

## **Community Health Stakeholders Meetings (2)**

### **Chatham County Comprehensive Plan**

11/17/2016

Location: Agricultural Building, Chatham County, NC

### **Health Alliance, 10:30 AM**

Attendees: Robin Pittman (Poe Center), Daisy Womble (Community Member), Jennifer Park (Health Department), Harvey Harman (Chatham Habitat), Linda Farrell, George Greger Holt (Chatham Drug Free), Anna Stormzand (Health Department), Shannon Kincaide Godbout (Health Department), Cim Brailer (Department of Social Services), Abigail DeVries (Piedmont Health Service), Jennifer Platt, Kathy Hotelling, Paul Horne (Pittsboro Parks), Lara Keller (KidScope), Ronda Stubbs (Cambridge Hills), Ashley Gardner (Trinity Behavioral Health), Amy Gorely (Carolina Meadows), Michael Zelek (Health Department), Dennis Streets (Chatham County Council on Aging), Shepeara Hall (SHEC Council), Karen Barbee (Renaissance Wellness Services, LLC), Hugh Tilson (Carolina Meadows), Dorothy Rawleigh (Health Department), Leslie Sharpe (UNC/Piedmont Health Services), Ben Paynter (Chatham Food Council), Sue Carson (be Grantwise), Courtney Goldston (Chatham County), Andrea Sapienza, Lindsay Bailey (Gallow Ridge), Jake Petrosky (LandDesign), Meg Nealon, Cara Coppola (Chatham County Planning Department), and Jason Sullivan (Chatham County Planning Department).

*Presentation (refer to PowerPoint presentation):*

- Meg Nealon (Nealon Planning) and Jake Petrosky (LandDesign) provided an introduction to the Comprehensive Plan and process
  - The Plan Chatham comprehensive planning process is in its 2<sup>nd</sup> phase. Draft policy ideas and a framework plan have been created
  - Next phase and January to reach out to groups and public for feedback on draft concepts
  - Health within community planning efforts – looking at built, natural, and social environment.
  - Discussed Goals
    - 132 goals in existing plans based on the plan review – but at the heart of them many had the same goal/objective
    - Draft goals approved by the Plan Chatham steering committee have a goal devoted to health: Foster a healthy community. Many other goals have a health connection (i.e. those associated with parks and recreation, natural resources, economic development and walkability have the potential to influence health outcomes)
    - Chatham County Health Assessment had 3 main Health Priorities:
      - Obesity (and access to healthy foods)
      - Mental health
      - Healthcare access (both financial barriers & low number of providers)
- Elements and Recommendation draft
  - Land Use: range and mix of use, accessibility and distribution

(AI) = Potential Action Item

- Healthcare Access Map: ratio and spatially limited access. Existing facilities count how many more served with potential facilities. Mobile solution or Demand responsive transportation to fill gaps.
  - Local food production/nutrition & education:
    - CFSA farm tours
    - Food access – vendor survey
    - Issues: lost outlets in Goldston since 2013, municipal permitting food outlets
    - Strategies: programs incentives to get existing outlets to 2,4, or 5, increase # of outlets, remove regulatory hurdles, mobile solution
    - Candidate locations for food outlet map –service most number of people
- Housing: parallel affordable rental effort, but also need for affordable for sale, workforce, and seniors. Tiny housing, cohousing, granny pods are innovative options
  - Farm at Penny Lane example
- Economic Development: employment increase within the county and workforce training
  - Having opportunities promotes sense of economic security and well being
- Development Design: Active transportation options; Accessibility to jobs and services; Landscape management (and guidelines) to minimize tick borne illness; and Attachment to place (fostered through programming of events and making people aware and involved in history and heritage of a place).
- Parks & Recreation:
  - improve for mental and physical health
  - organized sports but system:
    - wide range of interest and age groups, also needs to include areas for passive areas
    - raise awareness of offerings and locations to maximize use
    - county-muni and public-private partnerships to provide (not all county burden)
  - Access
    - # of Residential parcels within 0.5 miles of a park 3,358 = 13%
    - # of Residential parcels within .5 miles of a park or trail 4,297 = 17%
      - total 25,799
    - revisit what they need –
      - realistic LOS goals
      - revisit park types (nature and passive recreation need)
      - top answers: trails, greenways and natural areas
      - trails - build trails and greenways; trails coordinator position may be needed; seek money for grants; coordinate with municipalities, non-profits and volunteers; branding/marketing of existing trails.
      - District park – activity centered. How can the county add those facilities by preserving land?

