



2018



Swain County Community Health Assessment





ACKNOWLEDGEMENTS

This document was developed by Swain County Health Department in partnership with Swain Community Hospital, along with the Swain County Community Wellness Action Team, Coalition for a Safe and Drug Free Swain County, Swain County Commissioners, Bryson City Town Board of Alderman, Swain County School Health Advisory Committee, Swain County School Board and Swain County community members. As part of a local community health (needs) assessment process. We would like to thank and acknowledge several agencies and individuals for their contributions and support in conducting this health assessment:

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

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Vision

The Community Wellness Action Team works in conjunction with the Community Health Assessment (CHA), conducted every three years. The team hopes to gain community member involvement in decision-making to create a healthier Swain County. The vision of the group is devoted to the betterment of individuals living in Swain County; this vision is steadfast, but specifics have the power to change with each Community Health Assessment cycle. In the next three years, Swain County will strive to improve the health of its community members by: implementing or improving programs, decreasing the number of chronic disease as it relates to obesity, and collaborating with local coalitions to reduce substance use and abuse as well as increase health education. Our goal is to design and implement strategies positively benefiting overall health while simultaneously collaborating with various entities to initiate programs working toward a healthier and safer Swain County. The Community Wellness Action Team is driven to create and maintain initiatives potentially increasing the health and happiness of citizens living in Swain County.

In the next 3 years, Swain County will strive to improve the health of its community members.

Leadership for the Community Health Assessment Process

During the 2018 Community Health Assessment (CHA), the Community Wellness Action Team spearheaded the CHA process for Swain County.

Name	Agency	Title	Agency Website
Trish Hipgrave	Swain County Health Department and Community Wellness Action Team (C-WAT)	Chair of C-WAT	www.swaincountync.gov
Chelsea Burrell	Swain Community Hospital and Community Wellness Action Team	Vice Chair C-WAT	www.myswaincommunity.com

Partnerships

Many key partners are participating in our ongoing Community Health Assessment process. Partners include: WNC Healthy Impact, Swain County Health Department, Swain Community Hospital, Community Wellness Action Team (C-WAT), Coalition for a Safe

and Drug Free Swain County, Swain County Board of Commissioners, Bryson City Town Board of Alderman, Swain County Economic Development, Swain County Schools, Mountain Projects Inc., and Smoky Mountain Times. All entities and organizations provide great insight into this process, offering opinions on the health status of this community. It is through their partnership and collaboration that we were able to create an assessment and plan with the community, by the community, and for the community.

Community Input & Engagement

Including input from the community is a critical element of the community health assessment process. Our county included community input and engagement in several ways:

- Primary data collection included county residents answering questions regarding their experiences
 - Key informant interviews were submitted by selected community leaders
- Listening sessions were conducted (all community members invited)
- Partnership on conducting the health assessment process (Health Department, Hospital, and C-WAT, WNC Healthy Impact)
- C-WAT is comprised of volunteer community members interested in the health of their county
 - C-WAT reviewed and made sense of the data to better understand the story behind the statistics
- In the identification and prioritization of health issues
 - C-WAT
 - Coalition for a Safe and Drug Free Swain County
 - Board of Commissioners Meetings (community members invited to participate)
 - Bryson City Town Board of Aldermen Meeting (community members invited to participate)
 - Swain County School Board Meeting (community members invited to participate)
 - Swain County School Health Advisory Committee Meeting



Community engagement will be an ongoing focus moving into the collaborative planning phase of the community health assessment process. Partners and stakeholders will continue to be engaged as appropriate in their individual roles. Programs and strategies will be a collaborative effort in our community to ensure the potential for successful impact.

Name	Agency	Title	Agency Website
Trish Hipgrave	Swain County Health Department and Swain County Community Wellness Action Team	Public Health Educator and Chair of C-WAT (CHA Advisory Committee)	www.swaincountync.gov
Chelsea Burrell	Swain Community Hospital	Vice Chair C-WAT	www.myswaincommunity.com
Marian Arledge	WNC Healthy Impact	Executive Director	https://www.wnchn.org/wnc-healthy-impact/reports/
Ben Bushyhead	Swain County Commissioners	Chair	http://www.swaincountync.gov/Commissioners/commissioners.html
Tom Sutton	Bryson City Town Board of Aldermen	Mayor	https://www.brysoncitync.gov/?SEC=D6D806E3-A056-46AF-BEFF-79CE720F98F7
Mellie Burns	Swain County School Board	Chair	http://www.swain.k12.nc.us/board-of-education
Trish Hipgrave	The Coalition for a Safe and Drug Free Swain County	Chair	https://www.facebook.com/SwainCoalition/
Jessica Webb	Smoky Mountain Times	Editor	https://www.thesmokymountaintimes.com/
Mark Pilon	Mountain Projects	Prevention Specialist	https://mountainprojects.org/
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Regional/Contracted Services

Our county received support from **WNC Healthy Impact**, a partnership and coordinated process between hospitals, public health agencies, and key regional partners in Western North Carolina (WNC) working towards a vision of improved community health. We work together locally and regionally to assess health needs, develop collaborative plans, take action, and evaluate progress and impact. This innovative regional effort is coordinated and supported by **WNC Health Network**. WNC Health Network is the alliance of hospitals working together to improve health and healthcare in western North Carolina. Learn more at www.WNCHN.org.

Theoretical Framework/Model

WNC Health Network provides local hospitals and public health agencies with tools and support to collect, visualize, and respond to complex community health data through Results-Based Accountability™ (RBA). RBA is a disciplined, common-sense approach to thinking and acting with a focus on how people, agencies, and communities are better off for our efforts.

Through WNC Healthy Impact, all hospitals and their public health partners can access tailored Results-Based Accountability training and coaching; scorecard licenses and development (including the electronic Hospital Implementation Strategy); and scorecard training and technical assistance.

Collaborative Process Summary

Swain County's collaborative process is supported by WNC Healthy Impact, which works at the regional level. Locally, our process is collaborative and integrated to better suit our community. Phase 1 of the process began in January 2018 with the collection of community health data. For more details on this process see Chapter 1 – Community Health Assessment Process. Phase 2 of the process was the release of the data to local Health Departments and Hospitals. During this phase, Swain County Health Department's Public Health Educator, Trish Hipgrave, and Swain Community Hospital's Community Wellness Outreach Coordinator, Chelsea Burrell, sifted through the data to evaluate morbidity and mortality rates in Swain County. Health conditions such as heart disease, Diabetes, and COPD were previously identified as areas of concern, and during this phase of CHA it was critical to thoroughly analyze the trending numbers of the previous decade in relation to the current morbidity rates. From there, information was broken down into two main categories – chronic disease and substance use and abuse – and presented to the Community Wellness Action Team (C-WAT).

Members of C-WAT were given the statistical information found pertinent to the broad theme of chronic disease as well as substance use and abuse. The data provided to them were as follows: causes of death in Swain, total overweight (overweight or obese), obesity, consume five or more servings of fruits/vegetables per day, food insecurity, prevalence of heart disease, prevalence of stroke, prevalence of high blood pressure, prevalence of high blood cholesterol, prevalence of borderline or pre-diabetes, prevalence of diabetes, prevalence of COPD, used opiates/opioids in the past year, life has been negatively affected by substance abuse, current smokers, currently use smokeless tobacco products, currently use vaping products, and the Swain County PRC specific questions. Each member was given this information prior to the CHA data kick-off meeting. Preceding the kick-off meeting were meetings dedicated to substance use and abuse, where members were asked to rate each data point based upon feasibility, relevancy, and the overall impact. Upon finalizing a recommended priority for substance use and abuse, attention turned to chronic disease. Members were asked again to rate each data point based upon feasibility, relevancy, and the overall impact, finalizing the second recommended priority.

C-WAT suggested two potential priorities – chronic disease as it relates to obesity in our community and substance use prevention and reducing substance abuse in our community. As C-WAT is only one small representation of the county population, the potential priorities were then presented to the Bryson City Town Board of Aldermen, Swain County Commissioners, School Health Advisory Committee (SHAC), and the Swain County School Board for approval and acceptance of these priorities moving forward. Throughout the process, involvement within the community could be challenging, therefore, the potential priorities were brought to public meetings, such as the Bryson

City Town Board of Aldermen on December 3rd, the Swain County Commissioners meeting on December 13th, and the Swain County School Board on January 14th. In sharing the potential CHA priorities at public meetings, the priorities data was also shared with Swain Community members in attendance, where they could provide their input. Gaining the acceptance, approval, and support from these local officials and community members, we were able to set our two CHA priorities for Swain County.

Key Findings

According to the secondary data, the leading cause of death in Swain County is disease of the heart (North Carolina State Center for Health Statistics, 2018). The most common types of heart disease are the following: coronary artery disease, high blood pressure, arrhythmia, stroke, peripheral artery disease, and congenital heart disease. Primary data indicated several major findings that heavily influenced priority selection. The prevalence of high blood pressure has increased by 5.1% in six years, and 4% in three years; please note that high blood pressure is one of the most common types of heart disease (WNCHN – WNC Healthy Impact Community Health Survey, 2018). The obesity prevalence is about 50% in the county (49.7%), increasing by 12% in six years and 8.4% in three years. The prevalence of overweight/obese individuals is at 75.5% in 2018, which is approximately a 4% increase in six years and a 2.9% increase in three years. Diabetes continues to increase at an alarming pace in Swain County, one in which is quite disturbing to those in the public health community.

The second leading cause of death in Swain County is lower respiratory disease, which is also known as Chronic Obstructive Pulmonary Disease (COPD). Chronic obstructive pulmonary disease has steadily been on an uphill climb over the previous decade, indicating an approximate 1% increase in three years (WNCHN – WNC Healthy Impact Community Health Survey, 2018). The primary data also resulted in significant increase of smokeless and e-cigarette use; smokeless tobacco products increased by 1.7% in three years and 5.7% in six years, in addition, e-cigarette products increased by 1.6% in three years (WNCHN – WNC Healthy Impact Community Health Survey, 2018).

Secondary data indicates the number of EMS naloxone administrations as being one of the highest in Western North Carolina, and this data was only indicative of the first quarter in 2018 (NC Opioid Action Plan Dashboard, 2018). 40% of opioid deaths in the 4th quarter of 2017 involved heroin or fentanyl, which was found to be alarmingly high in the smaller community of Swain. Major findings within the secondary were difficult to identify as the statistics were not current, a majority of secondary data was only current to 2016, and sometimes 2013, making it difficult to utilize.

The county specific questions indicated three perceived issues – road maintenance, drugs, and “nothing” were the given responses (WNCHN – Online Key Informant Survey,

2018). The community perception of drugs being a major issue, was a stronger indicator. The degree to which life has been negatively affected by substance abuse showed a 3% increase; 13.6% of individuals polled reported using an illicit drug in the past month (self or someone they know), which is 4% higher than the WNC average (WNCHN – Online Key Informant Survey, 2018).

Mortality

The overall life expectancy for those in Swain County is reported to be 75.2 years of age (North Carolina State Center for Health Statistics, 2018). Men are estimated to live on average to be 71.8 years old, and women are estimated to live to be 78.7 years of age. The secondary data provided on ethnicity and race in Swain County for life expectation is extremely limited, therefore, not included. This data set is limited to Caucasian and African-American statistics only, and roughly 26% of the population identify as Native American (WNCHN – Online Key Informant Survey, 2018). According to this data, Caucasians reportedly live to be 77.5 years of age on average with no data available for African Americans or Native Americans. This data needs to be updated to reflect the potential races inhabiting the counties of WNC, such as Native Americans as well as Hispanics. This would be done through WNC Healthy Impact.

According to the Indian Health Services, American Indians and Alaska Natives have an average life 5.5 years less than all races in the U.S. (Indian Health Service, n.d.). American Indians and Alaska Natives continue to die at a higher rate than other Americans due to chronic liver disease and cirrhosis, diabetes, unintentional injuries, assault/homicide, and chronic lower respiratory diseases (Indian Health Service, n.d.).

Heart disease continues to be the leading cause of death in Swain County. Reported diagnoses of high blood pressure are increasing at an alarming rate in conjunction with heart disease. As of 2018, Swain County has the highest percentage of heart disease in comparison with all counties across WNC. Further, Swain has continued to have the highest percentage of heart disease across WNC for the last decade. Data indicates a positive influx of individuals taking action to control their high blood pressure and seeking treatment.

Health Priorities

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

- Relevant – How important is this issue? (*Urgency to solve problem; community concern; Focus on equity; Linked to other important issues*)

- Impactful – What will we get out of addressing this issue? (*Availability of solutions/proven strategies; Builds on or enhances current work; Significant consequences of not addressing issue now*)
- Feasible – Can we adequately address this issue? (*Availability of resources to address the issue; Political capacity/will; Community/social acceptability; Appropriate socio-culturally; Can identify easy, short-term wins*)

Swain County Health Department Community Health Assessment (CHA) facilitator, Swain Community Hospital Community Health Needs Assessment (CHNA) facilitator, and Community Wellness Action Team (C-WAT) analyzed the secondary and primary data from WNC Healthy Impact; participants used a modified Hanlon method to rate the priorities using the criteria listed above. Then multi-voting techniques were used to narrow the top two health priority issues, which were presented to stakeholders as a recommendation moving forward. From there, stakeholders were asked to provide feedback and vote on the recommended health priorities presented. In a unanimous decision, all stakeholders agreed on the priorities, allowing the process to move forward.

Identified Priorities

The following are the finalized health priorities for Swain County, selected by the community:

- **Health Priority 1 - Chronic Disease as it Relates to Obesity with Swain County Community members**
- **Health Priority 2 – Substance Use Prevention and Reducing Substance Abuse in Our Community**

Health Resources Inventory

Inventory of available resources was conducted for our community by reviewing a subset of existing resources currently listed in the 2-1-1 database for our county as well as working with partners to include additional information. Where gaps were identified, we partnered with 2-1-1 to fill in or update this information when applicable. In addition, a Community Resource quarterly meeting was established by Swain County Department of Social Services to bring key partners together to discuss services and avenues in which the county can disseminate and communicate better with community members.

Next Steps

The 2018 CHA priorities have been presented to the community through key county group meetings – Board of Commissioners, Bryson City Town Aldermen, Swain County School Board, and the School Health Advisory Committee. The CHA and CHNA

facilitators will continue to disseminate the report in a multitude of ways; the final CHA will be shared with the above committees, as well as, being made available online at www.swaincountync.gov and <https://www.myswaincommunity.com/for-patients-and-visitors/community-health-needs-assessment>. These links will also be posted on the Facebook page of Swain County Health Department, Swain Community Hospital, and The Coalition for a Safe and Drug Free Swain County. Hard copies will also be available at the Health Department, Marianna Black Library, and printed upon request.

Next steps will include the development of a community health improvement plan based on the findings of the CHA. The CHA and CHNA facilitators will assemble a meeting of C-WAT to develop objectives and strategies to move forward on the identified two health priority issues. The team will develop and implement initiatives utilizing evidence-based strategies. Community policy change and education will remain vital tools in, not only generating, but also maintaining healthy behavior within Swain County.



Location, Geography, and History of Swain County

Consisting of just over 525 square miles of land area, Swain County is located in the far western region of North Carolina and is adjacent to the federal government's Smoky Mountain National Park, and the Eastern Band of Cherokee Indian Reservation (EBCI). This rural, mountainous area of the Southern Appalachians is often recognized for its spectacular geographic diversity. With much of the land area located within the Great Smoky Mountains National Park, including its highest peak, Clingmans Dome, the area includes the scenic beauty of four rivers, the Nantahala, the Tuckasegee, the Oconaluftee and the Little Tennessee, and a major creek, Deep Creek, which flow through the county and helps to form the sprawling Lake Fontana located just minutes west of Bryson City, the county seat. The county also encompasses much of the Cherokee Indian Reservation, with its own independent government. Given this unique geography and co-location with two independent government organizations, Swain County government's capability to raise significant program revenues to support programs and services is particularly acute given that over eighty-five (85) percent of Swain County's total land area is currently not taxable by local governmental units due to its ownership by either the national government or the Cherokee Indian Tribal government. A funding scenario that provides minimal revenue generating potential at the local level while the local community attempts to address a growing high demand for services. (Swain County Master Plan, 2018)

Formed in 1871 from parts of Jackson County and Swain County, the county was named for David L. Swain, governor of North Carolina from 1832 to 1835. With a population of just over 14,163 individuals according to 2016 census and other population estimates, Swain County is the 89th least populated of 100 counties in the state. Moreover, economic data indicates that despite significant increases in employment and income, Swain County continues to rank as 83rd of the 100 counties in terms of the number of children in poverty, nearly ten percentage points worse than the state average. Today, the average population density is still less than 26.5 people per square mile and the per capita income is less than \$21,000 per year. A population that is often isolated in terms of socialization activities due to the non-existence of public transportation resources and difficulties in travel due to the mountainous nature of the local terrain. The major roadways that provide regional transit routes for Swain County include: US Highways 74

and 19 and State Highways 28. Most of the county's development occurs along these corridors and around the areas of the highway intersections including the area around the only incorporated municipality. The county is home to one incorporated municipality, Bryson City, and a number of local communities including but not limited to Alarka, Ela, Almond, Wesser, Lauda, Whittier, Deep Creek, and Fontana Lake. Major geographic attractions include the water oriented recreational uses of the Deep Creek and Fontana Lake areas as well as areas along the Tuckasegee River. Additional geographic attractions include the many hiking and trail paths including those in and out of the Smoky Mountain National Park areas and along other areas of the Great Smoky Mountains. (Swain County Master Plan, 2018)

Population

The Great Smoky Mountains National Park is one of the nation's most-visited national parks (National Park Foundation, n.d.). Approximately 40% of the Great Smoky Mountains National Park is housed on Swain County property lines (Swain County Chamber of Commerce, n.d.). Swain County is extremely scenic – roughly 87% of the property is protected from development as part of the Great Smoky Mountains National Park, Tennessee Valley Authority waters, Nantahala National forest, or the Cherokee Indian Reservation (Swain County Chamber of Commerce, n.d.). The total population in 2016 was 14,234 people, which was a 1.8% increase from 2010 (U.S. Census Bureau, 2018). The population is rather evenly distributed with 48.8% being males and 51.2% being females (U.S. Census Bureau, 2018). The average age of individuals living in Swain County was roughly 41 in 2016. The county is primarily comprised of Caucasians (64.2%) and Native Americans (27.8%). Swain County averages the highest percentage of Native Americans within the population as it houses the Qualla Boundary, otherwise known as the Eastern Band of Cherokee Indian Reservation (EBCI). The population change from 2010-2020 is estimated to grow by roughly 3% and slowly decline for the next few decades (indicated in the graph below; U.S. Census Bureau, 2018; North Carolina Office of State Budget and Management, 2018).

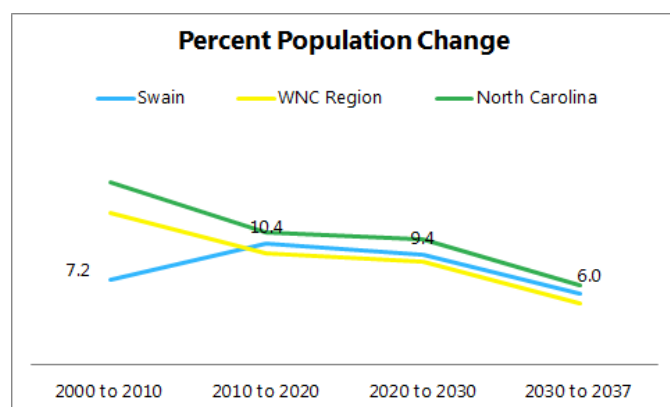


Figure 1: Percent of Population Change in Swain County. U.S. Census Bureau (2018) and North Carolina Office of State Budget and Management (2018)

The elderly population is estimated to continue to steadily increase in the upcoming years.

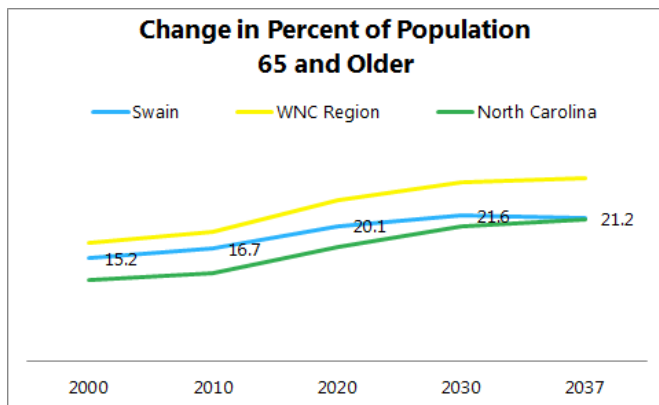


Figure 2: Change in Percent of Population 65 and Older in Swain County. U.S. Census Bureau (2018) and North Carolina Office of State Budget and Management (2018).

The youth rate will slowly increase of the upcoming years, but it will be a slow and steady climb. Birth rate statistics indicate a small decrease in the total birth rates, and an increase in birth rates among the Hispanic and African American populations. Both minority populations increased by 2% in 2016 (NC SCHS, 2018). Approximately 188 households identify as non-English speaking, equating to around 3.5% of the total households (U.S. Census Bureau, 2018). 63 households in Swain County identify as predominantly Spanish speaking, and only 7 out of the 63 households are strictly non-English speaking. No other language was identified as a dominant language or potential barrier.

The number of total family households in 2016 was approximately 3,471 in comparison to 5,425 total households in Swain County (U.S. Census Bureau, 2018). Roughly 12% of those family households are legally married couples with children under the age of 18; 1.7% are households-maintained by single men with children under the age of 18; and 6.9% are households-maintained by single women with children under the age of 18 (U.S. Census Bureau, 2018). Among the non-family households established, 33% live by themselves and 13.8% are 65 years and over.

Military veterans account for 859 out of 10,942 individuals, which is roughly 8% of the eligible population (U.S. Census Bureau, 2018). The military veteran population is dominated by men (97.1% of the population), with 2.7% being 18 to 34 years of age, 23.7% being 35 to 54 years of age, 16.3% being 55 to 64 years of age, 29.8% being 65 to 74 years of age, and 27.5% being 75 years and over (U.S. Census Bureau, 2018).

Approximately 231 individuals living in Swain County were born outside of the United States, which is the second lowest county across WNC (U.S. Census Bureau, 2017).

In 2017, 10,165 individuals were classified as registered voters in Swain County. Statistics show that 78.5% of the registered voters in the county were identified as Caucasian, 1.2% registered as African American, 20.3% registered under "other" ethnicity, and .6% registered as Hispanic (North Carolina Office of State Budget and Management, 2017).

The number of homeless individuals has increased dramatically within the last decade. In 2010 the county reported nine homeless individuals, where it averaged around ten for the next few years. In 2013, Swain County saw an all-time high of homelessness with 77 individuals reported. In the following year it decreased by roughly 30 individuals, but almost doubled by 2015 (97 individuals reported; North Carolina Coalition to End Homelessness, 2018). After 2015, the average number of homeless individuals reported has been approximately 50, which is seemingly much greater than surrounding areas.

The educational attainment rate from 2012-2016 also appears to be lower than other neighboring counties. Roughly 32.8% of the indicated population obtained a high school diploma or the equivalent to a high school diploma; 23.2% report some college but did not achieve a degree; and only 15.3% report achieving a bachelor's degree or higher (U.S. Census Bureau, 2018). Swain County has one of the lower rates within WNC in relation to education attainment.



As described by [Healthy People 2020](#), economic stability, education, health and healthcare, neighborhood and built environment, and social community and context are five important domains of social determinants of health. These factors are strongly correlated with individual health. People with higher incomes, more years of education, and a healthy and safe environment to live in, have better health outcomes and generally have longer life expectancies. Although these factors affect health independently, they also have interactive effects on each other and thus on health. For example, people in poverty are more likely to engage in risky health behaviors, and they are also less likely to have affordable housing. In turn, families with difficulties in paying rent and utilities are more likely to report barriers to accessing health care, higher use of the emergency department, and more hospitalizations.

Income & Poverty

"Income provides economic resources that shape choices about housing, education, child care, food, medical care, and more. Wealth, the accumulation of savings and assets, helps cushion and protect us in times of economic distress. As income and wealth increase or decrease, so does health" (County Health Rankings, 2018).

Income and Poverty Levels in Swain County	
Median Household Income	\$33,598
Median Family Income	\$44,370
Per Capita Income	\$20,256
Population Below Poverty Line	23.0%
Children Under 18 Below Poverty Level	42.2%
Children Under 5 Below Poverty Level	45.2%
Caucasians Below Poverty Level	23.4%
African Americans Below Poverty Level	95.8%

Native Americans Below Poverty Level	31.2%
Asian Americans Below Poverty Level	26.9%
Hispanics Below Poverty Level	42%
FNS Participation (January 2018)	2,254 individuals
Percentage of Economically Disadvantaged Students in 2016-2017 School Year	67.43%

*Table 1: Income and Poverty Levels in Swain County.
U.S. Census Bureau (2018)*

Employment

“Employment provides income and, often benefits that can support healthy lifestyle choices. Unemployment and under employment limit these choices, and negatively affect both quality of life and health overall. The economic condition of a community and an individual’s level of educational attainment both play important roles in shaping employment opportunities” (County Health Rankings, 2018).

Employment in Swain County		
Sector	Percentage	Weekly Wage
Arts, Entertainment, & Recreation	39.23%	\$712.81
Public Administration	22.52%	\$892.37
Foods and Services	9.13%	\$358.51
Health Care & Social Assistance	8.24%	\$761.26
Retail Trade	6.5%	\$396.23
Manufacturing	4.43%	\$857.05
Transportation & Warehousing	2.35%	\$580.21
Construction	2.24%	\$704.84
Public Administration & Other Services	2.22%	\$892.37
Finance and Insurance	.79%	\$744.77
Real Estate	.59%	\$486.50
Information	.55%	\$468.85
Administrative	.54%	\$439.89

Table 2: Employment and Wages by Sector in Swain County. NC Employment Security Commission (2018).

The average unemployment rate in Swain County for 2017 was roughly 5%, which is the lowest it has been in over ten years.

Education

“Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. This is true even when factors like income are taken into account” (County Health Rankings, 2018).

Educational Attainment in Swain County (2016-2017)	
Percentage of High School Graduates	32.8%
Percentage of Some College, no degree	23.2%
Percentage of bachelor's degree or higher	15.3%

Table 3: Educational Attainment in Swain County During the 2016-2017 School Year. U.S. Census Bureau (2018).

School Enrollment in Swain County (2016-2017)	
Total enrollment	2,039
Elementary School Age (K-5 th)	939
Middle School Age (6 th -8 th)	479
High School Age (9 th -12 th)	621
Drop-out Rate	4.95

Table 4: School Enrollment in Swain County During the 2016-2017 School Year. NC Department of Public Instruction (2018).

Graduation Rates in Swain County	
Percentage of Students Graduating	83.1%
Percentage of Male Students Graduating	80.3%
Percentage of Female Students Graduating	85.9%
Percentage of Economically Disadvantaged Students Graduating	82.9%

Table 5: Graduation Rates in Swain County During the 2016-2017 School Year. Public Schools of North Carolina (2018).

Community Safety

“Injuries through accidents or violence are the third leading cause of death in the United States, and the leading cause for those between the ages of 1 and 44. Accidents and violence affect health and quality of life in the short and long-term, for those both directly and indirectly affected, and living in unsafe neighborhoods can impact health in a multitude of ways” (County Health Rankings, 2018).

Crime in Swain County in 2016	
Crime	Incidents
Murder	0
Rape	4
Robbery	2
Aggravated Assault	14
Burglary	101
Larceny	89
Motor Vehicle Theft	15
Total Crime Rate	225

Table 5: Crime Rate Report in Swain County for 2016. North Carolina Department of Justice (2018).

Sexual Assault and Domestic Violence in Swain County (2016-2017)	
Type of Assault	Incidents Reported
Date Rape	2
Adult Survivor of Child Sexual Assault	4
Child Sexual Offense	3
Incest	1
Other	1
Domestic Violence Homicide	0
Total	14

Table 6: Sexual Assault and Domestic Violence in Swain County. North Carolina Department of Administration (2018).

Juvenile Justice Reports in Swain County (2017)	
Complaints	Incidents Reported
Number Undisciplined	8
Number Delinquent	20
Number Transferred to Superior Court	0
Number Placed in Detention Centers	0
Number Committed to Youth Development Center	0
Number Served in Community Programs	28
Total Complaints	28

Reported		Incidence Rate
Total Substantiated Findings		10
Unsubstantiated Findings		5
Number of Children with Investigated Reports of Abuse and Neglect		108
Reports by Race		Incidence Rate
	White	8
	African American	0
	Native American	2
	Other	0
	Hispanic	0

Table 7 & 8: Juvenile Justice Reports in Swain County During 2017. NC Department of Public Safety (2018).

School Violence in Swain County (2016-2017)	
Reported Crime	Incidents
Serious Injury	1
Assault on School Personnel	4
Burning of School Building	6
Possession of Alcohol	1
Possession of Controlled Substance	12
Possession of Weapon	5
Sexual Assault	1
Total Acts Committed	30

Table 9: School Violence in Swain County Schools During the 2016-2017 School Year. NC Department of Public Instruction (2018).

Housing

"The housing options and transit systems that shape our communities'-built environments affect where we live and how we get from place to place. The choices we make about housing and transportation, and the opportunities underlying these choices, also affect our health" (County Health Rankings, 2018).

Housing in Swain County (2016-2017)	
Renting Issues	Rates
Units spending more than 30% of income on housing	33.7%
Units spending more than 50% of income on housing	12.9%
Median Gross Rent	\$597
Owning Issues	Rates

Units spending more than 30% of income on housing	13.4%
Units spending more than 50% of income on housing	5.1%
Median Monthly Owner Costs	\$1,004

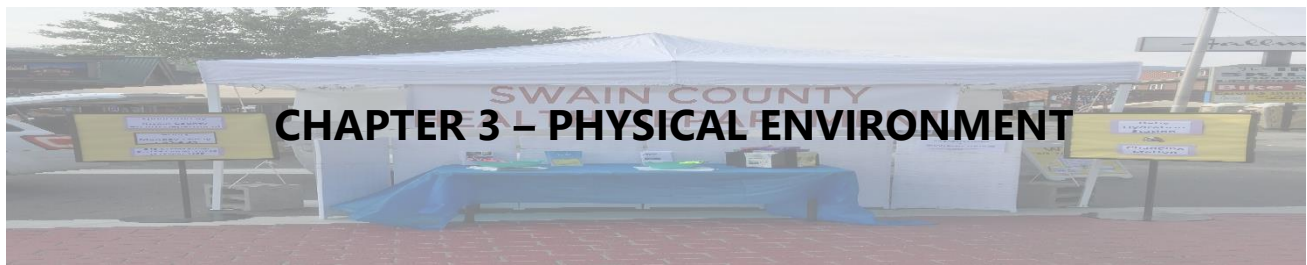
Table 10: Housing in Swain County During the 2016-2017 Fiscal Year. U.S. Census Bureau (2017).

Family & Social Support

"People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social capital provide residents with greater access to support and resources than those with less social capital" (County Health Rankings, 2018).

Family & Social Support in Swain County	
Support	Rate/Incidents
"Always/Usually" Get Needed Social and Emotional Support in 2015	78.8%
"Always/Usually" Get Needed Social and Emotional Support in 2018	74%

Table 11: Emotional Support Available or Obtained in Swain County During 2018. WNCHN – WNC Healthy Impact Community Health Survey (2018).



CHAPTER 3 – PHYSICAL ENVIRONMENT

Air & Water Quality

“Clean air and safe water are prerequisites for health. Poor air or water quality can be particularly detrimental to vulnerable populations such as the very young, the elderly, and those with chronic health conditions. Clean air and water support healthy brain and body function, growth, and development. Air pollutants such as fine particulate matter, ground-level ozone, sulfur oxides, nitrogen oxides, carbon monoxide, and greenhouse gases can harm our health and the environment. Excess nitrogen and phosphorus run-off, medicines, chemicals, lead, and pesticides in water also pose threats to well-being and quality of life” (County Health Rankings, 2018).

