



2016 COMMUNITY HEALTH NEEDS ASSESSMENT

Approved by the Hospital Board on July 27, 2016
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1. Introduction

The **Park Ridge Health** Community Health Needs Assessment is part of the work of the **Henderson County Partnership for Health** and the **WNC (Western North Carolina) Healthy Impact Steering Committee**.

These local and regional assessments are (also) posted on this web page, and references are made to them throughout this Park Ridge Health Assessment document.

2. Executive Summary: The Community Health Needs Assessment Process

Goals

Park Ridge Health (Hendersonville, North Carolina) conducted a Community Health Needs Assessment in 2016. The goals of the assessment were to:

- Engage public health and community stakeholders including low-income, minority and other underserved populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors and social determinants that impact health
- Identify community resources and collaborate with community partners
- Publish this Community Health Needs Assessment
- Use Assessment findings to develop and implement a 2016-2019 Community Health Plan (implementation strategy) based on the Hospital's prioritized issues

Methods for Engaging the Community in the Assessment

1. The hospital formed a Community Health Needs Assessment Committee (CHNAC) that included representatives of the hospital and community with a special focus on underserved populations within the hospital community/service area. Those members of the Committee who serve members of minority, low-income and other medically underserved populations are indicated in the listing. The Committee's role was to guide the Assessment process and select the priority issues for the hospital's community. Specific Committee functions include:
 - a. Review of all primary and secondary data
 - b. Prioritization of key issues identified in the Assessment
 - c. Selection of Priority Issues to be addressed by the hospital
 - d. Assistance with the development of a Community Asset Inventory (see Section 9)
 - e. Participation in community stakeholder surveys
 - f. Development of the Community Health Plan (implementation strategies) to address the Priority Issues identified in the Assessment.
2. Community stakeholder interviews
3. Community surveys
4. Community meetings
5. Public Health input and expertise
 - a. Membership on the CHNAC
 - b. Reliance on Public Health input and expertise throughout the Assessment process
 - c. Use of Public Health data

Community Health Needs Assessment Committee (CHNAC)

In order to assure broad community input, Park Ridge Health participated in local and regional Community Health Needs Assessment Committees (CHNAC) to help guide the hospital through the Assessment process. The

Henderson County Partnership for Health served as the local CHNAC, and the Western North Carolina (WNC) Healthy Impact Steering Committee served as the regional CHNAC representing Buncombe County and other counties in the region. Both committees included representation not only from the hospital, public health and the broad community, but from low-income, minority and other underserved populations.

The regional CHNAC (WNC Healthy Impact Steering Committee) met 9 times in 2016. The local CHNAC (Henderson County Partnership for Health) met 16 times in 2016. They reviewed the primary and secondary data, helped define the Priority Issues to be addressed by the hospital, and helped develop the Community Health Plan (implementation strategies) to address the Priority Issues.

See Section 5 for a list of CHNAC members.

Data

Park Ridge Health collected both primary and secondary data. The primary data included stakeholder interviews, community surveys, community meetings, and internal hospital utilization data (inpatient and emergency department). This utilization data showed the top reasons for visits to Park Ridge Health over the past year. Much of the secondary data report was compiled by WNC Healthy Impact. Overall, secondary data sources included publicly available from state and nationally recognized data sources. *See Section 8 for a list of data sources.*

Data: WNC Healthy Impact (Regional)

Core Dataset Collection: Some of the data reviewed as part of our community's health 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 WNC Healthy Impact data consulting team provided the following data elements and collection:

- A comprehensive set of publically available secondary data metrics with our county compared to the sixteen county WNC region 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 and an email key-informant survey.

Data: Henderson County (Local)

The Henderson County Community Health Needs Assessment (CHNA) combined assessment activities and research and is based on both primary and secondary data sources. For the primary data, a survey vendor, Professional Research Consultants, Inc., was hired to administer a region-wide telephone-based Community Health Survey as well as an Online Key Informant Survey. In the random-sample Community Health Survey, 200 community members gave input regarding their health status, health behaviors, interactions with clinical care services, support for certain health-related policies and factors that impact their quality of life. In the Online Key Informant Survey, 29 community leaders, physicians, public health representatives, social service providers and other health professionals shared their opinions and perceptions of the health of area residents. Through this process input was gathered from individuals whose organizations work with low-income, minority populations or other medically underserved populations.

In addition, 21 focus groups, listening sessions and client interviews were conducted in Henderson County that included 169 participants ages 12-85. Questions were intended to discover the community's viewpoint and concerns about life, health matters and other issues important to residents. Secondary data was gathered from a wide range of sources accessible in the public domain including (but not limited to) the US

Census Bureau, the NC State Center for Health Statistics and the NC Division of Medical Assistance.

Additional data for Henderson County was collected from:

Local Youth Risk Behavior Survey (YRBS) conducted in 2015 – Henderson County Schools

- Henderson County Economic Assessment conducted in 2015 – Henderson County Commissioners
- Local focus groups, listening sessions and client interviews conducted in 2015 –

Data: Henderson County Department of Public Health

See Chapter 1 of the Henderson County Community Health Assessment for a data overview.

