

Community Health Assessment

Transylvania County

2005

History

Transylvania County was formed from Jackson and Henderson Counties in 1861. Legally, all of present day Transylvania County was Cherokee Territory until 1798.

There were two development “companies” involved in the early settlement of the area. One based on folklore involving Daniel Boone and a 14th colony idea, and the second, and rather short-lived South Carolina company, actually existed in Transylvania County. In 1786, after receiving land grants from South Carolina when everyone thought this was South Carolina. Settlers began a settlement which was described as “the head of the French Broad River south of North Carolina and north of South Carolina.” In 1798 the federal government obtained most of the area from the Cherokee. In 1838, Henderson County NC was formed and included the majority of the area once called Walton County, Georgia as about half of its land holdings. The county seat was not placed near the center of the area but near Hendersonville, NC. The controversies eventually lead to the creation of Transylvania County with Brevard being the largest town and county seat.

The town was named after Dr. Ephraim Brevard, a Revolutionary War colonel and surgeon who drafted the Mecklenburg Declaration of Independence. He joined the fight for independence when the British invaded the south and was taken prisoner at the surrender of Charleston.

In the early days there were very few roads and transportation was only by horse and ox drawn vehicles. Marketing was by wagon into parts of South Carolina, as far as Greenville and Charleston. The first railroad to come to Transylvania County was the railroad from Hendersonville to Brevard in 1895. With the coming of the lumber mills, the timber industry in the county began. Shortly, tourism became a major industry in Transylvania County as it remains to day. The trains brought the likes of Harvey Firestone, the Rockefellers and Presidents to the Lake Toxaway area. The first accredited high school in Transylvania County was 1923.

Community Assessment Team

Beginning in 1999, recruitment began for membership in the Land of Waterfall Partnership for Health, A Healthy Carolinians Task Force. Board member

diversity was an important part of recruitment to better serve all segments and populations of the county. A current membership roster is shown below.

Land of Waterfalls Partnership for Health Board

Name	Position	Title & Organization	Mailing Address	Phone	Fax	E-Mail
Steve Smith	Chairman	Director, Transylvania County Health Dept.	203 E Morgan St. Brevard, NC 28712	(828)844- 3135	(828)884- 3140	steve.smith@health.co. transylvania.nc.us
Bob Bednarek	Vice-Chair & Secretary	CEO, Transylvania Community Hospital	P.O. Box 1116, Brevard, NC 28712	(828)884- 9111	(828)883- 5370	bbednarek@tchospital.or g
Tom Little	Treasurer	Executive Director, VIM	P.O. Box 1303, Brevard, NC 28712	(828)883- 4454		tlittle@earthlink.net
Mike Ziegler	Executive Director	Land of Waterfalls Partnership for Health, Inc.	203 E Morgan St, Brevard, NC 28712			lowpfb@yahoo.com
Sheila Cozart	Member	H.R. Manager, Transylvania County	28 E. Main Street Brevard, NC 28712	(828)884- 3100		sheilacoart@citcom.net
Mark Creasman	Member	Pharmacy Manager, TCH	P.O. Box 1116, Brevard, NC 28712	(828)883- 5319	(828)883- 5162	mcreasman@tchospital.or g
Jenny Forero	Member	Executive Director, El Centro Comunitario	P.O. Box 1632, Brevard, NC 28712	(828)883- 2900		ccha@citcom.net
Helen Gift	Member	Division Chair, Brevard College	400 No. Broad St, Brevard, NC 28712	(828)883- 8292	(828)884- 3790	hgift@brevard.edu
Frederick Gordon	Member	Pastor, Bethel "A" Baptist Church	92 Oakdale St., Brevard, NC 28712	(828)883- 2035	(828)884- 2469	revflgordon@bethela.org
Louise Koontz	Member	Dept of Social Services	205 E. Morgan St. Brevard, NC. 28712	(828)884- 3174 x291		Louise.koontz@ncmail.ne t
Lynn McMillan	Member	Director of Development, Mountain Laurel	800 Fleming Street Hendersonville, NC28791	(828) 899- 0141		lmcmillan@mlcs.us
Steve Pulliam	Member	Executive Director, United Way	P.O. Box 53, Brevard, NC 28712	(828)883- 8822		unitedwaytc@citcom.net
Sue Robinson	Member	Administrator,	P.O. Box 1096	(828) 884-	(828) 884-	shrobinson@savasc.com

