ENHANCING ECONOMIC STABILITY THROUGH WORKFORCE DEVELOPMENT FOR THE RURAL POPULATIONS OF BURKE COUNTY USING A COMMUNITY HEALTH WORKER APPROACH

Michael Behne, Timothy Brooks, Martine Hippolyte, Fawn Rhodes, Rosemary Rozario, Samantha Spears

A Capstone Project 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 Leadership in Practice.

Chapel Hill
2024

Approved by:

Heba Athar

W. Oscar Fleming

ABSTRACT

Michael Behne, Timothy Brooks, Martine Hippolyte, Fawn Rhodes, Rosemary Rozario, Samantha Spears: Enhancing Economic Stability through Workforce Development for the Rural Populations of Burke County Using a Community Health Worker Approach (Under the direction of Heba Athar and W. Oscar Fleming)

In this proposal, titled "Enhancing Economic Stability through Workforce Development for the Rural Populations of Burke County Using a Community Health Worker Approach," the intersection of economic stability and public health is explored. This project identifies and seeks to address high unemployment rates, income inequality, and poverty levels in Burke County, where 42% of residents live below 200% of the federal poverty level. Here, community health workers are leveraged to bridge gaps in education, healthcare, and employment to support sustainable economic development while improving health outcomes. Continuous quality improvement and related strategies are employed to engage a diverse range of community partners to ensure culturally appropriate interventions that reflect the unique needs and culture of Burke County, North Carolina.

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LIST OF ABBREVIATIONS

ARC- Appalachian Regional Commission

ASTHO- Association of State and Territorial Officials

BCHD- Burke County Health Department

BCUW- Burke County United Way

BRCHS- Blue Ridge Health System

CDC- Center for Disease Control and Prevention

CEO- Cheif Executive Officer

CHA- Community Health Assessment

CHW- Community Health Worker

CQI- Continuous Quality Improvement

EBC- Evidence-based Co-Design

FPL- Federal Poverty Level

HNC- Healthy North Carolina

LHD- Local Health Department

NCCHWA- North Carolina Community Health Workers Association

NC SBE - North Carolina State Board of Elections

OASH- Office of the Assistant Secretary for Health

PDSA - Plan-Do-Study-Act

SDOH- Social Determinants of Health

SNAP- Supplemental Nutrition Assistance Program

UNC- University of North Carolina

UNC-BR- UNC Health Blue Ridge

USDA- United States Department of Agriculture

U.S. DHHS- U.S. Department of Health and Human Services

WPRTA- Western Piedmont Regional Transit Authority

COMMON PROPOSAL

INTRODUCTION

This proposal, intended for and produced at the request of the Burke County, NC, Board of Commissioners, aims to address economic stability in the county.

SDOH ANALYSIS

Social determinants of health (SDOH) refer to the various conditions where individuals are born, live, learn, work, play, worship, and age that impact health, functioning, and quality-of-life outcomes. Economic stability, a critical SDOH, affects access to essential needs such as healthcare, housing, and nutrition (OASH, 2023). Economic instability can worsen chronic and acute health conditions through increased stress and lack of resources. Conversely, stable economies enhance community health by enabling investment in health-promoting activities (OASH, 2023). Data shows that economic stability is pivotal for health, with evidence linking employment and financial resources to better health outcomes, including reduced stress, improved mental health, and lower prevalence of chronic diseases (OASH, 2023).

In Burke County, North Carolina, economic stability is crucial due to high unemployment rates, income inequality, and poverty. Addressing these issues is essential for improving health outcomes. Currently, 42% of Burke County residents live below 200% of the federal poverty level, highlighting the need for targeted interventions (Burke County, North Carolina, 2022). By focusing on economic stability, Burke County can foster equitable opportunities, reduce health disparities, and enhance the overall well-being of its residents. This approach addresses short-term impacts like transportation and housing instability, which contribute to long-term health consequences such as chronic diseases and increased mortality.

CONTEXTUAL ANALYSIS

Advancement of economic stability within Burke County can be supported through both direct and indirect political and organizational policy actions depending on the desired level of reach and impact (Eyler, et. Al, 2016). Federal and local policies, such as the Supplemental Nutrition Assistance Program (SNAP) and the Work in Burke Initiative, play vital roles in addressing challenges Burke County residents encounter (USDA, 2024; Burke Development, Inc. & The Industrial Commons, 2024). SNAP alleviates food insecurity, thereby reducing stress and improving health outcomes, while the Work in Burke Initiative aims to reduce barriers to employment, fostering a competitive workforce (USDA, 2024; Burke Development, Inc. & The Industrial Commons, 2024; Wilkie, 2019). Emphasizing the values of self-reliance and community cohesion while showcasing the benefits of economic stability programs can help secure community and governmental support for initiatives to improve health and economic outcomes in Burke County (Burke County, 2024).

This group proposes implementing a Community Health Worker (CHW) approach to address economic stability and equity in employment issues, as well as support the Burke County Health Department (BCHD) to implement an intervention to promote health and share information and education (Burke County, 2024). The program would provide training and education to improve workforce skills, promote healthy decision-making, address health disparities, and engage community healthcare resources (Burke County, 2024). The goal is to enhance workforce skills, improve health outcomes, and empower individuals in the community. By training and deploying CHWs, we aim to bridge gaps in education, healthcare, and employment opportunities, ultimately fostering sustainable development in Burke County and assisting the BCHD in meeting its accreditation standards (NCDHHS 2024; Burke County,

2024). Utilizing a Performance Improvement Plan within a Plan, Do, Study, Act (PDSA) cycle, the BCHD might plan how to train and deploy CHW into the population. They could then implement the plan, study the workers' effects, make any necessary alterations to the plan, and act on those studies (CMS N.D.).

In Burke County, the rural and Hmong populations face significant barriers to economic stability due to limited job opportunities, education access, and culturally competent healthcare (Urban Institute & UNC-Chapel Hill, 2023). Integrating CHWs into workforce development initiatives addresses these issues by enhancing healthcare access and providing job training (North Carolina Department of Health and Human Services, 2023). This approach aligns with North Carolina House Bill 76, focusing on workforce development as a foundation for health equity. The program leverages the strengths of CHWs and includes community members in planning, implementation, and evaluation, promoting economic stability and health equity (North Carolina Department of Health and Human Services, 2023). Various tools, such as power interest grids, Give-Get grids, and CATWOE analysis, help identify community partners and prioritize their needs (Thamma, 2023).

To successfully and sustainably address economic stability in Burke County, a steering committee of diverse vested partners must strategically lead the charge. The first goal of this body is to enhance cross-sector collaboration by maintaining an active steering committee with membership representing a minimum of three sectors and three ethnic groups present in Burke County, North Carolina, for at least 75% of meetings each year. The second goal is to promote economic stability by increasing financial opportunities and career training for communities experiencing poverty by developing a well-trained workforce of CHWs, which can lead to better health outcomes and reduced healthcare costs for the community. The third goal is to strengthen

community health infrastructure by building a robust health infrastructure in communities experiencing poverty by integrating CHWs into the healthcare system, fostering partnerships between providers and community organizations, and ensuring sustainable support for related initiatives. The goals proposed will create cyclical gain that increases financial opportunities, economic stability, and health outcomes for Burke County.

These community partners significantly influence factors like job availability, healthcare access, and educational opportunities, which are pivotal in mitigating poverty and promoting economic growth. Due to the complex interdependencies of wicked problems, systemic approaches consider residents' multifaceted challenges, including limited infrastructure and educational disparities. Leverage points such as reducing stigma around government assistance, improving public transportation infrastructure, and diversifying educational pathways offer strategic opportunities to enhance economic stability and alleviate poverty. By fostering collaboration and adopting a holistic perspective, stakeholders can lay the groundwork for sustainable economic development in rural Burke County.

RECOMMENDATIONS FOR ACTION

The policy options to enhance workforce development in rural Burke County include SNAP, the Work In Burke Initiative, and the CHW Plan. SNAP, however, may not be tailored to Burke County’s unique population. The Work In Burke Initiative focuses on skill-building, providing employment opportunities tailored to the local industrial market, and potentially reducing unemployment. The CHW Plan aims to increase employment and health education, potentially increasing equitable access to healthcare education and referrals.

In addressing economic instability, the BCHD aims to enhance educational attainment and job prospects through strategic initiatives. Utilizing Continuous Quality Improvement (CQI)

tools like flowcharts, swimlanes, and the "5 Whys", they plan to develop targeted educational materials and programs. By fostering collaboration among stakeholders including community members, employers, and educational institutions, the department seeks to create sustainable solutions that improve economic stability and ensure equity across the county. Through proactive evaluation and stakeholder engagement, they aim to establish a resilient model capable of adapting to future challenges, thereby supporting long-term community well-being and meeting accreditation standards effectively.

The proposed priority partner to accomplish an effective engagement strategy is Burke County United Way (BCUW). BCUW's transformational work addressing economic stability in Burke seamlessly aligns with the proposed projects making them the ideal partner despite potential engagement barriers such as organizational capacity. Engagement methods should include community conversations which is an informal focus group that centers on positive facilitation and open dialogue, appreciative inquiry which is a collaborative strengths-based group interview of practitioners and pre- and post- surveys.

The evaluation of Burke County's initiative will use a detailed framework to assess its impact on economic stability and health equity, with a particular focus on analyzing employment rates and median household income using data from census records (Burke County, 2024).

This proposal aims to enhance economic stability by integrating community perspectives in developing sustainable solutions. By collaborating with key local stakeholders, the plan emphasizes a community-driven approach. This strategy will improve access to education, job opportunities, and essential services, fostering a more stable and healthy environment for working-age adults in rural Burke County.

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APPENDIX A: GROUP DELIVERABLE: Team Charter

Group 2 Team Charter

Enhancing Workforce Development for the Rural Population in Burke County: A Community Health Worker Approach

Michael Forrest Behne, Timothy Brooks, Martine Hippolyte,

Fawn Nicole Rhodes, Rosemary Rozario

Gillings School of Global Public Health, University of North Carolina at Chapel Hill

PUBH 992 Culminating Experience

Dr. Sarah Diekman

April 30, 2024

Team Name: Group 2

SDOH: Economic Stability

Title: Enhancing Workforce Development for the Rural Population in Burke County: A Community Health Worker Approach

Objective: To investigate, evaluate, and discuss the digital, social, and political determinants of health that impact the different aspects affecting economic stability in the framework of public health and cooperatively develop plans and solutions to support economic stability for the people of Burke County, ultimately contributing to better health outcomes.

Team Values:

- **Promote Teamwork**: Foster candid dialogue, attentive listening, and helpful criticism.
- **Respect:** Encourage an inclusive atmosphere by appreciating many viewpoints and experiences.
- **Accountability:** Encourage individual and group accountability for assignments and due dates.
- **Integrity** continues contact and decision-making, maintaining moral principles, honesty, and openness.
- **Development and Learning**: Cultivate a growth mentality, knowledge exchange, critical thinking, and career and personal advancement.

Team Strengths:

This team draws collective strength from diverse experiences and backgrounds. Overall, the core strengths of this team include an interest in quality improvement in the population health setting. Individually, team members bring the following specific attributes to bear:

Michael Forrest Behne: Policy analysis, analytical writing, small group leadership

Timothy Brooks: Leadership and Quality Assurance

Martine Hippolyte: Leadership, Communication and Research

Fawn Nicole Rhodes: Community Engagement, Leadership, Communications, Proofreading and Moral Support

Rosemary Rozario: Leadership, Data Analysis, and Communication

Deliverables:

The following are divisions of responsibility, which the team agrees to uphold:

	First Deliverable	**Second Deliverable**
Michael Forrest Behne	Policy	Systems
Timothy Brooks	Quality	Policy
Martine Hippolyte	Leadership	Engagement
Fawn Nicole Rhodes	Engagement	Leadership
Rosemary Rozario	Systems	Quality
Samantha Spears	Policy	Quality

Milestones:

The team will communicate regularly regarding the status of unfinished work products. All attempts will be made to complete a draft of the deliverables by Sunday evening, before the Tuesday midnight deadline.

Roles/Responsibilities:

- Everyone is responsible for contributing to and reviewing the team assignments.

Meeting Coordinator: **Michael Forrest Behne**

- Coordinates and schedules any out-of-class meeting times with team members via text
- Establishes Zoom meeting room and shares any relevant documents
- Prepares and maintains agendas for planned and ad hoc meetings
- Takes notes during meetings as necessary

Proofreader: **Tim Brooks/Fawn Rhodes**

- Review documents for grammar, spelling, and style.
- Meet proofreading deadlines.
- Fact-checking dates and other statements for accuracy.
- Confirm that all submitted writing is original.
- Make corrections and edit the document.

Liaison to Class/Professor: **Rosemary Rozario**

- Establish and maintain communication with the professor
- Contact the professor for any queries about the case studies and report back to the group
- Submits final documents

Timekeeper: **Martine Hippolyte**

- Help the facilitator move the group through the agenda.
- During a meeting, remind the group of the time left during the conference.

Expectations:

- Ground Rules: We are committed to being punctual with deadlines and meeting start times to respect one another's time. Additionally, all members are expected to treat one another and each other's ideas with dignity and respect.

- Participation: Members of the Group 2 team agree to practice active listening and, when possible, will leave their cameras on during team meetings. Each member is expected to be present and put forward their best effort to meet the goals of the team meetings.
- Conduct: Members of Group 2 will interact with each other in a way that demonstrates respect for individual experiences, backgrounds, time, and effort. Decorum will be maintained during meetings, and members agree to respond to texts and emails promptly.
- Professional Development: Members of Group 2 have distinct jobs and unique career goals. If a specific task or area of interest emerges, team members are encouraged to claim ownership of that aspect of the project.

Decision-Making, Communication, and Feedback:

We agree that the majority rules since there are an odd number of members. If an impasse is reached or team members cannot reach a consensus, the decision will be made by flipping a

coin. Email will be the default communication channel unless otherwise specified, and team members agree to respond within one business day.

Meetings:

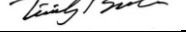
If the team needs to meet outside of class, members will coordinate via text to determine a convenient time for everyone to attend. Zoom will be the preferred method of convening, although members who need to participate in the meetings by phone will be welcome to do so. . Availability will be shared via the When2Meet platform. A majority vote will determine the meeting time if no consensus is reached.

Limitations/Constraints:

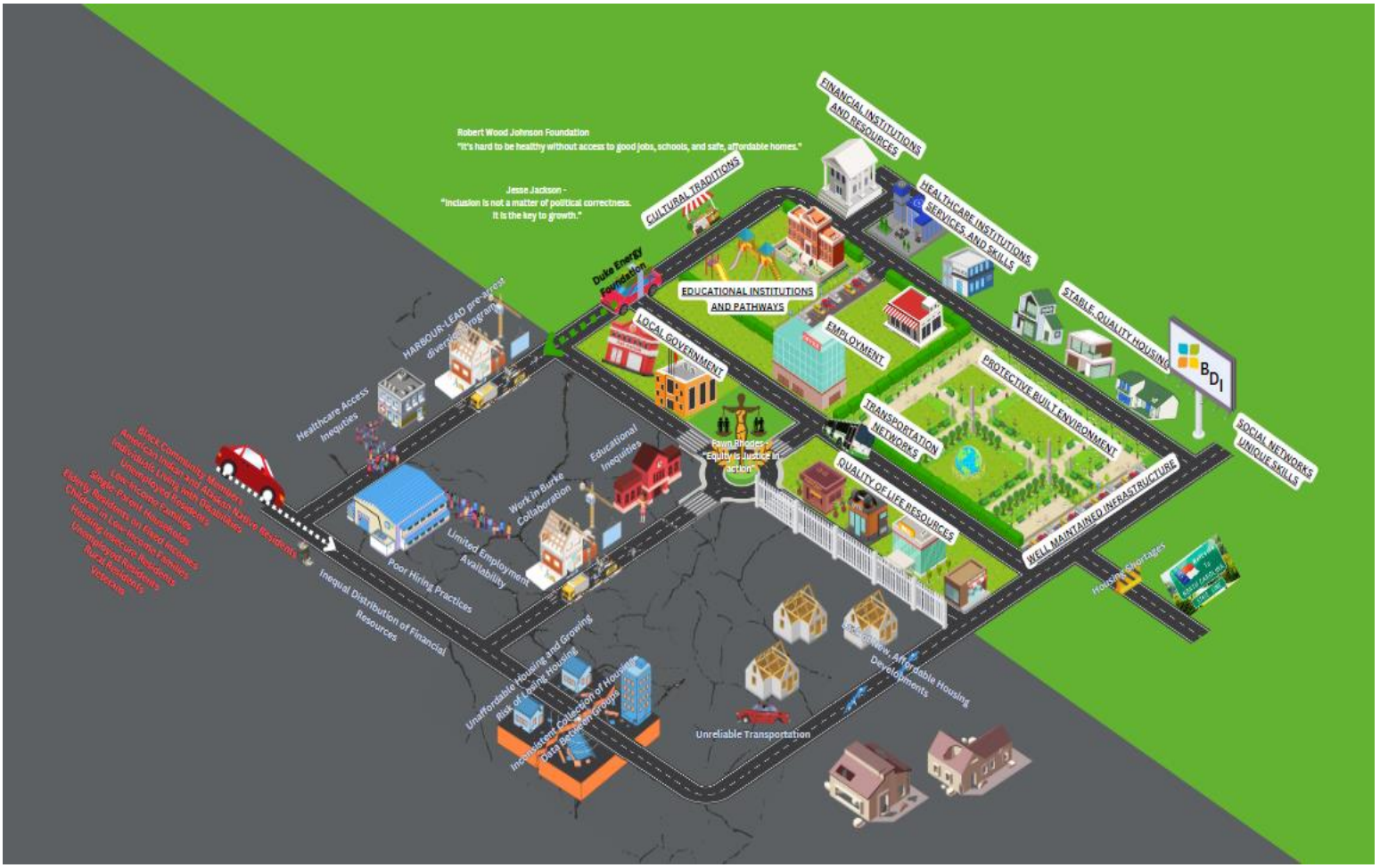
Team members understand that colleagues have unique and significant demands on their time. Each works full-time in addition to their academic pursuits, personal responsibilities, and families. Communication and scheduling will be prioritized to reflect these realities.

Conflict Resolution:

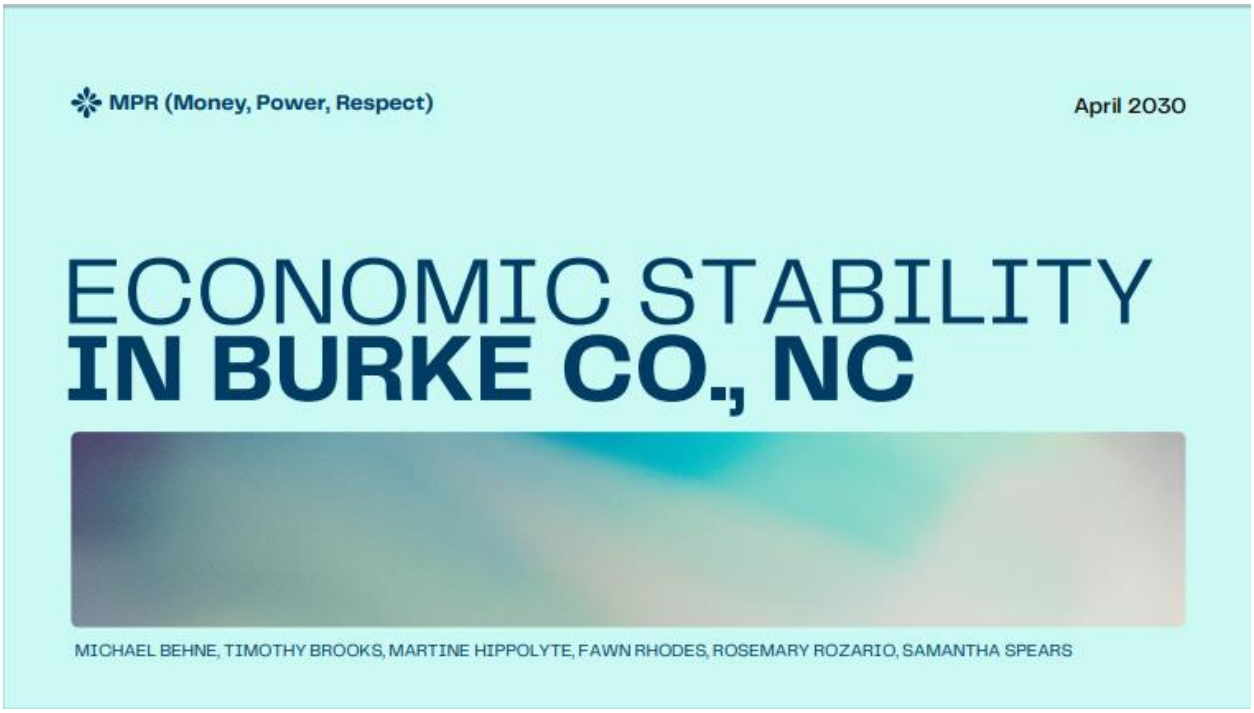
All members should seek to avoid conflict by sharing their feelings candidly, respectfully, and forthrightly. Should conflict arise, we agree to listen and be clear, calm, and civil with one another. If interpersonal issues persist, one team member will be appointed to speak with Professor Diekman to explore additional methods to address the situation.

Team Member's Name	**Team Member's Signature**
Fawn Nicole Rhodes	Fawn N. Rhodes
Rosemary Rozario	Rosemary Rozario
Martine Hippolyte	Martine Hippolyte
Timothy Brooks	
Michael Forrest Behne	M. F. Behne

APPENDIX A1. RICH PICTURE

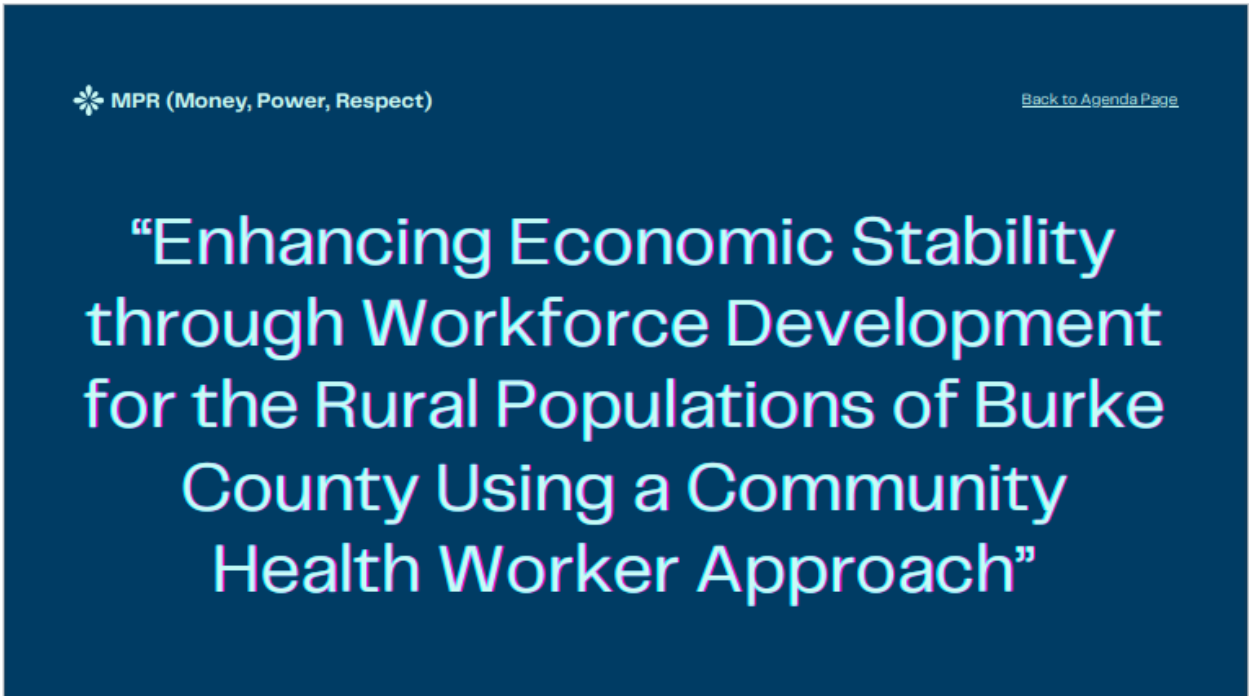


APPENDIX A2. GROUP PRESENTATION

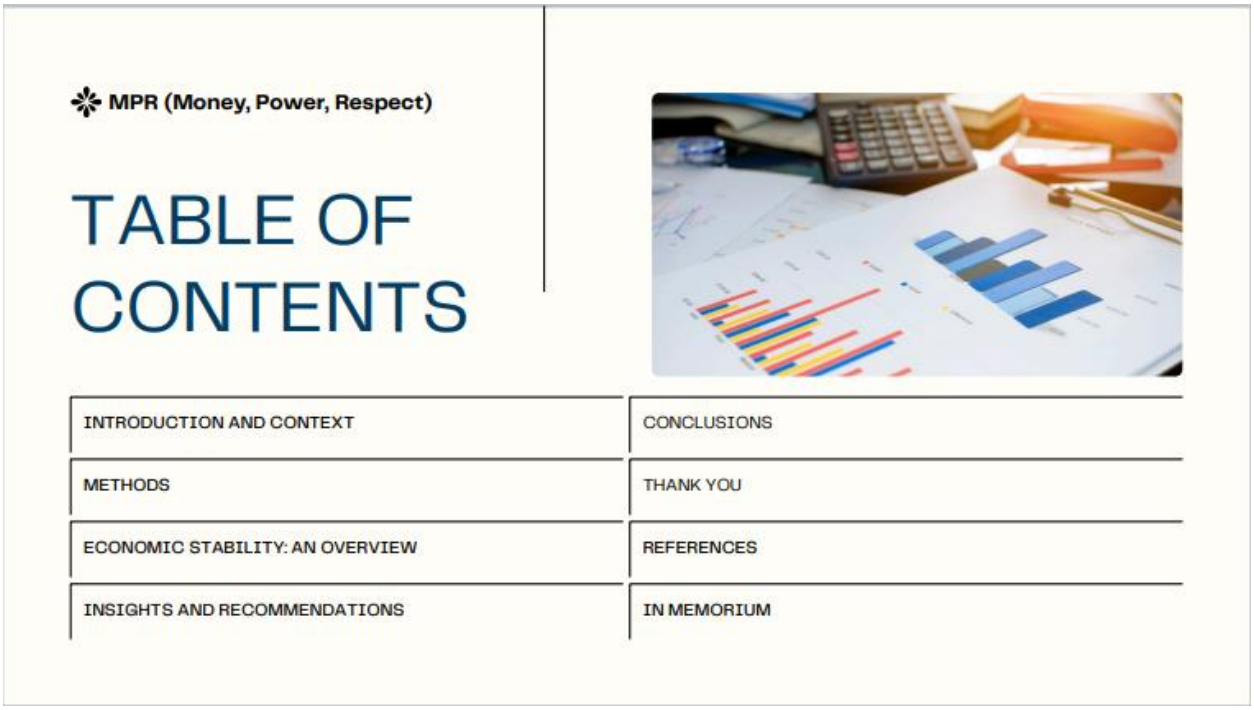


Michael: Hello, everyone.

