Community Health Needs Assessment and Implementation Strategy

Haywood Regional Medical Center

HAYWOOD
REGIONAL MEDICAL CENTER

A Duke LifePoint Hospital

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Sourced from the Haywood County 2018 Community Health Assessment, p. 12

Process

Creating a culture of health in the community

This document is a hospital facility-specific Community Health Needs Assessment (CHNA) for Haywood Regional Medical Center.

Haywood County Health and Human Services Agency (HCHHSA), in partnership with Haywood Regional Medical Center and the Healthy Haywood Coalition and community members as part of a local community health (needs) assessment process developed the Haywood County Community Health (Needs) assessment. The partners received support from WNC Healthy Impact, 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. All the parties involved, Haywood County Health and Human Services, Healthy Haywood Coalition, WNC Healthy Impact, and Haywood Regional Medical Center will be known in this document as the "consortium".

Much of the content of this document is taken from the 2018 Haywood County Community Health Assessment, prepared by Haywood County Health and Human Services. References to the report will be cited as Haywood County CHA 2018. The full document can be viewed here: **haywoodcountync.gov/DocumentCenter/View/2904/2018-Haywood-Community-Health-Assessment---3-4-19**

HRMC's board of directors approved and adopted this on August 22, 2019.

Starting on October 1, 2019, this report is made widely available to the community via Haywood Regional Medical Center's website, **MyHaywoodRegional.com**, and paper copies are available free of charge at Haywood Regional Medical Center.

Participants

451 individuals representing community and health organizations collaborated on a comprehensive CHNA process focused on creating a comprehensive review of health status and opinions about health and wellbeing in the community. The process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community and had special knowledge of or expertise in public health to provide direction for the community and hospital to create a plan to improve the health of the community.

Project Purpose and Goals

Community health needs assessment (CHNA) is an important part of improving and promoting the health of community residents. It 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. HRMC goals for the process were:

1. To continue to partner with the Haywood County Health & Human Services Agency, Healthy Haywood Coalition and WNC Healthy Impact in a formal and comprehensive community health assessment process that allows for the identification and prioritization of significant health needs of the community to allow for resource allocation, informed decision-making and collective action that will improve health.

2. To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.

3. To continue to support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

"We collaborated with Haywood County Health & Human Services Agency and Healthy Haywood Coalition, and WNC Healthy Impact on the Community Health Needs Assessment with the goal of analyzing significant health needs and priorities and addressing those needs," said Rod Harkleroad, Chief Executive Officer, HRMC. "It is our goal to use the findings as a catalyst for community mobilization to improve the health of our residents."

"The information gathered both from public health data and from community members and stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by community organizations to create an implementation plan." added Tara Sund, Senior Director Business Development and Physician Relations. "The prioritization meeting was the final step in the assessment process. Now the real work begins with creating the community health improvement plan and improving the health of the community."

Additionally, the consortium created a community results statement, "Our goal for Haywood County is a healthy and resilient community." *Haywood County 2018 CHA, p.5*

Community Input
and Engagement

"CHA partners include ongoing and new members of the Healthy Haywood Coalition and community members who volunteered their time and input during the CHA process." Leadership of the CHA was provided by, Haywood County Health & Human Services Agency (HHSA) and Haywood Regional Medical Center staff are invaluable partners in this effort. *Haywood County 2018 CHA, p.5*

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

- Partnership on conducting the health assessment process.
- Through primary data collection efforts: PRC survey, online survey, key informant interviews, and listening sessions.
- By reviewing and making sense of the data to better understand the story behind the numbers. HHSA staff internally reviewed morbidity, mortality, health behavior and social determinants data. Our data was shared with shared with the Healthy Haywood coalition; was reviewed in greater detail with volunteers from Healthy Haywood; and discussed in our Substance Use Prevention Alliance.
- In the identification and prioritization of health issues.

In addition, community engagement is an ongoing focus for our community and partners as we move forward to the collaborative planning phase of the community health improvement process. Partners and stakeholders with current efforts or interest related to priority health issues will continue to be engaged. We also plan to work together with our partners to help ensure that programs and strategies in our community are developed and implemented with community members and partners.

Data Collection and Timeline

Phase One, collection of community health data, began in January 2018.

Throughout 2018, the Healthy Haywood Coalition reviewed the survey data, key informant interview results and secondary data over multiple meetings.

The consortium sought input from persons who represent the broad interests of the community using several methods:

- Community Health Assessment (CHA) Steering Team Meeting involved sixteen individuals who provided unique knowledge and community connectivity to the CHA process. The steering team provided insight into the community engagement aspects of the CHA. They were asked to participate due to their ability to communicate with and connect CHNA efforts to multiple sectors in the community, including education, business, healthcare, the Board of Health, Haywood County Health Partners and traditionally underrepresented population and demographic groups (such as low-income, African-American, and Hispanic).
- 21 Haywood County leaders took part in the Online Key Informant Survey from May 1 through July 31, 2018.
- 200 community surveys were conducted by phone (landline, cell phone) and online surveys from March to June, 2018 by Professional Research Consultants, Inc. (PRC) to supplement the secondary 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.

- 153 respondents took a general online community health survey in the summer of 2018
- A focus group/listening session was conducted at the Canton Senior Center on July 31, 2018.
- Beginning in August 2018, the team spent time understanding the data and uncovering issues affecting the most people in the community.
- In November 2018, 55 Healthy Haywood and community members reviewed and discussed the health priorities and used a modified Hanlon method to rank them.
- In January 2019, this group further discussed and voted on the top three health issues.
- The implementation plan was developed between July and September 2019.
- The Haywood Regional Medical Center board approved the Community Health Needs Assessment, priorities, and implementation plan on August 22, 2019.

Participation in the Healthy Haywood Coalition, Steering Committee, Key Informant Survey, the prioritization meetings creating the Haywood County Community Health Needs Assessment was as follows:

HCHHSA: Haywood County Health & Human Services Agency
HRMC: Haywood Regional Medical Center
KARE: Kids Advocacy Resource Effort

Organization	Title/CHA Role/Contribution	Population Represented	Duration
HCHHSA	Public Health Director/Oversees CHA Staff	Community/Underserved	2018–19
HCHHSA	Public Health Education Supervisor/Co-leader CHA	Community/Underserved	2018–19
HCHHSA	Public Health Education Specialist/Co-leader CHA	Community/Underserved	2018–19
HCHHSA	Public Health Education Specialist/Co-leader CHA	Community/Underserved	2018–19
HCHHSA Board	Board Chair/Oversees HHSA activities	Community/Underserved	2018–19
HRMC	CEO, Key Hospital CHA Partner	Community	2018–19
HRMC	Sr. Director Industry Relations & Physician Recruitment/Hospital CHA Partner	Community	2018–19
HRMC	Marketing & Physician Recruitment Coordinator/Hospital CHA Partner	Community	2018–19
Mountain Projects	Prevention Services Coordinator/Chair, Substance Use Prevention Alliance, Healthy Haywood member	Underserved	2018–19

Organization	Title/CHA Role/Contribution	Population Represented	Duration
HHSA	Economic Services Division Director/ CHA Partner	Underserved	Fall/winter 2018-19
Haywood County Schools	Ass. Superintendent/ CHA partner	Community/kids	Winter 2019
HHSA/ Community	Healthy Haywood member	Community	2018-2019
Kids Advocacy Resource Effort (KARE)	Victims Advocate/ CHA Partner	Kids	Winter 2019
Appalachian Community Services of WNC	Director of Consumer Services/ Healthy Haywood member	Vulnerable/Addicted	2018-19
HCHHSA Board	Board Member/ CHA partner	Community	2018
Haywood Country Recreation & Parks	Director/ Healthy Haywood member	Community/Kids/Seniors	2018-2019
Haywood County Sheriff's Office	Haywood County Sheriff/ Healthy Haywood member	Community	2018-2019
KARE	Executive Director/ CHA partner	Vulnerable	Winter 2019
Mountainwise	Marketing & Development Coordinator/ Healthy Haywood member	Community	2018-2019
Community member	CHA partner	Community	Fall/winter 2018-19
Haywood Community College	Vice President for Student Services/ CHA partner	Community	Winter 2019
Haywood Chamber of Commerce	Member & Business Relations	Community	Winter 2019
Vaya Health	Family Partner/ CHA partner	Community/vulnerable	Winter 2019
HCHHSA	Nursing Director/ CHA partner	Community	Winter 2019
Haywood County EMS	CHA partner	Community	Fall/winter 2018-19
HCHHSA	HHS Director/ CHA partner	Community	Fall/winter 2018-19
NCHRC	Post-Overdose Outreach Specialist/ CHA partner	Vulnerable/Addicted	Winter 2019
Region A Partnership for Children	Executive Director/ CHA partner	Kids	Fall/winter 2018-19
Vaya Health	Western Region Community Relations Representative/ Healthy Haywood member	Vulnerable/Addicted	2018-2019
Blue Ridge Community Health	Medical Office Assistant/ CHA partner	Underserved	Fall/winter 2018-19

