



Introduction

Strategic alignment to improve health

Buncombe County is a vibrant place to live and is well known for its rural beauty, small town charm of the many municipalities, and the splendor of downtown Asheville. Many leaders in Buncombe County are committed to improving health and wellbeing as a critical strategy for attracting new residents and businesses as well as improving the quality of life for current residents.

Throughout 2010, a team of 68 community leaders from Buncombe County came together to chart a course for making our community a healthy, vibrant, high-quality place to live, work, and play. Many of the leaders involved with the Community Health Assessment (CHA) process asked the fundamental question, **“What good is helping people live longer if they cannot lead high quality lives?”** By creating a community health vision to focus our effort, leaders now draw our attention to the issues that we care enough about to want to create improvements in our community.

Creating the community health vision and priorities detailed here are not the work of any one organization or neighborhood group. Indeed, no one organization will ever be able to accomplish the goals outlined here. **What this vision and these priorities do is help us align in the same strategic directions.** These are the common goals we can work towards together to improve health. Each of the priorities is itself a puzzle with numerous pieces – many of them yet undefined. Where do your energy, passion, and commitment fit in these puzzles?

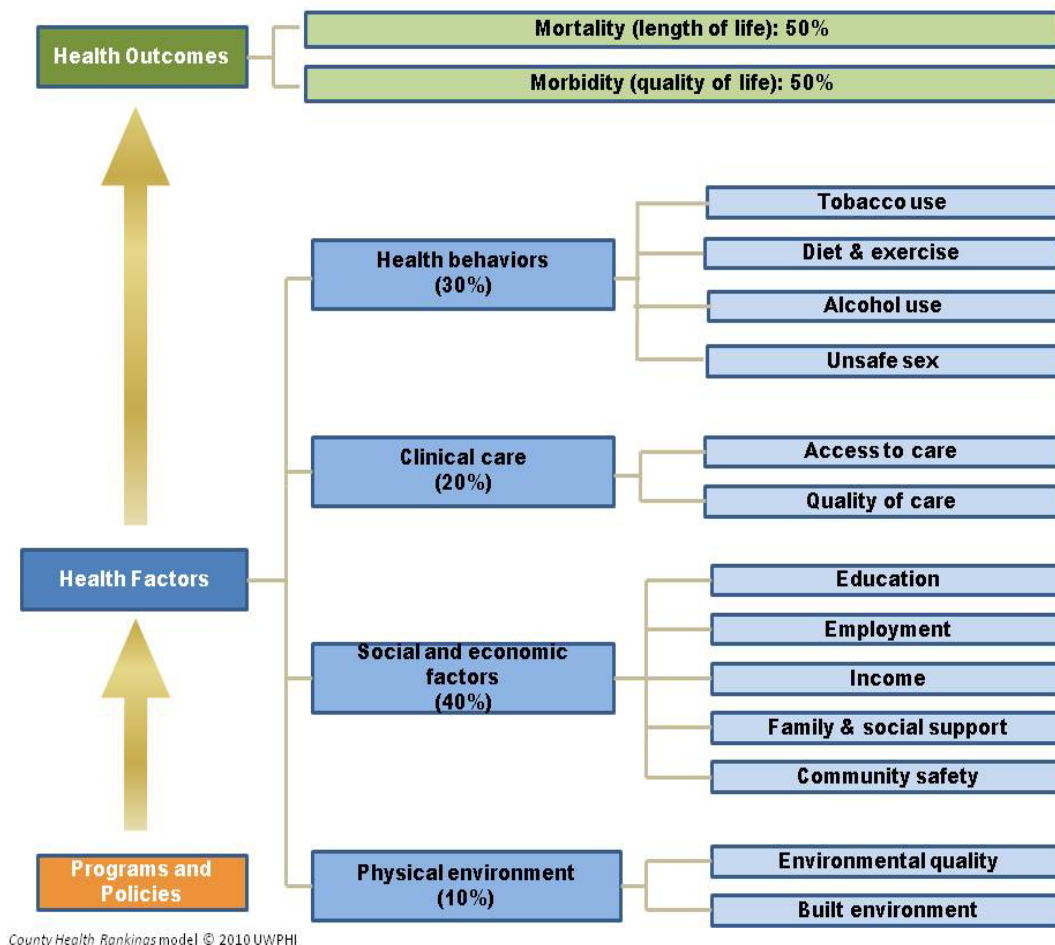


Reframing our understanding of health improvement

In the spring of 2010, a new health statistic posed a challenge for Buncombe County. A nationwide health ranking process called Mobilizing Action Toward Community Health (MATCH) indentified four categories of health factors that together impact rates of death and disease. The MATCH ranking specified measures in each category: health behaviors, clinical care, social and economic factors, and physical environment. Buncombe County was ranked as the 25th healthiest of the 100 counties in North Carolina based on over thirty health measures.

Here was our challenge: even though Buncombe County was ranked 3rd healthiest of the North Carolina counties on medical care availability and quality, our rates of death and disease still put us at only 25th healthiest overall. Ability to go to the doctor and receive high quality care is one critical piece of the puzzle of good health. However, the MATCH rankings made it clear that if Buncombe County wants to truly improve the health status of our residents, we will need to seriously address the other factors that contribute to good health – or the lack of it.