Swain County was able to accumulate 365 days of data with the air quality index. The air quality index is rated from 0 to 500, with 0 being the best and 500 being the worst air quality. The county reported 309 days of good air quality, which is an exceptional category (0-50 AQI; United States Environmental Protection Agency, 2018). There were only 56 days within the category of moderate (51-100 AQI). Unfortunately, Swain encountered 179 days with O₃ air pollutant, which is ground-level Ozone, harmful to individuals in the area. The United States Environmental Protection Agency developed an ambient air quality trend for particle pollution – Particulate matter (PM). The term PM_{2.5} refers to fine inhalable particles, with diameters typically less than 2.5 micrometers. Swain reported 186 days when air pollutant was considered to be PM_{2.5}, which is below the national standard. In 2018, 26.4% of individuals polled reported breathing smoke at work in the prior week, which is a 5.4% increase in three years and a 6.1% increase in six years.

Surprisingly, the county averaged a level of 4.7% indoor radon levels, higher than the average in WNC; WNC had an arithmetic mean of 4.1 (North Carolina Radon Information, 2015; North Carolina Department of Environment and Natural Resources, 2015).

According to the U.S. Census Bureau (2018) and the United States Environmental Protection Agency (2018) a total of 5,210 individuals were served by community water systems as of July 2018, which is 36.6% of the population in Swain County. The WNC average of population served by community water systems was 46.1% in 2018.

Access to Healthy Food & Places

"Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life (Food and Agriculture Organization, 2006). The environments where we live, learn, work, and play affect our access to healthy food and opportunities for physical activity which, along with genetic factors and personal choices, shape our health and our risk of being overweight and obese. As of 2013, 29 million Americans lived in a food desert without access to affordable, healthy food. Those with lower education levels, already at-risk for poor health outcomes, frequently live in food deserts" (County Health Rankings, 2018). In 2018, 28% of citizens surveyed reported often worrying about whether food would run out before pay day, which is roughly 7% higher than the WNC average of 21.4%. Further, 21.7% reported often buying food, running out, and not having enough money to buy more food. These statistics were not available in previous years; therefore, it cannot be compared during this CHA cycle.

In comparison to other rural counties, Swain has more farmers' markets and grocery stores available. The Farmers Market Coalition defines a farmers' market as a "public and recurring assembly of farmers or their representatives selling the food that they produced directly to consumers" (Farmers Market Coalition, n.d.). In 2016, the county had three farmers' markets and in 2014, access to three grocery stores. In 2018, two grocery stores in close proximity and three farmers' markets in the area (U.S. Department of Agriculture Economic Research Service, 2018). Fast food restaurants decreased from 2009 to 2014, however, this data has not been updated for 2018. Coincidentally, the data indicated that servings of fruits and vegetables has dramatically decreased in the previous years. It is important to note that the question was asked differently in 2018 from 2012 and 2015, which resulted in different answers, making it difficult to compare previous years. Approximately 4.12% (in 2015) of the population reported a household with no car and low access, which was a 2.6% decrease in three years from 2012 (U.S. Department of Agriculture Economic Research Service, 2018). Unfortunately, the data for this particular statistic was not updated in 2018, therefore, we do not have current data to report.

There was only one recreational fitness facility reported in 2014, and there are now at least 4 recreational fitness facilities available in the county (U.S. Department of Agriculture Economic Research Service, 2018).

There has been discussion regarding availability of resources for adults and senior citizens in the community. Over half of the individuals polled reported resources for seniors being sufficient (52.3%), and roughly 36% reported resources being insufficient.



CHAPTER 4 – A HEALTHY SWAIN COUNTY

Elements of a Healthy Community

In the online survey, key informants were asked to list characteristics of a healthy community. They were also asked to select the health issues or behaviors that they feel are the most critical to address collaboratively in their own community over the next three years or more. Follow-up questions asked them to describe which contributors to progress and impediments of progress exist for these issues, as well as the likelihood that collaborative effort could make a positive change for these issues.



When key informants were asked to describe what elements, they felt contributed to a health community in our county, they reported the top three to be:

- Physical Activity
- Healthy Lifestyles
- Healthy Citizens

Swain County has a Community Wellness Action Team. Founded in the 2015, this team has grown and developed to become a community-based advocacy group of volunteer agencies and individual community members, working to improve the quality of health for all residents of Swain County through:

- Employee Wellness Programs
- Health Education
- Community Health Events

Additionally, the Community Wellness Action Team plays a large role in the CHA process. Members of the Team act as the CHA Steering Committee, advising the process, providing input, and confirming the identified health priorities. The Community Wellness Action Team will also be charged with developing strategies to address each health priority.



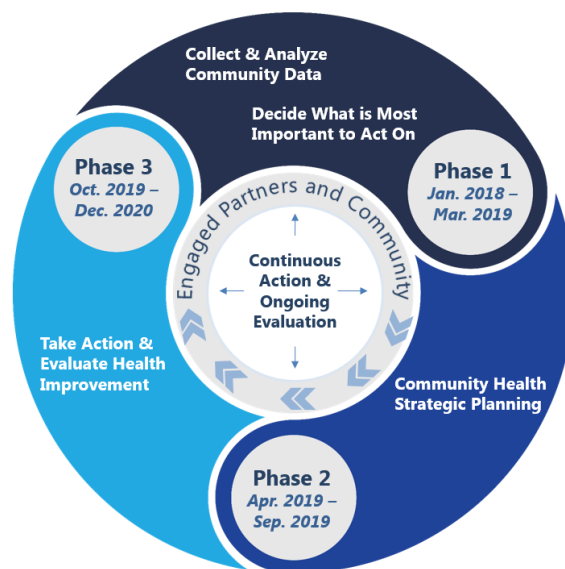
Purpose

Community health assessment (CHA) is an important part of improving and promoting the health of county residents. A community health assessment (CHA) – which is a process that results in a public report – describes the current health indicators and status of the community, what has changed, and what still needs to change to reach a community’s desired health-related results.

What are the key phases of the Community Health Improvement Process?

In the **first phase** of the cycle, process leaders for the CHA collect and analyze community data – deciding what data they need and making sense of it. They then decide what is most important to act on by clarifying the desired conditions of wellbeing for their population and by then determining local health priorities.

The **second phase** of the cycle is community health strategic planning. In this phase, process leaders work with partners to understand the root causes of the identified health priorities, both what’s helping and what’s hurting the issues. Together, they make a plan about what works to do better, form workgroups around each strategic area, clarify customers, and determine how they will know people are better-off because of their efforts.



In the **third phase** of the cycle, process leaders for the CHA take action and evaluate health improvement efforts. They do this by planning how to achieve customer results and putting the plan into action. Workgroups continue to meet and monitor customer results and make changes to the plan as needed. This phase is vital to helping work groups understand the contribution their efforts are making toward their desired community results.

Definition of Community

Community is defined as "county" for the purposes of the North Carolina Community Health Assessment Process. Swain County is included in Swain Community Hospital's community for the purposes of community health improvement, and as such they were key partner in this local level assessment.

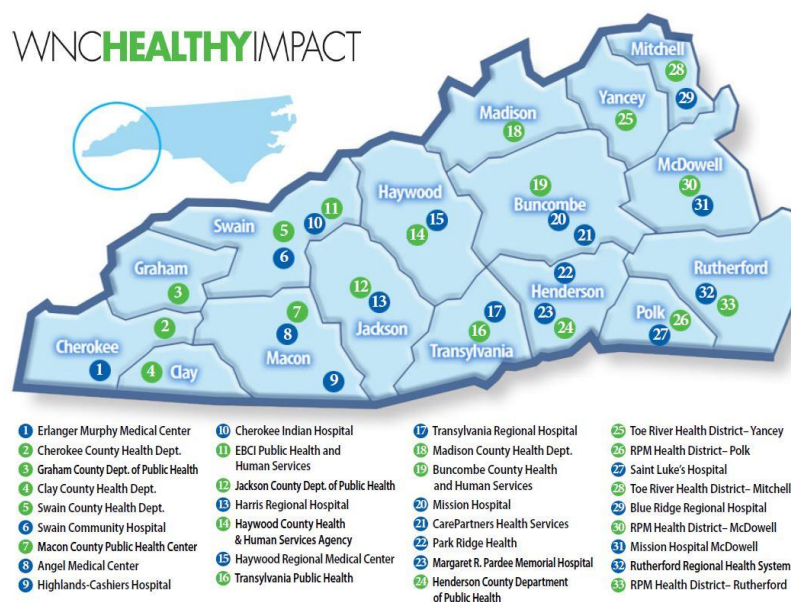
WNC Healthy Impact

WNC Healthy Impact is a partnership and coordinated process between hospitals, public health agencies, and key regional partners in western North Carolina working towards a vision of improved community health. We work together locally and regionally to assess health needs, develop collaborative plans, take action, and evaluate progress and impact.

This regional initiative is designed to support and enhance local efforts by:

- Standardizing and conducting data collection,
- Creating communication and report templates and tools,
- Encouraging collaboration,
- Providing training and technical assistance,
- Addressing regional priorities, and
- Sharing evidence-based and promising practices.

This innovative regional effort is supported by financial and in-kind contributions from hospitals, public health agencies, and partners, and is coordinated by **WNC Health Network**. WNC Health Network, Inc. is an alliance of hospitals working together, and with partners, to improve health and healthcare. Learn more at www.WNCHN.org.



Data Collection

The set of data reviewed for our community health assessment process is comprehensive, though not all of it is presented in this document. Within this

community health assessment, we share a general overview of health and influencing factors, then focus more on priority health issues identified through a collaborative process. Our assessment also highlights some of our community strengths and resources available to help address our most pressing issues.

Core Dataset Collection

The data reviewed as part of our community's health assessment came from the WNC Healthy Impact regional core set of data and additional local data compiled and reviewed by our local CHA team. WNC Healthy Impact's core regional dataset includes secondary (existing) and primary (newly collected) data compiled to reflect a comprehensive look at health. The following data set elements and collection are supported by WNC Healthy Impact data consulting team, a survey vendor, and partner data needs and input:

- A comprehensive set of publicly available secondary data metrics with our county compared to the sixteen county WNC region
- Set of maps accessed from Community Commons and NC Center for Health Statistics
- WNC Healthy Impact Community Health Survey (cell phone, landline and internet-based survey) of a random sample of adults in the county
- Online key informant survey

See **Appendix A** for details on the regional data collection methodology.



CHAPTER 6 – HEALTH DATA FINDINGS SUMMARY

Mortality

The life expectancy averaged from 2014-2016 reported to be 75.2 years of age. Men are estimated to live on average to be 71.8 years old, and women are estimated to live to be 78.7 years of age on average (see chart below; U.S. Census Bureau, 2018). The secondary data provided on ethnicity and race on life expectancy is limited for the Swain County population. This data set is limited to Caucasian and African-American statistics only, and roughly 26% of the population identify as Native American. According to this data, Caucasians reportedly live to be 77.5 years of age on average with no data available for African Americans or Native Americans (U.S. Census Bureau, 2018). This data set would need to be updated to reflect the potential races inhabiting the counties of WNC, such as Native Americans as well as Hispanics.

According to the Indian Health Services, American Indians and Alaska Natives born today have a life expectancy that is on average 5.5 years less than all races in the U.S. (Indian Health Service, n.d.). American Indians and Alaska Natives continue to die at a higher rate than other Americans due to chronic liver disease and cirrhosis, diabetes, unintentional injuries, assault/homicide, and chronic lower respiratory diseases (Indian Health Service, n.d.).

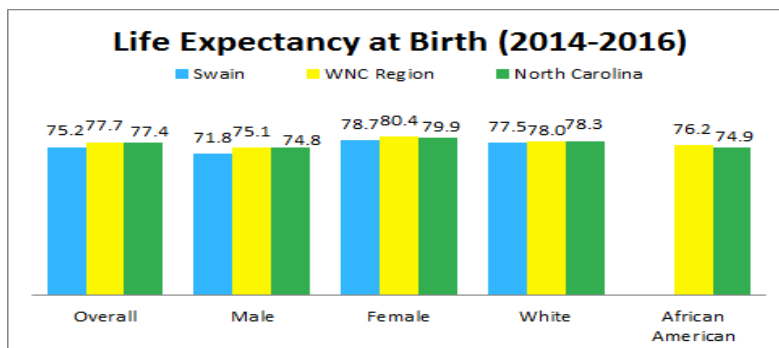


Figure 3: Life Expectancy at Birth in Swain County from 2014-2016. U.S. Census Bureau (2018).

Heart disease continues to be the leading cause of death in Swain County. Reported diagnoses of high blood pressure are increasing at an alarming rate in junction with heart disease. As of 2018, Swain County has the highest percentage of heart disease in comparison with all counties across WNC. Further, Swain has had the highest percentage of heart disease in WNC for the last decade. With that being said, we are seeing a positive influx of individuals taking action to control their high blood pressure and seeking treatment.

Causes of Death in Swain

Rank	Cause of Death	Swain	
		# Deaths	Death Rate
1	Diseases of Heart	181	189.4
2	Cancer	176	178.1
3	Chronic Lower Respiratory Diseases	64	64.7
4	Cerebrovascular Disease	50	59.8
5	Diabetes Mellitus	47	51.0
6	All Other Unintentional Injuries	35	44.8
7	Alzheimer's disease	37	41.0
8	Chronic Liver Disease and Cirrhosis	21	25.0
9	Pneumonia and Influenza	22	23.6
10	Nephritis, Nephrotic Syndrome, and Nephrosis	21	22.3
11	Unintentional Motor Vehicle Injuries	12	18.7
12	Septicemia	15	16.6
13	Suicide	10	14.2
14	Homicide	3	4.5
15	Acquired Immune Deficiency Syndrome	0	0.0
All Causes (some not listed)		888	973.9

- Ranking is based on **Death Rate** and not **# Deaths**.
- This is because **# Deaths** only represents the total number of deaths during a stated time frame. The number cannot be age-adjusted, and therefore cannot be used for comparison or ranking.
- **Death rate**, in this table, is age-adjusted to the "standard" population. It represents the number of deaths in the population during stated time frame/population x 1,000.
- **Age adjusting rates** is a way to make fairer comparisons between groups or communities with different age distributions.
 - A county with a higher percentage of older adults may have a higher rate of death or hospitalization than a county with a younger population, merely because older adults are more likely to die or become hospitalized.



SWAIN
COMMUNITY HOSPITAL
A Duke LifePoint Hospital

WNC Health Network (2018).

Health Status & Behaviors

According to America's Health Rankings, the state of North Carolina was ranked 32nd overall in 2016 in the United States. In 2016, Swain County was ranked 93rd overall (out of 100) in county health rankings. The county was ranked dead last in terms of length of life within county health rankings (100th). The other health outcomes included – quality of life, which Swain ranked 73rd, and overall health outcome ranking, which was 92nd out of 100. Ranking of county health factors were as follows:

- Health Behaviors – 91st
 - Includes adult smoking, adult obesity, physical inactivity, access to exercise opportunities, alcohol-impaired driving deaths, and more.
- Clinical Care – 99th

- Includes uninsured, primary care physicians, dentists, mental health providers, mammography screenings, and more
- Social & Economic Factors – 83rd
 - Includes high school graduation, unemployment, children in poverty, social associations, violent crime, and more.
- Physical Environment – 76th
 - Includes air pollution-particulate matter, drinking water violations, severe housing problems, and more.

As the county is clearly in the lower quartile of all counties in North Carolina in terms of both health outcomes and health factors, there are an exponential number of items to improve upon in 2018. Much data was collected throughout the CHA process on self-reported health status. Only 9.9% of Swain County residents that were surveyed reported that the county is a fair/poor place to live, which is a 6% decrease in a three-year span (WNCHN – Online Key Informant Survey, 2018). Approximately 27.4% of residents stated they experienced “fair” or “poor” overall health in 2018 (WNCHN – Online Key Informant Survey, 2018). This percentage, although a 2% decrease in the county over three years, is roughly 10% higher than the WNC, North Carolina, and national average. Although this average is abnormally high, 39.6% who reported they were limited in activity due to physical, mental, or emotional problems, identified back/neck problems as well as arthritis as major limitations to activity.

Maternal & Infant Health

The pregnancy rate in Swain County for women aged 15-44 has bounced up and down over the past decade, however, the rate significantly diminished from 2015 to 2016. In 2016, Swain County’s pregnancy rate was on par with the State rate, which was 72.2, and the county’s average rate was 70.3, under the state rate (North Carolina State Center for Health Statistics, 2016). Among Swain County women age 15-44 years, the highest pregnancy rates appear to occur among White Non-Hispanics.

Maternal and infant health was not updated to 2018. The total number of pregnancies in 2016 was 184. Approximately 70.3% of women pregnant in 2016 received prenatal care in the first trimester; 75% of Caucasian women received prenatal care, 100% of African American women received care, 76.9% of Hispanic women received care, and 69.3% of Non-Hispanic women received care (North Carolina State Center for Health Statistics, 2016). In full disclosure, the African American population statistic is higher as only one woman was reported giving birth. As close to $\frac{3}{4}$ of pregnant women received care, only seven babies died as a result of birth complications in 2016. Only 8.9% of babies delivered in 2016 were reported to have low birth weight, and 1.3% were reported to have very low weight; babies delivered as low birth weight by ethnicity/race -- 8.5% of Caucasian babies were low birth weight, 16.7% of African American babies delivered were low birth weight, 9.2% of Non-Hispanic babies delivered were low birth weight,

and 9.1% of Hispanic babies delivered were low birth weight (North Carolina State Center for Health Statistics, 2016).

Chronic Disease and Health

In 2018, 27.4% of individuals surveyed reported to be in poor to fair health (WNCHN – Online Key Informant Survey, 2018). This number decreased by 1.7% in three years. Swain County is approximately 10% higher than the average of Western North Carolina, meaning that 10% more people reported poorer health in Swain than Western North Carolina. The county is roughly 9% higher than North Carolina as well as the United States.

Roughly 14.4% of the population surveyed in 2018 were diagnosed with heart disease, which is a small increase from 2015, indicating a steady incline. The secondary data showed a 181 mortality trend from 2012-2016 – 88 females and 93 males affected (North Carolina State Center for Health Statistics, 2016). There was no race data to include. The diagnosis of strokes continues to climb in Swain County. The county has seen a 1% increase in the previous years, and the incidents of strokes is highest in Swain County in comparison to WNC. Heart disease is the leading cause of death in Swain County, and the county leads Western North Carolina in heart disease statistics. Cancer is the second leading cause of death indicated. Mortality trends showed 176 deaths as a result of cancer – 107 males and 69 females affected. The cancer incidence trends from 2012-2016 were 525, which is the highest in all counties in WNC. Chronic respiratory disease was found to be the third leading cause of death in Swain. Approximately 20.6% of individuals surveyed in 2018 reported being diagnosed with Chronic Obstructive Pulmonary Disease, which is a small decrease from 2015.

The mortality trend of diabetes from 2012-2016 was found to be at a 41% rate, impacting 19 men and 28 women (North Carolina State Center for Health Statistics, 2016). According to the secondary mortality trend, women are reportedly being diagnosed with Diabetes at a 51.3% rate (North Carolina State Center for Health Statistics, 2016). The diabetes data is extraordinarily helpful for Swain County as it houses the Cherokee Indian Reservation. Research has shown the strong implications between diabetes prevalence and Cherokee Native Americans. According to the secondary data, Native Americans were reportedly higher in diabetes rates in comparison to Caucasian individuals (North Carolina State Center for Health Statistics, 2016).

The primary data indicates that high cholesterol rates are decreasing. According to data in 2018, 34.9% of residents surveyed reported having high cholesterol, which is an approximate 3% decline in three years (WNCHN – WNC Healthy Impact Community Health Survey, 2018). In contrast, action to control cholesterol seems to be diminishing.

Roughly 89.6% of residents in Swain County reported taking action to control their cholesterol in 2015, and now in 2018, 85.9% of residents have reported taking action (WNCHN – WNC Healthy Impact Community Health Survey, 2018). This data is confounding with no true explanation.

Unfortunately, high blood pressure diagnoses continue to increase in the county – the data shows a 5% increase in six years (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Further, the county has seen a 4% increase in a three-year span. As high blood pressure is correlated with various heart conditions, we can speculate that these rates are simultaneous.

Kidney disease is less prevalent, but relevant. The mortality trend for kidney disease was found to be 21 in 2012-2016, and more women than men were diagnosed with this disease (North Carolina Center for Health Statistics, 2016).

Injury & Violence

Falls reported among those 65 years or older appears to be steadily climbing, however, no data was reported in 2018. Data in 2012 indicated that 23.9% reported falling and 2015 indicated that 43.1% reported falling (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Based on these statistics we could make an assumption that 2018 would have resulted in an incline matching that of the 2012-2015.

There were 192 reportable vehicle crashes with 96 injuries reported in 2017 (Connect NCDOT, Resources, Traffic Safety, 2017). Out of the 192 accidents, 19 were alcohol related, 1 was pedestrian related, and 17 were motorcycle related. Out of the 96 reportable injuries, 7 were alcohol related, 1 pedestrian related, and 18 motorcycle related. Unintentional motor vehicle injury mortality trends reported 10 male incidents and 12 female incidents; all other unintentional injury mortality rates reported 23 male incidents and 12 female incidents.

Substance Use

In 2018, more rural people were reporting overwhelming concerns about opioid addiction. Overall, the community health needs data workbook would support this notion in Swain County.

According to the North Carolina Opioid Dashboard, in the fourth quarter of 2017, 270,000 pills were dispensed in Swain County alone, and by the end of the year 1,125,000 pills were dispensed. As recent as December 2018, the number of EMS naloxone administrations was as high as 17, and this is not including any administrations outside of Swain County Emergency Management Services. At the end of the third quarter in 2017, five individuals died from an unintentional opioid incident, further, data,

showed that approximately 40% of drug related deaths involved fentanyl. Less than ten individuals were brought into the Swain Community Hospital's Emergency Department for an overdose diagnosis.

In 2016, the opioid prescription rate in Swain County was one of the highest in WNC (7.12%), however, the prescription rate has dropped by roughly .83%, which is also one of the highest in WNC (North Carolina Department of Health and Human Services, 2017). The total opioid prescription claims were 61,024 – one of the lowest claims in WNC. There were 36 total Part D Prescribers in Swain County in 2016.

According to the primary survey conducted in 2018, individuals reported a 10% decrease in social and emotional support available in Swain (WNCHN – Online Key Informant Survey, 2018). In 2012, 84.3% of individuals participating in the survey reported positive social and emotional support in their lives, or the resource of having social and emotional support; in 2015, individuals reported 78.8% of support, and in 2018, individuals reported 74% social and emotional support (WNCHN – Online Key Informant Survey, 2018). A 10% decrease is a tremendous divot in mental health support within Swain County. Participants in the survey also indicated a 7% decrease in more than seven days of poor mental health. According to survey results in 2012, approximately 20% of individuals reported having more than seven days of poor mental health. In 2015, roughly 15.8% reported having seven or more days of poor mental health, and in 2018, only 13.5% of individuals reported poor mental health for over a week. The suicide mortality trends from 2012 to 2016 indicated 10 individuals taking their own lives per 1,000 people in a population.

Yearly Wellness Exams

The primary data indicated a 4% decrease among those who get a yearly wellness exam. In 2018, 70.6% reported they had gone to a physician for a checkup in the prior year, which is 4% lower than 2012 (74.8%; WNCHN – WNC Healthy Impact Community Health Survey, 2018).

Approximately half of people surveyed in 2018 reported having a dental visit in the previous year (48.6%), which is almost a 10% decrease from 2012; in 2012, 57.6% of individuals reported having a dental visit and in 2015, 52.3% indicated they had visited a dental hygienist (WNCHN – WNC Healthy Impact Community Health Survey, 2018).

Participants were also asked if they were able to get medical care needed in the past year, 12.6% reported they were unable to get the care needed within the year. This number is higher than that of 2015, which was 7.7% (WNCHN – WNC Healthy Impact Community Health Survey, 2018).

Clinical Care & Access

The secondary data in 2017, communicated a potentially lacking health workforce in Swain County. The number of health professionals in 2017 in accordance with the number of active health professionals per 10,000 population ratio is as follows: 22 physicians, 9.3 primary care physicians, 5.3 dentists, 110 registered nurses, 12 physician assistants, and 8 nurse practitioners (North Carolina Health Professions Data System, 2017).

The health workforce in Swain is aging. Roughly 25% of the dentists are over the age of 65, with the physicians closely behind at 18.2% (North Carolina Health Professions Data System, 2017). The registered nurses in the county only reported 6.7% being over the age of 65, and 8.3% of the nurse practitioners being over 65.

The licensed facilities reported are limited in Swain. There are only three licensed adult care facilities as of July 2018, and they only house 230 individuals combined (North Carolina Department of Health and Human Services, 2018). The Bryson senior living center has a max capacity of 50 residents, and the Mountain View Manor Nursing Home has a max capacity of 120 residents. Tsali Care is located on EBCI Reservation and has a max capacity of 60 residents. Unfortunately, there is only one licensed home health and hospice center, which is the PRN Nursing Services. The PRN Nursing Services is the only accredited home health service in the county as of July 2018. The licensed mental health facilities are no different in Swain; the facilities are Bryson City Home, Foundations: Swain Middle, Foundations: Swain West Elementary, and Swain Foundation. The Bryson City Home has a max capacity of three residents, and this is the only facility listed in June of 2018 that is beyond day treatment. Swain Foundation is available as a day treatment in two locations, Swain Middle School and Swain West Elementary. Swain Foundation is available as day treatment for students at Swain Middle School and Swain West Elementary.

According to the primary data, only 12.6% of people reported an inability to get medical care needed within the previous year (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Roughly 71% of individuals surveyed denoted seeing a doctor in the prior year, which is lower than the WNC and NC averages, but higher than the national average. 76.1% of Swain residents reported having a specific source of ongoing medical care, which is lower than the WNC average (80.9%), but higher than the national average (74.1%). 73.3% of women participating in the survey communicated that they had a mammogram in the past two years (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Swain's average for mammograms in the previous two years is lower than WNC (78.7%), NC (79.3%), and the US (77%).

Swain County has the lowest percentage among those without health insurance in WNC from ages 18 to 64. There has been a significant decline in the county, by approximately 13%; in 2012, the county reported 22.1% of individuals without health insurance, in 2015, 16% reported without health insurance, and last year only 9.8% were without health insurance (WNCHN – WNC Healthy Impact Community Health Survey, 2018).

Through the year of 2017, there were 4,378 individuals eligible for Medicaid. Of those individuals authorized for Medicaid, the distribution is as follows: 1,771 Aid to Families with Dependent Children (AFDC), 713 infants and children, 593 disabled, 437 family planning, 328 aged, 67 foster care, 38 pregnant women, and 1 blind (Medicaid North Carolina, Annual Report, 2017). As of June 2018, there were approximately 4,521 individuals eligible for Medicaid (Medicaid North Carolina, Annual Report, 2018). Please see the graph indicated below.

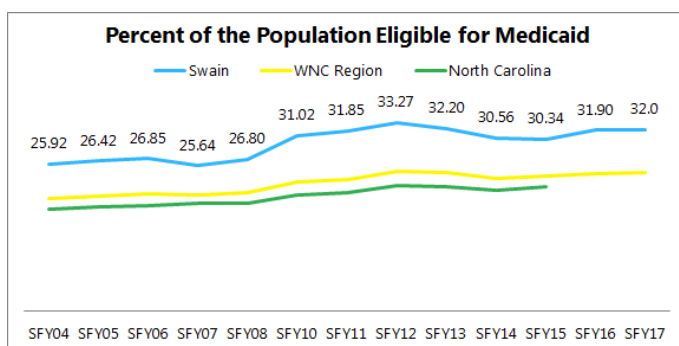


Figure 4: Percent of the Population in Swain Eligible for Medicaid. Medicaid North Carolina, Annual Report (2017).

Residents of Swain County indicated that 24.5% of the population surveyed felt they were in excellent mental health, 29.8% reported being in very good mental health, 28.5% reported being in good mental health, 13.6% reported being in fair mental health, and 3.6% reported being in poor mental health (WNCHN – WNC Healthy Impact Community Health

Survey, 2018). Swain is lower in almost every health category in comparison to the national average. Survey participants disclosed a 6% increase, within three years, on the inability to receive needed mental health services in the prior year. 11.3% of people surveyed in Swain reported they were unable to receive the mental health services needed in 2018, which is a dramatic increase from 5.3% in 2015 (WNCHN – WNC Healthy Impact Community Health Survey, 2018). The individuals served in mental health programs was 993 in 2017, and five people were admitted into a North Carolina Psychiatric Hospital (North Carolina Office of State Budget and Management, 2017).

At-Risk & Vulnerable Populations

Throughout the community health assessment process, our team was focused on understanding general health status and related factors for the entire population of our county as well as the groups particularly at risk for health disparities or adverse health outcomes. For the purposes of the overall community health assessment, we aimed to understand differences in health outcomes, correlated variables, and access, particularly

among medically underserved, low-income, and/or minority populations, and others experiencing health disparities.

Though there are not universally accepted definitions of the three groups, here are some basic definitions from the Health Department Accreditation Self-Assessment Instrument (in some cases definitions have been slightly altered to better represent our region):

Underserved populations relate to those who do not access health care either because there is a lack of services or providers available or because of limitations such as income, literacy/language barriers or understanding on how to access services, cultural competency of clinicians, trust, transportation, etc.

At-risk populations are the members of a particular group who are likely to, or have the potential to, get a specified health condition. This could be from engaging in behavior (such as pregnant women who smoke) that could cause a specified health condition, having an indicator or precursor (high blood pressure) that could lead to a specified health condition or having a high ACE score (traumatic experiences), which is correlated with increased risk of specified health conditions.

A vulnerable population is one that may be more susceptible than the general population to risk factors that lead to poor health outcomes. Vulnerable populations, a type of at-risk population, can be classified by such factors as race/ethnicity, socio-economic status, cultural factors and age groups.

The at-risk and vulnerable populations, the focus for our process and product include:

- Native American (26% in Swain County)
- Below poverty level
 - 17.4% of white (64.2% is white)
 - 95.8% of Black 159/166 below poverty level (1.3% of population is Black)
 - 31.2% of Natives 1,217/3,897 (27.8% is native)
 - 26.9% of Asians 14/52 (.4%)
 - 42% of Hispanics 282/872 (4.7%)
- Older Adults/Senior Citizens
- Youth
- Pregnant/Breastfeeding Women

Individuals in minority groups, the uninsured, or low-income may have unmet needs related to primary and chronic disease. In addition, those who do not have reliable transportation are at risk of poor health outcomes related to a lack of access to necessary health care, healthy food, facilities for physical activity and other resources.



Health Resources

Process

The county currently has two separate resource avenues for communicating resources with community members. The first is NC 2-1-1 and the second is a new Community Resource Meeting group.

NC 2-1-1 is an information and referral service that links people to community health and human services and maintains a database of community resources to support this service. NC 2-1-1 is free, confidential and available 24/7 to speakers of all languages. Resources are available through phone, web and iPhone app. The community tool (2-1-1) continues to serve as the updated resource list accessible via phone and web 24/7 – instead of your team compiling a printed directory. Our 2-1-1 datasets are reviewed every year by either the Health Department or the Region A Community Engagement Coordinator. In, May 2018, NC 2-1-1 provided a list of health resources available to residents of Swain County (even if they are located in another county) to the Swain County Health Department.

This listing includes the following information about each health resource:

- Agency name, program, description, address, website and contact information
- A program point person and their contact information
- Hours, provider language, fees, eligibility
- URL for the resource link on the NC 2-1-1 website

CHA team members reviewed the listing for completeness and encouraged additional agencies to add their information to the NC 2-1-1 directory in order to keep this resource current.

The NC 2-1-1 directory listings can be found in Appendix F.

An email with the proper paper work and contact information for updating or adding their resource to the NC 2-1-1 dataset will continue to be sent to all new members of the Community Resource Meeting group.

See **Appendix F** for resources available and un-met

Learning the barriers of those in need. There are some programs offering free fresh fruits and vegetables, but community members do not use them. What else is needed for community members. – Public Health Representative

Findings

NC 2-1-1 - Many resources available to Swain County residents are actually located in other counties. For some, access to these resources (via transportation or phone) may be a barrier to receiving services. Some services that do exist in the county are not listed in the directory, and others have out-of-date information or are not described in a way that makes it easy to understand the services available and how to access them. Other services exist and are listed, but there is a perception that those types of services are not available in the community. Additional education or promotion may be needed to make people more aware of existing services.

