

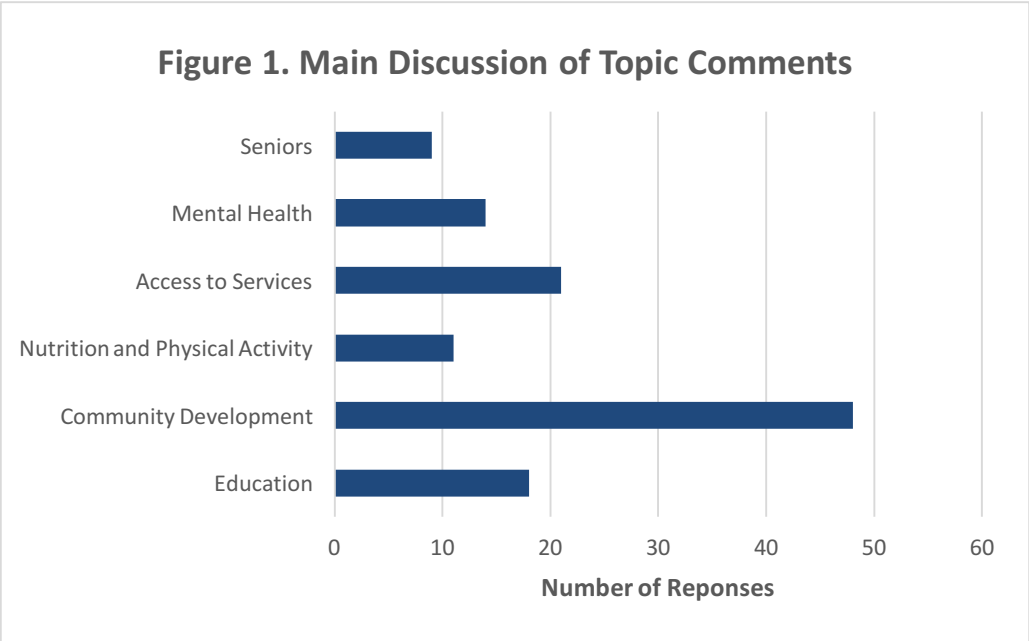


At the Kingsport meeting there were 17 attendees sitting around 4 tables. Data were captured using the World Café approach to large group discussion, which yields a set of notes taken by table moderators during small group discussions taking place over multiple rounds. For the purpose of the Community Health Roundtable Meetings, participants were asked to address in their conversations the question, “**What can you do to improve health in the community?**” At the end of two rounds of small group discussion, notes were collected from the table moderators, or “Table Hosts”, to be used for a final large group discussion to allow for further comment and clarification. These notes have been collated and analyzed with the results presented below.

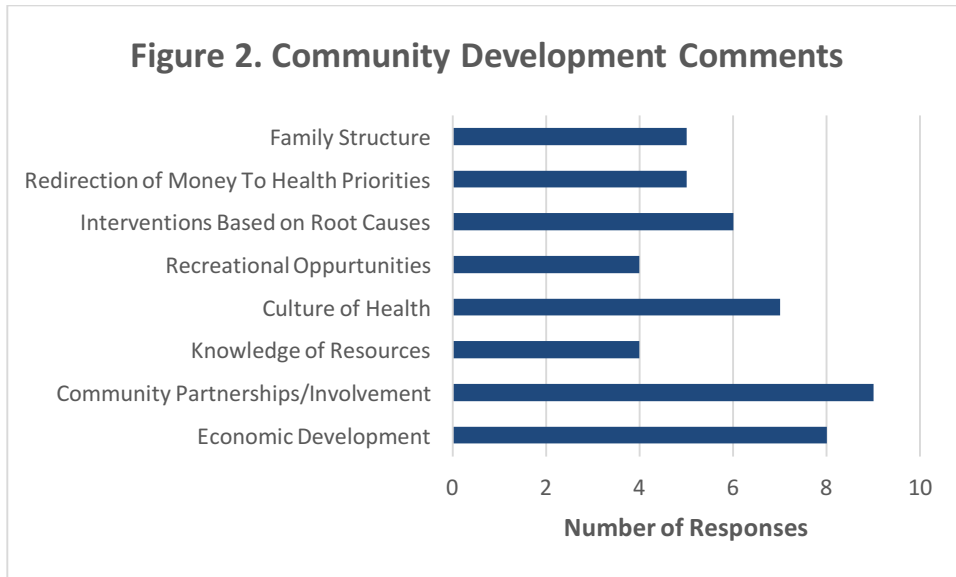
**Main Topics of Discussion**

These are major categories of discussion among the participants, within which several sub-categories were identified.

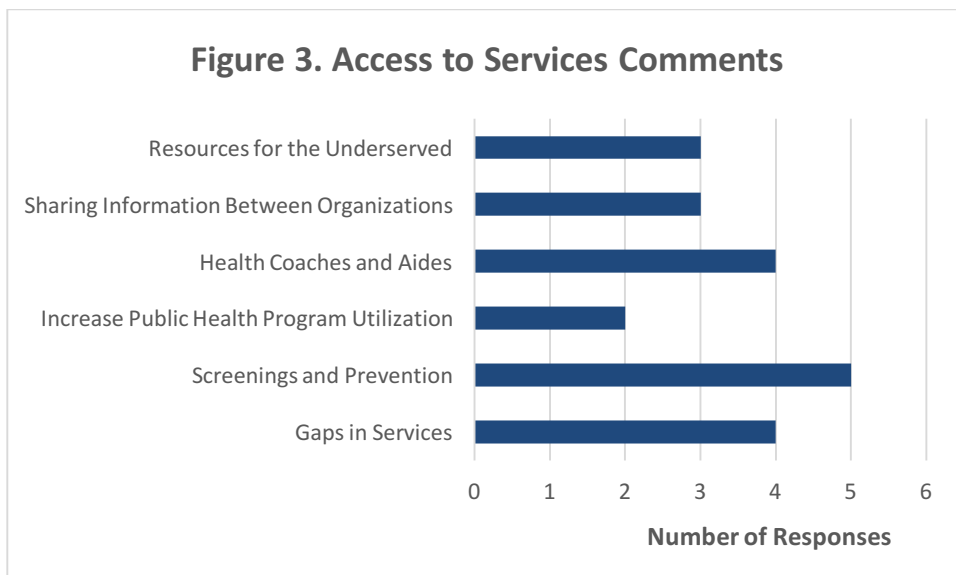
- Education
- Community Development
- Nutrition and Physical Activity
- Access to Services
- Mental Health
- Seniors



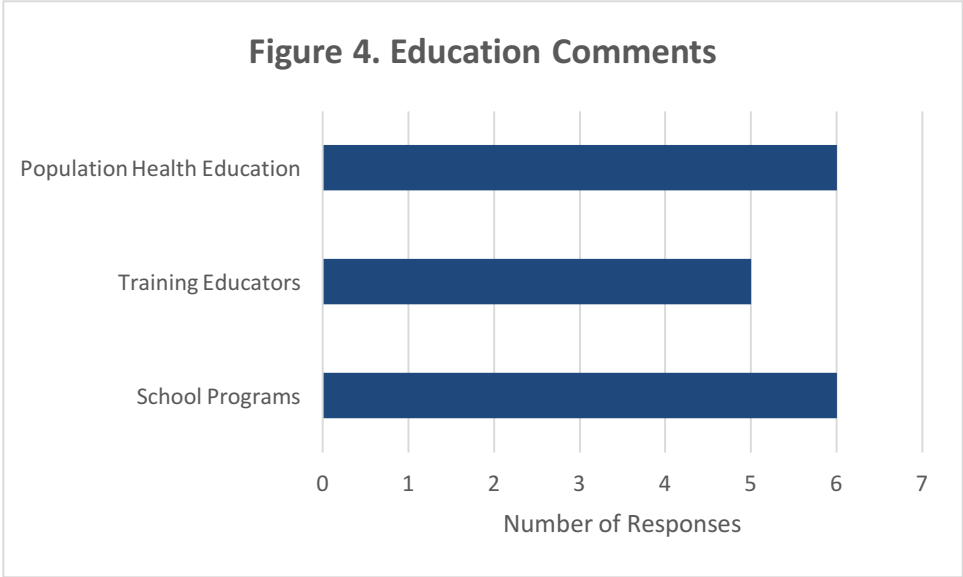
**Community Development** was characterized by concerns about the family structure, redirection of money to health priorities, interventions based on root causes, increased recreational opportunities, creating a culture of health, knowledge of resources, community partnerships and involvement and economic development. Participants included the need for creating jobs, providing opportunities for physical activity and focusing on root based problems. Economic Development was one of the main concerns with decreasing income status, need for reduction of competitive cost and creating a culture where people want to work. Figure 2 displays the rate of Comments in each of these categories.



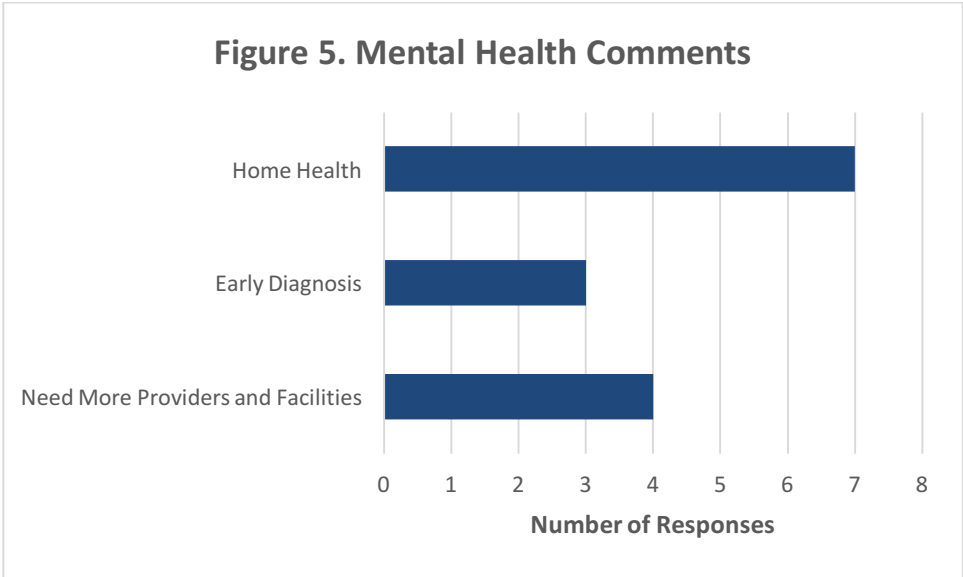
**Access to Services** was the second largest topic of concern among the attendees. In order to identify specific categories within the discussion around access, comments were broken out and considered individually. Topics under access to services included resources for the underserved, sharing information between organizations, health coaches and aids, increasing public health program utilization and gaps in services. Programs needed ranged from prevention, educational needs in home health and better sharing of information between organizations. Figure 3 illustrates the Comment distribution within this topic.



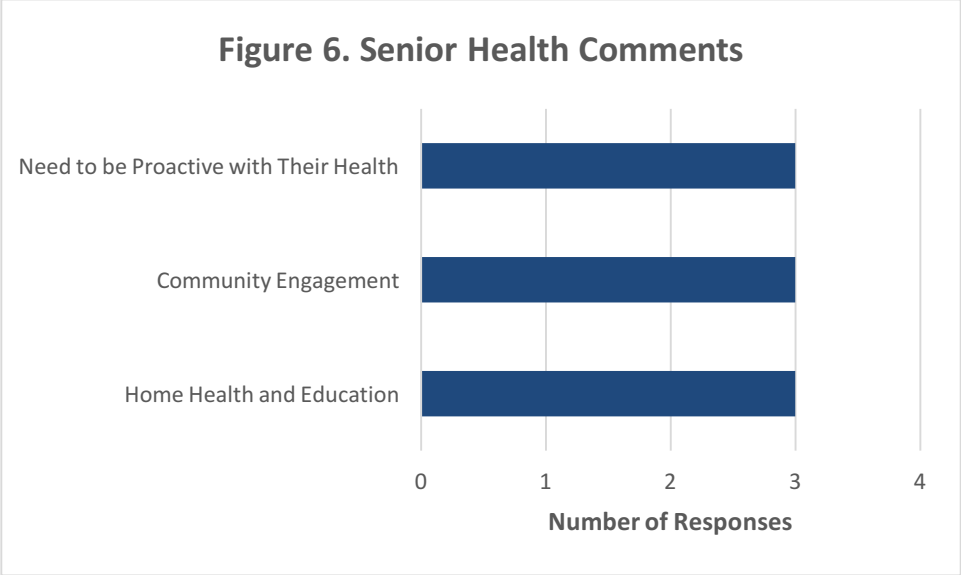
**Education** is a broad topic that was prevalent within every major discussion topic. Subgroups within the topic were School Programs, training educators and population health education. Participants indicated the need for training needs to be based on local issues, literacy, and children not learning how to do things as they did in the past. Figure 4 displays Comment frequencies within the subgroups.



**Mental Health** comments were focused around needed services. The discussion around mental health dealt with home health services, early diagnosis, and the need for more practitioners. Many felt there was a lack of adolescent and pediatric mental health services and mental health treatment facilities. Figure 5 displays Comment frequencies for this discussion topic.



**Senior Health** was concentrated on the need for engagement and access to services. Folks indicated that home health and education, community engagement and the need to be proactive with their health were main concerns. Access to preventative care, need for better way to get services to seniors and education on existing resources were some of the topics mentioned. Figure 8 displays Comment frequencies for these subgroups.



**Physical Activity and Nutrition** was a prominent concern among the meeting participants. Folks indicated that lack of physical activity and the need for more tailoring of dietetic information. Decreasing Income and the lack of healthy foods, physical activity in schools and healthier meals were the subcategories expressed in the meeting. Figure 7 displays Comment frequencies for these subgroups.

