

2019 Transylvania County eCHIP



Transylvania Public Health is committed to protecting and improving the health of all people in Transylvania County. One way we do this is through identifying and working to address important health needs in the community. ([Watch this video](#) or [click here](#) to learn more about this process.)

The 2018 Community Health Assessment priority areas are:

- **Mental Health & Substance Use**
- **Healthy Lifestyle**

We then work to bring community members together to develop action plans that will address these top health priorities. Together, these action plans form a **Community Health Improvement Plan** (or CHIP), which is a strategic plan for the entire community designed to encourage cross-sector collaboration.

This "e-CHIP" scorecard is a low-cost, easy-to-use tool that helps us track and display data related to these health priorities and organize community improvement efforts to improve health in Transylvania County.

The following CHIP Scorecard was created and submitted by September 9, 2019 to meet the requirements for the Transylvania County Long and/ or Short Term Community Health Improvement Plans. This Scorecard is a low-cost, easy-to-use tool that helps us track and display data related to these health priorities and organize community improvement efforts to improve health in Transylvania County.

Clear Impact Scorecard™ is a strategy and performance management software that is accessible through a web browser and designed to support collaboration both inside and outside organizations. WNC Healthy Impact is using Clear Impact Scorecard™ to support the development of electronic CHIPS, SOTCH Reports and Hospital Implementation Strategy scorecards in communities across the region.

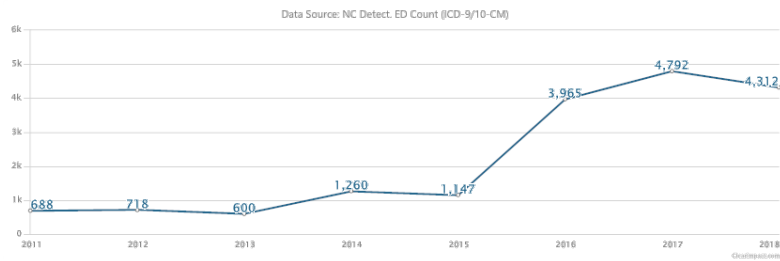
Scorecard helps communities organize their community health improvement efforts:

- Develop and communicate shared vision
- Define clear measures of progress
- Share data internally or with partners
- Simplify the way you collect, monitor and report data on your results

The following resources were used/reviewed in order to complete the CHIP:

- [WNC Healthy Impact](#)
- [WNC Healthy Impact Data Workbook](#)
- [NC DHHS CHA Tools](#)
- [NC DHHS County Health Data Book](#)
- [NC DHHS/ DPH CHA Data Tools](#)

Mental Health and Substance Use		Most Recent Period	Current Actual Value	Current Target Value	Current Trend	Baseline % Change
R	Transylvania County is a vibrant, engaged community that offers resources and leverages its inherent strengths to support the lifelong physical, emotional, and social well-being of all its residents.					
I	Emergency department visits for anxiety, mood, psychotic disorders	2018	4,312	—	↘ 1	606% ↑
		2017	4,792	—	↗ 2	684% ↑
		2016	3,965	—	↗ 1	549% ↑
		2015	1,147	—	↘ 1	88% ↑
		2014	1,260	—	↗ 1	106% ↑
		2013	600	—	↘ 1	-2% ↓
		2012	718	—	↗ 2	18% ↑
		2011	688	—	↗ 1	13% ↑



Story Behind the Indicator

The "Story Behind the Curve" helps us understand why the data on emergency room visits for mental health concerns is the way that it is in our community. When we understand the root causes of our community problems, we have a better chance of finding the right solutions, together.

What's Helping?

Community members who participated in the planning meetings reported the following positive forces that influence this issue in a positive way in Transylvania County:

- Access to RHA Mobile Crisis response can address concerns and create connections to appropriate care instead of an emergency department visit
- Mental health treatment is available within the county; providers include Meridian Behavioral Health Services, Blue Ridge Health Center, Fresh Start at Transylvania Regional Hospital, and private providers
- Education of primary care and specialty healthcare practitioners can identify mental health concerns and lead to appropriate treatment outside the emergency department
- Partnerships with law enforcement can help people access appropriate care and avoid the emergency department
- Cost and transportation can be barriers that prevent people from accessing any care for mental health crisis, including the emergency department
- Family support and peer support can prevent crisis situations
- A behavioral health social worker is available in the Transylvania Regional Hospital emergency department 3 days a week to assist with connections to appropriate care and prevent repeat crisis visits

What's Hurting?