Community Resource Meeting group - The findings in 2018 showed a lack of communication among organizations who are providing resources. These findings coincided with the development of a new Community Resource Meeting, hosted by Swain County Department of Social Services held quarterly. The purpose of the meetings is to gather community partners to share resources offered, to better serve the citizens of Swain County. A roundtable discussion is held to inform of services, barriers and solutions. The meeting group is currently working on a Social Media platform to inform not only other community resource partners of their services, but the community members as well.

Resource Gaps

Based on local review of available resources and collaborative discussions around general availability of services, the resource gaps include: transportation, affordable housing, employment opportunities, substance use/recovery facilities, food insecurity, lack of specified health care (i.e. mental health, cardiac, endocrinologist, etc.), home meal delivery service expansion, volunteers, and funding for all services.



CHAPTER 8 – IDENTIFICATION OF HEALTH PRIORITIES

Health Priority Identification

Process

Beginning in August 2018, the Community Wellness Action Team spent considerable time reviewing the data to better understand issues affecting a majority of members in the county. Community Leaders were interviewed to gain insight into their main concerns within their scope of practice. Significant health issues in our community were identified by reviewing and discussing comprehensive health data with key stakeholders.

We used the following criteria to identify significant health issues:

- Size and severity
- Disparities
- Community concerns
- County data deviates notable from the region, state or benchmark

Including input from the community is a critical element of the community health assessment process. Our county included community input and engagement in several ways:

- Primary data collection included county residents answering questions in regard to their experiences
 - Key informant interviews were done by selected community leaders
- Listening sessions were conducted (all community members invited)
- Partnership on conducting the health assessment process (Health Department, Hospital, and C-WAT)
- C-WAT is comprised of volunteer community members interested in the health of their county
 - C-WAT reviewed and made sense of the data to better understand the story behind the statistics
- In the identification and prioritization of health issues
 - Board of Commissioners Meeting
 - Bryson City Town Aldermen Meeting
 - School Board Meeting
 - School Health Advisory Committee Meeting

Community engagement will be an ongoing focus moving into the collaborative planning phase of the community health assessment process. Partners and stakeholders will continue to be engaged as appropriate in their individual roles. Programs and strategies will be a collaborative effort in our community to ensure the potential for successful impact.

Steps of the County process:

1. Primary data was collected, stratified, and distributed to individual counties by WNC Healthy Impact.
2. Swain Health Department CHA facilitator and Swain Community Hospital CHNA facilitator met and carefully sifted through the data provided for Swain County's population. The data indicating significant health implications in relation to morbidity and mortality were highlighted and pulled out to be presented.
3. The highlighted indicators (listed above) were presented to C-WAT in two separate meetings. The Hanlon method was used to identify overarching topics as well as sub-topics to focus on during implementation (attached in the appendix). The group was also given a worksheet listing pertinent statistics on each indicator listed above, allowing them to vote on the relevance, impact, and feasibility.
 - a. During the first meeting, the topic of chronic diseases was discussed and voted upon through unanimous voting among the C-WAT group.
 - b. During the second meeting, the topic of substance abuse was discussed and voted upon through unanimous voting among the C-WAT group.

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

- Criteria 1 – Relevant – How important is this issue? (*Urgency to solve problem; community concern; Focus on equity; Linked to other important issues*)
 - Criteria 2 – Impactful – What will we get out of addressing this issue? (*Availability of solutions/proven strategies; Builds on or enhances current work; Significant consequences of not addressing issue now*)
 - Criteria 3 – Feasible – Can we adequately address this issue? (*Availability of resources (staff, community partners, time, money, equipment) to address the issue; Political capacity/will; Community/social acceptability; Appropriate socio-culturally; Can identify easy, short-term wins*)
4. The suggested priorities voted on by the C-WAT group were then presented to the County Commissioners, Town of Bryson City Aldermen, and the School Board for community input and approval. These presentations were conducted during their official meeting times while other community members were present, allowing for the input of community members at these events as well.

- a. All attendees present for each meeting were in full support of the priorities and wanted to continue to be engaged in the implementation phase of the process.

Identified Indicators

During the above process, the Community Wellness Action Team identified the following health indicators:

- **Obesity:** A weight that is higher than what is considered healthy for a specific height. 49.7% of the population in Swain County reported being obese, which is an 8% increase in 3 years.
- **Physical Activity:** Movement that is produced by skeletal muscles requiring caloric expenditure. Approximately 20.2% surveyed reported participating in no physical activity.
- **Nutrition:** Obtaining the recommended amount of nutrients within a day yielding positive health results. Only 2.1% of people surveyed indicated that they got 5 or more servings of fruits and/or vegetables in a day, which was 4% lower than the WNC average.
- **Food Insecurity:** Unreliable access to a sufficient quantity of affordable nutritious food. Roughly 30% of citizens in Swain County in the survey indicated having food insecurity in 2018, which is 6% higher than the WNC average and 2% higher than the National average.
- **Heart Disease:** A disease that affects the heart muscles, valves, or rhythm. Heart disease is the leading cause of death in Swain County as well as the nation.
- **Diabetes:** The body's inability to produce or respond to the hormone insulin, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood and urine. Diabetes has increased by approximately 13% in three years, resulting in 23% of people surveyed being diagnosed with Diabetes.
- **COPD:** A lung disease indicated by chronic obstruction of airflow that interferes with normal breathing and cannot be reversed. 21.7% of individuals surveyed reported having COPD, which is a 1% increase in three years.
- **Opioids:** Opioids are prescribed by physicians as pain relievers and can be extremely addictive. 25.7% of individuals in the survey reported using opioids in

the past year with or without a prescription, and approximately 49.4% reported that their life had been negatively affected by substance abuse.

- **Tobacco:** With e-cigarettes on the market, the use of e-cigarettes has increased by 2% in three years, becoming a 9.2% of individuals surveyed.

Identified Priorities

The following priority health issues are the final community-wide priorities for our county that were selected through the process described above:

- Chronic Disease as it relates to obesity with Swain County community members – Chronic disease emerged as a health priority during the 2015 Community Health Assessment, and obesity was identified as a priority in 2011. Progress has occurred in several areas related to chronic disease, however, much improvement is still to be made, based on our overweight/obesity rates, fruit/vegetable consumption rates, and heart disease rates. During the prioritization process, community members voted for the following identified health indicators:
 - Obesity
 - Heart Disease
 - Food Insecurity

C-WAT opted to combine chronic disease and overweight/obesity to form one healthy priority (chronic disease as it relates to obesity) with hopes of addressing all-encompassing aspects of this priority. This health priority is also in line with the NC Healthy People 2020 objectives:

- Increase the percentage of high school students who are neither overweight nor obese (from 72% to 79.2%)
 - Increase the percentage of adults getting the recommended amount of physical activity (from 46.4% to 60.6%)
 - Increase the percentage of adults who consume five or more servings of fruits and vegetables daily (from 20.6% to 29.3%)
- Substance Use Prevention and Reducing Substance Abuse – Substance abuse emerged as a health priority during the 2011 and 2015 CHA cycles. During the 2011 cycle, the community focused on risky behaviors in adolescents, specifically targeting healthier lifestyles among teens. In 2015, the priority of substance abuse expanded into high mortality rates due to unintentional poisoning, specifically by medication and drug overdoses. During this cycle, the community health assessment also began to focus on Hepatitis B cases. The 2015 substance abuse priority was targeted by implementing prescription take back events, permanent drop box locations, naloxone distribution, and the creation of the Coalition for a Safe and Drug Free Swain County.

Progress has been made in various subsets of the substance abuse priority, however, the opioid pandemic continues as evidence by the data. In 2018, Swain County will continue to work on substance use prevention and reducing substance abuse in partnership with the Coalition for a Safe and Drug Free Swain County. During the prioritization process, community members voted for the following identified health indicators:

- Opioids
- Tobacco

Priority Indicator #1: Chronic Disease as it Relates to Obesity



Swain County's leading cause of death, as well as many of the morbidity statistics of concern, are directly related to weight, physical activity, and nutrition. Excess weight increases risk of type 2 diabetes, high blood pressure, heart disease, certain cancers, and stroke.

Chronic disease in relation to obesity has been a priority in Swain County for a decade, being identified in various formats. In 2009 the community health assessment resulted in community obesity being a priority. In the following CHA cycle (2012), the health concerns remained current, and did not dramatically change. In 2012, the Swain County Health Department partnered with Swain County Schools to work on Youth Risky Behaviors and Obesity. The Swain School Health Advisory Committee (SHAC) adopted obesity as a focus – elementary schools used the fitness gram program to evaluate K-5 fitness as well as body mass index, and these results were sent home to parents informing them of their child's overall physical fitness level. Health seminars were also offered to school staff, including health checks and classes on stress reduction, yoga, cross-fit, and CPR.

In 2015, Swain County recorded high rates of heart disease, diabetes, and cancer. Approximately 14.4% of individuals' survey in 2015 reported having heart disease; 10.6% reported having diabetes/high blood sugar. There is no primary survey data available for individuals reporting cancer diagnoses, and unfortunately, there is no primary survey data available for 2012 heart disease or diabetes rates to compare. During the 2015 CHA cycle, Diabetes Self-Management Education and Diabetes Prevention Program were implemented at the Swain Health Department in hopes of decreasing chronic disease.

The county is currently seeing a decrease in heart disease rates, and we would like to speculate that our efforts over the last decade are creating healthier habits. In 2015, roughly 14.4% of individuals reported having heart disease and in 2018 that number decreased to 13.7%, which is a minimal decrease, but a decrease for the betterment of citizens in Swain County. A significant amount of work has been completed in this area,

but it is evident that much work still needs to be done. Using input from the community and members of the C-WAT committee, it was determined that chronic disease and obesity were still a prominent health issue and deserved to be pursued further to truly make a difference in the community's health.

Data Highlights

Health Indicators

Approximately, 2.1% of citizens that participated in the survey reported eating 5+ servings of fruits/vegetables each day, which is the lowest average across WNC (WNCHN – WNC Healthy Impact Community Health Survey, 2018). In the 2018 survey, the question was asked differently and didn't differentiate between fruits or vegetables, but instead, included both in one question. In previous years, the survey respondents were asked about fruit and vegetable intake separately, which was indicating a downward trend from 2012 to 2015. We could speculate that the average servings of fruit and vegetables would continue to decrease through 2018. Although the county has the lowest average, it is important to note that the average has increased by a small margin in the last three years (view the graph below).

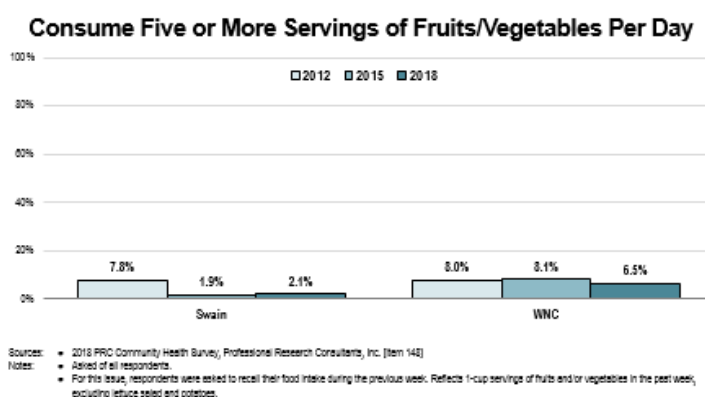


Figure 5: Servings of Fruits/Vegetables Consumed Per Day by Residents in Swain County. WNCN – WNC Healthy Impact Community Health Survey (2018).

Swain County is in alignment with the State average of food insecurity, which is 17% (County Health Rankings and Roadmaps, 2018). Although the county is at the same average as the State, 17% is significantly high for the total population in Swain County.

Participants in the key informant survey were asked the following question – “In your opinion, what are the most important characteristics of a healthy community” and key informants could list up to three responses; The number one answer provided by respondents was physical activity (31.9%; WNCHN – Online Key Informant Survey, 2018).

As poor nutrition and physical inactivity often go hand-in-hand, the outcome of both can be overweight/obesity. The Healthy People 2020 Target for healthy weight (percent of adults with a body mass index between 18.5 and 24.9) is 33.9% or higher. In Swain County, approximately 23.1% of residents reported being at a healthy weight in comparison to the WNC average of 31.5%, far below the Healthy People 2020 Target of 33.9% or higher (WNCHN – WNC Healthy Impact Community Health Survey, 2018; Centers for Disease Control and Prevention, 2013). In conjunction with this data, approximately 75.5% of individuals participating in the survey reported being overweight or obese, indicating an upward climb across the previous six years; and 50% (49.7%) of individuals reported being obese, which is a 12% increase since 2012 (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Only a quarter of county residents indicated they received the recommended amount of daily physical activity, and one third reported being limited in activity due to a physical, mental, or emotional problem (WNCHN – WNC Healthy Impact Community Health Survey, 2018).

Understanding the Issue

Key informants were given a list of chronic disease and known factors that contribute to those diseases, then asked to select up to three health concerns that are the most critical to address in Swain County. Residents indicated that obesity/nutrition/physical activity were the top priority in the community, followed by diabetes and heart disease.

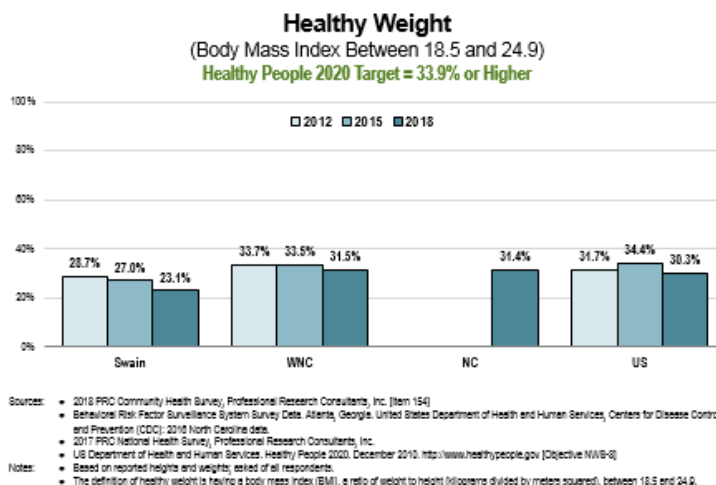


Figure 6: Healthy Weight in Swain. WNCHN – WNC Healthy Impact Community Health Survey (2018).

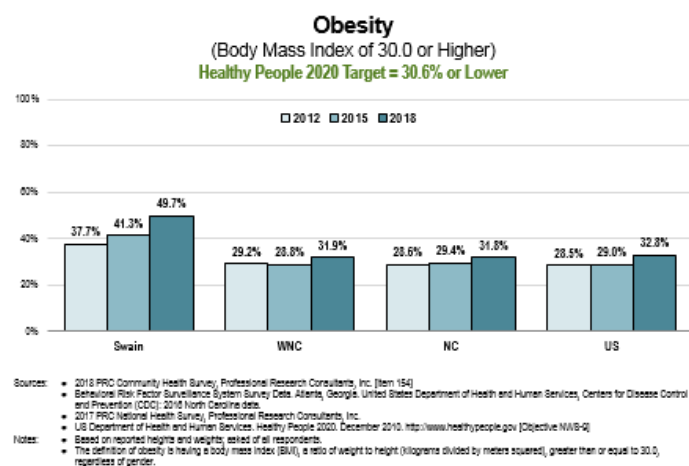


Figure 7: Obesity in Swain. WNCHN – WNC Healthy Impact Community Health Survey (2018).

Rank	Health Issue	Identified as Critical to Address
1	Obesity/Nutrition/Physical Activity	22
2	Diabetes	18
3	Heart Disease/Stroke	13
4	Cancer	10
5	Chronic Pain	9
6	Chronic Obstructive Pulmonary Disease (COPD)	2
7	Chronic Kidney Disease	1
8	Arthritis/Osteoporosis	1
9	Upper Respiratory Diseases (such as Asthma)	0

Table 12: Key Informant Responses to Top Health Issues in Swain County. WNCHN – Online Key Informant Survey (2018).

Key informants reported impedances of progress on these health conditions – “Bad or unhealthy food is easier to prepare and cheaper to buy;” “Learned behaviors and the convenience of fast food;” “Poor health habits from low income as well as lack of adequate education;” “Poverty and many people not necessarily knowing how to eat healthy on a limited budget. Adults not necessarily having the time to invest in their health and to be physically active. The rural nature of the community, where it can be difficult for people to access parks or recreational opportunities” (WNCHN – Online Key Informant Survey, 2018).

Fully evaluating this issue, we know it is difficult to adopt healthy behaviors if we do not live in a conducive environment to promote success. Proper nutrition, physical activity, and health are closely related to obesity and chronic disease. These topics could be considered social norms and traditions as well as geography and the economy. In rural counties, there are limited well-paying jobs, high cost of housing resulting in commute, less money for groceries and recreation, and limited access to stores that sell nutritious food.

According to the United States Census Bureau, roughly 23.4% of residents in Swain County live below the poverty line. In 2018, 28% of citizens surveyed reported often worrying about whether food would run out before pay day, which is roughly 7% higher

than the WNC average of 21.4% (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Further, 21.7% reported often buying food, running out, and not having enough money to buy more food. These statistics were not available in previous years; therefore, it cannot be compared during this CHA cycle.

Although Swain County has an outdoor friendly environment, a large percentage of the community does not have an active lifestyle. Hiking and bike riding are popular recreational activities, and draw visitors into the county, however, only a quarter of the community is participating in regular physical activity despite the environmental advantages the county has to offer.

Swain County has a long-standing history of self-sustenance in producing family gardens for fresh herbs and vegetables. The county offers the popular, and ever growing, Darnell Farms, which is a thriving farmers market. Although the county has several farmers' markets, eating out is an instinctual habit for the working-class families. The distinct "fast-food culture" developed as a result of long distances to and from work, lack of knowledge and education, and lack of income. Families stretching their grocery budget struggle with affording nutritious food, or may not be able to travel to stores that sell nutritious items. Items provided in local food pantries typically are limited to shelf-stability, resulting in less nutritional value.

In 2016 the CDC reported that individuals who eat a healthy diet and participate in regular physical activity live longer and have fewer chronic diseases, such as obesity, heart disease, and diabetes. The CDC is leading the fight against chronic disease by promoting good nutrition, regular physical activity, and a healthy weight in relation to where people are living, working, and playing (2016).

Chronic disease is directly correlated with nutrition, physical activity, and weight. In focusing on nutrition, physical activity, and weight, we can limit as well as reduce chronic disease.

Specific Populations At-Risk

All residents in Swain County can benefit from strategies that focus on chronic disease as it relates to obesity through physical activity and nutrition, the lives of at-risk populations may be greatly improved. According to the CDC, Hispanics (47%) had the highest age-adjusted prevalence of obesity, followed by Caucasians (37.9%), and non-Hispanic Asians (12.7%; Centers for Disease Control and Prevention, 2018).

Unfortunately, the CDC did not include Native Americans within this data, which is a large part of the population in Swain County. In 2015, approximately 16.2% of children age 2 through 18 years were considered overweight, and 14.1% were considered obese (WNCHN – WNC Healthy Impact Community Health Survey, 2018).

Overall, men and women with college degrees resulted in lower obesity prevalence rates in comparison with those with less education (Centers for Disease Control and Prevention).

Low income and food insecure residents within the county often do not have full access to grocery stores with nutritious options, are less likely to have their own mode of transportation, have greater availability to fast food restaurants, and live between deprivation and over-eating. Further, low income residents typically live in neighborhoods with limited physical activity resources, are less likely to participate in organized sports, and do not have equal opportunity in physical education in comparison to students of higher-income schools. Those with limited resources are unable to access many of the opportunities available within the county for physical activity or sources of nutritious.

Health Resources Available/Needed

As chronic disease and obesity have been noted as health priorities from the 2009 CHA, many health resources are available to the community, however, as funding continues to diminish, the resources are limited. There is still a vast list of resources needed to fully combat this health priority in Swain County.

Available Health Resources		
Resource	Association and Description	Availability
Health Promotion Program	Swain County Health Department Services provided to promote healthy lifestyles.	
Diabetes Prevention Program	Swain County Health Department 8 week course offered to pre-diabetic individuals learning ways to lower A1C.	Funds limited – no longer available
Swain Government Wellness Program	Swain County Health Department A yearlong health focused program available to all Swain Government employees.	Open enrollment begins every July.

Swain County Schools Wellness Program – Maroon Strong	Swain Community Hospital An 8-month wellness program focused on all aspects of health, specifically targeting behavior change.	Open enrollment begins every August.
Community Eligibility Program	Swain County Schools Free lunch and breakfast for all students at schools that qualify based on federal guidelines.	Begins in August
Summer Feeding Program	Swain County Schools Feeding sites set up annually to help students and families in need throughout the summer.	Begins in June
Annual Heart Health Fair	Swain County Health Department and Swain Community Hospital An annual heart health event providing free screenings, heart health information, and other health information pertaining to heart health.	Every February
Cooking Matters at the Store	Swain County Health Department Grocery store tours initiated in May of 2016.	Four Tours Completed
Conducted MyPlate education and taste test at West Elementary School	Swain County Health Department	
Community Wellness Action Team	Created in 2016.	Monthly meetings
Nutritional Educational Sign Grant planning committee	Initiated 2016	Three meetings conducted
	Initiated in 2016.	

Growing Minds; Farm-to-School Campaign, an Appalachian Agriculture Program	Bulletin Boards change quarterly in the cafeterias of Swain East and West Elementary Schools, along with Swain County Middle School.	
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Needed Health Resources	
Resource	Potential Community Partner
Greenways/sidewalks	NC DOT, Commissioners, Greenways Committee
Health education for youth	Swain County Health Department and Swain Community Hospital
Health education for parents	Swain County Health Department and Swain Community Hospital
Physical Activity Education	Swain County Health Department and Swain Community Hospital
Nutritious Food Donations	Food relief agencies
Meal Prep and Cooking Education	Swain County Health Department and Swain Community Hospital
Soup Kitchen Availability	Swain County Health Department

Priority Indicator #2:

Substance Use Prevention and Reducing Substance

In the 2011 CHA cycle, the community identified tobacco use as a main health priority, and in 2015 the community expanded to substance abuse targeting youth. The Coalition for a Safe and Drug Free Swain County was updated in hopes of enacting diligent work to reduce the percentage of survey respondents who reported their life had been negatively impacted by substance abuse (39%; WNCHN – Online Key Informant Survey, 2018). In 2015, 10% of 8th graders in Swain County admitted to trying drugs (Swain County Pride Survey, 2015). The Coalition Safe and Drug Free Swain County Coalition partnered with Project Lazarus, giving out lock boxes. Further, a campaign on prescription medications included a Rx Take Back Event and Lock Your Meds was implemented. Over the course of three years, the coalition saw a new health priority arise in this field and responded in the action of continuous expansion of the substance abuse priority. During the data collection for the 2018 CHA, there was an evident increase in negative responses toward substance abuse – from 2015 to 2018 there was a 2.6% increase in respondents stating their life had been negatively affected by substance abuse “a great deal”; a 4% increase in respondents stating their life had been

negatively affected by substance abuse “somewhat”; and a 6% decrease in respondents stating their life had been affected by substance abuse “a little” (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Roughly 13.6% of respondents to the survey reported using (or someone they know) an illicit drug in the past month, which is 5% higher than the WNC average (8.6%; WNCHN – WNC Healthy Impact Community Health Survey, 2018). These statistics in conjunction with listening sessions in the community indicate that substance abuse is beginning to affect more and more individuals. To continue the work begun in 2011 but account for all substance use and abuse, we expanded the health priority to substance use prevention and reducing substance abuse in our community.

Data Highlights

Health Indicators

Unintentional injury is included in all-cause mortality data, indicating that Swain County reported 35 deaths in 2018 due to an unintentional injury, which is a rate of 44. Unintentional injuries are defined as harmful acts that occur without any true intention of causing damage to oneself or others (Cheprasov, n.d.). For people 65 years or older, unintentional falls are the number one cause of unintentional death, however, *individuals* in the age category of 25-64 are more likely to report unintentional poisoning with substances at home.

Cause of Death	Swain		Comparison to WNC Regional Average Rate		Comparison to NC Rate	
	# Deaths	Death Rate	Rate	% Difference	Rate	% Difference
Acquired Immune Deficiency Syndrome	0	0.0	0.9	-100.0%	2.2	-100.0%
All Other Unintentional Injuries	35	44.8	45.8	-2.2%	31.9	40.4%
Alzheimer's disease	37	41.0	31.7	29.5%	31.9	28.5%
Cancer	176	178.1	165.5	7.6%	166.5	7.0%
Cerebrovascular Disease	50	59.8	40.2	48.9%	43.1	38.7%
Chronic Liver Disease and Cirrhosis	21	25.0	13.6	83.7%	10.3	142.7%
Chronic Lower Respiratory Diseases	64	64.7	54.3	19.2%	45.6	41.9%
Diabetes Mellitus	47	51.0	22.4	127.5%	23.0	121.7%
Diseases of Heart	181	189.4	164.4	15.2%	161.3	17.4%
Homicide	3	4.5	4.1	10.1%	6.2	-27.4%
Nephritis, Nephrotic Syndrome, and Nephrosis	21	22.3	14.6	52.9%	16.4	36.0%
Pneumonia and Influenza	22	23.6	17.4	35.3%	17.8	32.6%
Septicemia	15	16.6	9.0	85.0%	13.1	26.7%
Suicide	10	14.2	19.0	-25.1%	12.9	10.1%
Unintentional Motor Vehicle Injuries	12	18.7	15.5	20.3%	14.1	32.6%
All Causes (some not listed)	990	973.0	900.7	74.6%	794.0	24.6%

Table 13: Cause of Death in Swain County Compared to the Regional and State. WNCHN – WNC Healthy Impact Community Health Survey (2018).

There is a 40.4% difference between Swain County's death rate due to unintentional injuries and the State's death rate (WNCHN, 2018). It is important to note that the unintentional injury rate is much higher than the motor vehicle injuries statistics as well as the suicide rate.

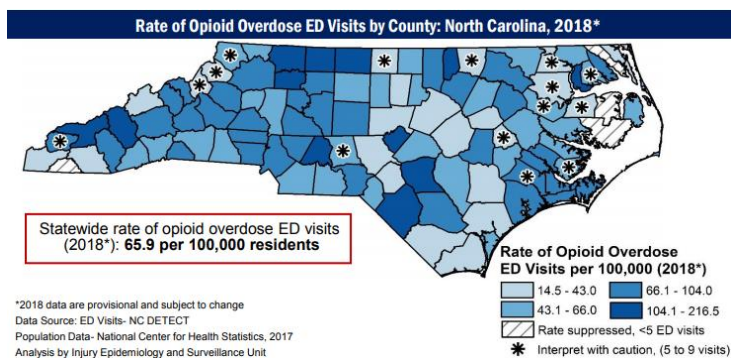


Figure 8: Rate of Opioid Overdose ED Visits by County in NC During 2018. NC Detect (2018).

In 2018, Swain County had the third highest rate of opioid overdose ED visits with 139.9 overdose ED visits per 100,000 residents (view to the left; NC DETECT). According to the North Carolina State Center for Health Statistics, vital Statistics Death Certificate Data, Swain County's unintentional medication and drug poisoning deaths have averaged around 1 death in the

last 5 years, but rose to 6 deaths in 2017 (North Carolina State Center for Health Statistics, 2017). The county averaged 1 overdose death due to opioid poisoning from 2011 to 2017, where 2017 saw 5 overdose deaths due to opioids (North Carolina State Center for Health Statistics, 2017).

The unintentional Emergency Room (ED) visits in Swain County have dramatically increased from 2016-2017, indicated in the table below.

Table 14: Unintentional Poisoning ED Visits in 2016 and 2017. NC Opioid Dashboard (2017).

County	Unintentional Medication/Drug Poisoning ED Visits		Unintentional Opioid Poisoning ED Visits	
	2016	2017	2016	2017
Swain	17	50	6	30

North Carolina State Center for Health Statistics indicates that unintentional poisoning ED visits in 2017 were caused by the following drugs:

- Psychostimulant (7)
 - Adderall
 - Ritalin
 - Mixed salts of a single-entity amphetamine product
- Benzodiazepine (3)
 - Xanax
 - Klonopin
 - Valium
 - Ativan
- Methadone (1)
- Heroin (1)

Unintentional opioid poisonings caused over half of the medication/drug ED visits in 2017. Opioids could include hydrocodone, oxycodone, morphine, codeine, and other related drugs.

The top three leading causes of death in Swain County could be related to tobacco products. According to the CDC, smoking can cause heart disease, stroke, cancer, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD; "Smoking & Tobacco Use"). The county reported the lowest percentage of current smokers in six years – in 2012, 29% of respondents reported smoking and in 2018 that percentage decreased to 22.5% (WNCHN, 2018).

Although the percentage of smokers is decreasing, the use of smokeless tobacco and e-cigarettes is rapidly increasing in Swain County. The percentage of individuals using smokeless tobacco has increased by 6% in six years, and the use of e-cigarettes has risen by roughly 3% in three years (WNCHN, 2018). The 2017 North Carolina Youth Tobacco Survey reported that 16.9% of high school students in North Carolina had used an e-cigarette in the previous 30 days.

Understanding the Issue

Substance abuse was identified by key informants as the most critical condition to address in mental health. Reasons for identifying substance abuse as a problem include easy access to illegal substances, poverty, lack of treatment and support facilities, no mental health specialists in the area, minimal funding to combat the issue, not enough employment opportunities, "nothing to do" for youth, and lack of overall education.

Some reasons people begin taking drugs include peer pressure, negative home life, self-medication, curiosity, higher ACE scores, availability, to perform better in athletic and to perform better in academic.

Culture is a factor in regard to accepted use of certain substances. Consumption of alcohol, vaping/e-cigarettes, marijuana, pain killers, and anxiety medication are becoming more common and culturally acceptable. Swain County now houses a vape shop located at the bottom of the hill to the high school. The store sells various CBD and vape products in the Bryson City area.

Specific Populations At-Risk

Substance abuse affects all populations, but there are distinct differences between various groups in relation to substance misuse and abuse. Minorities, specifically Native Americans, and white males are at a higher risk of both substance abuse and overdose in Swain County; Native American substance abuse disorder rates double the rate of the average population (Centers for Disease Control and Prevention, 2018).

The American Indian and Alaskan Native people had the largest drug overdose death rate in 2015 (Centers for Disease Control and Prevention, 2018). The Bureau of Indian Affairs reported a 56% increase in heroin seizures and a 109% increase in meth seizures between 2015 and 2016 (Bureau of Indian Affairs, 2016). Native Americans saw dramatic increase in overdose deaths from 1999 to 2015; Dr. Michael Toedt, the Indian Health Services' chief medical officer, testified that the rise of overdoses represents the largest increase of any racial group during that period of time. J;

In 2018, the average demographics for overdose ED visits are as follows: 59% men, 75% white non-Hispanic, and 35% ages 25-34. The population at highest risk outside of Native Americans would be Caucasian men between the age of 25 and 34 (see below).

