Community Health Needs Assessment
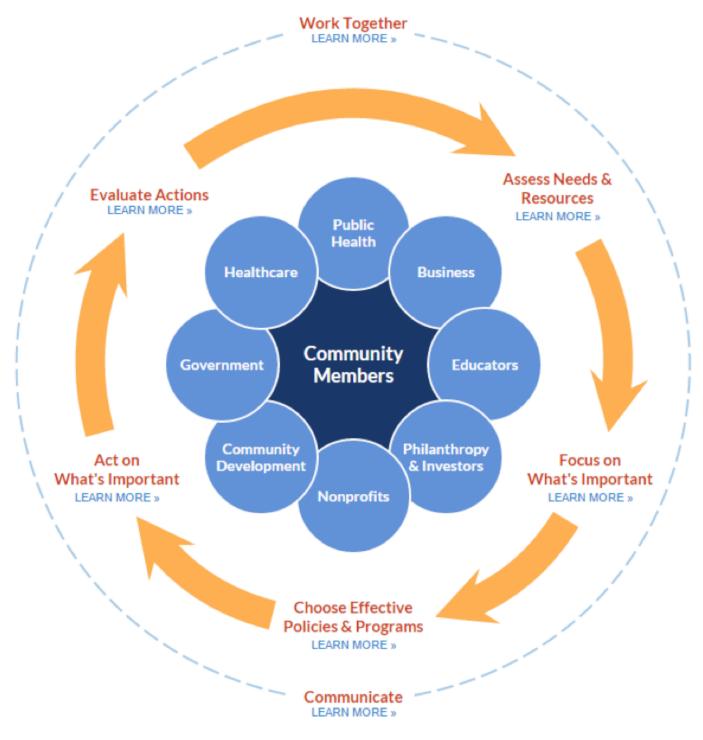
Twin County Regional Healthcare

Galax City, Carroll and Grayson Counties, Virginia

TWIN COUNTY
Regional Healthcare

Duke LifePoint Healthcare

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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

The Community Health Needs Assessment (CHNA) defines priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Carroll and Grayson Counties and Galax City, Virginia. Twin County Regional Healthcare (TCRH) conducted a community health needs assessment in 2014. This assessment analyzes progress since the last assessment, as well as defines new or continued priorities for the next three years.

Twin County Regional Healthcare, as the sponsor of the assessment, engaged national leaders in community health needs assessment to assist in the project. Stratasan, a healthcare analytics and facilitation company out of Nashville, Tennessee was engaged to marshal the process and provide community health data and facilitation expertise. Stratasan provided the analysis of community health data, facilitated a focus group, conducted the TCRH employee and community physician surveys, and facilitated a Community Health Summit to assist the community with determining significant health needs and goals for improvement.

Twin County Regional Healthcare board of directors approved and adopted this CHNA on November 28, 2016.

Starting on December 30, 2016, this report is made widely available to the community via Twin County Regional Healthcare's website, www.tcrh.org, and paper copies are available free of charge at Twin County Regional Healthcare.
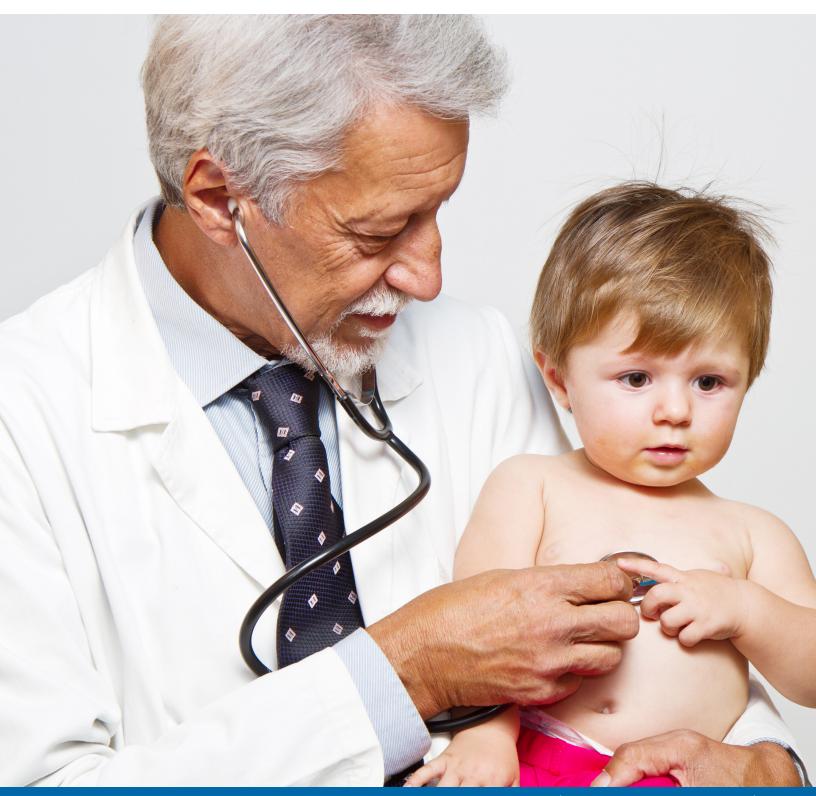
Participants

Forty-two individuals from twenty-four community and health care organizations collaborated to conduct a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Carroll and Grayson Counties and Galax City. The three-month 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.

Project goals

1. To implement a formal and comprehensive community health assessment process, which 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 goals to analyze changes from 2014's assessment in significant health needs and priorities and address those needs," said Jon D. Applebaum, Chief Executive Officer, Twin County Regional Healthcare. "It is our goal to use our findings as a catalyst for community mobilization to improve the health of our residents."

"The information we gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by TCRH to create an implementation plan. We hope other community organizations will join us." added Martha A. Cole, Director of Marketing, Twin County Regional Healthcare. "The Community Health Summit was the final step in the assessment process. Now the real work—improving the health of the community begins."

Community Input
and Collaboration

Data Collection and Timeline

In February, 2016, LifePoint Health contracted with Stratasan to assist in conducting a Community Health Needs Assessment for Carroll and Grayson Counties and Galax City, Virginia. TCRH sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources occurred in May and June of 2016

- A community focus group was held on June 2, 2016 with 27 community members participating. The community members were invited based on their representation of low-income, medically underserved, minorities and the community in general.

- A Community Summit was conducted on June 16, 2016 with 24 community stakeholders attending. The audience consisted of healthcare providers, the Mount Rogers Health Department, businesses, law enforcement, government representatives, human services, not-for-profit organizations, (hospitals, home health, mental health, substance abuse, elderly services) and other community members.

As mentioned previously, over forty individuals from over twenty community and health care organizations collaborated to conduct a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Carroll and Grayson Counties and Galax City. Below is a list of the organizations that participated, the population they represented, and how they were involved in the process.

In many cases, several representatives from each organization participated.

