

# **MCDOWELL COUNTY**

## **2008 COMMUNITY HEALTH**

### **ASSESSMENT**



**Developed By:**

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**Rutherford-Polk-McDowell District Health Department**

**And the**

**McDowell County Health Coalition**



**December 2008**

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McDowell County, TEACH, Carolina ACCESS, The Salvation Army, Family Services of McDowell County, Foothills Industries, a Community Rehabilitation Program, Boy Scouts of America, Girl Scouts of WNC, Corpening Memorial YMCA, McDowell County Partnership for Children and Families, Maxwell M. Corpening Foundation, God’s Country Thrift Store and Outreach Center, Old Fort Area Crisis Ministries, McDowell Mission Ministry, McDowell Arts Council Association, Inc., McDowell County Public Library

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# 2008 McDowell County Community Health Assessment

## Introduction

The McDowell County Health Coalition and Rutherford/Polk/McDowell District Health Department collaborated on the 2008 Community Health Assessment for McDowell County. It is important to know who the collaborative partners are and what exactly is a community health assessment as we review county data, health data, community data and identify health priorities for McDowell County.

**What is the McDowell County Health Coalition?** Its mission statement is: *To enhance and promote community health by facilitating community partnerships that address prioritized health needs.* It is a group of community leaders, health professionals and concerned community members working together to plan and implement effective strategies to address health needs in the community without duplication of effort. The coalition has over 50 members, representing various sectors in McDowell County, all working together for a healthier community. The coalition completes activities through action teams. In October of 2007, the McDowell County Health Coalition was awarded Healthy Carolinians certification by the NC Division of Public Health, Office of Healthy Carolinians.

**What is the Rutherford/Polk/McDowell District Health Department?** The Rutherford Polk McDowell District Health Department is the health department for these three surrounding counties. It is governed by a Board of Health comprised of representatives from each county. Programs include infant and child health services, child service coordination, health check, women's preventive health, adult health clinical services, walk in clinic (infant, child and adult immunizations and pregnancy tests), health promotion, dental public health, communicable disease control, maternal health, maternity care coordination, postpartum home visiting nurse, vital records, home health, environmental health, and the WIC Program.

**What are Healthy Carolinians?** The Governor's Task Force on Healthy Carolinians awards certification to communities who have broad based community partnerships which represent the needs of the disadvantaged and whose mission is prevention based. Healthy Carolinians are a statewide network of local partnerships that collaborate on Healthy Carolinians/Healthy People 2010 objectives. Healthy Carolinians are driven and led by the energy and vision of local partnerships and facilitated by the Office of Healthy Carolinians with governance and oversight from the Governor's Task Force for Healthy Carolinians.

**What is a Community Health Assessment?** Funded by a grant from the Centers for Disease Control and Prevention, the NC Community Health Assessment Initiative (NC-CHAI) is a joint

project of the State Center for Health Statistics and the Office of Healthy Carolinians/Health Education. These two agencies work to connect and strengthen the assessment activities of county/district health departments, local Healthy Carolinians partnerships, and other community organizations. It is a state requirement that the Local Health Department (LHD) in conjunction with its local Healthy Carolinians partnership conduct a community health assessment every 48 months. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors. A Community Health Assessment is a collaborative effort among community leaders and residents, social service, public health, hospital and academic centers, to enable the community to begin to answer key questions, such as:

1. What are the strengths in our community?
2. What health concerns do community members have?
3. What resources are available and what do we need in the community to address these concerns?

## **I. Health Assessment Process**

### **A. Community Collaboration**

McDowell County Health Department worked together with the McDowell County Health Coalition to conduct a community-wide assessment between November 2007 and October 2008. In November 2007, a team of representatives from several organizations, including McDowell Health Department staff, was assembled to develop and lead the community assessment process. The team met monthly to design the health needs assessment survey itself and to determine how it would be distributed. Team members also worked together to organize listening sessions in the community.

The McDowell County Community Health Assessment Team consisted of:

- Buck Wilson, Rutherford-Polk-McDowell District Health Director
- Mary Smith, Rutherford-Polk-McDowell District Health Educator
- Kristin Mart, Coordinator of McDowell County Health Coalition
- Caroline Rodier, Chair of McDowell Health Coalition and Executive Director of McDowell County Partnership for Children
- Kris Edwards, Rutherford-Polk-McDowell District Nursing Supervisor
- Jane Schroeder, Director of Community Outreach Services, McDowell Hospital
- Weyland Prebor, Director of McDowell County Senior Center
- Carol Dymond, Project Manager, Chamber of Commerce
- Misty Guinn, Wellness Director, Corpening Memorial YMCA

## **B. Gathering Data**

The survey distribution plan was to reach as many individuals living and/or working in McDowell County as possible. Distribution strategies were planned so to have a clear representation of specific demographic factors for the overall population, including socioeconomic status, education, race, gender, age, ethnicity, education, and community affiliation.

Surveys were distributed at the following locations:

- City of Marion Employees
- County Employees
- Marion Public Library
- County Commissioners
- McDowell County Employees
- McDowell Tech. Comm. College
- Old Fort Public Library
- Hispanic/Latino Contacts
- North Cove Community Center
- Corpening YMCA
- Partnership for Children and Families
- McDowell County Health Department
- Civic Groups
- McDowell Hospital
- McDowell Environmental Health Authority
- Department of Social Services
- McDowell County Cooperative Extension
- Job Link
- Senior Center
- McDowell County Schools
- McDowell Mental Health Center

The survey instrument was based on the example in the *Community Assessment Guide Book* with additions and changes approved by the Community Health Assessment Team. The majority of the questions on the survey were multiple choice with some open ended questions. Survey respondents also had the opportunity to identify (write in) the three health issues that they believe to be the most serious.

When the survey was finalized, 2,000 hard copies were distributed. A Spanish survey (Attachment A survey) was also distributed by key community contacts to the Hispanic/Latino community. In addition to the hard copies, the survey was made accessible online via *Survey Monkey*. (Attachment B). Access to the online survey was promoted in the community in the following ways: sending out the link through various email list-servs; survey link posted on McDowell County Health Coalition web site; survey link posted on Health Department web site; survey link posted on Partnership for Children and Families web site; promoted in the McDowell News; announced on local radio station; advertised on public library computers.

Community Assessment survey topic areas included:

- 1.) Chronic Illness in the Community
- 2.) Living in Our Community
- 3.) Health Behaviors
- 4.) Your Environment
- 5.) Health and Human Services
- 6.) Most Serious Health Issues

## 7.) Demographics

Out of the 2,000 hard copies distributed and access to the survey online, 652 were completed and analyzed. The Coordinator for the McDowell County Health Coalition and interns from the RPM District Health Department entered the data from the hard copies into *Survey Monkey* to compile the data for the survey report. The CHA team was satisfied with the community response to the survey both in quantitative and qualitative data. According to the guidelines set forth by the state, the sample size is considered to be more than adequate.

### Demographics of Survey Respondents

1. **Gender of Respondents:** 22.4% of the respondents were male and 77.6% were female and the responses covered all areas of the county.

2. **Location of Respondents:**

Marion	44.4%	Dysartsville	3.4%
Old Fort	13.2%	North Cove	4.7%
Nebo	11.9%	Woodlawn	2.1%
Pleasant Gardens	6.0%	Greenlee	0.3%
Glenwood	7.7%	Clinchfield	1.1%
Sugar Hill	4.6%	Sevier	0.3%

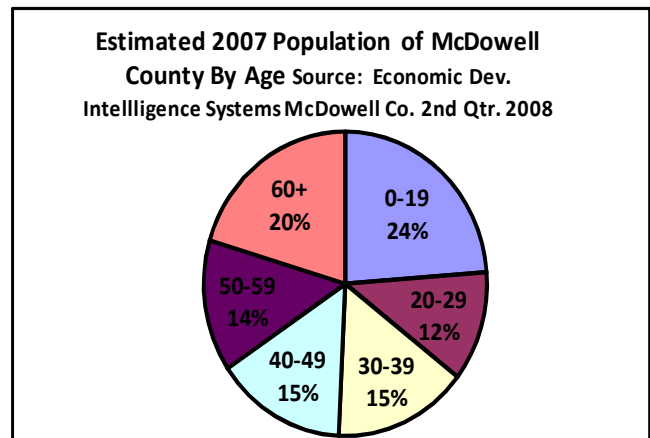
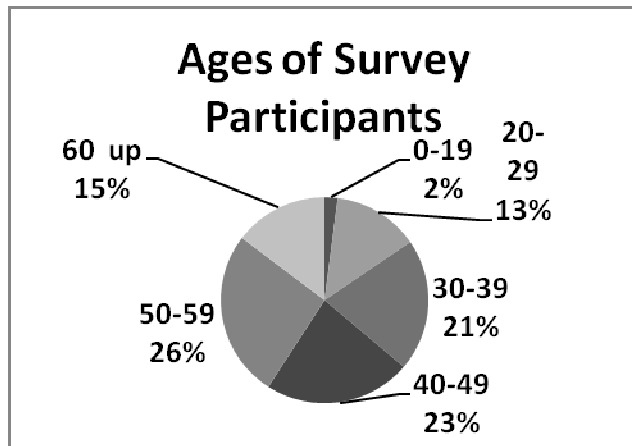
3. **Racial Breakdown of Respondents:**

<i>Source:</i> <a href="http://quickfacts.census.gov/qfd/states/37/37111.html">http://quickfacts.census.gov/qfd/states/37/37111.html</a>	<b>McDowell Census 2006</b>	<b>McDowell Survey</b>	<b>NC</b>
White persons, percent, 2006 (a)	93.8%	95.2%	74.0%
Black persons, percent, 2006 (a)	4.1%	3.3%	21.7%
American Indian and Alaska Native persons, percent, 2006	0.3%	0.0%	1.3%
Asian persons, percent, 2006 (a)	1.1%	0.3%	1.9%
Native Hawaiian and Other Pacific Islander, percent, 2006	Z	0.0%	0.1%
Persons of Hispanic or Latino origin, percent, 2006 (b)	4.3%	1.1%	6.7%

Many attempts were made to get surveys completed by the Hispanic community. Surveys were given to contacts in two schools, the health department, and McDowell Job Link, and the Catholic Church. Owners of two local restaurants were asked to administer the survey to their Hispanic staff. All of these sources failed to yield the sufficient number of surveys needed. One common reason given was that the survey was too difficult to read and fill out.

God's Country Outreach Ministry administered a needs assessment with their Hispanic clients in May 2008, and the results of this assessment were used in the health assessment document and the summit presentation.