		Brian Center	Brevard, NC 28712	2031	2123	
Kathy Thorpe	Member	Educator, NC Coop Ext. & Chair of Council on Aging	203 E. Morgan St, Brevard, NC 28712	(828)884- 3109	(828)884- 3142	Kathy_Thorpe@ncsu.edu
Kathie Williams	Member	Director, Children's Center	107 So. Johnson St, Brevard, N.C. 28712	(828)885- 7286	(828)885- 7288	ktwilliams@citcom.net

Further information includes:

COMMUNITY ASSESSMENT TEAM AND THE ASSESSMENT PROCESS

The Transylvania County Community Assessment is primarily the result of two distinct yet interrelated projects. The initial Needs and Resources Assessment findings were combined with the more recent community health assessment initiatives to produce the most comprehensive community assessment to date for our county. These efforts spanned a total of two years and involved multiple government agencies, non-profit organizations, non-governmental organizations, faith based organizations and other community stakeholders.

The following information provides some specific insights into the two separate processes. The distinction is only important from the perspective of unique contributions that occurred with each project, specialized goals and the supporting stakeholders.

NEEDS AND RESOURCES ASSESSMENT

This project was a result of a specific collaboration between:

- Smart Start of Transylvania County
- United Way of Transylvania County
- Transylvania County Juvenile Crime Prevention Council
- Land of Waterfalls Partnership for Health
- Children's Center
- 4C (Transylvania County Citizens Concerned for Children)
- S.A.F.E. (Shelter Assistance for Family Emergencies)*

*Other community agencies and groups were supportive of this study, but the agencies listed above provided direct funding support and were engaged with the planning and implementation process.

The orientation and mission of Smart Start, United Way and Juvenile Crime Prevention Council are well known statewide, but the other contributors warrant some explanation for the reader's benefit. The Land of Waterfalls Partnership for Health is Transylvania County's local Healthy Carolinians task force. The Children's Center is a local non-profit organization with a primary mission of preventing child abuse and neglect. The 4C entity is no longer an active group, but was originally formed to serve as an umbrella organization for addressing a multitude of issues relating to the welfare of children. S.A.F.E. is another local non-profit which provides counseling, support services and shelter options for victims of domestic violence.

The "common thread" among these agencies was the concern for families and particularly children. Each agency had a specific mission or purpose, but all their efforts related to the improvement of community supports for families and particularly children in need. The other commonality was the desire to acquire current and relevant background data that would aid in determining priorities by identifying areas of concern that weren't being adequately addressed.

That fundamental desire for information led to a structured contract with the Land of Waterfalls Partnership for Health to accomplish the data compilation with specific deliverables. One of the unique components was to attempt to evaluate substantive differences that might exist between townships in terms of needs. One of the challenges with this particular component is that fairly outdated census data (Year 2000) had to be utilized to characterize demographic differences. The other deliverables included surveys of agency directors, elected officials and community leaders along with focus groups or listening sessions in each township.

Smart Start of Transylvania County agreed to administer the contract and the contractor, Land of Waterfalls Partnership for Health (LOWPFH), stipulated that it would provide monthly e-mail updates to the Assessment Team (representative from each supporting agency) and would present progress reports at meetings scheduled by the Assessment Team and/or Facilitator (Smart Start). The initial contract began in January 2004 with a projected completion date of approximately one year. This completion date was extended on several occasions to a final completion date of September 2005 when the report in its entirety was submitted to the sponsoring agencies*.

*Needs and Resources Assessment Report, September 2005 – Appendix 1.