Organization	Title/CHA Role/Contribution	Population Represented	Duration
Down Home NC	Member/ CHA partner	Vulnerable/Addicted	Fall/winter 2018-19
HCHHSA Board	Board Member/ CHA partner	Community	Fall 2018
Haywood County Schools	Student Services Director/ CHA partner	Kids	Fall-winter 2018-19
Mountain Projects	Health Care Navigator/ CHA partner	Community/Underserved	Winter 2019
Organization	Title/CHA Role/Contribution	Population Represented	Duration
NC Harm Reduction Coalition	Appalachian Services Coordinator	Vulnerable	2018-2019
Haywood Pathways	Executive Director/ Healthy Haywood member	Vulnerable/underserved	Fall/winter 2018-19
HCC	Student Wellness Director/ CHA partner	Community	
The Mountaineer	Editor/ CHA partner	Community	Winter 2019
Mountainwise	Regional Community Engagement Coordinator/ Healthy Haywood member	Community	2018-2019
HCHHSA Board	Board Member/ CHA partner	Community/Underserved	Fall/winter 2018-19
Mountainwise	Regional Tobaccos Prevention Manager/ Healthy Haywood member	Addicted	2018-2019
Groups Recover Together	Office Coordinator/ CHA partner	Addicted	Fall/winter 2018-19
Blue Ridge	Community Engagement Coordinator/ CHA partner	Addicted	
Groups Recover Together	Counselor/ CHA partner	Addicted	Fall/winter 2018-19
Mountain Pediatric Group	Pediatrician/ CHA partner	Kids	Fall/winter 2018-19
Active Routes to School	Regional Coordinator/ Healthy Haywood member	Kids	Fall/winter 2018-19
Haywood County Government	County Manager CHA partner	Community	Fall/winter 2018-19
Drugs in Our Midst	Founder/Director / Healthy Haywood Member	Addicted/Kids/Vulnerable	2018-2019
Mountainwise	Minority Diabetes Coordinator/ CHA Partner	Community	Fall/winter 2018-19
HCHHSA	School Nursing Supervisor/ CHA partner	Kids	Fall 2018
Haywood County Sheriff's Office	Public Information Officer/ Healthy Haywood member	Community	2018-2019
Macon County Health Department	Interim Health Director/ Healthy Haywood member	Community/Underserved	2018
HCHHSA Board	Board Member/ Healthy Haywood member		2018-2019
Grace Church in the Mountains	Rector/ CHA partner	Community	Winter 2019

Organization	Title/CHA Role/Contribution	Population Represented	Duration
Waynesville Police Department	Detective/ Healthy Haywood member	Community	2018-2019
Haywood Women's Medical Center	Certified Nurse Midwife/ Healthy Haywood member	Community	Fall/winter 2018-19
NC Harm Reduction Coalition	Outreach Worker/ Healthy Haywood member	Vulnerable/Addicted	2018-2019
HRMC	Women's Center Director/ CHA partner	Community	Fall/winter 2018-19
Fitness Connection	Community member/ Healthy Haywood member	Community	2018-19
Haywood Pediatrics	Lactation Consultant/ CHA partner	Kids	Fall/winter 2019
HCHHSA	Administrative Assistant/ CHA partner	Community	Fall 2018
HCHHSA Board	Board Member/ CHA partner	Community	Fall 2018
Haywood County Library	Librarian/ Healthy Haywood member	Community	2018-19
NAMI	Community member/ CHA partner	Addicted	Winter 2019
Community Impact NC	Regional Coordinator/ CHA partner	Community	Fall/winter 2019
Mountain Projects	Prevention Specialist/ Healthy Haywood member	Community/Underserved	2018-19
Mountainwise	Project Director (formerly)/ CHA partner	Community	Fall/winter 2018-19
First United Methodist Church Waynesville	Senior Pastor/ CHA partner	Religious/Community	Fall/winter 2018-19
HCHHSA Board	Board Member/ CHA partner	Community	Fall 2018
Vaya Consumer & Family Advisory Committee/ NAMI	Healthy Haywood member	Addicted	2018-19
Down Home NC	Community Organizer/ Healthy Haywood member	Underserved	2018-19
Down Home NC	Down Home Member/ CHA partner	Underserved	Winter 2019
United Way Haywood County	Executive Director/ CHA partner	Community	Winter 2019
Blue Ridge Community Health	Case Manager/ CHA partner	Community/Underserved	Fall/winter 2018-19
Meridian Behavioral Health Services	Haywood County Adult Services Manager/ Healthy Haywood member	Vulnerable	2018-19
Region A Partnership for Children / HHSA Board	Evaluator/Technology Specialist/ Board member/ CHA Partner	Kids	2018-19
NC Harm Reduction Coalition	LEAD Case Manager/ Healthy Haywood member	Addicted/Vulnerable	2018-19

Input of Public Health Officials

North Carolina Health Departments are extremely robust and, in many instances, lead the Community Health Assessment and Improvement processes. Haywood County Health and Human Services Agency was the convener for the Community Health Needs Assessment process in Haywood County with Haywood Regional Medical Center as a partner.

Input of Medically Underserved, Low-Income and Minority Populations

The previous identifies each organization that was involved in the CHNA , how they provided their input and what groups they represented. Many of the organizations involved represent the medically underserved, low income and minority populations. Input was received during meetings and forum. Participants were invited based on their ability to represent the medically underserved, low-income and minority populations.

"Throughout our community health assessment process and product, 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 CHA, 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." *2018 Haywood County CHA, p.15.* These populations include:

- 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 group who are likely to, or who have the potential to, develop 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 underserved, at-risk, and vulnerable populations of focus for our process include the following:

Underserved Populations:

- People who speak English as a Second Language
- People who use drugs/injection drugs
- People lacking health insurance (or underinsured)

At-risk Populations:

- Pregnant women who smoke
- Population with pre-diabetes
- Children with multiple Adverse Childhood Experiences
- People who use injection drugs

Vulnerable Populations:

- Seniors
- Children under 5
- Persons in Poverty

Community Selected
for Assessment

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

Haywood Regional Medical Center's health information provided the basis for the geographic focus of the CHNA as well as the county focus of the HCHHSA. 74.9% of Haywood Regional Medical Center's inpatients came from Haywood County. Therefore, it was reasonable to select Haywood County as the primary focus of the CHNA.

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

Elements of a Healthy Community

When key informants were asked to describe what elements, they felt contributed to a healthy community in our county, they reported:

- Awareness and education

- Access to care and services

- Economic and social justice for all

- Healthy lifestyles, including physical activity, recreational activities, and access to healthy foods/eating

"During our collaborative prioritization process, the County Health Rankings health outcomes chart below resonated with participants. In particular, the realization that approximately 50% of our health outcomes may be determined by socioeconomic factors and the physical environment (social determinants of health) was powerful. This contributed to a rich discussion about the social determinants of health in Haywood County, including income, education, employment, housing, crime, and the physical environment." *Haywood County CHA, 2018 p.19*

Key Findings of the Community Health Assessment

Results

The top health priorities selected for the 2018 CHNA were:

1. Mental health & substance use
2. Perinatal & early childhood health
3. Chronic disease prevention

Information Gaps and Limitations

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. The gap noted by the Substance Use Prevention Alliance (SUPA) group was the lack of data regarding youth health behavioral and substance use data, as Haywood County Schools do not participate in a youth health survey. A lack of representative survey data about youth in Haywood County is a major gap. Racial stratification in our data was seldom possible due to the very low numbers of minority groups residing in Haywood County.

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.

Some data that is used in the 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.

Process and Methods

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 product, we share a general overview of health and influencing factors then focus more on priority health issues identified through this 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 the 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:
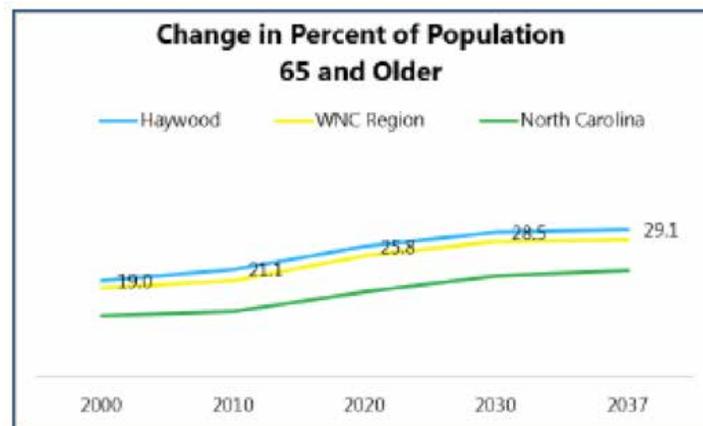
- A comprehensive set of publicly available secondary data metrics with our county compared to the sixteen county WNC region
- Set of maps accessed from Community Commons and NC Center for Health Statistics
- WNC Healthy Impact Community Health Survey (cell phone, landline and internet-based survey) of a random sample of adults in the county
- Online key informant survey

Demographics of the Community

- Haywood County population was 59,577 in 2017.

- The Haywood County population has a slightly higher proportion of females than males. *WNC Healthy Impact, 2015*

- The median age of the Haywood County population (47.1 years) compared to 45.9 for the WNC region and 38.3 for NC. *US Census Bureau, 2018*

- The racial make-up of Haywood County was 96% white, 1% black, 1% Asian/Pacific Islander, and 4% Hispanic origin. 24.4% of the population is 65 and older. (The numbers will total to over 100% due to Hispanic being an ethnic group, not a race)

Population by Race	
White alone	95.9%
Black or African American	1.1%
Native American, Native Alaskan	0.3 %
Asian	0.5 %
Native Hawaiian, Other Pacific Islander	0 %
Other	0.7 %
Two or more races	1.5 %
Hispanic or Latino (of any race)	3.6 %
Population by Sex	
Male	48.2%
Female	51.8%
Population by Age	
Under 5 years old	4.9%
5–19 years old	15.6%
20–64 years old	56.0%
65+ years old	24.4%
Total Population	**59,577**

Source: ACS/US Census Bureau, 2017

Source: WNCHN – WNC Healthy Impact Community Health Survey, 2018

The share of Haywood County's population over age 65 is higher than regional and state levels and is projected to increase.