Organization	Population Represented (kids, low income, minorities, those w/o access)	How Involved
Carilion Clinic/IM	Adult medical patients	Summit
Carroll County Department of Social Services	All	Focus Group, Summit
Chestnut Creek School of the Arts	All	Focus Group
Free Clinic of the Twin Counties	Low Income	Summit
Galax City	Community	Summit
Golden Living Nursing & Rehab	Elderly	Summit
Grayson County		Focus Group, Summit
Grayson County Dept. of Social Services	Social Services	Summit
Grayson County Senior Advocacy	Seniors	Focus Group
Grayson County Social Services	Social Services	Focus Group
Grayson National Bank	Community/businesses	Summit
Life Center of Galax	Addiction/mental health	Focus Group, Summit
Mount Rogers Community Service Board	Mental Health (youth)	Focus Group
Mount Rogers Community Service Board	Youth & Family services	Focus Group, Summit
Mount Rogers District Planning Commission	Mount Rogers District Planning Commission	Focus Group, Summit
OmniPoint, General Surgeon		Summit
Ph.D. student Liberty Univ		Summit
Rooftop of VA CAP Head Start Program	Hospital/Communities	Focus Group, Summit
The Crossroads Institute	Grayson Co	Summit
Tri Area Community Health Center	Community	Focus Group, Summit
TSRCEDA	Economic Development	Summit
Twin County Prevention Coalition/Life Center	Addiction/mental health	Summit
Twin County Regional Healthcare	Hospital/Communities	Focus Group, Summit
Virginia Department of Health	All	Focus Group, Summit

Input of Public Health Officials

At the Summit held on June 16, 2016 Caroline Jackson and Vicky Richardson, of the Mount Rogers Health District, presented information and priorities from the Health Department's perspective.

Ms. Richardson reviewed the Health Department's services:

- Maternal and Child Health Services
- Reproductive Health Services
- Disease Reporting and Prevention
- Emergency Preparedness and Response
- Environmental Protection
- Wellness Program Services – wellness activities and health education

Ms. Jackson reviewed Virginia's Plan for Well-Being 2016-2020:

- Aim 1—Healthy, Connected Communities
  - Goal 1.1 Families Maintain Economic Stability
  - Goal 1.2 Communities Collaborate to Improve the Populations' Health
- Aim 2—Strong Start for Children
  - Goal 2.1 Virginian's Plan Their Pregnancies
  - Goal 2.2 Children Are Prepared to Succeed in Kindergarten
  - Goal 2.3 Racial Disparity in Infant Mortality Rate is Eliminated
- Aim 3—Preventive Actions
  - Goal 3.1 Follow a Healthy Diet and Live Actively
  - Goal 3.2 Prevent Nicotine Dependency
  - Goal 3.3 Protected Against Vaccine-Preventable Diseases
  - Goal 3.4 Cancers are Prevented or Diagnosed at the Earliest Stage Possible
  - Goal 3.5 Virginians Have a Life-Long Wellness
- Aim 4: System of Health Care
  - Goal 4.1 Strong Primary Care System Linked to Behavioral Health Care, Oral Health Care, and Community Support Systems
  - Goal 4.2 Health IT System Connect People, Services, and Information to Support Optimal Health Outcomes
  - Goal 4.3 Health Care-Associated Infections are Prevented and Controlled in Virginia

She also discussed the Health Department initiatives that resulted from the Twin County Regional Healthcare's 2014 CHNA.

- Corner Store initiative to increase the number of existing corner stores that expand their inventory of "healthy" food
- Breastfeeding initiative to increase the number of businesses that publicly promote/welcome breastfeeding in the target community
- Farmers' Market initiative to increase the number of Farmers' markets available in the target community and strengthen the stability of existing farmers' markets

Where there are common initiatives between the state, counties, hospitals, and community groups, coordination of efforts would be ideal.

Input of Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received during the community survey and community health summit. People representing these population groups were intentionally invited to participate in the focus group and the Community Health Summit.

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 you 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 via a PowerPoint on the website or by contacting Twin County Regional Healthcare.
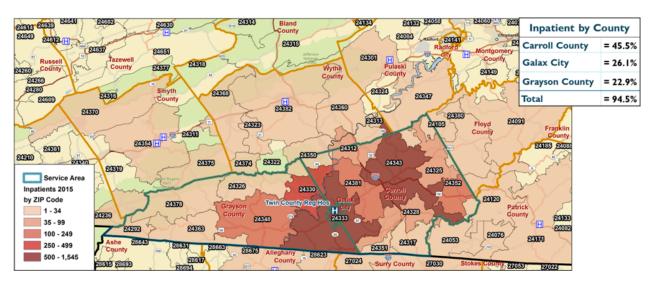
Community Selected for Assessment

Community Selected for Assessment

TCRH's health information provided the basis for the geographic focus of the CHNA. The map below shows where TCRH received its patients; most of TCRH's inpatients came from Carroll County (46%), Grayson County (23%) and Galax City (26%) for a total of 95% patient origin from this area. Henceforth, the three county area will be called "the Twin Counties". Therefore, it was reasonable to select the Twin Counties as the primary focus of the CHNA. However, surrounding counties should benefit from efforts to improve health in the Twin Counties.

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

Twin County Regional Healthcare Patients - 2015

Inpatient by County	
Carroll County	= 45.5%
Galax City	= 26.1%
Grayson County	= 22.9%
Total	= 94.5%

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) were not represented in the primary data.

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.

Process and Methods

Both primary and secondary data sources were used in the CHNA. Primary methods included:

- Community focus group
- Community provider and TCRH leadership online surveys
- Community Health Summit

Secondary methods included:

- Public health data – death statistics, county health rankings
- Demographics – population, poverty, uninsured
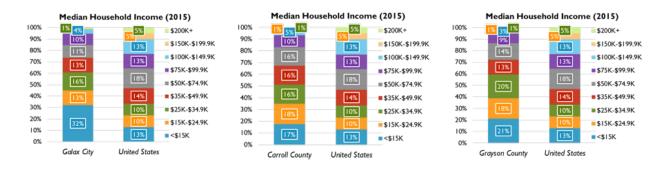- Psychographics – Tapestry Segmentation

Demographics of the Community

The table below shows the demographic summary of the Twin Counties compared to Virginia and the U.S.

	Galax City	Carroll County	Grayson County	Virginia	USA
Population (2015)	7,072	30,121	15,331	8,340,501	318,536,439
Median Age (2015)	43.2	46.1	48.2	38.2	37.9
Median Household Income (2015)	$27,544	$34,024	$29,533	$62,786	$53,217
Annual Pop. Growth (2015-20)	0.20%	0.07%	-0.18%	0.99%	0.75%
Household Population (2015)	2,932	12,949	6,838	3,192,525	120,746,349
Dominant Tapestry (2015)	Small Town Simplicity (12C)	Rooted Rural (10B)	Rooted Rural (10B)	Enterprising Professionals (2D)	Green Acres (6A)
Businesses (2015)	615	909	421	324,164	13,340,415
Employees (2015)	8,534	8,515	3,014	4,196,244	158,567,719
Medical Care Index* (2015)	59	72	67	121	100
Average Health Expenditures (2015)	$1,235	$1,519	$1,400	$2,532	$2,098
Total Health Expenditures (2015)	$3.6 M	$19.7 M	$9.6 M	$8.1 B	$253.3 B

Racial and Ethnic Make-up

	Galax City	Carroll County	Grayson County	Virginia	USA
White	85%	96%	95%	71%	77%
Black	7%	1%	2%	20%	13%
American Indian	0%	0%	0%	1%	1%
Asian/Pacific Islander	1%	0%	0%	6%	6%
Mixed Race	6%	2%	2%	3%	3%
Other	3%	1%	1%		
Hispanic Origin	15%	4%	3%	9%	17%

Source: Esri

Median Household Income (2015) — Galax City / United States; Carroll County / United States; Grayson County / United States

Galax City

- The population of Galax City was projected to increase from 2015 to 2020 (.20% per year), lower than the rate of VA at .99%, the U.S. at .75%.