COMMUNITY HEALTH ASSESSMENT

This second portion of the community assessment was directed by Peggy Davis, coordinator for the Land of Waterfalls Partnership for Health. Ms. Davis had contributed extensively as contractor to the original Needs and Resources assessment along with Mr. Gary Heisey, the coordinator for the Partnership when the contract was first established. This provided a certain advantage with the remaining elements of the community assessment because a substantial amount of relevant baseline data had already been developed. This portion of the assessment also benefited tremendously from the information that had been previously developed for the Transylvania County Comprehensive Plan by the Transylvania County Planning Board and Planning Department.

One of the first steps involved a presentation to the Partnership Board about the necessity of the community assessment, the Partnership's obligations for conducting the work in conjunction with the Health Department and the remaining information elements that needed to be addressed. This portion of the assessment targeted some specific components: refinement and additional analysis of the needs and resources data, additional interviews with community leaders, compilation of secondary data, acquisition of additional resources to support the effort along with the community presentation costs and enhancing linkages with county entities that might be able to fill any noted gaps with information. The Partnership Board membership represented a substantial array of community interests and their feedback and guidance directed the remaining elements of the assessment. The primary goals associated with this component of the community assessment include:

- Development and finalization of data components as outlined in the *Community Assessment Guide Book-North Carolina Community Health Assessment Process*, NCDHHS, February 2002
- Development and finalization of data components as outlined in the *New Accreditation Standards for Community Health Assessments* with related obligations for analysis and reporting
- Public presentation of assessment process and findings with a follow up printed insert in the local newspaper highlighting key indicators
- Prioritization and selection of specific needs for Partnership Board and action teams

The secondary health data needs represented one of the essential pieces that still needed to be developed. Prior formats were reviewed and examples were requested from other counties. The Partnership and the Health Department decided to utilize an Excel spreadsheet format that was provided by Catawba County. The format was revised and enhanced to some degree and allowed for

comparisons with State averages and Healthy Carolinians 2010 objectives when available or appropriate.

The intent with secondary data compilation was to focus more on trends vs. data comparisons between any two individual years. Since many rates or ratios for indicators were based on relatively small numbers and presented challenges for statistical validity, trend information was viewed as a more viable means for accurate interpretation. The decision was also made to contract this component to Sage Partners, Inc. because of its complexity and the time that would be needed to research the typical indicators. The final product was designated the *Transylvania County Health Report Card* (Appendix 2) and it provides valuable baseline data about community health trends in our county.

COMBINED ASSESSMENT PROCESS/STRATEGIES

The remaining information about the community assessment process including methodology, process of analyzing data, reports to the community, how priorities were set and development of the action plan is reflective of the combined efforts represented by the Needs and Resources project and the Community Health assessment project. The cumulative outputs of these two initiatives will now be referenced as the *Community Assessment* for the remainder of this report to avoid confusion.

CENSUS DATA

The most recent census data available for townships and the County was Year 2000. All census information specific to township and county level indicators was reviewed. Key indicators were identified using a variety of informal applications including atypical variances relative to population % and relationship to top issues as identified with surveys (elected officials, human services agencies, key community leaders) that were compiled in 2004.

Highest priority issues as identified in those surveys (see next section) include:

- Jobs/Employment
- Affordable Housing
- Drugs/Substance Abuse and
- Affordable Healthcare/Health Insurance

Accordingly, related census indicators that were selected for review were:

- Total population
- Income
- Household characterizations
- Education
- Employment and
- Disabilities

Another analysis application was to “standardize” percentages for some of these census indicators so that meaningful comparisons could be made among townships. For example, we calculated the percentage for ages 5 and under as a percentage of the township’s total population (not a percentage of the County’s population). If one particular township happened to have 15% of their population in this category vs. 5-10% in other townships, we would further evaluate those differences and would be more interested in the support services available for children in that area as opposed to lower percentage populations in other townships.

Although Year 2000 census data is certainly not current, the comparisons between townships and how they relate to total County demographics was deemed valuable. This baseline information will also provide a basis for trend analysis with subsequent assessments.

