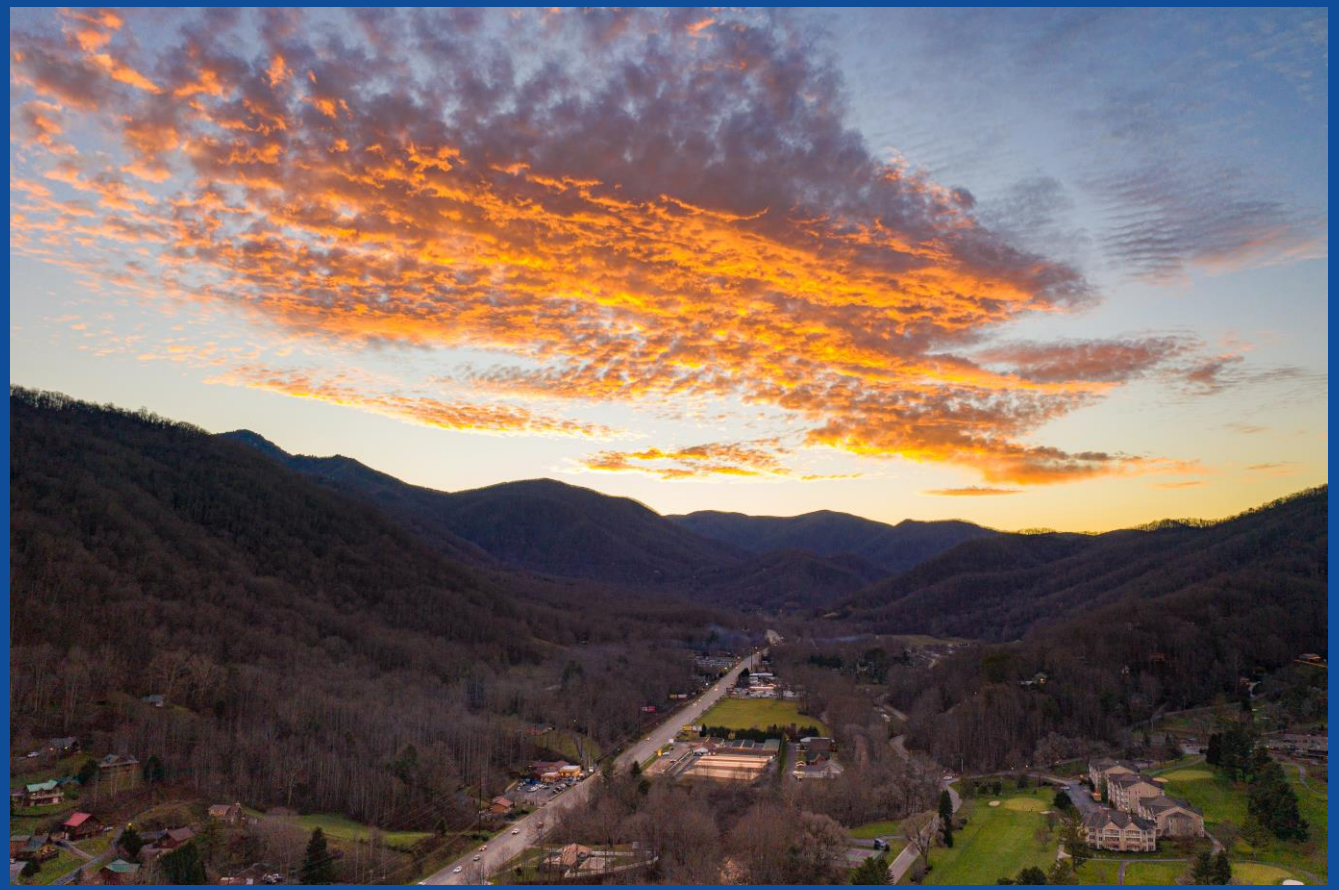


HAYWOOD COUNTY HEALTH ASSESSMENT | 2021

OVERVIEW

- Result for today
- Community Health Assessment (CHA) Process and WNC Healthy Impact
- CHA Results
  - Top 5 Data Highlights
  - County Demographics
  - Community Strengths/ Positive Changes
  - Areas for Growth/ Negative or No Changes
- Local Process (Data or Prioritization)
- Who's Involved
- County Health Priorities
  - 1. Mental Health
  - 2. Obesity
  - 3. Substance Use
- Call to Action/Action Plan

RESULT FOR TODAY

Provide an orientation to processes of CHA data collection and setting health priorities.