See the Appendices of the Henderson County Community Health Assessment for a comprehensive list of data sources.

Data: Buncombe County (Local)

The Buncombe County Community Health Needs Assessment (CHNA) combined assessment activities and research and is based on both primary and secondary data sources. The following primary data (collected directly from community members via surveys or focus groups) was reviewed:

- Results from Primary Survey of 300 Buncombe County residents done by Professional Research Consultants, Inc. (PRC) as part of the WNC Healthy Impact Partnership. The same survey was done of 200 residents of partnering counties for comparison.
- Electronic survey of 43 local community leaders across Buncombe County who have leadership roles in community health, businesses, social service, mental health and healthcare organizations. This survey was also done by PRC and so was done in many other western NC counties.
- Locally compiled electronic surveys collected from 60 community health partners currently working within agencies in Buncombe County to understand what they see as their clients' greatest health concerns and challenges.
- Survey data from 400 older adults completed through The Area Council on Aging, Aging Planning Consortium to gather information on healthy lifestyles.
- Women and Children's Safety Coalition's Intimate Partner Violence Victim Focus Group results that gathered input from women experiencing intimate partner violence to help improve the system.
- Survey data from residents of a local public housing community asking about their biggest health concerns and challenges.
- Responses from pregnant and parenting women in our community who were asked, "What are the main issues impacting your health and pregnancy?" as part of the Community Centered Health Home Project through MAHEC. In addition, results from the Photovoice Project conducted by Positive Parenting Program and Buncombe Partnership for Children that captured the voice of pregnant and parenting women through their photos and stories to better understand the challenges and needs facing these women.

Data: Other

In addition to the WNC Healthy Impact's Core Data Set, the Buncombe County CHIP Data Team reviewed many additional secondary (already existing) data sources including:

- Smoky Mountain Local Management Entities 2015 Provider Capacity, Community Needs Assessment and Gap Analysis for 2013-2014.
- The Homelessness Count.
- Department of Social Services Regional Data Report.
- MAHEC's Community Centered Health Home Epidemiology Report.
- NC Center for Health Statistics Data on Adverse Childhood Experiences in NC.

*See Chapter 1 of the Buncombe County Community Health Assessment for a data overview.
See the Appendices of the Buncombe County Community Health Assessment for a comprehensive list of data sources.*

Asset Inventory

The next step was a Community Asset Inventory. This Inventory was designed to help Park Ridge Health and the Community Health Needs Assessment Committee (1) understand existing community efforts to address these particular issues and (2) prevent duplication of efforts as appropriate.

An inventory of available resources of our community was conducted through reviewing a subset of existing resources currently listed in the United Way 2-1-1 database for our county as well as working with partners to fill in additional information. Where gaps were identified, we partnered with United Way 2-1-1 to fill in or update this information when applicable.

*See Chapter 7 of the Henderson County Community Needs Assessment for more details related to this process.
See Chapter 7 of the Buncombe County Community Needs Assessment for more details related to this process.*

Selection Criteria

Using the data findings and the Community Asset Inventory, the Community Health Needs Assessment Committee narrowed the list of 8-12 issues to 4 Priority Health and Health Behavior/Risk Factor Issues (determinants of health).

Next, the Community Health Committee used a Decision Tree tool that uses clearly defined criteria to select the top Health and Health Behavior/Risk Factor Issues. The Decision Tree criteria included:

- A. How **acute** is the need? (based on data and community concern)
- B. What is the **trend**? Is the need getting worse?
- C. Does the hospital **provide services** that relate to the priority?
- D. Is someone else – or multiple groups – in the community **already working** on this issue?
- E. If the hospital were to address this issue, are there opportunities to **work with community partners**?

See Section 3.2 for the Decision Tree.

Priority Issues

The Priority Issues selected by the Community Health Needs Assessment Committee were:

1. Access/Quality of Mental Health Services
2. Substance Abuse
3. Obesity
4. Safe and Affordable Housing

See Chapter 8 of the Henderson County Community Health Assessment for an explanation of the issues chosen and not chosen, and the reasons why or why not.

See Chapter 8 of the Buncombe County Community Health Assessment for an explanation of the issues chosen and not chosen—and the reasons why or why not.

Approvals

The Community Health Needs Assessment findings and selected Priority Issues were approved by the Park Ridge Health Board of Directors on July 27, 2016. The final Needs Assessment was posted on the hospital's web site prior to December 31, 2016.

Next Steps

Next, the Community Health Needs Assessment Committee will work with Park Ridge Health to develop a measurable 2017-2019 Community Health Plan (implementation strategy) to address the priority issues. The Plan will be completed and posted on the hospital's web site prior to May 15, 2017.