*All 2000 census data for Transylvania County can be found at:
<http://census.state.nc.us/>

SURVEYS- 2004 Survey

The initial survey instrument was distributed to a variety of groups including:

- Elected officials
- Local government managers
- Health and Human Services administrators/directors
- Ministers/Faith community
- Day care centers
- Law Enforcement personnel
- Rosenwald community
- Centro Comunitario Hispano-Americano
- Transylvania County Volunteers in Medicine
- Rx Assistance services and others (see groups sampled on survey document)

This particular effort achieved 180 responses, a relatively high response rate for these targeted groups and the original distribution of the survey. That survey instrument along with cumulative percentages or rankings is provided in its entirety for your review (Appendix 3).

Health and Human Services Report Card

This initial page captures various characteristics of the “survey takers” including: sex, age, employment status, income range, race, county residency and personal health care attributes. The cumulative responses are reflected as a % (of 180) for each possible response.

Community Issues Report Card

This page asks respondents to rank issues that may be occurring in Transylvania County on a scale of 0-10 with 0 indicating a belief that the issue was not occurring and 10 indicating that the issue was a major problem in the community. The average for the numerical responses was generated for each issue listed and issues were then listed in rank order from least concern to greatest concern.

Community Access Report Card

This page asks respondents to share their perception about the degree of help or assistance that is available to certain “at risk” populations (unemployed, underemployed, working poor and people in poverty) in terms of accessing a variety of services and supports. Again, the 0-10 ranking scale was used with 0 indicating that “we” were not doing well and 10 indicating that services and supports were readily available.

How are we as a community doing in each of the following areas?

The first two pages provide 12 different categories with a variety of sub-categorization under each. Responses were requested for a total of 62 areas. The 0-10 ranking scale was used with 0 indicating that we were not doing well in that area and 10 indicating that we were doing a great job. The numerical average was generated for each area and reflected on the pages listing the 12 categories and on a separate sheet that reflects the overall rankings independent of the category.

Agency Familiarization Report Card

This page asked survey takers to rate their degree of familiarity with various community agencies and their respective services. The 0-10 ranking scale was used with 0 indicating no knowledge of the agency and 10 indicating being very familiar with that particular agency. Numerical averages were generated for each agency and they were then listed in rank order from the least amount of familiarity to most.

Top Three Issues for Improvement

As a final question, respondents were asked to identify the top three areas or issues where focused improvement was needed in Transylvania County. The top five responses for each of the top three issues are listed on the sheet.

The results and analysis of this 2004 survey will be discussed further in the Community Concerns/Priorities section.

SURVEYS- 2005 Survey

This survey effort was targeted toward the general public as opposed to the 2004 effort which captured impressions from community agencies and governmental entities. There was a concerted effort to achieve responses from each township for a reasonable geospatial distribution although numbers of responses from each township are insufficient for statistically valid interpretations. The survey format and the rankings can be found in Appendix 4.

Since response rates are typically low for the general public, mailings were avoided and distributions were made in person to various churches, community groups, community meetings and a variety of settings like reception areas and waiting rooms for the local hospital, health department and department of social services.

The assessment group felt that it was imperative to keep the survey to a single page. The final roster of issues was decided upon after reviewing the initial 2004 survey results, standardized formats utilized by other community assessments, listening session feedback and the Community Assessment Guide Book.

The survey format reflected a binary structure with identical issues. The left half of the page asked respondents to rank the seriousness of a given issue. The response choices were: very serious (4), serious (3), not very serious (2), not serious at all (1) and no opinion. Average numerical values were generated from the responses and are reflected in Transylvania County Survey Averages.

The right half of the survey asks how adequately the (same) issues are being addressed. Response categories include: not at all (4), somewhat (3), adequately (2), thoroughly (1) and no opinion. Average numerical values were generated from the responses and are reflected in Transylvania County Survey Averages.

Although “no opinion” responses were not given a numerical weight, these responses were considered in the overall analysis which follows in the Community Concerns/Priorities section.

Be advised that there are two separate Transylvania County Survey Averages documents included in Appendix 4. The first maintains the paired listing of issues as structured in the original survey document so that comparisons can be made between the ranking associated with the seriousness of a given issue and the degree that it is being adequately addressed. The second document ranks the issues independent of each other so that you can better ascertain which issues were deemed most serious (most serious to least serious) and which issues were not being addressed well (not being addressed adequately to thoroughly).

