



20 AdventHealth 22 Hendersonville

Community Health Needs Assessment

Extending the Healing
Ministry of Christ

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Letter From Leadership

At AdventHealth, our mission of Extending the Healing Ministry of Christ goes beyond our walls. We are committed to addressing the needs of the communities we serve with a holistic focus – one that strives to heal and restore the body, mind and spirit.

Every three years, AdventHealth hospitals complete a Community Health Needs Assessment. We collaborate with community organizations, public health experts and people like you: those who understand our communities best. This in-depth look at the overall health of the community as well as barriers to care helps us better understand each area’s unique needs, so we can address the issues that matter most.

AdventHealth is blessed to serve communities across the United States. In big cities and small towns, our promise of wholeness is constant. We believe all people deserve to feel whole, and we are committed to meeting them wherever they are on that journey and supporting them along the way.

Work of this magnitude is not possible without the incredible partnership of public health experts, community health organizations and countless community members. It is through open dialogue and constant collaboration with these key partners that AdventHealth will bring wholeness to all communities we serve.

In His Service,

Terry Shaw
President and CEO
AdventHealth



Executive Summary

Fletcher Hospital, Inc. d/b/a AdventHealth Hendersonville will be referred to in this document as AdventHealth Hendersonville or “the Hospital”. AdventHealth Hendersonville in Henderson County, North Carolina conducted a community health needs assessment from January 2021 to May 2022. The goals of the assessment were to:

- Engage public health and community stakeholders, including low-income, minority and other underserved populations.
- Assess and understand the community’s health issues and needs.
- Understand the health behaviors, risk factors and social determinants that impact health.
- Identify community resources and collaborate with community partners.
- Publish the Community Health Needs Assessment.
- Use assessment findings to develop and implement a 2023-2025 Community Health Plan based on the needs prioritized in the assessment process.

The Collaborative

AdventHealth Hendersonville worked in partnership with the Henderson County Department of Health, Pardee UNC Health Care and the Henderson County Partnership for Health in the assessment process. The Partnership for Health is a community coalition focused on improving health in Henderson County through collective impact efforts. This group will be referred to as “the Collaborative”. The Collaborative included representation from the Hospital, public health experts and the broad community. This includes stakeholders who serve communities that are underserved, at-risk and/or vulnerable. The Collaborative met multiple times in 2021 to support the assessment process.

Community Health Assessment (CHA) Team and Community Health Assessment Data Team

To help guide the work, a Community Health Assessment Team was formed. Including representation from all the partners, the Community Health Assessment (CHA) team ensured that the interests of the populations served by the partners were considered in all the phases of the assessment process. To uncover what issues were affecting the most people in the community a CHA Data Team was also convened to review and analyze all the data. See *The Process, Methods and Findings* section for a list of team members.

Data

Data used in the assessment came from WNC Healthy Impact, a partnership and coordinated process between public health agencies, hospitals and key partners in Western North Carolina (WNC), working towards a vision of community health. Through WNC Healthy Impact, WNC Health Network compiles a comprehensive regional dataset to describe health challenges and opportunities in the 16 counties in the WNC Healthy Impact region. The regional dataset is a premier source of meaningful county-level health data in the region and is used to analyze and inform local and regional-level planning for community health. The dataset includes both primary (newly collected from the community) and secondary (existing) data. See *the Process, Methods and Findings* section for *Primary and Secondary Data Sources*.

Community Asset Inventory

An inventory of available resources of the community was conducted through reviewing existing resources currently listed in United Way’s 2-1-1 database for Henderson County. This resource list was provided by WNC Healthy Impact and was reviewed for any needed changes. Where gaps were identified, we partnered with 2-1-1 to fill in or update this information when applicable. United Way’s 2-1-1 is a free, confidential service available 24 hours a day. It can be accessed online at www.nc211.org or by calling 2-1-1. See *Available Community Resources* for more.

Selection Criteria

The Collaborative held a Community Health Forum to inform the prioritization of needs and select the priorities. During the forum, participants took part in a prioritization process after data review and discussion through which the needs were ranked based on established criteria. See *Priorities Selection* for more.



The Collaborative considered these three factors during prioritization:

A. Relevance: How important is this issue? (Size of the problem; Severity of problem; Focus on equity; Aligned with HNC 2030; Urgency to solve problem; Linked to other important issues)

B. Impact: 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)

C. Feasibility: 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; Easily identifiable short-term wins)



Priority Issues to be Addressed

The priority issues to be addressed are:

1. Mental Health
2. Substance Misuse
3. Physical Activity and Nutrition
4. Safe and Affordable Housing
5. Interpersonal Violence

Although not chosen as a priority directly, health disparities were recognized as a common concern among all priorities and an equity-based approach to improve health outcomes will be an inherent part of our strategy for forthcoming action plans.

See *Priorities Selection* for more.

Approval

On November 30, 2022, the AdventHealth Hendersonville Board approved the Community Health Needs Assessment findings, priority issues and final report. A link to the 2022 Community Health Needs Assessment was posted on the Hospital's website prior to December 31, 2022.

Next Steps

AdventHealth Hendersonville will work with the Collaborative to develop a measurable implementation strategy called the 2023-2025 Community Health Plan to address the priority issues. The plan will be completed and posted on the Hospital's website prior to May 15, 2023.

About AdventHealth

AdventHealth Hendersonville is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth strives to heal and restore the body, mind and spirit through our connected system of care.

More than 80,000 skilled and compassionate caregivers serve 4.7 million patients annually. From physician practices, hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers, AdventHealth provides individualized, wholistic care at nearly 50 hospital campuses and hundreds of care sites throughout nine states.

Committed to your care today and tomorrow, AdventHealth is investing in research, new technologies and the people behind them to redefine medicine and create healthier communities.

In a 2020 study by Stanford University, physicians and researchers from AdventHealth were featured in the ranking of the world's top 2% of scientists. These critical thinkers are changing medicine and shaping the future of health care.

Amwell, a national telehealth leader, named AdventHealth the winner of its Innovation Integration Award. This telemedicine accreditation recognizes organizations that have identified connection points within digital health care to improve clinical outcomes and user experiences. AdventHealth was recognized for its innovative digital front door strategy, which is making it possible for patients to seamlessly navigate their health care journey. From checking health documentations and paying a bill, to conducting a virtual urgent care visit with a provider, we are making health care easier by creating pathways to wholistic care no matter where your health journey starts.

AdventHealth is also an award-winning workplace aiming to promote personal, professional and spiritual growth with its workplace culture, having been recognized by Becker's Hospital Review on its "150 Top Places to Work in Healthcare" three years straight. This recognition is given annually to health care organizations that promote workplace diversity, employee engagement and professional growth.

