Strategies to Engage Community Stakeholders

as Public Health Advocates and Assets

by

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A Master's paper submitted to the faculty of the University of North Carolina at Chapel Hill in partial fulfillment of the requirements for the degree of Master of Public Health in the School of Public Health, Public Health Leadership Program.

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Abstract

In North Carolina, the mission of public health is to promote and protect the highest possible level of health for all residents. The ten essential services of public health serve as performance standards that promote continuous quality improvement of public health systems, strengthen the science base for public health practice improvement, and encourage and leverage national, state, and local partnerships to build a stronger foundation for public health preparedness. Currently, stakeholders and community members are surveyed every four years using community health assessment tools. Our communities are not being fully recognized and utilized as solvers of needs. Stakeholders are assets and should be identified, marketed, and developed as public health partners. The local public health system has the opportunity to offer its community more than the interpretation of periodic community health assessments mandated by the governor. In August 2005, a field project to fulfill requirements for a Masters in Public Health Leadership focused on marketing public health to rural NC counties. A stakeholder survey was done to improve, market, emphasize, and help interpret the local district health department's mission statement: "Public Health: protecting and improving your health throughout life." The local health department system should use a variety of methods to improve the community's health. Partnership with media is foundational. Web site based information should be developed by the health department as a community service. Periodic stakeholder assessments should be planned as useful monitoring tools between the four year cycles of formal Community Health Assessments. The periodic assessments should then result in timely feedback and education to each stakeholder.

Strategies to Engage Community Stakeholders as Public Health Advocates and Assets

Problem Definition

In North Carolina, the mission of public health is to promote and protect the highest possible level of health for all residents. With that mission in mind, local health departments must be strong leaders in caring for individuals and in bringing together the community as a whole to identify health problems and to develop creative strategies for health improvement. The public health system has identified community stakeholders as important partners who can be advocates and assets. A public health system includes all public, private, and voluntary entities that contribute to public health activities within a given area. "Notable among these partners are health care providers, the media, business, community-based organizations, schools, and the statewide network of community-based health improvement partnerships known as Healthy Carolinians." (Devlin, 2005, p.3)

Currently, stakeholders and community members are surveyed every four years using community health assessment tools. Thus, the community serves as a useful information source. This is precisely the problem: our communities are not being fully recognized and utilized as solvers of needs. The local public health system has the opportunity to offer its community more than the interpretation of periodic community health assessments mandated by the governor. As the local public health system engages community stakeholders as public health advocates and educates them to realize their

status as assets to the community, the community health assessment will move to a level of greater public health impact.

Background and literature review

The ten essential services of public health serve as performance standards for public health promoting continuous quality improvement of public health systems, strengthening the science base for public health practice improvement, and encouraging and leveraging national, state, and local partnerships to build a stronger foundation for public health preparedness. (Appendix A) Strategies to engage community stakeholders as public health advocates focus on essential services 1, 3, and 4 specifically:

1. Monitor health status to identify and solve community health problems.

3. Inform, educate, and empower people about health issues.

4. Mobilize community partnerships and action to identify and solve health problems.

In North Carolina, community health assessments are mandated on a four year cycle by the Governor's Task Force for Healthy Carolinians through an Executive Order. The Healthy Carolinians is a network of community level partnerships representing public health, hospitals, schools, churches, businesses, community members, and elected officials that mobilizes resources for the improvement of community health. The Healthy Carolinians network directs the community health assessment which in turn drives the

planning and mobilization of community resources. The process brings together community health and safety interests and programs to develop a common agenda that is endorsed by county leaders. (Bobbitt-Cooke, 2005) The community health assessment, also known as a community health profile, is "made up of indicators of sociodemographic characteristics, health status and quality of life, health risk factors, and health resources that are relevant for most communities; these indicators provide basic descriptive information that can inform priority setting and interpretation of data on specific health issues." (Durch, Bailey, & Stoto, 1997, p.127). Truly, such an interorganizational collaboration which is aimed at community health improvement is an expectation of local public health systems according to Zahner (2005).

