2018

Rutherford County Community Health Assessment

Karen Powell, Health Director
Written by Yanet Cisneros for the Rutherford-Polk-McDowell Health District
04/02/2019

RUTHERFORD POLK McDOWELL HEALTH DISTRICT

**Rutherford COUNTY
COMMUNITY HEALTH ASSESSMENT**

ACKNOWLEDGEMENTS

Name	Agency	Role/ Contribution	Duration of Participant	Agency Website
Jill Miracle	Community Health Council of Rutherford County	Member of CHA Advisory Committee & Data Analysis	Fall 2018 - Winter 2019	http://www.healthcouncilrc.com/
Rebecca Segal	Rutherford Regional Health System	Member of CHA Advisory Committee & Data Analysis	Fall 2018 - Winter 2019	https://www.myrutherfordregional.com/
Lee Homan	Blue Ridge Health - Rutherford	Member of CHA Advisory Committee & Data Analysis	Fall 2018 - Winter 2019	https://www.brchs.com/
Chris Munton	Rutherford Regional Health System	Member of CHA Advisory Committee & Data Analysis	Fall 2018 - Winter 2019	https://www.myrutherfordregional.com/
Suzanne Porter	United Way; Substance Abuse Committee & Community Engagement Team	Prioritization	Winter 2019	http://unitedwayofrutherford.org/
Tracy Davis	Cooperative Extension; Healthy Eating Committee	Prioritization	Winter 2019	https://rutherford.ces.ncsu.edu/
Scott Carpenter	Daily Courier	Newspaper Coverage	Winter 2019	https://thedigitalcourier.com/

TABLE OF CONTENTS

Rutherford COUNTY 2018 COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

Community Results Statement
Healthy, happy and active people in Rutherford County.

Healthy, Happy and Active People in Rutherford County.

Leadership for the Community Health Assessment Process
Every 3 years the Rutherford-Polk-McDowell Health District (RPMHD) in partnership with WNC Healthy Impact conducts a Community Health Assessment (CHA). The assessment describes the health status of the community and enables community leaders to monitor health trends, determine priorities among health issues, and establish the availability of resources within the county to protect, promote and improve the community's health. The CHA provides direction for the planning of disease prevention and health promotion services and activities.

Name	Agency	Title	Agency Website
Yanet Cisneros	Rutherford-Polk-McDowell Health District	Health Educator/Healthy Communities Coordinator	http://www.rpmhd.org
Jill Miracle	Community Health Council of Rutherford County	Executive Director	http://www.healthcouncilrc.com/
Rebecca Segal	Rutherford Regional Health System	CEO	https://www.myrutherfordregional.com/
Lee Homan	Blue Ridge Health - Rutherford	Director of Marketing & Communications	https://www.brchs.com/
Suzanne Porter	United Way	Executive Director	http://unitedwayofrutherford.org/
Tracy Davis	Cooperative Extension	Extension Agent, Family & Consumer Sciences	https://rutherford.ces.ncsu.edu/

Partnerships
Many key partners participated in this process. All entities and organizations provided great insight and expertise. Team members worked together and independently to gather and analyze primary and secondary data. Contributing viewpoints also included secondary data such as demographics, socioeconomics, health and environmental health indicators.

Name	Agency	Title	Agency Website
Joannie Jolley	Community Health Council of Rutherford County	Facilitator	http://www.healthcouncilrc.com/
Tammy Aldridge	Senior Center	Director	https://www.rutherfordcountync.gov/departments/senior_center/index.php
Ted Bell	District Attorney	District Attorney	https://www.rutherfordcountync.gov/departments/clerk_of_court/index.php
Sarah Bradley	Rutherford County Schools	School Nurse	https://www.rcsnc.org/
Rita Burch	Hospice of the Carolina Foothills	Executive Director	http://hocf.org/?gclid=EAIaIQobChMI_q_ImNXS4AIVkbXACh1nUQuGEAAYASAAEgIlCPD_BwE
Chris Burley	Safe Kids	Chiropractor	https://www.safekids.org/coalition/safe-kids-rutherford-county
Tiffany Crank	Levine Cancer Institute	Cancer Program Development Specialist Disparities and Outreach	https://atriumhealth.org/locations/levine-cancer-institute-Rutherford
Shelly Foreman	VAYA	Western Region Community Relations Representative	http://www.vayahealth.com/
Chris Francis	Sheriff	Sheriff	https://www.rutherfordcountync.gov/departments/sheriff/index.php
Sioux Free	Pisgah Legal	Client Services	https://www.pisgahlegal.org/
Amanda Freeman	Rutherford Life Services	Executive Director	http://www.rutherfordlifeservices.com/
Mike Gavin	Isothermal Community College	Director of Marketing and Community Relations	Isothermal.edu
Kerry Giles	Transportation Services	Director	https://www.rutherfordcountync.gov/departments/emergency_medical_services/index.php
Terry Hines	RHI Legacy Foundation	Executive Director	https://www.rhilegacyfoundation.com/
Clark Poole	Chamber of Commerce	Director	http://www.rutherfordcoc.org/
Sara Spotila	Family Preservation	Regional Director	https://fpscorp.com/
Lori Spurling	Daily Courier	Publisher/Ad Director	https://thedigitalcourier.com/
Jerry Stensland	Rutherford Outdoor Coalition	Representative	http://www.rutherfordoutdoor.org/
David Sutton	Rutherford County Schools	Assistant Superintendent	https://www.rcsnc.org/
Scott Carpenter	Daily Courier	Reporter	https://thedigitalcourier.com/

Regional/Contracted Services

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

Theoretical Framework/Model

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

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

Collaborative Process Summary

Rutherford's collaborative process is supported by WNC Healthy Impact, which works at the regional level.

Locally, our process begins with the collection of data that is completed through a partnership with WNC Healthy Impact to conduct this assessment from January 2018 through December 2018. In working with WNC Healthy Impact, the CHA Advisory Committee had the opportunity to assist with collecting primary data, which included telephone surveys of 200 residents and 18 key informant surveys completed by community key leaders. Team members also accessed the WNC Healthy Impact Secondary Data Workbook including a comprehensive set of secondary data from the NC State Center for Health Statistics, US Census Bureau, CDC's Behavioral Risk Factor Surveillance System, and other sources, and maps from Community Commons. All collected data, which is not only specific to the health status of Rutherford County, but also demonstrates how it relates to the Western North Carolina region, was then analyzed and prioritized with the input of a preliminary data team. This initial data team, which is composed of several community partners, chose the top 4 health priorities utilizing a prioritization process based on the Rating/Ranking Key Health Issues (Health Resources in Action) worksheet. The top 4 health priorities and data were then presented to the Community Health Council of Rutherford County and with the input of the diverse members present, these were narrowed down to the top two health priorities again utilizing a process based on the Rating/Ranking Key Health Issues (Health Resources in Action) worksheet. These two Health priorities were selected for the community to focus efforts on, aiming to create collective impact over the next three years.

Phase 1 of the collaborative process began in January 2018 with the collection of community health data. For more details on this process see Chapter 1 – Community Health Assessment Process.

Key Findings

In 2016 the total population of Rutherford County was 66,701 (U.S. Census Bureau, 2018). There is a slightly higher proportion of females than males (51.4% female, 48.6% male). The majority of residents are White (85.5%) with minorities represented as follows: Black or African American (10.3%), Hispanic or Latino (4.0%), Asian (0.5%), American Indian/Alaska Native (0.5%), and Native Hawaiian and other Pacific Islander (0.0%) (U.S. Census Bureau, 2018). Additionally, the population for Rutherford County is expected to change at an alarmingly low rate of only 0.4% from 2020 to 2030 with a projected population total of 68,312 in 2030. (U.S. Census Bureau, 2018).

In 2015 the Health Priorities included: Chronic Disease and Healthy Living, Tobacco Use and Substance Abuse. Throughout the last several years, the community has placed great effort in

each priority area making progress and identifying areas that still need attention. First, diseases of the heart continues to be the number 1 leading cause of death in Rutherford County in 2018 as it was in 2015 (North Carolina State Center for Health Statistics, 2018). Further, the percentage of current smokers continues to decrease from 21.2% in 2015 to 20.2% in 2018 (WNC Health Network, 2018), but secondhand smoke exposure at worksites significantly increased from 13.7% in 2015 to 18.3% in 2018 (WNC Health Network, 2018). Lastly, many local leaders feel it is important to increase access to substance abuse services as the rate of unintentional poisoning mortality increased from 18.7 in 2011-2015 to 20.4 in 2012-2016 (North Carolina State Center for Health Statistics, 2018).

Other findings to note include that 77.1% of Rutherford County adults are overweight or obese in 2018 and 30.1% of Rutherford County adults have self-reported that they do not engage in leisure-time physical activity (WNC Health Network, 2018). Also, childhood poverty, although slightly decreased from 29.6% in 2011-2015 to 27.4% in 2012-2016, continues to be a challenge in Rutherford County and is still higher than the total poverty of 19.3% in 2012-2016 (U.S. Census Bureau, 2018).

Health Priorities

- **Active Living**
- **Substance Abuse Treatment and Recovery**

Next Steps

RPMHD has shared the CHA findings with the Community Health Council and members of Rutherford Regional Health System. An electronic copy will be made available on the RPMHD website at rpmhd.org and printed copies will be made available at the Health Department, the local library, and printed upon request.

A community forum was held on December 17, 2018 at the Rutherford County Cooperative Extension Auditorium. CHA data was reviewed, and evidence-based strategies were explored to address the two chosen health priority areas. Findings from the CHA and input gathered during the forum will influence strategic planning across the community including the development of the Community Health Improvement Plan.

In partnership with community leaders and existing work groups, RPMHD will support planning and taking action around the health priorities. We will better understand the story and root causes behind the priority issues and will engage with existing and new partners to help improve these issues and move the needle in the right direction towards the common goal of making Rutherford County a healthier place to live, work, and play.

CHAPTER 1 – COMMUNITY HEALTH ASSESSMENT PROCESS

Purpose

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

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

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

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

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

Definition of Community

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

WNC Healthy Impact

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

This regional initiative is designed to support and enhance local efforts by:
- Standardizing and conducting data collection,
- Creating communication and report templates and tools,
- Encouraging collaboration,
- Providing training and technical assistance,

- Addressing regional priorities, and
- Sharing evidence-based and promising practices.

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

Data Collection

The set of data reviewed for our community health assessment process is comprehensive, though not all of it is presented in this document. Within this community health assessment, we share a general overview of health and influencing factors, then focus more on priority health issues identified through a collaborative process. Our assessment also highlights some of our community strengths and resources available to help address our most pressing issues.

Core Dataset Collection

The data reviewed as part of our community's health assessment came from the WNC Healthy Impact regional core set of data and additional local data compiled and reviewed by our local CHA team. WNC Healthy Impact's core regional dataset includes secondary (existing) and primary (newly collected) data compiled to reflect a comprehensive look at health. The following data set elements and collection are supported by WNC Healthy Impact data consulting team, a survey vendor, and partner data needs and input:
- A comprehensive set of publicly available secondary data metrics with our county compared to the sixteen county WNC region
- Set of maps accessed from Community Commons and NC Center for Health Statistics
- WNC Healthy Impact Community Health Survey (cell phone, landline and internet-based survey) of a random sample of adults in the county
- Online key informant survey

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

Health Resources Inventory

We conducted an inventory of available resources of our community by reviewing a subset of existing resources currently listed in the 2-1-1 database for our county as well as working with partners to include additional information. Where gaps were identified, we partnered with 2-1-1 to fill in or update this information when applicable. See **Chapter 7** for more details related to this process.

Community Input & Engagement

Including input from the community is a critical element of the community health assessment process. Our county included community input and engagement in a number of ways:
- Partnership on conducting the health assessment process
- Through primary data collection efforts (survey, key informant interviews)
- By reviewing and making sense of the data to better understand the story behind the numbers
- 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.

At-Risk & Vulnerable Populations

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

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

- Low-income
- Minority
- Un-insured or under-insured
- Current smokers and/or who abuse substances
- Those who are sedentary and who are obese/overweight
- Those experiencing health disparities
- The elderly
- Children
- The disabled

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

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

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

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

CHAPTER 2 – RUTHERFORD COUNTY

Location, Geography, and History of Rutherford

Location & Geography

Rutherford County is a rural, Tier 1 county located in the foothills of the western region of the state. It is bordered by the state of South Carolina and surrounded by the counties of Polk, McDowell, Cleveland, Buncombe and Henderson. Rutherford County's land area is comprised of valleys and mountains and includes flat land of 564.12 square miles and 2 square miles of water. The county seat is Rutherfordton. The county is composed of eight municipalities: Bostic, Chimney Rock, Ellenboro, Forest City, Rutherfordton, Ruth, Spindale and Lake Lure. Connected by US Hwy 74- Business, Rutherfordton, Spindale, and Forest City form the Tri- City area. The towns of Lake Lure and Chimney Rock are located approximately 20 miles west of Rutherfordton. Lake Lure is a private lake with public access. Elevations range from 1,075 feet in Rutherfordton, to 860 feet in Forest City, making Forest City the county's lowest elevation. Rutherford County's highest elevation is Sugar Loaf measuring at 3,967 ft. Rutherford County has an average annual temperature, 59.9 F, and average annual rainfall, 49.91 inches.

History

Rutherford County, North Carolina, was formed April 14, 1779, from a part of old Tryon County. Rutherford County was named for General Griffith Rutherford of Rowan County, North Carolina, a Revolutionary War soldier who commanded the forts of Rutherford County during the summer of 1780. In 1868, a new governing body called the County Commissioners ruled the county. Gilbert Town, in the center of the county, was the first county seat. This small village contained houses, a number of buildings and businesses, and the courthouse. At the meeting of the North Carolina legislature in 1784, it was charged that the Rutherford County courthouse was not convenient for the citizens and was unfit for use. In 1786, construction began on a new county seat, and courthouse. This new county seat was named Rutherford Courthouse, then Rutherford Town, and, today, Rutherfordton. In 1907, the courthouse was destroyed by fire; thereafter the current courthouse standing today was erected. The 20th century brought a boom to Rutherford County, due to the textile industry. Sadly, most of those industries have been moved elsewhere and are no longer in service in Rutherford County. The result of industries leaving the county has been unemployment and rising rates of poverty.

Population

Understanding the growth patterns and age, gender and racial/ethnic distribution of the population in Rutherford County will be keys in planning the allocation of health care resources for the county in both the near and long term.

In 2016 the total population of Rutherford County was 66,701. There is a lightly higher proportion of females than males (51.4% female, 48.6% male) and 19.5% of the population is 65 years and older (U.S. Census Bureau, 2018). The majority or residents are White (85.5%) with minorities represented as follows: Black or African American (10.3%), Hispanic or Latino (4.0%), Asian (0.5%), American Indian/Alaska Native (0.5%), and Native Hawaiian and other Pacific Islander (0.0%). (U.S. Census Bureau, 2018). Additionally, the population for Rutherford County is expected to change at an alarmingly low rate of only 0.4% from 2020 to 2030 with a projected

population total of 68,312 in 2030 and the rate will continue to decrease thereafter (NC Office of State Budget Management, 2018).
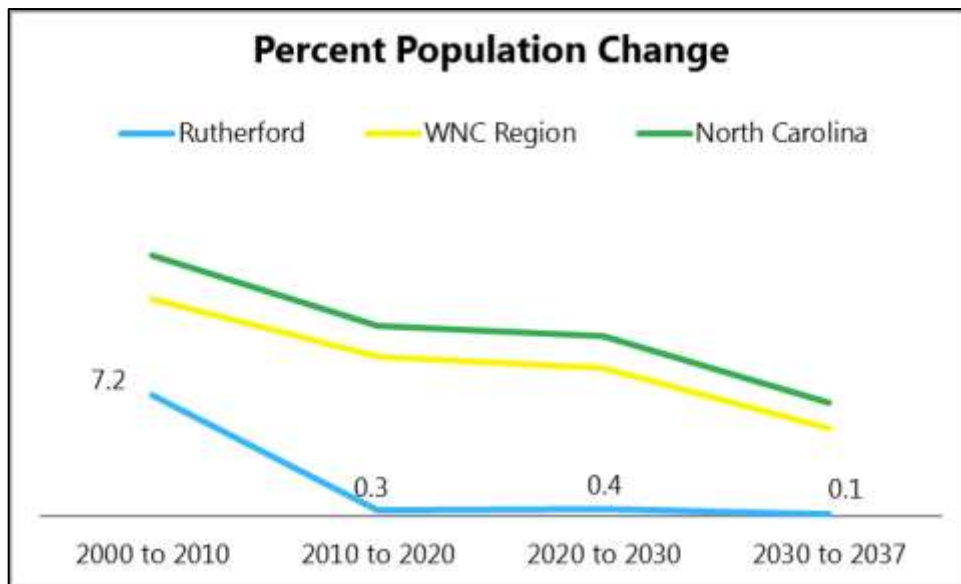
Source: NC Office of State Budget Management

The median age in Rutherford County is 44.1 while the median age in the region is 45.9 and 38.3 in the state (U.S. Census Bureau, 2018). It is projected that in 2037, 24.8% of the population will be 65 years and older (North Carolina Office of State Budget and Management, 2018). Meanwhile, the birth rate trend has steadily decreased over the years from 10.4 during 2009-2013 to 10.2 during 2010-2014 to 10.1 during 2011-2015 and 10.0 during 2012-2016.

Furthermore, among the total population age 25 and older, Rutherford County has a 31.9% High School Graduation rate, 21.2 % some college with no degree and 16.7% who have a bachelor's degree or higher (U.S. Census Bureau, 2018). The high school graduation rate is higher than that of the state and the region and the percentages of some college and bachelor's degree of higher are in line with and lower than the state and region respectively. Lastly, 4.6% of Rutherford County households are non-English speaking (U.S. Census Bureau, 2018).
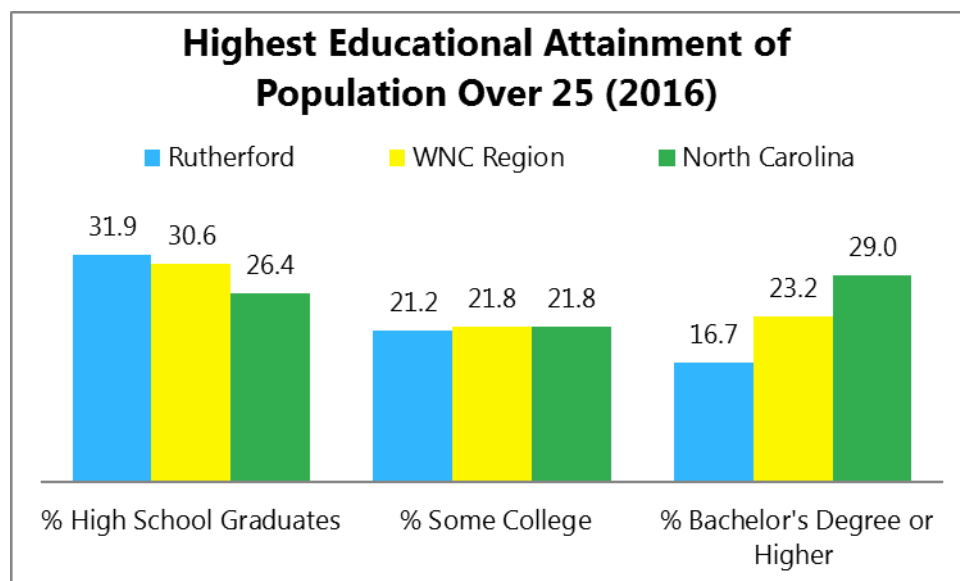
Source: U.S. Census Bureau

CHAPTER 3 – A HEALTHY RUTHERFORD COUNTY

Elements of a Healthy Community

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

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

- Healthy Lifestyles
- Lower Obesity Rates
- Awareness/Education
- Good Economy

During our collaborative planning efforts and next steps, we will further explore these concepts and the results our community has in mind.

"Many agencies working together toward common goal."

– Community Leader

CHAPTER 4 – SOCIAL & ECONOMIC FACTORS

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

Income & Poverty

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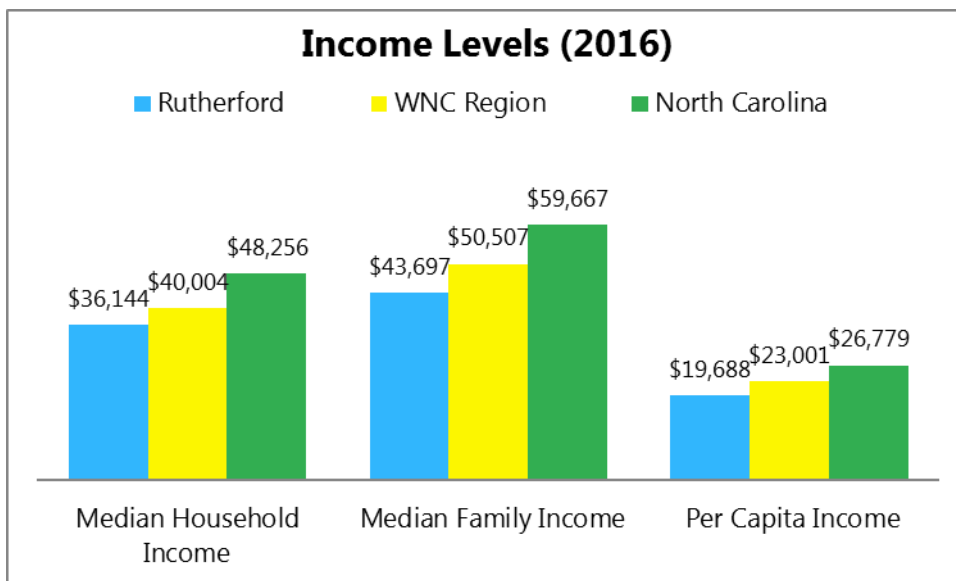
Source: U.S. Census Bureau

- Median household income is $36,144
- Median family income is $43,697
- Per capita income is $19,688
- 19.3% of the total population is below poverty level. This is higher than both the WNC region (16.5%) and the state (16.8%)
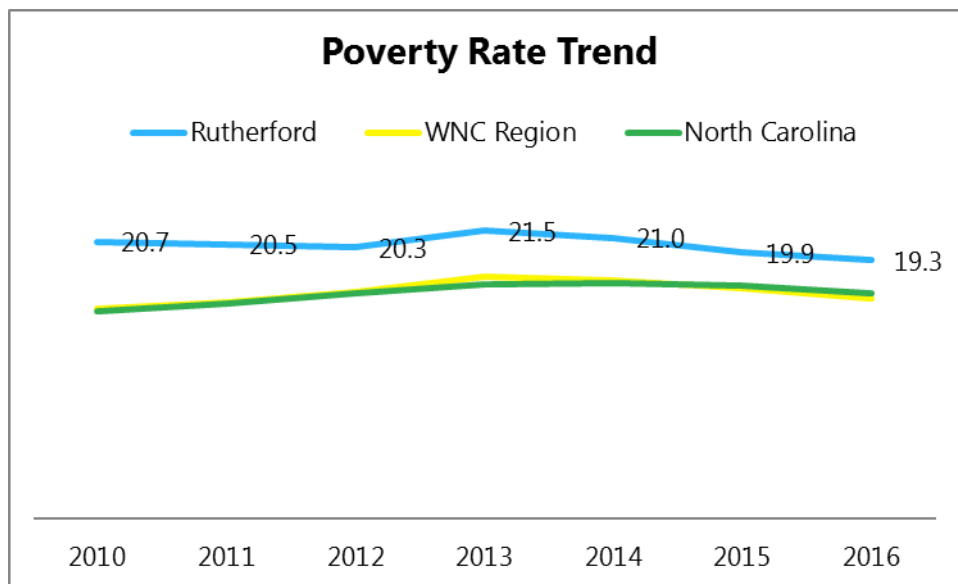
Source: U.S. Census Bureau
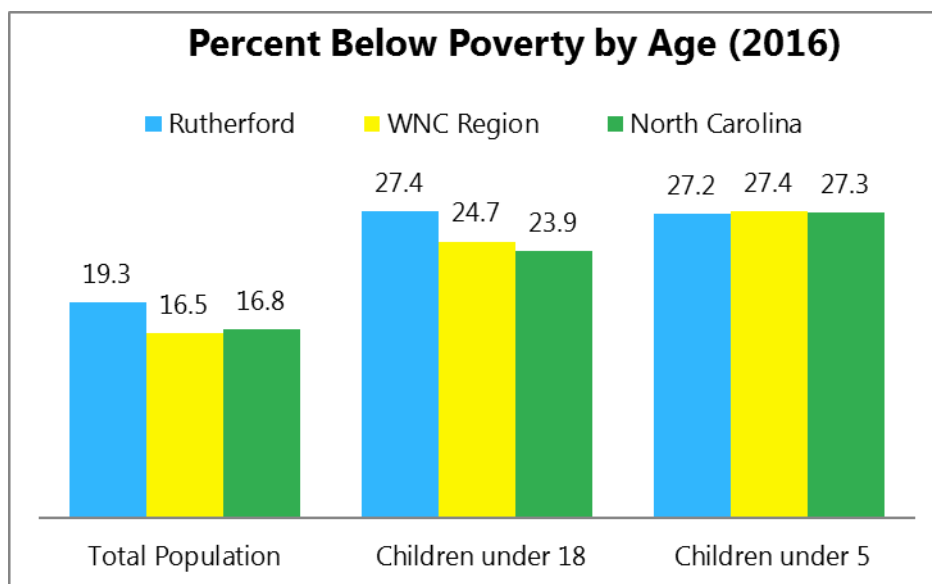
Source: U.S. Census Bureau

- 27.2% of children under 5 and 27.4% of children under 18 are below poverty level
- The largest population below poverty by race is Hispanic at 38.7% followed by Black/African American at 27.9%, then Asian at 7.2%, American Indian or Alaska Native at 2.9% and lastly White at 17.7%.
- As of January 2018, there were 6,144 cases under Food and Nutrition Services with 13,569 participants. Of these, the majority of participants are white at 10,811 followed by African American at 2,475, then Hispanic at 519, and lastly other races with 283.
- All children in Rutherford County receive free lunch.

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).

- The 2018 Annual Summary indicates that in Rutherford County the largest employment sector is manufacturing with an employment percentage of 16.08% and weekly wage of $845.58. This is followed by 15.46% in health care and social assistance with a weekly wage of $649.09 and finally 13.86% in retail trade with a weekly wage of $459.67.
- The unemployment annual average, unadjusted rate in 2017 was 6.1.

17

Education

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

Highest Educational Attainment of Population Over 25 (2016)

- Rutherford
- WNC Region
- North Carolina

	Rutherford	WNC Region	North Carolina
% High School Graduates	31.9	30.6	26.4
% Some College	21.2	21.8	21.8
% Bachelor's Degree or Higher	16.7	23.2	29.0
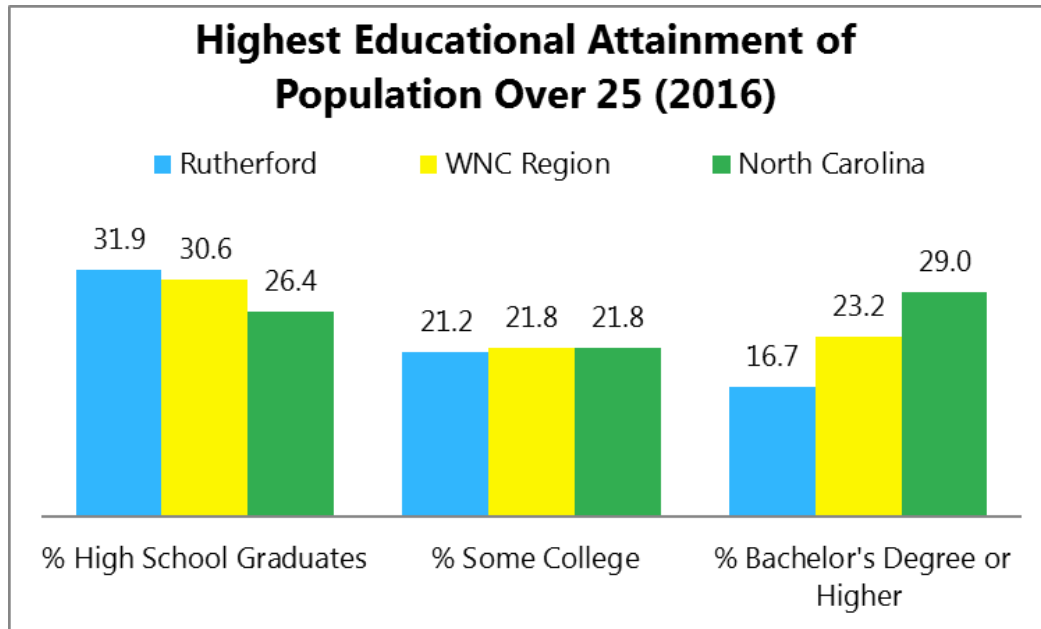
Source: U.S. Census Bureau

- Among the total population age 25 and older, Rutherford County has a 31.9% High School Graduation rate, 21.2 % some college with no degree and 16.7% who have a bachelor's degree or higher.
- There were 8,348 school district enrollments in public schools and 1729 in charter schools at the end of the 2016-2017 school year.
- The high school drop-out rate for Rutherford County, SY 2016-2017, is 3.46 and the High School Graduation rate is 85% for a 4-year cohort of 9th graders entering school in the SY 2013-2014 and graduating in SY 2016-2017 or earlier.

High School Graduation Rate: Entering SY13-14 and Graduating SY16-17 or earlier

- Rutherford
- WNC Region
- North Carolina

	Rutherford	WNC Region	North Carolina
All Students	85.0	88.4	86.5
Males	81.6	86.1	83.5
Females	> 95.0	89.7	89.7
Economically Disadvantaged	82.8	81.2	81.8
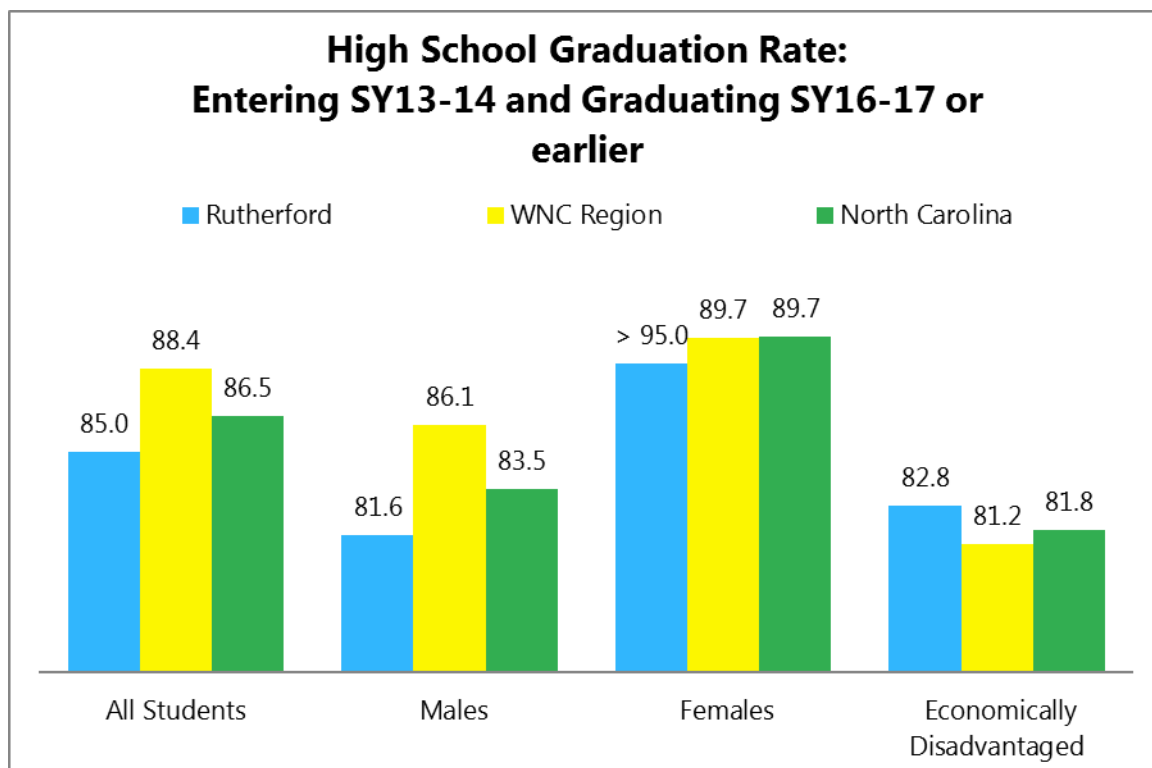
Source: Public Schools of North Carolina

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).
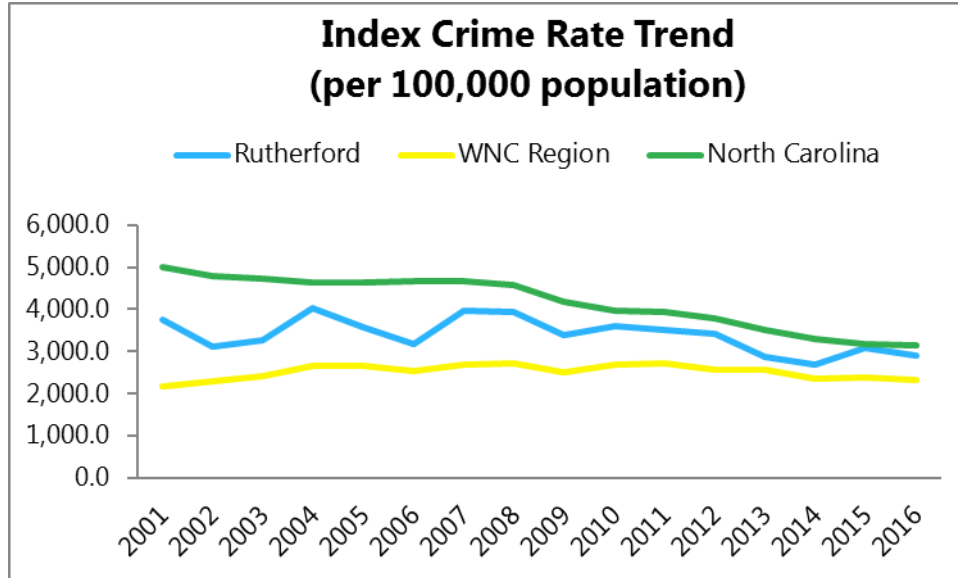
Source: NC Department of Justice

- Index crime is the sum of all violent and property crime. The index crime rate in Rutherford County fell above the comparable regional rate and below the comparable state rate throughout the period cited.

Housing

"The housing options and transit systems that shape our community's 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).

Source: U.S. Census Bureau

Percent of Rented Units Spending > 30% of Household Income on Housing

Rutherford — WNC Region — North Carolina

39.1   38.8   38.0   40.0   40.2   40.9   39.9

2010   2011   2012   2013   2014   2015   2016
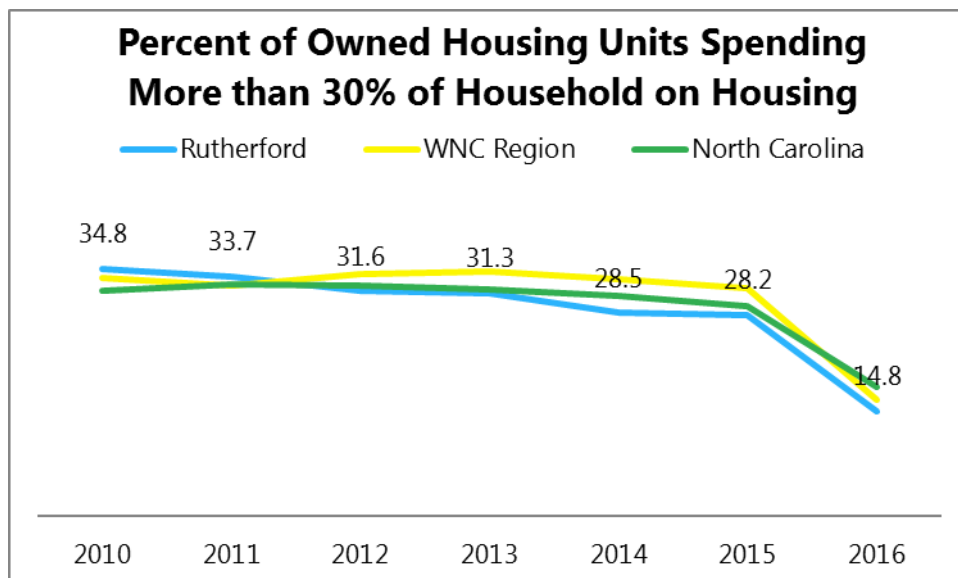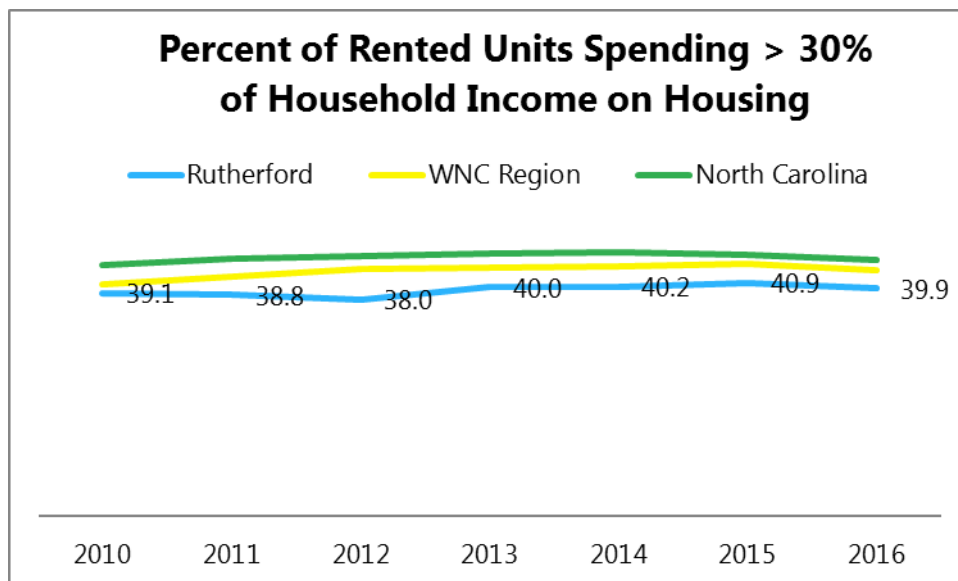
Source: U.S. Census Bureau

- One measure of economic burden in a community is the percent of housing units spending more than 30% of household income on housing (rented and owned units). In Rutherford County, 14.8 % of housing units spend more than 30% of household income on owned units and 39.9% on rented units. Both rates are slightly lower than the state and region rates.
- Median gross rent is $602 and median monthly owner costs is $953 during the 2012-2016 time period.

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).

- In 2018, 66.8% of Rutherford County adults self-report to "Always/Usually" get needed social/emotional support

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

Rutherford: 75.6%, 82.0%, 66.8%
WNC: 80.6%, 79.3%, 75.3%

■ 2012 ■ 2015 ■ 2018
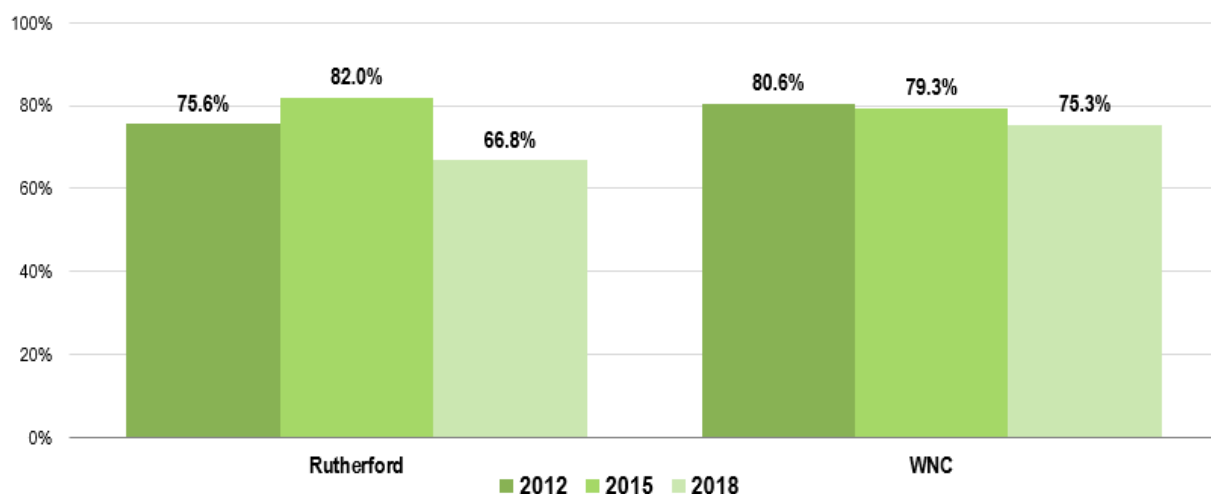
Source: WNC Healthy Impact Community Health Survey

- Of the Rutherford County adults that have experienced Adverse Childhood Experiences (ACEs) prior the Age 18, the majority, at 41.9%, experienced emotional abuse, 40.9% experienced household substance abuse, and 26.4% experienced household mental illness. All county rates, with the exception of sexual abuse, are higher than that of WNC region rates.

Experienced Adverse
Childhood Experiences (ACEs) Prior to Age 18
(2018)

Legend: Rutherford Co | WNC

Category	Rutherford Co	WNC
Emotional Abuse	41.9%	36.6%
Household Substance Abuse	40.9%	31.6%
Parental Separation or Divorce	31.8%	27.6%
Household Mental Illness	26.4%	23.0%
Intimate Partner Violence	22.2%	19.1%
Physical Abuse	21.2%	18.7%
Incarcerated Household Member	18.8%	9.9%
Sexual Abuse	4.5%	7.6%
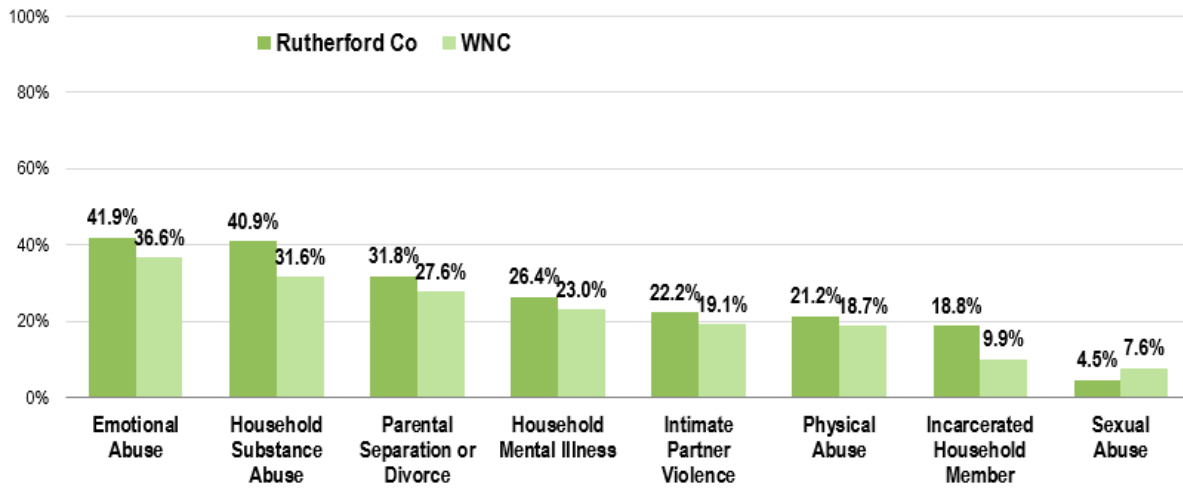
Source: WNC Healthy Impact Community Health Survey

CHAPTER 5 – HEALTH DATA FINDINGS SUMMARY

Mortality

The table below shows that the three leading causes of death for the period 2012-2016 were Diseases of the Heart, Cancer, and Chronic Lower Respiratory Disease.

Rank	Cause of Death	Rutherford	
		# Deaths	Death Rate
1	Diseases of Heart	932	200.8
2	Cancer	827	170.1
3	Chronic Lower Respiratory Diseases	343	70.1
4	Cerebrovascular Disease	269	57.6
5	All Other Unintentional Injuries	159	42.5
6	Diabetes Mellitus	139	29.3
7	Alzheimer's disease	108	23.3
8	Suicide	69	19.3
9	Nephritis, Nephrotic Syndrome, and Nephrosis	85	17.6
10	Unintentional Motor Vehicle Injuries	54	15.8
11	Septicemia	72	15.6
12	Pneumonia and Influenza	67	15.1
13	Chronic Liver Disease and Cirrhosis	60	13.2
14	Homicide	**14**	**4.7**
15	Acquired Immune Deficiency Syndrome	**4**	**1.3**
All Causes (some not listed)		4,257	930.6

Source: NC State Center for Health Statistics

When looking at the leading causes of death by age group, other unintentional injuries, suicide and motor vehicle injuries are the leading causes for young adults ages 20-39. As the population ages, chronic diseases become predominant including cancer, diseases of the heart and chronic lower respiratory diseases.

Rutherford County				
Age Group	Rank	Leading Cause of Death	# Deaths	Death Rate
00-19	1	Conditions originating in the perinatal period	9	11.5
		Motor vehicle injuries	9	11.5
	3	Other Unintentional injuries	5	6.4
20-39	1	Other Unintentional injuries	27	37.8
	2	Suicide	17	23.8
	3	Motor vehicle injuries	13	18.2
40-64	1	Cancer - All Sites	253	212.5
	2	Diseases of the heart	190	159.6

	3	Chronic lower respiratory diseases	79	66.4
65-84	1	Cancer - All Sites	463	801.2
	2	Diseases of the heart	421	728.5
	3	Chronic lower respiratory diseases	222	384.2
85+	1	Diseases of the heart	310	4283.5
	2	Cerebrovascular disease	106	1464.7
	3	Cancer - All Sites	99	1368.0

Source: NC State Center for Health Statistics

The overall life expectancy for residents in Rutherford County is 75.3 years. This is lower than both that of WNC (77.7 years) and NC (77.4 years). For persons born in 2014-2016, life expectancy is longer among females (78.2 years) than males (72.4 years) and for White residents (75.7 years) than African American residents (73.4 years).

Life Expectancy at Birth (2014-2016)
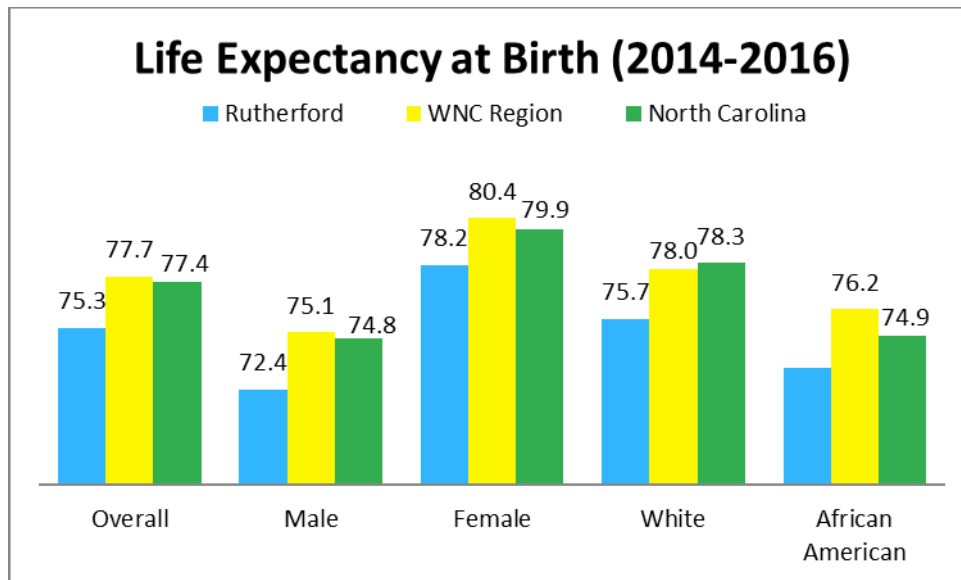
Source: NC State Center for Health Statistics

Note how poorly males in Rutherford County fare compared to females in terms of mortality when looking at Total Cancer Mortality Rates. History demonstrates that this is not a new observation nor is it unique to WNC. Potential reasons that explain this phenomenon include activities that are generally higher among women such as utilization of preventative care, medical check-ups, and participation in screening events. Meanwhile, risky behaviors such as smoking, substance abuse, and poor diet are generally higher among men.