Community members who participated in the planning meetings reported the following forces that influence this issue in a negative way in Transylvania County:

- There are limited options for long-term mental health care and support in Transylvania County and the larger area
- Existing policy limits EMS transport to the emergency department and does not allow transport to mental health facilities, which are located outside the county
- Many people are not aware of the mental health resources that do exist in the county such as Meridian, RHA Mobile Crisis, and local providers, or how they can access care through these resources
- Stigma around having a mental illness and perceptions of mental health treatment creates a barrier to requesting needed care
- People do not feel comfortable accessing care
- Ongoing mental health problems are not addressed until they are at crisis level
- Cost and transportation can be barriers that prevent people from accessing care for mental health concerns until they reach a crisis level
- The prevalence of adverse childhood experiences contributes to the presence of mental illness and creates barriers to accessing care
- Some people lack information and understanding about what mental health looks like; living with undiagnosed mental illness may be "normal" for some people
- A lack of social support and peer support lead people to seek care in the emergency department for mental health concerns

Partners with a Role to Play

Partners in our Community Health Improvement Process:

The following individuals and agencies were represented in the planning process related to emergency department visits for mental health concerns:

- CARE Coalition
- Davidson River School

- Fresh Start at Transylvania Regional Hospital
- Lutheran Church of the Good Shepherd
- Meridian Behavioral Health Services
- Transylvania County Government
- Transylvania Public Health
- United Way's TRAIN (Transylvania Resource Access and Information Network)
- WNC Healthy Impact

Partners with a Role in Helping Our Community Do Better on This Issue:

The following organizations were identified as potential partners on strategies that were considered during the planning process:

Government agencies

- City of Brevard
- Transylvania County
- Transylvania Public Health
- Law enforcement: City of Brevard Police, Transylvania County Sheriff
- Veteran's Administration
- Transylvania County Vocational Rehabilitation
- Transylvania County Department of Social Services
- Transylvania County Library

Healthcare providers

- RHA Mobile Crisis
- Meridian Behavioral Health
- Transylvania Regional Hospital
- Blue Ridge Health Center
- Transylvania County EMS
- Private mental health providers
- VAYA
- MAHEC

Non-profits

- SAFE Inc.
- The Haven
- Sharing House
- The Family Place
- The Children's Center
- CARE Coalition
- Child Advocacy Center
- CONNECT
- El Centro Hispano
- United Way
- MountainWise

Businesses

- Business owners
- Brevard Rotary
- Pisgah Forest Rotary

Schools

- Transylvania County Schools
- Brevard College
- Blue Ridge Community College

Others

- NAMI
- AA and NA
- Churches
- NAACP Health Committee
- Pisgah Health Foundation / Dogwood Health Foundation

Strategies Considered & Process

Actions and Approaches Discussed by Our Partners

Our community partners considered ideas of what works to do better, what is currently working in our community, what people most affected by the issue think will work, evidence-based strategies from sources such as the CDC, County Health Rankings, and Healthy People 2020. The following actions were identified by community members as ideas for what can work in Transylvania County to make a difference on reducing emergency department visits for mental health concerns:

- EMS transports directly to mental health treatment as modeled by other North Carolina counties
- Use of mobile crisis services
- Access to long-term case management
- Peer support bridge programs
- Walk-in recovery education at Meridian
- Behavioral health crisis walk-in services at Blue Ridge Health Center
- Behavioral health professionals available in emergency department
- Mental health crisis care location within the hospital but outside the emergency department
- Outpatient mental health programs like Fresh Start
- Education to improve knowledge about existing resources in community
- Education to improve knowledge about mental health concerns, symptoms, and when to seek care
- Education to improve knowledge about how to access mental health services
- Trauma-informed care training and certification for healthcare professionals and others in the community
- Healthcare professionals conducting regular screening and referrals to mental health services as needed
- Availability 24-hour warmline via phone and/or text for short-term support to avert crisis situations
- Availability of non-medical respite care to avert impending crisis as modeled in Atlanta area

Evidence-Based Strategies

In addition, the following evidence-based strategies are actions and approaches have been shown to make a difference on reducing emergency department visits for mental health concerns, from resources such as the CDC's Community Health Improvement Navigator, the CDC's The Community Guide, County Health Rankings, and Healthy People 2020.

