Clay County CHA Video
The 2018 Community Health Assessment priority areas are:

- Chronic Disease Prevention and Control
- Mental Health
- Substance Abuse/Misuse

The following CHIP Scorecard was created and submitted September 9th, 2019 in order to meet the requirements for the Clay County Long and/ or Short Term Community Health Improvement Plans.

Clear Impact Scorecard™ is a strategy and performance management software that is accessible through a web browser and designed to support collaboration both inside and outside organizations. WNC Healthy Impact is using Clear Impact Scorecard™ to support the development of electronic CHIPS, SOTCH Reports and Hospital Implementation Strategy scorecards in communities across the region.

Scorecard helps communities organize their community health improvement efforts:

- Develop and communicate shared vision
- Define clear measures of progress
- Share data internally or with partners
- Simplify the way you collect, monitor and report data on your results

The following resources were used/reviewed in order to complete the CHIP:

- WNC Healthy Impact
- WNC Healthy Impact Data Workbook
- NC DHHS CHA Tools
- NC DHHS County Health Data Book
- NC DHHS/ DPH CHA Data Tools
Creating an Environment with Evidence-Based Tactics in an Effort to Foster Positive Health Outcomes for Clay County for Generations to Come.

Alignment

**Priority Health Issue 1** and the related result "Creating an Environment with Evidence-Based Tactics in an Effort to Foster Positive Health Outcomes for Clay County for Generations to Come" are aligned with the following Healthy NC 2020 Focus Areas/ Objectives.

- Reduce the cardiovascular disease mortality rate (per 100,000 population).
- Decrease the percentage of adults with diabetes.

Experience and Importance

**How would we experience chronic disease prevention and control in our community?**

Clay County would experience more individuals having controlled blood pressure due to increased monitoring. Physical activity within the community with the utilization of dirt walking trails, biking trails, recreational gym, and the walking trail at Chatuge Dam. There will be an increase of fresh produce purchased at our local farmers market. The Clay County Health Department will see an increase of clients who are attending nutrition education classes, Diabetes Prevention Program, and participation in the county wide wellness program/initiative. Clay County will see a decrease in the use of oxygen concentrators and portable tanks. Clay County will see a decrease in A1C and glucose numbers. Overall Clay County will observe positive lifestyle changes among the residents of this county.

**What information led to the selection of this health issue and related result?**

Chronic Disease Prevention and Control has been a priority for the past three CHA cycles and we are slowly making strides to better the health of our community. Chronic illness is defined as an illness or disease that is not communicable and develops slowly over and persists over a period of time. This priority was chosen because we know how important it is to limit the burden that chronic illness has on not only the individual but the community as a whole. In Clay County the top three leading causes of death (heart disease, cancer, and lower respiratory issues) are considered chronic illnesses, and all three of these issues are ranked in the top five leading causes of death in the nation.

<table>
<thead>
<tr>
<th>Year</th>
<th>Obese % of Adults in Clay County who are Considered Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>32%</td>
</tr>
<tr>
<td>2015</td>
<td>29%</td>
</tr>
<tr>
<td>2012</td>
<td>27%</td>
</tr>
</tbody>
</table>

**Strategies Considered & Process**

**Actions and Approaches Identified by Our Partners:** These are actions and approaches that our partners think can make a difference on chronic disease prevention and control.

- Worksite Wellness- Strive to Thrive
- Diabetes Prevention Program- Project 24
What is Currently Working in Our Community: These are actions and approaches that are currently in place in our community to make a difference on chronic disease prevention and control.

- School Health Advisory Committee
- Healthy Carolinians
- Diabetes Prevention Program: Project 24
- Low cost gym membership
- Community Health Assessment

Evidence-Based Strategies: These are actions and approaches that have been shown to make a difference on chronic disease prevention and control.

<table>
<thead>
<tr>
<th>Name of Strategy Reviewed</th>
<th>Level of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strive to Thrive</td>
<td>Community and Organizational</td>
</tr>
<tr>
<td>Diabetes Prevention Program</td>
<td>Community</td>
</tr>
</tbody>
</table>

What Community Members Most Affected by Obesity Say: These are the actions and approaches recommended by members of our community who are most affected by obesity as it relates to chronic disease.

- Low cost gym membership
- Jack Rabbit Trails
- Hiking trails
- Diabetes prevention program: Lifestyle change program

Process for Selecting Priority Strategies
Healthy Carolinians reviewed the 2018 Community Health Assessment data in comparison of other community health assessments to determine priority areas for Clay County. Once the priority areas were distinguished the health department took the findings to different workgroups within the county to determine what has been working well and what we would like to see happen within the county. After recieving a grant and receiving full recognition through the CDC for our DPP class it was determined that this type of program works and Clay County would like to do something county wide. From all of the meeting conducted the programs above were chosen based off of the data power that a full program can gather along with an already established functional program.

