county

On-going cancer content presentations and seminars at Senior Citizen’s Center and 6 county-wide meal sites



Madison County Community Health Advisors

Partners

Addressing chronic disease 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 chronic disease in our community.

Organizations	Primary Focus or Function	Website or Contact Information
Land of Sky Regional Council	Land-of-Sky Regional Council is a multi-county, local government planning and development organization in North Carolina.	http://www.landofsky.org/
Madison County Health Department	Dedicated to the purpose of disease prevention and health promotion for all Madison County residents	www.madisoncountypublichealthnow.com
American Cancer Society	The American Cancer Society is the nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.	http://www.cancer.org/
Madison County Cooperative Extension	The North Carolina Cooperative Extension Service partners with communities to deliver education and technology that enrich the lives, land, and economy of North Carolinians.	www.madison.ces.ncsu.edu
Hot Springs Health Program	Hot Springs Health Program is dedicated to serving the primary health care needs of the people of Madison County and surrounding areas through an organization oriented to and directed by the community.	http://www.hotspringshealth-nc.org
Madison County School System	The mission of the Madison County School System is to embrace, equip and empower our students to excel.	www.madisonk12.net

Youth Empowered Solutions	YES! is a nonprofit organization that empowers youth, in partnership with adults, to create community change.	http://www.youthempoweredolutions.org
Appalachian Sustainable Agricultural Program	ASAP's mission is to help local farms thrive, link farmers to markets and supporters, and build healthy communities through connections to local food.	http://asapconnections.org
Madison County Parks and Recreation	To plan and implement an all-encompassing recreation department including programs for youth, adults and senior citizens	www.madisoncountync.org/parks.php
NC Division of Community Assistance	The Division of Community Assistance provides a variety of resources and services for economic prosperity, growth management, and customized community development assistance	http://www.nccommerce.com/cd/community-planning/regional-office-services/western
Madison County Economic Development Partnership Board		
Coalitions / Groups:		
Madison Community Health Consortium	A partnership that seeks to improve the overall health of Madison County citizens by networking, assessment, project development, implementation, and evaluation	www.madisoncountypublichealthnow.com
Community Transformation Grant Project	To support tobacco-free communities, active living, and healthy eating while promoting clinical and community supports to reduce chronic disease	
GroWNC	GroWNC is an effort to generate interest within our community in collectively working together to create our future. GroWNC seeks to identify action steps and ideas towards creating more jobs, lowering housing and transportation costs, and using our natural and cultural resources so that our children and grandchildren can enjoy them.	http://www.gro-wnc.org

Cross Cutting Action Plan



Vision of Impact

To improve health status by increasing access to lifestyle change programs, physical activity and healthy food options and limiting exposure to tobacco products where community members live, learn, work, and play.

<u>Community Objectives</u>	Baseline/Indicator Source
1. By December 2015, increase the percentage of adults in Madison County reporting good, very good, or excellent health from 80.4% to 85%.	WNC Healthy Impact
Related Healthy NC 2020 Objective: Increase the percentage of adults reporting good, very good, or excellent health. (2020 Target 90.1%)	BRFSS

Strategy 1 - Decrease exposure to second-hand smoke and other tobacco products

Goal: Decrease chronic disease in Madison County by reducing the exposure to tobacco products

Strategy Background

Source: <http://www.tobaccopreventionandcontrol.ncdhhs.gov>

Evidence Base: *Smoking bans and restrictions is scientifically supported as an effective way to reduce the exposure of second-hand smoke exposure, tobacco use, and smoking prevalence. For more information see <http://www.countyhealthrankings.org/policies/smoking-bans-restrictions>.*

Type of Change: Policy level change

Partner Agencies

Lead: Madison County Health Department

Collaborating: Madison Community Health Consortium (MCHC), Hot Springs Health Program, Madison County Cooperative Extension, Madison County Schools, Youth Empowered Solutions, and the Community Transformation Grant Project

Supporting: All members of the MCHC

Strategy Objective #1: By December 2013, Madison County will have a smoke-free or tobacco-free policy for all county buildings

Indicator: Number of Board of Health rulings, county commissioner policies, or municipal rules about smoke-free or tobacco-free spaces