<i>Name of Strategy Reviewed</i>	<i>Level of Intervention</i>

Changing regulations for mental health insurance coverage to improve financial protection and to increase access to and use of mental health services including substance abuse services	Policy
Clinic-based depression care management for older adults with major depression or chronic low levels of depression	Individual, Organizational
Home-based depression care management for older adults	Individual, Organizational
Collaborative care for the management of depressive disorders	Individual, Organizational
Screening for depression in the general adult population	Individual, Organizational
Individual cognitive-behavioral therapy for symptomatic youth who have been exposed to traumatic events to reduce psychological harm	Individual
Group cognitive-behavioral therapy for symptomatic youth who have been exposed to traumatic events to reduce psychological harm	Interpersonal
Chronic disease management (CDM) programs to improve quality of life for patients with mental health issues	Individual, Interpersonal
Cultural competence training for health care professionals	Individual

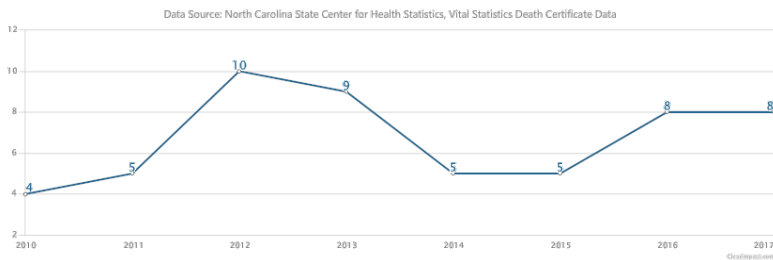
Process for Selecting Priority Strategies

Community members first identified several root causes or pieces of the "story" that they believed would be most important to address, from their own personal perspective or the perspective of their represented agency. They then identified up to two strategies (either discussed above or others that they had knowledge of) that would significantly impact that particular root cause.

They also indicated if they or their agency would be willing to lead, collaborate, or support each suggested strategy. Strategies with identified leadership are bolded below.

- Increase mental health knowledge in the community for family members, churches, primary care providers
 - NAMI classes e.g. Family to Family
 - **More comprehensive listings on 211**
 - Media campaign
 - Psychiatric consult service for primary care professionals to help with medication adjustments (offered to Mission-affiliated physicians)
- Increase knowledge about mental health resources
 - Screening and referrals to mental health care by health care professionals
 - Get Set and Sesame Street toolkits for difficult conversations
 - Track and promote existing resources in community

- Reduce stigma
 - Education for family and friends
 - **Small groups for mental health education, self care, etc.**
 - Outpatient programs
 - Mental health care outside emergency department
- Improve social and peer support for those diagnosed with mental health issues
 - Respite care
 - Bridge support
 - Peer support in emergency department
- Increase access to services
 - Peer bridge program
 - Outpatient programs
 - Long-term case management
- Increase resources within emergency department
 - **Education for emergency department staff on trauma-informed practices and suicide prevention**
 - **Peer support in emergency department**
- Follow up after ED visit for mental health concerns
 - Peer support programs
 - Emergency department policy on number of days for follow-up appointment to be set
 - Outpatient programs
 - Screening and referrals by healthcare professionals
 - Behavioral health professionals in emergency department
 - Hospital having planner who follows patients after discharge / case management
 - Trauma-informed care training for providers
- Improve long-term care and support
 - Walk-in recovery education
 - Screening and referrals to mental health care by healthcare professionals
 - Peer support programs for education, respite, social support, hotlines and warmlines
 - Long-term case management
 - Recruitment of additional mental health professionals
- Increase mobile crisis usage
 - Media campaign for mobile crisis service: advertise on billboard, card in public spaces
 - Educate law enforcement and other community partners about mobile crisis option
- Create and encourage options for diversion from emergency department
 - Step-down from psychiatric admission
 - Outpatient programs
 - Long-term case management
- Build partnerships with community providers (e.g. law enforcement, first responders, providers) to provide better care for mental health concerns
 - EMS and law enforcement able to transport directly to treatment
 - Trauma certification for law enforcement and EMS
 - Partner education about existing resources



2016	8	—	↗ 1	60% ↑
2015	5	—	→ 1	0% →
2014	5	—	↘ 2	0% →
2013	9	—	↘ 1	80% ↑
2012	10	—	↗ 2	100% ↑
2011	5	—	↗ 1	0% →
2010	4	—	↘ 1	-20% ↓
2009	9	—	↗ 1	80% ↑

Story Behind the Indicator

The "Story Behind the Curve" helps us understand why the data on drug overdose deaths is the way that it is in our community. When we understand the root causes of our community problems, we have a better chance of finding the right solutions, together.

