

# Recommendations

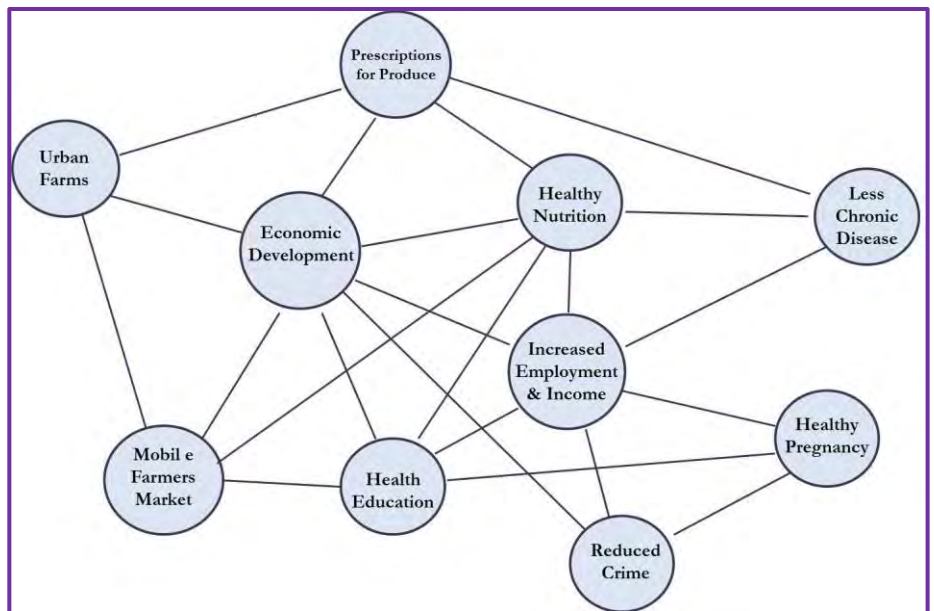
## & Next Steps

### Guilford County CHA “Connecting the Dots” Meeting

In March 2013, GCDPH and CHA partners hosted a half-day community health assessment “Connecting the Dots” workshop to review assessment data and to identify evidence-based and multi-level strategies to achieve improvements to the health needs and issues identified through the CHA process. Participants at the meeting included individuals who attended previous community town hall assessment meetings, community health practitioners and subject-matter experts.

Participants attended two separate breakout sessions, one organized to address one of the three pressing health outcomes—Chronic Disease, STIs or Healthy Mothers and Babies—and the other set of session that addressed health factors—Clinical and Preventive Care, Social and Economic Factors, and Access to Healthy Food as identified as priorities in CHA meetings. For each of the six breakout sessions, participants received content area data sheets that featured key data points for that given content area. Staff from GCDPH and the CSCHRE facilitated the breakout sessions with support from student volunteers. Participants reviewed and discussed a summary sheet that highlighted best practice interventions addressing the given topic area. Participants then ranked and expanded upon these potential strategies. In considering strategies to reduce disparities and improve health outcomes, workshop participants were encouraged to think about the health outcome issues within the framework of the County Health Rankings Health Model, to consider the potential impact of “upstream” social, economic and environmental interventions and programs. Examples of successful strategies were drawn from the Community Guide ([www.thecommunityguide.org/index.html](http://www.thecommunityguide.org/index.html)) and the County Health Rankings Roadmaps guide ([www.countyhealthrankings](http://www.countyhealthrankings)).

Connecting the Dots for a Picture of Community Health



#### Session 1 breakout topics:

- Healthy Mothers and Babies
- Sexually Transmitted Infection
- Chronic Disease and Premature Death

#### Session 2 breakout topics:

- Clinical Care—Primary and Preventive Care
- Social and Economic Factors
- Environmental Factors –Access to Healthy Food

### Next Steps: Community Action Planning

In January, 2014 the GCDPH will convene a series of meetings to translate the CHA Recommendations into a Guilford County Community Health Improvement Plan.

## Improving Rates of Chronic Disease

### Health Issue

The leading causes of mortality and years of potential life lost in Guilford County region are chronic diseases, especially cancer and heart disease. Cancer has overtaken heart disease as the leading cause of death but cardiovascular disease results in far higher medical costs. In 2011, residents of Guilford County incurred hospital charges of \$238,788,385 for cardiovascular disease diagnoses, out of total hospital costs of \$1,122,030,551. Risk factors for chronic disease include obesity and physical inactivity. Assessment data show significant disparities in chronic disease obesity and physical inactivity by race, sex, education, income and geography.

### Identifying Strategies for Improvement

**Participants:** Angelina Drews (HPR Health System), Marlee Rindal (Ragsdale YMCA), Sheri R. Vettel (P4CC), Brooke Kochanski (P4CC), Patricia Tripp (Community, Foster-Caviness), Robert Forman (HPR Fitness Center), Renee Griffin (SRG), Sandra Blaha (CHCNP), Virginia Lewis (United Way), Andrew Young (Center for New North Carolinians), Leilani Roughton (New Arrivals Institute), Janet Mayer (DPH), Sung-Jin Lee (NC A&T), Kate Mooney (Heartside Home Care), Roget Benendes (Healthside Home Care). The meeting was facilitated by Mark Smith from the Guilford County Department of Public Health.

#### *The leading strategies identified were:*

1. **Community-wide campaigns to increase physical activity** involve many community sectors, include highly visible, broad-based, multi-component strategies (e.g., social support, risk factor screening or health education) and may address cardiovascular disease risk factors. (May include “prescriptions for exercise” programs). Some evidence exists of increased physical activity and physical fitness among adults and children.
  - a. **Populations with greater needs:** Seniors, immigrant and refugee, low income, minority communities
  - b. **Potential organizations to involve:** Senior Resources, Neighborhood Congress, Congressional Nurse Program, YMCA/YWCA, schools, CNNC, AG Ed Center, Housing Authority, United Way, Partners in Health and Wholeness, New Arrivals institute, churches, Cone Health and High Point Regional exercise facilities
2. **Initiatives to increase access to healthy food** (farmers markets, community gardens, healthy corner store project, WIC and Senior Farmers Market voucher programs, Medical Center Farmers’ Markets, “prescriptions for fruits and vegetables” programs). Evidence exists for some elements of food access initiatives, i.e., school fruit and vegetable gardens.
  - a. **Populations with greater needs.** Low income, immigrants and refugees, food desert areas, seniors, children, minority communities, pregnant women.
  - b. **Potential organizations to involve:** Senior Resources, Cooperative Extension, Partnership for Community Care, Partnership Pantry Program, Second Harvest Food Bank, Share the Harvest, Congregational Nurse Program, YMCA/YWCA, schools, CNNC, AG Ed Center, Housing Authority, United Way, Partners in Health and Wholeness, New Arrivals institute, churches, existing farmers markets, including Medical Center markets, Peacehaven Farm, Greensboro Parks and Recreation.
3. **Community Suggestions for Improving or Expanding Existing Programs**
  - a. Fitness by the Fountain—free variety of physical activity/fun activities for families in several communities and existing networks.
  - b. More low cost/free community based fitness and exercise programs.
  - c. Community Gardens and or Community Night; Intergenerational approach: combination of elders and children to strengthen community connection, to build a positive relationship between these generations (but how to access the low income racial minority populations).

- d. Utilize vacant lots throughout Guilford for Community Gardens and have senior homes pledge to care for the garden—recognize gardeners with garden as sponsors. Senior homes have their own bus transportation. School age children can then tour the gardens.
- e. The region has an excellent but diffuse “food” community and a historically rich agricultural tradition that is eager to be involved and connected to the rest of Greensboro and Guilford.
- f. Get Healthy High Point—city-wide disease prevention campaign.
- g. Get physicians in preventive care to prescribe exercise.
- h. Activity work with churches, local recreation centers etc. to establish preferably free programs pertinent to their population that provide physical activities on a regular basis (weekly at a minimum) which would supply the social pie to enhance attendance.
- i. Using existing networks to incorporate physical activity (churches, and schools).
- j. More parks, greenways, safe places to exercise.
- k. Create community partnerships that will deliver the same message. VERY CRUCIAL!!
- l. One shot deals (Night Out, etc.) are not sufficient. Unless these efforts are clearly woven together. They do not have long term benefits for mainstream or hard to reach populations. There is not enough emphasis on design and how behavioralism can positively alter outcomes. Lots of interest in programming and intervention, less in communities that would sustain themselves.
- m. Use media effort and TV, newspapers, etc.

#### 4. Other Community Comments on Strategies:

- a. Facilitate physician access and utilization to fall prevention tool kits to assist with meeting the need for “Exercise to Medicare”. Note there are many evidence-based programs that the patients could be funneled to--:Matters of Balance; Tai Chi for arthritis, water aerobics for seniors, cardiac and pulmonary exercise programs etc.; Silver Sneakers.
- b. Community gardens are great idea. But, there is an issue of “accessibility’ for every person in a community---it varies according to income, race, and location.
- c. “Culture” perspective can be utilized when accessing to immigrants/refugees i.e., Hispanics. Not all refugees are Christians. If so, how to help efficiently/effectively.
- d. I am envisioning creating partnerships throughout the county including non-profit and for profit entities through the food chain.
- e. Foster Caviness is interested in food procurement, food distribution and community development. Together we will make it possible for everyone to gain access to foods!!
- f. Grant money is available through the NC Council of churches—simple, accessible process. Grants from \$500-\$5,000 available to support these “grassroots” movements.
- g. Community gardens best practices have been well-established. We don’t need to re-hash many of these ideas. Gardens, etc., are intertwined with larger food structures, attitudes about food supplies, choices, etc. We’re not trying to fix everything—can’t—but we do want to help redesign a larger system of change. Food people are among the most generous sharers.

# Improving Rates of Sexually Transmitted Infections

## Health Issue

Sexually Transmitted Infections present significant issues for the health of residents of Guilford County and the CHNA assessment area. Rates of chlamydia, gonorrhea, syphilis and HIV disease are consistently higher in Guilford County and Forsyth County than in the state as a whole and the nation. Large racial disparities exist for STIs, with African-Americans experiencing rates as much as ten times that among whites. Higher rates of HIV disease are concentrated in census tracts in southeast Greensboro. Syphilis rates are higher in tracts in southeast and west Greensboro and areas of central High Point. The problem of STIs is also concentrated among teens and young adults.

## Identifying Strategies for Improvement

**Participants in this breakout session included:** Tim Jordan (Ragsdale YWCA), Michelle Morrison (YWCA High Point), Kathy Norcott (Piedmont Health Services), James Gooch (Community). The meeting was facilitated by Laura Mroska of the Guilford County Department of Public Health.

### *The leading strategies identified were:*

1. **Comprehensive risk reduction programs** provide information on contraception and protection against STIs, and often emphasize abstinence and delayed initiation of sex. There is strong evidence that comprehensive risk reduction programs reduce risk behaviors such as self-reported engagement in sexual activity, frequency of sexual activity, number of partners and frequency of unprotected sexual activity. Other outcomes include increased use of condoms and contraception. There is strong evidence that group-based comprehensive risk reduction programs decrease sexual risk behaviors in both the short-term and the long-term.
2. **Individual-level, group-level and community-level behavioral interventions** aim to improve healthy behavior, psychosocial functioning and quality of life. There is strong evidence that these interventions reduce HIV and other STIs, decrease sexual risk behaviors, increase condom use and decrease STI incidence for at-risk adults and adolescents. Effects are greatest among high-risk groups (e.g., individuals at STI clinics and men who have sex with men (MSM). Interventions decrease risky sexual behaviors and STI incidence among women, Hispanics and black men and may also decrease risky sexual behaviors among adolescents.
3. **Expand existing best practice/promising program or provide greater coordination of existing programs?**
  - a. Wise Guys.
  - b. Smart Girls® Life Skills Training.
  - c. SIHLE.
  - d. Ensure adherence to the Healthy Youth Act, starting in middle schools.
4. **Recommendations for other program or strategy? Please describe.**
  - a. Educate more parents.
  - b. Explain why it is so important to talk with your child regardless of age.
5. **Populations with greater need:**
  - a. High school and college students.
  - b. Young adults.
  - c. African American.
  - d. Neighborhoods in southeast and east Greensboro and central and south High Point.
6. **Potential organizations to include:**

- a. Triad Health Project.
- b. Department of Public Health.
- c. Faith Communities.

**7. Other Comments:**

- a. I would like to see an increase in mentoring opportunities for people interested in receiving some guidance during times of change (emerging adults, fatherless boys, etc.)

# Healthy Pregnancy: Improving Birth Outcomes

## Health Issue

Poor birth outcomes are a significant problem for Guilford County and much of the CHNA Assessment Areas, with rates of infant mortality and low birth weight considerably higher than national benchmarks and objectives. Preconception health and healthy lifestyle during pregnancy are important factors influencing birth outcomes. Major disparities exist for birth outcomes. African-Americans experience low birth weight and infant mortality at considerably higher rates than whites. Teen pregnancies as well as low birth weight and preterm births occur at higher rates in areas with higher rates of poverty and unemployment and among racial minorities.

## Identifying Strategies for Improvement

**Participants included:** Jen Kimbrough (GCAPP), Crystal Broadnax (United Way), Julie Lapham (CNNC), Jennifer Ruppe (United Way), Kenneth Gruber (CYFCP), Kay Lovelace (UNCG-PHE), Amelya Black (UNCG-CPP), Charmaine Purdum (DPH), Jean Pudlo (Consultant), Renee Robinson (NCA&T), Heidi Major (YWCA-High Point). The meeting was facilitated by Joseph Telfair of UNC-Greensboro.

### *The leading strategies identified were:*

1. **Expand capacity of Centering Pregnancy™** program initiated by the Guilford County Department of Public Health. Centering Pregnancy™ is a multifaceted model of group care that integrates health assessment, education, and support into a unified program within a group setting. Eight to twelve women with similar gestational ages meet to learn care skills, participate in a facilitated discussion, and develop a support network with other group members. Each pregnancy group meets for a total of 10 sessions throughout pregnancy and early postpartum.
2. **Programs to improve pre-conception health;** i.e. Show Your Love, the national Pre-conception Health and Health Care Initiative (PHHCI), encouraging women to adopt healthy habits well before becoming pregnant.
3. **Dropout prevention programs for teenage mothers** typically offer multiple services which may include remedial education, vocational training, case management, health care, transportation assistance, and child care. Some programs also offer financial incentives for mothers who attend school, or make welfare receipt contingent on school attendance. Programs are usually comprehensive and intense, last about a year, and are usually conducted in multiple community settings. There is strong evidence that dropout prevention programs targeted at teenage mothers increase such mothers' graduation rates.
4. **Community suggestions to expand or improve existing programs:**
  - a. Access to existing programs.
  - b. New programs reaching targeted populations.
  - c. More than a health issue.
  - d. Need universal comprehensive sexuality education.
  - e. Expand Smart Girls® and Wise Guys (multiple mentions).
  - f. Adopt-a-Mom program (multiple mentions).
  - g. Work with YWCA on new preconception grant.
  - h. Take the programs that are working and expand: Wise Guys, Smart Girls®, Healthy Moms, Healthy Babies.
  - i. Expand existing program capacity.
  - j. YWCA-Healthy Mothers, Healthy Babies.
  - k. Breastfeeding/Parenting Education support.
  - l. Teen Parent Mentor Program.
  - m. Teens Taking Action.

**5. Other recommendations for programs or strategies:**

- a. Outreach churches and college students.
- b. Accessible primary care sites for teens, consensual, accessible, teen friendly.
- c. Sex education in the schools.
- d. Bring schools to the table for “real conversations.”
- e. Focus on males too.
- f. Programs to address young women’s sense of power and ability to control their lives.
- g. Programs that target gender relationships and the power of young women.
- h. Programs that address pre-conceptual health for African American women.
- i. Comprehensive approach to health education; issues work hand in hand and should be addressed as such as mobile health clinics to promote education and training around healthy habits, food choices, and contraception.
- j. Clearly, strategies to overcome all issues whether teen pregnancy or bullying, or food disparities, all are related. Comprehensive outcomes developing strategic macro elements is essential. Funding band aid approaches will leave our community in dire straits.
- k. Regarding Centering Pregnancy™, incorporating a food health component could strengthen outcomes. Diet and nutrition extremely important in growing, raising, promoting healthy moms and babies. WIC Farmers Market and SNAP Farmers Market Benefits could enable moms the ability to eat healthier.

**6. Populations with greater need:** Teens, middle, high school and college students, low income, minority communities.

**7. Potential partners:** Department of Public Health, YMCA/YWCA, Guilford Child Health, United Way, Center for New North Carolinians; Partners for Healthy Youth.

## Improving Access to Primary Care

### Health Issue

Community meeting participants rated lack of health insurance as the highest priority clinical care issues, with access to primary care providers as the second most important issue facing residents Guilford County and the larger assessment area. Substantial race and income disparities exist in percentage of persons who do not have a regular physician or health care provider. This issue includes access to primary care providers for physical and mental health.

### Identifying Strategies for Improvement

**Participants included:** Robert Foreman (HPR Fitness Center), Heidi Major (YWCA High Point), Angelina Drews (HPR Health System), Tim Jordan (Ragsdale YMCA), Jen Kimbrough (GCAPP), Kathy Norcott (Piedmont Health Services), Sandra Blaha (CNCNP), Markee Rindal (Ragsdale YMCA), Susan Shumaker (Cone Health Foundation). The meeting was facilitated by Joseph Telfair of UNC-Greensboro.

#### *The leading strategies identified were:*

1. **Systems navigators and integration** (e.g., Patient Navigators). Patient navigators provide culturally sensitive assistance and care-coordination, guiding patients through available medical, insurance, and social support systems. These programs seek to reduce racial, ethnic, and economic disparities in access to care and disease outcomes. There is strong evidence that patient navigator programs improve cancer screening, especially for breast cancer.
2. **Interventions to improve Health Literacy**. Health literacy is the degree to which people obtain, process, and understand basic health information and services in order to make appropriate health decisions. Between one-quarter and one-half of the US population has limited health literacy; elderly and low income individuals are most likely to have lower levels of health literacy. Approaches to improving health literacy include simplifying health education materials (written, video, audio, and computer formats), improving patient-provider communication, and improving overall literacy.
3. Expand use of **Community Health Workers** (CHW). Community health workers (CHW) serve a variety of functions, including: providing outreach, education, referral and follow-up, case management, advocacy and home visiting services. CHW services are often targeted at women who are at high risk for poor birth outcomes. There is strong evidence that CHW interventions improve a variety of health outcomes and behaviors, and increase access to care, particularly among racial and ethnic minority women. CHW models are a suggested strategy to promote healthy behaviors and connect underserved populations.
4. **Community suggestions for improving or expanding existing programs**
  - a. Focus on primary care medical home model.
  - b. “Ask me 3” health literacy evidence based program.
  - c. Systems navigators and integration—these need to be strategically placed or have a way to connect to one.
  - d. To improve health literacy, Teach Back Questions are the Answer.
  - e. Have a common theme or rallying cry.
  - f. Expand CHW to meet more of the underserved and unserved populations, i.e. men.
  - g. Community health workers.
5. **Other strategies or comments relating to improving access to clinical care**
  - a. Volunteers to get trained to assist with enrollment in health insurance exchanges in the fall of 2014 and after.
  - b. Identify champions



- c. Tap into the “exercise is medicine” campaign
  - d. Focus on one or two objectives in first year or two and then expand, otherwise this will fizzle out like other campaigns have done
  - e. Expand availability of community clinics, especially for uninsured, Medicaid and teens
  - f. Congregational Nurse Program is great but limited by connection to faith community. Perhaps replicate without the faith component requirement.
  - g. Don’t forget immigrants and recently released from incarceration.
  - h. Tie in church groups, schools, restaurants and other partners to help achieve the common goal.
6. **Populations with greater needs:** Immigrants and refugees, at risk populations, low income, minority communities, those recently released from incarceration.
7. **Potential organizations to involve:** Hospitals, Congressional Nurse Program, YMCA/YWCA, UNCG, CNNC and safety net providers, Greensboro Urban Ministry, Housing Authority, Department of Public Health, Triad Adult and Pediatric Medicine (TAPM).

## Social and Economic Factors

### Health Issue

Social and economic factors such as poverty, unemployment, education and crime are important social determinants of health and disease. Community meeting participants rated child poverty as the most important social economic issue, followed by unemployment, violent crime and educational attainment.

### Identifying Strategies for Improvement

**Participants included:** Michelle Morrison (YWCA-HP), Gracie Weaver (UNCG-PHE), Tia R Sides (UNCG-PHE), Kenneth Gruber (CYFCP), Kay Lovelace (UNCG-PHE), Virginia Lewis (United Way), James Gooch (Community), Charmaine Purdum (DPH), Lealani Roughton (Mew Arrivals Institute), Jean Pudlo (Consultant), Kate Mooney (Heartside Homecare), Roget Benendes (Heartside Homecare). The meeting was facilitated by Laura Mroska from the Guilford County Department of Public Health.

The leading strategies identified were:

1. **Support and expand multi-component employment initiatives** such as the **Greensboro Works Task Force**, a joint effort of The Community Foundation of Greater Greensboro and United Way of Greater Greensboro, is pursuing collaborative efforts to address Family Economic Success (FES) Assessment, National Fund for Workforce Solutions (NFWS) and Degrees Matter! In Greater Greensboro. The goal is to address long-term economic success of residents and “connect the dots” across existing programs and services.
2. **Extracurricular activities to improve community safety.** Extracurricular activities can include any organized social, academic, or physical activities for school-aged youth occurring outside of the school day. Extracurricular activities are a suggested strategy to increase social support systems, develop social skills and relationships, and enhance neighborhood cohesion as well as reduce violent behavior.
3. **Populations with greater needs.** Low income, immigrants and refugees, food desert areas, Seniors, children, minority communities, pregnant women. Persons in areas with high poverty and unemployment, immigrants and refugees, underemployed and adults who want to change jobs or careers,
4. **Potential organizations to involve:** Senior Resources, Cooperative Extension, Partnership for Community Care, Partnership Pantry Program, Second Harvest Food Bank, Share the Harvest, Congregational Nurse Program, YMCA/YWCA, schools, CNNC, AG Ed Center, Housing Authority, United Way, Partners in Health and Wholeness, New Arrivals institute, churches, existing farmers markets, including Medical Center markets, Peacehaven Farms, Greensboro Parks and Recreation,
5. **Community suggestions for improving or expanding existing programs**
  - a. Childcare for working adults
  - b. Focus on adult work force with continuing education and outreach to glean skills to stay a successful long-term professional employment.
  - c. Youth leadership academy
  - d. Livable wage programs
  - e. Child care scholarships
  - f. Transportation subsidies and help getting and maintaining cars.
  - g. Entry-Level employment skills program (GC DSS currently working with High Point Public Library (Linda Troxell, GC DSS)
  - h. Childcare funding.
  - i. Community sites that assist kids but also require parents to participate in educational programs
  - j. Basic education for immigrants and refugees that includes childcare and transportation
  - k. Support local food initiatives to increase employment and reduce poverty
  - l. After-school extra-curricular activities could be organized around community gardening

**6. Other community comments or recommended strategies:**

- a. Help change mentality of work ethic importance of being an active part of the workforce and economy.
- b. Address ways to improve health care access
- c. Programs to help individuals keep jobs
- d. Develop opportunities for hard to employ persons
- e. Expanding awareness of being responsible and accountable
- f. Expanding family centered approach

## Improving Access to Healthy Food

### Health Issue:

Environmental factors, like social determinants of health, have an important role in shaping community health. In 2013, the USDA Economic Research Service designated 25 census tracts in Greensboro and High Point, as well as other areas of the CHNA assessment area in Thomasville, Burlington, Reidsville and Winston-Salem, as food deserts, areas where residents do not have ready access to full-service supermarkets.

### Identifying Strategies for Improvement

Participants included: Sung-Jin Lee (NC A&T), Sherri Vettel (P4CC), Brooke Kochanski (P4CC), Patricia Tripp (Community, Foster Caviness), Renee Griffin (Senior Resources Guilford), Amelya Black (UNCG-PCP), Marianne Legreco (UNCG CSD), Janet Mayer (DPH), Ellen Weiner (Community), Renee Robinson (NC A&T), Andrew Young (Center for New North Carolinians). The meeting was facilitated by Mark Smith of the Guilford County Department of Public Health.

### *The leading strategies identified were:*

1. **Establish farmers markets and farm stands** in low income neighborhoods. This is a suggested strategy to increase fresh produce in food deserts. There is some evidence that farmers markets increase access to healthy foods. Farmers markets and farm stands in low income neighborhoods are likely to decrease disparities in food access. Includes **Mobile farmers' market** approaches to deliver produce to residents of low income neighborhoods. Includes expanded/enhanced **Medical Center farmers' markets**.
2. **Initiatives to encourage development of community gardens**. There is some evidence that community gardens improve access to and consumption of fruit and vegetables and increase physical activity for gardeners. Community gardens in low income neighborhoods are likely to reduce disparities. This strategy includes **School fruit and vegetable gardens and urban farms** initiatives.
3. **Provide incentives and support to food retailers** to offer healthier food and beverage choices in low access areas ("Corner Store Project"). Corner store projects provide support and incentives to existing convenience stores located in food desert neighborhoods. Support can include providing coolers and shelving for produce and other healthier options, training in produce handling, signage, and could include assistance in tapping into healthy food distribution networks.
4. **Improve availability of mechanisms for purchasing foods** from farms via farmers markets farm stands and other healthy food outlet. This strategy includes **promotion of EBT** (Electronic Benefits Transfer) and initiatives to **promote use of WIC and Senior Farmers Market Vouchers**. Can also include financial incentives in the form of "Veggie Vouchers," coupons that can be used in participating farmers markets and corner stores.
5. **Community suggestions for improving or expanding existing programs:**
  - a. Bring non-profits together with for profit entities, creating the partnership basis for increasing our local food economy. Provide new jobs, greater health, etc.!!
  - b. There are long-term commitments, projects will have setbacks. Only if communities will stick it out will the garden stuff work
  - c. Coordinating resources; maybe through the IRC to map and catalogue where things are.
  - d. The partnership pantry Healthy Food Bank Program—Healthier foods/produce available at food pantries—for low income chronic disease
  - e. Create a distribution hub
  - f. It must be a multi-layered approach
  - g. Community meals and relationship building...everybody tour the Montagnard gardens.

- h. Add incentives to select healthier foods with EBT benefits
- i. Education on how healthy eating can help you live a better life.
- j. Education needed on how to use and store fresh foods.
- k. Cultural perspective should be examined; need to cover more elderly populations having low incomes; church/faith based organizations are not solutions;
- l. Different approaches for food desert and needy people (low income, elderly...)

**6. Other Community Comments:**

- a. We need to create an awareness initiative to education everyone within the community on local food system initiative. We need to work together---food is what we all have in common!
- b. All programs must incorporate education and awareness training components
- c. Youth are agents of change. Establishing more supported food/garden/health programs; Recreation Centers might be a good place for creating education opportunities
- d. For mobile markets, one solution is to have vendor be part of the community
- e. Framers markets should use (price points business model)

**7. Populations with greater needs:** Seniors, immigrants and refugees, pregnant women, residents of food deserts, low income, minority communities

**8. Potential organizations to involve:** Senior Resources, Department of Public Health, UNCG, Foster-Caviness Food Distributors; Parks and Recreation, Cooperative Extension, Greensboro Farmers Curb Market and other existing farmers markets, 10<sup>9</sup>% program, CTG Project; Piedmont Together; Hospitals, Share the Harvest, IRC; High Point City Project; High Point SW Renewal Foundation, Michael King Community Development Corporation, Fund for Democratic Communities.