Health Status
Data Summary

The following is taken from *Haywood County 2018 Community Health Assessment*, produced by Haywood County Health and Human Services Agency.
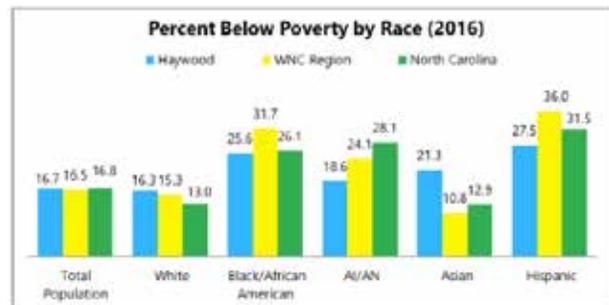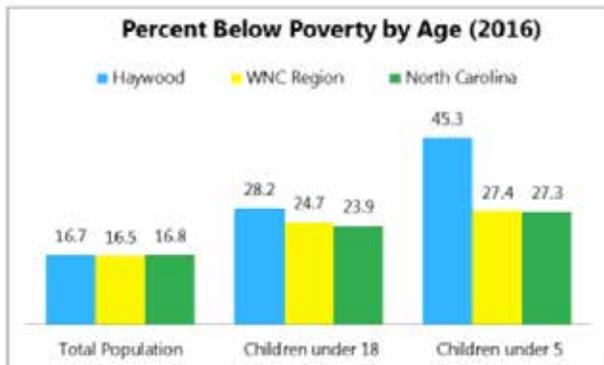
Social and Economic Factors

Income & Poverty

"Income provides economic resources that shape choices about housing, education, childcare, 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*

Median household income in Haywood County was $43,097, above the WNC median of $40,004, but well below the state median of $48,256. *US Census Bureau, 2018*

The overall poverty rate in Haywood County of 16.7% is comparable to the WNC region and state. When the poverty rate is shown separately for children under 18 (28.2%) and children under five (45.3%), however, the differences are stark, as shown in the graph below. *US Census Bureau, 2018.* Reflected in the graph are income disparities between the older general population and younger families with children. It illustrates the inadequacy of reporting an overall poverty rate that masks the poverty rate among children, especially young children. This disparity was one reason for a health priority focused on early childhood.

The overall poverty rate by race also reflects disparities; the poverty rate among African Americans, American Indian, Asian, and Hispanic groups is several percentage points higher than among Whites. *US Census Bureau, 2018.* Unfortunately, the low numbers of minority groups do not allow for further stratification (e.g. by age) within race.

Another measure of income is Food & Nutrition Services (known nationally as Supplemental Nutrition Assistant Program or SNAP) participation. In Haywood County in January 2018 there were 9,869 FNS participants, or 16.5% of the population. Thirty-seven percent of the participants were children under 18. *UNC Jordan Institute, 2018*
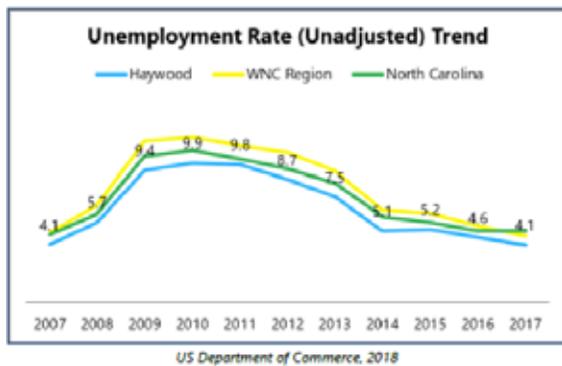
Among school-aged children in Haywood County, 57% of students are eligible for either free-or reduced-price school meals, which is comparable to the state and region. A sizeable number of children in Haywood County reside in households with an income hovering at or right above the poverty line.

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*

Since the most recent economic recession, the unemployment rate in Haywood County has decreased to 4.1% and is lower than the state rate. *US Department of Commerce, 2018*

Unemployment may be low, but the top employment sectors in Haywood reflect traditionally lower-wage jobs such as retail and food services. The top employment sectors in Haywood County compared to NC are as follows:
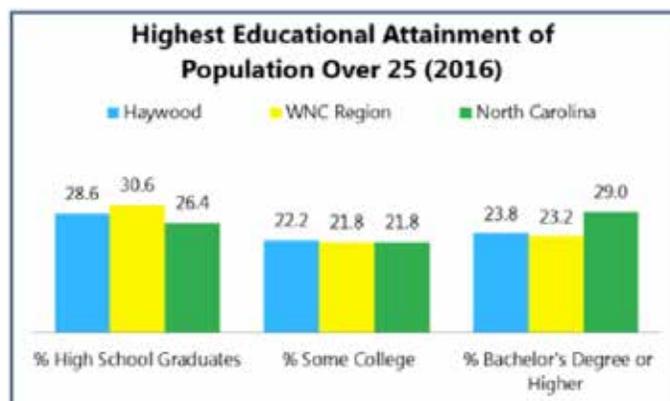
Unemployment Rate (Unadjusted) Trend

— Haywood   — WNC Region   — North Carolina

US Department of Commerce, 2018

Top Sectors, Haywood County	% employment by sector	Top Sectors, North Carolina	% employment by sector
Retail Trade	17.94	Health Care & Social Assistance	14.02
Health Care & Social Assistance	15.56	Retail Trade	11.67
Manufacturing	14.69	Manufacturing	10.8
Accommodation & Food Services	13.31	Accommodation & Food Services	9.78
Educational Services	9.03	Educational Services	8.8
Public Administration	6.68	Administrative & Waste Services	6.84
Construction	4.68	Professional, Scientific & Technical Services	5.61

The average gross weekly wage in Haywood County is $741.45, slightly above the WNC regional average wage of $725.51. Wages in the county and region are far below the NC average weekly wage of $1,076.29. *NC Employment Security Commission, 2017*

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 considered." *County Health Rankings, 2018.* The chart below reflects the highest educational attainment of adults over 25 in Haywood County. A total of 74.6% of adults over age 25 possess a high school diploma, some college or secondary degree or higher. The remaining 25.5% of adults have not completed high school. *US Census Bureau, 2016*

Highest Educational Attainment of Population Over 25 (2016)

■ Haywood   ■ WNC Region   ■ North Carolina

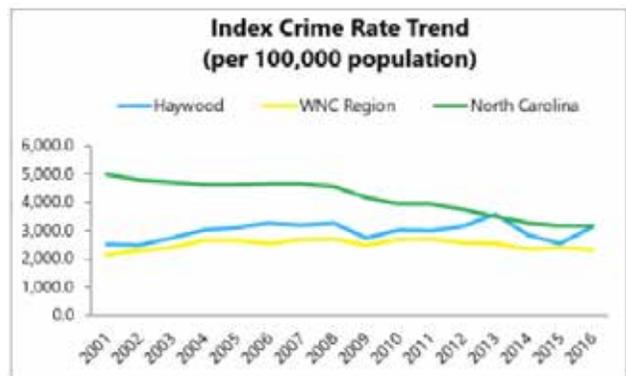|	Haywood	WNC Region	North Carolina
% High School Graduates	28.6	30.6	26.4
% Some College	22.2	21.8	21.8
% Bachelor's Degree or Higher	23.8	23.2	29.0

In the 2016-2017 school year, the latest year for which data is available, 7,723 students were enrolled in Haywood County Schools and one charter public school. *NC Department of Public Instruction, 2018.* Haywood County is home to Haywood Community College, which reported 3,677 continuing and adult education students in 2017. *Haywood Community College, 2019*

The high school drop-out rate in Haywood County in the same school year was 2.46% (60 students), which is higher than the WNC region (2.13%) or state (2.31%) rates. Also, for that school year, the four-year graduation rates (85.8%) were slightly lower than the WNC regional average (88.4%) and state (86.5%). *Public Schools of NC, 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*
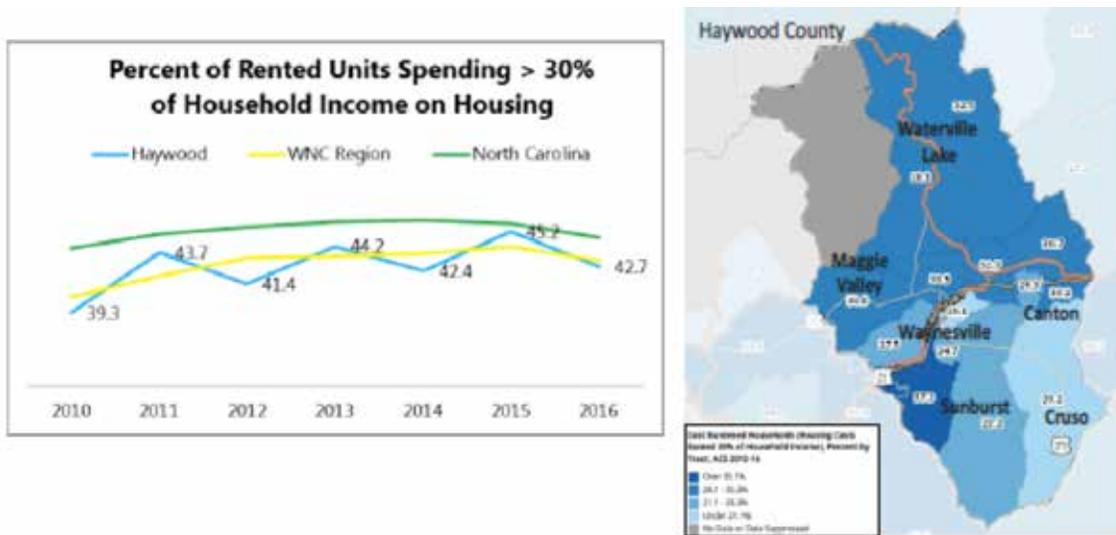

