

HARRIS

REGIONAL HOSPITAL

A Duke LifePoint Hospital

This is the facility specific implementation strategy for Harris Regional Hospital and addresses the community health needs identified through a collaborative community health needs assessment (CHNA) process conducted with local and regional partners in western North Carolina. This document outlines plans for Harris Regional Hospital to support specific community benefit efforts as part of a larger community-wide plan.

OUR COMMUNITY AND KEY PARTNERS

Harris Regional Hospital's Community

As of 2017, Jackson County was home to a little under 43,000 residents, which is a rough 7% increase since 2010. Harris Regional Hospital, located in the midst of a bustling Jackson County, was founded in 1929. The hospital houses an average of 86 beds on a usual day and offers over 28 different services to patients in Western North Carolina. Harris Regional Hospital's health information provided the basis for the geographic focus on the CHNA. Figure 1 below shows where Harris Regional Hospital received patients; most of the hospital's inpatients came from Jackson County. Specifically, approximately 1,703 in-patient experiences were residents whom indicated they resided in Jackson County, which is roughly 42% of our patients at Harris Regional Hospital. The service area for Harris Regional Hospital includes medically underserved, low-income and minority populations who live in the geographic area from which the hospital draws its patients.

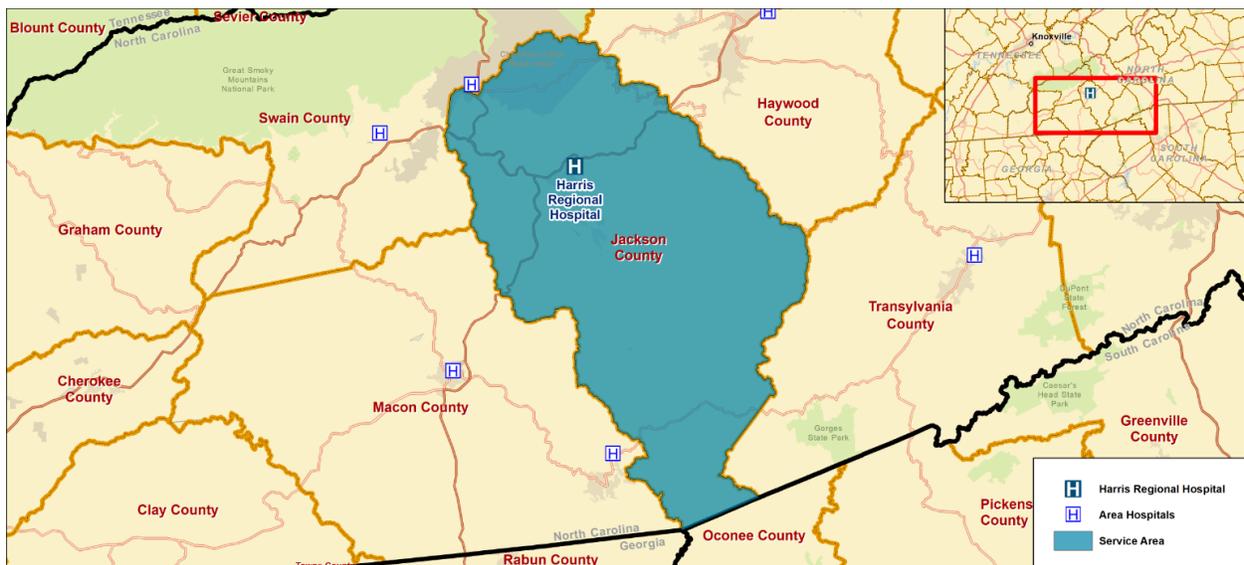


Figure 1: 2018 Planning Service Area Definition. Casemix, 2018.