What's Helping?

Community members who participated in the planning meetings reported the following positive forces that influence this issue in a positive way in Transylvania County:

- CSRS
- Public awareness
- Provider awareness
- Narcan – first responders
- Alternative treatments for pain
- Medication-assisted therapy
- Working on emergency department follow-up
- Medication lockboxes
- Detera bags
- Drug take-back events and dropboxes
- CARE efforts on prevention, data collection, diversity of disciplines represented
- Improved access to integrated health care
- Support systems
- Employment
- Sense of self-worth

What's Hurting?

Community members who participated in the planning meetings reported the following forces that influence this issue in a negative way in Transylvania County:

- Pharmaceutical companies "pushing" prescriptions
- Overprescribing
- Stigma around substance use
- Loss of hope leading to despair and vulnerability
- Cheap synthetic opiates
- Prevalence of adverse childhood experiences
- Overuse after detox

- Lack of long-term treatment options
- Cost of treatment
- Barriers to transportation to treatment
- Narcan reliance
- Overmedication as solution
- Lack of emergency department follow-up after overdose
- Poor mental health status
- Isolation
- Not enough integrated health care
- Lack of stability
- Poor treatment models
- Lack of engagement with those in recovery
- History of substance abuse
- Lack of resources
- Lack of coordination
- Complicated access
- At-risk populations: low-income, veterans, homeless, elderly, ACEs

Partners with a Role to Play

Partners in our Community Health Improvement Process:

The following individuals and agencies were represented in the planning process related to drug overdose deaths:

- Blue Ridge Community College
- Blue Ridge Community Health Services
- Brevard City Council
- CARE Coalition
- City of Brevard Police Department
- Connect
- MountainWise
- NAACP Health Committee
- Pisgah Forest Rotary
- RHA Mobile Crisis
- Transylvania County DSS
- Transylvania County EMS
- Transylvania County Library
- Transylvania County Schools
- Transylvania Public Health
- Transylvania Regional Hospital
- United Way
- WNC Healthy Impact

Partners with a Role in Helping Our Community Do Better on This Issue:

The following organizations were identified as potential partners on strategies that were considered during the planning process:

Government

- City of Brevard
- Transylvania County
- Transylvania Public Health
- Law enforcement: City of Brevard Police, Transylvania County Sheriff
- Veteran's Administration
- Transylvania County Vocational Rehabilitation
- Transylvania County Department of Social Services
- Transylvania County Library

Healthcare providers

- RHA Mobile Crisis
- Meridian Behavioral Health
- Transylvania Regional Hospital
- Blue Ridge Health Center
- Transylvania County EMS
- Private mental health providers
- VAYA
- MAHEC

Non-profits

- SAFE Inc.
- The Haven
- Sharing House
- The Family Place
- The Children's Center
- CARE Coalition
- Child Advocacy Center
- CONNECT
- El Centro Hispano
- United Way
- MountainWise

Businesses

- Business owners
- Brevard Rotary
- Pisgah Forest Rotary

Schools

- Transylvania County Schools
- Brevard College
- Blue Ridge Community College

Others

- NAMI
- AA and NA
- NC Harm Reduction
- TAFFY
- Churches
- NAACP Health Committee
- Pisgah Health Foundation / Dogwood Health Foundation

Strategies Considered & Process

Actions and Approaches Discussed by Our Partners

Our community partners considered ideas of what works to do better, what is currently working in our community, what people most affected by the issue think will work, evidence-based strategies from sources such as the CDC, County Health Rankings, and Healthy People 2020. The following actions were identified by community members as ideas for what can work in Transylvania County to make a difference on reducing drug overdose deaths:

- Focus on prevention (upstream) vs. treatment (downstream) and evidence-based programs with demonstrated effectiveness
- EMS doing medication-assisted therapy after overdose
- Direct link to long-term treatment after overdose
- Peer support
- Bridge counselors
- Substance use education (e.g. CARE Coalition's classes on alcohol, tobacco, and other drugs for 9th grade students, DARE)
- Ms. Kendra curriculum (evidence-based trauma-informed care education) for young children
- TAFFY youth coalition
- Prescriber education
- Advocacy of accountability/litigation for distribution of prescriptions (More Powerful NC)
- Mentoring
- Coordinated care / integrated healthcare
- Alternative pain management
- More treatment options such as medication-assisted treatment
- Physician referrals to treatment
- Pain management specialists
- More inpatient treatment options for substance use and mental health
- Improved public information and knowledge about overdose
- Training for providers about people-first language, etc.
- Outreach and education efforts to reduce stigma around substance use and treatment

Evidence-Based Strategies

In addition, the following evidence-based strategies are actions and approaches have been shown to make a difference on reducing emergency department visits for mental health concerns, from resources such as the CDC's Community Health Improvement Navigator, the CDC's The Community Guide, County Health Rankings, and Healthy People 2020.

<i>Name of Strategy Reviewed</i>	<i>Level of Intervention</i>
Support community members who are likely to encounter individuals who might overdose with education and training to administer naloxone and ensure all first responders are trained and authorized to administer naloxone	Organizational, Community

Provide sterile injection equipment and often other treatment and referral services to people who inject drugs	Organizational, Community, Policy
Databases to track prescribing and dispensing of controlled substances	Organizational, Policy
Specialized courts that work with parents involved in the child welfare system who may lose custody of their children due to substance abuse	Interpersonal, Organizational, Community, Policy
Enlist mentors to develop relationships and spend time individually with at-risk mentees for an extended period	Interpersonal
Specialized courts that offer criminal offenders with drug dependency problems an alternative to adjudication or incarceration	Organizational, Policy
Provide immunity from arrest, charge, or prosecution for drug possession or paraphernalia when individuals experiencing or witnessing drug overdose summon emergency services	Policy
Provide medications such as methadone to individuals diagnosed with opioid use disorder, usually with counseling and behavioral therapies	Individual, Organizational, Community
Establish programs that accept expired, unwanted, or unused medicines from designated users and dispose of them responsibly	Organizational, Community

Process for Selecting Priority Strategies

Community members first identified several root causes or pieces of the "story" that they believed would be most important to address, from their own personal perspective or the perspective of their represented agency. They then identified up to two strategies (either discussed above or others that they had knowledge of) that would significantly impact that particular root cause.

They also indicated if they or their agency would be willing to lead, collaborate, or support each suggested strategy. Strategies with identified leadership are bolded below.

- **Prevent and address adverse childhood experiences**
 - Early childhood programs
 - **Mentoring**
 - Peer support
 - Evaluation to identify those at-risk
 - Incentives for families to get help
- Address social isolation and lack of hope
 - Peer support
 - Strengthen social engagement opportunities in public spaces
 - Mentoring
 - Promote and incentivize family and community connections
 - Build on educational efforts such as Blue Zones for overall health
 - Include family in treatment
 - Youth coalition
 - Trauma information and care for young children
- Engage with those in recovery and people currently using substances
 - Integrated healthcare
 - Peer support
 - Assistance getting jobs and accessing services

- Improve financial and social stability
 - Counselors
 - Peer support
 - Mentorship programs
 - More accessible entry-level minimum experience jobs
 - Volunteer jobs
 - Community engagement
 - Consistent free, welcoming safe public space
- Improve mental health status and address mental health concerns
 - Education about mental health concerns and treatment options
 - Physician education about mental health concerns and treatment options
 - Advocacy for best practices
 - Support groups for mental health
 - Access to mental health treatment
- **Combat stigma around substance use and treatment**
 - Peer support
 - Bridge counselor
 - Outreach to reduce stigma
 - **Sensitivity training for providers, law enforcement, teachers, mental health workers**
- **Coordinate and communicate about community efforts**
 - **Collaboration**
 - Referrals
 - Public information and knowledge
- **Improve public awareness and understanding**
 - Public information campaign
 - Community-based educational programs
 - **School education programs, e.g. Ms. Kendra curriculum**
 - **Youth outreach**
- **Improve provider awareness and understanding of ways to address issue**
 - **Prescriber education at the hospital**
 - NC Medical Board involvement
- **Decrease supply of opiates**
 - Blue Zone approach, community mobilization via collective impact model
 - Youth education
 - **Prescriber education**
 - Use of controlled substances reporting system
 - Alternative remedies
 - Rehab programs
 - Address supply chain profits
 - Support of More Powerful NC
 - Supply side litigation

