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:


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

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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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.

**Jackson County**

**2012 Priority Area 1 – Healthier Food Options in the Community**

<table>
<thead>
<tr>
<th>Population Level Data:</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the 2012 Community Health Assessment process, residents of Jackson County expressed a need for better/more healthy food options in the community. At the time, the Jackson County Farmer’s Market in Jackson County, and the Community Table and Community Gardens in Cashiers were the services available. More recent data shows an increase in residents who worried about food running out before having money to buy more, from 21.4% in 2012 to 27.5% in 2015. About 30% of surveyed residents reported difficulty accessing affordable, healthy food. This shows the need for continued and increased focus on improving health in Jackson County, and the most recently identified Community Health Assessment priorities reflect that.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Collaborative Efforts:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson County’s Health Eating Action Team (HEAT) implemented a Fall Festival focused on encouraging fruits and vegetables and connecting youth with local farmers; partnered with Jackson County Cooperative Extension to adopt a Healthy Eating Policy based on NC Eat Smart, Move More Healthy Foods Policy 2013. Two corner stores in Jackson County participated in the Healthy Corner Store initiative through MountainWise.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implementation Strategy Update</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Strategy</strong></td>
</tr>
<tr>
<td>Hospital strategy 1 – Highlands-Cashiers</td>
</tr>
<tr>
<td>Hospital will promote awareness of community-wide services through annual community health screenings.</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Hospital strategy 2 – Highlands-Cashiers</th>
<th>Registered Dietician for HCH provided nutrition counseling at each community health screening in Cashiers for the annual screening.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital strategy 3 – HealthTracks Cardiac Rehabilitation and Fitness Center will offer seasonal grocery tours at Ingles Market in Cashiers for patients in Cardiac Rehab as well as those with Diabetes.</td>
<td>This was done once or twice per season per legacy employee with cardiac rehab patients who may or may not have diabetes as a comorbidity. Since March 2016, patients have been educated about reading grocery labels via 1:1 with dietician and with educational handouts.</td>
</tr>
<tr>
<td>Hospital strategy 4 – Highlands Cashiers Hospital will partner with Macon Public Health Department to offer a satellite Diabetes Self-Management Training program twice during the summer season.</td>
<td>This did occur with the dietician who was employed by Highlands Cashiers Hospital. This employee was CDE credentialed but retired November, 2015. There is no current CDE credentialed staff member on the plateau. The current dietician is employed by Morrison’s and has plans to become CDE credentialed.</td>
</tr>
<tr>
<td>Hospital strategy 5 – During the school year, the Registered Dietician/Certified Diabetes Educator at Highlands Cashiers Hospital will offer nutrition lectures at the Blue Ridge and Summit Charter Schools, available for students, teachers, and any interested parents.</td>
<td>It is not known whether this occurred. The Dietician/CDE credentialed employee previously in this role and committed to this process retired November 2015, and efforts to obtain data related to the any work done have been unsuccessful.</td>
</tr>
<tr>
<td>Hospital strategy 6 – Highlands-Cashiers Hospital sponsors the Highlands Community Care Free Clinic providing care to residents who are uninsured; the hospital provides a healthy evening meal to all volunteers who work at the clinic at no cost.</td>
<td>HCH provides approximately 10 healthy meal-size salads for each weekly clinic to feed all volunteers.</td>
</tr>
<tr>
<td>Hospital strategy 7 – Highlands-Cashiers Hospital offers a series of Health Forums throughout the summer season at no charge to residents, with some nutrition-related topics.</td>
<td>HCH is offering physician forums during the summer season which include advice on how nutrition relates to health issues. Discussions are underway regarding expanding these throughout the year.</td>
</tr>
</tbody>
</table>

**2012 Priority Area 2 – Physical Activity in Adults, Focus on Fall Prevention with Seniors**

**Population Level Data:**
In 2012, adults in Jackson County were not getting the recommended 30 minutes of physical activity, five or more days a week. The majority of individuals surveyed reported engaging in only 30 minutes of physical activity 2 days a week. In 2015, 52.2% of Jackson County residents reported exercising 150 minutes or more per week. Physical activity continues to be a priority for Jackson County as the prevalence of obesity increases – 68% of residents are currently classified as overweight/obese. Similarly, preventing falls among senior citizens remains a health priority as Jackson County’s population is increasingly older.