- Galax City was older (43.2 median age) than VA and the U.S., with 24.9% 65 or over, and had lower median household income ($27,544) than both VA and the U.S.

- The medical care index measures how much the county spent out of pocket on medical care services. The U.S. index was 100. Galax City (59 index) spent 41% less than the average U.S. household out of pocket on medical care (doctor's office visits, prescriptions, hospital services).

- The racial make-up of Galax City was 85% white, 7% black, 1% Asian/Pacific Islander, 6% mixed race, 3% some other race, and 15% Hispanic origin. (These percentages total to over 100% due to Hispanic Origin

being an ethnicity not a race.)

- The median household income distribution of Galax City was 5% higher income (over $100,000), 50% middle income and 45% lower income (under $24,999).
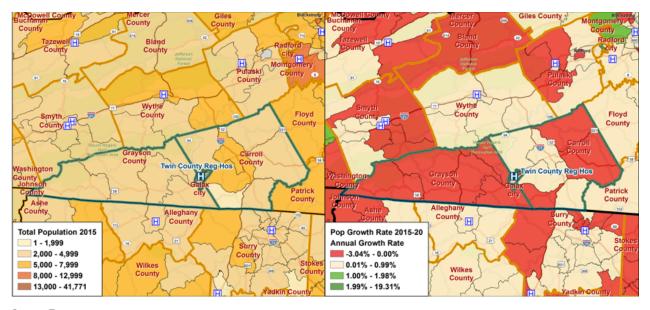
Carroll County

- The population of Carroll County was projected to increase from 2015 to 2020 (.07% per year), lower than the rate of VA at .99%, the U.S. at .75%.
- Carroll County was older (46.1 median age) than VA and the U.S., with 21.3% 65 or over, and had lower median household income ($34,024) than both VA and the U.S.
- The medical care index measures how much the county spent out of pocket on medical care services. The U.S. index was 100. Carroll County (72 index) spent 28% less than the average U.S. household out of pocket on medical care (doctor's office visits, prescriptions, hospital services).
- The racial make-up of Carroll County was 96% white, 1% black, 2% mixed race, 3% some other race, and 4% Hispanic origin. (These percentages total to over 100% due to Hispanic Origin being an ethnicity not a race.)
- The median household income distribution of Carroll County was 7% higher income (over $100,000), 58% middle income and 35% lower income (under $24,999).

Grayson County

- The population of Grayson County was projected to decrease from 2015 to 2020 (.18% per year), lower than the rate of VA at .99%, the U.S. at .75%.
- Grayson County was older (48.2 median age) than VA and the U.S., with 23.2% 65 or over, and had lower median household income ($29,533) than both VA and the U.S.
- The medical care index measures how much the county spent out of pocket on medical care services. The U.S. index was 100. Grayson County (67 index) spent 33% less than the average U.S. household out of pocket on medical care (doctor's office visits, prescriptions, hospital services).
- The racial make-up of Grayson County was 95% white, 2% black, 2% mixed race, 1% some other race, and 3% Hispanic origin. (These percentages total to over 100% due to Hispanic Origin being an ethnicity not a race.)
- The median household income distribution of Grayson County was 5% higher income (over $100,000), 56% middle income and 39% lower income (under $24,999).

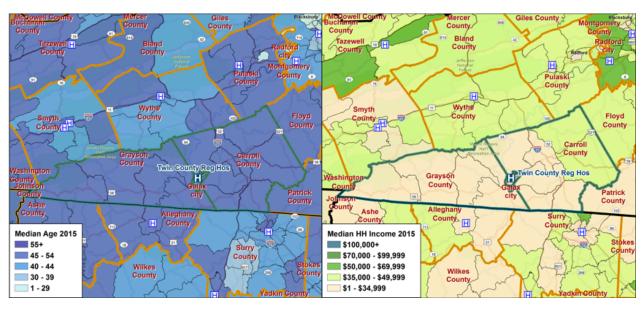## 2015 Population by Census Tract and Population Change 2015-2020

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 were higher population census tracts, 5,000-7,999 in the census tracts in the central and western parts of Carroll County. The remainder of the counties are more rural with tracts containing 2,000 to 4,999 population.

The population was projected to grow in the central, western and one southern tract in Carroll County and in southern Galax City. The remaining tracts are projected to decline in population.

2015 Median Age   2015 Median Income

Source: Esri

These maps depict median age and median income by census tract. The entire Twin County area has a median age of 45-54.[1] Not all households were at the median in a census tract, but these are indicators of segments of the population that may need focused attention. There are three higher median income ($35,000 - $49,999) tracts in northeast Carroll County. The remainder of the county has a median income of $1 to $34,999, which includes Galax City and Grayson County.

The rate of poverty in Galax City was 25.3% (2009-2013 data), which was above VA (11.3%) and the US (15.4%). Carroll County's poverty percentage was 18.1% and Grayson was 19.1%. The poverty percentages were on the higher end of the surrounding counties with the highest being Galax City and the lowest being Floyd at 12.7%

Carroll County's unemployment was 4.2% compared to 3.5% for Virginia and 5.0% for the U.S. Galax City had 4.2% unemployment and Grayson County had 2.7% unemployment. (April 2016, preliminary; Bureau of Labor Statistics) Unemployment decreased significantly in the last few years.

Health Status Data

The leading cause of death in Galax City, Carroll County and VA was cancer. The leading cause of death in Grayson County and the U.S. was heart disease. In Galax City the other causes of death were heart disease, chronic lower respiratory disease, stroke, accidents, liver disease, diabetes, kidney disease, influenza and pneumonia and Alzheimer's disease. In Carroll County the other causes of death were heart disease, chronic lower respiratory disease, accidents, stroke, kidney disease, diabetes, Alzheimer's disease, suicide, influence and pneumonia and liver disease. In Grayson County the other causes of death were cancer, chronic lower respiratory disease, Alzheimer's disease, accidents, stroke, diabetes, influenza and pneumonia, kidney disease, liver disease, and suicide. *Source: 2014 CDC*

Based on the latest County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin,[2] Carroll County ranked 73rd healthiest county in Virginia out of the 134 counties ranked (1= the healthiest; 134 = unhealthiest). County Health Rankings suggests the areas to explore for improvement in Carroll County are: adult smoking, adult obesity, uninsured, percentage with some college, unemployment, percent of children in poverty, and injury deaths. The areas of strength were identified as: lower population per primary care physician ratio, high school graduation, and no drinking water violations.

Grayson County ranked 97th healthiest county in Virginia out of 134 counties. County Health Rankings suggests the areas to explore for improvement are: higher adult smoking, obesity, physical inactivity, uninsured, high population to primary care physician ratio, preventable hospital stays, high school graduation, percent of the population with some college, unemployment, and children in poverty. The areas of strength were identified as: no drinking water violations.

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[1] The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

[2] The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003.

Galax City ranked 114th healthiest county in Virginia out of 134 counties. County Health Rankings suggests the areas to explore for improvement are: higher adult smoking, obesity, teen births, uninsured, high population to primary care physician ratio, preventable hospital stays, percent of the population with some college, unemployment, children in poverty, children in single-parent households, and violent crime. The areas of strength were identified as: lower, excessive drinking, lower population to dentist ratio, lower mental health provider ratio, high school graduation and higher social associations.

