

N.C. Health Priorities Summary Report

This report summarizes the leading health issues identified by North Carolina counties, hospitals, and stakeholders for strategic planning by NC TraCS, and its collaborating investigators and community partners, to better address the health needs of North Carolinians. Activities for this report were conducted from mid-January - April 2016.

Data were gathered from 99 counties and 86 hospitals in N.C. Each county public health department completed a **County Health Assessment (CHA)** that included a demographic and health profile as well as an action plan. Hospitals conducted **Community Health Needs Assessments (CHNAs)** that identified the health needs of the communities in the county or counties that they serve. Health priorities, implementation plans, and other relevant data were entered into a master database. For internal validation of the data entered, 10% of the CHAs and CHNAs were randomly selected and their data audited by two independent reviewers.

For both the county CHAs and hospital CHNAs, health priorities were assessed two ways: 1) the frequency in which a specific priority was identified, and 2) the median ranking of the priority. Examining both of these values helped determine the relative priority of health issues across N.C., especially in cases where frequencies were similar but rankings are different, or vice versa.

Data were also gathered from stakeholders across the state who provide paid or volunteer services in their communities or regions. A total of 21 (19.4%) of 108 responded to an invitation to complete an **online survey** designed to assess their perceptions of the prevailing health and social priorities (based on the top priorities from the CHAs and CHNAs) and recommended plans for immediate action.

The following table lists the top 10 health priorities from the CHAs, CHNAs, and stakeholders. Obesity, healthcare access, mental health, chronic disease management, cardiovascular disease/hypertension, and diabetes were the most frequently listed priorities. Substance abuse was a frequently identified priority for the CHAs and CHNAs. Cancer remained among the top 10 priorities – and while its priority ranking varied, stakeholders, despite lower frequency in response, ranked it as highest priority.

Based on priority frequency, the hospital CHNAs focused more on individual health conditions (e.g., diabetes, cancer, cardiovascular disease) while the county CHAs focused more on population health characteristics (e.g., physical activity and nutrition). For stakeholders' recommended plans for immediate action (data not shown), the most frequently mentioned activities were increased representation of stakeholders in affected populations, sustained mechanisms of engagement, and

creation of communication liaisons.

Conclusion

Given the different audiences responding to these assessments, the overlap of health priorities as they are ranked highlights important areas of need in the state of North Carolina. In a cursory comparison with prior rankings, substance abuse research is a major priority in 2016. NC TraCS will focus on strategies around these common priorities along with increased engagement of a variety of stakeholders.

Health Priority	CHAs		CHNAs		Stakeholders (n=21)	
	# of Counties	Median Rank	# of Hospitals	Median Rank	# Responses	Weighted Mean Ranking
Obesity	49	1	51	2	10	2.4
Substance Abuse	49	3	32	2.5	3	2.0
Healthcare Access	41	2	55	2	9	2.1
Mental Health	34	3	29	3	7	2.3
Chronic Disease Management	33	1	33	2	8	2.0
Physical Activity	32	2	17	2	1	2.0
Nutrition	28	2	23	2	0	0.0
Cardiovascular Disease/Hypertension	22	1.5	24	3	7	1.6
Diabetes	22	2	28	1	6	1.7
Cancer	20	2	24	3	3	1.0