AdventHealth Hendersonville

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

AdventHealth Hendersonville is a 103-bed, state of the art hospital that includes cardiac care & rehabilitation, emergency services, nationally awarded cancer care, state-of-the-art surgical care, full-service orthopedic care, an award-winning labor & delivery experience and a full range of imaging services to help people across our region experience whole health.

Leading the way in many medical firsts for the region, AdventHealth Hendersonville is the first hospital in Western North Carolina to earn The Joint Commission's Gold Seal of Approval® for five orthopedic specialties including Spine Surgery, Total Ankle Replacement, Total Hip Replacement, Total Knee Replacement and Total Shoulder Replacement. It is also the first to use the Mazor X™ and Navio™ Robotic Guidance Platforms. AdventHealth Hendersonville consistently earns national ranking for its commitment to patient safety, earning six consecutive "A" grades in Leapfrog Group's Safety Grade survey and the 2019 Award for Excellence in Patient Safety Across the Board from Premier, Inc.



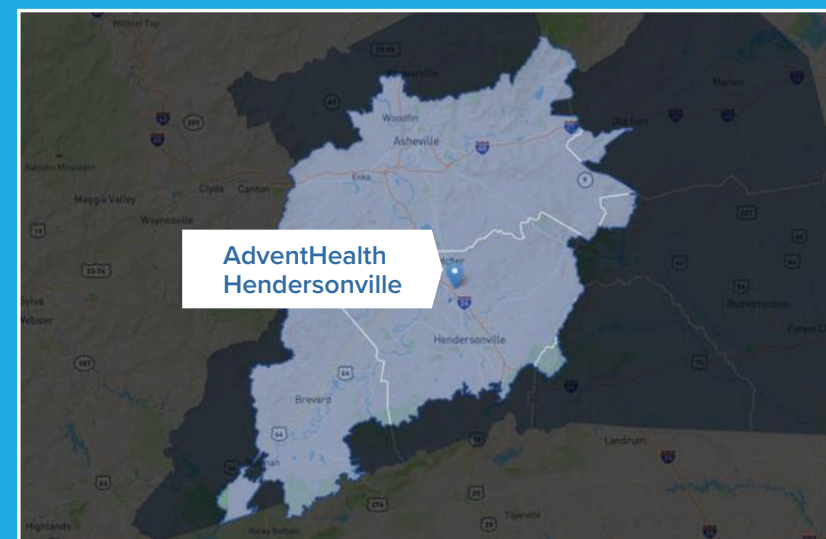


COMMUNITY OVERVIEW

Community Description

Located in Henderson County, North Carolina, AdventHealth Hendersonville defines its community by its Primary Service Area (PSA) from which 75-80% of its patients come. This includes all of Henderson County and portions of Buncombe County. For the purposes of the assessment however, the Hospital focused on the data of and data collection in Henderson County, as this population makes up the majority of their primary service area. This targeted focus allows the Hospital to align with the larger efforts of the Henderson County Partnership for Health through which the Hospital has a greater opportunity to impact the health of the community. The Hospital did also seek input from Buncombe County for the CHNA process to ensure the county's health priorities were considered and incorporated into the health priority selection process.

Demographic and community profile data in this report are from publicly available data sources such as the US Census Bureau and the Center for Disease Control and Prevention, as well as several State of North Carolina Department's data sets. Data are reported for the county, referred to as the "community", unless



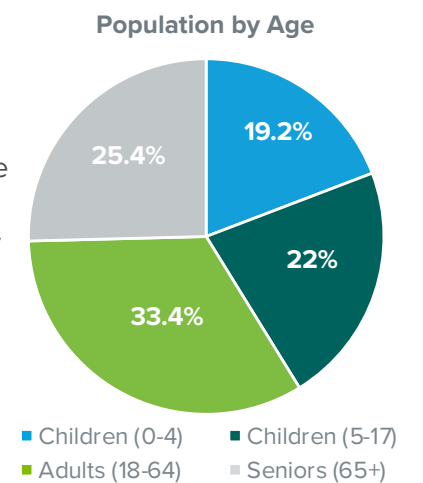
listed differently. Data are also provided to show how the community compares locally, in the state and at a national level for some indicators. According to 2019 US Census estimates, the population in the community has grown to 114,913. This reflects the steady population growth experienced in the community over the last four decades. The overall projected population growth in the community exceeds that of the state and region over the next 25 years, in part due to a significant influx of individuals moving to Henderson County from other locations.

Community Profile

Age and Sex

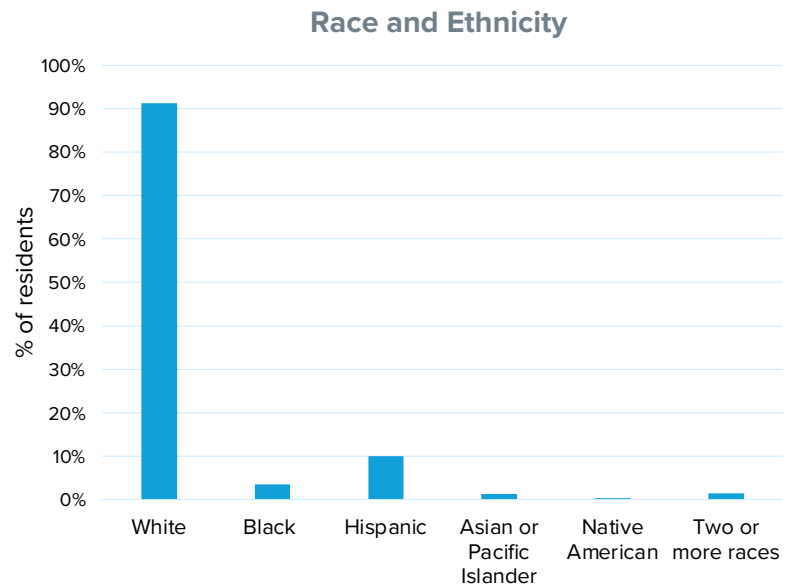
The Hospital's community has a large proportion of elderly residents due to a favorable climate and location for retirement. Older adults (ages 65+) make up 25.4% of the population in the county, compared with an average of 15.9% across the state. The community has a median age of 47.4, which is several years older than the state average of 38.7. It is predicted the community's population ages 65 and older will continue to grow over the next three decades, exceeding the growth rates of this age group in the region and the state, with the greatest percent change seen in ages 65-74. About 20% of the community is 19 years old or younger. The percent of residents under the age of 18 is predicted to decrease by 4% through 2050.

Females are the majority in the community at 51.9%, with middle aged women (40-64) the largest demographic at 17.5%. Middle aged men are the second largest demographic at 15.9%.