Mobilizing Action Toward Community Health - MATCH Framework





Community Health Assessment Process

In the summer of 2009, the Buncombe County Department of Health began to look seriously at our Community Health Assessment (CHA) process. A number of critical assumptions about how the data would be used and what data was most critical were tested. Early in 2009, over 200 community partners completed a brief survey that helped the Department of Health determine ways to make the 2010 Community Health Assessment even more useful to community members and partners. The goal was to create a process that could be used to inform the planning and strategic impact of not only the Department of Health but of various organizations throughout the community.

It became clear that collecting more data and information that primarily described the current health status of residents would not be particularly useful if it was not grounded in the community's vision for a healthier Buncombe County. With the aid of Uncharted Territories, a health systems analysis firm, the Department of Health undertook a more ambitious plan. **The prime objective for the 2009-2010 Community Health Assessment process was to have an on-going strategic alignment and action planning process for health improvement that engaged a diverse set of stakeholders in decision-making.**

This on-going process consists of the following four phases:





Phase One – Strategic Questions (2009 / early 2010)

The first step in this action learning process was to become clear about what health-related questions community leaders cared about. Creating a pathway to engage partners in an exploration of the critical strategic questions opened up the doors for the partners to have a higher degree of ownership and investment in the Community Health Assessment work. By using a *systems thinking perspective*, the CHA team began to see how the different components impacted our overall health. *Systems thinking* is a discipline that is new to many. Yet, as our health problems become so complex, it is necessary to use tools that help us understand all the parts and how they relate to the whole.

The initial inquiry into generating strategic questions began to help CHA leadership better understand where there were opportunities to create action and build momentum through this process. Leaders were asked what improvements they cared enough about to personally and/or organizationally commit energy and resources. For example, a principal of a school may want to know about why his/her students are absent so often. A minister may want to know who in her congregation is most likely to get diabetes or how to best help members who already have the disease to manage it well. A business leader may want to know who in his company is most likely to struggle with chronic disease and how he can most effectively reduce health insurance premiums. We found this challenging as many partners were not used to asking these types of questions. One partner indicated privately that “we have gotten quite used to the experts giving us the information and reacting to it in some form or fashion.” These questions went far beyond the types of health information/data we typically gather through the CHA. As expected, much of this data was not readily or yet available.

The new Healthy Living Network is one such example that emerged through this process. Questions were identified using a systems thinking approach. Partners then identified areas of focus for improving their impact with a number of key health outcomes. For more details about the Healthy Living project, see page 111.

Phase Two – Collecting and Analyzing Data/Information

Phase Two involved a number of the traditional processes used in previous Community Health Assessments including surveys, listening sessions, key informant interviews, and data collection from a number of reliable sources such as MATCH County Ranking Report, the Behavioral Risk Factory Surveillance Survey, and the Census Bureau.

The strategic questions helped to focus the data collection wherever possible. It became clear, however, that our surveillance efforts would need to be expanded or refined greatly to collect some of the data necessary to address some of the new questions generated. Much of the data that partners wished to see is not yet available.

In addition, we found much of the data is presented in terms of what we wished to rid ourselves of versus what we wished to create. For example, we know that teenage pregnancies in some populations



are higher than others. This data steers us towards reducing what we do NOT want, in this case teenage pregnancies, versus helping us create what we DO want such teenage young women postponing pregnancy until later years. This is an area we hope to be able to address in years to come through our surveillance efforts. By focusing on an assets-based approach, health leaders are more likely to engage the community to create positive and meaningful changes.

The Community Health Assessment Steering Committee created a number of guiding principles to use when analyzing data and for future groups to use when creating action plans around the defined priorities. These guiding principles provide the context or frame for data analysis so that all decisions made would incorporate a strategic focus on the following principles:

- **Equity / Parity**
- **Access to resources**
- **Prevention**
- **Assets-based approaches**
- **Results, impact, and outcomes**

More details about these guiding principles are listed in this report on page 12.

Phase Three – Priorities, Vision, Goals, and Strategy

This Phase involves setting clear priorities and then working with Strategic Action Teams to develop clear vision, goals, and strategies for each particular priority area. This work will move at different paces over the course of the next three to four years. Six key priorities were identified by the Steering Committee. A pilot strategic action planning and implementation process began with the Healthy Weight priority in fall of 2009. For more information on action planning and activity for that priority, see the Strategic Innovation section beginning on page 111.

The Department of Health will work with community teams to further focus data needs using data that was generated as part of CHA as a starting point for each action team. The intention is for the Department of Health to continue to refine this data so that it is more useful in identifying which populations may benefit from a more targeted approach than others.

Phase Four – Action, Evaluation, and Learning

Focused efforts will be designed and targeted at some of the key high leverage points. A high leverage point is an area where a little effort is likely to yield large results. Sometimes these places are not always immediately obvious. The tough question each Strategic Action Team will wrestle with is ***“Will doing more of what we are currently doing improve our results or are new actions required to achieve the desired impact?”***



The key is to work with partners to make strategic decisions up front and then test our theories of action through evaluation efforts designed to answer the fundamental question ***“Is what we are doing working?”***

Evaluation is most effective if we can examine results and learn from them in order to refine our process and/or make mid-course corrections in strategy. Learning happens continually. To truly reflect on how to improve performance takes a disciplined approach and the collective wisdom of the partners involved in the work. We will therefore explore a number of evaluation efforts, including “learning histories,” that capture more than just the events undertaken but also the learning that occurred along the way.

Timeline of activities