A community health assessment is a process by which community members gain an understanding of the health, concerns, and health care systems of the community by identifying, collecting, analyzing, and disseminating information on community assets, strengths, resources, and needs. A community health assessment usually culminates in a report or a presentation that includes information about the health of the community as it is today and about the community's capacity to improve the lives of residents. A community health assessment can provide the basis for discussion and action. (North Carolina Community Health Assessment) This basis for discussion is the precise advantage the community health assessment provides to connect and energize community stakeholders as active participants in public health. Communities and their many entities such as schools, organizations, congregations, businesses, employees, and the media have been identified as potential public health system actors. (Institute of Medicine, 2003)

It is important to emphasize that a community health assessment is meant to improve the community's health. In fact, the IOM Committee recommends that "local government public health agencies support community-led efforts to inventory resources, assess needs, formulate collaborative responses, and evaluate outcomes for community health improvement and the elimination of health disparities." (IOM 2003, p.203) A primary purpose of the community health assessment is to monitor the progress being made toward reaching Healthy People 2010 goals and the 2010 North Carolina Healthy Carolinian goals. Public health has important roles within continuous quality improvement or CQI. There is a ***governing role*** as public health takes primary responsibility for directing CQI. There is a ***participatory role*** as public health shares the CQI process with other organizations. There is a ***contributory role*** as public health provides information, resources, and expertise to the CQI process. (McLaughlin & Kaluzny, 1999) A health profile can help a community maintain a broad strategic view of its population's health status and factors that influence health in the community and focus its attention on high priority health issues. (Durch et al, 1997) Healthy Carolinian partnerships identify and prioritize health issues using a comprehensive, collaborative community health assessment. (Bobbitt-Cooke, 2005)

Though the Office of Healthy Carolinians in the Department of Public Health supports these community partnerships and assessments by providing technical support, collaboration, and training, there are several potential problems with the community health assessments. The community health opinion sample survey is a ten page questionnaire to address a citizen's impressions of local health assets, needs, and concerns. (Community Health Opinion Survey, 2002) The length, needed reading ability,

and self-report basis may introduce recall bias. Low response rates indicate possible non-response bias. (MMWR, 2005) In fact, the 2003 community health assessment questionnaire for the Appalachian District Health Department comprising Watauga, Ashe, and Alleghany counties had an approximately 4 % response rate. (Community Health Assessment 2003) Also, though the assessments are a mandated process by Executive Order, funding is not provided to the local communities to produce, distribute, collect, and analyze the data. Concerning securing funds for the community health assessment, the Guide Book states:

> "If you need financial resources, develop a plan to secure the needed funds. This is a task that may be shared with others but is of concern to the team. Options include using public funds; soliciting donations from institutions, organizations, or individuals; and applying for grants. We caution against allowing one stakeholder to provide all of the needed resources (e.g., one local hospital supplying all of the needed funds, space, supplies, and support personnel time). Even with the best intentions, the outcome of the assessment may be biased in favor of that stakeholder. Try to find a way for several interested parties to contribute funding." (Community Assessment Guide Book, 2002, section 1-9)

This is a significant barrier for some communities. Although the results of the Healthy Carolinians partnerships are positive, the irregularity of funding can be problematic. (Bobbitt-Cooke, 2005)