Race and Ethnicity

In the Hospital's community, over 91% of the population is White, with 3.5% Black or African American and 5.3% of another race (American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, some other race or two or more races). The Hispanic/Latino population (of any race) composes 10.1% of the community's population.



Social Determinants of Health

According to the CDC, social determinants of health (SDOH) are the conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes. Social determinants of health are increasingly seen as the largest contributing factor to health inequities in communities throughout the country.

The Hospital categorized and analyzed SDOH data following the Healthy People 2030 model. This approach was chosen so, when possible, the Hospital could align its work with national efforts when addressing social determinants of health. For the purposes of the CHNA the Hospital will follow this model for reporting any related data.

The Healthy People 2030 place-based framework outlines five areas of SDOH:



Economic Stability: This includes areas such as income, cost of living, food security and housing stability.



Education Access and Quality: This focuses on topics such as high school graduation rates, enrollment in higher education, literacy and early childhood education and development.



Health Care Access and Quality: This includes topics such as access to health care, access to primary care and health insurance coverage.



Neighborhood and Built Environment: This includes areas like quality of housing, access to transportation, availability of healthy foods and neighborhood crime and violence.



Social and Community Context: This focuses on topics such as community cohesion, civic participation, discrimination and incarceration.

Economic Stability

Income

The median household income in the Hospital's community is \$59,342. This is below the median for both the state and the US. However as of 2019, the community had the highest median household income and median family income in western North Carolina. In the community, 10.9% of residents live in poverty, this is lower than the poverty rate of the state, 14.7% and US, 13.4%. In the Hospital's community 17.7% of all children under 18 and 21.5% of all children under 5 are living below the poverty level.

Food Insecurity and Housing Stability

People who are food insecure, having reduced quality and/or amount of food intake, may be at an increased risk of negative health outcomes. Studies have shown an increased risk of obesity and chronic disease in adults who are food insecure. Children who are food insecure have been found to have an increased risk of obesity and developmental problems compared to children who are not.¹ In the community survey, 17.2% of adults in the Hospital's community reported being food insecure. When this data is broken up by race and ethnicity, 41.5% of Hispanic respondents in Henderson County report food insecurity, as compared to 18.9% of non-Hispanic Black and 14.9% of non-Hispanic White respondents.

Increased evidence is showing a connection between stable and affordable housing and health.² When households are cost burdened or severely cost burdened, they have less money to spend on food, health care and other necessities. Households are considered cost burdened if they spend more than 30% of their income on housing and severely cost burdened if they spend more than 50%. In 2019, 42.8% of home renters in the community were cost burdened, as were 25.8% of home owners.

¹ Food Insecurity - Healthy People 2030 | health.gov

² Severe housing cost burden* | County Health Rankings & Roadmaps



Education Access and Quality

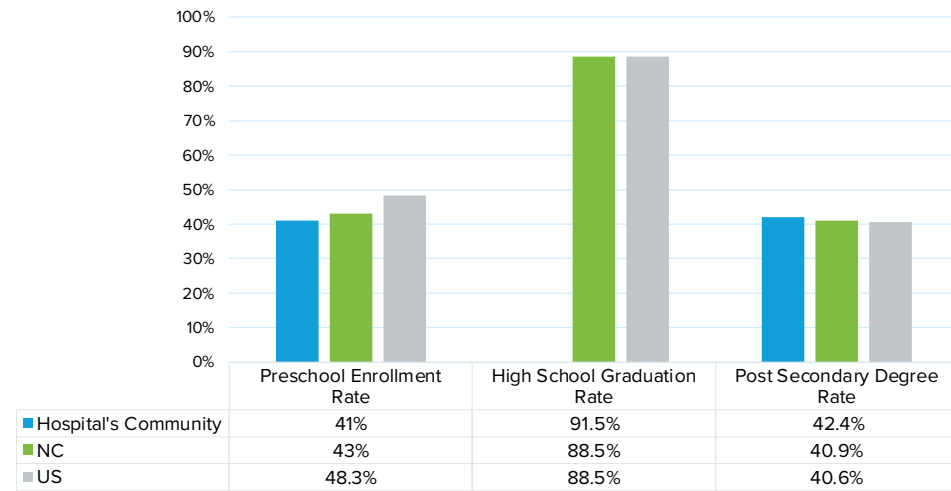
Research shows education can be a predictor of health outcomes, as well as a path to address inequality in communities.³ Better education can lead to people having an increased understanding of their personal health and health needs. Higher education can also lead to better jobs, which can result in increased wages and access to health insurance.

In the Hospital's community, there is a 91.5% high school graduation rate, which is higher than both the state and national average. On average, students in the community score higher on the SATs than students across the state and region. Also, the rate of people with a post-secondary degree is 42.4%, which is higher than in both the state and nation.

Early childhood education is uniquely important and can improve the cognitive and social development of children. This helps provide the foundation for long term academic success, as well as improved health outcomes. Research on early childhood education programs shows that long-term benefits include improved health outcomes, savings in health care costs and increased lifetime earnings.⁴

In the Hospital's community, 41% of 3–4-year-olds were enrolled in preschool. This is lower than the state (43%) and the national rate (48.3%), which leaves a large percentage of children in the community who may not be receiving these early foundational learnings.

Educational Attainment



Health Care Access and Quality

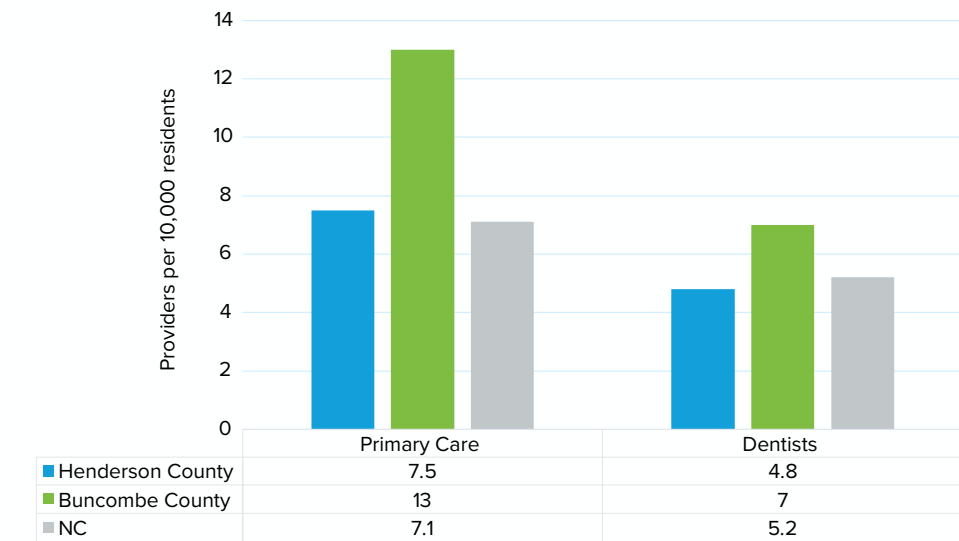
The community survey found that 15.9% of adults aged 18-64 in the Hospital's community lack health care coverage, including health insurance, a prepaid plan such as an HMO or a government-sponsored plan such as Medicare, Medicaid, Military or Indian Health services.