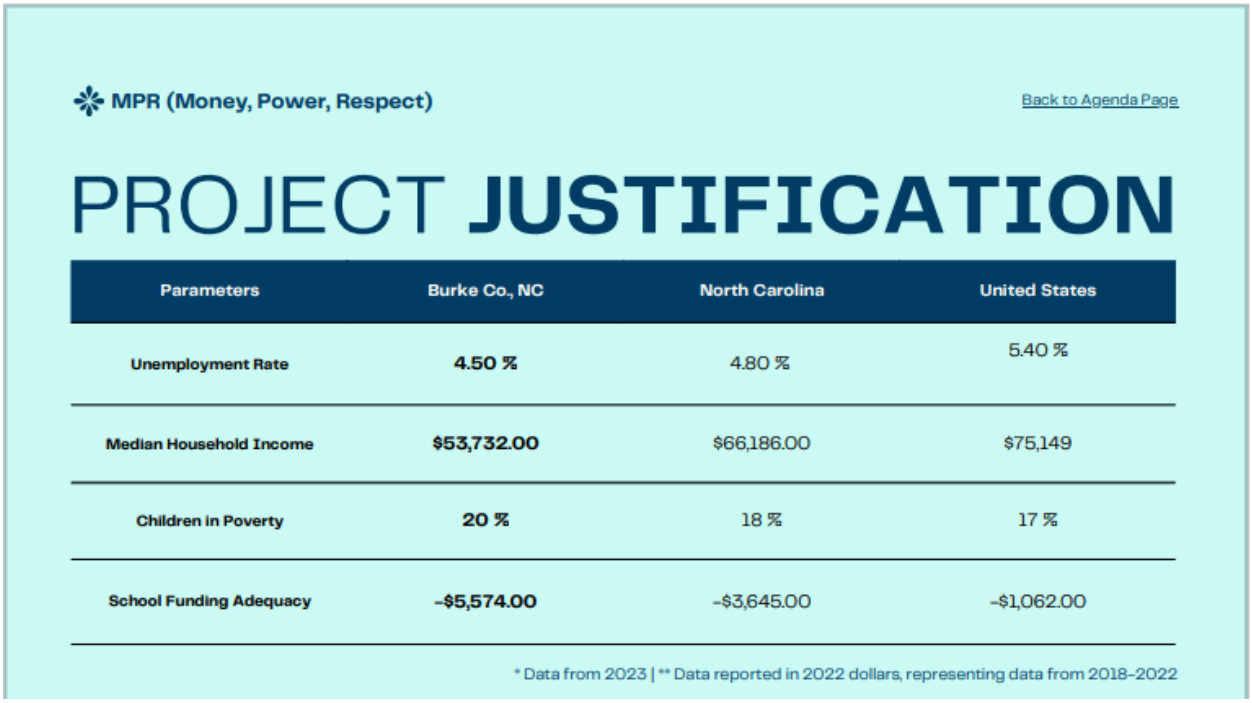
My name is Michael Forrest Behne and, together with my colleagues Timothy Brooks, Martine Hippolyte, Fawn Rhoades, and Rosemary Rozario, we are presenting our common proposal. Thank you for your time.



Michael: At the request of this Board of County Commissioners, we have prepared a report, titled: "Enhancing Economic Stability through Workforce Development for the Rural Populations of Burke County Using a Community Health Worker Approach." The contents of this report are briefly summarized for this presentation.

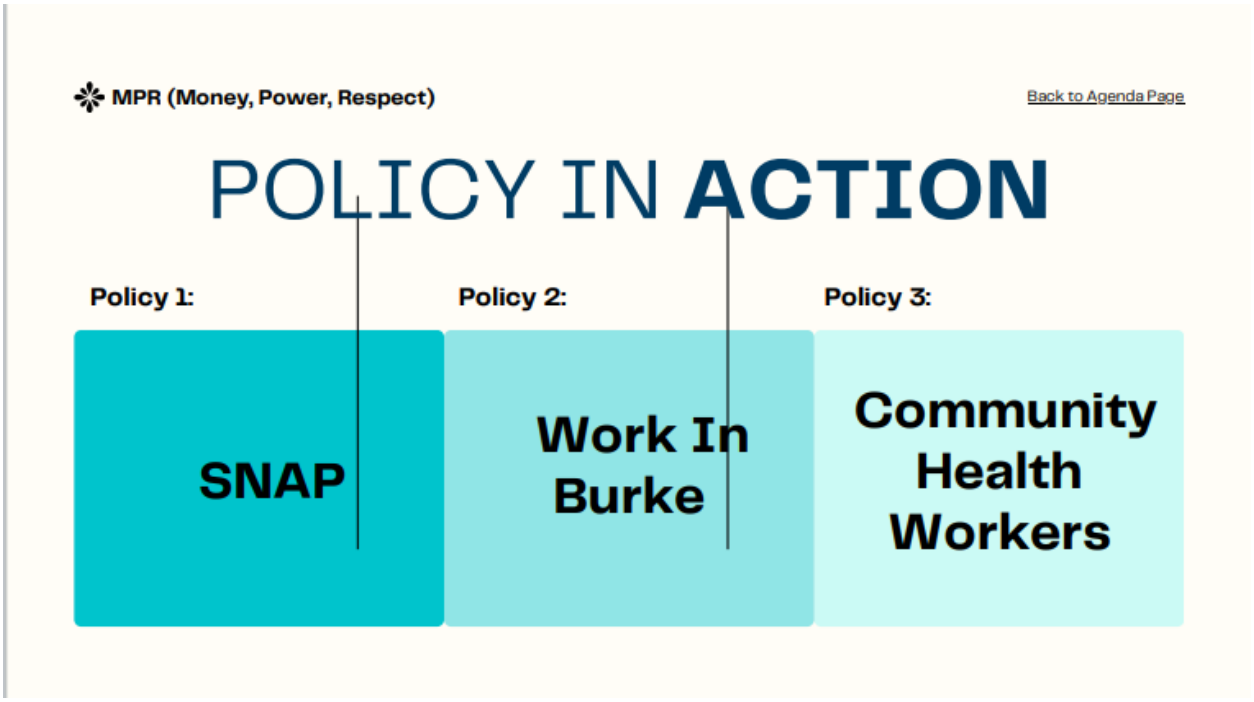


Michael: During this brief presentation, we will review the following content areas, detailing how and why we have chosen to focus on our particular social determinant of health, how this proposal came to be, and what you can take away from these efforts.

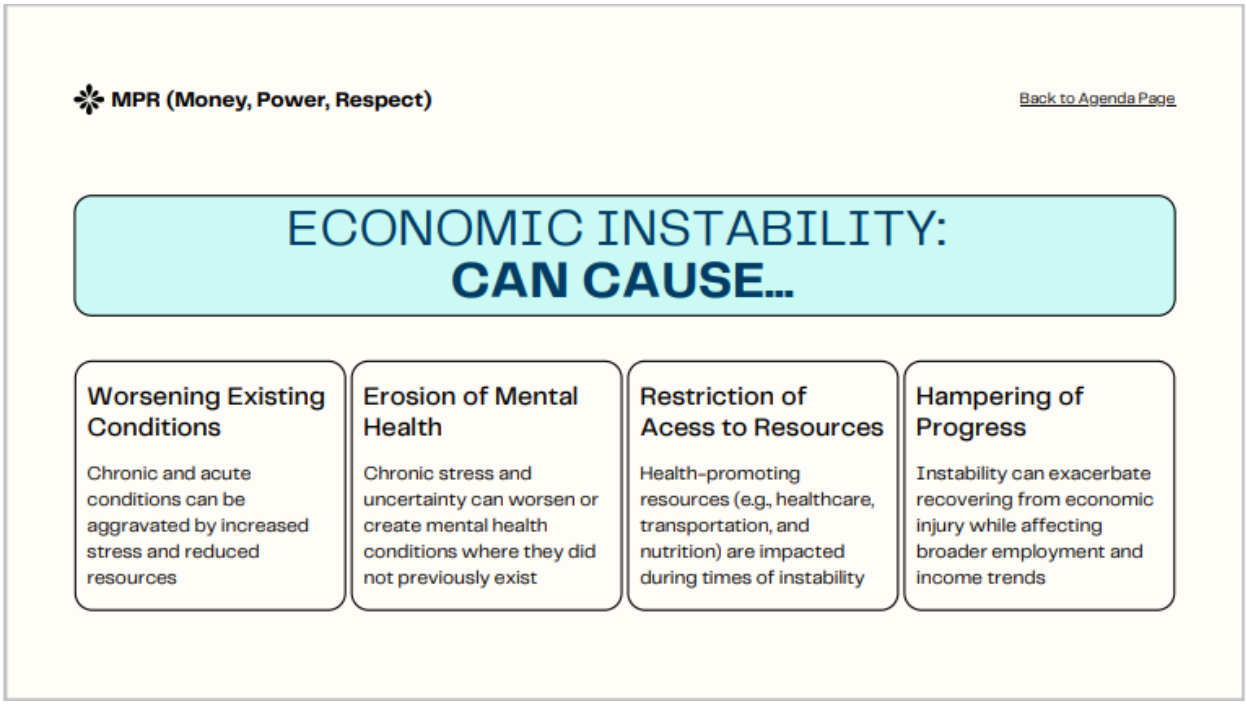


Michael: To begin, I would like to briefly address why economic stability is relevant for this community. The reasons we have chosen to focus on this specific SDOH, instead of built environment, education, or healthcare, are detailed on this slide. As you can see, by many of the essential markers for community financial wellbeing, Burke County currently underperforms when compared to state and national averages. This is of particular concern for specific populations, as alluded to by the "Children in Poverty" statistic.

Michael: However, Burke County's assets are the also contributors to our focus on economic stability. A substantial portion of the local economy and workforce is involved in healthcare, highlighting the specialized knowledge base of the population. Despite reported underfunding, the Burke County school system nevertheless exceeds state and national averages in terms of graduation rate. Further, this significantly rural, Appalachian community distinctly values social cohesion, which will promote community buy-in.

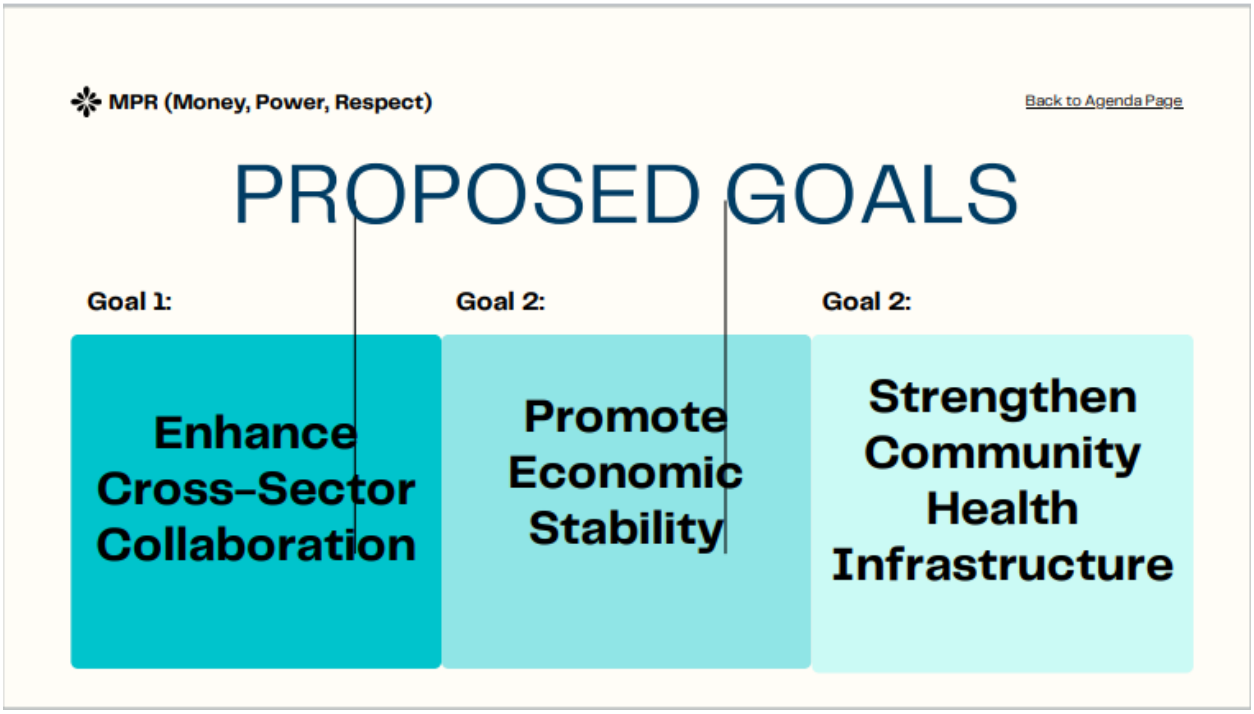


Timothy: Three policies would increase economic stability and produce health equity in the county. Policy 1: Expanding SNAP benefits in Burke County is an important step towards health equity. By ensuring that every family can afford nutritious food, we address a key social determinant of health. This reduces hunger and combats chronic diseases linked to poor nutrition. Policy 2: The 'Work in Burke' initiative is a step toward health equity in Burke County. By connecting education and employers, it addresses occupational mismatches and equips individuals with the skills needed for local job opportunities. This not only boosts economic stability but also enhances health outcomes. Policy 3: Implementing a Community Health Worker initiative in Burke County is a powerful strategy for health equity. These community members bridge the gap between healthcare providers and underserved populations, ensuring access to essential health services. They address social determinants of health, promote preventive care, and manage chronic conditions. Let's champion this initiative for a healthier, more equitable Burke County.

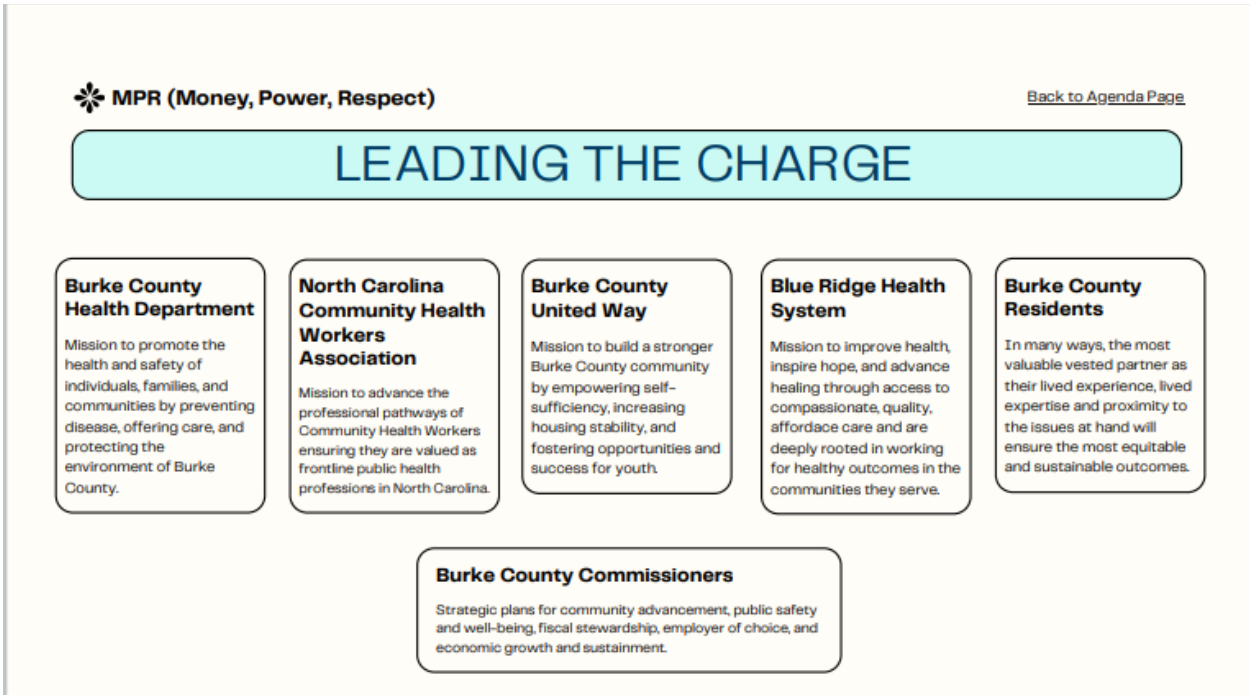


Timothy: First, though, a word about economic stability. This crucial social determinant of health (often abbreviated SDOH) has significant implications for individual and community health. From its direct effect on certain conditions to the downstream implications of prolonged stress, economic stability should be of particular concern to this body. In Burke County, economic stability is not just a concern—it's a crisis. The region, rich in culture and natural beauty, has long been plagued by economic challenges. The decline of family farming, limited job opportunities, and lack of access to quality education have created a difficult-to-break cycle of poverty. Yet, it's important to remember that economic stability is not just about income. It's about access to affordable housing, food security, and reliable transportation. It's about creating sustainable jobs that offer fair wages and safe working conditions. It's about investing in education and workforce development to equip individuals with the skills needed for the jobs of tomorrow. Burke County's health is directly tied to its economic stability. Prolonged financial

stress can lead to a host of health issues, from mental health disorders to chronic diseases. By addressing economic stability, we are improving the financial well-being of individuals and families, their health outcomes, and the community's overall health. Let us remember that economic stability is a fundamental right, not a privilege. It’s time we prioritize policies and interventions that promote economic stability in Burke County for the equitable health of its people and the region's prosperity.



Martine: In order to enhance, preserve and protect the economic stability of Burke County and its residents to advance the interests of individual and community health there are three goals that need to be accomplished. The first goal is to enhance cross-sector collaboration. This can be achieved by maintaining an active steering committee with membership representing a minimum of three sectors and three ethnic groups present in Burke County for atleast 75% of meetings each year. The second goal is to promote economic stability by increasing financial opportunities and career training for communities experiencing poverty by developing a well-trained workforce of Community Health Workers. This will lead to better health outcomes and reduced healthcare costs for the community. The third goal is to strengthen community health infrastructure by building a robust healthcare system in communities experiencing poverty. When Community Health Workers are integrated within the healthcare system, this will foster lucrative partnerships between healthcare providers, and community based organizations to ensure sustainable support for all relative health initiatives.



Martine: To successfully address economic stability in Burke County and the proposed goals previously mentioned, a diverse group of vested partners is required. The recommended partners range in representative sector, have varying levels of interest and influence and will ultimately ensure that all efforts to increase economic stability in Burke County will be accomplished. The vested partners to be highlighted here are the Burke County Health Department, the North Carolina Community Health Workers Association, Burke County United Way, the Blue Ridge Health System, Burke County Residents, and of course you will be an incredible asset serving as Burke County Commissioners. As you can see, all of the proposed vested partners have a mission that is completely aligned with the proposed goals and offer valuable resources, insight and experience to lead the charge. The responsibilities outlined for each vested partner will vary based on their proximity to the issue and their level of power.

Fawn: Understanding how economic stability impacts health outcomes in Burke County, NC, reveals key insights: High unemployment, income inequality, and poverty levels have significantly impacted both chronic and acute health issues. Prioritizing economic stability is imperative to ensure better access to healthcare, housing, and nut rition. By doing so, we create equitable opportunities and effectively reduce health disparities across our community. To implement economic stability initiatives effectively, collaboration with diverse community partners from representative sectors is essential. These partners should share a vision of enhancing community health by promoting professional pathways for Community Health Workers and providing compassionate, timely, and affordable healthcare. These partners include: Local Government: Align policies that support economic growth and health. Educational Institutions: Enhance skills training and educational opportunities. Healthcare Providers: Improve access to healthcare services for all residents. Community Organizations: Tailor interventions to meet specific local needs. This collaborative approach ensures culturally competent strategies that leverage Burke County's strengths for sustainable development and lasting impact. We can build a healthier, more equitable community for everyone by working together.

Fawn: There are some key insights to consider when understanding how economic stability impacts health outcomes in Burke County, NC: - The challenges of high unemployment, income inequality, and poverty levels have significantly exacerbated both chronic and acute health issues. - It's imperative that we prioritize improving economic stability to ensure better access to healthcare, housing, and nutrition. By doing so, we can create more equitable opportunities and effectively reduce health disparities across our community. And in order to effectively implement economic stability initiatives, we must collaborate with a range of community partners from representative sectors that have both a high interest and high influence in collaborating for these workforce initiatives. They should have a shared vision of enhancing community health through their respective missions: preventing disease, promoting professional pathways for Community Health Workers, and providing compassionate, affordable healthcare. including the local government to align policies that support economic growth and health. - Work closely with educational institutions to enhance skills training and education opportunities. - Partner with healthcare providers to improve access to healthcare services for all residents. - Collaborate with community organizations to tailor interventions that meet specific local needs. This collaborative approach ensures culturally competent strategies that leverage our community's strengths for sustainable development and lasting impact.

Fawn: There are some key insights to consider when understanding how economic stability impacts health outcomes in Burke County, NC: - The challenges of high unemployment, income inequality, and poverty levels have significantly exacerbated both chronic and acute health issues. - It's imperative that we prioritize improving economic stability to ensure better access to healthcare, housing, and nutrition. By doing so, we can create more equitable opportunities and effectively reduce health disparities across our community. And in order to effectively implement economic stability initiatives, we must collaborate with a range of community partners from representative sectors that have both a high interest and high influence in collaborating for these workforce initiatives. They should have a shared vision of enhancing community health through their respective missions: preventing disease, promoting professional pathways for Community Health Workers, and providing compassionate, affordable healthcare. including the local government to align policies that support economic growth and health. - Work closely with educational institutions to enhance skills training and education opportunities. - Partner with healthcare providers to improve access to healthcare services for all residents. - Collaborate with community organizations to tailor interventions that meet specific local needs. This collaborative approach ensures culturally competent strategies that leverage our community's strengths for sustainable development and lasting impact.

Rosemary: Given the insights and key partners summarized by Fawn and Martine in the previous slides, we recommend implementing a Community Health Workers Program to address healthcare gaps, offer job training, and promote health education: - By training our Community Health Workers, we can bridge gaps in healthcare access and ensure cultural competency and trust between the providers and patients. - This initiative not only enhances workforce skills but also improves overall health outcomes for the residents, especially those living with chronic diseases. - In the long run, this would be a critical support for the Burke County Health Department, as they aim to meet re-accreditation standards. And for our second recommendation, we advise expanding the "Work in Burke" initiative to enhance job training and employment opportunities tailored to the specific needs of rural Burke Co unty. - Therefore, we encourage close collaboration with educational institutions and local businesses to develop training programs that align directly with job market demands, primarily focusing on empowering underserved populations by enhancing their skills and ensuring equitable access to employment opportunities. -Ultimately, expanding the “Work in Burke” program should help unemployed or underemployed community members overcome any hurdles in achieving economic growth and sustainability.

Rosemary: We'd like to thank the members of the Burke County Board of Commissioners, for your time and attention today. We welcome any questions you may have and are happy to provide further clarification on any aspect of our presentation.

