This is the facility specific implementation strategy for Blue Ridge Regional Hospital and addresses the community health needs identified through a collaborative community health needs assessment (CHNA) process conducted with local and regional partners in western North Carolina. This document outlines plans for Blue Ridge Regional Hospital to support specific community benefit efforts as part of a larger community-wide plan.

**OUR COMMUNITY AND KEY PARTNERS**

**Blue Ridge Regional Hospital Community**

At Blue Ridge Regional Hospital, we believe that patient and family-centered care is the best approach to achieve successful outcomes in health care, and the cornerstones of that approach are dignity and respect. Equally important are information sharing, participation, and collaboration.

Patients, families, doctors, nurses, and other health care professionals form a partnership that benefits everyone. We define a family member as anyone the patient designates as important. Families are not just visitors; they are essential in patient care and decision-making.

Every staff member at Blue Ridge Regional Hospital is dedicated to this approach. We combine patient-centered care with modern medicine, advanced technology, compassion, and care provided by loved ones to reach our ultimate goal - to provide the best care and outcomes for patients.

We exist to identify and respond to the health and wellness needs of the region, partnering with patients, families and friends through a comprehensive approach to healing that ministers to the mind, body and spirit.

Founded in 1955, Blue Ridge Regional Hospital is licensed for 46 beds and serves Mitchell, Yancey, lower Avery and upper McDowell counties.
Community Health Needs Assessment

Process and Product
The Blue Ridge Regional Hospital community health needs assessment (CHNA) was conducted in partnership with the Partnerships with Graham’s Children’s Services, Partnership for Children, Mitchell Parks and Recreation, Mitchell Community Health Partnership, Yancey Parks and Recreation, Yancey County School System.

This written report describes:

- The community served by the hospital
- Community demographics
- Existing health resources in the community available to respond to needs
- How data was collected in the assessment process
- The priority health needs of the community
- Health needs and issues of uninsured, low-income, and minority groups
- The process for identifying and prioritizing community needs and services to meet the needs
- The process for consulting with persons representing the community’s interests
- Information gaps that limit the hospital facility’s ability to assess the community’s health needs

Sharing of Results
Detailed findings for our assessment[s] [is/are] posted on the Blue Ridge Regional Hospital website. The CHNA was presented to the Blue Ridge Regional Hospital Board of Directors on __________________ for discussion and approval.

Regional Partnership
Our hospital’s collaborative community health improvement effort is also supported by a larger partnership with other hospital facilities and health department partners across a sixteen county region in western North Carolina to improve community health: WNC Healthy Impact. More information about this innovative regional collaboration, county-wide community health assessments, and overall regional findings, are made widely available to the public at www.WNCHealthyImpact.com.
**Priority Health Needs & How They Were Established**

**Prioritization Process**

As part of the collaborative health assessment process in our community, specific health needs were prioritized based on the data that was collected, community input, and various factors related to feasibility of addressing the need. Details on this process are available in our CHNA, which is publicly available on Blue Ridge Regional Hospital website.

**Priority Health Needs for Our Community**

**Mitchell County and Yancey County**

The following health issues were prioritized for collective community-wide action.

**Priority Issue #1: Substance Abuse Prevention and Increasing Availability/Access of Mental Health Services**

Substance abuse prevention and increasing availability/access to mental health services is an ongoing issue in Mitchell County. It was identified as a top health priority in both the 2009 and 2013 CHA. Substance abuse can include a number of substances, including alcohol, prescription drugs, and illicit drugs. Mitchell County has had annual Drug-Take back Days and has drug drop-boxes placed throughout the county. There is also a part-time Substance Abuse Coordinator for a two-county area (Mitchell and Yancey Counties). Improvement has been made on preventing substance abuse and increasing mental health services, but much more is to be done. This was chosen as a health priority due to the concern about abuse of illegal drugs among residents and misuse of prescription drugs among teens and adults as well as increased alcohol abuse, due to the approval of beer, wine, and ABC store sales in 2009.