#### 4. Age of Respondents



#### 5. Employment Status of Respondents:

Employed full-time	74.5%
Employed part-time	8.9%
Retired	7.1%
Unemployed	3.4%
Disabled	2.2%
Student	1.1%
Homemaker	2.8%

#### 6. Income Status of Respondents:

Less than \$10,000	5.4%
\$10,000-\$19,999	6.9%
\$20,000-\$29,999	12.3%
\$30,000-\$49,999	22.3%
\$50,000-\$74,999	25.4%
\$75,000-\$99,999	12.4%
\$100,000 or more	10.0%

Don't Know	5.4%
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## 7. Education Level of Respondents:

	% of Survey Respondents	Compared to 2000 Census Data for McDowell County
12th Grade or less, No diploma or equivalent	5.2%	This was not asked on the survey
High school graduate or equivalent	10.5%	36%
Some college, but no degree (includes vocational training)	24.8%	25.2%
Associate degree in college	21.0%	
Bachelors degree in college	22.3%	6.3%
Advanced degree in college	16.2%	2.6

### C. Listening Sessions

In addition to the surveys, ten listening sessions were conducted with the following community groups:

- 1.) Marion Elementary School Staff
- 2.) McDowell Health Department Nurses
- 3.) Mental Health Child Collaborative
- 4.) McDowell Senior Center
- 5.) Department of Social Services Staff
- 6.) Nebo Lunch Bunch (United Methodist Church)
- 7.) Old Fort Extension Homemakers
- 8.) Marion Correctional Institution Staff
- 9.) McDowell Environmental Health Authority
- 10.) Assorted Community Members

The Coordinator of the McDowell County Health Coalition and the Health Educator for RPM District Health Department worked together to facilitate the listening sessions and maintain accurate records of the discussions. The listening session discussion guide was adapted from the example provided in the *Community Assessment Guide Book* and approved by the CHA Team. (Attachment C- Listening Session Questions)

**D. Secondary Data:** Secondary data was reviewed in order to determine a profile of general demographics, disease rates, available services, and some health and wellness behaviors. Sources of secondary data are cited with the statistics. Sources include but not limited to NC-CATCH, Sheps Center, 2000 Census, NC Department of Justice, NC Department of Social Services, LINC NC Census Lookup, [www.kidscount.org](http://www.kidscount.org), Action for Kids NC, NC Department of Health and Human Services, State Center for Statistics, 2007 BRFSS for WNC.

**E. Reviewing results:** The survey was distributed in May 2008 and closed in October 2008 and a summary of the results were presented to the McDowell County Community Health Assessment team of the Health Coalition. In order to narrow the health issues, the assessment team considered three questions for each topic:

1. Is any agency or group already addressing this issue adequately?
2. Is it a real or a perceived problem?
3. Could a modest effort yield significant results?

After reviewing the data and survey results and compiling the responses from the listening sessions, the Assessment team agreed on the top five priorities to present to the community. These were:

- 1.) Substance Abuse
- 2.) Quality and/or Access to Medical Care
- 3.) Teen Pregnancy/Sexual Health
- 4.) Obesity
- 5.) Tobacco Use

## **F. Reporting to the Community**

From this review came the basis for the presentation of data at the McDowell County Health Summit held on November 13, 2008. The health summit provided an opportunity for the community to review the results and discuss the most serious issues facing McDowell County and the gaps in healthcare and wellness. The health summit was advertised in the McDowell News by an article and also continuously in the newspaper's community briefs. The health summit was also advertised on the County government's community channel. Flyers were distributed to health coalition members to distribute throughout the community. More than two hundred individuals were invited by mail or email including persons who had participated in listening sessions, medical community, community leaders, agency heads, faith community, heads of organizations, and consumers. The group was an excellent reflection of the community.

Health Summit participants numbered over 70 and represented the school system, faith community, mental health and substance abuse providers, consumers, advocates, healthcare providers, hospital providers, and senior care providers, seniors, teens and community members. The Director of the R-P-M Health District, the McDowell Hospital CEO, the Health Coalition Coordinator, a Physician's Assistant from a local doctors office and a detective from the police



force presented the community health data. The audience was able to ask questions on the survey results.

## **G. Recognizing and Setting Priorities**

After discussion from the summit participants, environmental health was added to the list of the top five top issues which were narrowed down to three by group vote. Each participant had three weighted votes with a value of one, two and three. The votes were tallies and the resulting issues that emerged were:

1. Obesity- 93 votes
2. Substance Abuse – 62 votes
3. Teen Pregnancy – 58 votes
4. Access To Care – 55 votes
5. Tobacco Use - 14 votes
6. Environmental Health – 12 votes

Breakouts sessions were conducted on the top three choices: obesity, substance abuse and teen pregnancy.

The entire health summit group was involved in the selection and agreed with these priorities. The group also spent some time on discussing who should be on the action teams and solutions to the health issues before being asked to continue the momentum of the health summit and sign up for an action team of their choice. From these action teams, action plans will be developed.

## **H. Distribution of the Health Assessment Results**

All who attended the McDowell County Community Health Summit received a copy of the health assessment results. A news release on the results of the health summit was published in the McDowell News. Copies of the health assessment report will be emailed to all McDowell Health Coalition members and hard copies of the assessment results will be presented to the county commissioners. A presentation will be made to the Rutherford-Polk-McDowell Board of Health in January 2009 and they will receive copies of the health assessment report. The document will be made available to the public at the two county libraries and will also be posted on the Rutherford-Polk-McDowell District Health Department web site.

## **II. Picture of McDowell County**

### **A. Historical Information**

McDowell County was formed in 1842 from parts of Burke County and Rutherford County. It was named for Joseph McDowell, a hero of the Battle of King's Mountain, and a member of the United States House of Representatives from 1797 to 1799. McDowell County was originally organized in Carson House (listed in National Register of Historic Places), a stagecoach inn whose famous visitors included Davey Crockett, Andrew Jackson and Sam Houston.

Marion, named after Sir Francis Marion, serves as the county seat. John Carson donated 50 acres for the foundation of Marion, which was laid out in 1843. Commercial development began as simple log construction. By 1870, the Western Rail Line made its way to Marion. Unfortunately in 1894, a devastating fire occurred that destroyed nearly everything in downtown Marion. The town was slowly restored over the next several years.

## **B. Geographic Information**

McDowell County, sometimes referred to as the “Gateway to the Mountains,” is located in the foothills of western North Carolina. Elevations range from 900 to 5,665 ft. Average humidity is 62 percent and the average annual rainfall is 52.32 in. The mean temperature during the summer is 75 degrees and the winter is 41.2 degrees. McDowell County is approximately 30 minutes east of Asheville and 35 minutes west of Hickory via Interstate 40. It is one of the fastest growing communities in western North Carolina with a rich heritage and pristine natural resources.

McDowell County consists of 442 square miles with 75 percent of this area forested; 67 acres of which is Pisgah National Forest lands. There are two significant rivers (Catawba and North Fork), numerous creeks, waterfalls, and two lakes (Lake Tahoma and Lake James). Tucked away in rolling hills at the base of Linville Gorge is Lake James, a 6,510-acre lake with more than 150 miles of shoreline. This impressive waterway is the centerpiece of Lake James State Park located in Nebo. Here, nature offers scenic vistas of the Appalachian Mountains and beckons to those with an appetite for recreation. McDowell County is home to many magnificent mountain treasures such as Grandfather Mountain, Emerald Village, Linville Caverns, Linville Gorge, and the Orchard at Altapass. There are also numerous gold and gem mines, historic museums, and hiking/biking trails. It is also within a short driving distance to regional attractions such as the Biltmore Estate, Mount Mitchell, the Great Smoky Mountains National Park, the Blue Ridge Parkway, and various ski resorts.

The City of Marion is located along the Catawba River Basin. The county is divided into eleven townships: Crooked Creek, Dysartsville, Glenwood, Marion, Montford Cove, Nebo, Ashford-North Cove, Pleasant Gardens, Woodlawn-Sevier, Sugar Hill, and Old Fort.

## **C. Demographics of McDowell County**

### **1. Population**

#### **a. Race**

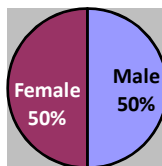
According to the County Health Data Book, the estimated population for McDowell County in 2006 was 43,414. The population broken down by race is: 93.8% is White; 4.1% is African American; 0.3% is American Indian and Alaska Native; 1.1% is Asian; and 4.3% is Hispanic or Latino. McDowell County has a much lower African American population than NC, but it is the county’s largest minority population. McDowell also has a low population of American Indians,

Alaska Natives, Asians, and individuals of Hispanic or Latino origin compared to NC. The Hispanic population has increased over the past few years, but not significantly as other areas of North Carolina.

<b>Projected Population Estimates</b> <i>Source: <a href="http://quickfacts.census.gov/qfd/states/37/37111.html">http://quickfacts.census.gov/qfd/states/37/37111.html</a></i>	<b>McDowell</b>	<b>NC</b>
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American Indian and Alaska Native persons, percent, 2006 (a)	0.3%	1.3%
Asian persons, percent, 2006 (a)	1.1%	1.9%
Native Hawaiian and Other Pacific Islander, percent, 2006 (a)	Z	0.1%
Persons reporting two or more races, percent, 2006	0.7%	1.1%
Persons of Hispanic or Latino origin, percent, 2006 (b)	4.3%	6.7%
White persons not Hispanic, percent, 2006	89.7%	67.9%

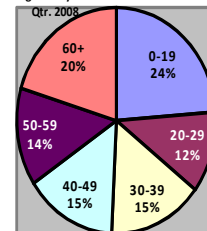
## b. Gender

July 1, 2006 Population Estimate By  
Gender - Projected From the April  
1, 2000 Census



## c. Age

Estimated 2007 Population By Age Source:  
Economic Dev. Intelligence Systems McDowell Co. 2nd  
Qtr., 2008



**d. Demographics of Aging in McDowell County**

JULY 1, 2006 POPULATION ESTIMATES* BY AGE, RACE, AND SEX PROJECTED FROM THE APRIL 1, 2000 CENSUS										
	TOTAL		RACE		RACE/SEX				SEX	
			WHITE	MINORITY	WHITE MALE	WHITE FEMALE	MINORITY MALE	MINORITY FEMALE	MALE	FEMALE
TOTAL		43,632	40,923	2,709	20,339	20,584	1,626	1,083	21,965	21,667
0-4		2,425	2,290	135	1,161	1,129	66	69	1,227	1,198
5-9		2,865	2,671	194	1,360	1,311	96	98	1,456	1,409
10-14		2,778	2,602	176	1,338	1,264	89	87	1,427	1,351
15-19		2,760	2,542	218	1,286	1,256	128	90	1,414	1,346
20-24		2,604	2,410	194	1,276	1,134	118	76	1,394	1,210
25-29		2,561	2,346	215	1,213	1,133	154	61	1,367	1,194
30-34		3,144	2,887	257	1,518	1,369	183	74	1,701	1,443
35-39		3,210	2,959	251	1,559	1,400	183	68	1,742	1,468
40-44		3,253	3,070	183	1,581	1,489	127	56	1,708	1,545
45-49		3,252	3,047	205	1,556	1,491	144	61	1,700	1,552
50-54		3,150	2,960	190	1,481	1,479	105	85	1,586	1,564
55-59		2,884	2,749	135	1,367	1,382	76	59	1,443	1,441
60-64		2,344	2,249	95	1,057	1,192	39	56	1,096	1,248
65-69		1,972	1,886	86	896	990	42	44	938	1,034
70-74		1,583	1,517	66	669	848	30	36	699	884
75-79		1,224	1,179	45	488	691	18	27	506	718
80-84		876	839	37	326	513	16	21	342	534
85&UP		747	720	27	207	513	12	15	219	528