These strategies and processes are also used for other indicators we are tracking and include:

- % of heart disease
- % of adults who are considered obese
- % of adults who have diabetes
- % of adults meeting 150 minutes of physical activity
Heart Disease

% of Adults in Clay County with Heart Disease (heart attack, angina, coronary disease)

<table>
<thead>
<tr>
<th>Year</th>
<th>% of Adults</th>
<th>Current Actual Value</th>
<th>Current Target Value</th>
<th>Current Trend</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>12%</td>
<td>—</td>
<td>1</td>
<td>7%</td>
<td>↑</td>
</tr>
<tr>
<td>2015</td>
<td>7%</td>
<td>—</td>
<td>0</td>
<td>0%</td>
<td>→</td>
</tr>
</tbody>
</table>

Diabetes

% of Adults in Clay County who have Diabetes

<table>
<thead>
<tr>
<th>Year</th>
<th>% of Adults</th>
<th>Current Actual Value</th>
<th>Current Target Value</th>
<th>Current Trend</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>16%</td>
<td>—</td>
<td>1</td>
<td>12%</td>
<td>↑</td>
</tr>
<tr>
<td>2015</td>
<td>8%</td>
<td>—</td>
<td>1</td>
<td>-39%</td>
<td>↓</td>
</tr>
<tr>
<td>2012</td>
<td>14%</td>
<td>—</td>
<td>0</td>
<td>0%</td>
<td>→</td>
</tr>
</tbody>
</table>

150 % of Adults in Clay County Meeting 150 minutes of Physical Activity

<table>
<thead>
<tr>
<th>Year</th>
<th>% of Adults</th>
<th>Current Actual Value</th>
<th>Current Target Value</th>
<th>Current Trend</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>18%</td>
<td>—</td>
<td>0</td>
<td>0%</td>
<td>→</td>
</tr>
</tbody>
</table>

Chol

% of Adults in Clay County Told have High Cholesterol

<table>
<thead>
<tr>
<th>Year</th>
<th>% of Adults</th>
<th>Current Actual Value</th>
<th>Current Target Value</th>
<th>Current Trend</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>39%</td>
<td>—</td>
<td>1</td>
<td>1%</td>
<td>↑</td>
</tr>
<tr>
<td>2015</td>
<td>43%</td>
<td>—</td>
<td>1</td>
<td>9%</td>
<td>↑</td>
</tr>
<tr>
<td>2012</td>
<td>39%</td>
<td>—</td>
<td>0</td>
<td>0%</td>
<td>→</td>
</tr>
</tbody>
</table>

DPP Project 24: Diabetes Prevention Program

What Is It?
Clay County is a recipient of a Diabetes Prevention Program (DPP) grant through North Carolina State University (NCSU) in conjunction with Blue Cross Blue Shield (BCBS). This is a 3 year grant that rewards Clay County based off of participants who complete a certain amount of classes and allows for the purchasing of incentives and social supports in the form of gas cards. DPP classes in Clay County started in January of 2016 and since then we have conducted 7 class sessions with an average of 14 participants per class. Classes have been held at different locations throughout the county such as: Clay County School System and at the Clay County Health Department. Future classes will be conducted mainly at the health department but will be moved if needed to best serve the community.

Because of the success of DPP classes conducted by CCHD we have been considered by the CDC to be a fully recognized site since 2019 with an annual renewal period. Clay County is the smallest county by land mass in NC and we are considered an underserved area because of the lack of access to care and other resources. There are no hospitals within Clay County and patients must be referred out of county to receive necessary services. The Curriculum is provided by the CDC and the facilitator of the program must be a trained and certified lifestyle coach. The name "Project 24" came out of the idea that 24 classes during the year really is only 24 hours of time. There are 24 lists for each lesson to allow participants to brainstorm 24 ideas that go along with that day's lesson. The DPP class is a year-long lifestyle change program towards wellness with 16 classes being the core portion of the class and the last 8 being the maintenance phase.

Diabetes Prevention has been identified by Healthy Carolinians for multiple years an action that - when combined with other actions in our community - has a reasonable chance of making a difference in preventing diabetes in our community. This is an ongoing program in our community.

The priority population/customers for Project 24 are those who have been diagnosed as having prediabetes, and Project 24 aims to make a difference at the individual level. Implementation has been ongoing since 2016 at different locations around Clay County.

Partners

The partners for this [insert program type] include:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Person</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCHD</td>
<td>Alex Gilpin</td>
<td>Lead</td>
</tr>
<tr>
<td>NCSU/BCBS</td>
<td></td>
<td>Support</td>
</tr>
<tr>
<td>MountainWise</td>
<td></td>
<td>Support</td>
</tr>
</tbody>
</table>
Data is collected utilizing the CDC excel spreadsheet where all clients are given an identification number to remain HIPPA compliant. This information is only sent to the CDC through their secure database collection platform. The initial assessment and final assessment are uploaded into our electric health records CureMD, which allows the clients primary care provider to access the results in a secure way. When a prospective participant calls/e-mails, etc. about the program, we set up a one-on-one appointment with them before allowing them to enroll. We discuss their reason for wanting to participate, anticipated barriers, their support system, availability, and confidence. We go through the curriculum, discuss the program schedule, food journals, weigh-ins, goals, and all other aspects of the program in full detail. If blood work was not provided with a referral, we have them complete the CDC screening tool to determine eligibility. If the client is adamant on signing up right then, we will sign them up that day but we encourage them to go home, discuss it with their spouse/family and call back with a decision. We send them home with the enrollment form and have them drop it off at the front desk. Many of our participants are referred to us through their primary care provider because of an increase in A1C levels in conjunction with a high BMI. CCHD utilizes multiple avenues for marketing DPP classes to include: Ladies night out hosted by Erlanger-Murphy Medical, physician referrals from the area doctors and nurse practitioners, Facebook, Clay County Progress the local newspaper, the local radio station, and fliers that are distributed throughout the county. “MountainWise has developed marketing materials Clay County to increase participant enrollment and retention in the program through the production of a Storyteller video - highlighting both current and prior participants of the program to share their success stories. Through the development of a Diabetes Prevention Program Toolkit, MountainWise has provided the tools and resources to provide DPP sites in the region with ways to encourage participant engagement and retention throughout the duration of the program.”