**Priority Issue #2: Healthy Living Behaviors/Lifestyles and Chronic Disease Prevention**

Healthy living behaviors/lifestyles and chronic disease prevention go hand in hand. Healthy living behaviors/lifestyles was also a health priority in the 2013 CHA. It is important to adapt healthy behaviors and lifestyles to prevent diseases from occurring. Primary prevention is the most effective form of prevention. Mitchell County has a high prevalence and incidence of many chronic diseases such as heart disease, stroke, diabetes, respiratory diseases and cancer. It is important to combat these diseases to promote the health and well-being of the citizens of our County.

**Priority Issue #3: Social Determinants of Health**

Health is not just physical; social aspects are involved as well. Access and assistance for low-
income households was a priority on the 2013 CHA with a focus on lack of healthcare, insurance, and everyday items to survive. Employment rate, poverty level, amount of education and income, and lack of resources needed all play a role in the health status of citizens. Availability of resources to meet daily needs such as food and clean water are a necessity to not only surviving, but also having good health. It is also important for citizens to have education job opportunities in order to make livable wages to be able to afford healthcare, food, and transportation.

**HOW THIS IMPLEMENTATION STRATEGY WAS DEVELOPED**

**Engagement in a Community-Wide Plan**

As a next step following the development of a community health needs assessment (CHNA), which includes prioritization of health needs, Blue Ridge Regional Hospital collaborated with local public health experts and other key community stakeholders to develop a written description of the activities that hospital facilities, public health agencies, and other local organizations plan to undertake collectively to address specific health needs in our community. This collaborative action planning process resulted in the development of an electronic community health improvement plan (e-CHIP) for each county in our hospital facility’s defined community, which include Mitchell and Yancey County.

**MITCHELL COUNTY AND YANCEY COUNTY:**

**PRIORITY ISSUE #1: SUBSTANCE ABUSE PREVENTION AND INCREASING AVAILABILITY/ACCESS OF MENTALHEALTH SERVICES**

**Description of Community Need**

Substance abuse prevention and increasing availability/access to mental health services is an ongoing issue in Mitchell County. It was identified as a top health priority in both the 2009 and 2013 CHA. Substance abuse can include a number of substances, including alcohol, prescription drugs, and illicit drugs. Mitchell County has had annual Drug-Take back Days and has drug drop-boxes placed throughout the county. There is also a part-time Substance Abuse Coordinator for a two-county area (Mitchell and Yancey Counties). Improvement has been made on preventing substance abuse and increasing mental health services, but much more is to be done. This was chosen as a health priority due to the concern about abuse of illegal drugs among residents and misuse of prescription drugs among teens and adults as well as increased alcohol abuse, due to the approval of beer, wine, and ABC store sales in 2009.
Understanding the Issue
The number of people served in alcohol and drug treatment centers in Mitchell County has been variable over the years. After the year 2010, there was a significant decrease and it has tapered off since. When asked about social/emotional support, Mitchell County residents responded that 79.7% of them always or usually get social and emotional support. This has decreased slightly since 2012 when 80.1% responded that they always or usually get social/emotional support (Professional Research Consultants, Inc, 2015). Other than a drop in 2008, the number of people served in area mental health programs in Mitchell County has remained fairly consistent with 565 residents being served in 2013 (North Carolina Office of State Budget and Management). It is important that residents have access to mental health and substance abuse facilities and feel comfortable going to them without feeling embarrassed or self-conscious.

Specific Populations At-Risk
While all residents in Mitchell County can benefit from strategies that prevent substance abuse and improve access to mental health services young residents could benefit the most. Many young people think that prescription drugs are safer than illegal drugs because they are prescribed by a physician, dispensed by a pharmacist, and manufactured by pharmaceutical companies (SAMHSA 2015). According to results from the 2015 Youth Risk Behavior Survey conducted in Mitchell County schools, 128 of 294 (43.5%) respondents said they had drank alcohol and 20.6% said they had tried marijuana, and 4.78% said they had taken a prescription drug without a doctor’s permission. (YRBS 2015).

Partner Agencies and Roles
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.