A lack of health insurance can lead to delayed care, resulting in more serious health conditions and increased treatment costs. Although health insurance coverage levels can be a strong indicator of a person's ability to access care, there are other potential barriers that can delay care for many people.⁵

Accessing health care requires more than just insurance, there also need to be available health care professionals to provide care. When more providers are available in a community access can be easier, particularly for those experiencing transportation challenges.

⁵ Health Insurance and Access to Care (cdc.gov)

Providers Per Capita



³ The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015 | Archives of Public Health | Full Text (biomedcentral.com)

⁴ Early Childhood Education! Health Impact in 5 Years | Health System Transformation | AD for Policy | CDC AD for Policy | CDC 2022 Community Health Needs Assessment



Social and Community Context

People’s relationships and interactions with family, friends, co-workers and community members can have a major impact on their health and well-being.⁶ When faced with challenges outside of their control, positive relationships with others can help reduce negative impacts. People can connect through work, community clubs or others to build their own relationships and social supports. There can be challenges to building these relationships when people don’t have connections to create them or there are barriers like language between groups.

According to community survey respondents, 69.9% reported that they “always” or “usually” get the social and emotional support they need. This is down from 76.5% reported in the 2018 and 81.1% in the 2015 assessments.

⁶ Social and Community Context - Healthy People 2030 | health.gov

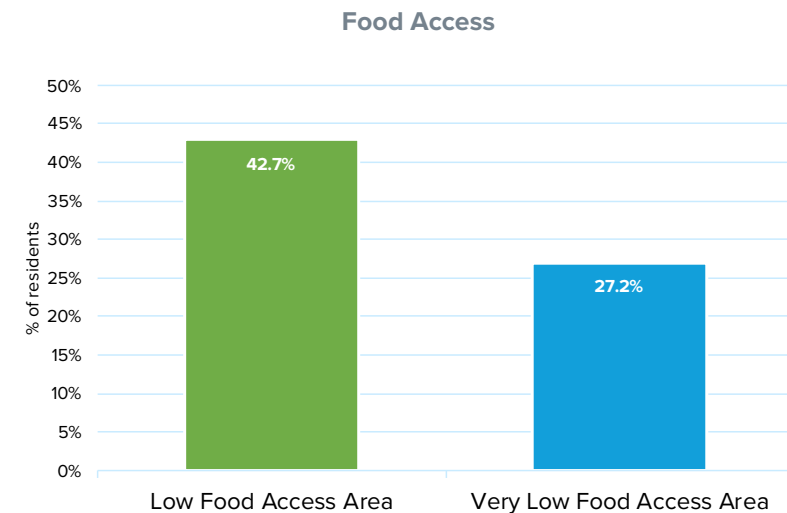
Neighborhood and Built Environment

Increasingly, a community’s neighborhoods and built environment are being shown to impact health outcomes. If a neighborhood is considered to have “low food access”, which is defined as being more than ½ mile from your nearest supermarket in an urban area or 10 miles in a rural area, it may make it harder for people to maintain a healthy diet. A very low food access area is defined as being more than 1 mile from your nearest supermarket in an urban area or 20 miles in a rural area.

A person’s diet can have a significant impact on health, so access to healthy food is important. For example, the largest contributors to cardiovascular disease are obesity and type 2 diabetes, both of which can be impacted by diet.⁷ In the Hospital’s community, 42.7% of the community lives in a low food access area, while 27.2% live in a very low food access area.

Access to public transportation is also an important part of a built environment. For people who do not have cars, reliable public transportation can be essential to access health care, healthy food and maintaining employment. In the Hospital’s community, 1.6% of all owner-occupied households do not have vehicle access. Nearly 12% of all people who rent housing units do not have access to a vehicle. This percentage is much higher when considering households with individuals ages 65 and above. Nearly 61% of owner-occupied homes with a householder over the age of 65 have no vehicle access and 56.6% of rented units with a householder over the age of 65 have no vehicle access. Bus routes and run times are limited in the county, affecting those who do not have access to a vehicle, especially those who live in remote parts of the county.

⁷ A Neighborhood’s Built Environment May Have Numerous Effects on Its Residents’ Health - RWJF





Process, Methods and Findings

■ Process and Methods

The Process

The health of people living in the same community can be very different, because there are so many influencing factors. To understand and assess the most important health needs of its unique community and the people in it, input was solicited directly from the community and from individuals who represent the broad interests of the community. A real effort was made to reach out to all members of the community to obtain perspectives across age, race/ethnicity, gender, profession, household income, education level and geographic location. Publicly available data was also reviewed to understand how the community fares across various health and social determinant of health factors compared to regional, state and national efforts.

The Hospital partnered with the Henderson County Department of Public Health, Pardee UNC Health Care and the Henderson County Partnership for Health in the assessment process to form the Collaborative. The Partnership for Health is a community coalition focused on improving health in Henderson County through collective impact efforts. Partnership for Health incorporates the voice of the community in planning when designing community health strategies. Including representation from all the partners, the Community Health Assessment (CHA) team was formed to help guide the work. To uncover what issues were affecting the most people in the community a CHA Data Team was also convened to review and analyze all the data.

Data

Data used in the assessment came from WNC Healthy Impact, a partnership and coordinated process between public health agencies, hospitals and key partners in western North Carolina (WNC), working towards a vision of community health. Through WNC Healthy Impact, WNC Health Network compiles a comprehensive regional dataset to describe health challenges and opportunities in the 16 counties in the WNC Healthy Impact region. The regional dataset is a premier source of meaningful county-level health data in the region and is used to analyze and inform local and regional-level planning for community health. The dataset includes both primary (newly collected from the community) and secondary (existing) data.



The CHA Team and The CHA Data Team

The CHA Team included representation from numerous organizations in the Partnership, with intentional representation from public health organizations (indicated in italics). Individuals who also served on the CHA Data Team are designated with an asterisk.

