Community Health Action Plan 2016

County: <u>Randolph</u> Period Covered: <u>2016-2019</u> Partnership/Health Steering Committee, if applicable: <u>Healthy Randolph Steering Committee</u>

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

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

- Baseline Data: (State measure/numerical value. Include date and source of current information): In 2011, 26.9% of Randolph County residents were current smokers. Also in 2011, Randolph County's mortality rate for lung cancer was 62.7. (NC State Center for Health Statistics, 2011)
- **For continuing objective provide the updated information:** (*State measure/numerical value. Include date and source of current information*): The adult smoking rate for Randolph County in 2015 was 23.4. Also in 2014, lung cancer mortality rate for Randolph County was 58.0. (NC State Center for Health Statistics, 2010-2014)
- Healthy NC 2020 Objective that most closely aligns with focus area chosen below: Decrease the percentage of adults who are current smokers; Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days

Population(s)

- I. Describe the local target population that will be impacted by this community objective:
 - i. African Americans are more likely to be current smokers than whites
 - ii. Males are more likely to use tobacco products than females
 - iii. Persons with a general education degree (GED) have a higher rate of smoking than those with a Bachelor's degree or higher
 - iv. Cigarette smoking is higher among person living below the poverty level than those living at or above the level
 - A. Total number of persons in the target population specific to this action plan: Roughly, 33,462 people within Randolph County are current smokers.
 - **B.** Total number of persons in the target population to be reached by this action plan: Approximately 50,000 residents will be reached by the interventions in this action plan.
 - C. Calculate the impact of this action plan:

(Total # in B divided by total # in A) X 100% = 66.9% 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: <u>http://publichealth.nc.gov/hnc2020/foesummary.htm</u> AND <u>http://publichealth.nc.gov/hnc2020/</u> Tobacco Use
 Physical Activity & Nutrition
 Injury
 Sexually Transmitted
 Diseases/Unintended
 Pregnancy

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

Social Determinants of H	lealth
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Environmental Health

Chronic Disease

Cross-cutting

Selection of Strategy/Intervention Table

- Complete this table for all strategies/interventions that you plan to implement.
- At least two of the three selected community health priorities must be from the 13 Healthy North Carolina 2020 (HNC 2020) focus areas. For these 2 priorities, there must be 2 evidence based strategies (EBS) for each action plan. (Insert rows as needed if you choose more than 2 EBS.)

Strategy/Intervention(s)	Strategy/Intervention Goal(s)	Implementation Venue(s)	Resources Utilized/Needed for Implementation
Name of Intervention: QuitSmart Tobacco Cessation Program Community Strengths/Assets: Currently have 12 trained QuitSmart facilitators with grant funding to offer additional trainings.	S.M.A.R.T Goals: By September 2019, increase access to QuitSmart to residents by offering 12 new classes through the hospital and government agencies.	Target Population(s): Current tobacco users. Venue: Randolph Hospital, Health Department, Randolph County Office Building	Resources Needed: QuitSmart supplies, tobacco replacement therapy.
Name of Intervention: Tobacco-Free Youth Recreation (TBYR) Community Strengths/Assets: Collaboration among partners	S.M.A.R.T Goals: By September 2019, decrease the number of residents affected by second-hand smoke by increasing number of smoking/tobacco free policies on government grounds and agencies.	Target Population(s): Current tobacco users and those grounds that currently allowing tobacco use Venue: Randolph County Government agencies, child care centers	Resources Needed: Signage, marketing supplies

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Interventions Specifically Addressing Chosen Health Priority (Insert rows as needed.)

	LEVEL OF INTERVENTION CHANGE	COMMUNITY PARTNERS' Roles and Responsibilities	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
SETTING, & TIMEFRAME Intervention: QuitSmart Smoking	Individual/Interpersonal	Lead Agency: Randolph	Expected outcomes:
Cessation Program	Behavior	Hospital	Decrease the number of Randolph County residents who smoke
☐ New ⊠ Ongoing ☐ Completed	Organizational/Policy	Role: Coordinate the QuitSmart Program	 Decrease the number of residents who are exposed to secondhand smoke
	Environmental Change	throughout the county	
Setting: Community		New partner	Anticipated barriers: Any potential barriers? $\Box Y \boxtimes N$ If yes, explain how intervention will be adapted:
Target population: Current tobacco users		⊠Established partner	List anticipated intervention team members: Randolph
New Target Population: Y		Target population representative: Emily	Hospital, Health Department, Cooperative Extension, RC Government Wellness Coordinator
Start Date – End Date (mm/yy): 10/16-09/19		Martin	Do intervention team members need additional training?
Targets health disparities: 🛛 Y 🗌		Role: Work with CHC Better Health clients to promote	$\Box Y \boxtimes N$
N		and coordinate QuitSmart classes	If yes, list training plan:
		⊠New partner ⊡Established partner	Quantify what you will do: Provide at least 12 QuitSmart Programs (four per year for three years) for county residents.
		Partners: Health Department and Cooperative Extension Role: Assist the hospital	List how agency will monitor intervention activities and feedback from participants/stakeholders: Staff from each agency listed above will facilitate the QuitSmart Programs, therefore, monitoring success/failure for each participant.
		with facilitation of the QuitSmart Program	Evaluation: Please provide plan for evaluating intervention:
		─New partner ✓Established partner	QuitSmart participants will be contacted three, six and 12 months after completion of the Program to determine success rate.
		Partners: Private physician offices, Urgent care providers, OBGYN offices, Health Department	
		Health Department,	