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Develop and implement the Madison@Heart Campaign	Funding, training, media exposure, and community advocates	Increased knowledge of harms of second-hand smoke for community	Campaign is on multiple media outlets	By March 2013
Engage youth in tobacco-free campaign	Funding and training from Youth Empowered Solutions!	Youth will be engaged in the process of changing tobacco policy	Youth from Madison County attend YES training, events and presentations	By May 2013
Conduct cigarette butt pickups on county owned properties	Time and youth participation	Effective visual for county officials to understand the prevalence of tobacco use on their property	Number of cigarettes collected	By May 2013
Present to county officials the harms of second-hand smoke and best practices to protect community members	Time, access to county officials, presentation	Increased knowledge of county officials of the harms of second-hand smoke and the community's desire to have tobacco control policies	Meeting minutes	By April 2013

Policy is passed	Sample Board of Health rulings and Commissioner Policies	County official will pass a policy to control tobacco use	Presence of ruling or policy	By October 2013
Promote policy change	Time, media exposure, funding for signs and media	Increased knowledge of new community policies	Presence of media buys and signage on government property	By February 2014

Strategy 2 – Increase access to farmers markets in Madison County for low-income community members.

Goal: Decrease chronic disease in Madison County by increasing the consumption of fresh fruits and vegetables

Strategy Background

Source: ChangeLab Solutions and County Health Rankings and Roadmaps

Evidence Base: *Increasing access to fresh fruits and vegetables is possible through expansion of the number of farmers markets, increasing the number of farmers markets that are enhanced for low-income customers use and by locating markets in communities with low access to healthy food. According to the County Health Rankings and Roadmaps, there is some evidence that locating markets in low-income/low access neighborhoods increases access to fresh food, and is a promising practice for increasing fresh fruit and vegetable consumption. Similarly, equipping farmers markets with EBT machines is also considered a promising practice for increasing access to and consumption of fresh fruits and vegetables. For more information see:*

<http://changelabsolutions.org/childhood-obesity/farmers-markets>

http://www.countyhealthrankings.org/policies?search_api_views_fulltext=farmers+market

Type of Change: *Environmental level change*

Partner Agencies

Lead: Madison County Cooperative Extension

Collaborating: Madison County Health Department, Madison Community Health Consortium, Appalachian Sustainable Agriculture Project, and the Community Transformation Grant Project

Supporting: Madison County Parks and Recreation Department

Strategy Objective #1:

By September 2016, Madison County will have 66% of farmers markets that are enhanced for low-income customers

Indicator: Number of markets with enhancements as detailed by Appalachian Sustainable Agriculture Project’s Farmers Markets for All document

Action Plan

Activity <i>(what is being done?)</i>	Resources Needed <i>(who? how much?)</i>	Anticipated Result <i>(what will happen?)</i>	Result Verification <i>(how will you know?)</i>	Target Date <i>(by when?)</i>
Interview farming champions about barriers markets have to being more accessible	Staff time, interview tool	Increased knowledge of barriers to enhancing farmers markets	List of barriers	By August 2013
Identify farmers markets that are interested in accessibility enhancements	Staff time	Increased knowledge of likely partners	List of interested markets	By September 2013
Analyze farmers market for current	Staff time, tool for inventory	Increased knowledge in how accessible markets currently are	Completed inventory for each market	By September 2013

enhancements to increase accessibility and opportunities for improvement				
Educate markets on enhancement opportunities	Staff time, webinar access, handouts for markets and farmers	Increased knowledge of potential enhancements	Documentation of distribution of handouts and webinar attendance	By February 2014
Markets are enhanced	Farmers and market manager time, funding	Increase in number of enhanced markets	Documentation of enhancements	By May 2014
Advertise and celebrate the enhancements	Funding	Increased knowledge of enhanced markets for Madison residents	Presence of marketing materials	By September 2014

Strategy 3 – Increase access to farmers markets in Madison County

Goal: Decrease chronic disease in Madison County by increasing the consumption of fresh fruits and vegetables

Strategy Background

Source: ChangeLab Solutions

Evidence Base: *Increasing access to fresh fruits and vegetables is possible through expansion of the number of farmers markets, but according to ChangeLab Solutions land use policies and zoning regulations can pose real barriers to emerging markets. Therefore, communities should consider land use policies that are supportive of new markets. For more information see:*