The CHA Team

- Ashlynn McCoy,* Housing Assistance Corporation
- *Camden Stewart, Henderson County Department of Public Health*
- Denise Cumbee Long, United Way of Henderson County
- Elizabeth Moss, Interfaith Assistance Ministry
- Graham Fields, AdventHealth Hendersonville
- Jerrie McFalls, Henderson County Department of Social Services
- *Jodi Grabowski, Henderson County Department of Public Health*
- Johnna Reed, Pardee UNC Health Care
- Judith Long,* The Free Clinics
- Julie Huneycutt, Hope Coalition
- Keith Logan,* Council on Aging
- Kristen Martin, Thrive
- Dr. Laura Leatherwood, Blue Ridge Community College
- Lauren Wilkie, Safelight
- LoriKay Paden, Hendersonville Family YMCA
- Matt Gruebmeier, Henderson County Public Schools
- Milton Butterworth,* Pardee UNC Health Care
- Dr. Sonya Jones, Pardee UNC Health Care
- *Stacy Taylor,* Henderson County Department of Public Health*
- *Steve Smith, Henderson County Department of Public Health*
- Tammy Greenwell, Blue Ridge Community Health Services
- Tanya Blackford, Crossnore Communities for Children
- Trina Stokes,* AdventHealth Hendersonville

The CHA Data Team

- *Dr. Diana Curran, Henderson County Department of Public Health*
- Dr. Kelley Singer, AdventHealth
- Michelle Geiser, Hope Coalition

Community Input

WNC Healthy Impact collected input directly from the community and from key informants, individuals working in organizations addressing the needs and interests of the community. Input was collected through two different surveys: the WNC Healthy Impact Community Health Survey and an online Key Informant Survey.

WNC Healthy Impact Community Health Survey

- Survey responses were primarily collected via telephone interviews, which were conducted in either English or Spanish depending on the respondent's preference.
- Additional responses were collected via a link to an online version of the survey. The online survey was promoted through various partner organizations to drive participation and was available in both English and Spanish.
- The total sample size collected for the region by WNC Healthy Impact was 4,861. From the total sample, 637 were from Henderson County.

Key informant interviews

- Participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. This included physicians, public health representatives, other health professionals, social service providers and a variety of other community leaders and stakeholders with an interest in the health of the community.
- A link to the survey was sent to identified key informants through an email that introduced the purpose of the survey with an opportunity to identify important health issues in the community. A total of 33 responses were received.

Secondary Data

To inform the dataset, WNC Healthy Impact collected existing health related and demographic data about the region from publicly available sources. This included data on health conditions, social determinants of health and health behaviors. The most current public data for the assessment was compiled and sourced from government and public health organizations including but not limited to:

- US Census Bureau
- NC State Center for Health Statistics
- NC Department of Health and Human Services
- NC Office of State Budget and Management
- UNC-CH Jordan Institute for Families
- NC Department of Public Instruction
- NC Department of Transportation

For more information on the data, please visit [WNC Healthy Impact](#).



The Findings

The CHA Team and CHA Data Team developed a short list of dominant health concerns for prioritization to be evaluated by the Partnership for Health and the community at large. When creating the list, the CHA Data Team established the following criteria to evaluate the data and identify the significant health needs:

- Data related to past health priorities
- Data that reflects a concerning trend related to size or severity
- Data showing significant disparities
- Issue surfaced as a topic of high community concern
- Data deviates notably from the region, state or benchmark

The CHA Team and CHA Data Team identified the following eight needs as those affecting the most people in the community.



Mental Health:

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal-relationships and the ability to contribute to community or society. Mental health and physical health are closely connected. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery. Mental illness can affect anyone, of any age, at any time in their lives. Even youth are not immune.



Substance Misuse:

Substance misuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance misuse one of the most complex public health issues.



Nutrition:

Nutrition is considered something that is taken into the body as food, influencing health, while healthy eating means eating a variety of foods that give you the nutrients you need to maintain your good health. Many people in the United States do not eat a healthy diet, which could be because some people do not have the information needed to choose healthy foods or do not have access to healthy foods or cannot afford to buy enough food. People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes and other health problems.



Physical Activity:

Being physically active means movement of the body to get to and from places, for work or for leisure. Regular physical activity is proven to help prevent and manage noncommunicable diseases such as heart disease, stroke, diabetes and several cancers. It also helps prevent hypertension, maintain healthy body weight and can improve mental health, quality of life and well-being.



Safe and Affordable Housing:

Where people live and how people live directly affects their well-being. Considered a social determinant of health, housing can affect a wide range of health and quality-of-life outcomes. Everyone needs a place to live, regardless of age, job, race, ability, income or position in life, but not everyone's home is affordable. The Department of Housing and Urban Development (HUD) defines "affordable housing" as consuming no more than 30% of a household's monthly income, including utilities. This is the maximum level a family should spend. Generally, when families or individuals spend more than 30% of their income on housing, they do not have enough income to withstand financial setbacks or meet other basic needs such as food, clothing and medical insurance.



Interpersonal Violence:

Interpersonal violence affects people of all races, genders, sexual orientations, religious affiliations or economic class. Interpersonal violence includes the sub-categories of domestic violence, sexual assault and child abuse. Survivors of interpersonal violence may experience physical pain, in addition to mental distress and reduced quality of life. Further, children and adolescents exposed to violence are at risk of poor long-term behavioral and mental health. Addressing interpersonal violence as a health priority may help prevent and reduce the harms to individual and community health and well-being.



Healthy Aging:

Healthy aging is a continuous process of optimizing opportunities to maintain and improve physical and mental health, independence and quality of life throughout the life course. Healthy and independent older people contribute to the well-being of families and communities. It is a myth to portray them as passive recipients of social or health services. At the present moment, the number of older people increases exponentially in complex and uncertain socio-economic situations and only tailored interventions will make it possible to enhance the contribution of this group to social development.⁸



Equity:

Equity impacts all aspects of an individual's life, shaping the opportunities they have access to and influencing their health, well-being and quality of life. Equity refers to fairness and justice and differs from the idea of equality. While equality provides the same opportunities and resources to all regardless of circumstance, equity provides the exact resources and opportunities needed for all to reach the equal outcomes.

⁸ <https://www.paho.org/en/healthy-aging>

PRIORITIES SELECTION

■ Prioritization Process

To prioritize the list, the Partnership for Health hosted a virtual Community Health Forum in December 2021. Attendees at the Community Forum include a wide range of partners and community members. About half of the individuals represented a non-profit agency, while many others represented healthcare, government and education. More than half of the Forum participants have lived and/or worked in Henderson County for more than 10 years.

A list of the Community Health Forum participants can be found at the end of this section.

At the beginning of the Community Forum, participants were instructed to identify elements of a healthy community. When asked, “In your opinion, what is the most important characteristic of a healthy community?”, the word “equity” appeared the most often. Other shared responses included safety, access/accessibility, prevention, collaboration, equality and resilience.

