
MOUNT ROGERS HEALTH DISTRICT

SMYTH
COUNTY
COMMUNITY
HEALTH
ASSESSMENT

2018

Photo by Roy Burke

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EXECUTIVE SUMMARY

Smyth County stakeholders gathered in January 2018 to begin the community health assessment (CHA) process. This process included several meetings of the CHA team for assessment, prioritization, and implementation planning, a focus group meeting, and community surveys. The CHA team identified substance abuse, childhood obesity, mental health, and child abuse as top priorities for the county. Community feedback echoed several of these priorities and also identified unemployment/jobs, the cost of healthcare, activities for youth, teen pregnancy, and infrastructure improvements to increase physical activity. Top priorities highlighted by both groups were substance abuse, mental health, and child abuse.



Purpose and Background

In January 2018, the Smyth County Community Hospital convened a group of stakeholders to complete a community health assessment for the county. This group included Mount Rogers Health District - Virginia Department of Health (MRHD), Mount Rogers Community Services Board (CSB), Smyth County Department of Social Services (DSS), the Smyth County Foundation, Smyth County Schools, Emory & Henry College School of Health Sciences, Southwest Virginia Community Health Systems, the town of Marion, Marion Police Department, Smyth County Sheriff's Office, Ballad Health Strategic Planning, and Ballad Health Board of Directors.

The group met several times over the spring and summer to evaluate health data for the county and select priority areas for intervention. The four areas chosen were childhood obesity, mental health, child abuse, and substance abuse. The group continued to meet to create the community health improvement plan for Smyth County, and to provide oversight and community connection.



Photo by Roy Burke



Photo by Roy Burke

In February 2017, Mountain States Health Alliance and Wellmont Health Systems merged under a Certificate of Public Advantage (COPA) into Ballad Health System. Ballad's catchment area includes much of the MRHD coverage area, as well as regions in Tennessee. State authorities for Tennessee and Virginia selected priority health issues where Ballad must demonstrate improvement for the population's health, as part of the COPA agreement.

The four areas chosen by the CHA group were selected after reviewing secondary data sources, and through discussion about community needs and strengths. Not all of the areas selected are included in the Ballad Health COPA measures, but all were deemed important for Smyth County by the team.

After the priorities were selected, MRHD conducted a focus group meeting and distributed a community survey to gather input from residents of Smyth County. The survey was distributed at the Remote Area Medical Clinic, the health department, and Mountain Community Action Program, and shared with the Board of Supervisors. It was also available and publicized online and shared with all partner agencies. The local newspaper published a story about the assessment and priorities, which included a link to the online survey.

Secondary Data

Demographics

Smyth County has a population of 31,513 (American Community Survey, 2018). The median age is 44, with about 20% of the population over 65 years old, and about 20% of the population under 18 years old (American Community Survey, 2018). White residents make up 95.9% of the population, 2.2% of the population is black, and 1.4% is two or more races (American Community Survey, 2018). Almost 2% of the population is Hispanic or Latino (American Community Survey, 2018). Forty-six percent of Smyth County residents are paying more than 30% of their gross income for rent, with most of this group paying over 35% of their gross income for rent (American Community Survey, 2018). Median household income is \$38,906, and mean household income is \$52,043 (American Community Survey, 2018). Median earnings for male full-time, year-round workers is \$39,394, median earnings for female full-time, year-round workers is \$30,671 (American Community Survey, 2018). Fifteen percent of employed individuals do not have health insurance (American Community Survey, 2018). Among unemployed individuals seeking work, 50% do not have health insurance (American Community Survey, 2018).

Grandparents raising grandchildren is becoming an increasingly common occurrence. Of grandparents living in the same home as their grandchildren, 54% of the grandparents are responsible for their grandchildren, and 26% of this group have been caring for these grandchildren for over five years (American Community Survey, 2018).

Twenty-one percent of the total civilian noninstitutionalized population has a disability (American Community Survey, 2018). Forty-one percent of this group is over the age of 65 (American Community Survey, 2018).

Poverty

Eighteen percent of the total population of Smyth County is living below the poverty level (American Community Survey, 2018). Fourteen percent of all families are below the poverty level, and 38% of all families with children under age five are living in poverty (American Community Survey, 2018). Among single-mother households with children under the age of five, 65% are below the poverty level (American Community Survey, 2018).

Almost a quarter of Smyth County's children (24%) are living in poverty, compared to 14% for the state (County Health Rankings, 2018). Fifty-seven percent of Smyth County children are eligible for free or reduced-cost lunch, compared to 41% for Virginia (CHR, 2018). This number has increased since 2017 (CHR, 2018).

The median income for Smyth County is \$40,100, compared to \$68,100 for Virginia (CHR, 2018). While 70% of Virginia adults age 25-44 have some college education, only 56% of Smyth County residents have some college education (CHR, 2018). Depending on the source, the unemployment rate for Smyth County ranges from 5.8% to 7.3%, compared to 4% for Virginia (CHR, 2018; American Community Survey, 2018).

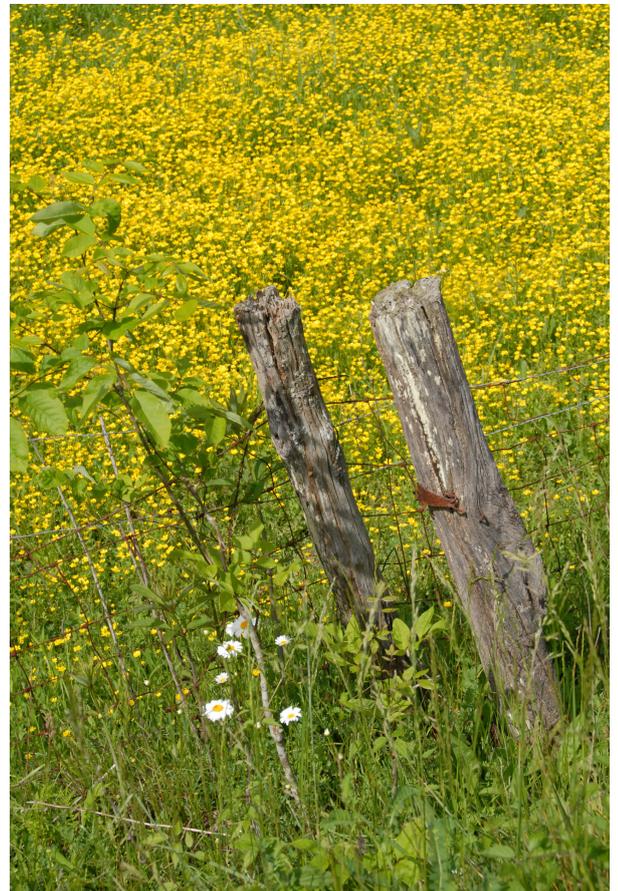
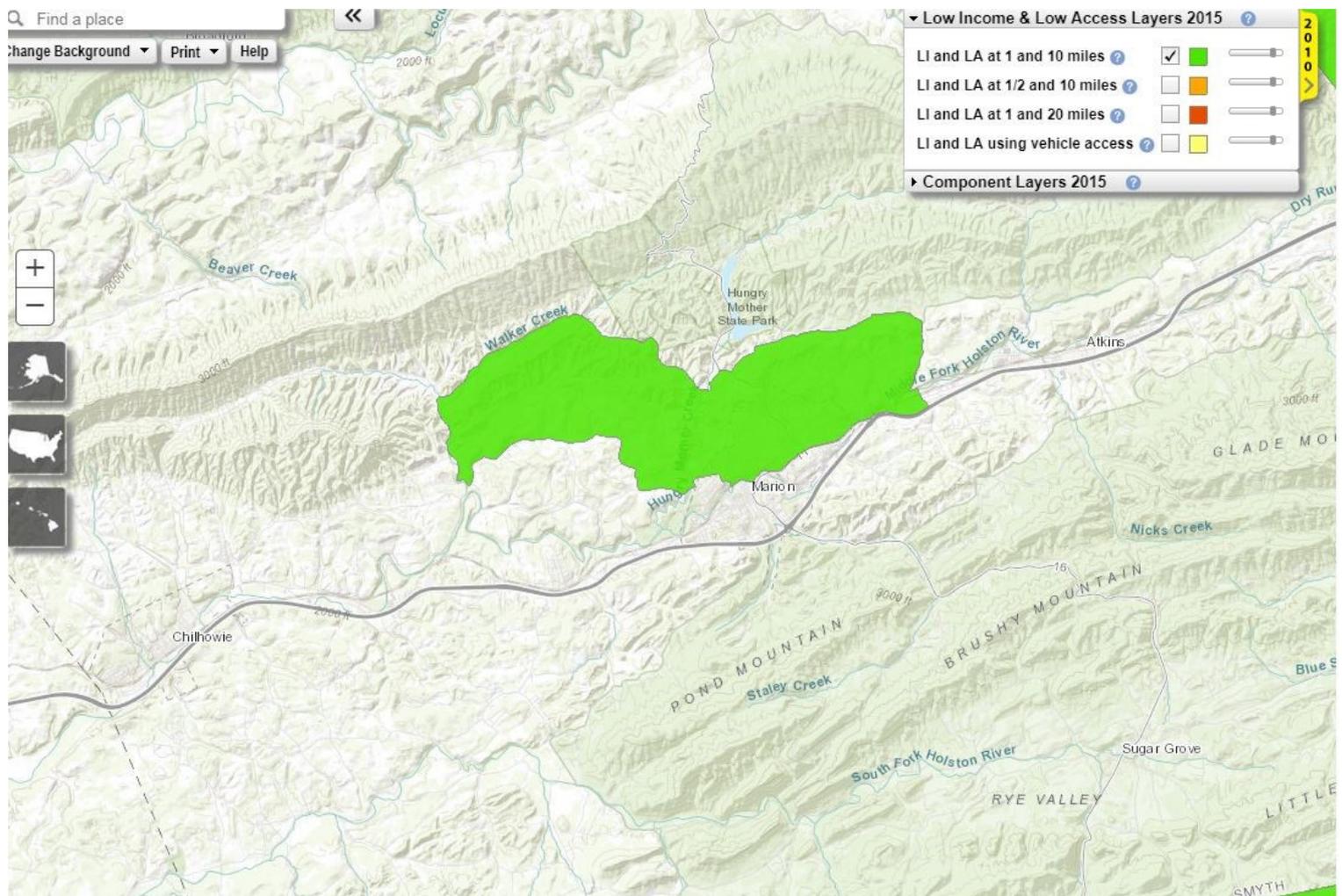


Photo by Roy Burke

Food Access

Thirteen percent of Smyth County's population is food insecure, but this has gone down since 2017 (CHR, 2018). Six percent of the population has limited access to healthy food, compared to 4% for Virginia, which is an increase from 2017 (CHR, 2018). A census tract near Marion is classified as a food desert, where 3,913 people live, and 2,032 of these people are low-income (USDA, 2015).

This food desert is defined as a census tract where there are a large share of low-income families and low food access (USDA, 2015). Low-access is defined here as at least 1/3 of the population that lives more than a mile from a supermarket in a urban area, and more than 20 miles from a supermarket in a rural area (USDA, 2015). There are supermarkets in Marion, but the tract is considered a food desert because it meets the above criteria.



Maternal Child Health

The infant mortality rate for Smyth County is 10 per 1,000 live births, compared to 5.9/1,000 for Virginia (VDH, 2018). The teen birth rate for Smyth County, at 49 births/1,000 females age 15-19, is more than double the rate for Virginia, 21/1,000, and more than triple the rate for top U.S. performers, 15/1,000 (CHR, 2018).

Premature Death

The life expectancy for Smyth County residents is the lowest in the eight localities of the Mount Rogers Health District. The life expectancy for men is 72.1 years, and 76.9 years for women (Robert Wood Johnson Foundation, 2018). Smyth County has 9,500 years of premature death, compared to 6,100 for Virginia (CHR, 2018). Several mortality rates are higher in Smyth County than for the rest of the state. These include injury (75/100,000 compared to 58), firearm (18/100,000 compared to 11), and cancer deaths (198.4/100,000, compared to 163.6) (CHR, 2018; CDC, 2015).

Healthcare

There were 80 preventable hospital stays per 1,000 Medicare recipients, compared to 43/1,000 for Virginia (CHR, 2018). The healthcare costs for Smyth County are \$10,274 per Medicare enrollee, the highest in the Mount Rogers Health District (CHR, 2018). This is in comparison to \$8,890 for Virginia (CHR, 2018).

There is a health and mental health care provider shortage in Smyth County (CHR, 2018). There are 1750 people to each 1 health care provider, compared to 1320:1 for Virginia, and 760 people to each mental health provider, compared to 680:1 for Virginia (CHR, 2018). The available mental health provider number seems to include providers at the state mental hospital, none of whom provide services to the general public. Therefore, the mental health provider shortage is likely more severe than indicated by the county health rankings.

Child Safety

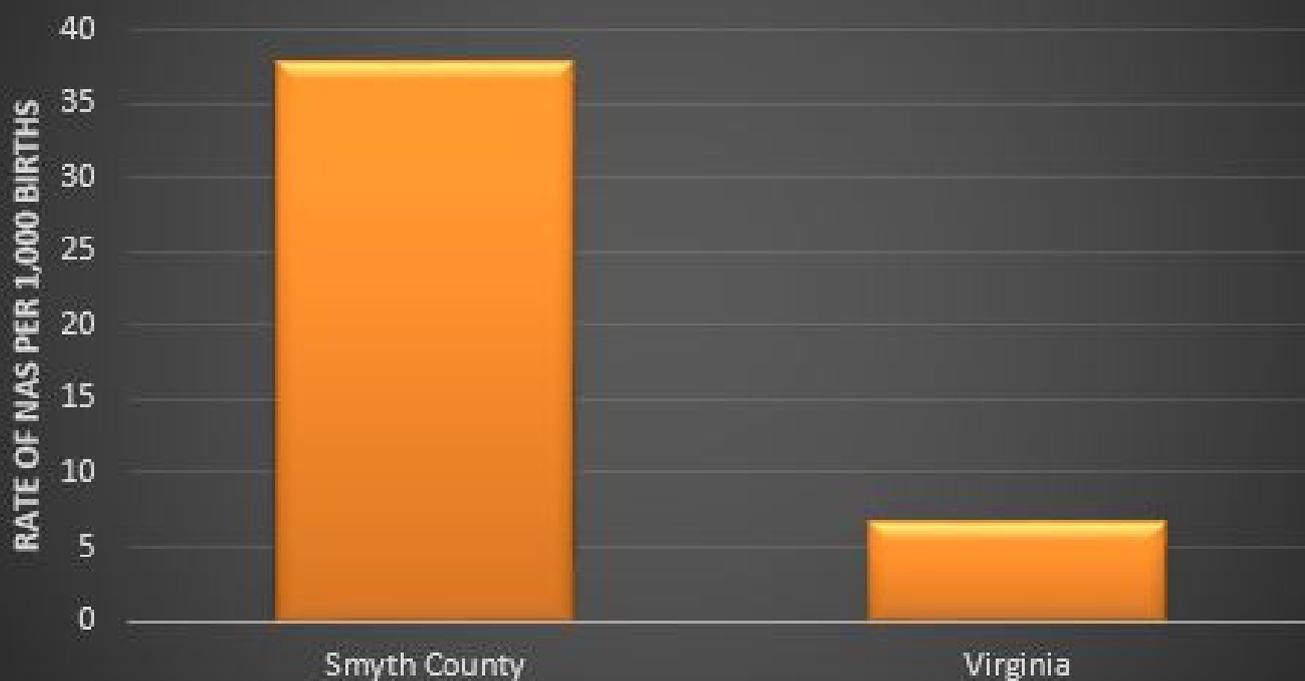
The rate of children entering foster care in Smyth County is 3.3/1,000 children, compared to 1.5/1,000 children for the state (Voices for Virginia's Children, 2018). For FY 2017, Smyth County received 1,286 reports of child abuse or neglect, and accepted 1,039 for further assessment or investigation (DSS, 2017). The majority of these were family assessments, which do not result in a determination of child abuse or neglect (DSS, 2017). Of the 383 investigations, 40% were founded, or determined that abuse or neglect occurred (DSS, 2017).

Substance Abuse

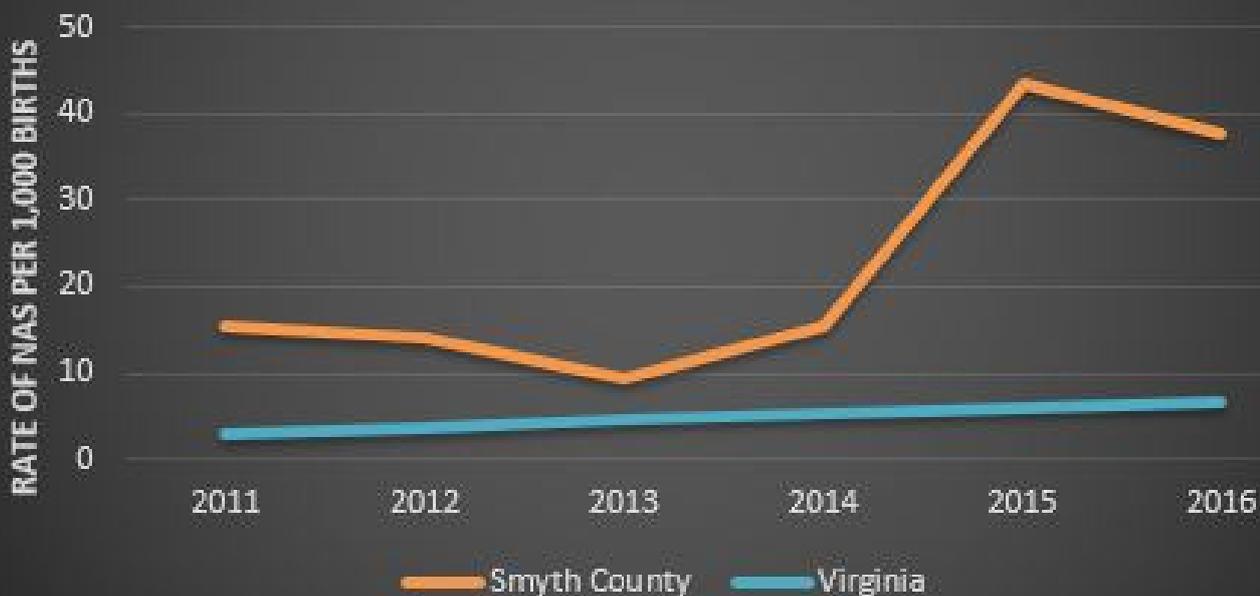
Substance abuse is a significant issue throughout Appalachia, particularly opioid abuse. Smyth County law enforcement also reports high levels of methamphetamine abuse. Committee members reported concern about the safety of first responders, as well as concerns that heroin use will increase in the future. Law enforcement reported that an increase in heroin use is typically seen after high rates of opioid abuse.

Neonatal abstinence syndrome (NAS) is the effects that result from a sudden stop of chronic, in utero exposure to a drug or drugs (Terplan & Minkoff, 2017). These effects include irritability, a high-pitched cry, poor sleep, and poor feeding. NAS frequently occurs within the context of multiple substance abuse (Brandt & Finnegan, 2017). NAS may result from use of tobacco, marijuana, and other legal or illegal drugs, but is well known as a consequence of opioid use during pregnancy (Brandt & Finnegan, 2017). In 2016, the most recent year for which data was available, the rate of NAS in Smyth County was 37.8/1,000 live births, compared to a state rate of 6.7/1,000 (VDH, 2018). This data was collected prior to when NAS became a reportable condition in Virginia in late 2017, so it is reasonable to expect that this rate of NAS births is under-reported, and will increase for subsequent years.