Related Hospital Strategy
Support Substance Abuse Prevention Efforts and Access to Behavioral Health Services:
1. BRRH will develop a team approach to care in the primary care setting to include behavioral health care professional in at least 2 practices by end of 2017.
2. BRRH will expand access to the pain management specialty clinic by offering services 3 days per week by 7/2017.
3. BRRH will continue to support safe opioid prescribing policies and practices in primary, acute and emergency care settings. Assessment will occur annually of effectiveness of these policies, including use of medication contracts, random screening of chronic pain management, patients and Emergency Department dispensing of opioids limited to small numbers with follow up with local physician.
PRIORITY ISSUE #2: HEALTHY LIVING BEHAVIORS/LIFESTYLES AND CHRONIC DISEASE PREVENTION

Description of Community Need
Healthy living behaviors/lifestyles and chronic disease prevention go hand in hand. Healthy living behaviors/lifestyles was also a health priority in the 2013 CHA. It is important to adapt healthy behaviors and lifestyles to prevent diseases from occurring. Primary prevention is the most effective form of prevention. Mitchell County has a high prevalence and incidence of many chronic diseases such as heart disease, stroke, diabetes, respiratory diseases and cancer. It is important to combat these diseases to promote the health and well-being of the citizens of our County.

Health Indicators
According to the 2015 PRC Community Health Survey, 47.5% of Mitchel County residents meet physical activity recommendations. This percentage is lower than the WNC region and the state (53.3% and 50.3% respectively). This is also lower than the 2012 percentage of 49.5%. Physical activity is a very important component of overall health status. When you are not physically active, you increase your chances of heart disease, type II diabetes, high blood pressure, high blood cholesterol, and stroke (USDA ChooseMyPlate, 2015). According to the 2015 PRC Community Health Survey, the prevalence of heart disease (9.7%) is greater in Mitchell County than in WNC (6.5%) and the US (6.1%). Heart disease is the leading cause of death in Mitchell County. The percent of total deaths from heart disease is much greater in Mitchell County than the WNC region and the State.

Understanding the Issue
As shown in the figures below, cancer incidence and mortality rates differ throughout Mitchell County. The mortality rates are higher in the southern end of the county, including Bakersville and Spruce Pine. The cancer incidence rates in Mitchell County are higher near cities of a higher population, Bakersville and Spruce Pine. Though there is not cure for cancer, it is important to take measures to prevent it.

Specific Populations At-Risk
All residents in Mitchell County can benefit from strategies that focus on preventative health care measures. There are many risk behaviors such as inactivity, poor nutrition, and tobacco use that can cause a greater risk of chronic diseases. Other vulnerable populations may include low-income residents and the un- or under-insured. These residents have issues with accessing health care on a regular basis. They are the populations who may not get regular check-ups, screenings and vaccinations, all of which are crucial to preventing chronic diseases.
**Partner Agencies and Roles**
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.

**Related Hospital Strategy**

**Promote Healthy Living Behaviors/Chronic disease prevention:**

1. BRRH will develop a community education plan addressing lifestyle choices that contribute to development of chronic disease. At least 6 offerings per year will be provided beginning in 6/2017.
2. BRRH will increase access to healthy living programs and incentives to its workforce by 10/2016. Stress management, healthy activity levels, and healthy weight will be topics of focus.
3. BRRH will increase access to specialty providers including cardiology (2017) and pulmonology (2018).
4. BRRH will provide local access to 3-D mammography by 2017. A funding source will be created for low income women.
5. BRRH will develop affiliated smoking cessation experts and implement primary care patient referrals by 1/2018

**PRIORITY ISSUE #3: SOCIAL DETERMINANTS OF HEALTH**

**Description of Community Need**
Health is not just physical; social aspects are involved as well. Access and assistance for low-income households was a priority on the 2013 CHA with a focus on lack of healthcare, insurance, and everyday items to survive. Employment rate, poverty level, amount of education and income, and lack of resources needed all play a role in the health status of citizens. Availability of resources to meet daily needs such as food and clean water are a necessity to not only surviving, but also having good health. It is also important for citizens to have education job opportunities in order to make livable wages to be able to afford healthcare, food, and transportation.

