



Community Health Needs Assessment

Haywood Regional Medical Center

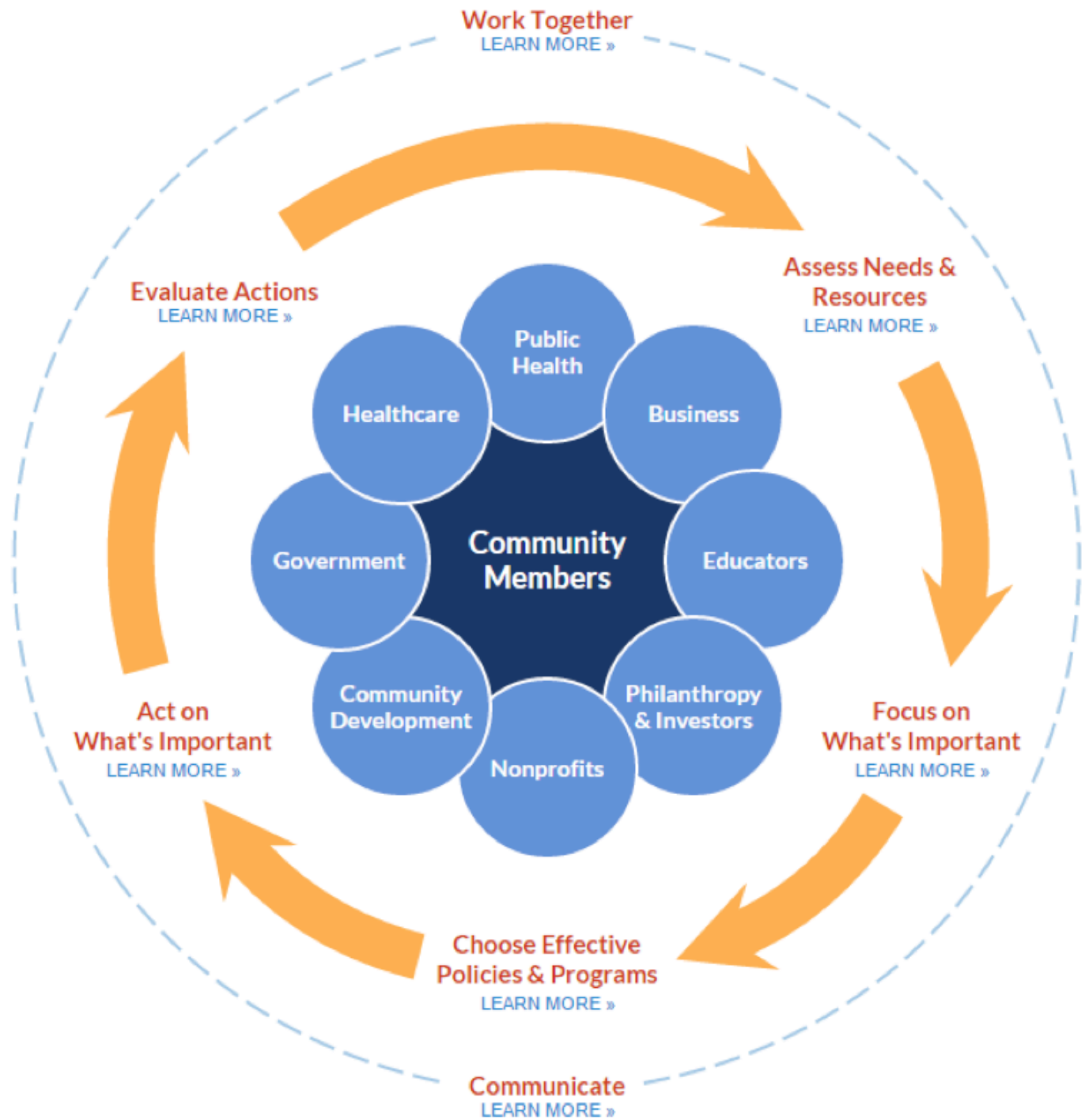
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HAYWOOD
REGIONAL MEDICAL CENTER

A Duke LifePoint Hospital

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Sourced from the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.countyhealthrankings.org/roadmaps/action-center>

Perspective / Overview

Creating a culture of health in the community

Community health assessment (CHA) is an important part of improving and promoting the health of county residents. Community-health assessment is a key step in the ongoing community health improvement process.

A community health assessment (CHA), which is both a process and a product, investigates and describes the current health indicators and status of the community, what has changed, and what still needs to change to reach a community's desired health-related results.

Haywood County Health and Human Services Agency (HCHHSA), in partnership with Haywood Regional Medical Center and the Healthy Haywood Partnership with technical assistance, financial support and collaboration with WNC Healthy Impact convened the community around a community health needs assessment process. WNC Healthy Impact is a partnership between hospitals and health departments in western North Carolina to improve community health. Haywood Regional Medical Center (HRMC) was involved with many community organizations to create the assessment. LifePoint Health engaged national leaders in community health needs assessment to assist in the focus group and community report for the medical center. Stratasan, a healthcare analytics and facilitation company out of Nashville, Tennessee was engaged to review the process, create the community report and provide facilitation expertise. Much of the content of this document is taken from the Haywood County Community 2015 Health Assessment, prepared by Haywood County Health and Human Services. All of the parties involved, Haywood County Health and Human Services, Healthy Haywood, WNC Healthy Impact, Haywood County Health Partners, Haywood Regional Medical Center, and Stratasan will be known in this document as the "consortium".

HRMC's board of directors approved and adopted this CHNA and the attached Implementation Strategy on October 27, 2016. Starting on October 28, 2016, this report is made widely available to the community via Haywood Regional Medical Center's website, myhaywoodregional.com, and paper copies are available free of charge at Haywood Regional Medical Center. The Haywood County Community Health Assessment, 2015 is also available at myhaywoodregional.com.

Participants

Over 80 individuals from 45 community and health care organizations collaborated on a comprehensive CHNA process focused on creating a comprehensive review of health status and opinions about health and wellbeing in the community. The process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community and had special knowledge of or expertise in public health to provide direction for the community and hospital to create a plan to improve the health of the community.

Purpose

The purpose of the CHNA is to describe the health status of the community to provide direction for the planning of disease prevention and health promotion services and activities. The CHNA will serve as a resource for the community consortium. HRMC goals were:

1. To coordinate with the Health Department in a formal and comprehensive community health assessment process that will allow for the identification and prioritization of significant health needs of the community to allow for resource allocation, informed decision-making and collective action that will improve health.

2. To initiate a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
3. To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

“We initiated the Community Health Needs Assessment with the goal of analyzing significant health needs and priorities and addressing those needs,” said Rod Harkleroad, Chief Executive Officer, HRMC. “It is our goal to use the findings as a catalyst for community mobilization to improve the health of our residents.”

“The information gathered both from public health data and from community members and stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by community organizations to create an implementation plan,” added Megan E. Hauser, MA, Healthy Haywood Coordinator, Haywood County Health and Human Services Agency. “The prioritization meeting was the final step in the assessment process. Now the real work begins with creating the community health improvement plan and improving the health of the community.”

Community Input and Engagement

Including input from the community is an important element of the community health assessment process. Our county included community input and engagement in a number of ways:

- Partnership on conducting the health assessment process
- Through primary data collection efforts (survey and key informant interviews)
- In the identification and prioritization of health issues

In addition, community engagement is an ongoing focus for our community and partners as we move forward to the collaborative action planning phase of the community health improvement process. Partners and stakeholders with current efforts or interest related to priority health issues will continue to be engaged. We also plan to work together with our partners to help assure programs and strategies in our community are developed and implemented with community members and partners.