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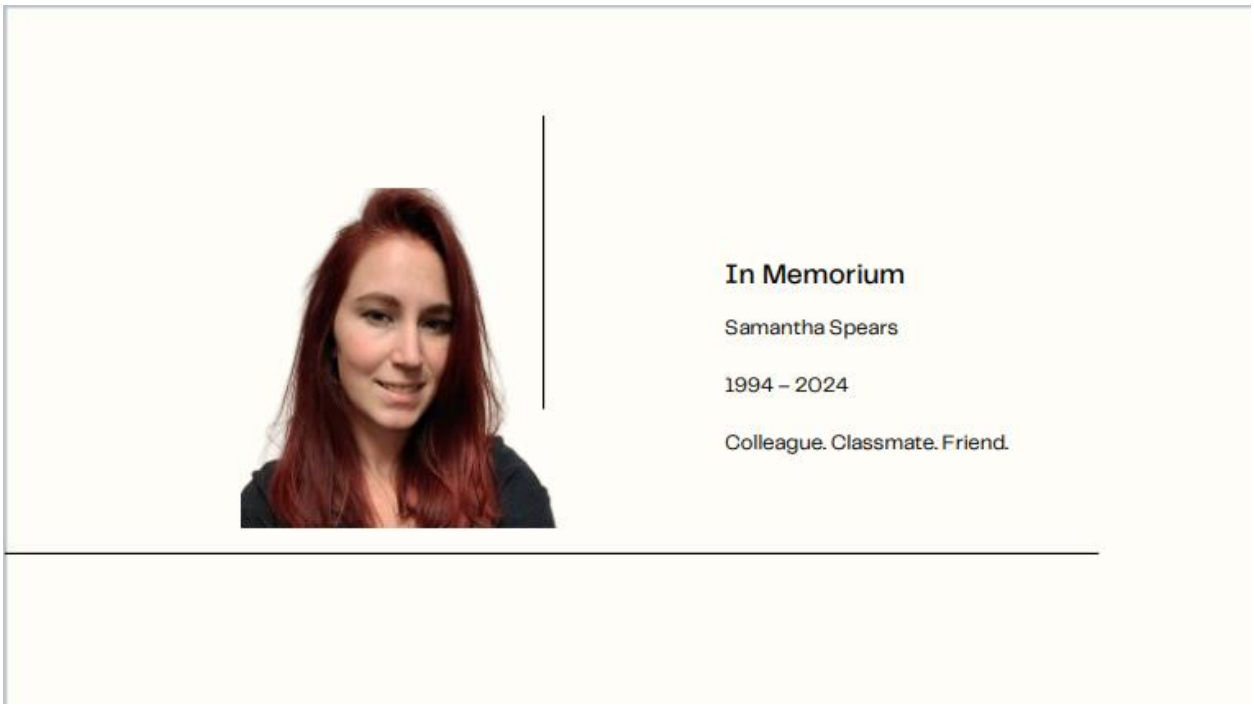

Rosemary: We take this moment to honor our classmate and friend, Samantha Spears, whose warmth, kindness, and valuable contributions to our proposal are deeply appreciated. Thank you.

APPENDIX A3. ADDITIONAL TABLES AND CHARTS REFERENCED IN PROPOSAL

RASCI Levels	Project Goals		
Who is…	Goal 1: Enhance Cross-Sector Collaboration: Maintain an active steering committee with membership representing a minimum of three sectors and three ethnic groups present in Burke County, North Carolina for at least 75% of meetings each year.	Goal 2: Promote Economic Stability: Increase financial opportunities and career training for communities experiencing poverty by developing a well-trained workforce of Community Health Workers	Goal 3: Strengthen Community Health Infrastructure: Build a robust health infrastructure in communities experiencing poverty by integrating Community Health Workers into the healthcare system,
Responsible	● Burke County Health Department	● North Carolina Community Health Worker Association	● Blue Ridge Heath System
Accountable	● Burke County United Way ● Burke County Health Department	● North Carolina Community Health Worker Association ● Burke County Health Department	● Blue Ridge Health System ● Burke County Health Department
Supportive	● Burke County Residents ● Blue Ridge Health System ● Burke County Residents ● NC Community Health Workers Association ● Work in Burke County	● Work in Burke County ● Burke County Residents ● Blue Ridge Health System	● North Carolina Community Health Worker Association ● Worke in Burke County ● Burke County Residents

Consulted	● Commissioners ● Blue Ridge Health System ● Work in Burke County	● Blue Ridge Health System ● Burke County Residents	● Burke County United Way ● Burke County Residents
Informed	● Commissioners ● Burke County Residents	● Commissioners ● Burke County Residents	● Commissioners ● Burke County Residents

APPENDIX B: Martine Hippolyte

APPENDIX B.1. Martine Hippolyte: Social Determinant of Health Analysis

Social Determinant of Health Analysis

Economic Stability in Burke County, North Carolina

Social Determinant of Health

According to the United States Department of Health and Human Services (U.S. DHHS) in 2020, social determinants of health (SDOH) can be defined as, "…the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risk," (U.S. DHHS, 2020) and addressing these social determinants of health can have beneficial short- and long-term impact on individuals and society at-large. SDOH can be grouped within five domains: economic stability, education, health and health care, neighborhood and built environment, and social and community context (U.S. DHHS, 2020) with the most beneficial SDOH domain to address in Burke County, North Carolina being economic stability.

Economic stability refers to an individual's economic opportunities and the financial resources that enable them to meet their basic needs. Economic stability includes factors such as employment, income, and cost of living and greatly influences individuals access to other SDOH such as education, healthcare, food security and housing. It is imperative to address economic stability in Burke County because individuals experiencing poverty and persistent barriers to economic stability not only effect the vibrancy and fluidity of the local economy but are also more likely to suffer from health complications, chronic diseases and premature death.

> Chronic toxic stress, induced by poverty, adversely impacts the hypothalamic-pituitary-adrenocortical axis leading to physiologic dysregulation of cortisol production, increased inflammation, and impaired physical growth and neurodevelopment. Children living in poverty are more likely to experience tobacco exposure, asthma, hypertension, poor nutrition, untreated dental carries, mental health problems including future substance abuse, and poor academic performance. Mothers living in poverty are more likely to have premature and underweight babies, as well as higher rates of infant mortality. (Bloch & Chahroudi, 2019)

Geographic and Historical Context

Burke County is in the western part of North Carolina located in the foothills of the Blue Ridge Mountains covering a land mass of approximately 514 square miles and consisting of thirteen townships and seven municipalities (Burke County Health Department, 2022). The region was originally inhabited by the Catawba and Cherokee tribes and was known to be one of the largest Native American settlements in North Carolina (Rodning, 2016). Burke County was later inhabited in the mid-18th century by European settlers primarily of Scotch-Irish, German, and English descent (Burke County Health Department, 2022). Burke is known for its agricultural and manufacturing economy as well as the significant amount of Burke County residents who are also employees of the state of North Carolina (Burke County Health Department, 2022).

Founded in 1777, Burke County currently has a population of approximately 88,338 with 85.9% of the population being White, while approximately 7% of the population are Hispanic, 6.5% are Black, 3.8% are Asian and 1% are Native American. (U.S. Census Bureau, 2023).

Although Burke County has an unemployment rate of about three percent (U.S. Bureau of Labor Statistics, 2022) there is still a high prevalence of poverty. According to the Burke County Community Health Assessment published in 2022, “Between the years of 2017-2020, the percentage of individuals living in Burke County under 200% of the FPL [Federal Poverty Limit] has remained on average around 42%, almost half of the total population. In correspondence with Healthy NC 2030, this number exceeds the state’s current percentage of 36.8%.” (Burke County Health Department, 2022). The percentage of individuals living in Burke County under 200% of the FPL at 42% also greatly exceeds the state’s overall target of 27% for 2030 (NCIOM, 2020).

Similar to other counties that fall within the Appalachian region, Burke County is no stranger to the historical effects of structural racism, disinvestment, and territorial dispossession (County Health Rankings & Roadmaps, 2024). Over time, these structural barriers have created disparities amongst racially and ethnically minoritized populations and tribal groups in economic stability factors such as poverty levels and employment. In 2021, 15.8% of the White population in Burke County were living below the poverty level in comparison to nearly double that percentage for the Black population at 31.3%, 33.3% of the Hispanic population and quadruple that percentage within the Native American population at 60% (U.S. Census Bureau, 2021).

Priority Population

It is imperative to prioritize working-aged people who live in households at or below 200% of the Federal Poverty Level (FPL). As previously mentioned, the percentage of individuals living in Burke County under 200% of the FPL is at 42%. This is almost half of the population and exceeds the state-level percentage of individuals living under 200% of the FPL at about 37%. As noted in the Healthy North Carolina 2030 report created by North Carolina

Institute of Medicine (NCIOM) in 2020, “Whites make up the largest share of those living with incomes below 200% of the FPL (58%). However, people of color are disproportionately more likely to live in poverty.” In North Carolina, about half of American Indians (52%) and African American (51%) and 64% of Hispanic individuals have incomes below 200% of the FPL, compared to 31% of whites (NCIOM, 2020) and these poverty occurrences and disparities have grave consequences.

Poverty inhibits one’s ability to secure safe housing, access nutritious foods, attain transportation, and regularly engage with quality education. (NCIOM, 2020) Additionally, poverty is directly connected to health outcomes such as chronic diseases, communicable illnesses, health risk behaviors, and premature mortality (Price, et al. 2018) and has the potential to impact generations longitudinally. “Through a variety of environmental and physiologic mechanisms, the cascading health consequences of poverty and toxic stress have been shown to be epigenetic, thus poverty felt by one generation can have long lasting sequelae for generations to come.” (Bloch & Chahroudi, 2019)

Measures of SDOH

Burke County has a limited amount of data on the correlation between poverty and negative health outcomes, however, data can be found for poverty, unemployment, and income on the county- and state-level as discussed in the Geographical and Historical Context and Priority Population sections of this paper. Additionally, state-level health data by race and ethnicity has been collected by the North Carolina State Center for Health Statistics (N.C. SCHS). Although N.C. SCHS explicitly states that race or ethnicity does not cause health problems, it is very likely that factors such as income, education, access to health care, stress and

racism are among the major causes for poor health outcomes amongst minorities in comparison to White individuals (N.C. SCHS, 2023). In North Carolina, substantial disparities can be found between Whites and other races. Significant disparity ratios can be found for social determinants of health such as poverty wherein African Americans have a disparity ratio of 2.2 and American Indians have a disparity ratio of 2.5 in comparison with the White population (N.C. SCHS, 2023). Additionally, when reviewing communicable disease rates, a disparity ratio of 8.2 was found for African Americans in North Carolina recently diagnosed with HIV in comparison with Whites and a disparity ratio of 5.1 was found for Hispanics diagnosed with HIV (N.C. SCHS, 2023).

Existing data on poverty, unemployment, and health outcomes used in tandem can provide an informative snapshot of the potential intersection and correlation between poverty and adverse health outcomes and in turn drive home the importance of addressing the SDOH of economic stability but ideally future tools will be developed to efficiently measure these data sets on a county- and state-level.

Rationale/Importance

Economic stability should be treated as the utmost public health priority for Burke County, North Carolina and policies, programs and public health intervention should begin with supporting working-aged people who live in households at or below 200% of the Federal Poverty Limit. Economic stability influences one's ability to secure housing, feed themselves and their families, access quality healthcare and attain education. Therefore, addressing economic stability in Burke County will reap vast rewards and ultimately improve the lives of all Burke County residents now, and for generations to come.

APPENDIX B.1.A. Martine Hippolyte: Social Determinant of Health Analysis- References

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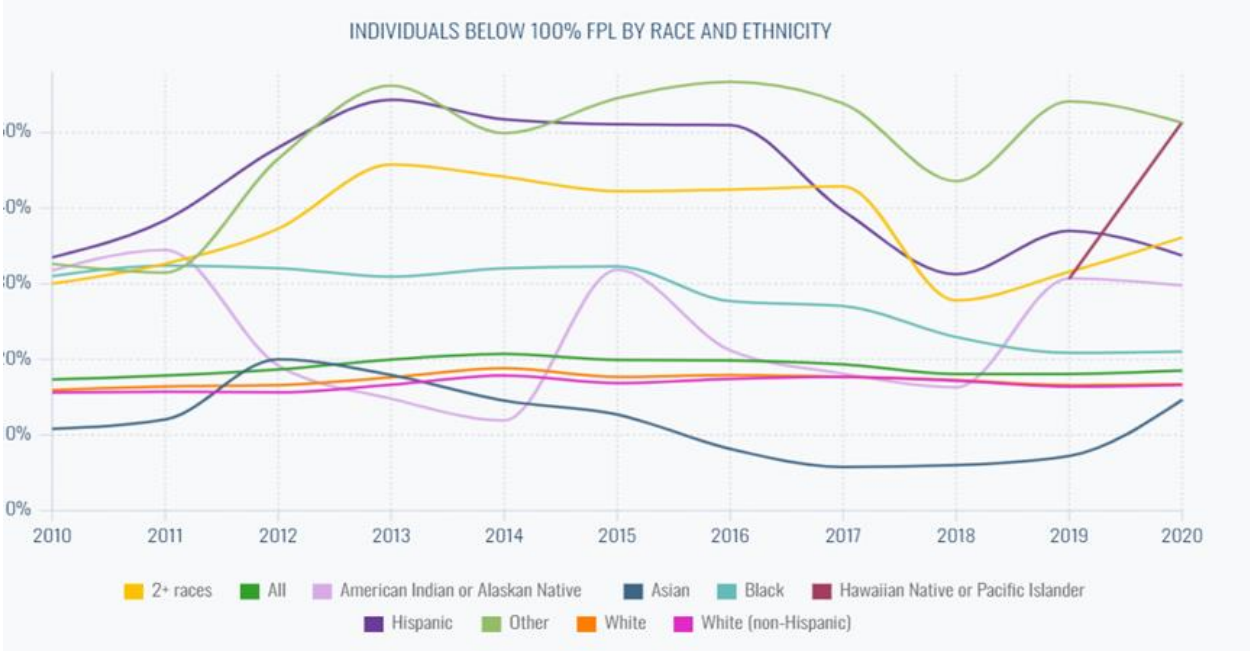
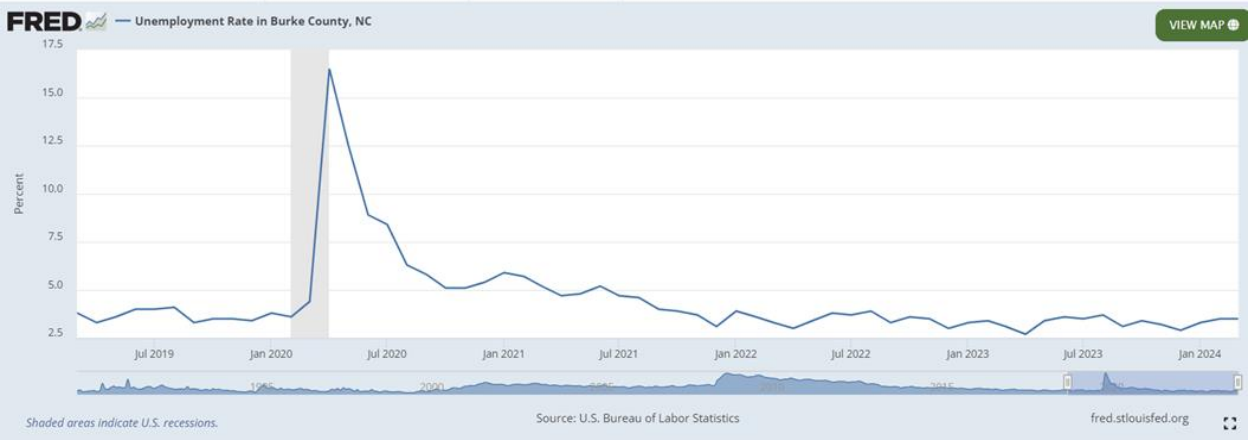
APPENDIX B.1.B. Martine Hippolyte: Social Determinant of Health- Appendix

APPENDICES

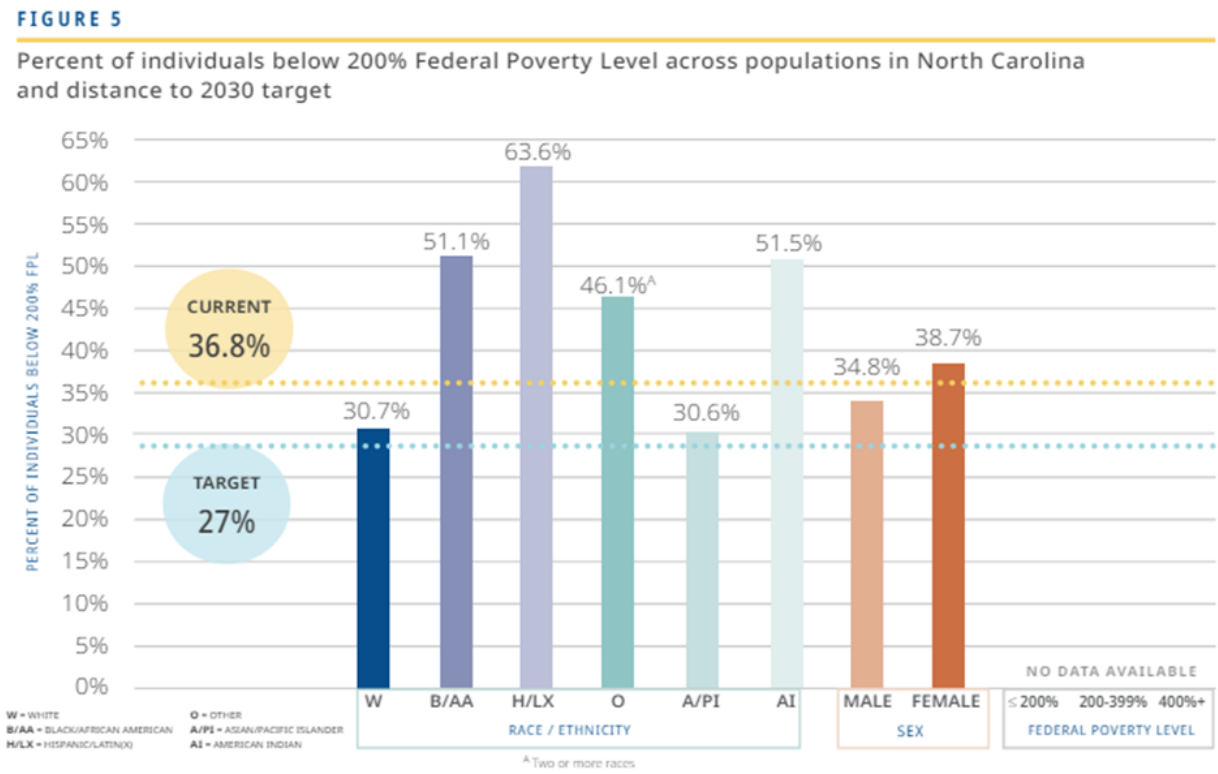
Appendix A: Individuals Below 100% FPL by Race and Ethnicity



Appendix B: Unemployment Rate in Burke County, North Carolina



Appendix C: Percentage of Individuals below 200% FPL across Populations in North Carolina



Appendix D: North Carolina Resident Population Health Data by Race and Ethnicity

North Carolina Resident Population Health Data by Race and Ethnicity

Cancer Incidence Rates, 2017-2021[4]	Total	White Non-Hispanic, single race	African American Non-Hispanic, single race		American Indian Non-Hispanic, single race		Asian/Pacific Islander Non-Hispanic, single race		Multiracial, Non-Hispanic		Hispanic/Latino	
	Rate	Rate	Rate	Disparity Ratio	Rate	Disparity Ratio	Rate	Disparity Ratio	Rate	Disparity Ratio	Rate	Disparity Ratio
Total Cancer	474.7	479.9	475.1	*1.0*	382.3	*0.8*	270.8	*0.6*	*n/a*	*n/a*	354.6	*0.7*
- Lung & Bronchus cancer	60.2	62.2	58.3	*0.9*	70.9	*1.1*	28.0	*0.5*	*n/a*	*n/a*	28.3	*0.5*
- Colon & Rectum cancer	34.3	33.8	36.9	*1.1*	32.1	*0.9*	22.2	*0.7*	*n/a*	*n/a*	28.4	*0.8*
- Female Breast cancer	169.3	171.0	171.7	*1.0*	120.6	*0.7*	113.7	*0.7*	*n/a*	*n/a*	134.7	*0.8*
- Cervical cancer	6.7	6.3	6.9	*1.1*	9.0	*1.4*	4.6	*0.7*	*n/a*	*n/a*	10.8	*1.7*
- Prostate cancer	122.4	107.4	185.8	*1.7*	95.0	*0.9*	56.6	*0.5*	*n/a*	*n/a*	81.6	*0.8*
- Stomach cancer	6.0	4.8	9.7	*2.0*	4.7	*1.0*	7.9	*1.6*	*n/a*	*n/a*	9.5	*2.0*
- Pancreatic cancer	13.3	12.6	17.0	*1.3*	10.0	*0.8*	7.2	*0.6*	*n/a*	*n/a*	10.5	*0.8*
- Liver cancer	8.6	8.1	9.1	*1.1*	11.5	*1.4*	12.0	*1.5*	*n/a*	*n/a*	11.1	*1.4*
- Kidney cancer	18.1	17.9	20.3	*1.1*	17.8	*1.0*	6.4	*0.4*	*n/a*	*n/a*	15.8	*0.9*
- Multiple Myeloma	7.7	6.0	15.0	*2.5*	5.7	*1.0*	2.8	*0.5*	*n/a*	*n/a*	7.5	*1.3*

Maternal/Child Indicators	Total	White Non-Hispanic, single race	African American Non-Hispanic, single race		American Indian Non-Hispanic, single race		Asian/Pacific Islander Non-Hispanic, single race		Multiracial, Non-Hispanic		Hispanic/Latino	
	Rate	Rate	Rate	Disparity Ratio	Rate	Disparity Ratio	Rate	Disparity Ratio	Rate	Disparity Ratio	Rate	Disparity Ratio
Infant death Rate (per 1,000 births), 2017-21[3]	6.9	4.8	12.6	*2.6*	9.7	*2.0*	4.0	*0.8*	8.5	*1.8*	5.4	*1.1*
Child (ages 1-17) Death Rate (per 100,000 pop), 2017-21[3]	21.8	18.2	35.1	*1.9*	37.6	*2.1*	16.3	*0.9*	10.6	*0.6*	17.4	*1.0*
Low birthweight (<=2500 grams) Births (%), 2019-21[5]	9.4	7.3	15.3	*2.1*	11.6	*1.6*	9.0	*1.2*	10.4	*1.4*	7.7	*1.1*
Preterm Births (%), 2019-21[5]	10.8	9.5	14.6	*1.5*	11.4	*1.2*	8.4	*0.9*	11.1	*1.2*	9.7	*1.0*
Late or No Prenatal Care (%), 2019-21[5]	25.5	19.0	31.9	*1.7*	29.7	*1.6*	26.0	*1.4*	28.9	*1.5*	36.1	*1.9*
Maternal Smoking during Pregnancy (%), 2019-21[5]	6.6	8.6	6.2	*0.7*	18.1	*2.1*	0.6	*0.1*	9.5	*1.1*	1.2	*0.1*
Maternal Obesity (%), 2019-21[5]	30.7	26.9	42.1	*1.6*	38.0	*1.4*	12.4	*0.5*	32.6	*1.2*	31.0	*1.2*
Maternal Overweight (%), 2019-21[5]	25.8	24.8	24.6	*1.0*	22.8	*0.9*	25.3	*1.0*	24.8	*1.0*	31.3	*1.3*
Infant Not Breastfed at Discharge (%), 2019-21[5]	19.0	15.9	30.2	*1.9*	47.3	*3.0*	11.0	*0.7*	21.5	*1.4*	12.8	*0.8*
Teen Birth Rate (Ages 15-19), 2017-21[5]	18.1	11.7	23.6	*2.0*	34.5	*2.9*	4.8	*0.4*	24.6	*2.1*	33.3	*2.8*

North Carolina Resident Population Health Data by Race and Ethnicity

2021 Population Estimates[1]	Total		White Non-Hispanic, single race		African American Non-Hispanic, single race		American Indian Non-Hispanic, single race		Asian/Pacific Islander Non-Hispanic, single race		Multiracial, Non-Hispanic		Hispanic/Latino	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Total	10,551,162	100.0%	6,258,578	59.3%	2,248,971	21.3%	115,825	1.1%	353,832	3.4%	225,732	2.1%	1,078,224	10.2%
Gender:														
Males	5,156,255	48.9%	3,208,281	51.3%	1,054,770	46.9%	55,847	48.2%	172,878	48.9%	109,809	48.6%	554,670	51.4%
Females	5,394,907	51.1%	3,320,297	53.1%	1,194,201	53.1%	59,978	51.8%	180,954	51.1%	115,923	51.4%	523,554	48.6%
Age Group:														
Under 18	2,301,503	21.8%	1,165,976	18.6%	516,244	23.0%	25,818	22.3%	85,290	24.1%	107,670	47.7%	400,505	37.1%
18-64	6,456,345	61.2%	3,988,050	63.7%	1,421,454	63.2%	72,632	62.7%	237,600	67.2%	106,435	47.2%	630,174	58.4%
65 & over	1,793,314	17.0%	1,374,552	22.0%	311,273	13.8%	17,375	15.0%	30,942	8.7%	11,627	5.2%	47,545	4.4%