When analyzing the health status data, local results were compared to Virginia, the U.S. (where available) and the top 10% of counties in the U.S. (the 90th percentile). Where the Twin Counties' results were worse than the State and U.S., there is an opportunity for group and individual actions that will result in improved community ratings. There are several lifestyle gaps that need to be closed to move the Twin Counties up the ranking to be the healthiest communities in Virginia and eventually the Nation. For additional perspective, Virginia was ranked the 21st healthiest state out of the 50 states.

Survey Results, Focus Group, Health Status Comparisons

Survey Results

31 members of Twin County Regional Healthcare's leadership and 15 community physicians and providers responded to an online survey regarding their perspectives on community health status and needs in the Twin Counties from May 29 to June 14, 2016. Most of the Twin County Regional Healthcare's employees and physicians are members of the local community and have unique insight into the health status of the community. Where possible, the results were compared to the survey in 2014.

- 67% of hospital employees responded the community's health was fair, 13% responded, good, and 20% responded poor. These results were compared to the physician's responses to the same question in their survey. 71% of physicians responded, fair, 23% good, and 7% poor. Neither group responded excellent. When compared to the 2014 results, the health status was viewed slightly more positively in 2016 with more good and fair and less poor responses.

- 93% of employees believed diabetes and obesity were the most prevalent chronic disease followed by high blood pressure (84%), heart disease (68%), cancer and pulmonary diseases (61%), and mental health (55%). 100% of physicians believed obesity was the most prevalent chronic disease in the community followed by diabetes (93%), heart disease (80%) and pulmonary disease (80%), high blood pressure (67%), mental health (60%) and cancer (47%). All chronic diseases had increased percentages from 2014.

- When asked about the top three issues impacting people's health, employees ranked jobs/employment first with 39%, more specialists was second with 32% and third was poverty/low income and people taking more responsibility for their own lifestyle/health and obesity all with 29%. When physicians were asked, they responded with the same number one issue, jobs/employment at 43%, followed by mental health & behavioral health services and people taking personal responsibility for their lifestyle/health at 36% and affordable fresh/natural foods at 29%.

- For employees, the top health concerns for children were: physical inactivity (57%), responsible, involved parents (57%) and lack of a healthy diet (50%). For physicians the order was physical inactivity (57%), substance abuse (50%) and responsible, involved parents (43%).

- Affordable healthcare (65%), affordable insurance (55%) and financial assistance (39%) were seen as most needed by people in the community in order to manage their health more effectively for employees. For physicians, affordable insurance (57%) and affordable healthcare and financial assistance for doctor visits, medical supplies, etc. tied at 43% were seen as most needed by people in their community to manage their health more effectively. In 2014, there was a lower percentage responding, affordable insurance by employees. Physicians thought that transportation was more important than they did in 2014.

Focus Group Results

Thirty community stakeholders participated in a focus group on June 2, 2016 for their input into the community's health. 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. **Generally, how would you describe the community's health?**

   - Fair
   - Fair to Midland
   - Poor

   - Lower income and demographics determine health
   - Patients in long-term care are more acute each year

2. **The community performed a CHNA in early 2014 and identified priorities for health improvement:**

   - Obesity
   - Chronic diseases
   - Smoking
   - Lifestyle behavior and education
   - Substance abuse and mental health
   - Diabetes

   - Socio-economic issues – uninsured/access to health insurance, poverty, affordable healthcare
   - Family and personal responsibility
   - Teen pregnancy
   - Issues of aging
   - Access to care and/or urgent care

What has changed the most in the last three years related to health status?

Gotten Worse

- The distance people have to travel, decreasing access
- Affordable dental care is still a big need
- Patients can't afford their medications
- Lack of psychiatric services has gotten more acute
- High deductibles decrease access because even though people have insurance, they can't afford their potentially $6,000 deductible.
- The economy is still bad and many health issues are tied to the economy – drug abuse
- Increase in overdoses

Gotten Better

- The hospital has begun a program for workplaces – screenings, high blood pressure, cholesterol, etc. Stressing know your numbers.
- There is better access to primary care and increased access for the uninsured. The hospital emergency department hasn't seen as many primary care visits. Two urgent care centers opened since the last CHNA.
- Telemedicine is available to long-term care which is nice to have
- Increased access to screening mammograms and colonoscopies
- Clinics are very comprehensive
- There are less people applying for public benefits

3. **What are the biggest health concerns for Carroll and Grayson Counties and Galax City today?**

- Chronic illnesses – diabetes, COPD, high blood pressure, obesity, cardiovascular disease
- Lack of psychiatric services palpable – multiple times a day issue for primary care physicians. Big chunk of primary care practice visits are mental health.
- Referrals for dementia patients with psych and behavioral issues
- Mental Health
- Substance Abuse
- Alcohol-induced dementia
- Availability of short-term assistance for

- dementia patients – need geriatric psych unit
- Respite care for dementia patients' families
- Scheduled closure of Southwest Virginia Training Center – developmentally disabled adults residential
- Smoking, smokeless tobacco, Vapor cigarettes
- People making poor choices – can't afford medication, but have other non-necessities
- Pulmonary rehab would be great to have in the area
- OB/GYN doctors supply may be an issue
- Need adult day care

4. **What are the most important health issues facing various populations including, medically underserved, low-income and minority populations?**

- Wellness and self-care and engagement
- Dental issues – only extractions available, issue with children under 3 years of age, Medicaid population difficult to find care, uninsured

- Transportation is an issue for these populations. Hope Ministries has started a transportation program, but is full and most options aren't very efficient.

- Physical activity
- Failure to thrive increased lately
- Exposure to Trauma – Adverse Childhood Events
- Asthma

- Second hand smoke
- Ability to generate a vision for themselves beyond the Twin Counties. Furniture and textile industries were always the jobs.

- Jobs, industry
- Local culture, attitudes
- Generational trends, learn to work the system and no incentive to find work
- Cycles – benefits, teen pregnancy, short-term vision, no long-term vision

- There are success stories of setting goals and meeting them
- Change policies and the environment, but sometimes returning to their environment isn't ideal

- Lack of good nutrition
- Substance abuse
- Non-compliance

- Inertia
- Teen pregnancy
- Suicide

8. **What environmental factors have the biggest issue on community health?**

- Many people have well water – don't know if it's treated. Areas of Grayson and Carroll Counties have no fluoride in the water.
- Trauma
- Poor living conditions
- Long commutes to work
- Shift work impacts health
- Substance exposed newborns

9. **What community assets support health and well-being?**

- Pathways to Health
- Remote Area Medical – but trying to get them both to come closer to Galax
- Mt. Rogers Youth program – mentors
- Robust wellness centers that promote exercise in Galax and Carroll County
- Small town and ability to network; no silos
- Rooftop and all organizations represented at the focus group
- Spirit of collaboration in the area, example hospital and long-term care
- Even remote areas feel included in the community

- Psych services are available at the FQHC in eastern Carroll County
- Free Clinics and FQHC sliding scale
- Tri-Area Pregnancy Center
- Large number of home health agencies
- Lots of faith-based programs
- Nurses at the hospital are providing care in their own congregations
- Mt. Rogers has life skills classes
- Junior Achievement at Carroll County schools
- Life skills classes at Rooftop and Grayson County

- Hospital emergency department
- FQHC
- Free Clinic
- Urgent Cares
- Health Department

- Patient Assistance Program from Carilion
- Each other
- Internet
- Some very tech savvy, smart people in Galax

- Jobs
- Wellness center access for low income – Recreation Center has a free track perhaps people don't know about
- Knowledge, education on diabetes and hypertension
- Cooking Matters – Public health program
- Knowledge and responsibility
- Parent training

- VA Cooperative extension offers cooking classes
- People are just trying to get food and don't have enough willpower to break habits
- Help with shopping trips – people don't know products and alternative
- Costs more to eat healthy. However, the Cooking Matters class teaches people how to eat healthy for less.