Community Health Needs Assessment

Process and Product

The Harris Regional Hospital community health needs assessment (CHNA) was conducted in partnership with the Jackson County Health Department and WNC Healthy Impact. This written report describes:

- The community served by the hospital
- Community demographics
- Existing health resources in the community available to respond to needs
- How data was collected in the assessment process
- The priority health needs of the community
- Health needs and issues of uninsured, low-income, and minority groups
- The process for identifying and prioritizing community needs and services to meet the needs
- The process for consulting with persons representing the community's interests

Sharing Results

Detailed findings for our assessment are posted on the Harris Regional Hospital website <https://www.myharrisregional.com/for-patients-and-visitors/community-health-needs-assessment> and the Jackson County Department of Public Health website <https://static1.squarespace.com/static/51826030e4b04f94760dc52d/t/5c7945ea24a69424aae0f978/1551451628980/2018+Jackson+County+Community+Health+Assessment.pdf> as of December of 2018. The CHNA was presented to the Harris Regional and Swain Community Hospitals Board on Tuesday, June 25th for discussion and approval.

Our community health needs assessment process and products were supported collaboratively by **WNC Healthy Impact**, a partnership between hospitals and health departments to improve community health in western North Carolina. This innovative regional effort is coordinated, housed and financially supported by **WNC Health Network**, the alliance of western NC hospitals working together to improve health and healthcare. Learn more at www.WNCHN.org.



WNC**HEALTHY**IMPACT

PRIORITY HEALTH NEEDS & HOW THEY WERE ESTABLISHED

Prioritization Process

Process

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

- Criteria 1 – Relevant – How important is this issue? (*Urgency to solve problem; Community concern; Focus on equity; Linked to other important issues*)
- Criteria 2 – Impactful – What will we get out of addressing this issue? (*Availability of solutions/proven strategies; Builds on or enhances current work; Significant consequences of not addressing issue now*)
- Criteria 3 – Feasible – Can we adequately address this issue? (*Availability of resources -- staff, community partners, time, money, equipment -- to address the issue; Political capacity/will; Community/social acceptability; Appropriate socio-culturally; Can identify easy, short-term wins*)

Participants used a modified Hanlon method to rate the priorities using the criteria listed above. Then dot voting and various techniques were used to narrow the top two priority health issues.

Identified Indicators

During the above process, the CHA Action Team identified the following health indicators to present in the public meeting for a vote:

- **Obesity:** A weight that is higher than what is considered healthy for a specific height. 42.2% of the population in Jackson county reported being obese, which is a 6% increase in 3 years (WNCHN – WNC Healthy Impact Community Health Survey, 2018).
- **Physical Activity:** Approximately 22.3% surveyed reported participating in no physical activity (WNCHN – WNC Healthy Impact Community Health Survey, 2018).
- **Nutrition:** Obtaining the recommended amount of nutrients within a day yielding positive health results. Only 7.3% of people surveyed indicated that they got 5 or more servings of fruits and/or vegetables in a day, which was 2% decrease in three years (WNCHN – WNC Healthy Impact Community Health Survey, 2018).
- **Substance Abuse:** 17.5% of people surveyed reported using opiates/opioids in the past year with (or without) a prescription, and in conjunction, 47% reported their life being negatively affect by substance abuse (WNCHN – WNC Healthy Impact Community Health Survey, 2018).

- **General Mental Health:** Approximately 22.9% of respondents to the survey indicated more than 7 days of poor mental health in the prior month, which is an 8% increase in three years. Further, roughly 11% of survey participants reported not getting mental health care or counseling that was needed in the previous year, which is a 4% increase (WNCHN – WNC Healthy Impact Community Health Survey, 2018).
- **Food Insecurity:** Jackson County’s percentage of food insecurity is lower than the WNC and national average, however, it is still of concern at 18.9% (WNCHN – WNC Healthy Impact Community Health Survey, 2018).
- **Housing:** Housing costs above 30% of household income is steadily increasing in Jackson County. Roughly 16.3% of households with an income less than \$20,000 are spending it on housing (WNCHN – WNC Healthy Impact Community Health Survey, 2018).