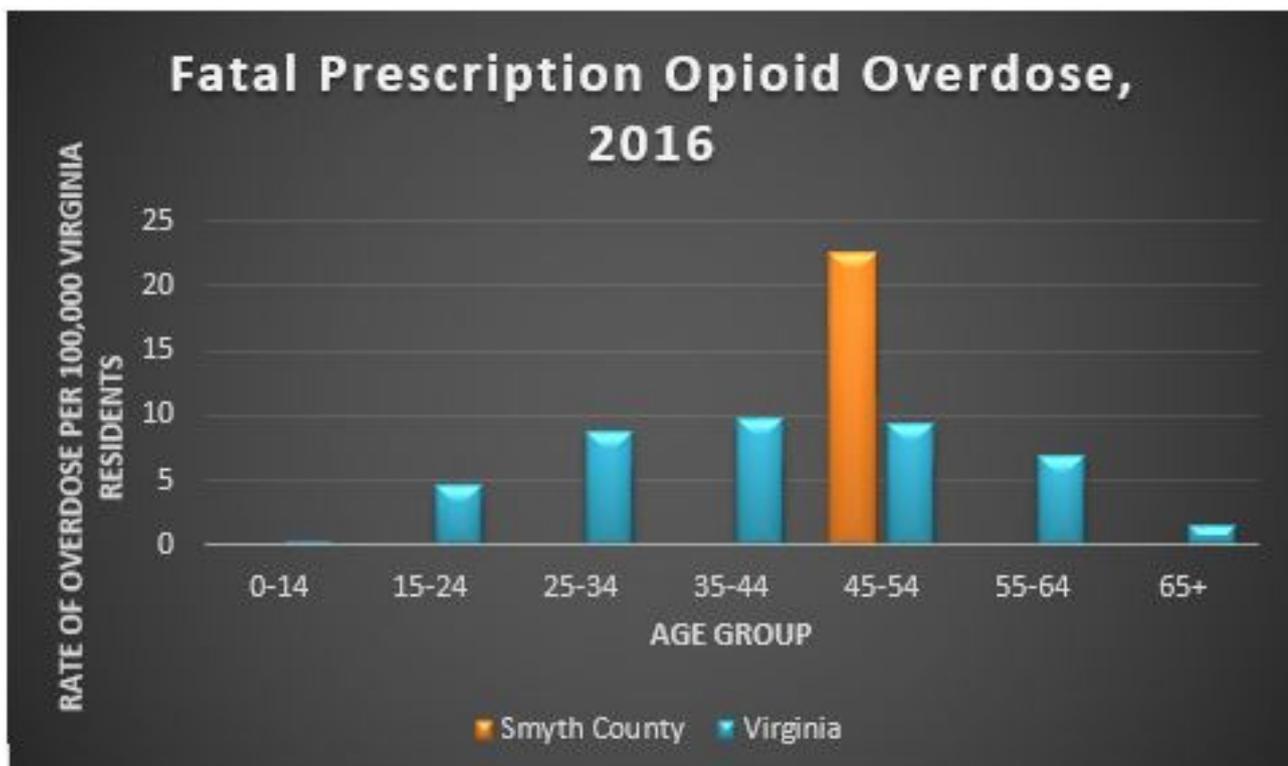
Neonatal Abstinence Syndrome, 2016



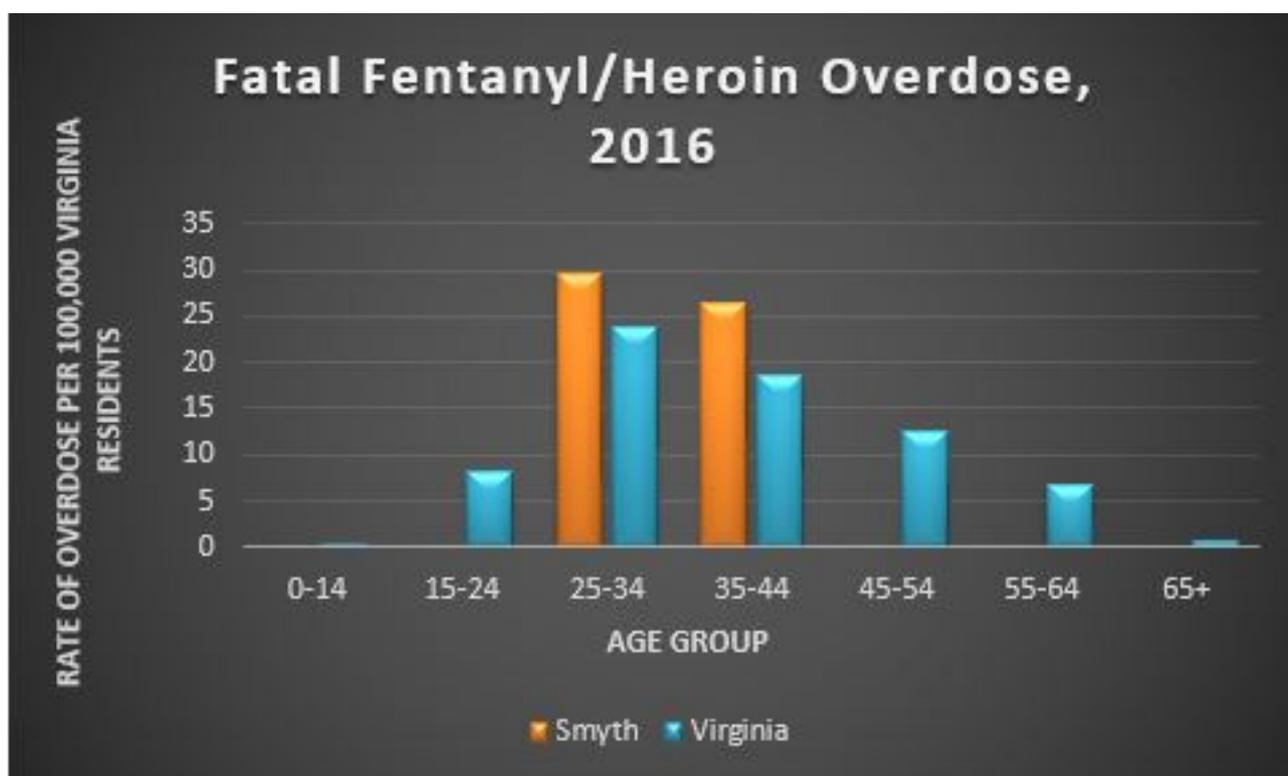
Neonatal Abstinence Syndrome, 2011-2016



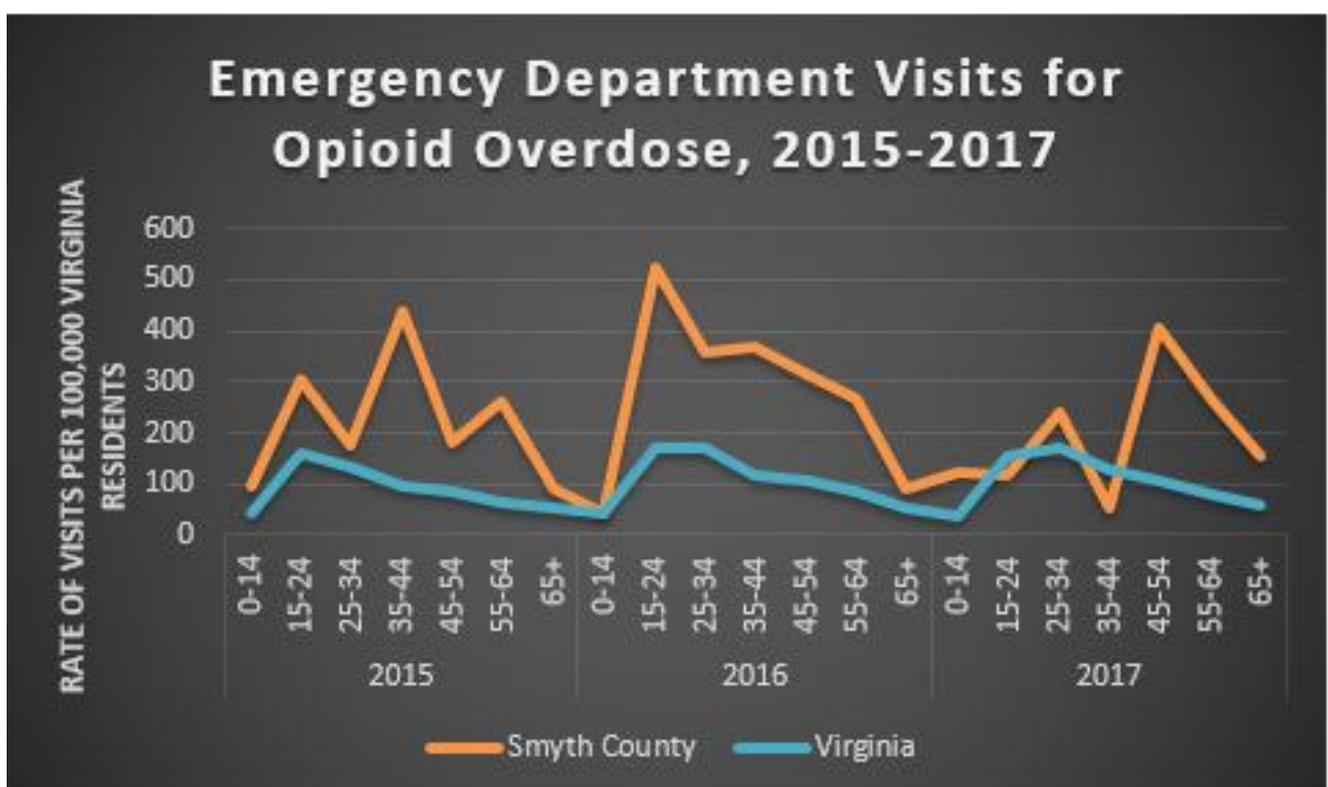
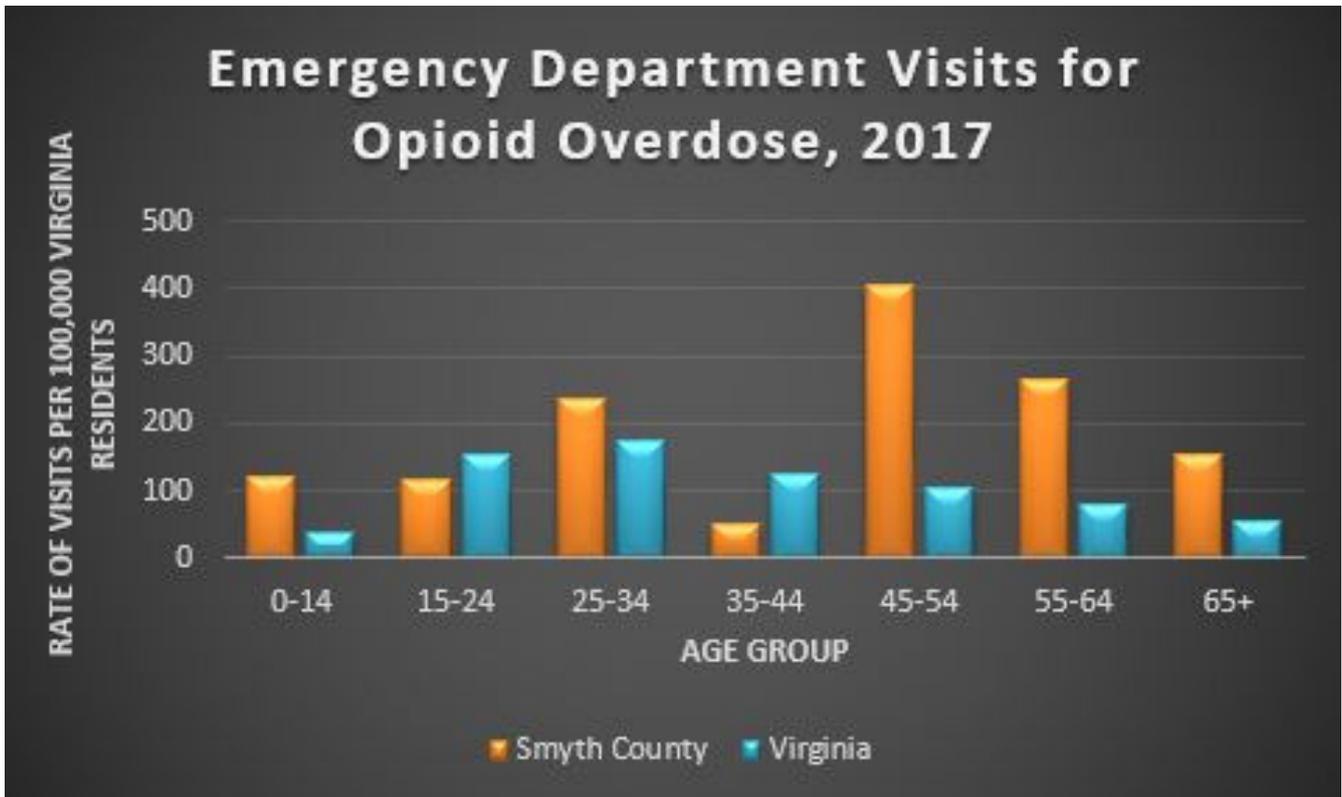
In Smyth County, the overdose death rate for prescription opioids is 3.2/100,000 residents for all ages, but 22.5 for people 45-54 (the only group with a rate above zero) (VDH, 2018). The rate for Virginia is 5.5/100,000 (VDH, 2018).



For fentanyl/heroin overdoses, the death rate is 6.4/100,000 for all ages, but 29.7 for ages 25-34 and 26.5/100,000 for ages 35-44, again, the only groups with rates above zero (VDH, 2018). The state rate is 9.5/100,000 (VDH, 2018). While the Smyth County rate for both categories may be lower overall than the Virginia rate, the rate in specific age groups is substantially higher.



The rate of emergency room visits for opioid overdose for Smyth County was 193.2/100,000 residents for all ages, almost double the state rate of 103.5/100,000 (VDH, 2018). For all age categories except one, Smyth County's rates are higher than the average, including rates more than double the state rate, and a rate of 405.1/100,000 for 45-54 year olds (VDH, 2018).



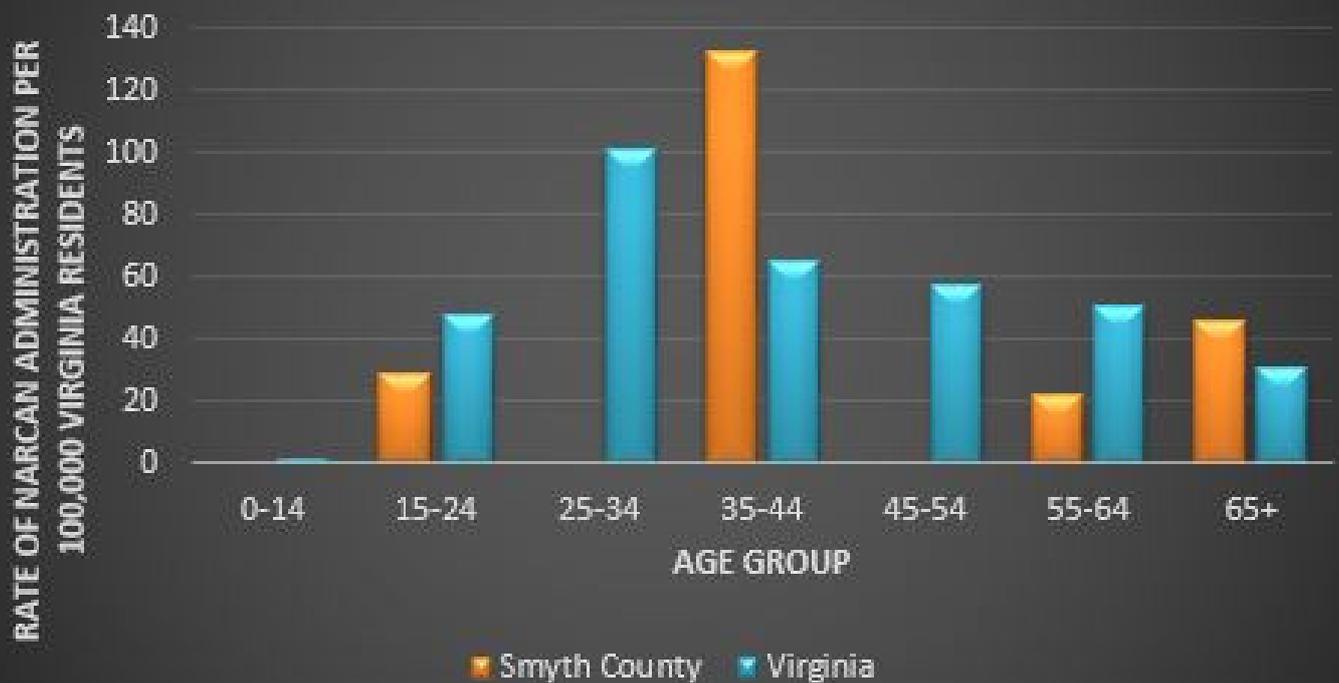
Narcan, the brand name of naloxone, is a medication that can be used to revive someone who has overdosed on opioids. REVIVE! is the Opioid Overdose and Naloxone Education program for the Commonwealth of Virginia (VDBHDS). REVIVE! provides training to community members and loved ones of people with substance use disorder, as well as professionals, stakeholders, and others, on how to recognize and respond to an opioid overdose emergency with the administration of naloxone (VDBHDS). REVIVE! is a collaborative effort led by the Virginia Department of Behavioral Health and Developmental Services (DBHDS) working alongside the Virginia Department of Health, the Virginia Department of Health Professions, recovery community organizations such as the McShin Foundation, OneCare of Southwest Virginia, the Substance Abuse and Addiction Recovery Alliance of Virginia (SAARA), and other stakeholders (VDBHDS). REVIVE! Training can be provided by health department employees, medical reserve corps volunteers, and any other professional or lay community members who have been trained to offer REVIVE! There is a standing order for naloxone at pharmacies in Virginia, signed by the Commissioner of the Department of Health (Oliver, 2018). This means that anyone can go to a pharmacy and request naloxone, without an additional prescription. If the person has not been previously trained in naloxone administration, pharmacy staff will provide the training at the time the naloxone is dispensed.

Smyth County has an overall Narcan administration rate of 32.2/100,000, below Virginia's rate of 48.3/100,000 (VDH, 2018). However, the rate for 35-44 year olds was 132.5/100,000, substantially higher than the rate for the state (VDH, 2018).