COMMUNITY HEALTH ASSESSMENT (CHA) CYCLE

JAN 2021–MAR 2022

Collect & Analyze Community Health Data

- Decide what you need
- Make sense of data

Decide What Is Most Important To Act On

- Clarify desired conditions of wellbeing for your population
- Determine local health priorities

APR–SEP 2022

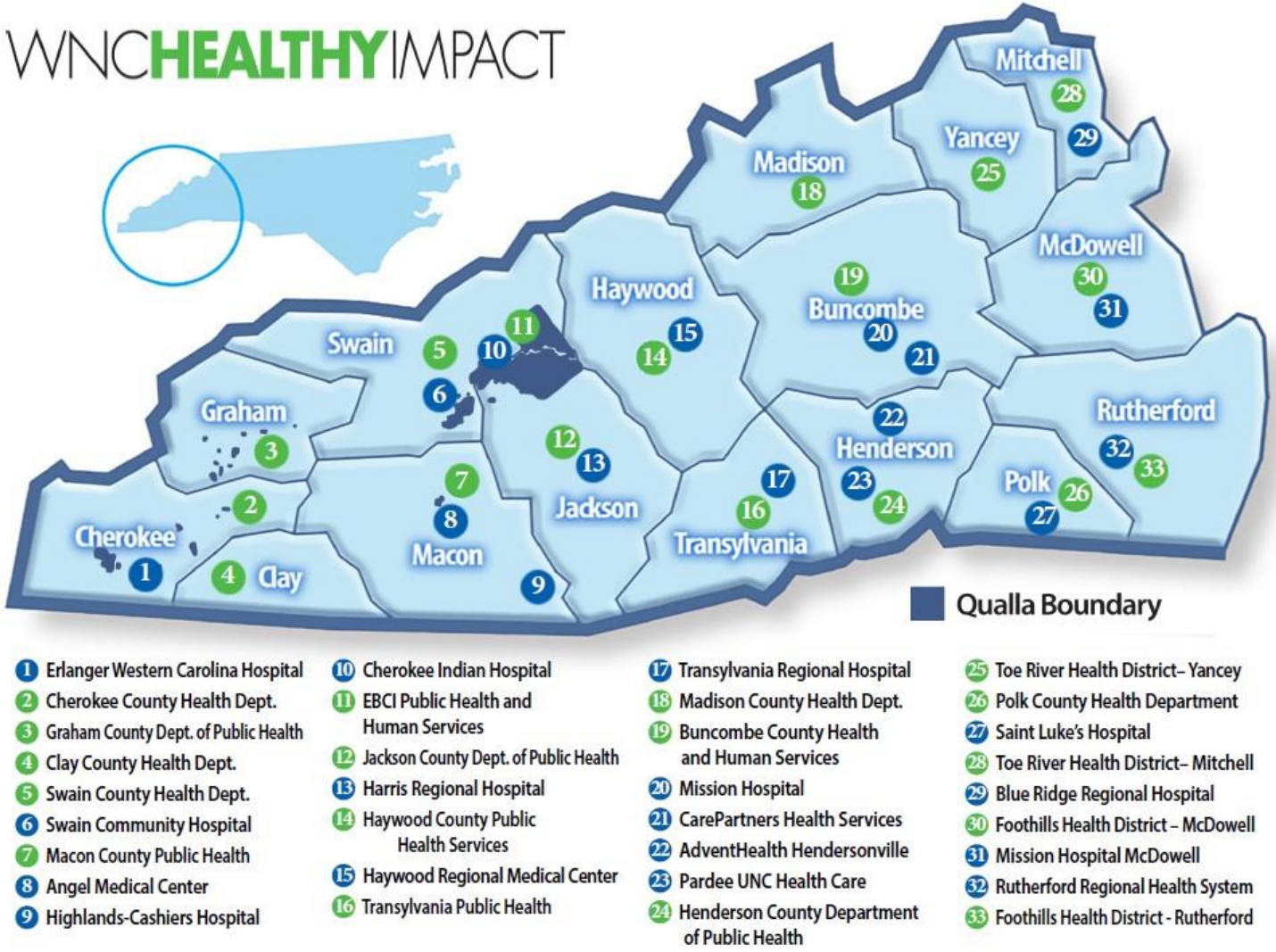
Community Health Improvement Planning

- Make a plan with partners about what works to do better
- Form workgroups around each strategic area
- Clarify customers
- Determine performace results and measures

OCT 2022–DEC 2023

Take Action & Evaluate Health Improvement

- Plan how to achieve customer results
- Put plan into action
- Workgroups continue to meet
- Workgroups monitor customer results and make changes to plan


WNCHEALTHYIMPACT
Mitchell
28
29
Yancey
25
Madison
18
McDowell
30
31
19
Buncombe
20
21
Haywood
15
14
Swain
5
10
11
6
Graham
3
12
13
22
Henderson
23
24
Rutherford
32
33
Polk
26
27
7
8
2
Jackson
17
16
Transylvania
Cherokee
1
4
Clay
Macon
9
Qualla Boundary
1 Erlanger Western Carolina Hospital
2 Cherokee County Health Dept.
3 Graham County Dept. of Public Health
4 Clay County Health Dept.
5 Swain County Health Dept.
6 Swain Community Hospital
7 Macon County Public Health
8 Angel Medical Center
9 Highlands-Cashiers Hospital
10 Cherokee Indian Hospital
11 EBCI Public Health and Human Services
12 Jackson County Dept. of Public Health
13 Harris Regional Hospital
14 Haywood County Public Health Services
15 Haywood Regional Medical Center
16 Transylvania Public Health
17 Transylvania Regional Hospital
18 Madison County Health Dept.
19 Buncombe County Health and Human Services