Next, participants were presented the 2021 CHA data, then took time to discuss the data and its implications for the community in small breakout rooms. The Forum participants used the information presented to score each issue, then rank the health issues from highest to lowest priority. Through this prioritization process, various community stakeholders had an opportunity to agree on which health issues and results all could contribute to, increasing the collective impact that can be made in the lives of the people in the community.



During the group prioritization process, the below criteria were applied to the eight identified topics to rank the health needs. The needs were ranked on a scale of 1 to 4 (1=lowest, 2=medium, 3=high, 4=highest score):

- **A. Relevance:** How important is this issue? (Size of the problem; Severity of problem; Focus on equity; Aligned with HNC 2030; Urgency to solve problem; Linked to other important issues)
- **B. Impact:** 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)
- **C. Feasibility:** 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; Easily identifiable short-term wins)



The results of the health needs ranking were taken back to the Collaborative for consideration and finalization. Because of the impact that the 2018 assessment health priorities were still having in the community, and the work that still needed to be done to address them, the Collaborative ultimately voted to continue all four current health priorities (as selected in 2018) and add Interpersonal Violence as a fifth priority.

In January 2022, the Henderson County Board of Health agreed to support the Collaborative’s recommendation and adopted the needs as the community-wide priorities for the county. The Hospital’s Board reviewed the findings, identified needs and recommendations in November 2022. The Board approved the same priorities having considered the Hospital’s available resources, opportunities for alignment in the community and where the most impact could be made.

The following health needs were chosen as priorities:

- Mental Health
- Substance Misuse
- Physical Activity and Nutrition
- Safe and Affordable Housing
- Interpersonal Violence

Although equity was not directly selected as a priority, health disparities were recognized as a common concern among all priorities and an equity-based approach to improve health outcomes will be an inherent part of any strategy for forthcoming action.

Community Health Forum Participants:

- Allison Morgan, Henderson County Public Schools
- Alyce Knaflich, Aura Home Women Vets
- Amy McCall, Henderson County Department of Public Health
- Amy Phillips, WNC Source
- Amy Treece, Pardee UNC Health Care
- Angie Garner, Vaya Health
- Angie Pena, Pisgah Legal Services
- Ann Crisp, Interfaith Assistance Ministry
- Anna Hoy, Community Member
- Anne Hafer, Henderson County Public Schools
- Ashlynn McCoy, Housing Assistance Corporation, Partnership for Health
- Bill Lapsley, HC Board of Health, HC Board of Commissioners
- Bob German, Community Member
- Brett English, Pardee UNC Health Care
- Brian Leu
- Bridget Fluech, Pardee UNC Health Care
- Camden Stewart, Henderson County Department of Public Health, Partnership for Health
- Carissa Frank, AdventHealth
- Carleen Dixon, Henderson County Parks and Rec
- Carmen Rodriguez, Council on Aging
- Carol Brown Pardee, UNC Health Care
- Caroline Sharrits, AdventHealth

- CarrieAnn Chandler, Smart Start Partnership for Children
- Cheryl Mott, The Free Clinics
- Christine Craft, Henderson County Department of Public Health
- Courtney Davis, Family Preservation Services
- Dana Davis, Pardee UNC Health Care
- Darla Lindeman, Interfaith Assistance Ministry
- Denise Long, United Way of Henderson County, Partnership for Health
- Dr. Craig Poole, HC Board of Health
- Dr. David Ellis, HC Board of Health
- Dr. John Bryant, Henderson County Public Schools, HC Board of Health
- Dr. Laura Leatherwood, Blue Ridge Community College, Partnership for Health
- Dr. Leslie Leidecker, HC Board of Health
- Dr. Maggie Hayes, Chair – HC Board of Health
- Dr. Pete Richards, Vice Chair – HC Board of Health
- Elizabeth Moss, Interfaith Assistance Ministry, Partnership for Health
- Emily Balcken, Children and Family Resource Center
- Emily Kujawa, WNC Health Network
- Emily Shock, The Free Clinics
- Erica Woodall, Smart Start Partnership for Children
- Ericka Berg, Conserving Carolina
- Fran German, Community Member

- Graham Fields, AdventHealth, HC Board of Health, Partnership for Health
- Gretchen Koehler, The Free Clinics
- Jacob Compher, Henderson County
- Jamie Wiener, Children and Family Resource Center
- Jeffrey Young, HC Board of Health
- Jerrie McFalls, Henderson County DSS, Partnership for Health
- Jessi Correa, Hope Coalition
- Jimmy Brissie, Henderson County Emergency Services
- Jodi Grabowski, Henderson County Department of Public Health, Partnership for Health
- Joe Brittain, Mills River Farmers Market
- Johnna Reed, Pardee UNC Health Care, Partnership for Health
- Judy Long, The Free Clinics, Partnership for Health
- Julia Hockenberry, Boys & Girls Club
- Julie Huneycutt, Hope Coalition, Partnership for Health
- Julie Sabin, The Free Clinics
- Kathleen Baluha, FNP, HC Board of Health
- Kathryn Walker, Pisgah Legal Services
- Keith Logan, Council on Aging, Partnership for Health

- Kelly Hart, Smart Start Partnership for Children
- Kenesha Smith, HC Board of Health
- Kenneth Hipps, Hendersonville Police Department
- Kristen Martin, Thrive, Partnership for Health
- Kristina Henderson, Henderson County Department of Public Health
- Lauren Wilkie, Safelight, Partnership for Health
- Leann Noakes, Pardee UNC Health Care
- Lexie Wilkins, The Free Clinics
- Linda Carter, Western Carolina Community Action
- Linda Davidson, Blue Ridge Health
- LoriKay Paden, Hendersonville Family YMCA, Partnership for Health
- Makala Perez, Blue Ridge Health
- Martha Draughn, YMCA of WNC
- Matthew Gruebmeier, Henderson County Public Schools, Partnership for Health
- McCray Benson, Community Foundation of Henderson County
- Melissa West, AdventHealth
- Michelle Geiser, Hope Coalition
- Milton Butterworth, Pardee UNC Health Care, Partnership for Health
- Mitzi Biney, Blue Ridge Health
- Nicole Sweat, Mills River Parks and Recreation
- Noelle McKay, Community Foundation of Henderson County
- Pat Sandahl, The Free Clinics