2019-2020

1. Create Marketing Materials March – mid April
Start marketing mid-April- May
Begin class in June on Thursdays
   Phase 1 will run June-December
Incentive schedule
   4 Classes in Phase 1: Exercise band – allows participants to workout from home without dumbbells.
   6 Classes in Phase 1: Calorie and Fat counter book- allows participants to really understand calories and fat.
   9 Classes in Phase 1: Bento Box Meal Prep- allows participants to understand that meal prepping is the key to success.
   13 Classes in Phase 1: T-shirt- allows participants to showcase their success.
Phase 2 will run January-June
Incentives
   3 classes in Phase 2: Gym bag- allows participants to take workout clothes anywhere.
   4 Classes in Phase 2: Food Scale- allows participants to weigh their food to ensure they are getting the right portions.
   6 Classes in Phase 2 Body weight scale- allows participants to continue on their healthy lifestyle.
Classes will end June 2020

2020-2021

1. Create Marketing Materials October- November
Advertise in December- beginning of January
Begin class in January towards the end of the month on Wednesdays
   Phase 1 will run January-July
Incentives

4 Classes in Phase 1: Exercise band – allows participants to work out from home without dumbbells.

6 Classes in Phase 1: Calorie and Fat counter book- allows participants to really understand calories and fat.

9 Classes in Phase 1: Bento Box Meal Prep- allows participants to understand that meal prepping is the key to success.

13 Classes in Phase 1: T-shirt- allows participants to showcase their success.

Phase 2 will run August- January

Incentives

3 classes in Phase 2: Gym bag- allows participants to take workout clothes anywhere.

4 Classes in Phase 2: Food Scale- allows participants to weigh their food to ensure they are getting the right portions.

6 Classes in Phase 2 Body weight scale- allows participants to continue on their healthy lifestyle.

Classes will end January 2021

2. Create Marketing Materials March – mid April

Start marketing mid April- May

Begin class in June on Thursdays

Phase 1 will run June-December

Incentives

4 Classes in Phase 1: Exercise band – allows participants to work out from home without dumbbells.

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13 Classes in Phase 1: T-shirt- allows participants to showcase their success.

Phase 2 will run January-June

Incentives

3 classes in Phase 2: Gym bag- allows participants to take workout clothes anywhere.

4 Classes in Phase 2: Food Scale- allows participants to weigh their food to ensure they are getting the right portions.

6 Classes in Phase 2 Body weight scale- allows participants to continue on their healthy lifestyle.

2021-2022

1. Create Marketing Materials October- November

Advertise in December- beginning of January

Begin class in January towards the end of the month on Wednesdays

Phase 1 will run January-July

Incentives

4 Classes in Phase 1: Exercise band – allows participants to work out from home without dumbbells.

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Phase 2 will run August - January

Incentives

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Classes will end January 2022

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Incentives

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4 Classes in Phase 2: Food Scale - allows participants to weigh their food to ensure they are getting the right portions.

6 Classes in Phase 2 Body weight scale - allows participants to continue on their healthy lifestyle.

Classes will end June 2022

Evaluation & Sustainability

Evaluation Plan:

Data is collected utilizing the CDC excel spreadsheet where all clients are given an identification number to remain HIPPA compliant. This information is only sent to the CDC through their secure database collection platform. The initial assessment and final assessment are uploaded into our electric health records CureMD, which allows the clients primary care provider to access the results in a secure way. Data is uploaded through secure methods to CDC and NCSU to maintain both CDC recognition and grant reporting requirements.

Sustainability Plan:

The following is our sustainability plan for DPP:
The past 2 years we averaged 14 participants per class but we know that there are more residents that are in need of what DPP has to offer. With the ability to supply incentives through NCSU grant we are able to increase our numbers and have more participants complete the program. This is especially true with the ability to supply gas cards to those who are inhibited by transportation issues. Phase 2 is where the majority of participants drop out if they plan to discontinue the program most do not believe that it is not important to finish because they have completed the main portion of the class. The incentives allow the clients to maintain interest till the end of the 24 classes. The NCSU DPP grant is a three year grant that is paid per participant that completes so many classes during the 24 weeks of the program. We are beginning the process of training another lifestyle coach that will be able to offer the Minority specific DPP thus reaching a wider array of participants. The funding will be provided by MountainWise. Although, the grant period ends in 2022, Clay County Health Department will continue to offer DPP to Clay County residents and the surrounding counties.

<table>
<thead>
<tr>
<th></th>
<th>Current Actual Value</th>
<th>Current Target Value</th>
<th>Current Trend</th>
<th>Baseline % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPP Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPP Activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Strive to Thrive, a community wide wellness initiative, begins August 2019 and runs through August 2020. The health department will host learning sessions, hands on programming, nutrition classes, physical activity classes and other ways to address the 7 areas of health. Participants will sign up for a point tracking system, and will have the opportunity to earn points for all that they do on their way to achieve whole health. Participants have the opportunity to win cash or other awesome prizes for the steps that they have taken to improve themselves. The health department will check in with participants and provide that extra bit of encouragement that they will need. Strive to Thrive was identified by the wellness team as an an action, that when combined with other actions in our community, that has a reasonable chance of making a difference in reducing chronic disease in our community. This is a new program in our community.