3. Hospital Description

Park Ridge Health is part of Adventist Health System (AHS), which has 44 hospitals in 10 states. AHS is a national leader in quality, safety and patient satisfaction. Although separated in geography, our facilities are united by the common values of Christian mission, community wellness, quality and service excellence, high ethical standards, compassion and cultural diversity. Our facilities practice the tradition of whole-person care in all that we do.

Based in Hendersonville, NC, Park Ridge Health serves the community through its 103-bed, state-of-the-art hospital and comprehensive network of more than 250 Primary and Specialty Care providers who work together to coordinate exceptional care for tens of thousands of patients each year. Park Ridge Health also provides care through outpatient services that include emergency care, orthopedic care, wound care, home health and imaging.

Park Ridge Health was built by Henderson County residents in 1910 as the community's first health care provider, and more than 100 years later is providing quality, compassionate care in an environment rated by patients among the top 15 percent in the nation, according to the U.S. Department of Health & Human Services.

Patient access to Park Ridge Health physicians is enhanced by a fully deployed electronic medical records system that makes each patient's information easily accessible throughout the Park Ridge network and a portal that gives patients direct access to their care teams for follow-up, scheduling and questions.

Park Ridge Health provides personalized care for the people of Western North Carolina through its dedicated network of physicians and specialists, emergency department, nationally awarded cancer services, full-service orthopedic care through our relationship with EmergeOrtho (formerly Blue Ridge Bone & Joint), award-winning boutique baby delivery experience, state-of-the-art surgery suites and the region's only accredited hyperbaric medicine program.

Other services offered at Park Ridge Health include OB/GYN care and surgery; medical-psychiatric, geropsychiatric and the region's only dedicated women's psychiatric inpatient care unit; physical therapy; sleep medicine; and diagnostic imaging services throughout Henderson and Buncombe counties featuring 3D/tomosynthesis mammography. Park Ridge Health recently welcomed several new specialties to its network of care, including Urogynecology.

In addition to the many services offered at Park Ridge Health, the Wellness On Wheels Mobile Medical Unit brings free health screenings to more than 150 locations and thousands of patients throughout Henderson, Buncombe and Transylvania Counties each year, and also provides free community education programs.

As the only faith-based hospital in Western North Carolina, Park Ridge Health provides patients and guests with world-class care in an atmosphere of healing and hope. For more information on services and physicians at Park Ridge Health, please visit myPRH.com.

4. Choosing the Community

Park Ridge Health defined its “community” as its Primary Service Area (PSA) from which 75-80% of its patients come. Park Ridge Health’s Primary Service Area includes all of Henderson County and portions of Buncombe County.

5. Community Description & Demographics

Park Ridge Health’s Primary Service Area includes all of Henderson County and portions of Buncombe County—namely Arden (28704), Black Mountain (28711), Fairview (28730), Fletcher (28732), Skyland (28776) and Swannanoa (28778).

WNC Healthy Impact

Western North Carolina (WNC) Healthy Impact is a partnership 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. Our county and partner hospitals are involved in this regional/local vision and collaboration. When looking at regional data comparisons, participating counties include Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania and Yancey.

Henderson County

Henderson County is located in the western section of the state and is bordered by the state of South Carolina and Transylvania, Haywood, Buncombe, Rutherford and Polk counties. The present land area is just over 373 square miles. Henderson County is considered a “typical” mountain county because it is comprised of mountain ranges, isolated peaks, a rolling plateau and level valley areas. Elevations range from 1,400 feet near Bat Cave at the foot of the Blue Ridge Mountains to 5,000 feet on Little Pisgah Mountain. Interstate 26 runs through Henderson County. Hendersonville is the county seat and is 120 miles to the nearest major city, which is Charlotte. Henderson County also includes the municipalities of Flat Rock, Mills River, Laurel Park and Fletcher. Towns in the county include Bat Cave, Balfour, East Flat Rock, Edneyville, Etowah, Dana, Gerton, Horse Shoe, Mountain Home, Naples, Tuxedo and Zirconia. The nearest commercial airport is Asheville Regional Airport, which is located on the Henderson/Buncombe county line off Interstate 26.

Henderson County has a large elderly population due to a favorable climate and regional location for retirees. Individuals age 65 and older make up 24.5% of the population, compared to 14.7% statewide. The county also has a very low non-white population. According to the 2014 US Census, the estimated population has grown to 111,149; 93% of the population is white and 3.4% is African-American. In 2014, Hispanics (of any race) made up 9.9% of the county population. Henderson County has experienced steady population growth for over four decades, and is projected to continue a similar trend for at least the next fifteen years, despite declining birth rates. It is estimated that the elderly population will continue to grow as well, with the highest percentage of growth to occur in the age group of 85 and older. Though unemployment rates in the county have been decreasing and are lower than the state, total poverty has increased overall. More children than adults live in poverty in Henderson County. Economic burden is often measured by how many households spend 30% or more in housing. Renters in Henderson County on average are spending more of their income on housing compared to

those in the region and state, and those rates have been steadily rising. Mortgage holders are spending closer to the state rates, though many are still spending more than 30%.