<http://changelabsolutions.org/publications/land-use-farmers-markets>

Type of Change: Policy level change

Partner Agencies

Lead: Madison County Cooperative Extension, Madison County Commission, NC Division of Community Assistance

Collaborating: Madison County Health Department, Madison County Health Consortium, Appalachian Sustainable Agriculture Project, and the Community Transformation Grant Project

Supporting: Madison County Parks and Recreation Department

Strategy Objective #2:

By September 2016, Madison County zoning regulations will be supportive of and protect the location of farmers markets

Indicator: County and municipal zoning ordinances will reflect best practices as detailed by ChangeLab Solutions at <http://changelabsolutions.org/publications/land-use-farmers-markets>

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Interview farming champions about the process markets have to take to establish their location	Time	Increased knowledge of barriers to establishing farmers markets	List of barriers	By August 2013
Analyze county comprehensive plans and municipality plans and zoning ordinances for regulations for farmers markets	Comprehensive plans, zoning ordinances, municipality plans, planning consultant time	Increased knowledge of current community policies	List of policies concerning farmers markets	By June 2013
Research of best practices to remedy barriers discovered in steps 1 and 2	Planning consultant time, access to best practice literature	Recommendations for changes to plans and regulations are established	List of recommendations	By June 2013
Educate farming champions about	Time, documentation of the recommended	Increased knowledge of remedies for barriers	Documentation of transferring list to farming	By January 2014

possible changes that could be made to reduce barriers to farmers markets	policy language change		champions	
Farming champions advocate for changes in plans and zoning regulations	Time, advocacy opportunities	Increase in knowledge of barriers by key community decision makers	Documentation of meeting and advocacy	By March 2014
Community leaders make recommended changes	Time, documentation of the recommended policy language change	Decrease in barriers for those establishing farmers markets	Changed policy is adopted	By July 2014

Strategy 4– Increase the number of health considerations in Madison County’s land use planning documents and policies

Goal: Madison County’s land use policies and procedures are supportive of healthy living. Increase the number of people who meet the CDC’s recommendation for physical activity and fruit and vegetable intake as a way to reduce and prevent chronic disease in Madison County

Strategy Background

Source: ChangeLab Solutions, Robert Wood Johnson Foundation, County Health Rankings and Roadmaps

Evidence Base: According to the County Health Rankings and Roadmaps changing zoning regulations and land use policies is a scientifically supported technique for increasing physical activity, increasing walking and biking and increasing non-auto traffic. For more information see:

<http://www.countyhealthrankings.org/policies/zoning-regulations-land-use-policy>

Type of Change: Policy level change

Partner Agencies

Lead: Madison County Health Department, NC Division of Community Assistance, Community Transformation Grant Project

Collaborating: GroWNC, Land of Sky Regional Council,

Strategy Objective #1:

By June 2016, Madison County will increase the number of considerations for health by three in their comprehensive plan and/or zoning ordinances

Indicator:

Changes in comprehensive plan and zoning ordinances

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Analyze current county and municipalities comprehensive plans and zoning regulations for health considerations	Comprehensive plan, planning consultant time, best practice research	Baseline measure of number of health considerations in plans and ordinances Increased knowledge of opportunities for increasing the number of health considerations	List of current health considerations	By September 2013
Educate health champions about planning	Planning consultant time, health advocates time, education materials	Increased knowledge of planning process Increased knowledge of possible plan and ordinance improvements	Attendance list of training, list of improvements	By October 2013
Trained health champions advocate for adding health consideration into community planning documents and practices	Health champions time, planning champions time	Increased knowledge of Madison County specific adjustments to consider to improve health in Madison	Documentation of meetings	By December 2013

Community plans are changed to include health considerations	Model language	Increased number of health considerations in Madison County planning and zoning documents	Documentation of amendments	By December 2014
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Strategy 5 –Increase the number of healthy convenience stores in Madison County

Goal: Increase the number of people who are consuming healthy food

Strategy Background

Source: Healthy Corner Stores Network

Evidence Base: *There is evidence indicating that increasing access to fresh fruits and vegetables in convenience stores results in increased consumption of fruits and vegetables for low-income consumers.*

For more information see:

<http://www.healthycornerstores.org/if-you-stock-it-will-they-buy-it-healthy-food-availability-and-customer-purchasing-behaviour-within-corner-stores-in-hartford-ct-usa>

Type of Change: *Environmental-level change*

Partner Agencies

Lead: Madison County Health Department, Store Owners

Collaborating: Madison County Economic Development Partnership Board, Madison County Cooperative Extension, Community Transformation Grant Project

Strategy Objective #1:

By September 2016, increase the number of healthy corner stores in Madison County by two

Indicator:

Pre-post test for healthy food store inventory

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Identify low food access communities in Madison County	Time, GIS, PAGE project, EBT/WIC store inventory	Increased knowledge of gaps in food access	Map of food access points in Madison County	By September 2013
Identify convenience and corner stores that accept EBT in the low food access areas	Time	Identification of high impact intervention sites	List of stores	By October 2014
Assess readiness of store owners to increase healthy food availability and improve product placement	Time, Interest letter	Identification of early adopters of intervention	List of interested food outlets	By January 2015
Implement changes to promote healthy eating	Time, training, funding	Greater access to healthy eating in Madison County	Healthy convenience store	By August 2015
Celebrate healthy corner store changes	Time, funding, media	Increased community knowledge of healthy food options in their community	Presence of media	By September 2015

Strategy 6 - Increase access to lifestyle change programs/worksites wellness programs for individuals with chronic disease.

Goal: Improve health status for individuals living with chronic disease in Madison County

Strategy Background:

Source: <http://www.landofsky.org/livinghealthy.html>, <https://esmmweighless.com/>

Evidence Base: *There is evidence that subjects who took chronic disease self management programs, when compared to those who did not, demonstrated significant improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations. They also spent fewer days in the hospital, and there was also a trend toward fewer outpatient visits and hospitalizations. For more information see: <http://patienteducation.stanford.edu/programs/cdsmp.html>, <https://esmmweighless.com/>*

Type of Change: Individual

Partner Agencies

Lead: Land of Sky Area Agency on Aging, Madison County Cooperative Extension, and Madison Community Health Consortium

Collaborating: Madison County Health Department, Hot Springs Health Program, Community Transformation Grant Project

Strategy Objective #1: By December 2014, lifestyle change program information will be given to Madison Health Professionals and worksite wellness information will be given to local businesses

Indicator: Number of inventories distributed to local health professionals and businesses

Strategy Objective #2: By December 2015, increase the number of chronic disease self-management programs (CDSMP) offered in Madison to two per year

Indicator: Number of Chronic Disease Self Management classes held per year

Strategy Objective #3: By October 2014, restart Eat Smart, Move More, Weigh Less (ESMMWL) programs in Madison County

Indicator: Number of ESMMWL classes held

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Inventory lifestyle change programs and worksite wellness programs for people with chronic disease and who use tobacco.	Contract staff time Volunteer time	Increased knowledge of available resources for community members, health professionals, and businesses.	List of resources	December 2013
Inventory is incorporated into 211	211 staff time	Increased visibility for community members	Presence of new and updated resources on 211 website	By May 2014

Inventory is distributed to local health professionals and businesses	Staff time	Increased knowledge of programs for physicians and businesses	Documentation that inventory was submitted to Hot Springs Health Program, other providers and businesses	By June 2014
Schedule two CDSMP classes per year	Land of Sky Area Agency on Aging staff time	Increased availability of CDSMP classes	Documentation of registered class participants	By December 2015
Restart ESMMWL Classes In Madison County.	Cooperative Extension and Health Department staff time	Availability of ESMMWL classes in Madison County.	Documentation of registered class participants.	By October 2014

CHAPTER 6 – PRIORITY # 4: MENTAL HEALTH

Situational Analysis

Mental health is essential to personal well being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental health and physical health are closely connected. Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery. Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy. The NC mental health system is built on a system of Local Management Entities (LMEs)—area authorities or county programs—responsible for managing, coordinating, facilitating and monitoring the provision of MH/DD/SAS services in the catchment area served. Recent changes in Western North Carolina include the late 2013 consolidation of Western Highlands Network with Smokey Mountain Center. Data from the 2012 Healthy Impact survey reveals a 70 percent increase for Madison County persons served in area mental health programs from 2009 to 2010. In 2013, Madison County Health Department was awarded Innovative Approaches grant to implement systems change approach. The aim of Innovative Approaches initiative in Madison County is to thoroughly examine and foster improvement for community-wide systems of care that will effectively meet the needs of families of children and youth with special health care needs, resulting in increased family satisfaction with services received and improved outcomes for children and youth with special health care needs.

