



Health & Wellness Workgroup Meeting Minutes

DATE Monday, October 8th, 2012
TIME 2:00 pm - 4:00 pm
LOCATION Land-of-Sky Regional Council Offices, Asheville, NC

Attendees: Marian Arledge, Leah Ferguson, Sid Jordan Alex Mawhinney, Sarah Tennyson, Julie Lawhorn, Don Kostelec, Terri March, Rebecca Chaplin, Linda Giltz, Sherry Christenson, Jane Laping, Stacy Friesland, Gibbie Harries, Kristen Weaver, Phil Bisesi. Robert Ford, Carolyn Dorner

Desired outcomes:

1. Knowledge of and discussion about qualitative input obtained from recent outreach activities
2. Sharing information about the projects and data related to Health and Wellness goals and objectives
3. Discussion about prioritizing performance measures that are related to health and wellness goals and factors that will leverage success.

Meeting Minutes

1. *Introductions & warm-up: What projects, data and activities are you working on that are relevant to our workgroup's goals and objectives?*

Marian Arledge – coordinating community health assessment and collaborating on regional health assessment; knowledge about tracking data/outcomes related to community health assessment priority areas.

Leah Ferguson – represents Buncombe County Dept. of Health, Community Transformation Project, with a focus on built environment and systems change to make the healthy choice the easy choice. Bring the community work to the forefront. Advocate for the built environment.

Sid Jordan – director of Prama Institute. Prama Institute includes a wellness center with a nutrition center, yoga-based seminars and conferences and environmental based learning – green lifestyle perspective. Long range plans for eco-village that will be a model on affordable housing and community land trust.

Alex Mawhinney – Lifestyle Support LLC, collaboration for multi-generation affordable housing.

Sarah Tennyson – Community Transformation Project Intervention Lead for Haywood and Transylvania Counties – focus on built environment, nutrition and bringing community resources to the forefront.

Julie Lawhorn – Care Share Health alliance – communities that are developing an alliance; CareShare and Julie may be able to help with model approaches for connecting community and clinical care. Aware of parallels between health, income and education.



Don Kostelec – Kostelec Consulting – urban planning, location efficiency, Health Impact Assessments.

Terri March – physical activity and nutrition coordinator for Buncombe County Dept. of Health through policies and changes in the built environment.

Rebecca Chaplin – Chronic Disease Self Management Program and related expansion for Diabetes, Spanish Speakers and those with HIV/AIDS.

Linda Giltz – Senior Planner at Land-of-Sky working on land use and natural resources planning projects as well as helping communities become more walkable and bikeable; also staffing the GroWNC Land Use Workgroup.

Sherry Christenson – Land-of-Sky Regional Council, AAA, Spy

Jane Laping – UNC Chapel Hill, Translational and Clinical Science Institute (translates research into practice) connecting communities with researchers, working on a colon cancer project with Madison, McDowell and Rutherford Counties.

Stacy Friesland – Land-of-Sky Regional Council Foster Grandparents program, advocating for the older adults that she serves.

Gibbie Harris – Director of the Buncombe County Health Dept. Involved in the Office of Minority Health Grant, Regional Health Assessment, looking at the clinical interface.

Kristen Weaver – YMCA, leads a project called Pioneering Health Communities, working on pedestrian safety in Shiloh neighborhood and chronic disease prevention project.

Phil Bisesi – affiliated with consulting engineers and Town of Black Mountain; advocate and passionate for complete streets and physicians who use integrated medicine that will take Medicare.

Robert Ford – Executive Director of Hot Springs Health Program, which serves Madison County – 17 providers, not-for-profit community organization. Involved in nearly all goals – six years of information from the emergency room available for data collection.

2. Linda reviewed and discussed the **qualitative input from recent outreach activities** (from interactive meetings and surveys) and offered an overview of the terms and language and some alternative scenarios. Please see the attached [presentation](#) for details.
3. Next we reviewed and discussed **performance measures and data sources** for tracking these measures.

Marian gave an update on the primary and secondary data that is available through the regional **Community Transformation Grant**. Some highlights:

- Hospitals and health departments are working together
- Every county has same data, with both primary and secondary sources



- Reports will look the same
- Solid, regional database across 16 counties
- Local data available now – local health departments have data
- Regional data will be available later this month – 2 meetings to present data (get dates from Gibbe/Marian)

Sid suggested we engage the physicians and CEOs of large organizations and those who are engaged with the delivery of services.