20 Mission Hospital
21 CarePartners Health Services
22 AdventHealth Hendersonville
23 Pardee UNC Health Care
24 Henderson County Department of Public Health
25 Toe River Health District– Yancey
26 Polk County Health Department
27 Saint Luke's Hospital
28 Toe River Health District– Mitchell
29 Blue Ridge Regional Hospital
30 Foothills Health District – McDowell
31 Mission Hospital McDowell
32 Rutherford Regional Health System
33 Foothills Health District - Rutherford

2021

COMMUNITY HEALTH ASSESSMENT RESULTS

TOP 5 DATA HIGHLIGHTS

1 Mental Health

2 Substance Use

3 Overweight/Obesity

4 Healthcare Access

5 COVID-19

COUNTY DEMOGRAPHICS

1. **Gender** [1,7]
   - Male- 48.1%
   - Female- 51.9%
2. **Age** [1,7]
   - 18 to 39- 37.1%
   - 40 to 64- 42.9%
   - 65 and up- 25.3%
3. **Ethnicity** [1,7]
   - Hispanic- 4.3%
   - Non-Hispanic White- 88%
4. **Poverty** [1,7]
   - Lowest-income- 17.5%
   - Low-income- 22.9%
   - High-income- 59.6%

Sources 1 and 7 listed on final slide.

POSITIVE TRENDS: COMMUNITY STRENGTHS

1. Decrease in tobacco use [9]
   - Adult tobacco use- 17.6% (2018) to 13.3% (2021)
   - Workplace secondhand smoke exposure- 18.2% (2018) to 7.4% (2021)
2. Community resilience (single-year data) [9]
   - 88.1% are confident in their ability to stay hopeful in difficult times
   - 79.8% have someone to rely on for help or support if needed
3. Increase in food security [9]
   - 76.6% (2018) to 81.1% (2021)

Source 9 listed on final slide.

"People coming together to care for and support friends, relatives, and neighbors who were in need."
-Social Services Provider [10]

Source 10 listed on final slide.