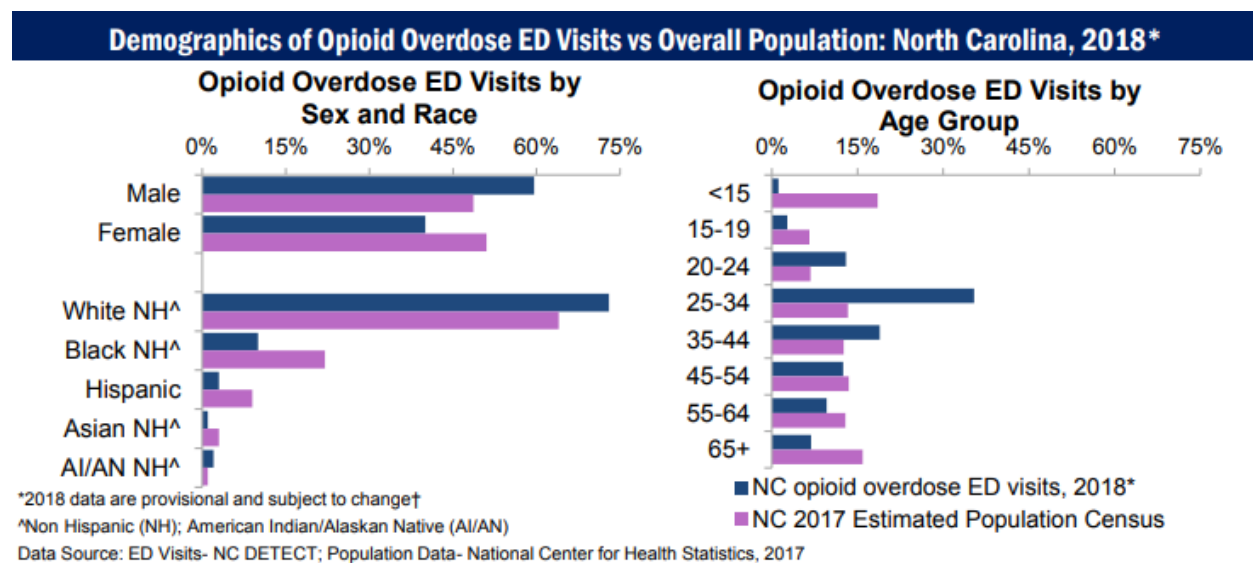


Figure 9: Demographics of Opioid Overdose ED Visits in North Carolina During 2018. NC Detect (2018).

Other risk factors to consider would include:

- Socioeconomic status
- Family history of addiction
- History of chronic pain
- Mental health disorder
- ACE score
- Exposure to drugs earlier in life
- Poor social skills
- Availability/access
- High stress environment

All low-income residents in Swain County are also at a greater risk for unintentional injuries, including overdose. Another population to consider would be pregnant women who use illicit substances as well as their babies.

Health Resources Available/Needed

The Coalition for a Safe and Drug Free Swain County is comprised of concerned community members, including parents and students from the local high school. The organization has partnered with a multitude of key stakeholders in the community to work on substance abuse in Swain County, and the Coalition will continue to spearhead this priority in 2018.

Available Health Resources		
Resource	Association and Description	Availability
Sticker Shock Project	Coalition for a Safe and Drug Free Swain County and Swain County Schools	
RX Take Back Events	Coalition for a Safe and Drug Free Swain County and local Pharmacies	Yearly
Lock Boxes for Medication	Coalition for a Safe and Drug Free Swain County and Swain County Health Department	Permanent
Promotion of Naloxone	Coalition for a Safe and Drug Free Swain County and Swain County Health Department	Ongoing
Prevention of Overdose through Education and Information	Coalition for a Safe and Drug Free Swain County and Swain County Health Department	Ongoing
Red Ribbon Week	Coalition for a Safe and Drug Free Swain County and Swain County Health Department	Yearly
Alcohol Free Prom Night Campaign	Mountain Projects, Coalition for a Safe and Drug Free Swain County, and Swain County Health Department	Yearly

Tobacco Free Parks Committee	Swain County Health Department and the Parks and Recreation Services	Ongoing
Trick or Treat on Everett Street Event	Mountain Projects, Coalition for a Safe and Drug Free Swain County, and Swain County Health Department	Yearly
Needed Health Resources		
Resource		Potential Community Partner
Substance abuse prevention programs for youth	Mountain Projects, Coalition for a Safe and Drug Free Swain County, and Swain County Health Department,	
Education for youth	Mountain Projects, Coalition for a Safe and Drug Free Swain County, Swain County Health Department, Swain Community Hospital, School Health Advisory Committee, and Swain County Schools	
Education for parents	Mountain Projects, Coalition for a Safe and Drug Free Swain County, Swain County Health Department, Swain Community Hospital, and Swain County Schools, Renew, Rez Hope	
Increased naloxone distribution	Mountain Projects, Coalition for a Safe and Drug Free Swain County, and Swain County Health Department	
Needle exchange program	WNC Harm Reduction Alliance, County Commissioners, Coalition for a Safe and Drug Free Swain County, and Swain County Health Department	
Needle exchange boxes throughout county	WNC Harm Reduction Alliance, County Commissioners, Chamber of Commerce, Coalition for a Safe and Drug Free Swain County, and Swain County Health Department	
Local in-patient treatment centers	Swain Community Hospital	
Support for parents and families of those suffering from addiction	Swain Community Hospital, County Commissioners, Renew, Rez Hope	



CHAPTER 9 - NEXT STEPS

Sharing Findings

The Swain County Health Department will disseminate results of the 2018 Community Health Assessment and State of the County's Health report to the local health department's stakeholders, community partners, and general population. An electronic copy, as well as a link to the CHA will be sent to stakeholders and community partners:

- Swain County Community Wellness Action Team
- Swain County Board of Commissioners
- Swain Community Hospital Board
- Bryson City Town Board of Alderman
- Swain County School Board
- Swain County's School Health Advisory Committee
- Coalition for a Safe and Drug Free Swain County

A link to the full CHA report, as well as where to find a hard copy of the report will be disseminated to the general population through social media.

Where to Access this Report

The full CHA report can be found in the following places:

- WNC Health Network website
- Swain County Government website
- Swain County Health Department - hard copy upon request
- Swain Community Hospital website
- Marianna Black Library - hard copy

For More Information and to Get Involved

To get involved in the local process and implementation plan, please email Trish Hipgrave at trish.hipgrave@swaincountync.gov or Chelsea Burrell at Chelsea.burrell@westcare.org. The Community Wellness Action Team is always looking for passionate and concerned members of Swain County to help lead community health initiatives.

For more information about CHA and the process, you may visit:

- <http://www.swaincountync.gov/health/health-home.html>
- <https://www.myswaincommunity.com/>
- <https://www.wnchn.org/wnc-healthy-impact/>

Collaborative Action Planning

Collaborative action planning with hospitals and other community partners will result in the creation of a community-wide plan that outlines what will be aligned, supported and/or implemented to address the priority health issues identified through this assessment process. The collaborative action planning process will start in the spring of 2019 when the Community Wellness Action Team will host a meeting with partners to develop strategies to improve the priority areas selected. The Community Health Assessment process is an ongoing process and must be adaptable. The Swain County Health Department is dedicated to the citizens of Swain County and will use this information obtained from the CHA process to continue to improve the health and well-being of this fine county.

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PHOTOGRAPHY CREDITS

Photos used on the cover, in headers and throughout the report are from Swain County Health Department; accessed January 2019.

APPENDICES

Appendix A – Data Collection Methods & Limitations

Appendix B – Data Presentation

- Data Presentation Slides

Appendix C – County Maps

Appendix D – Survey Findings

- WNC Healthy Impact Survey Instrument
- Community Health Survey Results

Appendix E – Key-Informant Survey Findings

Appendix F – Health Resource Inventory

- Health Resource Inventory
- Top Unmet Needs

APPENDIX A - DATA COLLECTION METHODS & LIMITATIONS

Secondary Data from Regional Core

Secondary Data Methodology

In order to learn about the specific factors affecting the health and quality of life of residents of WNC, the WNC Healthy Impact data workgroup and data consulting team identified and tapped numerous secondary data sources accessible in the public domain. For data on the demographic, economic and social characteristics of the region sources included: the US Census Bureau; Log Into North Carolina (LINC); NC Department of Health and Human Services; NC Office of State Budget and Management; NC Department of Commerce; Employment Security Commission of NC; UNC-CH Jordan Institute for Families; NC Department of Public Instruction; NC Department of Justice; NC Division of Medical Assistance; NC Department of Transportation; and the Cecil B. Sheps Center for Health Services Research. The WNC Healthy Impact data consultant team made every effort to obtain the most current data available at the time the report was prepared. It was not possible to continually update the data past a certain date; in most cases that end-point was August 2018.

The principal source of secondary health data for this report was the NC State Center for Health Statistics (NC SCHS), including its County Health Data Books, Behavioral Risk Factor Surveillance System, Vital Statistics unit, and Cancer Registry. Other health data sources included: NC Division of Public Health (DPH) Epidemiology Section; NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services; the Centers for Disease Control and Prevention; National Center for Health Statistics; NC DPH Nutrition Services Branch; and NC DETECT.

Environmental data was gathered from sources including: US Environmental Protection Agency; US Department of Agriculture; and NC Department of Environment and Natural Resources.

Because in any CHA it is instructive to relate local data to similar data in other jurisdictions, throughout this report representative county data is compared to like data describing the 16-county region and the state of NC as a whole. The WNC regional comparison is used as "peer" for the purposes of this assessment. Where appropriate and available, trend data has been used to show changes in indicators over time.

It is important to note that this report contains data retrieved directly from sources in the public domain. In some cases, the data is very current; in other cases, while it may be the most current available, it may be several years old. Note also that the names of organizations, facilities, geographic places, etc. presented in the tables and graphs in this report are quoted exactly as they appear in the source data. In some cases, these

names may not be those in current or local usage; nevertheless, they are used so readers may track a particular piece of information directly back to the source.

Data limitations

Some data that is used in this report may have inherent limitations, due to the sample size, its geographic focus, or its being out-of-date, for example, but it is used nevertheless because there is no better alternative. Whenever this kind of data is used, it will be accompanied by a warning about its limitations.

Gaps in Available Information

The CHA data gathering process shows gaps in available information pertaining to youth (anyone under the age of 18). Creating avenue to reach this population and supplement this data gap would enhance the overall CHA findings and process. This in-turn would help identify additional vulnerable population to focus on.

WNC Healthy Impact Survey (Primary Data)

Survey Methodology

The 2018 WNC Healthy Impact Community Health Survey was conducted from March to June. The purpose of the survey was to collect primary data to supplement the secondary core dataset, allow individual counties in the region to collect data on specific issues of concern, and hear from community members about their concerns and priorities. The survey was conducted throughout the entire WNC Healthy Impact region, which includes the following 16 counties: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania and Yancey.

Professional Research Consultants, Inc. (PRC) designed and implemented the survey methodology, which included a combination of telephone (both landline and cell phone) interviews, as well as an online survey. The survey methodology was designed to achieve a representative sample of the regional population that would allow for stratification by certain demographic characteristics, while also maximizing data collection timeliness and efficiency. Survey sampling and implementation methodology is described in greater detail below.

Survey Instrument

The survey instrument was developed by WNC Healthy Impact's data workgroup, consulting team, and local partners, with assistance from PRC. Many of the questions were derived from the CDC Behavioral Risk Factor Surveillance System (BRFSS) and other validated public health surveys. Other questions were developed specifically by WNC Healthy Impact, with input from regional and local partners, to address particular issues

of interest to communities in western North Carolina. Each county was given the opportunity to include three additional questions of particular interest to their county, which were asked only of their county's residents.

The three additional county questions included in the 2018 survey were:

- 1) During the past 30 days, has someone you know used an illegal drug or taken a prescription drug that was not prescribed to them?
- 2) Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: (excellent to poor)
- 3) Do you feel existing community resources or services for (senior) are: (more than sufficient to deal with it to not available)

Sampling Approach & Design

PRC designed the survey methodology to minimize sample bias and maximize representativeness by using best practice random-selection sampling techniques. They also used specific data analysis techniques, including poststratification, to further decrease sample bias and account for underrepresented groups or nonresponses in the population. Poststratification involves selecting demographic variables of interest within the population (here, gender, age, race, ethnicity, and poverty status) and then applying "weights" to the data to produce a sample which more closely matches the actual regional population for these characteristics. This technique preserves the integrity of each individual's responses while improving overall representativeness. In order to determine WNC regional estimates, county responses were weighted in proportion to the actual population distribution to appropriately represent Western North Carolina as a whole. Since the sample design and quality control procedures used in the data collection ensure that the sample is representative, the findings may be generalized to the region with a high degree of confidence.

Survey Administration

PRC piloted the survey through 30 interviews across the region and consulted with WNC Health Network staff to resolve substantive issues before full implementation. PRC used trained, live interviewers and an automated computer-aided telephone interviewing system to administer the survey region-wide. Survey interviews were conducted primarily during evening and weekend hours, with some daytime weekday attempts. Interviewers made up to five call attempts per telephone number. Interviews were conducted in either English or Spanish, as preferred by respondents. The final sample included 29 percent cell phone-based survey respondents and 71 percent landline-based survey respondents. Including cell phone numbers in the sampling algorithm allowed better representation of demographic segments that might otherwise be under sampled in a landline-only model.

PRC also worked with a third-party provider to identify and invite potential respondents for an online survey for a small proportion (20%) of the sample population. The online survey was identical to the telephone survey instrument and allowed better sampling of younger and more urban demographic segments.

About the Swain County Sample

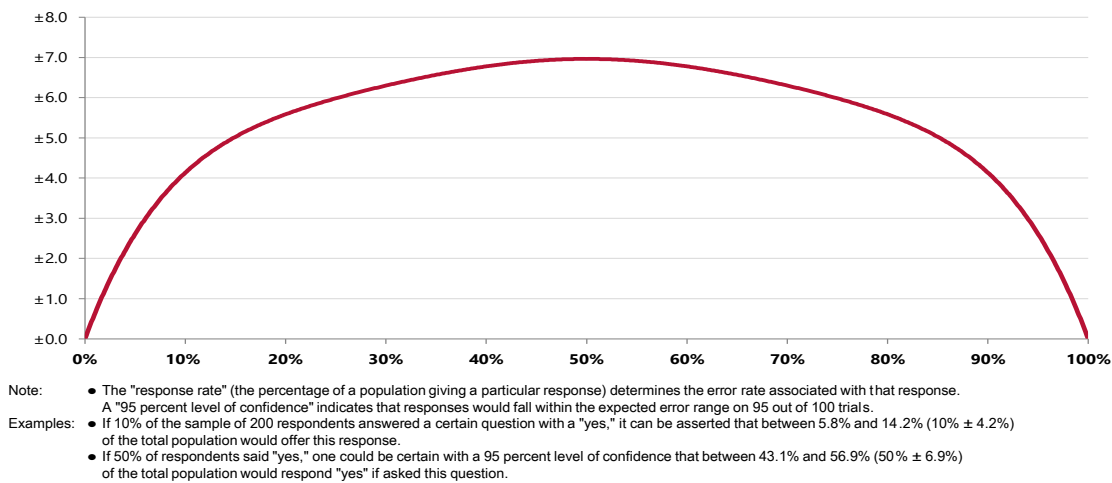
Size: The total regional sample size was 3,265 individuals age 18 and older, with 200 from our Swain County. PRC conducted all analysis of the final, raw dataset.

Sampling Error: For our county-level findings, the maximum error rate at the 95% confidence level is:



PRC Community Health Needs Assessment

Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence



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Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence

Note: The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:

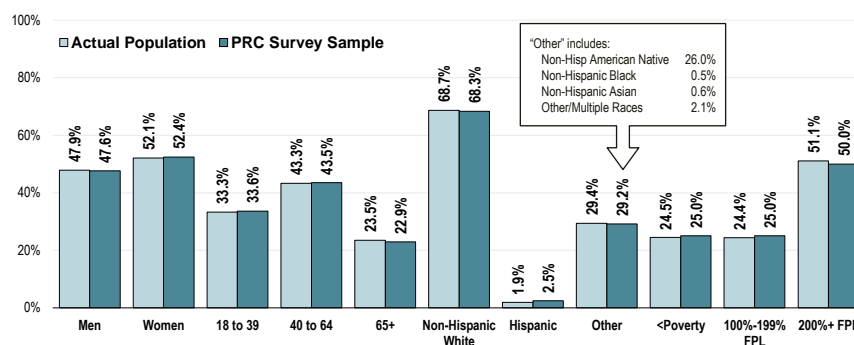
- If 10% of a sample of 200 respondents answered a certain question with a "yes," it can be asserted that between 5.8% and 14.2% ($10\% \pm 4.2\%$) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% ($50\% \pm 6.9\%$) of the total population would respond "yes" if asked this question.

Characteristics: The following chart outlines the characteristics of the survey sample for our county by key demographic variables, compared to actual population characteristics from census data. Note that the sample consists solely of area residents age 18 and older.



PRC Community Health Needs Assessment

Population & Survey Sample Characteristics
(Age 18 and Older; Swain County, 2018)

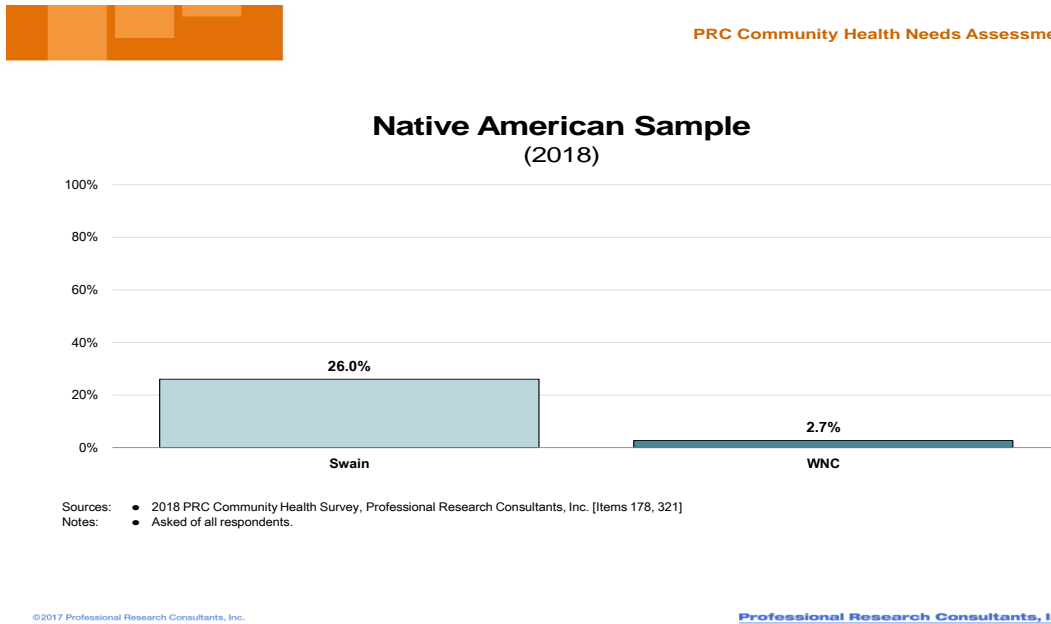


Sources:

- 2011-2015 American Community Survey, U.S. Census Bureau.
- PRC Community Health Survey, Professional Research Consultants, Inc.

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Benchmark Data

North Carolina Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts where available, are taken from the 2017 PRC National Health Survey; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

It should be recognized that the following were found to be information gaps in the data:

- Native American Health Data
 - Diabetes
 - Life Expectancy
 - Heart Disease
- Childhood Data
 - Diabetes

As Swain County houses a vast majority of the Qualla Boundary, Native Americans make-up 26% of the population, which is a quarter of the citizens in Swain County. It would be extremely helpful to have data on the Native American population to better serve our communities.

There were also several questions in our community addressing childhood health, specifically targeting diabetes, and this would be vital information to have in relation to school nutrition as well as activity.

Online Key Informant Survey (Primary Data)

Online Survey Methodology

Purpose and Survey Administration

WNC Healthy Impact, with support from PRC, implemented an Online Key Informant Survey to solicit input from local leaders and stakeholders who have a broad interest in the health of the community. WNC Healthy Impact shared with PRC a list of recommended participants, including those from our county. This list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential 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.

Key informants were contacted through an email that introduced the purpose of the survey and provided a link to take the survey online. Reminder emails were sent as needed to increase participation.

Online Survey instrument

The survey provided respondents the opportunity to identify critical health issues in their community, the feasibility of collaborative efforts around health issues, and what is helping/hurting their community's ability to make progress on health issues.

Participation

In all, 24 community stakeholders took part in the Online Key Informant Survey for our county, as outlined below:

Local Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Community Leader	28	17
Other Health Provider	4	2
Physician	3	2
Public Health Representative	2	2
Social Services Provider	3	1

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Online Survey Limitations

The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

To collect this data, purposive sampling (a type of non-probability sampling which targets a specific group of people) was used. Unlike the random sampling technique employed in the telephone survey, the purpose is not to make generalizations or statistical inferences from the sample to the entire population, but to gather in-depth insights into health issues from a group of individuals with a specific perspective.

Data Definitions

Reports of this type customarily employ a range of technical terms, some of which may be unfamiliar to many readers. Health data, which composes a large proportion of the information included in this report, employs a series of very specific terms which are important to interpreting the significance of the data. While these technical health data terms are defined in the report at the appropriate time, there are some data caveats that should be applied from the onset.

Error

First, readers should note that there is some error associated with every health data source. Surveillance systems for communicable diseases and cancer diagnoses, for instance, rely on reports submitted by health care facilities across the state and are likely to miss a small number of cases, and mortality statistics are dependent on the primary cause of death listed on death certificates without consideration of co-occurring conditions.

Age-adjusting

Secondly, since much of the information included in this report relies on mortality data, it is important to recognize that many factors can affect the risk of death, including race, gender, occupation, education and income. The most significant factor is age, because an individual's risk of death inevitably increases with age. As a population ages, its collective risk of death increases; therefore, an older population will automatically have a higher overall death rate just because of its age distribution. At any one time some communities have higher proportions of "young" people, and other communities have a higher proportion of "old" people. In order to compare mortality data from one community with the same kind of data from another, it is necessary first to control for differences in the age composition of the communities being compared. This is accomplished by age-adjusting the data.

Age-adjustment is a statistical manipulation usually performed by the professionals responsible for collecting and cataloging health data, such as the staff of the NC State Center for Health Statistics (NC SCHS). It is not necessary to understand the nuances of age-adjustment to use this report. Suffice it to know that age-adjusted data are preferred for comparing most health data from one population or community to another and have been used in this report whenever available.

Rates

Thirdly, it is most useful to use rates of occurrence to compare data. A rate converts a raw count of events (deaths, births, disease or accident occurrences, etc.) in a target population to a ratio representing the number of same events in a standard population, which removes the variability associated with the size of the sample. Each rate has its own standard denominator that must be specified (e.g., 1,000 women, 100,000 persons, 10,000 people in a particular age group, etc.) for that rate.

While rates help make data comparable, it should be noted that small numbers of events tend to yield rates that are highly unstable, since a small change in the raw count may translate to a large change in rate. To overcome rate instability, another convention typically used in the presentation of health statistics is data aggregation, which involves combining like data gathered over a multi-year period, usually three or

five years. The practice of presenting data that are aggregated avoids the instability typically associated with using highly variable year-by-year data, especially for measures consisting of relatively few cases or events. The calculation is performed by dividing the sum number of cases or deaths in a population due to a particular cause over a period of years by the sum of the population size for each of the years in the same period.

Health data for multiple years or multiple aggregate periods is included in this report wherever possible. Sometimes, however, even aggregating data is not sufficient, so the NC SCHS recommends that rates based on fewer than 20 events—whether covering an aggregate period or not—be considered unstable. In fact, in some of its data sets the NC SCHS no longer calculates rates based on fewer than 20 events. To be sure that unstable data do not become the basis for local decision-making, this report will highlight and discuss primarily rates based on 20 or more events in a five-year aggregate period, or 10 or more events in a single year. Where exceptions occur, the text will highlight the potential instability of the rate being discussed.

Regional arithmetic mean

Fourthly, sometimes in order to develop a representative regional composite figure from sixteen separate county measures the consultants calculated a regional arithmetic mean by summing the available individual county measures and dividing by the number of counties providing those measures. It must be noted that when regional arithmetic means are calculated from rates the mean is not the same as a true average rate but rather an approximation of it. This is because most rates used in this report are age adjusted, and the regional mean cannot be properly age-adjusted.

Describing difference and change

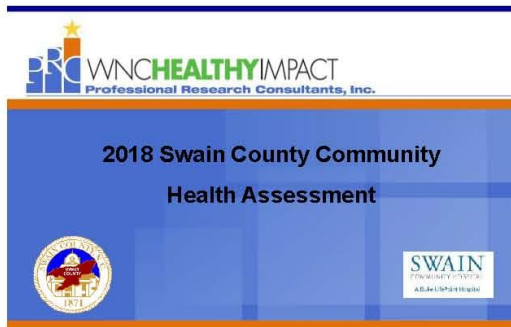
Fifthly, in describing differences in data of the same type from two populations or locations, or changes over time in the same kind of data from one population or location—both of which appear frequently in this report—it is useful to apply the concept of percent difference or change. While it is always possible to describe difference or change by the simple subtraction of a smaller number from a larger number, the result often is inadequate for describing and understanding the scope or significance of the difference or change. Converting the amount of difference or change to a percent takes into account the relative size of the numbers that are changing in a way that simple subtraction does not and makes it easier to grasp the meaning of the change.

For example, there may be a rate of for a type of event (e.g., death) that is one number one year and another number five years later. Suppose the earlier figure is 12.0 and the latter figure is 18.0. The simple mathematical difference between these rates is 6.0. Suppose also there is another set of rates that are 212.0 in one year and 218.0 five years

later. The simple mathematical difference between these rates also is 6.0. But are these same simple numerical differences really of the same significance in both instances? In the first example, converting the 6-point difference to a percent yields a relative change factor of 50%; that is, the smaller number increased by half, a large fraction. In the second example, converting the 6-point difference to a percent yields a relative change factor of 2.8%; that is, the smaller number increased by a relatively small fraction. In these examples the application of percent makes it very clear that the difference in the first example is of far greater degree than the difference in the second example. This document uses percentage almost exclusively to describe and highlight degrees of difference and change, both positive (e.g., increase, larger than, etc.) and negative (e.g., decrease, smaller than, etc.).

APPENDIX B – DATA PRESENTATION

2/26/2019



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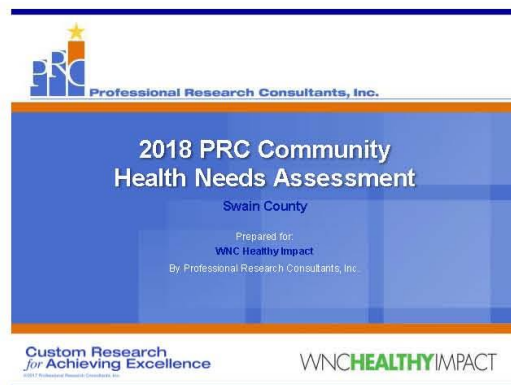
Community Wellness Action Team
C-WAT

- 2015 – Community Wellness Action Team (C-WAT) Founded
 - Subcommittees formed: Community Garden and Pathways and Greenways
- 2018 – Re-structured C-WAT to provide guidance on Community Health Assessment (CHA) and CHA processes
 - Once a month meetings
 - Team members researched past and current CHA, Action Plans and State of the County Health Reports (SOTCH)
 - C-WAT members are passionate and devoted constituents of the community:

Trish Hipgrave: Chairperson, Swain County Health Department
Chelsea Burrell: Vice Chairperson, Swain Community Hospital
Bunny Johns: Community member
Gwen Bushyhead: Community member
Mark Pilon: Mountain Projects, Swain County Coalition
Tobin Lee: Regional Tobacco Manager, Swain County Coalition
Robyn Duncan: SHIFT
Allison Cochran: Director Swain County Health Department
Wayne Dickert: Faith-based/Restoration House

- Informing and engaging local citizens and business community
- Building partnerships with other stakeholders

3



4

Methodology			
PRC Community Health Needs Assessment			
Product	Source	Description of type of data and sources	
Community Health Survey	Professional Research Consultants (PRC)	75 core questions (3 additional local questions) including: demographics, morbidity, behavior, ACEs, etc.	<ul style="list-style-type: none"> 200 surveys were completed; 64.5% via Internet and 35.5% via telephone (landline [71%] and cell phone [29%]). Allows for high participation and random selection. There are difficulties achieving a sample representative of county and regional populations by gender, age, race/ethnicity, income. English and Spanish
Data Workbook (Survey and Secondary Data)	Publicly available data (U.S. Census, NC State Center for Health Statistics, other state and federal departments)	175+ indicators including: demographics, morbidity and mortality, social determinants, environmental indicators, etc.	
Online Key Informant Survey	Professional Research Consultants (PRC)	Survey input (story data) from selected individuals to identify major health issues, gaps in services, and other factors that may contribute to health.	

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5

ACE's - New to CHA

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6

Adverse Childhood Experiences (ACEs)	
Category	Question
Household Mental Illness	Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?
Household Substance Abuse	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?
	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?
Incarcerated Household Member	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
Parental Separation or Divorce	Before you were 18 years of age, were your parents separated or divorced?
Intimate Partner Violence	Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up?
Physical Abuse	Before age 18, how often did a parent or adult in your home slap, beat, kick, or physically hurt you in any way? (Do not include spanking.)
Emotional Abuse	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?
Sexual Abuse	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?

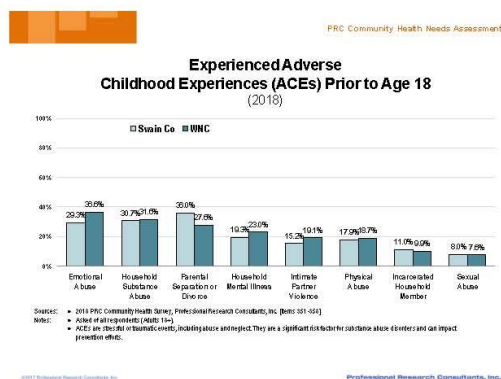
Source: 2013 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 103-140)

Note: 1. Refers to the total sample of respondents.

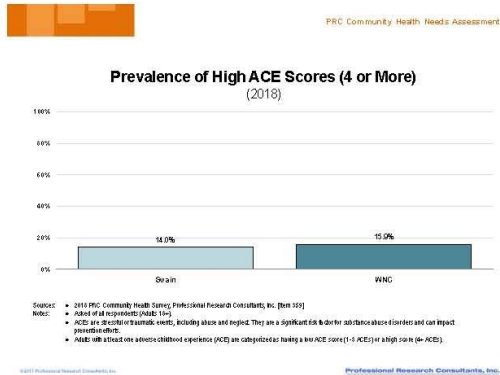
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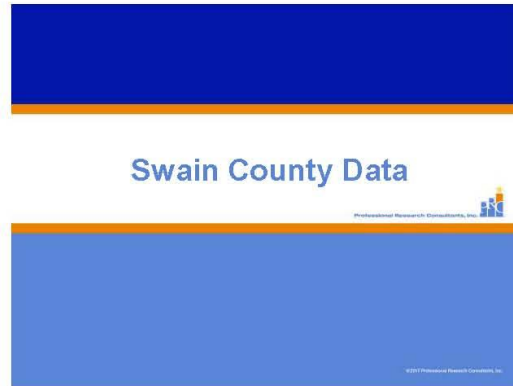
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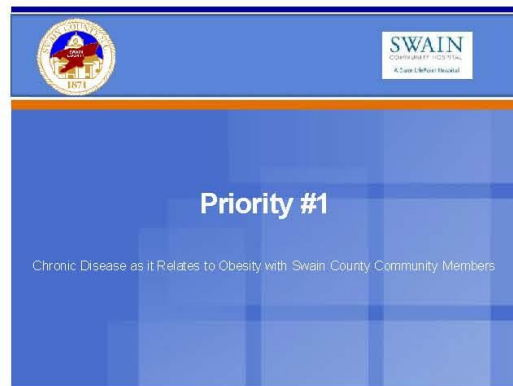
Causes of Death in Swain

Rank	Cause of Death	# Deaths	Death Rate
1	Diseases of Heart	181	189.4
2	Cancer	176	178.1
3	Chronic Lower Respiratory Diseases	64	64.7
4	Cerebrovascular Disease	50	59.8
5	Diabetes Mellitus	47	51.0
6	All Other Unintentional Injuries	35	44.8
7	Alzheimer's disease	37	41.0
8	Chronic Liver Disease and Cirrhosis	21	25.0
9	Pneumonia and Influenza	22	23.6
10	Nephritis, Nephrotic Syndrome, and Nephrosis	21	22.3
11	Unintentional Motor Vehicle Injuries	12	18.7
12	Sepsis	15	16.6
13	Suicide	10	14.2
14	Homicide	3	4.5
15	Acquired Immune Deficiency Syndrome	0	0.0
All Causes (some not listed)		888	973.9

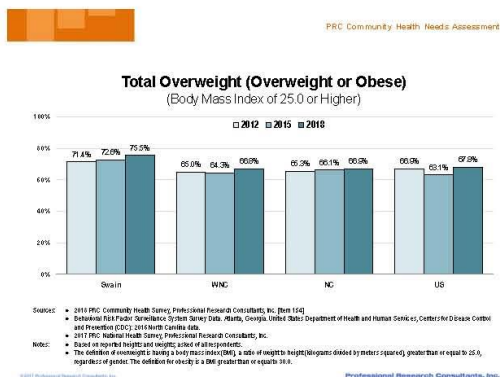
- Ranking is based on **Death Rate** and not **# Deaths**.
- This is because **# Deaths** only represents the total number of deaths during a stated time frame. The number cannot be age-adjusted, and therefore cannot be used for comparison or ranking.
- Death rate**, in this table, is age-adjusted to the "standard" population. It represents the number of deaths in the population during stated time frame/population x 1,000.
- Age adjusting rates** is a way to make fairer comparisons between groups or communities with different age distributions.
 - A county with a higher percentage of older adults may have a higher rate of death or hospitalization than a county with a younger population, merely because older adults are more likely to die or become hospitalized.