The overall crime rate in Haywood County, including violent and property crime, has been on the increase since 2015 (NC Department of Justice, 2018). The uptick in both types of crime is related to the opioid crisis, per comments by Haywood County Sheriff Greg Christopher. *Health Prioritization Meeting discussion, 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*

Almost 43% of rented units in Haywood County spent more than 30% of their household income on housing. *US Census Bureau, 2017.* This tracks with the WNC region but fluctuate each year, suggesting housing market instability.
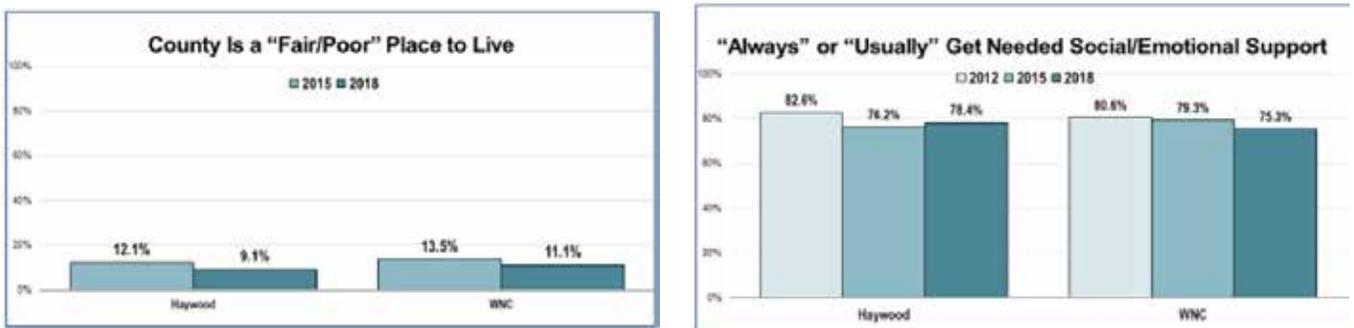
The housing cost burden indicates when housing costs (rented or owned) are over 30%. As demonstrated by the map above, the burden for households that rent and own in Haywood County is not particular to any one area but is distributed throughout the county's census tracts.

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*

When asked for their overall impression of living in Haywood County, only 9.1% of respondents of the Community Health Assessment survey indicated that it was a "fair" or "poor" place to live. The remaining 90.9% selected "good" or "excellent".

With regards to social and emotional support, 78.4% of respondents reported "always" or "usually" getting the support needed. This is above the WNC regional level, but it reflects that 21.6% of respondents "rarely" or "never" got the support they needed.

Health Data Findings Summary

Mortality

According to the most recent data available and as shown in the table below, the top three causes of death in Haywood County are heart disease; cancer; and chronic lower respiratory diseases (such as chronic obstructive pulmonary disease and emphysema), followed closely by unintentional injuries, which include drug overdoses. Of the various forms of cancer, lung, prostate and breast cancers are the most common causes of death. *NC State Center for Health Statistics, 2019*

Leading Causes of Death, Age-Adjusted Death Rates per 100,000 Population (5-Year Aggregate, 2013-2017)

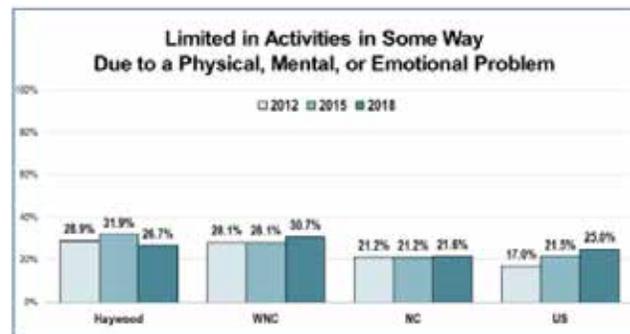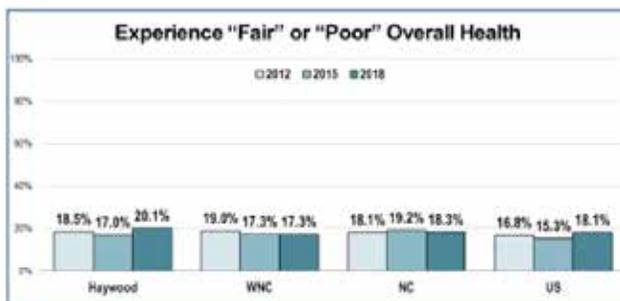| Rank	Cause of Death (Age Adjusted, 2013–17)	# Deaths	Rate per 100,000
1	Diseases of Heart	941	190.0
2	Cancer	806	159.8
3	Chronic Lower Respiratory Diseases	255	48.4
4	All Other Unintentional Injuries	181	48.2
5	Cerebrovascular Disease	191	36.2
6	Pneumonia and Influenza	116	23.6
7	Alzheimer's Disease	96	18.2
8	Suicide	60	17.7
9	Unintentional Motor Vehicle Injuries	57	16.6
10	Nephritis, Nephrotic Syndrome, & Nephrosis	80	15.8
11	Diabetes Mellitus	65	13.8
12	Chronis Liver Disease and Cirrhosis	55	14.3
13	Septicemia	48	10.0
14	Homicide	11	N/A
	All Causes	**3,821**	**795.9**

Source: NC Center for Health Statistics

Haywood County ranks 44 of 100 NC counties for health outcomes and length of life. This ranking system considers both health factors and health outcomes. See the latest County Health Rankings details at **countyhealthrankings.org/app/north-carolina/2018/rankings/haywood/county/outcomes/overall/snapshot**

In Haywood County, the 2015-2017 overall life expectancy at birth is 77.4; for women, it is 79.9; and for men, it is 74.9. *NC Center for Health Statistics, 2019*

Health Status and Behaviors

When asked to characterize their overall health, 20.1% of Haywood County residents characterized it as "fair" or "poor." *WNCHN – WNC Healthy Impact Community Health Survey, 2018.* This is a higher percentage of residents reporting a "fair" or "poor" health status than was reported across the region, in NC, or in the US, which may relate to the higher share of adults over 65 in Haywood County as compared with the region or state.

Another overall aspect of health relates to being able to perform daily activities without limitation. More than a quarter (26.7%) of Haywood County residents reported being limited in their activities due to a physical, mental or emotional problem. The top two limitations were back or neck problems and mental health or depression. *WNCHN – WNC Healthy Impact Community Health Survey, 2018*
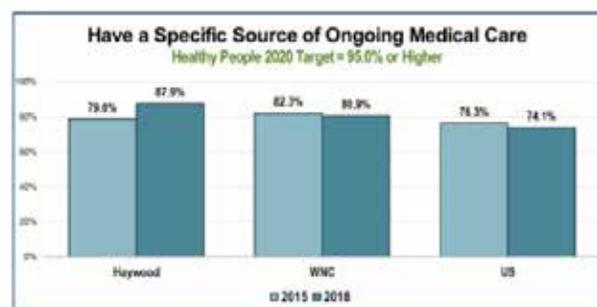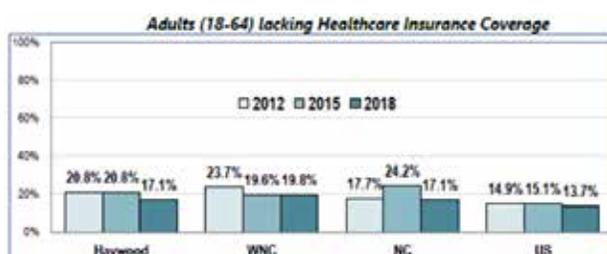

Chronic disease rates, including heart disease, diabetes and obesity, and the health behaviors that impact them, including healthy diets and physical activity, are of great concern in Haywood County. The impact of mental health concerns and substance use on our county residents were also of high interest.

Regarding infectious disease, the most common sexually transmitted infection in Haywood County is chlamydia. The rate of new chlamydia infection in Haywood County has steadily increased to 141.2 in 2017 to 227.6 per 100,000 people. *NC DHHS, 2018*
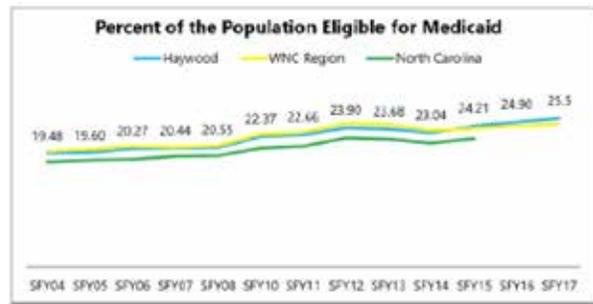
Clinical Care & Access

Access to insurance coverage in Haywood County is not universal. Among adults ages 18-64, 17.1% still report lacking health insurance coverage. *WNCHN – WNC Healthy Impact Community Health Survey, 2018*

Independent of health insurance coverage status, approximately 12% of residents reported not having a specific source of ongoing medical care. *WNCHN – WNC Healthy Impact Community Health Survey, 2018*. The arrival of the Federally Qualified Health Center Blue Ridge Community Health Services in 2016 and expansion in 2018 has undoubtedly contributed to increased medical care access for residents, with or without insurance coverage.
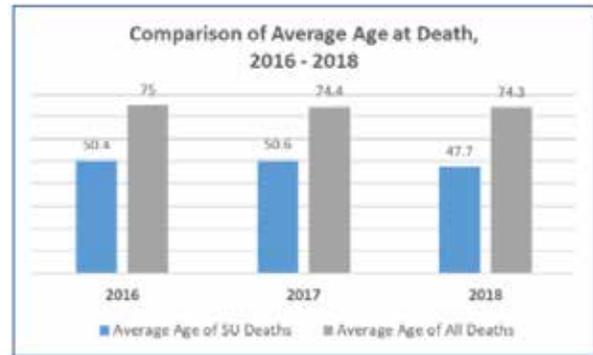
In Haywood County, 25.5% of the population was eligible for Medicaid in Fiscal Year 2017, a steady increase from FY 2004. *NC DHHS, 2018.* North Carolina did not choose to expand Medicaid after the adoption of the Affordable Care Act in 2010, but there are efforts to do so now, which will increase the share of the population eligible for and served by Medicaid.