<b>Demographics of Aging In McDowell County</b> NC Division of Aging 2007 McDowell County Demographics of Aging County NC <a href="http://www.ncdhhs.gov/aging/cprofile/mcdowell.doc">http://www.ncdhhs.gov/aging/cprofile/mcdowell.doc</a>		
	<b><u>County</u></b>	<b><u>NC</u></b>
Total population, 2006 <sup>i</sup>	43,546	8,869,655
Projected total population, 2020 <sup>ii</sup>	48,834	10,885,758
Population age 60+, 2006 <sup>iii</sup>	8,729	1,468,660
Population age 85+, 2006 <sup>3</sup>	725	128,809
Baby boomers (as % of total population), 2006 <sup>3</sup>	26.9%	25.8%
Rural population for all ages (as % of total population), 2000 <sup>iv</sup>	76.6%	39.8%
Persons age 65+ without HS diploma (as % of age group), 2000 <sup>v</sup>	54.9%	41.6%
Persons age 45-64 without HS diploma ( " ), 2000 <sup>5</sup>	27.2%	19.9%
Persons age 65+ with graduate school education ( " ), 2000 <sup>5</sup>	2.1%	5.5%
Persons age 45-64 with graduate school education ( " ), 2000 <sup>5</sup>	3.6%	8.8%
Persons age 65+ with limited or no English ( " ), 2000 <sup>vi</sup>	0.2%	0.5%
Grandparents raising grandchildren age less than 18, 2000	516	79,810
Veterans age 65+ (as % of age group), 2000	27.0%	26.8%
<b><i>Healthy Aging</i></b>		

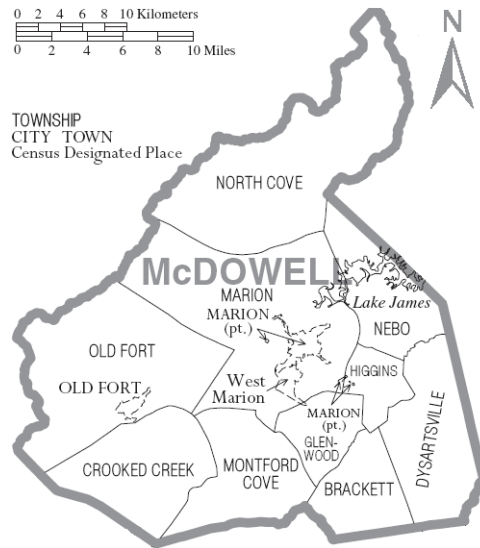
	<b><u>McDowell</u></b>	<b><u>NC</u></b>
Persons age 65+ in community with 0 disabilities* (as % of age group), 2000 <sup>vii</sup>	46.0%	54.3%
Persons age 65+ in community with 1 disability* ( " ), 2000 <sup>11</sup>	25.4%	20.6%
Persons age 65+ in community with 2 or more disabilities* , 2000	28.6%	25.1%
* The US Census Bureau defines disability as "a long-lasting physical, mental, or emotional condition. This condition can make it difficult for persons to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering."		
Medicare beneficiaries immunized for influenza, 2000 <sup>viii</sup>	33.1%	43.5%
Persons age 65+ living alone , 2000 <sup>ix</sup>	29.5%	28.3%

<b><i>Long-term Care and Aging</i></b>	<b><u>McDowell</u></b>	<b><u>NC</u></b>
Persons age 65+ in nursing homes per 1000, 1999 <sup>x</sup>	33.3	42.2
Persons age 65+ in adult care homes per 1000, 1999 <sup>15</sup>	58.1	36.5
CAP/DA* clients age 18+ per 1000 Medicaid eligibles, 1999 <sup>15</sup>	22.0	36.0
PCS** clients age 18+ per 1000 Medicaid eligibles, 1999 <sup>15</sup>	70.7	57.7
Adult day care/health clients age 60+ served per 1000, 1999 <sup>15</sup>	0.0	1.0
In-home aides clients, age 60+ per 1000, 1999 <sup>15</sup>	16.4	9.9
*Medicaid Community Alternatives Program for Disabled Adults **Medicaid Personal Care Services		

Medicaid-eligible persons age 65+, SFY 2007 <sup>xi</sup>	1,369	180,092
Total Medicaid expenditures for persons age 65+, SFY 2007 <sup>16</sup>	\$11,831,222	\$1,418,991,691
The amount Medicaid spent on home-based care ((CAP/DA, CAP/MR, home health, and PCS) for every \$100 spent in nursing homes for clients age 60+, SFY 2006 <sup>xii</sup>	\$30.5	\$46.9
Special Assistance (SA) expenditures for persons age 60+ in adult care homes, SFY 2006 <sup>17</sup>	\$383,550	\$70,999,119
<b>Medicare Part A enrollees age 65+ (as % of all enrollees), 2007<sup>xiii</sup></b>	76.2%	79.5%
<b>Medicare/Medicaid dually eligible persons age 65+, 2008<sup>xiv</sup></b>	610	119,696
<b>Persons age 45-59 in labor force* (as % of total labor force), 2000<sup>xv</sup></b>	29.8%	27.7%
Persons age 60-64 in labor force* ( " ), 2000 <sup>25</sup>	3.6%	3.6%
Persons age 65+ in labor force* ( " ), 2000 <sup>25</sup>	3.8%	3.5%
<b>Persons age 65+ In labor force* (as % of age group), 2000<sup>25</sup></b>	13.0%	14.4%
Unemployed persons age 65+ (as % of population age 65+ in labor Force*), 2000 <sup>25</sup>	1.9%	8.3%
*Include both employed and job seekers		

#### e. Population In Cities and Towns

According to the 2000 Census, 23.3% of McDowell County's population lives inside urbanized clusters, 75.7% live in rural areas and 1% on rural farms. The larger numbers living in rural areas could mean less access to health care as well as other services or grocery stores. This is exacerbated by the fact that there is no means of public transportation in the county and many towns are miles from grocery stores and doctor's offices.



### City of Marion

Land area: 88.9 sq. mi.

Water area: 1.3 sq. mi.

Population: 18,637 (52% urban, 48% rural)

Males: 8,956	█ (48.1%)
Females: 9,681	█ (51.9%)

Races in Marion Township:

White Non-Hispanic: 88.7%

Black: 4.7%

American Indian and Alaska Native: 0.3%

Asian: 0.8%

Native Hawaiian and Other Pacific Islander: 0.0%

Hispanic or Latino: 4.7%

Two or more races: 0.8%

Some other race: 0.1%

Median age of males: 38.4

Median age of females: 40.2

Average household size: 2.38

Average family size: 2.87

Source: <http://www.city-data.com/township/Marion-McDowell-NC.html>

### Old Fort Township

Land area: 74.3 sq. mi.

Water area: 0.0 sq. mi.

Population: 4,111 (all rural)

Males: 2,019	█ (49.1%)
Females: 2,092	█ (50.9%)

Races in Old Fort Township:

White Non-Hispanic: 90.0%

Black: 6.3%

American Indian and Alaska Native: 0.2%

Asian: 0.4%

Two or more races: 1.1%

Some other race: 0.1%

Median age of males: 39.3

Median age of females: 40.6

Average household size: 2.39

Average family size: 2.85

Source: <http://www.city-data.com/township/Old-Fort-McDowell-NC.html>

**Nebo Township**

Land area: 27.1 sq. mi.

Water area: 3.2 sq. mi.

Population: 3,704 (all rural)

Males: 1,860	█ (50.2%)
Females: 1,844	█ (49.8%)

Races in Nebo Township:

White Non-Hispanic: 93.6%

Black: 3.7%

Asian: 0.8%

Two or more races: 0.5%

Some other race: 0.1%

Median age of males: 38.3

Median age of females: 39.4

Average household size: 2.50

Average family size: 2.90

Source: <http://www.city-data.com/township/Nebo-McDowell-NC.html>

**North Cove Community**

Land area: 83.9 sq. mi.

Water area: 0.0 sq. mi.

Population: 2,279 (all rural)

Males: 1,145	█ (50.2%)
Females: 1,134	█ (49.8%)

Races in North Cove Township:

White Non-Hispanic: 95.2%

Black: 0.7%

American Indian and Alaska Native: 0.1%

Asian: 0.4%

Two or more races: 0.5%

Some other race: 0.1%



Median age of males: 38.7

Median age of females: 40.3

Average household size: 2.47

Average family size: 2.90

Source: <http://www.city-data.com/township/North-Cove-McDowell-NC.html>

### **Dysartsville Community**

Land area: 40.3 sq. mi.

Water area: 0.2 sq. mi.

Population: 2,901 (all rural)

Males: 1,394	(48.1%)
Females: 1,507	(51.9%)

Races in Dysartsville Township:

White Non-Hispanic: 92.5%

Black: 1.2%

American Indian and Alaska Native: 0.4%

Asian: 4.1%

Two or more races: 0.5%

Some other race: 0.1%

Median age of males: 36.0

Median age of females: 37.2

Average household size: 2.67

Average family size: 3.08

Source: <http://www.city-data.com/township/Dysartsville-McDowell-NC.html>

### **Glenwood Community**

Land area: 15.9 sq. mi.

Water area: 0.1 sq. mi.

Population: 2,591 (all rural)

Males: 1,651	(63.7%)
Females: 940	(36.3%)

Races in Glenwood Township:

White Non-Hispanic: 83.8%

Black: 13.4%

American Indian and Alaska Native: 0.6%

Asian: 1.0%

Two or more races: 0.4%

Median age of males: 36.0

Median age of females: 39.6

Average household size: 2.56

Average family size: 2.91

Source: <http://www.city-data.com/township/Glenwood-McDowell-NC.html>

### **Montford Cove Community**

Land area: 35.7 sq. mi.

Water area: 0.0 sq. mi.

Population: 2,178 (2% urban, 98% rural)

Males: 1,092	(50.1%)
Females: 1,086	(49.9%)

Races in Montford Cove Township:

White Non-Hispanic: 97.2%

Black: 0.6%

American Indian and Alaska Native: 0.0%

Asian: 0.3%

Two or more races: 0.8%

Median age of males: 38.0

Median age of females: 39.1

Average household size: 2.49

Average family size: 2.90

Source: <http://www.city-data.com/township/Montford-Cove-McDowell-NC.html>

## **2. Government**

McDowell County conducts business as a Board of Commissioner-Manager form of government. Five commissioners are elected at-large on a partisan basis by the registered voters of the county for four-year staggered terms. The board hires a manager. It selects the Commission chairman each year. The county's bond rating (Moody's) is A. ([www.mcdowellchamber.com](http://www.mcdowellchamber.com))

City of Marion operates under the Council-Manager form of government. The elected City Council hires a City Manager to manage the daily operations of City government. The Mayor and the five members of City Council are elected at-large on a non-partisan basis by the citizens of Marion for four-year staggered terms.

The Town of Old Fort conducts business as a Mayor-Aldermen form of government. The Mayor and the five members of the Board of Aldermen are elected at-large on a non-partisan basis by the citizens of Old Fort for four-year staggered terms.