Rutherford County Gender Disparity Trend: Total Cancer Mortality Rates
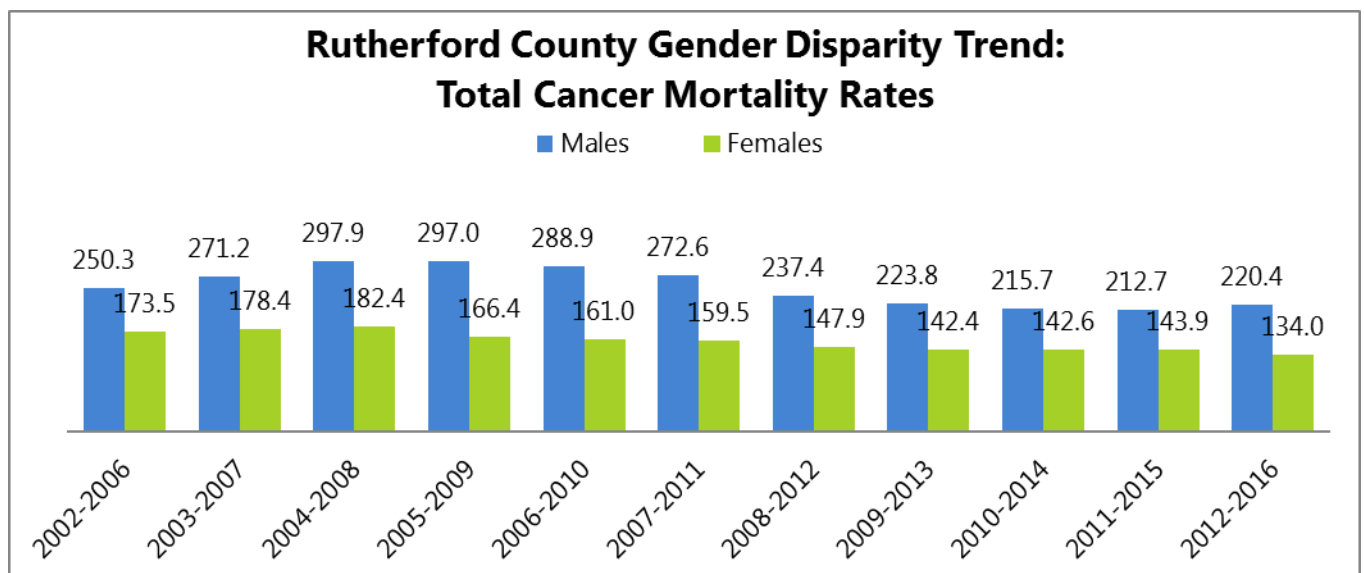
Source: NC State Center for Health Statistics

Health Status & Behaviors

The 2018 County Health Rankings ranked Rutherford County 74th overall among 100 NC Counties where number 1 is the best (County Health Rankings, 2018).

In terms of health outcomes, Rutherford County ranked:

- 83rd in length of life
- 54th in quality of life (includes poor or fair health, poor physical health days, poor mental health days, and low birthweight).

In terms of health factors, Rutherford County ranked:

- 50th in health behaviors (includes adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections and teen births).
- 57th in clinical care (includes uninsured, primary care physicians, dentists, mental health providers, mammography screenings, and more).
- 69th in social and economic factors (includes high school graduation, unemployment, children in poverty, social associations, violent crime, and more).
- 34th in physical environment (includes air pollution-particulate matter, drinking water violations, severe housing problems, and more).

Self-reported overall health status has deteriorated in the past 3 years as the percentage of adults experiencing "fair" or "poor" overall health has increased from 17.7% to 25.3%. Rutherford County rates are higher than that of the region, the state, and the country.
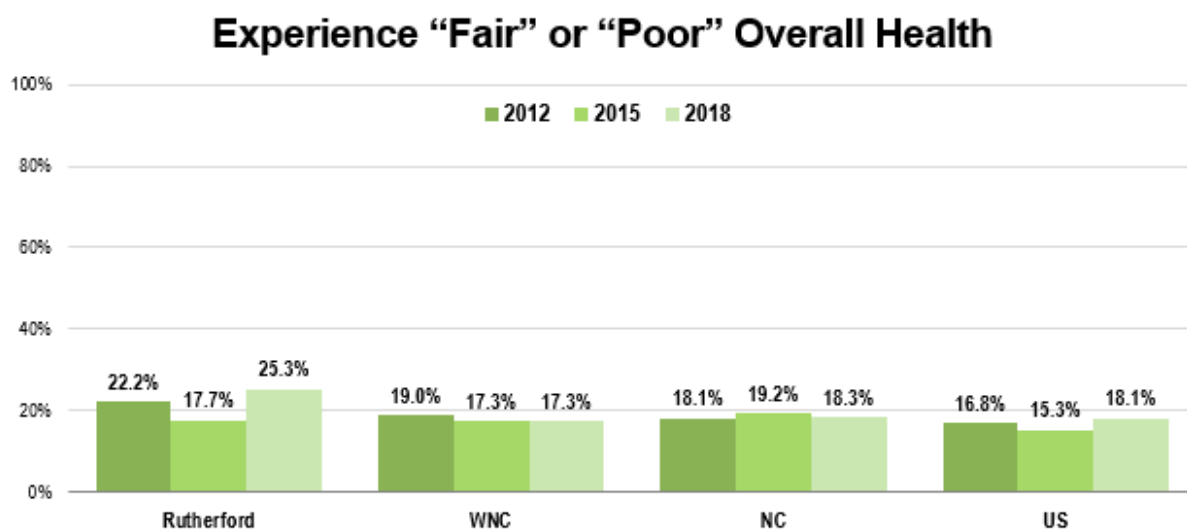
Source: WNC Healthy Impact Community Health Survey

Maternal & Infant Health

The total pregnancy rates in Rutherford County for women aged 15-44 shows to have remained steady overall in the last several years. This downward trend is mirrored in that of the WNC and NC rates, with rates being 64.9 (Rutherford), 63.5 (WNC) and 72.2 (NC) in 2016 (NC State Center for Health Statistics, 2018). Teen pregnancy rates in Rutherford County, WNC, and NC have fallen significantly since the 2002-2006 period and seem to continue a downward trend.
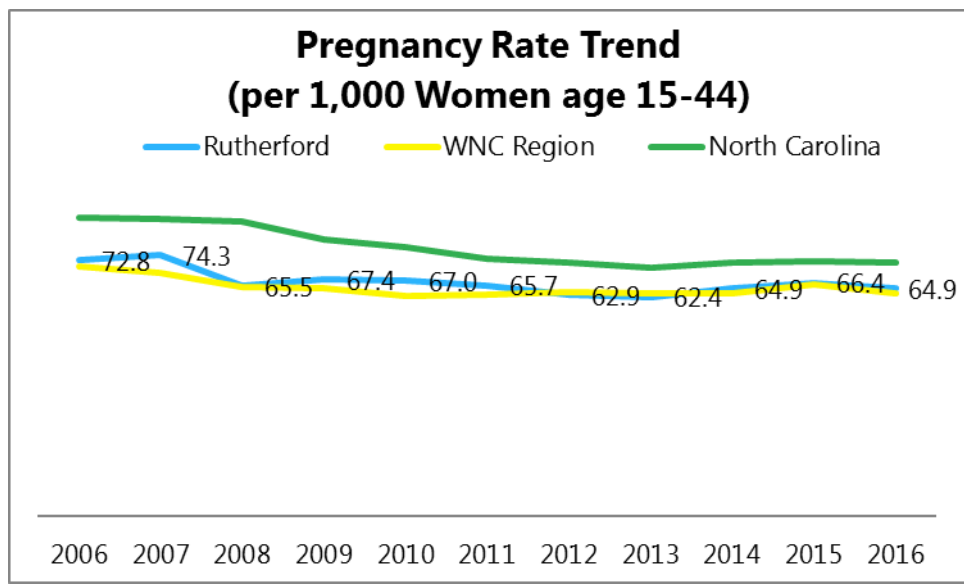
Pregnancy Rate Trend
(per 1,000 Women age 15-44)

Rutherford — WNC Region — North Carolina

72.8 74.3 65.5 67.4 67.0 65.7 62.9 62.4 64.9 66.4 64.9

2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016

Source: NC State Center for Health Statistics

Pregnancy Rate Trend
(per 1,000 Women age 15-17)

Rutherford — WNC Region — North Carolina

42.0 39.4 38.2 36.6 32.1 29.5 28.2 24.8 18.6 19.6 16.6

2002-2006 2003-2007 2004-2008 2005-2009 2006-2010 2007-2011 2008-2012 2009-2013 2010-2014 2011-2015 2012-2016
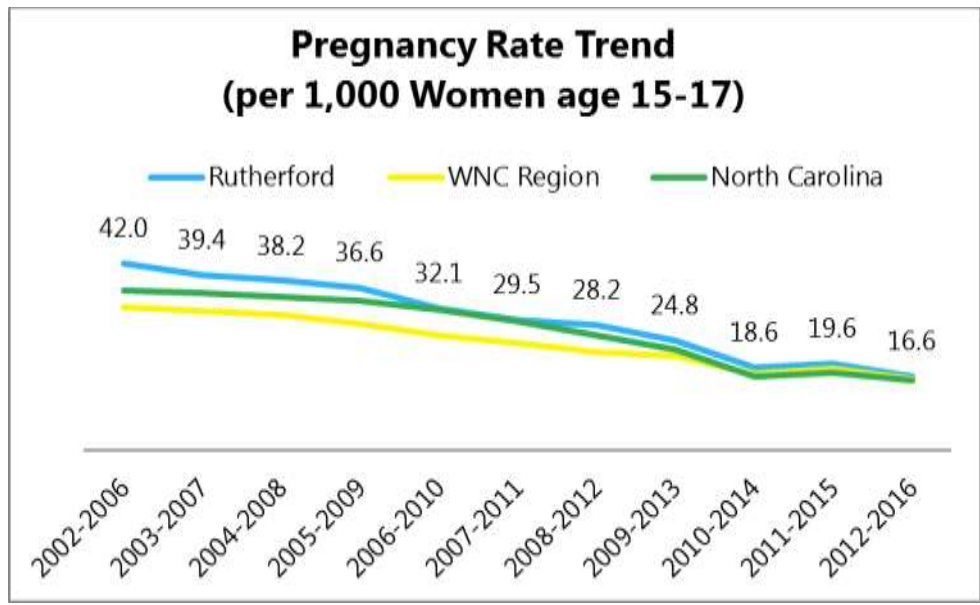
Source: NC State Center for Health Statistics

Furthermore, among Rutherford County women ages 15-44 years, in 2016 the highest pregnancy rates appear to occur among Hispanics. Meanwhile, among teens age 15-19 in Rutherford County, the highest pregnancy rates appear to occur among White, non-Hispanic.

A pregnancy risk factor in Rutherford county includes smoking during pregnancy. In 2016 the rate of women who smoked during pregnancy in Rutherford County (20.5), although not the highest in the region, is higher than the WNC rate (19.9) and significantly higher than the state rate (8.9) (NC State Center for Health Statistics, 2018). In addition, the percentage of women in Rutherford County who received prenatal care in the first trimester (months 1-3) has overall steadily decreased since 2011 when it was 77.8% to 70.7% in 2016 (NC State Center for Health Statistics, 2018).

Percent of Births to Mothers who Smoked Prenatally

Rutherford — WNC Region — North Carolina

21.1   23.2   23.5   21.6   21.7   20.5

2011   2012   2013   2014   2015   2016
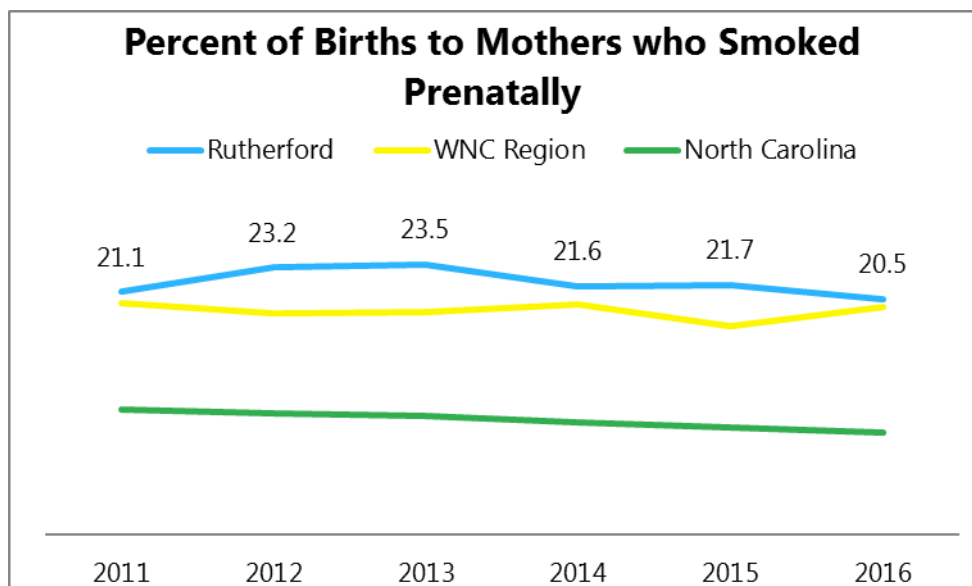
Source: NC State Center for Health Statistics

Chronic Disease

Rutherford County has considerably high rates of diabetes, high blood pressure, high cholesterol, heart disease, cancer, and chronic lower respiratory disease. The average self-reported prevalence of Rutherford County adults with diabetes was 20.3 in 2018, which is a dramatic increase from 10.2% in 2015. Similarly, the WNC region has also seen an increase in the prevalence of diabetes as its percentage grew from 7.5% in 2015 to 14.4% in 2018 (WNC Health Network, 2018).

Prevalence of Diabetes (Ever Diagnosed)

■ 2012 ■ 2015 ■ 2018

Rutherford: 15.1%, 10.2%, 20.3%
WNC: 12.6%, 7.5%, 14.4%
NC: 9.8%, 11.4%, 11.3%
US: 10.1%, 11.7%, 13.3%
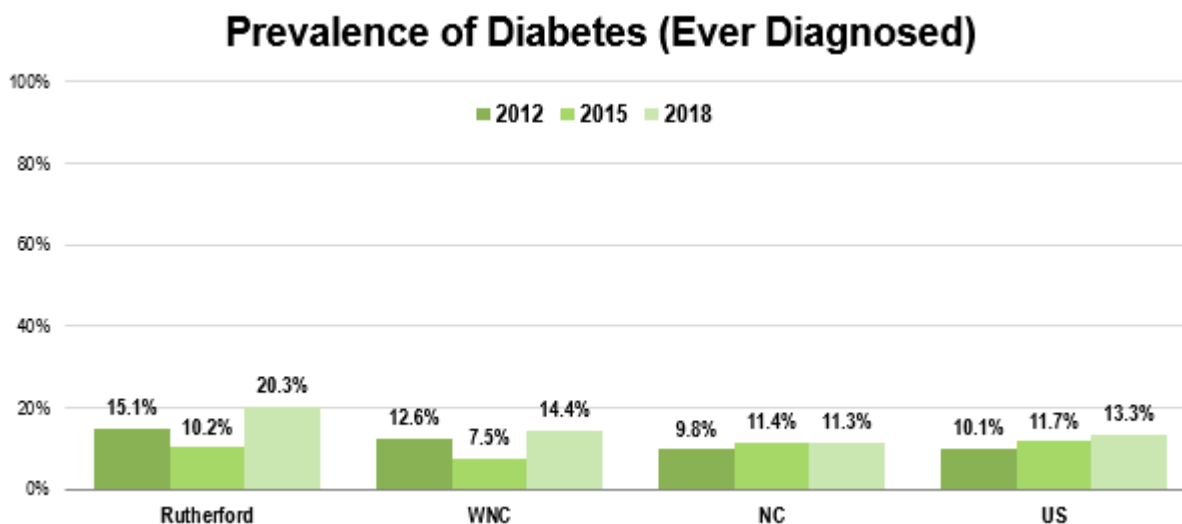
Source: WNC Healthy Impact Community Health Survey

Additionally, in 2018 the self-reported prevalence of high blood pressure in Rutherford County adults was 45.1% while the percentage for the state was 35.2% and 39.2% for the WNC region. The prevalence of high cholesterol was 42.7% for Rutherford county and 33.8% for the WNC region (WNC Health Network, 2018).

Furthermore, heart disease is the leading cause of death in Rutherford County followed by cancer and the third cause being chronic lower respiratory diseases. In 2018 over 11% of Rutherford County residents were diagnosed with heart disease (to include heart attack, angina, or coronary disease). This prevalence was higher than that of WNC (8%). Cancer incidence rates for site-specific cancers for this community including colorectal (42.7) , lung (71.1) and prostate (100.9) cancers were higher than that of the WNC region (38.3, 66.7, and 87.9 respectively) (NC State Center for Health Statistics, 2018).

Prevalence of Heart Disease

2015 ■ 2018

Rutherford	WNC	US
8.8% / 11.2%	6.5% / 8.0%	6.1% / 8.0%
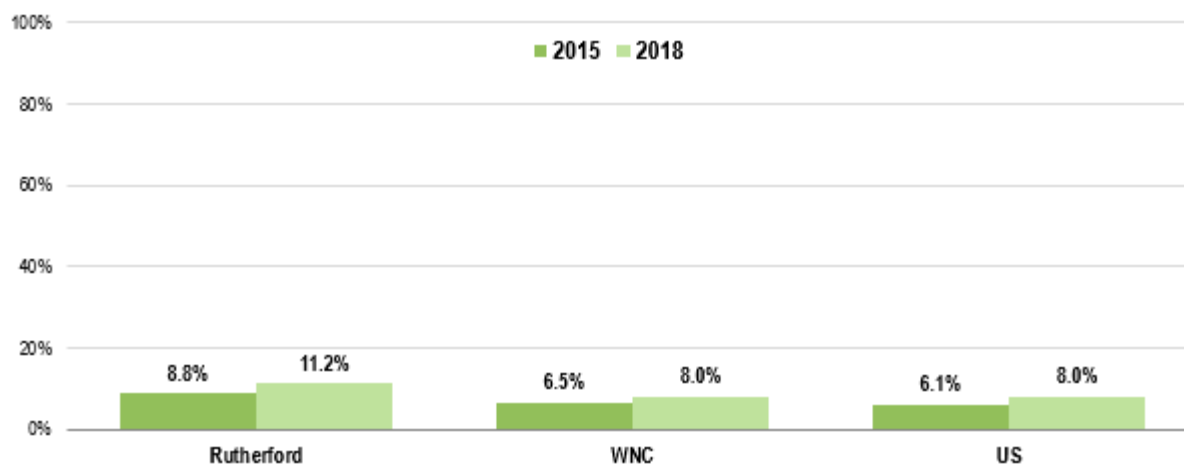
Source: WNC Healthy Impact Community Health Survey

	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate	
	#	Rate	#	Rate	#	Rate	#	Rate
Rutherford County	199	42.7	358	71.1	321	127.1	241	100.9
WNC Region	129	38.3	251	66.7	278	141.3	174	87.9

Source: NC State Center for Health Statistics

Injury & Violence

For age groups 00-19 and 20-39, injuries, whether motor vehicle or unintentional, are within the leading cause of death for Rutherford County residents (NC Center for Health Statistics, 2018). Of these, the main injuries that lead to death or debilitation in our community include falls, unintentional poisonings, and motor vehicle crashes.

Mental Health & Substance Abuse

Between 2006 and 2017, the number of Rutherford County residents served by an Area Mental Health Program decreased overall from 3,510 to 1,782 (a 49% decrease). However, in 2018 23.7% of Rutherford County adults self-reported having greater than 7 days of poor mental health in the past month. This is an increase from 2015 when the percentage was 16.2%. Also 14.8% reported not getting the mental health care or counseling what was needed in the past year, which is also an increase from 2015 when the percentage was 8.9% (WNC Health Network, 2018). The decrease in utilization begs the question: where are those in need being treated? In emergency rooms, jails, not at all?

>7 Days of Poor Mental Health in the Past Month

2012 ■ 2015 ■ 2018

Rutherford	WNC
17.7% / 16.2% / 23.7%	14.2% / 13.0% / 18.7%
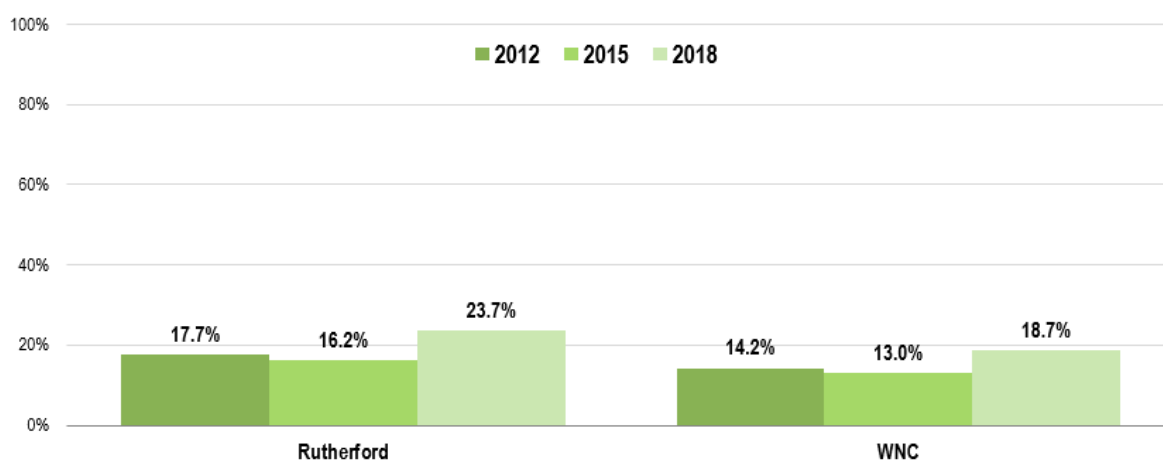
Source: WNC Healthy Impact Community Health Survey

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

Legend: ■ 2012 ■ 2015 ■ 2018

Rutherford: 7.1%, 8.9%, 14.8%
WNC: 6.6%, 7.5%, 12.3%
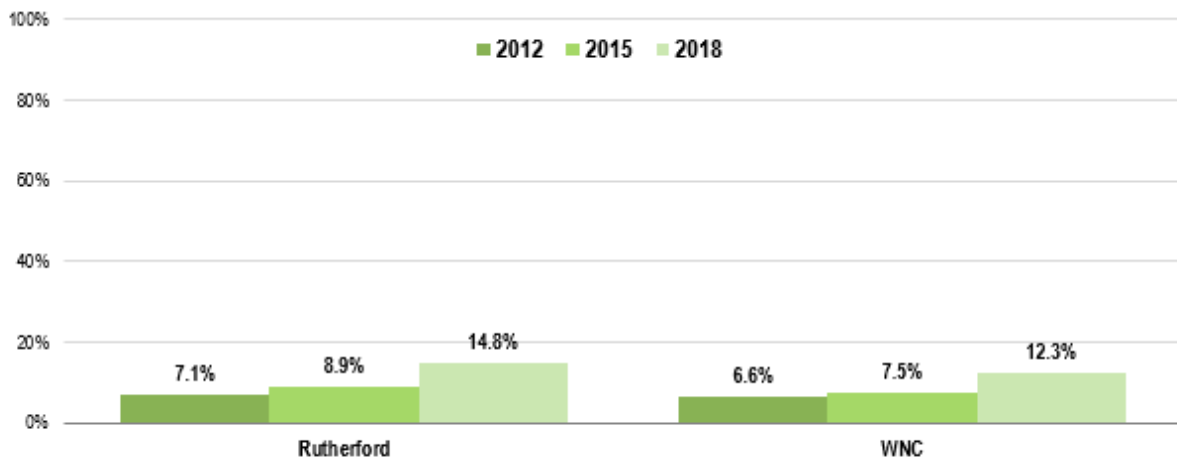
Source: WNC Healthy Impact Community Healthy Survey

Moreover, between the years of 2009-2013, 94% of unintentional poisoning deaths in Rutherford County were medication/drug overdoses (Injury Epidemiology and Surveillance Unit, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, N.C. Division of Public Health, 2015). Additionally, in the first quarter of 2018 there were 21 EMS naloxone administrations and 9 community naloxone reversals by a community lay person, not including first responders. Lastly, it is alarming that the year to date total as of the 4th quarter in 2017 of opioid pills dispensed in Rutherford County was 5,449,000 pills. It is of note that substance abuse treatment and recovery services came up as a need during community discussions.

Oral Health

In 2018, 52.2% of Rutherford County adults indicated having had a dental visit in the past year. This is a decrease from prior years as the percentage in 2015 was 55.8% and 57.6% in 2012. Meanwhile, in 2018 the average for the WNC region was 61.6% and 63.6% for the state, which also indicates a slight decrease from years prior.

Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2020 Target = 49.0% or Higher

Legend: ■ 2012 ■ 2015 ■ 2018

Rutherford: 57.6%, 55.8%, 52.2%
WNC: 63.7%, 63.7%, 61.6%
NC: 68.4%, 64.9%, 63.6%
US: 66.9%, 65.9%, 59.7%
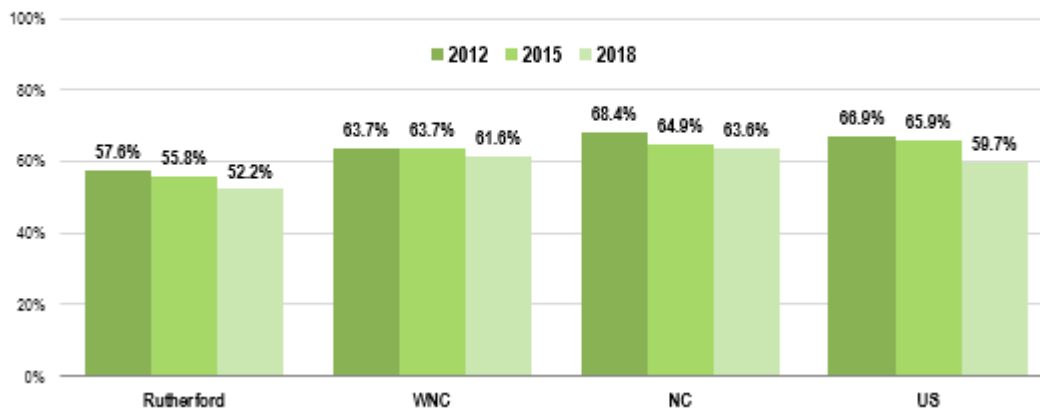
Clinical Care & Access

Health Insurance

Many insurance navigators continue to work tirelessly to assist those seeking insurance through the exchange and help them qualify for subsidies. Although many are still unable to afford policies, the numbers for Rutherford County residents has seemed to improve. In 2012 31.4% of Rutherford county adults (ages 18-64) self-reported not having health insurance. This percentage decreased to 18.1% in 2015 and decreased even further to 13.3% in 2018. The rates for the WNC region and the state are higher than that of Rutherford county showing 19.8% and 17.1% respectively in 2018 (WNC Health Network, 2018). Additionally, it is estimated that in 2016 95.5% of children through the age of 18 years had health insurance coverage (U.S. Census Bureau).

Lack of Healthcare Insurance Coverage
(Adults Age 18-64)
Healthy People 2020 Target = 0.0%

Legend: ■ 2012 ■ 2015 ■ 2018

	2012	2015	2018
Rutherford	31.4%	18.1%	13.3%
WNC	23.7%	19.6%	19.8%
NC	17.7%	24.2%	17.1%
US	14.9%	15.1%	13.7%
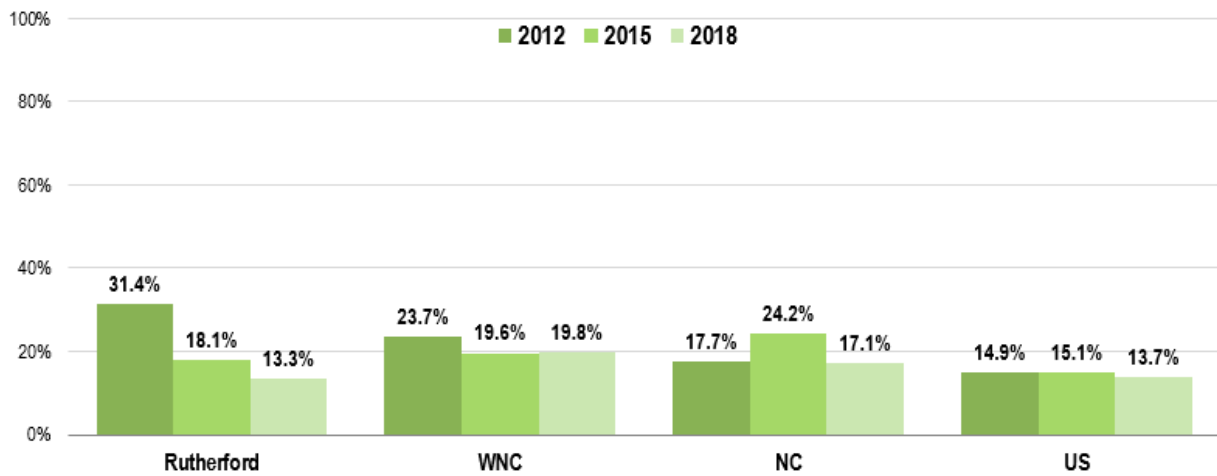
Source: WNC Healthy Impact Community Health Survey

Even though the number of adults in Rutherford County who reported to be un-insured has decreased over the years, 15.1% have indicated they have been unable to get needed medical care at some point in the past year. This is an increase from 8.6% in 2015 and is higher than the WNC region average of 12.4% for 2018. This demonstrates that although very important, other than health insurance, there are other factors that inhibit access to healthcare including the lack of reliable transportation, financial constraints, lack of adequate childcare, and lack of knowledge about available resources, among others.

Was Unable to Get Needed
Medical Care at Some Point in the Past Year

Legend: ■ 2012 ■ 2015 ■ 2018

	2012	2015	2018
Rutherford	16.0%	8.6%	15.1%
WNC	10.8%	9.1%	12.4%
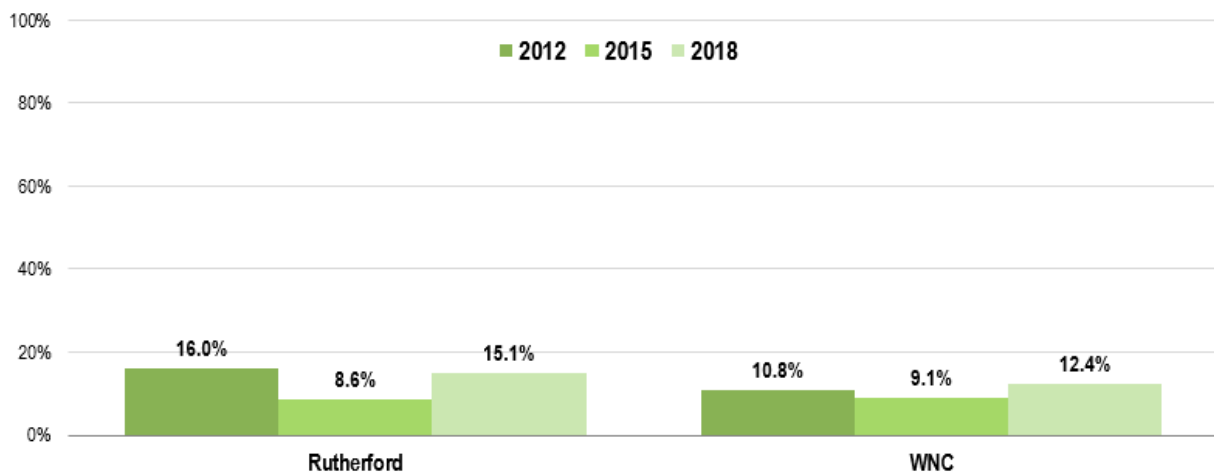
Source: WNC Healthy Impact Community Health Survey

At Risk Populations
At-risk populations in Rutherford County include, and are not limited to, those that are minorities, un-insured and under-insured, and low-income. Often these populations are likely to, or have the potential to, get a specified health condition.

CHAPTER 6 – PHYSICAL ENVIRONMENT

Air & Water Quality

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

Alarmingly, in 2015, Rutherford County ranked number 1 among 85 counties reporting Toxic Release Inventory with a total release of 9,947,634 pounds. Together, Horsehead Metal Products LLC, Duke Energy LLC – Rogers Energy Complex, Eaton Aeroquip Inc., and Trelleborg Coated Systems US Inc./Grace Advanced Materials make up the largest contributors of compounds released at a quantity 9,155,495 pounds.

Furthermore, secondhand smoke is a known human carcinogen with more than 7,000 chemical compounds of which 250 are known to be harmful and 69 of which cause cancer (American Cancer Society, 2014). Smoking is known to cause lung cancer in humans and is a major risk factor for heart disease. The more secondhand smoke is inhaled, the higher the level of these harmful chemicals will be in the body. In 2018, 18.3% of Rutherford County employed adults indicated they had breathed in someone else's smoke at work in the past week. This is a slight increase from 2015 when the average was 13.7% and is higher than the WNC region average of 17% (WNC Health Network, 2018).

Have Breathed Someone Else's Smoke at Work in the Past Week
(Employed Respondents)
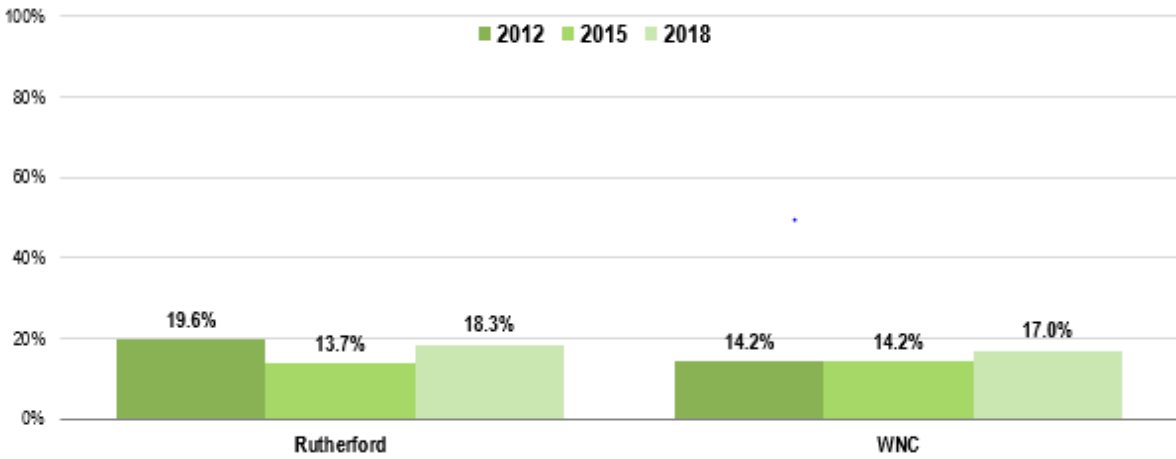
Source: WNC Healthy Impact Community Health Survey

Clean water is also a prerequisite for health. Having access to clean water supports healthy brain and body function, growth and development. While drinking water safety is improving, many contaminants still pollute our water sources – pharmaceuticals, chemicals, pesticides, and microbiological contaminants. In Rutherford County, as of July 2018, 41,653 (or 62.4%) of the county's 2016 population of 66,701 was served by community water systems (Safe Drinking Water Information System, 2018). The remainder of the population accesses water from wells or from bottled water.

Access to Healthy Food & Places

"Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life (Food and Agriculture Organization, 2006). The environments where we live, learn, work, and play affect our access to healthy food and opportunities for physical activity which, along with genetic factors and personal choices, shape our health and our risk of being overweight and obese. As of 2013, 29 million Americans lived in a food desert, without access to affordable, healthy food. Those with lower education levels, already at-risk for poor health outcomes, frequently live in food deserts" (County Health Rankings, 2018).

In Rutherford County, approximately 13 grocery stores and three farmers markets exist to serve the 66,701 residents. In 2015, it was indicated that 4.39% of households had low access to a supermarket or large grocery store, meaning a household without a car and more than 1 mile from a supermarket or large grocery store (U.S. Department of Agriculture Economic Research Service, 2018). In 2018, more than half of Rutherford County adults, 56.8%, indicated that they "never" have had to worry/stress about having enough money to buy nutritious meals in the past year, which is an improvement from 2015 when the percentage was 49.2% (WNC Health Network, 2018).

Lastly, as of 2014 there were 39 fast food restaurants in Rutherford County and only 4 recreational facilities (U.S. Department of Agriculture Economic Research Service, 2018). Limited opportunities for recreation including a lack of access to a safe place to recreate, whether an indoor facility or a park, greenway, walking trail or playground, etc., hinders the ability for a person to live an active lifestyle. This can affect other areas of their health including being overweight or obese and by extension cause the onset of chronic disease.

CHAPTER 7- HEALTH RESOURCES

Health Resources

Process

To compile an up to date Health Resource List, Rutherford County CHA partners worked together to review the current 2-1-1 Health Resource List provided by WNC Healthy Impact. Any outdated or incorrect information was edited and saved for future reference. Additions and edits were also sent to the 2-1-1 coordinator so that the 2-1-1 online directory could be updated.

2-1-1 is a health and human service referral line available 24/7 to speakers of many languages. It is free, confidential and can be accessed through the internet (www.nc211.org) or by calling 2-1-1.

Findings

During this updating process, much was found in terms of available health resources and supportive services. To begin, RHI Legacy Foundation is a fund-raising and grant making organization focused on improving health and wellness in Rutherford County. RHI Legacy Foundation will offer grants to organizations that increase health and wellness for people in Rutherford County. RHI will pursue, identify, incubate and implement new programs and projects to effectively and efficiently impact the health and wellness of the Rutherford Community. For more information, please follow this link: www.RHILegacyFoundation.com.

Additionally, Rutherford County residents have access to support services including Family Preservation Services, Clara Allen Family Center, Area Agency on Aging, Family Caregiver Support, Mom's Hope Support Group, Workforce Development, NAMI South Mountains NC, Pisgah Legal Services and much more. There are also several food pantries in the county that assist food insecure families. Further, Rutherford County offers many county services through the Health Department, Animal Shelter, Recreation Department, Department of Social Services and many others.

Lastly, another county strength is Isothermal Community College (ICC) where our residents can earn a GED or achieve higher education. ICC is part of the NC Community College System and they not only provide curriculum courses to earn a degree, diploma, or certificate, but also an abundance of continuing education. Continuing education courses are for people interested in training in different vocations, such as equine studies, hospitality & tourism, professional development, massage therapy, culinary arts and more.

Resource Gaps

Though many resources are available, there are gaps that need to be filled so that Rutherford County residents have adequate access to services. The following includes gaps that were identified through reviewing available resources and key stakeholder surveys.

For example, although there are many private fitness centers, there is not a YMCA offering a set of structured programs to promote family physical activity. The YMCA provides programs for vulnerable populations through their Population Health Programs. Many residents feel that a YMCA would benefit Rutherford County's effort to adopt healthier life styles.

Another noted gap is a lack of providers and available resources including treatment for folks suffering from a mental health illness and/or substance abuse.

Additionally, the availability of public transportation for the un-insured has also been identified as a resource gap that affects many different areas of wellbeing. The lack of county-wide public transportation has been listed as an impediment in terms of making it difficult for residents to travel to obtain proper medical care or take part in health programs, commute to and from work or to secure essential items for daily living including nutritious foods and medications.

Finally, the most glaring gap exists in the underfunding of the Public Health System through local governance. The Public Health System plays a critical role as convener of partners and as advisor and implementer of community level programs and policies to enhance community health. However, the Public Health System remains woefully underfunded to perform at optimal levels.

Health Priority Identification

Process

Every three years we pause our work to improve community health so that we may step back and take a fresh look at all of the current data from our county that reflects the health of our community. We then use this information to help us assess how well we're doing, and what actions we need to take moving forward.

Beginning in September, 2018, our team spent time understanding the data and uncovering what issues were affecting the most people in our community. We also interviewed community leaders to find out what they're most concerned about. To identify the significant health issues in our community, our key partners (see a full list in the Executive Summary) reviewed data and discussed the 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
- County data deviates notably from the region, state or benchmark

Once our team made sense of the data, we presented key health issues to a wide range of partners and community members. The participants used the information we presented to score each issue, and then vote for their top areas of concern. Some of the factors they considered were how much the issue impacts our community, how relevant the issue is to multiple health concerns, and how feasible it is for our community to make progress on this issue.

This process, often called health issue prioritization, is an opportunity for various community stakeholders, such as the Rutherford County Health Department, Rutherford Regional Health System, the Community Health Council of Rutherford County, Blue Ridge Health Rutherford, and others to agree on which health issues and results we can all contribute to, which increases the likelihood that we'll make a difference in the lives of people in our community.

Identified Issues

During the above process, the Data Analysis Team identified the following health issues or indicators:

- **Cancer**: Although decreasing, the total cancer mortality trend for Rutherford County is still higher than that of the WNC region at the state.

- **Healthy Eating**: Over one third of Rutherford County residents state they experience food insecurity and only 7% indicate they are consuming five or more servings of fruits and vegetables per day.

- **Active Living**: Only 16.5% of Rutherford County residents meet recommended physical activity guidelines, which is lower than the WNC region and the state, and 77.1% of Rutherford County residents are overweight or obese.

- **Substance Abuse Treatment & Recovery**: Although diseases of the heart are the leading cause of death overall for Rutherford County residents, unintentional injuries are

the leading cause of death for young adults ages 20-39. The rate of unintentional injuries has steadily increased since 2009 and is significantly higher than the state rate.

- **Tobacco**: The rates of current smokers remains higher than that of the WNC region and the state, meanwhile, the rate of those who currently use smokeless tobacco products has nearly tripled since 2015.

- **Childhood Poverty:** Children suffer significantly and disproportionately from poverty with a rate of 27.2% for children under 5 and 27.4% for children under 18.

- **Mental Health:** There were 69 suicides during 2012-2016 with a rate of 19.3, which is much higher than the sate rate of 12.9. Mental health is also believed to be a contributor to other unhealthy behaviors and lifestyle choices including substance abuse.

Priority Health Issue Identification

Process

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

- Criteria 1 – Relevant – How important is this issue? *(Urgency to solve problem; community concern; Focus on equity; Linked to other important issues)*
- Criteria 2 – Impactful – What will we get out of addressing this issue? *(Availability of solutions/proven strategies; Builds on or enhances current work; Significant consequences of not addressing issue now)*
- Criteria 3 – Feasible – Can we adequately address this issue? *(Availability of resources (staff, community partners, time, money, equipment) to address the issue; Political capacity/will; Community/social acceptability; Appropriate socio-culturally; Can identify easy, short-term wins)*

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.

Identified Priorities

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

- Active Living – Active living was selected because it affects many different areas of an individual's wellbeing including their physical and emotional health. Healthy living, which includes active living, was part of the selected priorities during the 2015 Community Health Assessment and although much progress has been made in this area, much is still to be done. This is based on physical inactivity rates, overweight/obesity rates, and mental health data.
- Substance Abuse Treatment and Recovery – Substance abuse emerged as a health priority during the 2015 Community Health Assessment. During the 2018 Community Health Assessment, the community decided to expand this health priority to include treatment and recovery based on a notable lack of local resources to help community members combat substance abuse issues.
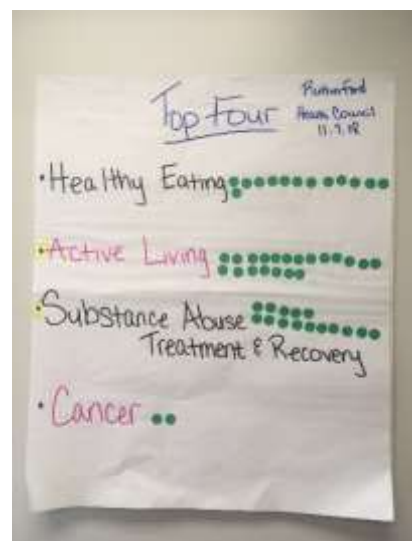
PRIORITY ISSUE #1

Active Living has been paired with healthy living as a health priority for Rutherford County for many years. Physical activity is an important factor affecting overall health. Regular physical

activity among children and adults reduces the risk of many health issues including chronic disease and improves an individual's mental health. Many agencies and organizations have partnered to improve this by implementing ways to increase physical activity and make better use of the county's greenways, parks and trails. For example, the Health Department has partnered with the Community Health Council of Rutherford County, Rutherford Regional Health System, Isothermal Planning and Development Commission, Rutherford Outdoor Coalition, Region C Area Agency on Aging, and more. With a collective effort, the needle has moved and there are now more places to be active in Rutherford County and more awareness of how to access those places. Much work has been completed in this area, but much work is still to be done.

What Do the Numbers Say?

Health Indicators

The following data points helped to inform the Active Living priority:

30.1% of Rutherford County adults reported no leisure-time physical activity in the past month in 2018. This percentage is an increase from 23.5% in 2015 and 20.8% in 2012, which indicates that more individuals are reporting an inability to engage in leisure-time physical activity (WNC Health Network, 2018). Leisure-time physical activity can include activities such as walking, dancing, swimming, gardening, sports, cycling and many others. The recommended amount of physical activity for most healthy adults is 150 minutes per week. Although Rutherford County's rate is within the Healthy People 2020 Target of 32.6% or lower, the upward trend suggests that work is needed in this area to prevent further increases. The 2018 rate for Rutherford County exceeds comparator jurisdictions.
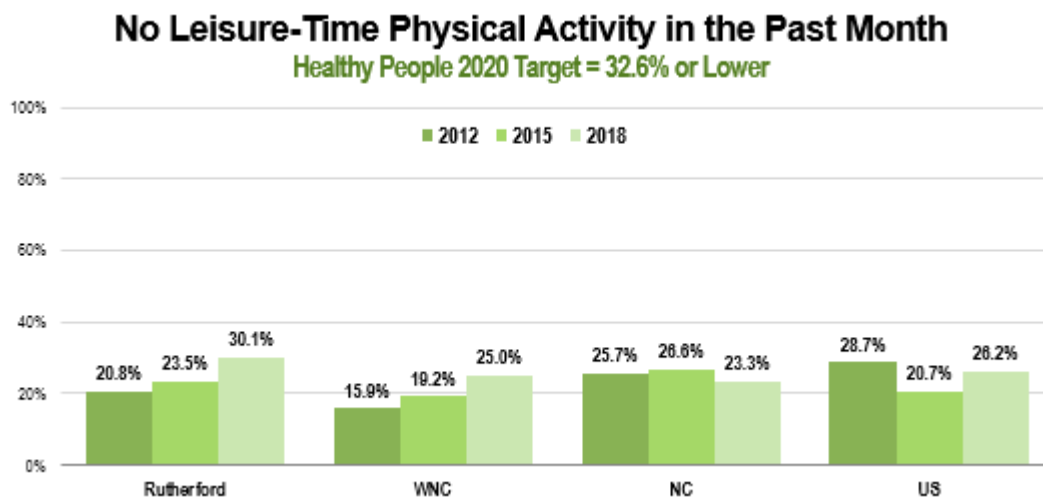
Source: WNC Healthy Impact Community Health Survey

Adults meeting the physical activity recommendation was 16.5% in 2018, but 49.8% in 2015, and 53% in 2012 (WNCHN – WNC Healthy Impact Community Health Survey, 2018). This demonstrates a dramatic decrease and is also below the Healthy People 2020 target of 20.1% or higher. Rutherford County also ranks below the WNC region and the state.