See Chapter 2 of the Henderson County Community Health Assessment for additional community demographics.

Buncombe County

Buncombe County encompasses 660 square miles along the Blue Ridge Mountains with six distinct municipalities: Asheville, Biltmore Forest, Black Mountain, Montreat, Weaverville and Woodfin. It is located in the Blue Ridge Mountains at the confluence of the Swannanoa and the French Broad Rivers. Asheville is the county seat of Buncombe County. It is the largest city in Western North Carolina and the 11th largest city in North Carolina with a population of 83,393 (2010 Census).

Buncombe County has a total population of 238,318 (2010 Census) with a median age of 40.6 which is 4.1 years “younger” than the western North Carolina (WNC) region but 3.2 years “older” than the NC average. Buncombe has significantly lower proportions of African Americans, American Indians, Asians and Hispanics than NC as a whole but slightly higher proportions of African Americans and Hispanics than WNC region.

The median household income (includes all people in a housing unit sharing living arrangements) in Buncombe County 2009-2013 was \$44,713 (better than WNC at \$38,887 but worse than NC at \$46,334). The median family income (people living in household related by birth, marriage or adoption) for the same time period was \$56,616 (above WNC by \$8,065 and below NC by \$312). (US Census Bureau, 2015). The number of children living in poverty in Buncombe County is 22% (compared to 25% of NC).

See Chapter 2 of the Buncombe County Community Health Assessment for additional community demographics.

6. Community Health Needs Assessment Committee (CHNAC):

Regional, local and internal Community Health Needs Assessment Committees helped Park Ridge Health conduct a comprehensive assessment of the community. The Henderson County Partnership for Health and the WNC Healthy Impact Steering Committee included representation from the board community, public health, and low-income, minority and other underserved populations. The committees met regularly throughout 2015 and 2016.

WNC Healthy Impact Steering Committee (Regional)

Jan Shepard, Buncombe County Health Department

Nelle Gregory, Buncombe County Health Department

Steve Smith, Henderson County Department of Public Health

Stacy Taylor, Henderson County Department of Public Health

Graham Fields, Park Ridge Health

Anetra Jones, Haywood Regional Medical Center

Jim Bruckner, Macon County Department of Public Health

Jimmy Hines, Rutherford, Polk, McDowell Department of Public Health

Carol Wolfenbarger, McDowell Hospital

Cathryn Chandler, Mission Hospital

Deana Stephens, Madison County Health Department

Melissa McKnight, Jackson County Health Department

Stacey Millet, University of North Carolina at Asheville (UNCA)

Rebecca Reeve, North Carolina Center for Health and Wellness (UNCA)

Teri Morris, Cherokee Indian Hospital
Deborah Calhoun, Mountain Area Health Education Center (MAHEC)
Matthew Lyvers, Clay County Health Department
Miriam Schwarz, WNC Medical Society
Heather Gates, WNC Healthy Impact

Henderson County Partnership for Health (Local)

- Tanya Blackford, Mainstay – support for victims of interpersonal violence, sexual assault and child abuse including low-income, minority and other underserved populations
- Jennifer Henderson, Blue Ridge Community Health Services – federally qualified health center (FQHC) that accepts Medicaid and Medicare, and sees uninsured patients on a sliding fee scale basis
- Milton Butterworth, Blue Ridge Community Health Services – FQHC
- Dr. Diana Curran, Henderson County Department of Public Health – public health services
- Graham Fields, Park Ridge Health
- Judith Long, The Free Clinics – healthcare for uninsured, low-income clients: healthcare, prevention, education, medication access, and case management including specialty referrals
- Kristen Martin, THRIVE – serves people with mental health symptoms. Counseling, job placement and tools for coping, social, independent living and vocational skills. Focus on low-income people.
- Elizabeth Moss, Margaret R. Pardee Memorial Hospital
- Steve Smith, Henderson County Department of Public Health
- Trina Stokes, Council on Aging for Henderson County – aging services
- Marcia Stoneman, Blue Ridge Community College
- Stacy Taylor, Henderson County Department of Public Health
- Julie Honeycutt, Hope Rx – community-based prescription drug abuse initiative centered on education, prevention and treatment.

Park Ridge Health CHNAC (Internal)

Graham Fields, Assistant to the President/Community Benefit Manager, Park Ridge Health
Ella Stenstrom, Administrative Director Finance, Park Ridge Health
Sherri Holbert, Director, Park Ridge Health Foundation
Jodi Grabowski, Community Outreach Coordinator
Victoria Dunkle, Communications Director, Park Ridge Health
Shelby Lands, Volunteer Coordinator, Park Ridge Health
Katherine Schuen, Wellness Manager, Park Ridge Health
Ellen Stallings, Community Wellness Educator, Park Ridge Health

7. Public Health

Public Health played an extensive role in the local and regional Community Health Needs Assessments (CHNA). The Henderson County Department of Public Health and the Buncombe County Health Department were key partners in the process. Henderson County Health Director Steve Smith and Health Education Director Stacy Taylor are members of the Henderson County Partnership for Health.