Identified Priorities

During the public meeting, these indicators were presented via PowerPoint to the attendees. The attendees were then provided a worksheet indicating the three criteria – feasibility, impact, and relevance to the community. Following the worksheet, attendees from the community then voted using the dot vote method to narrow down the indicators to two priorities. The following priority health issues are the final community-wide priorities for our county that were selected through the process described above:

1. Obesity/Physical Activity/ Nutrition – Healthy eating and physical activity originally emerged as health priorities during the 2011 Community Health Assessment. While much community effort has occurred to combat these issues, there is still much to be done. Jackson County has a wide margin of residents practicing unhealthy habits that promote an increase in overweight/obesity rates. During the prioritization process, many community members voted for the following identified health issues:
 - a. Obesity
 - b. Physical activity
 - c. Childhood obesity, ages 5-11

Additionally, food insecurity received many votes during the prioritization process. The CHA Steering Committee opted to combine this health issue with obesity/physical activity/nutrition due to the current work with the Jackson County Farmers Market, Cullowhee Community Garden, and other food relief partnerships.

2. Substance Abuse Prevention – Substance abuse originally emerged as a health priority during the 2011 CHA process as well. Topics identified during the prioritization process were:
 - a. Prescription drug misuse
 - b. Deaths with heroin/fentanyl
 - c. Youth tobacco use (e-cigarette emphasis)

In terms of feasibility, the increase of youth tobacco use with the popularity of e-cigarette products has become a main concern of public school officials and families in Jackson County.

For more information about the community health priorities selected for Jackson County, read the Priority Issue sections in [the Jackson County Community Health Assessment](#).

HOW THIS IMPLEMENTATION STRATEGY WAS DEVELOPED?

Engagement in a Community-Wide Plan

As a next step following the development of a community health needs assessment (CHNA), which includes prioritization of health needs, Harris Regional Hospital collaborated with Jackson County Department of Public Health and other key community stakeholders to develop a written description of the activities that hospital facilities, public health agencies, and other local organizations plan to undertake collectively to address specific health needs in our community. In addition, Harris Regional Hospital developed a strategic plan that targets community health, specifically identifying Obesity/Physical Activity/Nutrition and Substance Abuse Prevention as the two priorities in the CHNA. The collaborative action planning process will result in the development of an electronic community health improvement plan (e-CHIP) for Jackson County, facilitated by Jackson County Department of Public Health. Harris Regional Hospital will also develop an electronic implementation plan for Jackson County.

IMPLEMENTATION STRATEGY DETAILS

Priority Health Issue #1: Physical Activity and Nutrition

Description of Community Need

Primary data revealed less than 10% of residents in Jackson County consume five or more servings of fruits or vegetables daily, and less than a quarter of the population are meeting the national physical activity recommendations of 150 active minutes per week (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Furthermore, 77% of residents are overweight or obese, which are slightly higher than the Western North Carolina (WNC), State, and US averages.

Secondary data indicates that Jackson County's adult and childhood (age 2-18 years) obesity rates are higher than the WNC averages (Obesity in Children Ages 2 to 18 by county, 2017). Additionally, 11% of pregnant women have gestational diabetes, while 30% are obese with a BMI greater than 30 (Birth Indicator Tables by State and County, 2018). In relation to food insecurity, Jackson County's poverty rates continue to be higher than the WNC region and North Carolina in all categories – the total population, children under 18, and children under 5 (QuickFacts, 2019).