Mortality Rates, 2017-2021[2]	Total	White Non-Hispanic, single race	African American Non-Hispanic, single race		American Indian Non-Hispanic, single race		Asian/Pacific Islander Non-Hispanic, single race		Multiracial, Non-Hispanic		Hispanic/Latino	
	Rate	Rate	Rate	Disparity Ratio	Rate	Disparity Ratio	Rate	Disparity Ratio	Rate	Disparity Ratio	Rate	Disparity Ratio
Total Deaths, All Causes	838.5	831.6	985.1	*1.2*	992.5	*1.2*	414.9	*0.5*	172.9	*0.2*	444.9	*0.5*
Heart disease	161.1	159.6	188.6	*1.2*	183.0	*1.1*	76.2	*0.5*	27.7	*0.2*	67.2	*0.4*
- Acute Myocardial Infarction	25.9	26.0	28.9	*1.1*	41.3	*1.6*	14.3	*0.6*	*	*n/a*	12.0	*0.5*
- Other Ischemic Heart Disease	58.3	59.3	62.8	*1.1*	74.0	*1.2*	27.3	*0.5*	9.8	*0.2*	21.9	*0.4*
Cerebrovascular disease (Stroke)	44.0	41.8	57.4	*1.4*	42.1	*1.0*	32.1	*0.8*	5.8	*0.1*	24.0	*0.6*
Total Cancer	154.5	154.7	176.5	*1.1*	151.4	*1.0*	85.7	*0.6*	34.7	*0.2*	80.5	*0.5*
- Colon, Rectum, and Anus	12.9	12.6	16.5	*1.3*	12.6	*1.0*	6.2	*0.5*	5.4	*0.4*	7.5	*0.6*
- Pancreas	11.1	10.8	14.0	*1.3*	10.9	*1.0*	6.7	*0.6*	*	*n/a*	6.4	*0.6*
- Trachea, Bronchus, and Lung	38.8	40.6	38.3	*0.9*	49.9	*1.2*	19.4	*0.5*	10.0	*0.2*	11.3	*0.3*
- Breast	20.3	19.5	26.7	*1.4*	16.2	*0.8*	8.7	*0.4*	*	*n/a*	9.6	*0.5*
- Prostate	19.7	16.9	38.2	*2.3*	21.5	*1.3*	9.3	*0.6*	*	*n/a*	11.2	*0.7*
Diabetes	26.1	21.8	47.9	*2.2*	38.6	*1.8*	13.7	*0.6*	8.4	*0.4*	16.6	*0.8*
Pneumonia/Influenza	15.1	15.5	15.4	*1.0*	19.5	*1.3*	9.1	*0.6*	*	*n/a*	5.9	*0.4*
Chronic lower respiratory diseases	41.4	46.0	28.9	*0.6*	48.7	*1.1*	8.6	*0.2*	6.3	*0.1*	9.6	*0.2*
Septicemia	12.6	12.0	17.3	*1.4*	12.1	*1.0*	5.2	*0.4*	*	*n/a*	5.7	*0.5*
Chronic liver disease/cirrhosis	12.0	13.7	8.6	*0.6*	18.2	*1.3*	4.3	*0.3*	*	*n/a*	7.9	*0.6*
Nephritis, nephrosis, and nephrotic syndrome	16.8	13.3	33.8	*2.5*	21.9	*1.6*	9.7	*0.7*	*	*n/a*	11.1	*0.8*
Alzheimer's Disease	38.0	38.8	37.6	*1.0*	57.7	*1.5*	17.7	*0.5*	*	*n/a*	22.5	*0.6*
HIV Disease	1.6	0.6	5.3	*8.8*	*	*n/a*	*	*n/a*	*	*n/a*	1.0	*1.7*
Unintentional motor vehicle injury	15.7	14.5	20.1	*1.4*	38.0	*2.6*	5.6	*0.4*	6.4	*0.4*	13.9	*1.0*
Other Unintentional injuries	48.5	56.0	38.8	*0.7*	75.2	*1.3*	13.7	*0.2*	12.8	*0.2*	23.1	*0.4*
Suicide	13.5	17.2	6.6	*0.4*	11.3	*0.7*	7.1	*0.4*	3.9	*0.2*	6.2	*0.4*
Homicide	7.8	3.3	21.7	*6.6*	20.2	*6.1*	1.6	*0.5*	3.1	*0.9*	4.6	*1.4*

North Carolina Resident Population Health Data by Race and Ethnicity

Communicable Disease Rates, 2021[6]	Total	White Non-Hispanic, single race	African American Non-Hispanic, single race		American Indian Non-Hispanic, single race		Asian/Pacific Islander Non-Hispanic, single race		Multiracial, Non-Hispanic		Hispanic/Latino	
	Rate	Rate	Rate	Disparity Ratio	Rate	Disparity Ratio	Rate	Disparity Ratio	Rate	Disparity Ratio	Rate	Disparity Ratio
Newly Diagnosed Adult/Adolescent HIV Infection Cases	15.7	5.3	43.5	*8.2*	14.3	*2.7*	6.5	*1.2*	19.1	*3.6*	26.9	*5.1*
Newly Diagnosed Adult/Adolescent AIDS Cases	5.7	2.0	16.1	*8.1*	6.1	*3.1*	1.4	*0.7*	14.4	*7.2*	7.7	*3.9*
Newly Diagnosed Primary and Secondary Syphilis	12.4	4.8	33.5	*7.0*	11.2	*2.3*	1.4	*0.3*	27.0	*5.6*	14.7	*3.1*
Newly Diagnosed Chlamydia	617.1	190.6	1122.9	*5.9*	551.7	*2.9*	133.4	*0.7*	436.4	*2.3*	529.9	*2.8*
Newly Diagnosed Gonorrhea	276.5	68.8	688.4	*10.0*	294.4	*4.3*	36.7	*0.5*	166.1	*2.4*	134.6	*2.0*

Health Risk Factors Among NC Adults, 2021[7]			White Non-Hispanic, single race		African American Non-Hispanic, single race		American Indian Non-Hispanic, single race		*Other Non-Hispanic, single race*		Multiracial, Non-Hispanic		Hispanic/Latino	
	%	C.I.	%	C.I.	%	C.I.	%	C.I.	%	C.I.	%	C.I.	%	C.I.
% of Adults that are Current smokers	14.4	13.2-15.7	14.4	12.9-16.1	17.1	14.0-20.7	*	n/a	*	n/a	12.7	6.9-22.1	8.5	6.0-12.0
% of Adults that are Obese	36.0	34.2-37.9	32.5	30.3-34.7	51.5	47.2-55.8	*	n/a	18.3	10.9-29.0	*	n/a	32.0	26.6-37.9
% of Adults that are Overweight	32.6	30.9-34.9	33.4	31.4-35.5	26.8	23.3-30.6	*	n/a	*	n/a	*	n/a	37.5	31.5-44.0
% of Adults reporting fair/poor health	15.3	14.0-16.6	13.8	12.3-15.5	19.3	16.4-22.6	24.4	15.7-39.9	14.1	7.7-24.4	11.5	5.9-21.1	17.0	13.3-21.5
% of Adults diagnosed with 2+ chronic conditions	27.6	26.1-29.2	30.4	28.5-32.4	29.5	26.0-33.2	*	n/a	11.2	5.9-20.2	*	n/a	7.7	5.5-10.6

Social Determinants of Health	Total	White Non-Hispanic, single race	African American Non-Hispanic, single race		American Indian Non-Hispanic, single race		Asian/Pacific Islander Non-Hispanic, single		Multiracial, Non-Hispanic		Hispanic/Latino	
	Rate	Rate	Rate	Disparity Ratio	Rate	Disparity Ratio	Rate	Disparity Ratio	Rate	Disparity Ratio	Rate	Disparity Ratio
High School Graduation Rate, 2021-22[9]	86.4	89.9	83.4	*1.1*	85.3	*1.1*	*	*n/a*	83.5	*1.1*	80.2	*1.1*
Adults Ages 25+ with High School Diploma or GED, 2021[9]	89.7	93.1	88.4	*1.1*	78.4	*1.2*	87.9	*1.1*	91.2	*1.0*	64.5	*1.4*
Adults Ages 25+ with Bachelor's Degree, 2021[9]	21.7	24.5	15.3	*1.6*	9.1	*2.7*	29.8	*0.8*	20.7	*1.2*	12.2	*2.0*
Unemployed, 2021[9]	3.5	2.8	5.6	*2.0*	4.2	*1.5*	3.3	*0.6*	4.6	*1.6*	4.0	*1.4*
Poverty Rate - All Ages, 2021[9]	13.4	9.5	20.6	*2.2*	23.7	*2.5*	8.3	*0.9*	14.4	*1.5*	22.9	*2.4*
Poverty Rate - Children Under 18 Years, 2021[9]	18.1	9.9	30.3	*3.1*	30.4	*3.1*	7.3	*0.7*	16.4	*1.7*	29.4	*3.0*
Poverty Rate - Elderly Ages 65+ Years, 2021[9]	10.2	8.3	17.4	*2.1*	16.6	*2.0*	12.8	*1.5*	13.3	*1.6*	14.8	*1.8*
Households on Food Stamps/SNAP Benefits, 2021[9]	13.9	8.7	28.4	*3.3*	32.0	*3.7*	5.8	*0.7*	18.1	*2.1*	19.1	*2.2*
Median Household Income, 2021[9]	$61,972	$69,704	$42,885	*1.6*	$36,977	*1.9*	$103,556	*0.7*	$60,164	*1.2*	$53,880	*1.3*
Living in a Home they own, 2021[9]	66.9	75.2	47.0	*1.6*	65.0	*1.2*	66.4	*1.1*	58.8	*1.3*	51.7	*1.5*
Housing Costs >= 30% of Household Income, 2021[9]	23.9	21.6	33.2	*1.5*	32.7	*1.5*	18.6	*0.9*	24.3	*1.1*	29.7	*1.4*
Uninsured, 2021[9]	10.4	7.4	10.7	*1.4*	15.6	*2.1*	6.8	*0.9*	9.7	*1.3*	28.8	*3.9*
Disability, 2021[9]	13.5	14.5	14.8	*1.0*	17.1	*1.2*	6.0	*0.4*	13.6	*0.9*	7.2	*0.5*

APPENDIX B.2. CONCENTRATION DELIVERABLE #1: Leadership Alignment and Vision

Economic Stability in Burke County, North Carolina

Background

Social determinants of health (SDOH) can be defined as the non-medical conditions in environments where people are born, live, work, play and worship that affect a wide range of health, functioning and quality-of life outcomes and risks (U.S. DHHS, 2020) and addressing these social determinants of health can have beneficial short- and long-term impact on individuals and society at-large. SDOH can be grouped within five domains: economic stability, education, health and health care, neighborhood and built environment, and social and community context (U.S. DHHS, 2020) with the most beneficial SDOH domain to address in Burke County, North Carolina being economic stability.

Economic stability refers to an individual's economic opportunities and the financial resources that enable them to meet their basic needs. Economic stability includes factors such as employment, income, cost of living and socioeconomic status (CDC, 2024). Short-term impacts of lack of economic stability involve disruptions to transportation, difficulties acquiring and maintaining stable housing, an inability to meet nutritional needs, strain on relationships, poor academic performance and chronic stress that leads to lasting consequences for psychological and physiological functioning (Hardy, et. al, 2019). These short-term impacts and chronic toxic stress inevitably lead to longer-term consequences for individuals of all ages. Children living in poverty are more likely to experience adverse health outcomes such as asthma, hypertension, dental carries, and mental health problems including future substance abuse.

(Bloch & Chahroudi, 2019) while adults are more likely to experience a higher prevalence of chronic, communicable, noncommunicable disease (Hossain, et. al, 2009), and premature death.

Economic stability should be treated as the utmost public health priority for Burke County, North Carolina and policies, programs and public health interventions. The percentage of individuals living in Burke County under 200% of the FPL is at 42% (Burke County Health Department, 2022). This is almost half of the population despite the majority of Burke residents being employed indicating a significant gap in economic stability for Burke County residents. Economic stability influences one's ability to secure housing, feed themselves and one's families, access quality healthcare, attain education and strengthen local economy, it can also decrease the prevalence of diseases and ultimately save lives. Addressing economic stability in Burke County will reap vast rewards and ultimately improve the lives of all Burke County residents now, and for generations to come.

Leadership Alignment and Governance

In order to successfully and sustainably address economic stability in Burke County, North Carolina a steering committee of diverse vested partners must strategically lead the charge. The recommended partners range in representative sectors and will be categorized according to level of influence and corresponding interest below.

There are three key vested partners that qualify as being both high influence and high interest. These stakeholders continue to display the utmost interest in the issues involving economic stability and will be vital in synthesizing the strategic direction of the steering committee, project outputs and innovative solutions. The proposed partners are as follows: the

North Carolina Community Health Workers Association (NCCHWA), the Burke County Health Department (BCHD), and the Blue Ridge Health System (BRCHS).

The **Burke County Health Department (BCHD)** has a mission to promote the health and safety of individuals, families, and communities by preventing disease, offering care, and protecting the environment of Burke County. BCHD accomplishes this work by consistently detecting and preventing diseases, protecting the public health threats of the county, evaluating programs, and collaborating with community partners which reinforces their role as catalyst for change in Burke. BCHD will act as the responsible partner for the first proposed goal and the accountable partner for all three proposed goals (Appendix A). Due to BCHD's mission, on-going work and positionality, they will act as a project owner and the utmost accountable partner ensuring that project tasks are appropriately delegated and accomplished (Appendix B).

The **North Carolina Community Health Workers Association (NCCHWA)** has a mission to advance the professional pathways of Community Health Workers ensuring they are valued as frontline public health professionals throughout North Carolina. NCCHWA accomplishes this work by providing certifications, trainings and consistent advocacy projects to ensure that individuals acting as CHWs are provided with leadership, guidance while supporting the development of policies and healthcare systems that ensure a strengthened statewide infrastructure to support CHW integration. It is recommended that NCCHWA act in a supportive role for the first and third proposed goal (Appendix A) due to their ability to provide expertise, and resources to sustain the progress of each goal. Additionally, NCCHWA will act as the accountable partner for proposed goal two ultimately having the final control over project task and resource utilization due to the depth and breadth of their work with CHWs (Appendix B).

The **Blue Ridge Health System (BRCHS)** has a mission to improve health, inspire hope, and advance healing through access to compassionate, quality, affordable care and are deeply rooted in working for healthy outcomes in the communities they serve. BRCHS' involvement is critical as the primary provider of healthcare services. Their high interest in enhancing community health outcomes, as well as their medical expertise and infrastructure contribute to their level of influence. Due to BRCHS' investment in both the North Carolina healthcare system and their investment in the health and well-being of all Burke County residents, it is recommended that BRCHS play a variety of roles depending on the relevance of proposed goals. For the first and second proposed goals (Appendix A), BRCHS will act as both the supportive and consulted partner due to their ability to provide resources and subject matter expertise for the responsible partner in each respective goal (Appendix B). Alternatively, BRCHS will act as the accountable partner for the third proposed goal (Appendix A) and will be primarily responsible for task assignments and task delegation (Appendix B).

There are two vested partners that qualify as being low influence but alternatively, high interest. These stakeholders are most directly impacted by the issues at hand or serve as implicit supporters and catalyst agents for the proposed goals and are as follows: Burke County residents, and Burke County United Way (BCUW).

To provide the most equitable and effective interventions to increase economic stability, **Burke County residents** should be involved in every proposed goal (Appendix A) and at various stages of intervention development. It is recommended that Burke County residents representing diverse backgrounds and ethnic groups are consistently consulted and informed during the strategizing, planning, and implementation phases of any initiative due to their lived expertise, lived experience and proximity to the issues and changes at hand (Appendix B). In

incorporating the voices of these stakeholders, we help to ensure the efficacy of proposed changes, the prioritization of proposed goals and the subsequent increase of economic stability and health outcomes within various communities.

Burke County United Way (BCUW) is a community-led organization with the mission to build a stronger Burke County community by empowering self-sufficiency, increasing housing stability, and fostering opportunities and success for youth. BCUW accomplishes this by implementing programs to increase financial stability, provide childcare assistance, enhance academic performance in youth and increase food and nutrition security for families. In addition, BCUW has made considerable strides to increase community collaborations through participation in the Emerging Leaders program, Burke Wellness Initiative, and Burke Substance Abuse Network. It is recommended that BCUW share accountability with BCHD for the first proposed goal (Appendix A) due to their extensive work convening various vested partners. Additionally, BCUW will act as the consulted partner for the third proposed goal (Appendix A) as they will be integral in providing advice and sharing experience to all project partners while executing project tasks (Appendix B).

Lastly, the vested partners that qualifies as being high influence and potentially low interest are the **Burke County Commissioners**. These stakeholders are the least directly impacted by the proposed goals but have the highest level of power of all the other stakeholders directly influencing policies, laws and various regulations in Burke. All Burke County Commissioners should be regularly informed and consulted when needed when addressed proposed goals to increase economic stability within the county (Appendix B).

Governing Vision and Goals

The proposed governing vision for the steering committee is to enhance, preserve and protect the economic stability of Burke County, North Carolina and its residents to advance the interests of individual and community health. This will be accomplished by completing goals centered on successful cross-sector collaboration, the strategic increase of financial opportunities and the implementation of community-centered health initiatives through the intentional workforce development and training of a diverse Community Health Workers (CHWs) network. CHWs bridge the gap in health and social services delivery for marginalized communities, providing critical health information to those with limited access to health resources (LePrevost et. al., 2024).

CHWs have the ability to improve individual and community health through their capacity to build trust, relationships and meaningful communication between patients and providers. (ASTHO, n.d.) By strategically recruiting, training and hiring members of disproportionally impacted community members with lived experience to become CHWs, Burke County will not only increase the receptivity of health messages to communities with less-than-optimal health outcomes, but also increase the financial opportunities for individuals implementing critical health work. The goals proposed will create cyclical gain that increases financial opportunities, economic stability, and health outcomes for Burke County.

The first goal of the steering committee is to enhance cross-sector collaboration by maintaining an active steering committee with membership representing a minimum of three sectors and three ethnic groups present in Burke County, North Carolina for at least 75% of meetings each year. In addition to prioritizing accreditation and workforce development

activities for supporting cross-sector collaboration, findings indicate that public health practitioners should prioritize building bridges to a variety of partners and organizations (Grant, 2022). Benefits of cross-sector collaboration similar to what is being proposed for the steering committee include inherent public value as well as immediate and long-term effects, resilience, continual reassessment and accountability (ASTHO, 2020). Lasting positive changes to social determinants of health such as economic stability rest on cross-sector collaboration and persistently influence collaborative processes and structures of governance (de Montigny, et. al., 2019)

The second goal of the steering committee is to promote economic stability by increasing financial opportunities and career training for communities experiencing poverty by developing a well-trained workforce of Community Health Workers which can lead to better health outcomes and reduced healthcare costs for the community. Many vested partners including federal and state public health agencies, healthcare payers, and private healthcare companies, have bolstered support for employment of this critical workforce (Barbero, et. al., 2021). Building a workforce development program focused on the development of Community Health Workers is a people-first approach to upskill individuals for long-term success that increases financial opportunities for individuals and families, health outcomes for underserved residents and the health and wealth of the economy of Burke County.

The third goal of the steering committee is to strengthen community health infrastructure by building a robust health infrastructure in communities experiencing poverty by integrating Community Health Workers (CHWs) into the healthcare system, fostering partnerships between healthcare providers and community organizations, and ensuring sustainable support for health initiatives. The importance of CHWs in improving health outcomes for underserved and minority

communities has long been recognized by federal agencies and organizations and more recently by the Patient Protection and Affordable Care Act. A significant body of evidence demonstrates that adding CHWs to the primary care team can improve care for patients with chronic disease at a low cost (Islam, 2017). Therefore, committing to the intentional and protected incorporation of CHWs within the Burke County healthcare system will create exponential opportunities for health and wealth.

APPENDIX B.2.A. Martine Hippolyte: Concentration Deliverable 1- Leadership References

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APPENDIX B.2.B. Martine Hippolyte: Concentration Deliverable 1 - Leadership:

Appendices

APPENDICES

Appendix A: RASCI Analysis of Project Goals

Complex issue team is working on: Enhance, preserve and protect the economic stability of Burke County, North Carolina and its residents to advance the interests of individual and community health.

Three goals addressing team's public health issue:

1. Enhance Cross-Sector Collaboration: Maintain an active steering committee with membership representing a minimum of three sectors and three ethnic groups present in Burke County, North Carolina for at least 75% of meetings each year.
2. Promote Economic Stability: Increase financial opportunities and career training for communities experiencing poverty by developing a well-trained workforce of Community Health Workers which can lead to better health outcomes and reduced healthcare costs for the community.
3. Strengthen Community Health Infrastructure: Build a robust health infrastructure in communities experiencing poverty by integrating Community Health Workers into the healthcare system, fostering partnerships between healthcare providers and community organizations, and ensuring sustainable support for health initiatives.

RASCI analysis:

Who is…**R**esponsible, **A**ccountable, **S**upportive, **C**onsulted, **I**nformed

These terms are defined as:

- **R**esponsible: owns the problem/project
- **A**ccountable: ultimately answerable for the correct and thorough completion of the deliverable or task, and the one who delegates the work to those responsible
- **S**upportive: can provide resources or can play a supporting role in implementation
- **C**onsulted: has information and/or capability to complete the work
- **'I**nformed: must be notified of results, process, and methods, but need to be consulted

Key stakeholders important to accomplishing goals on teams' complex public health issue:

1. Commissioners
2. Burke County Health Department
3. North Carolina Community Health Workers Association
4. Blue Ridge Health System
5. Work in Burke County
6. Burke Community (Rural/Hmong)

7. Burke County United Way

Appendix B:

RASCI Levels	Project Goals		
Who is…	Goal 1: Enhance Cross-Sector Collaboration: Maintain an active steering committee with membership representing a minimum of three sectors and three ethnic groups present in Burke County, North Carolina for at least 75% of meetings each year.	Goal 2: Promote Economic Stability: Increase financial opportunities and career training for communities experiencing poverty by developing a well-trained workforce of Community Health Workers	Goal 3: Strengthen Community Health Infrastructure: Build a robust health infrastructure in communities experiencing poverty by integrating Community Health Workers into the healthcare system,
Responsible	● Burke County Health Department	● North Carolina Community Health Worker Association	● Blue Ridge Heath System
Accountable	● Burke County United Way ● Burke County Health Department	● North Carolina Community Health Worker Association ● Burke County Health Department	● Blue Ridge Health System ● Burke County Health Department
Supportive	● Burke County Residents ● Blue Ridge Health System ● Burke County Residents ● NC Community Health Workers Association ● Work in Burke County	● Work in Burke County ● Burke County Residents ● Blue Ridge Health System	● North Carolina Community Health Worker Association ● Worke in Burke County ● Burke County Residents

Consulted	• Commissioners • Blue Ridge Health System • Work in Burke County	• Blue Ridge Health System • Burke County Residents	• Burke County United Way • Burke County Residents
Informed	• Commissioners • Burke County Residents	• Commissioners • Burke County Residents	• Commissioners • Burke County Residents

Appendix C: Group Power Interest Grid

High Influence/Low Interest **Meet their needs**	**High Influence/High Interest** **Key Player**
• **Commissioners:** The Commissioners may have a lower level of interest in the specifics of a project daily, despite having substantial power over policy and funding decisions. To guarantee ongoing assistance, it is crucial to maintain communication and accommodate the needs they have.	• **North Carolina Community Health Workers Association**: The CHWs who are integral to the project's success are reflected by this association. They are highly invested in the initiative's outcomes and have an important influence through their advocacy and support for CHWs. • **Burke County Health Department:** The Health Department is essential for the strategic development, execution, and evaluation of health programs. They possess a high level of interest in the success of the initiative and a high level of influence. • **Blue Ridge Health System:** Their involvement is critical as the primary provider of healthcare services. Their high interest in enhancing community health outcomes, as well as their medical expertise and infrastructure, have significantly raised their influence.
Low Influence/Low Interest **Keep informed minimally**	**Low Influence/High Interest** **Show consideration**
• **Work In Burke County:** This organization plays a specific function in career services and job placement, but it may not have a	• **Rural/Hmong Community:** Although the community may have a lower direct influence, their high interest and

major impact or a strong interest in the project's overall scope. It is adequate to update them on relevant developments by providing them with just enough details.	engagement are vital for the initiative's success. Actively engaging them in decision-making processes and ensuring that their needs and feedback are addressed are all components of showing consideration. • **Burke County United Way:** This organization has a strong commitment to health initiatives and community development, but it may not have the same level of influence as other key players. They should be treated with respect by being kept informed and engaged to effectively utilize their resources and support.

APPENDIX B.3. Martine Hippolyte: Concentration Deliverable 2 - Engagement

Engagement Strategy

Economic Stability in Burke County, North Carolina

Background

Social determinants of health (SDOH) can be defined as the non-medical conditions in environments where people are born, live, work, play and worship that affect a wide range of health, functioning and quality-of life outcomes and risks (U.S. DHHS, 2020) and addressing these social determinants of health can have beneficial short- and long-term impact on individuals and society at-large. SDOH can be grouped within five domains: economic stability, education, health and health care, neighborhood and built environment, and social and community context (U.S. DHHS, 2020) with the most beneficial SDOH domain to address in Burke County, North Carolina being economic stability.

Economic stability refers to an individual's economic opportunities and the financial resources that enable them to meet their basic needs. Economic stability includes factors such as employment, income, cost of living and socioeconomic status (CDC, 2024). Short-term impacts of lack of economic stability involve disruptions to transportation, difficulties acquiring and maintaining stable housing, an inability to meet nutritional needs, strain on relationships, poor academic performance and chronic stress that leads to lasting consequences for psychological and physiological functioning (Hardy, et. al, 2019). These short-term impacts and chronic toxic stress inevitably lead to longer-term consequences for individuals of all ages. Children living in poverty are more likely to experience adverse health outcomes such as asthma, hypertension, dental carries, and mental health problems including future substance abuse. (Bloch &

Chahroudi, 2019) while adults are more likely to experience a higher prevalence of chronic, communicable, noncommunicable disease (Hossain, et. al, 2009), and premature death.

Economic stability should be treated as the utmost public health priority for Burke County, North Carolina and policies, programs and public health interventions. The percentage of individuals living in Burke County under 200% of the FPL is at 42% (Burke County Health Department, 2022). This is almost half of the population despite the majority of Burke residents being employed indicating a significant gap in economic stability for Burke County residents. Economic stability influences one's ability to secure housing, feed themselves and one's families, access quality healthcare, attain education and strengthen local economy, it can also decrease the prevalence of diseases and ultimately save lives. Addressing economic stability in Burke County will reap vast rewards and ultimately improve the lives of all Burke County residents now, and for generations to come.