At-Risk & Vulnerable Populations

Throughout our community health assessment process and product, our team was focused on understanding general health status and related factors for the entire population of our county as well as the groups particularly at risk for health disparities or adverse health outcomes. In particular, for the purposes of the overall community health assessment, we aimed to understand variability in health outcomes and access of medically underserved, low-income, minority, and others experiencing health disparities. These populations include:

- Individuals who are uninsured or underinsured
- Individuals experiencing poverty
- Victims of domestic violence
- Pregnant women who smoke
- Individuals who have trouble accessing fresh produce

Timeline

The Health Department convened the community in a CHA process in January, 2015. In February, 2016, the consortium began working on a Community Health Needs Assessment for Haywood County, North Carolina. The consortium sought input from persons who represent the broad interests of the community using several methods:

- Community Health Assessment (CHA) Steering Team Meeting involved sixteen individuals who provided unique knowledge and community connectivity to the CHA process on January 27, 2015. The steering team provided insight into the community engagement aspects of the CHA. They were asked to participate due to their ability to communicate with and connect CHNA efforts to multiple sectors in the community, including education, business, healthcare, the Board of Health, Haywood County Health Partners and traditionally underrepresented population and demographic groups (such as low-income, African-American, and Hispanic).
- 20 Haywood County leaders were surveyed via e-mail (Key Informant Survey) regarding their perspectives on community health status and needs from August 17-September 9, 2015.
- 200 community surveys were conducted by phone from March 23 to May 28, 2015 to hear about their concerns and priorities.
- Information gathering, using secondary public health sources occurred in February through October, 2015.
- Healthy Haywood partnership and others reviewed the data and created priorities on November 12, 2015.
- Seventeen community members, employers, not-for-profit organizations (representing various populations including medically-underserved, low-income and minority populations, and children), Haywood County HHSA Public Health, law enforcement, clergy, health providers, and government representatives participated in a focus group for their perspectives on implementation strategies April 28, 2016 at Haywood Regional Medical Center.
- Action plans were developed between March and September, 2016.
- The Haywood Regional Medical Center board approved the Community Health Needs Assessment, priorities, and implementation plan on October 27, 2016.

Participation in the Healthy Haywood Partnership, Steering Committee, Key Informant Survey, the Prioritization meeting, and the focus group, creating the Haywood County Community Health Needs Assessment was as follows:

Organization	Involvement (Health Council, surveyed, funding, forum, etc.)	Population Represented (kids, low income, minorities, those w/o access)	Low-Income Resident	Minority Population	Medically Underserved
30th Judicial District Domestic Violence/Sexual Assault	Key Informant Survey		✓	✓	
Beacon of Haywood County	Focus Group at HRMC	All			
Canton Police Department	Healthy Haywood Partnership	All - Canton			
Chaplaincy Services	Focus Group at HRMC	All			
Clyde Police Department	Healthy Haywood Partnership	All - Clyde			
Cooperative Extension	Healthy Haywood Partnership				
Drugs in our Midst	Health Prioritization Meeting, Healthy Haywood Partnership	Drug Abuse			
Fitness Connection	Health Prioritization Meeting, Healthy Haywood Partnership	All			
Good Samaritan Clinic of Haywood	Focus Group at HRMC, Key Informant Survey	uninsured medical services			✓
Guardian Ad Litem	Healthy Haywood Partnership	Children			
Haywood County Chamber of Commerce	Health Prioritization Meeting	Businesses			
Haywood County EMS	Healthy Haywood Partnership, Key Informant Survey	All - Haywood County			
Haywood County Government	Focus Group at HRMC, Key Informant Survey, Prioritization meeting	All Haywood Co			
Haywood County Health and Human Services Agency	Healthy Haywood Steering Committee, Key Informant Survey, Focus Group at HRMC, Prioritization meeting	All	✓	✓	✓
Haywood County Health Department Healthy Living	Key Informant Survey, Focus Group at HRMC	All - Haywood County	✓	✓	✓
Haywood County Manager	Health Prioritization Meeting	All - Haywood County			
Haywood County Schools	Healthy Haywood Partnership, Key Informant Survey	Kids			
Haywood County Schools Child Nutrition Program	Key Informant Survey	All - Haywood County	✓	✓	
Haywood County Sheriff's Office	Healthy Haywood Partnership, Focus Group at HRMC	All - Haywood County			
Haywood Healthcare Foundation	Healthy Haywood Partnership, Health Prioritization meeting	All - Haywood County			
Haywood Regional Medical Center	Healthy Haywood Steering Committee, Focus Group at HRMC, Key Informant Survey	All	✓	✓	✓
Juvenile Justice	Healthy Haywood Partnership				
Lake Junaluska	Focus Group at HRMC	Hospitality			
LifeWorks with CWJC/CMJC	Key Informant Survey	Women	✓	✓	✓
Long's Chapel UMC	Focus Group at HRMC	Kids/elderly			
Maggie Valley Police Department	Healthy Haywood Partnership	All - Maggie Valley			
Meridian Behavioral Health Services	Key Informant Survey	Mental Health	✓	✓	✓
Mountain Projects	Focus Group at HRMC, Healthy Haywood Partnership, Key Informant Survey	All			
MountainWise	Key Informant Survey, Healthy Haywood Partnership	All	✓	✓	✓
NC Department of Public Safety	Key Informant Survey	All	✓	✓	✓
North Carolina Cooperative Extension/Haywood Center	Key Informant Survey	All	✓	✓	
Open Door Soup Kitchen	Healthy Haywood Partnership, Health Prioritization Meeting	Low-income	✓		
Region 1 Tobacco Prevention Manager	Health Prioritization Meeting				
Smoky Mountain Center, LME/MCO	Healthy Haywood Partnership, Health Prioritization Meeting, Key Informant Survey	Mental Health, Developmental disabilities, Substance Abuse			
The Arc of Haywood County	Focus Group at HRMC, Key Informant Survey	Developmental Disabilities			
The Mountaineer newspaper (observer, did not rank p	Health Prioritization Meeting				
Town of Clyde	Key Informant Survey	All - Clyde	✓		
Town of Waynesville	Health Prioritization Meeting	All - Waynesville			
United Way of Haywood County	Focus Group at HRMC	All	✓	✓	✓
Waynesville Police Department	Healthy Haywood Partnership, Health Prioritization Meeting, Key Informant Survey	All - Waynesville			
WNC Healthy Impact	Key Informant Survey, Funding	Western North Carolina	✓	✓	✓
Community Volunteer	Healthy Haywood Steering Committee				

Input of Public Health Officials

North Carolina Health Departments are extremely robust and in many instances lead the Community Health Assessment and Improvement processes. Haywood County Health and Human Services Agency was the convener for the Community Health Needs Assessment process in Haywood County. Members of the Health Department organized the process, assembled participants, and gathered much of the data.

Input of Medically Underserved, Low-Income and Minority Populations

The previous identifies each organization that was involved in the CHNA , how they provided their input and what groups they represented. Many of the organizations involved represent the medically underserved, low income and minority populations.