**Collaborative Efforts:**
The pedestrian greenway was completed through partnership with Cashiers Village, the Village Conservancy, and Highlands Cashiers Hospital, and is actively used by pedestrians for exercise as well as access to local amenities without having to walk on busy roads. Jackson County’s Active for Life (A4L) Action Team held the 4th Annual Get Fit Challenge to encourage fitness among county residents, and partnered with a local senior center to offer exercise classes promoting better balance, including Walk with Ease, Tai Chi for Arthritis, Arthritis Foundation Exercise Program, and Get Some Balance In Your Life.

<table>
<thead>
<tr>
<th>Hospital Strategy</th>
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<tr>
<td>Hospital strategy 1 – HealthTracks and Cardiac Rehabilitation and Fitness Center serves as a full-service fitness and wellness facility for residents, with programs targeted to special populations and counseling available.</td>
<td>HealthTracks/Cardiac Rehab and Fitness center continues to serve as a full service and wellness facility with a multidisciplinary staff comprised of Physical Therapists, Registered Nurses, Certified Personal Trainer and Registered Dietician. We have programs targeted for toning as well as individuals who are able to continue their fitness journey with some guidance as well as 1 on 1 training for special populations such as individuals who are intellectually developmentally disabled, patients with cardiac disease, orthopedic impairment, obesity/risk modification, cognitive impairment, patients with Parkinson’s disease and other movement disorders and stroke recovery. 1:1 education is provided for risk identification, education and reduction, exercise prescription and exercise program, and dietary counseling as appropriate. Special needs populations are evaluated by both the PT and RN to develop a personalized exercise program for the individual based on the patient’s needs. We are nationally certified for cardiac rehab through the AACVPR and would like to pursue adding pulmonary rehab services in the future bases on AACVPR standards.</td>
</tr>
</tbody>
</table>
Efforts to validate number of clients served and number of encounters for HealthTrack members in 2014 and 2015 were unsuccessful. We had 35 cardiac rehab patients with 728 encounters. In 2015, we had 95 patients with 216 encounters as HealthTrack members. We had 37 cardiac rehab patients with 785 encounters.

<table>
<thead>
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<th>Hospital strategy 2 – Personalized exercise programs offered at the Fitness Center through HealthTracks and Cardiac Rehabilitation programs.</th>
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<td>HealthTracks/Cardiac Rehab and Fitness center continues to serve as a full service and wellness facility with a multidisciplinary staff comprised of Physical Therapists, Registered Nurses, Certified Personal Trainer and Registered Dietician. We have programs targeted for toning as well as individuals who are able to continue their fitness journey with some guidance as well as 1 on 1 training for special populations such as individuals who are intellectually developmentally disabled, patients with cardiac disease, orthopedic impairment, obesity/risk modification, cognitive impairment, patients with Parkinson’s disease and other movement disorders, and stroke recovery. 1:1 education is provided for risk identification, education and reduction, exercise prescription and exercise program, and dietary counseling as appropriate. Special needs populations are evaluated by both the PT and RN to develop a personalized exercise program for the individual based on the patient’s needs. We are nationally certified for cardiac rehab through the AACVPR and would like to pursue adding pulmonary rehab services in the future based on AACVPR standards.</td>
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<td>HealthTracks/Cardiac Rehab and Fitness center continues to serve as a full service and wellness facility with a multidisciplinary staff comprised of Physical Therapists, Registered Nurses, Certified Personal Trainers, and Registered Dietician. We have programs targeted for groups such as our toning class run by a certified personalized trainer, as well as group and 1 on 1 training for special populations such as those patients with orthopedic needs, cardiac rehab, general fitness, Parkinson’s and other movement disorders, cognitive impairment and IDD. Special needs populations are evaluated by both the RN and PT to develop a personalized exercise program for the individual. We</td>
</tr>
</tbody>
</table>
would like to be able to expand and offer the Silver Sneakers program in the future.