Listening Sessions

A total of 13 group “listening sessions” were held along with 16 one on one discussions with township/community leaders encompassing 128 total individuals. Questions at these sessions were structured to be open ended and neutral. Since the community assessment is intended to be all inclusive, questions about specific subjects were generally avoided unless the initial topic was raised by the attendee.

Sample questions at these sessions included:

What has improved (what is better) in your community in the past 5 years?

What is worse?

What are the greatest needs affecting your community? What do you see families/individuals struggling with the most?

Are there certain groups (like the elderly or very young) that have specific challenges?

What are they?

Based on some of the challenges you just mentioned...how has your life changed to deal with some of these issues? Your family?

Do you believe that you have solid information about current resources and assistance programs?

What kinds of programs or initiatives might be beneficial to your particular community to solve some of the problems you've mentioned?

What do you worry about the most?

These questions generally served as the base of discussion. We allowed everyone to talk about the issues that were important to them and posed additional questions when appropriate to clarify an issue and their perspective. We also provided some insights that had been gained from the review of township census data, but people did not typically make a strong association with the township they lived in. They would always refer back to "their church family" or "their neighborhood" or "their community". None expressed any particular insight about demographic differences between townships.

Listening group comments are provided in Appendix 5. Analysis and linkage to the other community assessment components will be discussed in the Community Concerns/Priorities section.

Secondary Data

The Transylvania County Health Report Card represents the bulk of the secondary data utilized in the community assessment and is consistent with more traditional measures of community health. The entire report card is provided in Appendix 6 and divides data into 5 major groups: population & access to care, mortality, pregnancy & infant mortality, child health indicators and morbidity & communicable disease. The format allows for comparisons to state averages and Healthy Carolinians 2010 objectives where possible.

It is important to acknowledge that this format was adopted from a version previously developed by Catawba County. We appreciate their willingness to share the original spreadsheet for our use. We must also acknowledge the exceptional research and effort that was provided by Sage Partners, Inc. for the research and updated information associated with the final report card.

A substantial amount of emphasis is placed on data that spans several years so that more emphasis is placed on trends vs. outcomes for any particular year.

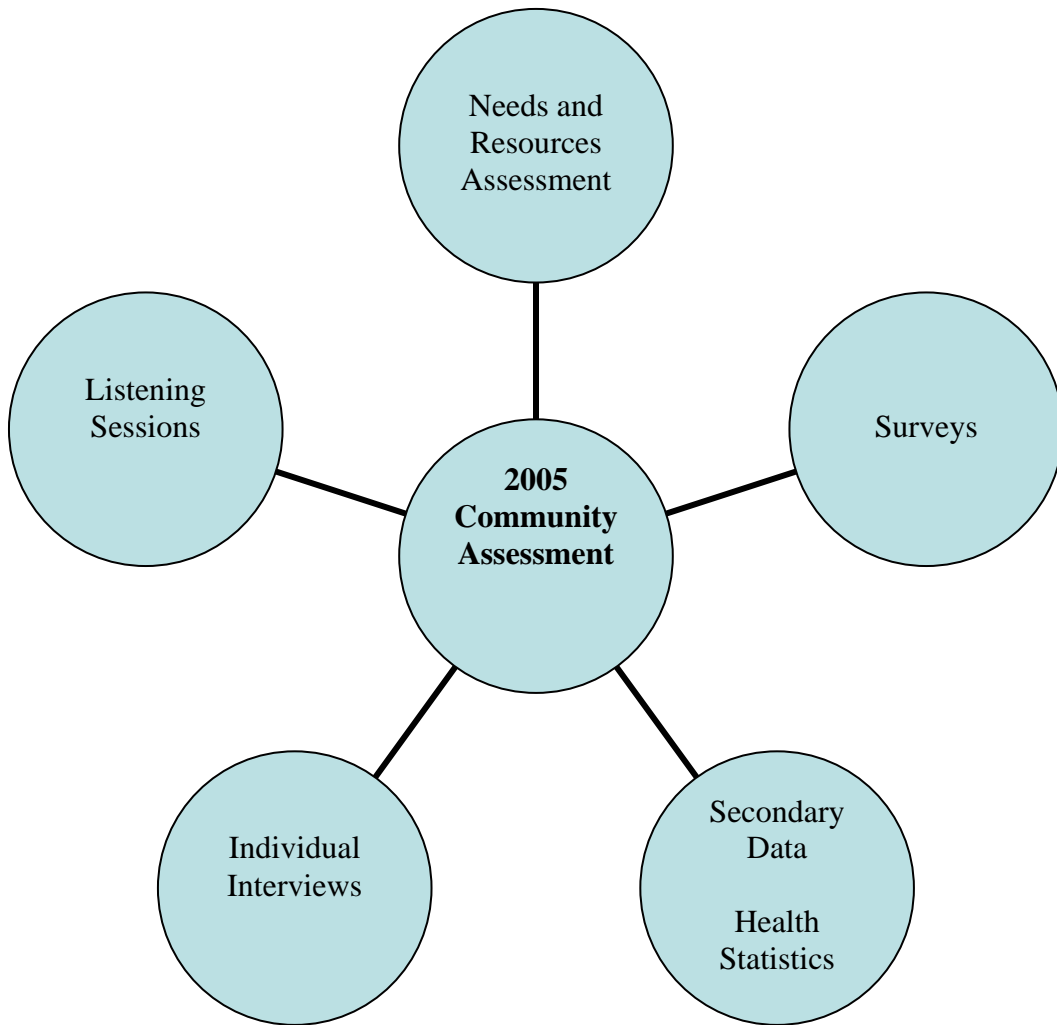
Some of this is driven by the data formats at the State Center for Health Statistics and some data is purposefully structured in that manner. Transylvania County's relatively small population yields very small counts for some indicators and one must be cautious with interpretation of this data. These examples are highlighted in beige in the report card.