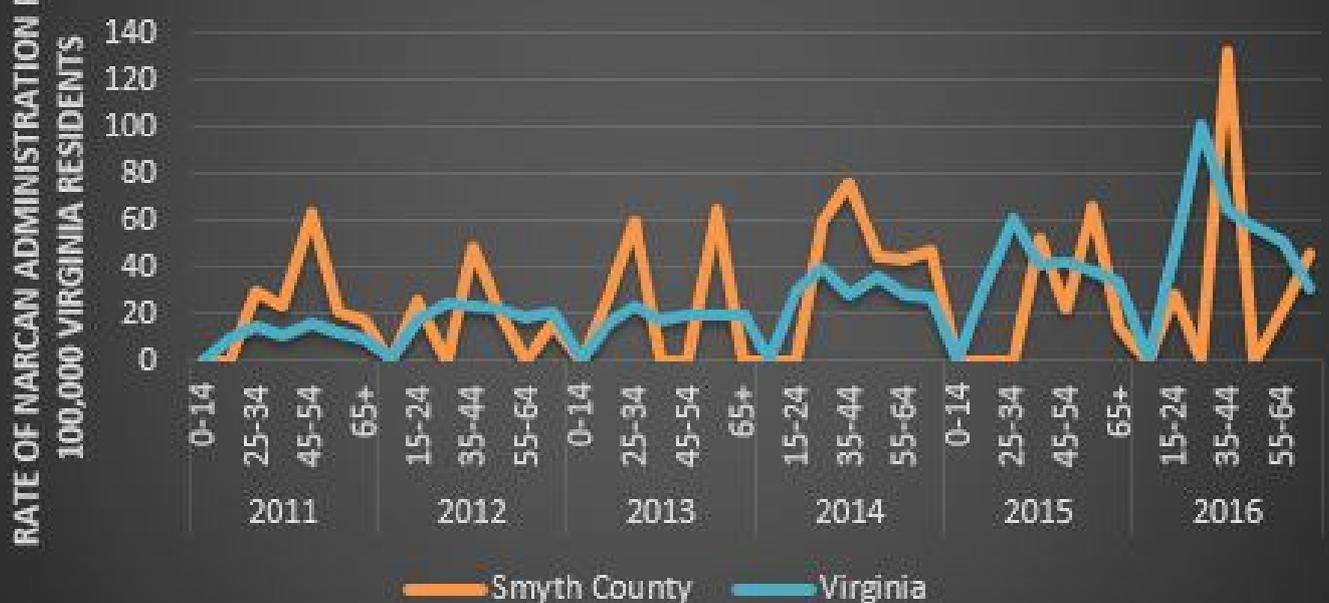


Photo by Roy Burke

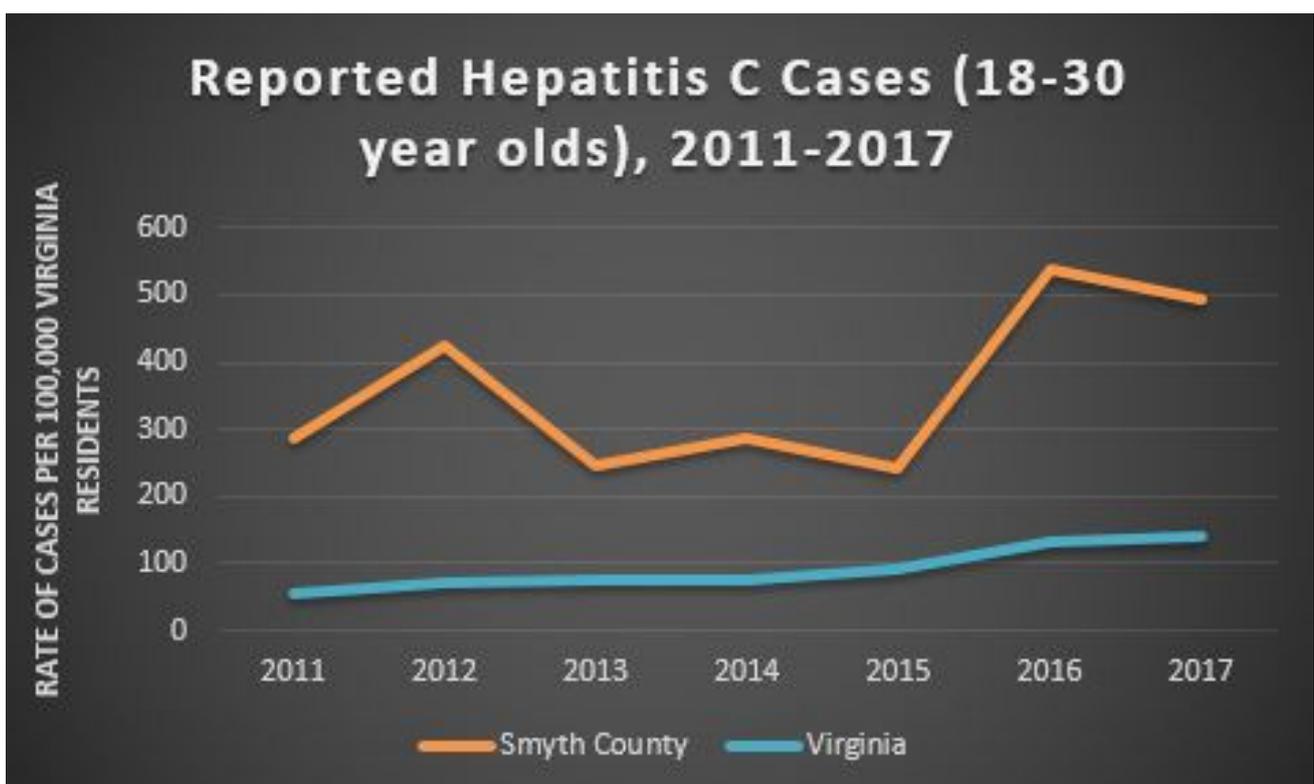
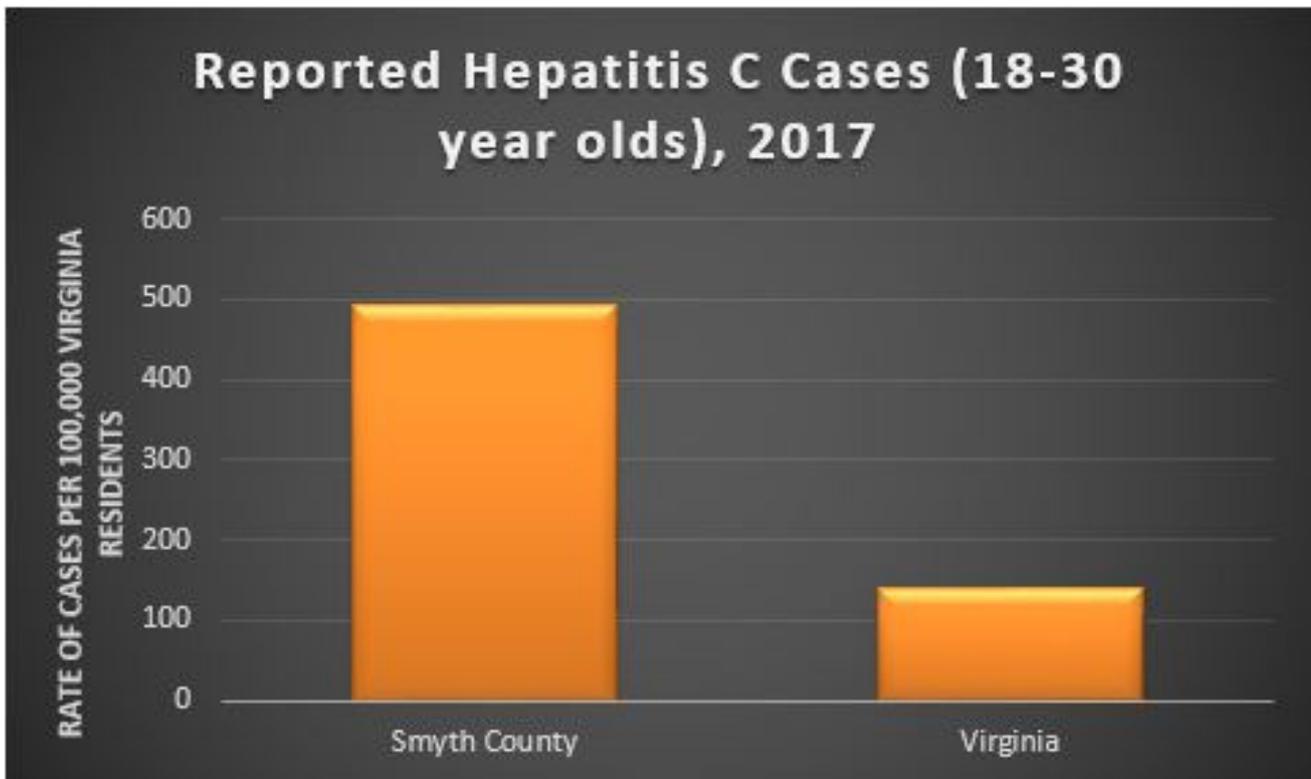
Narcan Administration by EMS, 2016



Narcan Administration by EMS, 2011-2016



Hepatitis C, a common co-occurrence with intravenous drug use, is a significant public health problem in Smyth County. In 2017, the reported cases of Hepatitis C among 18-30 year olds was at a rate of 493.1/100,000 Virginia residents, compared to the state rate of 140.9/100,000 (VDH, 2018). The rate of Hepatitis C cases among this age group has historically been substantially higher than the rate for Virginia (VDH, 2018).



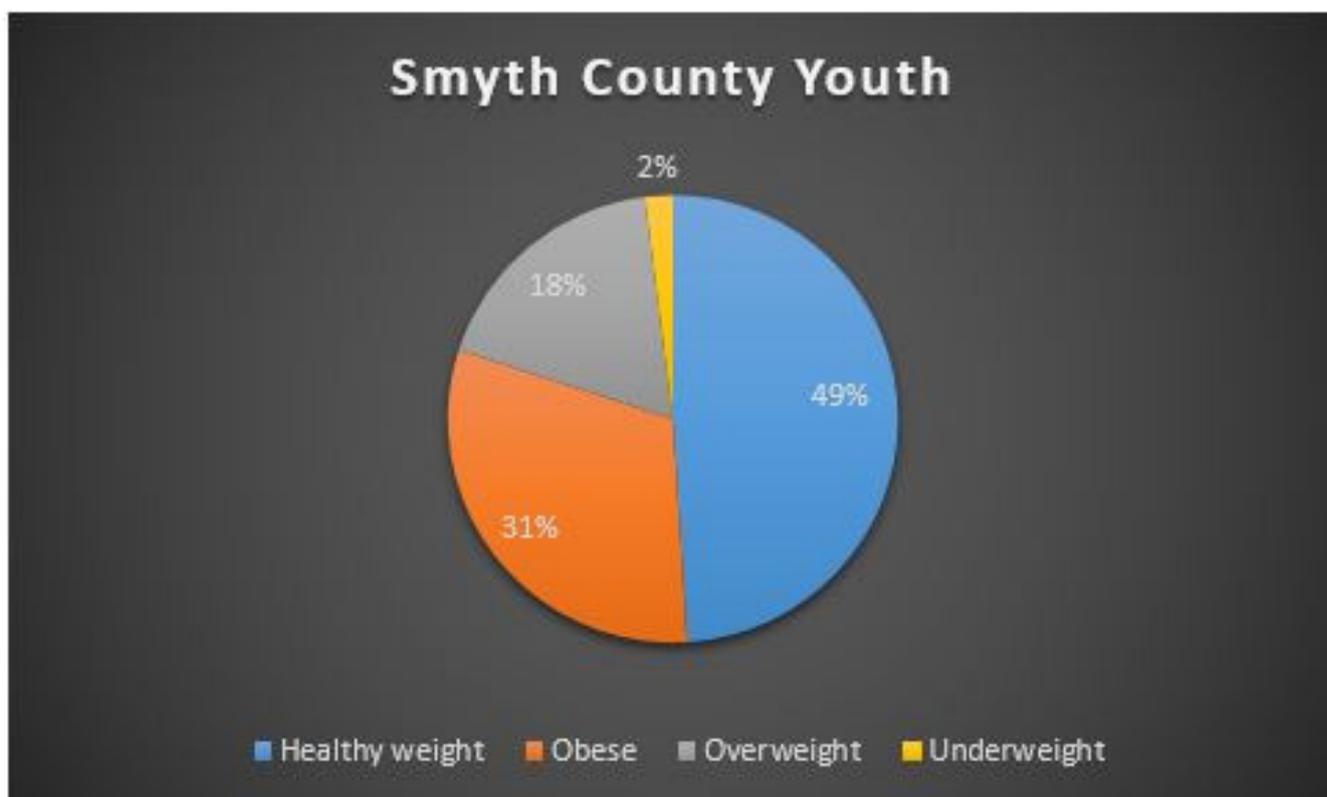
Smoking continues to be a health concern for Smyth County, where 19% of adults smoke compared to 15% for Virginia (CHR, 2018). While only 31% of motor vehicle crash deaths in Virginia had alcohol involvement, 50% of motor vehicle crash deaths in Smyth County had alcohol involvement, which is an increase from 2017 (CHR, 2018). Another increase is the drug overdose death rate from all drugs (CHR, 2018). From 2014-2016, the rate was 14 per 100,000 people, compared to 16/100,000 in 2018 (CHR, 2018).

Childhood Obesity

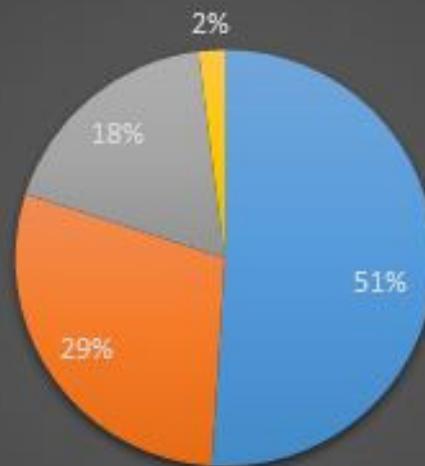
Childhood obesity is a problem throughout the country. Seventeen percent of youth in America are considered obese (CDC, 2017).

Smyth County's childhood obesity rates were calculated by using school data collected as part of regular health screenings. In Smyth

County, 31% of schoolchildren are obese. Only 9% of American preschool and kindergarten-aged children are obese, but this rate is 19% for Smyth County (CDC, 2017). For American middle and high school students, the rate of obesity is 21%, while it is 36% in Smyth County (CDC, 2017).

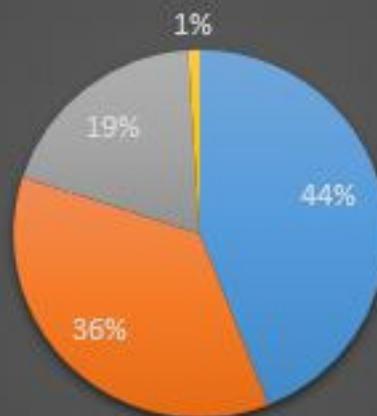


Smyth County Elementary Students



■ Healthy ■ Obese ■ Overweight ■ Underweight

Smyth County Middle and High School Students



■ Healthy ■ Obese ■ Overweight ■ Underweight

The data indicates that childhood obesity is a serious concern for the health of Smyth County. Adult obesity is also a problem in Smyth County, where 30% of the adult population is obese (CHR, 2018). A similar number of people, 28%, report no leisure-time physical activity (CHR, 2018).

Primary Data

Focus Group

A focus group was conducted to ascertain community feedback about the priorities selected by the CHA team. Group members affirmed the priorities, and participated in a discussion about the strengths and needs of Smyth County. Topics of concern that came up during the discussion were dental care access, transportation, poverty, childcare, teen pregnancy, the need to help un- and underemployed workers, and education.

Community Survey

Smyth County residents were asked to complete a community needs survey. Paper surveys were completed at the Smyth County Remote Area Medical (RAM) Clinic and at Mountain Community Action Program events. An electronic version of the survey was shared with all team members and their agencies, as well as publicized through social media and the local newspaper. One hundred seventeen residents completed a survey, and all five county zip codes were represented. Seventy-six percent of respondents were female, and 23% were male (not all respondents completed all fields). The racial makeup was 1% American Indian/Alaska Native, 1% Asian, 6% Black/African American, 84% Caucasian, and 1% prefer not to answer (respondents could choose more than one category).

Forty percent of respondents have a high school diploma, and 48% have some sort of higher education. Sixty-eight percent have an annual household income between \$10,000 and \$100,000. Over half of respondents are insured through an employer, and 33% of respondents are insured through Medicaid or Medicare. Seventeen percent of respondents do not have insurance.

Community members reported that their top five concerns impacting the community were drug use/abuse, unemployment, the cost of healthcare, mental health issues, and child abuse/neglect. These align closely with the priorities selected by the CHA team. Obesity was selected as the 11th most important issue by the community.



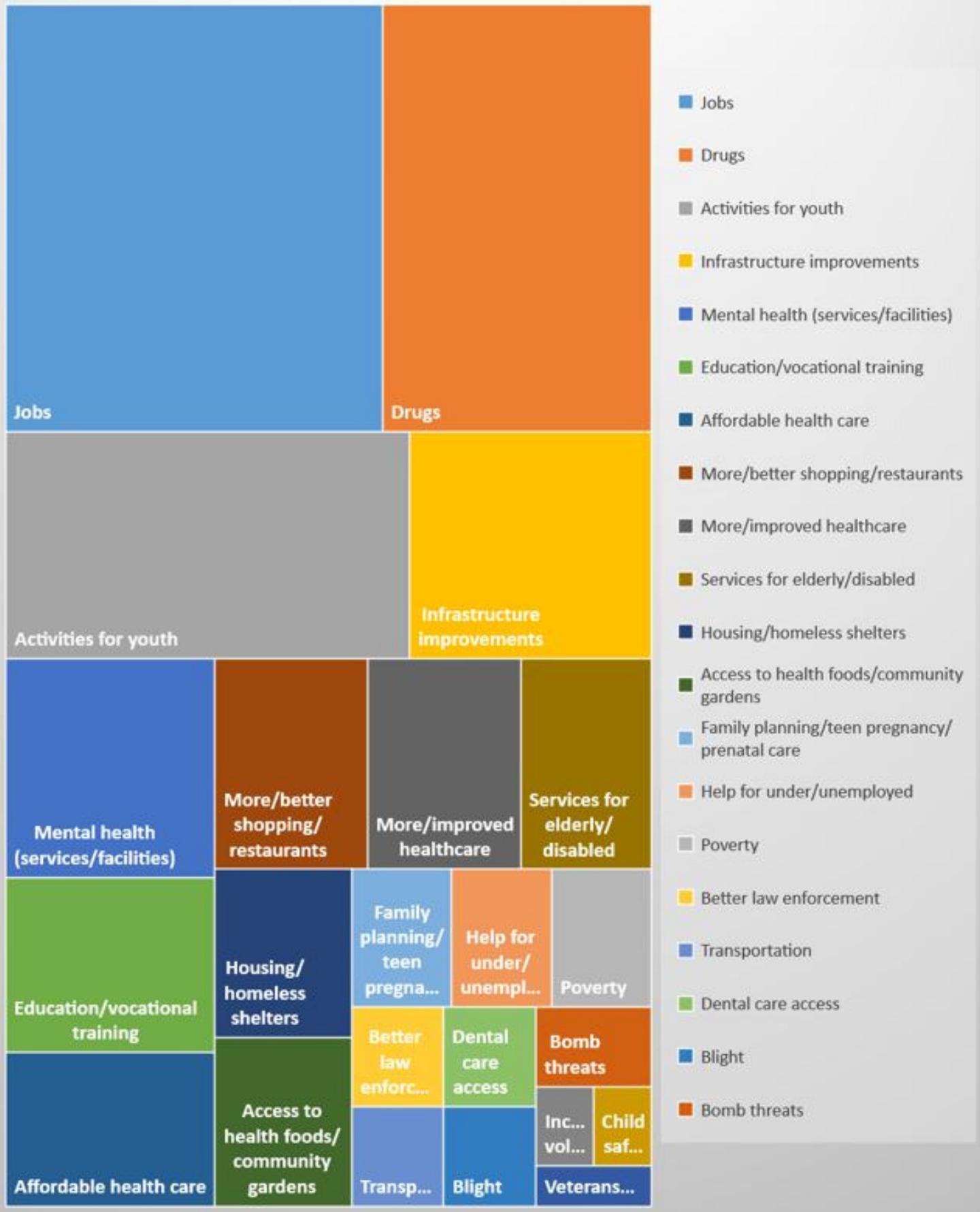
Photo by Travis Holt

Of the six people that reported thinking about suicide or self-harm within the last year, three had a mental health exam within the last year. Of the 43 people who reported having a chronic illness, 16 reported taking their prescribed medication despite not being able to afford to do so, and two reported not taking their medication because they could not afford it. Only about half of those with a chronic illness can afford their medication.

Of the people who disagreed/strongly disagreed with “I prefer to live in a home where indoor smoking is not allowed”, 82% are tobacco users. Fifty-one percent of all tobacco users agreed/strongly agreed that they preferred to live in a home without indoor smoking. While the County Health Rankings report that 19% of Smyth County residents smoke, 36% of survey respondents reported using tobacco products in the last month, almost double the amount reported by the CHR (CHR, 2018). Only half of applicable respondents have had a mammogram in the last year or a colonoscopy in the last 10 years.

Overall, respondents felt that the community supported both physical activity and healthy eating, but 35% say it is hard to access fresh fruits and vegetables.

"How Would You Improve Your Community?", Categories



Priorities and Conclusion

Overall, the priorities of the Smyth County residents, the Community Health Assessment team, and the secondary data of Smyth County health needs align to illustrate a community whose most pressing needs are substance abuse, childhood obesity, mental health, and child abuse, along with employment opportunities, cost of healthcare, teen pregnancy, activities for youth, and infrastructure improvements to increase physical activity.

The implementation plan created by the CHA team includes universal mental health screening across stakeholders, a trauma informed community, the Plan of Safe Care for families impacted by substance abuse, a treatment support group for pregnant women who use substances, health and nutrition programs in the school and community, increasing NA and AA meetings in the county, a rural opioid abuse grant, and accountable care communities. A complete implementation plan can be found in the corresponding Smyth County Community Health Improvement Plan (CHIP). The CHIP includes goals, objectives, and performance measures.



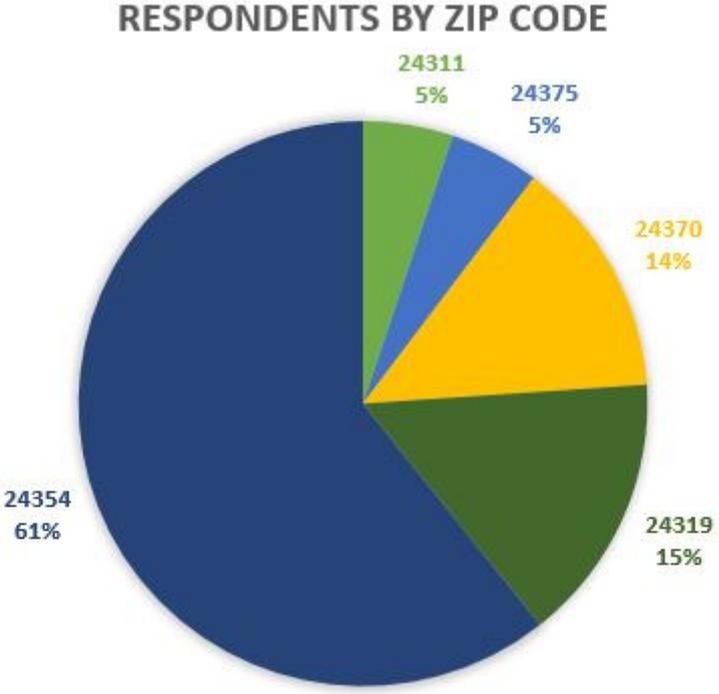
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18. Burke, Roy. All photographs taken by Roy Burke, unless otherwise noted. Property of Estate of Roy Burke, and gratefully used with permission of Estate of Roy Burke.