Purpose

To enhance, preserve, and protect the economic stability of Burke County, North Carolina and its residents to advance the interests of individual and community health, it is imperative to engage community partners at all stages of development, implementation and evaluation. The effective incorporation of community partner engagement will ensure that all facilitated strategies are efficient, appreciated, and sustainable.

The first significant benefit to engaging community partners is that they bring enhanced resources and expertise as health issues are best addressed by engaging partners who can bring to a project the diverse relevant perspectives, understandings, and resources that all contribute to the success of initiatives (Silberberg et al., 2019). Secondly, engaging community partners that

have a consistent presence within the community will increase the trust and credibility that the community feels because the programs and initiative are endorsed by a familiar and trusted organization. Third, engaging community partners can help to mobilize community support and positively influence policies and programs that support economic stability and health. Lastly, engaging community partners will help to provide valuable feedback and insights during the development and evaluation process which will support the refinement and improvement of the initiative while ensuring that equity is appropriately centered.

Priority Partner

To effectively influence economic stability in Burke County and accomplish all of the proposed goals there must be an intentional and collaborative effort amongst a variety of diverse vested partners (Appendix A) with the proposed priority partner being **Burke County United Way (BCUW)**. BCUW is a community-led organization with the mission to build a stronger Burke County community by empowering self-sufficiency, increasing housing stability, and fostering opportunities and success for youth (Appendix B). BCUW accomplishes this by implementing programs to increase financial stability, provide childcare assistance, enhance academic performance in youth and increase food and nutrition security for families. In addition, BCUW has made considerable strides to increase community collaborations through participation in the Emerging Leaders program, Burke Wellness Initiative, and Burke Substance Abuse Network (Burke County United Way, n.d.).

BCUW works to impact Burke County families by empowering self-sufficiency, enabling families to achieve greater financial opportunities such as owning their own home, and assists families in Burke County by providing subsidized childcare, which allows parents to work with

less fear about the safety, well-being, and future of their children. BCUW accomplishes this with their financial empowerment program and their child assistance program. In addition to BCUW's transformational work connecting with the community they serve, BCUW's programs and initiatives have a significant focus on addressing economic stability and seamlessly align with the proposed projects making them the ideal priority community partner.

Engagement Barriers and Facilitators

There are a few factors that are likely to influence Burke County United Way (BCUW) participation in efforts to address economic stability. The main factor that will act as a facilitator for BCUW participation is mission, vision and programmatic alignment between BCUW and the overall project goals (Appendix A). As previously stated, alignment between vested partners is critical when embarking on collaborative projects. Often, difficulties arise between collaborators due to pre-existing and competing priorities. These conflicts increase delays in all stages of project implementation.

In addition to enhanced efficiency, BCUW's shared goals and mission alignment will have a wide variety of benefits. First, BCUW is more likely to remain motivated and engaged with the proposed project because they will confidently believe in the overarching mission and the positive influence that the project will have on the community they serve leading to a higher level of commitment. Second, the alignment will foster consistency in the actions and communications of BCUW and will positively influence other vested partners connected to the project. Lastly, goal and mission alignment will help ensure that all strategic objectives are met in harmony.

Another factor that may positively influence BCUW's participation in efforts to address economic stability is the reciprocal gain born from increased visibility and credibility for BCUW and the Commission. BCUW's partnership with government agencies and political bodies will enhance their reputation and credibility. The association with a trusted public entity will increase BCUW's legitimacy in the eyes of the public and potential funders. Similarly, government entities that are partnered with BCUW will gain notoriety and credibility with the Burke County community which will foster trust and positive mental associations for years to come as trust in government is associated with health behaviors and is an important consideration in all public health interventions (Burns, et. al., 2023)

Alternatively, the main factor that will act as a barrier for BCUW participation is BCUW's available resources and capacity. Non-profit organizations have repeatedly been identified as important vehicles and fosters interventions that create sustainable healthy communities (van Herwerden, L.A., et al. 2022). However, resource and capacity issues may arise that prohibit organizations such as BCUW from fully participating in significant initiatives outside of their usual responsibilities without funding to offset the challenge.

Engagement Methods

The first engagement method is the facilitation of community conversations. The community conversations will act as an informal focus group that centers on positive facilitation styles, open dialogue and active listening and will take place in the design phase of the project in group settings. Burke County United Way's (BCUW) level of participation will be to inform and collaborate according to the Spectrum of Community Engagement to Ownership (Appendix D). This method is greatly influenced by the facilitator of partner alignment due to BCUW existing

work and reputation with community members as well as the facilitator of capacity due to BCUW's potential to be overwhelmed with facilitating community conversations due to existing programing.

The second engagement method is appreciative inquiry interviews that will occur during the improve phase of the project. These types of interviews will be completed in existing group settings such as the steering committee and is a strengths-based approach to change that focuses on collaboratively identifying and leveraging the positive aspects and experiences of various vested partners to solve problems and potential project deficiencies. BCUW's level of participation will be to inform and consult (Appendix D). The facilitators of this engagement method is the existing cross-sector collaboration that BCUW maintains as well as the built-in vested partner engagement that this project will involve.

The third engagement method are pre- and post- surveys that will occur during all three phases of the project: design, improve and sustain. These surveys will be critical in measuring change over time and are important when testing the long-term strength of intervention effects (Alessandri, G. et. al., 2017). The pre-surveys will create baseline data, the post-surveys will measure the changes or improvements after the interventions and foster a feedback mechanism that will increase continuous improvement, inform decision-making and encourage program sustainability. BCUW's level of participation will be to inform and collaborate (Appendix D). The facilitators of this engagement method are community trust which will likely increase response rates whereas the barrier of this engagement method will likely be organizational capacity.

APPENDIX B.3.A. Martine Hippolyte: Concentration Deliverable 2 - Engagement: References

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APPENDIX B.3.A. Martine Hippolyte: Concentration Deliverable 2 - Engagement: Appendices

APPENDICES

Appendix A: RASCI Analysis

RASCI Levels	Project Goals		
Who is…	**Goal 1: Enhance Cross-Sector Collaboration:** **Maintain an active steering committee with membership representing a minimum of three sectors and three ethnic groups present in Burke County, North Carolina for at least 75% of meetings each year.**	**Goal 2: Promote Economic Stability:** **Increase financial opportunities and career training for communities experiencing poverty by developing a well-trained workforce of Community Health Workers**	**Goal 3: Strengthen Community Health Infrastructure:** **Build a robust health infrastructure in communities experiencing poverty by integrating Community Health Workers into the healthcare system,**
Responsible	· **Burke County Health Department**	· **North Carolina Community Health Worker Association**	· **Blue Ridge Heath System**
Accountable	· **Burke County United Way** · **Burke County Health Department**	· **North Carolina Community Health Worker Association** · **Burke County Health Department**	· **Blue Ridge Health System** · **Burke County Health Department**

Supportive	· **Burke County Residents** · **Blue Ridge Health System** · **Burke County Residents** · **NC Community Health Workers Association** · **Work in Burke County**	· **Work in Burke County** · **Burke County Residents** · **Blue Ridge Health System**	· **North Carolina Community Health Worker Association** · **Worke in Burke County** · **Burke County Residents**
Consulted	· **Commissioners** · **Blue Ridge Health System** · **Work in Burke County**	· **Blue Ridge Health System** · **Burke County Residents**	· **Burke County United Way** · **Burke County Residents**
Informed	· **Commissioners** · **Burke County Residents**	· **Commissioners** · **Burke County Residents**	· **Commissioners** · **Burke County Residents**

Appendix B: Burke County United Way (BCUW) Strategic Plan Model and Core Initiatives

Appendix C: Engagement Table

Engagement Method	Format	Related Facilitator(s) / Barrier(s)	Timing
Community Conversations	**Group**	**Partner alignment and capacity**	**Design**
Appreciative Inquiry Interviews	**Group**	**Steering committee and cross-sector collaborations**	**Improve**
Pre- and post- surveys	**Individual, Group**	**Response rates and trust**	**Design, Improve, Sustain**

APPENDIX C.1. Michael Behne: Concentration Deliverable 1 – Policy

Policy Deliverable 1:

Economic Stability in Burke County, North Carolina

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June 10, 2024

Policy Deliverable 1: Economic Stability in Burke County, North Carolin

Introduction:

Social determinants of health (SDOH) are the characteristics that typify "where people are born, live, learn, work, play, worship, and age" that contribute to health (OASH, 2023). Economic stability is a crucial SDOH, encompassing the ability to consistently meet essential needs and services even in times of economic crisis or injury (Aguirre et al., 2022; OASH, 2023). This factor directly and indirectly impacts health and health decisions for individuals and communities. Choices made during periods of economic instability can exacerbate an individual's chronic conditions and acute needs (Hopkins, 2006; Weida et al., 2020). Such instability can lead to increased stress, which can cause or exacerbate mental health issues such as anxiety and depression, and physical health problems, including hypertension and cardiovascular diseases (Dixon & Sanchez, n.d; Steptoe & Kivimäki, 2012; Bambra, 2011). Conversely, a sufficiently stable economy at the community level ensures access to health-promoting resources and opportunities, such as healthcare, nutrition, and housing (Venkataramani et al., 2020; OASH, 2023; Aguirre et al., 2022). Communities with higher economic stability exhibit better overall health and well-being, as financial security allows individuals to invest in health-promoting activities and services (Venkataramani et al., 2020; OASH, 2023; Aguirre et al., 2022).

Burke County rests in a predominantly rural portion of mountainous Western North Carolina and is where 88,338 individuals call home (U.S. Census Bureau, 2024). The region is majority (80.8%) White and non-Hispanic, and the second largest racial or ethnic group is the Hispanic population (6.67%) (U.S. Census Bureau, 2024; Data USA, 2024). Residents of the county have historically been able to rely on a stable light industrial base comprised primarily of

furniture manufacturing; however, recent years have observed a shift in the primary employer base from manufacturing to service, as evidenced by a comparatively robust healthcare sector (Sandy, 2023; Sandy, 2023; Frederick, 2014). Although the population boasts a provider-to-patient ratio (1,590:1) that exceeds state (1,410:1) and national averages (1,310:1), the median income ($53,732) and percentage of impoverished children (20%) are worse than state ($66,186.00; 18%) and national comparators ($75,149; 17%) during the same period (U.S. Census Bureau, 2024; U.S. Census Bureau, 2024; U.S. Census Bureau, n.d.; University of Wisconsin Population Health Institute, 2024). These factors suggest that economic stability is an SDOH that has a significant bearing on the population of Burke County. Further, the far-reaching impact on individual and community health necessitates a high prioritization of this concern for county residents.

Policy Identification:

Understanding the economic landscape of Burke County and the contributing factors to its economic stability requires an analysis of the policies that pertain to economic conditions. Two policies of primary interest in this regard are the federal **Supplemental Nutrition Assistance Program (SNAP)** and the local **Work in Burke Initiative** (USDA, 2024; Burke Development, Inc. & The Industrial Commons, 2024).

Policy Impact:

SNAP, administered by the U.S. Department of Agriculture, provides food-purchasing assistance to low- and no-income individuals and families across the country (USDA, 2024). This federal program plays an essential role in alleviating food insecurity in Burke County, thus

directly impacting economic stability for vulnerable individuals and communities and indirectly by reducing stress associated with instability (Carlson & Llobrera, 2022; Schanzenbach, 2016). For these same individuals, ensuring access to adequate nutrition, SNAP contributes positively to health outcomes, potentially mitigating downstream healthcare costs for conditions associated with under- or malnutrition (Carlson & Llobrera, 2022; Schanzenbach, 2016). Proactively addressing this determinant of health further contributes to community-level economic stability by releasing funds that would otherwise be bound for basic needs to be reinvested in the community (Carlson & Llobrera, 2022; Schanzenbach, 2016).

Locally, the Work in Burke Initiative, a collaborative effort among Burke Development Incorporated, the Industrial Commons, Burke County Public Schools, and Western Piedmont Community College, aims to address the occupational mismatch by connecting education with local employment opportunities (Work in Burke, 2024; Wilkie, 2019). This initiative focuses on building a skilled workforce tailored to the needs of local industries (Work in Burke, 2024; Wilkie, 2019). Closing the skills gap between employable residents and jobs that contribute to economic stability benefits communities, as well as the students and job seekers that comprise them, by reducing the rate of unemployment (4.50%) and “disconnected youth” (11%) (University of Wisconsin Population Health Institute, 2024; Wilkie, 2019). Developing a competitive workforce in Burke County allows those to obtain stable employment (including program staff) to meet their financial and health-related needs while increasing the overall economic prospects for the region (Wilkie, 2019).

Policy Climate and Strategy:

Like many rural communities in Appalachia, Burke County has faced historical and contemporary economic challenges while retaining—and, perhaps, contributing to—a strong cultural center that emphasizes the values of self-reliance and community cohesion (Creamer, 2019; *About the Appalachian Regional Commission*, 2024). Historical efforts such as the Burke Wellness Initiative are illustrative of this collectivist attitude mobilized toward a community health goal (Burke Wellness Initiative et al., 2024). This, combined with a stable conservative majority, evidenced by a majority of voters supporting the Republican candidate in the last six general presidential elections, is reflected in the community's governance (NC SBE, 2024). The county is governed by a five-person Board of Commissioners, who are elected at large and are responsible for rendering decisions affecting local governance, including economic development, public safety, and health care access (Sandy, 2023).

Against this backdrop, federal policies, including SNAP, are likely to be viewed in a largely favorable manner by the residents of Burke County. The ability of this program to address the pressing nutritional needs of the population's lowest socioeconomic strata aligns with the community's interest in health and maintaining social cohesion (Creamer, 2019; *About the Appalachian Regional Commission*, 2024; USDA, 2024). However, the politically conservative values held by the county residents may come into conflict with perceptions of welfare dependency (Pullen, 2017; NC SBE, 2024). If the program's role in supporting the health and educational attainment of children is properly messaged, this policy is likely to maintain general favorability within the Board of Commissioners.

The Work in Burke Initiative, founded in 2017, will likely remain highly favored by the Board of Commissioners (Wilkie, 2019). It focuses on driving economic stability by cultivating a competitive workforce environment and engages with and supports various community stakeholders (Wilkie, 2019). By appealing to the values of self-reliance and involving a diverse coalition of partners, *Work in Burke* can maintain collective buy-in from the community while positively contributing to economic stability (Wilkie, 2019; Creamer, 2019).

Emphasizing the alignment of economic stability initiatives with the community's values of self-reliance and cohesion is critical for success. These policies can garner broad acceptance by highlighting how SNAP and Work in Burke support these values through nutrition assistance and employment opportunities. Engaging key stakeholders, notably the largely conservative Board of Commissioners and other community leaders, ensures that the proposed policies accurately reflect local needs (NC SBE, 2024; Sandy, 2023). Tailoring messaging to resonate with the conservative values prized by this community while focusing on how these programs contribute to long-term economic self-sufficiency and community health can further this goal. Showcasing both data and anecdotal evidence to highlight the positive impacts of these dual programs, including success stories of those who have benefited from them, will emphasize the reduction in healthcare costs and improved quality of life.

Promoting collaboration among local government, educational institutions, healthcare practitioners, and local businesses creates a robust support network and enhances the effectiveness of economic stability initiatives. Additionally, by addressing misconceptions about welfare dependency by providing clear, accurate information about the contributions of programs like SNAP to educational and workplace performance, community values can be leveraged to

effectively promote economic stability for county residents.

APPENDIX C.1.A. Michael Behne: Concentration Deliverable 1 – Policy: References

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APPENDIX C.2. Michael Behne: Concentration Deliverable 2 – Systems

Systems Deliverable 2:

Economic Stability in Burke County, North Carolina

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Systems Deliverable 2: Economic Stability in Burke County, North Carolina

Background:

Social determinants of health (SDOH) are the characteristics that typify "where people are born, live, learn, work, play, worship, and age" that contribute to health (OASH, 2023). Economic stability is a crucial SDOH, encompassing the ability to consistently meet essential needs and services even in times of economic crisis or injury (Aguirre et al., 2022; OASH, 2023). This factor directly and indirectly impacts health and health decisions for individuals and communities. Choices made during periods of economic instability can exacerbate an individual's chronic conditions and acute needs (Hopkins, 2006; Weida et al., 2020). Such instability can lead to increased stress, which can cause or exacerbate mental health issues such as anxiety and depression, and physical health problems, including hypertension and cardiovascular diseases (Dixon & Sanchez, n.d; Steptoe & Kivimäki, 2012; Bambra, 2011). Conversely, a sufficiently stable economy at the community level ensures access to health-promoting resources and opportunities, such as healthcare, nutrition, and housing (Venkataramani et al., 2020; OASH, 2023; Aguirre et al., 2022).

According to the 2022 Census, 12.6 percent of persons are living in poverty within Burke County (U.S. Census Bureau, 2022). The level of poverty is only exacerbated for those living in rural areas, especially those lacking transportation to and from food sources, limited access to broadband internet, and the added inequities that come for those identifying as a minority that may endure prejudice when pursuing any form of economic growth (Burke County Health Department, 2023). Therefore, it is paramount to address the economic instability faced by working-age adults aged 18 to 65 who reside in the rural areas of Burke County.

Co-Design Scope and Objectives:

Like many rural communities in Appalachia, Burke County has faced historical and contemporary economic challenges while retaining—and, perhaps, contributing to—a strong cultural center that emphasizes the values of self-reliance and community cohesion (Creamer, 2019; *About the Appalachian Regional Commission*, 2024). Taken together with the population's reliable conservative voting patterns, it is essential to the viability and efficacy of efforts to address economic stability that interventions center the input of county residents in all stages of ideation, design, and implementation (Sandy, 2023; NC SBE, 2024). Ideally, the community partners from whom these perspectives are collected represent a diverse cross-section of industries and public administration. Candidates for the durable, collaborative relationships necessary to achieve improvement in economic stability include:

- **Director of Operations, Greenway Public Transportation** (Category: Community Infrastructure)
    - Greenway Public Transportation, a public utility that provides bus and shuttle services for residents of Burke County and neighboring environs, is essential for the mobility of rural and low-income individuals (WPRTA, 2024).
- **Director of Career and Technical Education, Burke County Public Schools** (Educational Institutions)
    - This public kindergarten through 12th-grade school system educates and builds career skills for eligible youth within Burke County (*Burke County Public Schools*, 2024). Within this network, Career and Technical Education services exist, whose staff are well-positioned to ameliorate the mismatch between skills

and job placement targeted by the Work in Burke Initiative (*Burke County Public Schools*, 2024).

- **Director of Population Health, UNC Health Blue Ridge–Morganton** (Businesses, Healthcare Providers)
    - UNC Health Blue Ridge, alternatively called "Carolinas HealthCare System," is the third largest employer in Burke County and serves its residents' healthcare needs (UNC Health, 2024). The Population Health arm of this entity is especially well-situated to understand the unique health needs, assets, and barriers to care relevant to this population (UNC Health, 2024).
- **Chairperson, Burke County Planning Board** (Governance, Policymakers)
    - The planning board, and its chief officer, are tasked with providing the Board of Commissioners with technical and policy recommendations as well as furnishing research upon request from these executives (Sandy, 2024). Their understanding of the country's political landscape, as well as the needs of its citizenry, are likely to be invaluable in any future interventions.
- **Chief Executive Officer (CEO), Waterfield Labor Solutions of North Carolina** (Businesses)
    - Waterfield Labor Solutions is a staffing agency that connects job-seekers in Burke County with open positions in diverse industries (Waterfield Labor Solutions, 2024). The CEO's understanding of labor needs and candidates' marketable skills can potentially inform education and community development projects.

The community values of self-reliance and social cohesion combined with an ideological conservative bend among the voting public in Burke County demand the attention of practitioners seeking to develop and implement any initiatives that may improve the economic stability of this population (Sandy, 2023; NC SBE, 2024; Creamer, 2019; *About the Appalachian Regional Commission*, 2024). An approach that fails to adequately solicit and integrate the ideas and perspectives of those impacted by such an effort will likely meet resistance from community partners who may favor a "bootstrap" approach to achieving their economic goals. As such, a prudent strategy to achieve the necessary buy-in from the community is termed "design justice." Design justice is an underlying principle for co-design that "empower[s] communities to lead design and social transformation" (Huffstetler et al., 2022). This framework is characterized by centering the perspectives and contributions of the affected population by, among other things, sharing knowledge and prioritizing community impact over impact on the design team (Huffstetler et al., 2022). Consequently, this principle aligns well with the practice of evidence-based co-design (EBCD) (Girling et al., 2022). Creating an environment in which the community's expertise and initiative are explicitly valued is most likely to align with the community's values. In practice, this will be implemented by a designer or design team who facilitates—in opposition to managing—a series of meetings with community partners that successively ideates, workshops, refines, and prototypes potential solutions. The facilitator will freely share their knowledge and assist partners in all stages of this process.

Personas, User Stories, Needs, and Quality Characteristics:

Economic stability in Burke County involves a litany of sufficiently complex and interconnected factors, constituting a "wicked problem" (*Appendix I*). Achieving a robust understanding of this problem is aided by the analysis of theoretical users. This tool will also provide a basis for discussion among a potential future co-design meeting with community partners. A detailed presentation of relevant personas, stories, needs, and quality characteristics can be found in *Appendix II*.

Analyzing the user stories, personas, and needs provided in *Appendix II*, the following key characteristics emerge: accessibility, affordability, equity, economic mobility, health outcomes, community engagement, and sustainability. Focusing efforts around while simultaneously monitoring these quality characteristics will ensure the specific needs of county residents such as Julie and Thomas are adequately integrated into any potential interventions. In this way, meaningful improvements in the lives and economic futures of this community may be most effectively advanced.

Design Brief:

This design strategy aims to enhance economic stability for working-age adults in rural Burke County by improving access to education, job opportunities, and essential community services. This initiative will adopt a community-driven approach that integrates the perspectives and expertise of key community partners to create sustainable solutions that address the prioritized needs identified through the Kano model.

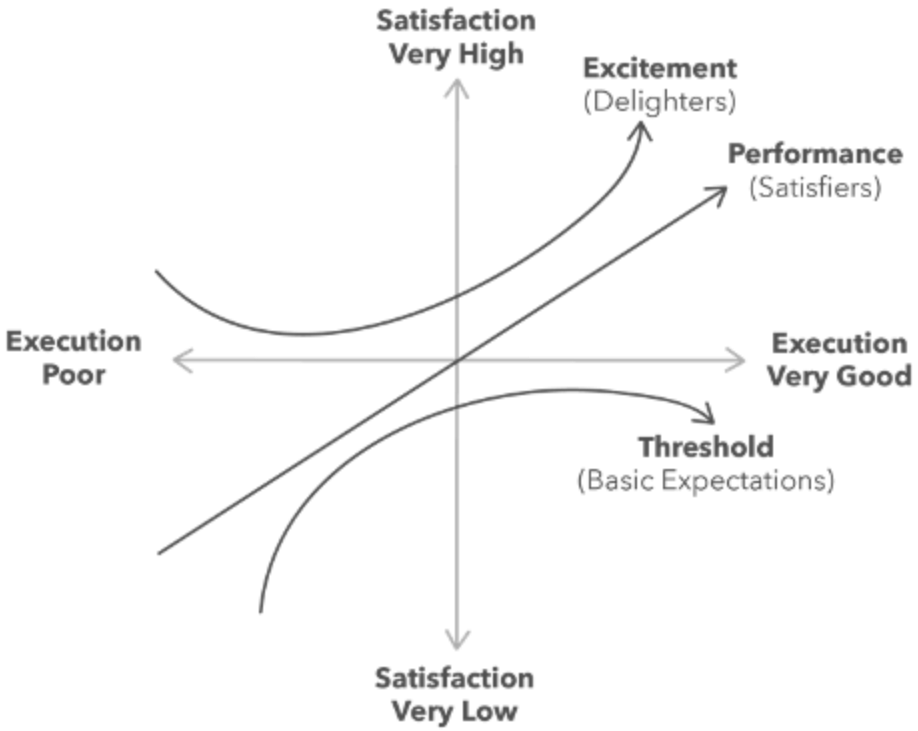

Figure 1: Illustration of the needs categorized by the Kano model.

User Needs Identified and Prioritized in the Kano Model

Basic Needs:

Jane: Reliable childcare, affordable transportation.

John: Access to vocational training programs.

Performance Needs:

Jane: Flexible working hours, community support services

John: Job placement services, career counseling

Excitement Needs:

Jane: Community engagement opportunities, mentor(s)

John: Internship opportunities, financial assistance and/or subsidies

Appendix C.2.A: Personas, User Stories, Needs, and Quality Characteristics

Persona 1: Julie

Role: Single parent earning less than 200% of the federal poverty level (FPL)

Description: Julie is a 34-year-old woman raising an 8-year-old daughter while working in a local consumer packaged goods manufacturer. She lives in a rural portion of the county and, consequently, struggles with transportation and childcare.

User Stories:

- "I'm a mom who works full-time. I need reliable childcare to keep my job without worrying about my daughter, but can only stretch a dollar so far."
- "My car is on its last leg, and I don't live near a Greenway [Public Transportation] route. Sometimes I carpool, but not consistently."
- "My job at the factory keeps the lights on but doesn't leave me enough at the end of the month to pay for classes at the community college."

Persona 2: Thomas

Role: Young adult job seeker

Description: Thomas is a 20-year-old who has completed high school and now lives in Morganton. He works part-time in retail and struggles financially, so he seeks vocational training to advance his employment prospects.

User Stories:

- "Getting out of high school, I was just happy to have a job. But, now, I need something stable with benefits and a livable wage."

· “Living in Burke County on my salary, I have to live with my parents. I want that to change.”

· “I want kids in high school to have better career counseling options than I had.”