- public private partnership – 50 miles within Chatham Park 15 miles publicly accessible
- Map with existing facilities within .5 mile area buffers
- Sketch Plan concept for Parks & Rec: TLC, Haw River Assembly and other are acquiring land. How can county actions compliment? 1. What could be greenways (paved 10ft asphalt path)? 2. Priorities for natural surface trails? Bridges maintenance and coordination with non-profits needed. Regional trails – Deep River Trail, Haw River Trail and Rocky River Trail (footpaths), connections to Cary and Apex greenway networks. Smaller pocket parks neighborhood level– historic parks/places could be part of the future parks and tourism network as well.
- Cultural Resources - Preservation of rural character/history – awareness helps people feel connected to place.
- Transportation - Active transportation options. Connectivity.
- Utilities. Water and air quality issues.

*Questions + Feedback Points from Health Alliance:*

- Q: what was the determinant for the health access analysis. A: Focusing on access on hospital-like settings. Not physicians – hospitals, clinics and urgent care facilities. Additional data needed to analyze spatial access to physicians.
- Disenfranchised population:
  - Transportation – most disenfranchised people must pay for transportation by appointment – does not operate after 5 or on weekends. Charge based on mileage. Affects health issues whether it's getting to the store, appointments, or rec facilities.
  - Access to food, health care, recreation is out of reach for some people
  - Visible or invisible disability.
    - “Closeted” disabled individuals. Must go to Durham or more urban areas with more options. Example: No Special Olympics in the county. Has been tried. Partnerships with municipalities to identify and address needs. **(AI)**
  - Accessibility to housing that is suitable to them is also hampered by transportation. Absence of transportation options is the detriment.
- To what extent are mobile solution an answer?
  - McDowell County example: volunteer network of transportation through hospital program
  - Local ex. – Ferrington village has volunteer program to provide access to doctors and medical appointments
  - Chatham: Wellness on Wheels idea. Exercise is Medicine Grant as an example of successful health initiative.
- Case studies from other communities – good ideas start with a nonprofits. Please find out for each:
  - What is the role with in that to access what they need?
  - How did current agencies get where they are today?

- Need affordable spaces for nonprofits. In order to deliver the programs they can offer, they need help securing space. Would be great to have spaces with access for multiple users for different range of needs. Private sector side needs to be aware of need, as this is a possible opportunity for private to help with issue.
- Food transport and health access – economic incentives to create more – build upon existing outlets. Case studies needed for what economic incentives have been used for existing retailers or new retailers in rural communities to address healthy food access. More dialogue, conversation needed with community beforehand. **(AI)**
- Economic Development – Integration of conservation, places for social interaction, parks, and greens into strategies.
  - Part of creating quality of life that is a strong economic development (recruitment) tool.
  - Private Sector’s role. Having that buy in – responsible for the future of the county.
  - Is there an open space acquisition plan? There is a need to delineate and have a targets for county acquisition (i.e. like Wake County target of 30% of remaining land). Private and nonprofits could play role in providing. Get buy-in (generate interest, garner support, build political will) to pursue such initiative. **(AI)**
- Compact vs. sprawl development – stats behind why this is the best decision needed (i.e. return on investment, health benefits, etc. **(AI)**
- Preserving rural character and preserving affordability – very little modest housing – how to move forward to create it and address the backlog of need. Safe, affordable housing is a key component of health. Target # of affordable units needed in the next 10 years. **(AI)**
- Schools included in recreational areas? New schools and parks – opportunity to jointly develop and share facilities. NC has model agreement to deal with issue of use, liability, and maintenance. Examples of co-locations of civic and park uses in Cary & Apex. **(AI)**
- County access to healthcare providers, gap in providers per capita. CCCC has training programs – an underutilized asset, can meet needs of the future. **(AI)**
- Snap Ed grant > nutrition education programs available to schools. Poe Health Center (<http://www.poehealth.org/>) have done Siler City Elementary. Willing to begin programs at other schools. **(AI)**
- NC Health Education Center (<http://www.ncahec.net/>)
- Access – broadband – survey will provide data. Need to promote. Key for future vendors.
- Communication – always improving. Chatham Health Alliance website (<http://www.chathamnc.org/index.aspx?page=803>).