SWAIN COUNTY OFFICIAL SEAL

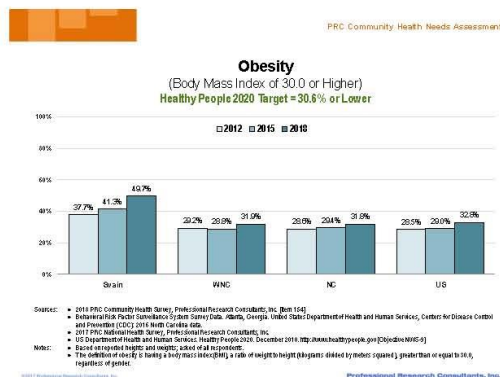
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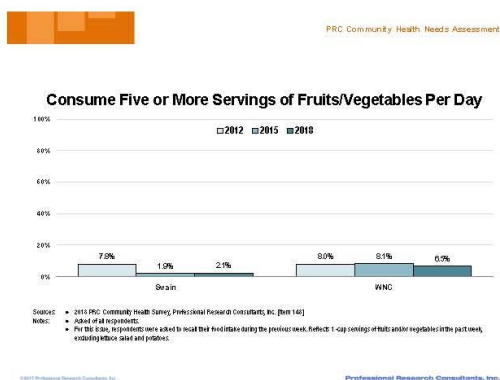
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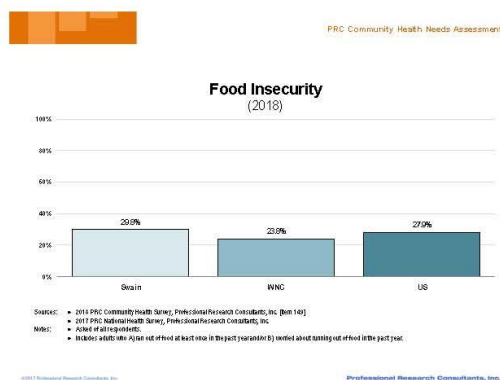
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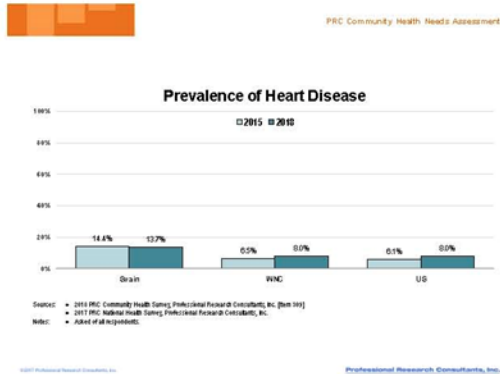
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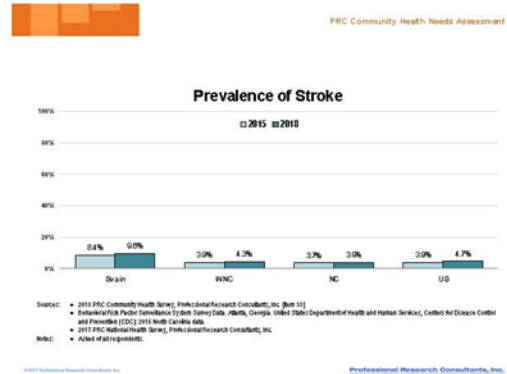
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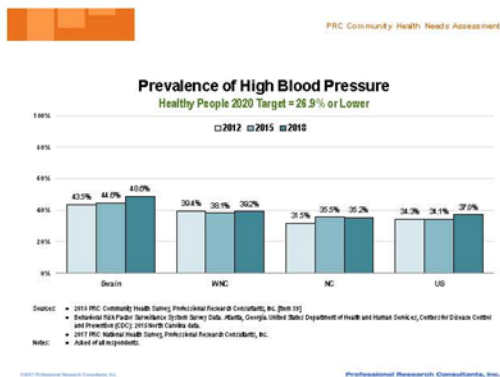
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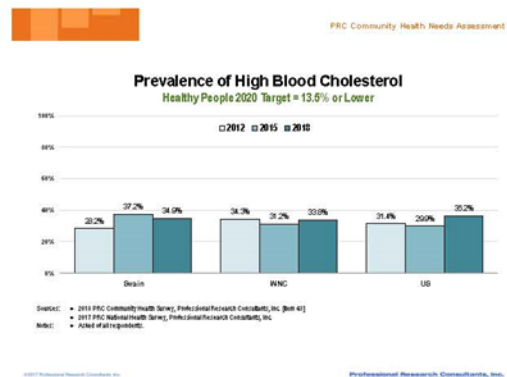
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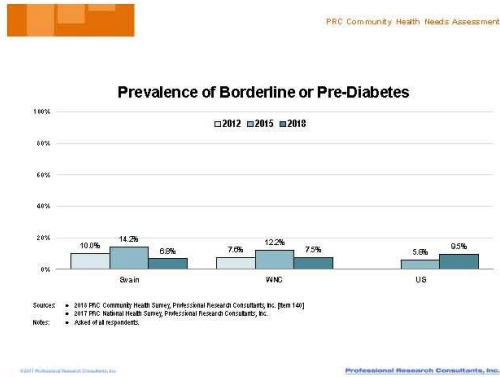
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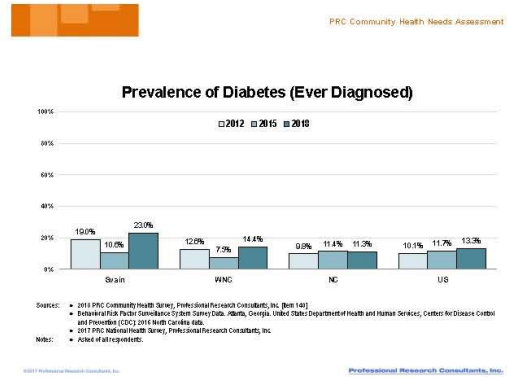
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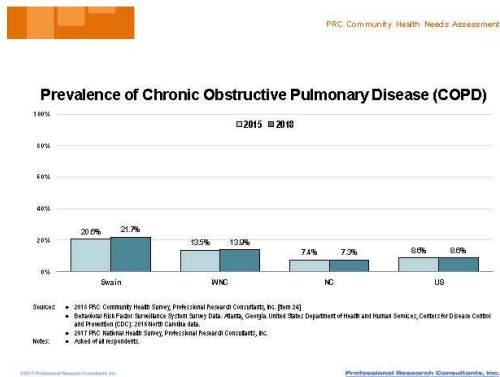
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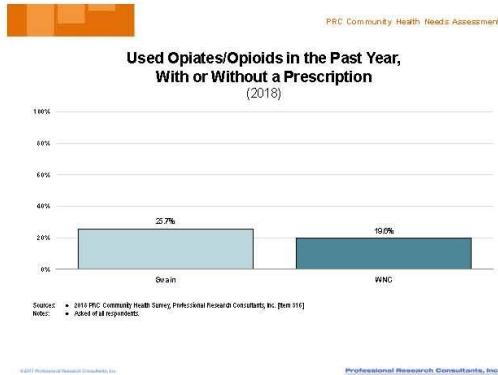


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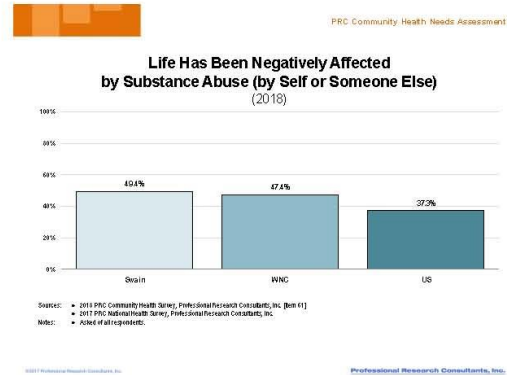
Priority #2

Substance prevention and reducing substance abuse in our community

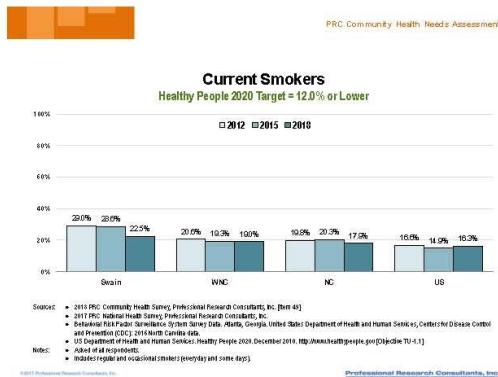
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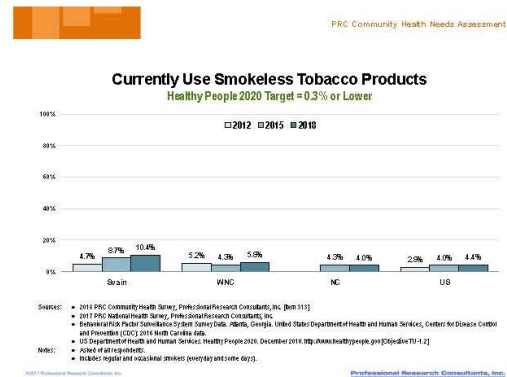
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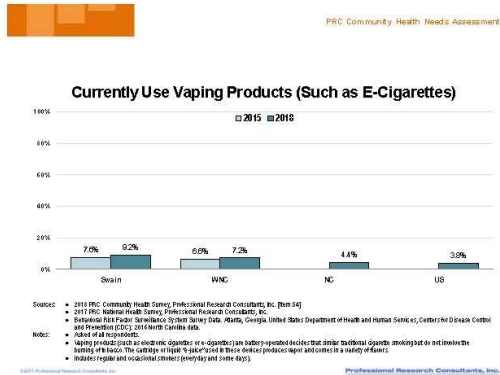
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Swain County PRC Specific Questions

Professional Research Consultants, Inc.

Substance Use: During the past 30 days, has someone you know used an illegal drug or taken a prescription drug that was not prescribed to them?

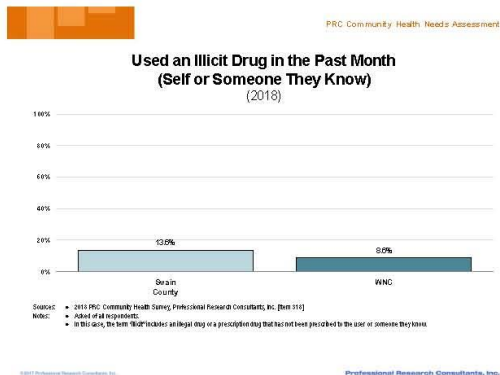
Mental Health: Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: (excellent to poor)

Senior Support and Activities: Do you feel existing community resources or services for (senior) are: (More than sufficient to deal with it to Not Available)

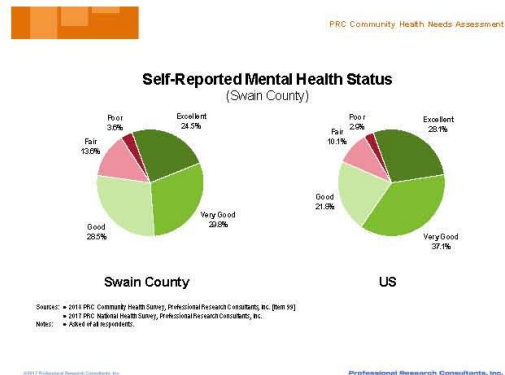
Custom Research for Achieving Excellence

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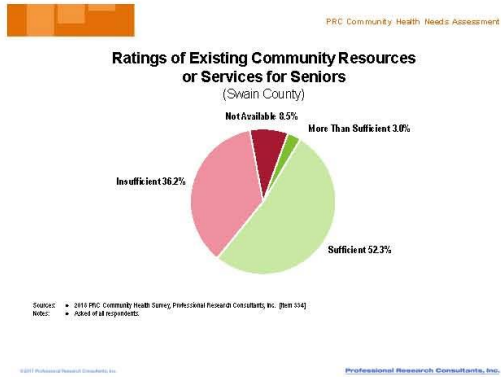
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APPENDIX C – SWAIN COUNTY MAPS

2/26/2019

Swain County Maps

Community Health (Needs) Assessment
2018

1

Why use maps?

- To show variation across the county (or a lack of it)
 - Using only one number or statistic to describe the entire county can hide variation across communities. Maps can show if communities are different.
- To show vulnerable populations
 - Mapping demographic information can show us where our most vulnerable populations live.
- To show masked associations
 - Maps can show where specific factors occur simultaneously.

2

Maps are one piece of the data puzzle

- Maps can be misleading and are best used to highlight which communities to investigate further.
 - Reliability of data decreases as it is cut into smaller and smaller pieces. Therefore, maps of census tract data have greater margins of error than county statistics.
- Maps should be supported by talking with community members or service providers specific to the community of interest to learn more about the community's needs and opportunities.

3

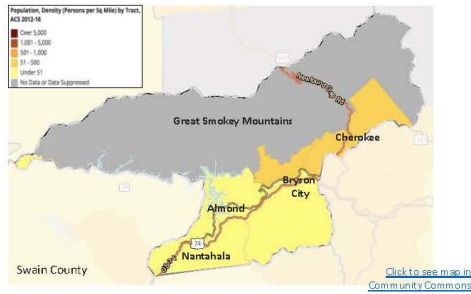
Population, Total



4

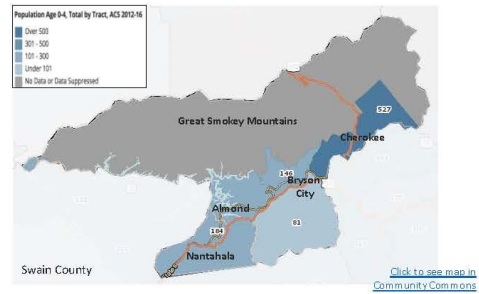
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Population, Density



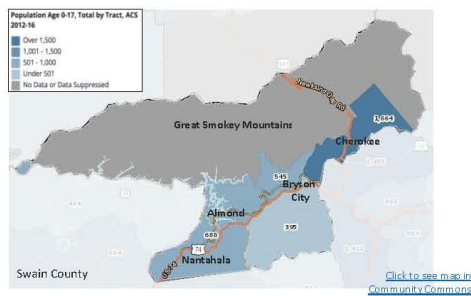
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Population, Age 0-4



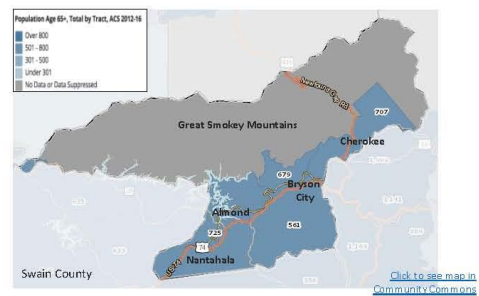
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Population, Age 0-17



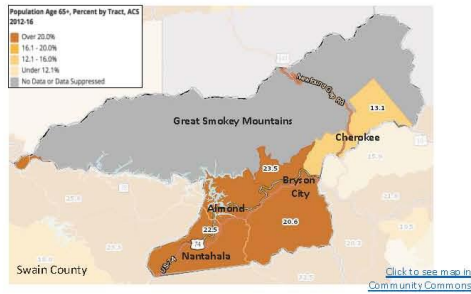
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Population, Age 65+



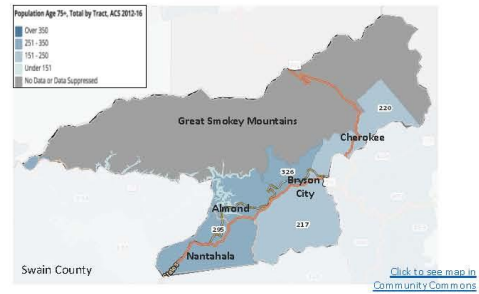
8

Percent of the Population, Age 65+



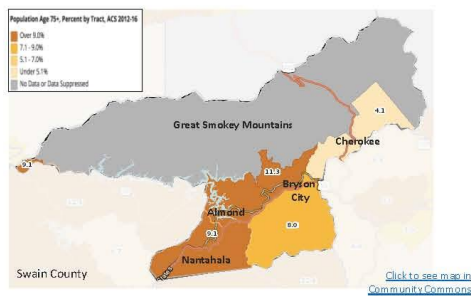
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Population, Age 75+



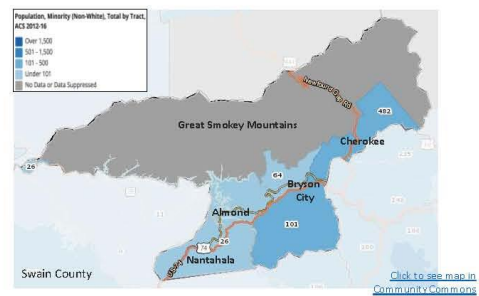
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Percent of the Population, Age 75+



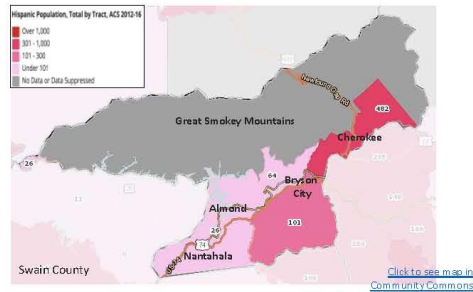
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Population, Minority (Non-White)



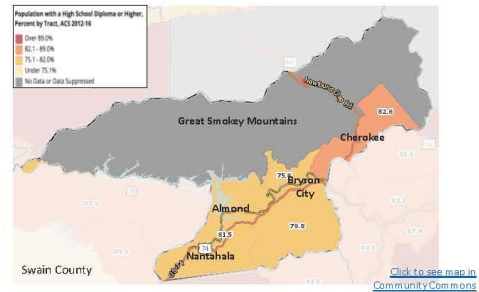
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Population, Hispanic



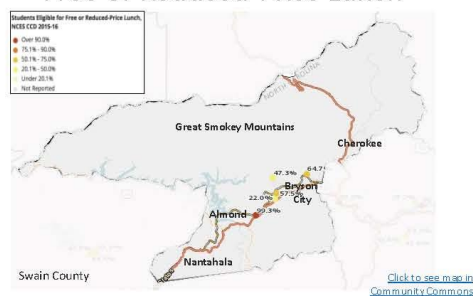
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Percent of the Population (Age 25+) with a High School Diploma or Higher Education Level



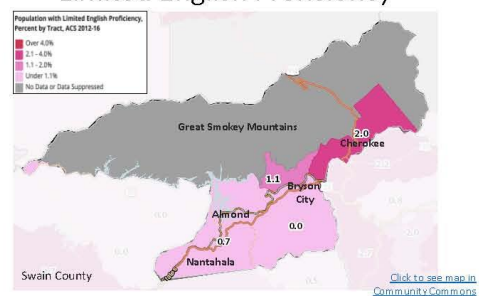
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Percent of Students Eligible for Free or Reduced-Price Lunch



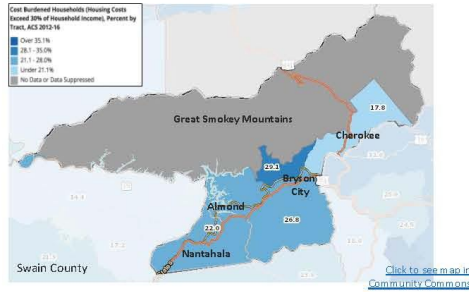
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Percent of Population with Limited English Proficiency



16

Percent of Cost Burdened Households



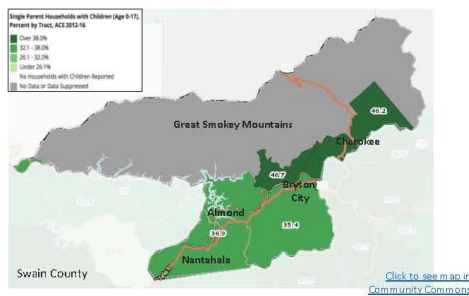
17

Percent of Overcrowded Households



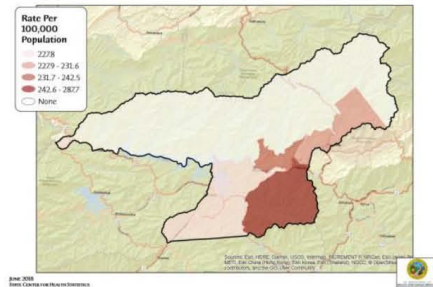
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Percent of Single Parent Households



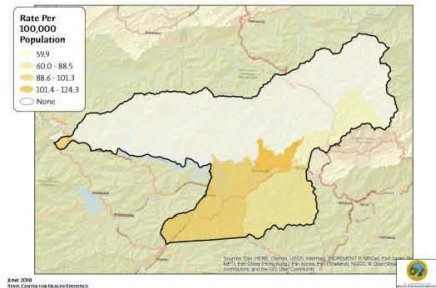
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Heart Disease Mortality Rates



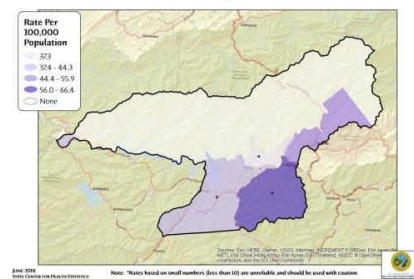
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Chronic Lower Respiratory Disease Mortality Rates



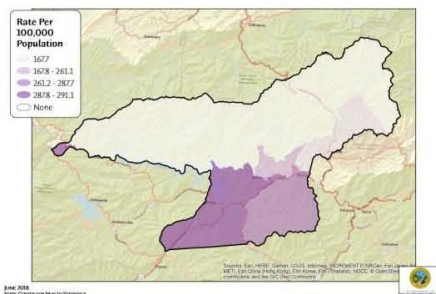
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Other Unintentional Injuries Mortality Rates



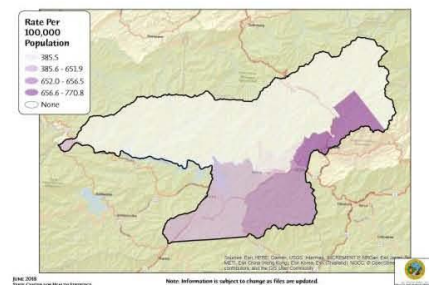
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All Cancers Mortality Rates



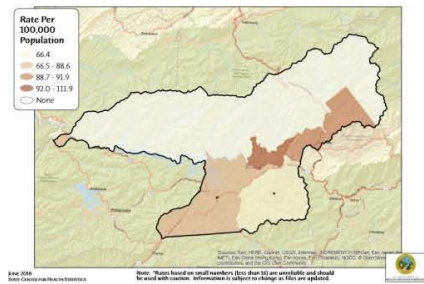
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All Cancer Incidence Rates



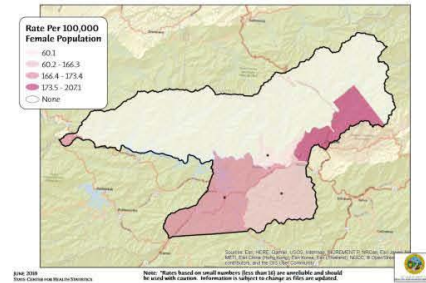
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Lung and Bronchus Cancer Incidence Rates



25

Breast Cancer Incidence Rates



26

APPENDIX D – KEY-INFORMANT SURVEY FINDINGS

WNC Healthy Impact Survey Instrument (Questions)

Count	2018 WNC Core Survey Question Wording	Survey Year to be Included		
		2012	2015	2018
1	In order to randomly select the person I need to talk to, I need to know how many adults 18 and over live in this household?	x	x	x
2	How many children under the age of 18 are currently LIVING in your household? (One through Five or More)	x	x	x
3	Would you please tell me which county you live in?	x	x	x
4	Zipcode	x	x	x
5	Sex of Respondent.	x	x	x
6	First I would like to ask, overall, how would you describe your county as a place to live? Would you say it is: (Excellent, very good, good, fair or poor)		x	x
7	What is the one thing that needs the most improvement in your county? (multiple options)	x	x	x
8	Would you say that, in general, your health is: (excellent, very good, good, fair, or poor)	x	x	x
9	Was there a time during the past 12 months when you needed medical care, but could not get it? (Yes/No)	x	x	x
10	What was the main reason you did not get this needed medical care? (Cost/no insurance, distance too far, inconvenient office hours/office closed, lack of child care, lack of transportation, language barrier, no access for people with disabilities, too long of wait for appointment, too long of wait in waiting room, other (specify))	x	x	x
11	Do you have ONE place where you usually go if you are sick or need advice about your health? (Yes/No)		x	x
12	What kind of place is it: (Open ended)		x	x
13	A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup? (Within the Past Year (Less Than 1 Year Ago); Within the Past 2 Years (1 Year But Less Than 2 Years Ago); Within the Past 5 Years (2 Years but Less Than 5 Years Ago); 5 or More Years Ago)	x	x	x
14	About how long has it been since you last visited a dentist or a dental clinic for any reason? This includes visits to dental specialists, such as orthodontists. (Within the Past Year (Less Than 1 Year Ago); Within the Past 2 Years (1 Year But Less Than 2 Years Ago); Within the Past 5 Years (2 Years But Less Than 5 Years Ago); 5 or More Years Ago)	x	x	x
15	Have you ever suffered from or been diagnosed with COPD or Chronic Obstructive Pulmonary Disease, Including Bronchitis, or Emphysema? (Yes/No)		x	x
16	Has a doctor, nurse or other health professional EVER told you that you had any of the following: (a) A Heart Attack, Also Called a Myocardial Infarction, OR Angina OR Coronary Heart Disease (Yes/No)		x	x
17	(b) A Stroke (Yes/No)		x	x
18	Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (Yes/No)		x	x
19	Do you still have asthma? (Yes/No)		x	x
20	Have you ever been told by a doctor that you have diabetes? (Yes/No)	x	x	x

	Was this only when you were pregnant? (Yes/No)	x	x	x
21	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (Yes/No)	x	x	x
	Was this only when you were pregnant? (Yes/No)	x	x	x
22	Have you ever been told by a doctor, nurse or other health care professional that you had high blood pressure? (Yes/No)	x	x	x
23	Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising? (Yes/No)	x	x	x
24	Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse or other health care professional that your blood cholesterol is high? (Yes/No)	x	x	x
25	Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising? (Yes/No)	x	x	x
26	Do you NOW smoke cigarettes? ("Every Day," "Some Days," or "Not At All")	x	x	x
27	Do you currently use chewing tobacco, dip, snuff, or snus? ("Every Day," "Some Days," or "Not At All")	x	x	x
28	The next questions are about electronic "vaping" products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors. Do you NOW use electronic "vaping" products, such as e-cigarettes, "Every Day," "Some Days," or "Not At All"?		x	x
29	During how many of the past 7 days, at your workplace, did you breathe the smoke from someone (IF SMOKER: other than yourself) who was using tobacco? (0 to 7)	x	x	x
30	The next few questions are about alcohol use. Keep in mind that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. @@During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (NOTE: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.) (1 to 30)	x	x	x
31	On the day(s) when you drank, about how many drinks did you have on the average? (0 to 10)	x	x	x
32	(If Respondent is MALE, Read:) Considering all types of alcoholic beverages, how many TIMES during the past 30 days did you have 5 or more drinks on an occasion? (If Respondent is FEMALE, Read:) Considering all types of alcoholic beverages, how many TIMES during a typical month did you have 4 or more drinks on an occasion? (0 to 30)	x	x	x
33	(description of prescription opiates) In the PAST YEAR, have you used any of these prescription opiates, whether or not a doctor had prescribed them to you?			x


34	To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs? Would you say:			x
35	Next, I'd like to ask you some general questions about yourself. @@What is your age?	x	x	x
36	Are you of Hispanic or Latino origin, or is your family originally from a Spanish-speaking country?	x	x	x
37	What is your race? Would you say: @@(Do Not Read the Latino/Hispanic Code.)	x	x	x
38	Which of the following best describes you? Are you: (Enrolled Member of the Eastern Band of Cherokee Indians, or EBCL, living ON the Qualla Boundary; An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCL, living OFF the Qualla Boundary, or an enrolled member of a different federally-recognized tribe)? (Qualla is pronounced KWAH-lah)	x	x	x
39	What is the highest grade or year of school you have completed?	x	x	x
40	Are you currently: (Employment Status)	x	x	x
41	Do you have any kind of 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? (Y/N)	x	x	x
42	Now I would like to ask, about how much do you weigh without shoes? @@(INTERVIEWER: Round Fractions Up)	x	x	x
43	About how tall are you without shoes? @@(INTERVIEWER: Round Fractions Down)	x	x	x
44	A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?		x	x
45	Now I would like you to think about the food you ate during the past week. About how many 1-cup servings of fruit did you have in the past week? For example, one apple equals 1 cup.	x	x	x
46	And, NOT counting lettuce salad or potatoes, about how many 1-cup servings of vegetables did you have in the past week? For example, 12 baby carrots equal 1 cup.	x	x	x
47	Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months. The first statement is: "I worried about whether our food would run out before we got money to buy more." Was this statement:			x
48	The next statement is: "The food that we bought just did not last, and we did not have money to get more." Was this statement:			x
49	During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?	x	x	x

50	What type of physical activity or exercise did you spend the MOST time doing during the past month?			x
51	How many times per week or per month did you take part in this activity during the past month?			x
52	And when you took part in this activity, for how many minutes or hours did you usually keep at it?			x
53	What OTHER type of physical activity gave you the NEXT most exercise during the past month?			x
54	How many times per week or per month did you take part in this activity during the past month?			x
55	And when you took part in this activity, for how many minutes or hours did you usually keep at it?			x
56	During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups or push-ups, and those using weight machines, free weights, or elastic bands.	x	x	x
57	Now I would like to ask, in general, how satisfied are you with your life? Would you say: (Very Satisfied; Satisfied; Dissatisfied; or Very Dissatisfied)	x	x	x
58	How often do you get the social and emotional support you need? Would you say: (Always, Usually, Sometimes, Seldom, or Never)	x	x	x
59	Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health NOT good? (0 to 30)	x	x	x
60	Was there a time in the past 12 months when you needed mental health care or counseling, but did not get it at that time? (Yes/No)	x	x	x
61	The following questions are about health problems or impairments you may have. Are you limited in any way in any activities because of physical, mental or emotional problems? (Yes/No)	x	x	x
62	What is the major impairment or health problem that limits you? (open ended)	x	x	x

63	"SAMPLE PROLOGUE: I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age." Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?			x
64	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?			x
65	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?			x
66	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?			x
67	Before you were 18 years of age, were your parents separated or divorced?			x
68	Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up? Would you say:			x
69	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say:			x
70	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down? Would you say:			x
71	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually? Would you say:			x
72	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually? Would you say:			x
73	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex? Would you say:			x
74	Total Family Household Income.	x	x	x
75	Other than what we've covered in this survey, what other health issue, if any, do you feel is a major problem in your community? (open ended)			x

Community Health Survey Results

2/26/2019



Professional Research Consultants, Inc.

2018 PRC Community Health Needs Assessment

Swain County


Prepared for:
WNC Healthy Impact

By Professional Research Consultants, Inc.

