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:

- Transylvania County – Community Health Assessment: Our community, defined for the purposes of community health needs assessment and this related implementation strategy, is comprised of Transylvania County, North Carolina

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.
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.

2012 Priority Area 1: Obesity

Population Level Data:
Based on self-reported heights and weights Transylvania County estimates that roughly 1 in 3 children and 2 in 3 adults are overweight or obese; the majority (65%) of our adult population has a BMI of greater than 25. In 2012 Transylvania County had a self-reported 31% of adults with a healthy weight, 2015 reports state 37% of residents report a score of a BMI under 25.

Collaborative Efforts:
Addressing obesity is complex and requires the collaborative planning, action, and coordination of multiple partners in the community. Numerous key stakeholders are actively engaged in continued efforts to improve physical activity opportunities and nutrition choices to prevent or reduce the negative impacts of obesity in our community.

Implementation Strategy Update

<table>
<thead>
<tr>
<th>Hospital Strategy</th>
<th>Evaluation/Note</th>
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<tbody>
<tr>
<td>Hospital strategy 1: Deployment of the free Lighten Up 4 Life (LU4L) community weight-loss challenge.</td>
<td>TRH — with the support of Mission Health System — launched the successful Lighten Up 4 Life weight loss program in Transylvania County. So far more than 500 people in the community have lost more than 1,700 pounds total, which shows the hospital’s commitment to making Transylvania County a healthier community.</td>
</tr>
<tr>
<td>Hospital strategy 2: Diabetes Self-Management Education Program which provides counseling, education, and support to newly diagnosed patients.</td>
<td>Transylvania Regional Hospital diabetes data shows that there was an improvements in A1C measurements from 8.5 to 6.5.</td>
</tr>
<tr>
<td>Hospital strategy 3: Financial sponsorship support to the Transylvania Farmer’s Market in downtown Brevard along with free public education programs on healthy foods and healthy cooking led by TRH’s Registered Dietician.</td>
<td>TRH sponsored the Transylvania Farmer’s Market in 2013, 2016, and 2016. TRH Registered Dietician led several Healthy Cooking Classes at the Hospital which included demonstrations.</td>
</tr>
<tr>
<td>Hospital strategy 4: Feasibility study of constructing a medical wellness facility on</td>
<td>A feasibility study was conducted and presented to the Board. The decision was made to table this until a later date.</td>
</tr>
</tbody>
</table>
the TRH campus in conjunction with the YMCA.

| Hospital strategy 5: Teamed with Mission Sports Medicine to provide resources and support the efforts of athletic programs at local schools. | An arrangement was made with Brevard College, Brevard High School and Rosman High School to provide a sports trainer at each facility to support the athletic programs. |

### 2012 Priority Area 2: Dental Health

**Population Level Data:**

Transylvania County rates of utilization for dental services in Medicaid populations are lower than regional and state totals in each age group. Generally, access to dental care is more challenging for Medicaid recipients in the far western parts of the state because of the lack of dentists and enrolled Medicaid providers in those areas. In 2009, the dental screening results which count the average number of decayed, missing, or filled teeth in kindergarteners was 1.75 per child in Transylvania County. In 2015 that number decreased to 1.54 per child.

**Collaborative Efforts:**

Healthy Smiles Dental Program, Mission Health System’s ToothBus traveling dental office, and Brevard Health Center’s complete dental care to Medicaid and private pay clients with costs based on income.

**Implementation Strategy Update**

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>Hospital strategy 1: TRH Emergency Department and TRH-owned primary care medical offices will coordinated and make appropriate referrals for dental care based on need to the Brevard Health Center.</td>
<td>The Emergency department refers appropriate patients with dental needs to the Brevard Health Center.</td>
</tr>
</tbody>
</table>

### 2012 Priority Area 3: Mental Health/Substance Abuse

**Population Level Data:**

In 2015, more than 16% of county residents reported having seven or more days of poor mental health in the past month, (compared to 12% in 2012), and nearly 6% reported being “dissatisfied” or “very dissatisfied” with life compared to 8.9% in 2012.