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Minority populations represented:

- African American
- American Indian
- Asian
- Cardiovascular Disease
- Children
- Diabetic/Pre-Diabetic
- Disabled
- Elderly
- Females
- Hispanic/Latino
- Human Trafficking Victims
- Hypertension Patients
- IDD
- Immigrants
- Low Income
- Medically Underserved
- Mentally Ill
- Non-White Races
- Obstructive Lung Disease
- Rural Areas
- Single Parents
- Substance Abusers
- Uninsured/Underinsured

Medically underserved populations represented:

- African American
- Chronic Disease
- Diabetic/Pre-Diabetic
- Disabled
- Elderly
- Hispanic/Latino
- Homeless
- Hypertension Patients
- Low Income
- Medicaid
- Medically Complex
- Mentally Ill
- Obese
- Substance Abusers
- Teens
- Uninsured/Underinsured

Community Engagement and Transparency

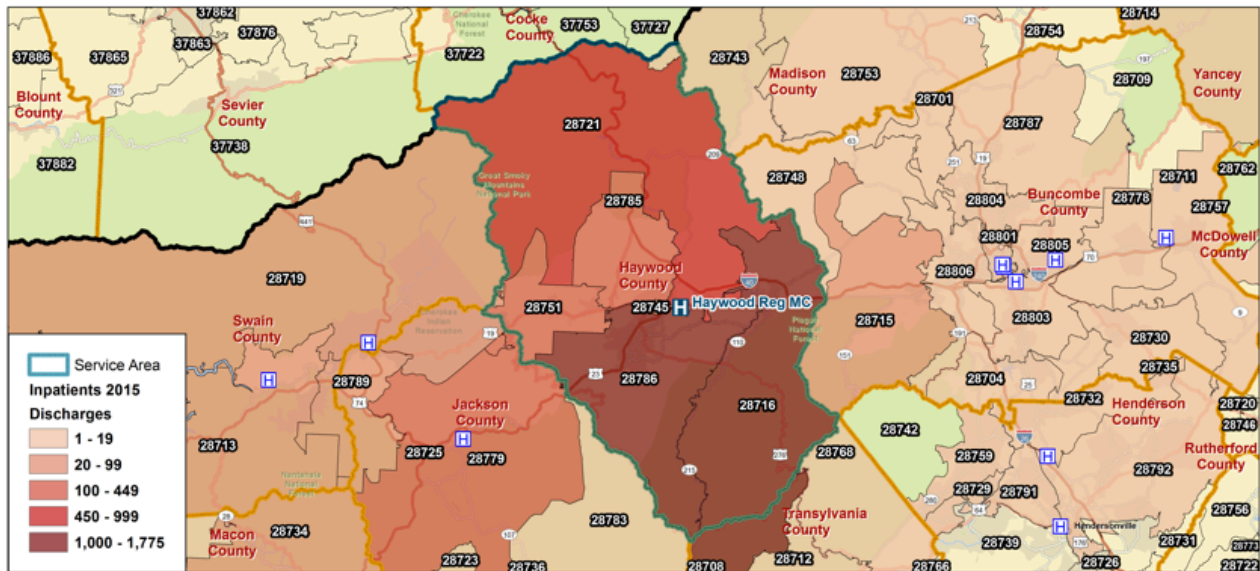
We are pleased to share the results of the Community Health Needs Assessment with our community in hopes of attracting more advocates and volunteers to improve the health of the community. The following pages highlight key findings of the assessment. We hope the community will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts. The comprehensive data analysis may be obtained on the website or by contacting Haywood Regional Medical Center. Paper copies of this document may be obtained at Haywood Regional Medical Center, 262 Leroy George Drive, Clyde, NC 28721, 828-456-7311 or via the hospital website myhaywoodregional.com.





Community Selected for Assessment

Haywood Regional Medical Center Patients – 2015



Haywood Regional Medical Center's health information provided the basis for the geographic focus of the CHNA as well as the county focus of the HCHHSA. The map below shows where Haywood Regional Medical Center received its patients; most of Haywood Regional Medical Center's inpatients came from Haywood County (83%). Therefore, it was reasonable to select Haywood County as the primary focus of the CHNA. However, surrounding counties should benefit from efforts to improve health in Haywood County.

The community included medically underserved, low-income or minority populations who live in the geographic areas from which Haywood Regional Medical Center draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Haywood Regional Medical Center's Financial Assistance Policy.





Key Findings of the Community Health Assessment

Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish) were not represented in the survey data. The community survey was provided in Spanish.

Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

Processes and Methods

The set of data reviewed for our community health assessment process is comprehensive, though not all of it is presented in this document. Within this community health assessment product, we share a general overview of health and influencing factors then focus more on priority health issues identified through this collaborative process. Our assessment also highlights some of our community strengths and resources available to help address our most pressing issues.

The data reviewed as part of our community's health assessment came from the WNC Healthy Impact regional core set of data and additional local data compiled and reviewed by the local CHA team. 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:

Both primary and secondary data sources were used in the CHNA.

Primary methods included:

- **Community Health Opinion Survey** – telephone survey of a random sample of adults in the county
- **Key Informant Survey** – e-mail survey of key stakeholders representing special populations
- **Community focus group** – The focus group was held at Haywood Regional Medical Center and focused on how Haywood Regional Medical Center could help in implementation of the priorities identified in the CHNA.

Secondary methods included:

- A comprehensive set of publically available secondary data metrics with Haywood County compared to the sixteen county WNC region as a “peer”

- Set of maps accessed from Community Commons and NC Center for Health Statistics
- NC State Center for Health Statistics
- County Health Rankings
- State of the County Health reports

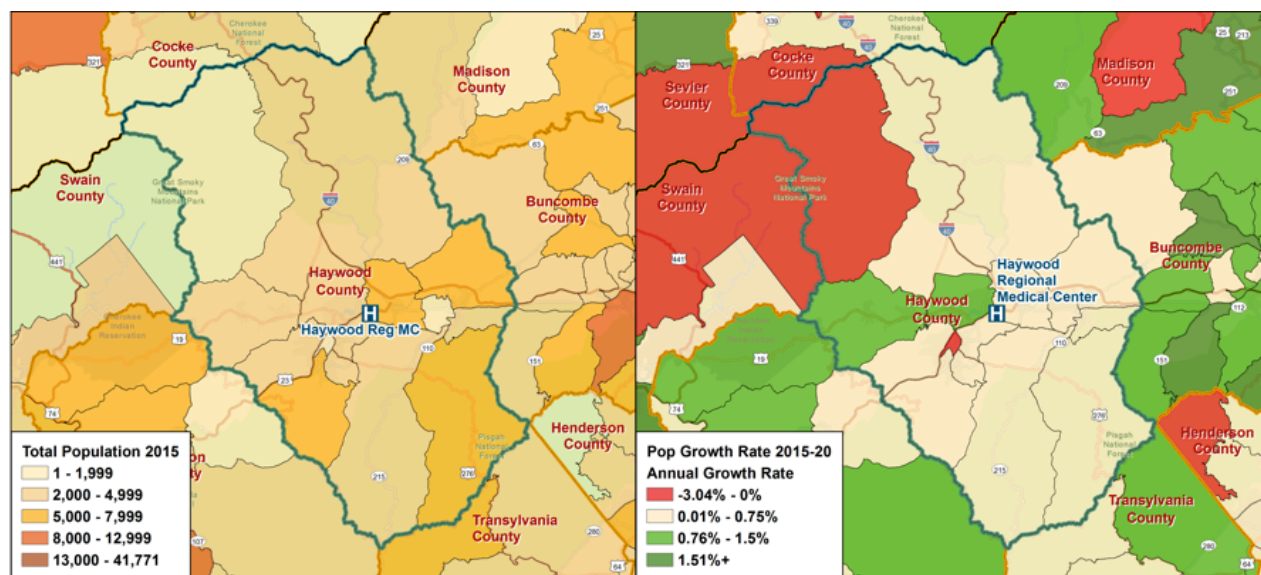
All of Haywood County – Waynesville, Clyde, Maggie Valley, and Canton -- must come together now to improve the health of their communities. A summary of the results community health assessment follow. The complete analysis is available under separate cover, “Haywood County 2015 Community Health Assessment.”

