

Roundtable Talking Points

A Community Based Approach to Promoting Change in Community Policy and Practice in Appalachian Tennessee Counties

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ABSTRACT

Tennessee's prevalence of death from cardiovascular and cancer causes, high infant mortality, high incidence of complications from diabetes, obesity and tobacco use has identified the state as one of the least healthy in the nation. These health conditions degrade the quality of life and lessen the economic viability of many counties especially those in eastern Tennessee classified as Appalachian. Because the roots of many of these conditions depend on individual behaviors and personal choice, providing the mechanisms for communities to address these health disparities in ways that are most meaningful was the thrust of the "Roadmap for a Healthier Appalachian Tennessee," a grant-funded program of the Tennessee Institute of Public Health (TNIPH) in 2014.

TNIPH used small grant funding approach to encourage 20 counties/communities to systematically implement health and disease prevention strategies to promote positive health behaviors in response to local health conditions. By aggressively engaging diverse local partnerships to collectively encourage community-driven health promotion, these 20 communities were able to meet local needs within the boundaries of the overall program goals while reaching locally determined objectives and measures. Additionally each community organization targeted different populations (e.g., school-aged youth, women, senior citizens, etc. in their project designs and involved new health partners and new economic partners by the end of the grant year to alter their communities' health profile. We will discuss and compare various health promotion methodologies used by these Appalachian communities to change fundamental health behaviors and to establish new directions for local health policies.

- ❖ Most of the health promotion methods used by these communities had their basis in variations on the Health Belief Model and accomplished policy change through theories of reasoned action or planned behavior through an ecological approach to community organization and social support theories.
- ❖ We believe that changes in community policy in the twenty projects were promoted through that took into account conceptual frameworks guiding broad approaches to health promotion and disease prevention. Key elements of the Health Belief Model focus on individual beliefs about health conditions, which can predict individual health-related behaviors. We took this a step further to the community or population level.

The five key action-related components that determine the ability of the Health Belief Model to identify key decision-making points are 1) gathering information through health assessments, 2) conveying the consequences of the health issues associated with risk behaviors, 3) communicating the steps and benefits to action, identifying and reducing barriers to action, and demonstrating those actions through skill development and providing support that enhances self-efficacy.

- ❖ Through our layered application process, we brought community applicants together for a learning session based on assessments and consequences in the County Health Rankings and other public data sets and asked interested communities and organizations to participate in a competitive application process that required the outline of goals, a detailed plan of action, and measured objectives. Participation also involved periodic communication, technical assistance, and progress evaluation through site visits, email updates, and phone interviews.
- ❖ Policy change occurred in communities on a small scale and in sustainable ways that encouraged multi-sector collaboration, lasting partnerships, linkages between health, economic development and education and improvement in health factors and economic outcomes. While most policy change was and will be incremental and self-determined, the focus of the grants to improve health while encouraging economic development and healthy outcomes allowed these counties and communities to see the economic benefits of health for their citizens.
- ❖ Examples of policy change through these funded projects:
 - Greene County – Work Force improvement activities related to health and physical fitness through participation incentives
 - Campbell County – installation of AED units in 2 schools and training for teachers in their use
 - Children’s programs – education and enhancement of nutritional and physical health activities:
 - Carter County Boys and Girls Club
 - Hancock County Arts afterschool program
 - Grundy County school garden program and nutrition
 - Jefferson County Boys and Girls Club of Dumplin Valley nutrition program
 - Monroe County hiking and running activities for youth through the prevention coalition of the health council
 - Scott County Children’s Center of the Cumberlands
 - Union County – Blue Ways water activities
 - Unicoi County Active Living Initiative created a county-wide fitness program and annual fitness run.
 - Scott County Remote Area Medical – created access for over 600 people to basic health care