**Collaborative Efforts:**

The following organizations worked together to address this issue: Smoky Mountain LME/LMO, Meridian Behavioral Health Services, and private counselors, RHA Mobile Crisis Management, and Brevard Health Center. Hendersonville Pediatrics and Carolina Pediatric Therapy offer mental health services for children along with a part-time counselors in each public school. The C.A.R.E. Coalition distributed more than 200 lockboxes to promote safe storage of medications and local law enforcement officers were trained to administer naloxone.
<table>
<thead>
<tr>
<th>Hospital Strategy</th>
<th>Evaluation/Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital strategy 1: TRH and the medical community will create and revise advanced policies for prescribing practices associated with pain management; identification of high risk patients, and consistent utilization of the Controlled Substances Reporting System (CSRS).</td>
<td>ED Physicians provide each substance abuse patient with a handout stating the policy for pain prescriptions which includes a list of resources to help with abuse.</td>
</tr>
<tr>
<td>Hospital strategy 2: TRH, in collaboration with other Mission Health hospitals, will develop specific capacity for comprehensive pain management medical care. This will include a pain management clinic on the TRH campus.</td>
<td>Transylvania Regional Hospital worked to bring pain management services to Transylvania County. Those pain management services have now been expanded to include comprehensive individualized care with a team of counselors and advanced caregivers.</td>
</tr>
<tr>
<td>Hospital strategy 3: Support the implementation of the C.A.R.E. Coalition Strategic Plan (NCCI) in Transylvania County.</td>
<td>Transylvania Regional Hospital was the grassroots of the C.A.R.E. Coalition as a result of healthcare professionals seeing an increasing number of prescription medication overdoses and deaths. This program continues to become a strong influence in the community. With more resources and a more specific focus, C.A.R.E. continues to be an important partner around the issue of substance abuse.</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
Transylvania County was home to approximately 33,090 residents in 2010, with a median age (48.8) which is several years older than the state average (37.9). Its population growth is expected to slow through 2020, but the percent of senior adults in the county is expected to continue to rise. Transylvania County has higher a proportion of whites (92.4%) than the region or state and lower proportions of all racial and ethnic minority groups. Only 0.8% of households have limited skill in speaking English. About 19% of households had children under age 18, and 69% of these were headed by a married couple. (US Census Bureau)

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. Transylvania Regional 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
- Email survey of community leaders and other key informants

Additional Community-Level Data

CHA team members invited the members of several organizations to share their thoughts about health concerns in Transylvania County. The CHA Team also advertised for a public meeting in the local paper and used this open public session to discuss health issues, identified opportunities, and challenges the community might face. Feedback from these groups was used to inform data collection and analysis. In addition, reports from the local Preschool Task Force and the C.A.R.E. Coalition were used as data sources in this process.

Gaps in Available Information

Beyond the typical limits of data, such as sample size, geographic focus, and being out-of-date, there are few known gaps in available information. Known gaps include:

- Some populations are not represented in survey data due to information gaps, such as homeless persons, members of some race, ethnic, or immigrant groups, institutionalized persons, and those who speak a language other than English or Spanish.

Online survey data is impacted by the typical limitations of technology literacy and access, as well as the use of findings based on self-reporting.

Community Input

See below for a list of the lead organizations for processes in Transylvania County.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Role/Contribution</th>
<th>Method</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transylvania Regional Hospital</td>
<td>Partner</td>
<td>Financial &amp; Advisory Support</td>
<td>Full Process</td>
</tr>
<tr>
<td>Transylvania County Department of Public Health</td>
<td>Partner</td>
<td>Coordination &amp; Implementation for local processes</td>
<td>Full Process</td>
</tr>
<tr>
<td>Land of Waterfalls Partnership for Health</td>
<td>Key Stakeholder in planning process</td>
<td>Informational &amp; Advisory Support</td>
<td>Full Process</td>
</tr>
<tr>
<td>WNC Healthy Impact</td>
<td>Partner</td>
<td>Regional Coordination for CHIP process and data collection and analysis</td>
<td>Full Process</td>
</tr>
</tbody>
</table>

Public Health Department

In the collaborative assessment process for our community, the Transylvania County Department of Public Health is a key partner. They provided coordination for the local process that we help support and partner to implement. Transylvania Regional Hospital collaborated with the Transylvania Department of Public Health 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.