Meets Physical Activity Recommendations
(2018)
Healthy People 2020 Target = 20.1% or Higher

	Rutherford	WNC	NC	US
2018	16.5%	21.3%	18.9%	22.8%
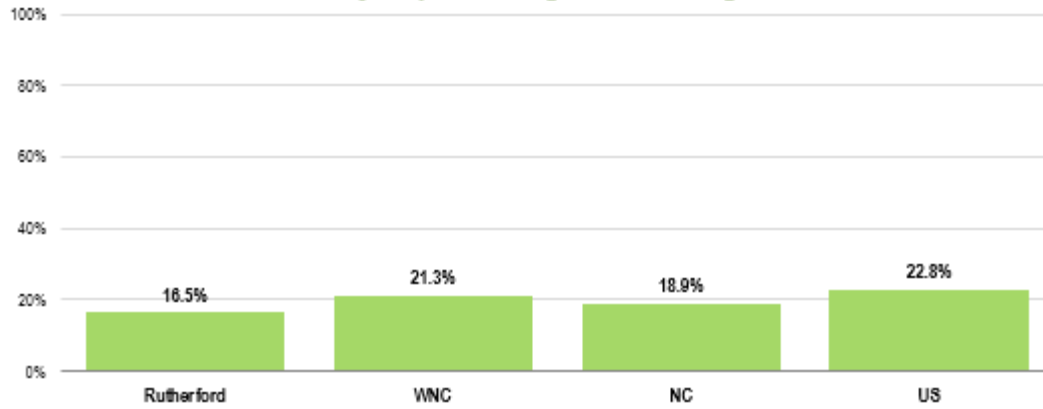
Source: WNC Healthy Impact Community Health Survey

Additionally, adults at a healthy weight, meaning a Body Mass Index (BMI) between 18.5 and 24.9, in 2018 was 21.6% and 24.8% in both 2015 and 2012.

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

■ 2012   ■ 2015   ■ 2018

	Rutherford	WNC	NC	US
2012	24.8%	33.7%		31.7%
2015	24.8%	33.5%		34.4%
2018	21.6%	31.5%	31.4%	30.3%
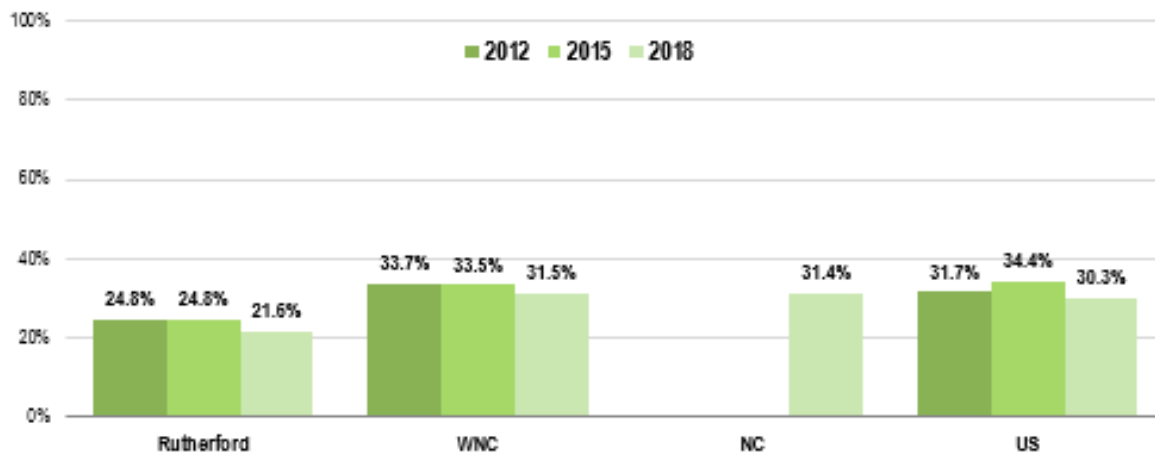
Source: WNC Healthy Impact Community Health Survey

The prevalence of total overweight (BMI 25 or higher) was an astonishing 77.1% in 2018 and was nearly 74% in both 2015 and 2012.

Total Overweight (Overweight or Obese)
(Body Mass Index of 25.0 or Higher)

■ 2012   ■ 2015   ■ 2018

	Rutherford	WNC	NC	US
2012	74.1%	65.0%	65.3%	66.9%
2015	73.9%	64.3%	66.1%	63.1%
2018	77.1%	66.8%	66.9%	67.8%
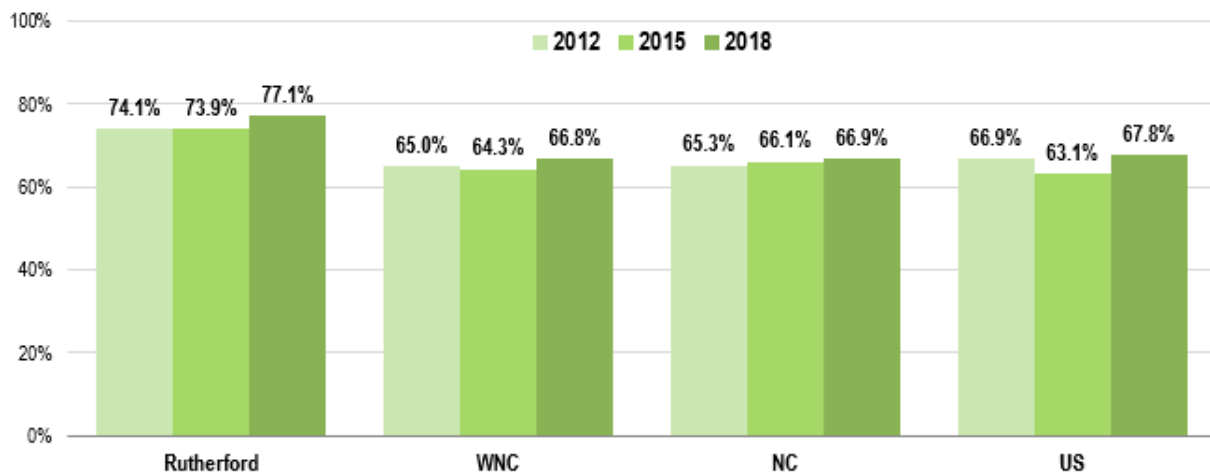
Source: WNC Healthy Impact Community Health Survey

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

Legend: 2012, 2015, 2018

Rutherford: 35.2%, 33.1%, 49.8%
WNC: 29.2%, 28.8%, 31.9%
NC: 28.6%, 29.4%, 31.8%
US: 28.5%, 29.0%, 32.8%
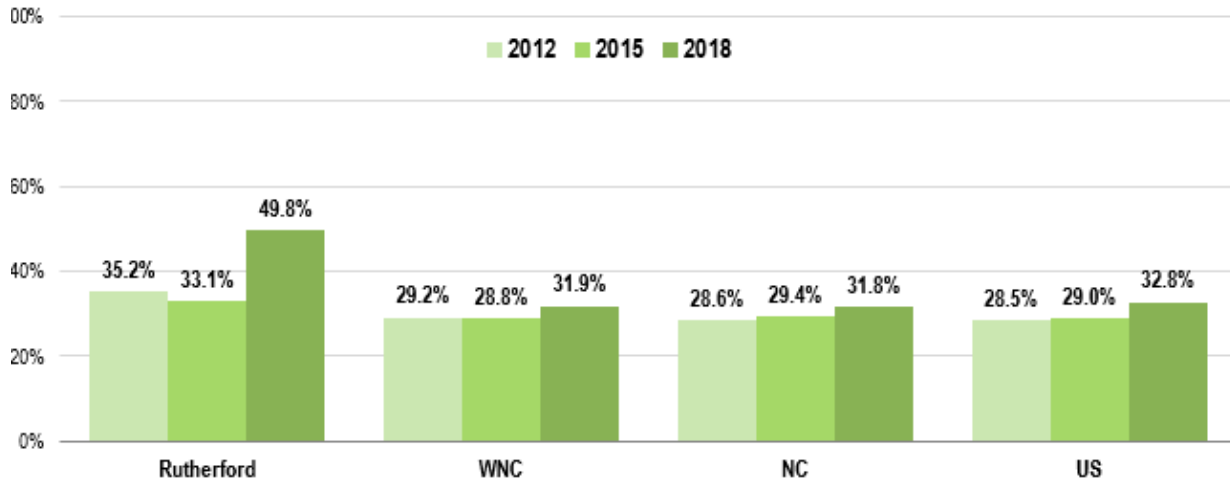
Source: WNC Healthy Impact Community Health Survey

Meanwhile, the prevalence of obesity was 49.8%, which is a significant increase from 33.1% in 2015 (WNC Health Network, 2018). The rate of adults at a healthy weight in Rutherford County in 2018 was lower than that of the WNC region and the state and the rates of individuals who are overweight or obese surpassed that of the region and the state.

Further, chronic diseases such as heart disease, cancer and diabetes are major causes of death and disability in North Carolina and in Rutherford County. Although genetics contribute to the development of these chronic health conditions, individual behaviors play a major role. The Centers for Disease Control and Prevention (CDC) explains that Physical inactivity, unhealthy eating, smoking and excessive alcohol consumption are four behavioral risk factors underlying much of the burden caused by chronic disease.

The prevalence of diabetes, self-reported, in 2018 is 20.3%. This is double the rate from 2015 when it was 10.2%. These rates are also much higher than that of the WNC region (14.4%) and the state (11.3%). Additionally, the diabetes mortality rate for Rutherford County adults overall is 29.3 and, like the prevalence of diabetes, is higher than the WNC region (21.5) and the state (23.0). Similarly, the prevalence of heart disease also increased from 8.8% in 2015 to 11.2% in 2018. These rates are also higher than the WNC region (42.8) and the state (43.1) (WNC Health Network, 2018).

Diabetes Mortality Rate Trend
(per 100,000 population)

Legend: Rutherford, WNC Region, North Carolina

Rutherford values: 20.4, 18.9, 21.6, 20.6, 21.4, 21.1, 23.1, 22.2, 25.4, 27.3, 29.3

Years: 2002-2006, 2003-2007, 2004-2008, 2005-2009, 2006-2010, 2007-2011, 2008-2012, 2009-2013, 2010-2014, 2011-2015, 2012-2016

Source: NC State Center for Health Statistics

Cerebrovascular Disease Mortality Rate Trend (per 100,000 population)

— Rutherford — WNC Region — North Carolina

71.1 65.4 65.1 61.8 56.1 55.2 57.5 58.7 57.9 58.8 57.6

2002-2006 2003-2007 2004-2008 2005-2009 2006-2010 2007-2011 2008-2012 2009-2013 2010-2014 2011-2015 2012-2016

Source: NC State Center for Health Statistics

Moreover, as previously mentioned, physical activity can also have a positive impact on an individual's mental health. Efforts to improve a person's mental health is essential as suicide is the second leading cause of death for age group 20-39 in Rutherford County and 26.3% have reported that mental/depression problems is the cause of their activity limitations. Mental/depression being the second largest type of problem that limits activities after the "Other" category at 28%, exceeds back/neck problems (15%), arthritis/rheumatism (14.2%), lung/breathing problems (6.4%), difficulty walking (5.3%), and fracture/bone/joint injury (4.8%).

Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; By County, 2018)

	Rutherford	WNC
Other	28.0%	38.4%
Lung/Breathing Problem	6.4%	4.0%
Fracture/Bone/Joint Injury	4.8%	5.5%
Difficulty Walking	5.3%	7.2%
Arthritis/Rheumatism	14.2%	12.9%
Mental/Depression	26.3%	15.0%
Back/Neck Problem	15.0%	17.0%
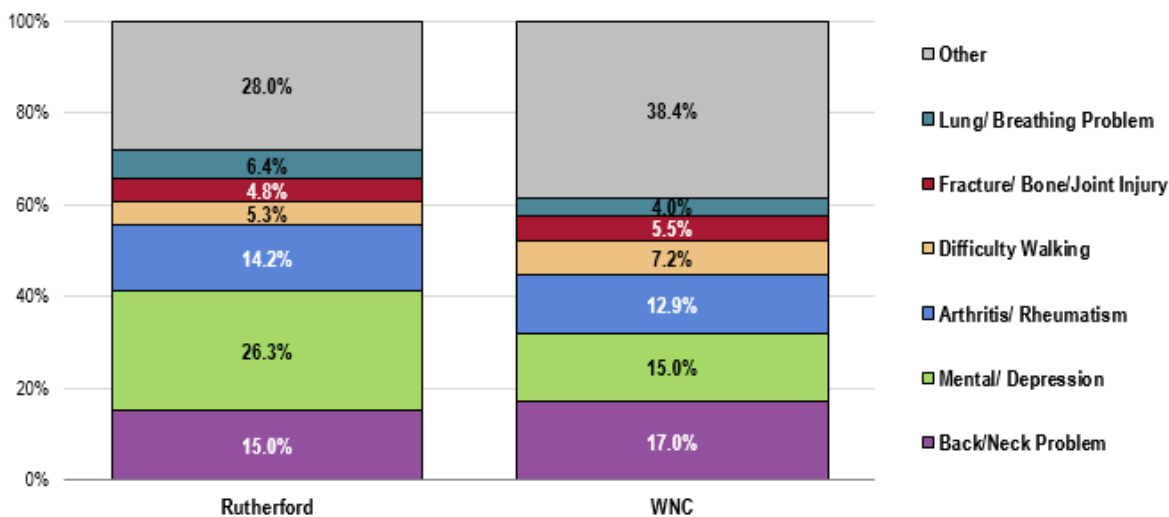
Source: WNC Healthy Impact Community Health Survey

In 2018, 18.5% of Rutherford County adults indicated they are dissatisfied with life. This is more than four times the rate in 2012 (4.3%) and nearly 3 times the rate in 2015 (6.4%). This rate is also higher than that of the WNC region. In addition, in 2018, 23.7% of the adults self-reported to having had more than 7 days of poor mental health in the past month (WNC Health Network, 2018). This rate, again, is higher than what it was in 2015 and is also higher than that of the WNC region.

Dissatisfied with Life
("Dissatisfied" and "Very Dissatisfied" Responses)
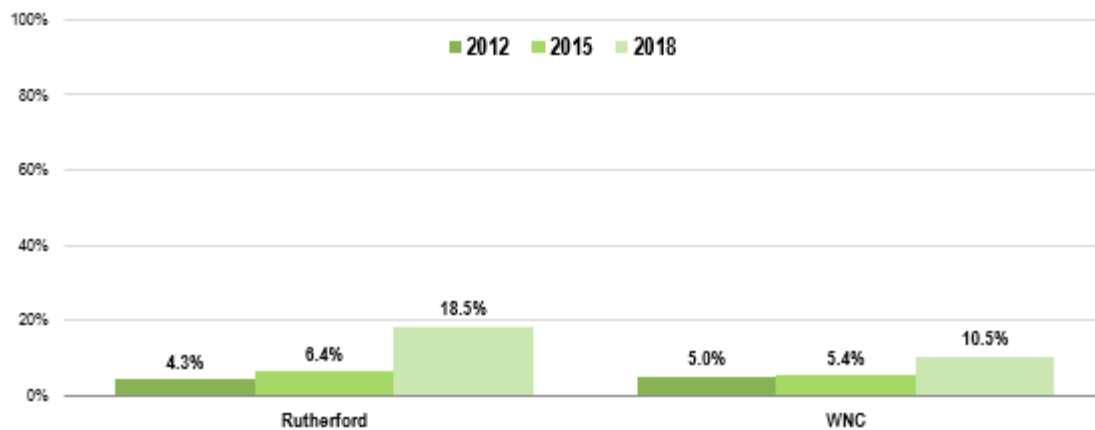
Source: WNC Healthy Impact Community Health Survey

What Did the Community Say?

Although community leaders in Rutherford County recognize that healthy lifestyle is a characteristic of a healthy community, they also understand that it is difficult to adopt healthy behaviors if an individual does not live in an environment that supports these behaviors.

Key leaders express excitement about projects that are currently underway that will provide opportunities for residents to engage in physical activity and better utilize parks, trails and greenways. When referring to the expanding rail trail, one community leader states that it "can be a game changer for our county if it becomes as popular as it is in other communities." Another leader mentions that "the completion of our 13.8-mile thermal rail trail is making outdoor exercise more interesting and accessible."

Stakeholders also indicate that the Rutherford County community is strengthened by the Community Health Council of Rutherford County who sponsors many events promoting healthy activity/exercise, as well as food security, strong parks and recreation program, and the collaborative efforts of many agencies working together toward a common goal.

Along with factors that are helping to improve this issue, there are also those that are hurting it. These include sedentary lifestyles, lack of consumer knowledge and interest, ingrained habits, and financial restraints. A community leader adds that another impediment is the "lack of safe places to exercise if you don't belong to a gym" potentially due to "rural roads, or areas with no sidewalks/lighting," etc.

What Else Do We Know?

Males are more likely than females to get the recommended amount of physical activity. Income and education are also related to physical activity. For example, people with the least income are the least likely to achieve the recommended level of activity. Ultimately, ensuring that individuals at all levels of the community are aware of available resources is of utmost importance (Healthy NC 2020, 2011).

What is Already Happening?

Through the Active Routes to School program, the Health Department has been able to work with other community agencies including Isothermal Planning and Development Commission, Rutherford Outdoor Coalition, and others to improve biking and walking in Rutherford County. The Isothermal Regional Bicycle Plan aims to use bicycling in the Isothermal region as a tool for improving mobility, safety, and overall quality of life.

Additionally, with a grant awarded from RHI Legacy Foundation, Inc. and the work of Rutherford Outdoor Coalition the Thermal Belt Rail Trail is being expanded into Forest City creating 13.58 miles of greenway. This project will bring communities together for promoting an active lifestyle in adults and youth, plus support economic development for the county.

Lastly, the Community Health Council of Rutherford County has also implemented different strategies to encourage increased physical activity. Through efforts made by the Cancer Services Committee, a subcommittee of the Health Council, the Walk With a Doc walking program has been introduced to the community and has been well received and is well utilized by community members. A new Active Living subcommittee has also been formed and this group is exploring ways to increase physical activity while simultaneously increasing public use of the already existing trails and parks.

What Change Do We Want to See?

Increasing the percentage of adults getting the recommended amount of physical activity would be a great accomplishment. Regular physical activity improves a person's overall health including their physical and mental health. In 2018, 16.5% of adults in Rutherford County were meeting the recommended guideline of 150 minutes per week. Increasing this percentage to 20.1% or higher would be in line with the Healthy People 2020 target.

Another positive change would be to see more people of all ages engaging in leisure-time physical activity while better utilizing the parks, trails and greenways. As community members achieve the recommended amount of physical activity, the county's natural resources can be better used as physical activity is not only confined to fitness establishments. Although 30.1% of Rutherford County adults did not engage in leisure-time physical activity in the past month, which is below the Healthy People 2020 target of 32.6% or lower, seeing this number decrease even more would also reflect a healthier community.

Finally, knowing that an increase in physical activity has the potential to spill into other areas of an individual's wellbeing, another goal would be to see a decrease in obesity rates. In 2018, 49.8% of Rutherford County adults have been reported to be overweight. Reducing this rate to meet the Healthy People 2020 target of 30.6% would be a great feat.

PRIORITY ISSUE #2

Substance Abuse Treatment and Recovery was identified as a health priority in 2018 as an expansion to Substance Abuse, a health priority chosen during the 2015 CHA. Substance use and abuse are major contributors to death and disability in North Carolina. Community leaders understand that prevention efforts alone are not enough and that the importance of improving access to treatment and recovery resources for substance abuse

Rutherford County CHA Community Forum December 2018

cannot be overstated. During the prioritization process it was decided that there are very limited local resources for county residents when seeking treatment or recovery support.

Great work has been done under the strong leadership of many organizations including the United Way of Rutherford County, RHI Legacy Foundation, the Rutherford County Sheriff's Office and others. Early intervention remains the most effective way to prevent initiation leading to substance abuse or misuse. Possessing the ability to help those struggling with addiction is just as important when preventing setbacks.

What Do the Numbers Say?

<u>**Health Indicators**</u>

The following data points helped to inform the Substance Abuse Treatment and Recovery priority:

A general characteristic of WNC is high mortality rates due to unintentional poisoning, especially by medication and drug overdose. Rutherford County is one of the WNC counties with higher than state average poisoning and drug overdose morality rates. In the period 2009-2013, 54 Rutherford County residents died because of unintentional poisoning. Of the 54 unintentional poisoning deaths in the county in that period, 94% were due to medication or drug overdoses – significantly higher than both the WNC and state averages (Injury and Violence Prevention Branch, 2015). Meanwhile, during 2012-2016 there were 66 deaths due to unintentional poisoning and although there was a dip between 2009-2014, there is an upward trend in recent years (NC State Center for Health Statistics, 2018).

County	Unintentional Poisoning Deaths for Select Locations and Percent that are Medication/Drug Overdoses (2009-2013)*			Rate of Unintentional Medication/Drug Overdose Deaths (2009-2013)**	
	#	Rate per 100,000 NC Residents	% that are med/drug overdoses	#	Rate per 100,000 NC Residents
Rutherford	54	16.2	94	51.0	15
WNC Region	560	14.8	90	506	13
State	5,309	11.0	91	4826.0	10

Source: NC State Center for Health Statistics and NC DPH

Unintentional Poisoning Mortality Rate Trend (per 100,000 population)

Rutherford — WNC Region — North Carolina

24.2 21.9 18.4 15.5 15.2 18.7 20.4

2006-2010 2007-2011 2008-2012 2009-2013 2010-2014 2011-2015 2012-2016
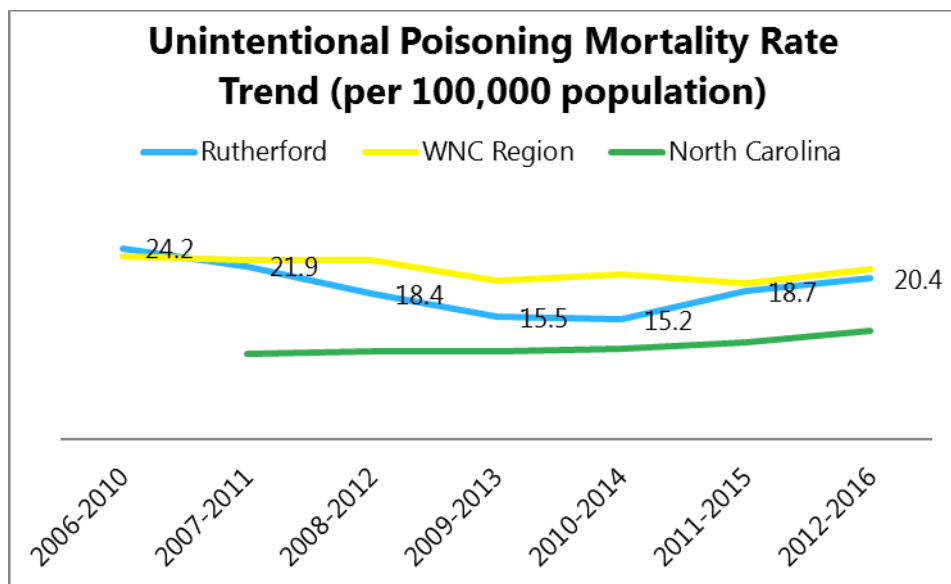
Source: NC State Center for Health Statistics

Moreover, substance abuse has adverse consequences for families, communities, and society. People who suffer from abuse or dependence are at risk for premature death, comorbid health conditions, injuries and disabilities. Over half, 54.8%, of Rutherford County residents indicated that their life has been negatively affected by substance abuse (by self or someone else) and 40.9% have experienced household substance abuse prior to age 18, an Adverse Childhood Experience (WNC Health Network, 2018). Both rates are significantly higher than that of the WNC region and the state.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)
(2018)

Rutherford	54.8%
WNC	47.4%
US	37.3%
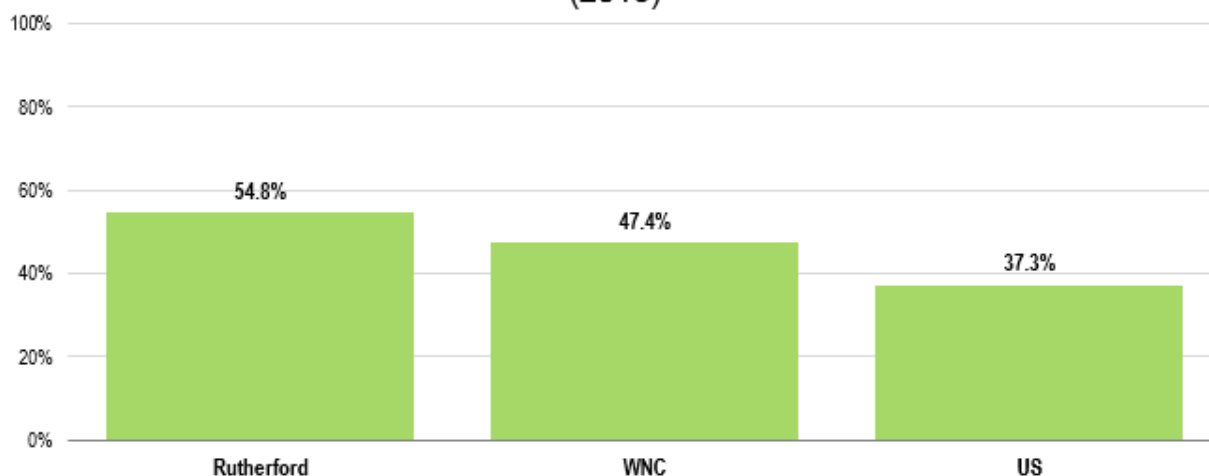
Source: WNC Healthy Impact Community Health Survey

Experienced Adverse Childhood Experiences (ACEs) Prior to Age 18
(2018)
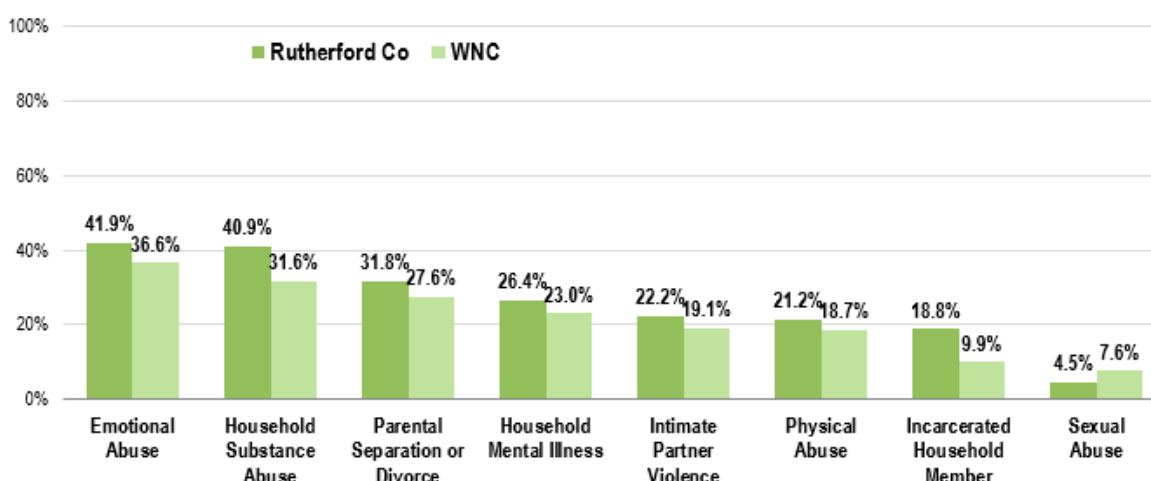
■ Rutherford Co ■ WNC

	Rutherford Co	WNC
Emotional Abuse	41.9%	36.6%
Household Substance Abuse	40.9%	31.6%
Parental Separation or Divorce	31.8%	27.6%
Household Mental Illness	26.4%	23.0%
Intimate Partner Violence	22.2%	19.1%
Physical Abuse	21.2%	18.7%
Incarcerated Household Member	18.8%	9.9%
Sexual Abuse	4.5%	7.6%

Source: WNC Healthy Impact Community Health Survey

43

The Centers for Disease Control and Prevention (CDC) explains that childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. Adverse Childhood Experiences (ACEs) are stressful or traumatic events including abuse, neglect and household dysfunction. ACEs have been linked to risky health behaviors, chronic health conditions, low life potential and early death. As the number of ACEs increases, so does the risk for these outcomes. For Rutherford County adults the prevalence of high ACE scores, meaning a score of 4 or more, is 23.1%. This is higher than that of the WNC region with a percentage of 15.9%.

Prevalence of High ACE Scores (4 or More)
(2018)
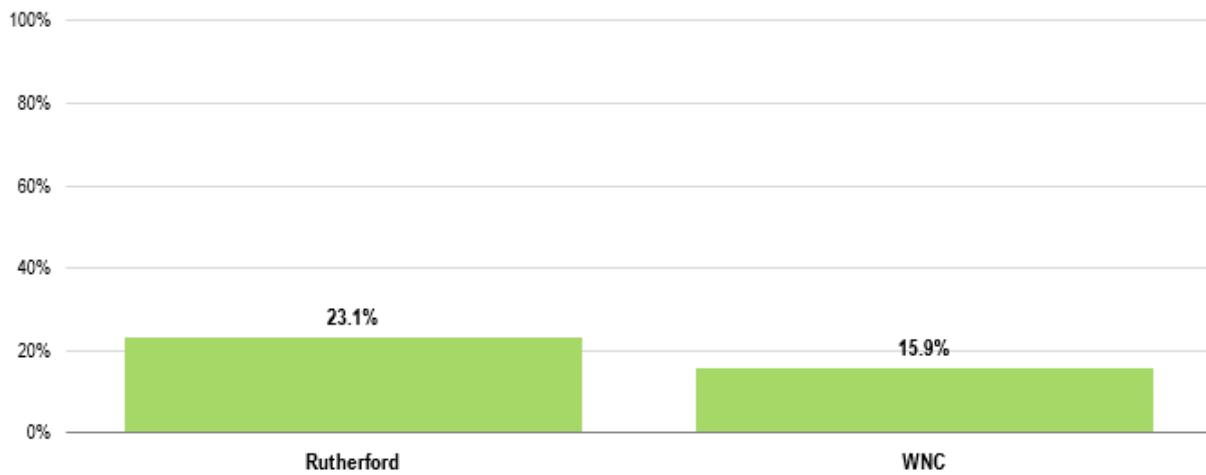
Source: WNC Healthy Impact Community Health Survey

Furthermore, 26.7% of Rutherford County adults have self-reported that they have used opiate/opioids in the past year, with or without a prescription. This rate is much higher than that of the WNC region, which rests at 19.6% (WNC Health Network, 2018). As of the 4th quarter in 2017, the year to date total of opioid pills dispensed to Rutherford County residents was 5,449,000 and as of the 1st quarter in 2018, there were 21 EMS naloxone administrations and 9 community naloxone reversals. Community naloxone reversals are reversals by community lay people not including administration by first responders (NC Opioid Action Plan Dashboard, 2018).

Used Opiates/Opioids in the Past Year,
With or Without a Prescription
(2018)
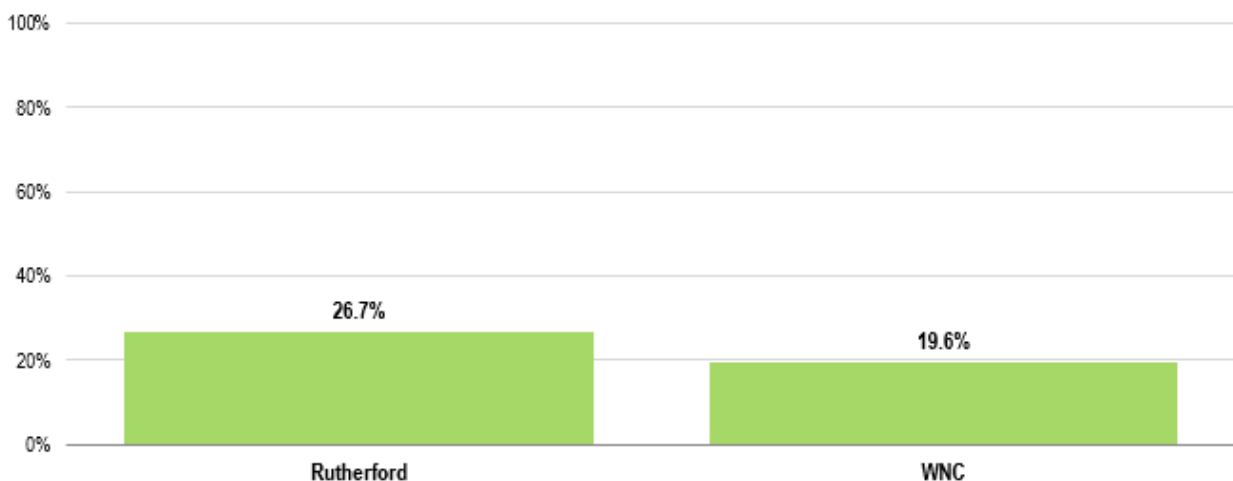
Source: WNC Healthy Impact Community Health Survey

While overdose and poisonings are significant in Rutherford County, other abused substances, such as tobacco, should not be ignored. Tobacco, like alcohol, is often the gateway to illicit drugs and can lead to unintentional injuries as they can inhibit the user's faculties. In Rutherford County 20.2% of residents are current smokers, greater than the Healthy People 2020 target of 12% or lower. More residents in Rutherford county are smokers than that of the WNC region, the state and the country. Further, 10.9% of residents use smokeless tobacco – again, greater

than the Healthy People 2020 target of 0.3% or lower, and significantly higher than that of all comparator jurisdictions. Also, the newer phenomena of e-cigarettes has reached a new height and currently 5.8% of Rutherford County residents are e-cigarette users. Finally, 18.3% of residents surveyed indicate that they have breathed someone else's cigarette smoke at work in the past week (WNC Health Nework, 2018).

Current Smokers
Healthy People 2020 Target = 12.0% or Lower

Legend: 2012, 2015, 2018

	Rutherford	WNC	NC	US
2012	24.5%	20.6%	19.8%	16.6%
2015	21.2%	19.3%	20.3%	14.9%
2018	20.2%	19.0%	17.9%	16.3%
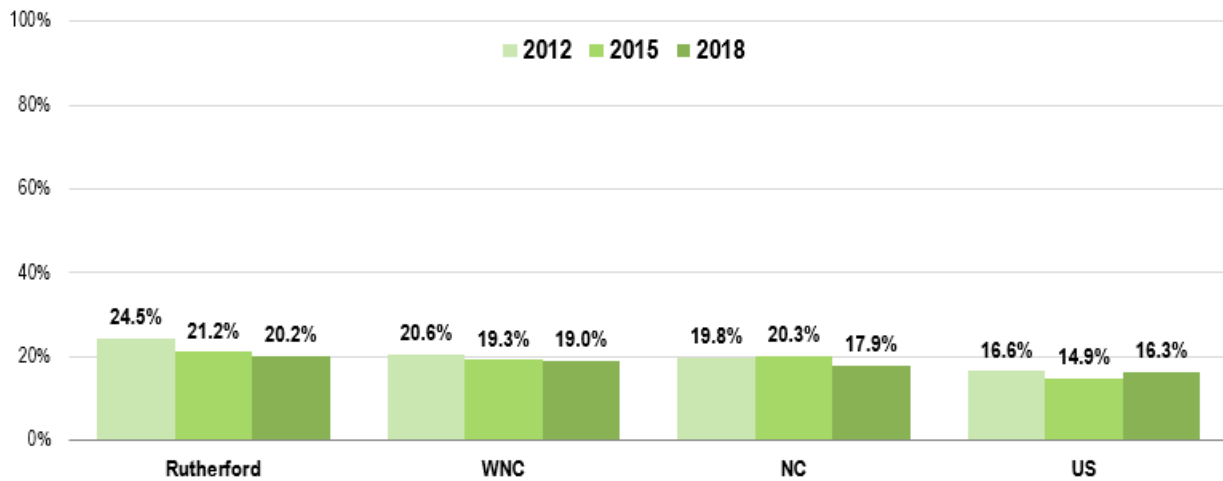
Source: WNC Healthy Impact Community Health Survey

Currently Use Smokeless Tobacco Products
Healthy People 2020 Target = 0.3% or Lower

Legend: 2012, 2015, 2018

	Rutherford	WNC	NC	US
2012	4.6%	5.2%		2.8%
2015	3.7%	4.3%	4.3%	4.0%
2018	10.9%	5.8%	4.0%	4.4%
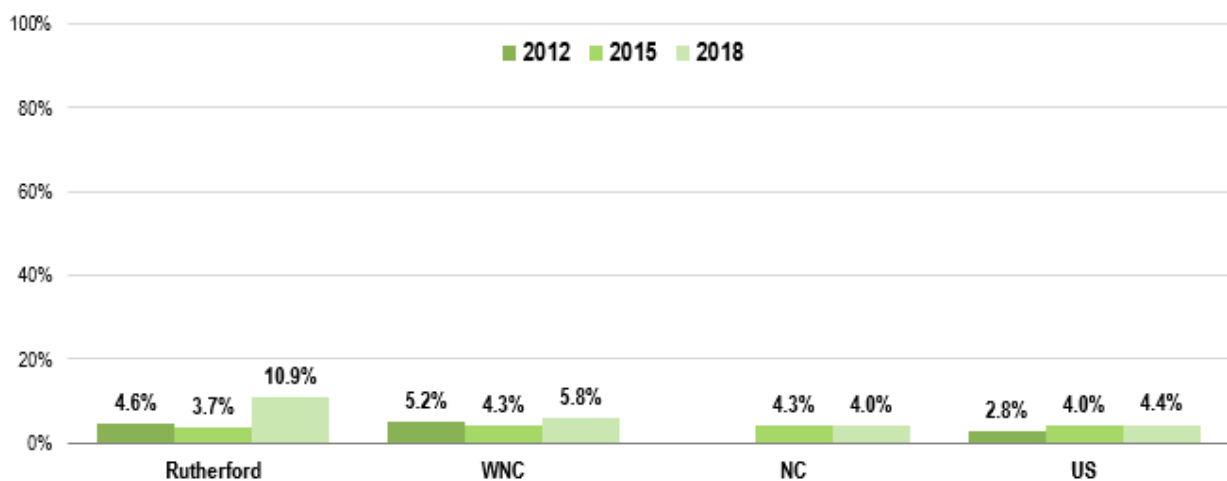
Source: WNC Healthy Impact Community Health Survey

What Did the Community Say?

There is great stigma surrounding substance abuse or misuse and addiction in Rutherford County. Residents are left not knowing where to access help and are unable to seamlessly integrate themselves back into their communities. One Community Leader indicated that many still view substance abuse as a "moral failure vs. a disease, and that can hamper efforts." Another adds that in addition to the "stigma associated with getting treatment," other impediments to this health issue are "difficulties in funding log-term residential programs" and the individual's ability to find "housing and employment post-recovery" (WNCHN – Online Key Informant Survey, 2018).

Fortunately, this stigma is slowly being reduced as another community leader states that in Rutherford County, "we have a substance abuse problem; not just an opioid problem, but the community readiness to address the problems and engage in prevention and harm reduction is most beneficial."

During the prioritization process, it was made evident that many prevention efforts that raise awareness and education, are already being implemented. A Rutherford County health provider explains that "we also need more treatment and resources; particularly on the recovery end of the spectrum. We need safe housing for people who are in treatment or post-treatment and

45

need somewhere safe to stay and maintain their recovery. They wind up back in the same environment and that is detrimental to maintaining recovery."

What Else Do We Know?

Substance abuse refers to a set of related conditions associated with the consumption of mind and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues.

The 5th leading cause of death in Rutherford County is "All other Unintentional Injuries," with "all other" meaning not by motor vehicle. Unintentional injuries are injuries that are unplanned yet predictable and preventable when proper safety precautions are taken, such as poisonings and falls.

Young adults aged 18-25 years are more likely to report illicit drug use than people of other ages. Nearly one-third (30.7%) of Rutherford County's population is made up of individuals aged 18-39 (WNC Health Network, 2018). In 2018, 9.7% of Rutherford County adults self-reported use of an illicit drug in the past month either by self or someone they know compared to 8.6% in the WNC region.

What is Already Happening?

In August of 2017 a Medication Assisted Treatment (MAT) program was launched in the Rutherford County Jail to help those addicted to opioids. This program provides MAT, behavioral therapy, and wraparound services for Rutherford County jail inmates who are in a setting where traditionally they would be ineligible for funding to receive these types of services. The program features a one-year continuum of care that utilizes MAT and individual or group therapy during the incarceration period. Upon reentry to the community, participants will receive MAT, Substance Abuse Intensive Outpatient treatment, peer support services, and linkages to medical care as well as job skills and education support services. This program utilizes Vivitrol (naltroxene), a medication that blocks opiate cravings, in conjunction with behavioral therapy. While in jail, the cost of the medication is covered by grant funding provided by RHI Legacy Foundation and the participants do not pay any out of pocket costs for MAT.

Resulting from the Rutherford County Leadership Forum on Opioid and Substance abuse, a task force was formed that has taken on the lead in helping to find the best course of action to address substance abuse in the community. The task force is seeking strategies that can be implemented on a local level as well as looking at who potential partners in the community may be that can help move the work forward.

Under the leadership of the United Way of Rutherford County and its partnership with the Rutherford County Sherriff's office, local grocery stores and fire departments, Operation Medicine Drop take back events are being held consistently throughout the year. These events provide a safe, convenient and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications.

What Change Do We Want to See?

Substance use was ranked number one by community key informants as a health condition critical to address. Great accomplishments in this area would be to see a decrease in the misuse of substances and the use of tobacco. For example, in 2018, 26.7% of Rutherford County adults self-reported having used opiates/opioids in the past year with or without a prescription. Seeing this percentage decrease and possibly even fall below the WNC region percentage of 19.6% would indicate that the community is headed in the right direction. It would also suggest that more individuals are recognizing the dangers of prescription drugs.

Not only would a decrease in the use of substances demonstrate progress, but also a decrease in the use of tobacco. The percentage of Rutherford County adults who are current smokers is 20.2% meanwhile the Healthy People 2020 target is 12% or lower. A decrease in the Rutherford County rate, closer to 12%, would prove to be a great achievement.

Lastly, a paramount change would be to see the driving force behind this health priority come to fruition, which is for community members to have better access to substance abuse treatment and recovery resources. This would include Rutherford County's own treatment and recovery program(s).
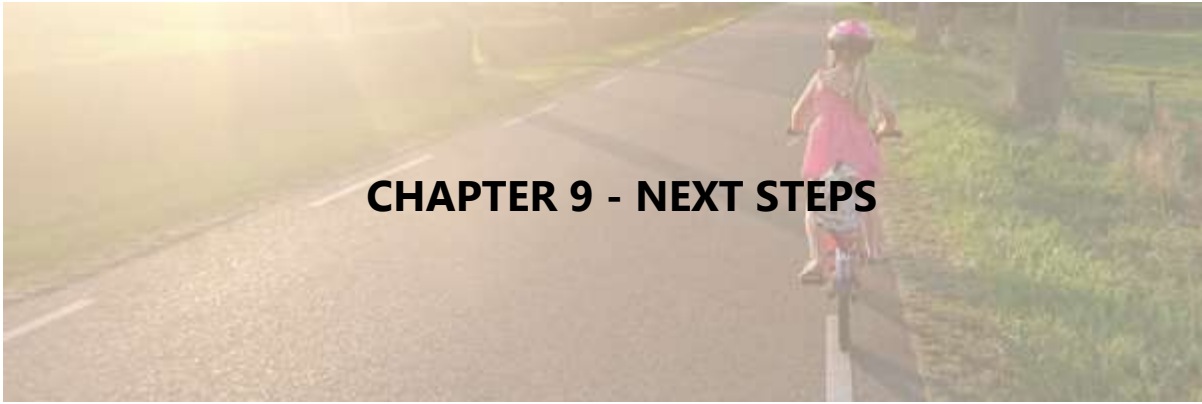
CHAPTER 9 - NEXT STEPS

Collaborative Planning

Collaborative planning with hospitals and other community partners will result in the creation of a community-wide plan that outlines what will be aligned, supported and/or implemented to address the priority health issues identified through this assessment process. During the six months following the completion of the CHA, the CHA facilitator will convene community partners interested in each health priority. At these meetings, partners will brainstorm and develop a community health improvement plan (CHIP), which will detail an improvement plan to address each health priority containing partner responsibilities, evidence-based strategies, timelines and more.

Sharing Findings

On December 17, a Community Forum was held at the Rutherford County Cooperative Extension to present this CHA data to the Rutherford Community. 26 people were in attendance. Representatives from the Community Health Council of Rutherford County, United Way, RHI Legacy Foundation, Rutherford Regional Hospital, Isothermal Planning and Development Commission (IPDC) and other members of the community attended the meeting and participated in strategy discussions. Agency volunteers provided facilitation for discussion in small groups following the data presentation.

Scott Carpenter, reporter for the Digital Courier, wrote a piece for the local newspaper that nicely summarizes the meeting and the CHA data.

This CHA report will be printed and distributed to Rutherford County Community Leaders.

Where to Access this Report

This CHA report will be posted on the Rutherford-Polk-McDowell Health District website. A link can be found at www.rpmhd.org/healthpromotion.

This report and the Data Workbook from which the data was derived is also posted on the WNC Healthy Impact website.

A hard copy of the report will also be made available at the Rutherford County Library.

For More Information and to Get Involved

For more information or to get involved please visit the Rutherford-Polk-McDowell Health District website at www.rpmhd.org/healthpromotion or contact the CHA facilitator via phone at 828-287-6100.

WORKS CITED

CDC.(2018). CDC Community Health Improvement Navigator. Retrieved from
www.cdc.gov/chinav

County Health Rankings. (2018). Health Factors. Retrieved from
http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors.

NC Office of State Budget and Management. (2017). Population Overview - 2010-2037.
Retrieved from https://www.osbm.nc.gov/demog/county-projections.

NC Center for Health Statistics. (2018). 2016 State of North Carolina and 2014-2016 County Life
Expectancy at Birth. Retrieved from https://schs.dph.ncdhhs.gov/data/databook/.

NC center for Health Statistics. (2018). 2005-2009 Race-Sex-Specific Age-Adjusted Death Rates
by County (CD21A) and Race-Specific and Sex-Specific Age Adjusted Death Rates by
County (CD12B). Retrieved from http://www.schs.state.nc.us/schs/data/databook/2011/.

NC Department of Justice, State Bureau of Investigation. (2018). Crime Trends - Offenses and
Rates per 100,000: County Rates, Ten Year Trend. 2016 Annual Summary. Retrieved from
http://crimereporting.ncsbi.gov/.

Office of Disease Prevention and Health Promotion. (2018). Healthy People 2020. Retrieved from
https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/early-childhood-0.

Public Schools of North Carolina. (2018). High School Dropout Counts and Rates, 2010-2011
through 2016-2017 (Table D5), from Consolidated Data Reports. Retrieved from
http://www.ncpublicschools.org/research/dropout/reports/.

US Census Bureau. (2018). ACS Demographic and Housing Estimates (DP05). Retrieved from
http://factfinder2.census.gov.

US Census Bureau. (2018). Educational Attainment: 2012-2016 American Community Survey 5-
Year Estimates (S1501). Retrieved from http://factfinder2.census.gov.

US Census Bureau. (2018). Poverty Status in the Past 12 Months, 2012-2016 American
Community Survey 5-Year Estimates (S1701). Retrieved from
http://factfinder2.census.gov.

US Census Bureau. (2018). Selected Economic Characteristics, 2012-2016 American Community
Survey 5-Year Estimates (DP03). Retrieved from http://factfinder2.census.gov.

WNC Health Network. (2018). *2018 WNC Healthy Impact Community Health Survey: Data
Workbook*. [Data set]. Available from https://www.wnchn.org/partner-resources/.

PHOTOGRAPHY CREDITS

Photos used on the cover and in headers from www.pexels.com; accessed October, 2018.

All WNC landscape photos used in the headers courtesy of Patrick Williams, Ecocline Photography.

Community Health Forum photo used in the priority #2 header courtesy of The Daily Courier; accessed March 2019.

APPENDICES

Appendix A – Data Collection Methods & Limitations

Appendix B – Data Presentation
- Data Presentation Slides

Appendix C – County Maps

Appendix D – Survey Findings
- WNC Healthy Impact Survey Instrument
- Community Health Survey Results

Appendix E – Key-Informant Survey Findings

APPENDIX A - DATA COLLECTION METHODS & LIMITATIONS

Secondary Data from Regional Core

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

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

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

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

It is important to note that this report contains data retrieved directly from sources in the public domain. In some cases the data is very current; in other cases, while it may be the most current available, it may be several years old. Note also that the names of organizations, facilities, geographic places, etc. presented in the tables and graphs in this report are quoted exactly as they appear in the source data. In some cases these names may not be those in current or local usage; nevertheless they are used so readers may track a particular piece of information directly back to the source.

Gaps in Available Information
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.

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.