- People don't know the value of what they have. Many opportunities to learn.

- May not be educated about nutrition

- Employers with incentive wellness programs have very engaged employees. The financial incentives really work.

- Very disappointed to see Mountain Dew and Krispy Kreme in schools, sends the wrong message. School meals aren't healthy. However, the menus with nutrition labels are on the school websites.

- Education in general – past high school, life skills, Crossroads Institute has great programs; publicize the opportunities

12. **If you had the power you so richly deserve and a magic wand, what priority health improvement actions should Carroll and Grayson Counties and Galax city focus on?**

- Bring in jobs

- Broader based thinking- vision

- Impact the economy – jobs, industry, education, expand the mindset

- Culture of people – don't want to apply and don't want to work, won't commit to a job. If they work, they lose benefits.

- Hire young people, but they can't stay off their phones

- EAP standpoint 4-5 generations in workforce today. Differences in culture and value system. Hard to relate to them all, sensitive to culture, age, etc.

- Sense of entitlement, provide opportunities for growth and education, but people aren't motivated

- Capacity to exist without working is high in the Galax area with the low cost of living, hindrance to motivation

- Don't understand how to interview and present themselves; not professional

- Teenagers – lack of know-how, job-readiness

- It all goes back to no vision; don't access or know resources exist

Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the Community Health Needs Assessment, in addition to the previously reviewed information and other public health data. Other data analyzed was referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, and community surveys. When data was available for Virginia, the U.S. or the top 10% of counties (90th percentile), they were used as comparisons. Where the data indicated a strength or an opportunity for improvement, it is called out below. Strengths are important because the community can build on those strengths and it's important to continue focus on strengths so they don't become opportunities for improvement. The full data analysis can be seen in the CHNA PowerPoint. There were strengths and opportunities identified for measures and for the counties. Opportunities were denoted with red stars, and strengths were denoted using green stars. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

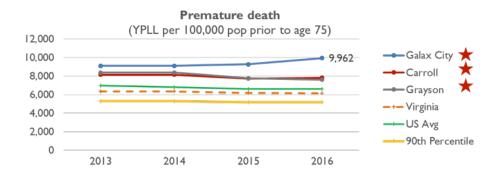## Leading Causes of Death: Age-adjusted deaths per 100,000

Cause of Death	Galax City (2013)	Carroll County (2013)	Grayson County (2013)	Virginia (2013)	US (2013)
Heart Disease	127.1	181.9	167.9	155.9	169.8
Cancer	176.7	205.1	162.9	161.3	163.2
Chronic Lower Respiratory Disease	67.5	74.7	68.3	37.2	42.1
Accidents	45.8	39.5	44.1	33.0	39.4
Stroke	47.0	38.6	38.1	38.5	36.2
Alzheimer's Disease	15.2	25.6	53.6	19.6	23.5
Diabetes	42.3	27.2	24.0	18.3	21.2
Influenza and Pneumonia	25.3	11.7	19.2	16.8	15.9
Kidney Disease	30.2	27.7	15.3	18.0	13.2
Suicide	**	21.5	13.2	12.2	12.6
Liver Disease	42.8	8.8	13.5	8.9	10.2

Source(s): CDC: 1999-2014 Final Data. In order to get enough data to display county rankings multiple years must be used.

Red areas had death rates higher than the state. The leading causes of death in Galax City, Carroll County and Virginia was cancer followed by heart disease. In Grayson County and the U.S., heart disease leads cancer. After heart disease and cancer, lagging behind are the other causes of death. The Twin Counties have higher death rates than VA in all but Alzheimer's disease in Galax City, liver disease in Carroll County and stoke and kidney disease in Grayson County.

Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Galax City ranked 113th in health outcomes, Carroll County ranked 65th, and Grayson County ranked 79th of 124 Virginia counties. Length of life was measured by years of potential life lost per 100,000 population prior to age 75. Galax City ranked 107 in length of life, Carroll County ranked 70th, and Grayson County ranked 63rd.

Premature death
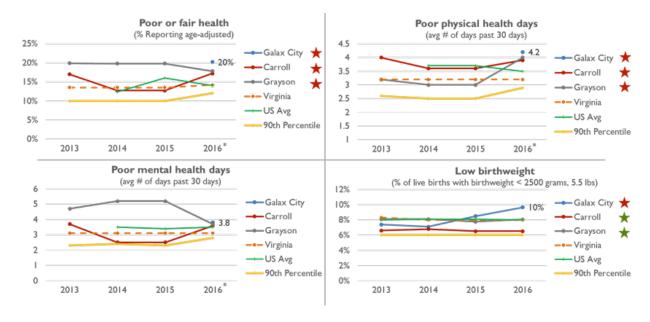(YPLL per 100,000 pop prior to age 75)

Source: County Health Rankings; National Center for Health Statistics – Mortality File 2011-2013

In most of the following graphs where data is available, Galax City will be blue, Carroll County will be red, Grayson County will be gray, Virginia orange, U.S. green and the 90th percentile gold.

Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams (5lbs 8ozs). Galax City ranked 112th for quality of life, Carroll County ranked 63rd, and Grayson County ranked 88th out of 124 counties.

Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2014
Source: County Health Rankings: National Center for Health Statistics – Natality files (2007-2013)
*indicates a change in the Behavioral Risk Factor Surveillance System Survey calculations of results. 2016 cannot be compared to prior year results.

Strengths

- The percent of low birthweight babies, less than 5.5 pounds, is lower in Carroll County than VA and the U.S. and Grayson County is equivalent to VA and the US.
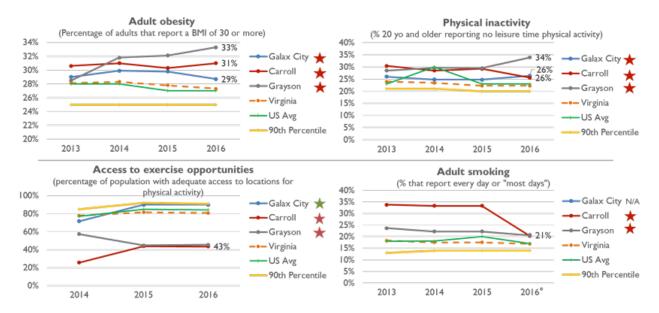
Opportunities

- Years of potential life lost (YPLL) per 100,000 population prior to age 75, is higher in Galax City at 9,962 years, followed by Carroll then Grayson Counties. All Twin County areas are higher than Virginia and the U.S.

- The percentage of population in poor or fair health is higher in Galax at 20% than Carroll and Grayson (18%), but all are higher than VA and the U.S.

- The average number of poor physical health days in the past 30 days are higher in Galax City at 4.2 than Grayson and Carroll, which are all higher than VA and the U.S.

