Section VIII. Community Priorities & Action Plans

Conclusions

Common themes across each community health assessment existed after thorough review of the data and community opinion survey.

1. Chronic diseases (Heart disease, cancer, chronic lower respiratory disease, stroke) still ranks top in leading causes of mortality and morbidity.
2. Healthcare access and affordability remain in top concerns for community residents who participated in the survey. Additionally, the uninsured and underinsured population still presents a challenge for providing accessible primary care and connection with a primary medical home.
3. Mental health, including depression and suicide, continues to be a concern, as is clearly emphasized in review of the Youth Risk Behavior Survey.
4. Poor nutrition, physical inactivity, and tobacco use by far, are the largest contributing factors to the majority deaths in each county in the Appalachian District.
5. Health disparities should be considered in all strategies, including reaching those living in a more rural, isolated environment and those with varying cultural, social, ethnic, and racial backgrounds.
6. Health disparities also exist between genders and strategies should include activities to target specific gender populations in order to be most inclusive and impactful.
7. Creating community impact will require cross-sector, collaborative approaches, employed by community members and leaders.

Community Priorities

Methods for Prioritization

The priorities for the following three years for community health improvement were selected by the CHA steering committee and vetted with community leadership in a variety of methods that fit within the community context.

The CHA steering committee included representatives from Appalachian District Health Department, Appalachian Regional Healthcare System, Ashe Memorial Hospital, Alleghany Memorial Hospital, Western Youth Network, and Watauga Healthy Carolinians. Members from this committee shared their input in selecting the method for choosing the priorities. Using the following to determine priorities, members were asked to select 2-3 priorities for further discussion with the community:

Considerations for the CHA Steering Committee

- What does the community statistical report tell us about the top causes of death, health disparities, and/or emerging health issues?
- Which key issues link back to the Healthy NC 2020 plan?
- Which community health problems faced by the community are also reflected by the community opinion survey?
- What issues affect the majority of the population in the county?
- What issues have broader community interest to address in a collaborative way?
- What opportunities are present in the community that may help work on this issue?
- What barriers exist that should be considered in selecting this priority?

Group members were facilitated in a discussion around these key questions in order to guide the selection of 2-3 priority areas that are feasible, are community concerns that are reflected in the statistical analysis. The members voted by sharing their selection of 3-5 priorities. Following, group consensus was developed to narrow the list to 2-3 priorities per county.

Alleghany County

1. Access/Affordability of Healthcare
2. Obesity Prevention (nutrition and physical activity)

Ashe County

1. Obesity Prevention (nutrition and physical activity)
2. Access/Affordability of Healthcare
3. Mental/Behavioral Health

Watauga County

1. Obesity Prevention (nutrition and physical activity)
2. Access/Affordability of Healthcare
3. Substance Abuse Prevention

The Youth Risk Behavior Survey is not included as a health priority in the CHA report, but is noted here as a key strategy for count- level implementation (as resources are available) because of the steering committee's interest in seeing the data be utilized for youth prevention strategies. This is noted here with the committee's intention to continue to share the YRBS with school leadership and other community partners for their involvement in supporting youth risk behavior prevention. Each school district has openly received the YRBS data and has their own plans for inclusion of their School Health Advisory Councils (SHACs) in developing plans for improvement as it relates to schools. Even with this collaborative spirit, it is critical that the data be viewed as community data, since community improvements will be required to make changes in social norms and cultural/environmental influences for youth behavior change.

Implications for planning for all priorities

- What action steps or strategies can be employed to reach health disparate/vulnerable populations in this priority area?
- Who are the partners needed to build objectives around these priorities?
- What opportunities currently exist that may provide "early success or traction" to support collaborative adoption of these priorities?

Community Process
The CHA Steering Committee discussed the best format for sharing the priority selection and garnering community input and support. For each Appalachian District county, the approach varies. Community committees and members were invited to review the selected priorities and propose other priorities, while maintaining a limit of 2-3 priorities. Community members present confirmed the priority selections.

The following indicates the process for further community involvement:

Alleghany

- January-February, 2012 –Appalachian District Health Department and Alleghany Memorial Hospital invited community partners to discuss key priorities; Community health assessment information shared with key groups (Health Advisory)
- April, 2012 –CHA data shared with the Alleghany Health Advisory Council, with support to plan a broader community health event; Healthy NC 2020 plan was shared
- May, 2012 –Community health practitioners invited to join a larger health group and health safety net group in Alleghany County
- June/July, 2012 –Youth Risk Behavior Survey leadership engagement workshop with Alleghany County Schools (planned in collaboration with Alleghany County Schools), and Community Health Summit, committees complete action plans for community improvement

Ashe

- January, 2012 –Appalachian District Health Department signed a collaborative agreement with Ashe Memorial Hospital to oversee community health collaboration in a new partnership using long standing Ashe County Health Council members. The new group now is Ashe Health Alliance.
- February, 2012—Appalachian District Health Department, in collaboration with Ashe Memorial Hospital, plans the Ashe County Health Forum. This forum shared community health assessment data, selected priorities by the CHA committee, and offered input from partners. A presentation of the Healthy NC 2020 plan was provided.
- March, 2012- Ashe Health Alliance formally established with a new coordinator (housed at Appalachian District Health Department) and a new chair for the group, a community volunteer with extensive knowledge and experience.
- April, 2012 –Ashe Health Alliance endorses a formal plan to establish “work groups” for each priority area (obesity prevention, access/affordability of healthcare, and mental health), select work group chairs, and train them to lead the groups
- May, 2012 –Ashe Health Alliance plans for training work group leaders
- June, 2012 –Work group leaders complete training, work groups complete action plans with group members

Watauga

- January, 2012 –High Country Vision Council (HCVC), a partnership of High Country United Way, provides opportunity for sectors across education, health, and income to review CHA data and priorities selected by the CHA steering committee.
- February, 2012 –HCVC selects priorities (these are the same priorities as above) and brainstorms ideas for community improvement and barriers
- March, 2012 –HCVC groups collaborate across income, health, and education sectors to look for alignment and collective impact
- April, 2012—HCVC groups begin developing community action plans for adoption
- May, 2012 –HCVC groups continue developing community action plans for adoption
- June, 2012 –HCVC groups complete draft plans
- July, 2012—HCVC plan community wide event for further community engagement
- August, 2012 –HCVC hosts community wide event to foster community engagement and feedback