



## Workgroup Meeting Notes – HEALTH Workgroup

**DATE**                **March 13, 2012**

**TIME**                **3:00 – 5:00 pm**

**LOCATION**           **Land-of-Sky Regional Council offices, Asheville, NC**

### **Introductions**

Everyone introduced themselves. Meg Nealon, a consultant for LandDesign and the consultant team liaison for this workgroup, joined the group for this meeting. Rebecca Chaplin and Linda Giltz, Land-of-Sky Regional Council staff, are providing support to the workgroup. Other attendees were:

Tracy Ash, Stacy Friesland, Susan MacDonald, Phil Bisessi, Carolyn Dorner, Patti Paul, Kathleen Terrine, Steffie Duginski, Travis Wilson, Alex Mawhinney, Sid Jordan, Meg Nealon, Deana Stephens, Linda Block, Brett Sculthorpe, Meg Hanshaw, Mark Corbet, Taryn Patterson, Julie Lawhorn, Sarah Thatch and Robert Weaver

### **Transition to New Chairpersons**

Brett Sculthorpe and Marian Arledge agreed to co-chair this group at our last meeting (February 21). They will help plan the meeting agendas, and lead and facilitate the meetings.

### **Review Agenda and Goals for the Meeting**

Meg Nealon reviewed the agenda and goals for the meeting. The primary goals are to come to consensus on a draft set of goals related to health and wellness for the project and to nominate representatives for the Steering Committee.

### **Presentation of Initial Findings**

Meg was the primary author of the plan review for the Health and Wellness section. She reviewed some of the main findings, including trends and WNC health issues and goals. A few interesting things:

- 223% increase in Hispanic pop in Transylvania, 14% increase in the over 65 population in Madison
- Obesity rates high in children across the region
- Top causes of death in all the counties are health disease and cancer
- A lot of info in the plans is based on available data; we may need to collect new data to measure interrelationships between land use, transportation, access, etc. and health



## Discussion – Definition of Health; Preliminary Goals

We started with a discussion of what is health and how we define health. Brett shared the World Health Organization (WHO) of health:

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” (<https://apps.who.int/aboutwho/en/definition.html>)

What we’ve done mostly is focus on problems or the absence of disease as our definition. From our discussion at the last meeting, we need to define health in a positive frame – optimal health. This positive frame needs to be integrated into all of our services. The WHO definition lacks any spiritual aspect. This aspect should be included; if not, services/treatments will not be as effective. The WHO definition doesn’t take into account natural aging processes (from childhood to older adulthood). There is a large population that lives with chronic health conditions and they need to be able to feel healthy. We need a definition of well-being. Is it possible to flourish/thrive (be healthy) while also being sick or having a chronic condition? Infirmity doesn’t really have a direct relation to health and wellness.

Big terms like health or well-being are very personal. When working with people on an individual level, we have to accept their definition of health/well-being. It might be helpful to looking at Dr. Halbert Dunn’s definition of **wellness** from the 1960s (“an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable of functioning within the environment”), which shows a continuum of conditions; you can move back and forth on the continuum. Dr. John Travis is another resource, who took the idea further (see [www.thewellspring.com](http://www.thewellspring.com)) – “the definition of wellness extends the definition of health to encompass a process of integration characterized by awareness, education, and growth.” Dr. Travis also uses the concept of “**full spectrum wellness**” which is about our connections between our state of wellness and our body, spirit, mind; life experiences; health across our lifespan; work and personal relationships; and our environment and surroundings.

We need to think *at the community level*, enhancing health and social capital, in addition to the individual level.

Brett passed out a handout “Contextualizing Goal and Objective Setting” to help the group think about ways to develop goals and objectives. The diagram’s center includes some existing projects. On the “objective” side, examples include individual => community; physical => spiritual; disease => flourishing; etc. On the “subjective” side are ways we might understand the depth of a problem and other newer way of approaching problems and challenges: systems thinking; participatory action research; structural analysis; etc.

Sarah Thach provided an overview of Community Transformation Grant, from the CDC. Every health department in NC is participating; they are grouped into regions – the GroWNC region is part of regions 1 (Haywood and Transylvania) and 2 (Buncombe, Henderson and Madison). This is a 5-year initiative, and we are into the first year. Future years’ funding is subject to continuing appropriations. Buncombe County is the lead



county for an 11-county region (including Henderson, Buncombe, Madison, Yancey, Mitchell, Avery, Caldwell, Burke, McDowell, Rutherford and Polk). The working group, with representatives from each health department as well as the ACEC and Community Care of NC network, has already developed a set of strategies. The strategies promote: 1) being tobacco-free; 2) healthy eating; 3) physical activity; and 4) clinical services to prevent/control high blood pressure and high cholesterol (this last strategy involves working with AHEC).