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) Do you currently have access to the internet for PERSONAL use, either at home, work, or school? (yes/no)

2) During the past 30 days, has someone you know used an illegal drug or taken a prescription drug that was not prescribed to them? (yes/no) During the past 30 days, has someone you know used an illegal drug or taken a prescription drug that was not prescribed to them? (yes/no)

3) How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed: Always, Usually, Sometimes, Seldom or Never

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 Rutherford 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; Rutherford County, 2018)
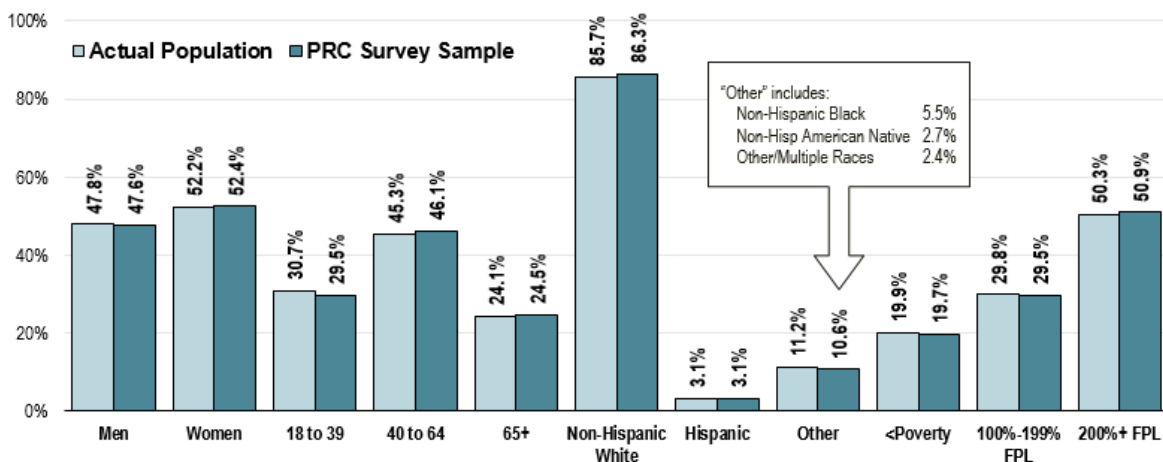
	Actual Population	PRC Survey Sample
Men	47.8%	47.6%
Women	52.2%	52.4%
18 to 39	30.7%	29.5%
40 to 64	45.3%	46.1%
65+	24.1%	24.5%
Non-Hispanic White	85.7%	86.3%
Hispanic	3.1%	3.1%
Other	11.2%	10.6%
<Poverty	19.9%	19.7%
100%-199% FPL	29.8%	29.5%
200%+ FPL	50.3%	50.9%

"Other" includes:
Non-Hispanic Black   5.5%
Non-Hisp American Native   2.7%
Other/Multiple Races   2.4%

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

Benchmark Data

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

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

Healthy People 2020
Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:
- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

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

Information Gaps

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.

Online Key Informant Survey (Primary Data)

Online Survey Methodology

Purpose and Survey Administration
\WNC Healthy Impact, with support from PRC, implemented an Online Key Informant Survey to solicit input from local leaders and stakeholders who have a broad interest in the health of the community. WNC Healthy Impact shared with PRC a list of recommended participants, including those from our county. This list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

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

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

Participation
In all, 18 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	21	6
Other Health Provider	15	9
Physician	4	2
Public Health Representative	1	1
Social Services Provider	1	0

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

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

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

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

Error
First, readers should note that there is some error associated with every health data source. Surveillance systems for communicable diseases and cancer diagnoses, for instance, rely on reports submitted by health care facilities across the state and are likely to miss a small number

of cases, and mortality statistics are dependent on the primary cause of death listed on death certificates without consideration of co-occurring conditions.

Age-adjusting

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

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

Rates

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

While rates help make data comparable, it should be noted that small numbers of events tend to yield rates that are highly unstable, since a small change in the raw count may translate to a large change in rate. To overcome rate instability, another convention typically used in the presentation of health statistics is data aggregation, which involves combining like data gathered over a multi-year period, usually three or five years. The practice of presenting data that are aggregated avoids the instability typically associated with using highly variable year-by-year data, especially for measures consisting of relatively few cases or events. The calculation is performed by dividing the sum number of cases or deaths in a population due to a particular cause over a period of years by the sum of the population size for each of the years in the same period.

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

Regional arithmetic mean

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

Describing difference and change

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

For example, there may be a rate of for a type of event (e.g., death) that is one number one year and another number five years later. Suppose the earlier figure is 12.0 and the latter figure is 18.0. The simple mathematical difference between these rates is 6.0. Suppose also there is another set of rates that are 212.0 in one year and 218.0 five years later. The simple mathematical difference between these rates also is 6.0. But are these same simple numerical differences really of the same significance in both instances? In the first example, converting the 6 point difference to a percent yields a relative change factor of 50%; that is, the smaller number increased by half, a large fraction. In the second example, converting the 6 point difference to a percent yields a relative change factor of 2.8%; that is, the smaller number increased by a relatively small fraction. In these examples the application of percent makes it very clear that the difference in the first example is of far greater degree than the difference in the second example. This document uses percentage almost exclusively to describe and highlight degrees of difference and change, both positive (e.g., increase, larger than, etc.) and negative (e.g., decrease, smaller than, etc.).

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 – DATA PRESENTATION

2018 Community Health Assessment
Rutherford County

Rutherford-Polk-McDowell Health District
ycisneros@rpmhd.org

Why and When Does the CHA Happen?

❖ A requirement included in the Consolidated Agreement between the NC Division of Public Health and local health departments.

❖ Required for local health department accreditation.

❖ The CHA is conducted every 3 years.

❖ A State of the County Health (SOTCH) Report is submitted in each of the intervening years. This report:
  ❖ Reviews changes in the data that guided the selection of priorities
  ❖ Reports on progress made in the last year towards selected priorities
  ❖ Reports on new and emerging issues in the community

What is the Purpose of the CHA?

➤ Ultimate Goal: To make NC one of the healthiest states in the nation.

➤ Founded on principles of collaboration, community mobilization and empowerment.

➤ Describes the health status of the community

➤ It is used to identify priority health issues & to plan interventions to build healthier communities.
  ➤ Provide direction for the planning of disease prevention and health promotion services and activities

Composed of 4 Sources

- Secondary data from the State Center for Health Statistics comparing our county to the WNC region – aggregate data

- Key informant survey – 18 community leaders in Rutherford County

- Telephone survey of a random sample of adults in the county.

- Maps

2018 Selected Top 2 Health Priorities

1. Active Living
2. Substance Abuse Treatment & Recovery

WE CAN'T DO THIS ALONE

- Atty Board of Health
- Board of Health
- Chamber of Commerce
- Chiropractic
- Daily Courier
- Extension Agent/Health Coalition
- Family Preservation Pathways
- Gentiva
- Health Council of Rutherford County
- Partnership for Children
- Public Health
- Rutherford County
- Rutherford County Health Center
- Rutherford Regional Hospital
- United Way
- VAYA Health
- Western Highlands

Many community partners involved, including:

- RPMHD

- Western NC Healthy Impact
  - Professional Research Consultants, Inc.

- Rutherford Regional Health System

- Community Health Council of Rutherford County and its subcommittees

- RHI Legacy Foundation

- Isothermal Community College

And many more...

LET'S LOOK AT SOME DATA

DEMOGRAPHICS

- **2016 Population Estimate: 66,701** (48.6% male, 51.4% female)
  - White: 85.5%
  - Black or African American: 10.3%
  - Hispanic or Latino: 4.0%
  - Asian: 0.5%
  - American Indian/Alaskan Native: 0.5%
  - Native Hawaiian and other Pacific Islander: 0.0%
- **Population Percent Change: -1.6% from 2010 to 2016**
  - Population was 67,810 in 2010

ACS Demographic and Housing Estimates (DP05). 2016 ACS 5-year estimates. Retrieved on March 28, 2018, from U.S. Census Bureau, American FactFinder website: http://factfinder2.census.gov.

Percent Population Change

— Rutherford   — WNC Region   — North Carolina

7.2   0.3   0.4   0.1

2000 to 2010   2010 to 2020   2020 to 2030   2030 to 2037
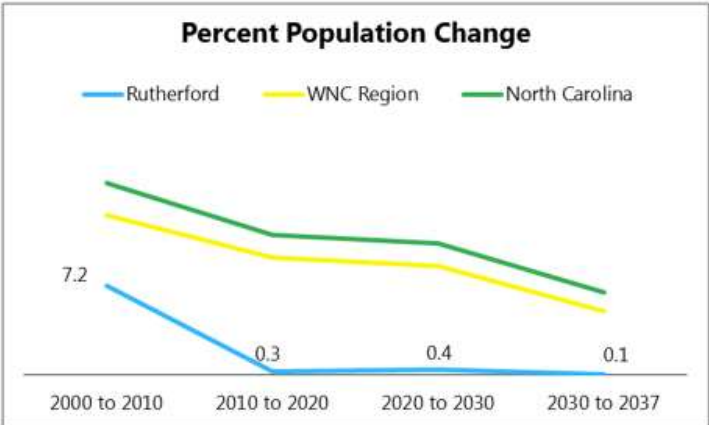
Population Growth

Population, Density
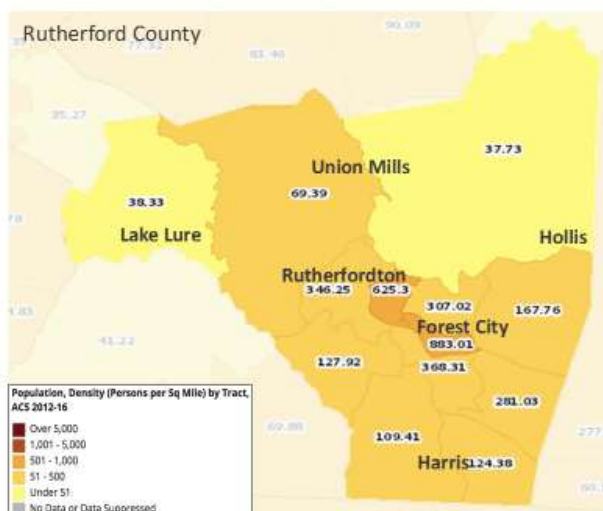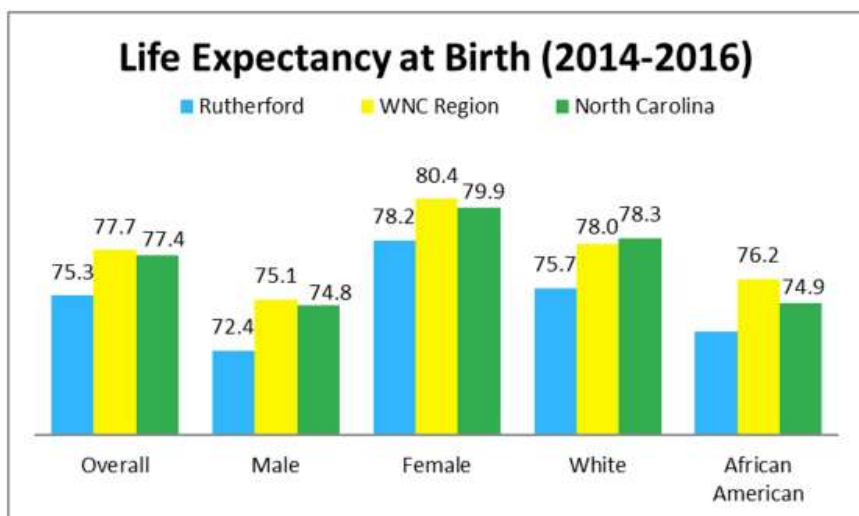
2016 State of North Carolina and 2014-2016 County Life Expectancy at Birth. Retrieved June 22, 2018, North Carolina Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: https://schs.dph.ncdhhs.gov/data/databook/
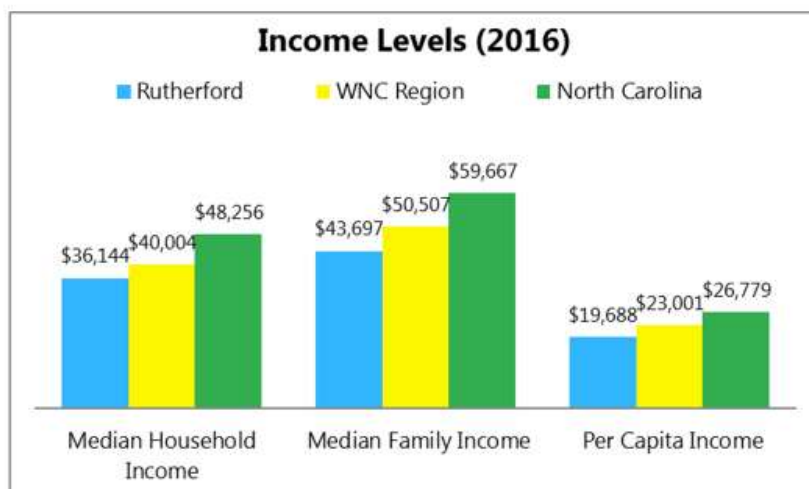
Note: Households include all the people who occupy a housing unit. The occupants may be a single family, one person living alone, or two or more families living together, or any other group of related or unrelated people who share living arrangements
Note: Family Households consist of a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. All people in a household who are related to the householder are regarded as members of his or her family. A family household may contain people not related to the householder, but those people are not included as part of the householder's family in tabulations.

Unemployment

Unemployment Rate (Unadjusted) Trend

Legend: Rutherford — WNC Region — North Carolina

6.5   8.3   16.0   16.5   14.3   13.3   11.7   8.2   7.8   6.7   6.1

2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017
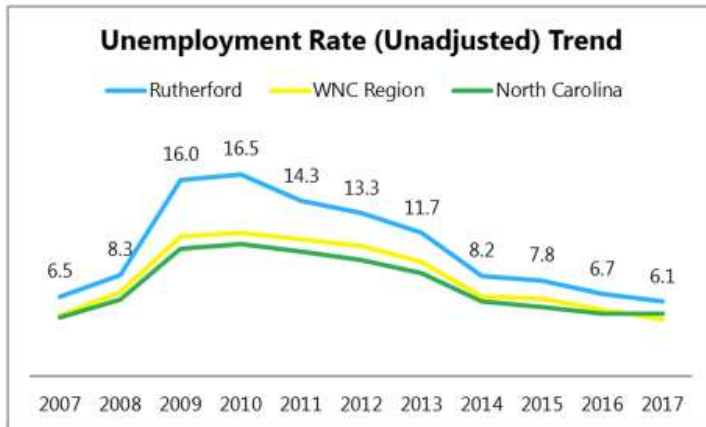
Labor Force (LAUS) - Unemployment Rate, Monthly Unadjusted, 2017. Retrieved April 24, 2018, from North Carolina Department of Commerce, Labor and Economic Analysis Division AccessNC website: https://accessnc.opendatasoft.com/pages/dashboard_laborforce_laus/

Poverty

Percent Below Poverty by Age (2016)

Legend: Rutherford ■ WNC Region ■ North Carolina

Total Population: 19.3, 16.5, 16.8
Children under 18: 27.4, 24.7, 23.9
Children under 5: 27.2, 27.4, 27.3

Poverty Status in the Past 12 Months, 2012-2016 American Community Survey 5-Year Estimates (S1701). Retrieved April 3, 2018, from U.S. Census Bureau American FactFinder website: http://factfinder2.census.gov

Percent of Cost Burdened Households

Rutherford County

Union Mills 25.5   25.8

26.2

Lake Lure   Hollis

Rutherfordton 24.9 32.7 20.4 21.8
Forest City 41.8
20.9 23.9
22.0
20.2
Harris 25.4

Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2012-16
- Over 35.1%
- 28.1 - 35.0%
- 21.1 - 28.0%
- Under 21.1%
- No Data or Data Suppressed

Click to see map in Community Commons

Food & Nutrition Services (SNAP)

	January 2018								
	Cases	Participants	Caucasian	African American	Other Races	Hispanic	Individuals 65 and Older	Individuals Under 18	Children aged 5 to 17
Rutherford	6,144	13,569	10,811	2,475	283	519	1,096	5,340	3,783
WNC Region	199,743	113,647	97,526	11,281	4,832	10,148	10,867	42,943	30,323
State	702,445	1,620,475	801,542	705,845	113,088	213,982	119,239	694,660	489,550

Table of Summary Data: Race and Age Breakdown. Food and Nutrition Services: Point in Time Data. Retrieved April 20, 2018 from UNC-CH Jordan Institite for Families Management Assistance for Child Welface, Work First and Food & Nutrition Services in North Carolina website: http://ssw.unc.edu/ma/

Rank	Cause of Death	Rutherford	
		# Deaths	Death Rate
1	Diseases of Heart	932	200.8
2	Cancer	827	170.1
3	Chronic Lower Respiratory Diseases	343	70.1
4	Cerebrovascular Disease	269	57.6
5	All Other Unintentional Injuries	159	42.5
6	Diabetes Mellitus	139	29.3
7	Alzheimer's disease	108	23.3
8	Suicide	69	19.3
9	Nephritis, Nephrotic Syndrome, and Nephrosis	85	17.6
10	Unintentional Motor Vehicle Injuries	54	15.8
11	Septicemia	72	15.6
12	Pneumonia and Influenza	67	15.1
13	Chronic Liver Disease and Cirrhosis	60	13.2
14	Homicide	**14**	**4.7**
15	Acquired Immune Deficiency Syndrome	**4**	**1.3**
	All Causes (some not listed)	4,257	930.6

Leading Causes of Death

Note: Rates based on fewer than 20 cases (indicated by N/A) are unstable and have been presented in bold.

Note: Death rates are age-adjusted

Source for unstable rates: 2016 North Carolina Vital Statistics, Volume 2: Leading Causes of Death. Retrieved June 22, 2018 from North Carolina Center for Health Statistics Vital Statistics website: https://schs.dph.ncdhhs.gov/data/vital/lcd/2016/

Heart Disease Mortality Rates

<cite id="fUP1T" reason="This is a map figure on the slide showing heart disease mortality rates with a legend">Rate Per 100,000 Population
173.1 - 210.1
210.2 - 248.4
248.5 - 286.8
286.9 - 379.6

JUNE 2018
STATE CENTER FOR HEALTH STATISTICS

All Cancers Mortality Rates

Rutherford County				
Age Group	Rank	Leading Cause of Death	# Deaths	Death Rate
00-19	1	Conditions originating in the perinatal period	9	11.5
		Motor vehicle injuries	9	11.5
	3	Other Unintentional injuries	5	6.4
20-39	1	Other Unintentional injuries	27	37.8
	2	Suicide	17	23.8
	3	Motor vehicle injuries	13	18.2
40-64	1	Cancer - All Sites	253	212.5
	2	Diseases of the heart	190	159.6
	3	Chronic lower respiratory diseases	79	66.4
65-84	1	Cancer - All Sites	463	801.2
	2	Diseases of the heart	421	728.5
	3	Chronic lower respiratory diseases	222	384.2
85+	1	Diseases of the heart	310	4283.5
	2	Cerebrovascular disease	106	1464.7
	3	Cancer - All Sites	99	1368.0

Causes of Death by Age

2012-2016 Death Counts and Crude Death Races per 100,000 Popilation for Leading Causes of Death, by Age Groups NC 2012-2016. Retrieved June 25, 2018, from North Carolina Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: https://schs.dph.ncdhhs.gov/data/databook/
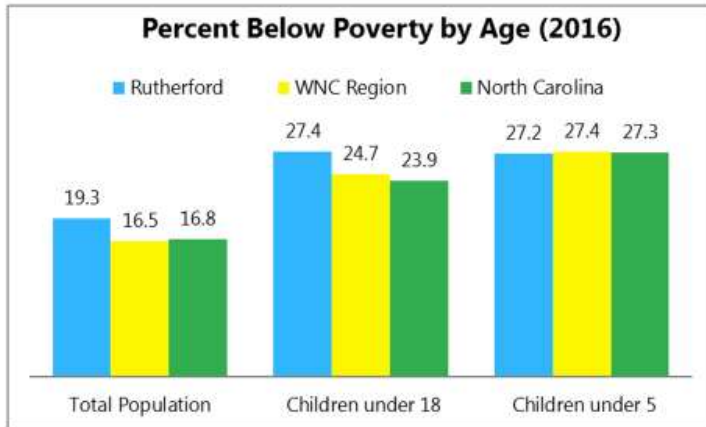

2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). Retrieved on June 25, 2018, from North Carolina State Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: https://schs.dph.ncdhhs.gov/data/databook/

Other Unintentional Injuries Mortality Rates

Rate Per 100,000 Population
- 29.5 - 30.4
- 30.5 - 38.5
- 38.6 - 51.5
- 51.6 - 63.5

JUNE 2018
STATE CENTER FOR HEALTH STATISTICS
Note: *Rates based on small numbers (less than 10) are unreliable and should be used with caution.

Overall Health

Experience "Fair" or "Poor" Overall Health

Legend: ☐ 2012 ☐ 2015 ■ 2018

	Rutherford	WNC	NC	US
2012	22.2%	19.0%	18.1%	16.8%
2015	17.7%	17.3%	19.2%	15.3%
2018	25.3%	17.3%	18.3%	18.1%

Professional Research Consultants, Inc.

County is a "Fair/Poor" Place to Live

☐ 2015 ■ 2018

Rutherford: 32.1% (2015), 24.3% (2018)
WNC: 13.5% (2015), 11.1% (2018)
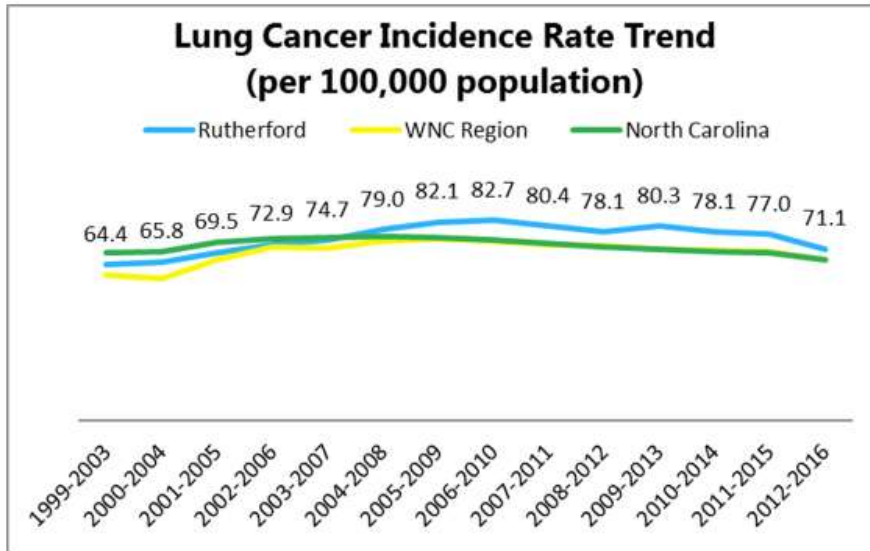
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
Notes: • Asked of all respondents.

Professional Research Consultants, Inc.

Chronic Disease

Lung Cancer Mortality Rate Trend
(per 100,000 population)

— Rutherford — WNC Region — North Carolina

53.4 59.2 64.8 63.6 68.9 66.3 58.6 56.4 53.8 47.8 49.1

2002-2006 2003-2007 2004-2008 2005-2009 2006-2010 2007-2011 2008-2012 2009-2013 2010-2014 2011-2015 2012-2016
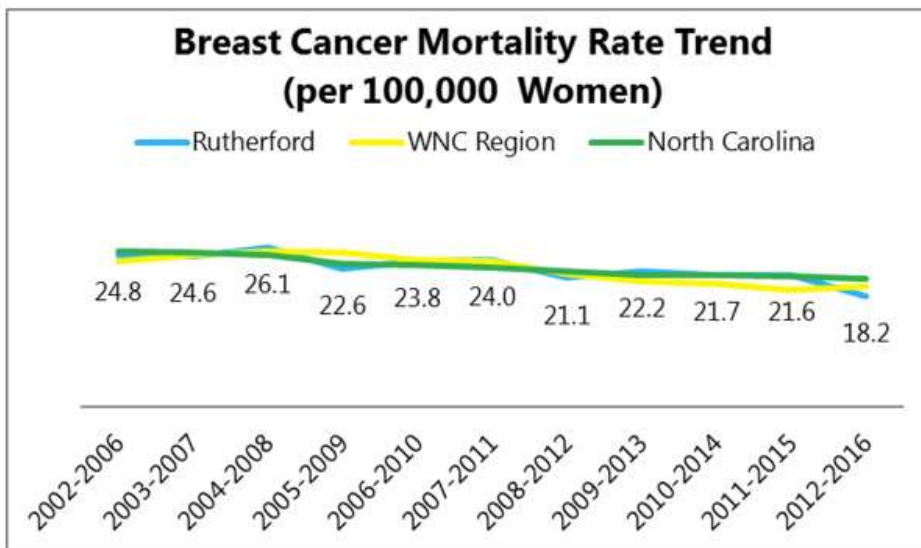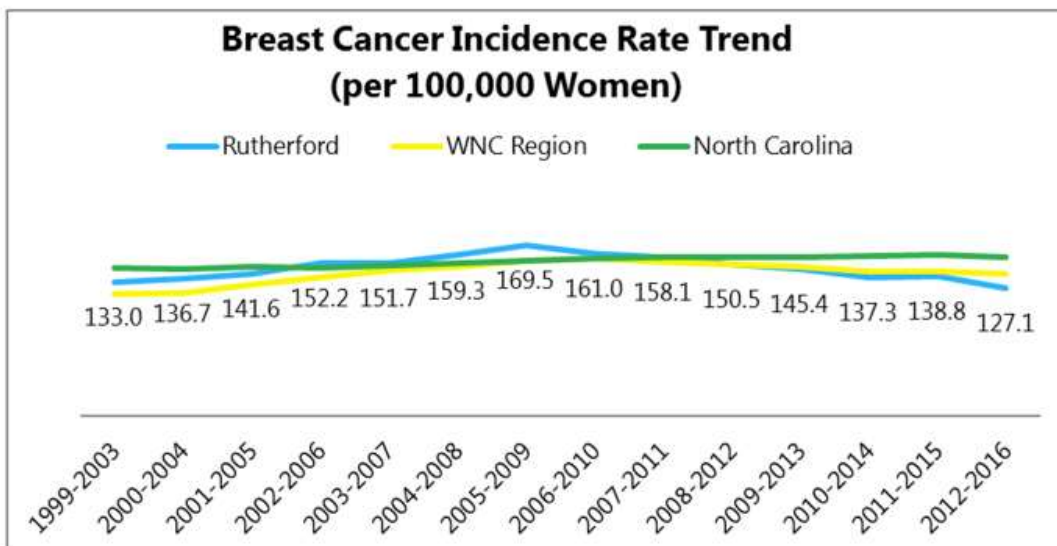
2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). Retrieved on June 25, 2018, from North Carolina State Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: https://schs.dph.ncdhhs.gov/data/databook/

Lung Cancer Incidence Rate Trend
(per 100,000 population)

Rutherford   WNC Region   North Carolina

64.4 65.8 69.5 72.9 74.7 79.0 82.1 82.7 80.4 78.1 80.3 78.1 77.0 71.1

1999-2003 2000-2004 2001-2005 2002-2006 2003-2007 2004-2008 2005-2009 2006-2010 2007-2011 2008-2012 2009-2013 2010-2014 2011-2015 2012-2016

Preliminary 2012-2016 NC Cancer Incidence Rates per 100,000 Population Age-Adjusted to the 2000 US Census. Retrieved June 28, 2018, from North Carolina State Center for Health Statistics (NC SCHS), Central Cancer Registry. http://www.schs.state.nc.us/data/cancer/incidence_rates.htm

Breast Cancer Mortality Rate Trend
(per 100,000 Women)

Rutherford   WNC Region   North Carolina

24.8 24.6 26.1 22.6 23.8 24.0 21.1 22.2 21.7 21.6 18.2

2002-2006 2003-2007 2004-2008 2005-2009 2006-2010 2007-2011 2008-2012 2009-2013 2010-2014 2011-2015 2012-2016
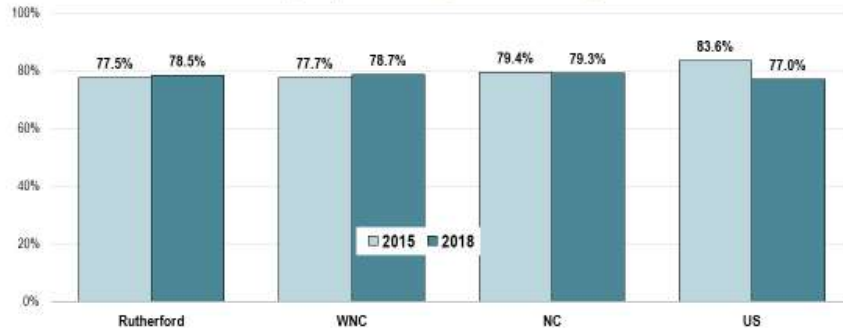
2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). Retrieved on June 25, 2018, from North Carolina State Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: https://schs.dph.ncdhhs.gov/data/databook "Source for unstable rates: North Carolina Vital Statistics, Volume 2: Leading Causes of Death [year as noted]. Retrieved on June 28, 2017 from North Carolina Center for Health Statistics (NC SCHS) Vital Statistics website: http://www.schs.state.nc.us/data/vital.cfm"

Breast Cancer Incidence Rate Trend
(per 100,000 Women)

Rutherford   WNC Region   North Carolina

133.0 136.7 141.6 152.2 151.7 159.3 169.5 161.0 158.1 150.5 145.4 137.3 138.8 127.1

1999-2003 2000-2004 2001-2005 2002-2006 2003-2007 2004-2008 2005-2009 2006-2010 2007-2011 2008-2012 2009-2013 2010-2014 2011-2015 2012-2016

14 - Preliminary 2012-2016 NC Cancer Incidence Rates per 100,000 Population Age-Adjusted to the 2000 US Census. Retrieved June 28, 2018, from North Carolina State Center for Health Statistics (NC SCHS), Central Cancer Registry. http://www.schs.state.nc.us/data/cancer/incidence_rates.htm

Have Had a Mammogram in the Past Two Years
(Women Age 50-74; By County, 2018)
Healthy People 2020 Target = 81.1% or Higher

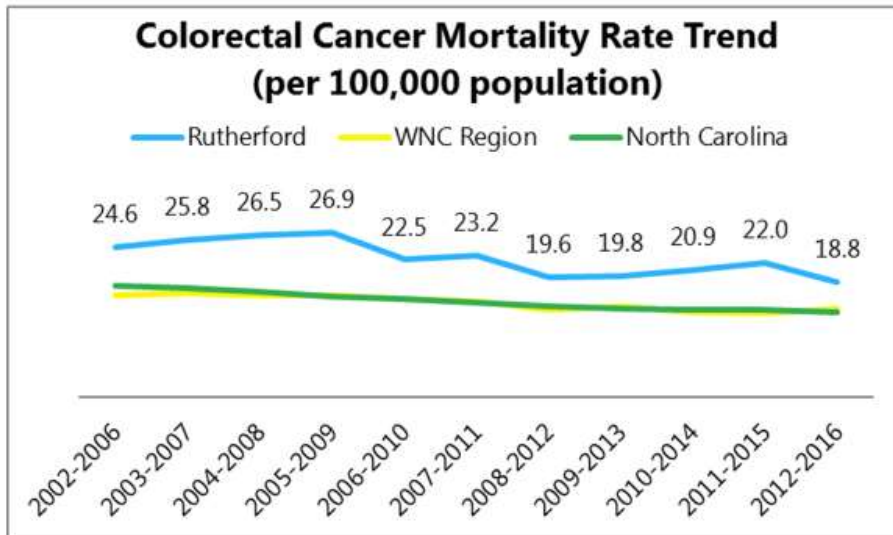|	Rutherford	WNC	NC	US
2015	77.5%	77.7%	79.4%	83.6%
2018	78.5%	78.7%	79.3%	77.0%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2016 North Carolina data.
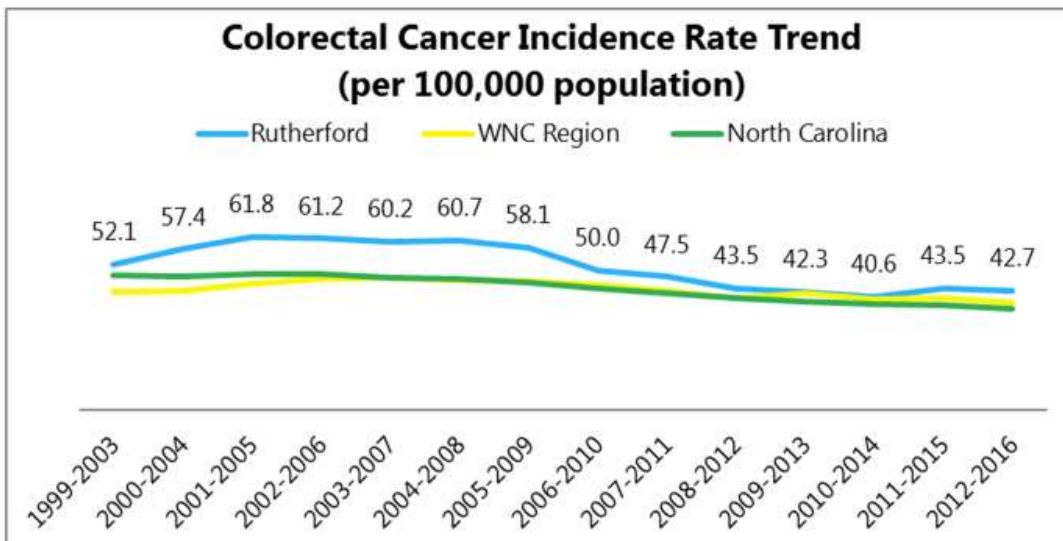- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents age 50-74.

Professional Research Consultants, Inc.

Colorectal Cancer Mortality Rate Trend
(per 100,000 population)

Rutherford — WNC Region — North Carolina

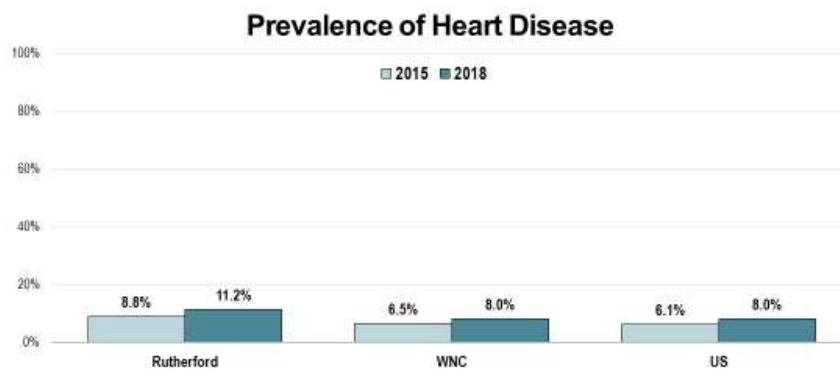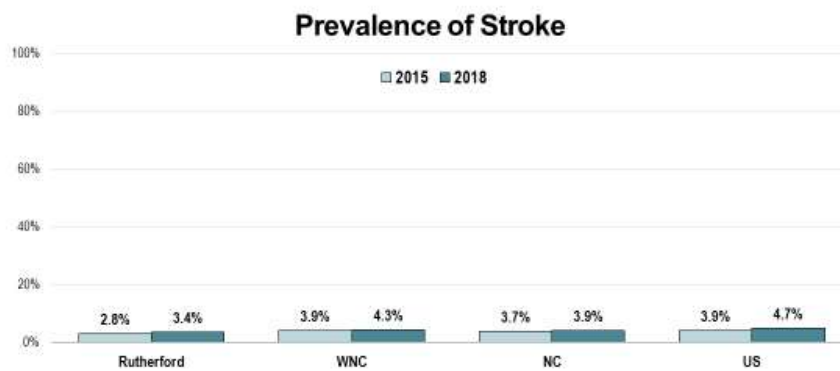| 2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016
24.6	25.8	26.5	26.9	22.5	23.2	19.6	19.8	20.9	22.0	18.8

2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). Retrieved on June 25, 2018, from North Carolina State Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: https://schs.dph.ncdhhs.gov/data/databook/

Colorectal Cancer Incidence Rate Trend
(per 100,000 population)

Rutherford — WNC Region — North Carolina

1999-2003	2000-2004	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016
52.1	57.4	61.8	61.2	60.2	60.7	58.1	50.0	47.5	43.5	42.3	40.6	43.5	42.7

Preliminary 2012-2016 NC Cancer Incidence Rates per 100,000 Population Age-Adjusted to the 2000 US Census. Retrieved June 28, 2018, from North Carolina State Center for Health Statistics (NC SCHS), Central Cancer Registry. http://www.schs.state.nc.us/data/cancer/incidence_rates.htm

Cerebrovascular Disease Mortality Rate Trend (per 100,000 population)

— Rutherford   — WNC Region   — North Carolina

71.1 65.4 65.1 61.8 56.1 55.2 57.5 58.7 57.9 58.8 57.6

2002-2006 2003-2007 2004-2008 2005-2009 2006-2010 2007-2011 2008-2012 2009-2013 2010-2014 2011-2015 2012-2016

2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). Retrieved on June 25, 2018, from North Carolina State Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: https://schs.dph.ncdhhs.gov/data/databook/

Prevalence of Heart Disease

☐ 2015   ■ 2018

	Rutherford	WNC	US
2015	8.8%	6.5%	6.1%
2018	11.2%	8.0%	8.0%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Professional Research Consultants, Inc.

Prevalence of Stroke

☐ 2015   ■ 2018

	Rutherford	WNC	NC	US
2015	2.8%	3.9%	3.7%	3.9%
2018	3.4%	4.3%	3.9%	4.7%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
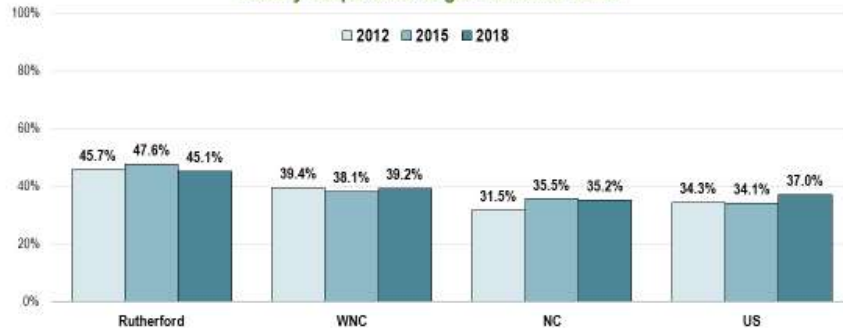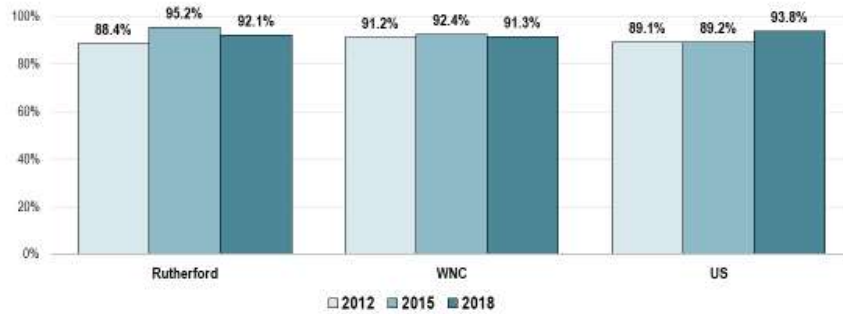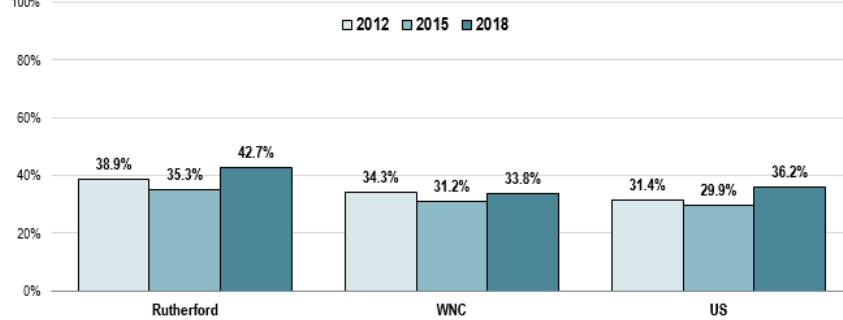- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Professional Research Consultants, Inc.

Prevalence of High Blood Pressure
Healthy People 2020 Target = 26.9% or Lower

□ 2012 ▨ 2015 ■ 2018

Rutherford: 45.7%, 47.6%, 45.1%
WNC: 39.4%, 38.1%, 39.2%
NC: 31.5%, 35.5%, 35.2%
US: 34.3%, 34.1%, 37.0%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Taking Action to Control High Blood Pressure
(Among Adults with High Blood Pressure)

Rutherford: 88.4%, 95.2%, 92.1%
WNC: 91.2%, 92.4%, 91.3%
US: 89.1%, 89.2%, 93.8%
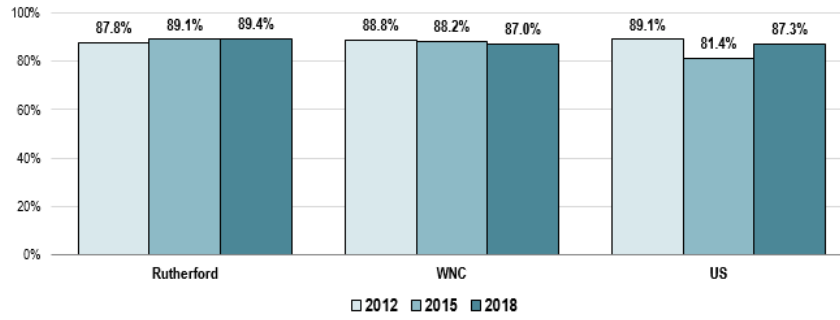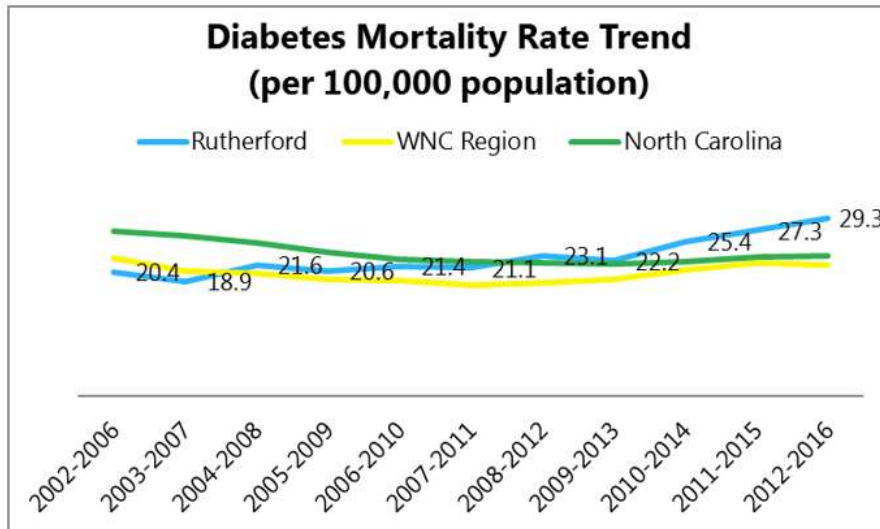
□ 2012 ▨ 2015 ■ 2018

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 41]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents reporting having ever been diagnosed with high blood pressure.

Prevalence of High Blood Cholesterol
Healthy People 2020 Target = 13.5% or Lower

□ 2012 ▨ 2015 ■ 2018

Rutherford: 38.9%, 35.3%, 42.7%
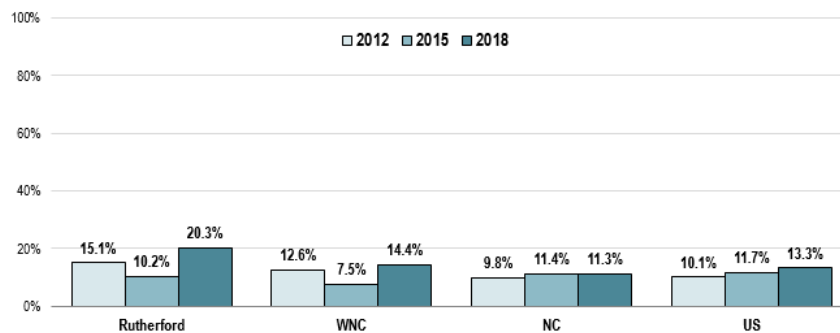WNC: 34.3%, 31.2%, 33.8%
US: 31.4%, 29.9%, 36.2%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Taking Action to Control High Blood Cholesterol
(Among Adults with High Blood Cholesterol Levels)

Rutherford: 87.8% (2012), 89.1% (2015), 89.4% (2018)
WNC: 88.8% (2012), 88.2% (2015), 87.0% (2018)
US: 89.1% (2012), 81.4% (2015), 87.3% (2018)

□2012 ■2015 ■2018

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents reporting having ever been diagnosed with high blood cholesterol.

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

Diabetes Mortality Rate Trend
(per 100,000 population)

—Rutherford　—WNC Region　—North Carolina

20.4　18.9　21.6　20.6　21.4　21.1　23.1　22.2　25.4　27.3　29.3

2002-2006　2003-2007　2004-2008　2005-2009　2006-2010　2007-2011　2008-2012　2009-2013　2010-2014　2011-2015　2012-2016
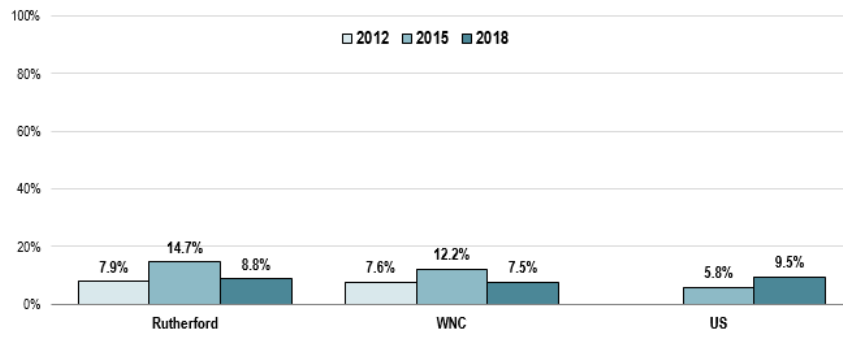
2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). Retrieved on June 25, 2018, from North Carolina State Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: https://schs.dph.ncdhhs.gov/data/databook/

Prevalence of Diabetes (Ever Diagnosed)

□2012 ■2015 ■2018

Rutherford: 15.1% (2012), 10.2% (2015), 20.3% (2018)
WNC: 12.6% (2012), 7.5% (2015), 14.4% (2018)
NC: 9.8% (2012), 11.4% (2015), 11.3% (2018)
US: 10.1% (2012), 11.7% (2015), 13.3% (2018)

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

Prevalence of Borderline or Pre-Diabetes

☐ 2012 ☐ 2015 ☐ 2018

	Rutherford	WNC	US
2012	7.9%	7.6%	
2015	14.7%	12.2%	5.8%
2018	8.8%	7.5%	9.5%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
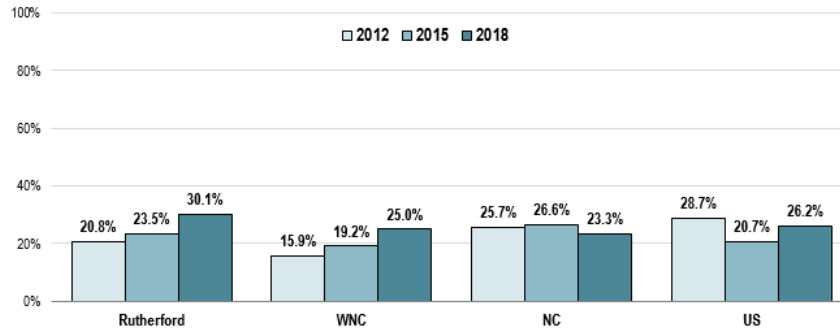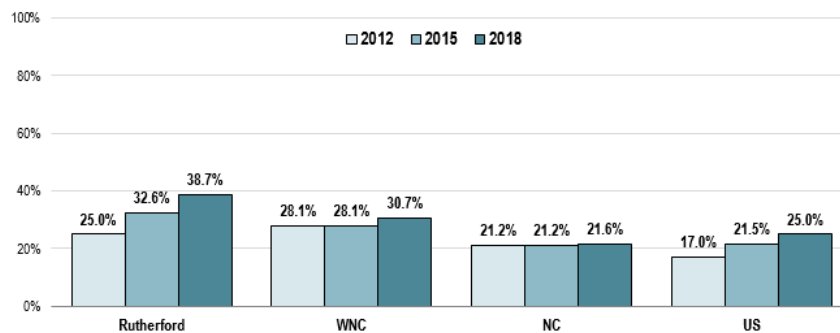Notes: • Asked of all respondents.