Additional information is included in Appendix 5 specific to a variety of environmental factors and other indicators which have value for the community assessment and are also referenced in recent accreditation standards for local health departments.

INSIGHTS ABOUT THE COMMUNITY ASSESSMENT PROCESS

One of the surprising circumstances related to the community assessment process was the synergy that was created as certain informational pieces were developed and presented to interested stakeholders. In some cases, the information confirmed existing perspectives about needs and in other examples, the data was surprising...at least to some stakeholders. The percentage uninsured estimate from the Sheps Center is a good example. Although many understood the multiple barriers for acquiring health care, many were surprised to learn that 18.5% of our population was uninsured and that the recent trend had shown an increase with this percentage. This information along with other data began to prompt a great deal of discussion amongst charitable organizations, elected officials, agency directors and community leaders. Most wanted to know more and began asking questions about the process...what other data were we looking at?...did this particular piece of information support the need to continue this particular project?...should we start an initiative to address this particular subject that was referenced?...where are you seeing the greatest needs?. The enhanced community interest and many of these informal inputs improved the overall community assessment product for our community. The ongoing discussions will have tremendous value as we continue to update our community assessment information by providing direction on how to refine our data acquisition efforts for future reports. Although Transylvania County is blessed with many programs and efforts to address a variety of needs, there are very real world limits with our local resources. All participants acknowledged that the community assessment was a worthwhile effort and that it provided a valid comprehensive reference for prioritization of community needs.

ASSESSMENT COMPONENTS



REPORTS TO THE COMMUNITY

Three primary strategies for communicating the findings of the community assessment were agreed upon by the Land of Waterfalls Partnership for Health Board:

- Community presentation at Brevard College Porter Center January 12, 2006 (Appendix 6 - PowerPoint slides)
- Local newspaper insert with Transylvania Times for key indicators (Appendix 7 - Copy of Insert)
- Web page access on Transylvania County site for full report (pending)

The presentation at Brevard College was advertised in the local media and targeted invitations were mailed to a variety of agencies, elected officials, community organizations, faith based entities and human services providers. Over 100 people attended including John Snow, NC Senate representative for District 50, Ray Miller Transylvania County Commissioner, Dee Dee Perkins and Sarah Champion, Brevard City Council members

Select aspects of the community assessment findings were presented with a focus on relating primary data (interviews, surveys and listening sessions) to secondary supporting data about greatest needs in the community.