Percent of the Population Eligible for Medicaid

At Risk Populations

Haywood County death certificates show that adults in Haywood County whose deaths were related to substance use (SU) died at much younger ages than the general public. *HHSA, 2019*

Physical Environment

Comparison of Average Age at Death, 2016 - 2018

The physical environment – comprising the places where we live, learn, work, and play - is important to the health of our community. Put another way: "Our zip code can be more important than our genetic code." *Center for Disease Control & Prevention, 2018*

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…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*

Haywood County is unique in that all water originates in the county. County residents enjoy fishing and utilizing the waterways, including the Pigeon River and Richland Creek. Sixty-six percent of county residents are served by community water systems, which is well above the WNC regional average. *US Environmental Protection Agency, 2018.* Community water systems help ensure adequate water treatment and safety.
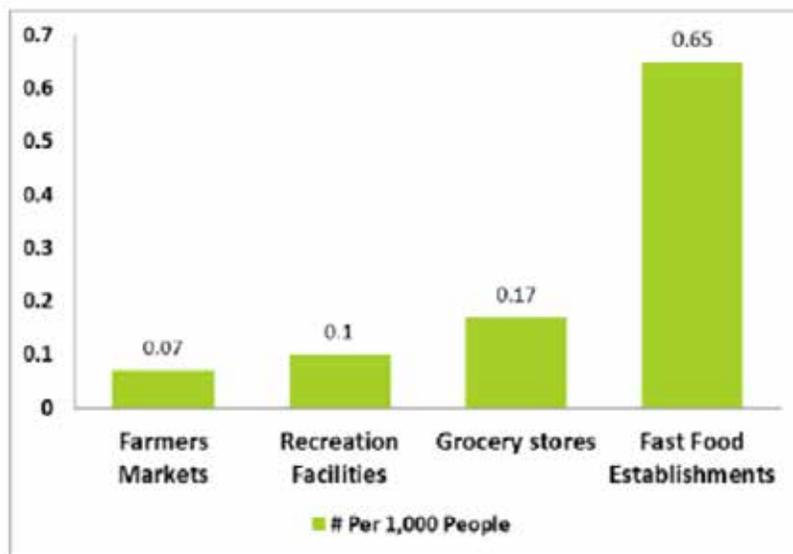
As for air quality, secondhand smoke is a noticeable health concern: 18.2% of employed survey respondents reported breathing smoke at work. *WNCHN – WNC Healthy Impact Community Health Survey, 2018*

The Environmental Protection Agency measures air quality and toxic releases nationwide. In 2017, Haywood County's air quality index was available for 359 days; forty-five days were considered unhealthy or unhealthy for sensitive groups and another 93 were deemed moderate. Haywood County ranked ninth of 85 counties in the state reporting for total toxic releases. Compounds of greatest release in Haywood County included methanol, manganese compounds, sulfuric acid, ammonia, hydrogen sulfide, hydrochloric acid, barium compounds, hydrogen fluoride, cresol, vanadium compounds, zinc compounds, and formaldehyde. *Environmental Protection Agency, 2017*

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*

The USDA Food Environment Atlas measures access and proximity to healthy foods and places. Below is a comparison of Haywood County residents' access to farmer's markets, recreation facilities, grocery stores and fast food establishments. *USDA, 2015.* The ready access to fast food compared with farmer's markets, recreation facilities, or grocery stores points to a potential imbalance in the Haywood County environment that makes healthy choices more difficult.

Graph created with data from USDA Food Environment Atlas, 2015

Identification of
Health Priorities

Process

Every three years, we pause our usual work, step back and take a fresh look at current data reflecting the health of our community. We use this information to help us assess our work and the actions we need to take moving forward. Beginning in August 2018, our team spent time understanding the data and uncovering what issues were affecting the most people in our community. We interviewed community leaders to find out what they were most concerned about. To identify the significant health issues in our community, our key partners (see a full list in the Executive Summary) reviewed and discussed data, facts and circumstances of our community.

We used the following criteria to identify significant health issues:

- Data reflects a concerning trend related to size or severity;
- Significant disparities exist;
- Issue surfaced as a high community concern;
- Haywood County data deviates notably from the region, state or benchmark

Once our team made sense of the data, we presented key health issues to Healthy Haywood and community members. This health prioritization process is an opportunity for community stakeholders, such as the hospital, HHSA, representatives of other government agencies, non-profit organizations, and business groups to agree on which health issues and results we can all contribute to – thereby increasing the likelihood that we'll make a difference in people's lives.

Identified Issues

During the above process, Healthy Haywood members reviewed many pieces of data. HHSA staff structured the following health issues comprised of multiple indicators of concern:

- **Chronic Disease Prevention:** Chronic conditions affecting higher rates of Haywood County residents, including heart disease, diabetes and obesity;
- **Elder Health:** Given the high and growing proportion of residents over 65, a focus on relevant elder health concerns including falls, dementia/Alzheimer and chronic disease rates;
- **Mental Health:** Focusing on addressing Adverse Childhood Experiences (ACES) and the impact of mental health concerns on substance use and suicide prevention;
- **Nutrition & Physical Activity:** Healthy eating and physical activity behaviors and interventions that impact chronic disease outcomes;
- **Perinatal & Early Child Health:** A focus on a healthy pregnancy and early childhood health outcomes which, if addressed, can impact the entire lifespan;
- **Social Determinants of Health:** An intentional recognition of the importance of access to health resources, income, education, housing and other determinants on health outcomes;
- **Substance Use:** A focus on the use and misuse of drugs, alcohol and tobacco, related health outcomes, and prevention efforts.

Prioritization of Health Needs

Process and Prioritization Criteria

On November 2nd and November 7th, 2018, the CHNA leadership and Health Council met to create the health priorities. The group used the criteria below to prioritize the health needs.

Relevant	How important is this issue? (Urgency to solve the 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 (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)

Photos from HHSA staff: CHA Prioritization meeting participants; Modified Hanlon sticky note voting
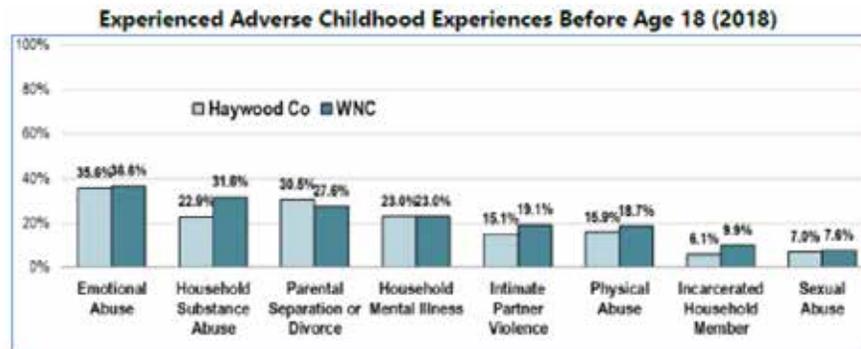
Identified Priorities

Participants used a modified Hanlon method to rate the priorities using the criteria listed above. Then dot-voting and multi-voting techniques were used to narrow to the top 2 priority health issues. The following priorities were identified:

1. **Mental Health & Substance Use:** Merging mental health and substance use was widely proposed as they are interrelated, have similar roots, involve similar stakeholders, and may require similar strategies.

2. **Perinatal & Early Child Health:** The community acknowledged the potential for lifelong improvement by appropriate action at this time in the lifespan, and an opportunity to build on current efforts.

3. **Chronic Disease Prevention:** Chronic disease prevention was merged with nutrition and physical activity to allow room for varied strategies rooted in preventing chronic disease.
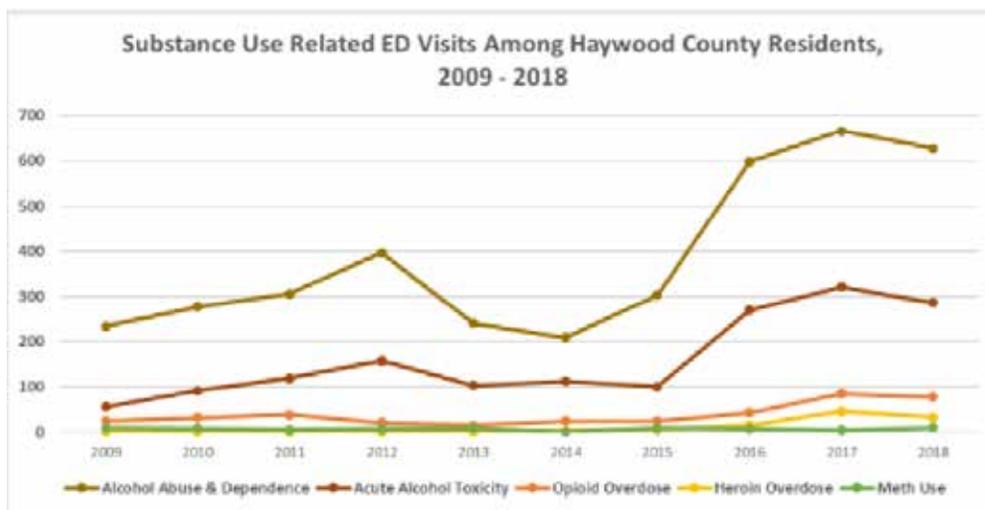
Priority Issue #1 – Mental Health & Substance Use

Mental health was identified as a top priority in the 2015 CHA. For the first time, this year's survey addressed Adverse Childhood Experiences; suicide in Haywood County is also a concern. Substance use, including tobacco, alcohol and drugs, was another top priority noted in 2015. Mental health and substance use remain issues of concern, action, and discussion in Haywood County and surfaced throughout the data collection process. There is still much work to do, and participants in the process recommended addressing the issues together.