According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness.

The number of persons in WNC utilizing state psychiatric hospital services in 2010 (564) was 63% lower than the number utilizing services in 2006 (1,509). The decrease in persons receiving services likely is a reflection of decreasing availability of state services, rather than a decreasing need for services.

Spotlight on Success

Maintaining continuity of services for Madison County residents is in jeopardy as providers adapt to the limited funding

The Mental Health Committee of the Madison Community Health Consortium was formed in 2008 and has played an important role in promoting dialogue between area mental health providers to identify community issues and concerns needing to be addressed in Madison County. With continued state budget woes, fiscal year 2013-2014 offers little hope for improvement. The community must combine resources to help in meeting this critical need. Activities of this committee include:

- Organizing community mental health forums in the areas of mental health/substance abuse/developmental disabilities to share information, collaborate among providers, and identify service gaps, etc. Since 2008, eight Mental Health Forums have been held, attendance has included community representatives, local and regional providers, local and state elected officials.
- Publishing articles in the local newspaper to increase community awareness of access and updates to mental health/substance abuse services during current changing environment.
- Promoting the “Telepsychiatry Program” at Madison County Health Department in efforts to address service provider gaps. These programs include the coordination of patient care through telemedicine with psychiatrist. Patients report being comfortable with the telemedicine process and are grateful they do not have to travel out of county.
- Collaboration with Madison County Health Department and Madison County School System to offer mental health/behavioral health services to children and families through school based health center at Madison Middle School since 2010.

Partners

Addressing Mental Health 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 mental health in our community.

Organizations	Primary Focus or Function	Website or Contact Information
Madison County Health Department	Dedicated to the purpose of disease prevention and health promotion for all Madison County residents	www.madisoncountypublichealthnow.com
Hot Springs Health Program	Hot Springs Health Program is dedicated to serving the primary health care needs of the people of Madison County and surrounding areas through an organization oriented to and directed by the community.	http://www.hotspringshealth-nc.org
RHA Behavioral Health	Dedicated to providing effective, high quality support to individuals with mental health, substance abuse and developmental disability needs	http://www.rhabebehavioralhealth.org
ARP Addiction Recovery and Prevention	To honor the rights and needs of the community and person served through the delivery of quality addiction recovery and prevention services with compassion and integrity	http://www.arpnc.org
October Road, Inc.	The mission of October Road is to provide high quality behavioral health services to the consumers within our care. The themes of Recovery, Wellness and Achievement are integrated into a philosophy that utilizes clinically proven methods to achieve the most desirable results for our consumers, their families, and the community at large.	http://www.octoberroadinc.com

Western Highlands Network/Smoky Mountain	Western Highlands Network connects mental health, substance abuse and developmental disability care providers with the WNC community.	www.westernhighlands.org
Madison County School System	The mission of the Madison County School System is to embrace, equip and empower our students to excel.	www.madisonk12.net
NC Mentor	North Carolina MENTOR partners with many members of the community to provide innovative behavioral health services for children at risk and their families.	http://www.nc-mentor.com
Community Care of WNC	A catalyst for patient-centered, provider-led, community-oriented quality healthcare in WNC.	http://www.communitycarewnc.org
Family Support Network	Family Support Network™ provides families faced with special health care, behavioral, mental or physical needs with emotional support and information from other families with similar life experiences.	http://www.missionchildrens.org/education-outreach/family-support-network
Coalitions / Groups:		
Madison Community Health Consortium	A partnership that seeks to improve the overall health of Madison County citizens by networking, assessment, project development, implementation, and evaluation	www.madisoncountypublichealthnow.com

Mental Health Action Plan



Vision of Impact

Improved access to mental health and substance abuse services in Madison County to include prevention, early detection, management, and access to treatment through collective agency collaboration.