- **Increase and promote effective treatment options for substance use**
 - Improve knowledge of available resources
 - Fill service gaps and improve insufficient resources
 - Coordinated care
 - **Pain management specialists**
- Improve follow-up after substance overdose
 - Direct link to long-term treatment after emergency department visits
 - Increase treatment options

Healthy Lifestyle

HealthyWeight Healthy Lifestyle		Most Recent Period	Current Actual Value	Current Target Value	Current Trend	Baseline % Change
I	Age-adjusted percentage of obesity among adults ages 20+	2016	27	—	↘ 1	23% ↑
<p>Data Source: US Diabetes Surveillance System; Division of Diabetes Translation, Centers for Disease Control and Prevention.</p>		2015	27	—	↗ 3	24% ↑
		2014	26	—	↗ 2	17% ↑
		2013	25	—	↗ 1	12% ↑
		2012	25	—	↘ 1	12% ↑
		2011	25	—	↗ 1	13% ↑
		2010	24	—	↘ 4	10% ↑
		2009	25	—	↘ 3	11% ↑
		2008	25	—	↘ 2	13% ↑

Story Behind the Indicator

[Guidance: This section includes story you collect during your process.]

The “Story Behind the Curve” helps us understand why the data on [state the indicator in plain language, e.g. adults with diabetes, children born addicted to drugs, or people dying from drug overdoses] is the way that it is in our community. When we understand the root causes of our community problems, we have a better chance of finding the right solutions, together.

[Guidance: What is helping and what is hurting this issue? What conditions, policies, programs or other factors are helping us do as well as we are doing? What conditions, policies, programs or other factors are contributing to this problem and keeping us from doing better?

You could organize your What’s Helping and What’s Hurting by what do people most affected by this issue say? What do key stakeholders say? Challenge assumptions. Ask “why” to get to root-causes?

Story data can come from many sources: during Whole Distance Exercise with your coalition or work group; during listening sessions/focus groups with people affected by the issue; the Healthy Impact Key Informant Interview responses on your topic; interviews or surveys with key partners in your community; listening at meetings or community events; etc.

Recommended RBA tool for working on story behind the indicator, identifying partners, and thinking about what works (strategies): [Population Turn-the-Curve Report](#)

What’s Helping? *These are the positive forces at work in our community and beyond that influence this issue in our community.*

[Guidance: a prompting question can be, “Why are things as good as they are and not worse?” Ask “why?” multiple time to a single cause to get to root causes. Try to get input about what’s help at the individual, organizational, environment and policy levels. You can also include additional number data/indicators that relate to your headline indicator as part of the story of what’s helping.]

- Example 1
- Example 2
- Example 3
- Example 4

What's Hurting? *These are the negative forces at work in our community and beyond that influence this issue in our community.*

[Guidance: a prompting question can be, "Why are things as bad as they are and getting in the way of things getting better? Try to get input about what's hurting at the individual, organizational, environment and policy levels. You can also include additional number data/indicators that relate to your headline indicator as part of the story of what's hurting.]

- Example 1
- Example 2
- Example 3
- Example 4

Partners with a Role to Play

Partners in our Community Health Improvement Process:

The following individuals and agencies were represented in the planning process related to adult obesity:

- Blue Ridge Health Center
- Brevard City Council
- Hunger Coalition of Transylvania County
- NAACP Health Committee
- Pisgah Forest Rotary
- Sharing House
- Transylvania County Government
- Transylvania County Library
- Transylvania County Parks and Recreation
- Transylvania Public Health
- Transylvania Regional Hospital
- United Way
- United Way's TRAIN (Transylvania Resource Access and Information Network)

Partners with a Role in Helping Our Community Do Better on This Issue:

The following organizations were identified as potential partners on strategies that were considered during the planning process

Government

- City of Brevard
- Transylvania County
- Transylvania County Cooperative Extension
- Transylvania County Library
- Transylvania County Parks and Recreation
- Transylvania County Planning and Community Development
- Transylvania Public Health

- Henderson County

Healthcare providers

- Transylvania Regional Hospital
- Blue Ridge Health Center
- Physical therapists