Professional Research Consultants, Inc.

Physical
Activity

No Leisure-Time Physical Activity in the Past Month
Healthy People 2020 Target = 32.6% or Lower

□ 2012 ■ 2015 ■ 2018

	Rutherford	WNC	NC	US
2012	20.8%	15.9%	25.7%	28.7%
2015	23.5%	19.2%	26.6%	20.7%
2018	30.1%	25.0%	23.3%	26.2%

Professional Research Consultants, Inc.

Limited in Activities in Some Way
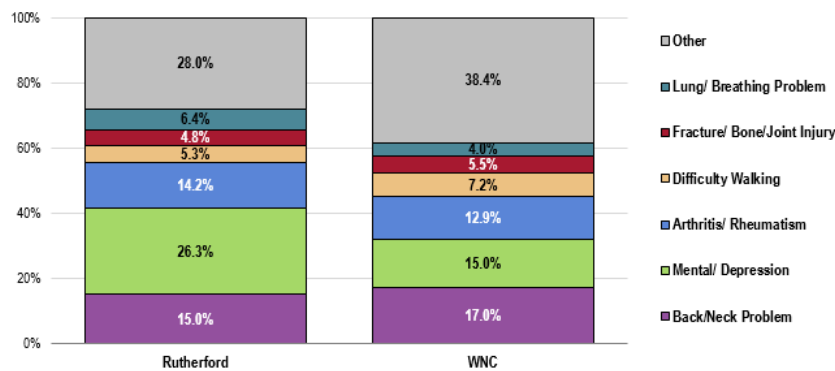## Due to a Physical, Mental, or Emotional Problem

□ 2012 ■ 2015 ■ 2018

	Rutherford	WNC	NC	US
2012	25.0%	28.1%	21.2%	17.0%
2015	32.6%	28.1%	21.2%	21.5%
2018	38.7%	30.7%	21.6%	25.0%

Professional Research Consultants, Inc.

Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; By County, 2018)

	Rutherford	WNC
Other	28.0%	38.4%
Lung/ Breathing Problem	6.4%	4.0%
Fracture/ Bone/Joint Injury	4.8%	5.5%
Difficulty Walking	5.3%	7.2%
Arthritis/ Rheumatism	14.2%	12.9%
Mental/ Depression	26.3%	15.0%
Back/Neck Problem	15.0%	17.0%

Professional Research Consultants, Inc.

Meets Physical Activity Recommendations
(2018)
Healthy People 2020 Target = 20.1% or Higher

	Rutherford	WNC	NC	US
	16.5%	21.3%	18.9%	22.8%

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

Strengthening Physical Activity

☐ 2012 ☐ 2015 ■ 2018

	Rutherford	WNC	NC	US
2012	37.2%	35.1%		
2015	28.0%	34.6%		
2018	25.8%	31.9%	29.3%	33.8%

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

Weight

74

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

□2012 ■2015 ■2018

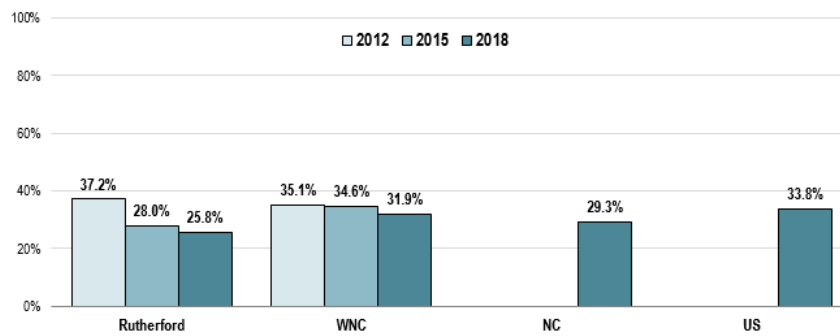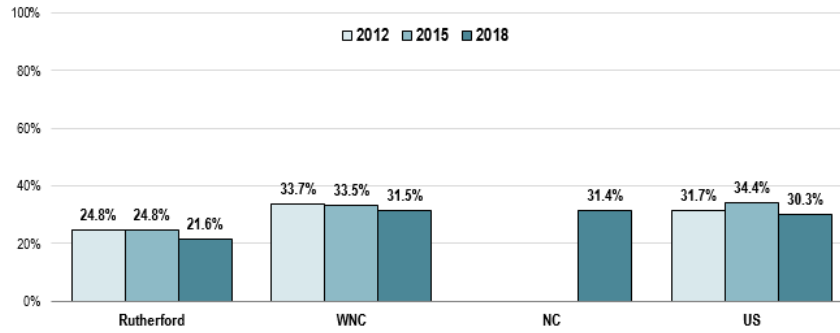|	Rutherford	WNC	NC	US
2012	24.8%	33.7%		31.7%
2015	24.8%	33.5%		34.4%
2018	21.6%	31.5%	31.4%	30.3%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]
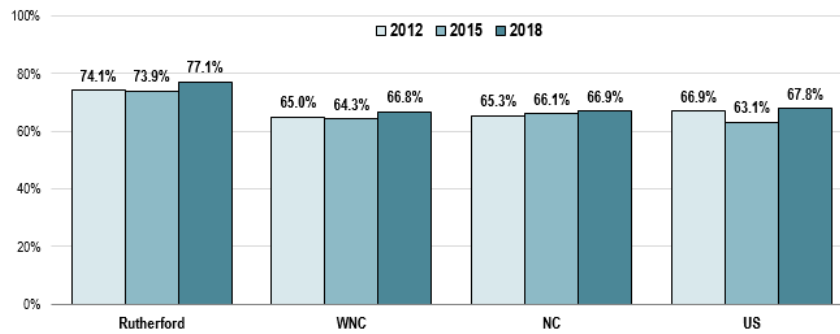
Notes:
- Based on reported heights and weights; asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Professional Research Consultants, Inc.

Total Overweight (Overweight or Obese)
(Body Mass Index of 25.0 or Higher)

□2012 ■2015 ■2018

	Rutherford	WNC	NC	US
2012	74.1%	65.0%	65.3%	66.9%
2015	73.9%	64.3%	66.1%	63.1%
2018	77.1%	66.8%	66.9%	67.8%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

Professional Research Consultants, Inc.

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

□2012 ■2015 ■2018

	Rutherford	WNC	NC	US
2012	35.2%	29.2%	28.6%	28.5%
2015	33.1%	28.8%	29.4%	29.0%
2018	49.8%	31.9%	31.8%	32.8%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
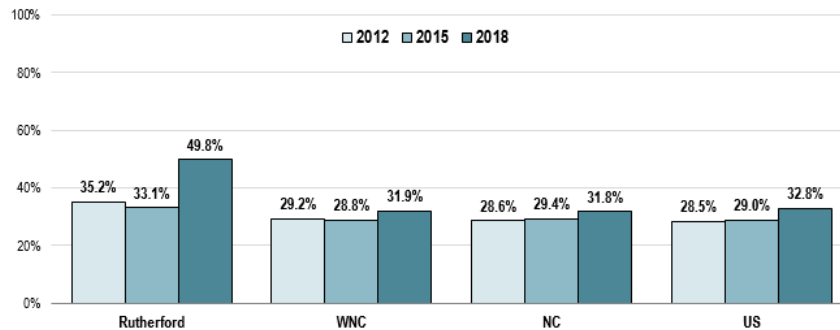- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights; asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
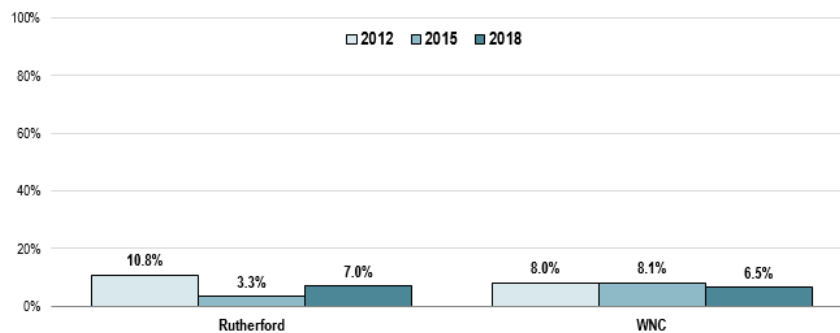
Professional Research Consultants, Inc.

Food and Nutrition

Consume Five or More Servings of Fruits/Vegetables Per Day

□ 2012   ■ 2015   ■ 2018

	Rutherford			WNC		
	10.8%	3.3%	7.0%	8.0%	8.1%	6.5%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall their food intake during the previous week. Reflects 1-cup servings of fruits and/or vegetables in the past week, excluding lettuce salad and potatoes.

©2017 Professional Research Consultants, Inc.   **Professional Research Consultants, Inc.**

Food Insecurity
(2018)

Rutherford	WNC	US
33.7%	23.8%	27.9%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

©2017 Professional Research Consultants, Inc.   **Professional Research Consultants, Inc.**

Frequency of Worry/Stress in the Past Year
About Having Enough Money to Buy Nutritious Meals
(Rutherford County)

2012

Always 8.5%
Usually 6.1%
Never 48.6%
Sometimes 18.2%
Seldom 18.6%

2015

Always 8.6%
Usually 5.6%
Never 49.2%
Sometimes 20.5%
Seldom 16.1%

2018

Always 4.9%
Usually 10.2%
Never 56.8%
Sometimes 17.4%
Seldom 10.7%
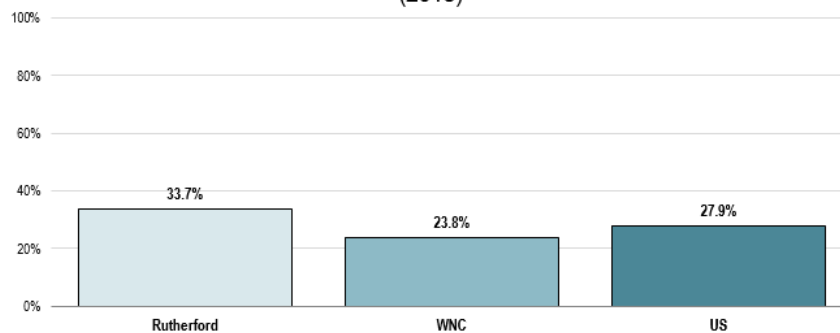
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 331]
Notes: • Asked of all respondents.

Professional Research Consultants, Inc.

Mental Health

>7 Days of Poor Mental Health in the Past Month

□ 2012 □ 2015 ■ 2018

Rutherford: 17.7%, 16.2%, 23.7%

WNC: 14.2%, 13.0%, 18.7%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 337]
Notes: • Asked of all respondents.

Professional Research Consultants, Inc.

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

Rutherford: 75.6% (2012), 82.0% (2015), 66.8% (2018)
WNC: 80.6% (2012), 79.3% (2015), 75.3% (2018)

□ 2012 ■ 2015 ■ 2018

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]
Notes: • Includes "always" and "usually" responses.

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

□ 2012 ■ 2015 ■ 2018

Rutherford: 7.1% (2012), 8.9% (2015), 14.8% (2018)
WNC: 6.6% (2012), 7.5% (2015), 12.3% (2018)

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: • Asked of all respondents.

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

□ 2012 ■ 2015 ■ 2018

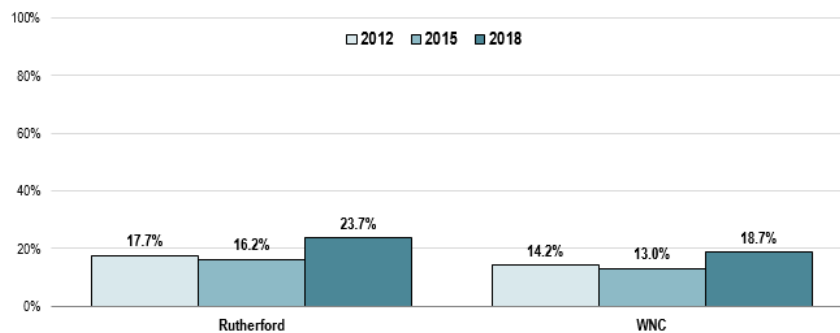Rutherford: 4.3% (2012), 6.4% (2015), 18.5% (2018)
WNC: 5.0% (2012), 5.4% (2015), 10.5% (2018)

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 335]
Notes: • Asked of all respondents.

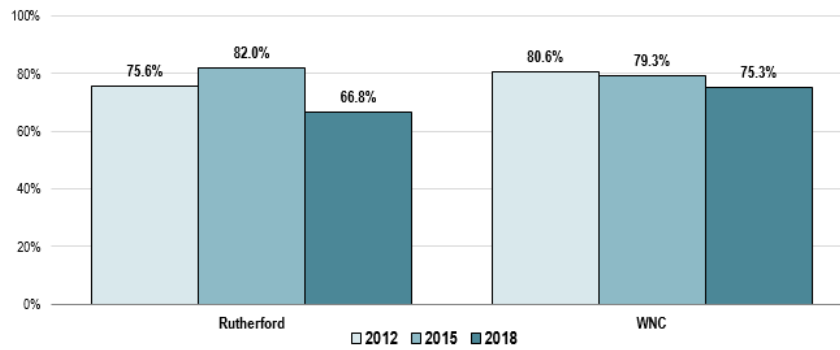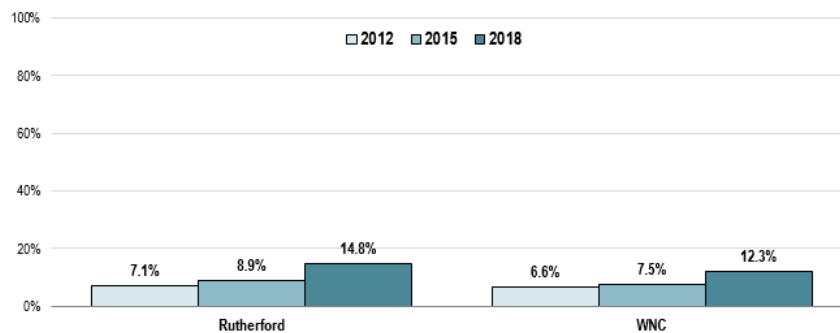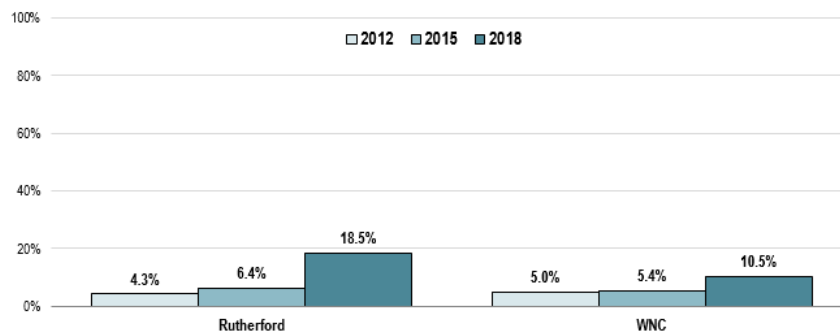## Suicide Mortality Rate Trend (per 100,000 population)

2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). Retrieved on June 25, 2018, from North Carolina State Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: https://schs.dph.ncdhhs.gov/data/databook/

Unintentional Poisoning Mortality Rate Trend (per 100,000 population)

Unintentional Poisoning Mortality Rates per 100,000, 2012-2016. Retrieved on July 2, 2018, from North Carolina State Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: https://schs.dph.ncdhhs.gov/data/databook/

Adverse Childhood Experiences (ACEs)

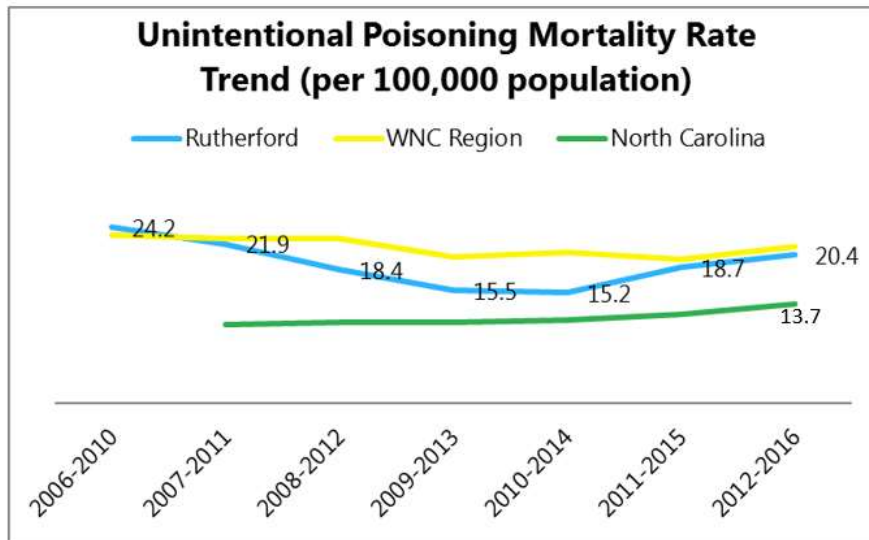| Category	Question
Household Mental Illness	Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?
Household Substance Abuse	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?
	Before you were 18 years of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

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 339-349, 351-360]
Notes: • Reflects the total sample of respondents.

Experienced Adverse
Childhood Experiences (ACEs) Prior to Age 18
(2018)

□ Rutherford Co ■ WNC

	Emotional Abuse	Household Substance Abuse	Parental Separation or Divorce	Household Mental Illness	Intimate Partner Violence	Physical Abuse	Incarcerated Household Member	Sexual Abuse
Rutherford Co	41.9%	40.9%	31.8%	26.4%	22.2%	21.2%	18.8%	4.5%
WNC	36.6%	31.6%	27.6%	23.0%	19.1%	18.7%	9.9%	7.6%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 351-358]
Notes: • Asked of all respondents (Adults 18+).
  • ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

Prevalence of High ACE Scores (4 or More)
(2018)

Rutherford	WNC
23.1%	15.9%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 359]
Notes: • Asked of all respondents (Adults 18+).
  • ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.
  • Adults with at least one adverse childhood experience (ACE) are categorized as having a low ACE score (1-3 ACEs) or a high score (4+ ACEs).

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

Alcohol Use

Current Drinkers

Legend: ☐ 2012 ☐ 2015 ■ 2018

	Rutherford	WNC	NC	US
2012	32.6%	42.9%	44.1%	58.8%
2015	32.7%	43.7%	44.3%	56.5%
2018	39.6%	45.8%	49.1%	55.0%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

Professional Research Consultants, Inc.

Binge Drinkers
Healthy People 2020 Target = 24.2% or Lower

Legend: ☐ 2012 ☐ 2015 ■ 2018

	Rutherford	WNC	NC	US
2012	12.1%	10.6%	11.0%	16.7%
2015	9.1%	10.0%	13.0%	19.5%
2018	9.5%	12.3%	14.6%	20.0%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men consuming 5+ alcoholic drinks on any one occasion in the past month or women consuming 4+ alcoholic drinks on any one occasion in the past month.
- Previous survey data classified both men and women as binge drinkers if they had 5+ alcoholic drinks on one occasion in the past month.

Professional Research Consultants, Inc.

Excessive Drinkers
Healthy People 2020 Target = 25.4% or Lower

Legend: ☐ 2015 ■ 2018

	Rutherford	WNC	US
2015	11.9%	15.4%	23.2%
2018	12.3%	15.7%	22.5%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Professional Research Consultants, Inc.

Substance Misuse

Used Opiates/Opioids in the Past Year, With or Without a Prescription
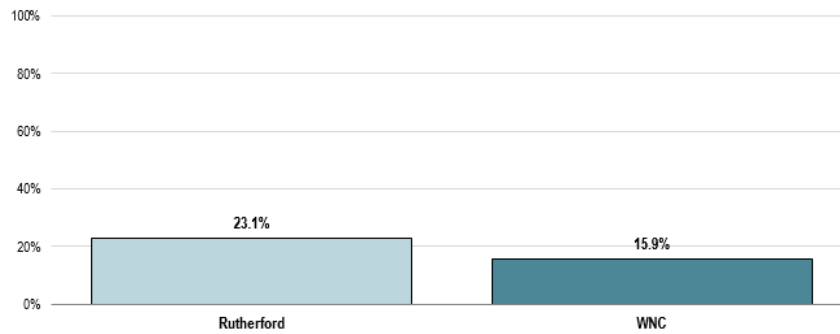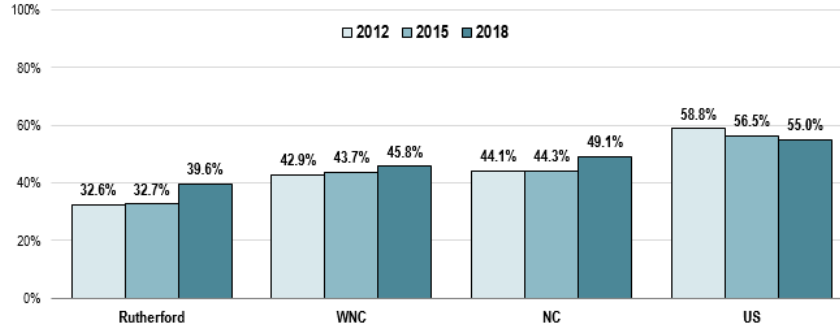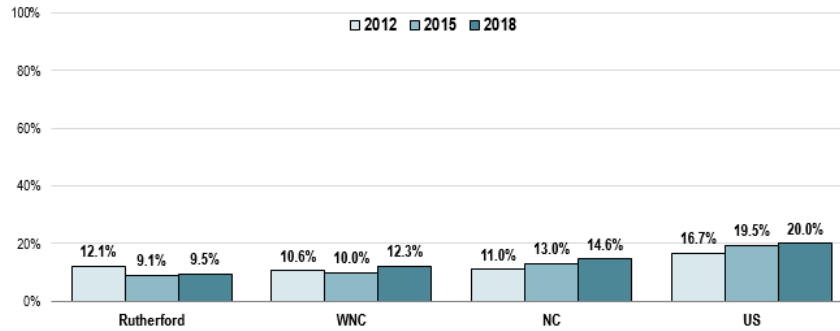### (2018)

Rutherford	26.7%
WNC	19.6%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]
Notes: • Asked of all respondents.

Professional Research Consultants, Inc.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)
(2018)

Rutherford	54.8%
WNC	47.4%
US	37.3%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Professional Research Consultants, Inc.

Used an Illicit Drug in the Past Month
(Self or Someone They Know)
(2018)

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 318]

Notes:
- Asked of all respondents.
- In this case, the term "illicit" includes an illegal drug or a prescription drug that has not been prescribed to the user or someone they know.

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

Tobacco Use

Current Smokers
Healthy People 2020 Target = 12.0% or Lower

Legend: ☐ 2012 ☐ 2015 ☐ 2018

	Rutherford	WNC	NC	US
2012	24.5%	20.6%	19.8%	16.6%
2015	21.2%	19.3%	20.3%	14.9%
2018	20.2%	19.0%	17.9%	16.3%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

Currently Use Smokeless Tobacco Products
Healthy People 2020 Target = 0.3% or Lower

□2012 □2015 ■2018

	Rutherford	WNC	NC	US
2012	4.6%	5.2%		2.8%
2015	3.7%	4.3%	4.3%	4.0%
2018	10.9%	5.8%	4.0%	4.4%

Professional Research Consultants, Inc.

Currently Use Vaping Products (Such as E-Cigarettes)

□2015 ■2018

	Rutherford	WNC	NC	US
2015	4.9%	6.6%		
2018	5.8%	7.2%	4.4%	3.8%

Professional Research Consultants, Inc.

Have Breathed Someone Else's Smoke at Work in the Past Week
(Employed Respondents)

□2012 □2015 ■2018

	Rutherford	WNC
2012	19.6%	14.2%
2015	13.7%	14.2%
2018	18.3%	17.0%

Professional Research Consultants, Inc.

Primary Care

Have a Specific Source of Ongoing Medical Care
Healthy People 2020 Target = 95.0% or Higher

	Rutherford	WNC	US
2015	82.6%	82.3%	76.3%
2018	83.6%	80.9%	74.1%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
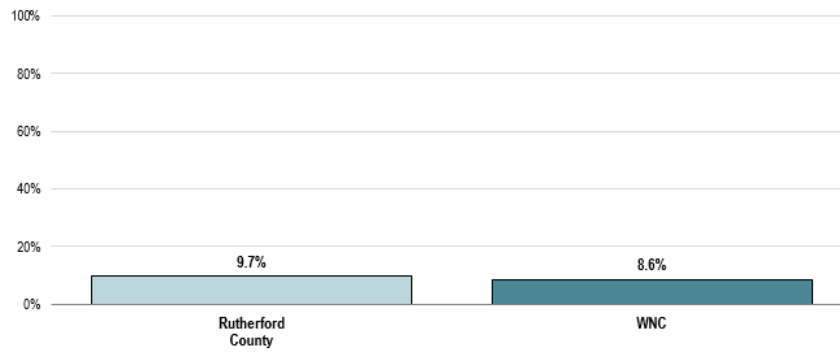- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

Professional Research Consultants, Inc.

Have Visited a Physician for a Checkup in the Past Year

	Rutherford	WNC	NC	US
2012	77.1%	72.4%		67.3%
2015	79.2%	71.1%	73.2%	65.0%
2018	77.9%	73.3%	74.6%	68.3%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.

Notes:
- Asked of all respondents.

Professional Research Consultants, Inc.

1.   Active Living

2.   Substance Abuse Treatment & Recovery

Now Let's Talk About Possible Strategies

Rutherford County Maps

Community Health (Needs) Assessment
2018

Why use maps?

- To show variation across the county (or a lack of it)
  - Using only one number or statistic to describe the entire county can hide variation across communities. Maps can show if communities are different.

- To show vulnerable populations
  - Mapping demographic information can show us where our most vulnerable populations live.

- To show masked associations
  - Maps can show where specific factors occur simultaneously.

Maps are one piece of the data puzzle

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

Population, Total

Click to see map in Community Commons

Population, Density

Click to see map in Community Commons

Heart Disease Mortality Rates

Other Unintentional Injuries Mortality Rates

All Cancer Incidence Rates
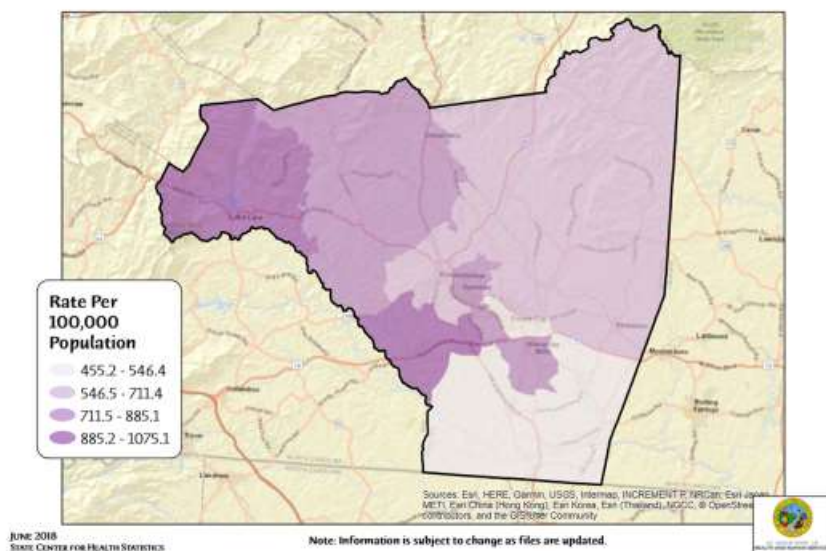
Lung and Bronchus Cancer Incidence Rates

Breast Cancer Incidence Rates

Rate Per 100,000
Female Population
- 119.1 - 130.5
- 130.6 - 203.5
- 203.6 - 264.7
- 264.8 - 339.9

JUNE 2018
STATE CENTER FOR HEALTH STATISTICS

Note: *Rates based on small numbers (less than 16) are unreliable and should be used with caution. Information is subject to change as files are updated.

91
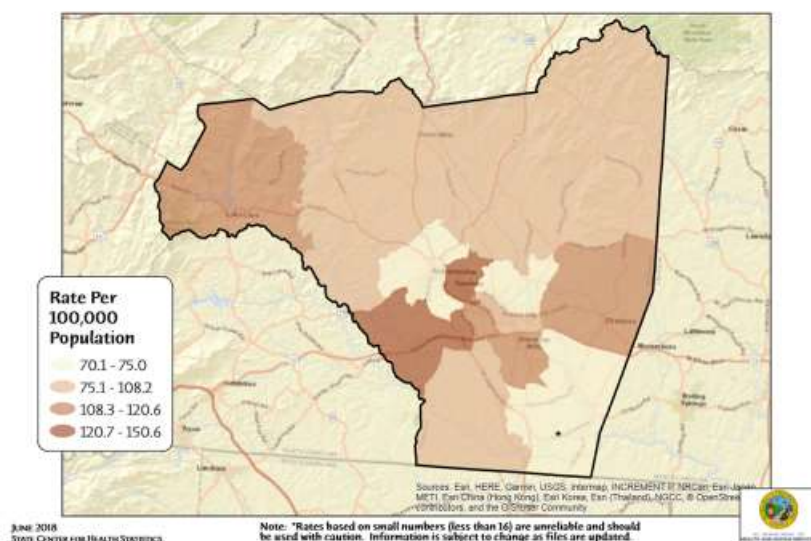
APPENDIX D – SURVEY FINDINGS

Date: _____

Interviewer: _____

Interviewer   ID:
_____

2017-0791-02

Professional Research Consultants, Inc.

WNC HEALTHY IMPACT
2018 Community Health Needs Assessment Asheville,
North Carolina

> **Hello, this is_____with Professional Research Consultants. A collaboration of hospitals and health departments in Western North Carolina has asked us to conduct a survey to study ways to improve the health of your community.**

INTRO.   (INTERVIEWER: THIS SCREEN IS FOR
         REINTRODUCTIONS & CLARIFYING THE PURPOSE & SPONSOR OF
         THE CALL).

(Hello, this is_____with   Professional   Research   Consultants.   A
collaboration of hospitals and health departments in Western North Carolina has asked us
to conduct a survey to study ways to improve the health of your community.)
(IF NECESSARY, READ:) Your number has been chosen randomly to be included in the
study, and we'd like to ask some questions about things people do which may affect their
health. Your answers will be kept completely confidential.
(IF Respondent Seems Suspicious, READ:) Some people we call want to know more before
they answer the survey. If you would like more information regarding this research study,
you can call Jana Distefano of Professional Research Consultants at 877- 247-9477 during
regular business hours.

                                                              CONTINUE

1.   In order to randomly select the person I need to talk to, I need to know how many adults 18 and over live in this household?

One
Two
Three
Four
Five
Six or More

SCRIPTING NOTE: We Will Ask County and ZIP Code of All Respondents for This Study.

Note That We Terminate if "All Others" in Q3 (County), But There Is NO Termination Based on ZIP Code in Q2.

3.   Would you please tell me which county you live in?

Buncombe County
Cherokee County
Clay County
Graham County
Haywood County
Henderson County
Jackson County
Macon County
Madison County
McDowell County
Mitchell County
Polk County
Rutherford County
Swain County
Transylvania County
Yancey County
All Others

NOTE: If Q3 is "All Others", THANK & TERMINATE.

2.   Would you please tell me which ZIP Code area you live in?

<div align="right">

[Don't Know/Not Sure]

[Refused]

28018

28019

28020

28024

28040

28043

28074

28076

28114

28139

28160

28167

28701

28702

28704

28705

28707

28708

28709

28710

28711

28712

28713

28714

28715

28716

28717

28718

28719

28720

28721

28722

28723

28724

28725

28726

28727

28728

28729

28730

28731

28732

28733

28734

28735

28736

28737

</div>

28738

28739

28740

28741

28742

28743

28744

28745

28746

28747

28748

28749

28750

28751

28752

28753

28754

28755

28756

28757

28758

28759

28760

28761

28762

28763

28765

28766

28768

28770

28771

28772

28773

28774

28775

28776

28777

28778

28779

28781

28782

28783

28784

28785

28786

28787

28788

28789

28790

28791

28792

28793
28801
28802
28803
28804
28805
28806
28810
28813
28814
28815
28816
28901
28902
28903
28904
28905
28906
28909
Other (Specify)

This survey may be recorded for quality assurance.

4.   Sex of Respondent. (Do Not Ask - Just Record)

Male
Female

301.   First I would like to ask, overall, how would you describe your county as a place to live? Would you say it is:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

302. What is the ONE THING that needs the most improvement in your county?

	[Don't Know/Not Sure]
(SKIP to 5)	[Refused]
	[Nothing]
(SKIP to 5)	Animal Control
(SKIP to 5)	Availability of Employment
(SKIP to 5)	Better/More Health Food Choices
(SKIP to 5)	Child Care Options
(SKIP to 5)	Counseling/Mental Health/Support Groups
(SKIP to 5)	Culturally Appropriate Health/Support Groups
(SKIP to 5)	Elder Care Options
(SKIP to 5)	Healthy Family Activities
(SKIP to 5)	Higher Paying Employment
(SKIP to 5)	More Affordable Health Care
(SKIP to 5)	More Affordable/Better Housing
(SKIP to 5)	Number of Health Care Providers
(SKIP to 5)	Positive Teen Activities
(SKIP to 5)	Recreational Facilities (Parks, Trails, Community Ctrs)
(SKIP to 5)	Road Maintenance
(SKIP to 5)	Road Safety
(SKIP to 5)	Safe Places to Walk/Ride Bike for Commuting
(SKIP to 5)	Safe Places to Walk/Ride Bike for Recreation
(SKIP to 5)	Services for Disabled People
(SKIP to 5)	Transportation Options
(SKIP to 5)	Other (Specify)

IVAR302A.   Is there anything at all you can think of?

[Don't Know/Not Sure]
[Refused]
[Nothing]
Animal Control
Availability of Employment
Better/More Health Food Choices
Child Care Options
Counseling/Mental Health/Support Groups
Culturally Appropriate Health/Support Groups
Elder Care Options
Healthy Family Activities
Higher Paying Employment
More Affordable Health Care
More Affordable/Better Housing
Number of Health Care Providers
Positive Teen Activities
Recreational Facilities (Parks, Trails, Community Ctrs)
Road Maintenance
Road Safety
Safe Places to Walk/Ride Bike for Commuting
Safe Places to Walk/Ride Bike for Recreation
Services for Disabled People
Transportation Options
Other (Specify)

SCRIPTING NOTE: Force Responses from IVAR302A Back Into Q302.

5.   Would you say that, in general, your health is:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

PROCESSING NOTE: Collapse N/A into No in Q303.

303. Was there a time in the past 12 months when you needed medical care, but could not get it?

	Yes
(SKIP to 16)	No
(SKIP to 16)	[Not Applicable]
(SKIP to 16)	[Don't Know/Not Sure]
(SKIP to 16)	[Refused]
	[Terminate Interview]

304. What was the MAIN reason you did NOT get this needed medical care?

                                    [Don't Know/Not Sure]
                                              [Refused]
                                      Cost/No Insurance
                              Didn't Accept My Insurance
                                        Distance Too Far
                    Inconvenient Office Hours/Office Closed
                                      Lack of Child Care
                                  Lack of Transportation
                                        Language Barrier
                    No Access for People With Disabilities
                          Too Long of Wait for Appointment
                          Too Long of Wait in Waiting Room
                                          Other (Specify)

16. Do you have ONE place where you usually go if you are sick or need advice about your health?

	Yes
(SKIP to 18)	No
(SKIP to 18)	[Don't Know/Not Sure]
(SKIP to 18)	[Refused]
	[Terminate Interview]

17. What kind of place is it:

(SKIP to 18)	A Doctor's Office
(SKIP to 18)	A Health Department or A Public Health Clinic
(SKIP to 18)	Community Health Center
(SKIP to 18)	An Urgent Care/Walk-In Clinic
(SKIP to 18)	A Hospital Emergency Room
(SKIP to 18)	A Military or Other VA Healthcare Facility
(SKIP to 18)	Indian Health Services
	or Some Other Place
(SKIP to 18)	[Don't Know/Not Sure]
(SKIP to 18)	[Refused]
	[Terminate Interview]

250.   What kind of place do you go to?

<div align="right">

[Don't Know/Not Sure]

[Refused]

Other (Specify)

</div>

18.   A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?

<div align="right">

Within the Past Year (Less Than 1 Year Ago)

Within the Past 2 Years (1 Year But Less Than 2 Years Ago)

Within the Past 5 Years (2 Years But Less Than 5 Years Ago)

5 or More Years Ago

[Never]

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

</div>

NOTE: If Q3 is "Polk County", ASK Q305.

All Others, SKIP to 20.

POLK COUNTY

305.   Now I would like to mention that some doctor's offices are beginning to offer tele-health visits. In a tele-health visit, a patient uses a computer or smartphone to communicate with a doctor in real time without being face-to-face.

If it were available to you, how likely would you be to use this type of visit for health care? Would you be:

<div align="right">

Very Likely

Somewhat Likely

or Not At All Likely

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

</div>

20. About how long has it been since you last visited a dentist or a dental clinic for any reason? This includes visits to dental specialists, such as orthodontists.

Within the Past Year (Less Than 1 Year Ago)
Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
Within the Past 5 Years (2 Years But Less Than 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q3 is "Henderson County", ASK Q306.

If Q3 is "Haywood County", SKIP to 307.

All Others, SKIP to 24.

HENDERSON COUNTY

306. Do you have any dental needs that have gone untreated in the past 12 months due to lack of insurance or because you did not have enough insurance to cover the needed dental care costs?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 24.

HAYWOOD COUNTY

307. Was there a time during the past 12 months when you needed dental care but did not get it?

	Yes
(SKIP to 24)	No
(SKIP to 24)	[Don't Know/Not Sure]
(SKIP to 24)	[Refused]
	[Terminate Interview]

HAYWOOD COUNTY

308. What was the MAIN reason you did not get this needed dental care?

[Don't Know/Not Sure]

[Refused]

Cost/No Insurance

Didn't Accept My Insurance

Distance Too Far

Inconvenient Office Hours/Office Closed

Lack of Child Care

Lack of Transportation

Language Barrier

No Access for People With Disabilities

Too Long of Wait for Appointment

Too Long of Wait in Waiting Room

Other (Specify)

24. Now I would like to ask you about some specific medical conditions.

Have you ever suffered from or been diagnosed with COPD, or Chronic Obstructive Pulmonary Disease, including Bronchitis or Emphysema?

Yes

No

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

Has a doctor, nurse or other health professional EVER told you that you had any of the following: (Insert Qs in BOLD)?

309. A Heart Attack, Also Called a Myocardial Infarction, OR Angina or Coronary Heart Disease

Yes

No

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

33. A Stroke

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

(End of Rotate)

34. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

	Yes
(SKIP to 36)	No
(SKIP to 36)	[Don't Know/Not Sure]
(SKIP to 36)	[Refused]
	[Terminate Interview]

35. Do you still have asthma?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

36. Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?

	Yes
(SKIP to SCRIPTING NOTE before 38)	No
(SKIP to SCRIPTING NOTE before 38)	[Yes, But Female Told Only During Pregnancy]
(SKIP to SCRIPTING NOTE before 38)	[Pre-Diabetes or Borderline Diabetes]
(SKIP to SCRIPTING NOTE before 38)	[Don't Know/Not Sure]
(SKIP to SCRIPTING NOTE before 38)	[Refused]
	[Terminate Interview]

> NOTE: If Q4 is "Male", SKIP to NOTE before 38. If Q4 if "Female", ASK IVAR36A.

IVAR36A. Was this only when you were pregnant?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

SCRIPTING NOTE: If IVAR36A is "Yes"/"Si", Recode Initial Q36 Response of "Yes"/"Si" to "[Yes, but Female Told Only During Pregnancy]".

NOTE: If Q36 is "Yes"/"Si", SKIP to 39.

If Q36 is "[Pre-Diabetes or Borderline Diabetes]" AND Q4 is "Female", Force Q38 to "Yes"/"Sí" and SKIP to IVAR38A.

If Q36 is "[Pre-Diabetes or Borderline Diabetes]" AND Q4 is "Male", Force Q38 to "Yes"/"Sí" and SKIP to 39.

All Others, CONTINUE.

38.   Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?

	Yes
(SKIP to 39)	No
(SKIP to 39)	[Yes, But Female Told Only During Pregnancy]
(SKIP to 39)	[Don't Know/Not Sure]
(SKIP to 39)	[Refused]
	[Terminate Interview]

NOTE: If Q4 is "Male", SKIP to 39.
          If Q4 is "Female", ASK IVAR38A.

IVAR38A.   Was this only when you were pregnant?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

SCRIPTING NOTE: If IVAR38A is "Yes"/"Si", Recode Initial Q38 Response of "Yes"/"Si" to "[Yes, But Female Told Only During Pregnancy]".

If Q38 is "Yes"/"Sí", FORCE Q36 to "[Pre-Diabetes or Borderline Diabetes]".

39. Have you ever been told by a doctor, nurse or other health professional that you had high blood pressure?

	Yes
(SKIP to 43)	No
(SKIP to 43)	[Don't Know/Not Sure]
(SKIP to 43)	[Refused]
	[Terminate Interview]

41. Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?

| |
| Yes |
| No |
| [Don't Know/Not Sure] |
| [Refused] |
| [Terminate Interview] |

43. Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

	Yes
(SKIP to NOTE before 310)	No
(SKIP to NOTE before 310)	[Don't Know/Not Sure]
(SKIP to NOTE before 310)	[Refused]
	[Terminate Interview]

44. Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?

| |
| Yes |
| No |
| [Don't Know/Not Sure] |
| [Refused] |
| [Terminate Interview] |

> NOTE: If Q3 is "Cherokee County", ASK Q310.
>
> If Q3 is "Transylvania County", SKIP to 311.
>
> All Others, SKIP to 49.

CHEROKEE COUNTY

310.   Do you feel existing community resources or services for chronic diseases such as diabetes, heart disease, and COPD are:

More Than Sufficient
Sufficient
Insufficient
or Not Available
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

> NOTE: SKIP to 49.

TRANSYLVANIA COUNTY

311.   The hepatitis C virus causes inflammation and damage to the liver. A person contracts this virus by coming into contact with blood or other bodily fluids from someone else who is already infected with hepatitis C virus.

Except for donating or giving blood, have you ever had your blood tested for hepatitis C?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

49.   The next questions are about tobacco use. Do you NOW smoke cigarettes "Every Day," "Some Days," or "Not At All"?

Every Day
Some Days
Not At All
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

SCRIPTING NOTE: If Q49 is "Every Day" or "Some Days", set '+temp44+' to "other than yourself"/"diferente a Ud.".
All Others, set '+temp44+' to NULL.

312. During how many of the past 7 days, at your workplace, did you breathe the smoke from someone '+temp44+' who was using tobacco?

(INTERVIEWER: Code "Not Applicable" as 8.)

0 to 7/8
[Don't Know/Not Sure]
[Refused]

313. Do you currently use chewing tobacco, dip, snuff, or snus (pronounced "snoose"; rhymes with goose) "Every Day," "Some Days," or "Not At All"?

Every Day
Some Days
Not At All
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q3 is "Cherokee County", "Graham County", or "Macon County", ASK Q314.

If Q3 is "Madison County". SKIP to 315.

All Others, SKIP to 54.

CHEROKEE, GRAHAM, AND MACON COUNTIES

314. Please tell me your level of agreement or disagreement with the following statement: I

believe it is important for ALL PUBLIC PLACES to be 100% tobacco free.

Do you:

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

MADISON COUNTY

315. Please tell me your level of agreement or disagreement with the following statement:

I believe it is important for GOVERNMENT BUILDINGS AND GROUNDS in Madison County to be 100% tobacco free.

Do you:

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

54. Electronic "vaping" products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco.

Do you NOW use electronic "vaping" products, such as electronic cigarettes, "Every Day," "Some Days," or "Not At All"?

Every Day
Some Days
Not At All
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

SCRIPTING NOTE: If Interviewing During the Months of December, January, or February, Change "During the past 30 days" to "During a typical month" in the Following Questions.

55. The next few questions are about alcohol use. Keep in mind that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

(NOTE: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.)

	1 to 30
(SKIP to 316)	0
(SKIP to 316)	[Don't Know/Not Sure]
(SKIP to 316)	[Refused]

56. On the day(s) when you drank, about how many drinks did you have on the average? (If "None", PROBE)

<div align="right">

1 to 10

[Don't Know/Not Sure]

[Refused]

</div>

SCRIPTING NOTE: If Respondent is "Male", Set "temp57" to "5".

If Respondent is "Female", Set "temp57" to "4".

57. Considering all types of alcoholic beverages, how many TIMES during the past 30 days did you have '+temp57+' or more drinks on an occasion?

<div align="right">

0 to 30

[Don't Know/Not Sure]

[Refused]

</div>

316. Opiates ("OH-pee-its") or opioids ("OH-pee-oids") are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine ("MORE-feen"), codeine ("KOH-deen"), hydrocodone ("HYE-droh-KOH-dohn"), oxycodone ("OX-ee-KOH- dohn"), methadone ("METH-uh-dohn"), and fentanyl ("FEN-ten-ill").

In the PAST YEAR, have you used any of these prescription opiates, whether or not a doctor had prescribed them to you?

(INTERVIEWER For Reference Only: Common Brand Name Opiates are Vicodin, Dilaudid, Percocet, Oxycontin, and Demerol.)

<div align="right">

Yes

No

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

</div>

NOTE: If Q3 is "Jackson County", ASK Q317.

If Q3 is "Henderson County", "Macon County", "Mitchell County", "Rutherford County", "Swain County", "Transylvania County", or Yancey County", SKIP to 318.

If Q3 is "Clay County" or "Graham County", SKIP to 319.

All Others, SKIP to 61.

JACKSON COUNTY

317. During the past 30 days, have you taken a prescription drug that was not prescribed to you?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 61.

HENDERSON, MACON, MITCHELL, RUTHERFORD, SWAIN, TRANSYLVANIA, AND YANCEY COUNTIES

318. During the past 30 days, have YOU or has SOMEONE THAT YOU KNOW used an illegal drug or taken a prescription drug that was not prescribed to them?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q3 is "Henderson County", "Rutherford County", "Swain County", or "Transylvania County", SKIP to 61.

All Others, ASK Q319.

CLAY, GRAHAM, MACON, MITCHELL, AND YANCEY COUNTIES

319. Do you keep your medicine in a locked place so that no one else can access it?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

61.   To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs? Would you say:

A Great Deal
Somewhat
A Little
or Not at All
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

109.   The following questions are about health problems or impairments you may have.

Are you limited in any way in any activities because of physical, mental or emotional problems?

	Yes
(SKIP to 64)	No
(SKIP to 64)	[Don't Know/Not Sure]
(SKIP to 64)	[Refused]
	[Terminate Interview]

110.   What is the major impairment or health problem that limits you?

Arthritis/Rheumatism
Back or Neck Problem
Cancer
Depression/Anxiety/Emotional Problem
Diabetes
Eye/Vision Problem
Fractures, Bone/Joint Injury
Hearing Problem
Heart Problem
Hypertension/High Blood Pressure
Lung/Breathing Problem
Stroke Problem
Walking Problem
Other Impairment/Problem
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

64.   Next, I'd like to ask you some general questions about yourself.

What is your age?

18 to 110
[Don't Know/Not Sure]
[Refused]

SCRIPTING NOTE: If Qlang is "Spanish", Set Q65 to "Sí" and SKIP to 66.

65.   Are you of Hispanic or Latino origin, or is your family originally from a Spanish- speaking country?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

66.   What is your race? Would you say:

(Do Not Read the Latino/Hispanic Code.)

[Don't Know/Not Sure]
[Refused]
American Indian, Alaska Native
Native Hawaiian, Pacific Islander
Asian
Black/African American
White
[Latino/Hispanic]
Other (Specify)

NOTE: If Q3 is "Buncombe County", ASK Q320.

All Others, SKIP to NOTE before 321.