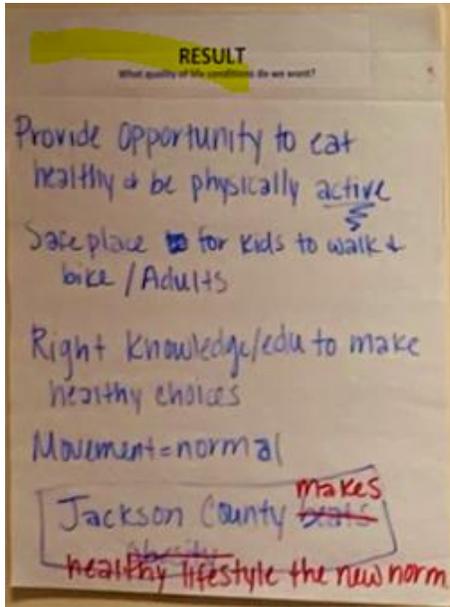


Image 1: The Result

Desired Community Result

The desired community result from the obesity, physical activity, and nutrition priority was voted on by the Healthy 4 Life Action team. The committee decided the ultimate goal of the priority is for Jackson County to make living a healthy lifestyle the new norm (see image 1). The community would experience this by: healthier discussion being heard, more physical activity being seen, feeling more encouragement and support to be healthier, and having healthier food options in the community.

Partner Agencies and Roles

Jackson County’s collaborative process is supported by WNC Healthy Impact, which works at the regional level. Locally, our process is supported by the CHA Work Team, the Healthy Carolinians Steering Committee, and the Jackson County Health Department.

Partnerships with the implementation plan will include key stakeholders within the community such as Western Carolina University, Southwestern Community College, Jackson County Schools, Chamber of Commerce, Jackson County Public Library, and the Great Smokies Health Foundation.

Related Hospital Strategies

2018 Priority Area 1: Obesity, Physical Activity, and Nutrition

Population Level Data:

Obesity will be a key indicator monitored using BMI and Body Fat status. 42.2% of the population in Jackson County reported being obese in 2018, which is a 6% increase since 2015. In relation to obesity measures, physical activity will be measured by self-report questionnaires in a surveyed population to increase “no physical activity” statistics in Jackson County (22.3%). In addition, nutrition will also be measured through self-report data in surveys and questionnaires to increase the number of residents who consume 5 or more servings of fruits/vegetables in a day (7.3%).

Collaborative Efforts:

Harris Regional will collaborate with key stakeholders within the community help make communities healthier.

Implementation Strategy		
Hospital Strategy	Involvement	Evaluation/Note
Hospital strategy 1 4 the Health of It	Service provided by Harris Regional Hospital (Wellness Manager)	A worksite wellness program designed for Jackson County Public Schools. The program provides two biometric screenings and three health consultations. During these screenings, residents gain information on their total glucose, cholesterol, blood pressure, and full body composition. *see scorecard for measures
Hospital strategy 2 The Ascent Series	Collaboration between Harris Regional Hospital (Wellness Manager) and Western Carolina University (Dean of Health and Human Sciences)	The Ascent Series is a new program developed from The Ascent Partnership with Western Carolina University taking the place of Tuesdays to Thrive. The program will be quarterly, at different locations in the community, and cover a variety of health topics that engage community interest. This strategy is strictly health education.
Hospital strategy 3 Lunch and Learns	Exclusively provided by Harris Regional Hospital	Harris Regional Hospital will sponsor lunch and learns once or twice a quarter in different locations throughout the community in Jackson County. The lunch and learns will have a provider or physician as guest speaker for a key health issue within the community. This strategy is also health education.
Hospital strategy 4 Breastfeeding Friendly	Led by Harris Regional Hospital in partnership with Jackson County Health Department and key stakeholders	Harris Regional Hospital is an established breastfeeding friendly organization. Lactation consultants and staff will be partnering with Jackson County Health Department to make the community of Jackson County a breastfeeding friendly place to live, work, and visit.

		<ul style="list-style-type: none"> • Education • Events • Promotion
Hospital strategy 5 Host community events for surgery related services.	Harris Regional Hospital Surgical Services and Community Relations	Harris Regional Hospital will host community members for health education events led by a physician or PA. These events will be quarterly.
Hospital strategy 6 Produce videos for awareness in connection with health education using social media and websites.	Harris Regional Hospital Service	In conjunction with monthly health alerts and awareness, a video will be paired to provide short informational tactics to make our community healthier.
Hospital strategy 7 Community Health Events	Harris Regional Hospital	The hospital will sponsor the Smoky Streak to Health once every year. It is a free community event, specifically a fun walk, 5K, or 10K, available to all walks of life, designed to engage all community members regardless of where they are on their health journey.