The group voted on list of outcomes to prioritize them, based on their collective knowledge and experience. The votes are below:

- 9 Promote healthy residents / workers
- 9 Improve access to physical activity and outdoor recreation options
- 7 Encourage walkability and bikeability
- 7 Improve access to local foods
- 6 Improve access to care
- 4 Promote local transit
- 2 Enhance water quality
- 2 Enhance air quality

We decided that the combined topic, Promoting Healthy Residents and Workers, is an umbrella objective with measures that will relate to the other objectives. The lists below reflect objectives and related performance measures that the work group deemed important.

Promoting Health Residents and Workers

- Obesity rates
 - Suicide Rates
 - Mental health days
 - Infant Mortality
 - Cancer and Heart Disease Rates
 - Drug Abuse Rates
 - Tobacco use
 - Teen pregnancy rates
- * remove “Dollars spent on educational programs related to health” and move this to “Improve access to educational opportunities”

Focus on Promotion of Healthy Lifestyles

- % of people getting physical activity
- average amount of leisure screen time
- % of population using active transportation (walking, biking, transit)
- perception of well-being

Improved Access to Educational Opportunities for All Ages

- added “for all ages”
- early childhood education (number of children/% of children)



- number of adults participating in education programs
- Percentage of households served by internet (change to this category)

NOTE – The educational measures under the outcome “**Advance the Workforce**” – “Enrollment and graduation rates from workforce training programs” and “Enrollment and graduation rates from local colleges and universities” could go under this category or the two outcome categories may be combined.

Improve Access to Physical Activity & Outdoor Recreation Options (add encourage walkability & add Bikeable)

- Percent of residents within a 10-minute walk of community services
- Percent of residents within a 10-minute walk of a park, greenway or other recreational facility
- Percent of residents within a 10-minute walk of a transit route
- ADD: number of joint use agreements in place (e.g., public use of school grounds)
- ADD: Percent of residents who feel safe walking/biking in their neighborhood

NOTE – access to destinations is more important than distances/miles; may be useful to choose a set of major destinations and measure accessibility to these? Think about rural areas and how to measure access – may want to look at differently than in urban areas.

Improve Access to Local and Healthy Foods

- ADD: Number of food outlets (including the farmers market and food stands and CSA)
- ADD: Percent of residents within __ miles of a farmers market / food stand / grocery with local/healthy food
- ADD: Number of restaurants that serve/feature local food products
- ADD: Percent of meals cooked at home (vs. eaten in restaurants)

Increase the Supply of Safe and Energy Efficient Housing

- Add: some way to measure “Safe” or take it out – ideas: number of falls in homes; tobacco-free housing availability; ...?

NOTE – may want to look at Lifelong Communities initiative in Atlanta as a resource. See www.atlantaregional.com/lc.

Improve Access to care

NOTE: Current measures are not really measuring the objective

- ADD: Admissions for mental health reasons and length of stay
- CHANGE: Number of ~~new homes~~ residents within 10-minute drive of a health care facility – traditional and/or holistic (consider adding: number of residents within 10-minutes access to primary health care provider)
- ADD: Number of people insured
- ADD: Number of people who have a primary care provider
- ADD: Number of practices which accept adult Medicaid and Medicare

The group discussed the importance of affordability, and that there are a large number of uninsured in some areas. Also the cost and availability of transportation is part of accessibility. Need to keep in mind



there are many types of healthcare needs – including screenings, blood tests, other preventative tests, oral and dental care, etc.

We clarified the following points:

- It was decided that it will be important to wordsmith and combine some of the objectives.
- As we move forward, part of the value of our workgroup is to coordinate and collaborate with existing entities.
- We realize that GroWNC will not be the only source of changes we see in the measures and outcomes; it will be difficult to draw a direct connection because most changes are the result of collective actions.
- It will be important to go back and coordinate with community health assessments.
- Three major categories that are being collected through the Regional Health Assessment Access: Chronic Disease, Obesity and Access to Care
- Looking at additional important factors: stress level, active transportation
- Land use choices often drive accessibility – e.g., where schools, parks, hospitals, shopping areas, etc. are placed often determines how accessible they are to the surrounding population.

Next steps:

- Organize comments and send back to work group for review/revision by work group and consultants
- Steering committee will review the measures that will be reviewed at community meetings
- We need assistance promoting the upcoming community meetings
- Consider and discuss how to bring in the physicians and CEOs and other heavy hitters