Steve Smith, MPA is the Director of the Henderson County Department of Public Health (HCDPH). He has 25 years of public health experience and has served 14 years as director (Stokes, Transylvania and Henderson Counties). He currently serves on the boards of the Henderson County Department of Partnership for Health, the Henderson County School Advisory Council, WNC Healthy Impact Steering Committee and the WNC Health

Network. A graduate of the University of North Carolina at Wilmington and the North Carolina State University, he is also the current Secretary/Treasurer of the NC Association of Local Health Directors and a Member of the NC Public Health Association.

Stacy Taylor, MPH is the Director of Health Education at the Henderson County Department of Public Health (HCDPH). One of her priorities is to coordinate HCDPH's efforts around Community Health Assessment and Action Planning. Her focus on community health improvement has been shaped through experiences in government and in the nonprofit world. She began her career twenty-one years ago working as a project coordinator and health educator with the American Cancer Society and has since worked with Healthy Schools - Healthy SC Network, the Medical University of South Carolina, Buncombe County Health Department and the American Red Cross before moving to Henderson County. A graduate of Appalachian State University and the University of South Carolina, she is an active member of NC Public Health Association, NC Society for Public Health Education and several local health coalitions and boards.

8. Primary & Secondary Data Sources

Primary, Secondary and Hospital Utilization data were used in this Needs Assessment.

Primary Data

- a. Community Health Needs Assessment Committee
- b. Stakeholder interviews
- c. Community surveys
- d. Community Meetings

See Chapter 1 and the appendices of the Henderson County Community Health Assessment for a complete overview of Primary and Secondary Data.

See Chapter 1 and the appendices of the Buncombe County Community Health Assessment for a complete overview of Primary and Secondary Data.

Secondary Data

- a. Cardiac Arrest Registry to Enhance Survival (CARES), 2011-2012
- b. Centers for Disease Control & Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)
- c. Centers for Disease Control & Prevention (CDC), National Center for Chronic Disease Prevention & Health Promotion, 2012
- d. Centers for Disease Control & Prevention (CDC), National Vital Statistics System
- e. Centers for Disease Control (CDC), Wide-Ranging Online Data for Epidemiologic Research, 2006-2010
- f. Dartmouth Atlas of Health Care, Clinical Practice, 2012
- g. Dartmouth College Institute for Health Policy
- h. Federal Bureau of Investigation (FBI), FBI Uniform Crime Reports with additional analysis by the National Archive of Criminal Justice Data
- i. Healthy People 2020
- j. National Institutes of Health (NIH); National Cancer Institute (NCI); Surveillance, Epidemiology and End Results Program; State Cancer Profiles; 2007-2011
- k. University of Wisconsin Population Health Institute, County Health Rankings, 2015
- l. US Census Bureau, American Community Survey (ACS), 2009-2013
- m. US Census Bureau, Small Area Health Insurance Estimates, 2013
- n. US Dept. of Agriculture (USDA), Economic Research Service, USDA Food Access Research Atlas, 2010

- o. US Dept. of Health & Human Services (HHS), Center for Medicare & Medicaid Services (CMS), Provider of Services File, Sept. 2015
- p. US Dept. of Health & Human Services (HHS), Health Indicators Warehouse
- q. US Dept. of Health & Human Services (HHS), Health Resources & Services Administration (HRSA), Area Health Resource File, 2013
- r. US Dept. of Labor (DOL), Bureau of Labor Statistics, Sept. 2015

See Chapter 1 and the appendices of the Henderson County Community Health Assessment for a complete overview of Primary and Secondary Data.

See Chapter 1 and the appendices of the Buncombe County Community Health Assessment for a complete overview of Primary and Secondary Data.

9. Community Collaboration

WNC Healthy Impact is a partnership and coordinated process between hospitals, public health agencies, and key regional partners in western North Carolina (16 counties), working towards a vision of improved community health. We are working together locally and regionally on a community health improvement process to assess health needs, develop collaborative plans, take coordinated action, and evaluate progress and impact.

This innovative regional effort is supported by financial and in-kind contributions from hospitals, public health agencies, and partners, and is housed and coordinated by WNC Health Network, Inc. Current efforts to infuse results-based accountability throughout this process are supported by a grant from The Duke Endowment.

Goals

- Enhance partnerships
- Improve efficiency, quality, and standardization
- Encourage strategic investment
- Impact health through catalyzing and coordinating action
- Monitor results
- Promote accountability

Local Efforts & Regional Value

Community health improvement (health assessment, planning, action, and evaluation) in western North Carolina is a locally-led and implemented process. This regional initiative is designed to support and enhance local efforts by:

- Standardizing and conducting data collection
- Creating reporting and communication templates and tools
- Encouraging collaboration
- Providing training and technical assistance
- Addressing regional priorities
- Sharing evidence-based practices

We are using the “collective impact” vision and framework to help guide our work on the community health improvement process. To dig deeper, we are applying the common language and planning, monitoring, and evaluation framework of Results-Based Accountability™.