Julie’s Journey Map

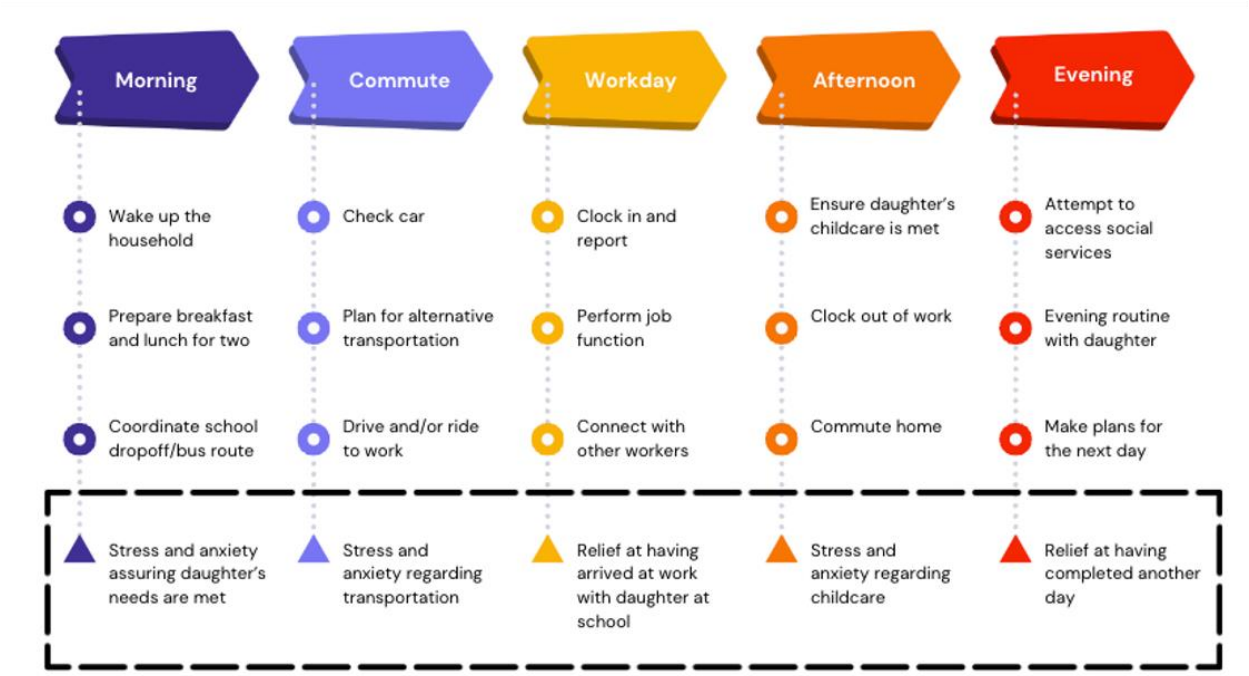

Figure 2: A journey map reflecting Julie’s average day, along with the anticipated emotions she will experience.

APPENDIX C.2.B. Michael Behne: Concentration Deliverable 2 – Systems: References

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APPENDIX D.1. Timothy Brooks: Concentration Deliverable 1 – Quality

Understanding the Value of Reaccreditation of Local Health Departments Through the Lens of CQI

Contextual Analysis – Quality #1

Timothy Brooks

PUBH 992

Dr. Heba Athar

Summary

A social determinant of health or SDOH refers to the conditions in which people live, learn, work, and play that can affect their health and quality of life (Department of Disease Prevention and Health Promotion, 2023). These determinants, such as geographical location, available resources, and job opportunities, can significantly influence a person's well-being. Addressing disparities in these social determinants of health can improve health outcomes and promote health equity, helping to overcome obstacles to attaining the highest level of health for the county's residents (Department of Disease Prevention and Health Promotion, 2023).

Economic Stability is a social determinant of health and profoundly affects a community's wellness (Department of Disease Prevention and Health Promotion, 2023). In 2022, 11.5% of people in the United States lived in poverty (Department of Disease Prevention and Health Promotion, 2023). Impoverished areas tend to have reduced access to the resources needed for a healthy quality of life (Department of Disease Prevention and Health Promotion, 2023). When a person is poverty-stricken, they may not have access to health care, food, housing, or many other products or services that help an individual maintain a healthy lifestyle (Barden et al., 2018). Furthermore, not having access to those items makes it more likely that a person may succumb to an otherwise preventable disease, which is why we bring this issue to the commissioners' attention (Barden et al., 2018).

The rural population in Burke County faces significant challenges related to workforce development, health, and access to resources (Jarrell et al., 2023). The available jobs in Burke

County increasingly require advanced skills. However, the available workforce typically does not continue their education to meet those skilled needs (Jarrell et al., 2023).

Project Title

Enhancing Workforce Development for the Rural Population in Burke County: A Community Health Worker Approach

Problem Statement

The Burke County Health Department has a deficiency identified in its accreditation report (Jarrell et al., 2023). This is a significant concern as the accreditation report states that "The local health department shall carry out or assist other agencies in the development, implementation, and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment." It's crucial that we address this deficiency to ensure the department's effectiveness in its mission (Jarrell et al., 2023).

Project Aim

Work In Burke is a community project that intends to increase the skills of the younger workforce by encouraging enrollment into local community colleges and trade schools. As measured in 2019, Work In Burke witnessed a 3-6 percentage point increase in students viewing industrial jobs as favorable (Jarrell et al., 2023).

With Work In Burke being successful with the industrial workforce, our group proposes implementing a Community Health Worker (CHW) approach to address economic stability and

employment issues, as well as meet the needs of the Burke County Health Department to implement an intervention to promote health and share information and education (Burke County, 2024). The program would provide training and education to improve workforce skills, promote healthy decision-making, address health disparities, and engage community healthcare resources (Burke County, 2024). The Affordable Care Act has granted the Centers for Disease Control and Prevention authority to provide grants to help fund a Community Health Worker Initiative (North Carolina Department of Health and Human Services 2024).

The goal is to enhance workforce skills, improve health outcomes, and empower individuals in the community (North Carolina Department of Health and Human Services 2024). By training and deploying CHWs, we aim to bridge gaps in education, healthcare, and employment opportunities, ultimately fostering sustainable development in Burke County and assisting the Burke County Health Department in meeting its accreditation standards (Burke County, 2024).

Utilizing a Performance Improvement Plan within a Plan, Do, Study, Act (PDSA) cycle, the Burke County Health Department might plan how to train and deploy Community Health Workers into the population. They could then implement the plan, study the workers' effects, make any necessary alterations to the plan, and act on those studies (Centers for Medicare and Medicaid Services N.D.).

Customers

The internal customers this initiative would assist would be the staff at the Health Department, which would be able to find accreditation more likely with this deficiency taken care of (Jarrell et al., 2023). Certain programs may be more successful with the initiatives in

place, as Community Health Workers could distribute education more easily (North Carolina Department of Health and Human Services, 2024).

This program would help external customers such as the residents, who would have increased job opportunities; the underserved population, who would have more educational and healthcare opportunities; and the county residents, who would have more services provided, a wealthier tax base, and an increased minimum income (Burke County, 2024).

APPENDIX D.1.A. Timothy Brooks: Concentration Deliverable 1 – Quality: References

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APPENDIX D.2. Timothy Brooks: Concentration Deliverable 2 – Policy:

Policy to Address Social Determinant of Health Focal Area in County of Interest

Recommendations for Action – Policy #2

Timothy Brooks

PUBH 992

Dr. Heba Athar

Summary

A social determinant of health or SDOH refers to the conditions in which people live, learn, work, and play that can affect their health and quality of life (Department of Disease Prevention and Health Promotion, 2023). These determinants, such as geographical location, available resources, and job opportunities, can significantly influence a person's well-being. Addressing disparities in these social determinants of health can improve health outcomes and promote health equity, helping to overcome obstacles to attaining the highest level of health for the county's residents (Department of Disease Prevention and Health Promotion, 2023).

Economic Stability is a social determinant of health and profoundly affects a community's wellness (Department of Disease Prevention and Health Promotion, 2023). In 2022, 11.5% of people in the United States lived in poverty (Department of Disease Prevention and Health Promotion, 2023). Impoverished areas tend to have reduced access to the resources needed for a healthy quality of life (Department of Disease Prevention and Health Promotion, 2023). When a person is poverty-stricken, they may not have access to health care, food, housing, or many other products or services that help an individual maintain a healthy lifestyle (Barden et al., 2018). Furthermore, not having access to those items makes it more likely that a person may succumb to an otherwise preventable disease, which is why we bring this issue to the commissioners' attention (Barden et al., 2018).

The rural population in Burke County faces significant challenges related to workforce development, health, and access to resources (Jarrell et al., 2023). The available jobs in Burke

County increasingly require advanced skills. However, the available workforce typically does not continue their education to meet those skilled needs (Jarrell et al., 2023).

Project Title

Enhancing Workforce Development for the Rural Population in Burke County: A Community Health Worker Approach.

Policy Options to Enhance Workforce Development in Rural Burke County

Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program (SNAP) is a Federal policy administered by the U.S. Department of Agriculture (USDA, 2024). It provides assistance to low—or no-income families in purchasing food (USDA, 2024). This policy helps maintain the nutritional health of Burke County individuals experiencing economic hardships and unemployment(Carlson & Llobrera, 2022). By maintaining nutritional health, this policy may assist in keeping workers and their families well enough to potentially prevent disease and allow them to continue working and maintain their household's economic stability(Carlson & Llobrera, 2022). To fully implement this policy, we would engage the U.S. Department of Agriculture in providing these benefits to all residents who need assistance in Burke County (USDA, 2024). To provide an equitable benefit to residents, we would also have to ensure that all eligible residents were informed that the policy exists and provide assistance with applying for and receiving the benefits. One benefit of the SNAP program is that it is fully funded by the federal government, which adds revenue to the county (USDA, 2024). However, a downside of SNAP is that control

is also federal, meaning that the program may not be tailored to our unique population (USDA, 2024).

Work In Burke Initiative

The Work In Burke Initiative is a public policy that focuses on building the skills of Burke County's workforce(Wilkie, 2019). By building the workforce's skills, this policy provides more people with gainful employment opportunities tailored to the local industrial market(Wilkie, 2019). It is a collaborative initiative between county organizations Burke Development Incorporated, the Industrial Commons, Burke County Public Schools, and Western Piedmont Community College(Wilkie, 2019). This initiative allows Burke County residents to train for employment within Burke County(Wilkie, 2019). A significant benefit to this policy is that it can reduce unemployment throughout Burke County and increase the potential for economic stability and wellness(Wilkie, 2019). As the Work In Burke Initiative includes training for many with different abilities, this can create equitable job placement for those who may not have had the opportunities for training that others might have(Wilkie, 2019). One drawback of the policy is that the program's resources may focus on jobs that do not have much advancement potential and may be more sensitive to downsizing.

Community Health Worker Plan

The Community Health Worker Plan would be a policy implemented through the Burke County Public Health Department utilizing a Community Health Improvement Plan process (Burke County, 2022). This action is based on the 2022 Burke County Community Health

Assessment recommendations (Burke County, 2022). Specific goals and strategies around Community Health Worker initiatives would potentially increase available employment and health education(North Carolina Department of Health and Human Services, 2024). One advantage of implementing and scaling Community Health Worker plans in the county would be increasing equitable access to healthcare education and referrals for individuals by bringing those community healthcare workers to the county's residents(North Carolina Department of Health and Human Services, 2024). A Community Health Worker is typically someone from a specific community who visits the homes of those individuals who lack ready access to healthcare but potentially have the most need, thereby increasing healthcare access for those individuals. Setting Community Health Worker visit and referral goals would have to align with the broader health improvement plans of the county(North Carolina Department of Health and Human Services, 2024). One drawback to the Community Healthcare Worker Initiative is that the funding would be mainly from Burke County revenue and would have to fit within the limited resources of the county health department (Burke County, 2022).

Ranking Policy Options

Proposed Policy Options

In Table 1, we evaluate the three different programs compared to each other. In ranking the county's categories of importance, we first look at equity in employment opportunities. The Federal Supplemental Nutrition Assistance Program, or SNAP, came in third on the list, as federal employees may not be local, and the staffing may not be from an underserved community that would need employment opportunities (USDA, 2024). The Community Health Worker Plan came in second in equity in employment opportunities due to having elevated requirements and

increased background requirements (North Carolina Department of Health and Human Services, 2024). The Work In Burke initiative took the top spot due to the training provided to many underserved and the variety of placements for folks of differing abilities and backgrounds (Wilkie, 2019). For efficiency in resource utilization, The Community Health Worker Plan would employ Community Health Workers to directly impact employment rates in our county and provide for community wellness without added steps or complexities (North Carolina Department of Health and Human Services, 2024). Of course, this direct benefit comes at a cost, as Burke County would directly fund the Community Health Worker program (Burke County, 2022). For employment improvement, The Work In Burke initiative would train individuals to fill immediate openings, and therefore takes the top spot (Wilkie, 2019). For health improvement, the Community Health Worker program would directly impact the county's health goals. For Community Impact, The Community Health Worker program would have an impact on those who were employed as Community Health Workers, and those who receive services (North Carolina Department of Health and Human Services, 2024).

Table 1

		Policy Options:	
	Supplemental Nutrition Assistance Program	Work In Burke Initiative	Community Health Worker Plan
Ranking Categories:			

Equity In Employment Opportunities	3	1	2
Efficiency in Resource Utilization	3	2	1
Employment Improvement	3	1	2
Health Improvement	2	3	1
Community Impact	3	2	1
Total Rankings:	14	9	7

APPENDIX D.2.A. Timothy Brooks: Concentration Deliverable 2 – Policy: References

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APPENDIX E.1. Fawn Rhoades: Concentration Deliverable 1 – Engagement

Engagement Deliverable 1

Enhancing Workforce Development for Rural Populations in Burke County: A Community Health Worker Approach

Summer 2024 PUBH 992 973B Culminating

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Introduction

Social Determinants of Health (SDOH) refer to the conditions in society that affect people's birth, living, learning, work, play, worship, and age, affecting health, functioning, and quality-of-life outcomes (Healthy People 2030 | health.gov, 2024). The Office of Disease Prevention and Health Promotion emphasizes five domains for health equity: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context. economic stability, which includes the ability to afford healthcare, food, and housing, is critical for ensuring health equity and overall quality of life (*Social Determinants of Health - Healthy People 2030*, 2021).

The rural and Hmong populations in Burke County face barriers that hinder their opportunity to attain economic stability (2024) (*Access to Safety Net Programs for North Carolina's Hmong Immigrant Families*, 2023). Barriers such as a lack of job opportunities, limited access to education, and a lack of culturally competent and concordant healthcare providers exacerbate inequities and underscore the importance of including community voices and insights into solution processes (Young, 2023) (Kou, 2003). An innovative approach to the issues these communities face is integrating Community Health Workers (CHWs) into your workforce development initiatives (*NCDHHS Highlights the Importance of Community Health Workers*, 2023). This approach also aligns with the objectives stated in North Carolina House Bill 76, prioritizing Workforce Development as a foundation of health equity for North Carolinians (*North Carolina HB76*, 2023)

This measure establishes initiatives that encourage job readiness through offering specialized training and subsequent job placement, empowering individuals to secure well-compensated employment, thus guaranteeing a prosperous workforce (*State Agencies Launch Medicaid Expansion Workforce Development Planning*, 2024) for Burke County.

The proposed program aims to utilize Community Health Workers (CHWs) to address healthcare access gaps and provide job training and economic development initiatives for rural and Hmong populations in Burke County (Schaaf et al., 2020). CHWs are not just coordinators but also advocates for health equity in historically marginalized and underserved populations (Community Health Workers: Their Important Role in Public Health, 2021). They effectively navigate human services organizations and healthcare systems to connect individuals with

necessary services, education, and career opportunities (Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities, 2014). Incorporating CHWs into workforce development is a comprehensive strategy to boost economic stability and increase healthcare accessibility, promoting public health objectives (Community Health Workers in North Carolina, 2018). Community engagement is necessary in shaping interventions, as those directly affected by economic and healthcare disparities hold valuable perspectives that can influence the design and execution of solutions (*Healthy People 2030*, 2021)

Involving community members in planning stages through implementation and evaluation encourages a sense of ownership, ensures cultural relevancy, and enhances the sustainability of health and economic development initiatives (Cyril et al., 2015, 4 Ways to Empower Your Community, 2018). Community engagement should be the foundation for achieving the economic and health-related aspirations of Burke County's rural and Hmong populations (Allen et al., 2021). The program model can be duplicated in other rural areas by tailoring the CHW training and community engagement strategies to the specific needs of those communities (*Community Health Workers in Rural Settings Overview - Rural Health Information Hub*, 2023; Council on Graduate Medical Education, 2022). By leveraging the strengths of CHWs and focusing on community involvement, similar initiatives can be developed to address local health and economic challenges effectively (Tewarson, 2021). This approach honors the principle of "nothing about us without us" and ensures that measures taken are deeply rooted in the community (Jackson, 2022).

This approach aims to transform the economic landscape for rural and Hmong communities in Burke County by leveraging the strengths of Community-Based workers (CHWs). It emphasizes community engagement in all initiatives, from workforce development to healthcare improvement (Rural Wealth Creation, 2012). This approach aligns with creating a sustainable framework that is equitably responsive to the community it serves (2021 Burke County State of the County Health Report; Burke County - Public Health, 2022). The initiative connects with state-level priorities and demonstrates a proactive approach to tackling social determinants of health through economic empowerment (Donohoe, 2021). It is a three-pronged approach that intersects health, education, and economic development, establishing a model for comprehensive and sustaining solutions to the barriers experienced by rural and Hmong communities in Burke County (Purvis et al., 2018).

Explanation of Mapping Tool

Three tools were used to identify vested partners' priorities: a power interest grid, a Give-Get grid, and CATWOE analysis. The power interest grid ensures all vested partners are involved, and their needs and interests are addressed for this initiative's success. The give-get grid maps community partners, encourages collaboration, promotes openness in addressing community needs and health promotion, and uses a CATWOE analysis, which aids decision-makers in understanding complex issues from various perspectives, including customers, actors, the transformation process, worldview, owner, and environmental constraints. (Abdalla, 2023: *Oregon Gear up Toolkit*, 2016; *CATWOE*, 2022)

- Power Interest Grid: Appendices 1 and 1. A
- The Give Get Grid: Appendices 2
- CATWOE Analysis: Appendices 3-9

Community Partner Mapping and Analysis

The Rural/Hmong community is vital in developing culturally competent and equitable health solutions. **Burke County Commissioners** provide civic leadership and policymaking, while the **North Carolina Community Health Workers Association** navigates healthcare delivery in rural settings. **Work In Burke County** focuses on the intersection of health and economic vitality, aiming to improve residents' health outcomes and economic well-being. **The Burke County Health Department** offers resources for strategic development, execution, and assessment of health programs, while **the Blue Ridge Health System** provides essential medical services and infrastructure. The **Burke County United Way** embodies the shared spirit of the community, bringing together vested partners from all parts of the county. Prioritizing this partnership amplifies the initiative's reach and impact, drawing on United Way's capacity to mobilize resources, garner support, and foster a culture of health through community engagement.

Prioritizing Previously Excluded Groups

Adult members of the Hmong community ages 18-65 have been previously excluded from community engagement. Engaging this community ensures that their viewpoints and needs are considered, resulting in more

inclusive and practical solutions (*Building Partnerships: Conversations with the Hmong About Mental Health Needs and Community Strengths.*, 2009).

Factors Influencing Equitable Representation and Participation

Historical Exclusion and Trust Issues

The Hmong community, a historically marginalized and underserved population, faces economic and health barriers. A comprehensive strategy promoting empathy and inclusion through grassroots approaches is needed (Goodkind, 2005). Building relationships involves collaboration, consistent communication, and observable improvements in health. Access to resources and tools increases community power, impacting health outcomes (Building Partnerships: Conversations with the Hmong About Mental Health Needs and Community Strengths., 2009).

Language and Cultural Barriers

Language and cultural differences can hinder communication and participation in healthcare. However, ensuring language services and culturally competent facilitators can help reduce these barriers and promote inclusive engagement (Cultural Competence in Health Care: Is It Important for People with Chronic Conditions? - Health Policy Institute, 2019).

Reflections and Conclusions

The initiative to enhance workforce development in Burke County through a Community Health Worker (CHW) approach requires careful reflection and strategic planning. Community representation and inclusion are crucial to determine if the right partners have been identified and if any voices remain underrepresented or overlooked. Inter-organizational cooperation is another key consideration, as understanding the existing relationships and collaborations among these partners can provide a strong foundation for the initiative. Additionally, resource allocation and management must be meticulously planned to ensure equitable distribution and accountability, fostering trust and efficiency among partners. Sustainability and community empowerment are vital aspects that necessitate the establishment of long-term plans to ensure the initiative's longevity. These

partnerships need to be adaptable to meet the community's changing needs over time.

Strengths

The initiative's strengths lie in its comprehensive coverage, bringing together a diverse array of partners, from grassroots organizations to government bodies and healthcare providers. This multifaceted approach addresses various health determinants, enhancing the initiative's overall impact. Furthermore, prioritizing a community-centric approach ensures that the health initiative is grounded in local contexts and needs, particularly within rural and Hmong communities. This community focus increases the likelihood of meaningful outcomes and ensures that the initiative is relevant and responsive to local needs.

Limitations

However, there are limitations to consider. There is a need for in-depth community consultation to ensure truly inclusive and representative engagement. While engaging trusted community leaders is recommended, the depth and breadth of this consultation may not be fully captured. Additionally, the assessment of partnership dynamics must account for the complexities of inter-organizational relationships, including potential competition, resource disparities, and historical tensions that could affect collaborative efforts. Addressing these limitations will be crucial for the successful implementation and sustainability of the workforce development initiative in Burke County.

APPENDIX E.1.A. Fawn Rhoades: Concentration Deliverable 1 – Engagement: Appendices

Power Interest Grid: Appendices 1

High Influence/Low Interest **Meet their needs**	**High Influence/High Interest** **Key Player**
• **Commissioners:** The Commissioners may have a lower level of interest in the specifics of a project daily despite having substantial power over policy and funding decisions. Maintaining communication and accommodating their needs is key to guaranteeing ongoing assistance.	• **The North Carolina Community Health Workers Association** reflects the CHWs essential to the project's success. They are highly invested in the initiative's outcomes and have a necessary influence through their advocacy and support for CHWs. • **Burke County Health Department:** The Health Department is essential for the strategic development, execution, and evaluation of health programs. It is highly interested in the initiative's success and has considerable influence. • **Blue Ridge Health System:** Their involvement is critical as the primary provider of healthcare services. Their high interest in enhancing community health outcomes and their medical expertise and infrastructure have significantly raised their influence.
Low Influence/Low Interest **Keep informed minimally**	**Low Influence/High Interest** **Show consideration**
• **Work in Burke County:** This organization plays a specific function in career services and job placement, but it may not have a major impact or a strong interest in the project's overall scope. It is adequate to update them on relevant developments by providing enough details.	• **Rural/Hmong Community:** Although the community may have a lower direct influence, their high interest and engagement are vital for the initiative's success. Actively engaging them in decision-making processes and ensuring

	that their needs and feedback are addressed are all components of showing consideration. • **Burke County United Way:** This organization is firmly committed to health initiatives and community development but may have a different influence than other key players. To effectively utilize its resources and support, it should be treated respectfully, informed, and engaged.

Summary of Engagement Strategies Appendices 1. A

High Influence/Low Interest (Meet their needs)

- **Commissioners:** Provide regular updates and briefings, address their concerns promptly, and ensure alignment with their strategic priorities.

High Influence/High Interest (Key Player)

- **Burke County Health Department:** Collaborate closely on planning and implementation, involve them in critical decisions, and provide detailed progress reports.
- **The North Carolina Community Health Workers Association:** Engage in continuous dialogue, seek their input on CHW-related issues, and support their advocacy efforts.
- **Blue Ridge Health System:** Partner on service delivery and program integration, share outcomes and data, and involve them in strategic planning.

Low Influence/Low Interest (Keep informed minimally)

- **Work in Burke County:** Send periodic updates, share relevant outcomes, and involve them in specific job placement activities.

Low Influence/High Interest (Show consideration)

- **Rural/Hmong Community:** Hold regular community meetings, involve them in participatory planning, and address their feedback and needs.
- **Burke County United Way:** Keep them informed about progress, involve them in community engagement activities, and leverage their networks for support.

The Give-Get Grid: Appendices 2

Vested Partners	Gives	Gets
Rural/Hmong Community	• **Engagement:** coordinating, implementing, participating in activities, and providing feedback. • **Voice:** to ensure that programs are equitable, beneficial, and relevant. • **Understanding:** perspectives on the distinct obstacles and requirements of the community.	• **Training:** programs designed to improve individuals' job preparedness and increase employability • **Healthcare**: improved access to healthcare services that are culturally competent and concordant.

		• **Stability:** greater opportunities for economic stability and a higher standard of living.

Commissioners	• **Advocacy:** endorsing and supporting projects at the policy level. • **Allocation:** providing resources and funding to support a program. • **Governance:** ensuring accountability and responsibility in achieving its objectives efficiently.	• **Trust:** strengthened relationships with the community. • **Implementation:** positive outcomes that reflect well on their governance. • **Development:** economic development of Burke County.
The North Carolina Community Health Workers Association	• **Training:** training programs and certification for Community Health Workers (CHWs). • **Resources:** sharing knowledge and resources to enhance program effectiveness. • **Support**: Promoting the role and importance of CHWs in public health.	• **Impact:** increased presence and impact in rural communities. • **Data**: data and outcomes that demonstrate the effectiveness of CHWs. • **Image:** Trusted key player in workforce development and public health.
Work In Burke County	• **Placement:** providing job placement services and career counseling. • **Programs:** Offering programs to enhance skills and employability.	• **Workforce:** access to a supply of trained and job-ready candidates. • **Community:** enhanced community relationships and support.