## **3. Education**

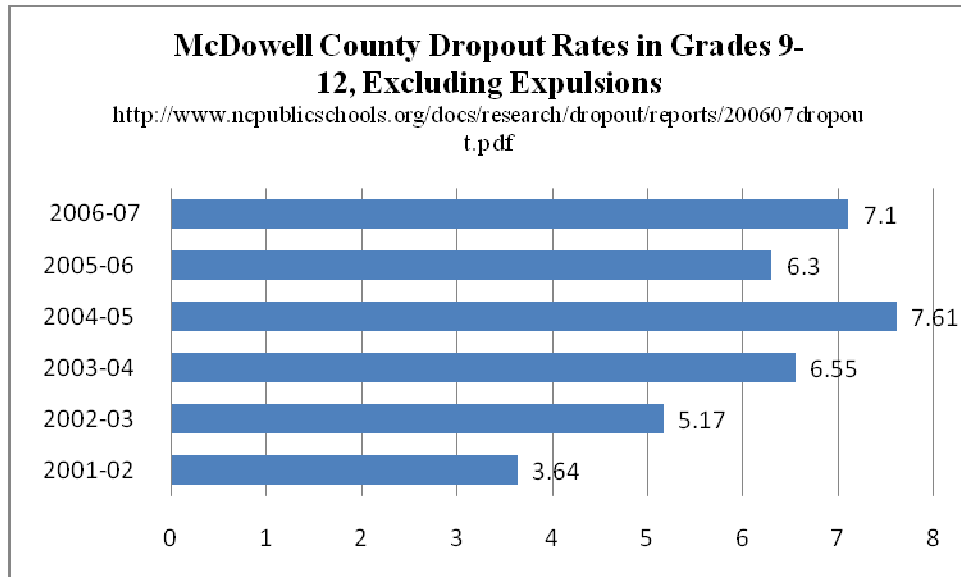
The McDowell County Public School system is comprised of 1 high school, 2 junior high schools, 8 elementary schools, 1 alternative education center, and an early college program. McDowell Schools also operate Head Start, Early Head Start, and More at Four preschool programs at 6 different locations in the county. There are also 2 private Christian schools in McDowell County. McDowell Technical Community College offers two-year associate degree

programs as well as continuing adult education courses and a transfer program to four year schools. Sixty-three percent of McDowell Health Assessment survey respondents said that education and vocational training for adults was a problem.

McDowell County has a higher percentage of residents without a high school diploma and a higher percentage of people with a high school diploma than North Carolina. There is a much lower percentage of McDowell residents with a Bachelor's Degree or higher when compared to North Carolina. Fewer black, American Indian, Asian and Hispanic students pass the end of grade exams than white students. The graduation rate for McDowell County students is slightly lower than the North Carolina rate. According to the N.C. Department of Public Instruction, the drop-out rate for grades 9-12 in 2006-2007 was 7.10, a very significant increase from the 2005-2006 graduation rate of 6.3. The drop-out rate for NC in 2006-2007 school year was much lower at 5.24.

Fifty-two percent of McDowell Health Assessment Survey respondents said they had a problem finding after school care for school age-children. Over half (55.3%) had a problem finding summer programs for school-age children.

<b>EDUCATION</b>		<b>McDowell</b>	<b>NC</b>
Source: NC Rural Economic Development Center, Rural Data Bank <a href="http://www.ncruralcenter.org/databank/profile.asp?county=McDowell">http://www.ncruralcenter.org/databank/profile.asp?county=McDowell</a>			
Students Passing End of Grade Exams		61.7%	61.2%
White Students Passing End of Grade Exams		64.0%	73.5%
Black Students Passing End of Grade Exams		35.1%	40.0%
American Indian Students Passing End of Grade Exams		33.3%	45.8%
Asian Students Passing End of Grade Exams		63.8%	79.5%
Hispanic Students Passing End of Grade Exams		43.0%	49.3%
Per Student Expenditures K-12		\$7,051	\$7,195
Graduation Rate		64.1%	68.1%
In 2007, the average SAT score was 1453 (NC avg. SAT score was 1,486)			
<b>EDUCATIONAL ATTAINMENT</b>			
Educational Attainment	McDowell County	NC	US
High School Graduates	36%	28.4%	28.6%
Some College or Associates Degree	25.2%	27.2%	27.4%
Bachelor's Degree	6.3%	15.3%	15.5%
Master's, Professional or Doctorate Degree	2.6%	7.2%	8.9%



Inequalities in income and education underlie many health disparities in the United States. In general, population groups that suffer the worst health status are also those that have the highest poverty rates and the least education. Disparities in income and education levels are associated with differences in the occurrence of illness and deaths, including heart disease, diabetes, obesity, elevated blood lead level, and low birth weight. Furthermore, higher incomes permit increased access to medical care, enable one to afford better housing and live in safer neighborhoods, and increase the opportunity to engage in health promoting behaviors. (Source: U.S. Department of Health and Human Services. (Source: Healthy People 2010 (Conference Edition, in Two Volumes). Washington, DC; Jan. 2000).

A report from a Washington, D.C.-based education think tank says the nearly 42,000 students who dropped out of high school in North Carolina in 2008 will lose nearly \$10.8 billion of lifetime earnings. Each class of dropouts also costs the state \$491 million in excess health care costs. (Source: The Alliance for Excellent Education, The Business Journal, Thursday, Sept. 18, 2008 Web site: [www.bizjournal.com/triad/stories/2008/09/15/daily43.html](http://www.bizjournal.com/triad/stories/2008/09/15/daily43.html))

#### **4. Economy**

##### **a. Employers**

**Ninety-four percent of McDowell County Community Health Assessment respondents thought that lack of jobs was a problem in the County.** Baxter Healthcare Corporation (2,100 employees) and McDowell County Schools (952 full-time, 360 part-time) are the largest employers in McDowell County but most of the economy is geared toward the private and manufacturing industries. Private industry jobs made up 83.5% of the workforce in 2007, while manufacturing jobs comprised of 38.4% of the workforce. The ten largest employers in McDowell County are:

<u>Firm</u>	<u>Number of Emp.</u>	<u>Product</u>
1. Baxter Healthcare Corporation		Intravenous solutions & kits
2. McDowell County Schools	2,100	Public education, grades K-12
3. International Automotive	1,312	Automotive carpet
4. Columbia Forest Products	618	Hardwood plywood
5. Coats North America	412	Thread Finishing
6. Ethan Allen Operations, Inc.	410	Furniture
7. Marion Correctional Institution	398	State prison facility
8. McDowell Hospital	371	Health Care
9. McDowell County	405	Local Government
10. Rock-Tenn/Wilco Group	386	Paperboard packaging
	260	
Source: "County Economic Profile" <a href="http://www.mcdowellchamber.com/">http://www.mcdowellchamber.com/</a>		

### **b. McDowell County Income Data**

A person's income plays a big role in their health status. Having a higher income provides a person with more opportunities and benefits. A person with a higher income is more likely to have health insurance, have access to medical care, have a primary physician and participate in health-promoting behaviors. However, all of this is the opposite for a person with a lower income. Whereas, the person with the higher income is able to alleviate health risks by taking preventative measures, a person with a lower income is unlikely to be able to take preventative measures, but instead, seek treatment during the chronic stages.

Nearly 60% of working poor persons are employed full-time. Working poor persons tended to have completed fewer years of schooling than working non-poor persons. In addition, African American and Hispanic persons were among the ranks of the working poor at a rate approximately twice that of White persons (10.5% vs. 4.7%). In addition, women were among the working poor at a higher rate than men (6.1% vs. 4.8%).

(Source: Jordan Institute for Families [http://ssw.unc.edu/jif/famtrend/briefs\\_working.htm](http://ssw.unc.edu/jif/famtrend/briefs_working.htm))

<b>McDowell Financial Status Comparisons</b>			
Source: <a href="http://www.fedstats.gov/qf/states/37/37111.html">www.fedstats.gov/qf/states/37/37111.html</a>			
	<b>US</b>	<b>NC</b>	<b>McDowell</b>
2005 Personal Income Per Capita	\$34,471	\$31,041	\$23,113
2004 Median Household Income	\$44,334	\$40,863	\$33,210

Household Income			
2005 Average Earning Per Job	\$45,817	\$40,360	\$32,210
2000 Home Ownership Rate	66.2%	69.4%	77.2%
2004 Persons Living Below Poverty	12.7%	13.8%	13.1%
2000 Percentage of Population with Income Below Poverty Level	11.6%	2000 Total Population with Income Below Poverty Level	4,726

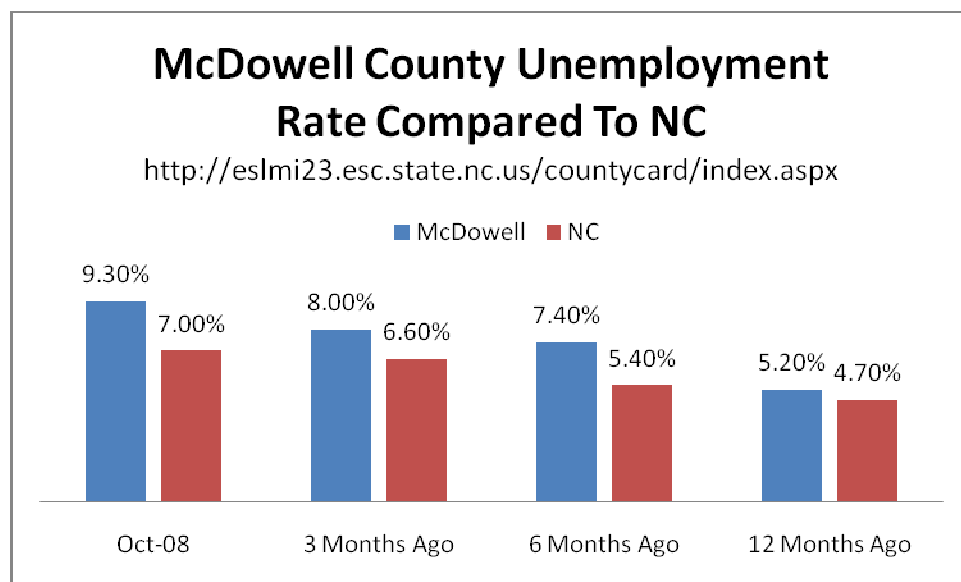
<b>McDowell Income Projections</b>			
Source: <a href="http://www.fedstats.gov/qf/states/37/37111.html">www.fedstats.gov/qf/states/37/37111.html</a>			
	<b>2000</b>	<b>2007</b>	<b>2012</b>
Median Family Income	\$37,868	\$46,420	\$52,580
Median Household Income	\$32,424	\$39,524	\$44,464
Per Capita Income	\$16,109	\$19,928	\$22,991