The priority population/customers for Strive to Thrive are anyone 18 years or older who wants to take control of their health, our older at-risk population who may not have control of health issues, and our low income population who cannot afford a whole health wellness program. Strive to Thrive aims to make a difference at the individual level. Implementation will take place at the Clay County Health Department starting August 3rd along side the community health fair. ChallengeRunner will be the main platform that is used to track daily/weekly/monthly activities which will determine how many points a participant will acquire.

- Strive to Thrive looks at 7 areas of wellness:
  - Environemental: Environmental health is more than just litter and pollution. Environmental health also looks at the safety of your home, access to running water, electricity, fire and carbon monoxide detectors and radon mitigation systems. By participating in this program you will be able to receive FREE alarm systems and other goodies that will help you create a safe environment for you and your family!
  - Financial: Are you ready for retirement? Do you know the difference between a Roth IRA and a 401K? Have you always wanted to know about how to budget your money and plan for emergencies? Participants in this program will have the chance to hear from professionals about how to relieve the stress that money matters can cause in your everyday life.
  - Physical: Participants will be signed up in Challenge Runner, an app that will help you track your goals and give you challenges to help you get in better physical shape. Group classes will be held for FREE, and includes activities for ALL AGES in a safe environment to prevent injury. Special bonus and perks are in store for those that utilize the county rec gym!
Intellectual: Have you ever wondered how you can get information on something you wanted to learn more about? Did you realize that even reading a book can help keep your brain healthy? Participants will have a chance to learn new activities and get points toward their total health tracking for activities that help stimulate your brain!

Occupational: If you have signed up as a business or an organization, the Clay County Health Department will assist you in policy production, safety checks and can lead group classes on safety and harm reduction. We can also provide information to all of your staff about how the health department can serve your employees from the nursing clinic, to the dental clinic, and through traditional public health programs.

Social: Are you in healthy relationships and friendships? Can you communicate with your children in a way that is effective? Social health is tied to mental health in many ways. As a participant you will be able to have special access to classes that will have you surrounded with those that also are wanting to improve themselves. BUILT IN SUPPORT GROUPS! Parenting classes, life-skills, and networking opportunities are just around the corner.

Spiritual: For some people it is church, for some others finding spiritual peace could be out on the lake fishing. Whatever your preference, these times when we can bring peace to our souls counts towards wellness! Taking time for yourself can translate to points to win cash!

Partners

The partners for Strive to Thrive include:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Person</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCHD</td>
<td>Alex</td>
<td>Lead</td>
</tr>
<tr>
<td>MountainWise</td>
<td></td>
<td>Support</td>
</tr>
<tr>
<td>Wellness Committee</td>
<td></td>
<td>Target Population</td>
</tr>
</tbody>
</table>

Work Plan

<table>
<thead>
<tr>
<th>Activity</th>
<th>Resources Needed</th>
<th>Agency/Person Responsible</th>
<th>Target Completion Date</th>
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</thead>
<tbody>
<tr>
<td>Creation of wellness committee</td>
<td>N/A</td>
<td>CCHD</td>
<td>March 2019</td>
</tr>
<tr>
<td>Creation of marketing materials</td>
<td>Funding From MountainWise</td>
<td>CCHD</td>
<td>June 2019</td>
</tr>
<tr>
<td>Ad in the paper x 2</td>
<td>Funding from MountainWise</td>
<td>CCHD</td>
<td>End of July 2019</td>
</tr>
<tr>
<td>Create ChallengeRunner account (annual fee)</td>
<td>Funding from MountainWise</td>
<td>CCHD</td>
<td>July 2019</td>
</tr>
<tr>
<td>Create all challenges (daily/weekly/monthly)</td>
<td>N/A</td>
<td>CCHD</td>
<td>July 2019</td>
</tr>
<tr>
<td>Community Health Fair/Start program</td>
<td>Community Venders</td>
<td>CCHD</td>
<td>August 3, 2019</td>
</tr>
<tr>
<td>Pre Assessements for participants</td>
<td>Funding from MountainWise</td>
<td>CCHD</td>
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</tr>
<tr>
<td>Data entry for participants</td>
<td>N/A</td>
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<td>August 2020</td>
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<tr>
<td>Mid assessments blood pressure and tanita scale</td>
<td>N/A</td>
<td>CCHD</td>
<td>February 2020</td>
</tr>
<tr>
<td>August Essential Oil Lesson</td>
<td>Presenter</td>
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<tr>
<td>September Financial lunch and learn</td>
<td>Presenter</td>
<td>CCHD/bank</td>
<td>September 19,2020</td>
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<tr>
<td>April Advanced directive presentation</td>
<td>Presenter, notary, lawyer, 5 wishes documentation</td>
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<td>End Strive to Thrive last blood work</td>
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<tr>
<td>Begin 2020-2021 Strive to Thrive</td>
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<td>CCHD</td>
<td>September 2021</td>
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<tr>
<td>Searching for additional funding</td>
<td></td>
<td>CCHD</td>
<td>May 2020</td>
</tr>
</tbody>
</table>
Evaluation & Sustainability

**Evaluation Plan:**
We plan to evaluate the impact of Strive to Thrive through the use of Results-Based AccountabilityTM to monitor specific performance measures. We will be monitoring How Much, How Well and/or Better Off Performance Measures. Our evaluation activities will be tracked in the Work Plan table, above. During the year long program data will be gathered and stored through excel and challengeRunner to determine average success of performance measures.

