This document is a hospital facility-specific summary of Community Health Needs Assessment (CHNA) process and findings. For more process and data details on Macon County, specific health data, and the collaborative community health assessments for our county, see:

- Macon County 2015 Community Health Assessment - http://www.maconnc.org/images/healthy-carolinians/Macon%20County%202015%20Community%20Health%20Assessment.pdf
- Appendix A

Our Community Health Needs Assessment process and product were also supported by technical assistance, financial support, and collaboration as part of WNC Healthy Impact, a partnership and coordinated process between hospitals, health departments, and their partners in western North Carolina to improve community health.
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Moving the needle on population level health priorities requires an array of initiatives across the community and is the collective accountability of the programs, agencies, and service systems striving to address these priority health issues. As part of a collaborative response to addressing health needs in our community, our hospital facility is an important contributor to meaningful progress on these health priorities. The brief summary below provides an overview of the progress and impact of actions taken since our last CHNA that was conducted in 2012.

### 2012 Priority Area 1  Reduce the incidence of preventable chronic diseases related to obesity, particularly diabetes and heart disease.

#### Population Level Data:

At the time of our last CHNA, our community was concerned about its growing culture of obesity, especially among children and young adults. The 2011 CHNA indicated that 37% of Macon County adults were overweight and 33% were categorized as obese. Overweight and obese adults have higher risk for heart disease, diabetes, stroke, osteoarthritis and several forms of cancer.

In school age children, 21.86% of elementary school children, 25.32% of middle school and 10% of high school students were classified as obese. Overweight and obese children and adolescents have a greater risk of developing Type 2 diabetes and asthma, are more likely to have hypertension and high cholesterol levels and are more likely to experience depression.

Poor dietary choices, a lack of exercise and understanding of weight gain hazards coupled with the inability to make life changes for better health exacerbated the problem. Additional risk factors included unsafe exercise areas and insufficient walking paths.

The goal of Angel Medical Center’s (AMC) 2013-2015 Implementation Strategy to address obesity within the hospital service area was to reduce the incidence of obesity by at least one-third (based upon self-reported data), to no more than 25% of the population. Strategies implemented were intended to raise awareness, provide educational outreach and support for this health priority.

In addition to the below implementation strategies, Angel Medical Center has also provided other vehicles intended to effect change in this priority area. Diabetes self-management educational programs for individual and group teaching, provided by AMC’s certified diabetes educators, annually assist 30-35 individuals. Annual drive-through glucose screening events also screen approximately 35 community residents each year.

#### Collaborative Efforts:

Addressing the complex priority of obesity required collaborative planning, action and coordination of multiple community partners. Angel Medical Center’s partnering agencies included Macon County Public Health Center, Highlands-Cashier Hospital, Macon County Schools, Mission Health and local employers.
<table>
<thead>
<tr>
<th>Hospital Strategy</th>
<th>Evaluation/Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-wide deployment of Lighten Up 4 Life (LU4L) Program</td>
<td>Starting in February 2012, the LU4L program was a no-cost strategy available to any and all members of the community. Its web-based format made it very accessible and easy to navigate. A total of 625 residents took advantage of this program from 2012-2014. This program was discontinued in 2014.</td>
</tr>
<tr>
<td>Ladies Night Out and Men’s Night Out</td>
<td>Ladies Night Out is a free monthly collaborative strategy between Angel Medical Center and the Macon County Public Health Center that focuses on prevention including cancer, weight management, heart disease, stroke, diabetes and other chronic conditions associated with diabetes. The program started initially with one session per month and, due to high attendance levels, expanded to two sessions per month. This program has seen amazing growth where an average of 120, and as high as 200, ladies attend one of the sessions each month. In 2013, Angel Medical Center received the Outstanding Contributor to Local Public Health Award from the NC Association of Local Health Directors. The Ladies Night Out program also raises funds for AMC’s Gap Fund which assists uninsured and underinsured individuals in receiving mammograms and other diagnostic screenings. In 2013, a bi-monthly Men’s Night Out program was added to coincide with the Ladies Night Out event.</td>
</tr>
<tr>
<td>Employer Health and Wellness Management</td>
<td>This strategy was initially launched with Angel Medical Center employees. Key components of this program included goal-oriented physical activity, nutrition education and partnerships with local fitness centers to provide discounted rates for employee engagement. Additionally, the program brought greater awareness and emphasis of cancer screening and prevention opportunities. An annual Health Risk Assessment, diagnostic tests and claims data were used to help determine and manage individuals’ chronic disease and cancer risk. This strategy was incorporated into Mission’s MyHealthyLife Well Connect program when AMC became a Mission Health member hospital. MyHealthyLife is also available for employer and community participation.</td>
</tr>
</tbody>
</table>
**2012 Priority Area 2**  Promote recruitment and retention of additional primary care physicians and dental practitioners serving Macon County residents.

**Population Level Data:**
Community leaders interviewed for our previous CHNA stressed the need to focus on physician recruitment and retention, particularly for adult medical needs. A key issue in recruiting and retaining physicians in a rural community is its quality of life. A physician might be interested in a Franklin practice, but there must also be opportunities for the spouse and appropriate educational and cultural opportunities for children. The loss of three Franklin primary care physicians in 2010-2011 was primarily due to lifestyle reasons. Concerns regarding the number of primary care physicians nearing retirement were also voiced by community leaders.

In the 2011 CHNA, 83% of respondents saw a Franklin-based physician in the past year, compared with 76% in 2007. However, 33% of county residents reported going to Jackson County physicians but the reasons were not specified. In addition, fewer people reported accessing care in the past year. This could have been indicative of economic constraints, such as loss of insurance. Twenty-two percent of Macon County adults reported delaying medical care over the past year because they could not afford it.

Additional reasons cited for delays in adult medical care included “Couldn’t Get Appointment Soon Enough” (15%), “Had to Wait Too Long” (14%), “Couldn’t Get Through on Phone” (7%) and “Not Taking New Patients” (7%).

**Collaborative Efforts:**
In an effort to mitigate this priority, Angel Medical Center partnered with Mission Health for physician recruitment and retention. AMC also partnered with the Macon County Public Health Center and Mountain Area Health Education Center OB specialty physicians and to improve and expand access to primary care in Macon County. AMC has also been committed to providing primary care to all citizens without regard to source of payment, including access through its Urgent Care Center and other primary care practices.

**Implementation Strategy Update**

<table>
<thead>
<tr>
<th>Hospital Strategy</th>
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<tbody>
<tr>
<td>Medical Staff Development Plan</td>
<td>Angel Medical Center developed an aggressive medical staff development plan with an intensive focus on primary care practitioner recruitment and retention. Mission Health was our regional partner for plan development and execution. As a result of this strategy, three OB/GYN physicians, three certified nurse midwives, two family medicine physicians, one ambulatory internal medicine physician, two hospitalists and one pediatrician were recruited to</td>
</tr>
</tbody>
</table>
augment primary care needs in Franklin in the three years following the previous survey.

In March 2015, Mission Medical Associates and MAHEC assumed operational responsibility for AMC-owned primary care practices which streamlined operations and greatly improved patient access for new and established patients.

| Franklin High School Health Occupation Student Association (HOSA) relationship and communication with other local undergrad, medical school and residency students. | The goal of the Franklin High School Health Occupation Student Association student relationship has been to cultivate future primary care practitioners through this student outreach program. Up to 15 junior and senior year high school students are hosted in several AMC departments each year. Additionally, hospital employees, providers, board members and other community residents were encouraged to connect AMC and Mission leadership with local undergrad, medical school and residency students to foster an interest in our local opportunities. This communication and assistance with clinical rotation opportunities led to recruitment of a Franklin-native nurse practitioner graduate to join Angel Primary Care in 2016. |
| Communications in Healthcare | This Mayo Clinic course model was added to improve relationships between all practitioners in an effort to improve retention and quality of practice for community providers. It is mandatory for employed and contracted providers but is optional and recommended for all other community providers. |

**2012 Priority Area 3**  Reduce the incidence and mortality rates of breast, colon and lung cancer through prevention and early intervention efforts.

**Population Level Data:**
The last CHNA identified that death rates from all types of cancer were not significantly different in Macon County from peer counties and are lower than the state death rates. However, while statewide and peer county cancer deaths were trending downward, Macon County death rates were trending upward. Cancers of all types composed the second leading cause of death in Macon County from 2006-2010. Four site-specific cancers caused the most deaths in Macon County: Breast cancer, colon cancer, lung cancer and prostate cancer. In Macon County, prostate cancer was the site-specific cancer with the highest incidence followed by breast, lung and colon cancers.

Lung cancer was the leading cause of Macon County cancer mortality from 2006-2010 but was well below the comparable mean rate for western North Carolina and for the state. Lung cancer rates
showed an 11% increase from 2002-2010 whereas the statewide rate decreased by 6.5%. Data also pointed out a higher lung cancer mortality rate in males than in females.

Breast cancer was the second leading cause of Macon County cancer death from 2006-2010. From 2004-2010, the county breast cancer mortality rate showed an alarming 25% increase. The Western North Carolina breast cancer mortality rate had also exceeded the comparable state rate for the previous three aggregate periods. The breast cancer incidence rate also increased by 27.2% over that same period.

Prostate cancer was the third leading cause of cancer death in Macon County from 2006-2010 although the statewide rate showed a slight downward trend. Western North Carolina rates were relatively flat during that time.

Colorectal cancer accounted for the fourth highest mortality rate from 2006-2010. Its county mortality rate saw a 5% decrease and was in line with state and Western North Carolina rates. The incidence rate showed some increase after staying below the state rate for three aggregate periods.

The high cancer incidence rates pointed to a need to heighten community awareness, encourage and promote screening opportunities and encourage engagement in preventive measures.

**Collaborative Efforts:**

Angel Medical Center and many other collaborative partnerships joined forces and hands as part of the Cancer Prevention Priority Taskforce. This group sought to reduce the incidence and mortality rates of breast, colon and lung cancer through prevention and early intervention efforts.

Key partners included Angel Medical Center, Macon County Public Health Center, Highlands-Cashiers Hospital, government leaders, city and county planning offices, state cancer control programs, American Cancer Society, Macon County Schools, community physicians including Cancer Care of Western North Carolina, churches and multiple other social service entities.

In 2014, Angel Medical Center’s new Cancer Care Center building opened its doors for patient care including cancer care and infusion services under the auspices of Cancer Care of Western North Carolina, clinic and endoscopy services by Western Carolina Digestive Consultants along with outpatient rehabilitation services. AMC’s membership in the Mission Health system, plus cooperative partnerships with the cancer and gastroenterology physician groups, brought this building to fruition for our area residents.

### Implementation Strategy Update

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The program started initially with one session per month and, due to high attendance levels, expanded to two sessions per month. This program has seen amazing growth where an average of 120, and as high as 200, ladies attend one of the sessions each month. In 2013, Angel Medical Center received the Outstanding Contributor to Local Public Health Award from the NC Association of Local Health Directors.

The Ladies Night Out program also raises funds for AMC’s Gap Fund which assists uninsured and underinsured individuals in receiving mammograms and other diagnostic screenings.

In 2013, a bi-monthly Men’s Night Out program was added to coincide with the Ladies Night Out event.

### Community Cancer Screening Events
AMC provided various public health education events with a focus on cancer screening and preventive education. These were held at myriad locations including the main hospital campus, during the annual Macon County Fair and on-site at local employers. For example, an annual Fecal Occult Blood Test screening was offered to AMC employees and the general public. A total of 236 individuals took advantage of this free diagnostic opportunity.

### Employer Health and Wellness Management
This strategy was initially launched with Angel Medical Center employees. Key components of this program included goal-oriented physical activity, nutrition education and partnerships with local fitness centers to provide discounted rates for employee engagement. Additionally, the program brought greater awareness and emphasis of cancer screening and prevention opportunities. An annual Health Risk Assessment, diagnostic tests and claims data were used to help determine and manage individuals’ chronic disease and cancer risk. When AMC became a Mission Health system member, this strategy was incorporated into Mission’s MyHealthyLife WellConnect program. MyHealthyLife is also available for employer and community participation.

As we move forward with partners in implementing efforts in response to the 2015 CHNA presented in this document, we will continue to build our capacity around evaluation through using Results-Based Accountability™ as a framework for understanding the results we are achieving.
2 – **Community Health Needs Assessment Process**

**Community Served**

Macon County is a diverse mixture of mountain living, small city hustle, rural landscapes and high tech potential. Approximately 34,000 county residents reside across 519 square miles, most of them mountainous and sparsely inhabited. In addition, 46% of this area include federal lands that lie within the Nantahala Forest and are overseen by the US Forest Service. The county’s largest natural water supply is the Cullasaja River.

There is a slightly higher proportion of females to males in Macon County which is consistent with region and state-wide data. The county has a median age several years older than the regional mean and the state average median age. This, and projected growth of population over the age of 65 over the next two decades, fit with the regional characteristic of a significantly large population of senior citizens and the issues that accompany this population.

Macon County has significantly lower proportions of all minority racial groups than the WNC region and NC as a whole. However, the county is home to a higher proportion of ethnic Hispanics or Latinos than the WNC average.

The population in each major age group age 65 and older in Macon County is projected to increase between 2010 and 2030. The proportion of the population age 85 and older will approximately double in that period; the population age 75-84 will increase by 46%. By 2030, projections estimate there will be more than 10,250 persons age 65 and over in Macon County.

Additional socioeconomic and demographic data can be found in the Macon County Community Health Assessment:

- [Macon County 2015 Community Health Assessment](http://www.maconnc.org/images/healthy-carolinians/Macon%20County%202015%20Community%20Health%20Assessment.pdf)

**Data Collection Process**

The following section describes how data was obtained, compiled and analyzed in our assessment process.

**WNC Healthy Impact**

WNC Healthy Impact is a partnership and coordinated process between hospitals and health departments in western North Carolina to improve community health. As part of a larger, and continuous, community health improvement process, these partners are collaborating to conduct community health (needs) assessments across western North Carolina [www.WNCHealthyImpact.com](http://www.WNCHealthyImpact.com). Angel Medical Center is also involved in this regional/local vision and collaboration. Participating counties include: Buncombe, Cherokee, Clay, Graham, Haywood,
Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania and Yancey.

**Core Dataset Collection**
The data reviewed as part of our community’s health needs assessment came from the WNC Healthy Impact regional core set of data. WNC Healthy Impact’s core regional dataset includes secondary (existing) and primary (newly collected) data compiled to reflect a comprehensive look at health. The following data set elements and collection are supported by WNC Healthy Impact data consulting team, a survey vendor, and partner data needs and input:

- A comprehensive set of publically available secondary data metrics with our target population compared to the other WNC regions as “peer”
- Set of maps accessed from Community Commons and NC Center for Health Statistics
- Telephone survey of a random sample of adults in the county

See the Macon County Local Community Health Assessments for more details on the regional data collection methodology:

- [Macon County 2015 Community Health Assessment](http://www.maconnc.org/images/healthy-carolinians/Macon%20County%202015%20Community%20Health%20Assessment.pdf)

**Additional Community-Level Data**
In February 2015, Macon County Public Health convened a Community Health Needs Assessment (CHNA) steering committee comprised of various community stakeholders to help guide local data collection efforts. Based on feedback from the CHNA group, it was determined that concerns and issues raised from community leaders and vulnerable populations would be essential to provide context for the research and statistical analysis. In order to hear these diverse community perspectives, the CHNA steering committee determined that listening sessions and key informant interviews were the best method to collect local primary data.

**Key Informant Interviews Conducted:**

- Shaina Adkins (Executive Director, CareNET)
- Andrea Anderson (Executive Director, REACH)
- Dr. Chris Baldwin (Superintendent, Macon County Schools)
- Jim Bruckner (Health Director, Macon County Public Health)
- Kevin Corbin (County Commissioner and Business Owner)
- Jerry Hermanson (Executive Director, Community Care Clinic Highlands)
- Sheila Jenkins (Director, Macon County Senior Services)
- Jane Kimsey (Director, Macon County Social Services)
- Chuck Sutton (Director, Macon Program for Progress)
Listening Sessions Conducted:
- Low Income (Franklin)
- Low Income (Highlands)
- Latino
- Senior Citizens
- Those affected with Mental Illness
- Caregivers
- Youth (Franklin)
- Youth (Nantahala)

Gaps in Available Information
While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might limit the ability comprehensively assess the community’s health needs.

For example, certain population groups (such as the homeless, institutionalized persons or those who speak a language other than English or Spanish) are not represented in the survey data. Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents and members of certain racial/ethnic or immigrant groups) might not be represented in numbers sufficient for independent analysis.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the overall community’s health. However, there are a great number of medical conditions that are not specifically addressed in this survey.

Community Input
Throughout the collaborative health needs assessment process in our community, input was obtained in a number of ways. See below for a list of the organizations that provided input into this process, the period of time they were involved, how their input was obtained, and the nature and extent of their input.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Role/Contribution</th>
<th>Method</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macon County Public Health Center</td>
<td>Leadership – Macon County Community Health Assessment and Improvement Process</td>
<td>Lead role in CHA and launch of MountainWise Leadership Team</td>
<td>Full Process</td>
</tr>
</tbody>
</table>
Macon County community input is led by the MountainWise Leadership Team. This public and private healthcare partnership is comprised of more than twenty-five community leaders who reviewed survey results, guided the prioritization process and determined top priorities to be addressed by each of three task forces. Through this team, community members and leaders, representatives of public health, hospitals, human service organizations, churches, schools and businesses work together to collaboratively organize and mobilize resources.

Supplementary information about Macon County community engagement may be found in our county community health assessment:

- [Macon County 2015 Community Health Assessment](http://www.maconnc.org/images/healthy-carolinians/Macon%20County%202015%20Community%20Health%20Assessment.pdf)

Our collaborative health needs assessment process solicited and took into account input from the following:

**Public Health Department**
In the collaborative assessment process for our community, the Macon County Public Health Center is a key partner. They provided coordination for the local process that we help support and partner to implement.

**Medically underserved, low-income, and minority populations**
Our process included input regarding the needs of medically underserved, low-income, and minority populations in two ways. (1) As part of our collaborative data collection effort, a community-wide telephone survey was conducted to better understand the specific health
needs and status of all of the community, which includes these special populations. (2) In addition, a survey of key informants was conducted to gain input from the individuals and organizations in our community representing the interests of these populations in their local efforts.

Written Comments
Our facility also considers any written comments received since the last CHNA and implementation strategy. Angel Medical Center maintains public access to its CHNA and implementation strategy on its website, and accepts comments through the Administration office. Although AMC has not received comments or feedback on previous survey documents, we continue to invite this community feedback.

3 – Health Needs in Our Community

Health Status
Data on the health status of Macon County and health factors that influence health are included in the full community health assessments for each county in our community.

- Macon County 2015 Community Health Assessment - http://www.maconnc.org/images/healthy-carolinians/Macon%20County%202015%20Community%20Health%20Assessment.pdf

The collaborative local assessments include a basic review of trends and progress and changes in health status for the broad community. These assessments also include details on populations at risk or facing health disparities in our community.

Health Issues

Process
To identify the significant health issues in our community, our key partners reviewed data and discussed the facts and circumstances of our community. We used the following criteria to identify significant health issues:

- County data deviates notably from the region, state or benchmark
- Significant disparities exist
- Data reflects a concerning burden, scope or severity
- Surfaced as a priority community concern

Identified Issues
The following health issues were surfaced through the above survey process:
• **Chronic Disease**: This includes heart disease, diabetes, cerebrovascular disease (i.e. stroke), cancer and chronic lower respiratory disease.

• **Obesity**: This includes obesity rates of children ages 0-5, 6-12 & 13-18 and adults age 19 and up.

• **Teen pregnancy**: This includes teens that became pregnant under age 19.

• **Substance Abuse**: This includes not only those who use drugs but also those who enable drug use behaviors along with the need for drug use prevention efforts.

• **Intimate Partner Violence**: This includes sexual assault and domestic violence.

• **Tobacco**: This includes tobacco use during pregnancy and the need for tobacco policies (tobacco-free places).

• **Social Determinants of Health**: This includes economic development and affordable housing.

• **Access to Care**: This concern was centered on access to health care professionals.

• **Mental Health**: This includes access to mental health services along with recognizing and responding to suicide risk.

• **Cross-Cutting Issues**: This concern was centered on communication of resources for how and where residents can access help for various issues.

### Priority Health Issues

**Process & Criteria**

During 2015, Macon County Public Health Center, MountainWise of Macon County, WNC Healthy Impact, Highlands-Cashiers Hospital and Angel Medical Center facilitated the development of this comprehensive community health assessment by engaging multiple organization and community members to:

- Outline the need for certain decisions
- Considering funding requests and interventions
- Creating a positive environment for discussion and change

The criteria used to our community priority health issues were ranked based on relevancy (*How important is this issue?*), impact (*What will we get out of addressing this issue?*), and feasibility (*Can we – as a community – adequately address this issue*?). The top highest scores were used to identify health priorities.
Identified Health Priorities
The following health issues are the final community-wide priorities:

Macon County

- **Heart Disease**: Heart disease presented as the leading cause of overall death in Macon County for the 2009-2013 time period and thus was selected as a priority area.

- **Domestic Violence**: Domestic violence report rates have significantly escalated in recent years with Macon County’s domestic violence shelter averaging 96% capacity from July 2013-June 2014.

- **Economic Development**: Economic development is a policy intervention endeavor aiming to improve county residents’ economic and social well-being.

In our facility specific Implementation Strategy, we will discuss what role our facility will have in leading, collaborating on, or supporting others in responding to these health issues.

4 – AVAILABLE RESOURCES

**Health Resources Inventory**
An inventory of available resources of our community was conducted through reviewing a subset of existing resources currently listed in the 2-1-1 database for our community as well as working with partners to fill in additional information. Where gaps were identified, we partnered with 2-1-1 to fill in or update this information when applicable. In addition, Angel Medical Center’s Department Leadership Team has received training on the 2-1-1 call system, its benefits to health and human services providers, its ability to identify social service gaps and its role in disaster call management.

**Findings**
Macon County is a participating member of the NC 2-1-1 system. By dialing 2-1-1 (or 888-892-1162), Macon County residents are connected to a trained staff person who will link them with community health and human services resources. Local residents may also visit [www.NC211.org](http://www.NC211.org) to access a point-in-time summary list of available community resources by using Macon County as a search agent. Additionally, a list of Macon County Referral Resources is found on the Macon County website, [www.maconnc.org](http://www.maconnc.org).

**Resource Gaps**
Resource gaps for issues identified in this survey include:
- Heart Disease
- Availability of health education and awareness initiatives
- Lack of a county-wide health and wellness agenda for chronic disease prevention with a focus on lowering obesity rates

- Domestic Violence
  - Need for enhanced community screening for domestic violence in cases of animal abuse, within healthcare settings including behavioral health and in the court systems
  - Availability of health education and awareness initiatives

- Economic Development
  - Availability of health education and awareness initiatives
  - Essential need to correlate economic growth with human development related to health and education

5 – NEXT STEPS

Sharing Findings
Our facility will post its CHNA report on Angel Medical Center’s website. The paper copy of our CHNA will be made available, upon request, at our hospital free of charge. Comments and suggestions will be accepted from the public by e-mail to Paula Alter, Angel Medical Center Business Relations Manager, paula.alter@msj.org.

Collaborative Action Planning
Our hospital facility will participate in a collaborative action planning process with our community partners which results in the creation of a community-wide plan at the county level. Our hospital will then develop a facility specific implementation strategy that speaks to our specific contributions to the identified priority health issue. We aim to leverage existing assets, avoid duplication, and implement evidence-based and innovative efforts, while working towards a vision of collective impact.

8/31/2016
Date adopted by authorized body of hospital facility
WORKS CITED