Appendix I: Complete Smyth County Community Survey Results

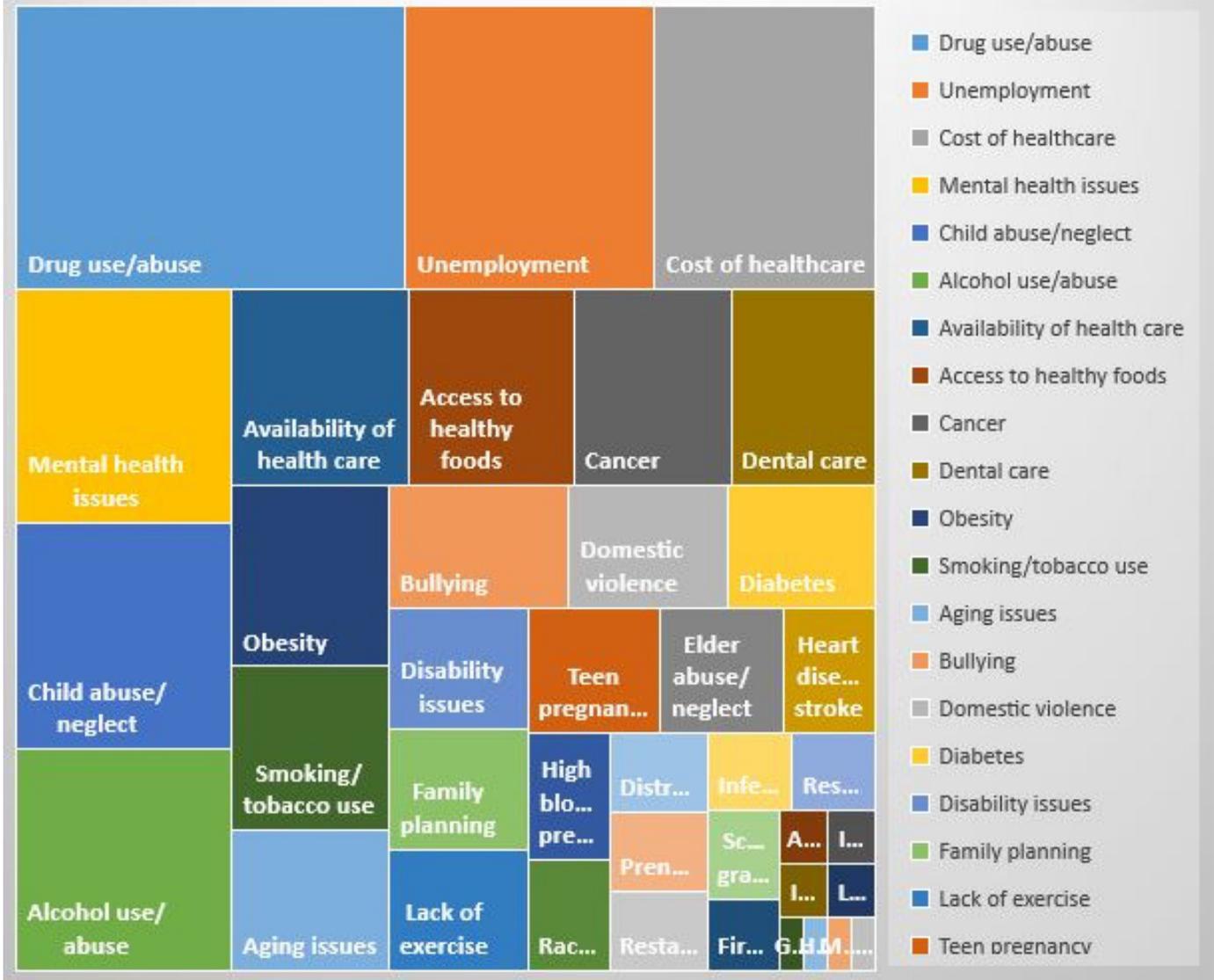
1) Please enter your zip code.



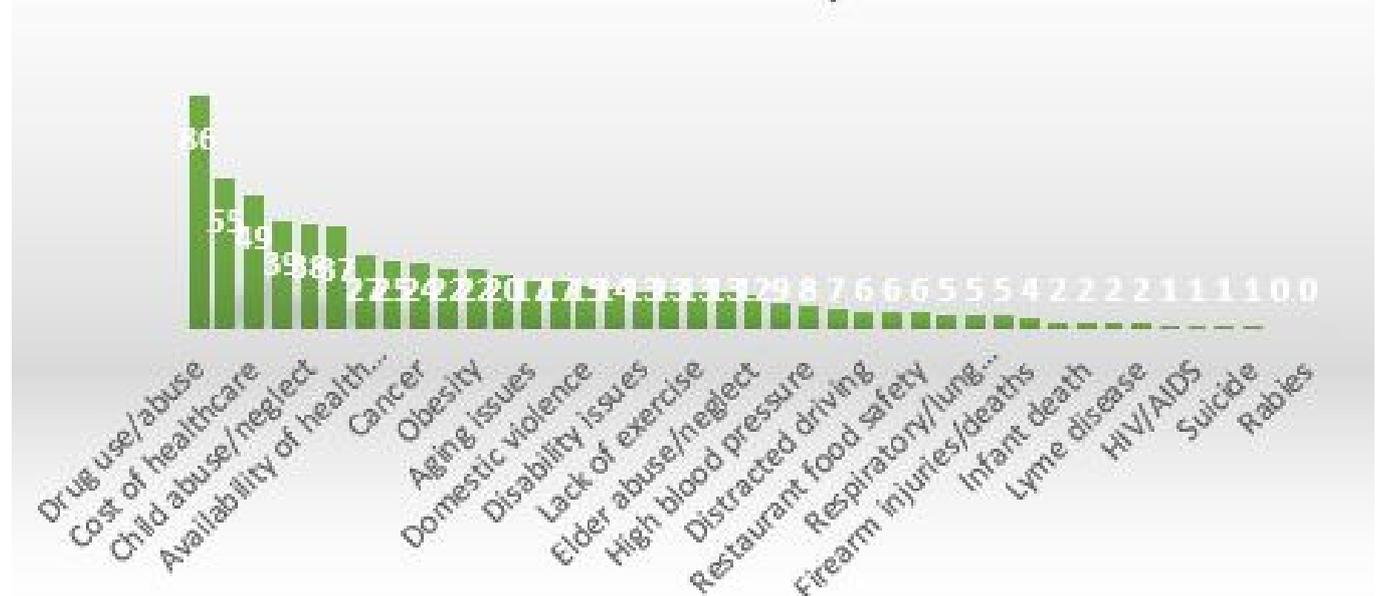
2) Select the top 5 concerns that impact your community.

Access to healthy foods (25, 21.4%), Aging issues (17, 14.5%), Alcohol use/abuse (37, 31.6%), Air pollution (2, 1.7%), Availability of health care (27, 23.1%), Bullying (17, 14.5%), Cancer (24, 20.5%), Child abuse/neglect (38, 32.5%), Cost of healthcare (49, 41.9%), Dental care (22, 18.8%), Diabetes (14, 12.0%), Disability issues (13, 11.1%), Distracted driving (6, 5.1%), Domestic violence (15, 12.8%), Drug use/abuse (86, 73.5%), Elder abuse/neglect (12, 10.3%), Family planning (13, 11.1%), Firearm injuries/deaths (4, 3.4%), Gang involvement (1, 0.9%), Heart disease and stroke (9, 7.7%), High blood pressure (8, 6.8%), HIV/AIDS (1, 0.9%), Homicide (0, 0.0%), Infant death (2, 1.7%), Infectious disease (TB, hepatitis, etc) (5, 4.3%), Influenza (2, 1.7%), Lack of exercise (13, 11.1%), Lyme disease (2, 1.7%), Mental health issues (39, 33.3%), Motor vehicle accidents (1, 0.9%), Obesity (22, 18.8%), Prenatal (pregnancy) healthcare (6, 5.1%), Rabies (0, 0.0%), Racism (7, 6.0%), Respiratory/lung disease (5, 4.3%), Restaurant food safety (6, 5.1%), School graduation rates (5, 4.3%), Suicide (1, 0.9%), Smoking/tobacco use (20, 17.1%), Teen pregnancy (13, 11.1%), Unemployment (55, 47.0%)

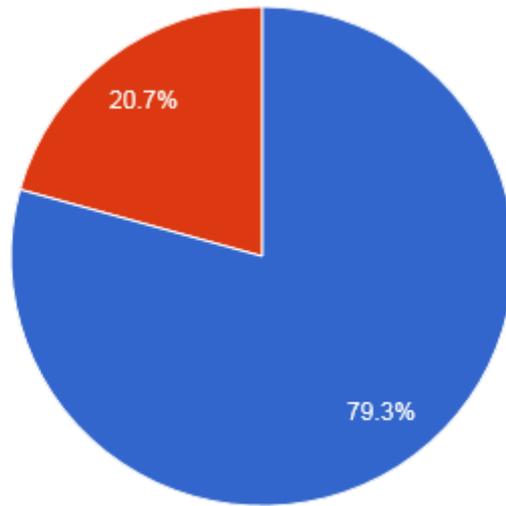
Most important issues facing your community



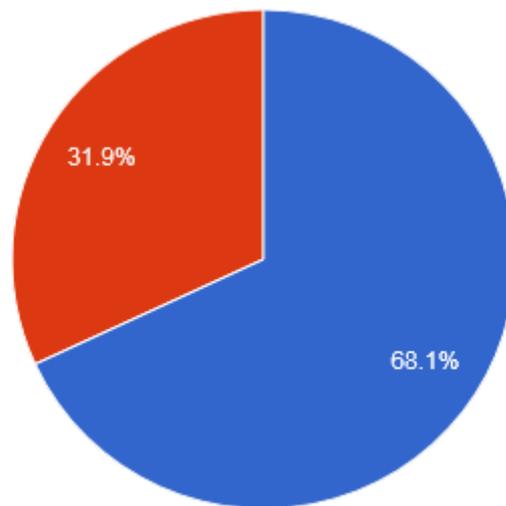
Most Important Issues Facing Your Community



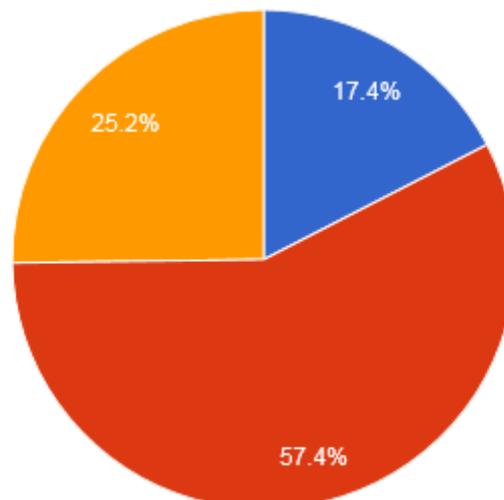
3) I have had a primary care exam within the last 12 months
Yes (92, 79.3%), No (24, 20.7%), Not applicable (0, 0.0%)



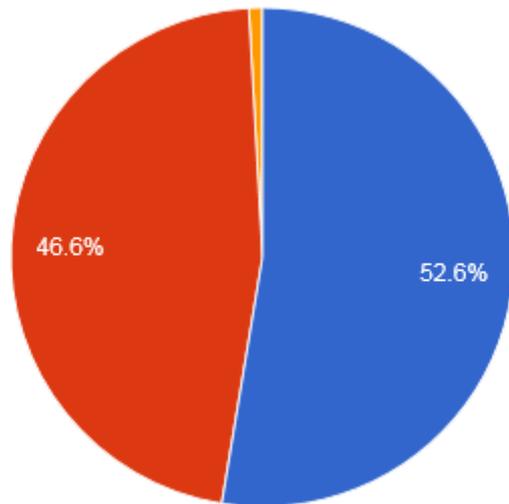
4) I have had an eye exam within the last 12 months
Yes (79, 68.1%), No (37, 31.9%), Not applicable (0, 0.0%)



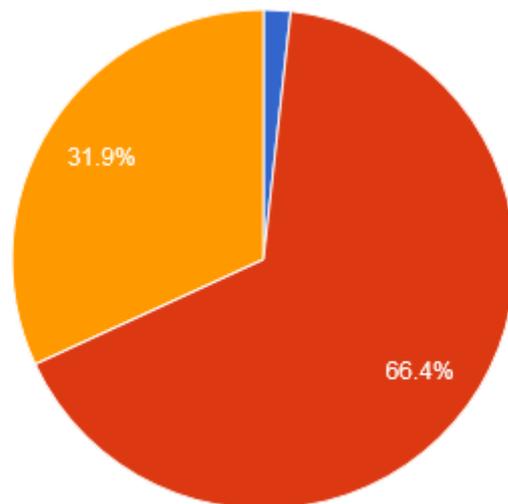
5) I have had a mental health visit within the last 12 months
Yes (20, 17.4%), No (66, 57.4%), Not applicable (29, 25.2%)



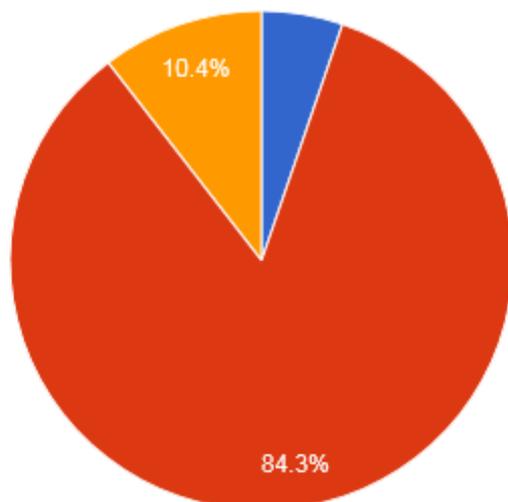
6) I have had a dental exam within the last 12 months
Yes (61, 52.6%), No (54, 46.6%), Not applicable (1, 0.9%)



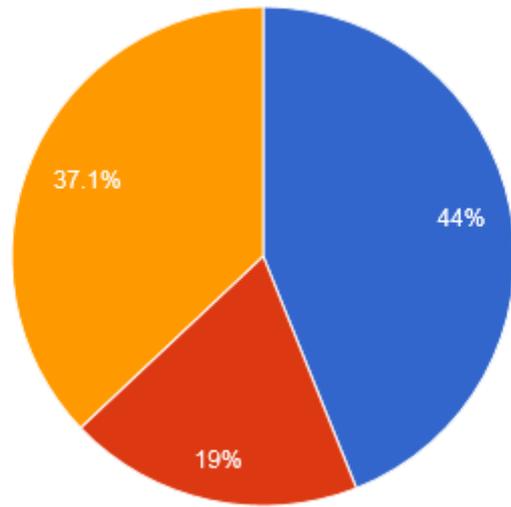
7) I have had a substance abuse visit within the last 12 months
Yes (2, 1.7%), No (77, 66.4%), Not applicable (37, 31.9%)



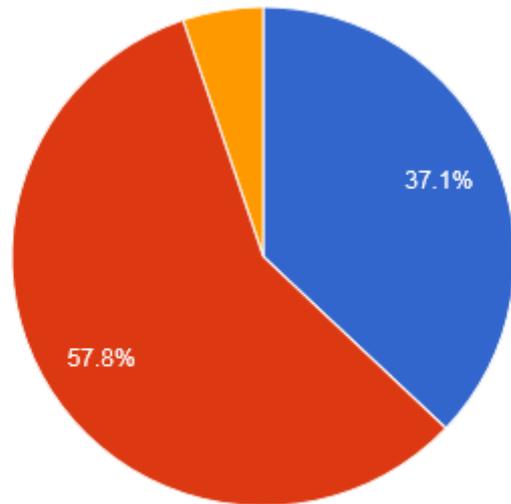
8) I have thought about suicide or self-harm within the last 12 months
Yes (6, 5.2%), No (97, 84.3%), Not applicable (12, 10.4%)



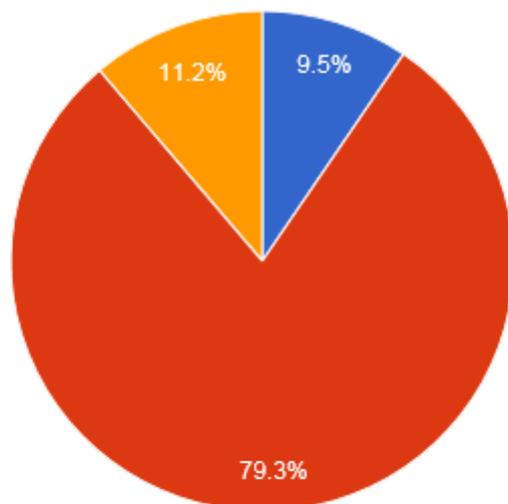
9) I have taken my minor child(ren) to the doctor in the last 12 months
Yes (51, 44.0%), No (22, 19.0%), Not applicable (43, 37.1%)



10) I have been to the emergency room within the last 12 months
Yes (43, 37.1%), No (67, 57.8%), Not applicable (6, 5.2%)

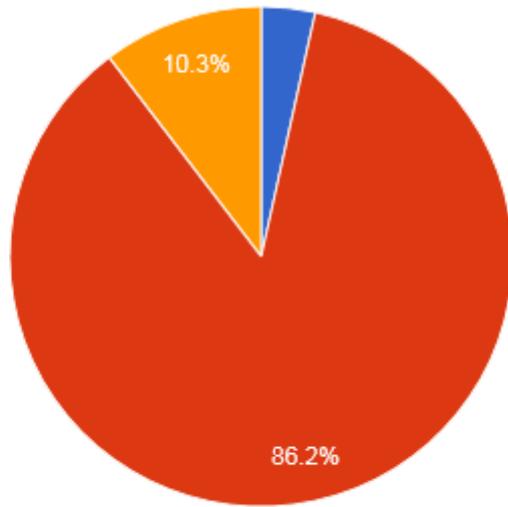


11) I have been to the emergency room for an injury (motor vehicle crash, burn, poisoning, fall, cut, etc) within the last 12 months
Yes (11, 9.5%), No (92, 79.3%), Not applicable (13, 11.2%)



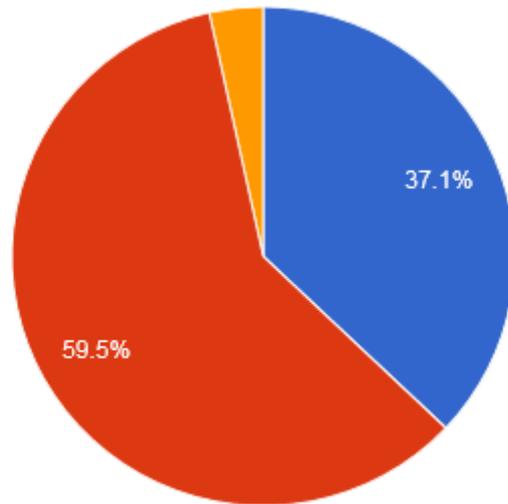
12) I have been a victim of domestic violence or abuse in the last 12 months

Yes (4, 3.4%), No (100, 86.2%), Not applicable (12, 10.3%)



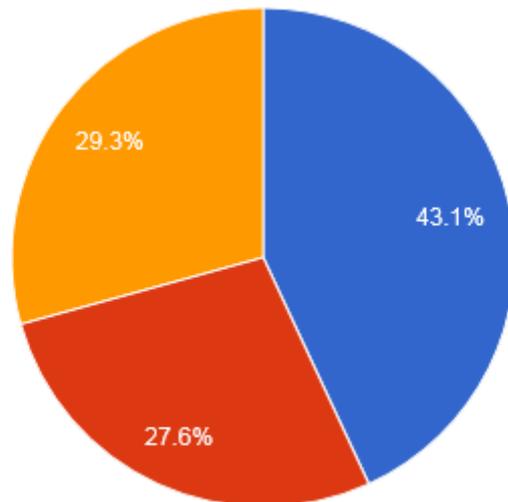
13) My doctor has told me that I have a long-term or chronic illness

Yes (43, 37.1%), No (69, 59.5%), Not applicable (4, 3.4%)