Demographics of the Community

Below are demographics and social & economic factors:

- Haywood County had 59,471 residents in 2014.
- The Haywood County population has a slightly higher proportion of females than males (WNC Healthy Impact, 2015).
- The median age of the Haywood County population (45.6 years) is 0.9 years “older” than WNC regional average and 8.2 years “older” than the NC average (WNCHI, 2015).
- Haywood County has lower proportions of “younger persons” and higher proportions of the “older persons” than NC as a whole (WNCHI, 2015).
- The racial make-up of Haywood County was 97% white, 1% black, 1% Asian/Pacific Islander, and 4% Hispanic origin. 23.7% of the population is 65 and older. (The numbers will total to over 100% due to Hispanic being an ethnic group, not a race)
- The median household income for Haywood County was \$41,557. This is \$4,777 less than the median household income for North Carolina (US Census Bureau, 2009-2013).
- In 2014, Haywood County had an unemployment rate of 5.1%, having steadily declined since 2010. (NC Department of Commerce)

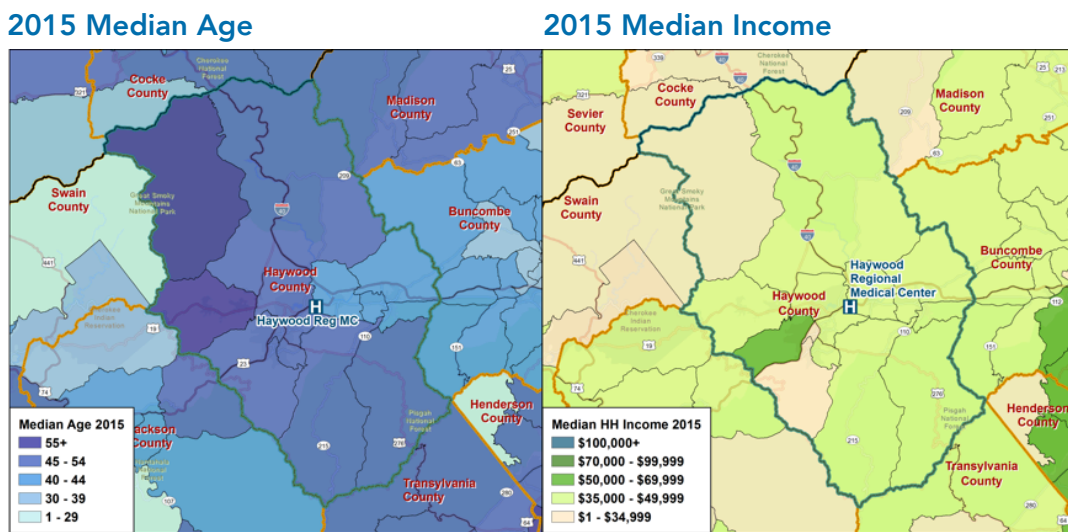
2015 Population by Census Tract and Population Change 2015-2020



Source: Esri

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. There was higher population census tract, 5,000-7,999 east, near Canton, and southwest of Clyde, toward Waynesville. There is also a higher populated, large geography census tract in the southeastern corner of the County in the Pisgah National Forest. There were a large number of census tracts with 2,000-4,999 population and three sparsely populated tracts, northwest corner, just east of Clyde and a small tract southwest of Clyde.

The population was projected to grow most in the census tracts in the county, .01% to .75%. There is some higher growth west of Clyde, Lake Junaluska area. There were two census tracts projected to decline in population, the northwest corner in the Great Smoky Mountains National Park and one small tract in Waynesville.



Source: Esri

These maps depict median age and median income by census tract. There were areas of older population (median age 55+) in the northwest corner and to the west near Maggie Valley. The median age of most tracts was 45-54. There are a few tracts with median age 40-44 in the Canton area.

There was an area of lower median household income \$1-\$24,999, south of Waynesville []. Not all households were at the median in the census tracts, but these are indicators of segments of the population that may need focused attention. Most of the county is in the range of \$35,000 to \$49,999 median household income. There is a tract of higher income in the Waynesville area, \$50,000-69,999 median income. The lower median household income census tract south of Waynesville also had the highest number of households making less than \$15,000.

The rate of poverty in Haywood County was 15.8%, which was below NC (17.5%), but higher than U.S. (15.4%). (AccessNC@NCCommerce.com). Haywood County’s unemployment was 5.1% compared to 5.6% for North Carolina and 5.0% for the U.S. Unemployment decreased significantly in the last few years.

Haywood County had a high school graduation rate of 83% (County Health Rankings, 2016). For 31% of our population, high school is the highest level of education (WNC Healthy Impact, 2015). “Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive (CHR, 2015).”

Health Data Findings Summary

The following is taken from “Haywood County 2015 Community Health Assessment”, produced by Haywood County Health and Human Services Agency.

Mortality

**Leading Causes of Death, Age-Adjusted Death Rates per 100,000 Population
(5-Year Aggregate, 2009-2013)**

Rank	Cause of Death	Haywood		North Carolina	
		# Deaths	Death Rate	# Deaths	Death Rate
1	Diseases of Heart	884	190.7	86,285	170.0
2	Cancer	733	158.4	90,717	173.3
3	Chronic Lower Respiratory Diseases	251	51.2	23,346	46.1
4	Cerebrovascular Disease	199	41.6	21,816	43.7
5	All Other Unintentional Injuries	136	41.3	14,403	29.3
6	Pneumonia and Influenza	85	18.8	8,890	17.9
7	Alzheimer's disease	82	17.0	14,000	28.9
8	Suicide	49	15.3	6,070	12.2
9	Unintentional Motor Vehicle Injuries	44	14.9	6,687	13.7
10	Diabetes Mellitus	66	13.9	11,220	21.7
11	Chronic Liver Disease and Cirrhosis	54	13.6	5,128	9.5
12	Nephritis, Nephrotic Syndrome, and N	63	13.5	8,850	17.6
13	Septicemia	35	7.4	6,731	13.3
14	Homicide	11	4.4	2,742	5.8
15	Acquired Immune Deficiency Syndrom	0	0.0	1,471	2.9
All Causes (some not listed)		3,423	765.8	400,347	790.9

Source: NC SCHS County Health Databook; red is above NC, green is below NC rates

The table above compares the mean rank order of the 15 leading causes of death in Haywood County, NC for the five-year aggregate period 2009-2013. This data shows that heart disease, all other unintentional injuries, pneumonia and influenza, unintentional motor vehicle injuries, suicide, and chronic liver disease and cirrhosis rank higher as causes of death in Haywood County than in the state as a whole. Conversely, cancer, chronic lower respiratory disease, cerebrovascular disease, Alzheimer’s disease, diabetes, nephritis, homicide and AIDS rank lower as causes of death in Haywood County than statewide.