**Health Indicators**
When asked if they were limited in activities in some way due to a physical, mental, or emotional problem, 26% Mitchell County residents responded that they were. This is less than WNC (28.1%) and greater than NC (21.2%). Many citizens in Mitchell County are un- or under-insured. In the 2015 PRC Community Health Survey, 18.4% of respondents in Mitchell County said that lack healthcare insurance coverage. This is less than WNC and NC, but still alarmingly high. The healthy people 2020 target is to have 0% of adults 18-64 lacking healthcare insurance coverage.
It is difficult for residents to attain the medical care they need without health insurance (Professional Research Consultants, Inc, 2015).

**Understanding the Issue**
Although many citizens of Mitchell County regularly see a physician for regular, preventative visits, many do not as well. 88% of surveyed citizens in the county responded that they have a specific source of ongoing medical care. The Healthy People 2020 target is 95% or higher. Also, only 66.8% of Mitchell County citizens responded that they had visited a physician for a checkup in the past year. This is less than the percentage in both WNC (71.1%) and NC (73.2%). It is very important to maintain regular medical care to prevent chronic disease (Professional Research Consultants, Inc, 2015).

Food insecurity affects many citizens of Mitchell County, especially those with no transportation, low-income residents, and the elderly. 10% of those surveyed in the PRC Community Health survey said that members of the household cut the size of meals or skipped meals because there wasn’t enough money for food last year. In the same survey, Mitchell County residents were questioned if they have worried in the past year about food running out before having money to buy more. 17.7% responded that this was sometimes true and 5.6% responded that it was often true (Professional Research Consultants, Inc. 2015). Good nutrition is essential to preventing many diseases such as diabetes, heart disease, and certain types of cancer. A focus needs to be placed on making sure health, affordable nutrition options are available to all residents.

**Specific Populations At-Risk**
Although social determinants of health, affects all residents, many subgroups are impacted in a more harmful way. Low-income and un- or under-insured residents often have a hard time with keeping up with regular visits to their physician or dentist. If they do not keep up with preventative screening and vaccines, it puts them at a higher risk for developing chronic diseases. Low-income and food insecure residents often have issues accessing places that provide healthy foods due to lack of funds or transportation issues.

**Partner Agencies and Roles**
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. TRACTOR and Graham Children’s Health are partners in both counties.

**Related Hospital Strategy**
Social determinates of care:
1. BRRH will expand access to charity and reduced fee care by adjusting the financial eligibility requirements according to Mission Health policy by 10/2016. At least $3 million in charity care and bad debt contributed through write offs by 9/30/19.
2. BRRH will support continuation of Toe River Project Access by creating a regional program. Mission Health System resources will support the grant application process for this program. In the absence of grant funding, BRRH will support locally. At least 100 clients will be enrolled annually on 9/30 each year through 9/30/19.

3. BRRH will partner to support entry level workforce development in the health care field participation in High Country Council on Work Force Development in development of a healthcare career pathway program by 10/2017. Entry level will be at CNA or CMA and High School diploma.

4. BRRH primary care physicians will work cooperatively with MAHEC to provide educational opportunities for family practice residents encouraging their interest in practicing long term in rural settings by 7/2017.

**Next Steps**

As part of the community health improvement process, Blue Ridge Regional Hospital will continue to work with community partners in the development, implementation, and monitoring of our collaborative electronic community health improvement plan (e-CHIP) that includes some of the hospital strategies outlined in this document. The e-CHIP will be reviewed annually by Toe River Health to assess progress on key community indicators and updates will be made publically available in a county-wide State of the County Health Report (SOTCH Report). The next community health needs assessment (CHNA) will be conducted in 2018. In addition, we will be creating an electronic scorecard to monitor the performance of key strategies included in this document.

**Approval**

This report was prepared for the Blue Ridge Regional Hospital Governing Board meeting, and is approved as signed below by the Board Chairperson and Hospital President.

Martha Tyner, Board Chair

Date: 2-27-17

Rebecca W. Carter, President/CNO

Date: 2/27/2017