Health Indicators

Experienced Adverse Childhood Experiences Before Age 18 (2018)

Surveyed adults reported experiencing the above ACES prior to age 18. More than 35% of Haywood County adults reported experiencing emotional abuse in childhood, and more than 30% experienced parental separation or divorce. Ten percent of respondents experienced four or more of the ACES above. *WNCHN – WNC Healthy Impact Community Health Survey, 2018*. Experiencing ACES disrupts numerous systems in the body and brain, increasing the risks of substance use, serious behavioral and mental health conditions, chronic diseases and lower life expectancy. *Center for Youth Wellness, 2019.* Addressing trauma and building resilient skills can mitigate these risks and improve health.

Substance Use Related ED Visits Among Haywood County Residents, 2009 - 2018

The negative impact of substance use on the lives of Haywood County residents is startlingly common: 38% of surveyed residents said their lives have been negatively affected by substance use, whether their own or someone else's. *WNCHN – WNC Healthy Impact Community Health Survey, 2018*

What's Helping?	What's Hurting?
• Community partnerships/task forces	• Lack of priority/focus in school
• Increasing trauma-informed treatment, training in resilient skill-building	• Lack of community awareness/resources
• Suicide: schools are doing their best; increasing awareness of deaths of despair	• Difficult to break the cycle
• Law enforcement leadership, combined with government and healthcare leadership, to tackle the issue as a whole; collaboration	• Suicide: stigma to address, lack of youth awareness
• Widespread community focus on Substance Use Disorders (SUD), treatment options available; community focus on recovery.	• Limited resources for prevention and rehabilitation and long term care
• Prevention education in schools	• Stigma and apathy, lack of participation from community and faith leaders.
	• Lack of adequate housing, jobs; poor mental health

Substance use data is most readily captured in NC by Emergency Department (ED) data. From 2009 through 2018, ED visits relating to substance use reflect increasing numbers of non-fatal opioid and heroin overdoses with a peak in 2017 of 86 and 48, respectively. Alcohol remains the most misused substance in Haywood County, as measured by dependence and by toxicity, shown below. *NC DETECT, 2019*

Community Input

Below are some themes cited in the Key Informant Survey, online survey and listening sessions about what is helping and hurting regarding mental health and substance use.

What Else Do We Know?

Mental health: More than 17% of Haywood County adults report that they experienced more than 7 days of poor mental health in the past month and more than 9% of adults did not receive mental health treatment when they needed it. *WNCHN – WNC Healthy Impact Community Health Survey, 2018*

Tobacco Use: In 2018, 17.6% of adults reported smoking cigarettes and 7.6% using smokeless tobacco, both slight declines from 2015. The use of e-cigarettes (5.6%) is increasing among adults and youth, though only national data is available for the latter. *WNCHN – WNC Healthy Impact Community Health Survey, 2018*. Lower respiratory diseases like Chronic Obstructive Pulmonary Disease (COPD) are the third highest cause of death in Haywood County. *NC Center for Health Statistics, 2018*

Deaths of Despair: Haywood County HHSA tracks suicides and substance use related deaths as part of its vital record-keeping. There were 9 suicides in 2016; 20 in 2017 and 16 in 2018. Substance use deaths, due to either alcohol or drug toxicity, rose from 22 in 2016 to 28 in 2017 to 31 in 2018. *HHSA, 2019*

Bottom Line: The direct links between trauma in childhood and substance abuse, mental health and behavioral issues, risky behaviors, and chronic health problems is well established and intergenerational. The consequences of not doing more can also be tracked in terms of indirect and direct costs of treating and dealing with illegal drug use, alcohol use, serious mental health issues, and tobacco use as compared with primary prevention and promoting resilience. Prevention, treatment, and recovery must all be addressed to make progress; and all substances, whether legal or illegal, deserve our attention.

What is Already Happening?

Available Mental/Behavioral Health Services
Outpatient providers include Meridian Behavioral Health, Appalachian Community Services, Blue Ridge Community Health Services, and private providers; Vaya Health is the MCO; in-patient Behavioral Health Unit and Senior/Geriatric Psychiatric Units at HRMC; in-patient unit and 24-hour Behavioral Health Urgent Care at Balsam Center; Haywood Pediatrics ACES screenings and onsite Licensed Clinical Social Worker; office-based substance use treatment at Appalachian Community Services; Behavioral Health Group, Blue Ridge Community Health Services, Hazelwood Family Practice, Join Groups, Haywood Women's Medical Center, Meridian Behavioral Health, Mission Community Primary Care Haywood, and Mountain Medical Associates.

Community-based Mental Health Promotion
National Alliance for Mental Illness (NAMI) advocacy and support groups; resilience-focused programming at Mountain Projects/Head Start, Region A Partnership for Children, Pigeon Center; Resilience and mental health first aid training, awareness, film screenings; infant mental health work at CDSA; REACH Safe Dates program; In Schools: additional staff hired for crisis intervention; Students Against Violence Everywhere (SAVE) Clubs; Meridian PP federal grant; increasing school counselors/social workers recommended; Bridges Academy.

Drugs: Prevention, Awareness/Campaigns, Harm Reduction, Enforcement, Recovery Supports
Drugs in Our Midst prevention education; Substance Use Prevention Alliance group; Law enforcement carries Naloxone, supports post-overdose outreach; Law Enforcement Assisted Diversion (LEAD); Pathways grant supporting peer support specialists in Detention Center; HHSA grant for post-overdose outreach; Lock Your Meds and Naloxone distribution campaigns; frequent media attention by local newspapers The Mountaineer and Smoky Mountain News; NC Harm Reduction Coalition-hosted Syringe Exchange, post-overdose outreach; Church of Jesus Christ of Latter Day Saints Addiction Recovery Program; Recovery Support Groups & Meetings at two area churches and Waynesville Triangle Club.

Tobacco & Alcohol Prevention/Cessation

Tobacco-free ordinances in Waynesville and Haywood County; tobacco prevention supported by MountainWise; Drugs in Our Midst prevention education; smoking cessation grant for pregnant and postpartum women at HHSA; Mountain Projects Tobacco Merchant Education, Alcohol Merchant Education, and Responsible Alcohol Servers & Sellers Trainings.

What Change Do We Want to See?

Our collaborative strategic planning process will further define our ideal results, strategies to reach them, and data to track. But we know we would like to create a more resilient Haywood County: a community with less trauma, fewer serious mental health concerns and reduced substance use, and residents that are better able to cope with the effects of the trauma, mental health and substance use that is present.

A few of the key indicators we will be tracking include the number of opioid and heroin overdoses and the number of alcohol-, mental health- and suicide-related ED visits, all of which are available through NC Detect. We will focus on data in certain key populations, including substance use among pregnant women and exposure to newborns and suicide-related concerns among youth. We will also pay close attention to the number of trainings or educational opportunities related to responding to trauma as we work to strengthen our collective resilience.
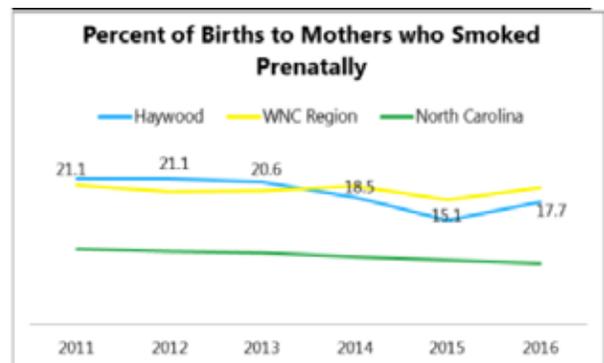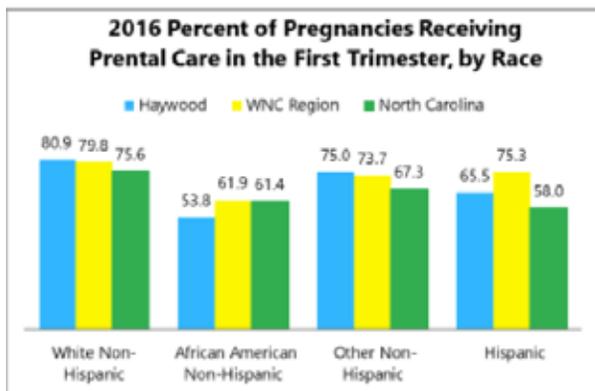
Priority Issue #2 – Perinatal & Early Child Health

Perinatal and early child health is a new health priority for Haywood County. Concerns over the high childhood and under-five poverty rates, low levels of prenatal care, high rates of prenatal smoking, and perinatal substance use and exposure raised the profile of this issue. It was recognized throughout our collaborative process that the potential impact in this period could be great and lasting, and that there was a need to strengthen the collective impact of current, disparate efforts.