The stakeholder's value

With the reality that, despite the advantages, an every four year community health assessment may not identify local health priorities and at the same time engage a wide variety of community stakeholders, a periodic local stakeholder survey could supplement the community health assessment and energize stakeholders to more fully realize their

roles in public health. There are recognized advantages to locally active community stakeholders. A top-down government mandate to start a partnership for community health improvement has been shown to be inversely related to successful outcome. (Zahner, 2005) Community organizations which are closely connected to the population they serve are a crucial part of the public health system for identifying needs, responses, and evaluating results. (IOM 2003) Concerted action against public health problems such as childhood obesity cannot be undertaken by governmental public health agencies alone. Rather, such action requires the resources and efforts of many partners who mobilize and form coalitions to address issues and link strengths. (IOM 2003) When stakeholders are contacted, engaged as valuable members of a coalition, and educated about their immensely vital role in community health, the "collaboration of multiple actors in a public health system, broadly conceived, offers the best prospect for protecting and promoting the nation's health for the future." (IOM 2003, p.23) The local health department has a primary lead responsibility to engage the community. Stakeholders are needed to keep the distinction clearly defined between what the community defines as medical care versus health care. The latter focuses on prevention and centers currently in many communities around four major health issues: 1) smoking, 2) obesity, 3) alcohol and drug use, and 4) HIV/AIDS. (Farley & Cohen, 2005) "These critical liaisons with agriculture, law enforcement, other health care providers, schools, foundations, businesses, community-based organizations, and sister human services agencies cannot be taken for granted. They have to be nurtured and strengthened in the years ahead." (Devlin, 2005, p.15)

Periodic stakeholder surveys will also build a new generation of intersectoral partnerships and enhance and facilitate communication within the public health system which is a priority area for action and change recognized by the IOM 2003 report. Recommendation #6 of the IOM 2003 Committee states: "All partners within the public health system should place special emphasis on communication as a critical core competency of public health practice." (IOM 2003, p.6) This is summarized in the Competencies Project of the Council on Linkages by the listing of core competencies of public health without skill levels:

COMMUNICATION SKILLS

- Communicates effectively both in writing and orally, or in other ways
- Solicits input from individuals and organizations
- Advocates for public health programs and resources
- Leads and participates in groups to address specific issues
- Uses the media, advanced technologies, and community networks to communicate information
- Effectively presents accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences
- Listens to others in an unbiased manner, respects points of view of others, and promotes the expression of diverse opinions and perspectives

(Ref: *The Core Competencies for Public Health Professionals,* 2001)

Public health literature supports the benefits of engaging the media, organizations, and individuals as valuable public health partners. Kawachi and Kennedy (1997) have determined that community stakeholder involvement increases a community's overall health. The per capita density of memberships in voluntary groups is inversely related to the age adjusted mortality for all causes in the U.S. Further, they have noted that low socioeconomic status impacts community health and that economic inequality is associated with a lack of community investment in education, development, and social services and is related to weak civic and social bonds resulting in a lack of trust between people. Therefore, mechanisms a community uses to build capacity will assist that

community to accomplish and sustain beneficial changes. Capacity represents those *conditions* within a community such as shared values, quality of programs and strategies, program congruence with community needs, political support, and the *resources* such as knowledge, skills, money, time, and technical assistance. (IOM 2003) A.G. Blackwell (2000) has observed that communities are strengthened through efforts that holistically foster participation and problem solving, address issues of bigotry and poverty, and engage institutions to work as partners with individuals within the community. The question needs to be asked, "Who knows the health needs of the community best?" L. Michele Issel (2004) correctly states the "paradox is that planning health programs ideally is triggered by those in need, not the health professionals." (p. 80)

The concept of *capacity* permits a needs assessment approach to community development to be viewed from a different perspective. A *needs assessment* focuses on what is wrong in a community and creates the impression that the community has shortcomings. On the other hand, *asset mapping* documents resources of a community that are both tangible and intangible and focuses on a community's strengths and resources. (Kerka, 2003) Asset mapping is also known as Assets Based Community Development or ABCD. Engaging community residents, building relationships, and community action are key components of ABCD. (Community Building Resources, 1998) Asset mapping of a community should precede a needs assessment and determine the skills and talents of the residents and the capabilities of local organizations and institutions. Otherwise, local ownership of a needs assessment is less likely to develop if an asset mapping activity has not taken place. Resulting needs assessments then are: 1) assets based, 2) internally focused, not being reliant on outside-the-community experts or

consultants, and 3) relationship driven. (Beaulieu) The following graphic contrasts needs-based versus assets-based community assessments:

Contrasting the "Needs" vs. "Assets" approach to Community Enhancement

Needs	Assets
Focuses on deficiencies	Focuses on effectiveness
Results in fragmentation of responses to local needs	Builds interdependencies
Makes people consumers of services; builds dependence	Identifies ways that people can give of their talents
Residents have little voice in deciding how to address local concerns	Seeks to empower people

(Beaulieu, p.4)

In order for a community to recognize, develop, and utilize its capacity, and to tap its rich assets base, communication channels need to be found and developed from "participants without formal government positions [that] include interest groups, researchers, academics, consultants, media, parties and other election-related actors, and the mass public." (Kingdon, 2003, p. 45) However, public health efforts receive and attract little media attention. This may explain the public's relative lack of understanding about what public health is and what it does, and it may lead to inaccurate or inadequate information dispersal. The media, though, shapes public opinion as the news and entertainment media influences decision making and has potentially critical effects on population health. The media has a "deeply influential role as a conduit for information and as a shaper of public opinion about health related matters." (IOM 2003, p.3) Media molds opinion by targeting influential groups such as medical professionals, science

writers, and broadcast reporters and by targeting opinion leaders. (Milio, 1989) Media's impact is far reaching. First, it is a communicator within a policy community. Second, media magnifies issues and movements that have already started somewhere else, rarely originating a policy movement. Third, media impacts public opinion which, in turn, impacts policy participants. Media's impact on public opinion may be greater than its impact on policy alternatives. One reason media has a "less-than-anticipated effect on policy agenda is its tendency to cover an issue only for a short time before turning to the next current topic." (Kingdon, 2003, p. 58-59) Media channels are certainly important public health stakeholder partners as communication channels provide information directly to consumers through speeches, posters, books, newspapers, radio, television, films, exhibits, museums, and the internet. (Stone, 2002) Thus, the literature supports a rationale for including media as public health stakeholders and assets and for using media to shape public opinion as most people rely on their medical providers, television, and print media for their health information. (Milio, 1989)

Collaborative efforts within a community protect and promote health. The public health system encompasses "activities undertaken within the formal structure of government and the associated efforts of private and voluntary organizations and individuals." (IOM 1988, p.42) Actors in our public health system include governmental public health agencies, the health care delivery system, public health and health science academia, communities, businesses and employees, and the media. (IOM 2003) The effectiveness of public health partnerships can be predicted by factors such as having a budget, having more partners contributing financially, having a broader array of

organizations involved, and having been in existence for a longer period of time." (Zahner, 2005)

Opportunity to address the problem was recognized locally

North Carolina is a national leader in the effort to ensure that every county provides the ten essential health services (Appendix A). The NC Institute for Public Health is the service and outreach arm of the School of Public Health at the University of North Carolina at Chapel Hill. The institute administered a pilot accreditation program to increase organizational capacity at the local and state level. (Devlin, 2005) The Appalachian District Health Department was among the first local public health systems in NC to receive the accreditation in May 2004. The Appalachian District Health Department comprises the counties in the most northwestern corner of North Carolina - Alleghany, Ashe and Watauga. As of the 2000 census information, 78,305 people live in the Appalachian District which covers 974 square miles of mountainous terrain. Currently, the Appalachian Health District employs approximately 120 employees.