Custom Research
for Achieving Excellence

WNCHEALTHYIMPACT

1




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Methodology


Survey methodology

- 200 surveys were completed: 6.4% via Internet and 93.6% via telephone (landline [31%] and cell phone [29%]).
- Allows for high participation and random selection
 - These are critical to achieving a sample representative of county and regional populations by gender, age, race/ethnicity, income
- English and Spanish

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2




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Methodology


3,265 surveys throughout WNC

- Adults age 18+
- Gathered data for each of 16 counties
- Weights were added to enhance representativeness of data at county and regional levels

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3




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Methodology

Individual county samples allow for drill-down by:

- Gender
- Income
- Other categories, based on question responses

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4

1

Survey Instrument

Based largely on national survey models

- When possible, question wording from public surveys (e.g., CDC BRFSS)

75 questions asked of all counties

- Each county added three county-specific questions
- Approximately 15-minute interviews
- Questions determined by WNC stakeholder input

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5

Keep in mind

Sampling levels allow for good local confidence intervals, but you should still keep in mind that error rates are larger at the county level than for WNC as a region

- Results for WNC regional data have maximum error rate of +1.7% at the 95% confidence level
- Results for Buncombe County have maximum error rate of +5.8% at the 95% confidence level
- Results for Graham County have maximum error rate of +7.8% at the 95% confidence level
- Results for other individual counties have maximum error rate of +6.9% at the 95% confidence level

PRC indicates in regional report when differences – between county and regional results, different demographic groups, and 2012 to 2015 – are statistically significant

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6

Keep in mind

For more detailed information on methods, see:

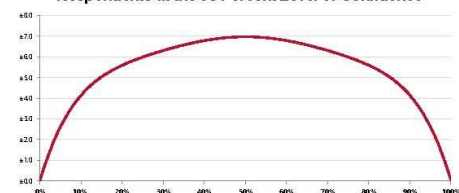
- PRC's Primary Data Collection: Research Approach & Methods document (2018)
- County-specific CH(N)A Templates

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7

Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence



Note: • The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A 50 percent level of confidence indicates that responses would fall within the expected error range 95 out of 100 times.

Example: • If 10 out of the sample of 200 respondents answered a certain question with a "Yes," it can be asserted that between 5.9% and 14.1% (95% C.I.) of the total population would answer this question.

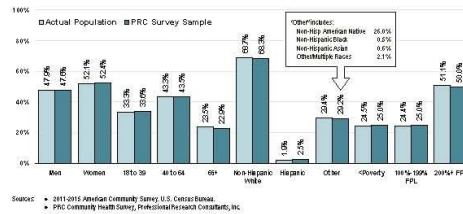
• If 10 out of 200 (5%) said "Yes," one could be certain with a 95 percent level of confidence that between 4.1% and 9.9% (95% C.I.) of the total population would respond "Yes" to that question.

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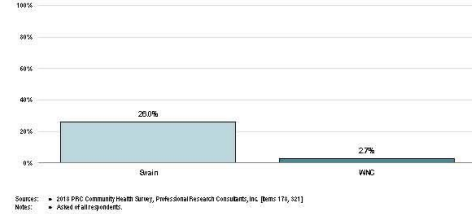
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Population & Survey Sample Characteristics (Age 18 and Older, Swain County, 2018)



9

Native American Sample (2018)



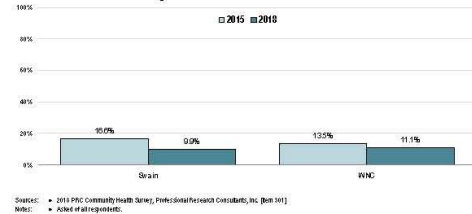
10

QUALITY OF LIFE

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11

County is a "Fair/Poor" Place to Live



12

PRC Community Health Needs Assessment

Top Three County Issues Perceived as in Most Need of Improvement (2018)

	Swain	WNC
Availability of Employment		✓
Road Maintenance	✓	✓
Higher Paying Employment		
Drugs	✓	
Affordable/Better Housing		✓
Better/More Affordable Healthcare		
Internet Availability		
The Justice System/Law Enforcement		
Government		
Nothing	✓	

Source: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 102)
 Note: • Added if all respondents.

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13

SELF-REPORTED HEALTH STATUS

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14

Overall Health

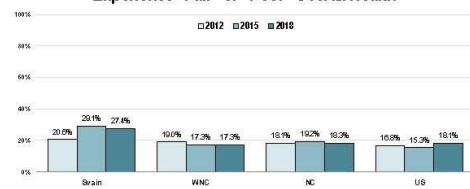
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15

PRC Community Health Needs Assessment

Experience "Fair" or "Poor" Overall Health

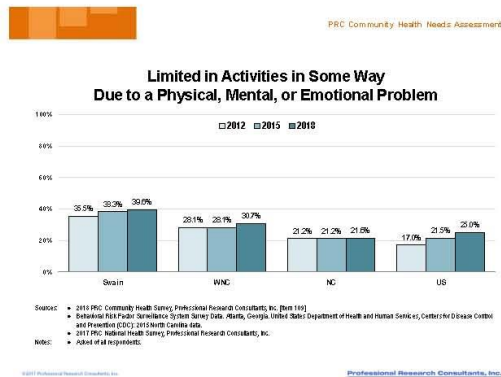


Source: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 1)
 • Behavioral Risk Factor Surveillance System Survey Data, Albany, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2014 North Carolina data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Note: • Added if all respondents.

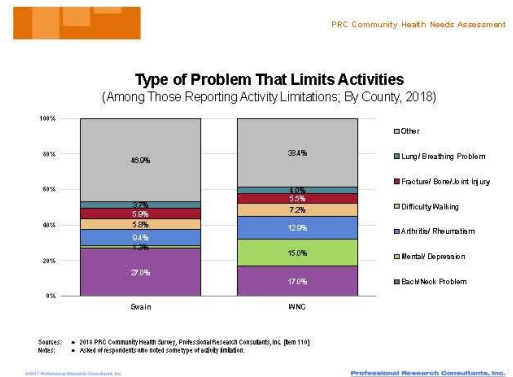
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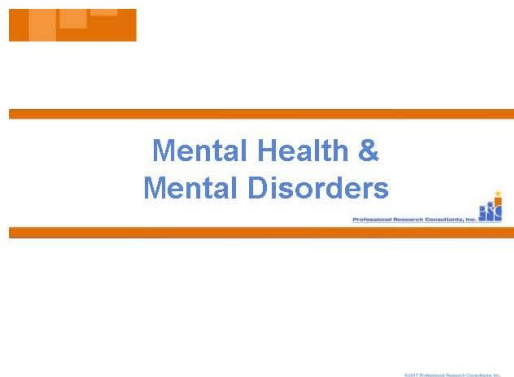
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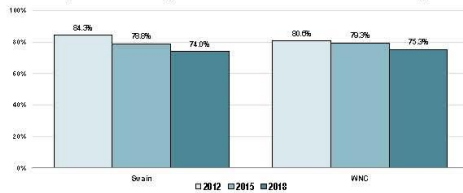


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20

"Always" or "Usually" Get Needed Social/Emotional Support



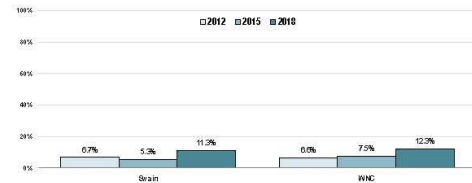
Source: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 315)
 Note: Includes "Always" and "Usually" responses.

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21

Did Not Get Mental Health Care or Counseling that was Needed in the Past Year



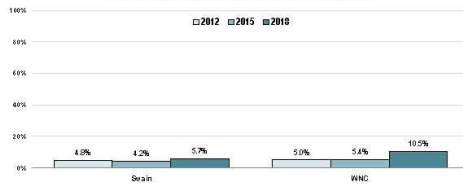
Source: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 165)
 Note: A subset of all respondents.

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22

Dissatisfied with Life ("Dissatisfied" and "Very Dissatisfied" Responses)



Source: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 312)
 Note: A subset of all respondents.

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23

Adverse Childhood Experiences (ACEs)

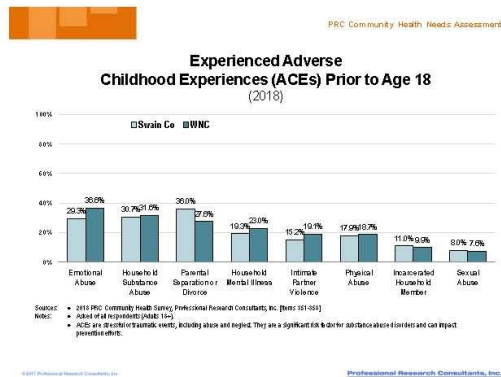
Category	Questions
Household Mental Illness	Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?
Household Substance Abuse	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?
Household Substance Abuse	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medication?
Incarcerated Household Member	Before you were 18 years of age, did you live with anyone who served time or was sentenced to some time in a prison, jail, or other correctional facility?
Parental Separation or Divorce	Before you were 18 years of age, were your parents separated or divorced?
Intimate Partner Violence	Before age 18, how often did your parents or adults in your home hit, beat, kick, punch or beat each other up?
Physical Abuse	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking.
Emotional Abuse	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down?
Sexual Abuse	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?
Sexual Abuse	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?

Source: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 319-340, 351-355)
 Note: Reflects the total category of respondents.

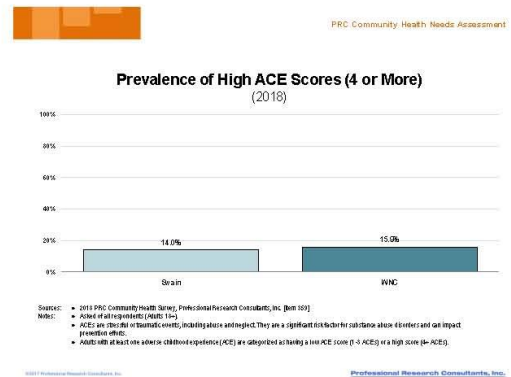
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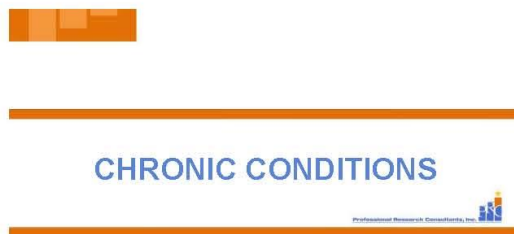
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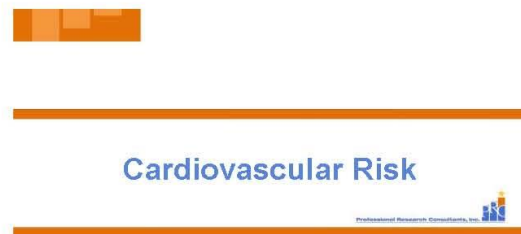
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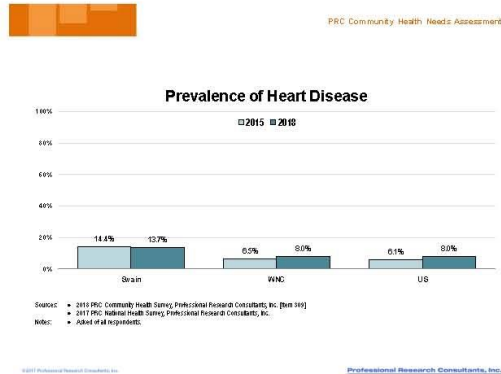
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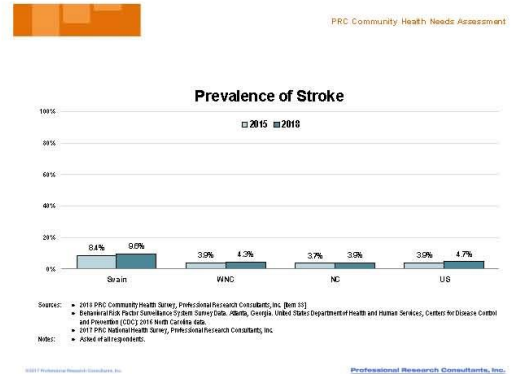
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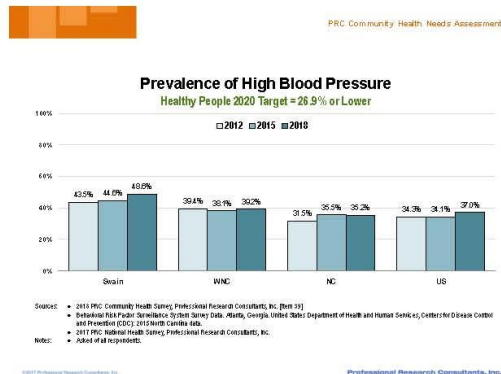
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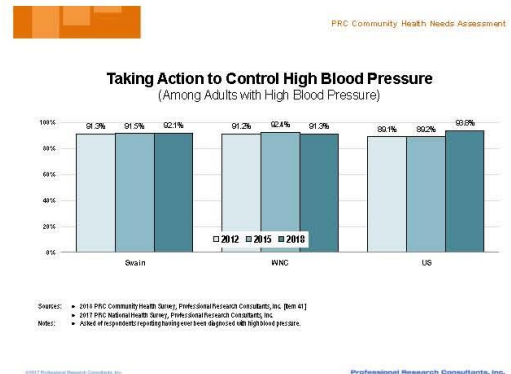
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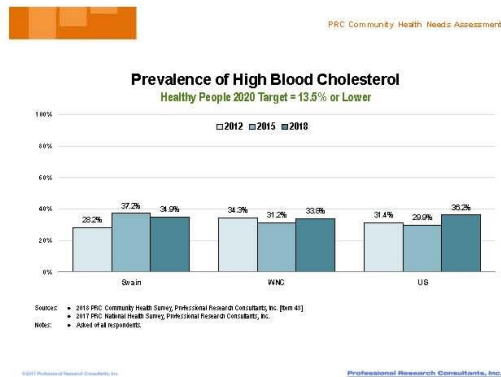
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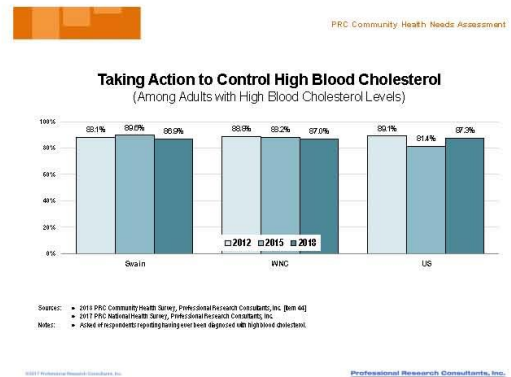
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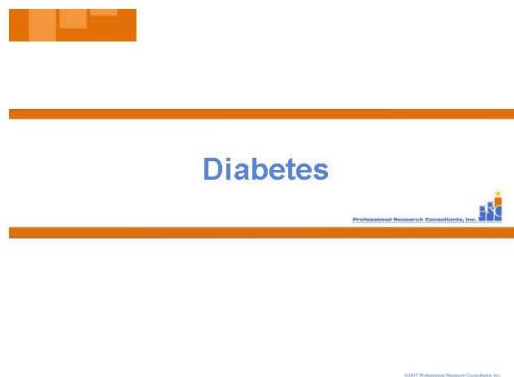
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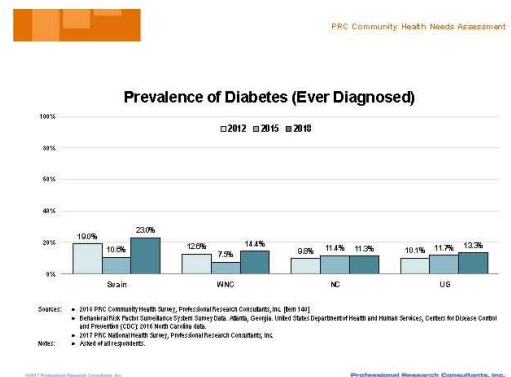
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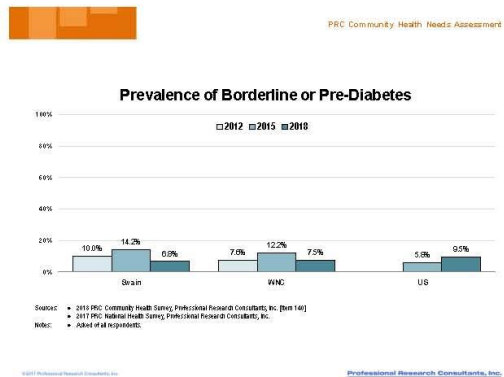
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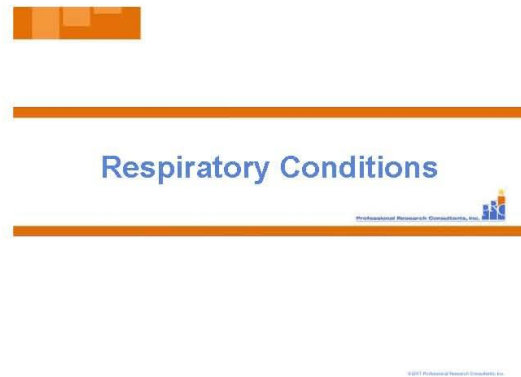
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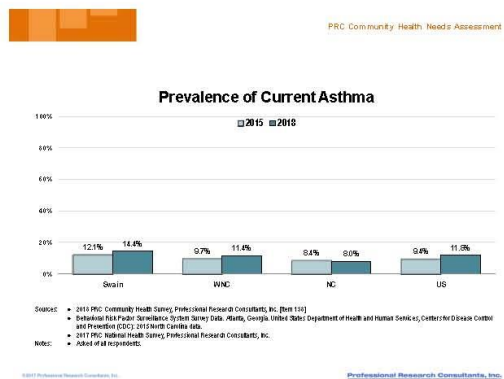
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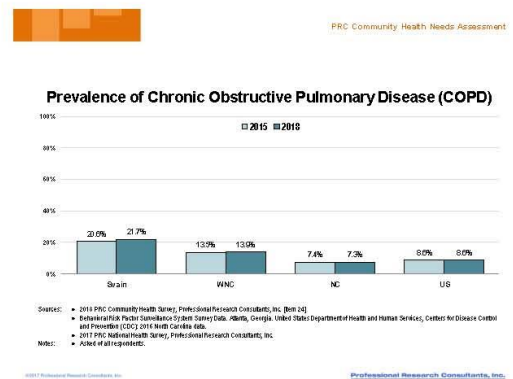
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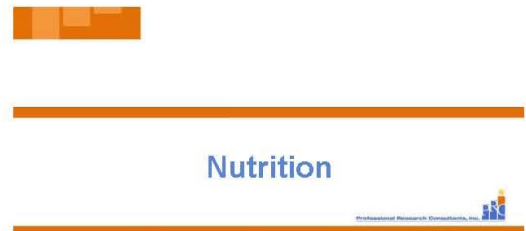
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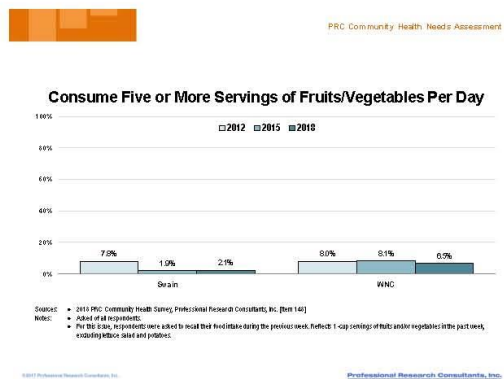
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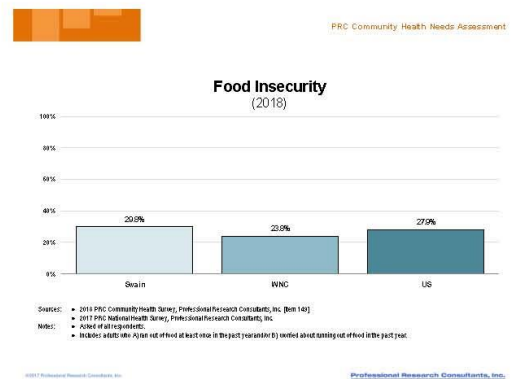
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Physical Activity & Fitness

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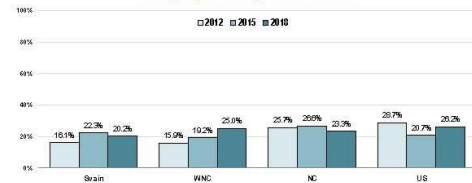
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PRC Community Health Needs Assessment

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 10)
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2018 North Carolina data
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services, Healthy People 2020, December 2016, <http://www.healthypeople.gov/2020/data/PAC>
Notes: • Asked of all respondents.

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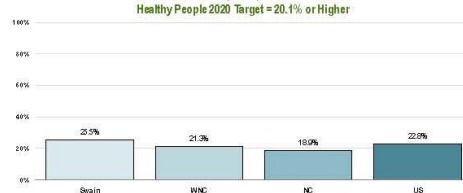
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46

PRC Community Health Needs Assessment

Meets Physical Activity Recommendations (2018)

Healthy People 2020 Target = 20.1% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 10)
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2018 North Carolina data
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services, Healthy People 2020, December 2016, <http://www.healthypeople.gov/2020/data/PAC>
Notes: • Asked of all respondents.

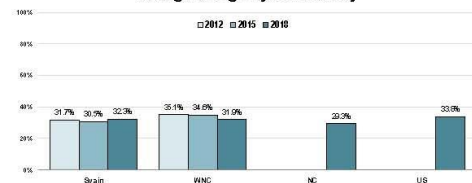
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PRC Community Health Needs Assessment

Strengthening Physical Activity



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 10)
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2018 North Carolina data
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Taken part in physical activities or exercises that strengthen muscles at least 2 times per week.

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Body Weight

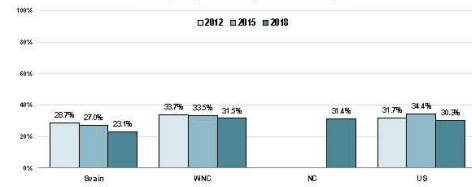
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Healthy Weight

(Body Mass Index Between 18.5 and 24.9)
Healthy People 2020 Target = 33.9% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 154)
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Center for Disease Control and Prevention (CDC) 2018 North Carolina data
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services, Healthy People 2020, December 2016, <http://www.healthypeople.gov/2020/data/HPO-4>

Notes:

- Based on reported heights and weights, adjusted for age and gender.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9, regardless of gender.

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Total Overweight (Overweight or Obese)

(Body Mass Index of 25.0 or Higher)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 154)
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Center for Disease Control and Prevention (CDC) 2018 North Carolina data
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Based on reported heights and weights, adjusted for age and gender.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

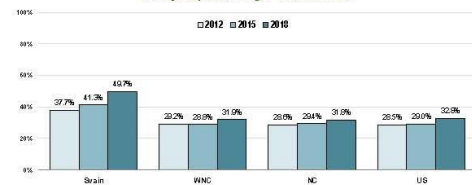
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Obesity

(Body Mass Index of 30.0 or Higher)
Healthy People 2020 Target = 30.6% or Lower



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 154)
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Center for Disease Control and Prevention (CDC) 2018 North Carolina data
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services, Healthy People 2020, December 2016, <http://www.healthypeople.gov/2020/data/HPO-4>

Notes:

- Based on reported heights and weights, adjusted for age and gender.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

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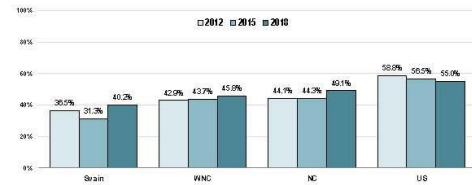
Substance Abuse

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Current Drinkers



Source:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 164)
- Deterministic Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2014 North Carolina data
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Note:

- Asked of all respondents
- Current drinkers had at least one alcoholic drink in the past month.

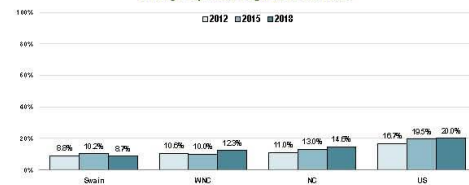
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Binge Drinkers

Healthy People 2020 Target = 24.2% or Lower



Source:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 165)
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Deterministic Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2014 North Carolina data
- US Department of Health and Human Services, Healthy People 2020, December 2016. <https://www.healthypeople.gov/2020/data/LA-16-1>

Note:

- Asked of all respondents
- Binge drinking is defined as consuming 5 or more alcoholic drinks on any one occasion in the past month.
- Prevalence rates are based on the number of respondents who reported binge drinking in the past month.

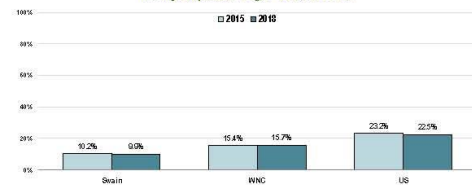
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Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



Source:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 166)
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services, Healthy People 2020, December 2016. <https://www.healthypeople.gov/2020/data/LA-16-1>

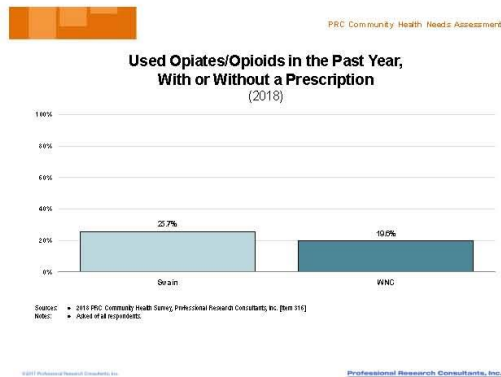
Note:

- Asked of all respondents
- Excessive drinking is defined as the number of percent aged 18 years and over who drank more than the limits per day on average (for men) or more than the limits per day on average (for women) 20 or more times during a 12-month period (the most recent 12 months).

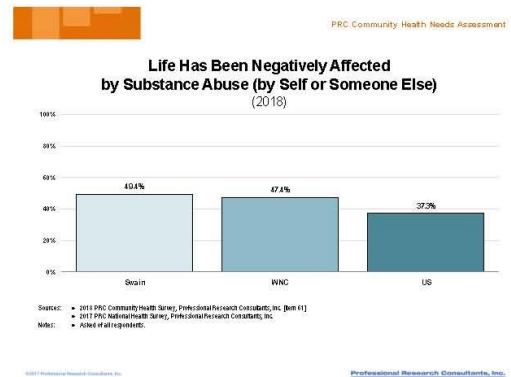
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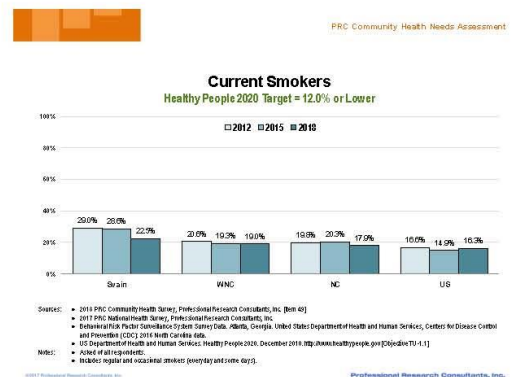
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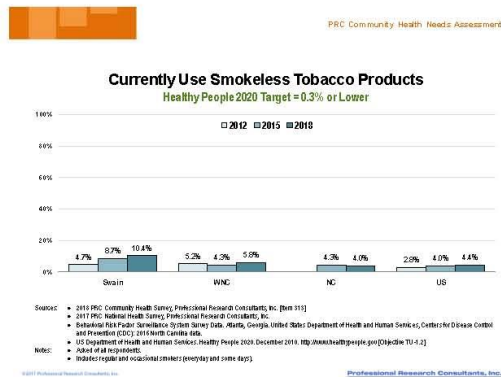
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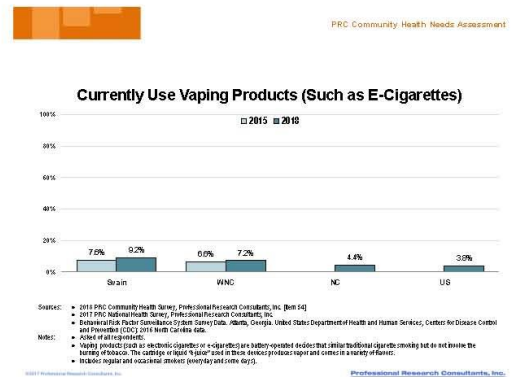
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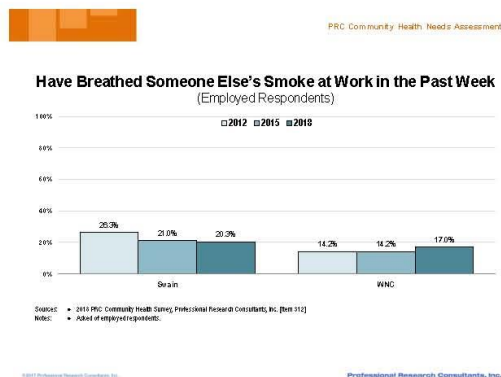
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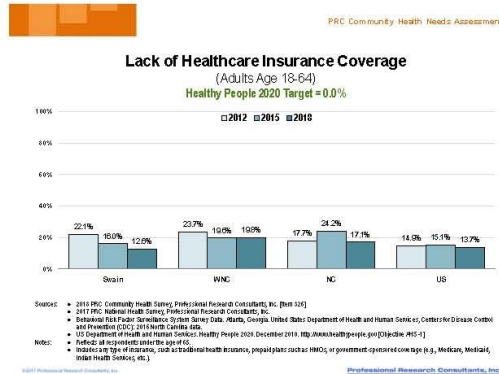
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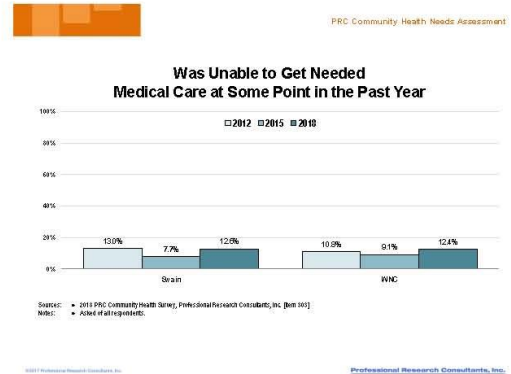
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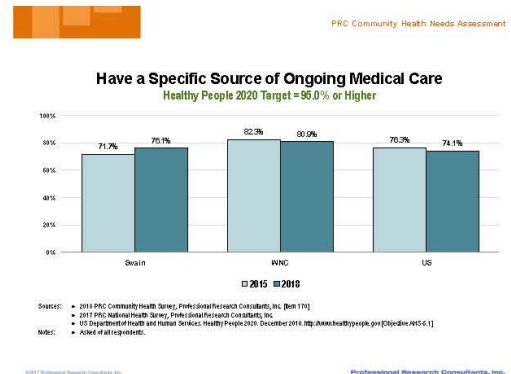
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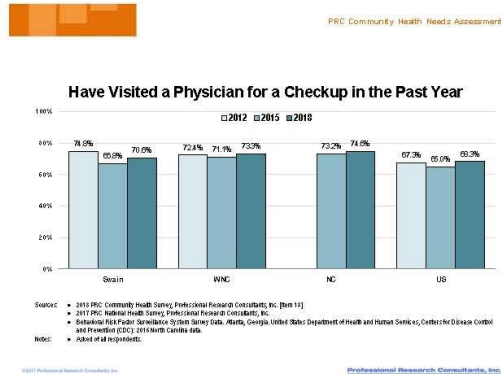
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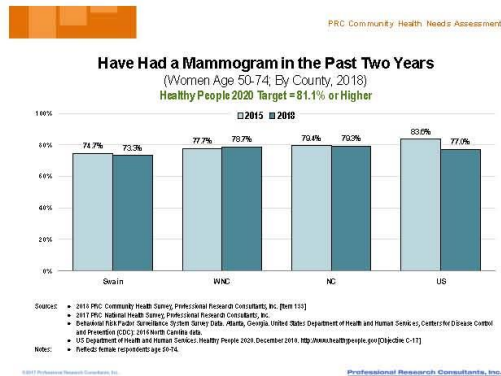
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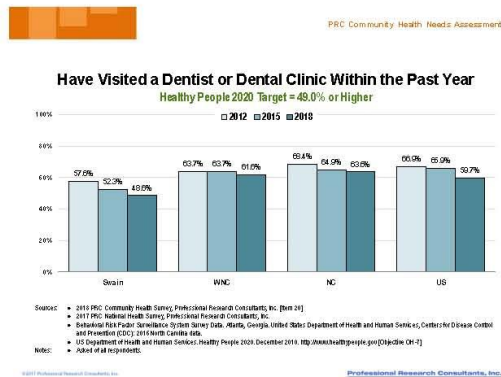
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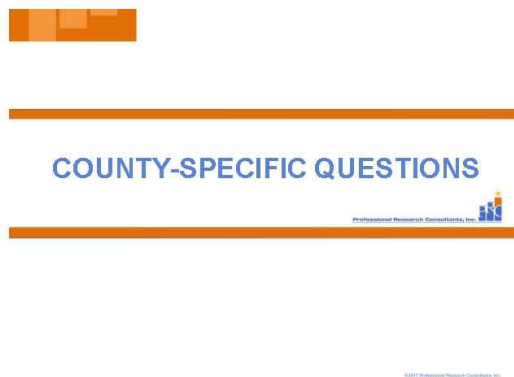
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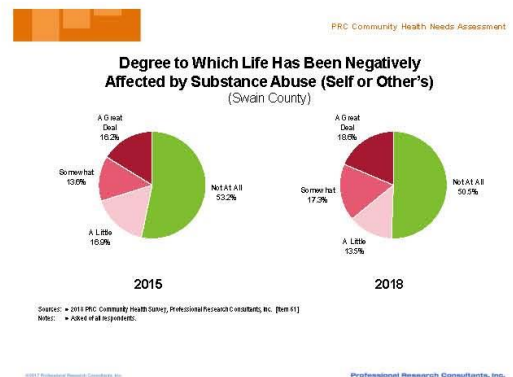
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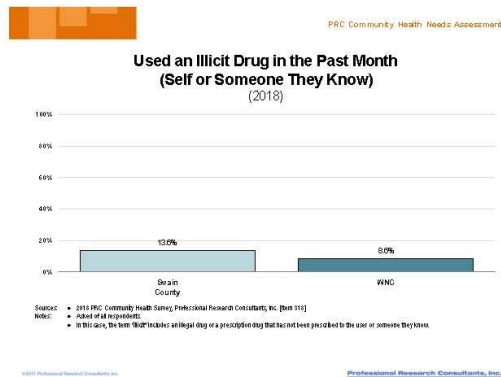
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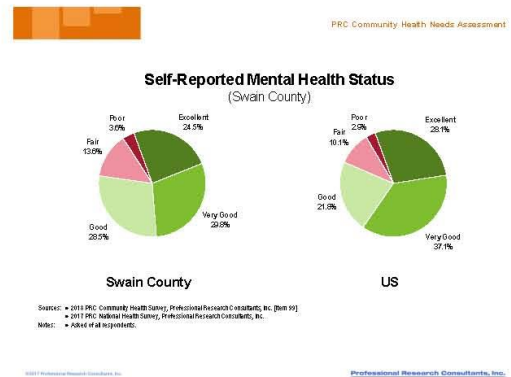
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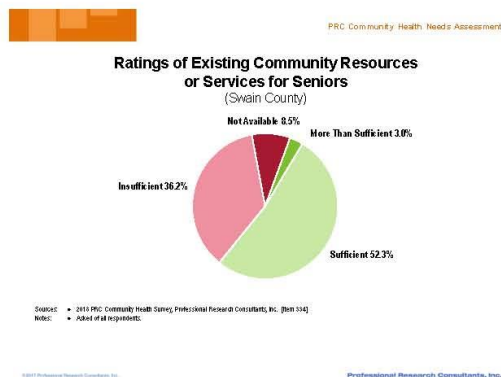
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APPENDIX E – KEY-INFORMANT SURVEY FINDINGS

2018 Community Health Needs Assessment

Online Key Informant Survey Results

Swain County, North Carolina

Prepared for:
WNC Healthy Impact

By:
Professional Research Consultants, Inc.
11326 P Street Omaha, NE 68137-2316
www.PRCCustomResearch.com

2017-0792-02
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Introduction

Approach

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was implemented as part of the broader Community Health Needs Assessment process. A list of recommended participants was provided by local sponsors; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders.