The leading causes of death in Haywood County differ in rank order from NC, most notably in a higher county placement for all other unintentional injuries, suicide and heart disease. The county heart disease mortality rate of 190.7 exceeded the NC rate of 170. The county rate for all other unintentional injuries was 41.3, far exceeding the state rate of 29.3. The county suicide rate was 15.3 and the state rate was 12.2. Other differences in mortality statistics will be covered as each cause of death is discussed separately below. It should be noted from the onset, however, that for some causes of death there may not be stable county mortality rates, due to small numbers of deaths. Some unstable data will be presented in this document, but always accompanied by cautions regarding its use. Updated cause of death data has not been released since the 2012 CHA report.

Health Status and Behaviors

- Overall Health Status
 - 17% of adults reported being in fair or poor health (WNC Healthy Impact, 2015).
 - Nearly 32% of adults have to limit activities due to a physical, mental or emotional problem (WNCHI, 2015).
- Maternal & Infant Health
 - In Haywood County, 42.6 of 100,000 15-19 year olds became pregnant in 2013. This is a slight increase from 2012 (State Center for Health Statistics-SCHS, 2006-2013 data).
 - From 2012-2013, prenatal smoking decreased from 21.1 to 20.6 per 100,000 (SCHS).
 - From 2009-2013, 8.9% of babies had low birth weight and 1.5% had very low birth weight. This is a slight improvement over 2008-2012 data (SCHS).
- Chronic Disease (including cardiovascular disease and cancer)
 - Over 43% of adults reported having high blood pressure (WNC Healthy Impact, 2015).
 - Over 28% of adults reported having high blood cholesterol (WNCHI, 2015).
 - Over 12% of adults reported being borderline or pre-diabetic (WNCHI, 2015).
- Injury & Violence
 - From 2009-2013, mortality from unintentional injury had a rate of 41.3 of 100,000. This is a slight increase from 2008-2012 (40.7 per 100,000); State Center for Health Statistics.
 - Unintentional motor vehicle injury had a mortality rate of 14.9 per 100,000. This was a slight decline from 2008-2012, which had a rate of 15.3 per 100,000 (State Center for Health Statistics).
- Mental Health & Substance Abuse
 - Over 24% of adults currently smoke (WNCH Healthy Impact, 2015).
 - Over 7% of adults were unable to get needed mental health counseling in the past year (WNCHI, 2015).
 - Over 12% of adults reported binge drinking within the past 30 days (WNCHI, 2015).
- Oral Health
 - Nearly 57% of adults have visited a dentist or dental clinic within the past year (WNC Healthy Impact, 2015).

Clinical Care & Access

- Health Insurance
 - In Haywood County, 19% of individuals are uninsured (County Health Rankings, 2015).
- Health Provider ratios
 - Haywood County has 217.59 health care providers per 10,000 individuals (Cecil G. Sheps Center for Health Services Research). Providers include physicians, primary care physicians, dentists, registered nurses and pharmacists (2012).

- Self-reported access to care and barriers
 - Over three-fourths of individuals (77.3%) agreed that there is good access to healthcare in Haywood County (WNC Healthy Impact, 2015).
 - Seventy nine percent of adults have a specific source of ongoing medical care (WNCHI, 2015).
 - Over 9% of individuals were unable to get needed medical care at some point in the past year (WNCHI, 2015).
 - Nearly 70% of individuals visited a physician for a checkup in the past year (WNCHI, 2015).
- Access to specific care and services
 - Over 1/3 of individuals reported that a healthcare provider connected them to a community resource. The goal of this referral was to educate the individual about their condition (WNC Healthy Impact, 2015).
 - Eighty percent of women aged 50-74 had a mammogram within the past two years (WNC HI, 2015).
 - Over 56% of individuals reported having had an eye exam within the past two years. This exam included having pupils dilated (WNCHI, 2015).

At Risk Populations

Individuals who are in poverty, are uninsured or are ethnic minorities are at increased risk for health problems, such as:

- Lung cancer and chronic obstructive pulmonary disorder
- Fetal alcohol syndrome
- Sexually transmitted infections
- Pre-term labor and low birth weight
- Heart disease
- Diabetes or pre-diabetes
- Behavioral health problems
- Dental health problems

Physical Environment

The physical environment, including air, water and access to healthy food has the ability to protect or harm our health. Air pollution causes problems such as “decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects.” Unhealthy drinking water can also lead to countless problems, “including nausea, lung and skin irritation, cancer, kidney, liver, and nervous system damage.” Those with limited access to healthy foods are more likely to experience overweight, obesity and premature death (County Health Rankings, 2015).

Air Quality

Haywood County has a score of 13.2 for average daily particulate matter, an improvement over the previous measurement. Sources of air pollution include forest fires, power plant emissions and vehicles. Air pollution is often defined as a level of particulate matter, which “is the average daily density of fine particulate matter in micrograms per cubic meter.” County Health Rankings, 2015

Water

The source from which the public gets its drinking water is a health issue of considerable importance. Water from all municipal and most community water systems is treated to remove harmful microbes and many polluting chemicals, and is generally considered to be safe from the standpoint of public health because it is subject to required water quality standards. Municipal drinking water systems are those operated and maintained by local governmental units, usually at the city/town or county level. Community water systems are systems that serve at least 15 service connections used by year-round residents or regularly serves 25 year-round residents. This category includes municipalities, but also subdivisions and mobile home parks. In 2014, 70.2% or 41,436 Haywood County residents were served by community water systems Environmental Protection Agency). The remaining 29.8% presumably were being served by wells or by some other source, such as springs, creeks, rivers, lakes, ponds or cisterns.

Access to Healthy Food & Places

Limited access to healthy food is defined in several ways. In a rural area, this means that a person lives more than 10 miles from a grocery store. In an urban area, they live more than one mile from this facility. Access is also affected by the price of healthy options (County Health Rankings, 2015). In Haywood County, 16.8% report that fresh produce is somewhat or very difficult to afford (WNC Healthy Impact, 2015). If the closest food retailer is a convenience store, there may be fewer healthy options available.

Access to healthy environments is equally as important as healthy food. Resources like sidewalks, bike lanes and parks make it easier to get regular physical activity. When community organizations open their facilities after-hours, this also helps residents get physical activity. Over 95% believe that facilities should provide this access (WNCHI, 2015). Residents were also surveyed about physical activity options for children. Over 68% believe that options are available for children and youth to be active throughout the year (WNCHI, 2015).





Data Highlights of Top Health Priorities

Substance Abuse

Substance abuse continues to be identified as a top health priority. Alcohol, tobacco and other drugs negatively impact the health of our community. No age or ethnic group is immune from the devastating effects of these substances.

Health Indicators

- Over 12% of survey respondents reported having binge drank within the past month. This is defined by men consuming five or more drinks in a setting and women consuming four or more. This is a four percent increase from the 2012 survey (WNC Healthy Impact, 2015).
- Over 24% of adults currently smoke, which is higher than regional, state and national averages. This number has increased by over four percent from the 2012 survey (WNCHI, 2015).
- Over 11% of adults use smokeless tobacco. This is nearly a seven percent increase since 2012 (WNCHI, 2015).
- From 2012-2015, 41 drug overdose deaths were identified in Haywood County (Haywood County Medical Examiner). This is at a rate of almost one death per month.

Understanding the Issue

- Nearly 80% of key informants ranked substance abuse as a major problem. Key informants included community or business leaders, physicians, other health providers, public health representatives and social service providers (WNCHI, 2015).
- Substance abuse has a strong link to criminal activity, as described by Haywood County Sheriff Greg Christopher: “Eventually, the addiction becomes so encompassing and expensive, users turn to crimes such as breaking and entering, theft, shoplifting and even prostitution to support their habit.”