GOALS of the grants: 5% reduction in tobacco use; 5% reduction in obesity; 5% reduction in heart disease deaths. This is unprecedented for the federal government to articulate and support these goals – these goals are what are important with this grant.

From NC DHHS press release ([http://www.ncdhhs.gov/pressrel/2011/2011-09-27\\_NC\\_awarded.htm](http://www.ncdhhs.gov/pressrel/2011/2011-09-27_NC_awarded.htm)):

“The Community Transformation Grants will focus on three priority areas across the nation: tobacco-free living; active living and healthy eating; and evidence-based quality clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol.

The N.C. Division of Public Health will work with agencies, organizations and local coalitions to: build upon recent success with second-hand smoke exposure in public places; make communities more walkable and bikeable through land-use and transportation policy; make public places such as schools more accessible for physical activity through joint-use agreements that allow people, for example, to walk on a school track after school hours; and increase access and affordability of healthy foods in convenience stores, farmers markets and farm stands, with an emphasis on expanding access in low-income communities.”

Counties have already picked out initiatives that they are going to work on – these would be good to start with. All strategies are evidenced-based and supported by all the counties and they take a broad approach to health.

Brett suggested looking at the CTG as a way to review values and discuss goals and objectives. We also need to think of this group’s role – do we want to be out in front of the issues; advocacy promoting health; synergizing what’s happening throughout the region. Meg noted that this group could set an example and be an advocate for health to be part of other planning efforts and community programs. This is an opportunity to inform others in other workgroups of how health issues affect their work and to help draw attention to current / future initiatives (are there CTG strategies that overlap with GroWNC goals/strategies? both projects can draw attention and leverage the other).

Meg also explained that the consultants have reviewed plans for all the other topic areas and shared the matrix that shows the goals that came out of all these reviews. She then reviewed the overall process for this project to provide some context for what we are working towards with this workgroup and process. We are working towards developing action steps to get to the future that the region desires, looking out approx. 20 years. To get to these actions, we need to determine goals, look at trends, check in with other work groups and with the



public and steering committee; then see how we are doing as compared to the goals, look at various alternatives and strategies and choose which of these to work towards / on.

It is important for health goals and challenges to influence the other workgroups' work/ideas. The workgroups are having discussions that include or affect health and wellness (e.g. desire for walkable neighborhoods and communities; air and water quality; preserving open space and prime agricultural lands).

It is interesting to note that for health, the planning horizon is typically 3 years. We are asking this group to really stretch their normal mode of thinking. It may help to think about what is the ideal future state of the issues you are looking at. We would like this group to identify the set of future conditions for the region.

#### **Future conditions / Goals:**

- More affordable health care and medications
- Resources to make being healthy more affordable and accessible:
  - More affordable health care and medications
  - Choices – education about lifestyle choices and wellness
  - Community gardens
  - Facilities for walking and bicycling and access to them
  - Access to outdoor recreational opportunities (wild areas, community gardens, parks, etc.)
- Physical education should be a required part of curriculum through high school (now it's not required after freshman year) (this may be a strategy)
- Region is a place where everyone can live a long, healthy life (a "longevity zone")
- Social cohesion – People feel like they are contributing members of a thriving community
- Interdisciplinary planning and plans, with health as a basic component of planning and decision-making
- Holistic look at health – include looking at other than health aspects when treating health conditions
- What do we want our medical community to be doing differently? Need to think about this. Reframing the medical model – should be looking at an integrated, holistic approach.
- Community level re-education – a number of partners are stepping up to provide pieces of this
- Focus on resiliency, which contributes to stress management and better health
- Expanding horizons for individuals
- Caring community – e.g. systems of support might mean seniors don't need to go to assisted living facilities

In past 20 years we've lost a lot of time spending money on preventing specific diseases; need to look at improving quality of life (improving wellness?).

Next steps – summarize this discussion and create a draft set of goals that builds on the goals from the plans and from the groups discussions.

#### **Nominate Workgroup representative for the Steering Committee**



The group was asked to nominate group members to represent this group on the GroWNC Steering Committee. The following people were suggested and each person filled out a paper ballot to indicate their choices.

- Gibbie Harris, Buncombe County Health Director
- Robert Ford, Hot Springs Health Program
- Meg Hinshaw
- Carolyn Dorner , Western North Carolina Health Network

Rebecca will send ballots via email to workgroup members who are absent today so they can vote too.

### **Keypad Polling to Assess Workgroup Composition**

Carrie Runser-Turner, Project Manager, conducted a polling exercise to help staff and workgroups look at their make-up. Land-of-Sky has committed to some equity goals for the HUD grant that is funding this project. The polling results will help us understand which groups or geographies are under-represented and will help us assess where we need to do more outreach.

**Setting next meeting via poll** – Rebecca will send out a poll soon to set the next meeting date and time.