Participation

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 24 community stakeholders took part in the Online Key Informant Survey.

Participating Organizations

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Participating organizations included the following:

- BC Methodist Church
- Community Member
- Extension Office
- First Baptist Church
- Mountain Project
- SC Health Department
- Shift
- Smoky Mountain Times
- Swain Commissioner, Vice Chair
- Swain Community Hospital
- Swain County Commissioner
- Swain County Schools
- Swain County Sheriff
- Swain County Transit
- Swain Family Care
- Town of Bryson – Alderman
- Town of Bryson – City Manager
- Town of Bryson – Mayor
- Town of Bryson – Mayor Pro Tem

In the online survey, key informants were asked to list characteristics of a healthy community. They were also asked to select the health issues or behaviors that they feel are the most critical to address collaboratively in their own community over the next three years or more. Follow-up questions asked them to describe which contributors to progress and impediments of progress exist for these issues. Results of their ratings, as well as their verbatim comments, are included throughout this report.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Characteristics of a Healthy Community

"In your opinion, what are the most important characteristics of a healthy community?"

Key informants could list up to 3 responses.

Key informants characterized a healthy community as containing the following (percentages represent the proportion of respondents identifying each characteristic as one of their top 3 responses):

Characteristic	Mentioned By (%)
Physical Activity	31.9%
Healthy Lifestyles	28.2%
Healthy Citizens	27.5%
Access to Mental Health Care	23.6%
Access to Healthy Foods	15.0%
Access to Care/Services	14.5%
Low Alcohol/Drugs Rates	14.3%
Low Smoking Rates	14.3%
Caring/Supportive Community	14.1%
Access to Healthy Foods/Healthy Eating	13.8%
Lower Obesity Rates	13.8%
Good Economy	9.3%
Awareness/Education	8.7%
Activities for Older Adults	5.0%
Addiction Resources	5.0%
Clean Environment	5.0%
Commitment to the Community	5.0%
Support for Leadership	5.0%
Access to Schools/Adequate Education	4.8%
Affordable Housing	4.8%
Economic and Social Justice for All	4.8%
Good Leadership	4.8%
Sense of Community	4.8%
Active	4.3%
Affordable Care/Services	4.3%
Healthy Children	4.3%
Positive Atmosphere	4.3%
Safe Environment	4.3%

Chronic Disease

Ranking of Chronic Disease Issues as Critical to Address

Key informants in the online survey were given a list of chronic diseases and known factors that contribute to them, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of chronic disease conditions identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Obesity/Nutrition/Physical Activity	22
2	Diabetes	18
3	Heart Disease/Stroke	13
4	Cancer	10
5	Chronic Pain	9
6	Chronic Obstructive Pulmonary Disease (COPD)	2
7	Chronic Kidney Disease	1
8	Arthritis/Osteoporosis	1
9	Upper Respiratory Diseases (such as Asthma)	0

Obesity, Nutrition, and Physical Activity

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

Recreational/Outdoor Activities

A variety of gyms and health centers are available. Plus, the preponderance of outdoor sports such as, hiking, biking, boating, and backpacking offer many ways of staying active. – Community Leader (Swain County)

We do have tremendous natural resources in our area to assist with physical health, including vast nature trails, water activities both with white water and flat water, as well as biking trails. We also have a very walkable downtown. – Community Leader (Swain County)

More opportunities for enjoyable physical activities. – Community Leader (Swain County)

Community has lots of natural access to enjoy outdoor activity. New exercise facilities. – Other Health Provider (Swain County)

Awareness/Education

This conversation, the conversation about more public spaces. – Other Health Provider (Swain County)
Offering healthy lifestyle classes. – Community Leader (Swain County)
Educational programs around healthy lifestyles and food choices. Efforts for parks and access to fresh, local produce at a reduced cost. The effort to make parks tobacco-free. The fact that all students in Swain schools have PE classes every day. – Community Leader (Swain County)
Nutrition education, availability of more nutritious food like fruits and vegetables. – Community Leader (Swain County)
Becoming more aware. – Community Leader (Swain County)

Specific Programs/Agencies

Good programs through our health department and our schools for better exercise practices and better nutrition. – Community Leader (Swain County)

School Programs

Removing high sugar drinks from our schools. Health classes educating youth about the dangers of obesity and lack of exercise. – Community Leader (Swain County)
Schools, health department. – Community Leader (Swain County)

Physical Activity

Cohesive effort to identify opportunities for physical activity. – Community Leader (Swain County)

Community Focus

Increased focus on healthy eating and activity which seems to be messaged throughout the community. – Social Services Provider (Swain County)

Nothing/No Progress

Not much. The state of North Carolina has a long way to go to get people to understand that "their right to swing their fist stops at another person's nose." New residents coming into the county, bringing in new ideas, are dismissed for not understanding the current values here. – Community Leader (Swain County)
Not enough emphasis. – Community Leader (Swain County)
No progress. – Physician (Swain County)

Access to Healthy Food

Poor eating habits and limited/no exercise. We have several community gardens that distribute fresh vegetables to our community at no charge and distributed through the Restoration House WNC. – Community Leader (Swain County)

Workplace Wellness

Some institutions promote healthy lifestyle and exercise among their employees. – Physician (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: "What is getting in the way of progress on this issue in your community?"

Lifestyle

General acceptance of unhealthy diet and lifestyle, and avoidance of regular continuity medical care and advice in favor of occasional acute care. – Physician (Swain County)
Children growing up watching television, playing video games, and eating junk food. – Community Leader (Swain County)

A sense of being too busy to get out and get active. – Community Leader (Swain County)
Personal decisions, apathy. – Other Health Provider (Swain County)

Awareness/Education

Awareness and commitment. – Community Leader (Swain County)

Denial

People are resistant to change. – Social Services Provider (Swain County)
Lack of interest; other distractions like smoking, drugs, and unhealthy eating. – Community Leader (Swain County)
Lack of motivation in the community. – Other Health Provider (Swain County)
Most people are aware that they need to eat healthier. Lack of motivation and fresh produce is often more expensive. – Community Leader (Swain County)

Access to Healthy Food

Bad or unhealthy food is easier to prepare and cheaper to buy. – Community Leader (Swain County)
Learned behaviors and the convenience of fast food. – Community Leader (Swain County)

Lack of Prevention for Youth

School lunch. Lack of education. Lack of support for PE and outside activities. No local nutritionist. – Physician (Swain County)

Poverty

Poor health habits from low income as well as lack of adequate education. – Community Leader (Swain County)
Poverty and many people not necessarily knowing how to eat healthy on a limited budget. Adults not necessarily having the time to invest in their health and to be physically active. The rural nature of the community, where it can be difficult for people to access parks or recreational opportunities. – Community Leader (Swain County)

Family History

Family history, poor food choices, finances and the cost of healthier food options, and sedentary lifestyles contribute heavily in our area to obesity. I feel that those hurdles stand in the way of people's ability to make better choices. We do have many people in our communities that utilize are plentiful outdoor activities which assist them in staying fit and not having this as an issue but overall in our community it is a large hurdle to re-educate and motivate people to make better choices. Along with the natural resources that we do have that can assist with physical activity a lot of the activities that you could do in those aside from walking do cost money such as mountain bikes watercraft things of that nature and therefore some people feel that they are unable to take advantage of those resources. – Community Leader (Swain County)

Access to Care/Services

Families having time and resources to follow through with these programs. – Community Leader (Swain County)
Lack of facilities for exercise. – Community Leader (Swain County)

Parental Influence

Lack of resources and leadership among parents of the youth. The lack of community wide efforts to change our eating and exercise habits. – Community Leader (Swain County)

Social Norms

Obesity is so common that people no longer think it is unattractive. – Community Leader (Swain County)

Diabetes

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Our health department does try to offer programs to help with education regarding diabetes and healthy food choices and how to budget better at the grocery store. – Community Leader (Swain County)

Programs that help people manage their diabetes and pre-diabetes. Advocacy for increasing opportunities for parks that are in town/close to neighborhoods that help increase opportunities for being physically active. Educational programs to help people make healthy food choices. – Community Leader (Swain County)

Awareness of the genetic and heritage factors associated with this disease. Access to quality medical care. – Other Health Provider (Swain County)

Educating the community on the nutrition standards and making better choices in the food they eat. – Community Leader (Swain County)

Diabetes classes held through the health department. – Public Health Representative (Swain County)

Educated primary care physicians. – Physician (Swain County)

Health education. – Community Leader (Swain County)

Information. – Community Leader (Swain County)

Information. – Community Leader (Swain County)

Access to Care/Services

The dialysis center in Cherokee. – Community Leader (Swain County)

Agencies that are promoting wellbeing. – Community Leader (Swain County)

Local healthcare providers, including Swain County Caring Corner offering medical services to the impoverished in our area. – Community Leader (Swain County)

Nothing/No Progress

Nothing at the moment, except for our local free clinic helping those without resources. – Public Health Representative (Swain County)

Diagnosis/Treatment

Efforts from public health and other medical professionals. – Social Services Provider (Swain County)

Access to Healthy Food

Healthy foods are available to those with financial means and those aware of diets that may lead to diabetes. – Community Leader (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Healthy Food

Cost of food that has a better nutritional value. – Community Leader (Swain County)

Unhealthy food is easier and cheaper. – Community Leader (Swain County)

Lifestyle

Again, we live in a very rural Appalachian community, and due to our history and lifestyle, a lot of people make poor dietary choices and live somewhat sedentary lifestyles- compounded with genetics,

there is very prevalent issue of diabetes in our area. I feel that increased resources and options would assist with people making better choices and hopefully eliminating the need for medication regarding diabetes, since in most cases, type 2 diabetes can be prevented and turned around in most patients with the right care plan and dedication by the individual. I think the biggest hurdles in our area is re-education and access to materials. – Community Leader (Swain County)

Long-standing dietary habits, not recognizing the serious outcomes of diabetes. – Community Leader (Swain County)

General refusal to improve diets and exercise. – Community Leader (Swain County)

The lack of patient commitment. – Social Services Provider (Swain County)

Lack of motivation in people. – Other Health Provider (Swain County)

People who are unwilling to make lifestyle changes. – Other Health Provider (Swain County)

Awareness/Education

Awareness and personal accountability of people to eat well and exercise enough. – Community Leader (Swain County)

Funding

Lack of money for endocrinologists and nutritionists. – Physician (Swain County)

Lack of financial funding. – Community Leader (Swain County)

Access to Care/Services

The hospital has stopped diabetes education; therefore, we do not have a program in our county. The free clinic is helping our underserved population; however, those that do not qualify for the free clinic but still do not have insurance fall between the cracks. – Public Health Representative (Swain County)

Need more educational resources to help patients manage disease. – Community Leader (Swain County)

Poverty

Poverty, with many people living on limited incomes that are linked to food insecurity, making less healthy food choices out of necessity. The culture - both Appalachian and American - surrounding food, with many of the culturally-valued foods being very unhealthy for people's hearts. – Community Leader (Swain County)

Low income and mental aptitude to make wise decisions. – Community Leader (Swain County)

Community Focus

Community involvement as a whole. – Public Health Representative (Swain County)

Heart Disease and Stroke

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

Awareness/Education

The health department has offered classes on healthy cooking and eating habits. Doctors sometime give information on the benefits of a good diet and exercise. – Community Leader (Swain County)

Health education, physician intervention. – Community Leader (Swain County)

Education, expanding treatment facilities. – Community Leader (Swain County)

Swain Health Department, Swain County Cooperative Extension are both offering education on this topic. – Community Leader (Swain County)

The local health department staff working hard on prevention and education. – Community Leader (Swain County)

Education on resources. – Community Leader (Swain County)

Specific Agencies/Programs

We have good resources for identifying and addressing acute needs in these areas, chiefly a high-quality hospital, emergency department, and emergency medical services- things which many small communities lack. – Physician (Swain County)

The hospital has cardiology recovery in Sylva. – Public Health Representative (Swain County)

Swain County Caring Corner is making in impact in our community, but there are many folks that need help. – Community Leader (Swain County)

Recreational/Outdoor Activities

We have a tremendous amount of natural outdoor resources that can assist with physical activity options. – Community Leader (Swain County)

Employee health programs at the school system and county level reshaping culture to promote healthy lifestyles and allowing time for employees to go for a walk or other activities. Education programs surrounding healthier food choices. Efforts to increase parks in town. – Community Leader (Swain County)

Community Focus

There's more talk within the community of lower heart disease and how to accomplish that. – Public Health Representative (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: "What is getting in the way of progress on this issue in your community?"

Awareness/Education

Need more education on what is available to manage disease. – Community Leader (Swain County)

Lifestyle

People in our area make poor choices regarding dietary and physical activity, which leads to a large prevalence of morbid obesity, which of course leads hand-in-hand with heart disease and stroke. If you look at most families in this area, some (not all, but the majority) have family history of either themselves or a close loved one who has suffered from a stroke or has heart disease or high blood pressure. Retraining our way of thought to choose better food choices and to increase physical activity is a large hurdle for our area. I feel that the sedentary lifestyle plagues our country as a whole that in an area where people feel that there is nothing to do, they are less likely to choose outdoor activity as their mode of entertainment. – Community Leader (Swain County)

General attitudes in our community that healthy lifestyle and continuity medical care are unimportant and that neglecting chronic problems like obesity, hypertension, diabetes, etc., is acceptable. – Physician (Swain County)

Dislike of physical exercise and unwillingness to change diet. – Community Leader (Swain County)

Unhealthy eating habits, not willing to change. – Community Leader (Swain County)

Eating well and exercise. – Community Leader (Swain County)

Access to Care/Services

There is not a recovery program currently in the county. We do have the heart health event once a year, with lectures; however, the reach is limited. We also have blood pressure checks in May; again, a limited reach to community members. Ways to reach community members with better programming and better information is needed. – Public Health Representative (Swain County)

Access to Healthy Food

Difficult to buy healthier foods, given the individual's income. – Public Health Representative (Swain County)

Cultural/Personal Beliefs

Lack of participation by community members. – Community Leader (Swain County)

Insufficient Physical Activity

Lack of exercise programs for seniors with preconditions. I traveled 3 times a week to Sylva for cardiac rehab, and many in the classes were from our community. We need this in our community. The travel costs are more than the costs for the program at Harris Regional. – Community Leader (Swain County)

Poverty

Poverty and the lack of access to some services, as well as food insecurity and limitations on healthy food. Cultural associations around food and activities that don't promote healthy hearts. More stress as economic pressures increase. – Community Leader (Swain County)

Family Issues

History and genetics. – Community Leader (Swain County)

Understaffing

We have a small staff to work with. – Community Leader (Swain County)

Cancer

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

Awareness/Education

Education on early detection and availability of treatment. – Community Leader (Swain County)

Education and information availability. – Community Leader (Swain County)

Education. – Community Leader (Swain County)

Programs

Relay for Life provides annual awareness and engagement opportunities. Much valuable networking takes place, as a result. – Community Leader (Swain County)

Support Systems

We have a very active support group that also works hard to raise money for research. – Community Leader (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: "What is getting in the way of progress on this issue in your community?"

Awareness/Education

People's lack of education. – Community Leader (Swain County)

Access to Care/Services

Access to care in our community. – Public Health Representative (Swain County)

Tobacco Use

Tobacco use. – Community Leader (Swain County)

Prevalence/Incidence

The number of people that are being affected by this disease. – Community Leader (Swain County)

Screening/Research

Lack of a cure. – Community Leader (Swain County)

Chronic Pain

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Awareness of the need for addressing this within the medical community. – Social Services Provider (Swain County)

Heightened awareness. – Other Health Provider (Swain County)

Prescribing Practices/Policies

Emphasis seems to be shifting to pain management rather than prescribing opioids. – Community Leader (Swain County)

Opioid Awareness

Beginning to see that personal lack of self-control and self-discipline are not contributing factors in the fight against opioid use. – Community Leader (Swain County)

Collaborative Efforts

Combined efforts of key stakeholders. – Other Health Provider (Swain County)

Specific Agencies/Programs

Health department work. Free clinics. – Community Leader (Swain County)

I do believe that we have a pain clinic in our area that teaches people how to utilize pain management. But I don't know what the access rate is to those services. – Community Leader (Swain County)

Nothing/No Progress

I am concerned that not much is happening. I hope that the pain team at Swain is helping. – Physician (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Drug/Alcohol Addiction

Opioid epidemic in our area. – Community Leader (Swain County)

Lack of Alternative Treatment Options

I think many of our physicians and community members need to be better informed on ways to help with chronic pain, and the problems getting hooked on opioids. There is also an issue with those who are constantly in pain and not having the resources to help. – Public Health Representative (Swain County)

Lack of Collaboration

Lack of communication, doctors, pharmacists, therapists and other healthcare providers communicating. re: collaborative treatment, drug seekers, etc. – Other Health Provider (Swain County)

Awareness/Education

Lack of understanding. The "if it doesn't directly affect me or my family, it doesn't concern me" attitude. – Community Leader (Swain County)

Lack of education of the general public of the difference between primary care and specialized care for chronic pain management. – Social Services Provider (Swain County)

Funding

Money, support from hospital. – Physician (Swain County)

Insurance Issues

Many folks have no health insurance. – Community Leader (Swain County)

Mental Health

I feel that chronic pain is both a physical occurrence, as well as a mental occurrence. Legitimately, people can be injured and experience pain, but there needs to be more programs to teach them correct body mechanics and alternative pain treatments so that less people become addicted to opiates and rely on medication alone to cure their ailments. At times then when people become dependent upon the pills they, then are not truly in physical pain, but the addiction causes and mental pain that they are unable to function without the medications. So I would like to see us set programs in place to assist people to not have that situation occur to begin with. Being that we live in a rural area, funding is a huge issue for us and, therefore, certain programs that would be very beneficial for us or not available in our location. And although those services may be available within an hour radius, a lot of people do not have transportation to and from that type of service. – Community Leader (Swain County)

This is associated with mental health issues, and that is an area where the need is greater than the resources. – Other Health Provider (Swain County)

Chronic Obstructive Pulmonary Disease (COPD)

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

Decrease in Tobacco Use

Some institutions are discouraging ongoing tobacco abuse, especially smoking. – Physician (Swain County)

Environmental Contributors

Environmental impact changes had helped clean up the air quality, which has now got worse with the deregulation. – Community Leader (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: "What is getting in the way of progress on this issue in your community?"

Tobacco Use/Vaping

There is a pervasive acceptance of smoking and denial of the harm it causes. Unfortunately, this acceptance leads to enabling in some areas, including efforts to mitigate the damage of smoking for

people who refuse to quit, which often encourages them to continue in the harmful habit. – Physician (Swain County)

Environmental Contributors

The loosening of the environmental regulations has worsened the air quality in our area. – Community Leader (Swain County)

Chronic Kidney Disease

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Education and nutrition information. – Community Leader (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Affordable Services

Lack of treatment centers and the distance to treatment. – Community Leader (Swain County)

Arthritis/Osteoporosis

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

No comments

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

No comments

Upper Respiratory Diseases (Such as Asthma)

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

No comments

Impediments of Progress

Those identifying this as a critical issue were asked: "What is getting in the way of progress on this issue in your community?"

No comments

Mental Health and Substance Use

Ranking of Mental Health Conditions as Critical to Address

Key informants in the online survey were given a list of mental health conditions and known factors that contribute to them, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of mental health conditions identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Substance Use	23
2	General Mental Health	16
3	Depression/Anxiety/Stress	16
4	Dementia/Alzheimer's Disease	11
5	Suicide	0

Substance Use

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

Awareness/Education

There are groups who are educating and increasing awareness. – Other Health Provider (Swain County)

Focus groups have been established to educate the general public about the epidemic in our communities. – Community Leader (Swain County)

The subject is getting more exposure. There is an effort by community members to come together and try to come up with ways to combat this problem. – Community Leader (Swain County)

Concerted community effort about awareness and strategies to support this issue. – Other Health Provider (Swain County)

Collaborative Efforts

Grassroots organizations building collaborations to address the issue, Narcan available for law enforcement officers, efforts underway to have a syringe exchange program in the community, the Eastern Band of Cherokee Indians having the financial resources available to pay for treatment and invest in facilities to serve tribal members with substance abuse issues. – Community Leader (Swain County)

Activity within the medical community, public health, and the general community. – Social Services Provider (Swain County)

The Safer and Drug Free Swain Coalition has been working collaboratively with local healthcare

providers, sheriff's department and other support organizations to reduce the negative effects of drugs, tobacco and alcohol have on our community. – Community Leader (Swain County)
 Problem solving groups that include many disciplines as well as ordinary citizens. – Community Leader (Swain County)

Opioid Awareness

Exposure to dangers of opioids and the resulting increase in death rates/overdoses. – Community Leader (Swain County)

Community Focus

We have a drug coalition looking to find means to help eradicate prescriptions not being used for the intended purpose. And have them disposed of in a proper manner. And to educate people about the signs and symptoms of young ones in the home who may be abusing prescription drugs. – Community Leader (Swain County)
 The formation of community groups working with health department, sheriff department, and local and state officials. – Community Leader (Swain County)

Communication

A community summit was held, starting a better conversation between community members. – Public Health Representative (Swain County)

Recognition Of The Problem

Community recognition that there is a problem and that it will not go away without sustained effort. – Community Leader (Swain County)
 Community agreement that the problem needs to be addressed at the community level. Medical providers committed to avoiding supplying substances that might be diverted. – Physician (Swain County)

Nothing/No Progress

No progress. – Physician (Swain County)

School Programs

School programs try to address this. The sheriff and the police are trying to keep up with actionable offenses. – Community Leader (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: "What is getting in the way of progress on this issue in your community?"

Access to Care/Services

Lack of substance abuse treatment and support facilities. – Community Leader (Swain County)
 Need to provide detox facilities and mental health facilities. – Public Health Representative (Swain County)

Funding

The broad severity of the problem and the funding to fight it, also the relaxed laws in our justice system toward the drug dealers. – Community Leader (Swain County)

Availability of Substances

Contraband (pharmacy drugs) coming to our community from out of state sources. Educational efforts that have opposite effects rather than the intended. Having a clean, previously addicted person presenting the dangers of drug use does not help. – Community Leader (Swain County)

Denial/Stigma

As with every other location that is dealing with this situation, there are a lot of feelings that "it won't

happen in my home." There's a lot of people who turned a blind eye when they catch young children doing this behavior. Instead of asserting consequences, there is almost a cover-up- which compounds the situation, and the child gets caught up in the addiction. It starts a vicious cycle in our area because if you get caught up in drugs, you automatically eliminate your ability for employment in a lot of areas, which puts you into a financial strain, which leads to delving deeper within the drug community to both satisfy your habit and to make money. We have to find a way to break the chain, somehow. – Community Leader (Swain County)

A history of discrimination that contributes to unhealthy behavior including self-medicating with illegal substances. Poverty, and lack of access to mental health services. Childhood traumas. Limited facilities that serve people who want to recover. Stigmas surrounding people who use substances. – Community Leader (Swain County)

Awareness/Education

Kids don't understand the consequences. – Other Health Provider (Swain County)

Lack of Resources

Inadequate resources: Monetary, good jobs, professional help that lasts long enough to really help patients kick the habit. – Community Leader (Swain County)

Lack of resources and funding. Lack of understanding by leaders. – Social Services Provider (Swain County)

Need is greater than the resources. – Other Health Provider (Swain County)

Lack Vision/Strategic Planning

Lack of any meaningful legislation to stop the wholesale flow of drugs by the US Congress. – Community Leader (Swain County)

Lack of recognition that the institutional school environment is a major contributor to the problem. Lack of willingness to hold parents responsible for the behavior of their children. – Physician (Swain County)

Affordable Care/Services

Lack of facilities to get help plus too expensive to receive the type of care or medication. – Community Leader (Swain County)

Unemployment

Not enough employment opportunities, second chances for those convicted of drug crimes. – Community Leader (Swain County)

Prescriber Policies

Providers, substance abuse support. – Physician (Swain County)

Poverty

Loss of hope for many people in our impoverished rural community that struggle daily. – Community Leader (Swain County)

Alcohol/Drug Abuse

Drug and alcohol use is at epidemic levels in this county. The drug dealers are not being brought to justice. Too many of them are slapped on the wrist and turned loose to push drugs all over again. There are no consequences and so many of them are brazen and don't worry about being arrested. Alcohol is so widely accessible now. Practically on every street in our city and we are making it more available now with extended hours for purchase and consumption. We will reap the consequences of these reckless decisions. – Community Leader (Swain County)

Depression/Stress

The despair of the generation prompts people towards easy fixes. Root causes/contributors must be addressed. Lack of community involvement and corporate ownership of the issues and care for one another get in the way of progress. – Community Leader (Swain County)

Opioid Addiction

A fast progression in the opioid crisis and over-the-counter medication are too easily available. –

Community Leader (Swain County)

Lack of Collaboration

There is a disconnect in communication between collaborative teams, sheriffs, Police, Town Alderman, county commissioners. Sheriffs and police departments seem understaffed, making it hard to be in multiple places at once. – Public Health Representative (Swain County)

General Mental Health

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Awareness of the need for it. – Community Leader (Swain County)

Awareness. – Other Health Provider (Swain County)

Specific Agencies/Programs

We do have a couple of mental health facilities that offer counseling services in our area. – Community Leader (Swain County)

A few more mental health resources, but not near enough. – Community Leader (Swain County)

Collaborative Efforts

Appalachian Counseling is the only mental health service provider in the county. The Swain County Caring Corner and Restoration House WNC are working on establishing mental health initiatives for the poor in our community. – Community Leader (Swain County)

Nothing/No Progress

Nothing really at the moment. – Community Leader (Swain County)

Very little. – Social Services Provider (Swain County)

Community Focus

Strong families and willingness to consider the problem on a community level. – Physician (Swain County)

Concerns by providers for their patients. – Physician (Swain County)

Involved professional and family members. – Community Leader (Swain County)

Access to Care/Services for Uninsured/Underinsured

More people having insurance because of Obamacare, therefore, the potential for services. Kiosks set up by VAYA Health in local communities to help people access their mental health and how to access services. – Community Leader (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Care/Services

Lack of resources to address these needs in crisis and to prevent crisis in the first place. Lack of support for and recognition of the central role of social institutions (e.g., families, churches) in addressing mental health needs. – Physician (Swain County)

Lack of resources. Length of time before treatment available. Lack of good planning by state legislators

and agency heads. – Community Leader (Swain County)

The need is greater than the resources. Lack of understanding of what to do. A community of enablers.