Health Indicators

Overall, 20.5% of pregnancies in Haywood County did not receive prenatal care in the first trimester. More than 45% of pregnancies among African American and almost 35% of pregnancies among Hispanic women did not receive prenatal care in the first trimester. *NC Center for Health Statistics, 2017*

In Haywood County, 17.7% of babies born had mothers who smoked prenatally. *NC Center for Health Statistics, 2017*. This is roughly the same proportion of all residents that smoke in Haywood County.
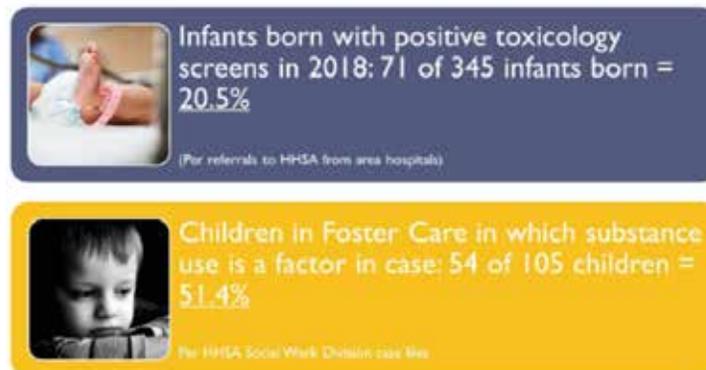
Community Input

Below are some themes cited in the Key Informant Survey about what is helping and hurting regarding perinatal and early child health.

What's Helping?	What's Hurting?
• *Perinatal collaborative*	• *Lack of funding, expense of care*
• *Breastfeeding program*	• *Lack of parental involvement, inadequate support for parents*
• *Better infant/child care education*	• *Lack of awareness, education, getting community buy-in*
• *Public health and community programs doing a pretty good job, but coordination could improve efforts*	• *Extremely low pay for child care professionals*

What Else Do We Know?

The effect of substance use in pregnancy: Prenatal smoking and substance use are both linked to low birth weight and pre-term birth, which are on the increase. 9.6% of births in Haywood County are low birth weight and 11.5% of births are pre-term. *NC Center for Health Statistics, 2018*

Infants born with positive toxicology screens in 2018: 71 of 345 infants born = 20.5%

(Per referrals to HHSA from area hospitals)

Children in Foster Care in which substance use is a factor in case: 54 of 105 children = 51.4%

Per HHSA Social Work Division case files

Bottom Line: The costs for caring for infants born premature, low birth weight, or substance exposed (neonatal abstinence syndrome) at birth and as the child develops are unclear but are much higher than investing in preventing them. A lack of a unified focus or collaboration in Haywood County will perpetuate loss of momentum; a Birth to Five Initiative begun in 2016 has dropped off. We have a perfectly time opportunity to capitalize on the recently launched framework of the North Carolina Early Childhood Action Plan, which emphasizes themes of children being healthy, safe and nurtured and learning and ready to succeed. *NC DHHS, 2019*

What is Already Happening?

Existing government services and resources: Pregnancy Care Management (OBCM), Women Infant Children Program (WIC), Care Coordination for Children (CC4C) and Family Planning Programs at HHSA; Nurse Family Partnership; Infant Toddler Program through Child Development Services Alliance (up to age three); Exceptional Children's Program in Haywood County Schools (ages 3-5); Guardian Ad Litem program.

Community based services for women: HRMC (Women's Services office and hotline, childbirth classes), prenatal providers (Haywood Women's, Blue Ridge, MAHEC); medication-assisted treatment (MAT) available for pregnant women; Perinatal Substance Use/Exposure Collaborative with participation from medical and behavioral health providers, care managers, social workers; WNC Perinatal Oral Health Collaborative; Cherish Every Moment Pregnancy Hotline; REACH domestic violence shelter and programming.

Community based services for families and children: Southwest Child Development Commission funds and oversees child development centers; Ending Area Child Homelessness

(EACH), Haywood Pathways shelter; Haywood Pediatrics Parenting and Breastfeeding Classes; Every Student Succeed Act (ESSA); Parents as Teachers; program; Head Start Programs & Child Care Centers; Haywood Community College fund for students with children; Kids Advocacy Resource Effort (KARE) victim's advocacy and parenting programs.

What Change Do We Want to See?

Our collaborative strategic planning process will further define our ideal results, strategies to reach them, and data to track. But we know we would like to support families and mothers in having healthy babies and children, accessing the care they need, and reaching their full potential.
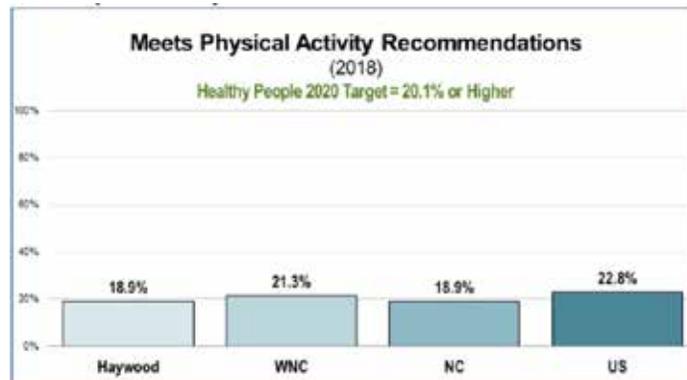
A few of the key indicators we will pay special attention to include the ongoing referrals of substance-exposed newborns by hospitals to HHSA, the rates of women receiving prenatal care in the first trimester and throughout their pregnancy; and prenatal smoking rates. As a new priority, this health issue will require further development and definition.

Priority Issue #3 – Chronic Disease Prevention

Nutrition & Physical Activity were selected in 2015 as a top health priority, and the importance of an active lifestyle and healthy eating on health was recognized again in 2018. Haywood County has not turned the curve on meeting physical activity and nutrition and nutrition guidelines. Key related chronic disease outcomes were also recognized: diabetes is the most prevalent chronic disease in Haywood County; heart disease is the top cause of death; and obesity prevalence continues to rise. During the collaborative process, our community opted to rename this priority Chronic Disease Prevention, to emphasize the ultimate outcome and allow space for clinical strategies as well as those focused on healthy eating and physical activity.
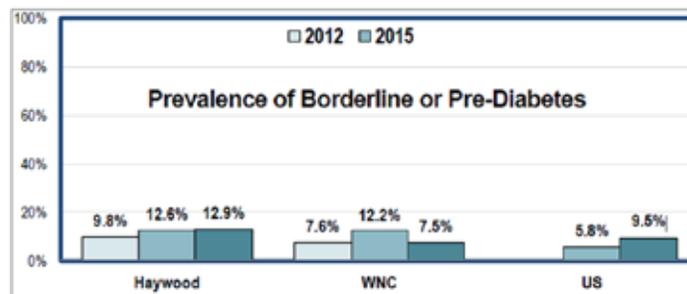
Physical Activity: Only 18.9% of Haywood County adults met the recommended amount of physical activity (150 minutes/week) in the prior month. *WNCHN – WNC Healthy Impact Community Health Survey, 2018*

Diabetes

12.9% of surveyed adults reported having pre-diabetes or borderline diabetes (WNCHN – WNC Healthy Impact Community Health Survey, 2018). This self-reported measure is increasing.

Community Input

What's Helping?	What's Hurting?
• Abundant Recreational/outdoor opportunities • Increased awareness and education • Worksite wellness programs • Resources for nutrition/food security • More access to care and services from doctors, workplace wellness and prevention programs • Earlier identification and treatment of risk factors	• Built environment (fast food, driving) • Generational obesity • Time, lack of knowledge about how to buy, prepare, budget for healthy food • Lifestyle: Lack of physical activity or nutrition, not understanding the consequences • High cost of medication and supplies • No coordinated action

Obesity

32.5% of adults are obese, an increase from 27.9% in 2015; when combining overweight and obesity, the proportion climbs to 64.5% of Haywood County adults. *WNCHN – WNC Healthy Impact Community Health Survey, 2018.* Childhood overweight is 14.2% and childhood obesity is 15.7%. *Eat Smart Move More NC*

Nutrition/Food Security

<4% of the adult population got the recommended five fruits/vegetables per day. Less than a quarter (23%) of the adult population in Haywood County is food insecure. *WNCHN – WNC Healthy Impact Community Health Survey, 2018*

Chronic Disease

2% of Haywood County adults reported having heart disease, including a previous heart attack, angina, or coronary disease. High blood pressure (44% of adults in Haywood County); High blood cholesterol (~35% of adults in Haywood County); more than 16% of Haywood County adults had been told they had diabetes *WNCHN – WNC Healthy Impact Community Health Survey, 2018*; all are important risk factors for heart disease.

Bottom Line

Treating and managing chronic diseases are some of the costliest conditions, and direct medical costs and indirect costs continue to increase. As an example, heart disease costs the US $555 billion and is projected to rise to $1 trillion by 2035. *American Heart Association, 2017*. Diabetes costs in 2017 were $327 billion (CDC, 2018). Major morbidities and complications result from diabetes, heart disease and stroke, and they are preventable diseases. Unhealthy diet and inadequate physical activity are major modifiable risk factors for most chronic diseases and encouraging and enabling a healthy diet and active lifestyle will improve health and quality of life across the county.

What is Already Happening?