- Pauline Carpenter, Thrive
- Rachel Walker, Western Carolina Community Action
- Renee Urban, Vaya Health
- Ruth Birge, Vision Henderson County
- Ruth Ramirez-Tafolla, Smart Start Partnership for Children
- Samantha Jamison, Smart Start Partnership for Children
- Sarah Beth Gallenberger, Hope Coalition
- Sharon Tirrell, UWHC, IAM, Blue Ridge Literacy Council
- Sharon Willen, Got Your Back Neighborhood Network
- Sonia Gironda, Smart Start Partnership for Children
- Sonya Jones, Pardee UNC Health Care, Partnership for Health
- Stacy Taylor, Henderson County Department of Public Health
- Steve Smith, Henderson County Department of Public Health, Partnership for Health
- Susan Odom, Pardee UNC Health Care
- Tammy Greenwell, Blue Ridge Health, Partnership for Health
- Tanya Blackford, Crossnore Communities for Children, Partnership for Health
- Tanya Romanyukha, Hope Coalition
- Tiffni Baxley, Council on Aging
- Tom Morgan, Project Dignity of WNC, Inc.
- Tracey Gruver, Thrive
- Trina Stokes, AdventHealth, Partnership for Health
- Trisha Ecklund, Blue Ridge Health
- Wendy Hamil, Community Foundation of Henderson County



Available Community Resources

When evaluating the top issues in the community a review of the available organizations and resources addressing these issues was conducted to understand where the greatest impact could be made.

Top Issues	Current Available Programs
Mental Health	<ul style="list-style-type: none"> • Crossnore Communities for Children • Family Preservation Services (FPS) of North Carolina (provided by Pathways) • Blue Ridge Health (FQHC) • The Free Clinics Hendersonville • Western North Carolina Community Health Services (FQHC) • Appalachian Mountain Community Health Centers (FQHC) • RHA Health Services • Thrive • Charles George VA Hospital • AdventHealth Primary Care • AdventHealth Psychology Services • AdventHealth Inpatient Behavioral Health (Women's Behavioral Health Unit)
Substance Misuse	<ul style="list-style-type: none"> • Hope Coalition • Blue Ridge Health (FQHC) • Western Carolina Community Health Services (FQHC) • The Free Clinics • Family Preservation Services (FPS) of North Carolina (provided by Pathways) • Blue Ridge Community Health Services (FQHC) • Appalachian Mountain Community Health Services (FQHC) • Charles George VA Hospital • The Steady Collective • First Contact Addiction Ministries • Western Carolina Rescue Ministries • Hendersonville Rescue Mission • Asheville Buncombe Community Christian Ministries (ABCCM) • AdventHealth Primary Care • AdventHealth Psychology Services • AdventHealth Inpatient Behavioral Health (Women's Behavioral Health Unit)

Top Issues	Current Available Programs
Physical Activity & Nutrition	<ul style="list-style-type: none"> • YMCA of Western North Carolina • Interfaith Assistance Ministries (IAM) • The Storehouse • Manna Foodbank • Council on Aging of Henderson County • Council on Aging of Buncombe County • Western Carolina Rescue Ministries • Asheville Buncombe Community Christian Ministries (ABCCM) • Western Carolina Community Action (WCCA) • Swannanoa Valley Christian Ministry • Girls on the Run of WNC • Eblen Charities • Charles George VA Hospital
Interpersonal Violence	<ul style="list-style-type: none"> • Safelight • Helpmate • Our Voice • Crossnore Communities for Children
Safe & Affordable Housing	<ul style="list-style-type: none"> • Housing Assistance Corporation • Homeward Bound • Safelight • Hendersonville Rescue Mission • Western Carolina Rescue Ministries • Helpmate • Our Voice • Asheville Area Habitat for Humanity • Henderson County Habitat for Humanity • Asheville Buncombe Community Christian Ministries (ABCCM)



Priorities Addressed

The priorities addressed include:



Mental Health

In the Hospital's community, 17% of residents reported seven days or more of poor mental health in the last month on the 2021 Community Health Survey, compared to 9.2% in 2015. A similar percentage (16.8%) reported not getting needed mental health care or counseling in the past year. The assessment also found that 22.3% of adults in the community are currently taking medication or receiving treatment for mental health and almost six percent have considered suicide in the past year. The suicide mortality rate in the community has been steadily climbing. As the suicide mortality rate has climbed, the gender disparity in suicide trends has

intensified. In 2015-2019, the male suicide rate was five times that of females. Suicide stands as the 7th overall leading cause of death in Henderson County, and the 3rd leading cause of death among individuals ages 20-39.

Awareness and the need to address mental health disorders has been growing in the country. Including mental health as a priority, the Hospital can align to local, state and national efforts for resources to create better outcome opportunities over the next three years.



Substance Misuse

Slightly more than 42% of survey respondents report that their life has been negatively impacted by substance misuse. While unintentional opioid overdose deaths in community have been steadily increasing yearly, now at 26.4 deaths per 100,000 residents. This accounts for deaths by all types opioids. However, illicit substances such as heroin, fentanyl and fentanyl analogues are increasingly contributing to overdose deaths. In 2020, 83.9% of all overdose deaths in the community were contributed to illicit opioid involvement.

Substance misuse has been a priority in the last three assessments and community partners have worked to build a robust response to the need. The Hospital will work with the existing local efforts to address the priority and continue to build a unified response to improve outcomes in the community.



Physical Activity and Nutrition

The assessment found that 17.2% of adults in the community were food insecure, meaning they ran out of food in the past year and/or were worried about running out of food. In the Community Health Survey, only 4.6% of respondents also reported consuming the recommended servings of fruits and vegetables daily, this was a more than a 50% decrease from the last assessment. One fifth of survey respondents also reported participating in no leisure time physical activity in the last month. Just slightly more than a quarter of survey respondents reported getting the recommended 150 minutes of moderate aerobic physical activity per week.

Physical activity and nutrition are known to be critical influencers of health. Healthier eating improves maternal health and health at every stage of life. It builds stronger immune systems, lowers the risk of chronic diseases like diabetes and cardiovascular disease, while increasing longevity. Physical activity improves brain health, helps with weight management and reduces the risk of disease while improving an individual's ability to do everyday activities. By addressing physical and nutrition, the Hospital hopes to improve the overall health of the community.





Safe and Affordable Housing

The need for safe and affordable housing in the community is significant. Housing can affect a wide range of health and quality of life outcomes and regardless of age, job, race, ability, income or position in life everyone needs a place to live. A quarter of homeowners and 42.8% of renters are paying over 30% of their income towards housing. On average, community residents spend more on housing compared to the rest of the region, with the exception of those in Buncombe County. The Community Health Survey also found almost a quarter of respondents were worried or stressed about paying their rent or mortgage in the last year. While almost 10% reported having a time in the past year when their home was without electricity, water or heating.

