

Executive Summary

In September 2009, the Chatham County Public Health Department led an effort to begin the health assessment process. Members were from a variety of agencies and organizations such as Chatham County government, Chatham County Schools, Chatham Hospital, Family Violence and Rape Crisis Services, Hispanic Liaison, Partnership for Children, Piedmont Health Services, and community members. An intern from the University of North Carolina at Chapel Hill also worked extensively on the Community Health Assessment process throughout the Summer and Fall of 2010. All worked together to collect data and share information with the public.

Community Health Assessment Process

The health assessment team began meeting in September 2009 to become oriented with the Community Health Assessment process and develop shared outcomes. The team used the Fall months of 2009 to develop data collecting instruments such as interview and focus group guides and the community survey. Chatham County Schools and the health department worked during the winter of 2009 to complete the CCYHBS survey.

At the beginning of 2010, members of the steering team participated in focus group and interview facilitation trainings. Between March and the end of June, trained steering team members conducted 41 interviews with key informant community members and service providers on topics of strengths, needs, resources, and concerns about Chatham County. Three focus groups with 36 Chatham residents were also completed during this time.

From the end of March until the end of June, 695 Community Opinion Surveys were collected online using www.surveymonkey.com and via hard copy. The paper version was given out at community events, health department sites, local hospital, libraries, and through members of the task force. Notice of the survey was shared with the community through the local newspaper, radio station, and Chatham Chatlist, a community listserv.

Finalizing Priorities

Health department staff generated a list of the top 15 health and quality of life issues based on results from the Community Opinion Survey. Of the top fifteen, ten issues were easily defined by Chatham County residents taking the survey. The deciding factor for issues ten through fifteen was that they were more frequently discussed than other lower ranking issues during the key informant interviews.

Fact sheets were assembled for each of the 15 issues to help determine feasibility of addressing the issue. These fact sheets were based on information from the key informant interviews, resources from Chatham County Public Health Department, and reliable online sources such as the Centers for Disease Control and Prevention (CDC) and the United States Department of Health and Human Services (US DHHS). Fact sheets helped answer the questions of extent of community concern, resources currently available, effective multi-level public health strategies to address the issue, and challenges.

Secondary data was collected for each of the 15 issues to help determine the magnitude and severity of the problem. These data were collected from a variety of sources, including the CDC, the Behavioral Risk Factor Surveillance Survey, and Chatham County public records. The secondary data helped answer the questions about the magnitude of the problem, the degree of the problem in Chatham County in relation to North Carolina state averages and to what extent a disparity exists between different groups on this issue.

A prioritization scoring worksheet was drafted based on input from members of the Chatham County health assessment steering team, public health administration and practice guidelines from textbooks, the Healthy Carolinians Community Assessment Guidebook, the Minnesota Department of Health Community Health Assessment and Action Planning workbooks, and the Maryland Healthy People 2010 Toolkit.

At the September 14, 2010 Community Health Assessment prioritization meeting, members of the steering team used the fact sheets, secondary data, and group discussion, to assign scores to each issue. A cumulative total for each issue was divided by the number of people scoring that issue to reach an average. Based on the average scores, the 15 issues were narrowed to the top 10 issues. Those top 10 issues were then ranked in order according to their scores. The highest average score was ranked number one and the lowest at number ten.

2010 Quality of Life Issues

1. Obesity
2. Physical Inactivity
3. Affordable Housing
4. Hunger
5. Lack of Safe Areas to Walk/Bike
6. Lack of Adequate/Affordable Health Insurance
7. Diabetes
8. Transportation
9. Jobs/Adequate Employment
10. Inadequate Systems (Water/Sewer)

The next list includes the health priorities from the original list. At the October 12th, 2010 Community Health Assessment meeting, the steering team changed “Lack of Safe Areas to Walk/Bike to “Safe Areas to Walk/Bike.” The committee then made this priority a subset of “Physical Inactivity.”