Hospital strategy 4 – Highlands-Cashiers Hospital partnered with Cashiers Village Council and the Village Conservancy to allow a public pedestrian pathway connection to be added on hospital property.

This pathway was completed and is being used by pedestrians and walkers who are desiring to exercise in Cashiers without walking on the busy main roads.

### Hospital Strategy Evaluation/Note

<table>
<thead>
<tr>
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<tr>
<td>Hospital strategy 1 – Highlands-Cashiers Hospital will develop a referral system for teen residents with substance abuse issues through the Teen Institute Model spearheaded by Mountain Projects, Inc. in Sylva, NC.</td>
<td>The Teen Institute Model was started, and a referral system developed, by community partners throughout Jackson County and surrounding communities. The program is currently funded by the Kate B. Reynolds Charitable Trust for two years. Due to staff transitions and lowered capacity, Highlands-Cashiers hospital was not able to engage in this project to the extent we would have preferred. We are proud and supportive of the community's efforts to establish this program and</td>
</tr>
</tbody>
</table>

### 2012 Priority Area 3 – Substance Abuse in Adolescents

#### Population Level Data:

In 2012, Substance Abuse in Adolescents was identified as a key health issue in Jackson County due to a lack of positive activities for teens to engage in, which can directly relate to substance abuse amongst teenagers. Substance Abuse is an issue across the population of Jackson County and will continue to be addressed as a health priority.

#### Collaborative Efforts:

The Jackson County community came together during this period to create a Substance Abuse Action Team (SAAT) using the Hub & Wheel of the Project Lazarus model. These activities were reported in detail in the most recent State of the County Health Report (http://static1.squarespace.com/static/51826030e4b04f94760dc52d/t/54806438e4b0057b9b1c92bf/1417700408037/2014+SOTCH_JCDPH_FullSlides.pdf)

The community also collaborated with Mountain Projects, Inc. to establish the WNC Teen Institute, bolstering prevention of substance abuse and destructive behaviors, and offering other resources for local teens. A referral system for this program was established and the program is currently funded by the Kate B. Reynolds Charitable Trust Fund for two years.

#### Implementation Strategy Update
referral system, and look forward to participating more fully as our facility capacity improves.

Macon County

2012 Priority Area 1 – Reduce the incidence of Preventable Chronic Disease, Specifically with Obesity

Population Level Data:
In 2012, high incidence of chronic diseases such as diabetes, hypertension, and heart disease in the hospital’s service area were associated with obesity. The Community Health Assessment results indicated that 70% of respondents were overweight or obese, and 33% considered themselves in the obese category.

In 2015, the Community Health Assessment reveals Heart Disease as the leading cause of death in Macon County, due in part to an aging population. As such, Macon County will continue its focus on preventable chronic diseases by addressing Heart Disease as a health priority moving forward.

Collaborative Efforts:
Macon County communities worked together to add a new farmer’s market at Cowee School in a community that is not served by a grocery store, and increased participation in programs like 5-2-1-Almost None in schools, Faithful Families Eating Smart and Moving more – a faith-based chronic disease initiative, and worked with MountanWise to establish the first Healthy Corner Store initiative in Macon County.

Implementation Strategy Update

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|  |
| Hospital strategy 5 – Highlands-Cashiers Hospital sponsors the Highlands Community Care Free Clinic providing care to residents who are uninsured; the hospital provides a healthy evening meal to all volunteers who work at the clinic at no cost. | HCH provides approximately 10 healthy meal-size salads for each weekly clinic to feed all volunteers. |
| Hospital strategy 6 – Highlands-Cashiers Hospital offers a series of Health Forums throughout the summer season at no charge to residents, with some nutrition-related topics. | HCH is offering physician forums during the summer season which include advice on how nutrition relates to health issues. Discussions are underway regarding expanding these throughout the year. |

**2012 Priority Area 2 – Recruitment and Retention of Primary Care and Dental Practitioners**

**Population Level Data:**
In 2012, an acute shortage of primary care practitioners and dental providers was identified in the communities served by Highlands-Cashiers Hospital. The need for practitioners serving patients without regard to source of payment was of particular concern. Macon County continues its focus on improving access to physician care, including primary care and specialized care, in the 2015–2018 cycle.