Basic Strategy Description

Harris Regional Hospital intends to meet the identified health need by targeting the actionable items listed above. In addition to what is listed above, Harris Regional Hospital will meet the Obesity, Physical Activity, and Nutrition priority in the following ways:

- Wellness Manager for Harris Regional Hospital will continue to sit on the School Health Advisory Committee for Jackson County Public Schools – working on childhood obesity
- Smoky Streak to Health – free community walk, 5K or 10K event
- Chest Pain Re-Accreditation
- Expansion of the Cancer Center and services available
- Cardiac Interventions are now available to patients

Collaborative Strategies:

- Healthy Living Festival – free total glucose and total cholesterol screenings provided
- Prostate Event – physician assistant speaks to men about prostate health

Priority Health Issue #2: Substance Abuse

Description of Community Need

17.5% of people surveyed reported using opiates/opioids in the past year with (or without) a prescription, and in conjunction, 47% reported their life being negatively affected by substance abuse.

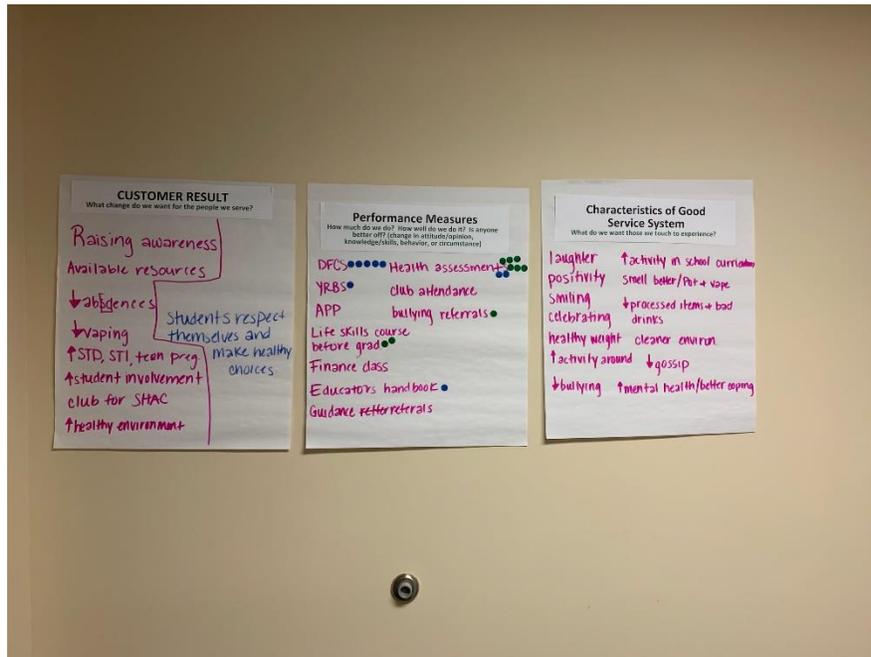


Image 1: Substance Abuse Whole Distance Exercise

Desired Community Result

The Jackson County School Health Advisory Committee met during the summer of 2019 to brainstorm on their intended result and goal of the substance abuse priority. The committee voted on – “Students respect themselves and make healthy choices” (image 1 to the left).

Partner Agencies and Roles

Jackson County’s collaborative process is supported by WNC Healthy

Impact, which works at the regional level. Locally,

our process is supported by the CHA Work Team, the Healthy Carolinians Steering Committee, and the Jackson County Health Department.

Partnerships with the implementation plan will include key stakeholders within the community such as Western Carolina University, Southwestern Community College, MountainWise, Jackson County Schools, Jackson County Department on Aging, Jackson County Public Library, and the Great Smokies Health Foundation.

