WHAT IS A COMMUNITY HEALTH ASSESSMENT?

The Community Health Needs Assessment (CHA) is a requirement for local public health departments to receive state accreditation. More importantly, it leads to a better understanding of the health of Transylvania County residents by:

• Gathering and analyzing data to describe the health status of the community;
• Creating a resource for public health, local hospitals, and other community organizations;
• Providing direction for planning disease prevention and health promotion programs; and
• Helping to evaluate and improve the effectiveness of those efforts.

The hospitals and health departments in the 16 western counties of North Carolina work together in an innovative regional effort to improve community health and meet these requirements in a cycle that repeats every three years.

The Community Health Assessment will lead to partnerships and strategies that help Transylvania County become a vibrant, engaged community that supports the physical, emotional, and social well-being of all its residents.

WHO’S INVOLVED?

230 COUNTY RESIDENTS shared their input through telephone and online surveys.

34 COMMUNITY MEMBERS participated in the CHA process to determine health priorities.

Support for this process was provided by WNC Healthy Impact, a partnership between hospitals and public health agencies to improve community health in western North Carolina.

KEY FINDINGS

Based on the number of Transylvania County residents affected and the severity of the conditions, the biggest concerns include overweight/obesity, high blood pressure, high blood cholesterol, mental health hospital visits, cardiovascular disease, stroke, digestive disease, asthma, COPD, cancer mortality, diabetes, pre-term births, alcohol-related car crashes, and falls among those ages 65 and older.

Key informants were most concerned about the need to address obesity/nutrition/physical activity, substance use, infant and child health, diabetes, general mental health, depression/anxiety/stress, heart disease/stroke, and injury/violence. In addition, they identified housing and early childhood education as socioeconomic factors that were critical to address.

Other Transylvania County data that may be of concern compared to the state or region or due to trends over time include employment, road maintenance, housing, access to care and health insurance, physical activity, nutrition, mental health, substance use, and radon. Violence and crime were much lower in Transylvania County compared to the state and region.
HEALTH PRIORITIES

MENTAL HEALTH & SUBSTANCE USE

Mental health and substance use are interconnected to each other and to issues that include suicide deaths, overdose deaths, adverse childhood experiences, depression, anxiety, liver disease, alcohol-related motor vehicle crashes, lung cancer, COPD, and employment. However, residents have limited options for treatment and counseling options, especially for those who have lower incomes, no insurance, or transportation issues. Despite promising community efforts to address substance use and suicide, there is still much work to be done in this area.

HEALTHY LIFESTYLE

Transylvania County’s top two causes of death and many of our morbidity statistics of concern including obesity, type 2 diabetes, high blood pressure, heart disease, certain cancers, and stroke are directly affected by nutrition and physical activity. Residents report having trouble accessing healthy food and getting the recommended amount of physical activity.

TAKE NOTE

In addition to the two identified health priorities, community members also identified overarching themes around the ways that health in Transylvania County is affected by financial stability, including links to housing, education, employment, food security, and access to care. There is an important role that elected officials, policy-makers, businesses, funders, and other community organizations can play in addressing this issue to improve health. Community members also emphasized creating cross-community broad coalition approaches to addressing the selected health issues and saw the need to move from treatment and intervention efforts toward prevention efforts.

NEXT STEPS

Next steps include continued collaboration to develop a Community Health Improvement Plan to address the identified priorities, which includes:
• Working with community members to better understand the story and root causes behind these priority issues;
• Identifying potential strategies that work to improve priority issues, including evidence-based strategies, what is working in other communities, and ideas generated by people who are most affected by the issues;
• Facilitating workshops to select strategies that address these priorities in a way that is consistent with community resources and values;
• Engaging with existing and new partners to help implement the selected strategies;
• Creating performance measures to help us know if people are better off because of the implementation efforts;
• Evaluating ongoing implementation efforts and making changes when needed; and
• Publishing these strategies, measures, and results on an electronic Scorecard that anyone can access to monitor progress.

FOR MORE INFORMATION OR TO GET INVOLVED

The complete CHA is available at Transylvania Public Health, at the Transylvania County Library Reference Desk, or at transylvaniahealth.org

If you have questions about the CHA or its data, please contact Health Educator, Tara Rybka, at 828-884-1730 or tara.rybka@tconc.org

PROCESS SUMMARY

Beginning in January 2018, WNC Healthy Impact and its partners began collecting a comprehensive set of health data for Transylvania County:
• Publicly-available secondary data with our county compared to the 16-county WNC region;
• A set of maps accessed from Community Commons and NC Center for Health Statistics;
• Community Health Survey (cell phone, landline and internet-based survey) of a random sample of 200 adults in the county;
• Online key informant survey of 41 individuals representing a broad cross-section of healthcare providers, government agencies, elected officials, and other community organizations; and
• Additional local data based on specific community questions.

In October 2018 and January 2019, community members attended Priority-Setting Workshops to identify top health priorities based on size, severity, community concerns, feasibility, and socioeconomic data. Based on consensus generated during these workshops, the CHA document was completed by public health staff, shared with stakeholders, and distributed in February 2019.