- The percent of low birthweight babies is ten percent in Galax City, higher than VA and the U.S.

- The VA suicide rate was 12.9 per 100,000 population. Grayson County was higher at 13.2 and Carroll County even higher at 26.8. (Galax City had no data).

In the other quality of life measures, the Twin County measures were between VA and the U.S.

Health Factors or Determinants

Health factors or determinants are comprised of measures of related to health behaviors, clinical care, social & economic factors, and physical environment. Galax City ranked 116th out of 124 VA counties. Carroll County ranked 82nd and Grayson ranked 115th in health factors. Health behaviors are made up of nine measures. Health behaviors account for 30% of the county rankings. Galax City ranked 114th out of 124 counties in Virginia, Carroll County ranked 78th and Grayson ranked 111th.
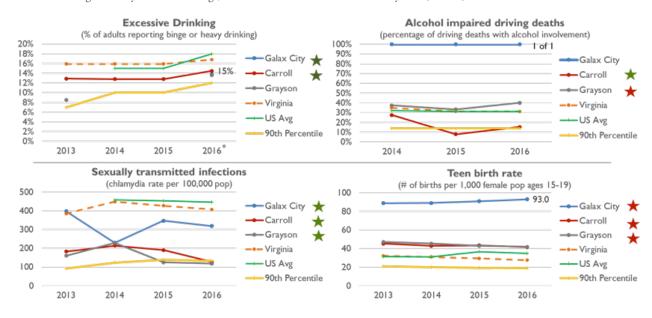
Health Behaviors

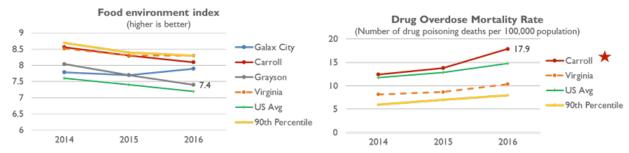Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas, 2012
Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, ESRI and US Census Tigerline Files, 2013
Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS)

Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2014
Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2010-2014
Source: STDs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2013
Source: Teen birth rate – County Health Rankings; National Center for Health Statistics – Natality files, 2007-2013

Food environment index
(higher is better)

Galax City, Carroll, Grayson, Virginia, US Avg, 90th Percentile — 7.4

Drug Overdose Mortality Rate
(Number of drug poisoning deaths per 100,000 population)

Carroll — 17.9, Virginia, US Avg, 90th Percentile

The food environment index is a comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

Source: County Health Rankings; USDA Food Environment Atlas, 2012-2013
Source: County Health Rankings; CDC WONDER mortality data, 2012-2014
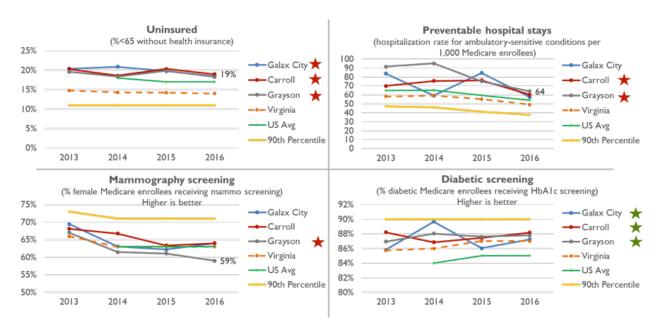
Strengths

- Access to exercise opportunities is higher in Galax City than VA and the U.S. in the top 10% of all counties.
- Excessive drinking is lower in Carroll and Grayson Counties at 15% and 14% respectively than VA and the U.S.
- The percentage of driving deaths with alcohol involved was lower in Carroll County than VA and the U.S. near the top 10% of counties.
- Sexually transmitted diseases as measured by Chlamydia rate per 100,000 population were lower in Carroll and Grayson Counties than Virginia and the U.S. at the top 10% of counties. Galax City is also lower than VA and the U.S.
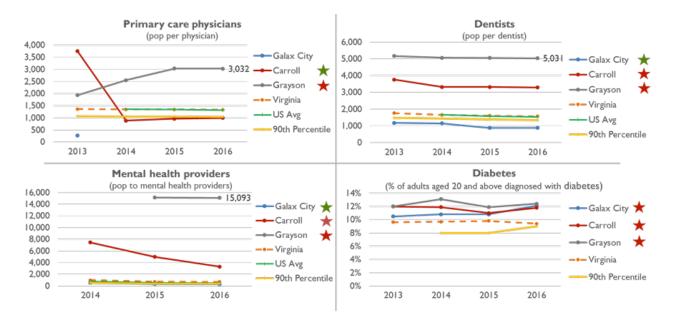
Opportunities

- Adult obesity is extremely high in Grayson County at 33%, followed by Carroll County at 31% and Galax City at 29%. Obesity puts people at increased risk of chronic diseases: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's. It often leads to metabolic syndrome and type 2 diabetes. It is a factor in cancers, such as ovarian, endometrial, postmenopausal breast cancer, colorectal, prostate, and others.
- Physical inactivity was high in Grayson County at 34% with Galax City and Carroll County at 26% all higher than VA and the U.S.
- Access to exercise opportunities are lower in Grayson and Galax at 43% of the population with adequate access to locations for physical activity, much lower than VA and the U.S.
- Adult smoking was higher at 21% in Carroll and Grayson Counties than VA and the U.S., and the Healthy people 2020 goal is 12%. Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes.
- The percentage of the population with adequate access to locations for physical activity was lower in Carroll County than VA and the U.S.
- The teen birth rate in Galax City at 93 births per 1,000 females age 15-19 was much higher than VA the U.S. Carroll and Grayson Counties' teen birth rates are also higher than VA and the U.S.
- Drug overdose deaths increased in Carroll County. More recent data shows Grayson and Carroll County death rates between 14.1 and 16.0 per 100,000 population. Galax City's death rate from drug overdose is higher than 20%. All three areas are in the higher third of the state.

Clinical Care

Clinical care ranking is made up of seven indicators, and they account for 20% of the county rankings. Galax City ranked 73rd, Carroll ranked 90th, and Grayson County ranked 119th out of 124 Virginia counties in clinical care.

Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2013
Source: Preventable hospital stays, mammography screening, diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, 2013

Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2013
Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2014
Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2014
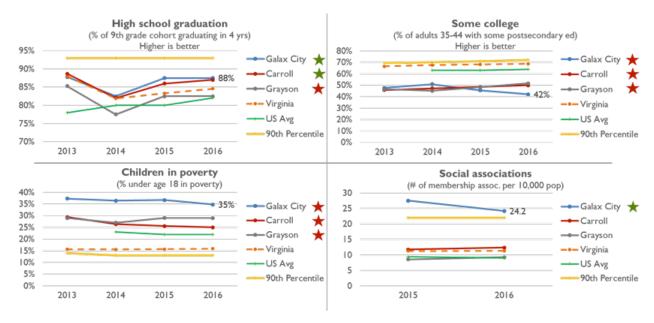Source: County Health Rankings; CDC Diabetes Interactive Atlas, 2013

Strengths

- The percent of diabetic Medicare enrollees receiving screening was higher in Carroll than VA and the U.S. and in the 90th percentile.

- Diabetic screening was higher in all three areas than VA and the U.S.

- The population per primary care physician was low in Carroll County with 1,040 population per physician, putting Carroll County in the top 10% of Counties.