**Sustainability Plan:**
The following is our sustainability plan for Strive to Thrive:

- Sustainability Component [insert number if applicable, e.g. 1, 2, 3]:
  - Currently funded by an outside agency
  - Will be looking for additional funders for future

Strive to Thrive will be using program performance measures to ensure ongoing effectiveness and demonstrate successes to funders and other key stakeholders, communicating and engaging diverse community leaders and organizations, identifying champions who strongly support the program, establishing a consistent financial base for the program, providing adequate staffing, increasing community awareness on the issue and demonstrating the value of the program to the public.

| PM | S2TBF% | Average Participant Body Fat % Loss | -- | -- | -- | -- |
| PM | T.Chol | Average Participant Total Cholesterol | -- | -- | -- | -- |
| PM | S2THDL | Average Participant HDL Levels | -- | -- | -- | -- |
| PM | S2TLDL | Average Participant LDL | -- | -- | -- | -- |
| PM | S2TTrig | Average Participant TRIG levels | -- | -- | -- | -- |
| PM | S2THHealth Score | Average Participant Health Score | -- | -- | -- | -- |

**Mental Health Long Term CHIP**

**Alignment**

**Priority Health Issue 2** and the related result "Children, Adolescents, and Adults of Clay County will have Access to Mental Health Resources" are aligned with the following Healthy NC 2020 Focus Areas/ Objectives.

- Decrease the average number of poor mental health days among adults in the past 30 days.

**Experience and Importance**
How would we experience mental health resources in our community?

Clay County would be a thriving community. We would see a decrease in our jail in the amount of substance related arrests. Clay County would see more students identifying coping skills and utilization of those coping skills. We would see a decrease in stigma related to mental health. We would see education around mental health issues. We would see an increase of mental health professionals who are providing resources to individuals.

What information led to the selection of this health issue and related result?

Clay County Health Department and Healthy Carolinians compared multiple community health assessment priorities to the recent data to determine what was making a difference, what was working, and what we should concentrate more on during the coming years. Through a group decision three priority health issues were declared that we believe will have the most impact on the community. Mental Health Access to Care – Abundantly clear that the needed resources are not available to adequately serve our community.

| % of Clay County did Not Get Mental Health Care or Counseling that was Needed in the Past Year |
| 2018 | 8.60% | ↑ 1 | -16% |
| 2015 | 3.40% | ↑ | -67% |
| 2012 | 10.20% | ↓ | 0% |

| % of Clay County with > 7 days of poor mental health/ past month |
| 2018 | 17% | ↑ 1 | 66% |
| 2015 | 7% | ↓ 1 | -29% |
| 2012 | 10% | ↓ 0 | 0% |

MHFA
Mental Health First Aid

What Is It?
Mental Health First Aid teaches individuals how to identify, understand and respond to signs of mental illness and substance use disorders. The 8-hour training provides the skills needed to reach out and give initial support to someone who may be developing a mental health or substance use problem and help connect them to appropriate care. Hinton Rural Life Center has three certified trainers on staff for teaching both the adult and youth (for adults who work with youth) curriculum. After the Hinton Centers Quality of Life Study in 2016, one of the areas that showed a gap was mental health services. Hinton Center was able to secure grant funding to have staff trained. We have used it to train people in the community and even to train our college student summer staffers. One of the main components of MHFA is to destigmatize mental health problems; therefore, encouraging more people to seek help.

Mental Health First Aid Training was identified by the quality of life study that was conducted in 2016 as an action, that when combined with other actions in our community, that has a reasonable chance of making a difference in giving our community the needed resources to destigmatize mental health. This is an ongoing program in our community.

The priority population/customers for mental health first aid are listed below. MHFA training aims to make a difference at the individual/ interpersonal level along with the potential for organization change.

- Employers
- Police officers
- Hospital staff
- First responders
- Faith leaders
- Community members
- Caring individuals
- Teachers
- School staff
- Coaches
- Youth group leaders
- Parents
- People who work with youth

What does it cover?

Adult Training - Common signs and symptoms of mental illness and substance use; How to interact with a person in a crisis; How to connect the person with help; How to administer naloxone in the event of an opioid overdose.

Youth Training (for adults who work with youth) - Common signs and symptoms of substance use and mental illness in this age group, including anxiety, depression, eating disorders, and ADHD; How to interact with an adolescent in crisis; How to connect an adolescent with help.

The course teaches how to apply the ALGEE action plan: Assess for risk of suicide or harm; Listen nonjudgmentally; Give reassurance and information; Encourage appropriate professional help; Encourage self-help and other support strategies.