10. Asset Inventory

Henderson County, Buncombe County and WNC Healthy Impact developed an asset inventory by partnering with United Way 2-1-1 to review a subset of existing community resources within its database. Where gaps were identified, we partnered with United Way 2-1-1 to fill in or update this information when applicable.

*See Chapter 7 of the Henderson County Community Needs Assessment for more details related to this process.
See Chapter 7 of the Buncombe County Community Needs Assessment for more details related to this process.*

11. Data Summary & Priority Selection

Henderson County

Phase 1: Process and Health Issue Identification

To identify the significant health issues in our community, the Henderson County Partnership for Health collected and reviewed data and discussed the facts and circumstances of our community. Thousands of health-related data points were collected from dozens of data sources including the NC State Center for Health Statistics, the CDC and the Census Bureau as well as from local sources such as Henderson County Public Schools and the Henderson County Board of Commissioners. In addition, we collected insights from individuals in Henderson County. A phone survey conducted in the summer included a random sample of 200 adults in our community. Eleven local focus groups and 10 client interviews of 169 participants ages 12-85 were conducted in the fall. A key informant survey of 29 service providers and community leaders was also conducted in the fall. We asked, and the people generously shared their experiences.

A Data Team was created to help navigate all this information and to identify key health issues. This team included representatives from many local organizations including Park Ridge Health, Pardee Hospital, Blue Ridge Community Health Services, Homeward Bound, the Children and Family Resource Center, The Free Clinics, the Department of Public Health, Thrive, Mainstay, Council on Aging and YMCA. These thousands of data points were ultimately used to identify 8 health issue categories based on these criteria:

- Henderson County statistics that deviate from North Carolina or regional statistics, or some other “norm.”
- Trend data that shows significant changes over time.
- Or significant age, gender, or racial disparities.

After a thorough review of the primary and secondary data, on December 14, 2015, the CHNA Data Team recommended eight **key health issues** in Henderson County:

- **Obesity**
- **Chronic Disease / Diabetes**
- **Safe and Affordable Housing**
- **Transportation**
- **Youth Violence / Bullying**
- **Access / Quality of Mental Health Services**
- **Suicide**
- **Substance Abuse**

Henderson County

Phase 2: Process and Health Priority Identification

After the CHNA Data Team made their recommendations, a forum was held on February 5, 2016, to present the data to the public. The Community Forum was attended by almost 100 community leaders, elected officials, stakeholders, residents and media. Findings were presented from the primary and secondary data, and

participants were asked to rank the leading community health problems that should be addressed over the next three years. Participants first rated the issues based on:

- *Relevancy* – Size, severity, urgency of the problem – how “important” it is.
- *Impact* – Will there be significant consequences if we don’t address it now? Is this linked to other issues that will also be positively affected if we work on this one?
- *Feasibility* – Are resources available to work on this issue? Does political and community support exist? Can we adequately address it?

After the health issues were rated, the total rating scores were tallied to give a ranking order. Participants were asked to use “dot voting” to visually identify their top five priorities based on their ratings. Each number one vote was represented with a red dot (the remaining four votes were represented by blue dots). In the final tally, the red dots were weighted double to achieve final results.

Henderson County

Priorities

After reviewing the final results and considering input from the Henderson County Partnership for Health and the Board of Health, the **four top health priorities** for Henderson County for 2015-2018 are:

- **Access / Quality of Mental Health Services**
- **Substance Abuse**
- **Obesity**
- **Safe and Affordable Housing**

See Chapter 8 of the Henderson County Community Health Assessment for the specific selection criteria.

Buncombe County

Health Issue Identification Process

To identify the significant health issues in our community, the Buncombe Community Health Assessment Data Team partners reviewed data and discussed the facts and circumstances of our community. The Data Team used the following criteria to identify significant health issues:

- County data that deviates notably 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

The team also assessed if there was data missing and worked to secure additional local data to gather more information about health concerns. The Data Team worked to collect local data and needs assessments that other local organizations have done to understand what information others already had collected. Data Team met monthly to share information about the process and get feedback.

Buncombe County

Identified Issues

The following health issues surfaced through the above process:

- **Adverse Childhood Experiences**
- **Infant Deaths (current priority)**
- **Obesity & Related Chronic Disease (current priority)**
- **Diabetes (current strategy)**
- **Falls in the Aging**
- **Intimate Partner Violence**

- **Substance Abuse**
- **Suicide**
- **Sexually Transmitted Diseases**
- **Advanced Directives**

Priority Health Issue Identification Process

The CHNA Data Team received feedback and approval on the process used to collect and analyze the data from the CHIP Advisory Board. The CHIP Advisory Board is a group of 30+ community leaders whose mission is: *to provide leadership and support to improve the community's health through collective action*. The role of the Advisory is to:

- Drive the CHIP in Buncombe County, focusing on the priorities identified in the CHNA
- Utilize data and information available through the CHNA to provide guidance for the Work Teams and oversee the implementation and evaluation of the CHIP
- Advocate for systems, policy and environmental change
- Serve in an advisory capacity to submit recommendations to the Buncombe County HHS Board

During our group process, the following criteria were modified from the Health Resources in Action Ranking Key Health Issues tool and used to select priority health issues of focus for our community over the next three years:

- **Relevance:** How important is the issue? Looked at size, severity, urgency, disparity & linkage with other issues.
- **Impact:** What will we get out of addressing this issue? Looked at availability of solutions & proven strategies; identified opportunities to build on current momentum; and identified significant consequences of not addressing the issue now.
- **Feasible:** Can we adequately address this issue? Identified if there were resources to address the issue; community will; socially, culturally and ethically appropriate and could we see opportunities to be successful.

Members of the CHIP Advisory voted on each of the ten priorities after looking at the relevance, impact and feasibility. At the end of the meeting, the scores were tallied and the results were shared. The Advisory Board then selected the groups at greatest risk were those experiencing health disparities and those dealing with adverse childhood experiences.

Identified Priorities

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

- **Obesity & Chronic Disease Prevention**
- **Intimate Partner Violence**
- **Substance Abuse Prevention**
- **Infant Mortality**

See Chapter 8 of the Buncombe County Community Health Assessment for the specific selection criteria.

12. Priority Issues to be Addressed

Park Ridge Health's internal Community Health Needs Assessment Committee (CHNAC) evaluated the top health issues identified through the Community Health Needs Assessments in Henderson County and Buncombe County to develop a final list of the key health issues to address in the hospital's service area (Henderson County and portions of Buncombe County). The two neighboring counties had many commonalities in regards to health

priorities. The committee included the obvious overlap—Obesity and Substance Abuse—and believed that Intimate Partner Violence could be effectively addressed under the broader headings of Access to Mental Health Services and Substance Abuse. The committee believed that Infant Mortality is being effectively addressed through area health departments and existing programs at area hospitals.

Key Issues to be addressed:

- **Access/Quality of Mental Health Services**
- **Substance Abuse**
- **Obesity**
- **Safe and Affordable Housing**

See Chapter 8 of the Henderson County Community Health Assessment for specific selection criteria.

See Chapter 8 of the Buncombe County Community Health Assessment for specific selection criteria.

13. Issues that will Not Be Addressed

- **Transportation:** The local CHNAC was committed to including a “social determinant” of health in the final set of key health priorities. While both affordable housing and transportation are both important, the community and committee selected safe affordable housing as its focus. An existing community task force will continue its work to address transportation needs in the region.
- **Intimate Partner Violence:** The local CHNAC believed that Intimate Partner Violence could be effectively addressed under the broader headings of Access to Mental Health Services and Substance Abuse.
- **Chronic Disease Prevention/Diabetes:** Chronic Disease Prevention has consistently been a health priority in the region as a result of past county-wide Community Health Assessments. The community has effectively responded to these needs and formed ongoing committees and collaborative efforts to sustain its efforts to address these issues.
- **Suicide:** The local CHNAC believed that the issue of suicide could be more effectively addressed under the broader community needs of access to mental health services and substance abuse.
- **Youth Violence/Bullying:** The local CHNAC did not select this issue as a priority likely because area school systems are committed to engaging the community to address this issue.

14. Next Steps

Next, the local (Henderson County Partnership for Health) and regional (WNC Healthy Impact Steering Committee) Community Health Needs Assessment Committees (CHNACs) will work with Park Ridge Health to develop a measurable 2017-2019 Community Health Plan (implementation strategy) to address the priority issues. The Plan will be completed and posted on the hospital’s web site prior to May 15, 2017.

15. Written Comments on 2013 Needs Assessment

We publicly posted our 2013 Community Health Needs Assessment on our website www.parkridge.org prior to May 15, 2014, and have not received any written comments.

16. Review of the Strategies Undertaken in the 2013 Community Health Plan

The Hospital conducts an annual Evaluation of the progress made on its Community Health Plan (Implementation Strategies). The Evaluation is reported to the IRS in the hospital's Form 990. The following narrative is a copy of the 2015 Community Health Plan Evaluation as noted in Form 990, Schedule H, Part V, Section B, Line 11.

Park Ridge Health is a 103-bed community hospital located in Hendersonville, North Carolina. Its primary service area is Henderson County. Due to its geographic location in the northern end of the county, Park Ridge Health also serves patients from portions of neighboring (southern) Buncombe County. The majority of Buncombe County patients live in the Arden and Skyland communities.

Western North Carolina Healthy Impact is a regional partnership of hospitals and health departments; its goal is to improve community health. As part of a larger and continuous community health improvement process, the WNC partners collaborated to conduct community health (needs) assessments across Western North Carolina. In addition, in partnership with Park Ridge Health and other community stakeholders, Henderson County conducted a Community Health Assessment in 2011 as required by the North Carolina Department of Health and Human Services. In 2013, Park Ridge Health conducted its 2013 Community Health Needs Assessment in partnership with the Henderson County Department of Public Health, Buncombe County Health Department, and WNC Healthy Impact, a regional consortium of area health departments and hospitals.