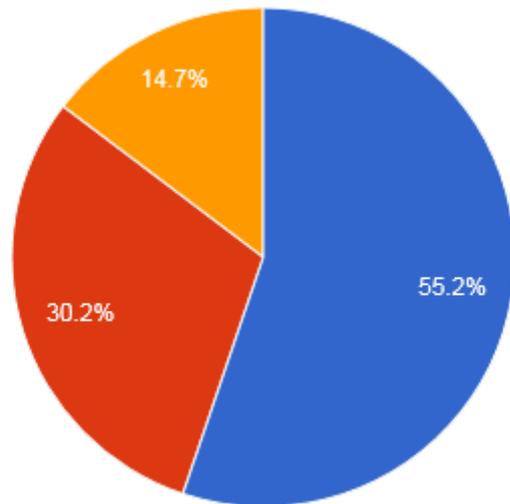
14) I take the medicine my doctor tells me to take to control my chronic illness

Yes (50, 43.1%), No (32, 27.6%), Not applicable (34, 29.3%)



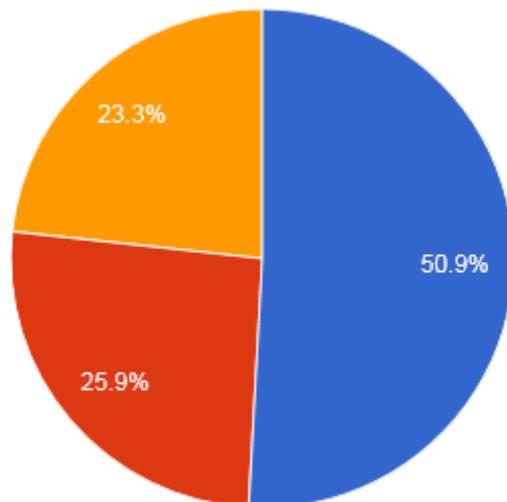
15) I can afford the medicine I need for my health conditions

Yes (64, 55.2%), No (35, 30.2%), Not applicable (17, 14.7%)



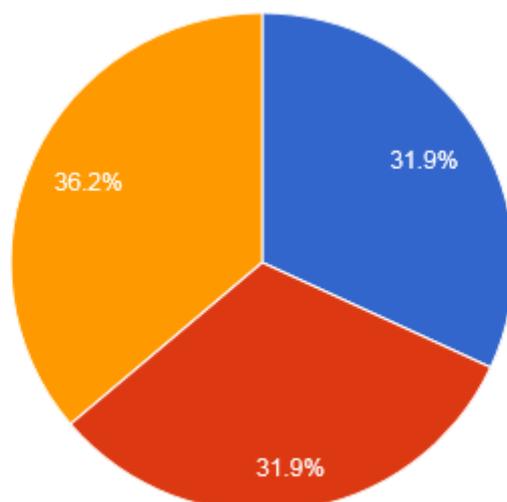
16) I am over 21 years old and have had a pap smear in the past 3 years

Yes (59, 50.9%), No (30, 25.9%), Not applicable (27, 23.3%)



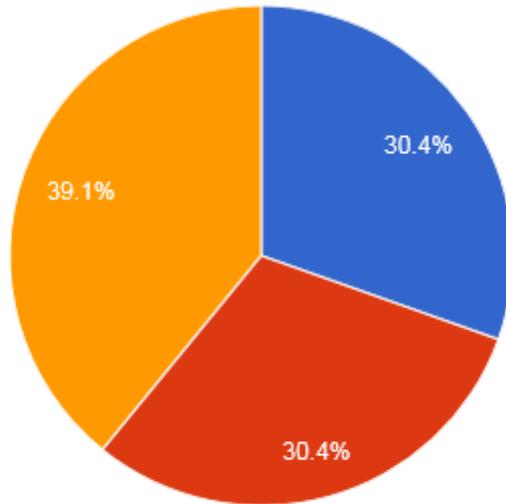
17) I am over 40 years of age and have had a mammogram in the past 12 months

Yes (37, 31.9%), No (37, 31.9%), Not applicable (42, 36.2%)



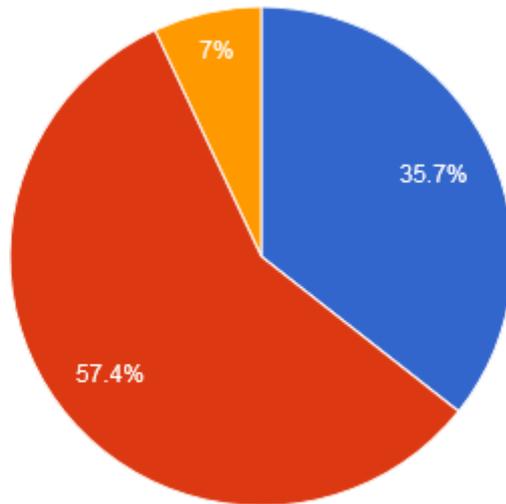
18) I am over 50 years of age and have had a colonoscopy in the past 10 years

Yes (35, 30.4%), No (35, 30.4%), Not applicable (45, 39.1%)



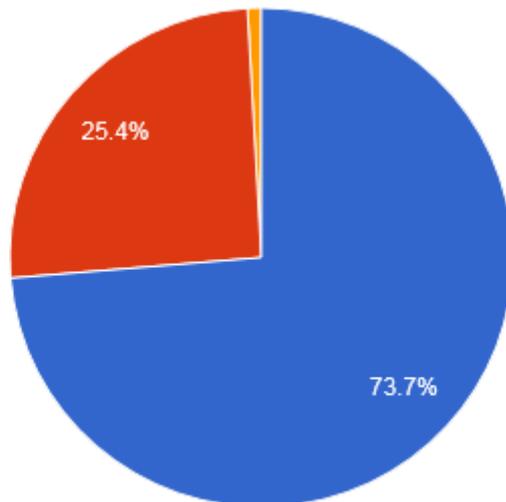
19) I have used tobacco products within the last month

Yes (41, 35.7%), No (66, 57.4%), Not applicable (8, 7.0%)



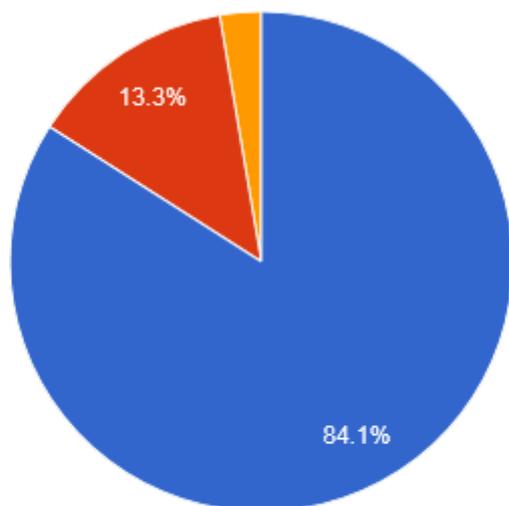
20) Does your community support physical activity (parks, sidewalks, bike lanes, etc)?

Yes (84, 73.7%), No (29, 25.4%), Not applicable (1, 0.9%)



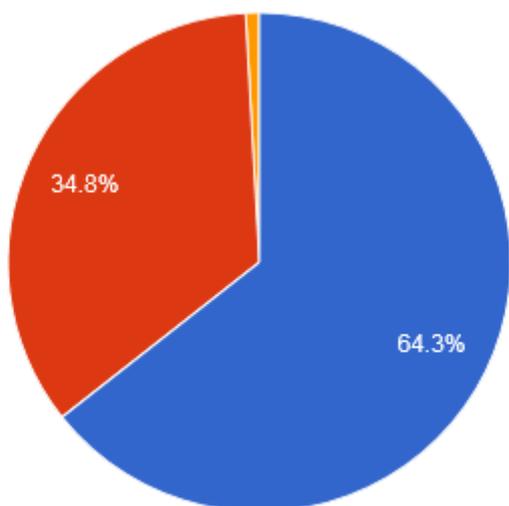
21) Does your community support healthy eating (community gardens, farmers markets, etc)?

Yes (95, 84.1%), No (15, 13.3%), Not applicable (3, 2.7%)



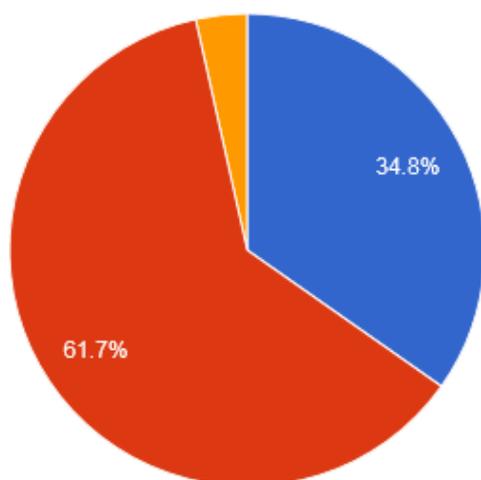
22) In the area where you live, is it easy to get affordable fresh fruits and vegetables?

Yes (74, 64.3%), No (40, 34.8%), Not applicable (1, 0.9%)



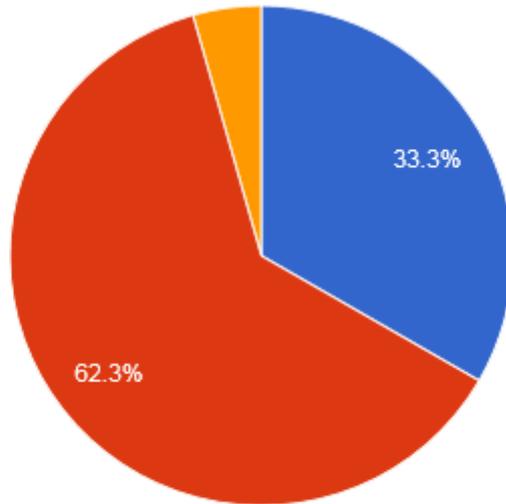
23) Have there been times in the last 12 months when you did not have enough money to buy the food that you or your family needed?

Yes (40, 34.8%), No (71, 61.7%), Not applicable (4, 3.5%)



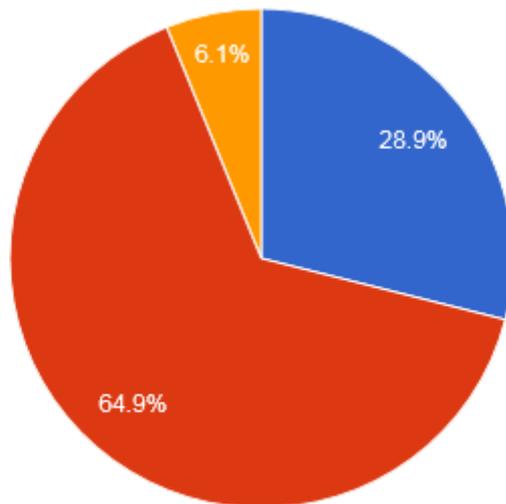
24) Have there been times in the last 12 months when you did not have enough money to pay your rent or mortgage?

Yes (38, 33.3%), No (71, 62.3%), Not applicable (5, 4.4%)



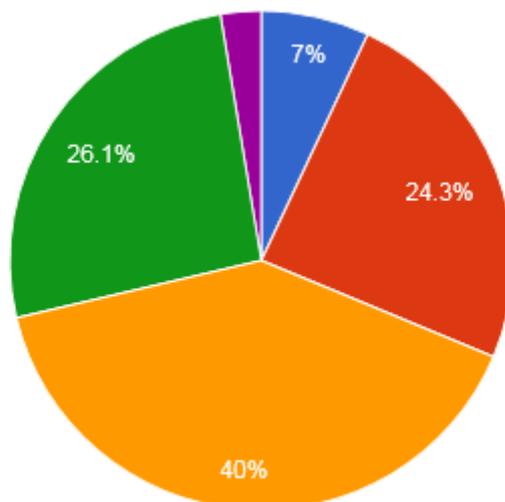
25) Have there been times in the last 12 months when you did not have enough money to buy medicine?

Yes (33, 28.9%), No (74, 64.9%), Not applicable (7, 6.1%)



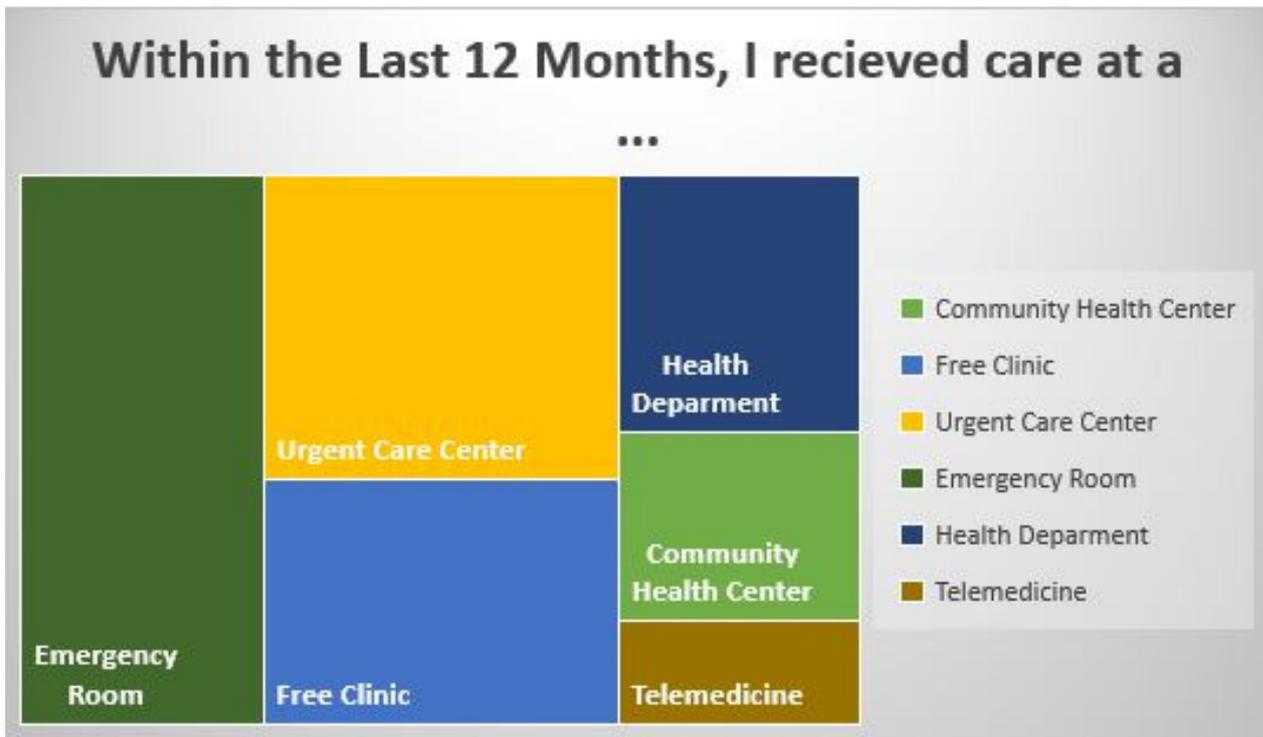
26) How do you feel about your overall health?

Excellent (8, 7.0%), Very good (28, 24.3%), Good (46, 40.0%), Fair (30, 26.1%), Poor (3, 2.6%)



27) Within the last 12 months, I received health care Community health center services through (select all that apply):

Community health center (11, 9.6%), Free clinic (21, 18.4%), Urgent care center (26, 22.8%), Emergency room (32, 28.1%), Health department (15, 13.2%), Telemedicine (6, 5.3%), None of the above (45, 39.5%)



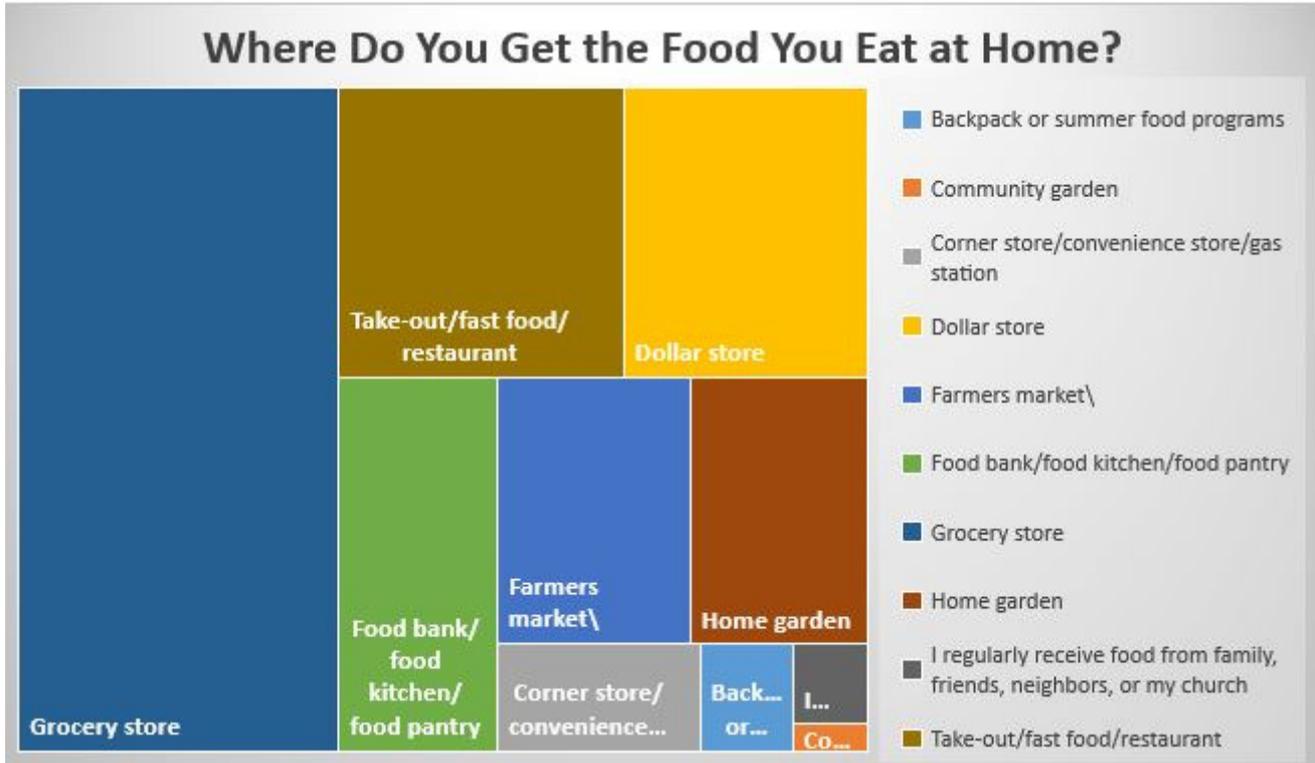
28) If you used any of the services in the last question, I had a true emergency why did you do so? Select all that apply

I had a true emergency (24, 33.8%), My regular doctor was closed/could not see me (31, 43.7%), I do not have a regular doctor (15, 21.1%), I could not afford services at private doctor (15, 21.1%), I do not have insurance (17, 23.9%)



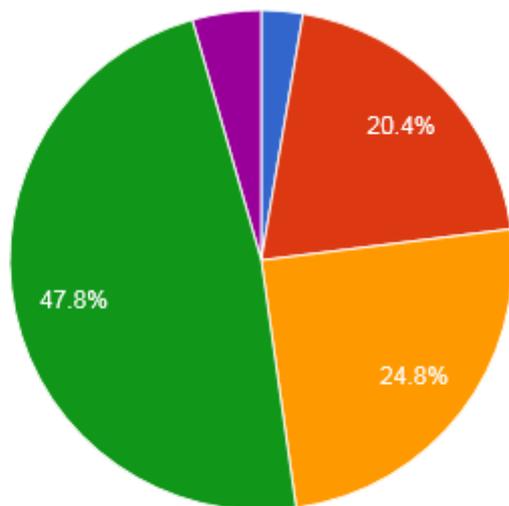
29) Where do you get the food that you eat at home?