**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.

Specific populations identified include the following:

- **Underserved populations** (those who do not access health care either because there is a lack of services or providers available or because of limitations of income, literacy or understanding on how to access services), including Medicaid recipients (for dental services), non-English speakers, those without reliable transportation, those without health insurance, and those who live in rural areas of the county.
- **At-risk populations** (members of a particular group who are likely to, or have the potential to, get a specified health condition), including people who are overweight/obese, use tobacco, take prescription drugs, drink excess alcohol, do not eat the recommended daily allowance of fruits and vegetables, are not physically active, have limitations on physical activity, have diabetes or pre-diabetes, have high blood cholesterol, have high blood pressure, and who smoke, drink alcohol, or use opiates or other drugs while pregnant.
- **Vulnerable populations** (who may be more susceptible than the general population to risk factors that lead to poor health outcomes), including the elderly, military veterans, those who are homeless, those living in poverty (especially children), those without health insurance, racial minorities, non-English speakers, those living with chronic stress, and those without reliable transportation.

**Written Comments**

Our facility also considers any written comments received since the last CHNA and implementation strategy. At this time Transylvania Regional Hospital has not received any written comments.

**Additional Input**

The CHA team researched several methods for determining priorities and decided to use the Hanlon Method outlined in the CHA guidebook. This method allowed the CHA Team and other interested people to come together and discuss choices and resources available to best meet the community’s needs. Partners received priority-setting materials by several different venues that assisted them in determining the magnitude and seriousness of the health problem as well as the feasibility of a successful intervention.
3 – Health Needs in Our Community

Health Status
Data on the health status of our community Transylvania County, and health factors that influence health are included in the full community health assessments for each county in our community. See Transylvania 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 used the following criteria to identify significant health issues:

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

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

Transylvania County
- **Access to Health Care Services**: This was identified as a “moderate problem” in the county. The most difficult types of care to access were dental care, substance abuse treatment, and mental health care.

- **Cancer**: The second leading cause of death in Transylvania County

- **Diabetes**: Diabetes is a disease in which the body’s blood glucose levels are too high due to problems with insulin production and/or utilization. This is the 10th leading cause of death in our County.

- **Environment**: This was identified as a “minor contributor” to local health issues. Indoor radon levels in Transylvania County are among the highest in the state.
• **Heart Disease/Stroke**: This was characterized as a “major to moderate problem” in Transylvania County due to nutrition issues, lack of physical activity, obesity, aging population and tobacco use.

• **Infectious Disease and Foodborne Illness**: This was characterized as a “minor problem” in the County with very little detail information.

• **Injury and Violence**: “Unintentional injuries” was noted as one of the leading causes of death in Transylvania County that is higher than the state rate. This category includes injuries, as well as unintentional poisonings, which include medication/drug overdose.

• **Maternal and Infant Health**: This was identified as a “moderate problem” in the County due to substance abuse, access to care, and unintended pregnancies.

• **Mental Health**: This was identified as a “major problem” in the county due to barriers to mental health care.

• **Nutrition, Physical Activity, and Weight**: This was identified as a “moderate problem” due to culture, access to healthy choices, and cost.

• **Oral Health**: This was noted as a “moderate problem” in the County due to access to care and cost.

• **Respiratory Diseases**: This was identified as a “minor problem” in the County revolving around the use of tobacco.

• **Sexually Transmitted Diseases**: This was identified as a “minor problem” in the County along with unintended pregnancy.

• **Substance Abuse**: This was identified as a “major problem” in the County, citing opioid analgesics and alcohol as the most problematic substances.

• **Tobacco Use**: This was identified as a “major problem” in the County related to both culture and prevalence.