**Collaborative Efforts:**
Macon County is making slow but positive progress in this area: the Community Care Clinic of Franklin received a “People in Need” grant from the Community Foundation of WNC to provide case management for its clients, and Macon County Public Health expanded its ability to accept 3rd party insurance, and was able to add a full-time contract dental assistant to its adult dental clinic. The child dental clinic also added an oral health program for infants and toddlers. MAHEC and Mission Health System partnered to expand access to primary care in Macon County.

### Implementation Strategy Update

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<tr>
<td>Hospital strategy 1 – Highlands-Cashiers Hospital has an aggressive medical staff development plan including an intensive focus on primary care practitioner recruitment and retention.</td>
<td>As a member of Mission Health, Highlands-Cashiers Hospital participates in a partnership with MAHEC to recruit physicians and primary care providers. As a result, primary care providers, Dr. Thomas Duncan and Bethany Applebome, PA, were brought on board to practices in Highlands and Cashiers. The partnership with MAHEC includes regular evaluation to ensure recruitment meets community needs.</td>
</tr>
<tr>
<td>Hospital strategy 2 – The hospital works to cultivate and identify students as early as high school with our Health Occupation Student Association (HOSA) who may have interest in pursuit of a career in primary care.</td>
<td>The local high school does not have a chapter of the Health Occupation Student Association, and staff transition have limited the hospital’s ability to engage in this area. This is an opportunity for growth if there are interested staff in the future.</td>
</tr>
<tr>
<td>Hospital strategy 3 – Members of Highlands-Cashiers Hospital medical staff are encouraged to accept undergraduate and medical student rotation through their practice and the hospital, which can provide a “pipeline” approach to developing a recruitment process for local/regional students in the future.</td>
<td>Highlands-Cashiers Hospital staff are encouraged to accept student rotations, but have not had any students recently express interest or select the hospital as a location for this opportunity. Several staff have previous experience with medical student rotation in their private practice and we look forward to cultivating this experience to grow our recruitment and opportunities for students in the future.</td>
</tr>
</tbody>
</table>

### 2012 Priority Area 3 – Reduction of Incidence and Mortality Rates of Cancer

**Population Level Data:**

In 2012, the incidence of breast, colon, and lung cancer was high and the community was in need of awareness, screening, and preventive measures to be further developed to reduce this rate. The 2014 Macon County State of the County Health Report showed mortality rates trending downward for cancers in general, except breast cancer. Continued efforts are needed to address the high, unabated rate of breast cancer deaths.
**Collaborative Efforts:**

Hospitals and the Health Department continued to provide screenings and sponsor information sessions about cancer screening and early detection. Macon County Public Health promote the Great American Smokeout in November.

### Implementation Strategy Update

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<tr>
<td>Hospital strategy 1 – Highlands-Cashiers Hospital offers a free community health screening each summer for residents of the Highlands community. Men are offered a free PSA screening to detect potential prostate cancer.</td>
<td>Health Screenings continue to be offered but with the controversial information regarding false PSA results, the HCH Medical Staff voted in 2015 to discontinue offering this service at the health screenings.</td>
</tr>
<tr>
<td>Hospital strategy 2 – A variety of free health forums are offered each year on the hospital’s campus. Related topics include men’s health/colon cancer, women’s health, skin cancer/treatment and prevention.</td>
<td>These physician forums continue during the summer months and various topics are discussed. Dr. Robert Buchanan also offers various educational seminars on skin care and skin cancer prevention.</td>
</tr>
<tr>
<td>Hospital strategy 3 – Highlands-Cashiers Hospital sponsors the annual Pour le Pink 5K Walk/Run for Breast Health and Women’s Services. Funds raised go toward maintaining the hospital’s state-of-the-art equipment as well as Breast Health and Women’s Services.</td>
<td>This Walk/Run was discontinued in 2014 when the marketing department was centralized with no staff fulltime on site to sponsor the event.</td>
</tr>
<tr>
<td>Hospital strategy 4 – An annual fund raiser is held at one of the prominent country clubs in Highlands to cover mammography for low income women in Highlands and Cashiers areas, and any cancer-related treatments for uninsured residents.</td>
<td>Cullasaja Country Club initiated the Cullasaja Challenge Event which benefitted the HCH Cancer fund to assist with patients who do not have means to pay for cancer-related treatments. These events continued through 2014. No events are currently underway. However funds remain in the foundation accounts.</td>
</tr>
</tbody>
</table>