Backpack or summer food programs (5, 4.4%), Community garden (1, 0.9%), Corner store/convenience store/gas station (11, 9.6%), Dollar store (36, 31.6%), Farmers market (26, 22.8%), Food bank/food kitchen/food pantry (30, 26.3%), Grocery store (108, 94.7%), Home garden (24, 21.1%), I do not eat at home (0, 0.0%), I regularly receive food from family, friends, neighbors, or my church (3, 2.6%), Meals on Wheels (0, 0.0%), Take-out/fast food/restaurant (42, 36.8%)



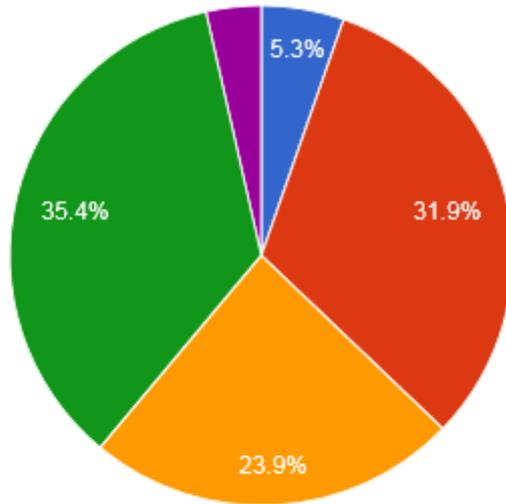
30) The quality of life in my community is good

Strongly disagree (3, 2.7%), Disagree (23, 20.4%), Undecided (28, 24.8%), Agree (54, 47.8%), Strongly agree (5, 4.4%)



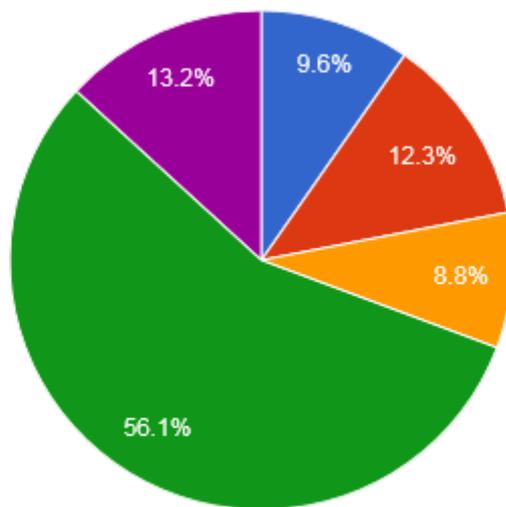
31) Overall, I live in a healthy community

Strongly disagree (6, 5.3%), Disagree (36, 31.9%), Undecided (27, 23.9%), Agree (40, 35.4%), Strongly agree (4, 3.5%)



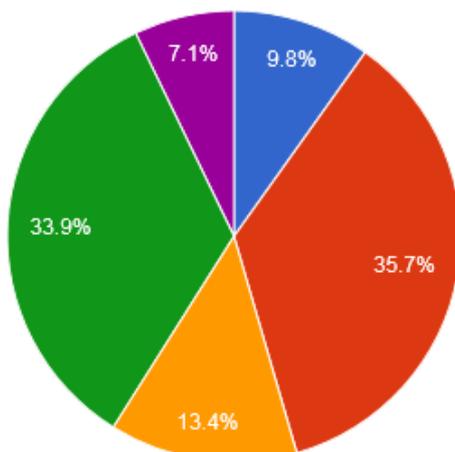
32) I am able to get the health care I need

Strongly disagree (11, 9.6%), Disagree (14, 12.3%), Undecided (10, 8.8%), Agree (64, 56.1%), Strongly agree (15, 13.2%)



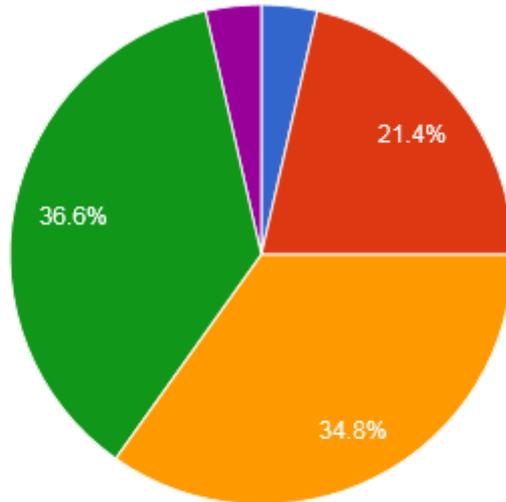
33) I must travel outside my community for health care

Strongly disagree (11, 9.8%), Disagree (40, 35.7%), Undecided (15, 13.4%), Agree (38, 33.9%), Strongly agree (8, 7.1%)



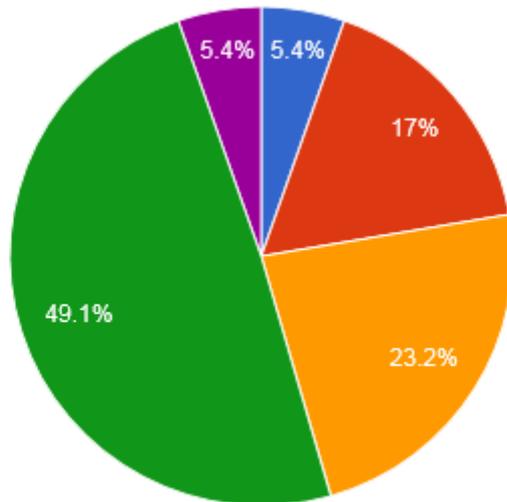
34) Health care is of good quality in my community

Strongly disagree (4, 3.6%), Disagree (24, 21.4%), Undecided (39, 34.8%), Agree (41, 36.6%), Strongly agree (4, 3.6%)



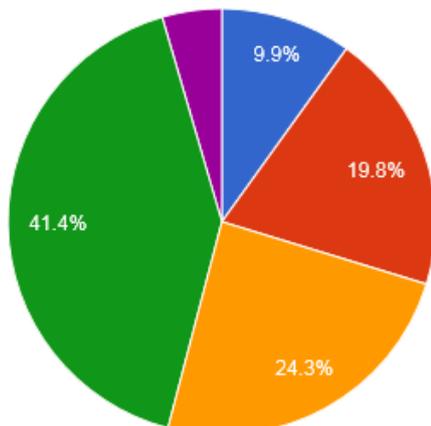
35) My community is a good place to raise children (consider education, safety, child care, youth programs, etc)

Strongly disagree (6, 5.4%), Disagree (19, 17.0%), Undecided (26, 23.2%), Agree (55, 49.1%), Strongly agree (6, 5.4%)



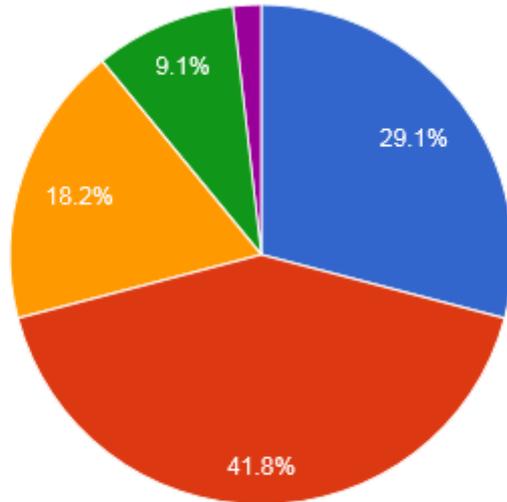
36) My community is a good place to grow old (consider housing, transportation, social support, etc)

Strongly disagree (11, 9.9%), Disagree (22, 19.8%), Undecided (27, 24.3%), Agree (46, 41.4%), Strongly agree (5, 4.5%)



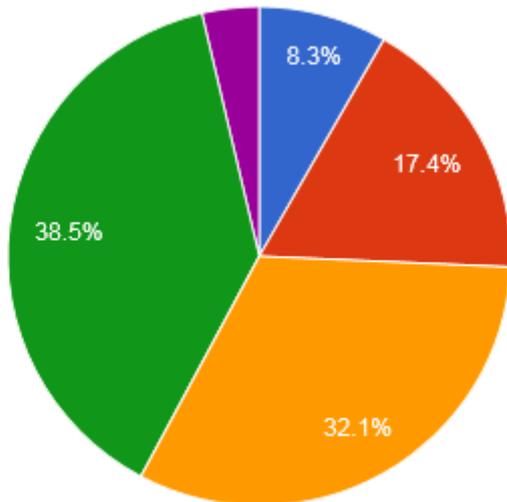
37) My community provides good job opportunities

Strongly disagree (32, 29.1%), Disagree (46, 41.8%), Undecided (20, 18.2%), Agree (10, 9.1%), Strongly agree (2, 1.8%)



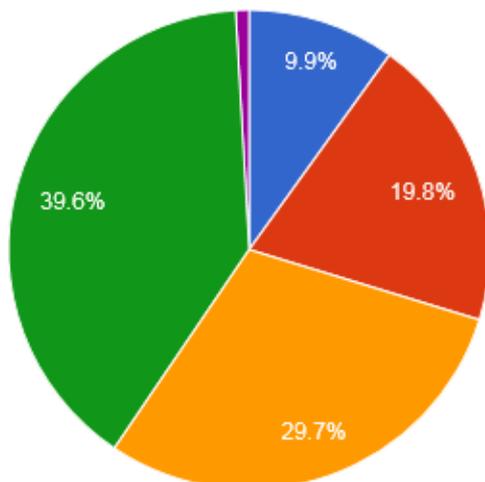
38) Children receive high-quality education in my community (consider public, private, and home schooling)

Strongly disagree (9, 8.3%), Disagree (19, 17.4%), Undecided (35, 32.1%), Agree (42, 38.5%), Strongly agree (4, 3.7%)



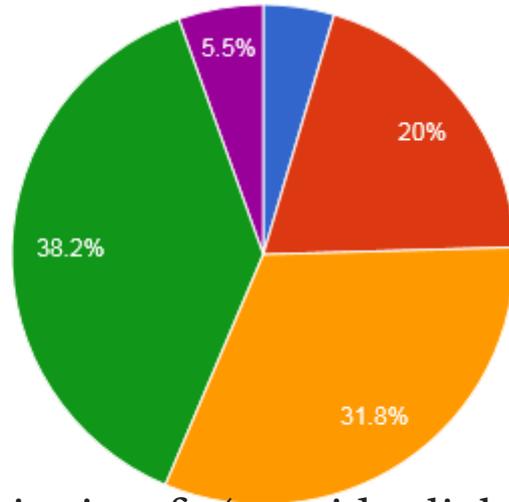
39) Housing is affordable in my community

Strongly disagree (11, 9.9%), Disagree (22, 19.8%), Undecided (33, 29.7%), Agree (44, 39.6%), Strongly agree (1, 0.9%)



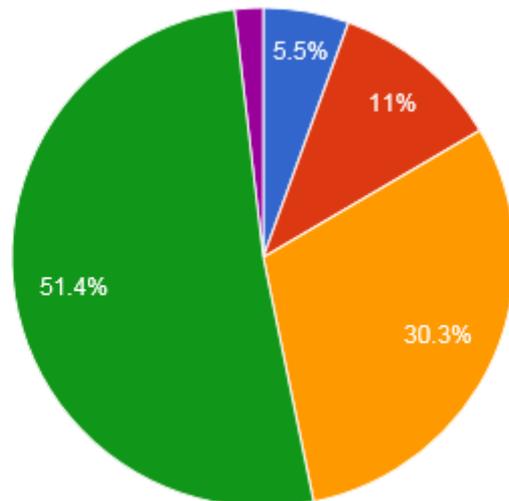
40) I am prepared for a public health emergency, such as a flu pandemic

Strongly disagree (5, 4.5%), Disagree (22, 20.0%), Undecided (35, 31.8%), Agree (42, 38.2%), Strongly agree (6, 5.5%)



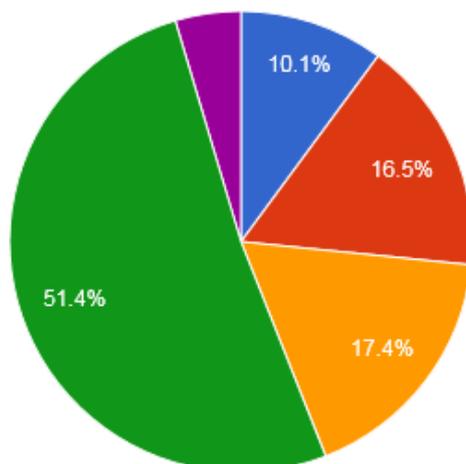
41) My community is safe (consider lighting, criminal activity, etc)

Strongly disagree (6, 5.5%), Disagree (12, 11.0%), Undecided (33, 30.3%), Agree (56, 51.4%), Strongly agree (2, 1.8%)

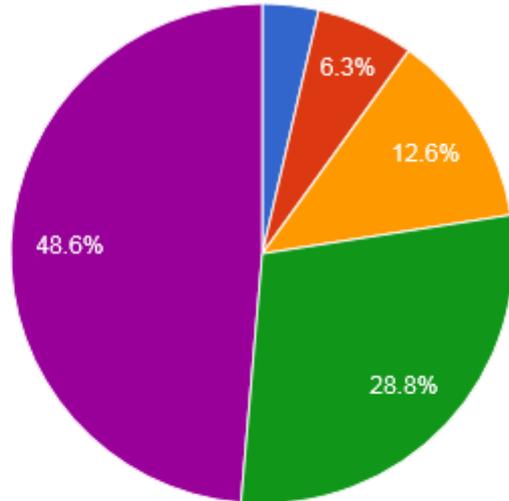


42) My community offers enough space for recreation (consider parks, indoor facilities, trails, etc)

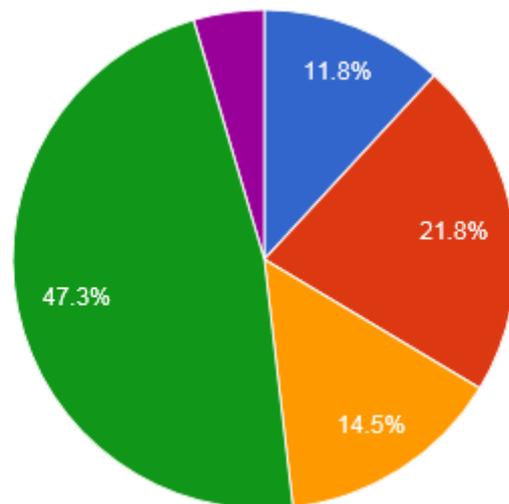
Strongly disagree (11, 10.1%), Disagree (18, 16.5%), Undecided (19, 17.4%), Agree (56, 51.4%), Strongly agree (5, 4.6%)



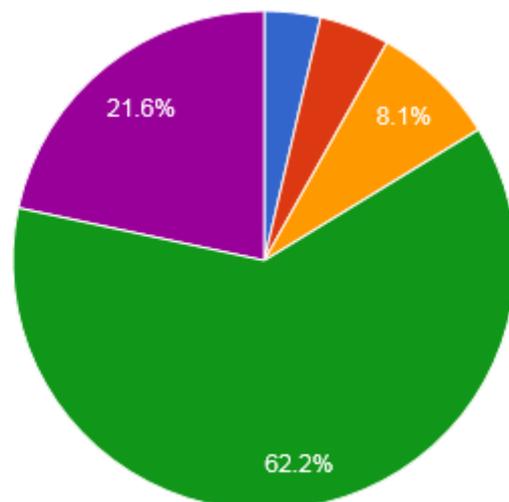
43) I prefer to live in a home where indoor smoking is not allowed
Strongly disagree (4, 3.6%), Disagree (7, 6.3%), Undecided (14, 12.6%),
Agree (32, 28.8%), Strongly agree (54, 48.6%)



44) My community is walkable and has enough sidewalks
Strongly disagree (13, 11.8%), Disagree (24, 21.8%), Undecided (16, 14.5%),
Agree (52, 47.3%), Strongly agree (5, 4.5%)

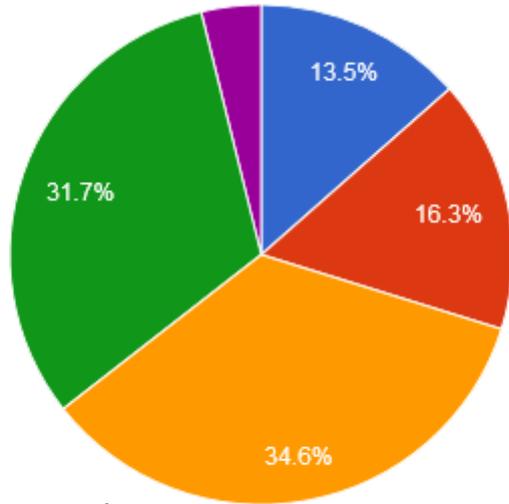


45) My personal method of transportation meets my needs
Strongly disagree (4, 3.6%), Disagree (5, 4.5%), Undecided (9, 8.1%), Agree
(69, 62.2%), Strongly agree (24, 21.6%)



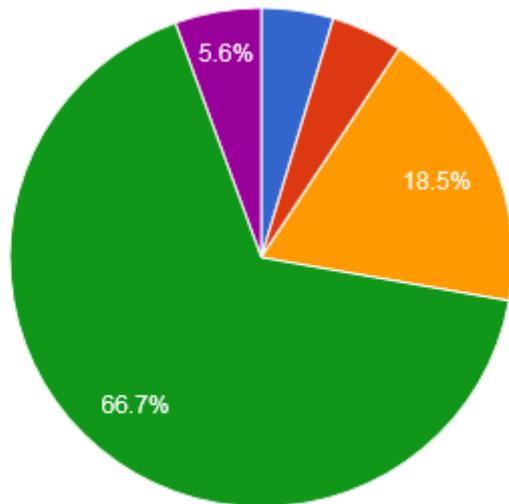
46) Public transportation is available that meets my needs

Strongly disagree (14, 13.5%), Disagree (17, 16.3%), Undecided (36, 34.6%), Agree (33, 31.7%), Strongly agree (4, 3.8%)



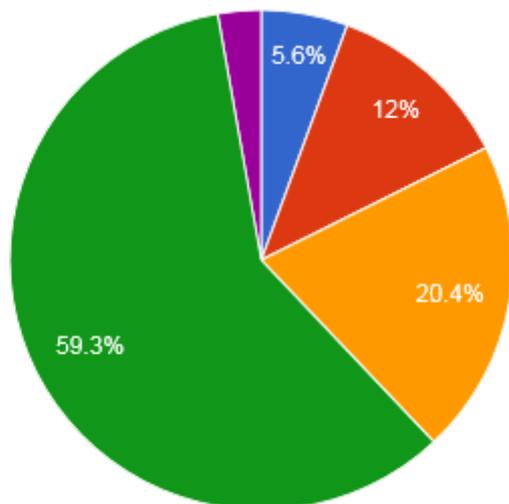
47) Air quality is good in my community

Strongly disagree (5, 4.6%), Disagree (5, 4.6%), Undecided (20, 18.5%), Agree (72, 66.7%), Strongly agree (6, 5.6%)



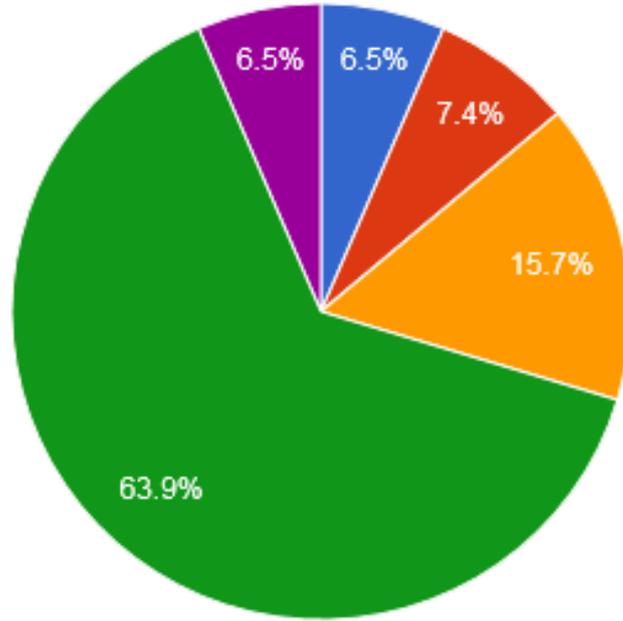
48) Water quality is good in my community

Strongly disagree (6, 5.6%), Disagree (13, 12.0%), Undecided (22, 20.4%), Agree (64, 59.3%), Strongly agree (3, 2.8%)