- The population per dentist in Galax City was 877 per dentist, which is very low, lower than the top 10% of counties. Galax serves as the commercial and medical center of the three areas.

- The same trend was seen in the population to mental health provider, Grayson and Carroll were higher and Galax City was lower.
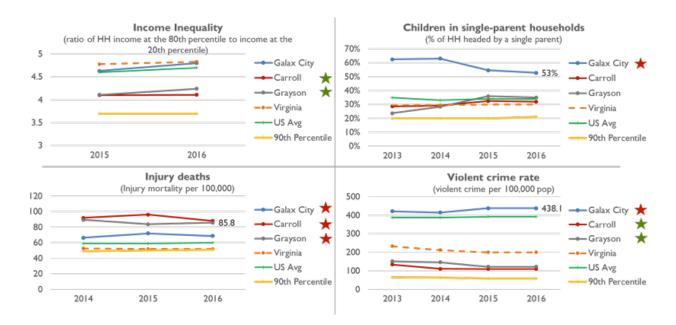
Opportunities

- The percent of population under 65 without health insurance was higher in all three areas than VA and the U.S.

- Preventable hospital stays measured by hospitalization rate for ambulatory-sensitive conditions per 1,000 Medicare enrollees was higher in Grayson, but all three areas are higher than VA and the U.S.

- Mammography screening is low at only 59% in Grayson County, lower than VA and the U.S.

- Twelve percent of Grayson County had diabetes, which was higher than VA. Carroll and Galax City are slightly lower than Grayson and both higher than VA.

- The population per primary care physician was 3,032 in Grayson County, much higher than VA and the U.S.

- The population per dentist was higher in Grayson County at 5,031 than VA and the U.S. Carroll County was also high at 3,291.   Galax serves as the commercial and medical center of the three areas.

- The population per mental health provider was extremely high in Grayson County at 15,093; however, Galax City is very low. Again, indicating that Galax City is the destination for commerce and healthcare for the area.

Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Galax City ranked 117th, Carroll County ranked 86th and Grayson County ranked 108th out of 124 Virginia counties in social and economic factors.

Source: High School graduation – County Health Rankings; States to the Federal Government via EDFacts, 2012-2013
Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014
Source: Children in poverty - County Health Rankings; US Census, Small Area Income and Poverty Estimates, 2014
Source: Social associations - County Health Rankings; County Business Patterns, 2013

Source: Income inequality - County Health Rankings; American Community Survey, 5-year estimates 2010-2014
Source: Children in single parent households - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014
Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2009-2013
Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2011 - 2013
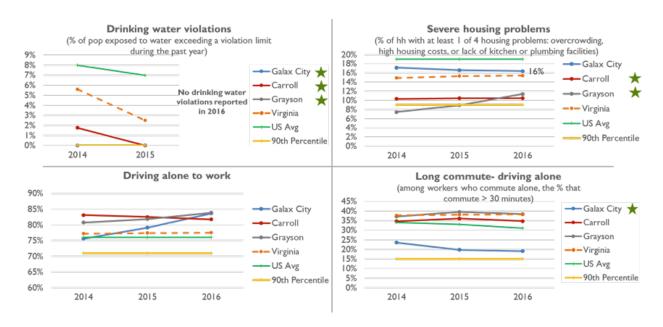
Strengths

- High school graduation was higher in Galax City and Carroll County than VA and the U.S.

- Social associations were higher in Galax City than VA and the U.S, better than the top 10% of counties. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality.

- Income inequality, the ratio of household income at the 80th percentile to income at the 20th percentile, was lower in Carroll and Grayson Counties than VA and the U.S.

- Violent crime rate per 100,000 population was lower in Carroll and Grayson Counties than in VA and the U.S.
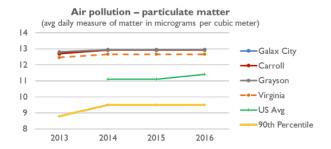
Opportunities

- The percent of adults with some college was lower in all three areas than VA and the U.S.

- The percentage of children in poverty was higher in Galax at 35% and Grayson County at 29% and Carroll County, 25%, than Virginia, and the U.S.

- Children in single-parent households declined in the past years but is still at 53% in Galax City which was higher than VA and the U.S.

- Injury deaths were higher in all three areas than VA and the U.S.

- Violent crime rate per 100,000 population was higher in Galax City than in VA and the U.S.

- Lower median household income in all three areas than VA and the U.S.

- Higher poverty percentage in all three areas than VA and the U.S.

Physical Environment

Physical environment contains five measures in the category. Physical environment accounts for 10% of the county rankings. Galax City ranked 99th, Carroll County 48th, and Grayson County ranked 68th out of 124 Virginia counties in physical environment.

Source: Drinking water violations – County Health Rankings; EPA, FY 2013-2014
Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2008-2012
Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2010-2014

Source: Air pollution – County Health Rankings: CDC WONDER environmental data, 2010

Strengths

- There were no drinking water violations in the three areas. The national statistics are prior to the Flint, MI water crisis.
- Carroll and Grayson Counties had lower percentages of severe housing problems than VA and the U.S.
- Galax City had lower percentages of workers who commuted alone and over 30 minutes than VA and the U.S.

Opportunities

- All three areas had higher air particulate matter in micrograms per cubic meter than VA and the U.S.

In the other metrics, the county(s) were between VA and the U.S.

There were four broad themes that emerged in this process:

- Carroll 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 such as the census tracts in southern Galax City, western Carroll County and western Grayson County.
- 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

Prioritization of Health Needs

Prioritization Criteria

At the Community Health Summit, the attendees identified and prioritized the most significant health needs in the community for the next three-year period. The group used the criteria below to prioritize the health needs.

Magnitude/scale of the problem	How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?
Seriousness of Consequences	What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?

The following needs were prioritized and goals and actions were brainstormed by the table groups at the Community Health Summit and formed the foundation of Carroll County's health initiatives. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room. The results of the activity are below with higher numbers indicating the number of "votes" or priority by topic. The bullets below the health need are the actual comments received on the sticky notes.

1. Mental Health and Substance Abuse (22)
2. Obesity (11)
3. Healthy Lifestyle (10)
4. Chronic diseases/aging (9)
5. Socioeconomic issues (7)
6. Adverse childhood experiences/trauma (5)
7. Water and air issues (2)

1. **Mental Health and Substance Abuse (22)**

- Tobacco
- Smoking cessation
- Smoking (3)
- Smoking and tobacco use
- Substance abuse (5)
- Alcohol and drug use
- Psych and substance abuse

- Substance abuse and mental health
- Behavioral health for or to include children under 18
- Increase mental health services and psychiatrists
- Mental health (4)
- Behavioral health (2)

2. **Obesity (11)**

- Obesity (9)
- Physical inactivity
- More patient education

3. **Healthy Lifestyle (10)**

- Health education
- Healthy lifestyle (2)
- Healthy habits
- Healthier lifestyle support
- Personal choices based on family values and learned behavior
- Lifestyle changes (3)
- Healthy living

4. **Chronic Diseases/Aging (9)**

- Chronic diseases
- Chronic health conditions
- Diabetes
- Geriatric care – respite care for families
- Develop and support programs and services for seniors to maintain home services and keep seniors safely at home (including end-of-life care)
- Aging population
- Affordable care for seniors - in home and daycare
- Aging – no gerontologist available, huge burden on community, Need PACE center approach to care
- Elderly population: isolated, transportation needs, high cost of meds, poor eating, poor housing, lack of access to care and information, lack of social support

5. **Socioeconomic Issues (7)**

- Medication cost – have to choose food or meds
- Economic stability
- Unemployment – no insurance, minimal resources, poor lifestyle, healthcare not a priority
- Low income
- Economics of community (higher paying jobs)
- Higher standard of living
- Transportation issue for elderly and youth

6. **Adverse Childhood Experiences/Trauma (5)**

- Trauma related to mental health and substance abuse
- Healthy children
- Trauma (2)
- Identify adverse childhood experiences and address in childhood, early intervention

7. **Water and air issues – (2)**

- Reduce environmental toxins impacting air, water and soil – impacts farmers, ranchers, food suppliers, water ultimately negative impact on health
- Essential of life – Water free of pesticides/toxins/runoff/ash/etc. Expand water testing including well water in various areas.