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Here are the top health priorities for 2006 as compared to the final 2010 list:

<u>2006</u>	<u>2010</u>
1. Alcohol and Other Drug Use	1. Obesity
2. Lack of Affordable Health Insurance	2. Physical Inactivity Safe Areas to Walk/Bike
3. Obesity	3. Lack of Adequate/Affordable Health Insurance
4. Water Quality	4. Diabetes
5. Unsafe Sex/Unintended Pregnancy	
6. Family Violence	
7. Affordable Health Care	
8. Recreation	
9. Diabetes	

At the same October 12th meeting, the Community Health Assessment steering team voted to address obesity, physical inactivity and safe areas to walk/bike subset, and diabetes.

There are differences between the 2010 and 2006 lists of priorities. The 2010 list is much shorter with four health priorities compared to nine in 2006. Issues such as poverty and water quality were not top priorities in 2010 because addressing the issues were seen as not being feasible. Three priority areas from 2006 made the list in 2010. Those areas are obesity, lack of adequate/affordable health insurance, and diabetes.

Issues which are getting a significant amount of attention politically and in the media such as affordable health care did not make the top 10 priority list. These issues are still viewed as important.

Health Priorities

The top Chatham County health priorities are examined in greater detail with quotes from Chatham County residents and statistics.

The priorities for the 2010 Chatham County Community Health Assessment were finalized at a CHA Steering Team meeting held on September 14, 2010.

1. **Obesity.** Almost one-quarter of adults in Chatham County are obese, and residents recognize the magnitude of this issue. 49.6% of residents stated obesity as “a big problem.”
2. **Physical inactivity.** One resident described the importance of physical activity for youth: “They could use different attractions for kids, something that would interest them, like updating on the basketball courts, the tennis courts...more playground equipment. I think that would entice more people to come to our park.”

3. **Affordable housing.** One community member stated, “The average house in Chatham now may be \$300,000. So, even for say, some law enforcement person, the school teacher...that’s not even affordable.”
4. **Hunger.** “[One] problem, right now, being economic-driven, we have a lot of hungry people in Chatham County. And I think your food pantries really show that, that they are working overtime to get food to some of these households,” explained one service provider.
5. **Lack of safe areas to walk and bike.** “Quite a few folks that live in the surrounding area [around Briar Chapel] don’t have good walkable type streets or access to that,” said one community member.
6. **Lack of adequate/affordable health insurance.** Almost one-quarter of Chatham County residents ages 0-64 are uninsured. (24.6% in 2007) Furthermore, African-Americans are more than one and a half times and Native Americans are almost twice as likely to lack health insurance as Caucasians.
7. **Diabetes.** “We have a lot of childhood obesity and a lot of patients that have diabetes very early in life,” says one clinic service provider as he described patients’ health issues. African Americans are almost twice as likely as Caucasians to have been diagnosed with diabetes.
8. **Transportation.** One community member explains how lack of transportation can have far-reaching effects in terms of health and education: “There’s a lot of families that either can’t drive, can’t access a driver’s license because of the social security requirement, and so left with another transportation system, it’s hard to get to doctor’s appointments, to get to school meetings.”
9. **Lack of jobs/adequate employment.** Lack of jobs was the most discussed community concern in the CHA interviews. Lack of jobs and adequate employment was also #1 on residents’ list of top three concerns for the county. The Chatham County unemployment rate stood at 8.1% for 2009.
10. **Inadequate water/sewer systems.** Though water and sewer lines are expensive to install, they are integral for fostering economic growth in the county. Residents of Chatham County are more likely to lack complete plumbing facilities (.7%) than residents of North Carolina at large (.4%).

Next Steps

After the completion of the report, the Community Health Steering Team will distribute the report in the following ways:

- Hold a community forum;
- Email/mail the Executive Summary to those interested who participated in the focus groups and interviews;

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- Place the Community Health Assessment report at local libraries and health department sites;
- Place the Community Health Assessment on the Chatham County Public Health Department website and the health department blog at www.chathampublichealth.com; and
- Results will be made available to the local newspaper, the Chatham News and community listserv, Chatham Chatlist.

A draft of the executive summary was presented to the Board of Health at the October 25th meeting in order to receive feedback from board members.

The final results were shared with the Board of Health at the November 23rd meeting. The Board of Health will use the information to assist in the development of action plans and for health planning.