	• **Connections:** Facilitating connections between job seekers and local employers.	• **Growth:** Contributing to the economic development of Burke County.
Burke County Health Department	• **Expertise:** providing expertise and support for public health initiatives. • **Services:** offering health services and programs to improve community health. • **Analytics:** collecting and analyzing health data to inform program decisions.	• **Outcomes:** Better health outcomes for the community. • **Capacity**: strengthened public health infrastructure and capacity. • **Relationship:** increased trust and engagement from the community.
Blue Ridge Health System	• **Healthcare**: providing medical and healthcare services to the community. • **Clinical:** offering clinical expertise and support for health programs. • **Education:** providing health education and awareness programs.	• **Burden**: Improved community health, reducing the strain on healthcare resources. • **Community**: Strengthen relationships with the community. • **Goals**: contributing to positive health outcomes and public health goals.

Burke County United Way	• **Funding:** providing financial support and resources for community programs.	• **Impact:** Demonstrating tangible impact and success in community programs.

	• **Outreach**: engaging with the community to raise awareness and support for initiatives. • **Collaboration:** Facilitating partnerships and cooperation among vested partners.	• **Support**: strengthened relationships with donors and increased support. • **Commitment:** commitment and engagement from the community.

CATWOE Analysis: Appendices 3

	CATWOE Analysis: Rural/Hmong Community
Customer	The primary customers are the individuals and families within the rural and Hmong communities in Burke County. These communities face unique health challenges and disparities, making them the direct beneficiaries of improved access to healthcare services, education, and support.
Actor	Community health workers, local healthcare providers, volunteers, and members of the Hmong community actively participate in the healthcare initiative. They are responsible for implementing and managing various program activities, ensuring cultural competence, and fostering trust within the community.
Transformation	There has been a shift from limited access to healthcare and a lack of specific health programs addressing the rural and Hmong population's needs to an inclusive health model. This model emphasizes tailored healthcare services, education, and prevention programs that are readily accessible and culturally sensitive, leading to improved health outcomes.
Worldview	All community members, regardless of their ethnic background or geographic location, deserve equitable access to healthcare and should have their cultural and linguistic needs met by the healthcare system. This perspective acknowledges the unique barriers the rural and Hmong communities face and seeks to address systemic inequities to promote health justice.

Owner	All organizations and partners involved in the project are considered to be vested partners in terms of concept. Still, the entity or coalition in charge of the project holds practical ownership. This could be a newly formed coalition of local healthcare providers, community organizations, and leaders within the Hmong community tasked with governance, oversight, and ensuring the initiative adheres to its mission.
Environment	Potential linguistic and cultural barriers, geographic isolation, limited healthcare infrastructure in rural areas, and potential funding constraints exist. Additionally, the Hmong community may have historical mistrust of the healthcare system, challenges in integrating traditional Hmong health practices with Western medicine, and a possible lack of healthcare professionals trained in cultural competency.
Root Definition	The health initiative was designed to overcome systemic barriers and directly address the specific needs of the rural and Hmong communities in Burke County. By fostering a collaborative, culturally competent, and accessible healthcare model, the initiative endeavors to significantly improve health literacy, access to healthcare, and, ultimately,, health outcomes for these underserved populations.

CATWOE Analysis: Appendices 4

	CATWOE Analysis: Commissioners
Customer	The broader populations of the counties they serve focus on the rural and Hmong communities. The health and well-being of these communities directly impact the overall public health metrics, economic vitality, and social cohesion of the regions under their jurisdiction.
Actor	The health departments, local government agencies, health care providers, non-profit organizations, community leaders, and, importantly, the commissioners themselves are responsible for policymaking, funding, oversight, and ensuring that the initiative aligns with broader health and social policies.
Transformation	It involves the effective allocation of resources, strategic planning, and the implementation of health programs designed to address the unique challenges rural and Hmong communities face. The goal is to achieve measurable improvements in health outcomes, access to healthcare services, and health literacy within these communities.

Worldview	Equitable health service provision is a fundamental right and a foundational component of a prosperous, cohesive society. The Commissioners recognize the systemic health disparities faced by rural and Hmong communities as not only a public health issue but also a matter of social justice, demanding targeted interventions to achieve equity.
Owner	The County Commissioners have the authority to allocate resources, set policies, and ultimately, endorse and support the initiative. They have the power to initiate, sustain, or disband the health programs based on their assessment of needs, effectiveness, and alignment with broader county objectives.
Environment	Budget limitations, political opposition or lack of will, regulatory hurdles, and the challenge of coordinating among diverse stakeholders all present challenges. Additionally, commissioners must navigate the complexities of integrating traditional Hmong health practices with conventional medicine and address potential skepticism or resistance from within rural and Hmong communities themselves.
Root Definition	This is a county commissioner-led health effort to reduce the health inequity gaps in rural and Hmong populations. By partnering with healthcare providers, community organizations, and government resources, the initiative aims to improve health service accessibility, education, and culturally competent care, improving public health outcomes and countywide social well-being.

CATWOE Analysis: Appendices 5

	CATWOE Analysis: North Carolina Community Health Workers Association
Customer	Customers from the perspective of NCCHWA are the Community Health Workers (CHWs) themselves, who directly interface with the rural and Hmong communities. The end beneficiaries, however, are the individuals and families within these communities who will receive improved healthcare services and support.
Actor	The CHWs, the NCCHWA board and staff, health care agencies, nonprofits, and educational institutions provide training and resources. They are the ones who work on the ground to execute the health initiative, providing education, outreach, and advocacy services

Transformation	The NCCHWA involves enhancing the capacity, skills, and reach of the CHWs so they can more effectively address the health needs of the rural and Hmong populations. This process includes training CHWs in cultural competence, educating them on specific health issues in these communities, and integrating them into a broader health system tailored to these groups.
Worldview	Empowered and well-supported CHWs are vital to bridging gaps in healthcare accessibility and quality. The belief is that community-based health workers are vital to achieving health equity, as they are culturally aligned with the communities they serve and can facilitate personalized, compassionate, and competent care
Owner	The NCCHWA could be considered the owner of the health initiative's success within its scope. It is responsible for training, supporting, and advocating for CHWs across North Carolina, specifically in implementing this initiative.
Environment	Limited funding opportunities, the need for continuous professional development to adapt to changing health landscapes, possible resistance from traditional healthcare systems to fully integrate CHWs, and the challenge of maintaining a workforce of CHWs in rural areas.
Root Definition	The NCCHWA has launched a comprehensive health empowerment initiative to enhance community health workers' contributions to improving health outcomes in rural and Hmong communities. Through training, advocacy, and strategic collaborations, the initiative aspires to create a sustainable healthcare model grounded in community practices that is culturally insightful and effectively bridges healthcare disparities.

CATWOE Analysis: Appendices 6

	CATWOE Analysis: Work in Burke County
Customer	Burke County residents seek employment or skill enhancement to improve their job prospects. This includes the currently unemployed and those looking to upskill for better opportunities. A secondary customer group could be the Burke County employers needing a skilled workforce.

Actor	Work in Burke County, Inc. staff and its network of educators, vocational training institutions, local businesses, and government employment agencies. These actors collaborate to design, implement, and support training programs, job fairs, and other initiatives aimed at workforce development.
Transformation	Identifying the skills gap within the local population and the hiring needs of local businesses, followed by developing and executing educational and training programs tailored to bridge these gaps,. The process also includes promoting these opportunities to the community and facilitating connections between trained individuals and employers.
Worldview	Economic development and community well-being are closely interconnected. Investing in the local workforce by providing training and job placement services helps individuals secure better employment and attracts and retains businesses, fostering overall economic growth in Burke County.
Owner	Work in Burke County, Inc. owns this initiative and is responsible for its strategizing, implementation, and ongoing management. As an entity, it holds the mission, vision, and operational control to steer the workforce development efforts in Burke County toward meeting the community's employment and economic goals.
Environment	Limited funding for training programs, changing economic landscapes that affect the relevance of specific skills, potential resistance from local businesses to invest in training, and the challenge of aligning educational programs with rapid technological advancements and market demands.
Root Definition	Through specialized educational and vocational training programs, Work in Burke County, Inc.'s focused workforce development initiative seeks to increase the employability of locals. The initiative collaborates with local businesses, institutions, and government agencies to identify and bridge skills gaps, thereby boosting economic development and improving job prospects within the community.

CATWOE Analysis: Appendices 7

	CATWOE Analysis: Burke County Health Department

Customer	The residents of Burke County, encompassing individuals and families from various backgrounds, who will directly benefit from improved public health services and initiatives. This also includes vulnerable populations such as the elderly, children, and those with chronic health conditions who may require more specialized attention.
Actor	Healthcare professionals employed by the Burke County Health Department, local medical and wellness practitioners, partner non-profit organizations, community groups, and governmental agencies at the county and state levels. These actors collaborate in public health planning, service delivery, and education campaigns.
Transformation	Assessing the health needs of the community, designing and implementing public health programs, conducting community outreach and awareness campaigns, and delivering healthcare services such as vaccinations, screenings, and preventive health education. The objective is to improve health outcomes and enhance the quality of life for all Burke County residents.
Worldview	The Burke County Health Department's direction is based on a worldview that values public health as the cornerstone of a thriving community. A healthy population contributes to social and economic well-being, reduced healthcare costs, and a better quality of life for everyone. Preventive health care and health education are essential to achieving these outcomes.
Owner	The Burke County Health Department owns the public health improvement initiative and is responsible for its planning, oversight, and effectiveness. It has the authority and accountability to shape health policies and direct the allocation of resources to ensure the initiative's success.
Environment	Budget limitations, political pressures, community engagement, receptiveness variations, the ongoing challenge of evolving health issues (such as new diseases or health trends), and the need to adapt strategies to meet evolving health regulations and standards.
Root Definition	An inclusive public health initiative led by the Burke County Health Department is designed to enhance community health through comprehensive programs, preventive services, and collaborative efforts with local stakeholders. This initiative aims to address the diverse health needs of Burke County's population by promoting wellness, preventing illness, and ensuring equitable access to quality health care and information.

CATWOE Analysis: Appendices 8

	CATWOE Analysis: Blue Ridge Health System
Customer	The patients and families who receive care within the Blue Ridge Health System, which includes local residents as well as individuals from surrounding regions who seek specialized medical services. A secondary customer group consists of the healthcare professionals and staff within the system who benefit from facility improvements, technology, and procedures that enhance their ability to provide care.
Actor	Medical staff and management at the Blue Ridge Health System, healthcare providers, support staff, and administrative personnel. External actors might include healthcare technology vendors, construction firms involved in facility upgrades, and regulatory bodies overseeing healthcare practices.

Transformation	Assessing current healthcare services and identifying areas needing improvement, planning and implementing upgrades in medical technology, facilities, and staff training programs, and continually monitoring and adjusting these improvements to ensure they effectively meet healthcare standards and patient needs.
Worldview	High-quality healthcare is fundamental to community wellbeing and continuous improvement in healthcare services is essential to meet evolving medical needs and technological advancements. There is a strong focus on patient-centered care, aiming to provide equitable, efficient, and advanced medical treatment.
Owner	The Blue Ridge Health System is the owner of this healthcare improvement initiative. It holds the responsibility for strategic planning, allocation of resources, deployment of new technologies, and overall management of the program to ensure that it aligns with both the mission of the organization and the health needs of the community.
Environment	Budget limitations, changes in healthcare regulations, shortages of skilled healthcare professionals, resistance to change from within the organization, and the need to balance upgrading facilities and technologies with ongoing patient care activities.
Root Definition	A comprehensive healthcare improvement initiative led by the Blue Ridge Health System aimed to elevate the standard of health services through strategic enhancements in facilities, medical technology, and staff capabilities. The program is designed to improve patient outcomes, promote accessibility to advanced healthcare, and ensure a high level of patient satisfaction and safety in all interactions with the health system. to

CATWOE Analysis: Appendices 9

	CATWOE Analysis: Burke County, United Way
Customer	Burke County residents pay particular attention to vulnerable populations, including low-income families, the elderly, children, and individuals needing emergency assistance. The program aims to directly benefit these groups through services like food assistance, education programs, and health services.
Actor	Burke County United Way staff members, volunteers who help implement and run the programs, local businesses and donors who provide funding and resources, and collaborative partners, including non-profits and government agencies, that enhance the program's reach and impact.
Transformation	Identifies the key needs within the community, develops and implements tailored programs (such as after-school programs for children, job training for adults, and health screening events), and distributes resources effectively to where they are most needed. The goal is to lift individuals out of poverty, provide critical services, and enhance overall community well-being.

Worldview	Everyone in the community deserves access to essential services that support their well-being and provide opportunities for improvement. It believes systemic challenges can be addressed more effectively by pooling resources and working collaboratively, leading to a stronger, more resilient community.
Owner	Burke County United Way owns this community support and development program and is responsible for overseeing its design, implementation, and evaluation. It ensures that objectives are met and resources are used efficiently to make the maximum impact on the community.
Environment	Limited financial resources, economic downturns affecting donations and support, competing priorities within the community that affect which projects can be funded, and potential challenges in mobilizing and coordinating with different stakeholders and partners due to differing agendas or operational styles.
Root Definition	A proactive and collaborative initiative by Burke County United Way aimed at addressing critical community needs through comprehensive support services, resource distribution, and partnership development. The program seeks to empower vulnerable populations, enhance the quality of life for all residents, and foster a spirit of unity and mutual support within Burke County.

APPENDIX E.1.B. Fawn Rhoades: Concentration Deliverable 1 – Engagement: References

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APPENDIX E.2. Fawn Rhoades: Concentration Deliverable 2 – Leadership

Leadership 2: Assessment, Conflict Resolution, and Sustainability

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Introduction

Social Determinants of Health (SDOH) refer to the societal conditions that impact individuals' lives, including birth, living, learning, working, playing, worshiping, and aging, which in turn affect health, functioning, and quality-of-life outcomes (Social Determinants of Health, 2021). The Office of Disease Prevention and Health Promotion identifies five key domains for achieving health equity: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context. Economic stability, encompassing the ability to afford healthcare, food, and housing, is paramount in ensuring health equity and an improved quality of life (Economic et al. 2030, 2021).

Burke County, North Carolina, faces significant challenges related to economic instability and limited healthcare accessibility, particularly within its rural and Hmong communities (New Report Reveals Significant Challenges for North Carolina's Rural Communities, 2022). Addressing these issues requires a multifaceted approach, as proposed in a strategic plan to incorporate Community Health Workers (CHWs) into the workforce development programs (Community et al. in Rural Settings, 2023). This plan aligns with the broader concept of SDOH. It is bolstered by North Carolina House Bill 76, which emphasizes the integration of initiatives to enhance health and economic development among disadvantaged groups (House Bill 76, 2023). A comprehensive strategy incorporating clear performance indicators, effective problem resolution, and long-term planning is essential for improving the economic and health landscapes in Burke County (Rizwan K., 2024; Huebner & Flessa, 2022; Ted Jackson, 2024).

The steering committee, comprising key members from the North Carolina Community Health Workers Association (NCCHWA), the Burke County Health Department (BCHD), and the Blue Ridge Health System (BRCHS), is not just a part of these efforts, but a crucial one. Their expertise and involvement are not just important, but integral to the initiative's success. Their contributions are not just valued, but they effectively shape the future of Burke County (Martine Hippolyte, 2024). Economic stability is not just a priority for Burke County, but a foundational one to reducing health disparities and enhancing the community's overall well-being. By addressing economic stability, the county can ensure all citizens have access to essential resources, promoting a healthier and more equitable society (Economic Stability, 2024).

Measures of success:

The objective of evaluating the ambitious initiative in Burke County is not just to assess its impact, but to do so comprehensively through a rigorous framework (Burke County Health Department, 2022). The initiative will be evaluated using a framework that leaves no stone unturned in measuring its broad-ranging impact. This assessment, detailed in Appendix A, focuses on economic stability and health equity, analyzing key indicators such as employment rates and median household income. The evaluation seeks to determine the initiative's effectiveness in promoting economic well-being and equitable health outcomes. This assessment will provide a thorough understanding of the initiative's contributions to the community by leveraging data from credible sources such as state labor departments, national employment records, and census data.

Appendix A outlines the quantitative assessment report designed to evaluate the initiative's impact over 12 months. Employment rates will be analyzed to gauge labor force engagement, while changes in median household income will reflect economic status shifts. Data collection will occur before (baseline) and after the initiative's implementation. Analytical methods, including comparative analysis and statistical tests like the paired sample t-test, will be employed to identify statistically significant changes. The evaluation will also disaggregate data by demographic segments to discern differential effects. Success metrics include increased employment rates and a statistically significant rise in median household income. The findings will be compiled into a formal report presenting comparative data, statistical relevance, demographic impacts, and strategic recommendations for future actions.

Appendix B presents a comprehensive qualitative assessment that thoroughly examines the coalition's financial health, resource management, and operational efficiency. This report is designed to provide in-depth insights into the coalition's sustainability and operational agility over a specified period. The assessment ensures the coalition's long-term success and effectiveness by evaluating financial viability, resource optimization, and organizational processes.

Financial health is assessed through budget allocation, revenue streams, and contingency planning. The coalition maintains a balanced budget with diverse funding sources, including grants, donations, and partnerships. Strategic financial planning and the establishment of an emergency fund enhance financial stability. Effective resource

management is underscored by efficient human capital allocation, technology utilization for streamlined operations, and regular assessments to align with strategic goals. The coalition's structural efficiency is reflected in clear communication channels, efficient decision-making, and coordination mechanisms facilitating collaboration. Continuous evaluation and adaptation of organizational structures and processes are recommended to maintain agility and respond to evolving needs.

This qualitative assessment doesn't just highlight the coalition's commitment to financial stability, resource optimization, and operational efficiency, but it underscores it. The detailed findings and recommendations serve as a strategic guide for sustaining and enhancing the coalition's impact, aligning strongly with efforts to promote health equity and public health excellence (Moriah Gendelman et al., 1998;
National Stakeholder Strategy for Achieving Health Equity, 2011). Engagement surveys referenced in Appendix C, alongside feedback from vested partners, critically evaluate leadership effectiveness and strategic influence. These evaluations are pivotal in assessing leadership success and the initiative’s adaptability to community needs (Mazzetti & Schaufeli, 2022). Additionally, the assessment reviews the success of partnership initiatives and adherence to defined benchmarks, reinforcing accountability and equity while encouraging a culture of continuous improvement (Hughes, 2008; Ryan Carruthers, 2022).

Appendix C provides a detailed overview of the Strategic Impact and Leadership Evaluation Survey. This survey is a critical tool for assessing leadership effectiveness and the broader strategic impact of the initiative. It seeks comprehensive feedback from staff, strategic partners, and vested partners to gauge adaptability to community demands, partnership efficacy, and adherence to performance benchmarks (Mazzetti & Schaufeli, 2022). Insights gathered from this survey are crucial for guiding strategic alignment and enhancing operational leadership while maintaining a commitment to continuous improvement. Respondent privacy is ensured, with individual responses remaining confidential to provide honest and constructive feedback that informs strategic decisions.

Furthermore, the leadership framework includes examining conflict resolution strategies and communication processes within the coalition, which is essential for nurturing trust and collaborative synergy among vested partners (Ronquillo et al., 2023). By adopting this comprehensive assessment strategy, the Burke County initiative intends to

achieve direct economic and health outcomes and establish a sustainable infrastructure supporting long-term community well-being enhancements (Burke et al, 2022).

Conflict Management:

Conflict management is pivotal in the success of collaborative initiatives like the Burke County effort, where diverse vested partners often encounter conflicts due to differing priorities, resource competition, and strategic perspectives (Circles, 2022). The initiative's robust conflict resolution strategy, centered on open communication, mediation, and arbitration (Deborah et al., 2006), emphasizes shared responsibility for goals and activities related to conflict management. This approach ensures that all vested partners, including committee members and partners, are actively involved in addressing and resolving conflicts promptly and equitably.

By training committee members in effective negotiation and dispute-resolution skills, the initiative empowers individuals to take ownership of conflict-resolution processes (Ronquillo et al., 2023). This proactive stance mitigates potential disruptions and cultivates a culture where disagreements are viewed as opportunities for constructive dialogue and growth. Regular evaluations of these practices and feedback mechanisms reinforce accountability by assessing the effectiveness of conflict resolution efforts and refining strategies as needed (Strategies for Conflict Resolution in a Diverse Workplace, 2023).

The governance structure of the Burke County initiative integrates shared responsibility for conflict management as a core principle (Commissioners' Strategic Plan, 2023). This collaborative approach strengthens internal transparency and nurtures trust among vested partners, thereby enhancing the initiative's overall effectiveness in achieving economic and health-related goals within the community (Haldane et al., 2019). By embedding these conflict management mechanisms into its operational framework, the initiative ensures that every vested partner is proactive in maintaining productive relationships and sustaining momentum towards sustainable development (Global Strategic Institute for Sustainable Development, 2023).

Sustainability Plan:

The sustainability of Burke County's initiative critically relies on a multifaceted plan (Appendix E) that emphasizes continuous community engagement, the celebration of milestones, capacity building, and supporting strategic partnerships (Commissioners' Strategic Plan, 2023). Engaging with the community on an ongoing basis ensures that the initiative remains attuned to the evolving needs of the community while securing lasting public support (What Is Community Engagement & Why Is It Important, 2023). Actively recognizing achievements through diverse communication channels spurs motivation among vested partners and amplifies the initiative's accomplishments, drawing additional support and resources (Guidelines for Excellence Community Engagement, 2017).

Further, investing in enhancing vested partners and partner capabilities via training and collaborative learning opportunities prepares the initiative to navigate future challenges efficiently and disseminate best practices effectively (Haldane et al., 2019). This capacity building is pivotal for ensuring adaptability and resilience. Establishing and deepening strategic partnerships also play a critical role by encouraging innovation and broadening the initiative's scope and impact (Mukhtar Syafi'i, 2023).

By implementing these strategies, including the robust promotion of achievements and continuous skill development within its framework, the initiative aligns closely with the community's aspirations, thereby boosting its impact and longevity (Haldane et al., 2019). Burke County's dual focus on celebrating progress and evolving through collaborative efforts lays a resilient foundation for the initiative, promising extended benefits for the future (Commissioners' Strategic Plan, 2023). Through this comprehensive and dynamic approach, the steering committee affirms its commitment to maintaining the initiative's relevance and maximizing its contribution to economic stability in Burke County.

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APPENDIX E.2.B. Fawn Rhoades: Concentration Deliverable 2 – Leadership: Appendices

Quantitative Assessment Report: Evaluating the Economic Stability and Health Equity Initiative

Objective:

This report will quantitatively assess the Economic Stability and Health Equity Initiative's impact on targeted community indicators over 12 months.

Selected Metrics:

1. **Employment Rate**: This metric evaluates the proportion of the labor force employed at the inception and culmination of the 12-month marking period, serving as an indicator of employment health.
2. **Median Household Income**: Measures the midpoint of household earnings within the community at the beginning and the end of the initiative, reflecting changes in economic status.

Methodology:

1. **Data Collection Methodologies**:
    a. **Employment Rate**: Employment statistics will be sourced from state labor departments and national employment records to ascertain the employment rates within the focus community.
    b. **Median Household Income**: We will derive data regarding household incomes from national census records and local economic indicators.
    c. Data collection will occur in two phases: pre-initiative launch (baseline) and post-initiative (12 months later).
2. **Analytical Procedures**:

    a. Baseline and follow-up data will undergo comparative analysis to identify variances in employment rates and median household incomes.
    b. Statistical methodologies, such as the paired sample t-test, will be employed to establish the statistical significance of the observed changes.

3. **Demographic Analysis**:
    a. The Assessment Team will disaggregate the analysis to examine impacts across different demographic segments (age, gender, race) to identify any differential effects.

Evaluation Parameters:

- **Employment Rate Success Metric**: According to the initiative's goals, we will recognize an increase in the employment rate as a measure of success.
- **Median Household Income Improvement**: A statistically significant increase in median household income post-initiative signifies a favorable economic shift.

Reporting Framework:

The assessment team will synthesize the findings in a formal report, which will include

- Comparative data on the employment rate and median household income pre- and post-initiative.
- This study examines the statistical relevance of these changes.
- An analysis of demographic-specific impacts.
- Strategic recommendations based on the insights garnered.

APPENDIX B

Qualitative Assessment Report: Evaluating Operational Efficacy and Sustainability in the Coalition

Objective:

This comprehensive qualitative assessment examines the coalition's success in maintaining its financial viability, effectively managing its resources, and ensuring operational efficiency. By scrutinizing these pivotal aspects, the report seeks to provide in-depth insights into the coalition's sustainability and operational agility over an observed period.

Financial Health

Overview:

The coalition's financial health encompasses an analysis of budget allocation, revenue streams, and contingency planning. A robust financial framework ensures we can sustain operations and invest in growth opportunities.

Key Findings:

- The coalition operates on a balanced budget with a healthy ratio of revenue to expenses.
- Diverse funding streams, including grants, donations, and partnerships, contribute to financial stability.
- An emergency fund and strategic financial planning practices are in place to mitigate unforeseen financial challenges.

Recommendations:

- Continue to diversify funding sources to safeguard against economic fluctuations.

- Regularly review and adjust the budget to reflect changing operational needs and priorities.

Effective Resource Management

Overview:

Effective resource management examines how the coalition optimizes its assets — including human capital, technology, and information — to achieve its objectives.