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**
Highlands-Cashiers Hospital primarily serves Jackson and Macon Counties in Western North Carolina. Jackson County is “a Tier 1, rural county located in the heart of Western North Carolina (WNC), surrounded by the Great Smoky Mountains and the Blue Ridge Parkway. Jackson County consists or 494 square miles of mountains, rolling hills, and fertile valleys.” The 2015 Macon County Community Health Assessment describes Macon County as, “a diverse mixture of mountain living, city hustle, rural landscapes and high tech potential. According to 2009 census estimates the county has 32,600 residents residing across 519 square miles, most of them mountainous and sparsely inhabited.” Because the area is attractive to tourists and retirees, Highlands-Cashiers Hospital serves a population with a wide socioeconomic range, and the population fluctuates greatly at different points throughout the year. As such, Highlands-Cashiers Hospital provides a limited range of services.

**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). Highlands-Cashiers Hospital 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 Jackson County (http://health.jacksonnc.org/s/NEW-2015-Jackson-County-CHA_NoAppendices.pdf) and Macon County (http://www.maconnc.org/images/healthy-carolinians/Macon%20County%202015%20Community%20Health%20Assessment.pdf) Local Community Health Assessments for more details on the regional data collection methodology.

**Additional Community-Level Data**

The Jackson County CHA Work Team conducted interviews and listening sessions with key stakeholders, including: older adults, adults who rely on the local free health clinic, Western Carolina University students who live on campus, Western Carolina University nutrition students, and high school students.

In Macon County, a Community Health Needs Assessment Steering Committee decided that, “concerns and issues raised from community leaders and vulnerable populations would be essential to provide context for the research and statistical analysis.” The Committee conducted Listening Sessions and Key Informant Interviews to ensure the process captured diverse community perspectives.

Details about additional community-level data gathered in these counties are available in each county’s respective CHA report, linked above.

**Gaps in Available Information**

Information gaps were not specified. See Jackson County (http://health.jacksonnc.org/s/NEW-2015-Jackson-County-CHA_NoAppendices.pdf) and Macon County (http://www.maconnc.org/images/healthy-carolinians/Macon%20County%202015%20Community%20Health%20Assessment.pdf) Local Community Health Assessments for more details on the regional data collection methodology.

**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.
Jackson County Contributors:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Role/Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harris Regional Hospital</td>
<td>CHA Steering Committee, CHA Work Team</td>
</tr>
<tr>
<td>Jackson County Department of Public Health</td>
<td>CHA Work Team, CHA Facilitator, CHA Steering Committee</td>
</tr>
<tr>
<td>Jackson County Department of Social Services</td>
<td>CHA Steering Committee</td>
</tr>
<tr>
<td>Community members - 3</td>
<td>CHA Steering Committee (3), CHA Work Team (4)</td>
</tr>
<tr>
<td>Western Carolina University</td>
<td>CHA Steering Committee, CHA Work Team</td>
</tr>
<tr>
<td>Jackson County Department of Aging</td>
<td>CHA Steering Committee</td>
</tr>
<tr>
<td>Family Resources Center</td>
<td>CHA Steering Committee</td>
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<tr>
<td>Jackson County Parks and Recreation Department</td>
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<tr>
<td>Smoky Mountain LME/MCO</td>
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<td>Jackson County Public Schools</td>
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<tr>
<td>Mountain Projects, Inc.</td>
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</tr>
<tr>
<td>Good Samaritan Clinic</td>
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<tr>
<td>Area Agency on Aging</td>
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</tr>
</tbody>
</table>