Park Ridge Health examined the findings of the regional assessments and its own 2013 assessment, and chose four areas of focus for its implementation strategies.

Priority: Chronic Disease Prevention, Screening and Education

The Park Ridge Health Wellness on Wheels mobile unit, in cooperation with multiple community partners, brought free health screenings to more than 150 locations and thousands of patients. In particular, WOW's 35 special events reached over 1,000 low-income, medically underserved people in Henderson County and parts of Buncombe County. Screenings included cholesterol, glucose, HTN, BMI, bone density, EKG and PSA (prostate). WOW also provided free community health education programs.

The Arden Health Fair (southern Buncombe County) touched 300 low-income, medically underserved adults and families. The hospital sponsored Flu Shot Clinics in cooperation with Pardee Hospital and the Henderson County Department of Public Health. Park Ridge Health financially supported the Hands On! Children's Museum that educates children and families about health and nutrition.

Priority: Prenatal and Maternal Health

Park Ridge Health partnered with numerous community organizations, including area health departments, to support prenatal care and education for low-income patients.

The Park Ridge Health Women's Services is a hospital medical practice that serves large numbers of Medicaid, uninsured and minority patients.

The hospital and the medical practice provided prenatal care to medically-underserved Spanish speaking women through Park Ridge Health's nurse midwife program. A partnership with, and financial donation to, the Asheville Pregnancy Support Services (APSS) provided free, onsite early prenatal care-including ultrasounds-to medically underserved women.

Park Ridge Health expanded its partnership and financial support of the Open Arms Crisis Pregnancy Center in Hendersonville. Open Arms connected medically underserved women in Buncombe County with early prenatal and support services, and provided ultrasounds and timely appointments for Open Arms clients. The hospital worked

with area health departments to lower the percentage of women who smoke during pregnancy, and promoted Healthy Sleeping programs in cooperation with these community partners. The hospital also worked with the Henderson County Department of Public Health to provide timely prenatal care and education programs on site at the Health Department, including to Spanish-speaking women.

Priority: Prescription Drug Abuse

The issue of prescription drug abuse represented a significant opportunity for regional collaboration. Park Ridge Health partnered with the statewide Project Lazarus program and the Henderson County Partnership for Health to continue developing and supporting the newly created Hope Rx organization designed to prevent the abuse and misuse of prescription drugs in the region. This included the development of community education programs and public service campaigns highlighting the dangers of prescription drug abuse. In addition, the Hope Rx/Henderson County partnership reached 4,300 students through prescription drug abuse prevention programs and educational curriculums held at area schools.

Park Ridge Health supported community prescription drug disposal events in partnership with Hope Rx and local law enforcement agencies, as well as community efforts to make Naloxone available to prevent and treat opioid overdoses. The hospital also partnered with Hope Rx and other area hospitals to explore more standardized Emergency Department policies for meaningful referrals for chronic pain and addiction.

Priority: Healthy Living (Obesity and Nutrition)

Park Ridge Health partnered with numerous community organizations to enhance opportunities for healthy lifestyle and exercise programs. The hospital sponsored the Girls on the Run program of Western North Carolina that had 1,115 participants, and the Henderson County Senior Games that had 130 participants. The hospital contributed \$70,000 to the Henderson County Parks and Recreation department for the construction of the new park/soccer facilities and community playground to promote exercise and sports programs including a Regional Hispanic Soccer League.

Park Ridge Health gave \$5,000 to the Henderson County Little League and \$5,000 to the regional YMCA's Pop Warner Football League; the dollars targeted low-income, medically underserved families. Other hospital partnerships and sponsorships included the Henderson County Department of Public Health's nutrition programs; the Kid Power exercise and nutrition program; Henderson and Buncombe Counties' Education Foundations; the Fletcher Parks and Recreation department's health and wellness programs; and the regional YMCA's Healthy Kids Day and other programs throughout the year.

Priorities Considered but Not Chosen

Lung Health (Smoking): This is an issue across the state due to tobacco farming. There are numerous state and federal entities and agencies already working to address the issue of tobacco control and cessation.

Heart Disease: Many of the factors affecting the incidence of heart disease are addressed in the Healthy Living and Chronic Disease categories.

Alzheimer's Disease and Dementia, Access to Mental Health and Suicide Prevention: Park Ridge Health already operates an inpatient Geropsychiatric Program with a specific focus on Alzheimer's disease and dementia. The hospital will continue to support community partners working on these issues and, as noted above, takes an active role in the efforts to lessen prescription drug abuse in our community.

Pneumonia and Influenza: Our area health departments already have active immunization campaigns supported by Park Ridge Health and other local hospitals. At this time, a separate hospital effort could be duplicative.