By addressing housing, the Hospital hopes to improve the overall health of the community. Safe and affordable housing has been a priority in the last two assessments and the Hospital will continue to work with partners through existing efforts to address the need.



Interpersonal Violence

Interpersonal violence was identified as a new priority in the assessment and has not been directly addressed before. The priority rose to the top as a result of data provided by Safelight, a nonprofit agency in the community providing support to survivors of interpersonal violence. In 2021, Safelight served 1,219 unique clients across all of their programs. Nearly a third (29%) of the clients served were under the age of 18. More than half (54%) of clients served were between the ages of 25 and 59. Most of Safelight's clients were female (84%) with 74% being non-Hispanic, White and 12% being Hispanic/Latino.



Equity

The assessment found that health disparities were recognized as a common concern among all priorities. Although not chosen as a priority directly, the decision was made to take an equity driven approach to improving health outcomes and when designing the strategies for addressing the priorities.

Priorities Not Addressed



Healthy Aging

Adopting healthy habits and behaviors, staying involved in your community, using preventive services, managing health conditions and understanding all your medications can contribute to a productive and meaningful life as an individual ages.⁹ The assessment found by 2050, almost one third of the community is projected to be over the age of 65. As the population ages, it is important to have the resources and infrastructure for individuals to age in safe and healthy way in the community. The Hospital did not select healthy aging as a priority, as the county has several ongoing existing efforts that are effectively addressing the issue (Council on Aging, etc.). The Hospital will continue to support this work.

⁹ <https://www.hhs.gov/aging/healthy-aging/index.html>





COMMUNITY HEALTH PLAN

Next Steps

The Hospital will work with the Collaborative to develop a measurable Community Health Plan for 2023-2025 to address the priority issues. For each priority, specific goals will be developed including measurable outcomes, intervention strategies and the resources necessary for successful implementation.

Evidence based strategies will be reviewed to determine the most impactful and effective interventions. For each goal, a review of policies that can support or deter progress will be completed with consideration of opportunities to make an impact. The plan will be reviewed quarterly with an annual assessment of progress. A presentation of progress on the plan will also be presented to the hospital board annually.

A link to the Community Health Plan will be posted on [AdventHealth.com](https://www.adventhealth.com) prior to May 15, 2023.



2020 Community Health Plan Review

The Hospital evaluates the progress made on the implementation strategies from the Community Health Plan annually. The following is a summary of progress made on our most recently adopted plan. The full evaluation is available upon request.

Priority 1: Mental Health

The Hospital has focused on mental health as a priority since 2003. Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, impact people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery. According to 2019 community survey respondents, 14.4% report more than seven days of poor mental health in the past month and 9.2% report an inability to get mental health care in the past year. The suicide mortality rate also increased to 18.8 per 100,000 according to the NC State Center for Health Statistics and 21.4% of 9th graders reported seriously considered suicide in the last year.

Since adopting the plan, the Hospital has taken a collaborative approach working with area experts to provide financial and in-kind support for mental health initiatives county wide. Some of the initiatives include supporting a school-based mental health counseling program, which supported 304 students in 2021 and a partnership to expand the Free Clinics' behavioral health outreach program in Henderson County Detention Center. The partnership with the Free Clinics has resulted in over 70% of inmates receiving screenings for mental health needs and more than 40% receiving follow up upon discharge. The Hospital has also partnered to expand the Phoenix Project, which provides access to mental health services and trauma-informed primary care for survivors of domestic violence and sexual assault. In 2021, the Phoenix Project served almost 200 patients in need of care.

Priority 2: Substance Abuse

In the 2019 CHNA, the Hospital also prioritized substance abuse. Substance abuse was identified as a top priority in AdventHealth Hendersonville's previous CHNAs as well. Opioids caused the highest proportion of drug overdose deaths in Henderson County and in the state and the rates of deaths are increasing. During the assessment, 21.8% of adults reported using opiates/opioids in the past year—with or without a prescription. Data from the assessment found there were 24 unintentional opioid deaths in Henderson County in 2017 and 71 opioid overdose ED visits in 2017.

As part of its efforts to address the need, the Hospital has focused on increasing education and engagement. Through these efforts the Hospital hopes to increase awareness about the dangers of substance abuse and decrease their misuse. In 2021, Hope RX in partnership and with support from the Hospital held 17 substance misuse education events and seven prescription drop off events. The Hospital has also partnered with First Contact Ministries to expand its substance abuse treatment and family support programs. In 2021, this expansion resulted in 3,336 clients being served.

Priority 3: Physical Activity and Nutrition

The Hospital chose physical activity and nutrition as a priority in the 2019 assessment. This selection was an evolution of the previous CHNA priority of obesity and the awareness that obesity is part of, but not the whole story and people can be healthier at any weight with minor lifestyle changes. According to community survey respondents, only 6.7% consume fruits or vegetables five or more times a day and 1 out of 5 report they have run out of food or worried about running out of food at least once in the past year. Survey respondents also reported that only 22.4% get the recommended amount of physical activity and 7 out of 10 report being overweight or obese.

Since adopting the plan, the Hospital has focused on increasing access to food through collaborations with experts in the area who address food security. In 2021, these partnerships resulted in Interfaith Assistance Ministries serving 43,056 people meals, Asheville Buncombe Community Christian Ministries providing 44,932 food boxes and Western Carolina Rescue Ministries serving 87,752 hot meals in the community. The Hospital is also working as part of a county level collaborative to increase the number of farmer's markets and local food hubs that accept SNAP to increase access to local healthy food.

Priority 4: Safe and Affordable Housing

In the 2019 CHNA, the Hospital also prioritized safe and affordable housing. During the assessment, it was found that 46.4% of renters spend more than 30% of their income on housing and 18.8% of renters spend more than half their income on housing in the community. The assessment also found that almost one-fourth of the community is housing cost burdened, meaning they spend more than 30% of their total income on housing.

As part of its efforts to address the need, the Hospital has partnered with local experts to increase access to safe and affordable housing, as well as increase the capacity of shelters which provide housing for survivors of domestic violence and assault. In 2021, these partnerships resulted in 238 individuals served through Thrive's Housing Care Management program, 110 women and children receiving permanent housing placements through Asheville Buncombe Community Christian Ministries' Steadfast House and 723 adults and children sheltered by Helpmate.



■ 2019 Community Health Needs Assessment Comments

We posted a link to the most recently conducted CHNA and most recently adopted 2020 Community Health Plan on our Hospital website as well as AdventHealth.com prior to May 15, 2020 and have not received any written comments.





**Fletcher Hospital Inc. d/b/a
AdventHealth Hendersonville**

CHNA Approved by the Hospital Board on: November 30, 2022

For questions or comments please contact:
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