## Obesity Committee

November 15, 2016, 1:00 PM

Introductions / Attendees: Daisy Womble (Community Member), Jennifer Park (Health Department), Shannon Kincaide Godbout (Health Department), Paul Horne (Pittsboro Parks), Andrea Sapienza, Lexie Wolf (Chatham County Partnership for Children), Jake Petrosky (LandDesign), and Meg Nealon.

- Comments in reaction to 10:30 Health Alliance presentation and discussion:
  - Activities needed for youth (i.e. theater in Siler City)
  - Need authenticity, not tokenism, in creating sense of place.
  - Agriculture
    - Food access
      - Beyond farmers markets where prices may be too high (or perceived as too high).
      - Farmers – if they even have time to get off farm, they go to bigger markets (Raleigh) for guaranteed sales
    - Agritourism – better definition, and support with zoning where appropriate.
    - Promote farm tours, CSAs, farm-to-fork.
    - Support out-of-season nonfarm opps – other businesses, wedding venues, B&Bs, temporary activities (corn maze)
    - Agricultural subdivision – what is the right size, configuration to support farming activity? (Farming operation typically run by others – outside mgmt.. group paid by POA.) Having space could allow those interested in farming career an affordable way to enter field. Could be a tie to CCCC Sustainable Agriculture program. **(AI)**
      - Examples: Willowsford and Serenbe
  - Nutrition – promote what works!
    - Ask them.
    - Access to health food – is transportation the biggest issue?
    - Education
      - Family garden, large pot garden – teach people how.
      - Community Gardens could help
      - Grocery store tours by county nutritionist – Food Lion example (nutritionist guide, gift cards in exchange for 1 hour of education on choices and budget, 1-2 times per year)
      - Promote through centers
  - Locations – where can programs, food etc. be delivered?
    - Existing community centers?
    - Country store? Mobile fresh food stop
    - Pittsboro Elementary example – “backpack buddies” program (kids bring donated foods home)
    - Siler City Elementary example – grocery bags for the weekend (70 kids enrolled)

(AI) = Potential Action Item

- Where is the demand?
  - Is there a mismatch? – Areas of provision vs. areas of need
  - Is there an awareness issue?
  - May need better data for identifying at risk pops. > free and reduced lunch- low income tie. **(AI)**
- Food access – price sensitivity – know people’s willingness to pay
- Equity – level the playing field – access to a lot of things, including jobs
- Intensity of development (at centers)
  - Don’t preclude taller buildings – more uses in close proximity – advances health objectives **(AI)**
  - Focus growth in key areas - Delivery of infrastructure and services needed for a healthier community is more feasible in urban settings – concentration of resources where concentrations of people are
  - Still push density to towns so rural can be preserved in county and urban happens in municipalities
  - Don’t be too prescriptive in policies, just set foundation for details to be determined in code later
  - Could there be a design gradient? Mixed = more vertical where prop values are higher, more horizontal where prop values are lower?
- Development design – require
  - P&R facilities in dev of village centers, for activities and community gatherings (like movies in the hood)
  - Trail segments that go to destinations
  - Design for walkability, connected streets
  - 8-80 design details (appeal to families with kids, millennials and seniors)
  - Different in rural areas vs. centers, i.e. bike racks may be needed along designated bike routes in new commercial development, but improved on-road facilities may not be needed if traffic volumes are low
- Parks, open space, natural areas, and access
  - Survey – highest priority
  - Parks need more funding and need to be seen as essential infrastructure, key to quality of life and other goals (i.e. economic development)
  - Need for multi-use facilities and co-location. i.e. rec center that is farmers market.
  - What is role of private sector around mega-sites? Example—3M Rock Ridge park in Pittsboro.
  - CSD – in design process, prioritize delineation of open space over delineation of development envelope.
- Mobile options
  - YMCA – physical activity bus
  - Farm at Penny lane – mobile tech
  - Wellness on Wheels (clinicians on a bus, but must avoid stigma of existing program geared toward mental health)
- Safety affects activity level