In August 2005, a field project to fulfill requirements for a Masters in Public Health Leadership focused on marketing public health to rural NC counties. To fulfill accreditation requirements for our local health department system, a comprehensive interdisciplinary media committee addressed public health essential services with the core competencies of communication skills. A survey was sent to public health community stakeholders in order to confirm or redirect information gathered from the most recent 2003 community health assessment (CHA). Thirty surveys were sent to members of

regional health departments, district nursing supervisors, environmental health, Healthy Carolinians, domestic violence programs, print, radio, and local cable television media, Appalachian State University Health Education Department, Appalachian State University Student Health Services, Be Active NC – Appalachian Project, New River Behavioral Health, and four area hospitals. Fourteen surveys were returned for a 47% response. The Appalachian District Board of Health members were also surveyed for their input with four of sixteen surveys returned for a 25% response rate. The purpose of the survey was to solicit a list of public health messages that are important to our community and that are not being currently addressed. Identifying community stakeholders in public health and engaging their active participation was a key goal. The stakeholder survey was done to improve, market, emphasize, and help interpret the district health department's mission statement: "Public Health: protecting and improving your health throughout life." (Appendix B)

There were three objectives of the field project. First, input was solicited from public health individuals, organizations, and community stakeholders to determine what public health awareness existed and what the perceived public health needs were. Secondly, participation in an interdisciplinary media committee took place to broaden the perspective of the wide reaching field of public health within the rural communities served by the Appalachian District Health Department. Media outreach methods were used including letters to the editor, newspaper articles, radio station interviews, and cable television public service announcements and interviews. Topics included August vaccination emphases, the yearly influenza update, bicycle safety, smoking cessation, and handwashing. Thirdly, specific public health topics identified as real-time interests by

stakeholder surveys were researched and made available for health education and promotion outreach by the health department through community presentations and through the developing web site for the district. These topics were specifically chosen as ones the 2003 community health assessment may not have prioritized and which the community stakeholders considered important. Topics chosen were: 1) Environmental Health Issues: Air Quality, 2) Domestic Violence - Real Problems Exist, Real Help is Available, 3) Obesity – Acting NOW in order to live better, 4) Handwashing – a Public Health "gold standard", 5) Immunizations – new ones that affect our community, 6) Available services at Appalachian District Health Department.

By working through the three project objectives, an impression of the degree of match with national, state, and local health assessments could be made. The stated purpose of the Appalachian District Health Department's most recent 2003 community health assessment was:

1. Determine the health status of the community
2. Assess risk factors associated with identified health problems
3. Identify the health care resources available in our community to promote action directed toward the identified problems
4. Establish Appalachian District's community health priorities and the appropriate intervention.
   (Ref: Community Health Assessment 2003)

Using newspaper distribution of 16,000 surveys in Watauga County and 4,122 mailed surveys in Alleghany County resulted in the return of 573 and 207 surveys respectively for a reply rate of 3.9%. The age of the individuals responding to the Community Health Assessment ranged from age 19 to age 96. The majority of the individuals responding were retired; Watauga County reported 43% retired respondents and Alleghany County 36.8%. The majority of the completed applications were from

retired females over age 55. The data was collected and compared over time to track the progress toward the 2010 Health Objectives set for the State of North Carolina. Additionally, the Community Health Assessment data was required to be completed by the Health Department for use by the local Healthy Carolinians agency certification process which occurs during the year following the Community Health Assessment.

Data was then compared with previous community health assessments to reveal trends, needs, and improvements. Key emphases in 2003 were: 1) chronic disease, particularly heart disease, diabetes, and lifestyle choices including tobacco use, obesity, and lack of physical exercise, 2) illegal clandestine methamphetamine laboratory decontamination and health issues related to substance abuse and chemical exposure, 3) affordability of health insurance and providing health services for the under-insured, uninsured and undocumented workers, 4) cancer education, and 5) domestic violence. (Appendix D)

The 2003 Community Health Assessment did not specifically state what the stakeholders of public health within the community sensed were the needs and assets of the community. As assets to the community themselves, the stakeholders surveyed during the Fall 2005 field project wanted to know how to access public health resources such as health department services, changing immunization information, and fundamentals of preventative care in addition to the listed 2003 CHA priorities.