Related Hospital Strategies

2018 Priority Area 2 – Substance Abuse

Population Level Data:

17.5% of people surveyed reported using opiates/opioids in the past year with (or without) a prescription, and in conjunction, 47% reported their life being negatively affected by substance abuse (WNCHN – WNC Healthy Impact Community Health Survey, 2018).

The top three leading causes of death in Jackson County are associated with tobacco products. According to the CDC, smoking can cause heart disease, stroke, cancer, lung

diseases, diabetes, and chronic obstructive pulmonary disease (COPD; “Smoking & Tobacco Use”). The county has maintained a consistent average in the previous six years, which is a difficult task to maintain in the tar heel state – in 2012, 26.2% of respondents reported smoking and in 2018 that percentage decreased to 22.3% (WNCHN, 2018). The percentage of individuals using e-cigarettes is at an all-time high (10.3%), increasing by 4% in three years (WNCHN, 2018).

Collaborative Efforts:

Collaborative efforts will include MountainWise, Jackson County Health Department, Western Carolina University, and Jackson County Public Schools.

Harris Regional Hospital will take on a supportive role in all matters Substance Abuse, aiding the community meet this priority by way of supportive action.

Implementation Strategy Update	
Hospital Strategy	Evaluation/Note
Hospital strategy 1 Harris Regional Hospital Tobacco Policy	Wellness Manager will evaluate hospital tobacco policy and signage, aiming to reduce cigarette butts on hospital campus and be a pillar example within the community.
Hospital strategy 2 Western Carolina University Tobacco Policy	A collaboration and partnership to make Western Carolina University a tobacco free campus, reducing environmental hazards associated with the use of cigarettes, e-cigarettes, vaping, and smokeless tobacco.
Hospital strategy 3 WNC Harm Reduction Alliance	Continuing to be actively involved with the alliance, meeting with group members every quarter to progressively work toward placing a mental health liaison in every health department.

Basic Strategy Description

Harris Regional Hospital intends to meet the identified health need by targeting the actionable items listed above. In addition to what is listed above, Harris Regional Hospital will be meeting the Substance Abuse priority in the following ways:

- Wellness Manager for Harris Regional Hospital will continue to sit on the School Health Advisory Committee for Jackson County Public Schools – working on e-cigarettes and vaping in the schools
 - Working with schools to coordinate Regional Tobacco Manager available for presentations
- Expansion of the Cancer Center and services available
- Wellness Manager for Harris Regional Hospital will continue to lead the Community Health sub-committee from WNC Harm Reduction Alliance
- Partnership with RezHope in community health endeavors featuring podcasts
- Para medicine program launching in 2019

NEXT STEPS

As part of the community health improvement process, Harris Regional Hospital will continue to work with community partners in the development, implementation, and monitoring of our collaborative community health implementation plan that includes some of the hospital strategies outlined in this document. The implementation plan will be reviewed annually by the Harris Regional Hospital Board of Trustees to assess progress on key community indicators, and updates will be made publically on the Community Health Report scorecard. Harris Regional Hospital will design, publish, and maintain an electronic health report to indicate progress being made on community health priorities through strategies presented in the above document. All outcomes will be measurable and updated regularly. The scorecard will be active and available on our hospital website. The next community health needs assessment (CHNA) will be conducted in 2021.

APPROVAL

Wellness Manager presented the CHNA document and data for approval on June 25th, 2019. The CHNA document for Harris Regional Hospital was verbally approved to proceed to the Implementation Phase. The above document is the result and plan to address indicated health priorities within Jackson County. This implementation report was prepared for the November 12, 2019 Harris Regional Hospital Governing Board meeting, and is approved as signed below by the Board of Trustees Chair and Hospital CEO.

Dave Thomas, MD
Board of Trustees Chair

11/12/2019

Steve Heatherly
CEO, Harris Regional Hospital

11/12/2019