Macon County Contributors:

The Macon County Community Health Assessment was conducted by Macon County Public Health, with collaborative partners from Angel Medical Center and Highlands-Cashiers Hospital. A list of individuals from these and other agencies who contributed to the Macon County Community Health Assessment Process can be found in the Macon County Community Health Assessment Report: [http://www.maconnc.org/images/healthy-carolinians/Macon%20County%202015%20Community%20Health%20Assessment.pdf](http://www.maconnc.org/images/healthy-carolinians/Macon%20County%202015%20Community%20Health%20Assessment.pdf)

**Public Health Department**

In the collaborative assessment process for our community, the Jackson County Department of Public Health and Macon County Public Health are key partners. 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. 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.

“Jackson County in its entirety is a Tier 1, economically distressed community indicating that all of its residents are at-risk for developing health issues. Digging deeper, it is important to focus our efforts on those who are most vulnerable, underserved, and facing disparities to ensure health equity among our residents. Those at-risk populations in Jackson County include low-income residents, the un- or under-insured, residents with limited educational attainment, and minorities (ex: Native Americans and Hispanics).”

“In 2015, the NC Department of Commerce, designated Macon County as one of the 40 most economically distressed counties in the state (Tier 1) based on unemployment rates, median household income, growth in population, and adjusted property tax...Macon County has one of the largest senior populations in the state, “we have a high Medicare population compared to the state average and they tend to use more medical services and they tend to use more specialty services. Adequate access for our over 65 group, or for that matter all of those with chronic diseases is a challenge.”

Written Comments

Our facility also considers any written comments received since the last CHNA and implementation strategy.

3 – Health Needs in Our Community

Health Status

Data on the health status of our community in Jackson and Macon counties, and health factors that influence health are included in the full community health assessments for each county in our community. See Local Community Health Assessments for these details.

Jackson County (http://health.jacksonnc.org/s/NEW-2015-Jackson-County-CHA_NoAppendices.pdf) and,

Macon County (http://www.maconnc.org/images/healthy-carolinitians/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 communities, our key partners reviewed data and discussed the facts and circumstances in both counties. 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
- Surfed as a priority community concern

Identified Issues
The following health issues were surfaced through the above process:

Jackson County:

- **Falls**: Jackson County has an increasing aging population, and with that comes an increased risk of falls and fall-related deaths among adults aged 65+ years.

- **Substance Abuse/Overdose**: Unintentional injuries, including overdose, are a leading cause of death in Jackson County; this has been expanded to include substance abuse because of the high rates of tobacco and other drug use in the community.

- **Prevalence of Diabetes**: Jackson County’s rate of diabetes is rising, and is greater than that of WNC and NC as a whole.

- **Food Insecurity**: About one-third of Jackson County residents indicated that they have difficulty accessing fresh produce at an affordable price, and in the past year have worried about food running out before having money to buy more.

- **Fruit and Vegetable Consumption**: Adults in Jackson County eat less than half the recommended serving of fruits and vegetables daily.
• **Physical Inactivity**: In Jackson County, only 52.2% of residents meet the recommended amount of exercise each week.

• **Obesity**: The prevalence of obesity in Jackson County is increasing and is higher than in WNC.

• **Access to Health Care**: Key stakeholder interviews and listening sessions repeatedly identified access to health care as a critical health issue in Jackson County, including the presence (or absence) or resources that facilitate health care, such as having insurance, having a primary care provider, an adequate ratio of providers to patients, how easily patients can access care (transportation and financial means), successful receipt of services, etc.

• **Affordable Housing**: In Jackson County, larger portions of both renters and mortgage holders spend >30% of household income on housing than in WNC or NC on average.