The presentation concluded with a brief question and answer period. Several comments were made about the issue of drug abuse and specifically methamphetamine. Other participants asked about how they could participate and all were encouraged to contact the Partnership coordinator for future action team involvement. Attendees were also asked to rank the issues presented as the most serious concerns for the community. The ranking form also provided a place for individuals to share their contact information if they were interested in participating with the Partnership and future action teams.

The community presentation prompted a series of articles (3) in the Transylvania Times which highlighted barriers to accessing health care including uninsured rates, the difficulties small businesses and the service industry sector had in providing health insurance coverage and other related challenges like acquisition of prescription drugs.

PRIORITIZATION - ACTION PLAN

The Partnership Board met on January 31, 2006 in a retreat format that was facilitated by Sarah Thach, Western Region Healthy Carolinians Consultant (see Appendix 7 for retreat agenda and minutes). The highest rated community concerns were re-visited and Partnership board members were asked to participate in a prioritization process. Ms. Thach utilized the nominal group technique for this activity. Each Board member was provided colored adhesive dots. Members then placed their respective dots by the community concerns they believed to be the most important (highest rated issues were listed on a large tablet).

The intent of the process was to identify four areas that the Partnership and various community partners would address via action teams. The four priorities selected were:

- Access to health care (including dental and prescription medications)
- Mental Health
- Substance abuse (including tobacco and methamphetamine)
- Senior Care

“Leads” for each action team were assigned and additional discussion addressed current community efforts related to the identified concerns and other individuals and partners that should be invited to participate with the respective action teams.

Ms. Thach went on to address upcoming accreditation issues and documentation practices that should be utilized by each action team. Emphasis was placed on the pressing timetable for action plans because of the upcoming re-certification process document due in May 2006 for the Partnership. Action teams were directed to identify central issues with the hope of identifying some short and long term strategies for each issue.

This fundamental component of prioritization and targeting specific strategies to address community concerns represents the core responsibility of community assessment. Priorities were identified in an open community process a (Sarah, the document just ends like this???)

Focus Group/Listening Groups

Thirteen sessions were conducted with 112 participants and 16 community leaders for a total of 128 participants. Sessions were held at:

Silvermont Senior Group (20)
Cedar Mountain Community Center (2)
Pisgah Forest Baptist Church (3)
Little River Community Center (2)
Volunteers in Medicine Free Clinic (8)
Prescription Assistance Program (7)
Bethel "A" Baptist Church (15)
Shoal Creek Baptist Church (7)
NAMI Support Group for Mentally Ill (10)
Transylvania Citizens Improvement Organization (6)
Sapphire Whitewater Community center (10)
Quebec (15)
El Centro (7).

Listening Session Results/Informal Community Leader Responses

See attached.

Analysis of Survey Results

141 surveys were distributed to the citizens of Transylvania County. Survey results were totaled and averaged for the county-wide results. An average for each issue was determined using a scale of 1-4 with 4 being "very serious" and 1 being "not serious at all". The same formula was used for averaging the responses to how adequately each issue is being addressed with 4 being "not addressed at all" and 1 being "thoroughly addressed". "No opinion" responses were not given a weight, but, while they could be interrupted as neutral responses, the "no opinion" category has some important information embedded. Therefore, the "no opinion" response has value and should be included in any discussion of a specific issue.

A comparison of the top five priorities from the Listening Sessions with the top ten serious issues from the written surveys show some close correlations. Issues rated among the priorities in both the listening sessions and the survey are as follows:

Unemployment/underemployment
Cost of health insurance
Affordable prescription medication
Access to mental health services
Lack of affordable housing

Lack of public transportation.

Transylvania County Survey Averages

See attached.

**Land of Waterfalls Partnership for Health
Prioritizing Transylvania County Health issues for the Partnership to Address**

See attached.

Report Back to the Community

On January 12, 2006, the Partnership held the “Community Health and Human Service Assessment Presentation” at the Porter Center on the campus of Brevard College. According to sign in sheets 86 interested individuals, health care providers and community leaders attended. Attached is a program for this meeting.