Partners

The partners for Mental Health First Aid include:

<table>
<thead>
<tr>
<th>Agency</th>
<th>PersonRole</th>
</tr>
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<tbody>
<tr>
<td>Hinton Rural Life Center</td>
<td>Lead and Support</td>
</tr>
<tr>
<td>CCHD</td>
<td>Collaborate</td>
</tr>
<tr>
<td>Tri-County Community College</td>
<td>Collaborate and Represent Target Population</td>
</tr>
<tr>
<td>Schools</td>
<td>Collaborate and Represent Target Population</td>
</tr>
</tbody>
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Work Plan

Initial funding for MHFA Training – was AARP grant. (Two staff trained as instructors)
2nd grant – Evergreen – (1 staff fully trained and 1st two got add on certificates for youth and opiates/substance use 2018/2019
  • 118 people in Clay County Trained

3rd grant provided money for clergy and lay leaders to get trained – WNCC Grant 2019 scheduling classes are in process for 2019/2020
Ongoing training for community members

Evaluation & Sustainability

Evaluation Plan:
We plan to evaluate the impact of mental health first aid training through the use of Results-Based AccountabilityTM to monitor specific performance measures. We will be monitoring How Much, How Well and/or Better Off Performance Measures. Mental Health First Aid supplies the evaluation forms that every participant completes. Hinton tracks the number of participants, who is trained, what the participants do, and why they are taking the training.

Sustainability Plan:
The following is our sustainability plan for [insert program type]:
  • Sustainability Component:
    ○ Funded by an outside agency with a nominal fee to participants
    ○ Increasing community awareness on the issue and demonstrating the value of the program to the public.

| AMHFA | Mental Health First Aid Training Adult | Jun 2019 | 23 | – | 1 | 156% |
| YMHFA | Mental Health First Aid Training Youth | Jun 2019 | 8  | – | 2 | -71% |

What Is It?
Triple P is the Positive Parenting Program. Clay County was asked to be involved in a grant from MAHEC Triple P to have individuals trained and accredited in Triple P to provide parents in Clay County with Positive Parenting skills.
Triple P is evidenced based and is meant to be used for any parent in the community who have children ages birth to elementary school age with certain behavior issues. Triple P is an intervention that can be used in every day work to assist parents with positive parenting to assist with changes in their child's behavior while making positive changes in how parents parent their children.

This is a new program intervention in our community. It was seen as a need in our community based on the increase of children entering foster care. The Triple P model is designed to help parents improve their parenting skills in order to better the behavior of their child. When used effectively, parents change their parenting style in order to make improvements in their child's behavior. The intervention focuses on positive reinforcement, rules, and consequences in the form of quiet time and time out.

The priority population/customers for Triple P is any parent in the community with a child or children ages birth to elementary school age, and Triple P aims to make a difference at the among parents with children with certain behavior issues. This is county wide and any parent is eligible. Implementation will take place in the current year, 2019. Because this intervention is new, referrals are what are needed at this time. Plans are being discussed regarding advertising in the news paper and social media that Triple P is now offered to community members who seek help with parenting and who seek help with behaviors of their child.
The partners for Triple P include:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Person</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCHD</td>
<td>Michelle Moore</td>
<td>Lead, Collaborate, Support</td>
</tr>
<tr>
<td>DSS</td>
<td>Haven Phillips</td>
<td>Collaborate, Support</td>
</tr>
<tr>
<td>Chatuge Family Practice</td>
<td>Miranda Kephart</td>
<td>Lead, Collaborate, Support</td>
</tr>
</tbody>
</table>

**Work Plan**

- Support MAHEC as the administrator for The Triple P within Western Service Area and serve as a partner in supporting positive parenting in our region.
- Inform the Triple P Coordinator about Triple P events held within the agency and in the community at least quarterly.
- Work with Coordinators for best practice of provider selection and agency fit prior to training application.
- Support your agency’s selected Triple P Providers by allowing them to attend all training and accreditation process dates for which they were selected, prepare and study for accreditation, and complete the accreditation quiz.
- Ensure newly trained Triple P Providers begin using Triple P with families within one month of training and begin working toward their goal of families reached.
- Provide support for your agency’s accredited providers to successfully implement Triple P by allowing them to integrate Triple P into their current scope of work, permitting them to participate in peer support groups and coaching, collect and report data, and participate in additional Triple P-related activities as necessary.
- Submit de-identified data quarterly to Triple P Data Evaluator:
  - For Quarter 1: (1/1 - 3/31), data is due to Evaluator April 15th.
  - For Quarter 2: (4/1 - 6/30), data is due to Evaluator July 15th.
  - For Quarter 3: (7/1 - 9/30), data is due to Evaluator October 15th.
  - For Quarter 4: (10/1 - 12/31), data is due to Evaluator January 15th.
- Utilize data feedback from Triple P Coordinators to inform peer support and coaching within agency.
- Promote the Triple P Program within your agency to all staff and potential clients and serve as a referral source to other Triple P providers.
- Commit selected Triple P Providers’ immediate supervisor to support internal agency Triple P management, data expectations, coaching and peer support.
- Providers attend at least 2 Peer Support Groups per quarter either within your agency.

**Evaluation & Sustainability**

**Evaluation Plan:**

We plan to evaluate the impact of Triple P through the use of Triple P data collection. The data collection will tell how many members of the community are receiving each type of intervention (Standard of Primary). The data collected will also give outcomes. Data collection is quarterly.

**Sustainability Plan:**
Through different departments throughout Health and Human Services, this program will sustain. There have been members of The Department of Health and Human Services trained in Triple P Primary and Triple P Standard. This will allow member of the community to be able to received these services when they arrive for clinic visits as well as visits through the WIC and Pregnancy Care Management programs. Foster Care social workers as well as one school social worker have been trained in Triple P Primary. The school board is aware of Triple P and has expressed their interest and community need for this type of intervention.