Community Health Summit Brainstorming

Focus Areas, Goals

The most significant health needs resulted in seven categories and table groups brainstormed goals and actions around the most important health needs listed above. These suggested goals and actions have been organized below.

Significant Health Need: Substance abuse and mental health

Goal 1- Decrease substance abuse and smoking

- Action 1 – Early education & prevention programs
- Action 2 – Increase 12 step programs (no/low cost) support groups

Goal 2 – Increase mental health services

- Action 1 – Recruit and retain quality mental health, substance abuse professionals (licensed)
- Action 2 – Increase access to lower cost/affordable behavioral health services

Goal 3 – Target older adults with management of diabetes

- Action 1 – Educate, develop and implement child abuse prevention programs
- Action 2 – Parent/grandparent education "strengthening families"

Significant Health Need: Obesity

Goal 1- Educate healthcare providers on good nutrition

- Action 1 – Identifying education resources (registered dieticians, nutritionists)
- Action 2 – Provide non-GMO foods at hospital; eliminate unhealthy vending choices

Goal 2 – Mental health support as it relates to obesity

- Action 1 – Broken heart support group
- Action 2 – Create exercise activities, socialization opportunities for support groups

Goal 3 – Re-emphasize youth physical activities/nutrition in schools

- Action 1 – Collaborate with school systems to emphasize physical activity and nutrition
- Action 2 – More physical activity opportunities during school day
- Action 3 – Educate on good nutrition; benefits of raw foods
- Action 4 – Start with pre-natal education
- Action 5 – 30-day health challenge (pre and post testing)

Significant Health Need: Healthy Lifestyle

Goal 1 – Increased consumption of fruits and vegetables

- Action 1 – Individualize plans and get their buy in – not one size fits all solutions
- Action 2 – Expand healthy convenience stores
- Action 3 – Continue nutrition education with Cooking Matters program

Goal 2 – Decrease consumption of sugar (particularly in drinks, e.g. tea)

- Action 1 – Demonstration of added sugar in drinks at stores, schools and workplaces using sugar packets and cubes
- Action 2 – Environmental change – removal, relocate sugary item as options in worksite, schools, retail stores

Goal 3 – Increase the number of people who participate in moderate to intense physical activity for 1.5 hours per week

- Action 1 – Work with schools to start young and engage parents
- Action 2 – Stress don't have to be an athlete or on sports team to be active (e.g. kayaking, swimming)

Resources Needed:
- Health educators
- Collaboration with organizations where demonstrations could be held and willing to make the environmental changes
- Community partners that would provide money, staff, resources to make it happen

Significant Health Need: Chronic diseases/aging

Goal 1 – Establish Adult day care (combine generations seniors with children)

- Action 1 – Establish task force
- Action 2 – Determine ownership finances

Resources Needed:
- Grant writer
- Land
- Facility
- Money
- Investors

Goal 2 – Increase affordable, handicapped accessible modes of transportation for elderly (not just focused on Medicaid)

- Action 1 – Inventory current resources
- Action 2 – Determine who would be owner/investors

Resources Needed:
- Owners
- Vehicles
- Staff
- Money
- Insurance

Goal 3 – Establish more home services for the elderly enabling them to age in place

- Action 1 – Explore church, faith-based, school, community resources
- Action 2 – Establish services, i.e. home delivered meals, home support, socialization, medicine delivery, healthy cooking, healthcare, transportation, cleaning, repairs, personal care

Significant Health Need: Socioeconomic issues

Goal 1 – Increase jobs

- Action 1 – Community leaders to seek more opportunities for jobs/work
- Action 2 – Skill/workforce development; job readiness beginning in middle school

Resources Needed:
- Better communication of the resources we do have in place

Goal 2 – Focus and respect for cultural heritage

- Action 1 – Bring programs to people – church, school, community events, youth groups
- Action 2 – Seek opportunities to build and establish individual self-worth/value – working with teachers to provide support to identified at risk students

Goal 3 – Assist with inability to pay for needed healthcare

- Action 1 – Take Certified Application Counselors (CACs) to health care events to educate about insurance options, Medicare enrollment, Medicaid enrollment
- Action 2 - Education of available benefits in the workplace and in the community, build trust, relationships

2014 Twin County Regional Healthcare Implementation Plan/Impact Evaluation

Twin County Regional Healthcare adopted an implementation plan in 2014. The results of this plan were reviewed at the Community Health Summit. The top health issues were:

- Obesity
- Chronic diseases
- Smoking
- Lifestyle behavior and education
- Substance abuse and mental health

- Diabetes
- Socio-economic issues
- Teen pregnancy
- Aging
- Access to care

TCRH implemented community health improvement initiatives as a result of the 2014 CHNA.

- Health Education
  - Early heart attack
  - Stroke
  - Colon Cancer
  - Exercise and Nutrition
  - Lactation, breast feeding
- Screenings
  - Blood pressure

- Health Fairs
- Health Information Booths
- Support community organizations and activities
  - Schools
  - Free Clinic
  - Races – walks, 5K, 10Ks
  - Prevention Coalition
  - Backpacks Unite

In 2015, TCRH held 61 health events, serving 1,472 participants involving 278 TCRH employee hours.

2014 TCRH CHNA and Implementation Plan Written Comments

At the community health summit, a worksheet asking for written comments was distributed to all participants. Written comments received about the 2014 CHNA and implementation plan were:

- Priorities right on target
- Good progress on some priorities, e.g. Nutrition, access to primary care and urgent care
- Many priorities with little to no improvement
- Not sure we had a collaborative effort for follow-up on identified issues
- Great start – scheduled meetings to collaborate efforts to solve identified needs would be helpful to keep implementation on track
- Partnerships are paramount! Consider adding non-healthcare folks to partnerships
- Facts & survey/research findings are valuable in determining a proactive plan of action. Good for identifying factors and development of screenings and community initiatives. I believe it is critical to address air/water/soil quality and its impact on physical/mental-emotional and spiritual health. TCRH can be proactive in serving organic non-GMO food to patients and visitors, eliminate high fat/sugar/processed food from hospital

- Significant efforts to educate and change behaviors within all three communities: increase health fairs in workplaces and churches, increase physical activity events, increase presence in school system, and increase efforts to change eating habits – cooking classes, Farmer's Markets, Education, healthy choices in convenience stores

- I believe the assessment did help us as a community to decide what areas we needed to focus on and have focused on. It is wonderful to see the projects that have been completed related to the assessment.

Community Assets and Resources

A separate document that includes list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document. The focus group's list of assets is listed on page 20 of this document.