BUNCOMBE COUNTY

320.   Within the past 30 days, have you felt emotionally upset--for example, angry, sad, or frustrated--as a result of how you were treated based on your race?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q66 is "American Indian, Alaska Native"/"Indígena Americano(a), Nativo(a) de Alaska", ASK Q321.

All Others, SKIP to 68.

---

321.   Which of the following BEST describes you? Are you:

An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living ON the Qualla (KWAH-lah) boundary;
An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living OFF the Qualla (KWAH-lah) boundary,
or An Enrolled Member of a Different Federally-Recognized Tribe?

Enrolled EBCI on Boundary
Enrolled EBCI off Boundary
Enrolled Other Tribe
[Not a Member]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

68.   What is the highest grade or year of school you have completed?

Never Attended School or Kindergarten Only
Grades 1 through 8 (Elementary)
Grades 9 through 11 (Some High School)
Grade 12 or GED (High School Graduate)
College 1 Year to 3 Years (Some College or Technical School)
Bachelor's Degree (College Graduate)
Postgraduate Degree (Master's, M.D., Ph.D., J.D.)
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

69.   Are you currently:

Employed for Wages
Self-Employed
Out of Work for More Than 1 Year
Out of Work for Less Than 1 Year
A Homemaker
A Student
Retired
or Unable to Work
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

115.   How many children under the age of 18 are currently LIVING in your household?

One
Two
Three
Four
Five or More
(SKIP to NOTE before 71)   [None]
(SKIP to NOTE before 71)   [Refused]
[Terminate Interview]

NOTE: If Q3 is "Polk County", ASK Q322.

All Others, SKIP to NOTE before 71.

POLK COUNTY

322.   In the PAST 12 MONTHS, has a lack of child care arrangements made it difficult for you to seek healthcare, keep a job, or further your education?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q3 is "Buncombe County", "Henderson County", "Jackson County", "Madison County", "McDowell County", or "Transylvania County", ASK Q71.

If Q3 is "Clay County", SKIP to 323.

All Others, SKIP to 326.

BUNCOMBE, HENDERSON, JACKSON, MADISON, MCDOWELL, AND TRANSYLVANIA COUNTIES

71.   In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed:

(INTERVIEWER: This Response List is Different Than All Others in This Survey.)

Always
Usually
Sometimes
Rarely
or Never
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q3 is "Clay County" or "McDowell County", ASK Q323. If

Q3 is "Jackson County", SKIP to 324.

If Q3 is "Madison County", SKIP to 325.

All Others, SKIP to 326.

CLAY AND MCDOWELL COUNTIES

323.   Was there a time in the past 12 months when you did not have electricity, water, or heating in your home?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 326.

JACKSON COUNTY

324. Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 326.

MADISON COUNTY

325. Please tell me your level of agreement or disagreement with the following statement:

In the past 12 months, a lack of transportation has prevented me from going someplace I wanted or needed to go in Madison County.

Do you:

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

326. Do you have any kind of health care coverage, including health insurance, a prepaid plan such as an HMO, or a government-sponsored plan such as Medicare, Medicaid, Military, or Indian Health Services?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q3 is "McDowell County" or "Rutherford County", ASK Q327.

All Others, SKIP to 78.

327. Do you currently have access to the internet for PERSONAL use, either at home, work, or school?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

78. Now I would like to ask, about how much do you weigh without shoes?

(INTERVIEWER: Round Fractions Up)

40 to 600
[Don't Know/Not Sure]
[Refused]

79. About how tall are you without shoes?

(INTERVIEWER: Round Fractions Down)

300 to 311
400 to 411
500 to 511
600 to 611
700 to 711
800 to 811
[Don't Know/Not Sure]
[Refused]

NOTE:	If Q4 is "Male", SKIP to 328.
	If Q4 is "Female", CONTINUE.

80. A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?

Within the Past Year (Less Than 1 Year Ago)
Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
Within the Past 3 Years (2 Years But Less Than 3 Years Ago)
Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

328.	Now I would like you to think about the food you ate during the past week.

About how many 1-cup servings of fruit did you have in the past week? For example, one apple equals 1 cup.

<div align="right">

0 to 100
[Don't Know/Not Sure]
[Refused]

</div>

329.	And, NOT counting lettuce salad or potatoes, about how many 1-cup servings of vegetables did you have in the past week? For example, 12 baby carrots equal 1 cup.

<div align="right">

0 to 100
[Don't Know/Not Sure]
[Refused]

</div>

87.	Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months.

The first statement is: "I worried about whether our food would run out before we got money to buy more."

Was this statement:

<div align="right">

Often True
Sometimes True
or Never True
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

</div>

88.	The next statement is: "The food that we bought just did not last, and we did not have money to get more."

Was this statement:

<div align="right">

Often True
Sometimes True
or Never True
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

</div>

NOTE:	If Q3 is "Mitchell County" or "Yancey County", ASK Q330.

If Q3 is "Rutherford County", SKIP to 331.

All Others, SKIP to READ BOX before 89.

MITCHELL AND YANCEY COUNTIES

330. In the last 12 months, did you or someone in the household cut the size of your meals or skip meals because there wasn't enough money for food?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

> NOTE: SKIP to READ BOX before 89.

RUTHERFORD COUNTY

331. How often in the past 12 months would you say you were worried or stressed about having enough money to buy or make nutritious meals? Would you say you were worried or stressed:

Always
Usually
Sometimes
Seldom
or Never
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

> **The next questions are about physical activity.**

SCRIPTING NOTE: If Q69 is "Out of Work for More Than 1 Year", "Out of Work for Less Than 1 Year", or "or Unable to Work", Set temp89 to NULL.

If Q69 is Any Other Response, Set temp89 to ", OTHER THAN YOUR REGULAR JOB,"/", OTRO QUE EN SU TRABAJO,".

89. During the past month'+temp89+' did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?

	Yes
(SKIP to 96)	No
(SKIP to 96)	[Don't Know/Not Sure]
(SKIP to 96)	[Refused]
	[Terminate Interview]

90. During the past month, what type of physical activity or exercise did you spend the MOST time doing?

(INTERVIEWER: If "Cardio," PROBE for Specific Type of Exercise.)

(SKIP to 91)	Active Gaming Devices (Wii Fit, Dance Dance Revolution)
(SKIP to 91)	Aerobics Video or Class (aka Gym, Gym Class, Zumba, etc.)
(SKIP to 91)	Backpacking
(SKIP to 91)	Badminton
(SKIP to 91)	Basketball
(SKIP to 91)	Bicycling Machine Exercise (aka Spinning, Spin Class, Bike, Cycling)
(SKIP to 91)	Bicycling (aka Bike, Cycling)
(SKIP to 91)	Boating (Canoeing, Rowing, Kayaking, Sailing for Pleasure, Camping)
(SKIP to 91)	Bowling
(SKIP to 91)	Boxing
(SKIP to 91)	Calisthenics
(SKIP to 91)	Canoeing, Rowing in Competition
(SKIP to 91)	Carpentry
(SKIP to 91)	Dancing-Ballet, Ballroom, Latin, Hip Hop, etc.
(SKIP to 91)	Elliptical, EFX Machine Exercise
(SKIP to 91)	Fishing from River Bank or Boat
(SKIP to 91)	Frisbee
(SKIP to 91)	Gardening (Spading, Weeding, Digging, Filling) (aka Yardwork)
(SKIP to 91)	Golf (with Motorized Cart)
(SKIP to 91)	Golf (without Motorized Cart)
(SKIP to 91)	Handball
(SKIP to 91)	Hiking-Cross-Country
(SKIP to 91)	Hockey
(SKIP to 91)	Horseback Riding
(SKIP to 91)	Hunting Large Game-Deer, Elk
(SKIP to 91)	Hunting Small Game-Quail
(SKIP to 91)	Inline Skating
(SKIP to 91)	Jogging
(SKIP to 91)	Lacrosse
(SKIP to 91)	Mountain Climbing
(SKIP to 91)	Mowing Lawn (aka Yardwork)
(SKIP to 91)	Paddleball
(SKIP to 91)	Painting, Papering House
(SKIP to 91)	Pilates
(SKIP to 91)	Racquetball
(SKIP to 91)	Raking Lawn (aka Yardwork)
(SKIP to 91)	Running (aka Treadmill)
(SKIP to 91)	Rock Climbing
(SKIP to 91)	Rope Skipping (aka Jump Roping)
(SKIP to 91)	Rowing Machine Exercise
(SKIP to 91)	Rugby
(SKIP to 91)	Scuba Diving
(SKIP to 91)	Skateboarding
(SKIP to 91)	Skating-Ice or Roller
(SKIP to 91)	Sledding, Tobogganing
(SKIP to 91)	Snorkeling
(SKIP to 91)	Snow Blowing

(SKIP to 91)	Snow Shoveling by Hand
(SKIP to 91)	Snow Skiing
(SKIP to 91)	Snowshoeing
(SKIP to 91)	Soccer
(SKIP to 91)	Softball, Baseball
(SKIP to 91)	Squash
(SKIP to 91)	Stair Climbing, Stairmaster
(SKIP to 91)	Stream Fishing in Waders
(SKIP to 91)	Surfing
(SKIP to 91)	Swimming
(SKIP to 91)	Swimming in Laps
(SKIP to 91)	Table Tennis
(SKIP to 91)	Tai Chi
(SKIP to 91)	Tennis
(SKIP to 91)	Touch Football
(SKIP to 91)	Volleyball
(SKIP to 91)	Walking (aka Treadmill)
(SKIP to 91)	Housework/Cleaning
(SKIP to 91)	Waterskiing
(SKIP to 91)	Weight Lifting (aka Gym, Gym Class)
(SKIP to 91)	Wrestling
(SKIP to 91)	Yoga
	Other
(SKIP to 96)	[No Other Activity]
(SKIP to 96)	[Don't Know/Not Sure]
(SKIP to 96)	[Refused]
	[Terminate Interview]

251. (INTERVIEWER: Enter Verbatim Response From Previous Question, or READ If Necessary:) During the past month, what type of physical activity or exercise did you spend the most time doing?

[Don't Know/Not Sure]
[Refused]
Other (Specify)

91. And during the past month, how many TIMES per week or per month did you take part in this activity?

	TIMES PER WEEK
(SKIP to IVAR91B)	TIMES PER MONTH
(SKIP to 92)	[Don't Know/Not Sure]
(SKIP to 92)	[Refused]
	[Terminate Interview]

IVAR91A.   INTERVIEWER: Enter the times per week specified in the previous question.

1 to 25

NOTE: SKIP to 92.

IVAR91B.   INTERVIEWER: Enter the times per month specified in the previous question.

1 to 100

92.   And when you took part in this activity, for how many minutes or hours did you usually keep at it?

	MINUTES
(SKIP to IVAR92B)	HOURS
(SKIP to 93)	[Don't Know/Not Sure]
(SKIP to 93)	[Refused]
	[Terminate Interview]

IVAR92A.   INTERVIEWER: Enter the minutes specified in the previous question.

1 to 600

NOTE: SKIP to 93.

IVAR92B.   INTERVIEWER: Enter the hours specified in the previous question.

1 to 24

93.   During the past month, what OTHER type of physical activity gave you the NEXT most exercise?

(INTERVIEWER: If "Cardio," PROBE for Specific Type of Exercise.)

(SKIP to 94)	Active Gaming Devices (Wii Fit, Dance Dance Revolution)
(SKIP to 94)	Aerobics Video or Class (aka Gym, Gym Class, Zumba, etc.)
(SKIP to 94)	Backpacking
(SKIP to 94)	Badminton
(SKIP to 94)	Basketball
(SKIP to 94)	Bicycling Machine Exercise (aka Spinning, Spin Class, Bike, Cycling)
(SKIP to 94)	Bicycling (aka Bike, Cycling)
(SKIP to 94)	Boating (Canoeing, Rowing, Kayaking, Sailing for Pleasure, Camping)
(SKIP to 94)	Bowling
(SKIP to 94)	Boxing
(SKIP to 94)	Calisthenics
(SKIP to 94)	Canoeing, Rowing in Competition
(SKIP to 94)	Carpentry
(SKIP to 94)	Dancing-Ballet, Ballroom, Latin, Hip Hop, etc.
(SKIP to 94)	Elliptical, EFX Machine Exercise
(SKIP to 94)	Fishing from River Bank or Boat
(SKIP to 94)	Frisbee
(SKIP to 94)	Gardening (Spading, Weeding, Digging, Filling) (aka Yardwork)
(SKIP to 94)	Golf (with Motorized Cart)
(SKIP to 94)	Golf (without Motorized Cart)
(SKIP to 94)	Handball
(SKIP to 94)	Hiking-Cross-Country
(SKIP to 94)	Hockey
(SKIP to 94)	Horseback Riding
(SKIP to 94)	Hunting Large Game-Deer, Elk
(SKIP to 94)	Hunting Small Game-Quail
(SKIP to 94)	Inline Skating
(SKIP to 94)	Jogging
(SKIP to 94)	Lacrosse
(SKIP to 94)	Mountain Climbing
(SKIP to 94)	Mowing Lawn (aka Yardwork)
(SKIP to 94)	Paddleball
(SKIP to 94)	Painting, Papering House
(SKIP to 94)	Pilates
(SKIP to 94)	Racquetball
(SKIP to 94)	Raking Lawn (aka Yardwork)
(SKIP to 94)	Running (aka Treadmill)
(SKIP to 94)	Rock Climbing
(SKIP to 94)	Rope Skipping (aka Jump Roping)
(SKIP to 94)	Rowing Machine Exercise
(SKIP to 94)	Rugby
(SKIP to 94)	Scuba Diving
(SKIP to 94)	Skateboarding
(SKIP to 94)	Skating-Ice or Roller
(SKIP to 94)	Sledding, Tobogganing
(SKIP to 94)	Snorkeling
(SKIP to 94)	Snow Blowing

(SKIP to 94)	Snow Shoveling by Hand
(SKIP to 94)	Snow Skiing
(SKIP to 94)	Snowshoeing
(SKIP to 94)	Soccer
(SKIP to 94)	Softball, Baseball
(SKIP to 94)	Squash
(SKIP to 94)	Stair Climbing, Stairmaster
(SKIP to 94)	Stream Fishing in Waders
(SKIP to 94)	Surfing
(SKIP to 94)	Swimming
(SKIP to 94)	Swimming in Laps
(SKIP to 94)	Table Tennis
(SKIP to 94)	Tai Chi
(SKIP to 94)	Tennis
(SKIP to 94)	Touch Football
(SKIP to 94)	Volleyball
(SKIP to 94)	Walking (aka Treadmill)
(SKIP to 94)	Housework/Cleaning
(SKIP to 94)	Waterskiing
(SKIP to 94)	Weight Lifting (aka Gym, Gym Class)
(SKIP to 94)	Wrestling
(SKIP to 94)	Yoga
	Other
(SKIP to 96)	[No Other Activity]
(SKIP to 96)	[Don't Know/Not Sure]
(SKIP to 96)	[Refused]
	[Terminate Interview]

256. (INTERVIEWER: Enter Verbatim Response From Previous Question, or READ If Necessary:) During the past month, what OTHER type of physical activity or exercise did you spend the most time doing?

[Don't Know/Not Sure]
[Refused]
Other (Specify)

94. And during the past month, how many TIMES per week or per month did you take part in this activity?

	TIMES PER WEEK
(SKIP to IVAR94B)	TIMES PER MONTH
(SKIP to 95)	[Don't Know/Not Sure]
(SKIP to 95)	[Refused]
	[Terminate Interview]

IVAR94A.   INTERVIEWER: Enter the times per week specified in the previous question.

1 to 25

IVAR94B.   INTERVIEWER: Enter the times per month specified in the previous question.

1 to 100

95.   And when you took part in this activity, for how many minutes or hours did you usually keep at it?

	MINUTES
(SKIP to IVAR95B)	HOURS
(SKIP to 96)	[Don't Know/Not Sure]
(SKIP to 96)	[Refused]
	[Terminate Interview]

IVAR95A.   INTERVIEWER: Enter the minutes specified in the previous question.

1 to 600

IVAR95B.   INTERVIEWER: Enter the hours specified in the previous question.

1 to 24

96.   During the past month, how many TIMES per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups or push-ups, and those using weight machines, free weights, or elastic bands.

	TIMES PER WEEK
(SKIP to IVAR96B)	TIMES PER MONTH
(SKIP to NOTE before 332)	[Never]
(SKIP to NOTE before 332)	[Don't Know/Not Sure]
(SKIP to NOTE before 332)	[Refused]
	[Terminate Interview]

IVAR96A.   INTERVIEWER: Enter the times per week specified in the previous question.

1 to 25

IVAR96B.   INTERVIEWER: Enter the times per month specified in the previous question.

1 to 100

NOTE: If Q3 is "Cherokee County", ASK Q332.

If Q3 is "Clay County" or "Graham County", SKIP to 333. If

Q3 is "Swain County", SKIP to 334.

All Others, SKIP to 335.

CHEROKEE COUNTY

332.   Please tell me your level of agreement or disagreement with the following statement:

I believe my county provides the facilities and programs needed for ADULTS, CHILDREN and YOUTH to be physically active throughout the year.

Do you:

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 335.

CLAY AND GRAHAM COUNTIES

333.   The next question is about some pets you may have. Are ALL dogs, cats, and ferrets that you own as pets up-to-date on their rabies vaccinations?

Yes
No
[No Pets]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 335.

SWAIN COUNTY

334.   Do you feel existing community resources or services for SENIORS are:

More Than Sufficient
Sufficient
Insufficient
or Not Available
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

335.   Now I would like to ask, in general, how satisfied are you with your life? Would you say:

Very Satisfied
Satisfied
Dissatisfied
or Very Dissatisfied
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

336.   How often do you get the social and emotional support you need? Would you say:

Always
Usually
Sometimes
Seldom
or Never
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

SWAIN COUNTY

99.   Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

SCRIPTING NOTE: If Q3 is "Swain County", set '+temp337+' to "For"/"¿Por".

All Others, set '+temp337+' to "Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, for"/"Pensando ahora en su salud MENTAL, la cual incluye estrés, tensión, depresión y problemas emocionales, ¿por".

337.   '+temp337+' how many days during the past 30 days was your mental health NOT good?

0 to 30
[Don't Know/Not Sure]
[Refused]

128

BUNCOMBE COUNTY

100. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

> NOTE: SKIP to 105.

HAYWOOD COUNTY

101. Thinking about the amount of stress in your life, would you say that most days are:

Extremely Stressful
Very Stressful
Moderately Stressful
Not Very Stressful
or Not At All Stressful
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

105. Was there a time in the past 12 months when you needed mental health care or counseling, but did not get it at that time?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

> NOTE: If Q3 is "Polk County", ASK Q338.
>
> All Others, SKIP to READ BOX before 339.

POLK COUNTY

338. In the past 12 months, have mental or emotional problems made it difficult for you or someone in your household to HOLD A JOB?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

Now I would like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can ask me to skip any question you do not want to answer.

At the end of this section, I will give you a phone number for an organization that can provide information and referrals for these issues.

As you answer these questions, please think back to the time period before you were 18 years of age.

---

339. Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?

Yes
No
[Don't Know/Not Sure]
[Refused]
(SKIP to GOODBYE)   [Terminate Interview]

340. Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?

Yes
No
[Don't Know/Not Sure]
[Refused]
(SKIP to GOODBYE)   [Terminate Interview]

341. Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?

Yes
No
[Don't Know/Not Sure]
[Refused]
(SKIP to GOODBYE)   [Terminate Interview]

342. Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

	Yes
	No
	[Don't Know/Not Sure]
	[Refused]
(SKIP to GOODBYE)	[Terminate Interview]

343. Before you were 18 years of age, were your parents separated or divorced?

	Yes
	No
	[Parents Never Married]
	[Don't Know/Not Sure]
	[Refused]
(SKIP to GOODBYE)	[Terminate Interview]

344. Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up? Would you say:

	Never
	Once
	or More Than Once
	[Don't Know/Not Sure]
	[Refused]
(SKIP to GOODBYE)	[Terminate Interview]

345. Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say:

	Never
	Once
	or More Than Once
	[Don't Know/Not Sure]
	[Refused]
(SKIP to GOODBYE)	[Terminate Interview]

346. Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down? Would you say:

	Never
	Once
	or More Than Once
	[Don't Know/Not Sure]
	[Refused]
(SKIP to GOODBYE)	[Terminate Interview]

347. Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually? Would you say:

<div align="right">
Never
Once
or More Than Once
[Don't Know/Not Sure]
[Refused]
</div>

(SKIP to GOODBYE)   [Terminate Interview]

348. Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually? Would you say:

<div align="right">
Never
Once
or More Than Once
[Don't Know/Not Sure]
[Refused]
</div>

(SKIP to GOODBYE)   [Terminate Interview]

349. Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex? Would you say:

<div align="right">
Never
Once
or More Than Once
[Don't Know/Not Sure]
[Refused]
</div>

(SKIP to GOODBYE)   [Terminate Interview]

> **I mentioned when we started this section that I would give you a phone number for an organization that can provide information and referrals for these issues. This number is for the National Hotline for child abuse, and the number is 1-800-4-A-CHILD, or 1-800-422-4453.**

114.   Total Family Household Income.

Under $12,100
$12,100 to $16,199
$16,200 to $20,399
$20,400 to $24,399
$24,400 to $28,799
$28,800 to $32,799
$32,800 to $37,099
$37,100 to $41,099
$41,100 to $45,499
$45,500 to $49,499
$49,500 to $53,899
$53,900 to $57,799
$57,800 to $65,899
$65,900 to $74,299
$74,300 to $82,599
$82,600 to $90,999
$91,000 to $99,399
$99,400 to $107,699
$107,700 to $116,099
$116,100/Over
[Don't Know/Not Sure]
[Refused]
(SKIP to GOODBYE)   [Terminate Interview]

350.   And finally, other than what we've covered in this survey, what other
health issue, if any, do you feel is a major problem in your
community?

[Don't Know/Not Sure]
[Refused]
[No Other Health Issue]
Other (Specify)

Professional Research Consultants, Inc.

That's my last question. Everyone's answers will be combined to give us information about the health of residents in this community. Thank you very much for your time and cooperation.

PRC Community Health Needs Assessment

Methodology

Survey methodology

- 2,602 surveys were completed via telephone (landline [71%] and cell phone [29%]); while 663 were completed online

- Allows for high participation and random selection

    - These are critical to achieving a sample representative of county and regional populations by gender, age, race/ethnicity, income

- English and Spanish

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

PRC Community Health Needs Assessment

Methodology

3,265 surveys throughout WNC

- Adults age 18+

- Gathered data for each of 16 counties

- Weights were added to enhance representativeness of data at county and regional levels

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

PRC Community Health Needs Assessment

Methodology

Individual county samples allow for drill-down by:

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

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

PRC Community Health Needs Assessment

Survey Instrument

Based largely on national survey models

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

75 questions asked of all counties

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

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

Keep in mind

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

- Results for WNC regional data have maximum error rate of +1.7% at the 95% confidence level

- Results for Buncombe County have maximum error rate of +5.6% at the 95% confidence level

- Results for Graham County have maximum error rate of +7.8% at the 95% confidence level

- Results for other individual counties have maximum error rate of +6.9% at the 95% confidence level

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

Professional Research Consultants, Inc.

Keep in mind

For more detailed information on methods, see:

- PRC's Primary Data Collection: Research Approach & Methods document (2018)

- County-specific CH(N)A Templates

Professional Research Consultants, Inc.

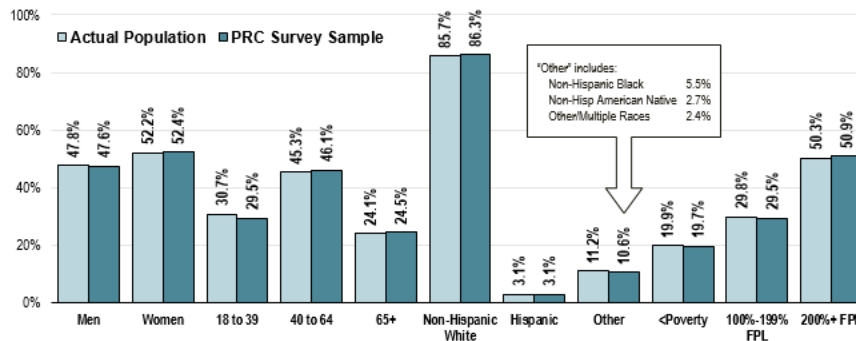## Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence
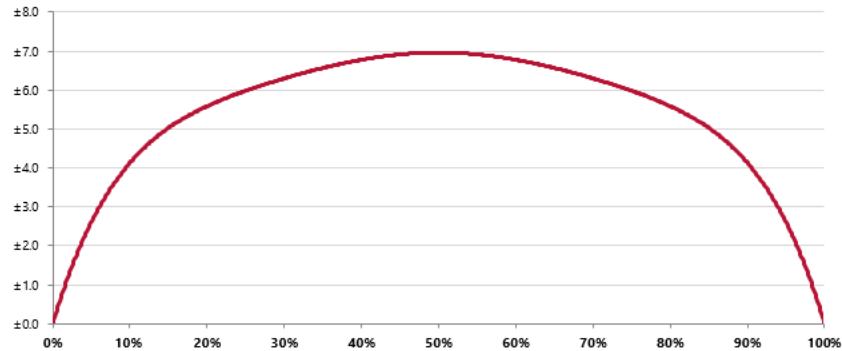
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the 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.

Professional Research Consultants, Inc.

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

"Other" includes:
Non-Hispanic Black 5.5%
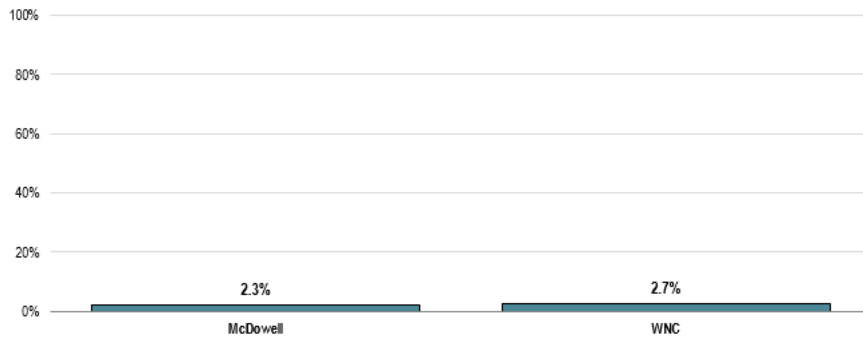Non-Hisp American Native 2.7%
Other/Multiple Races 2.4%

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

Professional Research Consultants, Inc.

Native American Sample
(2018)

	McDowell	WNC
	2.3%	2.7%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 178, 321]
Notes: • Asked of all respondents.
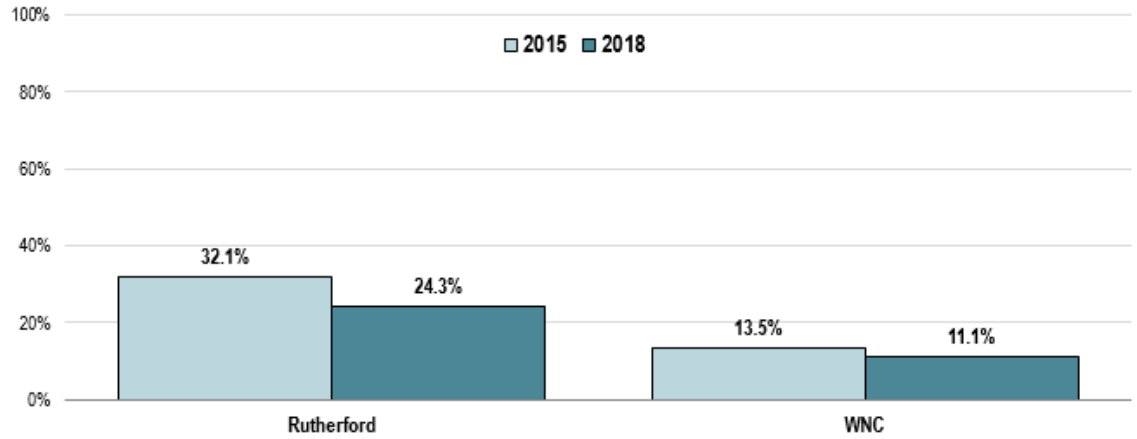
Professional Research Consultants, Inc.

QUALITY OF LIFE

Professional Research Consultants, Inc.

PRC Community Health Needs Assessment

County is a "Fair/Poor" Place to Live

☐ 2015 ☐ 2018

	Rutherford	WNC
2015	32.1%	13.5%
2018	24.3%	11.1%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
Notes: ● Asked of all respondents.

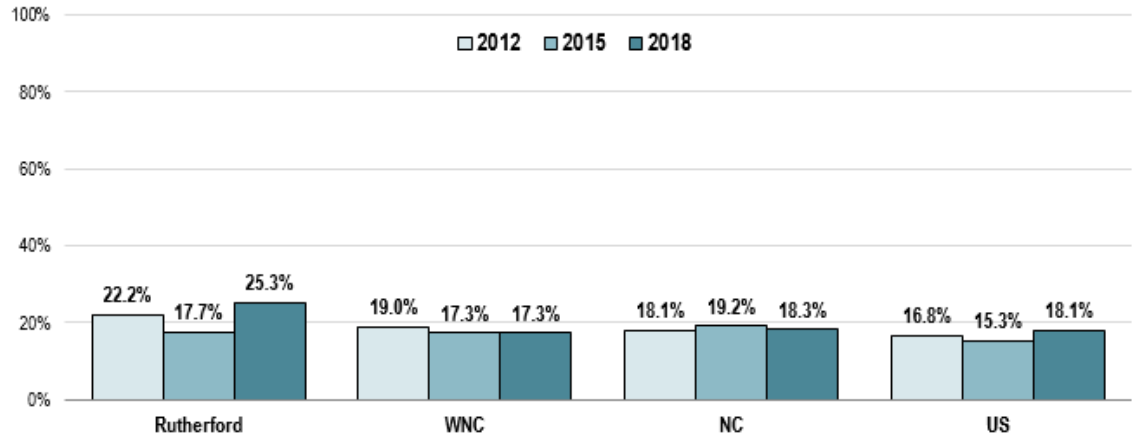©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

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

	Rutherford	WNC
Availability of Employment	✔	✔
Road Maintenance		✔
Higher Paying Employment	✔	
Drugs	✔	
Affordable/Better Housing		✔

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]
Notes: • Asked of all respondents.

Professional Research Consultants, Inc.

SELF-REPORTED HEALTH STATUS

©2017 Professional Research Consultants, Inc.

Overall Health

©2017 Professional Research Consultants, Inc.
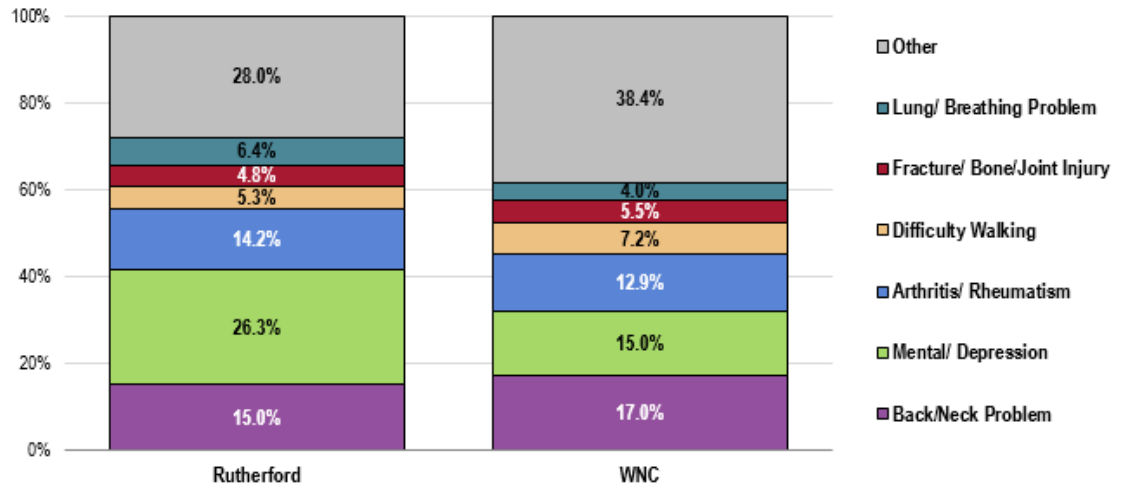
Experience "Fair" or "Poor" Overall Health

Legend: ☐ 2012 ☐ 2015 ■ 2018

	Rutherford	WNC	NC	US
2012	22.2%	19.0%	18.1%	16.8%
2015	17.7%	17.3%	19.2%	15.3%
2018	25.3%	17.3%	18.3%	18.1%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Professional Research Consultants, Inc.

Limited in Activities in Some Way
Due to a Physical, Mental, or Emotional Problem

□ 2012   ■ 2015   ■ 2018

	Rutherford	WNC	NC	US
2012	25.0%	28.1%	21.2%	17.0%
2015	32.6%	28.1%	21.2%	21.5%
2018	38.7%	30.7%	21.6%	25.0%
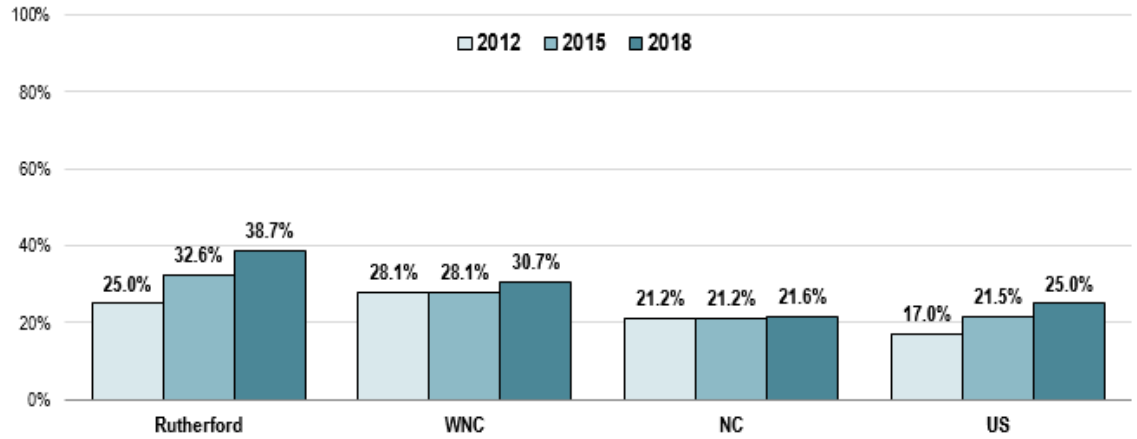
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; By County, 2018)

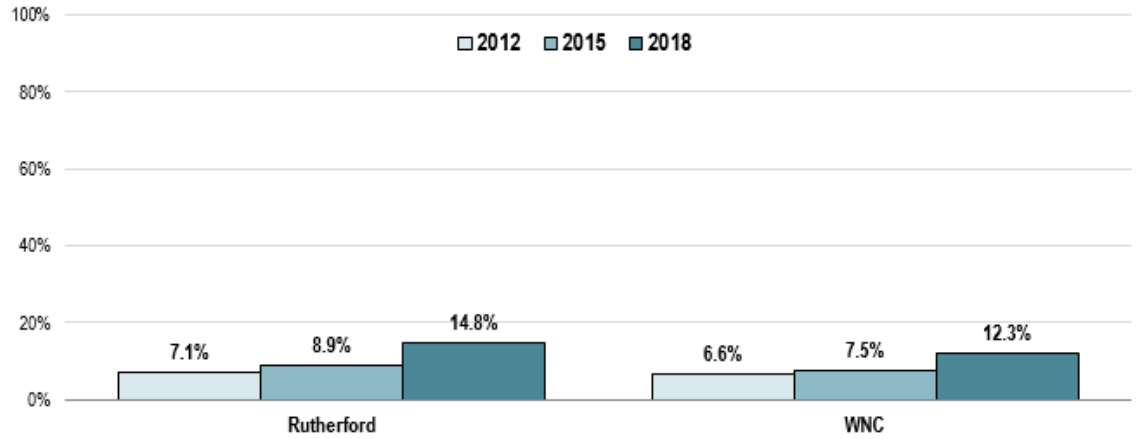|	Rutherford	WNC
Other	28.0%	38.4%
Lung/ Breathing Problem	6.4%	4.0%
Fracture/ Bone/Joint Injury	4.8%	5.5%
Difficulty Walking	5.3%	7.2%
Arthritis/ Rheumatism	14.2%	12.9%
Mental/ Depression	26.3%	15.0%
Back/Neck Problem	15.0%	17.0%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
Notes: • Asked of respondents who noted some type of activity limitation.

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

Mental Health &
Mental Disorders

Professional Research Consultants, Inc.

©2017 Professional Research Consultants, Inc.

PRC Community Health Needs Assessment

>7 Days of Poor Mental Health in the Past Month

Legend: ☐ 2012 ☐ 2015 ■ 2018

Rutherford: 17.7%, 16.2%, 23.7%
WNC: 14.2%, 13.0%, 18.7%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 337]
Notes: • Asked of all respondents.
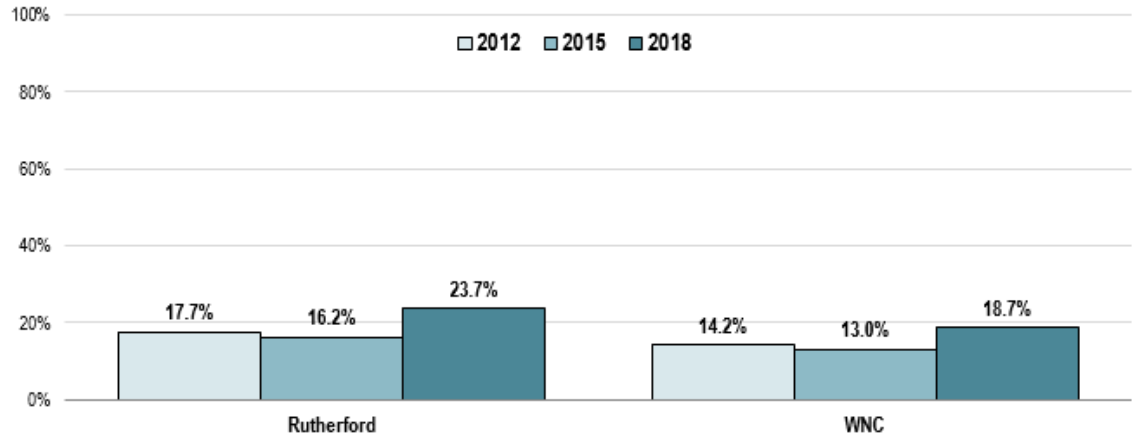
©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

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

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]
Notes: • Includes "always" and "usually" responses.

Professional Research Consultants, Inc.

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

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: • Asked of all respondents.

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

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

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 335]
Notes: • Asked of all respondents.

Professional Research Consultants, Inc.

ACEs

Professional Research Consultants, Inc.

©2017 Professional Research Consultants, Inc.

PRC Community Health Needs Assessment
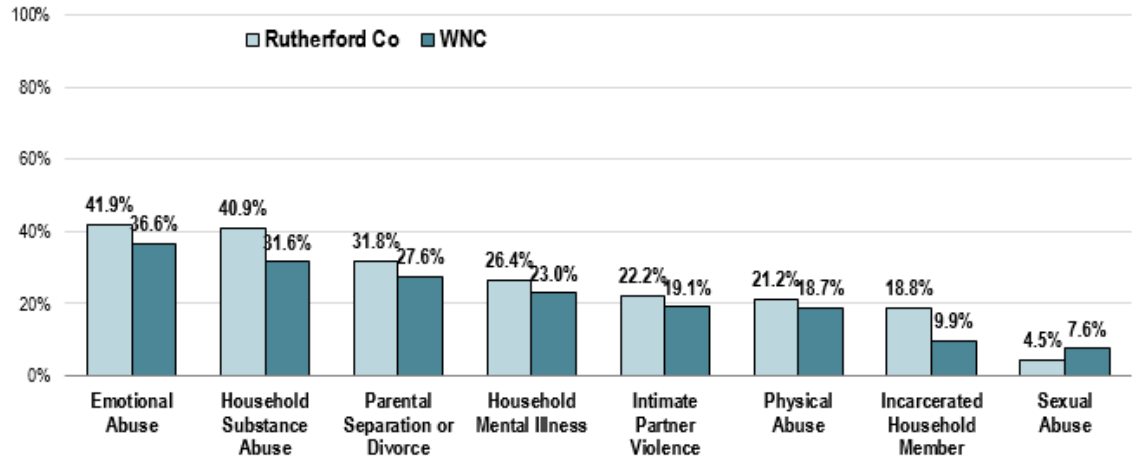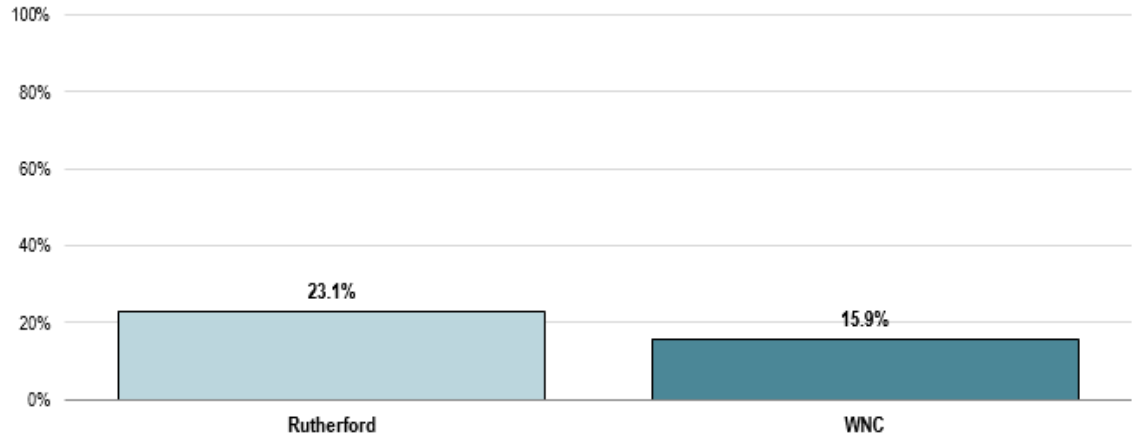
Adverse Childhood Experiences (ACEs)

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

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 339-349, 351-360]
Notes: • Reflects the total sample of respondents.

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

PRC Community Health Needs Assessment

Experienced Adverse
Childhood Experiences (ACEs) Prior to Age 18
(2018)

Legend: □ Rutherford Co ■ WNC

Category	Rutherford Co	WNC
Emotional Abuse	41.9%	36.6%
Household Substance Abuse	40.9%	31.6%
Parental Separation or Divorce	31.8%	27.6%
Household Mental Illness	26.4%	23.0%
Intimate Partner Violence	22.2%	19.1%
Physical Abuse	21.2%	18.7%
Incarcerated Household Member	18.8%	9.9%
Sexual Abuse	4.5%	7.6%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 351-358]

Notes:
- Asked of all respondents (Adults 18+).
- ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

Prevalence of High ACE Scores (4 or More)
(2018)

	Rutherford	WNC
	23.1%	15.9%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 359]

Notes:
- Asked of all respondents (Adults 18+).
- ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.
- Adults with at least one adverse childhood experience (ACE) are categorized as having a low ACE score (1-3 ACEs) or a high score (4+ ACEs).

Professional Research Consultants, Inc.

CHRONIC CONDITIONS

Professional Research Consultants, Inc.

©2017 Professional Research Consultants, Inc.

Cardiovascular Risk

Professional Research Consultants, Inc.

©2017 Professional Research Consultants, Inc.

Prevalence of Heart Disease

■ 2015 ■ 2018

	Rutherford	WNC	US
2015	8.8%	6.5%	6.1%
2018	11.2%	8.0%	8.0%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Professional Research Consultants, Inc.

PRC Community Health Needs Assessment
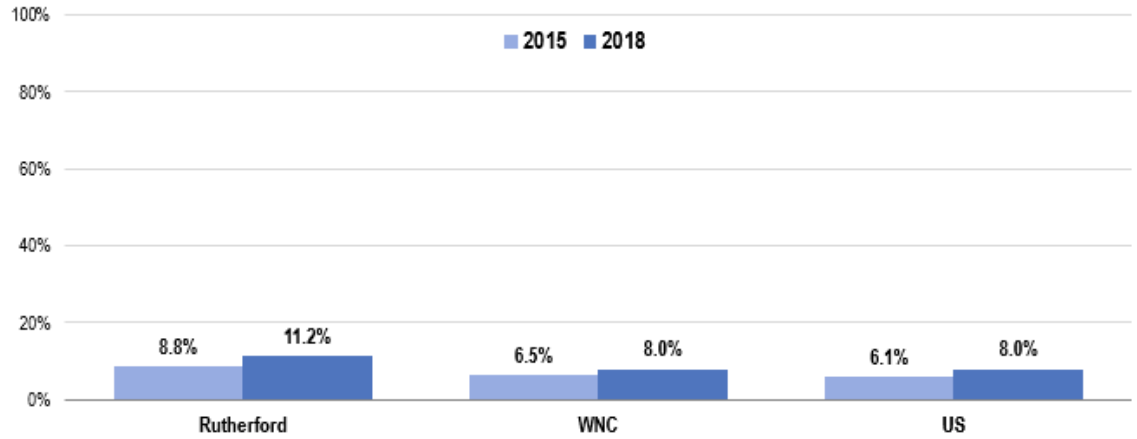
Prevalence of Stroke

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
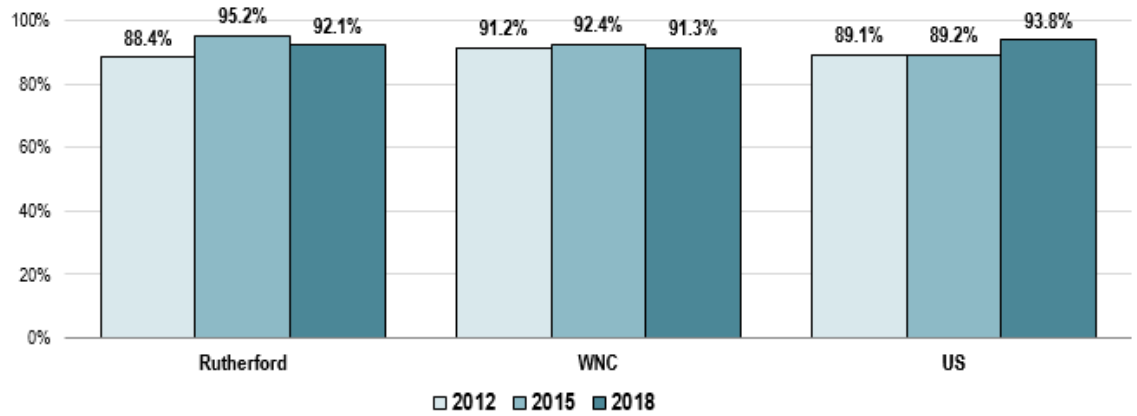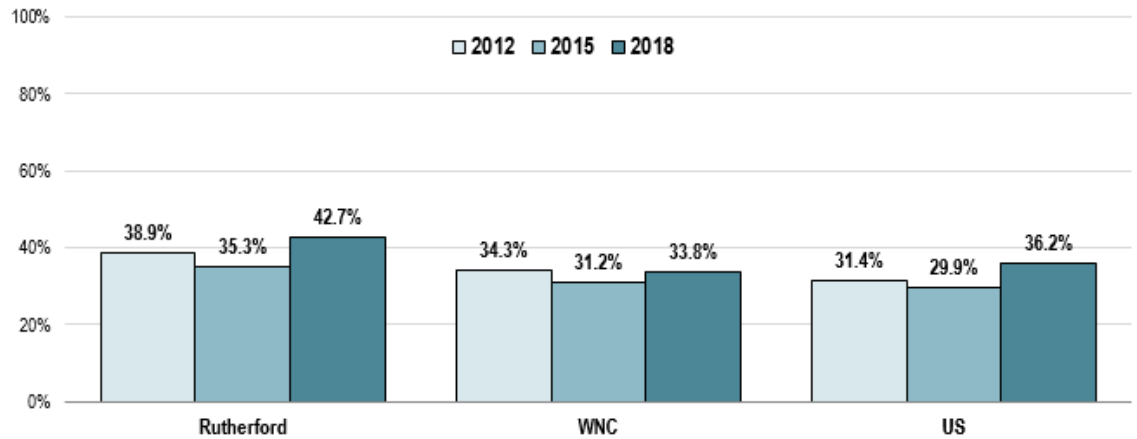
Notes:
- Asked of all respondents.