Alignment

**Priority Health Issue 3** and the related result "Children, Adolescents, and Adults of Clay County will have Access to Mental Health Resources and Prevention Education" are aligned with the following Healthy NC 2020 Focus Areas/Objectives.

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

Experience and Importance

**How would we experience [insert result] in our community?**

Clay County would be a thriving community with access to mental health resources. We would see a decrease in our jail in the amount of substance related arrests. Clay County would see more students identifying coping skills and utilization of those coping skills. We would see a decrease in stigma related to mental health. We would see education around mental health issues and prevention education. We would see an increase of mental health professionals who are providing resources to individuals. We would see an increase in recovery services. We would see a decrease in youth misusing substances because they know of the harmful effects that they have on the body.

**What information led to the selection of this health issue and related result?**

Clay County Health Department and Healthy Carolinians compared multiple community health assessment priorities to the recent data to determine what was making a difference, what was working, and what we should concentrate more on during the coming years. Through a group decision three priority health issues were declared that we believe will have the most impact on the community. Mental Health Access to Care – Abundantly clear that the needed resources are not available to adequately serve our community along with the need for more prevention education within the schools.
Youth average use of tobacco within the past 30 days

Data Source: PRIDE Survey

% of Clay County Adults using E-Cigarettes

Data Source: WNC Healthy Impact Community Health Survey: Data Workbook. [Data set]. Available from partner-resource.

% of Clay County Adults who use tobacco

Data Source: WNC Healthy Impact Community Health Survey: Data Workbook. [Data set]. Available from partner-resource.

Number of Opioids dispensed in Clay County

What Is It?

Program type and history of how it formed:
About three years ago, efforts to reform a local substance misuse coalition began in two ways. Clay County Health Dept Director Janice Patterson and assistant director Tanya Long approached Turner Guidry and Lorrie Ross about reforming, Both Guidry and Ross were involved in both the county and regional coalition formed in the mid 2000's- Coalition for a Safe and Drug Free Clay County. Around the same time, a Quality of Life Study commissioned by a grant received by Hinton Center showed substance use and one of the primary concerns for Clay, Cherokee and Towns County. A task force was formed for that issue with some of the same people as the health department group.

Leadership of the task force changed a few times, but Lorrie Ross and Hinton Center's Outreach Coordinator Ricky Hill took the task of developing a coalition. A community meeting was held in late summer 2017, which brought together people from the community including faith leaders, people in recovery, educators, business owners, addictions counselors and more.

With the guidance of Patti Tiberi, a prevention and coalition expert from Mountain Projects, the group formed an executive board to build a coalition foundation. It had its first meeting April 3, 2019. The board includes:
Hayesville Mayor Harry Baughn
Clay Schools administrator Angel Owens
Kathryn Jenkins, Tri County Community College
Tanya Long, former Clay County health dept assistant director

Even before the focuses were written, the group obtained funding to do PRIDE surveys for students grades 7, 9 and 11, at Clay County Schools. Those were administered at the end of the 2018-2019 school year.

As of early August 2019, a mission statement has been written, along with goals. They are shown here:

People of Clay C.A.R.E. Mission Statement: To advocate for a healthier, safer community and reduce substance use disorder by offering education to the schools and all citizens about prevention, resilience and responsible choices related to alcohol, tobacco, vaping, prescription drugs and other substances; and to be an ally for those in recovery, as well as those seeking recovery.

People of Clay C.A.R.E. Goal statements:

1. The coalition will advocate by promoting and planning extensive education efforts for the schools and citizens of all ages, about prevention, resilience and responsible choices related to alcohol, tobacco, vaping, prescription drugs and other substances. It will also address barriers to the implementation.

2. The coalition will be an ally to everyone in recovery or seeking recovery, to family members of those in recovery, and it will be a source of information about intervention, treatment and transitional programs to help enable recovery.

3. The coalition will work collaboratively to assist schools, public health, law enforcement, local government, businesses, churches, civic groups, non-profits and other agencies, to establish their own programs for prevention, education, resilience and recovery allies; and to gather information which may be beneficial to building a healthier, safer community and reducing substance use disorder.
4. The coalition will grow partnerships and support the community wide effort through alliances with faith-based organizations, recovery groups, civic groups, media, the schools, the business community and local government agencies, including those outside of Clay County, encouraging all to support each other.

The priority population/customers for this coalition are Clay County Schools students, as well as citizens of all ages, and the coalition aims to make a difference at the prevention, education and resilience level. Implementation will take place starting in fall 2019 with a Town Hall, which will educate the community, local government and the schools about the need for prevention by sharing the PRIDE survey statistics. The current average age of onset for substances including tobacco, alcohol, and other substances is about 11 and a half years old. Prevention measures will educate students and families so the age of onset will gradually rise, ultimately impacting less use of all substances. Less use results in better health outcomes.

Prevention and awareness literature will be distributed during the town hall, as well at other community and school events. This effort began in the Spring and has already occurred 4 times at various community events. All recovery groups in the community have copies of prevention literature, as well.