The opportunity to address the gaps between a needs assessment provided by a Community Health Assessment and asset mapping which identifies community resources resulted in the education of local stakeholders about their vital roles in public health. Communication between educational institutions, medical providers, civic organizations,

media professionals, and a wide range of citizens was improved. Within a small community, personal contacts, follow up, and information sharing provide valuable exchange. Community stakeholders expressed new awareness that the public health department could be a community resource. The key to improved communication is being proactive with the community. The public health message must be presented with clarity, integrity, and relevance. "Effective communication of public health surveillance results represents the critical link in the translation of science into action. Recognition of the key components in the process – including the medium, the message, the audience, the response, and the evaluation of the process – is the first step in completing the communications loop. Without this loop, we are left with one-way information dissemination." (Goodman, Remington, & Howard, 2006, p.174)

Lessons learned become strategies for improvement

"Realizing the vision of 'healthy people in health communities' is only possible if the community, in its full cultural, social and economic diversity, is an authentic partner in changing the conditions for health." (IOM 2003, p. 205) Therefore, engaging community stakeholder partners is essential to provide high quality public health. Small communities, such as those served by the Appalachian District Health Department, may have an advantage in facilitating interagency, media, and personal communication about public health. For the health department to be a lead agency promoting healthy communities and to fulfill accreditation requirements, a comprehensive interdisciplinary

media committee or team is needed to be an efficient mechanism to develop, interpret, distribute, and promote public health messages to the community.

Stakeholders must be educated about their critical role as community public health partners. They must stay connected to one another as they realize their importance to the community's well being. The health department system is a natural choice to facilitate such inter-connectedness. More effective results will be achieved when stakeholders are known as community assets rather than as information sources. The keys to Asset Based Community Development are: 1) engaging others, 2) relating to and with others, and 3) acting with and for the common interest of others. (Community Building Resources, 1998)

The health department system should use a variety of methods to protect and improve the community's health throughout life. Partnership with media is foundational, using local radio, cable television, and newspapers. Web site based information should be developed by the health department as a community service. The Appalachian District Health Department is launching its comprehensive web site in early 2006. Periodic stakeholder assessments should be planned as useful monitoring tools between the four year cycles of formal Community Health Assessments. The periodic assessments should then result in timely feedback and education to each stakeholder. (Appendix C)

"Assuring the health of communities requires continuous community participation and leadership in the context of broader partnership with other potential actors in a public health system." (IOM 2003, p. 203) For maximum health impact, the community based work of the health assessments should be expanded. (Devlin, 2005, p. 14) Therefore, strategies to engage community stakeholders as public health advocates and assets will

serve as creative, collective means for health improvement. The local health department must be the strong leader not only in caring for the individuals in the community but also in bringing together the community as a whole.

Conclusion

Public Health is "what we as a society do collectively to assure the conditions in which people can be healthy." (IOM 1988) Communities make up the building blocks of our society and provide the framework within which we live, work, and raise our families. The vision statement of Healthy People 2010 and the health agenda for our nation is *healthy people in healthy communities*. Fulfilling this vision statement is possible if the community is committed to changing the conditions for health.

If improvement of local public health is the goal of a community health assessment, then those who are responsible for making public health happen must take full ownership of the improvement process. (Wade, 2006) Leaders in North Carolina healthcare and public policy recognize that no one agency, organization, or institution can improve public health by itself. The best impact is only possible when all the actors or stakeholders are engaged as assets in the public health delivery system. (Ricketts, 2006) Lessons learned at the local level can be shared at the regional and state levels. The local public health system must: 1) respect the community's perception of its needs, 2) it must find and nurture local leaders who are acknowledged as stakeholders and assets, and 3) the public health system must serve as a community resource. (Wade, 2006)

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Appendix A

The Essential Public Health Services

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

(Ref: http://www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm, retrieved on February 18, 2006)

Appendix B

APPALACHIAN DISTRICT HEALTH DEPARTMENT
DISTRICT OFFICE: 126 Poplar Grove Connector, Boone, NC 28607
Telephone 828-264-6635 Fax 828-265-3101

Daniel Staley, MS
Health Directo

Ken Richardson
Chairman, Boar
of Health

Public Health: Protecting and improving your health throughout life

Dear _____, August 19, 2005

As a project to complete my Masters of Public Health with the UNC School of Public Health, I am involved with a committee to better inform our community about what public health is and how public health can be improved.