Specific Populations At-Risk

In 2013, over 1/5 of women in Haywood County smoked while pregnant (State Center for Health Statistics). Individuals with mental health disorders smoke at a higher rate than the general population.

Mental Health

In previous years, mental health has been one of Haywood County’s top three priorities. Figures from area mental health facilities give us a glimpse of the great need. In WNC, over 3,100 people sought services in 2013 (NC Office of State Budget and Management). One of our greatest needs is suicide prevention. The county suffers from a higher suicide rate than the state (State Center for Health Statistics, 2009-2013). Though the rate has improved, we have much work to do.

Health Indicators

- Sixteen percent of adults reported experiencing seven or more days of poor mental health in the past month. This is an increase of over two percent from 2012 (WNC Healthy Impact, 2015).
- Fewer adults are reporting that they receive necessary social or emotional support. In 2012, 82.6% agreed with this statement. In 2015, 76.2% agreed with this statement (WNCHI, 2015).
- Suicide is the 8th leading cause of death for Haywood County (State Center for Health Statistics, 2009-2013).

Understanding the Issue

- Nearly 41% of key informants ranked mental health as a major concern (WNC Healthy Impact, 2015).

Specific Populations At-Risk

- Individuals who also suffer from substance use disorders

Physical Activity and Nutrition

Overweight and obesity rates continue to be high. Of particular concern is the high obesity rate among children. Obesity is a key factor chronic health issues, such as diabetes and heart disease.

Health Indicators

- Over 55% of survey respondents meet physical activity recommendations. For adults, this was defined as one hour of vigorous activity or 150 minutes of moderate activity per week (WNC Healthy Impact, 2015).
- Over 64% of adults self-identified as being overweight or obese (WNCHI, 2015).
- The average number of vegetable servings was 7.4 per week. This is a decline from 2012 (WNCHI, 2015).

Understanding the Issue

- Over one-half of key informants ranked nutrition, physical activity and weight as a major issue.
- Key informants shared comments such as: “We have populations that are not able to afford fresh produce and barely make enough to cover their food costs for the month. Need to work on properly educating the public on malnutrition and ensuring they know how to access, afford, and utilize healthy foods.”

Specific Populations At-Risk

- African-American and Hispanic individuals
- Individuals experiencing poverty

There were four broad themes that emerged in this process:

- Haywood County needs to create a “Culture of Health” which permeates throughout the cities, employers, churches, and community organizations to engender total commitment to health improvement.
- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally had the poorest health outcomes.
- While any given measure may show an overall good picture of community health, there are significantly challenged subgroups.
- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Many assets exist in the county to improve health.



Results of the CHNA

Community Health Needs Priorities

Identification Criteria

On November 15, 2015, findings from the 2015 Haywood County Community Health Assessment were shared at a Community Health meeting. To identify the significant health issues in our community, key partners reviewed data and discussed the facts and circumstances of our community. The following criteria were used to identify significant health issues:

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

Identified Issues

The following health issues were surfaced through the above process:

- **Substance abuse:** The abuse and misuse of alcohol, tobacco and other drugs.
- **Mental health:** “Mental health includes our emotional, psychological, and social well-being.” (mentalhealth.gov)
- **Physical activity and nutrition:** meeting daily or weekly guidelines for exercise and nutrient intake.
- **Chronic disease:** “Non-communicable diseases (NCDs), also known as chronic diseases, are not passed from person to person. They are of long duration and generally slow progression.” (World Health Organization)
- **Maternal and infant health:** The health status of women of childbearing years and infants.
- **Sexually transmitted disease (STD) and unintended pregnancy:** STD’s are transmitted sexually and include HIV and Hepatitis C. Unintended pregnancies occurred when conception was not intended.
- **Injury and violence:** intentional or unintentional acts that result in physical or mental trauma.
- **Oral health:** “It is a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual’s capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing (World Health Organization).”
- **Infectious disease and food borne illness:** Infectious diseases can be spread to a living being. Food borne illness is when infections are transmitted via food.
- **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)

Prioritization Criteria

During our group process, the following criteria were used to select priority health issues of focus for our community over the next three years:

1. **Magnitude** – number of people who suffer from this problem
2. **Consequences** – seriousness to health if not addressed
3. **Feasibility** – probability of success in addressing this problem
4. **Needs** – to be addressed more thoroughly than it currently is
5. **Interest** – I am personally interested in helping with this issue

Identified Priorities

The following priority health issues are the final community-wide priorities for our county that were selected through the process described above:

- **Substance Abuse** – Haywood County has high rates of prescription pill and heroin abuse. There are also high tobacco use rates among all ages. Especially troubling is the high smoking rate among pregnant women.
- **Mental Health** – Haywood County continues to have a high suicide rate. Over a four-year period, there was nearly one recorded suicide per month (Haywood County Health and Human Services Agency).
- **Physical Activity and Nutrition** – Alarming numbers of children and adults are overweight or obese.





Community Assets and Resources

The focus group also identified community resources to improve health, which are listed on page 37 below.

In the Haywood County CHA 2015 pages 17 and 167 are community asset inventories. Also as each priority is discussed, a list of Health Resources available/needed are also listed.

Substance Abuse

- Haywood Helps is a non-profit organization with an online resource directory. Information is provided for food, transportation, housing and utility. assistance www.haywoodhelps.org
- The Region 1 Tobacco Prevention Program focuses on tobacco prevention and cessation. Education and policy support are provided. Policy foci include smoke-free multiunit housing and tobacco-free government grounds. www.tobaccopreventionandcontrol.ncdhhs.gov/about/localtpcgroups.htm
- 211 is available: www.youtube.com/watch?v=BSonIAWAKa0
- Substance abuse resource guide- This guide was developed by Healthy Haywood www.healthyhaywood.org/resources/substance-abuse.html
- Mountain Projects provides prevention and early intervention services. www.mountainprojects.org
- Smoky Mountain Center serves those with mental health, developmental disabilities and substance abuse issues. www.smokymountaincenter.com
- Meridian Behavioral Health Services provides services to both adults and children. www.meridianbhs.org
- Aspire Youth and Family provides a day school/day treatment program, an intensive in-home program, substance abuse services, assessment and counseling, and the “Kids at Work!” culinary arts program. www.aspireyouthandfamily.com
- Mountain Area Recovery Center-West provides addiction treatment services. www.marc-otp.com
- Celebrate Recovery © - faith-based program operated by Longs Chapel United Methodist Church
- Alcoholics Anonymous (16 meetings are held weekly in the county), Al-Anon Blueprint for Recovery (Grace Church in the Mountains), Narcotics Anonymous (Waynesville Triangle Club, Faith Community Church, Longs Chapel United Methodist Church).
- Haywood Pathways Center- a partnership that is transforming an old jail into a soup kitchen, halfway house and homeless shelter. www.haywoodpathwayscenter.org
- The Sheriff’s Office operates a tip line. Individuals may report calls about underage drinking and drug use, such as drug parties.
- Family support groups meet regularly at the Haywood County Sheriff’s Office and the Canton Community Kitchen.

Mental Health

- 211 is available: www.youtube.com/watch?v=BSonIAWAKa0
- Mountain Projects provides prevention and early intervention services. www.mountainprojects.org
- Smoky Mountain Center serves those with mental health, developmental disabilities and substance abuse issues. www.smokymountaincenter.com
- Meridian Behavioral Health Services provides services to both adults and children. www.meridianbhs.org
- Reach of Haywood County provides services for victims of domestic violence and sexual assault, including an emergency shelter and legal assistance (reachofhaywood.org).