(AI) = Potential Action Item

- Where kids play, Visibility and lighting of facilities (esp for use in evenings)
- Lack of sidewalks or safe bike routes
- Halloween – trunk or treat (safe but not active, very little walking)

Chatham Health Alliance Meeting- November 15, 2016  
 Comprehensive Plan Focus Group  
 Written Submissions

**1. What issues or ideas are missing?**

- a. Tobacco and alcohol access- The Chatham County Youth Behavior Survey (2014) reported a large percentage of youth with easy access to get tobacco from small convenience stores. Also, an increase in store access with tobacco and alcohol increases adult use and decreases individual's ability to quit or stay quit. Can we incorporate recommendations to zone future areas to not have stores that sell alcohol and tobacco close to schools and/or not cluster together? We could promote tobacco-free parks, so children and families are not exposed to tobacco and smoking. We have local authority to pass local ordinances around zoning places that sell tobacco. We have STARS data on stores that sell tobacco in Chatham that we can help coordinate.
- b. Targeting programs and policies to increase healthy food access for children and families in need.
- c. I didn't notice 'safety' as a focus on your introductory slides; this may be a goal that you want to make more explicit.
- d. I think 'affordability' of healthy foods is an understated issue—not just a matter of geography.
- e. I just wanted to re-visit the access to health care slides. On the slide that showed that the 15-501 corridor is underserved—I truly have to disagree. There are numerous medical practices owned by UNC along that corridor—in Pittsboro and near Ferrington. The Pittsboro site also has cardiology, orthopedics, rheumatology, and physical therapy. The site near Ferrington also has several specialists there. All of those clinics have extended hours and accept walk-in. The reason I'm pointing this out is because Sylvan Community Health Center is listed on the slide (on Chatham Alamance line)—it is a part of Piedmont Health Services, but we are a tiny clinic located in a trailer on Elementary school property—we don't do walk-ins or urgent care—just primary care. We don't have any onsite pharmacy like the rest of Piedmont. Any residents in those areas still have to drive to Siler City, Burlington, Chapel Hill, or Greensboro for access to the larger health care system or for urgent/emergent care services. So listing Sylvan but not listing all the clinics along 15-501 doesn't accurately represent access to care. The northwest part of Chatham is the most underserved, not the northeast area.

**2. What ideas do you have to build on what we've presented? Can you offer specifics to enhance any suggested initiative?**

- a. I think the idea of addressing pockets and targeted populations is worth exploring more for the final plan.
- b. Connecting Food Council and local policies with school lunch program. There are a lot of federal restrictions but also opportunity to enhance school lunch program with local programs through early policies.

- c. Terms of their livability and senior-friendliness. Within this, there is a subset on dementia-friendly communities. The Triangle J Council of Governments is involved somewhat in this. A content expert is Dr. Heather Altman ([haltman@carolwoods.org](mailto:haltman@carolwoods.org)). Orange County got a significant federal grant to work on a dementia community model.
- d. I think the idea of 'mobile' solutions is vital in rural areas. The Wellness on Wheels initiative of Thava Mehadevan is an example of this that deserves support. [Director of Operations, UNC Center for Excellence in Community Mental Health, [thava@unc.edu](mailto:thava@unc.edu)]