• **Insurance Coverage**: Jackson County has the highest percent of uninsured residents among WNC and NC in all age groups from 2009-2013.

**Macon County:**

• **Chronic Disease**: This includes heart disease, diabetes, cerebrovascular disease (stroke), cancer, and chronic lower respiratory disease.

• **Obesity**: This includes obesity rates of children ages 05, 6-12, and 13-18, as well as ages 19 & up.

• **Teen Pregnancy**: Teens who become pregnant while under the age of 19 in the county.

• **Substance Abuse**: This includes efforts to display “enabling” drug use behaviors and drug use prevention efforts.

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

• **Tobacco**: This includes tobacco use during pregnancy, and tobacco policies (Tobacco-Free Places)
- **Social Determinants of Health**: Including 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 and recognizing and responding to suicide risk.

- **Cross-Cutting Issues**: This concern centered on communication of resources – how and where to get help.

**Priority Health Issues**

**Process & Criteria**

The criteria used to select these 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.

In Jackson County, Community members reviewed data from the previously mentioned identified health issues during a community meeting. A summarized list of common themes identified through the key stakeholder interview and listening session process was also made available for those in attendance at the meeting. After a question and answer session on the data provided, community members ranked the identified issues using the criteria (relevancy, impact, and feasibility) explained above and a tool developed by WNC Healthy Impact, adapted from *Rating/Ranking Key Health Issues* (Health Resources in Action) and the *Hanlon Method for Prioritizing Health Problems* (NACCHO). Community members then voted on the issues that scored the highest leading to the following identified priorities.

In Macon County, MountainWise opted to use methods and process tools developed by WNC Healthy Impact, Prioritization Workgroup. The methods and process tools were both adapted from *Rating/Ranking Key Health Issues* (Health Resources in Action) and the *Hanlon Method for Prioritizing Health Problems* (NACCHO).
Identified Health Priorities
The following health issues are the final community-wide priorities:

Jackson County:
- Physical Activity and Nutrition
- Injury and Substance Abuse Prevention
- Chronic Disease

Macon County:
- Cardiovascular Disease
- Domestic Violence
- Economic Development

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 Jackson County, the CHA Work team compiled a Health Resource List with three categories, Health Resources, Supportive Services, and Needed Resources. The CHA Facilitator met with the local Community Resource Coordinator at the Department on Aging to compare lists, and then compared all data to the 2-1-1 dataset provided by WNC Healthy Impact. The resulting inventory was shared with 2-1-1 so their online directory could be updated.

**Findings**

Jackson County has many health and supportive resources in place for older adults. The community also has access to many support groups, such as Alcoholics Anonymous, MemoryCare, Leukemia and Lymphoma Society, and more. The community provides several clinics and the Nurse Family Partnership service to those who are under- or uninsured. Finally, the County offers many services to its residents, like Public Health, Animal Shelter, Department on Aging, Social Services, and Emergency Management.

“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 may be connected to a trained staff person who can link them with community health and human services resources. In addition, local residents may visit www.NC211.org to obtain access to a searchable point-in-time summary list of the resources available in their community. The list for Macon County may be reached directly by searching and clicking the link on www.NC211.org. In addition, a list of the Macon County Referral Resources may be found on the Macon County website at www.maconnc.org.”

**Resource Gaps**

Identified gaps in Jackson County include affordable childcare, affordable housing, communication channels (newspaper, internet connectivity, radio stations), greenway systems and sidewalks, healthy food options, homeless shelters, Medicaid expansion, mental health services, protection for renters, and access to health care (including subspecialty care).
More information about community resources in Macon County can be found in the local Community Health Assessment report: (http://www.maconnc.org/images/healthy-carolinians/Macon%20County%202015%20Community%20Health%20Assessment.pdf)
5 - NEXT STEPS

Sharing Findings
Our facility will post its CHNA report on the Mission Health System 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, as posted on the website.

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.

9/22/2016
Date adopted by authorized body of hospital facility
WORKS CITED

APPENDIX

Appendix A – Jackson County Community Health Assessment

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