- 30th Judicial District Domestic Violence-Sexual Assault Alliance, Inc. - This organization serves victims of domestic violence and sexual assault (www.30thalliance.org).
- Aspire Youth and Family provides a day school/day treatment program, an intensive in-home program, substance abuse services, assessment and counseling, and the “Kids at Work!” culinary arts program (www.aspireyouthandfamily.com).
- Kids Advocacy Resource Effort focuses on preventing child abuse and neglect. They also provide advocacy services for victims (www.karehouse.org).
- Haywood Pathways Center- a partnership that is transforming an old jail into a soup kitchen, halfway house and homeless shelter (www.haywoodpathwayscenter.org).
- Haywood Regional Medical Center has a 16-bed behavioral health unit.
- The Sheriff’s Office operates a tip line. Individuals may report calls about underage drinking and drug use, such as drug parties, or for mental health concerns.

Physical Activity and Nutrition

- 211 is available: www.youtube.com/watch?v=BSonIAWAKa0
- Fitness Finder- This is a guide with local physical activity opportunities that was developed by Healthy Haywood <http://www.healthyhaywood.org/resources/healthy-living.html>
- Town of Waynesville: www.waynesvillenc.gov: Waynesville Skate Park, Pepsi Dog Park, Waynesville Disc Golf Course, Recreation Park, Vance Street Park, Sulphur Springs Park, Dutch Fisher Park, East Street Park and the Waynesville Greenway.
- Town of Canton: www.cantonnc.com: Canton Recreation Park and the Canton International Sports Complex.
- Town of Clyde: www.townofclyde.com: Clyde Park, River’s Edge Park and Spencer Park.
- Town of Maggie Valley: www.townofmaggievalley.com: Greenway, Maggie Valley Town Hall Playground and Picnic Area, McCracken Park, Todd and Ruth Henry Memorial Park and Parham Park.
- Haywood County, www.haywoodnc.net: Allen’s Creek Park
- 2015 Healthy Haywood Fitness Challenge Facilities:
Angie’s Dance Academy, Body Lyrics Belly Dance, CrossFit 2311, CrossFit Haywood, CrossFit Yona, Haywood Regional Health and Fitness Center, Maggie Martial Artss, Maggie Valley Fitness and Massage, Maggie Valley Wellness Center, Raqs Beledi Bellydance Studio, Smoky Mountain Sk8Way and Fun Zone, Susan’s Sassy Slimdown, The Fitness Connection, The Old Armory Rec Center, Urban Athletic Training Center, Waynesville Recreation Center, Waynesville Wellness, Youth Kung Fu
- Lake Junaluska Assembly is affiliated with the Southeastern Jurisdiction of the United Methodist Church. Lake Junaluska offers several miles of walking trails, a pool and other physical activity opportunities.

2013 Implementation Plan and Evaluation

The 2012 Community Health Assessment identified priorities and action plans were created. The health outcomes as a result of that CHNA and implementation plan are below.

1. Substance abuse

• Progress:

- Trainings have been held for the “Be a Responsible Seller and Server” program.
- In 2015, Haywood County’s tobacco-free property policy became an ordinance, allowing for stronger enforcement.
- The Town of Waynesville adopted a tobacco-free ordinance in 2015.
- In 2015, Haywood Regional Medical Center began offering “Freedom From Smoking” classes.
- All five law enforcement agencies carry Narcan, a reversal medication for opioid overdoses. This project is overseen by Haywood County EMS.
- A diverse group, “Pain Changers,” has formed to address opioid overprescribing.

• Challenges:

- Adult tobacco use rates have increased by over 4% (WNC Healthy Impact, 2015).
- State allocation for tobacco use prevention has significantly declined. No funds are dedicated for youth tobacco use prevention.
- The opioid overdose death rate remains high (Haywood County Medical Examiner).
- Many people perceive opioids to be the best option. Research from the National Safety Council shows that an acetaminophen and ibuprofen combination is often more effective.
- Underage drinking is sometimes seen as a rite of passage.
- Binge drinking by adults has increased by 4% (WNCHI, 2015).

2. Physical activity and nutrition

• Progress:

- Five schools have Girls on the Run (GOTR) teams. GOTR is an effective curriculum that combines running and important life lessons.
- Several schools participate in Active Routes to School (ARTS) activities. ARTS funding is available through 2019.
- Two local farmer’s markets now accept SNAP/ EBT benefits. One market also offered bonus dollars to SNAP users in 2015.

• Challenges:

- Adult obesity rates have increased by over 3% (WNC Healthy Impact, 2015).
- Fewer adults are eating the recommended servings of fruits and vegetables (WNCHI, 2015).
- Over 16% of adults say it is difficult or very difficult to access fresh produce at an affordable price (WNCHI, 2015).

3. Chronic disease

• Progress:

- Diabetes rates among adults have decreased by 5% (WNC Healthy Impact, 2015).
- Staff at the Haywood Senior Resource Center and Haywood County Health and Human Services Agency have been trained to lead the Diabetes Prevention Program. Both agencies will begin leading this evidence-based program in spring 2016.
- The rate of high blood cholesterol has declined among adults (WNCHI, 2015).

• Challenges:

- The rate of pre-diabetes rate among adults has increased by nearly 3% (WNCHI, 2015).
- The rate of adults with high blood pressure has increased. Over 43% of adults experience this condition (WNCHI, 2015).

4. **Social Determinants of Health/Access to Care**

- Progress:
 - Haywood County funds a part-time Physician's Assistant at the Good Samaritan Clinic.
 - Blue Ridge Health Center and the Good Samaritan Clinic are merging. Blue Ridge is a federally qualified health center.
- Health insurance enrollment events were held in February 2015 and January 2016. Health care navigators also assist consumers outside of these events.
- Challenges:
 - Many people do not qualify for Medicaid and are unable to afford private insurance.

5. **Mental health**

- Progress:
 - Smoky Mountain Center will develop suicide prevention plans for each county in their service area. This organization will begin the process by surveying each county served.
 - Over 75% of adults reported that they always or usually get needed social and emotional support (WNC Healthy Impact, 2015).
- Challenges:
 - More adults reported having greater than seven days of poor mental health within the past month (WNCHI, 2015).
 - Haywood County averages one suicide per month (Haywood County Health and Human Services Agency).

6. **Unintentional injury and maternal/infant health/unintended pregnancy tied for priority six**

- Progress:
 - The infant death rate has decreased (State Center for Health Statistics, 2009-2013).
 - The rate of unintentional motor vehicle injury mortality has decreased (SCHS, 2009-2013).
- Challenges:
 - Haywood County has a higher teen birth rate than North Carolina (County Health Rankings, 2015).
 - The county rate of low birth weight is higher than the state (CHR, 2015).

7. **Dental health**

- Progress:
 - Among 1-5 year olds with Medicaid, Haywood County has a higher average than the state of receiving dental services within the past year (State Center for Health Statistics, 2011).
- Challenges:
 - The number of adults who visited a dentist in the past year has declined by 20% (WNC Healthy Impact, 2015).

8. **Communicable disease**

- Progress:
 - North Carolina's rate of childhood immunizations is higher than the national average (2013, ages 19-35 months, Centers for Disease Control and Prevention).
- Challenges:
 - Norovirus outbreaks have occurred in several locations in the county (Haywood County Health and Human Services Agency).