<b>Economic Security for Seniors</b>						
NC Division of Aging 2007 McDowell County Demographics of Aging County NC <a href="http://www.ncdhhs.gov/aging/cprofile/mcdowell.doc">http://www.ncdhhs.gov/aging/cprofile/mcdowell.doc</a>						
	<b><u>McDowell</u></b>			<b><u>NC</u></b>		
Median household income for age group 55-64, 1999 <sup>xvi</sup>	\$34,775			\$42,250		
Median household income for age group 65-74, 1999 <sup>19</sup>	\$22,354			\$28,521		
Median household income for age group 75+, 1999 <sup>19</sup>	\$13,449			\$19,303		
	<b><u>Age 55-64</u></b>		<b><u>Age 65-74</u></b>		<b><u>Age 75+</u></b>	
	(%)		(%)		(%)	
Persons below poverty (as % of age group), 1999 (NC) <sup>xvii</sup>	8.3	(9.5)	10.5	(10.5)	22.9	(16.9)
Persons in 100-199% of poverty ( " ), 1999 (NC) <sup>20</sup>	16.9	(12.9)	31.3	(20.4)	36.7	(27.1)
	<b><u>County</u></b>			<b><u>NC</u></b>		
Total Social Security (SS) benefits for beneficiaries age 65+, 2006 <sup>xviii</sup>	\$6.0 Million			\$1,030.7 million		

SS beneficiaries age 65+, 2006 <sup>xix</sup>	6,383	1,057,639
Average monthly SS amount received by beneficiaries age 65+, 2006 <sup>xi, 22</sup>	\$940	\$974

### c. Unemployment

Ninety-four percent of McDowell Community Health Assessment survey respondents said that lack of job opportunities was a problem in McDowell County. The county unemployment rate for July 2008 was 7.9% compared to the state rate of 6.9% and the national rate of 6.1%. The unemployment rate has drastically increased from 6 months ago when the rate was at 5.9%; this is largely due to the recent industry layoffs and closings. In October 2008, after downsizing attempts failed to make enough of an impact, Swift Galey (4<sup>th</sup> largest employer) closed due to import competition. To further illustrate the loss of industry in McDowell County, there have been a total of 20 plant closings in the 18-year time period between 1990 and 2008.



### d. Poverty

Being poor affects health in many ways. Poverty makes it difficult to find and maintain high quality medical care. Finding and taking advantage of opportunities for physical activity and good nutrition are harder in poor neighborhoods. Low quality housing also exposes people to environmental health risks, such as lead paint. And, low paying jobs, unavailability of child care and fear of crime make it difficult to maintain a safe, healthy home. All of these aspects of being

poor contribute to stress and anxiety, which, in addition to being bad for people's health, also can lead to unhealthy habits like smoking, drug and alcohol use. The relationship between poverty and health is a two way street. Poor health makes it difficult if difficult for people to achieve high education levels and to obtain and keep well paying jobs, which in turn, can lead to poverty. Health care costs can also directly contribute to income levels. (Source: <http://www.nyc.gov/html/doh/downloads/pdf/epi/disparities-2004.pdf>)

<b>Small Area Income and Poverty Estimates Data for McDowell County</b>								
<b>Category</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
Estimate of People of all ages in poverty	4,566	4,835	4,721	4,989	5,390	5,455	5,321	5,531
Estimated percent of people of all ages in poverty	11.6	12.1	11.5	12	13	13	12.6	13.1
Estimate of people age 0-17 in poverty	1,650	1,729	1619	1,654	1,630	1,603	1,808	1,826
Estimate of percent of people age 0-17 in poverty	16.4	17	16.9	17	16.7	16.3	18.4	18.7
Estimate of median household	\$30,957	\$32,864	\$31,990	\$32,907	\$31,678	\$31,362	\$31,892	\$33,210



income								
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<b>Percent of Children in Poverty</b> <b>CKIKS: Profile for McDowell NC</b> <a href="http://www.kidscount.org/cgi-bin/cliks.cgi?action=profile_results&amp;subset=NC&amp;areaid=60">http://www.kidscount.org/cgi-bin/cliks.cgi?action=profile_results&amp;subset=NC&amp;areaid=60</a>		
Year	McDowell and Number	NC
2001	17% - 1,630	16%
2002	16% - 1,603	17%
2003	18% - 1,792	19%
2004	19% - 1,826	19%
2005	20% - 1,908	21%
<b>2000 Poverty Census Data for McDowell County</b> <a href="http://sasweb.unc.edu/cgi-bin/broker?_service=default&amp;_program=cwweb.cntypovnet.sas&amp;county=McDowell&amp;label=County">http://sasweb.unc.edu/cgi-bin/broker?_service=default&amp;_program=cwweb.cntypovnet.sas&amp;county=McDowell&amp;label=County</a> Data from US Bureau of the Census, Census 2000, Washington, DC		
Category	McDowell	North Carolina
Individuals in poverty (number)	4,726	958,667
Individuals in poverty (percent)	11.6%	12.3%
Children in poverty under 18 (number)	1,468	311,053
Children in poverty under 18 (percent)	15.5%	16.1%
Individuals in poverty 65 and over (number)	886	122,248
Individuals in poverty 65 and over (percent)	15.7%	13.2%
Citizens in poverty (number)	4,535	888,931
Non-Citizens in poverty (number)	191	69,736
Citizen poverty rate	11.4%	11.9%
Non-Citizen poverty rate	22.6%	22.4%
Individuals at 130 percent of poverty rate	7,314	1,360,652
Children under 18 years at 130 percent of poverty	2,233	438,414
Children between 5-17 years at 130 percent of poverty	1,549	306,589
Caucasian children in poverty under 18 years	1,285	118,931
Caucasians 65 years and over in poverty	829	77,982
African American children in	63	153,187

poverty under 18 years		
African Americans 65 years and over in poverty	49	40,856
African Americans under 18 years at 130 percent of poverty	114	203,517
African Americans 5-17 years at 130 percent of poverty	47	146,830

<b>Senior Citizens</b>			
		<b>McDowell</b>	<b>NC</b>
Home-delivered meals served to persons age 60+ per 1000, 1999 <sup>15</sup>		58.5	18.6
Food Stamp clients age 60+, SFY 2006 <sup>xx</sup>		467	92,078
Total Food Stamp expenditures for clients age 60+, SFY 2006 <sup>29</sup>		\$254,971	\$63,572,835
Monthly Food Stamp expenditure per client age 60+, SFY 2006 <sup>29</sup>		\$45	\$58
Persons providing regular care for adults age 60+	<b>Age 18-44</b>	<b>Age 45-64</b>	<b>Age 65+</b>
(as % of age group), 2006 (NC)* <sup>xxi</sup>	(%)	(%)	(%)
	(9.3)	(19.0)	(18.0)
*Only statewide information available at present			

### III. Environmental Factors That Affect Health

#### A. Support Organizations

When asked “What are the best things about living in McDowell County?” listening session participants replied: the community, the people, the connection to your neighbor, the land.

There are over 150 Protestant churches in McDowell County, predominately Baptist and there is one Catholic Church. McDowell County is a small community that revolves around church and school and other community activities.

McDowell County has one hospital, a health department and many other service providers. In 2007 there were 30 physicians, with 20 of them primary care physicians.<sup>xxii</sup> The McDowell Hospital, part of the Mission Hospital system, is an acute care facility with 65 beds that has been serving McDowell County for 100 years. The hospital has many departments such as, a cardiopulmonary department, a community outreach program and many more.<sup>xxiii</sup>

[www.mcdowellhospital.org](http://www.mcdowellhospital.org)

The McDowell Hospital has the following services for new moms:

First Steps- First Steps is a Smart Start funded program of the McDowell Hospital for mothers and their children 0-6 months old who are ineligible for Medicaid, home visits. Mothers are found through maternity records at the McDowell Hospital, physician and self-referral This

program consists of an initial home visit to perform a physical assessment of the baby, a home safety inspection, and education on certain health topics (such as breastfeeding). Contact with the mother will be maintained for six months.

Healthy Start is a Smart Start funded, in home visitation program of the McDowell Hospital for mothers that screen positive on a records screen at the McDowell Hospital, or who are referred by a physician for services. An RN and visiting paraprofessional provide family support by teaching parenting skills and bonding.

McDowell County Health Department, one of three health departments in the Rutherford-Polk-McDowell District Health Department system, provides services such as WIC, STD testing, breast and cervical cancer screenings, family planning, prenatal clinic, child health clinic, WIC nutrition program, health screenings, immunizations, child service coordination and the Fresh Start Tobacco Cessation program.

Some of the services offered to mothers are:

Maternity Care Coordination (MCC or Baby Love) is a Medicaid-funded program of the McDowell Health Department that provides assistance with utilizing available community services and support for women who are pregnant and eligible for Medicaid. Maternity Care Coordinators provide these services for the duration of the pregnancy, as well as two months of additional follow-up.

Child Service Coordination (CSC) is a Medicaid-funded program in which three registered nurses provide developmental follow-up and family support to at-risk families in order to make sure their children are developmentally ready when they enter school. Children must be 0-5 years old to be eligible for CSC.<sup>xxiv</sup>

All programs at the McDowell Health Department and hospital provide Spanish-language interpretation services.

The Family, Infant, and Preschool Program (FIPP) is a state-funded program that provides such services as weekly home visits, pregnancy information and planning, weight and health monitoring, and parenting and child development support. A nurse and licensed psychological associate provide these services for any mothers with mental health, substance abuse, and risk for pre-maturity for a duration of birth through 1 year after birth. There are no income eligibility criteria to meet.

McDowell County Schools has Family and Child Support Teams in McDowell High, East McDowell Junior High, Nebo Elementary, and Eastfield Elementary Schools. Child and Family Teams work in local schools to help students succeed in the classroom and have stable lives with permanent families. Schools work with community agencies to create individualized solutions for each student. The teams arose from Governor Michael Easley's focus on education and children. The nurses and social workers help the family choose who else may be needed to get them needed services. This group becomes the family's Child and Family Team. It includes anyone who is important to the student and family and knows their strengths and need. Extended family members,

friends, neighbors and other members of the community are often part of the Child and Family Team; as well as mental health providers, medical professionals, Juvenile Court Counselors, social workers, and others as needed.

Local mental health agencies and county departments of social services also help. They each do this by having one person work closely with the school teams. They make sure that nothing keeps the students from getting the services they need from their agencies. They also provide information about their agencies and join the students to the services they need.

Other local agencies also work with the schools to serve the students who need help. These include public health departments and juvenile court systems. Parents are the experts in things dealing with their children and families. The nurse and social worker teams include the parents in everything they do. They work flexible hours and make home visits so that parents are not left out of anything done with their children. (Source: NC Department of Health and Human Services web site: <http://www.dhhs.state.nc.us/childandfamilyteams/>)

McDowell Health Coalition- Partners joining together to improve the health and well being of McDowell County residents by identifying and addressing health priorities and disparities through public awareness and education, community involvement, maximizing resources, and influencing public policy. Priority areas for 2004-08 were tobacco prevention, access to care, nutrition, and obesity prevention.

Foothills Area Program was the local management entity that provided mental health, substance abuse and developmental disability services for McDowell County. In the summer of 2008, the Smokey Mountain LME began providing the services in McDowell County.

McDowell County Child Collaborative meets monthly to identify and address gaps in mental health services for children and families.

McDowell Council on Alcohol and Drug Abuse provides substance abuse treatment, outpatient care, and special groups for DUI/DWI offenders.