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**Priority Health Issues**

**Process & Criteria**

Key informants and others with expertise on the health needs of particular populations or the community as a whole, as well as community members at large, were invited to attend a priority-setting workshop.
The group was presented with data compiled from secondary and primary sources around each of the health issue identified above. They used the following criteria to rate each health issue from low (1) to very high (4) priority:

- **Relevance**: How important is this issue? This includes the size of the issue (percent of population affected), the severity of the issue (cost to treat, lives lost, etc.), the urgency to solve this issue, community concern about this issue, health equity impact of this issue, and how this issue is linked to other important issues.
- **Impact**: What will we get out of addressing this issue? This includes the availability of solutions or proven strategies, the ability to build on or enhance current work, and any significant consequences of not addressing the issue now.
- **Feasibility**: Can we adequately address this issue? This includes the availability of resources to address the issue (staff, community partners, time, money, equipment, etc.), political capacity or will to address this issue, community or social acceptability and appropriateness of addressing this issue, ethical concerns related to addressing the issue, and the ability to identify easy, short-term wins.

After rating each criteria, they summed the three scores for each health issue and selected the five health issues with the highest scores. Each participant “voted” for their top-rated health issues by placing five stickers on a board at the front of the room, and then further discussed the voting outcome.

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.

**Identified Health Priorities**

The following health issues are the final community-wide priorities:

**Transylvania County:**

- Substance Abuse
- Mental Health
- Nutrition, Physical Activity, and Weight

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.

Findings
In Transylvania County, the action plans and local efforts continue to partner together and address the identified health concerns. Many of the strategies identified continue to grow and prosper. One example is, as the C.A.R.E. Coalition prepares to enter its second year of funding from Drug-Free Communities, it continues to become a stronger influence in the community. In the past year, it has hired three staff members, created an executive board, created governance documents including by-laws, and expanded its reach into a broader cross-section of the community. With more resources and a more specific focus, C.A.R.E. promises to be an important partner around the issue of substance abuse.

Mental health services for Transylvania County residents are coordinated by Smoky Mountain LME/LMO, but detailed reports on what services were delivered to county residents are not available. Transylvania County commissioners and the health director began meeting with representatives from Smoky in late 2015 and early 2016 to determine what services are being provided.

Low-cost or Medicaid care is now available at Brevard Health Center. Other services are available from Transylvania Regional Hospital, Meridian Behavioral Health Services, and private counselors. RHA Mobile Crisis Management is a regional group that serves Transylvania County for emergencies. Brevard Health Center, Hendersonville Pediatrics and Carolina Pediatric Therapy offer mental health services for children, and a recent partnership between Transylvania County Schools and Meridian places counselors in each public school at least part time.

Silvermont Senior Activity Center and the Transylvania County Parks and Recreation Senior Games programs provide a valuable source of appropriate physical activity opportunities for the county’s older residents. Activities for children include community-based football, soccer, volleyball, baseball, and softball leagues, dance studios, running programs, a mountain biking club, and school-sponsored sports teams.

County food pantries and the Hunger Coalition of Transylvania County are working to create additional community venues for fresh produce and nutritious foods and are coordinating gleaning efforts with local farmers and the Transylvania County Farmer’s Market.


**Resource Gaps**

Transylvania County has very limited facilities and programs for substance abuse treatment or the treatment of mental health concerns that may lead to or stem from substance abuse. This very important health resource is discussed more fully in the mental health section.

Residents often comment that the county does not have enough recreational facilities, and that young people need “something to do.” Unfortunately, a privately-owned indoor soccer facility, closed in late 2015 due to lack of use.

The county offers numerous opportunities for physical activity in its public lands, but access may be limited by finances, time, and transportation. The areas around Brevard have a growing system of interconnected sidewalks and bike paths, but outlying areas have very little infrastructure that supports physical activity.
5 - Next Steps

Sharing Findings
Our facility will post its CHNA report on the Transylvania 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. Please contact the President/CNO of Transylvania Regional Hospital with any comments.

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.

7/28/2016
Date adopted by authorized body of hospital facility
WORKS CITED

APPENDIX

Appendix A – Transylvania County Community Health Assessment