A key regional public health partner, MountainWise "works with the eight westernmost counties of NC to provide opportunities for physical activity, access to local fresh fruits and vegetables, provide support for tobacco-free places and access to services for chronic-disease management" (MountainWise, 2019).

Opportunities for Physical activity

Recreation facilities, fitness centers, private gyms, sports leagues, senior games; Greenway, playgrounds, walking, hiking and biking trails; Active Routes to School programs; Girls on the Run; "Locker Room" nonprofit program to make sports equipment available to low-income families; Girl/Boy Scouts.

Nutrition/Food Security Programs

WIC, SNAP/FNS, Meals on Wheels, Haywood Gleaners, MANNA, Haywood Christian Ministry, School Nutrition (including summer meals), food pantries, soup kitchen, community garden at Grace; Publix partnership w/ Haywood Pathways; Double-Up Food Bucks; Cooperative Extension Nutrition Programs; Backpack nutrition programs (Rotary, churches, MANNA); Farmers Markets (accept SNAP); BRH nutrition services.

Chronic Disease Prevention

Worksite Wellness Programs, Haywood Workwise Council (linking employers that offer worksite wellness); New Appalachian Regional Commission MountainWise worksite wellness grant for manufacturing facilities Haywood Vocational Opportunities, Evergreen Packaging, and others; Diabetes Prevention Programs (HHSA, Senior Resource Center); Diabetes Management at HRMC; Individual medical providers; hospital-based cardiology programs, trained staff for blood pressure management at HHSA/Senior Center.

What Change Do We Want to See?

Our collaborative strategic planning process will further define our ideal results, strategies to reach them, and data to track. However, we know we want to continue to promote an Active, well-nourished and healthy weight community in Haywood County to prevent chronic disease.

Some of the indicators we will track include physical activity levels (physical inactivity available annually through County Health Rankings), adherence to a healthy diet, and data related to pre-diabetes levels.

2016 Implementation Plan Impact

Haywood Regional Medical Center adopted an implementation plan in 2016.

For More Information and to Get Involved

For more information about Haywood County, please visit **HaywoodCountyNC.gov.** For more information about community health improvement, to get involved in Healthy Haywood, or to request a copy of the Community Health Assessment or other data, please visit www.healthyhaywood.com or contact **lauren.wood@haywoodcountync.gov.**

Appendices

Appendix A – Data Collection Methods & Limitations

Secondary Data from Regional Care

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. 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.

Gaps in Available Information

One gap noted by the Substance Use Prevention Alliance (SUPA) group was the lack of data regarding youth health behavior and substance use data, as Haywood County Schools does not participate in a youth health survey. A lack of representative survey data about youth in Haywood County is a major gap.

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.).

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.

Appendix B – 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. In the last year, did you need dental care but did not get it?

2. If yes: What was the reason you did not get needed dental care?

3. What is your perceived level of stress on a typical day? [Extremely stressful to not at all stressful]

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 Haywood County Sample

Size: The total regional sample size was 3,265 individuals age 18 and older, with 200 from our 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 +6.9%.
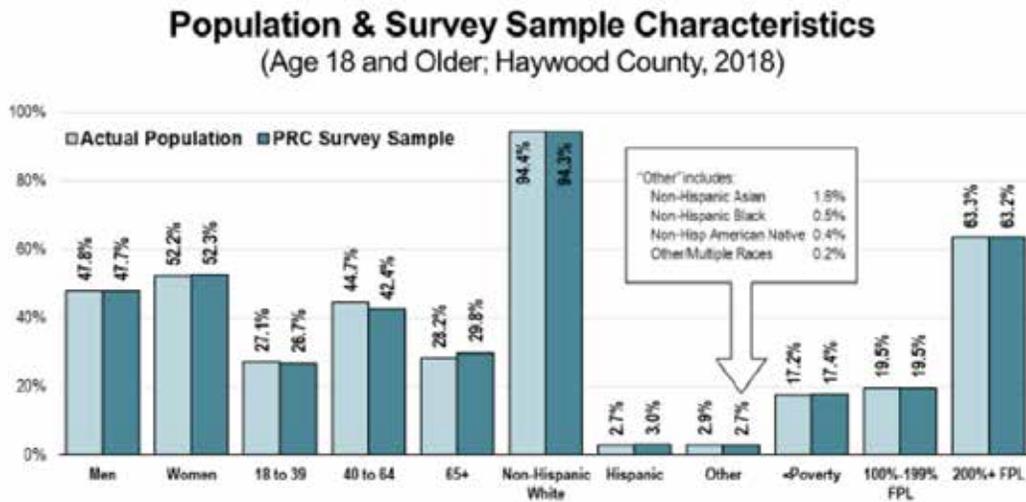
Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence

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% ± 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% ± 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.

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

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

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish) are not represented in the survey data. Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Appendix C – Online Key Informant Surveys (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, 21 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	31	16
Other Health Provider	5	3
Physician	1	1
Public Health Representative	4	3
Social Service Provider	1	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.

Local Survey Data or Listening Sessions

Additional data collected and reviewed in Haywood County included:

- General Online community health survey – taken by 153 respondents
- Focus group (Canton Senior Center)
- NC DETECT Data: Obtained emergency department statistics from 2009 – 2018 for opioid overdoses, heroin overdoses, methamphetamine use, alcohol toxicity, alcohol dependence and underage alcohol use
- School data – NC Department of Public Instruction reportable crimes
- DSS data – foster care statistics, newborns with substance exposure cases

Appendix D - Community Assets and Resources

Process

In late 2018 and early 2019, the CHA team reviewed a comprehensive download of Haywood County resources from United Way of North Carolina's resource web- and phone-based database 2-1-1. Upon contacting each agency to verify services and information, HHSA staff noted and reported back to 2-1-1 any changes and gaps. The goal is that this community tool (2-1-1) continues to serve as the updated resource list accessible via phone and online 24/7. In addition, the prioritization process involved a detailed consideration and discussion of health resources relating to the top priorities. The resource list is available on the Healthy Haywood website here.

Findings

Through the data review and community prioritization process, 2-1-1 review, and from a regional perspective, it is clear that Haywood County is fortunate to possess varied health resources. There is decidedly an uneven distribution of resources accessible among county residents, and a need to better promote the services available. Below is some feedback from key informant interviews about what is contributing and what is inhibiting progress on this issue. *WNC Health Network Key Informant Survey, 2018*

Highlights of Available Resources

Hospital System and affiliated providers	The county is home to Haywood Regional Medical Center (HRMC), which offers orthopedics, spine services, cardiology, general surgery, women's care, emergency medicine, behavioral health, and 11 multi-specialty physician clinics. The campus in Clyde is home to the 54,000 square foot Haywood Regional Health & Fitness Center, and the 44,000 square foot Outpatient Care Center. HRMC also operates two urgent care centers, in Hazelwood and Canton (HRMC, 2019).
Primary Care and other health providers:	The county has numerous primary care and specialty physicians. Blue Ridge Community Health Services, a Federally Qualified Health Center, expanded to Haywood County in 2016 and offers primary care, OB/GYN, and behavioral health services. Haywood County Health & Human Services Agency offers clinical public health and dental services.
Behavioral Health	Vaya Health is the local LME/MCO. Meridian Behavioral Health Services, Appalachian Community Services and Blue Ridge Community Health Services provide community outpatient services and treatment; there are also private providers.
Recreation	There are Town of Waynesville & Canton recreation facilities and town and County sports programs/leagues; hospital-based fitness center and private gyms; Waynesville Greenway; school, church and public playgrounds, Lake Junaluska walking trails; Active Routes to School walking/biking programs; Girls on the Run; "Locker Room" nonprofit making sports equipment available to low-income families; Girl/Boy Scouts; ready access to hiking trails.
Food Security/Nutrition	Through HHSA: WIC, SNAP/FNS, Meals on Wheels; Haywood Gleaners; MANNA Food Bank serves, Haywood Christian Ministries and other food pantries; School Nutrition services; Open Door and Canton Community Kitchen; Community garden at Grace Church; Publix partnership with Haywood Pathways; Cooperative Extension Programs; Backpack nutrition programs (through Rotary, churches, schools, MANNA); Farmers Markets that accept SNAP and will soon offer Double Up Food Bucks.

Resource Gaps

Some noted gaps in the 2-1-1 information relate primarily to new resources available in Haywood County, such as Blue Ridge Community Health Services (its services expanded in 2018); NAMI, which returned to the area in 2018; and a new substance use treatment facility, Groups Recover Together, that opened in late 2018. Support groups like Alcoholics Anonymous and Narcotics Anonymous aren't shown on 211, though there are many, including groups held at the Grace Church in the Mountains, Waynesville First United Methodist Church, and Waynesville Triangle Club. 2-1-1 doesn't capture some of the more informal food security resources, such as backpack programs. These gaps have been reported to 2-1-1.

Most resource gaps in Haywood County relate to social determinants of health. Public transportation is available but limited (unavailable on weekends) and requires an appointment. Housing affordability and adequacy are recognized as key barriers to health in Haywood County, as is affordable childcare. Like many rural and mountainous counties, Haywood County lacks sidewalks and bike lanes. A greenway exists with a dedicated planning group, but there is much room for development; currently, funding is needed for a feasibility study and eventual construction. Even in areas with sidewalks, there is a lack of continuity and accessibility (not very accommodating to strollers and wheelchairs). Many service providers provide a variety of resources, but often operate on limited budgets or are stretched thin due to providing coverage to the multiple counties. Finally, as long as the insurance coverage gap remains, some health services will be unattainable to many.

www.NC211.org