CHA Action Plan Form - Revised: 8/10/16

Randolph Family Health Care at MERCE, worksites, churches, etc. Role: • Refer clients, employees and/or congregations to the Quit Smart Program • Provide information on the dangers of smoking and the importance of quitting • Provide space to conduct the classes
✓Established partner How you market the intervention: Flyers promoting the cessation program will be distributed to all medical providers, worksites, and churches within the county. Additional promotion will be displayed on the health department's and Randolph Hospital's websites, the health department's Facebook page. Churches and worksites will be given information for church bulletins and pay check stuffers.

Intervention: Tobacco- Free Youth	Individual/Interpersonal	Lead Agency: Health	Expected outcomes:
Recreation (TFYR) - Smoke/tobacco-	Behavior	Department	Decrease the number of Randolph County
free policies			residents who smoke
	⊠Organizational/Policy	Role:	 Decrease the number of residents who are
🗌 🗆 New 🖂 Ongoing 🔲			exposed to secondhand smoke
Completed	Environmental Change	Coordinate efforts with	
Completed	g.	local municipalities and	
Setting: Community		the appropriate agencies	Anticipated barriers: Any potential barriers? X N If yes, explain how intervention will be adapted: Potential
		within Randolph County	barriers include managers/owners not willing to change or
Target population: Current tobacco		to increase and	adopt new smoke/tobacco-free policies. However, special
users and those grounds that		strengthen	emphasis will be set for proper education and the
currently allowing tobacco use		smoke/tobacco-free	advocating for the importance of such policies.
, , ,		policies.	advocating for the importance of such policies.
New Target Population: Y		Create ordinance	List anticipated intervention team members: Health
		awareness cards to	Department, Randolph Hospital, Cooperative Extension,
Start Date – End Date (mm/yy):		inform the public of the	RC Government Wellness Coordinator, Partnership for
10/16-09/19		new	Children
		adopted/implemented	
Targets health disparities: 🛛 Y 🗌		policies.	Do intervention team members need additional
N		Provide proper	training?
		smoke/tobacco-free	
		signage.	If yes, list training plan:
		New partner	Quantify what you will do:
		Established partner	 Increase/implement at least ten tobacco-free outdoor
			policies on governmental grounds
			 Increase/implement tobacco-free policies within
		Target population	county businesses and industries
		representative: Sam Varner	 Strengthen/implement at least four smoke-free indoor
			policies within the county's municipalities
		Role: Assist with	 Work with restaurant/bar owners to include E-
		coordination of the	cigarettes in their existing smoke-free policies
		QuitSmart Program;	
		Promote the program with	List how agency will monitor intervention activities
		Randolph County employees	and feedback from participants/stakeholders: The
			intervention team will meet to coordinate which agencies
		New partner	to reach out to regarding adoption of new policies. This
		Established partner	team is comprised of the individuals who will help such
			agencies with the implementation and promotion of newly
		Barthara, Dartharakin far	adopted policies.
		Partners: Partnership for Children, RC Wellness	
		Children, KC Weilness	

	Coordinator, Cooperative Extension 4H Program Assistant, Randolph Hospital Role: The Partnership for Children will implement smoke/tobacco-free policies within childcare centers. RC Wellness Coordinator will work to increase and strengthen policies within county government. Cooperative Extension 4H Program Assistant will work with health educators to offer QuitSmart Programs as needed. The hospital will offer additional QuitSmart Programs. 	Evaluation: Please provide plan for evaluating intervention: This intervention will be evaluated based on the number of newly adopted policies and the enforcement of each.
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	enhancing existing policies.	
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