Key Findings:

- Human resources are efficiently allocated, with clear roles and responsibilities enhancing productivity.
- The organization leverages technology to streamline operations, facilitate communication, and securely manage data.
- We regularly assess resource allocation to ensure it aligns with strategic goals and community needs.

Recommendations:

- Invest in ongoing training and development to maintain a skilled workforce.
- Explore emerging technologies for potential adoption to enhance operational efficiency further.

Operational Structural Efficiency

Overview:

Operational structural efficiency focuses on the organizational structure and processes underpinning the coalition's work. An optimized structure supports strategic decision-making and agile responses to challenges.

Key Findings:

- The organizational structure promotes clear communication channels, decision-making efficiency, and accountability.
- Periodically review and refine processes to address inefficiencies and adapt to evolving operational requirements.
- Effective coordination mechanisms facilitate collaboration across departments and with external partners.

Recommendations:

- Continue to evaluate and adapt organizational structures and processes in response to growth and changing external conditions.
- It uplifts an environment of continuous improvement to encourage innovation and efficiency in operations.

APPENDIX C

Strategic Impact and Leadership Evaluation Survey

Introduction

This survey's purpose is to evaluate our leadership's effectiveness critically and the overarching strategic impact of our initiative. We seek comprehensive feedback from our staff, strategic partners, and other vested partners to measure our adaptability to community demands, the efficacy of our partnerships, and our commitment to specific performance benchmarks. Your insights are crucial in steering our drive toward adopting a responsible, equitable, and continually improving environment.

Completion Instructions

The assessment team will provide thoughtful responses to the questions below. Respondents' privacy will be maintained, and individual responses will not be disclosed. Feedback received will critically inform adjustments to enhance strategic alignment and operational leadership.

Survey Questions

Leadership and Strategic Impact

1. Understanding of Goals:
    - How clearly does the team understand the goals and objectives of the initiative?
        1. Very Clear
        2. Somewhat Clear
        3. Not Clear
2. Leadership Effectiveness:

How effective is leadership in driving the initiative toward its goals?

1. Very Effective
2. Somewhat Effective
3. Not Effective

3. Communication from Leadership:
    - How effectively does our leadership communicate important decisions and updates?
        1. Very Effectively
        2. Somewhat Effectively
        3. Not Effectively

4. Strategic Alignment:
    - How aligned are our strategies with the needs of the community we serve?
        1. Very Aligned
        2. Somewhat Aligned
        3. Not Aligned

Adaptability and Community Needs

5. Responsiveness to Change:
    - How well does our initiative adapt to new information or changing needs within the community?
        1. Very Well
        2. Somewhat Well

3. Not Well

6. Engagement with Community:
    - How well do we engage with the community to understand and integrate their feedback?
        1. Very Well
        2. Somewhat Well
        3. Not Well

Partnership Initiatives

7. Effectiveness of Partnerships:
    - How effective are partnership initiatives in achieving shared goals?
        1. Very Effective
        2. Somewhat Effective
        3. Not Effective

8. Communication with Partners:
    - How would one rate the quality of communication and collaboration with partners?
        1. Very High
        2. Moderate
        3. Low

Performance and Accountability

9. Adherence to Benchmarks:
    - How effectively do we adhere to our focused benchmarks and accountability measures?
        1. Very Effectively
        2. Somewhat Effectively
        3. Not Effectively

10. Equity and Inclusion:
    - How well do our initiatives promote equity and inclusion within the community and among partners?
        1. Very Well
        2. Somewhat Well
        3. Not Well

    General Feedback

11. Continuous Improvement:
    - What key areas do we need to improve most urgently?
        1. Short answer:

12. Overall Satisfaction:
    - Assess satisfaction with the direction and execution of the initiatives.
        1. Very Satisfied
        2. Somewhat Satisfied
        3. Not Satisfied

- **Additional Comments:**
    - Short answer:

APPENDIX D

Conflict Resolution Strategy

Introduction

Conflicts are a normal part of any workplace. This strategy focuses on resolving them positively through open communication, mediation, and arbitration.

Open Communication

Goal: Encourage honest and respectful dialogue to prevent misunderstandings and address issues early on.

Steps:

1. **Active Listening:** The Assessment Team listens actively to genuinely hear all parties, focusing on understanding rather than just responding.
2. **Transparent Dialogue:** Create an environment where employees feel safe to express concerns without fear of retribution.

3. **Regular Check-Ins:** Conduct frequent meetings to discuss team dynamics and catch conflicts before escalating.

Mediation

Goal: Use a neutral third party to help conflicting members reach a mutually acceptable solution.

Process:

1. **Neutral Mediator:** Appoint a trained individual who does not take sides to facilitate discussion.
2. **Structured Dialogue:** Follow a clear agenda where everyone gets equal time to speak and present their viewpoint.
3. **Collaborative Solutions:** Encourage parties to work together to identify solutions that are agreeable to all.

Arbitration

Goal: If mediation does not resolve the conflict, bring in an arbitrator to make a binding decision.

Procedure:

1. **Select an Arbitrator:** Choose a professional arbitrator agreed upon by all parties involved.
2. **Present Evidence:** Both sides can present evidence and argue their case.
3. **Enforceable Decision:** The arbitrator's final decision must be followed, like a court ruling.

Training and Development

Goal: Equip staff with conflict resolution skills.

Implementation:

- **Conflict Resolution Training:** Provide regular workshops on conflict management techniques.
- **Awareness Programs:** Educate employees about the negative impacts of unresolved conflicts and the benefits of resolution.

Monitoring and Evaluation

Goal: Continually assess the effectiveness of the conflict resolution process and refine it as necessary.

Mechanisms:

- **Feedback Surveys:** Ask participants to provide feedback on the process after resolving a conflict.
- **Progress Reviews:** Regularly review whether resolved conflicts have held up and if people are respecting the solutions.

APPENDIX E

Burke County Sustainability Plan

Introduction

Burke County is committed to building a sustainable future for our community. This Sustainability Plan outlines how we will keep our initiatives thriving through community participation, recognition of our achievements, improved skills, and collaboration with partners.

Continuous Community Engagement

Goal: Deeply engage the community in all sustainability projects to ensure they meet our needs and have broad support.

Actions:

- **Open Communication:** We will use town halls, social media, and a regular newsletter to keep everyone informed and involved.
- **Feedback System:** We will set up ways for people to give feedback on projects through surveys and public meetings.

Measures of Success:

- 20% more people show up at our town hall meetings.
- 25% increase in our social media interaction.

Celebrating Milestones

Goal: Highlight and celebrate the progress and accomplishments of our sustainability projects to encourage community pride and motivation.

Actions:

- **Public Recognition:** Organize events to celebrate significant achievements of sustainability projects.
- **Media Partnership:** Work with local media to spotlight our successes and share impact stories.

Measures of Success:

- Hold at least two celebrations each year.
- Earn at least five positive news stories or media mentions yearly.

Capacity Building

Goal: Boost the ability of both the community members and county staff to contribute effectively to sustainability efforts.

Actions:

- **Educational Workshops:** Provide training on leadership, sustainability, and project management.
- **Resource Access:** Ensure everyone has the tools and information to participate in and manage projects.

Measures of Success:

- Train 90% of involved county staff and community leaders every year.
- Create and maintain a resource library for community use.

Developing Strategic Partnerships

The goal is to build strong relationships with businesses, non-profits, and government bodies to pool resources and improve collaboration.

Actions:

- **Identify Partners:** Seek out and formalize partnerships with groups that have similar sustainability goals.
- **Joint Initiatives:** Start projects that bring together the strengths and resources of our partners to address shared challenges.

Measures of Success:

- Establish three or more new strategic partnerships per year.

- Launch at least two joint initiatives annually.

Monitoring and Evaluation

Goal: Continuously check our plan's progress and adapt to ensure success.

Actions:

- **Annual Review:** We evaluate our sustainability efforts yearly to assess how well we are doing and where we can improve.
- **Adjust and Improve:** Based on what we learn, we will fine-tune our approach to make our projects even more effective.

Measures of Success:

- Deliver a detailed progress report each year.
- Implement changes based on the annual review within six months.

APPENDIX F.1. Rosemary Rozario: Concentration Deliverable 1 – Systems

System Complexity Analysis

Background:

Economic stability encompasses several factors including a person's employment status, ability to earn a sufficient income to meet basic needs, housing stability in safe neighborhoods, food security, and access to quality healthcare that advances equity and creates a sustainable path to well-being (National Academies of Sciences, Engineering, and Medicine, 2023). According to the 2022 Census, 12.6 percent of persons are living in poverty within Burke County (U.S. Census Bureau, 2022). The level of poverty is only exacerbated for those living in rural areas, especially those lacking transportation to and from food sources, limited access to broadband internet, and the added inequities that come for those identifying as a minority that may endure prejudice when pursuing any form of economic growth (Burke County Health Department, 2023). Therefore, it is paramount to address the economic instability faced by working age adults, 18 to 65, who reside in the rural areas of Burke County.

System and Area of Concern:

Economic stability is significantly impacted by poverty, a wicked problem that has many interacting points and creates an undeniable nature of uncertainty with every potential outcome (PUBH 718, Module 4). Poverty in Burke County, especially among marginalized racial and ethnic groups, is often a result of various factors including food insecurity, limited access to education and basic services, social discrimination, and exclusion, as well as the lack of participation in important decision making (BCHD et al., 2022, p.13). Therefore, this nonlinear

complex system has several key influencers within different networks that must work together to find leverage points to enhance economic stability.

The system will need to effectively promote an inclusive workforce development in rural Burke County, focusing primarily on those adults whose income falls under the 200% federal poverty line (FPL). Currently, according to the "Work in Burke" initiative, leaders have stated that there is a mismatch between the number of students continuing their education versus the number of jobs that require education beyond high school, with 50% or less continuing their education while 65-70% of the jobs requiring an advanced degree (Wilkie, 2019). The lack of higher education and its consequence of higher unemployment rates are only exacerbated in rural areas that have limited infrastructure, transportation, access to affordable housing, and quality healthcare (National Academies of Sciences, Engineering, and Medicine, 2023). Therefore, the area of concern are the limited job opportunities for working age adults in rural parts of Burke County.

A wicked problem will have complex interdependencies, where there can be several problems that are interrelated, and a single solution can never be the universal answer to the wicked problem (PUBH 718, Module 1). As of 2022, 17% of Burke County's population is below the poverty line, with the largest demographics living in poverty being females ages 45 - 54, followed by males ages 55 - 64 and then males ages 6 – 11 (Burke County, 2022). Unfortunately, many of the people that fall below the poverty line, may also be apart of the 18.5% of adults under age 65 that do not have health insurance (Burke County, 2022). And with limited health care coverage, many may avoid routine primary care visits and increase the risk of chronic diseases such as diabetes, cardiovascular disease, cancer, and poor mental health conditions.

Complexity of the System:

The economic stability in Burke County has several contributing variables that are influenced by stakeholders from various levels of the community. First, the community partners, including businesses, patients, health care providers, and policy makers all have an impact on an individual's ability to achieve economic success. For example, when there are more grocery stores with fresh produce located throughout these rural areas, health care providers and patients will likely see a decline in adverse health outcomes. Structures such as educational institutions, healthcare facilities, and public infrastructure including transportation also play a significant role in economic development. When rural residents have more public transportation options, they gain access to better job opportunities, healthier food options, and a larger scope of healthcare providers.

Furthermore, processes including policy implementation and workforce development can cause a ripple effect in economic growth, as more job opportunities can guarantee some level of job security, which allows people to find more affordable housing in safe neighborhoods with good school systems that encourage a growth mindset among children who've grown up in poverty. However, in order to see the fruits of such processes, we must address some of the concerns that are often embedded within such a complex system, including economic disparities, educational inequities, lack of health care access for minorities or individuals with low income, and limited job opportunities.

As illustrated in the causal loop diagram (Appendix A), the system archetype, "Shifting the Burden", is an excellent way to demonstrate the impact of a workforce between those living in poverty versus those living with privilege (PUBH 718, Module 5). The

performances, or in this case economic outcomes, of those living below the 200% FPL will likely be much weaker in comparison to those with more money and equitable opportunities. The promotion of higher education and affordable housing in safe neighborhoods will allow more job opportunities and higher wages for those living with privilege. And the continued success and power the privileged hold may cause some negligence in creating enough employment opportunities for those living in poverty, which may result in lack of health insurance, poorer health outcomes, and overall less productivity being contributed towards the economy by these individuals.

Summarize Case for Transformation:

Mindsets are a critical leverage point when addressing poverty within Burke County. For example, any stigma behind government assistance programs must be dismissed and those in need should be provided with any resources to overcome financial difficulties. And any opposers to this mindset, should be reminded of the financial return that can be a result of people receiving the help they need. The more economically stable an individual becomes, the more productivity they can offer to help the economy grow.

A second leverage point that is costly yet effective, is introducing more system infrastructure within these rural areas to increase job opportunities. This includes not only facilities, but public transportation. For example, according to Burke County's 2022 Community Health Assessment, there are many bus stops that do not provide adequate seating or shelter from natural elements and many routes are unavailable on Saturdays and Sundays, limiting rural residents' accessibility to local farmers markets, parks, and recreation centers over the weekends (BCHD et al., 2022, p. 22-23).

Within our causal loop diagram, when identifying the job opportunities available to those who had the privilege of pursuing degrees, this would be a perfect leverage point to encourage trade school, community college, or other affordable educational options for all. This would help shift the mindset and introduce several routes to success, not just a four year degree that may not be plausible for many. Also, when people are struggling to access healthcare, this would be a leverage point to introduce mobile or tele health options to those living in rural Burke County. Lastly, when developing a workforce, this would be an opportunity to introduce a mentorship program led by those who've achieved privilege in their lives and can uplift those living in economic instability.

Insights, Strengths, and Weaknesses:

Since wicked problems have so many contributing factors, there is a potential for a clash of multiple archetypes during the development of the causal loop diagram, specifically "Success to the Successful" and "Shifting the Burden" when addressing poverty. And since archetypes are used as a lens to analyze existing systems or avoid pitfalls in designing future systems, there should be additional research on how a wicked problem like poverty looks under each archetype or lens (PUBH 718, Module 5). Therefore, some limitations to this analysis were the likelihood of leaving out several contributing variables that other stakeholders may have quickly identified, which emphasizes the need for collaboration when mapping any complex system. While strengths included replacing any siloed thinking with a systems thinking approach and organizing the information in a way that tells us Burke County's needs in their pursuit of economic growth and stability.

APPENDIX F.1.A. Rosemary Rozario: Concentration Deliverable 1 – Systems:

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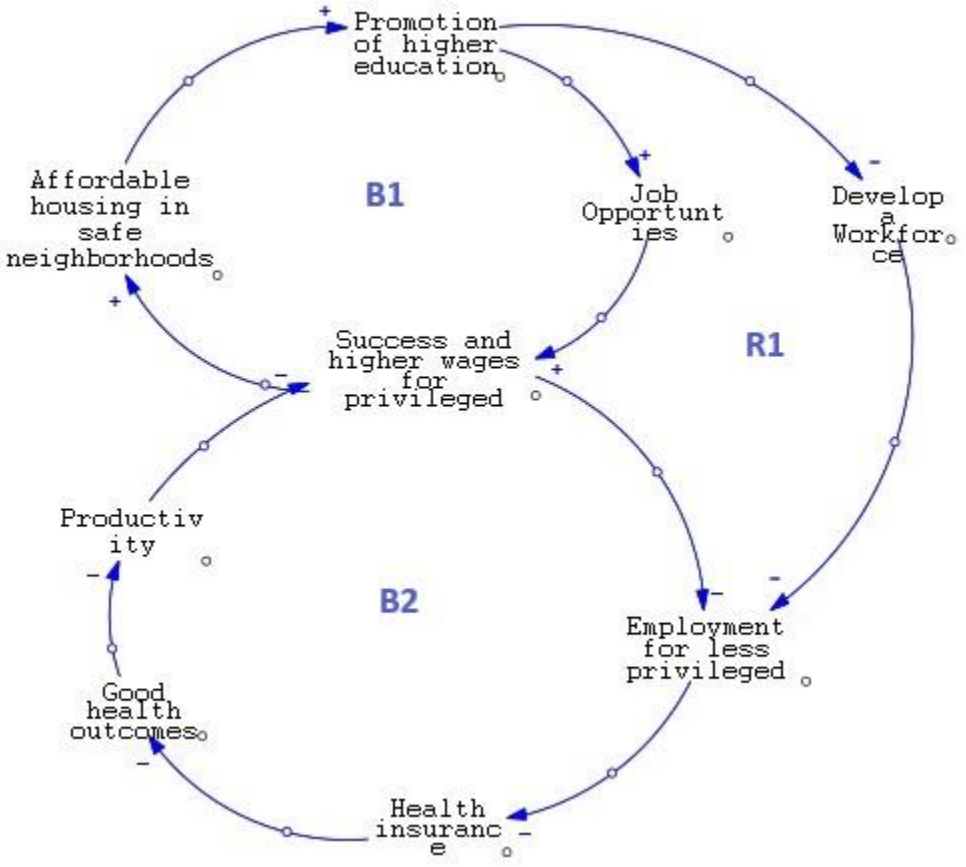
APPENDIX F.1.B. Rosemary Rozario: Concentration Deliverable 1 – Systems:

Appendices



APPENDIX F.2. Rosemary Rozario: Concentration Deliverable 2 – Quality

Background:

A social determinant of health (SDOH) are the conditions and environment where people are born, live, learn, play, work, and grow (Healthy People 2030, 2023). Economic stability involves several factors including a person's employment status, ability to earn a sufficient income to meet basic needs, housing stability in safe neighborhoods, food security, and access to quality healthcare that advances equity and creates a sustainable path to well-being (National Academies of Sciences, Engineering, and Medicine, 2023). Poverty within Burke County, especially among marginalized racial and ethnic groups, is often a result of shortcomings related to these factors.

According to the 2022 Census, 12.6 percent of persons are living in poverty within Burke County, which is only worsened with the limited resources available in rural areas (U.S. Census Bureau, 2022). Unfortunately, the cycles of poverty continue as more individuals lack the level of education attainment needed to pursue certain higher paying career opportunities in Burke County. With 50% or less of individuals continuing onto higher education, including trade school, community and four-year colleges, and a variety of certification programs (Wilkie, 2019).

The challenges of limited infrastructure, transportation, access to affordable housing, and quality healthcare in rural areas worsen the already heightened unemployment rates due to the lack of higher education (National Academies of Sciences, Engineering, and Medicine, 2023). In 2020, the unemployment rate among women stood at 6.4%, compared to 6.2% among men in Burke County (Healthy Communities, 2020). This further impacts how comfortably a family can live in Burke County. With 58% of low-to-moderate income families paying more than 30% of

their income towards housing each month and up to 70 unhoused individuals within Burke County according to informal surveys conducted by the Morganton Department of Public Safety (United Way of Burke County, 2024). Therefore, there is a need to prioritize an inclusive and encouraging workforce for any working age adult living in rural Burke County that is facing economic instability due to limited education and career opportunities.

Design and Implementation of CQI Tools:

In our pursuit to address the lack in educational attainment across Burke County, and its ripple effect on poor job placements, we will need to consider Activity 10.2 from the NC Re-accreditation Site Visit Report. The unmet activity states that "The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment (CHA)" (Jarrell et al., 2023). Therefore, in order to better understand the process and identify ideas for potential solutions to not meeting this goal, a flowchart, swim lanes, and the "5 Whys" CQI tools can be implemented.

Flowchart: An effective flowchart will have a start and end identified. With the end goal being to provide enough evidence of evaluation for educational materials developed and targeted to the at-risk group identified in the CHA, in this case unemployed or underemployed adults living in rural Burke County. Throughout this simple flowchart (Appendix A), there will be action steps such as creating educational materials in only electronic format, hardcopy and delivered via mail to the recipient, or both. Stemming from this might be a critical decision step, considering the financial feasibility of creating and shipping these materials with the current budget versus the potential lack in internet bandwidth in rural areas to access educational materials.

Swimlanes: As shown in Appendix B, this matrix diagram approach will help identify relationships between different stakeholders throughout the process. In this case, some key stakeholders would be Burke County community members, employers from a variety of local organizations, educational institutions, and the NC Division of Employment Security. An action item we may see progress through these "swimlanes" includes how educational materials are being developed and distributed. For example, if a certain resume building template or career workbook is effective in landing job interviews, we might observe how and if that material is being passed along across these different stakeholders.

5 Whys: This approach of continuously asking "why" to drill down on the details of the root cause of an issue is imperative in finding sustainable solutions. In Burke County, this may begin with the question of why so many people remain under the federal poverty line. Then when the answer is given as a lack of employment opportunities due to insufficient educational attainment, we would ask why that is. In rural areas, this might be because of poor internet connection or not enough promotion of affordable higher education options such as community college or trade school. And it might be at this point where a system change can occur, by shifting the mindset to more economical educational opportunities to gain the required job skills to ensure a higher standard and quality of living.

To facilitate higher enrollment across diverse higher education avenues—such as community colleges, four-year universities, vocational schools, military academies, and certification programs—the workforce will assess the promotion strategies within rural Burke County. They will begin at high schools and extend their efforts into the local NC Division of Employment Security office, which manages unemployment claims. The information would

have to be presented in simple, layman's terms, in the form of easy to follow career development resources that can be accessed both electronically and in hard copy format.

In addition to offering a breakdown of different educational opportunities, a brief course on financial literacy can improve the economic stability across Burke County. Topics within this course can touch on good money spending habits, budgeting methods, how to improve credit scores, and encourage entrepreneurship. In order to bring the right leaders to the table to not only teach these courses but contribute ideas to the career resources workbook, the Burke Local Health Department (LHD) can help in securing sufficient funds and help establish relationships with a range of stakeholders, especially governmental institutions. They can help create an expert workforce and provide updated demographic information to ensure no Burke County resident is left behind in the pursuit of economic stability.

Recommendations for the Director of Burke Local Health Department:

In the event that introducing a shift in mindset to how job skills can be acquired in rural Burke County is found to be successful through various career development opportunities, there can be an attempt to implement this change at a greater scale. This would “assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials” for their at-risk populations.

However, in order to upscale, the LHD can help build stronger relationships and encourage healthy communication across many stakeholders. Gathering a variety of stakeholder perspectives and solidifying the role each plays in the process through CQI tools is critical, and the LHD can help identify these roles across many sectors to enhance inclusion and diversity. And to ensure the sustainability of the recommended model, there must be constant evaluation, which is another way the LHD can offer assistance. The LHD can monitor feedback coming

from different stakeholders and ensure there is full engagement across the board. To avoid disinterest among stakeholders, the LHD can help gather fresh ideas to enhance productivity and ensure the change is sustainable. They can also help secure funding in advance to overcome any crisis events. For example, the career development resources may need to be converted to a fully virtual option during a pandemic or other national public health emergency, and having funds for these sudden transitions will be extremely beneficial to all parties. Therefore, with the appropriate CQI tools and a strong change mindset, the LHD can help drastically improve economic stability across rural Burke County while meeting reaccreditation standards.

APPENDIX F.2.A. Rosemary Rozario: Concentration Deliverable 2 – Quality: References

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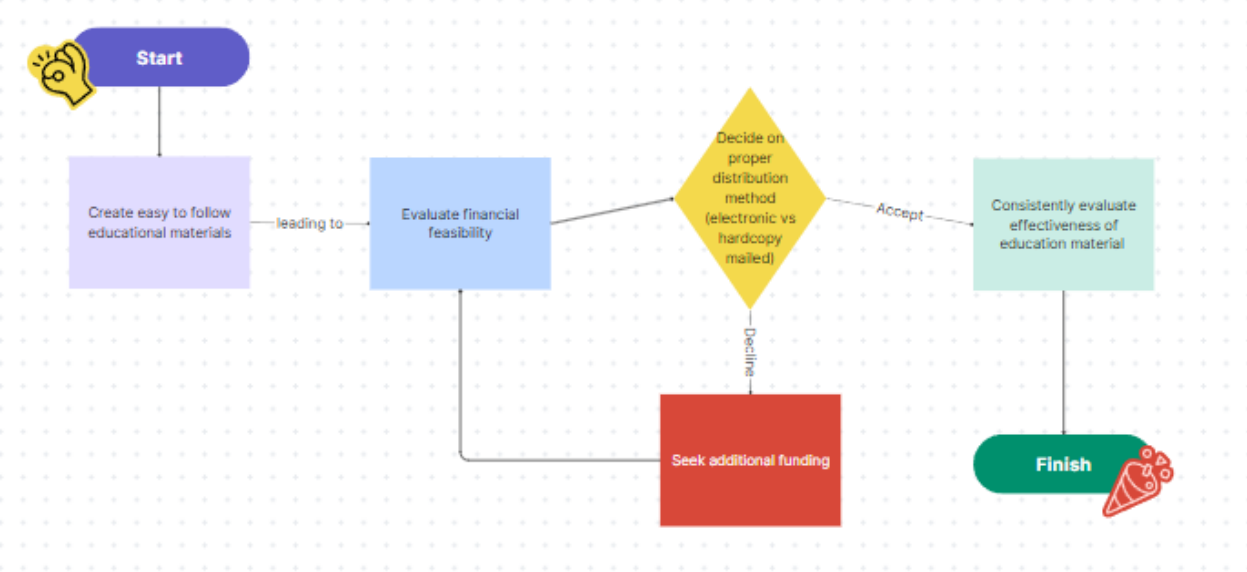
APPENDIX G.2.B. Rosemary Rozario: Concentration Deliverable 2 – Quality: Appendices

Flowchart:



Swimlanes Diagram: