Blue Ridge Regional Hospital, Inc., CHNA Summary

8/22/2016

[IMPORTANT TEMPLATE NOTE: This template was created as a guide to help support hospital reporting and should be edited and modified to fit the actual situation of each reporting hospital facility. This is not an official legal or tax guidance document. Hospital facilities should consult with their internal advisors to complete final reporting.]
This document is a hospital facility-specific summary of Community Health Needs Assessment (CHNA) process and findings. For more process and data details on counties within our defined community, specific health data, and the collaborative community health assessments for each county, see:


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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MITCHELL

1 – EVALUATION OF ACTIONS TAKEN SINCE PREVIOUS (2012) CHNA

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.

<table>
<thead>
<tr>
<th>2012 Priority Area 1: Healthy Living Behaviors &amp; Lifestyles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population Level Data:</strong></td>
</tr>
<tr>
<td>Healthy living behaviors and lifestyles contribute to prevention of chronic disease, decreased mortality from chronic disease and overall improved quality of life. Change in health profiles among Mitchell County residents since 2012 has been positive in some aspects, negative in others. Prevalence of diabetes has decreased from 15.4% in 2012 to 10.5% in 2015. While this rate is higher than WNC rate (7.5%), it is lower than the NC (11.4%) and US (11.7%) rates. Rates in both NC and US increased from 2012 to 2015. Heart disease prevalence in Mitchell County (9.7%) remains higher than in WNC (6.5%) and the US (6.1%). While mortality from heart disease has shown a decrease in WNC and NC from 2012 to 2015, mortality from heart disease in Mitchell County has not improved. Incidence of lung disease in Mitchell County has not improved since 2012 and deaths from chronic lung disease occur in Mitchell County at almost twice the rate of NC in total. Cancer incidence is stable from 2012 to 2015 and cancer mortality has decreased. Both Mitchell County cancer metrics are consistent with rates for WNC and NC.</td>
</tr>
<tr>
<td><strong>Collaborative Efforts:</strong></td>
</tr>
<tr>
<td>Partnerships with Graham’s Children’s Services, Partnership for Children, Mitchell Parks and Recreation, Mitchell Community Health Partnership, Mitchell County School System and multiple other individuals and agencies work partner to increase access to walking trails, resources to communicate and provide transportation for children to sports and planned community activities. Community activities to promote healthy eating and to provide healthy food are a collaborative priority.</td>
</tr>
<tr>
<td><strong>Implementation Strategy Update</strong></td>
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</tbody>
</table>

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<tr>
<th>Hospital Strategy</th>
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</table>
| Support Efforts/Facilities to increase opportunities for increased physical activity. | a. The planning for a community walking trail was supported in facility design process of new medical office building. Foundation funding sources for the hospital campus portion of the trail are being explored.  
b. BRRH provided an annual community fun run and 5k for 3 consecutive years. Participation ranged from 50-150 and included all ages and skill levels. Children participated for free.  
c. Provided incentives and opportunities for employees to participate in fitness activities and fitness center programs. The Fitness Center, a program of BRRH, |
operated at a loss and was supported operationally by the hospital.

Support access to preventive care by recruiting primary care providers to the underserved community.

a. BRRH recruited, onboarded and provided start up support for 4 primary care and 2 OB/Gyn providers 2012-2015

### 2012 Priority Area 2: Substance Abuse Prevention and Increasing Availability/Access to Mental Health Services

#### Population Level Data:
The rate of unintentional overdose death in Mitchell County is among the worst in NC and US. While efforts to decrease access to illicit drugs are employed in a broad community wide collaborative effort, the result appears to have changed only the type of drug implicated in the abuse not the reduction of overall rates of use. Since 2012, the drugs commonly encountered have shifted from primarily methamphetamines and opioids to now include methadone and heroine. Methadone overdose risk in Mitchell County (33.3%) has increased to near double the state risk (16.8%). Tobacco product use remains at high rates (22%). Alcohol use has increased particularly among the oldest population groups.

#### Collaborative Efforts:
Coordinated by the Director of the Mitchell-Yancey Substance Abuse Task Force, a multi-agency strategic plan with annual goals works diligently on every front to address this problem. A model program of community collaboration among schools, law enforcement, services for children and elders, healthcare, behavioral health and private citizen advocates has coalesced to address the problem. From medication return sites to provision of medication lock boxes, many strategies have been deployed and new best practices will be planned.

#### Implementation Strategy Update

<table>
<thead>
<tr>
<th>Hospital Strategy</th>
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<tbody>
<tr>
<td>Safe Prescribing of Opioids</td>
<td>a. New acute and chronic pain management protocols were implemented in the BRRH emergency department. The use of non-opioid pain medications, comfort measures and limited dose discharge medication pre-packs were implemented. (\text{b. Outpatient settings established pain medication contracts, required testing of patients with ongoing opioid prescriptions to avoid diversion of medication and increased days per week of pain treatment clinic from 1 to 3.}) (\text{c. Established a support/treatment group for men with chronic pain including a physician and counselor team serving 10-15 per week.})</td>
</tr>
</tbody>
</table>
Provide access to psychiatry to patients with behavior health emergencies in the BRRH emergency department.

a. Implemented behavioral health tele-medicine services in 2014 serving 5 to 15 patients per week with psychology and psychiatry remote consultation and care.

2012 Priority Area 3: Access and Assistance for Low-Income Households

Population Level Data:
Rates of poverty, particularly the number of children living in poverty remain higher than WNC and NC and are not improving. Poverty resulting in food insecurity is a significant problem with 25% of surveyed residents indicating they often or sometimes worry about access to food. Mitchell County residents had a preventative physician visit in the past year at a rate of 66.8%. Residents of Mitchell County are less likely to have healthcare insurance coverage than others in WNC and NC. The number with coverage has improved minimally (20% in 2012 to 18% in 2015 without insurance) since initiation of the Affordable Care Act.

Collaborative Efforts:
Multiple agencies and authorities support and assist community members with access to food, transportation and housing. The Economic Development Commission focuses on attracting business and industry to support access to jobs at a living wage. Healthcare access is supported by area rural health centers, FQHC’s and public health agencies.

Implementation Strategy Update

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| Adopt liberal charity care policies for BRRH | a. Adopted Mission Health Charity Care Policy in 2012. The policy was updated in 2014 to liberalize the qualifying income amounts. Charity Care percentages and dollar amounts have increased annually from 5% to 9% of revenue.  
b. Charity care policies are applied to services provided to all public health referrals and FQHC clients served at BRRH. |
| Support low income patients/families with access to health insurance. | a. Medicaid enrollment specialists are provided private space, computer access and referral support on BRRH campus.  
b. Toe River Project Access (TRPA) is supported through grand fund applications, administrative support, space and access to BRRH services at reduced cost to provide healthcare to qualifying community members. |
| Support workforce development. | a. Provided education sites and mentors for learners at all levels and entry points; community college, university, medical school and graduate medical education. |
YANCEY

1 – Evaluation of Actions Taken Since Previous (2012) CHNA

2012 Priority Area 1: Substance Abuse Prevention and Increasing Availability/Access to Mental Health Services

Population Level Data:
The rate of unintentional overdose death in Yancey County is among the worst in NC and US. While efforts to decrease access to illicit drugs are employed in a broad community wide collaborative effort, the result appears to have changed the type of drug implicated in the abuse not the reduction of overall rates of use. Since 2012, the drugs commonly encountered have shifted from primarily methamphetamine and opioids to now include methadone and heroine. Methadone overdose risk in Yancey County (33.3%) has increased to near double the state risk (16.8%). Tobacco product use remains high at 22% of the population and alcohol overuse/abuse is at rates higher than the state.

Collaborative Efforts:
Coordinated by the Director of the Mitchell-Yancey Substance Abuse Task Force, a multi-agency strategic plan with annual goals and plans works diligently on every front to address this problem. A model of community collaboration, schools, law enforcement, services for children and elders, healthcare, behavioral health and private citizen advocates. From medication return sites to provision of medication lock boxes, many strategies have been deployed and new best practices will be planned.

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<td>b. Outpatient settings established pain medication contracts, required testing of patients with ongoing opioid prescriptions to avoid diversion of medication and increased days per week of pain treatment clinic from 1 to 3.</td>
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<td>c. Established a support/treatment group for men with chronic pain including a physician and counselor team serving 10-15 per week.</td>
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Provide access to psychiatry to patients with behavior health emergencies in the BRRH emergency department.

a. Implemented behavioral health tele-medicine services in 2014 serving 5 to 15 patients per week with psychology and psychiatry.

### 2012 Priority Area 2: Cancer

**Population Level Data:**
Cancer incidence among Yancey residents remains slightly higher than WNC and NC but is increasing at a less steep slope than seen in the early 2010’s. The death rate associated with cancer among Yancey residents also remains higher but is now in decline on a slope similar to that of WNC and NC.

**Collaborative Efforts:**
Collaborative Efforts in cancer prevention mirror those associated with promoting healthy lifestyles: healthy nutrition, smoking cessation/avoidance, clean air and water. See Lifestyles notes.

**Implementation Strategy Update**

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<tr>
<td>Increase access to primary prevention activities, screening and healthcare.</td>
<td>a. Two primary care providers recruited, on-boarded and supported during start up in the Yancey Primary Care Clinic.</td>
</tr>
<tr>
<td></td>
<td>b. Middle School participants were recruited to and supported in an after school physical activity and health promotion program at the Yancey Fitness Center.</td>
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<tr>
<td></td>
<td>c. Yancey Health Festival was supported with sponsorship dollars. Education on health promotion, the importance of primary care visits and appropriate screenings were provided by hospital staff.</td>
</tr>
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### 2012 Priority Area 3: Healthy Living Behaviors & Lifestyles

**Population Level Data:**
Healthy living behaviors and lifestyles contribute to prevention of chronic disease, decreased mortality from chronic disease and overall improved quality of life. Changes in health profiles amount Yancey County residents have been positive in some aspects, negative in others. Prevalence of diabetes has decreased from 15.4% in 2012 to 105% in 2015. While this rate is higher than WNC rate (7.5%), it is lower than the NC (11.4%) and US (11.7%) rates. Rates in both NC and US increased from 2012 to 2015. Heart disease prevalence in Yancey County (9.7%) remains higher than in WNC (6.5%) and the US (6.1%). While mortality from heart disease has shown a decrease in WNC and NC from 2012 to 2015, mortality from heart disease in Yancey County has not improved. Incidence of lung disease in Yancey County has not improved since 2012 and deaths from chronic lung disease occur in Yancey County at almost twice the rate of NC in total. Cancer incidence is stable from 2012 to 2015 and
Cancer mortality has decreased. Both Yancey County cancer metrics are consistent with rates for WNC and NC.

**Collaborative Efforts:**
Partnerships with Graham’s Children’s Services, Partnership for Children, Yancey Parks and Recreation, Yancey County School System and multiple other individuals and agencies partner to increase access to walking trails, resources to communicate and provide transportation for children to sports and planned community activities. Community activities to promote healthy eating and to provide healthy food are a collaborative priority.

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| Support Efforts/Facilities to increase opportunities for increased physical activity. | a. The planning for a community walking trail was supported in facility design process of new medical office building. Foundation funding sources for the hospital campus portion of the trail are being cultivated. The design cost totaled approximately $5,000.  
  b. BRRH provided an annual community fun run and 5k for 3 consecutive years. Participation ranged from 50-150 and included all ages and skill levels. Investment in the event totaled $4,000 over 3 years in costs not covered by adult entry fees.  
  c. Provided incentives and opportunities for employees to participate in fitness activities and fitness center programs. |
| Support access to preventive care by recruiting primary care providers to the underserved community. | a. Recruited, on boarded and provided start up for 4 primary care and 2 OB/Gyn providers. 2012-2015 |
| Provide support to Yancey Fitness Center to continue despite operating losses. | a. Provided operational support; offered reduced membership based on need, free for youth participating in after school programs.  
  b. Recruited senior volunteers to serve the center in support roles. Volunteers and seniors exercise at reduced fees. |

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. 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
Blue Ridge Regional Hospital serves both Yancey and Mitchell counties in western North Carolina. Both counties are small and rural with populations of: Mitchell – 15,579 and Yancey – 17,818. Population growth is seen only in the over 65 age group. Both counties are predominantly white with less than 1% African American and 5% Hispanic residents. Located in the northern mountains of WNC, both counties are beautiful, clean and green. Both counties are also geographically isolated with higher rates of unemployment and poverty than most NC counties. Both counties are rated at Tier 1 county related to economic distress.

Mitchell and Yancey county residents have a higher than expected rate of chronic illnesses including heart disease and respiratory disease. Health related risk factors include higher rates of obesity or overweight residents, smoke more than most North Carolinians and participate in less physician activity.

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. Blue Ridge Regional Hospital is also involved in this regional/locals 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
• Email key-informant survey

For more details on the Local Community Health Assessments regional data collection methodology please use the links below.

Additional Community-Level Data – None.

Gaps in Available Information – None.

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.

Acknowledgements from Local CHA’s – Both Counties:

<table>
<thead>
<tr>
<th>Name &amp; Agency</th>
<th>Role</th>
<th>Method</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ron and Libby McKinney, Mitchell Community Health Partnership</td>
<td>Prioritization</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Spring 2015</td>
</tr>
<tr>
<td>Chuck Shelton &amp; Amber Dillinger, Bakersville Community Health Center</td>
<td>CHA Team</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Spring 2015</td>
</tr>
<tr>
<td>Morgan Houchard, Mitchell County Schools</td>
<td>CHA Team</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Spring 2015</td>
</tr>
<tr>
<td>Elizabeth Sparks, Amelia Gouge, &amp; Brittany Hobson, MCS School Nurses</td>
<td>CHA Team</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Spring 2015</td>
</tr>
<tr>
<td>Jennifer Simpson, Blue Ridge Partnership for Children</td>
<td>Prioritization</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Spring 2015</td>
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<tr>
<td>Becky Carter, Blue Ridge Regional Hospital</td>
<td>CHA Team</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Summer 2015</td>
</tr>
<tr>
<td>Jessica Farley, Toe River Health District</td>
<td>Staff</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Summer 2015</td>
</tr>
<tr>
<td>Ciji Dellinger, Toe River Health District</td>
<td>Staff</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Summer 2015</td>
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<tr>
<td>Lynda Kinnane, Toe River Health District</td>
<td>Staff</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
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<tr>
<td>Heather Gates, Regional Coordinator</td>
<td>WNC Healthy Impact</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
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<tr>
<td>Amanda Martin, Center for Rural Health Innovations</td>
<td>CHA Team</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Summer 2015</td>
</tr>
<tr>
<td>Name</td>
<td>Role/Department</td>
<td>Methodology</td>
<td>Year</td>
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<tr>
<td>Ashley Edmonds, Smokey Mountain Center</td>
<td>CHA Team</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Summer 2015</td>
</tr>
<tr>
<td>Paula Holtsclaw, Mitchell County Department of Social Services</td>
<td>CHA Team</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Summer 2015</td>
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<tr>
<td>Lori Gilcrist, Mitchell County Community In Schools</td>
<td>Prioritization</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Summer 2015</td>
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<tr>
<td>Kathy Garland, Mitchell County Senior Center</td>
<td>CHA Team</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Summer 2015</td>
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<tr>
<td>Donald Street, Mitchell County Sheriff's Department</td>
<td>CHA Team</td>
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<td>Summer 2015</td>
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<tr>
<td>Jeff Vance, Mitchell County Cooperative Extension</td>
<td>Prioritization</td>
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<tr>
<td>Emily Miller, MANNA Food Distribution &amp; Bank</td>
<td>CHA Team</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Summer 2015</td>
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<tr>
<td>Sheila Blalock, Mitchell County Transportation Department</td>
<td>CHA Team</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Summer 2015</td>
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<tr>
<td>Michael Sink, Local Radio Station WTOE</td>
<td>Prioritization</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Summer 2015</td>
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<tr>
<td>Connie Sedberry, Mitchell County Safe Place</td>
<td>CHA Team</td>
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<tr>
<td>Keith Holtsclaw, County Commissioner/TRHD Board of Health</td>
<td>Prioritization</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Summer 2015</td>
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<tr>
<td>Richard Loveland, United Way of Mitchell County</td>
<td>Prioritization</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Summer 2015</td>
</tr>
<tr>
<td>Lisa Boone, Hospice and Palliative Care of the Blue Ridge</td>
<td>Prioritization</td>
<td>Interviews, Questionnaires &amp; Group Activities</td>
<td>Summer 2015</td>
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<tr>
<td>Pam Snyder, Intermountain Children Services</td>
<td>CHA Team</td>
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<td>Amanda Garland, Community Care of Western NC</td>
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<tr>
<td>Schell McCall, Graham Children’s Services</td>
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<tr>
<td>Nancy Lindeman, Mitchell-Yancey Substance Abuse Task Force</td>
<td>CHA Team</td>
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<tr>
<td>Nicki Stamey, Mitchell &amp; Yancey Healthy Families America</td>
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<tr>
<td>Kathleen Stith &amp; Lynn Bowles, American Cancer Society</td>
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<tr>
<td>Tara Garland, Puritt Home Health Care Services</td>
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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 Toe River Health District health department 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.

3 – Health Needs in Our Community

Health Status

Data on the health status of our community: Mitchell and Yancey counties and health factors that influence health are included in the full community health assessments for each county in our community. See Mitchell County and Yancey County assessments for these details.


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 looked at the issues identified in the 2013 community health assessment and looked at what we have made progress on as well as what still needs to be improved. Residents shared their concerns and priorities regarding the county’s health in surveys and community meeting and partakers of the CHA meeting voted on these health issues. The following criteria was used 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 process:

Mitchell County and Yancey County are identical in

Identified Issues:

- **Chronic Disease**: The rates of chronic diseases are elevated in Yancey and Mitchell Counties. Heart disease, respiratory disease, Alzheimer’s, and hypertension are all diseases that impact many residents in the county. There is also a high prevalence of risk factors that lead to chronic disease in Mitchell County.
- **Cancer**: Cancer is second leading cause of death in Yancey and Mitchell Counties with a rate mortality rate of 179.1. All types of cancer affect residents of various ages throughout the county and incidence of cancer is increasing.
- **Substance Abuse**: Our community is experiencing high prescription and recreational drug use as well as alcohol use. This leads to unhealthy behaviors and lifestyle choices that could result in higher rates of chronic disease and mortality in our community.
- **Health Behaviors/Lifestyles**: Many unhealthy behaviors and lifestyle choices such as obesity, poor nutrition, physical inactivity and tobacco use are leading to diseases and increasing morbidity and mortality rates.
- **Access to Healthcare**: Many residents are un- or underinsured, which makes it difficult to get the healthcare they need, especially regular check-ups and preventative care. Many also lack the transportation needed to get medical care.
- **Mental Health**: Availability of mental health services is sparse in Mitchell and Yancey Counties. Elevated rates of substance abuse in the community make it necessary for mental health services to be readily available and easy to access without stigma.
- **Aging Problems/Care for the Elderly**: With the birth rate decreasing, Mitchell and Yancey Counties has an aging population. With an aging population, come many problems, such as lack of transportation to access food and healthcare as well as injury from accidents such as falls.
- **Social Determinants of Health**: Social aspects play a huge role in healthy citizens. Employment, poverty, education, income, and lack of resources are all issues in Mitchell and Yancey Counties that need improvement in order to improve the health of its citizens.
- **Oral Health**: 65.8% of residents have visited a dentist in the past year. Although this is an improvement from years past, more improvement needs to be made in increasing the number of residents getting regular oral health care visits.
- **Maternal and Infant Health**: It is important that expectant mothers exhibit good nutrition and a healthy lifestyle and that should continue for the mother and infant after birth. Our community needs to improve on providing support for expectant mothers and infants. The teen pregnancy rate in Mitchell County is an issue with the rate being higher than WNC and NC. Yancey County is in line with the region and state.
Priority Health Issues

Process & Criteria – Same Process Used In Both Counties:

Process
To identify priority issues in our community, key partners met and reviewed data, health facts and circumstances, and had discussions on what our new health priorities should be. The partakers of the 2015 CHA Team voted on health issues to determine what health issues the focus should be placed on. During our group process, the following criteria were used to select priority health issues of focus for our community over the next three years:

- Criteria 1 – What was the magnitude of the problem?
  - In answering this question, community members were asked to consider the following:
    - Size of the problem (number of population affected)
    - Community concern
- Criteria 2—How serious are the consequences?
  - In answering this question, community members were asked to consider to following:
    - Groups of people affected (are all people affected? Specific groups?)
    - Urgency to solve the problem
- Criteria 3—How feasible will it be to correct the problem?
  - In answering this question, community members were asked to consider the following:
    - Availability of solutions/proven strategies
    - Availability of resources (money, community partners, staff, equipment)
    - Support system
    - Ethical
    - Political capacity/will

Members from the CHA team reviewed data from the top ten identified health issues during a community meeting. They ranked those health issues based on the above criteria (magnitude, seriousness, feasibility) and voted anonymously on which issues should be a top priority.

Identified Priorities
The following priority health issues are the final community-wide priorities for both Yancey and Mitchell County that were selected through the process described above:

- Substance Abuse Prevention and Increasing Availability/Access of Mental Health Services—Substance abuse has been an ongoing issue in Mitchell County for quite some time. Substance abuse prevention and increasing availability/access of mental health services was listed as a health priority in the 2013 CHA as well as the 2009 CHA. Although there has been great progress, the CHA committee believes that continuous and expanded efforts need to be made to lower the rates of illicit drug use, prescription drug abuse, and increase availability and access of mental health services.
• **Healthy Living Behaviors/Lifestyles and Chronic Disease Prevention** – Preventative health measures are extremely important for individual health and community health. Preventative health care measures stop some chronic diseases and reduce healthcare spending costs for the community. Primary prevention is the most effective type of prevention. Healthy living behaviors and lifestyles was a health priority of the 2013 CHA. Mitchell and Yancey County has a high prevalence of heart disease, respiratory disease, cancer, and other chronic diseases.

• **Social Determinants of Health** – Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. (Healthy People 2020). Mitchell and Yancey County’s employment rates, poverty levels, education, income, and lack of resources are all social aspects that can affect the health and wellness of its citizens.

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

**Process**

To compile a Health Resource List, the CHA Work Team began by reviewing the Health Resource List developed during the 2013 CHA. Any outdated or incorrect information was edited and saved for future reference. The Team split the list into three categories:

- Health resources
- Supportive services
- Needed resources

Additionally, the CHA Facilitator met with the local community partners to compare our Health Resource List. Further additions and edits were made.

Finally, the CHA Facilitator compared all data gathered to the 2-1-1 dataset provided by WNC Healthy Impact. Further additions and edits were made and sent to the 2-1-1 coordinator so that the 2-1-1 online directory could be updated. In lieu of a printed directory, the CHA Work Team opted to focus on updating the 2-1-1 online directory for a number of reasons. The reasons are as follows:

- 2-1-1 is an easy to remember, three-digit telephone number that connects people with important community services to meet every day needs and the immediate needs of people in crisis.
- 2-1-1 is free, confidential, and available 24 hours a day.
- 2-1-1 can be accessed through the internet (www.nc211.org) or by calling 2-1-1 from any home, office or cell phone or the toll-free number of 1-888-892-1162.
- 2-1-1 can be updated in real-time, by sending updates to the 2-1-1 coordinator out of out of Asheville, NC.
Online/telephone directories such as 2-1-1 have an advantage over printed directories as they are accessible remotely, can be updated easily, and do not require printing costs.

**Findings**
In working with the 2012 Community Resource List and various community partners, the CHA Work Team updated the 2-1-1 Directory for Mitchell and Yancey County. Resources available to our residents can be found by visiting [www.nc211.org](http://www.nc211.org) or by calling 2-1-1. During this updating process, much was found in terms of available health resources and supportive services.

To begin, Mitchell and Yancey County have many health and supportive services in place for our children and older adults. One example would be our local Department of Social Services works closely with all ages and demographics across the community, identifying their needs—whether they be housing-, insurance-, medical-, or else-related—and assists the older adults in accessing these services.

Our community has access to many support groups (such as English as a Second Language, Weight Watchers, Abused Women Support Groups, etc.). Further, our community provides resources for those who are uninsured or under-insured (East Carolina University Dental Clinic, Bakersville Community Health Clinic (FQHC), Mission Hospital based Specialty Clinics held locally, and more). Finally, Mitchell and Yancey County offers a plethora of county services to its residents (Health Department, Animal Shelter, Senior Center, Recreation Department, Department of Social Services, Emergency Management, and more).

**Resource Gaps**
Though many resources are available, there are gaps that need to be filled so that Mitchell and Yancey County residents have adequate access to services. The following is a list of gaps identified through reviewing available resources, key stakeholder interviews, and listening sessions:

- **Affordable childcare**: High-quality, affordable childcare is a huge need in the community. Many parents have difficulty balancing work with childcare costs.
- **Affordable housing**: Few affordable housing options are available for residents, especially seniors.
- **Communication channels**: Living in a remote and isolated community, there are limited communication channels (newspapers, internet connectivity, radio stations, etc.).
- **Greenway system/sidewalks/fitness opportunities**: An extended, connected greenway would increase physical activity and active living opportunities for residents. Indoor and outdoor recreation facilities are in great need.
- **Healthy food options**: Healthy food options in the form of grocery stores, farm stands, etc. are needed to meet the needs of residents.
- **Medicaid expansion**: A large number of residents would benefit from Medicaid expansion.
• **Mental health services**: Services such as housing and treatment facilities would help those suffering from mental health issues. Helping our residents avoid incarceration or ED admittance is vital.

• **Access to health care (including specialty care)**: Residents have difficulty accessing healthcare due to a perceived lack of providers accepting new patients, financial constraints, and more. Residents travel out of county for subspecialty care (neurology, endocrinology, etc.) Often, residents don’t have the means to travel and go without care.

• **Free and Accessible Youth Programs**: Little opportunity exist for our children and youth in the community. Our children need the community to provide more safe places, enjoyable opportunities, and resourceful services.

### 5 - Next Steps

**Sharing Findings**

Our facility will post its CHNA report on Blue Ridge Regional Hospital 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 Ms. Rebecca Carter, President and Chief Nursing Officer @ rebecca.carter@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. Input from medical staff and board members will be included. We aim to leverage existing assets, avoid duplication, and implement evidence-based and innovative efforts, while working towards a vision of collective impact.

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**8/22/2016**

Date adopted by authorized body of hospital facility
APPENDIX

Appendix A – Mitchell County Community Health Assessment

Appendix B – Yancey County Community Health Assessment