Would you look over the list of public health messages that you might feel are important to share with your community and that are ***NOT*** being currently shared?

- List five that are priorities
- Feel free to add your own topics

Is hand washing really important?
The underutilization of hospice services
Obesity health issues
Tobacco health issues
Environmental health issues
- Air quality
- Water quality
- Clandestine lab
- How environmental health protects our community
- Tattoo and body piercing issues

Just what services are available at the health department?
Travel health
Chronic obstructive lung disease
Hypertension
Seat belt and helmet safety
New immunization recommendations that affect our community
How nutrition impacts the health of the community
How a "green-conscious" walking community is healthier
Tuberculosis
Health disparities in our Hispanic communities
Domestic violence
Veterinary public health (rabies, spay/neuter)

Send back by mail or fax back to 828 265 3101

With appreciation,

Robert S. Ellison, M.D.
Medical Director

Appendix C

APPALACHIAN DISTRICT HEALTH DEPARTMENT
DISTRICT OFFICE: 126 Poplar Grove Connector, Boone, NC 28607
Telephone 828-264-6635 Fax 828-265-3101

Public Health: Protecting and improving your health throughout life

Daniel Staley, MS
Health Directo

Ken Richardso
Chairman, Boar
of Health

Dear _____, October 2005

In August 2005, you kindly responded to a letter I sent asking for your input on how to better inform our community about public health issues. Your help has resulted in several observations.

First, you and your organization are key members of the Public Health team. As community stakeholders, you assist the dissemination and understanding of public health information.

Second, the use of media tools such as radio, local cable TV, newspaper, and the health department's future website can be used effectively to increase knowledge about healthy behavior, create positive personal and community attitudes toward health, and can result in positive health behavior changes in our community population.

Third, you reinforced the recent Community Health Assessment that identified our communities' perceived health priorities. My project focused on media information on the following topics:

- Services the Appalachian District Health Department provides
- New immunizations that affect our community
- Handwashing benefits
- Obesity
- Air quality
- Domestic violence

Again, thank you for your partnership with Public Health. If I may help you in any way or provide more information about the above letter, please give me that privilege.

Respectfully,

Robert S. Ellison, M.D.
Medical Director

Appendix D

COMMUNITY HEALTH CONCERNS WITHIN APPALACHIAN DISTRICT HEALTH DEPARTMENT

A Comparison of Community Health Concerns 1998-2003

	1998 Health Care Concerns	2000 Health Care Concerns	2003 Health Care Concerns
1.	Health Problems related to Lifestyles	Chronic Diseases	Chronic Disease, *particularly* Health Disease and Diabetes & Lifestyle Choices including tobacco use, obesity, lack of physical exercise and the absence of consistent healthy nutritional meals. Lifestyle practices that lead to the development of chronic disease
2.	Lack of Dental Services	Lifestyle behaviors including Substance Abuse	Illegal Clandestine Methamphetamine Laboratory Decontamination for the safe re-occupancy of the cleaned residence by children and adults and health issues related to substance abuse & chemical exposure.
3.	Diabetes	Elderly Health Care Services	Affordability of health insurance and providing health services for the under-insured, uninsured and undocumented workers.
4.	Access to affordable health care	Accessibility, affordability and quality of health care	Elimination of the Blue Ridge Cancer coalition may result in the lack of local cancer education and patient advocacy all ADHD Counties
5.	Suicide	Dental Needs	Domestic Violence Issues as reported in the 2003 CHA

(Community Health Assessment. (2003). Appalachian District Health Department)