McDowell County Department of Social Services offers Health Check that provides access to health care for children up to age 21 who qualify for Medicaid.

McDowell Emergency Management Agency - Provides assistance with proper installation of child safety seats for parents and caregivers. Limited assistance (for replacement of) improper car seats. The McDowell DSS also offers parenting classes for divorced or separated parents.

McDowell County Child Protection and Child Fatality Review Team meets quarterly to review child fatalities and address gaps in prevention and service delivery for families.

The Guardian Ad Litem Program seeks to provide independent advocates to represent and promote the best interests of abused, neglected, and dependent children in the state court system and to work towards a plan that ensures that these children are in a safe, permanent home.

Habitat for Humanity, seeks to eliminate poverty housing and homelessness from the world, and to make decent shelter a matter of conscience and action.

Isothermal Planning and Development Commission assists the region's local governments in providing services to their citizens.

Joblink Center offers labor market Information, provides access to career training and job placement services, and serves as the connection between employers and qualified workers.

The McDowell County Juvenile Crime Prevention Council (JCPC) is a planning body of concerned community members whose mission is to: support the development and implementation of community based programs that meet the identified needs of all children who are delinquent or are at risk of becoming undisciplined or delinquent.

The North Carolina Department of Juvenile Justice and Delinquency Prevention seeks “to promote public safety and juvenile delinquency prevention, intervention, and treatment through the operation of a seamless, comprehensive juvenile justice system.”

The American Red Cross helps keep the public prepared to respond to disasters and emergencies. They also provide training in lifesaving skills such as CPR and first aid. Babysitting courses are also available.

OnTrack Financial Education and Counseling helps people get on track with their finances. Their services include budget counseling, reverse mortgage counseling, home buyer education, student loan counseling, mortgage default, and delinquency counseling, in addition to credit/debt counseling.

Hospice of McDowell County Safe Harbor offers a Grief Program for Children & Youth

The TEACH program provides education, intervention, and assistance in obtaining help for youth who are being abused or involved in life threatening domestic violence. The hotline volunteers are trained in telephone counseling and are able to access the appropriate agencies for help 24 hours/day, 7 days a week.

Carolina ACCESS is North Carolina’s Medicaid managed care program. It provides you with a medical home and a primary care provider (PCP) who will coordinate your medical care.

The Salvation Army provides assistance for children ages infant—12 years of age through an application process.

Family Services of McDowell County seeks to provide aid to victims of physical, emotional, and sexual violence in families and relationships by providing sanctuary; providing programs that promote prevention, healing, and empowerment; community education; forming partnerships with related agencies and local citizens who support the reduction of abuse and violence.

Foothills Industries, a Community Rehabilitation Program since 1972, offers education, job training, and employment

Boy Scouts of America is designed to develop character, citizenship, and personal fitness.

Girl Scouts of WNC – Pisgah Council offers a variety of programs for girls ages 5-17 to build character and skills for future success; an accepting environment where girls discover the fun, friendship, and power of girls together.

Corpening Memorial YMCA is a non-profit human services organization that provides children with a safe, caring environment, positive role models, and creative activities. The YMCA serves all ages, races, religions, income levels, and abilities. Scholarships are available.

McDowell County Partnership for Children and Families provides dental assistance for eligible children ages 3-5 who have a dental “need.”

(Source: Community Resources are from: The Parent Helpbook at [www.mcdowellpartnership-smartstart.org/parents.htm](http://www.mcdowellpartnership-smartstart.org/parents.htm))

Maxwell M Corpening Foundation provides emergency funds, such as heat, medical bills, and tuition for people in need.

God’s Country Thrift Store and Outreach Center is in the process of establishing a free medical clinic in McDowell County for the large uninsured population.

Victory Christian Ministries conducts Operation Feed-A-Child in partnership with the schools and works to identify the needs of area children.

Old Fort Area Crisis Ministries help people get clothing and food through the use of funding by donations and their thrift store. They also provide once a year service to the needy by helping to pay their bills (power, mortgage, etc.).

McDowell Mission Ministry operates a men’s shelter, the Friendship Home for Women and Children, and the Christian Clothing Closet. It also provides emergency food and limited assistance with utilities, rent and medications.

McDowell Arts Council Association, Inc. was organized on February 28, 1972 by a group interested in promoting artistic and cultural activities in McDowell County.

Foothills Community Theatre has live drama theatre open to children and adults as audience or participants.

McDowell County Public Library, Marion Branch and Old Fort Branch, has story times, summer reading programs and more. SMART START has provided parenting materials and other resources at the Marion Branch.

## 2007 Health Professions in McDowell County

### a. Ratio of Population To Healthcare Providers

Health Profession	# In McDowell County	County Rate	State Rate
Certified Nurse Midwife	0	0	1.1
Chiropractor	5	1.5	1.4
Dental Hygienists	24	7.1	5.3
Dentists	10	5.1	4.3
Licensed Practical Nurse	117	34.8	19.3
Nurse Practitioner	12	2.1	3.0
Optometrists	2	0.6	1.1
Pharmacists	24	7.4	9.0
Physical Therapists Assistant	10	3.0	2.2
Physical Therapist	6	1.8	4.7
Physician Assistant	10	1.2	3.2
Physicians	30	20.5	20.9
Podiatrists	0	0	0.3
Primary Care Physicians	20	10.4	8.9
Psychological Associate	4	1.2	1.0
Psychologists	0	0	2.0
Registered Nurse	251	55.3	93.5
Respiratory Therapists	12	3.57	4.1
Occupational Therapists	2	0.6	2.4
Occupational Therapists Assistant	7	2.1	1.1

*Source: Cecil G. Sheps Center for Health Services Research, UNC Chapel Hill*

According to the US Health Resources and Services Administration (2007) NC Office of Rural Health & Community Care 8/2007, McDowell County IS NOT designated as primary medical care shortage area or as a dental care shortage area as of September, 2006.

The 2008 McDowell County Community Health Assessment Survey respondents said that lack of the following services was a **major problem** in McDowell County:

- ▶ Specialized medical care - 44%
- ▶ Mental health care - 36%
- ▶ Transportation to health care - 30%

And the lack of the following were **somewhat of a problem**:

- ▶ General medical care - 46%
- ▶ Home health care - 36%
- ▶ Nursing home care - 36%
- ▶ Childcare for infants/toddlers - 33%
- ▶ After-school care - 32%
- ▶ Finding info about preventing health problems. - 32%
- ▶ Receiving info about preventing health problems. - 32%
- ▶ Nutrition education programs - 32%
- ▶ Summer programs for school-age children - 32%
- ▶ Counseling services - 31%
- ▶ Hospital services - 31%
- ▶ Health education programs - 31%

## **B. Tier Designation**

In the 2009 ranking, McDowell County is designated as Tier 2 county. The NC Department of Commerce annually ranks the state's 100 counties based on economic well being and assigns each a Tier designation. This Tier system is incorporated into various state programs to encourage economic activity in the less prosperous areas of the state. The 41 most distressed counties are designated as Tier I, the next 39 as Tier 2, and the 20 least distressed as Tier 3. Interestingly, Henderson County to our west is a tier 3 county, Polk to our south is a tier 2, and Rutherford to our south is a tier 1 county. (Source: [www.nccommerce.com](http://www.nccommerce.com))

According to the N.C. Smart Growth Alliance, Tier I communities are faced with trends such as:

- Loss of agricultural and manufacturing jobs/general decline or stagnation of local economy
- “Graying” of the population
- Inadequate infrastructure
- Segregation by both race and socio-economic levels



- Socio-economic problems, such as low literacy rate, high drop-out rates, high rates of teenage pregnancy, unemployment, and greater reliance on state and federal assistance programs
- Pressure to preserve regions with significant natural resources
- Little or no regional planning exists

(Source: *N. C. Smart Growth Healthy Rural Communities: A Resource and Action Guide for North Carolina* July 2004)

Daily life in this rural, western NC County is primarily made up of work, for those that have it, and the two major social institutions, school and church. The schools remain the central point in the small townships dispersed around the county. School sporting events have high attendance. The City of Marion and the town of Old Fort are working to increase artisan industry in the county and are establishing a new branding called “Made In McDowell.” This growing artist influence will hopefully increase economic opportunities in the county.

A distinct social stratum can be seen in this county. A great number of families have a longstanding heritage in the mountains of Western North Carolina. The Mountain Area Information Network (MAIN) describes WNC with this statement:

*Unfortunately, the mountains' beauty hides a grim reality: generation after generation of isolation and chronic poverty have produced the highest illiteracy and unemployment rates, and lowest per capita income and overall standard of living, in all of North Carolina.*

While this may be true for some in the county, there are also highly educated individuals that are more financially able to contribute to the community. A third layer of the strata is the part-time community residents owning second home mostly along Lake James at the eastern end of the county. There are cases in the county where million dollar homes sit in view of homes that don't have indoor plumbing. McDowell County provides a true picture of those that have very little opposite those that have a great deal. (Source: The Mountain Area Information Network (MAIN))

### C. Transportation

**62.7% of the McDowell Health Assessment Survey respondents thought that there was a major problem with the lack of public transportation.** 21.6% thought it was somewhat of a problem. 84.3% of the respondents have a problem with the lack of public transportation in McDowell County.

McDowell County is one of the only counties in North Carolina without a public transportation system for the general public. This makes it difficult for people to access services and supply fundamental needs. Some McDowell County human service agencies provide agency-dedicated services to their clients on week-days only from 7:30 a.m. – 5 p.m. These agencies are: Foothills Industries Community Rehabilitation Program and Adult Developmental Program, McDowell County Department of Social Services and the McDowell County Senior Center. The American

Legion and McDowell County received NCDOT grant funding for 2007-08 to provide transportation for veterans to the VA Hospital, an average of 20 trips per month. Volunteers donate over 75 hours monthly to drive veterans to Buncombe County for medical appointments. Finding transportation to health care was a major problem for 30% of McDowell Community Health Assessment survey respondents.

Percentage of Seniors Without Transportation	McDowell	NC
Householder age 55-64 without car (as % of age group), 2000 <sup>xxv</sup>	6.4%	6.0%
Householder age 65-74 without car ( " ), 2000 <sup>30</sup>	9.8%	9.0%
Householder age 75+ without car ( " ), 2000 <sup>30</sup>	24.7%	21.3%

#### **D. Radon**

The average national indoor radon level is 1.3 pCi/L. The average indoor radon levels for McDowell County was 3.48 in 2004, as determined from radon test results of the NC Radon Program, NC department of Environment and Natural Resources. Polk County was 3.48 pCi/L and Rutherford was 2.57 pCi/L. Looking at how our community rates for radon is important for health reasons because exposure to radon is the second leading cause of lung cancer in the US behind smoking. (Source: [http://www.ncradon.org/countydata/weballcounty\\_1.html](http://www.ncradon.org/countydata/weballcounty_1.html))

#### **E. Water Supply and Treatment**

Clean clear streams are a trademark because each of its creeks and rivers originate right in McDowell County. The spine of the high northern boundary is the Eastern Continental Divide, the line where all surface water begins to flow to the Atlantic Ocean on the McDowell side and to the Mississippi River on the opposite side.