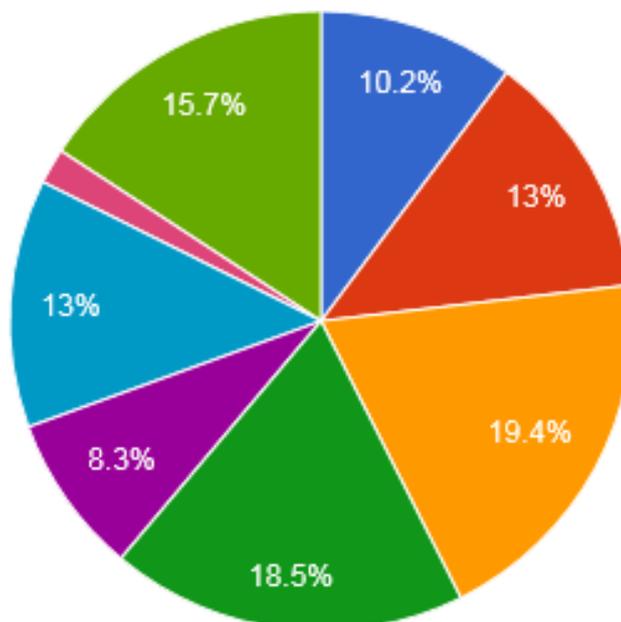
49) Sewage/septic services are available and meet my needs

Strongly disagree (7, 6.5%), Disagree (8, 7.4%), Undecided (17, 15.7%), Agree (69, 63.9%), Strongly agree (7, 6.5%)



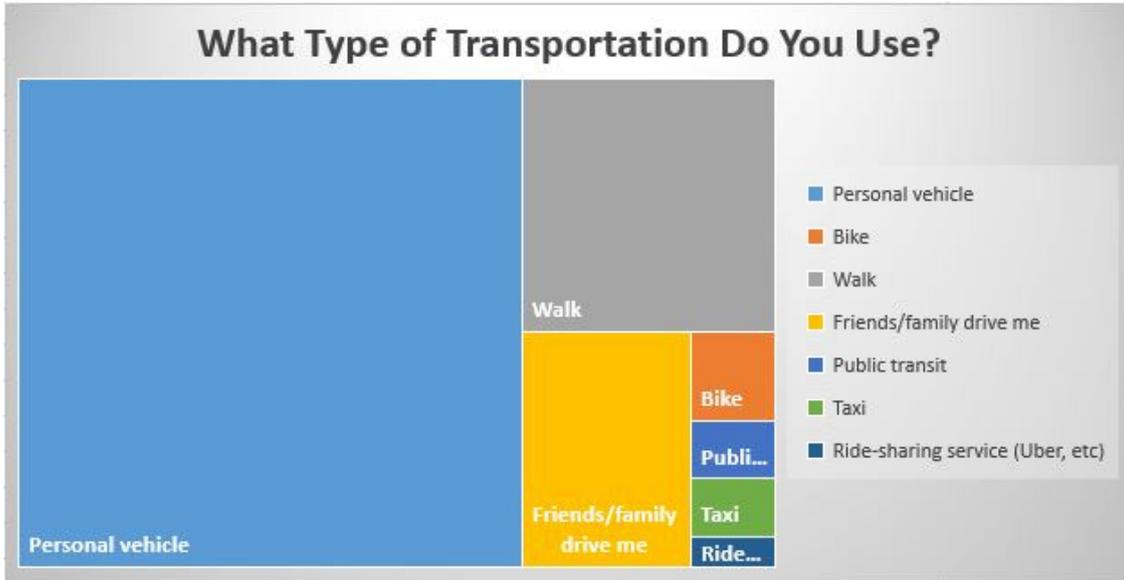
50) In the past 7 days, how many times were you physically active for a total of at least 30 minutes (add up all the times you spent in any physical activity that increased your heart rate and made you breathe hard for some of the time)?

0 days (11, 10.2%), 1 day (14, 13.0%), 2 days (21, 19.4%), 3 days (20, 18.5%), 4 days (9, 8.3%), 5 days (14, 13.0%), 6 days (2, 1.9%), 7 days (17, 15.7%)

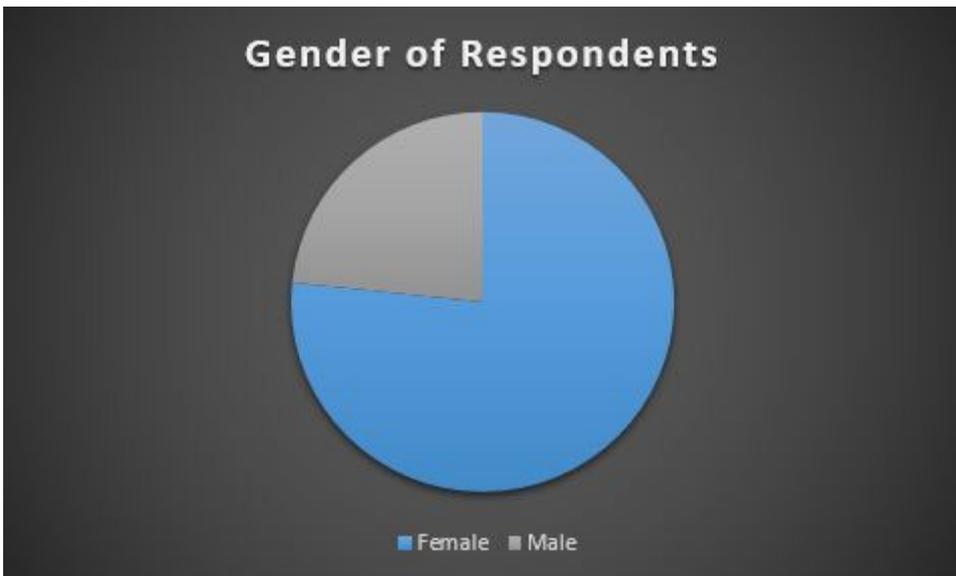


51) What type of transportation do you use?

Personal vehicle (99, 91.7%), Bike (3, 2.8%), Walk (26, 24.1%), Friends/family drive me (16, 14.8%), Public transit (2, 1.9%), Taxi (2, 1.9%), Ride-sharing service (Uber, etc) (1, 0.9%)

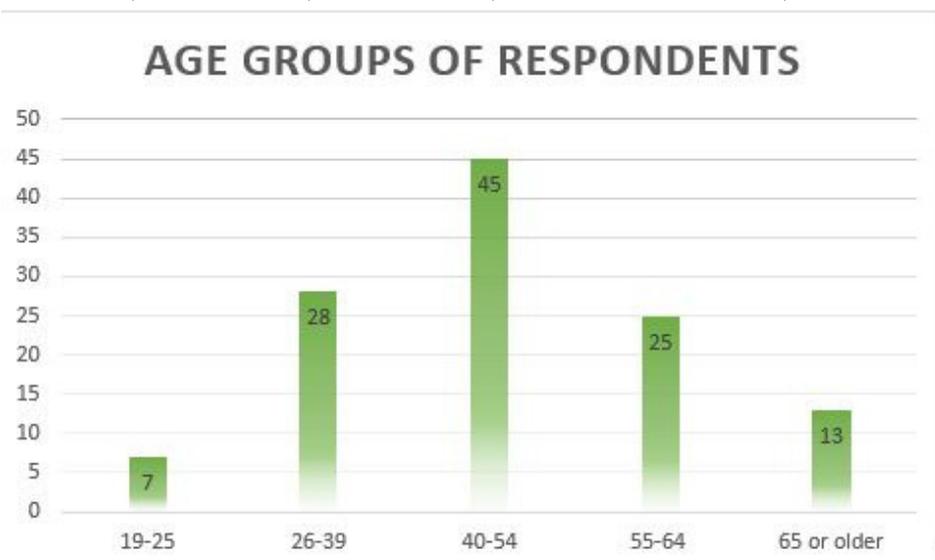


52) What is your gender?



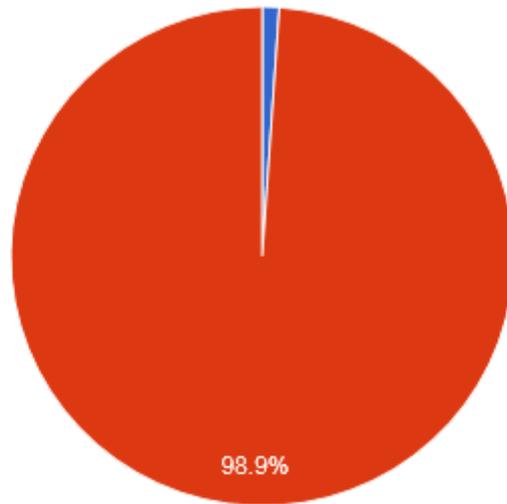
53) Age:

18 or under (0, 0.0%), 19-25 (7, 6.5%), 26-39 (28, 25.9%), 40-54 (35, 32.4%), 55-64 (25, 23.1%), 65 or older (13, 12.0%)



54) Ethnicity:

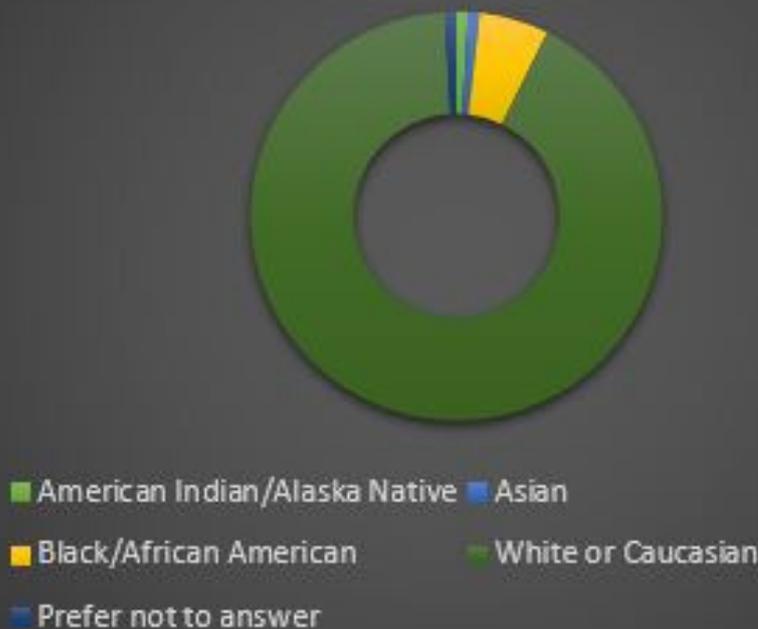
Hispanic/Latino (1, 1.1%), Not Hispanic/Latino (92, 98.9%)



55) Racial identity (check all that apply):

American Indian or Alaska Native (1, 0.9%), Asian (1, 0.9%), Black or African American (6, 5.6%), Native Hawaiian or other Pacific Islander (0, 0.0%), White or Caucasian (101, 93.5%), Other (0, 0.0%), Prefer not to answer (1, 0.9%)

Race of Respondents



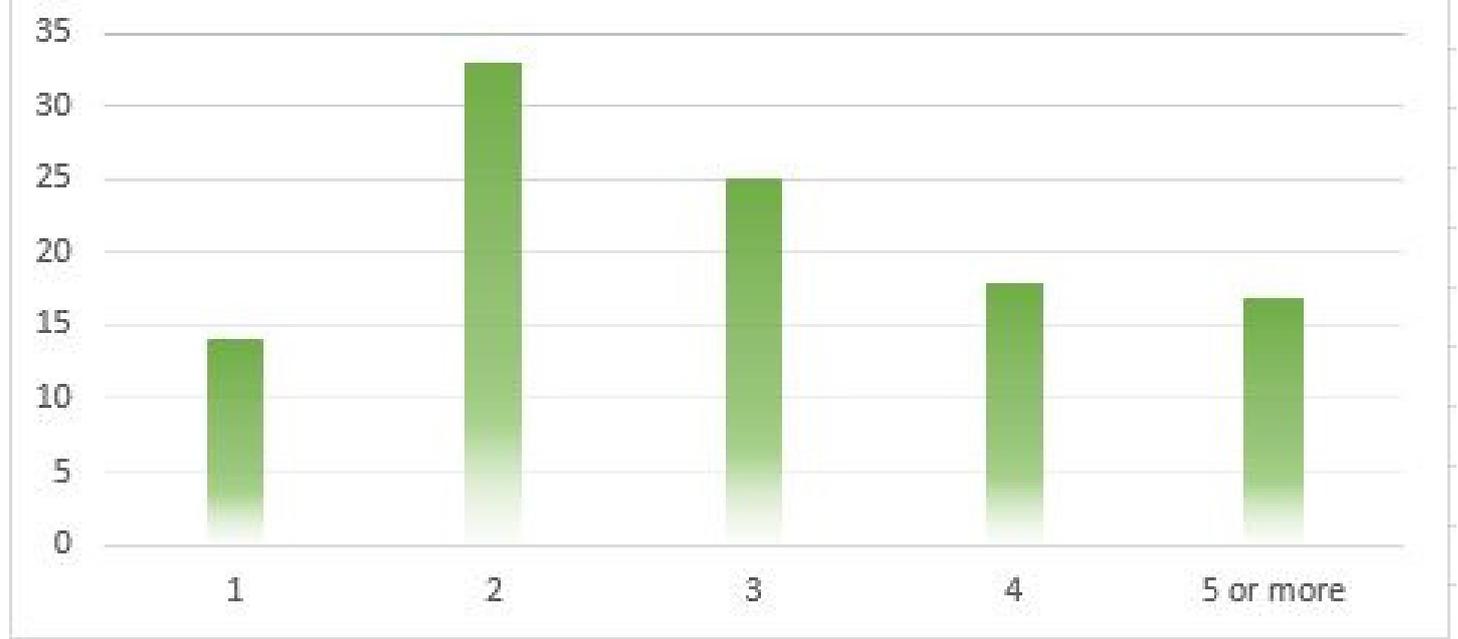
56) What language do you mostly speak at home?

English (106, 90.6%), No response (11, 9.4%)

57) Household size (including you):

1 (14, 13.1%), 2 (33, 30.8%), 3 (25, 23.4%), 4 (18, 16.8%), 5 or more (17, 15.9%)

HOUSEHOLD SIZE OF RESPONDENTS



58) Your highest level of education:

Less than high school (3, 2.8%), GED (11, 10.3%), High school diploma (42, 39.3%), Associate degree (23, 21.5%), College degree (17, 15.9%), Graduate degree (11, 10.3%)

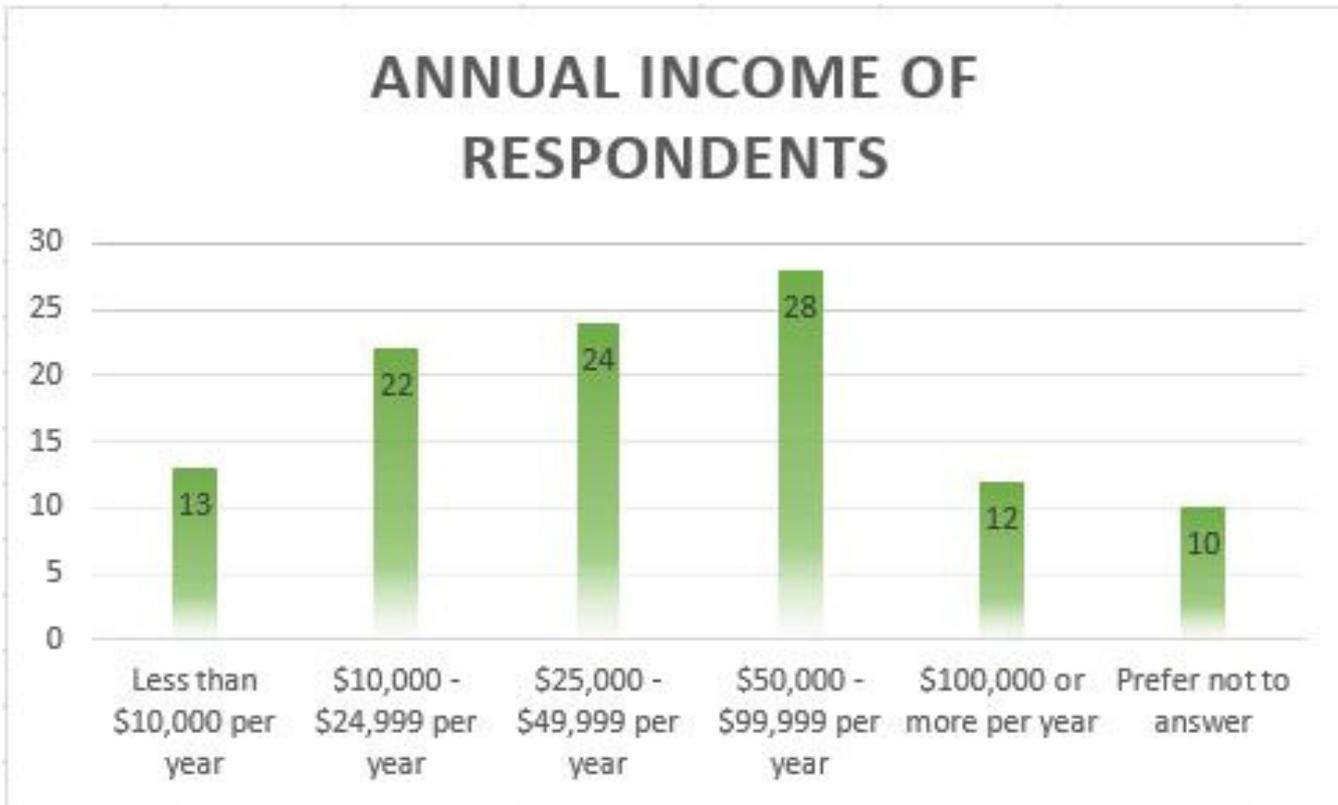
Education Level of Respondents



■ Less than high school ■ GED ■ High school diploma
■ Associate degree ■ College degree ■ Graduate degree

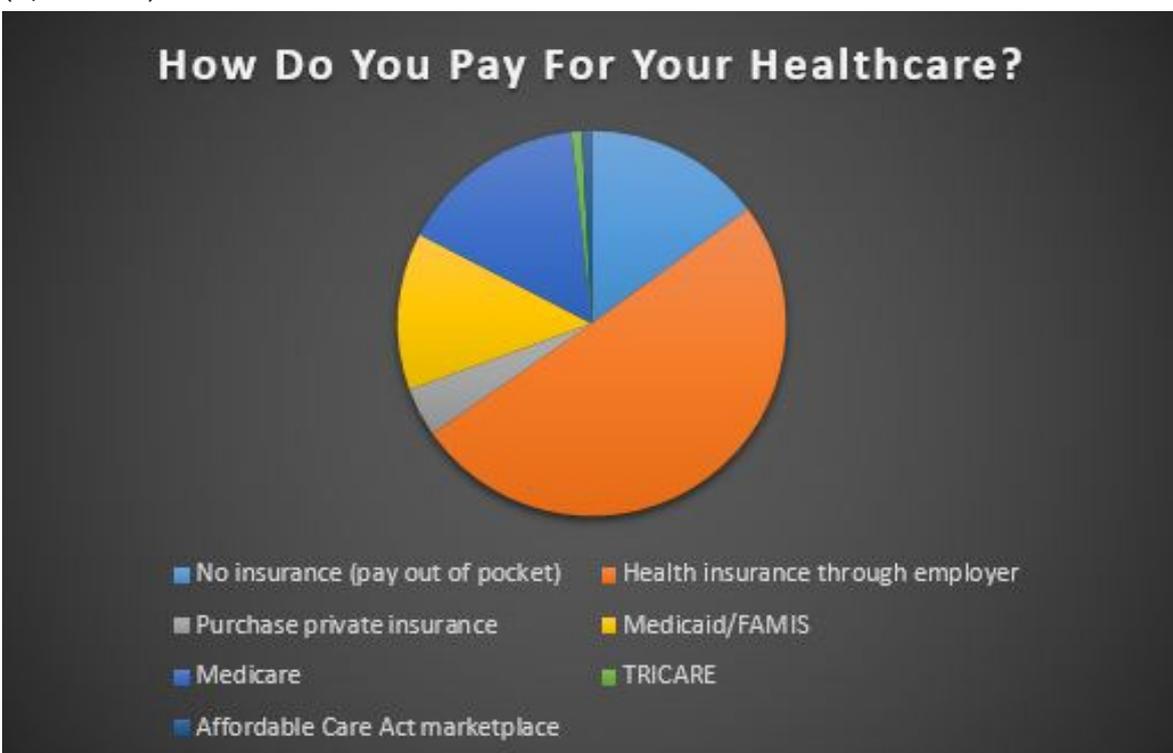
59) Household income:

Less than \$10,000 per year (13, 11.9%), \$10,000 to \$24,999 per year (22, 20.2%), \$25,000 to \$49,999 per year (24, 22.0%), \$50,000 to \$99,999 per year (28, 25.7%), \$100,000 or more per year (12, 11.0%), Prefer not to answer (10, 9.2%)



60) How do you pay for your healthcare?