Community Objectives	Baseline/Indicator Source
1. By December 2015, decrease the percentage of emergency department visits from 21.52% to 15%.	NC DETECT
Related Healthy NC 2020 Objective: Reduce the rate of mental health-related visits to emergency departments. (2020 Target 82.8%)	NC DETECT

Strategy 1 - Improve connectivity to mental health/substance abuse services in Madison County.

Goal: Strengthen stakeholder awareness of mental health and substance abuse services in Madison County and develop strategies to fill gaps in prevention and management at the community level

Strategy Background

Madison Community Health Consortium currently convenes a Mental Health Committee that focuses on acute care issues with key partners in access for mental illness and substance abuse. The system of care is going through significant changes, and community-level resources are frequently changing. While maintaining current focus on acute issues and services, additional attention is needed to understand and support other parts of the continuum related to prevention, early intervention, management, and outpatient treatment.

Type of Change: System, Community Change

Partner Agencies

Lead: Madison Community Health Consortium

Collaborating: Hot Springs Health Program, Madison County Health Department, RHA Behavioral Health, October Road, Western Highlands Network/Smoky Mountain, NC Mentor, Madison County School System, ARP Addiction Recovery and Prevention, Family Support Network, Community Care of WNC

Strategy Objective #1: By December 2015, provider and community connectivity to community programs and services for mental health/substance abuse prevention, detection, management, and access will be improved.

Indicator: Feedback from health consortium Mental Health Committee members

Action Plan

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Continue to support the meetings and focus of the Mental Health Committee to consider and address community level issues related to mental health and substance abuse services	Staff Time, agency representatives	Bi-monthly meetings	Meeting minutes	Ongoing
Enhance collaboration with regional efforts of WNC Triple Aim	Staff Time, agency Representative	Representative from Madison will participate with WNC Triple Aim and/or WNC	Meeting minutes	December 2013

and/ or WNC Health Network		Health Network		
Explore needs for local /regional support of existing efforts to help implement Project Lazarus in Madison County	Staff support/time to convene discussions and partner engagement	Clarification of the role regional support and local partners can play in supporting this work	Meetings scheduled/minutes	December 2013
Compile inventory of existing programs, with details to help guide appropriate community access and provider referral/connectivity for tobacco use, mental health, and substance abuse prevention and management	Staff Time, project lead, Partner and agency participation	Inventory of available programs, with details to help guide appropriate community access and provider referral/connectivity	Program inventory available in print and electronically	June 2014
Disseminate program inventory information to community and partners	Staff Time, lead partner to oversee dissemination,	Program inventory will be disseminated electronically and in print to providers and the community	Inventory will be available on partner agency websites, and in print for the community	December 2015 and ongoing

Note:

Another priority area identified in the Community Health Assessment for Madison County is child abuse and neglect. The Madison County Health Department was awarded a three-year Triple P Parenting Program grant in 2012. Madison County is one of only three state-funded sites for Triple P in North Carolina. Triple P is an evidenced-based, multi-level approach that has been used around the world. Triple P uses a variety of professionals and paraprofessionals in many different settings to implement the program. The goals for Triple P are a reduction in out-of-home placements, a reduction in substantiated child abuse cases, and a reduction in hospitalizations and ER visits for maltreatment injuries. Over the next three years, providers will be offered a total of five different Triple P trainings with varying intensity. During this first year of Triple P implementation, fifteen providers received training and were certified to provide Triple P services through their organizations. An additional training is scheduled for Fall 2013. Program evaluation is under development and will focus on tracking the number of substantiated child abuse cases, ER visits for child maltreatment injuries, and number of out-of-home placements.

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 Madison 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 Madison County Health Department website (www.madisoncountypublichealthnow.com), the WNC Healthy Impact website (www.WNCHealthyImpact.com) and local libraries.

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

REFERENCES

NACCHO's CHA/CHIP Resource Center <http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm>

Wisconsin Association of Local Health Departments and Boards
<http://www.walhdab.org/NewCHIPResources.htm>

NC Division of Public Health Community Health Assessment Resource Site
<http://publichealth.nc.gov/lhd/cha/resources.htm>

Template Implementation Plan v 1.0; 6/2012. Wisconsin 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>

[Counties: insert additional details used in determining EBIs, researching the issues, etc.]

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 that 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.