– Other Health Provider (Swain County)

Lack of mental health facilities and resources. – Community Leader (Swain County)

Funding

Lack of resources - Monetary as well as professional. – Community Leader (Swain County)

Financing. – Community Leader (Swain County)

Denial/Stigma

I feel that there is still a stigma in our area regarding mental health, as well as a lot of self-medicating with drugs and alcohol, as opposed to getting actual help for these conditions. Education is key and stepping away from people not seeking proper attention and help for matters of mental illness and mental well-being. – Community Leader (Swain County)

Lack of Providers

Lack of mental health providers. – Physician (Swain County)

Lack of providers. – Social Services Provider (Swain County)

Affordable Care/Insurance Issues

Insurance restrictions (for RHWNC and SCCC) and generational poverty, loss of hope and lack of education. – Community Leader (Swain County)

Policies

State laws and continued cuts to mental health. The way mental health and substance abuse programs are set up by the state, continually being merged. Limited beds when people are in need of getting into a facility. The distance to services and facilities that serve those in need. Stigmas around mental health in our culture. A prevalence of substance abuse that is often multi-generational. – Community Leader (Swain County)

Alcohol/Drug Abuse

Drugs are exacerbating the issue. Patients with behavioral health issues are inappropriately forced to seek care in local emergency departments. Medicaid in North Carolina was not expanded, and there is little motivation to connect with a primary care provider, due to financial constraints. – Community Leader (Swain County)

I'm not sure, but I can't help but think with all the drug issues we have in our county, mental health must play a part. – Public Health Representative (Swain County)

Depression, Anxiety, and Stress

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

Awareness/Education

Increased awareness nationally of this issue. – Social Services Provider (Swain County)

Awareness. – Other Health Provider (Swain County)

Nothing/No Progress

I'm not sure. – Community Leader (Swain County)

Specific Agencies/Programs

I'm not sure, but the county employee wellness program has started to find avenues to introduce new tools and techniques for stress. Cherokee hosts a stress and healing workshop yearly. – Public Health

Representative (Swain County)

Programs like Senior Life Solutions to help seniors cope with life changes. – Community Leader (Swain County)

Counseling Services

We do have mental health counselors in our area. – Community Leader (Swain County)

I suppose the local counseling services are meeting many needs. – Community Leader (Swain County)

Some outpatient counseling resources. – Physician (Swain County)

Quality of Care

Local providers care for their patients. – Physician (Swain County)

Lifestyle

Helping to promote a healthy lifestyle helps to promote a happy mind. – Community Leader (Swain County)

Affordable Care/Services

The Restoration House, which opened last year, offers free medical treatment to those that can't afford such, and some counseling and other help in accessing DSS and other programs. – Community Leader (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Care/Services

Lack of resources to address these needs in crisis and to prevent crisis in the first place. Lack of support for and recognition of the central role of social institutions (e.g., families, churches) in addressing mental health needs. – Physician (Swain County)

Denial/Stigma

I think that the stigma of mental disease keeps people from seeking treatment and therefore there's a lot of self-medication. I think that often times people also don't seek additional assistance other than the medications prescribed to them to assist with recognizing their triggers for depression and anxiety and how best to navigate that and avoid putting themselves in situations that cause an internal attack. Can't just medicate the condition you need to find healthy tools to assist as well. – Community Leader (Swain County)

Stigma. – Social Services Provider (Swain County)

Lack of Providers

Lack of mental health providers in the region. – Physician (Swain County)

Lack of mental health advocates or professionals. – Community Leader (Swain County)

Multi-Faceted Issue

The anxiety level of the nation is affected by politics both local and national. The current harshness of tone and rancor of spirit, and general incivility create a mood which raises everyone's stress, despair, and depression. – Community Leader (Swain County)

Stress and anxiety are subjective, so it is difficult to know what is exacerbating the issue other than cultural shifts toward the burden of appearance. There is societal pressure related to work, family, politics, health that could be interpreted by some as difficult to bear. I believe such pressure can drive people toward unhealthy habits. – Community Leader (Swain County)

Affordable Care/Services

Lack of affordable and quality mental health providers. – Community Leader (Swain County)

Alcohol/Drug Abuse

Social media, teens not understanding their feelings and self-medicating with alcohol, marijuana, etc. – Other Health Provider (Swain County)

Diagnosis/Treatment

To be diagnosed; once diagnosed, it is used as a crutch. People are not held accountable, and it's allowed to be used as an excuse. Many of these are related to drug and alcohol abuse. Social media perpetuates a false image of perfection and is used to measure status, which leads to people feeling inadequate and miserable. Coping skills and the ability to delay gratification are nonexistent. – Other Health Provider (Swain County)

Dementia and Alzheimer's Disease

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

Awareness/Education

Educating the public, family members who are affected. – Community Leader (Swain County)

CAP workers and their education. – Other Health Provider (Swain County)

Education about the disease and what is available in the community. – Community Leader (Swain County)

Specific Agencies/Programs

Compassionate care by skilled nursing facilities, volunteer agency and family members. – Community Leader (Swain County)

Support Systems for Patients/Caregivers

Like other areas in our country, dementia and Alzheimer's are in the increase, and help for those suffering from the diseases and their caregivers is important. A Swain group called Sweet Thoughts is making strides in our area to provide support for patients and caregivers. – Community Leader (Swain County)

Respite care for caregivers is available. Mountain View manor has a dedicated wing for such patients as these. CAP workers stay busy in the homes of many such patients. – Community Leader (Swain County)

A nonprofit organization, Sweet Thoughts, that helps people with dementia/Alzheimer's and their caretakers. A new Senior Living Center opening in the community and a wing at the existing nursing home for people with Alzheimer's. – Community Leader (Swain County)

The Sweet Thoughts Alzheimer's shelter, which is open to offer relief to caregivers for short periods of time. – Community Leader (Swain County)

We do have a daycare service to provide support to those caregivers. – Community Leader (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: "What is getting in the way of progress on this issue in your community?"

Family/Caregiver Support

Probably not enough resources or support for caregivers. Worse, many who have needs are not connected or networked with communities of support, such as faith communities. – Community Leader (Swain County)

Caregivers unwilling to reach out for help. Patients to ashamed or in denial to get help. – Community Leader (Swain County)
 Lack of training in caregiving techniques for family members. Lack of respite care, promises made to never place patient in skilled nursing. – Community Leader (Swain County)
 Need more support measures for families who are affected. – Community Leader (Swain County)

Access to Care/Services

Not near enough facilities especially adult day cares that provide day services. – Community Leader (Swain County)
 Lack of resources and caregivers outside the home. – Community Leader (Swain County)

Awareness/Education

Awareness is probably the greatest barrier to Sweet Thoughts making a significant difference in our community. – Community Leader (Swain County)
 It doesn't get the attention that other diseases do. – Community Leader (Swain County)
 It's an issue that is kept in the homes, and people are not as aware. – Other Health Provider (Swain County)

Denial/Stigma

The local culture where people are not willing to ask for assistance; too much pride among some of the older mountain people. The rural nature of the community, where some may live alone and rarely get to interact with others. Poverty and a lack of access to some needs for the elderly. The large number of retirees moving to the area. The rural nature of the area, making it more difficult to access services.
 Limited solutions medically for people with dementia/Alzheimer's. – Community Leader (Swain County)

Suicide

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

No comments

Impediments of Progress

Those identifying this as a critical issue were asked: "What is getting in the way of progress on this issue in your community?"

No comments

Social Determinants of Health

Ranking of Social Determinants of Health as Critical to Address

Key informants in the online survey were given a list of conditions in which people are born, grow, live, work, and age, as well as known factors that contribute to a person's health. They were then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of social determinants of health identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Adverse Childhood Experiences (ACEs)	15
2	Employment Opportunities	13
3	Access to Health Care	11
4	Transportation	9
5	Food Insecurity	7
6	Early Childhood Education	7
7	Housing	6
8	Interpersonal Violence (IPV)	6

Adverse Childhood Experiences (ACEs)

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

Awareness/Education

A good Department of Social Services. Good education system that begins with Pre-K and helps support childhood success with added programs such as free school lunches and lunches in the summer. Improvements in the economy so families can better provide a safe environment for their kids. – Community Leader (Swain County)

Specific Agencies/Programs

A focus on resilience and willingness to help kids with difficult home lives. Swain County Schools has a positive focus and helpful programs. – Community Leader (Swain County)

Faith communities offer healthy places of connection among families. – Community Leader (Swain County)

This is now being mentioned by several folks. – Social Services Provider (Swain County)

School Resources

Schools are making effort to address this issue. – Other Health Provider (Swain County)

This is being presented to our school administration, which can help present it to other community groups. – Community Leader (Swain County)

Nothing/No Progress

Not much. – Community Leader (Swain County)

No progress. – Physician (Swain County)

Family Focus

Strong families; extended family members are often willing to get involved to address problems. – Physician (Swain County)

Recognition Of The Problem

Recognizing the extent of the problem and sharing that with the public. – Community Leader (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

Lack of education about this issue. – Social Services Provider (Swain County)

Access to Care/Services

Lack of affordable, accessible and quality mental health providers. – Community Leader (Swain County)

Need more support for children in these situations. – Other Health Provider (Swain County)

Access to care, DSS inability to provide needed support to children and families in need. – Physician (Swain County)

Lack of resources, monetary and professional. – Community Leader (Swain County)

Not Addressing Trauma Issues

People who hesitate to report abuse. – Community Leader (Swain County)

Parental Influence

Fragmentation of families through overextended schedules. Plus, I question or struggle to discern the line between healthy competition in team sports and encouragement towards violence in the same endeavors. Usually it is the parents who model the worst of behavior, while talking about good sportsmanship. – Community Leader (Swain County)

Single parent households with live in boyfriend. Divorce rate. Substance abuse. Low income. – Community Leader (Swain County)

Culture/Community Focus

Long-held personal, county, and state values. – Community Leader (Swain County)

Getting enough people to be on board and believe in this concept. – Community Leader (Swain County)

Alcohol/Drug Abuse

In-utero drug use. – Community Leader (Swain County)

Poverty

A history of poverty and the problems that come with it, continued poverty, increasing substance abuse and lack of access to treatment. – Community Leader (Swain County)

Lack Vision/Strategic Planning

Lack of vision for parenting- which, to be fair, is truly a nation-wide problem. – Physician (Swain County)

Employment Opportunities

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Economic Development

Employment opportunities closer to home. – Community Leader (Swain County)
Economic growth. – Social Services Provider (Swain County)

Specific Agencies/Programs

The economic development group seems to address this. Some of the younger generation do want to see growth. – Community Leader (Swain County)

Nothing/No Progress

There is nothing extremely promising at the moment. – Community Leader (Swain County)

Awareness/Education

People who are starting their own small businesses, some education on soft work skills in high school and community college. – Community Leader (Swain County)

Tourism Focus

Substantial increase in tourism revenue in most seasons. – Community Leader (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Low Wages

Employers are not always able to find reliable employees. – Community Leader (Swain County)

Employment

Seasonal work is a problem. Need more full-time good employment opportunities that include reasonable salaries and health care. – Community Leader (Swain County)
Industry leaving, decrease seasonal work. – Other Health Provider (Swain County)

Economy

The economy is not recovering as fast here as in other places. The unemployment rate is still one of the highest in the state. – Community Leader (Swain County)

Unwillingness to See Growth

Many do not want to see growth as it might threaten their perceived tranquility. There is not enough out-of-the-box thinking if the only solutions entertained rely on importing a few big businesses who will

hire a lot of people. Our community might thrive with more, smaller, "cottage," type industries, utilizing local resources. Arts, artisans, think-tanks, even providing venues for summit or symposium type events could extend our influence and deepen our economy. – Community Leader (Swain County)

Unwillingness to Work

We need entitlement reform. Unfortunately, too many people are making the decision not to work. It seems many have chosen the way of entitlements which gives them the option not to have to work. Beyond that, it's not for lack of jobs but we are very limited in good paying jobs with benefits. We need to continue to pursue new businesses/industries coming into our community for increased employment opportunities. – Community Leader (Swain County)

Lack of Collaboration

No one seems to be working together in the community. – Social Services Provider (Swain County)

Tourism

Limited possibilities unless you focus on tourism. – Public Health Representative (Swain County)

Transportation

Transportation for people who want to work. – Community Leader (Swain County)

Access to Health Care Services

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

Many Resources

More medical facilities available. – Community Leader (Swain County)
New facilities. – Other Health Provider (Swain County)

Specific Agencies/Programs

Swain County Caring Corner is helping many folks in our community have access to quality healthcare and training toward better health. – Community Leader (Swain County)

Access to Care/Services

We have a hospital here and an urgent care, both which seem to be doing well and the hospital has collaborated with the school system on healthy employee programs as well as mobile units that will increase health services for school students. More people have insurance through Obamacare. – Community Leader (Swain County)

Affordable Care/Services

Local community efforts to free medical services. – Community Leader (Swain County)

Free Clinics

Free clinics. – Community Leader (Swain County)
Limited programs are offered at the health department and Hospital. A free clinic has opened. – Public Health Representative (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: "What is getting in the way of progress on this issue in your community?"

Insurance/Medicaid Issues

Medical insurance and health care services are too expensive. – Community Leader (Swain County)
Many are still uninsured. Insurance is too expensive. Substance abuse and low income. – Community Leader (Swain County)

Funding

Location. Lack of funding from the state and federal government. – Community Leader (Swain County)

Transportation

Transportation, copayments. – Other Health Provider (Swain County)

Access to Care/Services

We need those clinics more often. – Community Leader (Swain County)

Lack of Providers

Healthcare providers willing to donate time and energy to the SCCC. – Community Leader (Swain County)

Access for Uninsured/Underinsured

We seem to have a large population who neither qualify for assistance, nor makes enough money to pay for insurance. The health department could provide better access by accepting insurance and more services. – Public Health Representative (Swain County)

Navigating the System

The medical profession itself and all the convoluted layers patients have to jump through and the lack of insurance and cost for service becoming outrageous. – Community Leader (Swain County)

Transportation

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

An existing service (Swain Transit) helps our people overcome obstacles in this area. – Physician (Swain County)
Swain Transport. – Other Health Provider (Swain County)
Swain County Transit. – Public Health Representative (Swain County)
Local county transit. – Community Leader (Swain County)
Local transit. – Social Services Provider (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Funding

Financial means. – Community Leader (Swain County)

Access to Transportation

I’m not sure people are aware of the resources for transportation assistance. – Community Leader (Swain County)

Not enough resources to improve services. – Social Services Provider (Swain County)

Limited Scheduling

Swain County Transit has limited hours and a long scheduling time. Community members do not always know they need transportation 72 hours in advance. – Public Health Representative (Swain County)

Rural

Large county with low population; lack of available funds. – Community Leader (Swain County)

Lack of recognition that inadequate access to transportation out of and back to our remote area is a significant contributor to poor health for some of our residents. – Physician (Swain County)

Awareness/Education

People don't understand how it works, if they can use it, etc. – Other Health Provider (Swain County)

Food Insecurity

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

Specific Agencies/Programs

Food distributed through the schools to children for the weekend. – Community Leader (Swain County)

One of the goals of the Restoration House WNC is to reduce the food insecurity for those in our community. Through partnerships with local businesses and gardens, people are able to receive fresh food and microwaveable meals that reduce these food insecurities. – Community Leader (Swain County)

Food Banks/Pantry

A local food pantry a restoration house ministry and other community groups working together. – Community Leader (Swain County)

Awareness/Education

Education on nutrition. – Community Leader (Swain County)

Community Gardens

Program assistance and a growing community garden community with the Restoration House. – Public Health Representative (Swain County)

Community Focus

Again, attitudes play a large part in addressing this issue. The prevailing attitude of "if 'they' would get off their butts and work the same as me, we wouldn't have a problem. – Community Leader (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: "What is getting in the way of progress on this issue in your community?"

Access to Healthy Food

Learning the barriers of those in need. There are some programs offering free fresh fruits and vegetables, but community members do not use them. What else is needed for community members, and transportation to get to the existing food pantries and MANA. – Public Health Representative

(Swain County)

Funding

Lack of funding and sufficient staffs to support all the efforts. – Community Leader (Swain County)

Poverty

Poverty. – Community Leader (Swain County)

Community Focus

Even when churches are involved, it is the members of those churches that carry this attitude forward.
– Community Leader (Swain County)

Lack of Collaboration

Continue to increase partnerships and volunteer support. – Community Leader (Swain County)

Early Childhood Education

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

Bright Adventures and other day cares help the working family. Faith communities encourage socialization and its collaboration with education. – Community Leader (Swain County)

Among the efforts in our area the group Congregations 4 Children (C4C) helps children on our area move beyond the generational poverty through education and support both in and out of the school system. Our county school system is heavily involved and supportive of this initiative. – Community Leader (Swain County)

Effective programs. – Community Leader (Swain County)

School Programs

The hard work of Swain schools, our family resource center, and initiatives from our health and social services departments. – Community Leader (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Care/Services

More volunteers to work with children in need. – Community Leader (Swain County)

Awareness/Education

Education may not be valued. Education is often reduced in parents' minds to babysitting, and in students' minds to torture. – Community Leader (Swain County)

Parental Influence

Lack of parental involvement. – Community Leader (Swain County)

Housing

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Nothing/No Progress

I am not sure if any effort is being made on this issue. – Community Leader (Swain County)
It appears the attitude is: “That’s the government’s responsibility.” An interesting attitude since they are the government. – Community Leader (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Funding

Lack of funding and lack of sufficient infrastructure. – Community Leader (Swain County)

Interpersonal Violence (IPV)

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

A good DSS and law enforcement, the tribe having the ability to serve its community members, resources that help families in need, such as the family resource center. Qualla SAFE that helps women out of domestic violence situations. – Community Leader (Swain County)
Churches are reaching out to some homeless and addicted persons within their communities. – Community Leader (Swain County)

Effective Law Enforcement

The laws and the officers following through with arrests. – Other Health Provider (Swain County)

Home Life

Strong family commitments, which lead to support for victims of domestic abuse, which is the biggest source of difficulty in this area. – Physician (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Culture

Considered “normal” in many family systems. – Other Health Provider (Swain County)

Broken Homes/Family Issues

Single parents or no parents. Homelessness and the lack of community worth. – Community Leader (Swain County)

Lack of vision for marriage which, to be fair, is a nationwide problem. – Physician (Swain County)

Access to Care/Services

Lack of access to mental health and substance abuse services, history of poverty and discrimination that leads to multi-generational poverty and abuse, the rural nature of the community where access to services is more difficult. Instances of abuse against women and children being high. – Community Leader (Swain County)

Other Issues

Ranking of Other Issues as Critical to Address

Key informants in the online survey were given a list of other health conditions not previously addressed in the survey, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of other health conditions identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Infant and Child Health	16
2	Dental Care/Oral Health	13
3	Injury and Violence	10
4	Family Planning	10
5	Sexually Transmitted Infections	9
6	Immunizations and Infectious Diseases	6
7	Hearing/Vision Conditions	2
8	HIV/AIDS	2

Infant and Child Health

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

Specific Agencies/Programs

DSS programs for identifying and aiding children living in poverty. Churches aiding families with food, electrical costs, and medicine. – Community Leader (Swain County)

Our early childhood programs our WIC program and other programs through our health department. – Community Leader (Swain County)

Health Department

Programs at health department and DSS to protect children, promote good behavior among parents and access to healthcare, and healthy food for families, more people having insurance through Obamacare, efforts for more tobacco-free parks in the community. – Community Leader (Swain County)

The health department, the Family Resource Center, DSS, all address this. Again, churches are available in every community wherein a family could enter into fruitful relationships. – Community

Leader (Swain County)

Services offered by health department and free clinic. – Community Leader (Swain County)

Swain County Health Department. – Community Leader (Swain County)

Public health efforts. – Social Services Provider (Swain County)

Awareness/Education

Providing education about the issue and making resources available can help. – Community Leader (Swain County)

Family Focus

Strong families which value children. – Physician (Swain County)

School Programs

School programs aimed at kids with health needs. – Community Leader (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

Uneducated parents, substance abuse, low income, and lack of responsibility. – Community Leader (Swain County)

Lack of education. – Community Leader (Swain County)

Funding

Money. – Community Leader (Swain County)

Socioeconomic Factors

Poverty. – Social Services Provider (Swain County)

Everything that contributes to child abuse, poverty, threats to funding for child insurance programs and Medicaid, the lack of expansion of Medicaid coverage in the state. Poverty. – Community Leader (Swain County)

Alcohol/Drug Abuse

Increased number of babies born with addiction. – Community Leader (Swain County)

Parental Influence

Lack of vision for parenting which, to be fair, is a nationwide problem. – Physician (Swain County)

Community Participation

Again, attitudes. – Community Leader (Swain County)

Priorities

Very little stands in the way other than, perhaps, work schedule conflicts and willfulness. – Community Leader (Swain County)

Dental Care and Oral Health

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

Military Medical Events. – Social Services Provider (Swain County)

Access to Care/Services

Local dentists are available. Some outside sources have been available in the past years for free dental exams and some care. I don't know if the schools have any programs for observations and referrals. – Community Leader (Swain County)

Affordable Care/Services

We are working on partnerships that will bring reduced cost / free dental care closer to our area. – Community Leader (Swain County)

DOD bringing free dental to the community every three years. There is always a big demand for dental over all other services offered. – Public Health Representative (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Affordable Care/Services

Dental health costs are outrageous. – Community Leader (Swain County)

Researching and programing to bring dental and oral health care to our low-income community members. – Public Health Representative (Swain County)

The closest resource for reduced cost dental care is about an hour and a half away. – Community Leader (Swain County)

Access to Care/Services

Lack of resources and cost of oral health. – Community Leader (Swain County)

Awareness/Education

Lack of recognition by the community at large that dental and oral health is a legitimate medical issue for which individuals must take responsibility (e.g., ongoing maintenance, planning ahead financially) and with which individuals often need support. – Physician (Swain County)

Funding

Lack of funds. – Community Leader (Swain County)

Poverty

Low income. Lack of organized, government assistance to those living in poverty. – Community Leader (Swain County)

Poverty and extremely high costs for dental care. Lack of dentists who will accept any new Medicaid patients. – Community Leader (Swain County)

Poverty. – Social Services Provider (Swain County)

Injury and Violence

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

DSS programs. – Community Leader (Swain County)

Awareness/Education

Domestic violence. – Programs and materials for education on what to do if a person is experiencing this type of violence. – Community Leader (Swain County)

Effective Law Enforcement

Willingness to prosecute offenders. – Community Leader (Swain County)

Collaborative Efforts

Healthy community connections are available in various faith communities. – Community Leader (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Alcohol/Drug Abuse

Substance abuse, unwed mothers with live in boyfriends, uneducated to a better way, and low income. – Community Leader (Swain County)

This type of violence is so often from drug and alcohol abusers' homes. Our community is unfortunately drowning in drug and alcohol problems. The justice system is definitely not making an impact. Offenders are merely "slapped on the wrist" and returned to live in our communities as every other law-abiding citizen. – Community Leader (Swain County)

Denial/Stigma

Faith communities may not even believe that their members might be abusive. Worse, some might defend abuse in terms of a biblical exercise of authority. – Community Leader (Swain County)

Stigma. – Community Leader (Swain County)

Cultural/Personal Beliefs

Long-standing attitudes. – Community Leader (Swain County)

Social Norms

Cycles that people think are normal. Lack of education. – Other Health Provider (Swain County)

Society views it as acceptable. – Other Health Provider (Swain County)

Family Planning

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Health Department

The Swain County health department is making great strides in connecting with community especially those who need its services. – Community Leader (Swain County)

Swain County Health Department. – Community Leader (Swain County)

Specific Agencies/Programs

A very active family resource center, family planning at our health department and our social services department. – Community Leader (Swain County)

The Swain County Family Resource Center diligently works to help young families and individuals with family planning. – Community Leader (Swain County)

Awareness/Education

Any educational programs in the schools that teach children about safe sex, STDs, etc. Free, reduced price testing at health department, programs that help new moms at the health department. – Community Leader (Swain County)

Sex education is seen by many as anti-Christian. – Community Leader (Swain County)

School Programs

Schools starting to help with youth. Possible mobile units for the schools. Free condom dispensers, we need more. – Public Health Representative (Swain County)

Family Focus

Strong families which value children and support bringing them into the world and raising them. – Physician (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

Being able to publicly inform our community members about family planning. Not allowing the message of safe sex and how to protect against pregnancy has kept our county in the top three for teenage pregnancy for almost a decade. – Public Health Representative (Swain County)

Lack of education, motivation and self-control. – Community Leader (Swain County)

Cultural/Personal Beliefs

Nature. – Community Leader (Swain County)

Widespread acceptance of sexual promiscuity and excess dependence on contraception despite low use effectiveness in our area. – Physician (Swain County)

Funding

Funding and lack of staff to address this problem. – Community Leader (Swain County)

Teen Pregnancy

Lots of pregnant teens and high numbers of STDs, educational programs focusing on abstinence over safe sex, the continued prevalence of tobacco smoking, ...and a culture of ignoring young people... Increased prevalence of substance abuse contributing to spread of STDs, sex for money. – Community Leader (Swain County)

With the highest level of teenage pregnancy in the state, that has continued for generations, young mothers are challenged in life and often grandparents end up raising the children. – Community Leader (Swain County)

Sexually Transmitted Infections

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Education through the health department and in the media about the prevalence of STDs and prevention, education in the school system. – Community Leader (Swain County)

Better effort to educate kids. Free condom machines. – Other Health Provider (Swain County)

Education in the schools, condoms being available at our health department. – Community Leader (Swain County)

Health Department

Swain County Health Department education and countermeasures. – Community Leader (Swain County)

Health department resources. – Community Leader (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

Education that limits discussion to abstinence only when it comes to sex, increased substance abuse, Christianity, and stigmas surrounding buying condoms and having safe sex. – Community Leader (Swain County)

I am not sure there is enough education out there. – Community Leader (Swain County)

Alcohol/Drug Abuse

Substance abuse leads to poor judgement. – Community Leader (Swain County)

Drug use. Poverty. Joblessness. – Community Leader (Swain County)

Lack of Prevention in Schools

Be able to provide condoms to schools and speak with classes about different types of birth controls and how to prevent STD's. – Public Health Representative (Swain County)

Early Diagnosis/Prevention

Not getting treatment or being tested in the first place. Not using protection. – Other Health Provider (Swain County)

Immunizations and Infectious Diseases

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Health Department

Health department and other health care systems. – Public Health Representative (Swain County)

The health department stands ready and willing to serve. Plus, we have the urgent care and the medical center at our disposal. – Community Leader (Swain County)

Public health efforts. – Social Services Provider (Swain County)

School Programs

Public school's requirements for up-to-date immunization records before children enter school. – Community Leader (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

Community lack of knowledge and fear. – Social Services Provider (Swain County)
Education. – Community Leader (Swain County)

Needle Exchange Program

Need syringe exchange program within county. – Public Health Representative (Swain County)

Hearing and Vision Conditions

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

DOD bringing free vision to our community every three years. There is always big demand. – Public Health Representative (Swain County)
Health department. – Community Leader (Swain County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Affordable Care/Services

Not sure. Researching ways to bring free hearing and vision to our community members. – Public Health Representative (Swain County)

HIV/AIDS

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

No comments

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

No comments

Additional Comments

Other issues uncovered through the online key informant survey include the following:

Substance Abuse

I feel it is a huge concern because it causes the other health concerns to skyrocket. The numbers have really exploded in our area as with other areas and it is causing people to have poor health and life choices not only for themselves but for their children and their family members that are concerned with their care and well-being. – Community Leader (Swain County)

Opioid Addiction due to Accessibility

Opioid addiction/abuse. – Community Leader (Swain County)

Opioids and other addictive drugs. – Community Leader (Swain County)

Access to Safe Physical Activity Spaces

Access to safe physical activity spaces. – Public Health Representative (Swain County)

Appropriate Utilization of Health Care Resources

Appropriate utilization of health care resources should be addressed. There are many people in our community who suffer with significant chronic health problems which could be addressed effectively in continuity care but are being neglected, much to the detriment of individual and community health and well-being. We must correct the widespread thinking in our community that professional medical help is only necessary for acute illnesses, that continuity care for chronic medical conditions is unimportant and that if one sees a professional for an acute medical problem that somehow that provider has considered and addressed every aspect of one's health care needs. We must also avoid enabling avoidance by consistently clarifying the limitations of acute care and encouraging people to pursue continuity care where it is needed. – Physician (Swain County)

Keeping Senior Citizens Physically Active

Keeping senior citizens physically active and mentally challenged for a purposeful life. The programs for maintaining a healthy lifestyle for seniors are inadequate, especially organized physical activities. – Community Leader (Swain County)

2018 Community Health Needs Assessment

Online Key Informant Survey Results

Swain County, North Carolina

Prepared for:
WNC Healthy Impact

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APPENDIX F – HEALTH RESOURCE INVENTORY

Agency Name	What Specialists refer callers to this agency for
Appalachian Community Services	Court Ordered DUI Evaluations; DUI Offender Programs; Family Counseling; General Counseling Services; Adolescent/Youth Counseling; Substance Use Disorder Counseling
Camp Living Water	Residential Camps
Cherokee Historical Association	Historic Preservation
Ernestine Walkingstick Shelter	Crisis Shelter; Domestic Violence Support Groups; Abuse Counseling; Sexual Assault Counseling; Domestic/Family Violence Legal Services
Fontana Regional Library	Public Libraries
Jackson County Department of Social Services	Medicaid; Food Stamps/SNAP
NC Cooperative Extension Service - Swain County	Food Production Support Services; Consumer Education; Youth Agricultural Programs
NC Division of Motor Vehicles - Swain County	Driver Licenses; Identification Cards; Motor Vehicle Registration; Disability Parking Permits
NCWorks - Bryson City Workforce Center	Comprehensive Job Assistance Centers; Job Development; Job Search Resource Centers; Job Search/Placement; Ex-Offender Employment Programs; Job Training Formats; WIOA Programs
Oconaluftee Job Corps Civilian Conservation Center	Job Development; Job Corps
Southwestern Community College	Community Colleges; GED/High School Equivalency Test Instruction; Continuing Education
State of Franklin Health Council	Congregate Meals/Nutrition Sites; Senior Centers; Older Adult Social Clubs; Fans; General Paratransit/Community Ride Programs; Employment Related Transportation; Home Delivered Meals; Senior Community Service Employment Programs
Swain Arts Center	Arts/Humanities Councils
Swain Community Hospital	Hospitals; Emergency Room Care
Swain County Court System	Civil Marriages; Active Arrest Warrants; County Clerk of the Courts Offices; State Trial Courts
Swain County Department of Social Services	Adult Protective Intervention/Investigation; Public Guardianship/Conservatorship Programs; Representative Payee Services; Adult Residential Facility Complaints; Facility Licensing; Child Care Expense Assistance; Child Support Assistance/Enforcement; Children's Protective Services; Adoption Services; Foster Home Placement; Foster Parent/Family Recruitment; Foster Homes for Dependent Children; Food Stamps/SNAP; Long Term Care Options Counseling; Long Term Home Health Care; Non-Emergency Medical Transportation; Medicaid; State/Local Health Insurance Programs; Rent Payment Assistance; Electric Service Payment Assistance;

	Gas Service Payment Assistance; Heating Fuel Payment Assistance; Welfare to Work Programs; TANF
Swain County Family Resource Center	Christmas Programs; Parenting Skills Classes; Specialized Information and Referral
Swain County Government	County Board of Supervisors Offices; County Elections Director Offices; Election Information; County Executive Offices; County Offices of Emergency Services; 911 Services; County Recorder Offices; Marriage Licenses; Death Related Records/Permits; Emergency Communications; Local Tax Collection Agencies; Recreational Activities/Sports Volunteer Opportunities; Day Camps; Youth Enrichment Programs; Senior Olympics; Recreational Facilities; Refuse Disposal Facilities; Recycling; Sheriff; County Correctional Facilities; Veteran Benefits Assistance; Youth Agricultural Programs; Food Production Support Services
Swain County Health Department	Adolescent/Adult Immunizations; Childhood Immunizations; Travel Immunizations; Bereavement Counseling; Birth Certificates; Death Related Records/Permits; Birth Control; Pregnancy Testing; Cancer Detection; Developmental Assessment; Early Intervention for Children With Disabilities/Delays; Case/Care Management; Epidemic Investigation; Influenza Control; Epidemic Investigation; Tuberculosis Screening; HIV Testing; Sexually Transmitted Disease Screening; AIDS/HIV Prevention Counseling; Sexually Transmitted Disease Treatment; Housekeeping Assistance; Personal Care; Long Term Home Health Care; Prenatal Care; Adolescent Medicine; Family and Community Medicine; Public Health Permits; Public Health Information/Inspection/Remediation; Building and Safety; WIC; Organizes yearly Rabies Vaccinations
Swain County Public Schools	Elementary Schools; Secondary/High Schools; Student Disability Services
Swain/Qualla SAFE	Crisis Shelter; Crisis Intervention Hotlines/Helplines; Domestic Violence Support Groups; Domestic/Family Violence Legal Services
Town of Bryson City	City/Town Council Offices; Mayors Offices; Municipal Police; Recycling; Refuse Collection; Zoning
US Post Office - Swain County	Post Offices; Passports
Vocational Opportunities of Cherokee	Developmental Disabilities Day Habilitation Programs; Independent Living Skills Instruction
Western North Carolina AIDS Project	Case/Care Management; HIV Testing; AIDS/HIV Prevention Counseling; Subject Specific Public Awareness/Education

Top Unmet Needs

Top Unmet Needs	
Soup Kitchens	
Home Nursing	
Homeless Shelter	
Mobility Aids	
Motel Bill Payment Assistance	
Personal Financial Counseling	
Public Housing	
Rental Deposit Assistance	
Animal Control	
Undesignated Temporary Financial Assistance (this is case-by-case funding for a variety of needs)	