At McDowell's western border, the Catawba River first emerges as a spring as it begins its 450 mile journey eastward across the Carolina to the ocean. At McDowell's eastern border, the river feeds into Lake James that has 150 miles of wooded shoreline.

The Wastewater Treatment Department is responsible for treatment of wastewater prior to discharge to Corpening Creek and the Catawba River, and maintains wastewater pump stations. The City maintains two wastewater treatment plants, the Corpening Creek Plant, located on N.C. 226 South of Marion, and the Catawba River Plant, located off of Garden Creek Road on the northern edge of Marion. At present, the Corpening Creek Plant can treat up to three million gallons per day (3mgd), while the Catawba River Plant can treat 250,000 gallons per day (0.25 mgd). Both plants are currently operating at one-third or less of their permitted capacity. The two wastewater plants provide wastewater service within the City, and in some areas outside the City.

The Department maintains the City's 17 wastewater pump stations, and performs all treatment operations, testing, and reports, as required by State and Federal law. The Department also schedules the cleaning of sewer lines on a regular basis, and makes needed repairs to sewer lines. (Source: <http://www.marionnc.org/ww.htm>)

The Town of Old Fort also operates a waste water treatment facility with a storage capacity of 0.750 Million Gallons. (Source: Division of Water Supply [http://www.ncwater.org/Water\\_Supply\\_Planning/Local\\_Water\\_Supply\\_Plan/report.php?pwdid=01-56-025&year=2002](http://www.ncwater.org/Water_Supply_Planning/Local_Water_Supply_Plan/report.php?pwdid=01-56-025&year=2002))

## F. Housing and Lead Exposure

Fifty-six percent of McDowell Health Assessment survey respondents said they had a problem finding or using services that would help with utility bills. **Seventy-six percent** of health assessment survey respondents thought that McDowell County had a problem with decent housing. Forty-eight percent thought there was a problem with unchecked housing and land development.

Many low-income families cannot afford decent housing and live in old substandard older homes that may have paint containing lead. Their children are then exposed to lead and it is found in their blood levels.

Percent of Children (12-36 months) Screened For Elevated Blood Lead Levels		
	2005	2006
McDowell	43%	50%
NC	41%	43%
Percent of Children (12-36 months) Found to Have Elevated Blood Lead Levels		
McDowell	2%	1%
NC	1%	1%

McDowell Senior Population	McDowell	NC
Source: <a href="http://ncdhhs.gov/aging/cprofile/mcdowell.doc">http://ncdhhs.gov/aging/cprofile/mcdowell.doc</a>		
Homeowners age 45-64 (as % of age group), 2000 <sup>xxvi</sup>	83.5%	80.3%
Homeowners age 65+ ( " ), 2000 <sup>27</sup>	84.4%	82.0%
Households with persons age 60+ and without complete plumbing, 2000 <sup>xxvii</sup>	72	8,184

## G. Recreation

There are many places in McDowell County to be active. The McDowell County Recreation Department operates three facilities: Recreation Center in Marion, which includes gymnasium, basketball courts, outdoor swimming pool, ball field and skate park; the Glenwood Park five miles south of Marion; and the Sandi Andrews Memorial Park in North Cove.

Old Fort Recreation Department operates ball fields and a community pool. Health clubs include the Corpening Memorial YMCA, a couple of health centers, and just recently opened was the hiking and bicycling Point Lookup Trail in Old Fort that connects to Buncombe County. The McDowell Trials Association is actively involved in advocating for greenway development throughout the county.

The Lake James State Park offers 585 acres for swimming, camping, fishing and hiking.

Respondents to the 2008 Health Assessment Survey considered lack of the following somewhat of a problem in the county:

Not Enough Bicycle Paths/Lanes -89%

Not Enough Recreation Areas -87%

Not Enough Recreation Facilities -78%

## **H. Health Policies**

There are places throughout the county that promote healthy lifestyles. All McDowell County Schools, the McDowell Hospital, the McDowell County Health Department and the City of Marion's parks, buildings and vehicles are just a few places that are 100% tobacco free.

Tobacco use is one the major contributors to developing heart disease and cancer. The majority of Health Assessment Survey respondents favored tobacco free environments:

84% of respondents support tobacco-free worksites

86% of respondents support tobacco-free restaurants

74% of respondents think all public spaces should be smoke-free

Respondents to the 2008 McDowell Health Assessment Survey ranked these as the top environmental issues facing the county:

Secondhand smoke – 66%

Solid waste disposal – 35%

Drinking water quality – 28%

Outdoor Air Quality – 27%

Survey respondents considered the following environmental issues as somewhat of a problem:

Decent Housing-51%

Safe Roads-51%

Safe, Accessible Sidewalks-41%

Unchecked Housing/Land Development-35%

## **I. Crime Rates**

The McDowell County death rate from homicide in 2006 was 2.3/100,000 (only 1 homicide death) compared to a 6.9/100,000 homicide rate for North Carolina. The homicide death rate for McDowell in 2002-2006 was 5.1 (11 total deaths) compared to North Carolina's homicide rate of 7.3.

McDowell County crime rates from 1998 to 2007 are highly varied. Murder rates have decreased. Robbery, burglary and arson rates have increased slightly.

<b>Crime in McDowell County</b>											
<i>Source: North Carolina State Bureau of Investigation <a href="http://sbi2.jus.state.nc.us/crp/public/Default.htm">http://sbi2.jus.state.nc.us/crp/public/Default.htm</a></i>											
<b>Year</b>	<b>Index Rate</b>	<b>Violent Rate</b>	<b>Property Rate</b>	<b>Murder Rate</b>	<b>Rape Rate</b>	<b>Robbery Rate</b>	<b>Assault Rate</b>	<b>Burglary Rate</b>	<b>Larceny Rate</b>	<b>MVT Rate</b>	<b>Arson Rate</b>
1998	2,541.6	169.9	2,371.7	5.1	12.7	20.3	131.9	854.8	1,359.6	157.3	10.1
1999	2,296.0	184.5	2,111.5		17.5	27.4	139.6	762.8	1,209.1	139.6	22.4
2000	2,277.5	140.0	2,137.6	11.9	11.9	16.6	99.6	716.5	1,290.6	130.5	16.6
2001	2,146.1	158.2	1,987.9	2.4	23.6	16.5	115.7	630.4	1,206.4	151.1	16.5
2002	2,376.6	203.1	2,173.5	11.7	23.3	16.3	151.7	819.4	1,221.0	133.1	21.0
2003	2,530.3	174.6	2,355.7	2.3	14.0	55.9	102.4	935.8	1,291.9	128.0	23.3
2004	2,653.2	195.0	2,458.2	4.6	11.6	58.0	120.7	868.2	1,402.0	188.0	13.9
2005	2,841.8	161.9	2,680.0	4.6	11.6	48.6	97.1	996.6	1,468.3	215.0	18.5
2006	2,777.1	194.6	2,582.5	4.6	13.9	51.0	125.1	998.3	1,438.3	145.9	27.8
2007	2,658.6	158.1	2,500.5	2.3	13.8	32.1	110.0	980.9	1,361.4	158.1	27.5

McDowell County's crime rates consistently run lower than North Carolina's. The results of the McDowell Community Health Assessment suggest that the public's perception is that there is a problem with violent behavior in the county.

<b>Public Perception of Violent Behavior In McDowell County</b>				
<i>Source: 2008 McDowell Community Health Assessment Survey</i>				
	<b>No Problem</b>	<b>Somewhat a Problem</b>	<b>Major Problem</b>	<b>Don't Know No Opinion</b>
Abuse or neglect of senior citizens	15.2%	<b>45.3%</b>	<b>14.6%</b>	25.3%
Sexual assault/rape	15.1%	<b>43.1%</b>	<b>13.6%</b>	28.3%
Domestic violence	6.7%	<b>46.3%</b>	<b>33.3%</b>	13.8%
Child abuse or	7.1%	<b>45%</b>	<b>34%</b>	14%

neglect				
Youth violence	11%	<b>50.7%</b>	<b>18.3%</b>	20%
Bullying in schools	6.8%	<b>43.7%</b>	<b>28.5%</b>	21%
Weapons in schools	20.1%	<b>40.7%</b>	<b>6.7%</b>	33.3%

<b>Comparison of McDowell Crime Rates to North Carolina Crime Rates</b> <a href="http://sbi2.jus.state.nc.us/crp/public/2005/2005.htm">http://sbi2.jus.state.nc.us/crp/public/2005/2005.htm</a>												
	Year	In de x Ra te	Violen t Rate	Property Rate	Mur der Rat e	Rape Rate	Robbe ry Rate	Assaul t Rate	Burglary Rate	Larceny Rate	MVT Rate	Arso n Rate
<b>McDowell</b>	2004		195	2,458.2	4.6	11.6	58	120.7	868.2	1,402.0	188.0	13.9
<b>NC</b>	2004	11	460.9	4,180.7	6.3	27.6	139.2	287.7	1189.6	2,664.1	327.0	24.3
<b>McDowell</b>	2005		161.9	2,680.0	4.6	11.6	48.6	97.1	996.6	1,468.3	215.0	18.5
<b>NC</b>	2005	11	478.1	4,139.7	6.9	26.9	148.7	295.6	1218.4	2,586.2	335.1	25.8

## J. Juvenile Delinquency

The juvenile justice system is separate and different from the adult criminal justice system. Adults are held fully responsible for their behavior. They can be arrested, charged with a specific crime, tried before a jury of their peers, found guilty or not guilty, and, if found guilty, sentenced according to the seriousness of the crime and the interest of the state.

Young people are treated differently, having many, but not all, the rights of adults. Juveniles are not arrested, but rather are taken into temporary custody. Juveniles have no right to a trial by jury but instead are subject to a hearing before a judge, at which time the juvenile may be adjudicated as undisciplined or delinquent.

The judge's decision on the disposition (or sentence) is based on meeting the juvenile's needs and interests *and* the interests of the state. The court attempts to do what is best for the juvenile to help make sure he/she is not brought into the juvenile justice system again or the adult system later.

A juvenile in North Carolina is a person who is not yet 18 years old and is not married, emancipated (legally free from parental custody) or a member of the armed forces of the United States. A juvenile may enter the juvenile court system when someone makes a complaint that he/she is undisciplined or delinquent. The District Court has jurisdiction or the right and power

to interpret and apply the law to juveniles. All court proceedings are held in the courthouse in the county where the offense is alleged to have occurred.

Juvenile court counselors in the Department of Juvenile Justice and Delinquency Prevention evaluate complaints and decide if a petition should be filed that requires a juvenile to appear in court. A petition describes the facts made in a complaint and asks the court to make a decision whether a juvenile is undisciplined or delinquent.

An **undisciplined juvenile** is one who is at least 6 years old but less than 16 years old and is unlawfully absent from school; or is regularly disobedient to and beyond the disciplinary control of the juvenile's parent, guardian or custodian; or is regularly found in places where it is unlawful for a juvenile to be; or has run away from home for more than 24 hours.