NEUTRAL & NEGATIVE TRENDS: AREAS FOR GROWTH

- Increase in adult binge drinking [9]
  - 6% (2018) to 12.5% (2021)
- Increase in obesity
  - Adult- 32.5 (2018) to 41.2% (2021)[9]
  - Child (ages 10-17)- 16.1% (2018-2019) to 19.8% (2019-2020)[2]

Sources 2 and 9 listed on final slide.

NEUTRAL & NEGATIVE TRENDS: AREAS FOR GROWTH (CONTINUED)

Poverty (8)

- Total population- 13.4% (2015-2019) to 13.9% (2014-2018)
- Child- 22.6% (2015-2019) to 23.4% (2014-2018)

Source 8 listed on final slide.

NEUTRAL & NEGATIVE TRENDS: AREAS FOR GROWTH (CONTINUED)

Unable to access care in the past year [9]

- Mental Health- 18.2% (2021) to 9.4% (2018)
- Dental- 17.2% (2021) to vs. 15.7% (2018)
- Medical- 9.5% (2021) to 8.7% (2018)

Source 9 listed on final slide.

WHAT ELSE AFFECTS HEALTH?

Social influences of health:

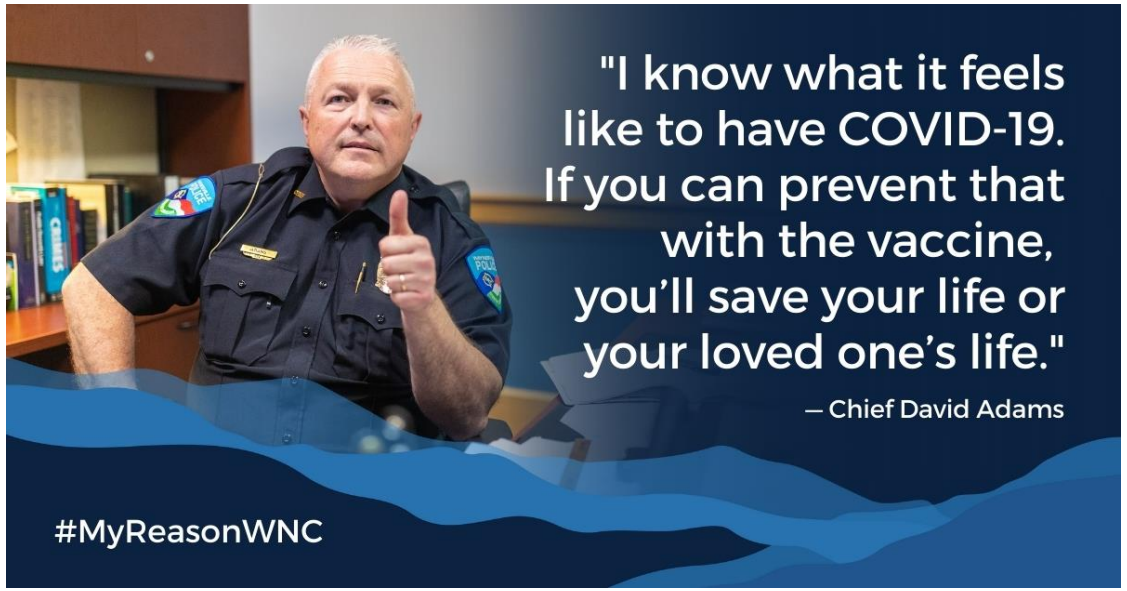
- Transportation
- Housing
- Computer and internet access
- Education
- Air and water quality

Groups most at risk include those:

- Living in poverty
- Belonging to Historically Marginalized Populations
- With poor mental health
- Who are overweight or obese
- With multiple Adverse Childhood Experiences (ACEs)

IMPACTS FROM COVID-19 PANDEMIC

1. Lost job- 19.2% (9)
2. Lost work hours or wages- 24% (9)
3. Lost health insurance coverage- 12.1% (9)
4. Chose to go without needed health care- 26.1% (9)



Source 9 listed on final slide.