**3. What has already been tried that, to date, has not been successful? Why? What ideas do you have for alternatives?**

- a. Keep in mind the importance of universal design in commercial and residential construction. See <http://udinstitute.org/>
- b. Seniors have not shown much interest in 'Tiny Homes' concept—this may be an educational/familiarity issue.
- c. Need to promote the Broadband survey
- d. Noticed photo of what looked like an older adult play area (possibly Tai Chi)—this is an important consideration for future Parks & Recreation—as is value of indoor pool equipped for persons with disabilities.
- e. Doesn't Jordan Lake charge a user/entrance fee—while they offer a lot of trails, this may make participation difficult for some.
- f. Saw photo on slide of adult tricycle—where/how is this possible—it should be a possible safe mode of transportation.
- g. I endorse more opportunities for lifelong education—should possibly be a project of Community College, Library system, School system, Cooperative Extension, Council on Aging and others.

**4. What needs expansion / further exploration? What should we focus on as a next step?**

- a. Doing some more analysis within food access. Can we look more at the people who do have access to healthy foods within five mile radius (example, Pittsboro) but encounter other barriers such as transportation, ability to purchase, etc. that decrease the likelihood of being able to afford and purchase healthy foods. Pockets within these population centers.
- b. I also further support increasing access to recreational facilities in the pockets (Goldston, Johnson Crossing, Silk Hope, etc.) for our youth. This would include entertainment (bowling alleys, movies, sports, etc.). Creating local policies to keep/grow recreational facilities in this area is critical. Assistance with private and public facilities, etc.
- c. What explains the difference between the RWJF % estimate of access to healthy foods and yours? Is this a difference that should be brought to the attention of RWJF and other funders?
- d. What will be the possible effect of UNC Hospital complex as it stands now and is projected to grow on access to health care throughout the county?
- e. One of the slides mentions community center, neighborhood center, village center, and possibly senior center—what are the differences? Pro's and con's to each? What's best future course in Chatham. One model we may want to consider is the northern Orange sports plex which also houses a senior center and adult day health center—see <http://www.trianglesportsplex.com/>
- f. I wanted to ask the planning consultants in what ways is Chatham most unusual—where/how do we have the potential for making the quickest and/or greatest improvement in health?

### **Obesity Subcommittee Focus Group:**

1. What should be our Action Items for these topics? Think short-term, medium-term and long-term. What are funding options?

- General Action Items: Improve existing sidewalk connectivity and encourage developers to include sidewalks in design- bike lanes or shoulders along high speed county roads frequented by bikers or encourage greenway development along corridors (esp. 751).
- Food Access: Good idea to incentivise existing food vendors to carry healthy foods- perhaps connect with local farmers to offer seasonal produce.
- Development Design: I believe I've read about some communities including community gardens/farms in center of development instead of pools/tennis/golf courses- limit impermeable surfaces- encourage tree cover.
- Physical Activity Opportunities: Opening school grounds to public after hours- I can find the document on the law, re:liability
- Equity: What kind of jobs are in economic centers? –required education level, adequate salaries, environmental risks?

2. What additional work is needed? (i.e. Outreach, Analysis, or Evaluation of Draft Strategies)  
Assess existing sidewalk infrastructure (including those in developments) to get full picture of sidewalk connectivity issues.