Non-profits

- Bread of Life
- Cindy Platt Boys and Girls Club
- El Centro Hispano
- Friends of Ecusta Trail
- Hunger Coalition of Transylvania County
- Kids in Camp
- Meals on Wheels
- Mountain Roots
- Rise and Shine
- Sharing House
- United Way

Businesses

- Brevard Rotary
- Pisgah Forest Rotary
- Heart of Brevard
- Fitness centers

Schools

- Transylvania County Schools
- Brevard Academy
- Mountain Sun
- Brevard College
- Blue Ridge Community College

Others

- Brevard Housing Authority
- Community centers
- Churches
- Land of Sky Regional Council
- Muddy Sneakers
- NAACP Health Committee
- Pisgah Health Foundation

- Dogwood Health Foundation
- Pisgah National Forest
- Gorges State Park
- Dupont State Forest
- Senior Games
- Silvermont and Quebec Senior Centers
- Special Olympics of Transylvania County
- Scout troops

Strategies Considered & Process

Actions and Approaches Discussed by Our Partners

Our community partners considered ideas of what works to do better, what is currently working in our community, what people most affected by the issue think will work, evidence-based strategies from sources such as the CDC, County Health Rankings, and Healthy People 2020. The following actions were identified by community members as ideas for what can work in Transylvania County to make a difference on reducing adult obesity:

- Organization of available resources to increase awareness/visibility, especially for at-risk populations
- Moai (social engagement/exercise groups)
- Cooking education
- Pop-up shopping nutrition education
- Diabetes Prevention Programs
- Worksite wellness programs
- Faith-based wellness programs
- Screenings and interventions to prevent falls
- Silver Sneakers physical activity program for older adults
- NC CARE 360 care management system
- Double-up food bucks to lower cost of fresh produce
- SNAP at Farmer's Market
- Living wage
- Rails to Trails programs
- Bike lane requests to DOT
- Sidewalk policy within City of Brevard jurisdiction

Evidence-Based Strategies

In addition, the following evidence-based strategies are actions and approaches have been shown to make a difference on reducing emergency department visits for mental health concerns, from resources such as the CDC's Community Health Improvement Navigator, the CDC's The Community Guide, County Health Rankings, and Healthy People 2020.

<i>Name of Strategy Reviewed</i>	<i>Level of Intervention</i>
School-based programs to increase physical activity	Individual, Organizational, Community, Policy
Increased student physical activity through safe and active transport to and from school	Individual, Interpersonal, Organizational, Community, Policy
Multi-component worksite obesity prevention programs to improve health-related behaviors and outcomes among employees	Individual, Interpersonal, Organizational

Six-month weight management program for African-American women church congregants	Individual, Interpersonal, Organizational
Biweekly counseling helps rural women maintain weight loss, with telephone contact less costly than in-person sessions	Individual, Interpersonal
Eat Smart, Move More, Weigh Less	Individual, Interpersonal, Organizational
Coronary Health Improvement Project (CHIP) worksite program	Individual, Organizational
Pounds Off With Empowerment (POWER)	Individual, Interpersonal
Strong Women - Healthy Hearts	Individual, Interpersonal
Expand access to national Diabetes Prevention Program	Individual, Interpersonal, Organizational
Behavioral interventions that aim to reduce recreational sedentary screen time among children	Individual, Interpersonal, Organizational
Technology-supported multicomponent coaching or counseling interventions to reduce weight or to maintain weight loss	Individual, Interpersonal
Multicomponent interventions to increase availability of healthier foods and beverages in schools	Organizational
Meal or fruit and vegetable snack interventions combined with physical activity interventions in schools	Organizational
Worksite programs	Organizational
Interventions including activity monitors for adults with overweight or obesity	Individual
Comprehensive telehealth interventions to improve diet among patients with chronic diseases	Individual, Interpersonal, Community
Gardening interventions to increase vegetable consumption among children	Individual, Interpersonal, Organizational, Community or Policy
Exercise programs to prevent gestational hypertension	Individual, Interpersonal, Organizational, Community or Policy
Campaigns that include mass media and health-related product distribution	Community
Built environment approaches combining transportation system interventions with land use and environmental design	Community, Policy
Social support interventions for physical activity in community settings	Interpersonal, Community
Individually adapted health behavior change programs for physical activity	Individual, Interpersonal
Creating or improving places for physical activity	Organizational, Community, Policy
Enhanced school-based physical education	Organizational
Person-to-person interventions to improve caregivers' parenting skills	Interpersonal
Preschool programs with family support services	Interpersonal, Organizational
Complete streets and streetscape design initiatives	Community or Policy
Competitive pricing for healthy foods	Organizational, Community, Policy
School nutrition standards	Organizational, Policy