9. Environmental health

- Progress
 - Haywood County Health and Human Services Agency (HCHHSA) received grant funds to assist with septic repairs.
 - No rabies cases were reported in 2013 or 2014 (HCHHSA).
- Challenges
 - In 2015, harmful algae blooms were discovered in Waterville Lake (HCHHSA, The Mountaineer)
 - From 2013-2014, over 300 animal bites were reported (HCHHSA).

Populations at risk

- Individuals in poverty
Over 21,000 individuals fall below 200% of the federal poverty level (2009-2013, US Census Bureau).
- Victims of domestic violence
From 2012-2014, over 1100 clients experiencing domestic violence were served (2013-2014, Council for Women).
- Uninsured
Over 1/5 of 18-65 year olds are uninsured (2013, US Census Bureau)





Key Informant Survey, Community Telephone Survey, Focus Group, Summaries

Key Informant Survey

To solicit input from key informants (i.e., those individuals who have a broad interest in the health of the community) an Online Key Informant Survey was implemented. A list of recommended participants from our county was provided to PRC by WNC Healthy Impact along with those of other participating counties; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation.

Online Survey Instrument

In the online survey, respondents had the chance to explain what view as most needed to create a healthy community, and how they feel that environment and social determinants impact health. Key informants were also asked to specifically rate the degree to which various health issues are a problem in our county; follow-up questions asked them to describe why they identify problem areas as such, and how these might be better addressed.

Participation

In all, 25 community stakeholders took part in the Online Key Informant Survey for our county, as outlined below:

Local Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Community/Business Leader	31	13
Other Health Provider	11	6
Physician	1	1
Public Health Representative	4	2
Social Service Provider	3	3

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Community Random Telephone Survey

The survey instrument was developed by WNC Healthy Impact's data workgroup, consulting team, and local partners, with assistance from Professional Research Consultants, Inc. (PRC). Many of the questions are derived from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as other public health surveys; other questions were developed specifically for WNC Healthy Impact to address particular issues of interest to communities in western North Carolina.

To ensure the best representation of the population surveyed, a telephone interview methodology (one that incorporates both landline and cell phone interviews) was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this regional effort consisted of a stratified random sample of 3,300 individuals age 18 and older in Western North Carolina, with 200 from our county. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC). The interviews were conducted in either English or Spanish, as preferred by respondents.

Cell phone numbers were integrated into the sampling frame developed for the interviewing system for this project. Special protocols were followed if a cell phone number was drawn for the sample to ensure that the respondent lives in the area targeted and that (s)he is in a safe place to talk (e.g., not while driving). Using this dual-mode approach yielded a sample comprised of 6% cell phone numbers and 94% landline numbers. While this proportion is lower than actual cell phone penetration, it is sufficient in supplementing demographic segments that might otherwise be under-sampled in a landline-only model, without greatly increasing the cost of administration.

Focus Group Results

17 community members, not-for-profit organizations (representing various populations including medically-underserved, low-income and minority populations, and children), Haywood County Public Health HHSA, law enforcement, clergy, health providers, and government representatives participated in a focus group for their perspectives on implementation strategies April 28, 2016 at Haywood Regional Medical Center.

There was broad community participation in the focus group representing a range of interests and backgrounds. Below is a summary of the 90 minute discussion.

1. **In general, how can Haywood Regional Medical Center (HRMC) serve you and the community better?**

- Be more involved in the community – United Way campaign, REACH, Mountain Projects, ARC
- With the change in CEO, the hospital is an important anchor for the health system of the community and can get fragmented. The hospital needs stability long-term. The hospital is a convener and needs stability.
- Very glad Duke/LifePoint is here, but needs stability in leadership.
- Mental health services for pediatrics and adolescents. Currently have to transport to Charlotte for treatment.
- More integrated system between doctors and hospitals regarding streamlined paperwork. Need transfer of information from the physicians' offices to the hospital.
- The physicians in the community aren't integrated into life of the community – in leadership, socially, churches. Recruit doctors committed to the overall well-being of the community.
- Economic development – A key to attracting business and industry is a strong hospital and health system. The hospital needs to continue to be involved in recruiting businesses to the community by membership in the Economic Development Council.
- Personally have had great care at Haywood Regional Medical Center. ER has offered fabulous care. The community wants quality medical care out of a hospital.
- Haywood Regional Medical Center's Behavioral Health Unit and staff are great.

2. **How do you see the Haywood County Health Department meeting the health needs of the community?**

- More coordinated effort around what services/resources are available. Organizations need to know where to send people for help.
- People come to churches for help, but they don't begin to know what's available.
- Need access to a list of available resources
- 211 is the community phone line to resources. Call them for help identifying resources. There is a list of community resources associated with the Haywood Community Health Assessment.
- The community, and even state, has lost the safety net for mental health. There is no public mental health system. The private providers are expected to take care of all mental health needs. Eventually, whole person care require mental health to be provided, but until then, needs reform. 83% of the Detention Center has mental health issues.

3. **The top priority health issues selected through the CNA process are:**

- Substance abuse
- Mental health
- Physical activity and nutrition

How specifically, can Haywood Regional help improve these community health issues?

- Finish the expansion of the behavioral health unit and add beds
- Expand mental health services
- Add long-term rehabilitation for addictions
- There is still a stigma attached to the three issues – substance abuse, mental health and even eating disorders
- The case management model in mental health worked really well in the past where social workers served as case managers and enabled mentally ill to remain living in the community. Smoky Mountain Mental Health hears this complaint a lot – lack of case management.
- Community outreach through hospital with a face and a name to connect with organizations, someone to spearhead and represent the hospital at community organizations.
- Relative to physical activity and nutrition, let physicians and the health department know that there is a dietitian at the wellness center available to help people.
- Let people know about the sliding scale based on income at the Fitness Center
- Consider offering scholarships to patients when physicians prescribe fitness for low-income patients
- Lower income people may not have enough money to join a fitness center or may not feel comfortable in unfamiliar surroundings. Health is a culture some may not be familiar with.
- Lunch and learn with doctors
- Health coaches to teach people how to buy healthy food and prepare it
- Exercise is very important – there needs to be a concentrated, coordinated county effort on healthy

habits, healthy choices around food and exercise. But how do you motivate people to want to improve health habits?

- The key is coordinating efforts throughout the county
- Getting into schools to make changes would be great

4. **What barriers might we face in implementing strategies related to substance abuse, mental health, and physical activity and nutrition in these areas or sectors?**

- Geography – mountains, few sidewalks, need walkable communities with walking trails and sidewalks. Involve the county planning department in sidewalk design
- No public transportation network
- Resources – HRMC used to have a wellness department with 5 people, but due to reimbursement changes had to cut back. The Medical Center can't focus on a wellness department and not have orthopedics; will have to balance resources. Resources are tight for all organizations. We must find unique ways of improving health.
- Partner with public health and get grants to get into worksites
- Work through churches
- Not everyone has a faith community, figure out how to reach people throughout the community
- Get wellness programs into workplaces; the County is interested in a program

5. **What are some assets in the community to improve health?**

- The Foundation that will be established due to the sale of the hospital to Duke/LifePoint will have some resources for health improvement
- Pain Changers organizations working on healthcare providers prescribing opioids to treat pain
- Open Door
- Pathways Center
- Strong faith community
- Mountain culture of helping each other – tap into volunteers
- It can feel overwhelming to solve these problems, but unified, we're better than individually
- Law enforcement has spearheaded anti-drug abuse efforts
- History of working together and supporting each other
- How are we going to define success? Where do we start?
- Don't forget the daycares as well as the schools to impact health