## Summary of Action Items based on input from Health Alliance and Obesity Subcommittee Meetings

- General action items:
  - Find example communities with positive health outcomes. Need to back up recommendations with stats/studies. Make a compelling case (less political – so discussion becomes what is a matter of course, not optional).
  - Set targets. I.e. open space acquisition target for County, affordable housing units needed, etc.
  - Find out the current status of tobacco in parks in Chatham
  - Check on legality of tobacco selling zoning
  - Recommendation needed to consider health impacts and outcomes of major investment decisions.
- Health Care
  - Support for CCCC training programs to address health care gaps could be a recommendation in the Comp Plan.
  - Should HC access map be redone based on the comments we got?
    - Health care access map, legend should be edited to say Clinic, Urgent Care, and Hospitals. Distinguish between types.
    - Primary Care providers—mid January. **LD to send a template.**
  - Mobile solutions will be vital to rural areas. Wellness on Wheels initiative as precedent. Name of van is Mrs. Penny: Organization out of UNC. Comprehensive Wellness Bus. Let by organization that runs farm at Penny Lane.
  - UNC School of Nursing, nursing staff clinics.
  - Sub-county health outcomes study is ongoing. Tract level data. Heart disease, etc. Some of these may be appropriate for Comp Plan.
- Food Access and nutrition action items:
  - Need to identify at risk populations and data gaps
  - Look at areas within service area of food outlets, but don't have access due to transportation
  - Find obesity pockets in Co. and compare to food outlet map.
    - Typically associated with pockets of low income. (Direct relationship between socio-economic conditions and obesity rates / chronic health conditions.)
    - Identify priority data points: CHA and/or Food Council might be good partners.
    - Could be part of community conversations beginning in January. Goal would be to have them by end of March.
  - Ask that population what they need, what would work for them. Future conversations with the community or retailers needed. Food Council might be a good partner.
    - i.e. what is working in Moncure. How can that be replicated in Bonlee area.
  - Support healthy nutrition programs (mention Poe Health Center and other NGOs as partners, County nutritionist currently does food shopping tours)
  - Agricultural subdivision design parameters could be included in Comp Plan
  - Recommend programs and policies to increase health food access in Comp Plan
    - Incentivize existing food vendors to carry healthy foods and/or connect with local farmers to offer seasonal produce
    - Enhance school lunch program. Look to Food Council for policies.

- Development Design action items:
  - Enable development design that supports active lifestyles (compact mixed-use neighborhoods, TND, complete streets) through changes to regulations.
  - Edit land use descriptions to not preclude taller buildings – more uses in close proximity – advances health objectives
  - Plan for growth. Not piecemeal. Not incremental.
  - Include economic and health benefit stats to justify development design and pattern recommendations.
  - Include safety considerations related to transportation and development design (i.e. bike accidents on 15-501 and other roads). Potential partners—Sheriff’s office, Watch for Me NC.
  - Allow/encourage community gardens
  - Encourage tree cover (preservation or replacement) in new development
- Physical Activity action items:
  - Co-location of facilities could be a policy in the Comp Plan due to benefits (transit, costs, walkability)—example is Orange County sportsplex (www.trianglesportsplex.com)
  - Improve existing sidewalk connectivity. Revisit sidewalk and bike-lane or shoulder requirements.
  - Trails WITH destinations, to increase walking. What is developer responsibility?
  - Market, raise appreciation for P&R – must be valued. Should not be “nonessential” department. Promote better funding of dept/program/system. Facilitate partnerships.
  - Need to think about parks and rec as it relates to future economic development. Key to quality of life, but also how to make future economic centers attractive.
  - Increase recreational opportunities in rural areas (i.e. Goldston, Johnson Crossing, Silk Hope, etc.)
  - Adopt a model agreement with school system to allow access.  
<http://www.nchealthyschools.org/docs/resources/use-agreements.pdf>. See page 8 for web site for other counties’ agreements. The state also developed some model language with input from Dave Salveson (UNC-Chapel Hill).
    - County has agreements for organized sports, but not after school play in every case.
- Equity action items:
  - Housing options and recreational opportunities
  - Transportation – paying for transit by mileage is a barrier
  - Schools – work on access to existing facilities
  - Bike racks – require/provide (at stores?) Are people more likely to ride then?
  - Parks and Rec for Disabled Pop: Are there recreation opportunities for people with disabilities currently? Where? What gaps existing? Are there any priorities?
  - Education—lifelong learning and education key to senior health/QOL
  - Seniors—improve senior-friendliness of housing, parks and rec programs, lifelong education opportunities, etc.
    - Allow flexibility for senior friendly housing types in appropriate locations

- Coordination with Community College, Library system, School system, Cooperative Extension, and Council on Aging for lifelong education opportunities