In addition to the prevention programming, Ricky Hill is working on bringing drug/recovery court to the area. He has met with state government representation, along with several judges and other legal entities. He and others are visiting drug courts in Cherokee, NC; Buncombe County, NC and Union County, GA. If drug courts are brought to the area, it is anticipated the rate of recidivism will decrease for those incarcerated in Clay County. It will also afford them the opportunity to seek treatment and long term recovery. There is not a planned date to implement this because sources of funding must be sought. Hill and others on his task force are exploring what is needed to finance such a venture. Having people return to jail less and stay in the general population increases their odds of sustaining a job, a home and overall healthier lifestyle.

**Partners**

The partners for the Clay County CARES Coalition include:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Person</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mountain Project</td>
<td>Patti Tiberi</td>
<td>Support</td>
</tr>
<tr>
<td>Clay County Drug Free Coalition (group is still forming actual name)</td>
<td>Lorrie Ross</td>
<td>Lead</td>
</tr>
<tr>
<td>Hinton Rural Life Center</td>
<td>Ricky Hill</td>
<td>Collaborate</td>
</tr>
<tr>
<td>CCHD</td>
<td>Alex Gilpin</td>
<td>Collaborate</td>
</tr>
<tr>
<td>Haynesville School System</td>
<td>Angel Owens</td>
<td>Collaborate and Represent</td>
</tr>
</tbody>
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**Work Plan**

Narrowed down the name June 2019

Decided primary focus at July 2019 executive board meeting

Chose a mission statement and goals during the August 2019 meeting.

September 2019- bylaws will be formed to be refined at the next meeting.

September 2019- some group members are working with school admin from other counties to choose a curriculum for some ages
October 2019- Town Hall in conjunction with Red Ribbon Week with NC Counterdrug Program as presenter and local government, LE and school administrators as guests, along with community members

November 2019- a more longterm board will be formed to make effective decisions about the group’s future. The board must include the 12 sectors on the SAMHSA prevention framework model. Anyone on the executive board is also welcome to continue, if they choose.

Ongoing outreach and education

Evaluation & Sustainability

Evaluation Plan:

We plan to evaluate the impact of Clay CARES Coalition through the use of Results-Based AccountabilityTM to monitor specific performance measures. We will be monitoring How Much, How Well and/or Better Off Performance Measures. Our evaluation activities will be tracked in the Work Plan table, above.

Sustainability Plan:

The following is our sustainability plan for Clay CARES Coalition:

- Sustainability Component
  - Communicating and engaging diverse community leaders and organizations
  - Establishing a consistent financial base for the program
  - Increasing community awareness on the issue and demonstrating the value of the program to the public

| PM | 11 Opioids | PRIDE Data Average Opioid use | - | - | - | - | - |
| PM | 7 Tobacco | PRIDE Data Average onset of Tobacco use (grades 7,9,11) | 2018 | 12 | - | → 0 | 0% → |
| PM | PRIDE Data Average have not used E-Cigs in the past 30 days. (9,11 grades) | 2018 | 76 | - | → 0 | 0% → |
| PM | 11 Alcohol | PRIDE Data Average alcohol use for the past 30 days | 2018 | 14 | - | → 0 | 0% → |
| PM | Outreach | Community Outreach | - | - | - | - | - |

Operation Medicine Drop Campaign

What Is It?

Operation Medicine Drop is a partnership of Safe Kids North Carolina, the Riverkeepers of North Carolina, NC State Bureau of Investigation, Community Anti-Drug Coalitions of North Carolina and local law enforcement agencies working together to encourage the public to safely dispose of unused, unwanted and expired medication. By providing safe and secure ways for people to get rid of unwanted prescription and over-the-counter medications, Operation Medicine Drop helps prevent accidental poisonings and drug abuse while protecting our waters.

Operation Medicinice Drop was identified by the Clay County Health Department and the Clay County Sheriff’s Department as an action, that when combined with other actions in our community, that has a reasonable chance of making a difference in substance misuse in our community. This is an ongoing program in our community but it has the potential to reach more citizens of Clay County.

The priority population/customers for this Drop box campaign are community members and organization that are willing to participate in properly disposing of old and unused medication, and the drop box campaign aims to make a difference at the community level. Implementation will take place in the community.

Misuse of substance impacts rates of violence, injuries and certain diseases.

Partners
The partners for this drop box campaign include:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Person</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCHD</td>
<td>Alex Gilpin</td>
<td>Lead, Collaborate</td>
</tr>
<tr>
<td>Sheriff Department</td>
<td>Donovan Byers</td>
<td>Lead, Collaborate, Support</td>
</tr>
<tr>
<td>Clay County CARES</td>
<td>Lorrie Ross</td>
<td>Collaborate</td>
</tr>
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</table>

Work Plan

<table>
<thead>
<tr>
<th>Activity</th>
<th>Resources Needed</th>
<th>Agency/Person Responsible</th>
<th>Target Completion Date</th>
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</thead>
<tbody>
<tr>
<td>Drop Box Campaign</td>
<td>Drop Boxes</td>
<td>Clay County Sheriffs Department/ Health Department</td>
<td>Continuous</td>
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</table>

Evaluation & Sustainability

**Evaluation Plan:**

We plan to evaluate the impact of the Drop Box Campaign through the use of Results-Based AccountabilityTM to monitor specific performance measures. We will be monitoring How Much, How Well and/or Better Off Performance Measures.

**Sustainability Plan:**

The following is our sustainability plan for drop box campaign:

- Increasing community awareness and willingness to utilize the program.

| PM | Weight in pounds of medication | -- | -- | -- | -- | -- |
| PM | Outreach                       | -- | -- | -- | -- | -- |