No insurance (pay out of pocket) (18, 16.8%), Health insurance through employer (or spouse/family member's employer) (61, 57.0%), Purchase private health insurance (5, 4.7%), Medicaid or FAMIS (16, 15.0%), Medicare (19, 17.8%), TRICARE (1, 0.9%), Affordable Care Act marketplace (1, 0.9%)



61) How would you improve your community?

- Better prices for healthcare. More force into stopping Teens on Meth!! Also family planning. :)
- I would start with better law enforcement!
- Take action on drug abusers. Help elderly and disabled w/their needs.
- I have no idea!
- Make it easier for the ones who work and try to make it good for their family, help us just as much as the ones living off of the system because at least we are making an effort to change things better. Provide things for kids to do in the community so that they don't resort to drugs and crimes.
- More things for young adults
- Offer more help to veterans
- We need more jobs. Jobs with good wages and benefits. Our county is one of the poorest in the state. We need help with the drug problems in the area. Meth and other drugs are taking over our county. I think the lack of jobs only increases the drug problem. This leads to poor home conditions and children in danger. If people had more opportunities to work possibly the drug abuse would reduce. We need help with these issues now.
- Reduce jail inmate count; increase number of sidewalks and bike trails/lanes; increase number of safe and stable housing units; add a homeless shelter; add a mental health facility; add a drug rehab facility; have year-round access to healthy foods; promote 35-hour work weeks (as opposed to 40+); combat illegal drug use; combat prescription drug abuse; and offer incentives for citizens to volunteer in schools.
- I think we need higher paying jobs and they need to raise the income limits for programs to help working people be able to buy a home. The cut off amounts aren't much more than I make but where my older son lives with me and works we can't qualify for the help with down payments for a house. I would love to see help with that. I've worked since I was 12 and still can't afford to buy me a house with all my other bills
- More activity for teens to get involved in near Chilhowie
- More jobs to get people off of welfare and sports and physical activity to keep kids busy and off the streets. More farmers market to add more fresh veg and foods.

We need more places to walk and more activities.

- LESS DRUG USE AND TEEN PREGNANCY!
- Recreation and other activities for children and teens would be great!! Also, places to shop. We have to travel for shopping.
- More job oppertunities
- More activities for teens
- affordable dental for uninsured
- I don't know
- Build a time machine.
- More drug awareness and things done to help with unemployment. The roads need work bad!
- A public Vocational Training program where adults can learn adequate skills in different trades.States have done an injustice to our young people removing the Vocational programs at the High School level. College and sports are pushed today in schools all across this Country. Kids that are not College material or athletic get lost in the school systems these are the kids that are bullied. If they would bring back the Vocational programs that once were offered. We would have a lot more young people that know how to do something, a trade that they are proud of and earn there way through life. Our community would have skilled workers that would draw the attention of company's that would want to locate here.
- More activities for kids such as Boys & Girls Club.
- increase job opportunities; add additional restaurants and shopping mall/centers
- Lower healthcare costs, more activities/places aimed toward children, combat drug problem
- More Businesses With Better Paying Jobs
- Better drug treatment programs, more community programs for the youth. More employment opp. for people in the community.
- not sure

- More employment. Affordable health and dental care.
- Clean up by becoming stricter on drug charges; especially meth.
- I am happy with my community.
- 'bomb threats at high school
- more activities for youth, stop bringing in fast food restaurants
- Provide more and better maintained children playgrounds , encourage long term full time jobs to the area, make community events drug and alcohol free.
- More affordable health insurance
- WOULD LIKE TO SEE BETTER PAYING JOBS AND MORE HIGH SCHOOL EDUCATIONAL OPPORTUNITIES
- More mental health care. More physical education for children in school.
- Increase sidewalks and parks. Prenatal care and OBGyn units.
- When calling for assistance from any agency, please direct people in the right direction. Do not tell people ,oh, we cant help you because you make 60 cents too much money.
- somehow decrease drugs. Meth is terrible in our area
- Young people need more help planning for post-high school life. Being made aware of college or training opportunities available if they must live at home. More child/family focused activities. We need more employment opportunities. More help for elderly and disabled.
- Jobs and more rehab for all the people addicted to drugs
- Public transportation, more help for citizens on drugs
- Have homes that can pay people
- Better access for the elderly to get around
- Employment for all
- More jobs need to be brought in, family sit down place to eat

- More parks and playgrounds for children with walking spaces. More businesses for employment opportunities. More activities for after school participation. Drug rehab programs

- more mental health resources

- Make mental health care a priority. Provide more facilities to encourage a healthy lifestyle.

- More mental health and substance use treatment that have known positive outcome. Safe housing for children.

- Worker towards the drug epidemic being minimized.

- Perhaps offer a wider choice of health clinics for the general public.

- Encourage creation of better jobs and reduce drug use so applicants for jobs can pass drug screens.

- Programs to address unemployment, the opioid problem, poverty and overall education in our area. Employment opportunities, apprenticeships in local businesses linked with local community colleges. More activities/educational opportunities for children - Improvement to our wellness center similar to Wytheville's (rock climbing wall/indoor swimming area) and lower fees for lower-income community members to be able to afford the amenities offered, a museum/Boys & Girls Club for kids, more kid's outdoor spaces in town- with updated play equipment at our playgrounds. The development of a sports complex with the guidance/assistance of EAYSF and other stakeholders. More sidewalks, bike paths, a community garden in town. Community stakeholders (towns, counties, businesses, healthcare providers, and nonprofits) all working toward the same goal, TOGETHER.

- Improve employment opportunities, both here and in the surrounding communities. Improve access to substance addiction programs, with a focus on helping people beat their addiction and become productive members of society.

- Wish there was no drug , alcohol or mental health problems. Prayers for the answer.

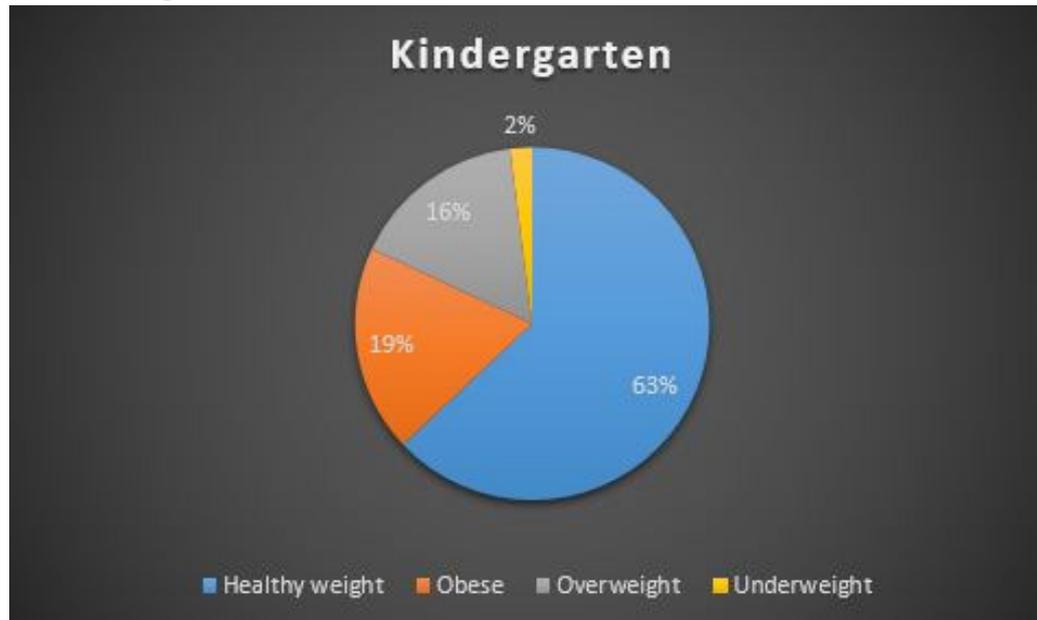
- The area needs better jobs!!! People want to be respected when they are working . Not treated like dogs. Better places for them to shop. Not everyone wants to go 45 miles to go shopping. The area needs something to do. Like go to the movies or out to dinner at a reasonable restaurant. I noticed the restaurants are so expensive a person can barely eat at any of them and most of the time they close early.

- we need more full time jobs paying above minimum wage more choices for health care besides one health group more activities for young people to be involved in .
- no bomb threats at school, affordable psychiatric care, job opportunities, primary care physician must refer me to another town in order to receive specialty med. treatment.
- Promote the area for targeted growth. Reduce blight and enforce the drug laws more and speeding laws less.
- we need more job opportunities for our citizens; we need more mental health services, and we need additional law enforcement to combat our drug problems
- Healthcare/education reform. Early intervention.
- More things to do
- Address drug issues, poverty numbers
- Clean up abandoned trailers.
- This community is in desperate need of elder services.
- welfare, others,ssi, food stamps.etc.others receiving aide must do some kind -of -work if able to receive aide..get more job opportunities , get youth skills for employers....get them drug-free...also...so many cant pass drug test..walk around town pushing baby strollers...have more babies...
- Mobile medical, fresh vegetables/fruits for elderly and disabled. A better food bank than currently offered. Have town officials actually allow new business growth and more than one grocery store in Chilhowie.
- Better drug enforcement, too many known drug dealers and users running around.
- Provide more resources for mental health issues for children and adults.
- Getting more quality jobs by recruiting companies to move to this location.

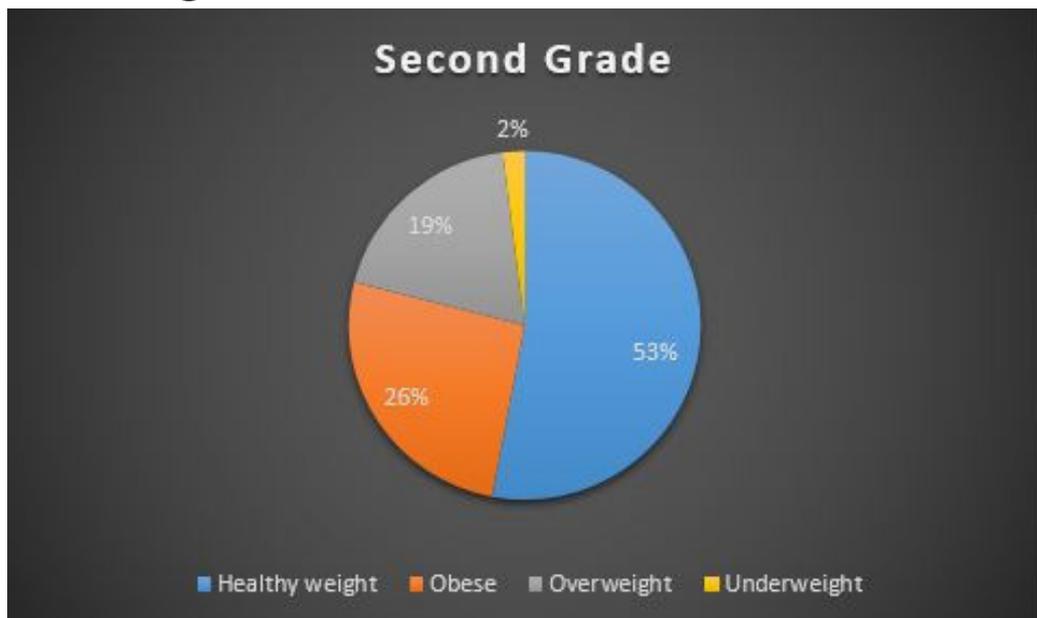
- I'd like to see more employment opportunities beyond minimum wage. I'd like to see more major retail opportunities to allow for competitive prices. I would like a full service hospital our hospital is limited in services and most issues are dealt with by sending patients to a hospital an hour away. No women's health doctors (specialists). No maternity services at local hospital. Limited # of physicians available. Medical costs too high for services and medication even for those with insurance.
- Service providers, employers, and governmental departments and jurisdictions conduct a comprehensive, county-wide, needs assessment and strategic plan to address to the numerous needs of the county.
- Don't think there is much help the Rich get Richer and the poor get poorer
- Activities for children Upgrade to sporting facilities
- Job availability Pay increases
- Bring in more jobs
- They are not no help for it. Because the people need help can not get help.
- Better healthcare and activities for kids
- Poverty more places for teams to play
- Better access to affordable 1) healthy food options 2) mental health services 3) senior activities and services Recruit more companies to create jobs with good pay and health insurance
- Stimulate the economy with better job opportunities. Very few job opportunities that offer a decent wage and affordable insurance.

Appendix II: Obesity Rates by Grade Level for Smyth County

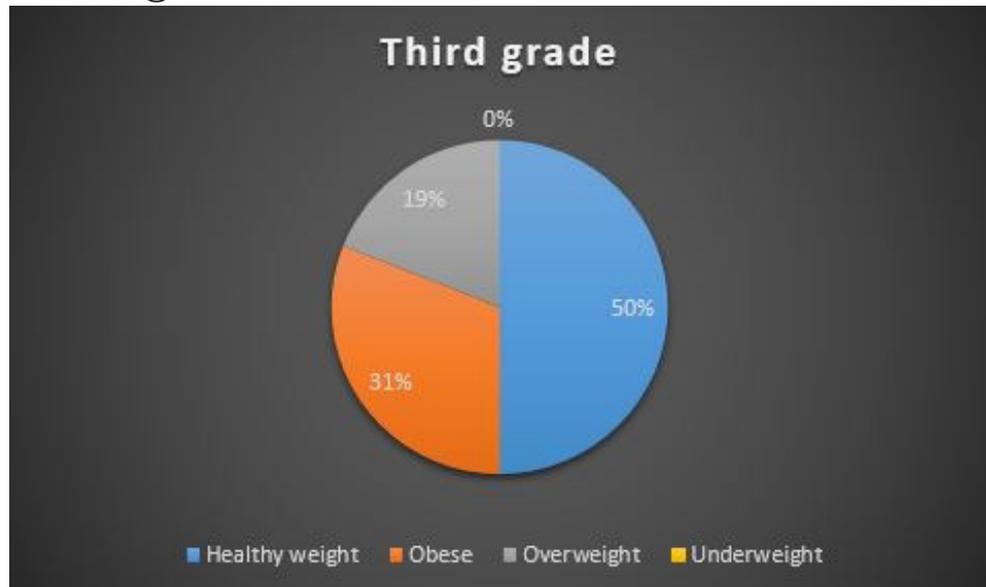
Kindergarten – 19%



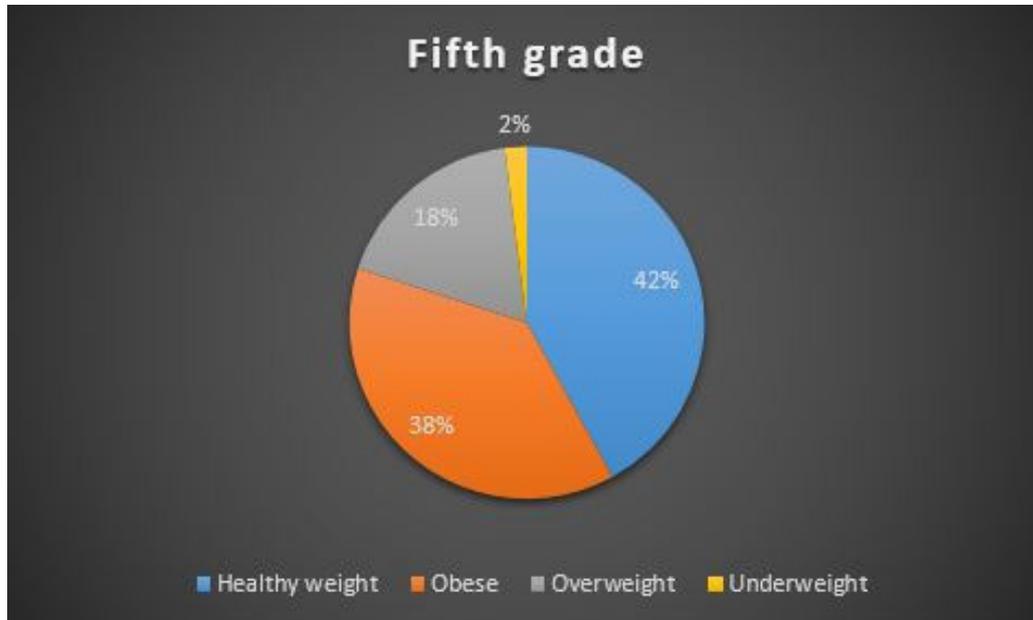
Second grade – 26%



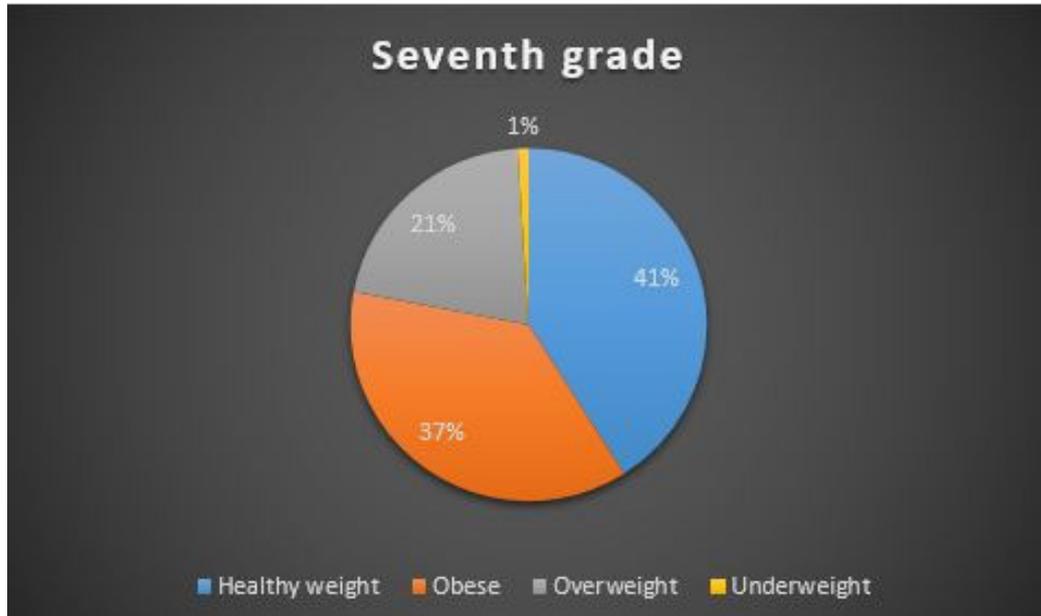
Third grade - 31%



Fifth grade – 38%



Seventh grade – 37%



Tenth grade – 34%

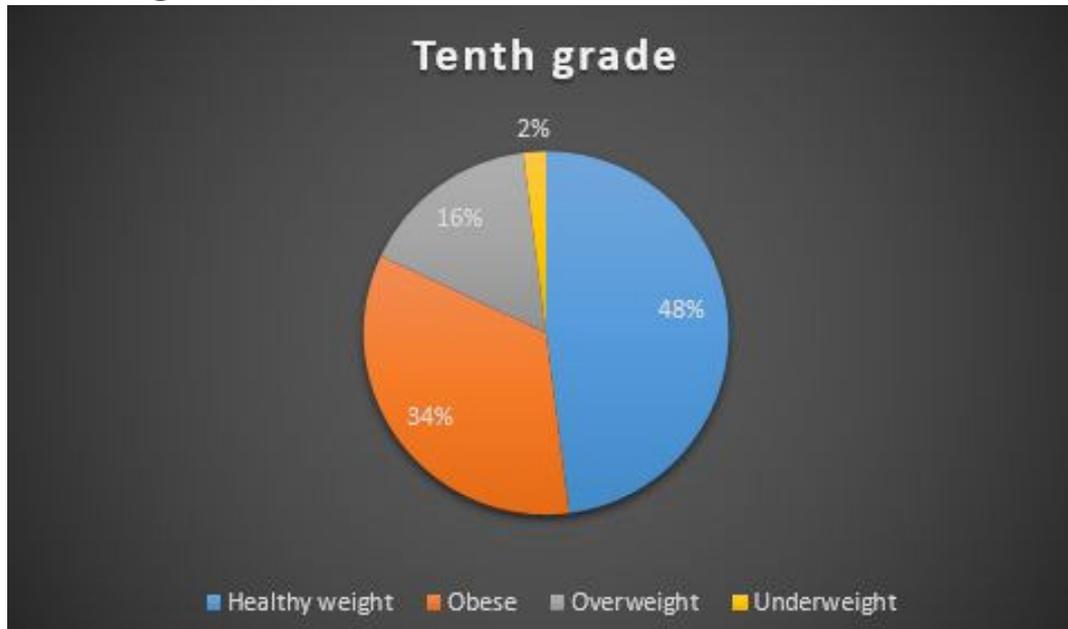




Photo by Roy Burke