©2017 Professional Research Consultants, Inc.

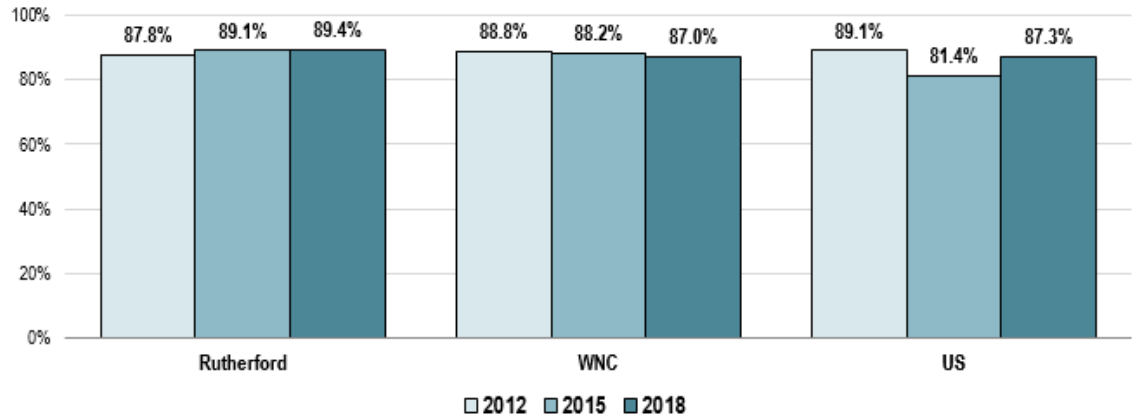**Professional Research Consultants, Inc.**

Prevalence of High Blood Pressure
Healthy People 2020 Target = 26.9% or Lower

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Professional Research Consultants, Inc.

PRC Community Health Needs Assessment

Taking Action to Control High Blood Pressure
(Among Adults with High Blood Pressure)

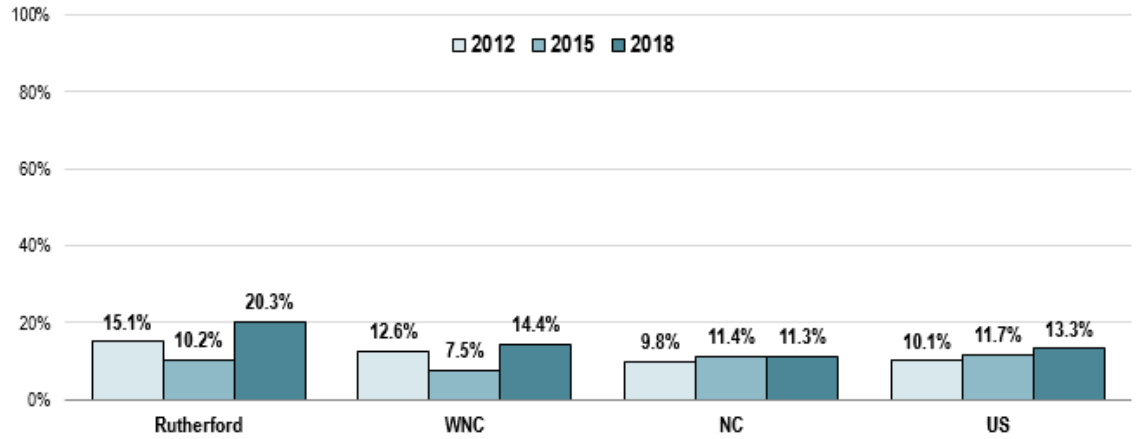|	Rutherford			WNC			US		
2012	88.4%			91.2%			89.1%		
2015		95.2%			92.4%			89.2%	
2018			92.1%			91.3%			93.8%

□ 2012 □ 2015 ■ 2018

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 41]
           • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents reporting having ever been diagnosed with high blood pressure.

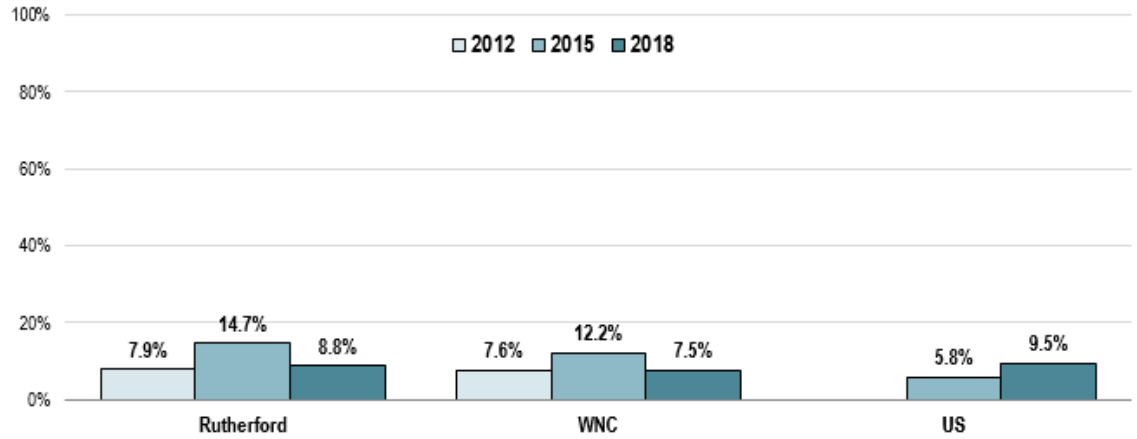**Professional Research Consultants, Inc.**

PRC Community Health Needs Assessment

Prevalence of High Blood Cholesterol
Healthy People 2020 Target = 13.5% or Lower

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Professional Research Consultants, Inc.

Taking Action to Control High Blood Cholesterol
(Among Adults with High Blood Cholesterol Levels)

|	Rutherford			WNC			US		
2012	87.8%			88.8%			89.1%		
2015		89.1%			88.2%			81.4%	
2018			89.4%			87.0%			87.3%

□ 2012 ☑ 2015 ■ 2018

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents reporting having ever been diagnosed with high blood cholesterol.

Professional Research Consultants, Inc.

Diabetes

Professional Research Consultants, Inc.

©2017 Professional Research Consultants, Inc.

Prevalence of Diabetes (Ever Diagnosed)

□ 2012　□ 2015　■ 2018

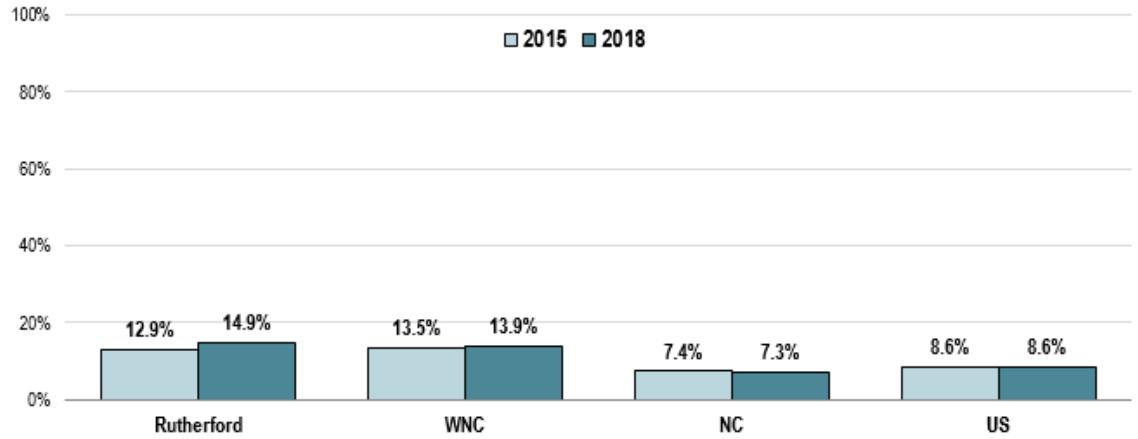|	Rutherford	WNC	NC	US
2012	15.1%	12.6%	9.8%	10.1%
2015	10.2%	7.5%	11.4%	11.7%
2018	20.3%	14.4%	11.3%	13.3%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Professional Research Consultants, Inc.

Prevalence of Borderline or Pre-Diabetes

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Professional Research Consultants, Inc.

Respiratory Conditions

Professional Research Consultants, Inc.

©2017 Professional Research Consultants, Inc.

Prevalence of Current Asthma
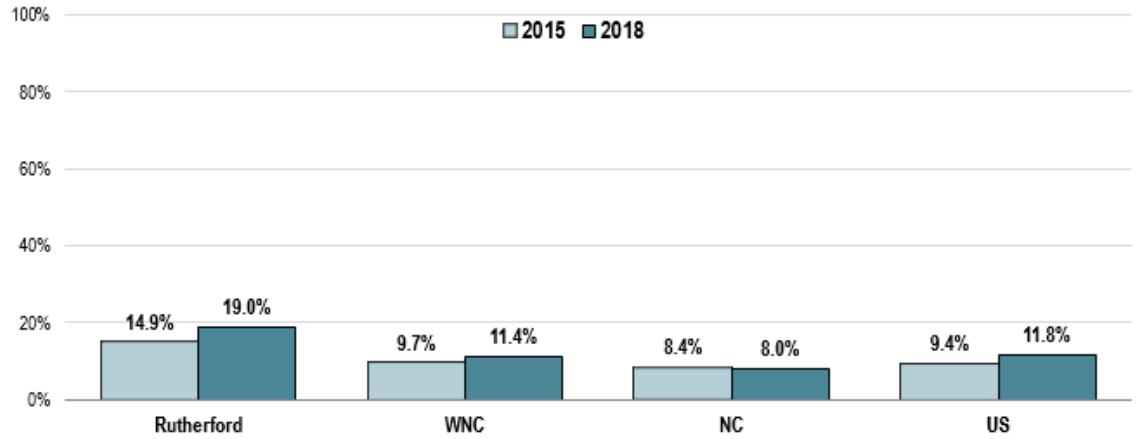
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Professional Research Consultants, Inc.
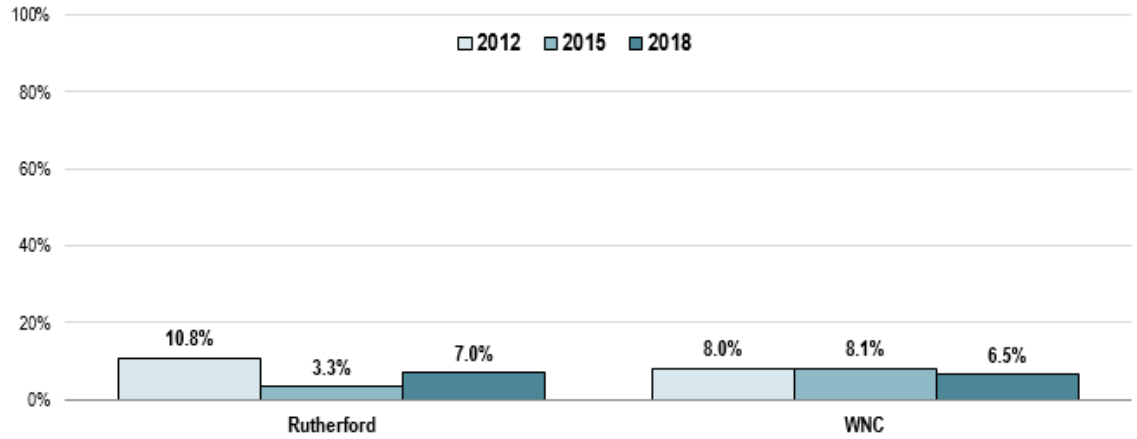
Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Professional Research Consultants, Inc.

MODIFIABLE HEALTH RISKS

Professional Research Consultants, Inc.

©2017 Professional Research Consultants, Inc.

Nutrition

Professional Research Consultants, Inc.

©2017 Professional Research Consultants, Inc.

PRC Community Health Needs Assessment

Consume Five or More Servings of Fruits/Vegetables Per Day

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall their food intake during the previous week. Reflects 1-cup servings of fruits and/or vegetables in the past week, excluding lettuce salad and potatoes.

Professional Research Consultants, Inc.

PRC Community Health Needs Assessment

Food Insecurity
(2018)

	Rutherford	WNC	US
	33.7%	23.8%	27.9%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
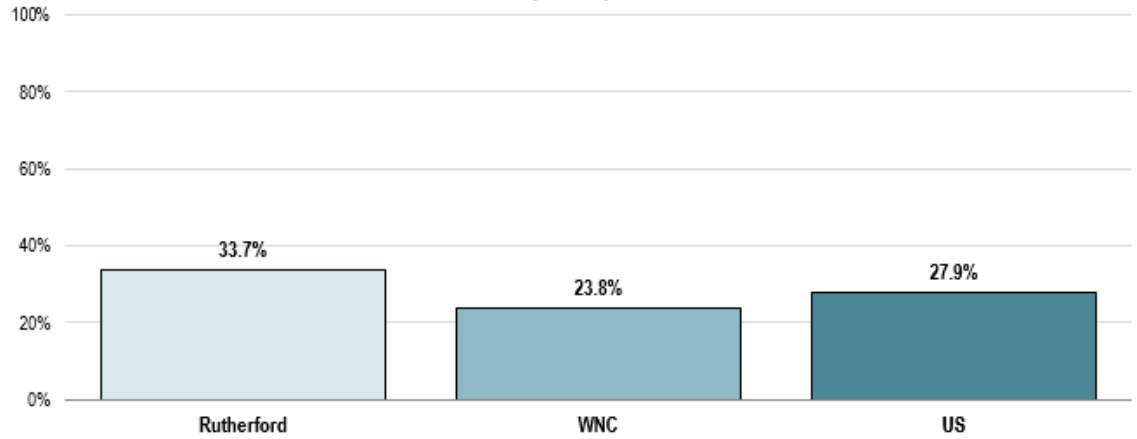
Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Professional Research Consultants, Inc.

Physical Activity & Fitness

Professional Research Consultants, Inc.

©2017 Professional Research Consultants, Inc.

No Leisure-Time Physical Activity in the Past Month
Healthy People 2020 Target = 32.6% or Lower
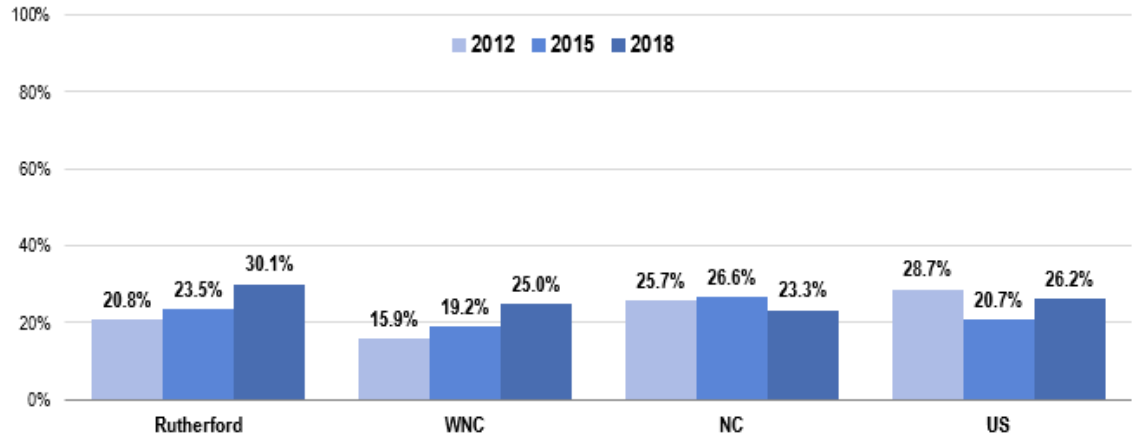
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

Professional Research Consultants, Inc.

Meets Physical Activity Recommendations
(2018)
Healthy People 2020 Target = 20.1% or Higher

	Rutherford	WNC	NC	US
	16.5%	21.3%	18.9%	22.8%
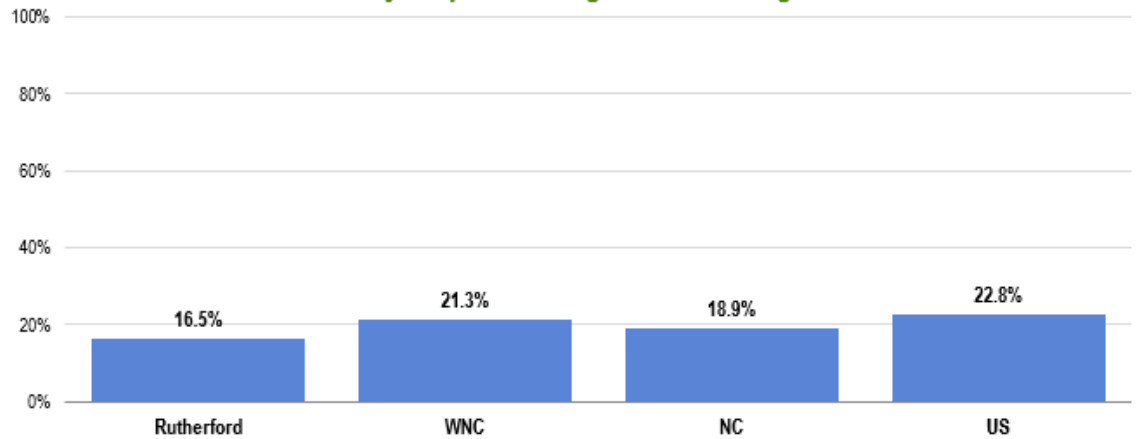
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.

Professional Research Consultants, Inc.

Body Weight

Professional Research Consultants, Inc.

PRC Community Health Needs Assessment

Strengthening Physical Activity

□ 2012 □ 2015 ■ 2018

Location	2012	2015	2018
Rutherford	37.2%	28.0%	25.8%
WNC	35.1%	34.6%	31.9%
NC		29.3%	
US			33.8%
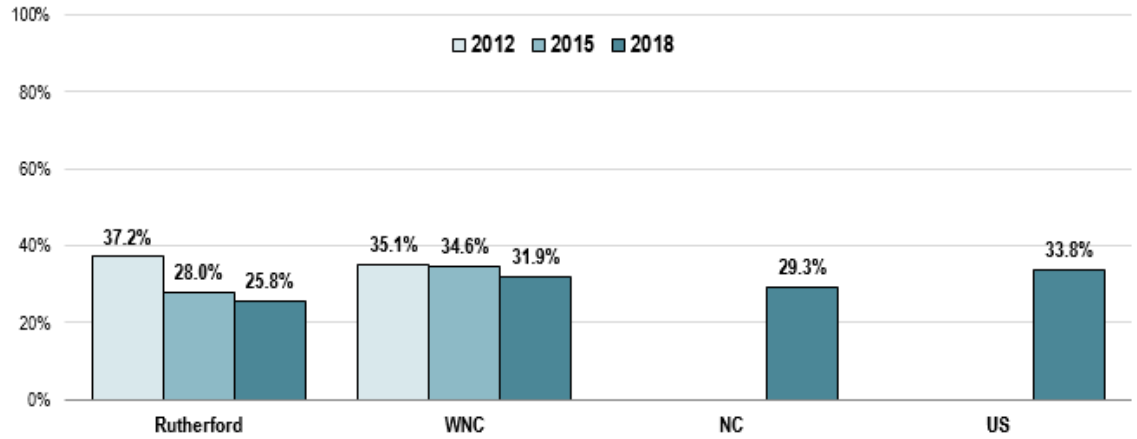
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
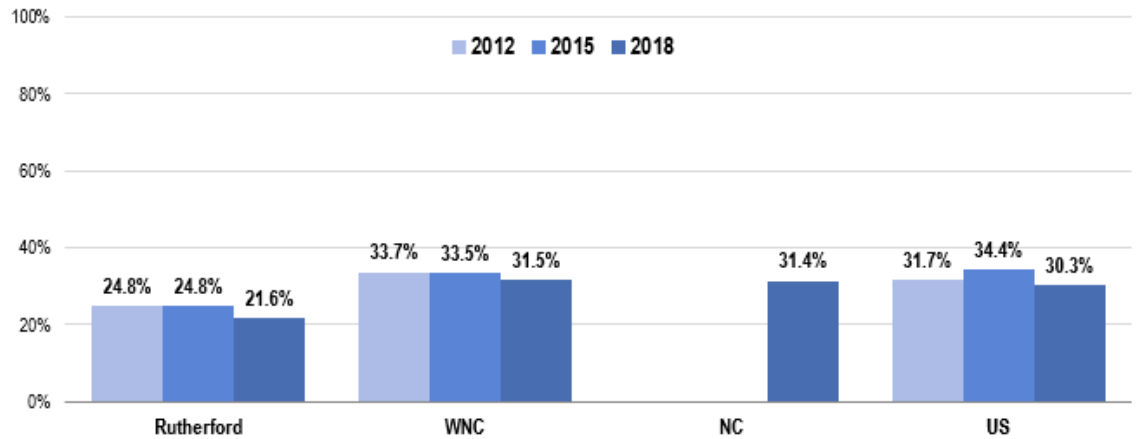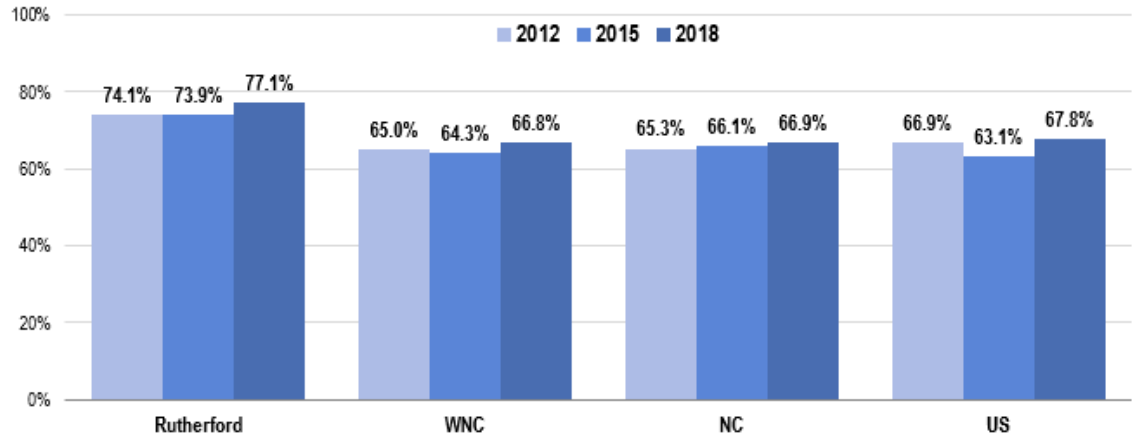- Takes part in physical activities or exercises that strengthen muscles at least 2 times per week.

Professional Research Consultants, Inc.

Body Weight

Professional Research Consultants, Inc.

©2017 Professional Research Consultants, Inc.

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

Legend: 2012, 2015, 2018

Region	2012	2015	2018
Rutherford	24.8%	24.8%	21.6%
WNC	33.7%	33.5%	31.5%
NC			31.4%
US	31.7%	34.4%	30.3%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]

Notes:
- Based on reported heights and weights; asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

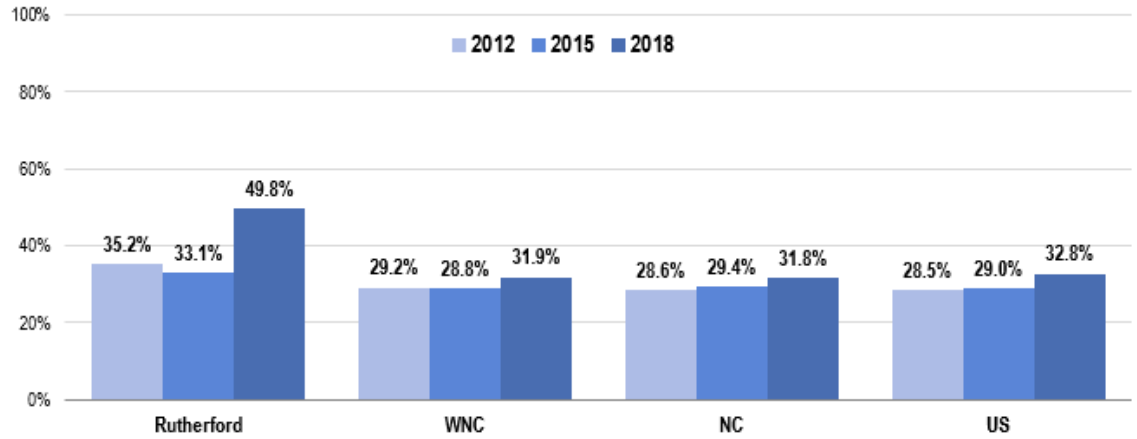©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

Total Overweight (Overweight or Obese)
(Body Mass Index of 25.0 or Higher)

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

Professional Research Consultants, Inc.

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

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights; asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
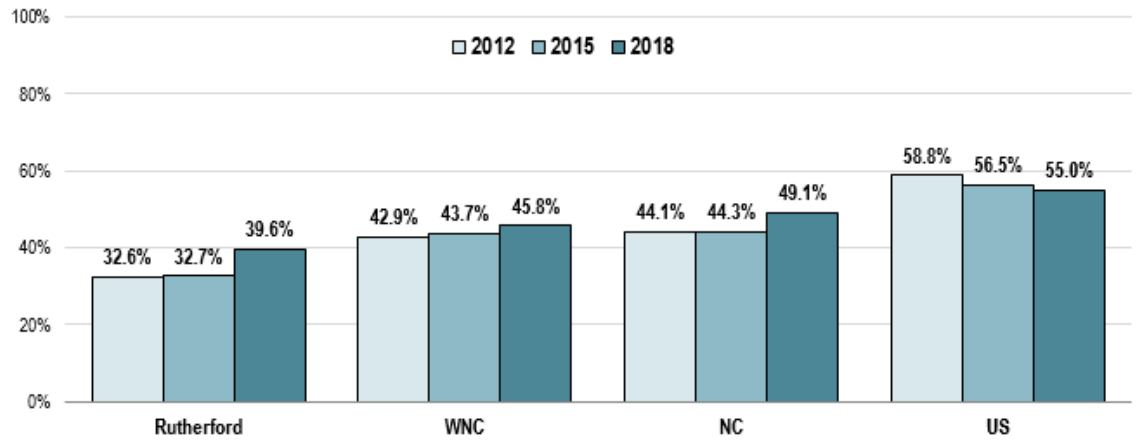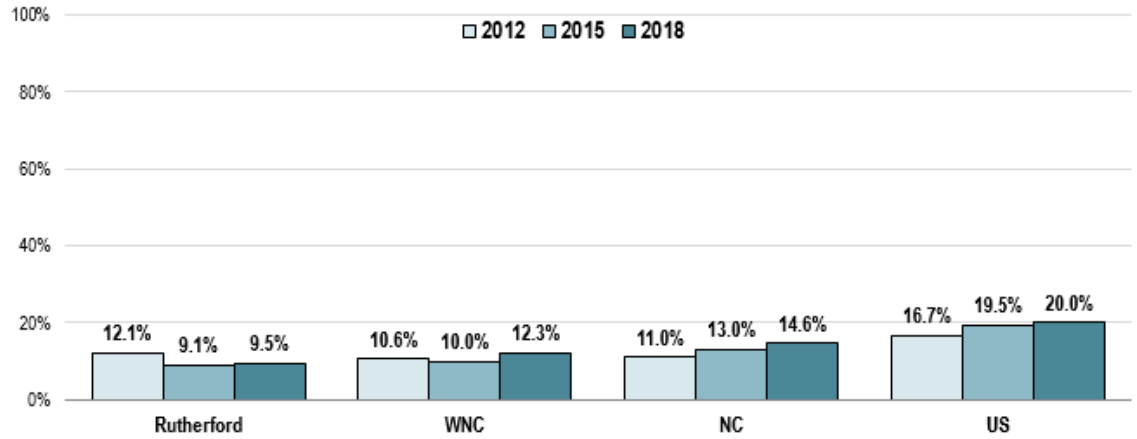
Professional Research Consultants, Inc.

Substance Abuse

Professional Research Consultants, Inc.

©2017 Professional Research Consultants, Inc.

PRC Community Health Needs Assessment

Current Drinkers

☐ 2012 ☐ 2015 ☐ 2018

	Rutherford	WNC	NC	US
2012	32.6%	42.9%	44.1%	58.8%
2015	32.7%	43.7%	44.3%	56.5%
2018	39.6%	45.8%	49.1%	55.0%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

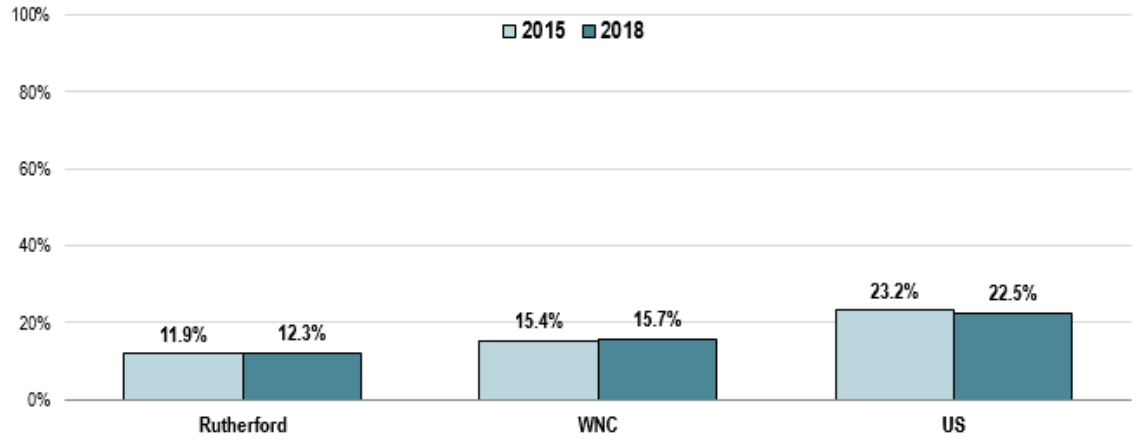## Binge Drinkers
Healthy People 2020 Target = 24.2% or Lower

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men consuming 5+ alcoholic drinks on any one occasion in the past month or women consuming 4+ alcoholic drinks on any one occasion in the past month.
- Previous survey data classified both men and women as binge drinkers if they had 5+ alcoholic drinks on one occasion in the past month.

Professional Research Consultants, Inc.

Excessive Drinkers
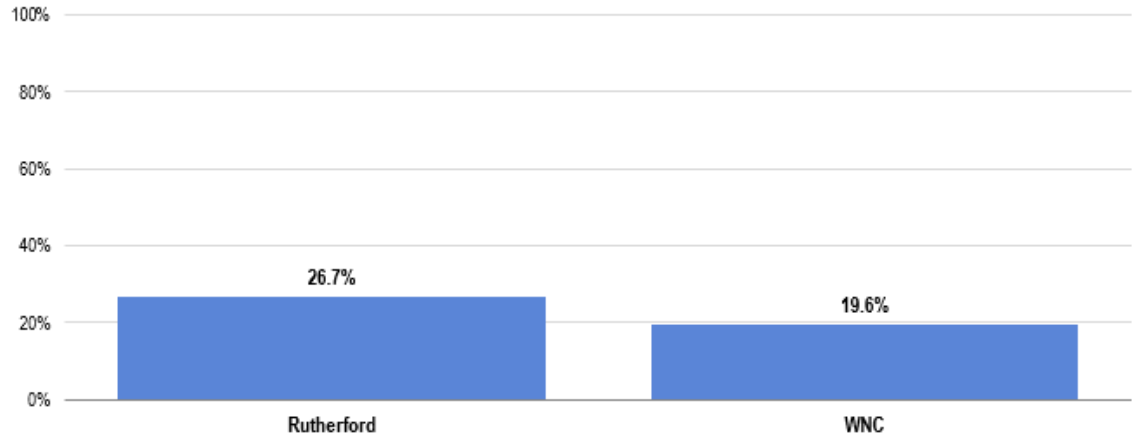
Healthy People 2020 Target = 25.4% or Lower

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
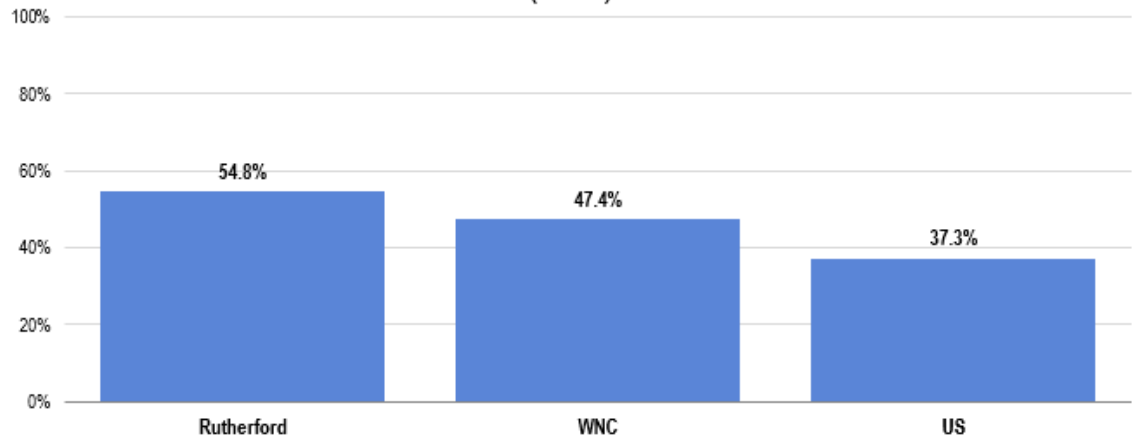
Professional Research Consultants, Inc.

Used Opiates/Opioids in the Past Year, With or Without a Prescription
(2018)

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]
Notes: • Asked of all respondents.

Professional Research Consultants, Inc.

Life Has Been Negatively Affected
by Substance Abuse (by Self or Someone Else)
(2018)

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
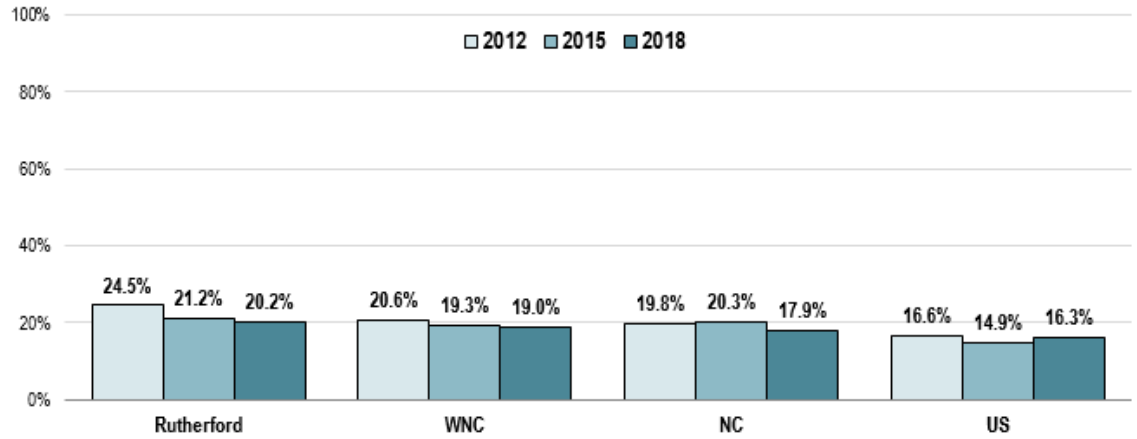
Notes:
- Asked of all respondents.

Professional Research Consultants, Inc.

Tobacco Use

Professional Research Consultants, Inc.

©2017 Professional Research Consultants, Inc.

Current Smokers
Healthy People 2020 Target = 12.0% or Lower

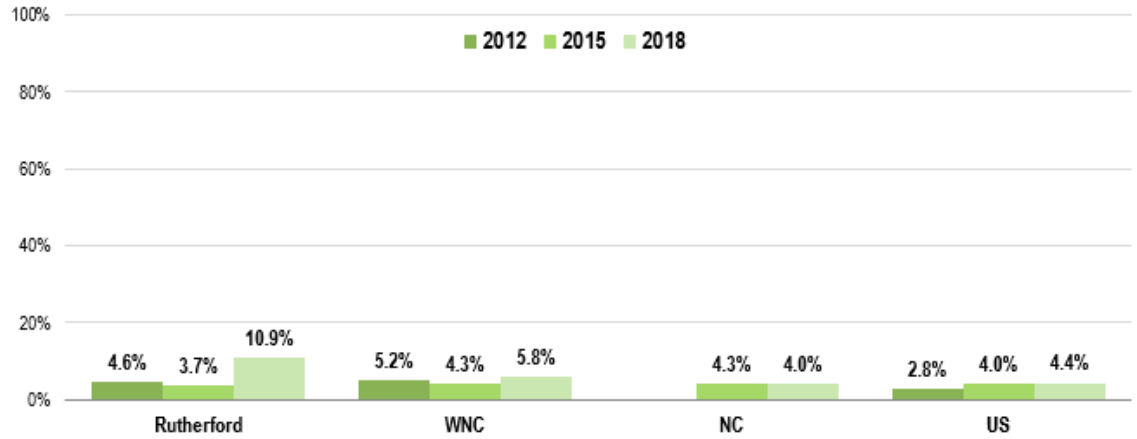|	2012	2015	2018
Rutherford	24.5%	21.2%	20.2%
WNC	20.6%	19.3%	19.0%
NC	19.8%	20.3%	17.9%
US	16.6%	14.9%	16.3%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

Professional Research Consultants, Inc.

Currently Use Smokeless Tobacco Products
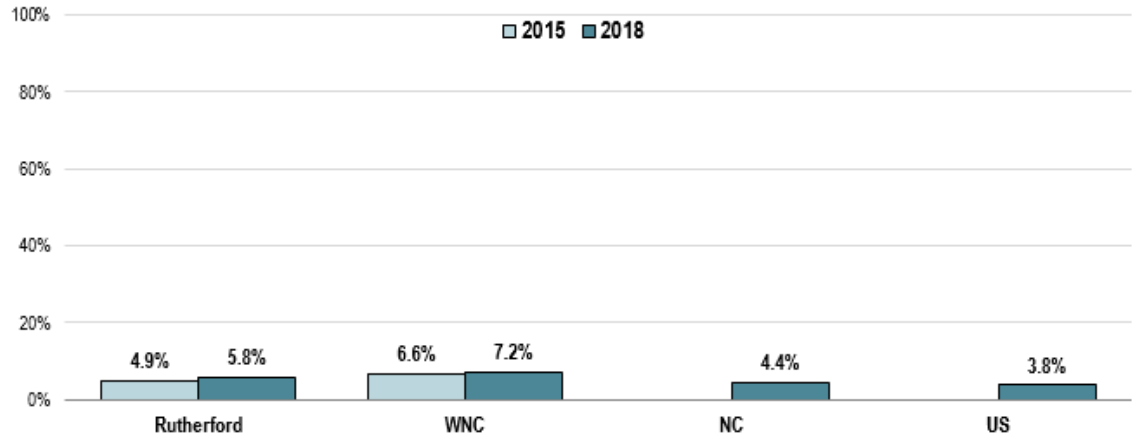### Healthy People 2020 Target = 0.3% or Lower

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

Currently Use Vaping Products (Such as E-Cigarettes)

□ 2015 ■ 2018

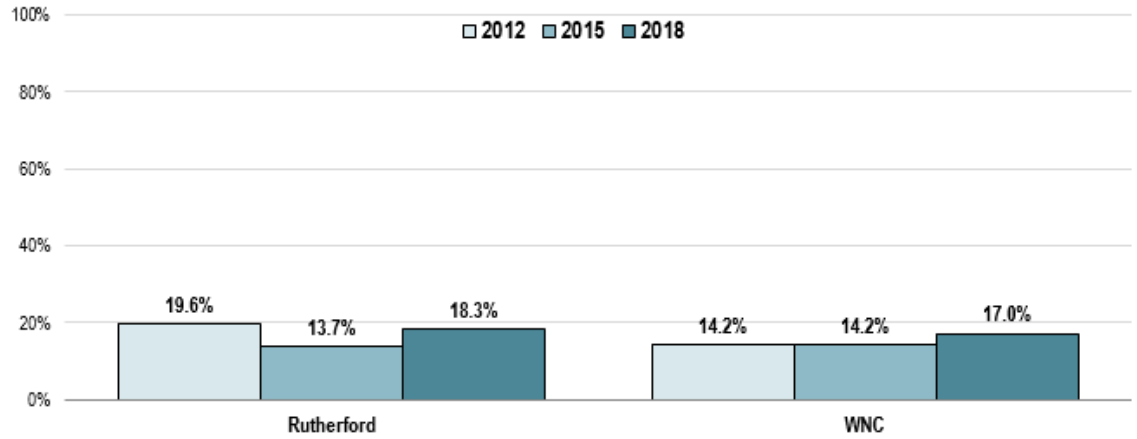|	Rutherford	WNC	NC	US
2015	4.9%	6.6%		
2018	5.8%	7.2%	4.4%	3.8%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.

Notes:
- Asked of all respondents.
- Vaping products (such as electronic cigarettes or e-cigarettes) are battery-operated decides that similar traditional cigarette smoking but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors.
- Includes regular and occasional smokers (everyday and some days).

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

Have Breathed Someone Else's Smoke at Work in the Past Week
(Employed Respondents)

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]

Notes:
- Asked of employed respondents.

Professional Research Consultants, Inc.

Health Insurance Coverage
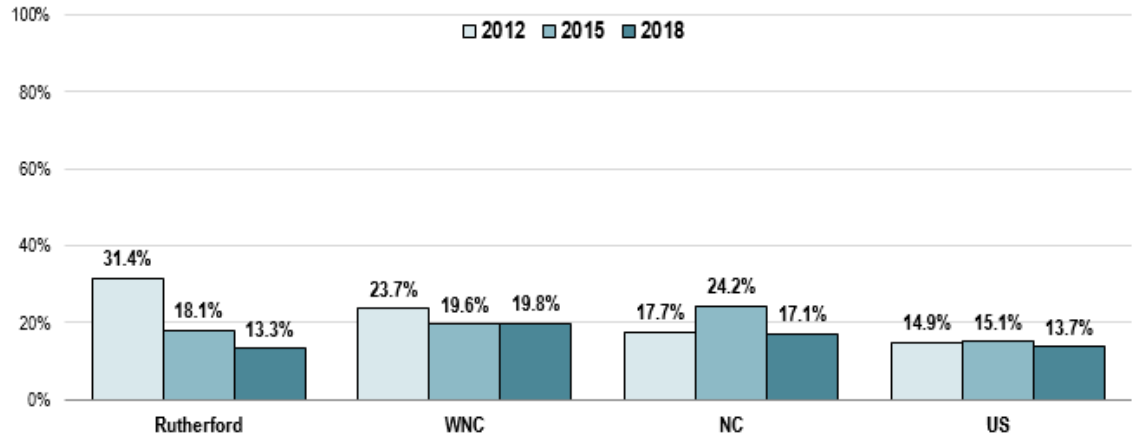
Professional Research Consultants, Inc.

©2017 Professional Research Consultants, Inc.

Lack of Healthcare Insurance Coverage
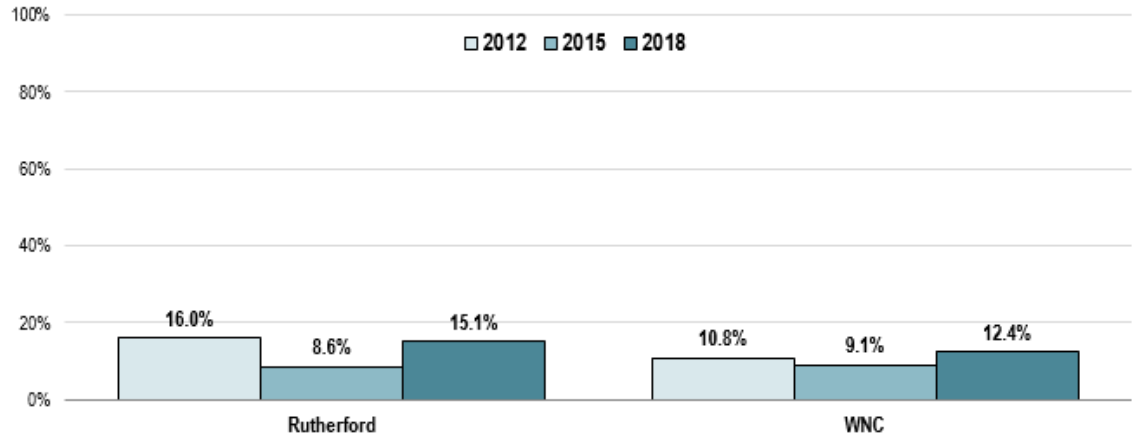### (Adults Age 18-64)
Healthy People 2020 Target = 0.0%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Reflects all respondents under the age of 65.
- Includes any type of insurance, such as traditional health insurance, prepaid plans such as HMOs, or government-sponsored coverage (e.g., Medicare, Medicaid, Indian Health Services, etc.).

Professional Research Consultants, Inc.

Was Unable to Get Needed Medical Care at Some Point in the Past Year

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]

Notes:
- Asked of all respondents.

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

Primary Care Services

Professional Research Consultants, Inc.

©2017 Professional Research Consultants, Inc.

Have a Specific Source of Ongoing Medical Care
Healthy People 2020 Target = 95.0% or Higher

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

Professional Research Consultants, Inc.

Have Visited a Physician for a Checkup in the Past Year

Sources:
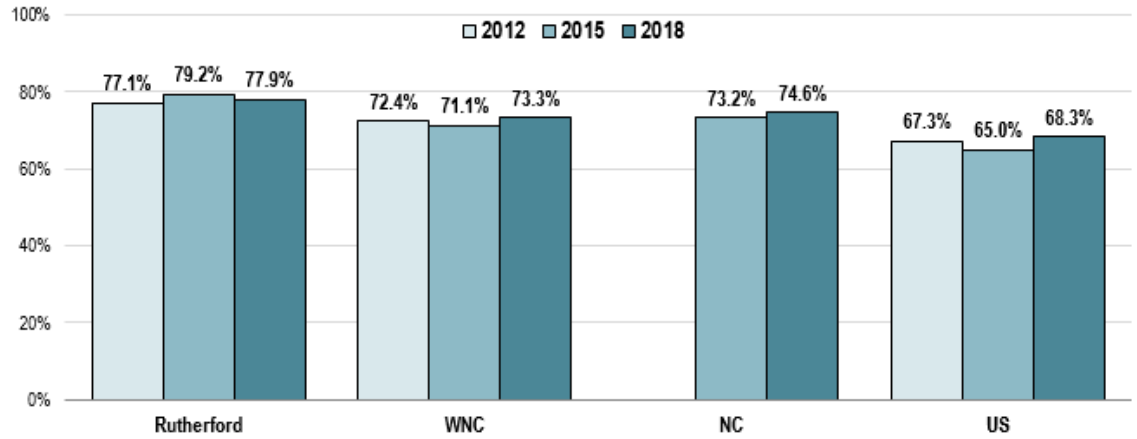- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
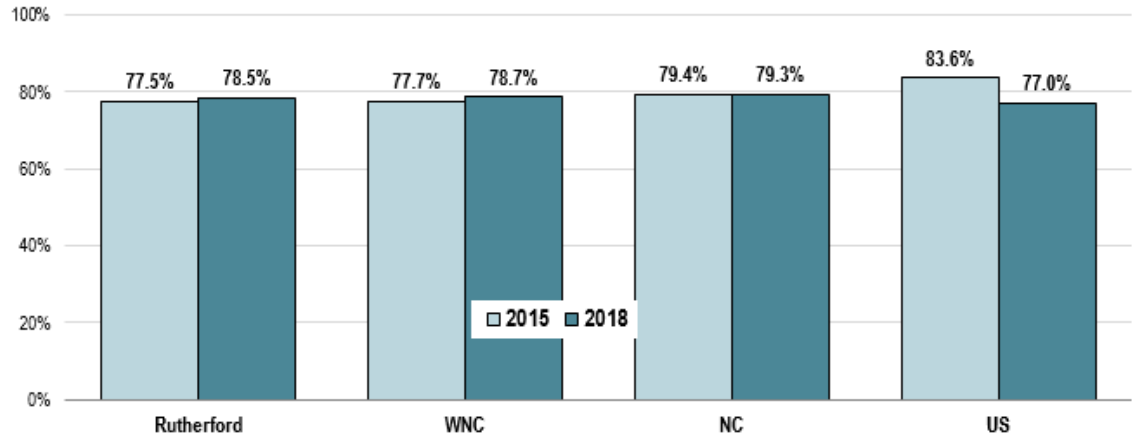
Notes:
- Asked of all respondents.