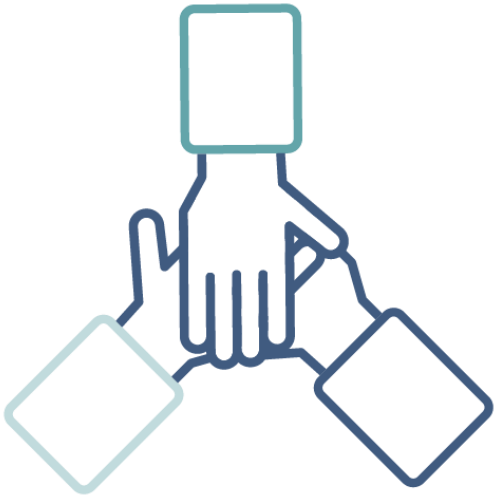
“THE TEAMWORK AND WILLINGNESS TO PARTNER TO HELP OTHERS HAS BEEN PROFOUND, ESPECIALLY AS RELATED TO FOOD, SHELTER AND COVID VACCINATIONS.[10]”

-COMMUNITY LEADER

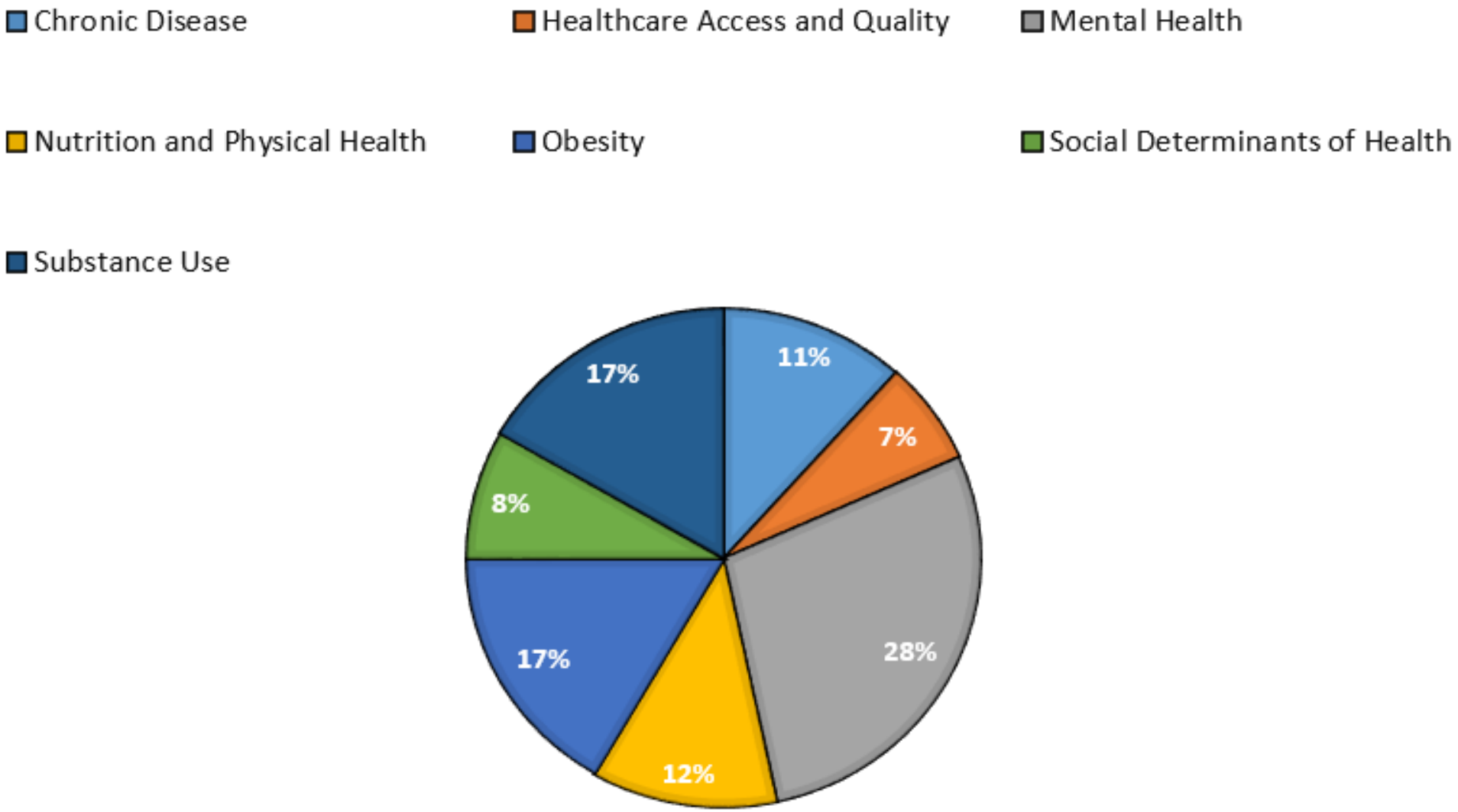
Source 10 listed on final slide.