Breastfeeding promotion programs	Individual, Organizational
Exercise prescriptions	Interpersonal
Mixed-use development	Community, Policy
School breakfast programs	Organizational
Fruit & vegetable incentive programs	Individual, Organizational, Community
Culturally adapted health care	Interpersonal
Chronic disease self-management (CDSM) programs	Individual, Interpersonal
Public transportation systems	Community

Process for Selecting Priority Strategies

Community members first identified several root causes or pieces of the "story" that they believed would be most important to address, from their own personal perspective or the perspective of their represented agency. They then identified up to two strategies (either discussed above or others that they had knowledge of) that would significantly impact that particular root cause.

They also indicated if they or their agency would be willing to lead, collaborate, or support each suggested strategy. Strategies with identified leadership are bolded below.

- **Promote knowledge and use of existing free programs and resources**
 - **Campaigns/promotions to increase knowledge of existing programs to all age groups and interests**
 - Group education
 - **Incorporate health themes into regular programming (e.g. dancing at storytime)**
 - **Free exercise programs for beginners at library**
- **Education and support for diet and exercise**
 - **Diabetes Prevention Program**
 - Faith-based programs
 - Worksite wellness: amplify, promote, educate smaller employers on available resources e.g. existing MountainWise programs, quick break workout cards, nutrition evaluation
 - Report successes in worksite wellness programs
 - Promote resources available to smaller employers
- **Increase knowledge about cooking, meal planning, and healthy options**
 - Group education such as cooking classes, cookbook clubs, food preservation (partner with Cooperative Extension) with cost/benefit information at Library, Sharing House, community centers
 - Grocery store tour for healthy options
 - "Advertise" healthy foods in schools to counter media advertising
 - Collaborate with afterschool programs to provide food education
 - **Enhance and promote access to cooking and food-related books**
 - Empower neighbors to teach neighbors – cooking healthy on a budget

- Access to healthy foods
 - Pisgah Health Foundation as leader in collaborative effort to transform county with options for low-resource residents to access healthy options/fresh produce at no cost with dignity
 - Encourage and support home gardening (those who grow food are more likely to cook and eat it)
 - **Double-Up Food Bucks**
 - Blue Zones approach to engage restaurants and grocery stores
 - Group education
 - **Develop collections to assist with preparing healthy foods**
 - **Pop-up or mobile markets**
 - Increase healthy food options in restaurants: collaborate with Transylvania Economic Authority to create financial incentives for restaurants to source local foods, offer stickers to indicate support of local farms
- Low walkability in outer parts of county
 - **Expand sidewalks wherever possible for connectivity**
 - Rails to Trails and Brevard urban trails expansion
- **Outdoors as asset**
 - **Expand bike trails / Rails to Trails**
 - Education about available options – especially for low income and Hispanic populations
- **Social cohesion/activity groups**
 - **Include area resources in new employee orientation**
 - Highlight existing groups – communicate in accessible way
 - Exercise programs: yoga, chair yoga, pilates, mediation
 - Bike programs: maintenance, safety
 - **Collaborate with local businesses to create socioeconomically diverse groups around physical activity**
- **Encourage active lifestyle from organization leadership**
 - **Include active lifestyles in county strategic plan**
 - **Demonstrate cost savings when employing healthy employees by lower insurance claims** County commissioners lead by example with presence at wellness events
- Year-round access to safe, relaxing fitness options (e.g. pools, Rails to Trails)
 - Advocate for county support of Ecusta Trail
- Low-cost fitness options
 - Rail to Trails fitness
 - Worksite wellness
- Community events
 - Incentives
 - Group education
 - Campaigns/promotions
 - Incorporate physical activity into events at community centers
- Cost of living/poverty
 - Achieve Democratic majority in NC legislature
 - Advocate for Chamber of Commerce and Heart of Brevard support for living wage
- Affordable housing
 - Advocate for infrastructure that supports health in new developments (e.g. sidewalks, pedestrian-friendly, curb cuts)
 - Promote social gathering spots that support health (e.g. community gardens, conversation areas, walking paths)