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

Preventive Screenings

Professional Research Consultants, Inc.

©2017 Professional Research Consultants, Inc.

PRC Community Health Needs Assessment

Have Had a Mammogram in the Past Two Years
(Women Age 50-74; By County, 2018)
Healthy People 2020 Target = 81.1% or Higher

	Rutherford	WNC	NC	US
2015	77.5%	77.7%	79.4%	83.6%
2018	78.5%	78.7%	79.3%	77.0%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents age 50-74.

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.
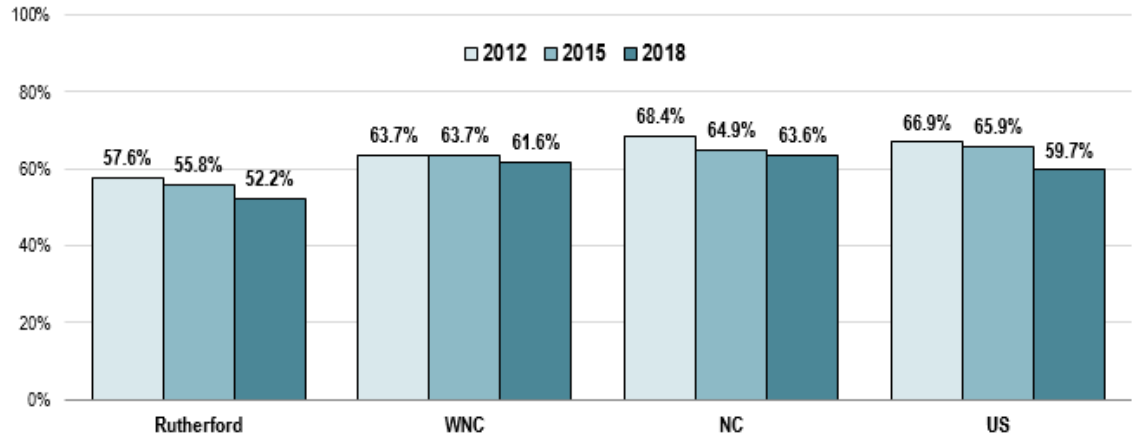
Oral Health

Professional Research Consultants, Inc.

©2017 Professional Research Consultants, Inc.

Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2020 Target = 49.0% or Higher

☐ 2012 ☐ 2015 ■ 2018

	Rutherford	WNC	NC	US
2012	57.6%	63.7%	68.4%	66.9%
2015	55.8%	63.7%	64.9%	65.9%
2018	52.2%	61.6%	63.6%	59.7%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.

Professional Research Consultants, Inc.

Other Health Issues in the Community

Professional Research Consultants, Inc.

©2017 Professional Research Consultants, Inc.

COUNTY-SPECIFIC QUESTIONS
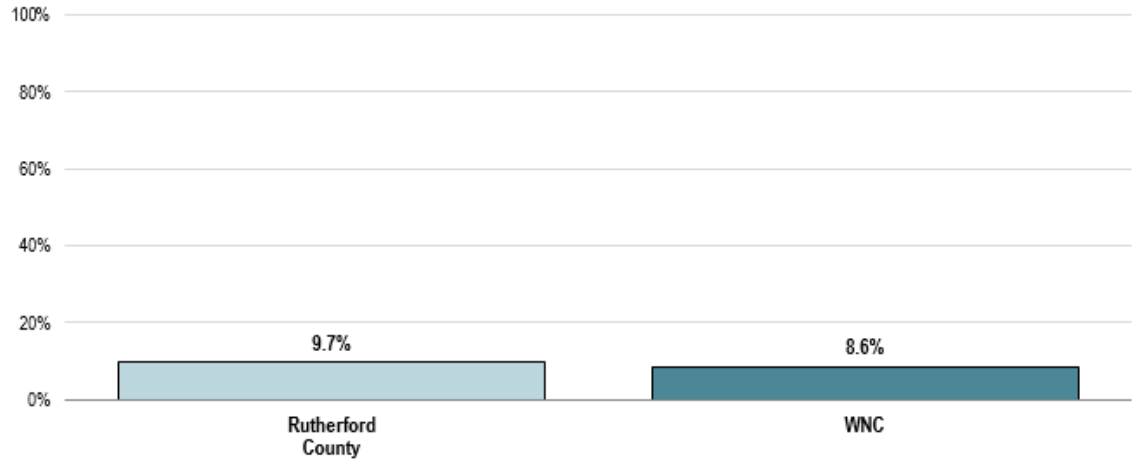
Professional Research Consultants, Inc.

©2017 Professional Research Consultants, Inc.

Used an Illicit Drug in the Past Month
(Self or Someone They Know)
(2018)

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 318]
Notes: • Asked of all respondents.
• In this case, the term "illicit" includes an illegal drug or a prescription drug that has not been prescribed to the user or someone they know.

©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

PRC Community Health Needs Assessment

Frequency of Worry/Stress in the Past Year About Having Enough Money to Buy Nutritious Meals
(Rutherford County)

| 2012 | 2015 | 2018 |

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 331]
Notes: ● Asked of all respondents.

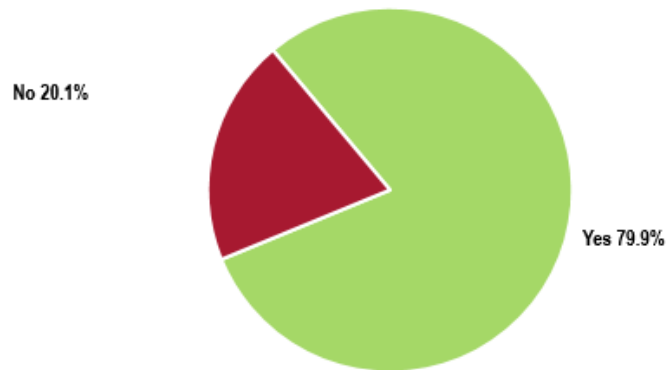©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

Have Access to the Internet for Personal Use at Home, Work, or School
(Rutherford County, 2018)

No 20.1%

Yes 79.9%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 327]
Notes: • Reflects the total sample of respondents.

Professional Research Consultants, Inc.

APPENDIX E – KEY INFORMANT SURVEY FINDINGS

2018 Community Health Needs Assessment

Online Key Informant Survey Results

Rutherford County, North Carolina

Prepared for:
　　WNC Healthy Impact

By:

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

2017-0792-02
© July 2018

Table of Contents

Introduction

Approach

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

Participation

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 18 community stakeholders took part in the Online Key Informant Survey.

Participating Organizations

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

- Atty Board of Health
- Board of Health
- Chamber of Commerce
- Chiropractic
- Daily Courier
- Extension Agent/Health Coalition
- Family Preservation Pathways
- Gentiva
- Health Council of Rutherford County

- Partnership for Children
- Public Health
- Rutherford County
- Rutherford County Health Center
- Rutherford Regional Hospital
- United Way
- VAYA Health
- Western Highlands

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

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

Characteristics of a Healthy Community

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

Key informants could list up to 3 responses.

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

Characteristic	Mentioned By (%)
Healthy Lifestyles	33.4%
Lower Obesity Rates	16.8%
Awareness/Education	16.7%
Good Economy	16.7%
Physical Activity	16.7%
Access to Care/Services	11.2%
Access to Healthy Foods/Healthy Eating	11.2%
Affordable Care/Services	11.2%
Affordable Housing	11.2%
Collaboration	11.2%
Don't Know	11.2%
Low Smoking Rates	11.2%
Number of Physicians	11.2%
Recreational/Outdoor Activities	11.2%
Safe Environment	11.2%
Access to Healthy Foods	11.1%
Access to Mental Health Care	11.1%
Employment	11.1%
Access to Schools/Adequate Education	5.6%
Caring for the Less Fortunate	5.6%
Caring/Supportive Community	5.6%
Clean Environment	5.6%
Commitment to the Community	5.6%
Diversity	5.6%
Equity in Access to Health Care	5.6%
Healthy Citizens	5.6%
Low Alcohol/Drugs Rates	5.6%
Organized Plan for Moving Community Forward	5.6%

Chronic Disease

Ranking of Chronic Disease Issues as Critical to Address

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

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

Rank	Health Issue	Identified as Critical to Address
1	Obesity/Nutrition/Physical Activity	15
2	Diabetes	12
3	Heart Disease/Stroke	9
4	Chronic Pain	5
5	Cancer	4
6	Chronic Obstructive Pulmonary Disease (COPD)	3
7	Upper Respiratory Diseases (such as Asthma)	3
8	Chronic Kidney Disease	1
9	Arthritis/Osteoporosis	1

Obesity, Nutrition, and Physical Activity

Contributors to Progress

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

Recreational/Outdoor Activities

The excitement surrounding the Rail Trail. This can be a game changer for our county if that becomes as popular as it is in other communities. The 5-2-1 none campaign is also a fantastic tool for our youth and families. – Community Leader (Rutherford County)

The completion of our 13.8-mile thermal rail trail is making outdoor exercise more interesting and accessible. More established walking trails throughout the county. – Community Leader (Rutherford County)

The Rails to Trails project will give the majority of the community a resource for exercise with very little individual investment. Programs such as Walk with a Doc. – Other Health Provider (Rutherford County)

Greenways, Rail Trail, Bike Plans, Recreation areas and promotion of all these. Food Network and work toward Food Policy Council. Health department has hired a local food coordinator. This is very good. – Other Health Provider (Rutherford County)

Walking trails, education in school. – Physician (Rutherford County)

The new bike and hiking trail may have a positive effect if people are informed and access is facilitated. If people begin to realize that walking and biking are viable forms of transport, maybe they will start. – Other Health Provider (Rutherford County)

Awareness/Education

Educational campaigns such as "5-2-1 Almost None" have gained some traction, and we also have a school health committee, as well as our Community Health Council that are focused on all of these areas. – Community Leader (Rutherford County)

Free education programs. – Other Health Provider (Rutherford County)

Specific Programs/Agencies

The Rutherford Community Health Council sponsors many events promoting healthy activity/exercise, as well as food security. Strong Parks and Recreation program. – Other Health Provider (Rutherford County)

Cooperative Extension. – Other Health Provider (Rutherford County)

Collaborative Efforts

Many agencies working together toward common goal. – Community Leader (Rutherford County)

Physical Activity

Availability of options to get exercise as a family and better options of healthy eating. I hope that fast food joints listing calories per meal on menus is helping people understand what they are eating. – Community Leader (Rutherford County)

Impediments of Progress

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

Lifestyle

Individuals who have sedentary lifestyles and poor nutrition. Generational obesity. Lack of daily recess/gym for school-aged children/youth. Healthy foods are more expensive. – Other Health Provider (Rutherford County)

People make poor choices in food and don't exercise. Transportation is a barrier. – Other Health Provider (Rutherford County)

Food ignorance, sedentary lifestyles, garbage food. Unwillingness to cook and eat right. Not many outlets for safe, convenient outdoor physical activity. There is a fat person epidemic here in Rutherford County. – Other Health Provider (Rutherford County)

Personal health choices. Economic status. – Other Health Provider (Rutherford County)

Awareness/Education

Basically, just making sure that all levels of our community know about what's available. – Community Leader (Rutherford County)

Lack of consumer knowledge about nutrition and lack of motivation to change lifestyle behaviors. – Community Leader (Rutherford County)

Denial

Laziness of people. Technology leads people to play on their phones and games while staying inside and glued to the TV. – Community Leader (Rutherford County)

Lack of motivation and resources for families but things are improving. – Community Leader (Rutherford County)

A lack of desire on the part of the majority of citizens. We need to push harder for state-funded benefits to require certain criteria in health management in order for someone to qualify for the benefits. – Physician (Rutherford County)

Built Environment

Lack of safe places to exercise if you don't belong to a gym (rural roads, or areas with no sidewalks/lighting) and the social norms of unhealthy fast food. – Community Leader (Rutherford County)

Lack of Prevention for Youth

More schools should adopt policies for increase physical activity and continue to make changes to school menus. Take vending machines out of schools and do not allow children to sell candy and other foods that are not nutritious. Change menu at sporting event concession stands. – Other Health Provider (Rutherford County)

Poverty

Poor economy, poor nutrition, inactive people. – Physician (Rutherford County)

Transportation

Transportation to programs. – Other Health Provider (Rutherford County)

Diabetes

Contributors to Progress

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

Awareness/Education

Diabetes awareness, education and interventions. Access to fresh produce. – Other Health Provider (Rutherford County)

The awareness that there are ways to manage diabetes. There are several organizations that are working to create a better way to manage this chronic disease. – Other Health Provider (Rutherford County)

Educators and programs are available. – Community Leader (Rutherford County)

Access to Care/Services

More events to address those issues that are free to the public and are marketed appropriately. – Community Leader (Rutherford County)

Nothing/No Progress

Unhealthy eating habits. – Other Health Provider (Rutherford County)

Affordable Care/Services

Medication assistance program at the community clinic. – Physician (Rutherford County)

Community Focus

More input from community and more funds for correcting these problems. – Community Leader (Rutherford County)

Built Environment

I believe the work the Community Health Council is doing around chronic disease issues will help make additional progress in this area if those initiatives 'catch on.' I think the rail trail will help with the exercise component in a major way. If we could convince the towns to plant some 'community' fruit trees along the way for healthy snacks... you see where that thought is going. – Community Leader (Rutherford County)

Walking trails. – Physician (Rutherford County)

Impediments of Progress

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

Access to Healthy Food

Healthy food choices for some of the residents of the county are limited due to income restrictions. Some residents are not willing to commit to a lifestyle change to improve their own health status. – Other Health Provider (Rutherford County)

A number of factors, including: cost of processed, unhealthy foods vs healthier fresh foods; proliferation of fast food restaurants; and the fact that many people live in areas with no sidewalks/unsafe conditions to just get out and walk. – Community Leader (Rutherford County)

Poor economic area contributes to poor nutrition. – Physician (Rutherford County)

Lifestyle

People don't want to give up their sweet tea and fried food. – Other Health Provider (Rutherford County)

Awareness/Education

I believe we need more discussion for our children and youth about the health concerns and risk and educating them away from drug use and [toward] healthy choices. – Community Leader (Rutherford County)

Lack of awareness about the disease and its complications. – Community Leader (Rutherford County)

Education of public. – Community Leader (Rutherford County)

Disease Management

Noncompliance. – Physician (Rutherford County)

Transportation

Transportation to programs. – Other Health Provider (Rutherford County)

Insufficient Physical Activity

There is not a YMCA in Rutherford County. The YMCA is leading efforts to reduce diabetes in neighboring counties. – Other Health Provider (Rutherford County)

Heart Disease and Stroke

Contributors to Progress

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

Awareness/Education

I think, in general, heart disease and stroke get a lot of attention nationally and locally, and that is helpful. – Community Leader (Rutherford County)

More awareness of the public knowing what to do/not do. – Community Leader (Rutherford County)

Education. – Community Leader (Rutherford County)

Specific Agencies/Programs

Smoking cessation and North Carolina quit program which provides free nicotine patches and gum, plus a personal coach. – Other Health Provider (Rutherford County)

Recreational/Outdoor Activities

The work on the rail trail and programs such as 'walk with a doc' can be highly beneficial. I hope, as the trail is completed, we see more local residents utilizing it and reducing their risks of cardiac disease and stroke. – Community Leader (Rutherford County)

Walking trails. – Physician (Rutherford County)

Community Focus

The community effort to emphasize healthy lifestyles. – Community Leader (Rutherford County)

Prevention/Diagnosis

Earlier identification of health indicators for heart disease/stroke, more accessible information on relationship between healthy behaviors/exercise and heart disease/stroke, medical progress in treating. – Other Health Provider (Rutherford County)

Access to Healthy Food

Low costs and healthy food opportunities through food pantries and fresh food markets. Transportation assistance. Community education and education in school systems. – Other Health Provider (Rutherford County)

Impediments of Progress

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

Awareness/Education

Still need more education on healthy living. – Community Leader (Rutherford County)

Lifestyle

Unhealthy behaviors - poor nutrition, sedentary lifestyles, smoking, etc., which lead to heart disease/stroke. Higher cost of foods that are more nutritious/less fatty. – Other Health Provider (Rutherford County)

People don't want to change. Target the youth. – Other Health Provider (Rutherford County)

Poor diet and lack of exercise is epidemic in this area. – Community Leader (Rutherford County)

Access to Healthy Food

Additional healthy and low-cost food opportunities throughout the communities. Additional no-cost or low-cost transportation and disease education. Healthy food options in restaurants. – Other Health Provider (Rutherford County)

Denial

People's ignorance of "it won't happen to me." – Community Leader (Rutherford County)

Tobacco Use

Smoking, lack of cardiologists and neurologist, inactive people. – Physician (Rutherford County)

Large number of smokers in the county. Tobacco use is widespread, as well as the poor eating habits referenced in the previous question. Healthy eating isn't necessarily 'cool' here the way it is in some communities. We need to make it popular and shape it into a social norm. – Community Leader (Rutherford County)

Follow Up/Support

We need to continue to find ways to gain the support from our community through finding additional ways to communicate these programs. – Community Leader (Rutherford County)

Chronic Pain

Contributors to Progress

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

Awareness/Education

Possibly more awareness of substance abuse and the need to change prescribing practices. – Other Health Provider (Rutherford County)

More awareness of abuse of pain medication. – Community Leader (Rutherford County)

Opioid Awareness

Recognition of problems in using opioids for chronic pain, recognition of alternative methods for managing chronic pain. – Other Health Provider (Rutherford County)

Collaborative Efforts

Collaborative efforts. – Other Health Provider (Rutherford County)

Impediments of Progress

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

Lack of Alternative Treatment Options

Need pain clinics and specialists in community who can effectively deal with this issue to help manage rather than just using medications. – Other Health Provider (Rutherford County)

Funding

Financial resources for treatment and prevention. – Community Leader (Rutherford County)

Lack of funding for the uninsured. – Other Health Provider (Rutherford County)

Insurance Issues

Insurance does not pay for many alternative methods of chronic pain management. Physicians still over-prescribing opioids for chronic pain. – Other Health Provider (Rutherford County)

Cancer

Contributors to Progress

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

Collaborative Efforts

The cancer subcommittee of the community health council coordinating with the cancer resource committee and other organizations. Bringing all of the organizations together to share information and resources. – Other Health Provider (Rutherford County)

Programs

We have a very active and engaged community health council that is looking at numerous health issues including cancer, and we have cancer resources available at our regional hospital. – Community Leader (Rutherford County)

The community health council and the buy-in from the local stakeholders. These parties are working hard to make a change. – Physician (Rutherford County)

Impediments of Progress

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

Awareness/Education

Lack of education and resources. – Community Leader (Rutherford County)

Access to Care/Services

Limited or lack of resources. – Physician (Rutherford County)

Prevalence/Incidence

The broadness of the cancer, what resources have been developed, and what still needs to be developed. How do we make the resources sustainable. – Other Health Provider (Rutherford County)

Chronic Obstructive Pulmonary Disease (COPD)

Contributors to Progress

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

Nothing/No Progress

Need additional education and resources. Education needs to begin at an early age. Lack of community health screens. – Other Health Provider (Rutherford County)

Impediments of Progress

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

Awareness/Education

Poor educational information for adolescence and adults. – Other Health Provider (Rutherford County)

Funding and collaborative efforts from all community resources. Educational opportunities at an early age. – Other Health Provider (Rutherford County)

Upper Respiratory Diseases (Such as Asthma)

Contributors to Progress

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

Decreased Tobacco Use

We have an above-average percentage of smokers in our county. Continuing to make available cessation programs without sounding judgmental will make strides in improvement. – Community Leader (Rutherford County)

The tobacco-free bars and restaurants laws help. Tobacco-free schools laws help. All neighboring counties have adopted tobacco-free community colleges. This helps to reduce upper respiratory disease. – Other Health Provider (Rutherford County)

Impediments of Progress

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

Tobacco Use/Vaping

Isothermal Community College still allows tobacco use on campus. – Other Health Provider (Rutherford County)

Awareness/Education

Finding a better way of communicating the positives in quitting. I believe the smoker feels like an outcast. – Community Leader (Rutherford County)

Chronic Kidney Disease

Contributors to Progress

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

No comments

Impediments of Progress

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

Lack of Collaboration

Currently, there are no community resources working together as a team. – Other Health Provider (Rutherford County)

Arthritis/Osteoporosis

Contributors to Progress

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

No comments

Impediments of Progress

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

No comments

Mental Health and Substance Use

Ranking of Mental Health Conditions as Critical to Address

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

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

Rank	Health Issue	Identified as Critical to Address
1	Substance Use	18
2	General Mental Health	14
3	Depression/Anxiety/Stress	9
4	Suicide	5
5	Dementia/Alzheimer's Disease	4

Substance Use

Contributors to Progress

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

Awareness/Education

Substance abuse education through community organizations. – Other Health Provider (Rutherford County)

The work of many sectors to address substance use is a positive factor in this effort. The awareness generated by the national media re: the opioid epidemic is also drawing attention to this issue. To be clear, we have a substance abuse problem; not just an opioid problem. But the community readiness to address the problems and engage in prevention and harm reduction activities is most beneficial. – Community Leader (Rutherford County)

More information and community understanding that substance use disorders (SUD) are chronic health issues, vs. "lack of strength/morals". Committed group of community partners in developing treatment/support programs. Access to treatment for SUD. – Other Health Provider (Rutherford County)

Educating. – Community Leader (Rutherford County)

Collaborative Efforts

Organizations are collaborating and educating the public on the long-term effects of substance use and abuse. – Other Health Provider (Rutherford County)

Collaborative efforts. – Other Health Provider (Rutherford County)

Specific Agencies/Programs

Two programs. Our jail release program that is working with addicts beyond their jail time with counseling and support. Our school system recognizing the need to be supportive toward the student with the addiction and confidentially working with them. – Community Leader (Rutherford County)

There is a lot of energy around this issue locally and nationally, and that's helpful. Our United Way has been the convener of an energized group of citizens that are looking closely at this issue. We have medicine drop boxes and other specific strategies that are making an impact. – Community Leader (Rutherford County)

[…] Joining Partners, and suboxone more available. – Other Health Provider (Rutherford County)

I believe addicts can receive Narcan for free at the health department. Do the addicts know this. – Other Health Provider (Rutherford County)

Narcan available. – Other Health Provider (Rutherford County)

Effective Law Enforcement

Excellent sheriff's department and municipal police departments. – Other Health Provider (Rutherford County)

Community Focus

Community engagement team is doing excellent work. Drug-free communities work. – Other Health Provider (Rutherford County)

Effective substance abuse community engagement team. – Community Leader (Rutherford County)

Laws/Policies

Government involvement is helping some, but a long way to go. – Community Leader (Rutherford County)

Impediments of Progress

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

Access to Care/Services

No substance abuse resources. Substance abusers claim they are suicidal when arrested and go to the hospital versus going to jail. – Physician (Rutherford County)

Lack of enough services and providers. Ending up in jail or committed to hospital. – Other Health Provider (Rutherford County)

Funding

Lack of funding for uninsured. – Other Health Provider (Rutherford County)

Availability of Substances

The ease of access to prescription painkillers and the history of their overuse. The continued abuse with illegal drugs. – Other Health Provider (Rutherford County)

Too many "pockets" in the community where street drugs are accessible and the fact that the ED hands people-controlled substances without checking patient history or conversing with the PCP. – Physician (Rutherford County)

Easy access to drugs. – Community Leader (Rutherford County)

Denial/Stigma

We still have stigma surrounding addiction. Many still view it as a moral failure vs. a disease, and that can hamper efforts. We also need more treatment and resources; particularly on the recovery end of the spectrum. We need safe housing for people who are in treatment or post-treatment and need somewhere safe to stay and maintain their recovery. They wind up back in the same environment and that is detrimental to maintaining recovery. – Community Leader (Rutherford County)

Stigma associated with getting treatment, difficulty in funding long-term residential programs, housing/jobs post Recovery, or for folks with criminal records. Lack of state funding for treatment for people with no insurance. – Other Health Provider (Rutherford County)

Awareness/Education

Poor economy leads to meth labs. Low value placed on education. – Other Health Provider (Rutherford County)

Lack of information perhaps. Embarrassment in asking for help. – Other Health Provider (Rutherford County)

Need more education for abusers and their families of what the effects of abuse are and what help is available to assist them. – Community Leader (Rutherford County)

Law Enforcement

Judicial system. – Other Health Provider (Rutherford County)

Affordable Care/Services

Costs. – Other Health Provider (Rutherford County)

Low income jobs and people not willing to work for money. – Community Leader (Rutherford County)

Poverty

Poverty, lack of education, the power of opioid addiction. – Community Leader (Rutherford County)

Youth

Peer pressure will keep some students from seeking help and low self-esteem will send former inmates back to drug use. – Community Leader (Rutherford County)

General Mental Health

Contributors to Progress

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

Awareness/Education

North Carolina Department of Public Instruction includes curriculum about healthy relationships, coping skills, decision making, healthy communications. If this curriculum were given priority, the next generation would have better mental health. – Other Health Provider (Rutherford County)

Working on educating people about where to go for mental health issues. – Community Leader (Rutherford County)

Specific Agencies/Programs

Joining Partners is a positive step. – Other Health Provider (Rutherford County)

We have mental health kiosks that are attempting to identify the population at risk. There is more public awareness due to several of the programs being discussed in open forums. Professional training for law enforcement. – Other Health Provider (Rutherford County)

An extensive effort by many groups assisting with treatment in the drug crisis will raise the victim's self-esteem and create an environment of care not judgment. – Community Leader (Rutherford County)

Collaborative Efforts

Agencies working together to address issue. – Community Leader (Rutherford County)

Nothing/No Progress

Very little progress is being made in this area. We have very limited choices in providers and [I am not confident in] the quality of the practices we have. I know this firsthand because I have a close family member that has tried to navigate through this system. – Community Leader (Rutherford County)

Funding

Mental health funding for professional organizations and education. – Other Health Provider (Rutherford County)

Impediments of Progress

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

Access to Care/Services

Too many people go to jail or are involuntarily committed, which shows there are not services or current providers aren't doing their job. – Other Health Provider (Rutherford County)

Need more mental health available to citizens of county and more long-term care for these patients. – Community Leader (Rutherford County)

The local emergency department handing out narcotic/controlled substances. – Physician (Rutherford County)

No real community resources. – Other Health Provider (Rutherford County)

Lack of Providers

Very little progress is being made in this area. We have very limited choices in providers and [I question] the quality of the practices we have. I know this firsthand because I have a close family member that has tried to navigate through this system. – Community Leader (Rutherford County)

Lack of licensed mental health professionals and affordable mental health care. – Community Leader (Rutherford County)

Affordable Care/Insurance Issues

Cost of everything allows people to make poor choices. Children having babies and not willing to raise them with respect and discipline, rules and guidelines. – Community Leader (Rutherford County)

Awareness/Education

The public image of what mental health is. Understanding it is something that we all deal with on a daily basis. We have to be aware of our surrounding and act appropriately on the keys we see and hear and not ignore signs and symptoms expecting someone else to address. – Other Health Provider (Rutherford County)

Lack of Collaboration

Lack of team effort from all community resources and health professionals. Lack of resources and funding to provide adequate ongoing care. Professionals and care teams are overwhelmed and eventually burn out. High overturn in professional teams due to lack of support and funding. Additional resources need to be provided in the community schools. Additional resources and education for youth from all organizations. – Other Health Provider (Rutherford County)

Lack Vision/Strategic Planning

Lack of patience, realizing there is no quick fix, and staying the course to care. – Community Leader (Rutherford County)

Lack of Prevention in Schools

Many health and PE teachers in middle school and high school do not teach the healthful living curriculum with sufficient frequency, professionalism, or enthusiasm. A lost opportunity. – Other Health Provider (Rutherford County)

Depression, Anxiety, and Stress

Contributors to Progress

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

Awareness/Education

More widespread recognition that depression/anxiety are chronic health issues that can be treated. Community-based providers and doctors who treat depression/anxiety. – Other Health Provider (Rutherford County)

Increase in public awareness forums. – Other Health Provider (Rutherford County)

Educating where to find the help. – Community Leader (Rutherford County)

Nothing/No Progress

Very little progress is being made in this area. We have very limited choices in providers and [I am not confident in] the quality of the practices we have. I know this firsthand because I have a close family member that has tried to navigate through this system. – Community Leader (Rutherford County)

Specific Agencies/Programs

[…] Joining Partners network. – Other Health Provider (Rutherford County)

Collaborative Efforts

The willingness of cross sector collaboration to address mental health issues. – Community Leader (Rutherford County)

Impediments of Progress

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

issue in your community?"

Access to Care/Services

Once again, mismanaged people. And a lack of resources. – Physician (Rutherford County)

Denial/Stigma

There is still stigma attached to mental health disorders, so people do not seek treatment. Can be challenging for people with no insurance to access needed treatment/medications. – Other Health Provider (Rutherford County)

Stigma. People are still afraid to discuss mental illness for fear of being labeled. – Community Leader (Rutherford County)

People not getting into services until they are in crisis. Lack of providers. Stigma. – Other Health Provider (Rutherford County)

Awareness/Education

The lack of daily awareness of what our own mental health status is. – Other Health Provider (Rutherford County)

Lack of Providers

Very little progress is being made in this area. We have very limited choices in providers and [I am not confident in] the quality of the practices we have. I know this firsthand because I have a close family member that has tried to navigate through this system. – Community Leader (Rutherford County)

Diagnosis/Treatment

Not getting the right help or asking for help. A lot of children being bullied and picked on.... Parents not discipling children or showing they care. – Community Leader (Rutherford County)

Suicide

Contributors to Progress

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

Awareness/Education

Avaya offers suicide prevention education. RHA Prevention Services Developmental Assets Program (should be required of all). – Other Health Provider (Rutherford County)

The willingness of various entities to host educational trainings about suicide. The availability of mobile crisis. But we still have a lot of work to do. – Community Leader (Rutherford County)

Impediments of Progress

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

Awareness/Education

We need to focus more attention on teaching children and youth coping skills, life skills. This should be a major focus in the schools. Reorder priorities of learning. – Other Health Provider (Rutherford County)

Denial/Stigma

Stigma and fear about discussing mental illness. – Community Leader (Rutherford County)

Access to Care/Services

Very few resources for patients. They get brought to the hospital, where they wait in the ER, versus having a crisis center who could better deal with the issue. – Physician (Rutherford County)

Dementia and Alzheimer's Disease

Contributors to Progress

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

Awareness/Education

More community understanding of the conditions. Earlier identification of Alzheimer's/dementia in individuals. Proactive Aging Department programs, and general supports/treatment available to both impacted individuals, but caregivers as well. – Other Health Provider (Rutherford County)

Support Systems for Patients/Caregivers

There are resources for caregivers through the Area Agency on Aging and Madison Community Support groups. – Other Health Provider (Rutherford County)

Impediments of Progress

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

Family/Caregiver Support

Need more consistent training and support for caregiver staff in facilities/individual homes. Lack of treatment that "cures" these diseases...difficulty in stopping progression. – Other Health Provider (Rutherford County)

Caregiver support through education and resources. – Other Health Provider (Rutherford County)

Having enough support groups. – Other Health Provider (Rutherford County)

Social Determinants of Health

Ranking of Social Determinants of Health as Critical to Address

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

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

Rank	Health Issue	Identified as Critical to Address
1	Employment Opportunities	12
2	Access to Health Care	10
3	Adverse Childhood Experiences (ACEs)	9
4	Food Insecurity	6
5	Housing	5
6	Transportation	5
7	Early Childhood Education	4
8	Interpersonal Violence (IPV)	2

Employment Opportunities

Contributors to Progress

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

Economic Development

The continued growth in our county makes job opportunities more plentiful than ever before. Our community college is certainly providing new programs in training for 21st century jobs. – Community Leader (Rutherford County)

The county actively courting companies and offering fiscal advantages for locating here. – Other Health Provider (Rutherford County)

New businesses opening up in need of employment. – Community Leader (Rutherford County)

Improving economic conditions, cross-sector collaboration, and opportunities for ongoing education or job retraining. – Community Leader (Rutherford County)

Economic development continues to work on bringing in new employment opportunities for the residents of the county. – Other Health Provider (Rutherford County)

Specific Agencies/Programs

We have the EDC and Chamber that are working diligently to bring more jobs to the area. – Community Leader (Rutherford County)

Government/Policies

Rutherford government is actively recruiting new industries. County working to diversify economy. – Other Health Provider (Rutherford County)

Impediments of Progress

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

Low Wages

We need more jobs that pay a livable wage. – Community Leader (Rutherford County)

Many jobs are minimum wage/little to no insurance or seasonal. Workforce is not fully trained for higher skilled jobs - apathy for people who have been under/unemployed. Competition with other counties for clean/high tech industries. – Other Health Provider (Rutherford County)

Unwillingness to Work

Lazy people wanting to live off the government. – Community Leader (Rutherford County)

Limited Infrastructure

Limited infrastructure.... county is somewhat isolated...no interstate runs through the area which limits the type of industry that wants to come here. – Community Leader (Rutherford County)

Alcohol/Drug Abuse

Drug use and the vast entitlement programs available that have over time destroyed the work ethic. Some are not qualified to assume the skill level required in 21st century manufacturing but there is a flip side. It is that we have jobs available; many just don't want to work. – Community Leader (Rutherford County)

Substance use and abuse. Lack of prepared work force. – Other Health Provider (Rutherford County)

Funding

Lack of funding for school system. You have a good school system, you can attract educated workers... – Other Health Provider (Rutherford County)

Access to Health Care Services

Contributors to Progress

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

Many Resources

The health system in the county is actively engaged in providing a wider array of health/behavioral health treatment. County has FQHC, health department and behavioral health provider offering care to indigent populations. Rutherford Health Council works actively to enhance access to cancer services. – Other Health Provider (Rutherford County)

Collaborative Efforts

[…] Joining Partners. – Other Health Provider (Rutherford County)

Affordable Care/Services

Health care opportunities for the low-income population. Additional specialists traveling into the community. – Other Health Provider (Rutherford County)

Community Health Clinic provides a sliding scale to assist the individuals that may not qualify for care otherwise. – Other Health Provider (Rutherford County)

Insurance Issues

Doctors who take Medicare and Medicaid. – Other Health Provider (Rutherford County)

Impediments of Progress

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

Insurance/Medicaid Issues

Insurance companies, consistent overbilling on pretty much any medical related procedure/test. – Other Health Provider (Rutherford County)

Transportation

Transportation to services. – Other Health Provider (Rutherford County)

Access to Care/Services

VAYA. – Other Health Provider (Rutherford County)

Lack of Providers

Health care professionals that have retired or left the community and have not been replaced. – Other Health Provider (Rutherford County)

Difficulty in recruiting and maintaining primary and specialty care providers. Cost of health care and medications for people with no/poor insurance. – Other Health Provider (Rutherford County)

Awareness/Education

The education of where and when to seek care before issues become a crisis situation. – Other Health Provider (Rutherford County)

Access for Uninsured/Underinsured

Poor access to mental health care for the poor. – Other Health Provider (Rutherford County)

Adverse Childhood Experiences (ACEs)

Contributors to Progress

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

Awareness/Education

Treatment based on adverse childhood trauma by providers, training of agency/school staff on recognizing children, More understating on the health/behavioral health impact of trauma. – Other Health Provider (Rutherford County)

Growing awareness of the impacts of trauma on brain development and the emotional well-being of children. – Community Leader (Rutherford County)

We are just beginning to see progress in this area with the showing of the film "Resilience". – Community Leader (Rutherford County)

More awareness of impact of ACE. – Community Leader (Rutherford County)

Specific Agencies/Programs

Head Start and the Partnership for Children. – Other Health Provider (Rutherford County)

Recognition Of The Problem

Recognition. – Other Health Provider (Rutherford County)

Impediments of Progress

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

Awareness/Education

Need to continue raising awareness; not enough people know about or understand this connection between adverse childhood experiences and health outcomes in adulthood. – Community Leader (Rutherford County)

Lack of knowledge about Adverse Childhood Experiences and how it affects health. – Community Leader (Rutherford County)

No educational resources. – Other Health Provider (Rutherford County)

Funding

Funding and lack of political will to make early childhood a priority. – Other Health Provider (Rutherford County)

Access to Care/Services

Lack of professional counseling; lack of parents' motivation to change parenting behaviors. – Community Leader (Rutherford County)

Breaking The Cycle of Trauma

Difficulty in breaking the cycle of trauma; many children are now experiencing the impact of family trauma. Need to continue training for community members regarding identification and impact of trauma. – Other Health Provider (Rutherford County)

Food Insecurity

Contributors to Progress

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

Specific Agencies/Programs

Our back program is treating the immediate hunger, but not able to address the cause. – Community Leader (Rutherford County)

Farmer's Market. SNAP benefits. – Other Health Provider (Rutherford County)

Several agencies (e.g., RCI Legacy and Religious Based charities) contribute to various food charities. The Back-Pac program and the "Welcome Table" are prime examples. – Other Health Provider (Rutherford County)

Food Banks/Pantry

Community food banks, food committees and organizations. Churches. Meals on Wheels program. Senior Center. Free or low-cost transportation. – Other Health Provider (Rutherford County)

Food network, Tailgate Market, WIC program, McKinney Vento Act., backpack program, church food pantries and meal sites. – Other Health Provider (Rutherford County)

Community Focus

Formed food council to address issues of food insecurity. – Community Leader (Rutherford County)

Impediments of Progress

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

Awareness/Education

Lack of education about the long-term benefits of organic food and soil. Lack of education about eating whole foods. Locally grown food is expensive to grow and expensive to purchase. – Other Health Provider (Rutherford County)

Community awareness and education. Additional funding. – Other Health Provider (Rutherford County)

Ignorance. Laziness. Time constraints. – Other Health Provider (Rutherford County)

Don't fully understand the barriers. – Community Leader (Rutherford County)

Employment

Being able to convince people to go back to work and regain their self-worth and ability to make a contribution to their family. –

Community Leader (Rutherford County)

Government/Policies

More of the above, with add-in from government agencies. – Other Health Provider (Rutherford County)

Housing

Contributors to Progress

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

Specific Agencies/Programs

Pisgah Legal Services is relaunching a Housing Alliance, work is being done around reentry/recovery populations, and the county commissioners have expressed concern about housing issues. – Community Leader (Rutherford County)

Recognition Of The Problem

We have identified that we have a homeless problem. Recognizing that you have a problem is a first step. – Community Leader (Rutherford County)

Collaborative Efforts

Collaborative endeavors. – Other Health Provider (Rutherford County)

Impediments of Progress

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

Affordable Housing

Need more low-income housing; many jobs don't necessarily pay enough to meet rent and other bills. – Community Leader (Rutherford County)

Funding

Lack of funding. – Other Health Provider (Rutherford County)

Unwillingness to Work

An unwillingness to work. The attitude that the government has to take care of you. – Community Leader (Rutherford County)

Transportation

Contributors to Progress

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

Nothing/No Progress

Nothing. – Other Health Provider (Rutherford County)

Funding

Funding for free or low-cost transportation. The addition of sidewalks and walking trails. – Other Health Provider (Rutherford County)

Impediments of Progress

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

Funding

Additional funding. Community awareness. – Other Health Provider (Rutherford County)

Funding. – Other Health Provider (Rutherford County)

Funding. – Other Health Provider (Rutherford County)

Access to Transportation

Lack of resources and transit is essentially unavailable to uninsured. – Physician (Rutherford County)

Early Childhood Education

Contributors to Progress

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

Specific Agencies/Programs

Partnership for children, schools, Head Start. – Other Health Provider (Rutherford County)

Awareness/Education

There are programs active in the community focused on early childhood education. These include the school system and the most recent program Kinderpalooza. – Other Health Provider (Rutherford County)

School Programs

A strong school system with high quality Pre-K, Head Start, and other initiatives, and a Partnership for Children that works closely with licensed child care to make it higher in quality. – Community Leader (Rutherford County)

Impediments of Progress

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

Funding

Many child care centers are going out of business because we have limited child care subsidy funds and over 250 children on the waiting list for child care placement. – Community Leader (Rutherford County)

Access to Care/Services

Public use of the resources and understanding the importance of giving their children access to these programs. – Other Health Provider (Rutherford County)

Interpersonal Violence (IPV)

Contributors to Progress

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

No comments

Impediments of Progress

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

No comments

Other Issues

Ranking of Other Issues as Critical to Address

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

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

Rank	Health Issue	Identified as Critical to Address
1	Family Planning	12
2	Infant and Child Health	11
3	Injury and Violence	8
4	Dental Care/Oral Health	7
5	Immunizations and Infectious Diseases	5
6	Hearing/Vision Conditions	2
7	Sexually Transmitted Infections	1
8	HIV/AIDS	0

Family

Planning

Contributors to Progress

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

Health Department

The health department, as always, is focused on this area and has done an admirable job. – Community Leader (Rutherford County)

Health department offers education and interventions/medicines. – Other Health Provider (Rutherford County)

We have a health department that offers resources to assist in healthy family planning. – Other Health Provider (Rutherford County)

The health departments offer a variety of contraceptives I hope. Free. – Other Health Provider (Rutherford County)

Extensive family planning support at health department. Widespread access to contraceptives. – Other Health Provider (Rutherford County)

Health department services. – Other Health Provider (Rutherford County)

Nothing/No Progress

Not sure. – Other Health Provider (Rutherford County)

Impediments of Progress

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

Cultural/Personal Beliefs

[Some communities members who don't fully understand] access to family planning resources.... – Other Health Provider (Rutherford County)

There is a large portion of the public do not plan before they start a family. – Other Health Provider (Rutherford County)

Lack of Prevention in Schools

Middle schools and high schools need to teach more anatomy and physiology of the human reproduction system - Better teachers, more often. – Other Health Provider (Rutherford County)

Denial/Stigma

Stigma attached to discussions of sexual behavior and pregnancy in youth. Health education not focused on use of contraception and decision making pre-sexual behavior. Risky behaviors -alcohol/drug use increase unwanted pregnancy. Cost of contraception for indigent care. – Other Health Provider (Rutherford County)

Poverty

Poverty, lack of education, ignorance. – Community Leader (Rutherford County)

Teen Pregnancy

Too many teenagers getting pregnant. – Other Health Provider (Rutherford County)

Transportation

Transportation. – Other Health Provider (Rutherford County)

Infant and Child Health

Contributors to Progress

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

Health Department

Health department, Blue Ridge Community Clinics, Rutherford Hospital - all offer services and education. – Other Health Provider (Rutherford County)

Rutherford Polk McDowell Health Department. – Other Health Provider (Rutherford County)

The health department offers programs that assist new mothers and fathers in proper infant and child health. – Other Health Provider (Rutherford County)

The health department is doing a good job with perinatal care and nursing programs. – Community Leader (Rutherford County)

Awareness/Education

Education. – Community Leader (Rutherford County)

Access to Care for Medicaid/Medicare Patients

Doctors who take Medicare and Medicaid. – Other Health Provider (Rutherford County)

Impediments of Progress

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

Awareness/Education

Knowledge of what factors could negatively impact infant and child health. – Other Health Provider (Rutherford County)

Not enough awareness and transparency about infant and child health. Teach life skills in HS. – Other Health Provider (Rutherford County)

Funding

The low… funds made available by the county commissioners of the three counties. This is especially true of Rutherford County. Other health departments throughout the state contributes much more to their health department. – Other Health Provider (Rutherford County)

Socioeconomic Factors

All of the previous elements affect infant and child health. Poverty, unemployment, and drug addiction. – Community Leader (Rutherford County)

Nothing

Not sure. – Community Leader (Rutherford County)

Affordable Care/Services

Cost, for those who have regular insurance or none at all. – Other Health Provider (Rutherford County)

Comorbidities

Smoking, lack of education, poor prenatal care, poverty and lack of resources. – Community Leader (Rutherford County)

Injury and Violence

Contributors to Progress

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

Specific Agencies/Programs

Mental health and substance abuse programs. – Other Health Provider (Rutherford County)

Not entirely sure. I do believe we have a domestic violence problem in the county. I know that Family Resources does provide outreach and education. – Community Leader (Rutherford County)

School Programs

Focus on school safety and methods for reducing impact of gun violence. Programs that provide no-cost car seats and bike helmets. Lighted public walkways/parks. – Other Health Provider (Rutherford County)

Safety in the Workplace

Our manufacturing community is certainly aware of making the workplace safe. – Community Leader (Rutherford County)

Impediments of Progress

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

Awareness/Education

Knowledge of and use of the programs. Substance abuse. Economic factors such as unemployment. – Other Health Provider (Rutherford County)

Not sure. Wondering about the younger population and how much they learn about healthy relationships. In addition, the cultural norm right now is all about various forms of violence; such as gun violence. And people are on opposite sides of the spectrum with the gun debates. – Community Leader (Rutherford County)

Widespread availability of guns, gun culture. Difficulty in gaining families responsible use of bike helmets. – Other Health Provider (Rutherford County)

Prevalence/Incidence

We have become so polarized as a nation that violence erupts in ways that never used to occur. Community leaders have to begin providing leadership that is calming and reasonable. – Community Leader (Rutherford County)

Dental Care and Oral Health

Contributors to Progress

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

Dental Bus

The dental bus from Rutherford/Polk/McDowell Health Department. – Other Health Provider (Rutherford County)

Dental bus. Collins Dental Center. – Other Health Provider (Rutherford County)

Access to Care/Services

Our Community Clinic has expanded services to include dental care, our partnership for children is providing preschool dental screenings through a local grant. – Community Leader (Rutherford County)

Expansion of Rutherford health center dental clinic. – Physician (Rutherford County)

Impediments of Progress

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

Poverty

No resources for poor. – Other Health Provider (Rutherford County)

Poverty, Lack of dental insurance, lack of education. – Community Leader (Rutherford County)

Transportation

Transportation and sufficient staff. – Other Health Provider (Rutherford County)

Immunizations and Infectious Diseases

Contributors to Progress

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

Awareness/Education

Public Education. We still have "decent" schools. – Other Health Provider (Rutherford County)

Health Department

A very comprehensive health department that works diligently with the schools and hospitals to assure that no one lacks treatment or education regarding infectious disease. – Community Leader (Rutherford County)

Health department services. – Other Health Provider (Rutherford County)

Impediments of Progress

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

Cultural/Personal Beliefs

[…] Anti-vaxxers. – Other Health Provider (Rutherford County)

Transportation

Transportation. – Other Health Provider (Rutherford County)

Access to Care/Services

People not able to access services. – Other Health Provider (Rutherford County)

Understaffing

Not enough staff to do all the work that needs to be done. – Community Leader (Rutherford County)

Hearing and Vision Conditions

Contributors to Progress

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

Specific Agencies/Programs

Health department giving out birth control and condoms. – Other Health Provider (Rutherford County)

Impediments of Progress

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

Affordable Care/Services

Cost of hearing aids not covered by insurance and people are not aware of available services from services for the deaf and hard-of-hearing, which is in Partners catchment area. – Other Health Provider (Rutherford County)

Sexually Transmitted Infections

Contributors to Progress

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

No comments

Impediments of Progress

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

No comments

HIV/AIDS

Contributors to Progress

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

No comments

Impediments of Progress

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

No comments

Additional Comments

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

Opioid Addiction due to Accessibility

Opioid addiction and access to Narcan. – Other Health Provider (Rutherford County)

Access to Treatment for Mental Illness

Residents with mental health and/or substance abuse often end up in jail or being involuntarily committed. This group of people usually are found incapable to proceed to trial and sent to the state hospital. There needs to be somewhere people can go when distressed that is open 24 hours besides the hospital. Preventing a crisis by having choices of providers and some alternatives to get services 24/7 to reduce population in jail and hospitals. – Other Health Provider (Rutherford County)

Need More Health Care Providers

Number of healthcare providers available in the county. Why are we not getting more MDs rather than so many more FNP and PAs. – Other Health Provider (Rutherford County)

Pollution

Water quality, air quality, soil quality. – Other Health Provider (Rutherford County)