LOCAL PROCESS

1. Internal data review by public health education staff
2. External data review by community team
3. Prioritization meeting
   - Data review
   - Scoring and voting on priorities



PERCENT OF VOTES FOR TOP HEALTH ISSUES



WHO'S INVOLVED?

1. Community-based organizations
2. Healthcare
3. Government

MENTAL HEALTH

Adverse Childhood Experiences are linked to an increase in mental illness.[3]

23% of adults report more than seven days of poor mental health in the past month (increase from 2018).[9]

Current actions: local treatment providers; National Alliance on Mental Illness; Haywood Regional Medical Center behavioral health unit; focus on resilience and trauma-informed systems of care.

Sources 3 and 9 listed on final slide.

OBESITY

Obesity is a significant risk factor for illness and death from heart disease and diabetes. It also increases risk for chronic diseases such as osteoarthritis, liver and kidney disease, sleep apnea, and depression.[6] Heart disease is the leading cause of death in Haywood County.[5]

72% of the county's adults are overweight or obese[9].

Current Actions: Haywood 4 Good community wellness program; Diabetes Prevention Program; Greenway feasibility study; county recreation Master Plan update.

Sources 5, 6, and 9 listed on final slide.

SUBSTANCE USE

Substance use and misuse is a great community concern and reflects other factors such as mental health and social determinants of health.

Over 36% reported that their life has been negatively affected by substance use (self or someone else).[9]

Current actions: NC Lock Your Meds and Quitline campaigns; naloxone distribution; grant funding addressing Opioid Use Disorder; tobacco-free ordinances. Actions are supported by existing partnerships (Substance Use Prevention Alliance, Recovery Alliance Initiative).

Source 9 listed on final slide.

HEALTHY HAYWOOD
COMMUNITY ○ LEADERSHIP ○ WELLNESS

HOW TO GET INVOLVED?

Megan Hauser, MA, MCHES®
Public Health Education Supervisor
(828) 356-2272
megan.hauser@haywoodcountync.gov

SOURCES

1. 2012-2015 American Community Survey, U.S. Census Bureau
2. 2019 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved April 2022 from [www.childhealthdata.org].
3. Centers for Disease Control and Prevention. (2019, November 5). *Adverse childhood experiences (aces)*. Centers for Disease Control and Prevention. Retrieved April 6, 2022, from https://www.cdc.gov/vitalsigns/aces/index.html
4. First United Methodist Church of Waynesville, 2020 (slide 13 photo credit)
5. North Carolina State Center for Health Statistics (NC SCHS). (2020). Causes of Death. [Data tables]. Available from https://schs.dph.ncdhhs.gov/data/.
6. Pi-Sunyer, F. X. (2002). The Medical Risks of Obesity. Obesity Surgery, 12(2), 6–11. https://doi.org/10.1381/096089202762552601
7. PRC Community Health Survey, Professional Research Consultants, Inc.
8. U.S. Census Bureau. (2021). Poverty Status in the Past 12 Months: ACS 5-Year Estimates. [Data tables]. Available from http://census.data.gov
9. WNC Health Network, 2021
10. WNC Health Network. (2021). 2021 Online Key Informant Survey (OKIS). [Report]. Unpublished report.