(Source: *Youth Rights and Responsibilities*, Fall 2000 Youth Advocacy and Involvement Office, taken from *You and the Juvenile Justice System, A Guide For Youths, Parents and Victims*  
WEB: <http://www.doa.state.nc.us/yaio/documents/justice.pdf>)

According to the North Carolina is doing quite well with its treatment of youth ages 10-15 in the juvenile justice system according to the 2008 KIDS COUNT Data Book.

- In 2006, the rate of detained and committed youth in custody was 82 per 100,000 youth, while the national rate was 125. North Carolina's rate is 34% lower than the federal rate.
- In that same year, the percent of youth in custody for non-violent offenses was 59% compared to 66% nationally.

North Carolina data show the state has experienced a decline in juvenile crime and Youth Development Center (YDC) commitments.

- North Carolina's juvenile crime rate reached an eight-year low in 2007. The N.C. Department of Juvenile Justice and Delinquency Prevention (DJJDP) received 34 complaints per 1,000 youth aged 6 -15 in 2007, a six percent decrease from the 2006 juvenile crime rate.
- Over the past 9 years, there has been a 67.9% decline in YDC commitments.

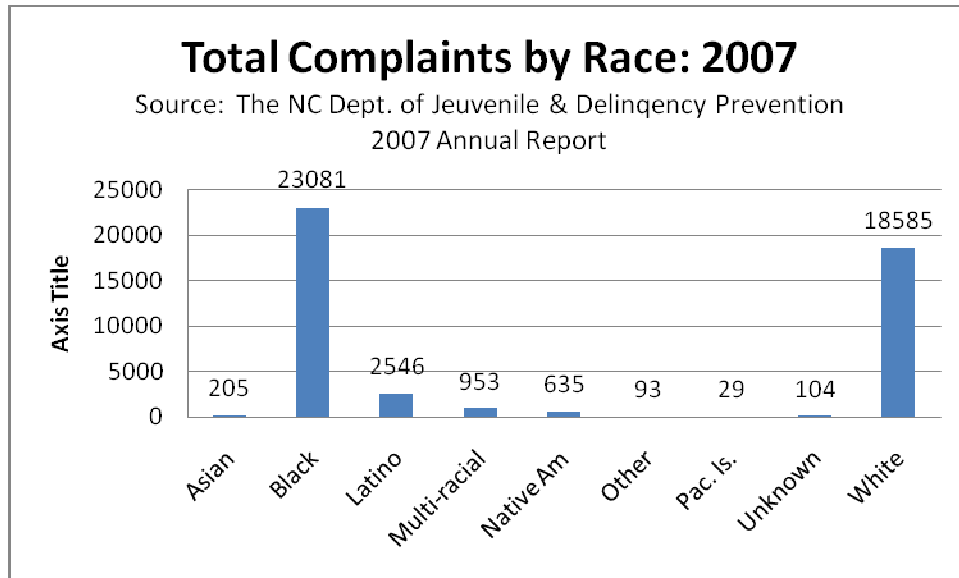
(Source: "Completing The Picture: Two Systems Of Justice For North Carolina's Youth" by Action for Children NC, [http://www.ncchild.org/action/images/stories/JJ\\_Factsheet--Completing\\_the\\_Picture\\_final.pdf](http://www.ncchild.org/action/images/stories/JJ_Factsheet--Completing_the_Picture_final.pdf))

<b>State Offense and Juvenile Crime Rates by County (Western Area, 2007)</b> <a href="http://www.ncdjdp.org/resources/pdf_documents/annual_report_2007.pdf#page=1">http://www.ncdjdp.org/resources/pdf_documents/annual_report_2007.pdf#page=1</a> <a href="#">de=bookmarks&amp;page=1</a> <i>2007 NC Dept. of Juvenile Justice and Delinquency Prevention 2007 Annual Report</i>			
County	Undisciplined Rate Per 1,000 Age 6-17	Delinquent Rate Per 1,000 Age 6-15	Detention Center Admissions
McDowell	8.02	35.88	16
Rutherford	2.06	37.95	15
Polk	3.79	13.02	2
Statewide	3.25	34.08	7,792

Youth development center commitments reflect the number of youth assigned to one of the State's five secure residential facilities. These facilities provide long-term education, treatment, and rehabilitative services to delinquent youth committed by the court to the Department.

<b>2007 Youth Development Center Commitments by County</b> <a href="http://www.ncdjdp.org/resources/pdf_documents/annual_report_2007.pdf#pagemode=bookmarks&amp;page=1">http://www.ncdjdp.org/resources/pdf_documents/annual_report_2007.pdf#pagemode=bookmarks&amp;page=1</a> 2007 NC Dept. of Juvenile Justice and Delinquency Prevention		
<b>County</b>	<b>JCPS</b>	<b>SOS</b>
McDowell	101	32
Rutherford	340	205
Polk	39	407





#### **K. HIV and Other Sexually Transmitted Diseases (STDs):**

Nearly half of all new sexually transmitted diseases (STD) and HIV occur in youth between 15-24 years of age. Despite the preventable nature, STDs are becoming a major public health issue. North Carolina has seen some dramatic decreases in the rates due to the North Carolina Syphilis Elimination Project and better and more accurate screening practices for chlamydia. However, in 2005 North Carolina had some of the highest gonorrhea, chlamydia, primary and secondary syphilis, and HIV disease rates. STDs is not an alarming issue in McDowell County, but it is an issue nonetheless and should not be ignored. Gonorrhea and chlamydia are the diseases that are commonly seen in McDowell County. Gonorrhea and chlamydia are primarily seen in people 15-24 years old. <sup>xxviii</sup> In 2006-07, 48 percent of all cases of Chlamydia in McDowell County occurred in age group 14-19.

**Fifty-nine percent of McDowell Community Health Assessment survey respondents thought sexually transmitted diseases was a problem in McDowell County.**

Represents persons who have a laboratory-confirmed Chlamydia infection. Changes in the number of reported cases may be due to changes in screening practices. In 2007, the number of reports of gonorrhea & chlamydia may be artificially low in some areas due to reporting delays.

<b>Chlamydia Rates per 100,000 Population</b>				
<b>NC-CATCH</b>				
Year	McDowell #’s	State #’s	County Rate	State Rate
2003	61	26,065	142.1	309.7
2004	60	28,999	139.5	339.9
2005	41	31,185	94.9	359.6
2006	53	33,615	122.1	379.6
2007	56	30,612	129.0	345.6

<b>Gonorrhea Rates per 100,000 of McDowell Population</b>				
Source: NC-CATCH				
<a href="http://www.ncpublichealthcatch.com/ReportPortal/design/view.aspx">http://www.ncpublichealthcatch.com/ReportPortal/design/view.aspx</a>				
Year	McDowell #’s	State #’s	County Rate	State Rate
2003	16	15,085	37.3	179.2
2004	4	15,198	9.3	178.1
2005	7	15,069	16.2	173.8
2006	12	17,311	27.6	195.5
2007	37	16,665	85.2	188

In 2006-07, 26 percent of all cases of Gonorrhea in McDowell County occurred in age group 14-19. Nationally, although 15-24 year olds represent only one-quarter of the sexually active population, they account for nearly half of all new STIs each year. (Source: “Facts on American Teens’ Sexual and Reproductive Health.” The Guttmacher Institute, Sept. 2006)

Gonorrhea is treatable with antibiotics and if left untreated, the bacteria can lead to infertility later in life. The more sexual partners an adolescent has, the more susceptible they are to diseases that have no cure, such as herpes, genital warts (found in 99% of cervical cancer patients) and HIV/AIDS. Education to help modify these behaviors is essential.

According to the CDC (2004), the most effective programs are comprehensive and focus on delaying sexual behavior and provide information on how sexually active young people can protect themselves. Evidence of prevention success can be seen in trends from the YRBS conducted over an 8-year period, which shows both a decline in sexual risk behaviors and an increase in condom use among sexually active youth.

Programs that encourage parents to talk with their youth about risk taking behaviors, which include the consequences of premarital sexual activity, the importance of prevention from engaging in high risk behaviors to avoid disease, broken relationships, date rape and emotional instability are also encouraged. As part of this comprehensive prevention effort, schools are an excellent venue for helping adolescents realize their risk for HIV/STDs and the medical implications these disease have on their body and their lives. (Source: <http://www.nchealthyschools.org/docs/hivstdprevention/documents/adolescentsexualhealth.pdf>)

<b>McDowell HIV Disease rate per 100,000 Population</b>			
Source: NC-CATCH			
<a href="http://www.ncpublichealthcatch.com/ReportPortal/design/view.aspx">http://www.ncpublichealthcatch.com/ReportPortal/design/view.aspx</a>			
Year	Number County	Rate County	State Rate
2003	1	<b>2.3</b>	24.3
2004	1	<b>2.3</b>	18.8
2005	2	<b>4.6</b>	21.1
2006	5	<b>11.5</b>	24.2
2007	1	<b>2.3</b>	21.9

Note: Rates or percentages which have a numerator value less than 20 are statistically unstable and have been shaded grey on the County Profile and Fact Sheet reports.

During the spring and fall health fairs in 2007, school and health department nurses conducted an anonymous survey completed by 10<sup>th</sup> graders at McDowell High School. This survey is not scientific, but the results were stable from one year to the next and correlate well with the most recent Youth Behavior Risk Survey Results for Western North Carolina's 10th graders.

### **McDowell High School 10<sup>th</sup> Grade Survey Results:**

Spring 2007 (312 surveys)

**48 %** of 10th graders reported they have had vaginal intercourse

**\*\***(Note: this percentage is slightly higher than the 10<sup>th</sup> grade statistic in the chart above)

**40 %** have had oral sex

Fall 2007 (308 surveys)

**47%** of 10th graders reported they have had vaginal intercourse

**44% percent** of males and **29 percent** of females report they have had oral sex

Compare these local percentages with state and national data and they are similar.

<b>Sexually Experienced by Grade</b>		
Source: Centers for Disease Control and Prevention (2008). Youth Risk Behavior Surveillance United States, 2007		
<b>Statistic</b>	<b>North Carolina</b>	<b>United States</b>
Grade 9	38.4 %	32.8%
Grade 10	44.4%	43.8%
Grade 11	62.8 %	55.5%
Grade 12	69.1%	64.6%

#### **L. School - Nurse Ratio in McDowell County Schools**

The number of school children in North Carolina increased from 1.36 million in 2005-2006 to 1.39 million in 2006-2007, nearly 2% growth. At the same time, the number of full time school nurse positions increased from a full time equivalence of 868 to 1,034. The ratio of school nurse to students improved from 1:1,571 in 2005-2006 to 1:1,340 in 2006-2007. Though improved, this ratio is almost double the ratio of 1:750 recommended by the American Academy of Pediatrics, the Centers for Disease Control and Prevention and the National Association of School Nurses.

The McDowell County School Nurse to Student Ratio during the 2006-2007 school year was 1 nurse to every 870 students. There are 7.5 nurses on staff during the 2008-09 school year. A critical function of school nurses is identifying students with chronic health conditions. The number and percentage of students with chronic health conditions continues to increase. In 2006-2007, school nurses identified 83,440 students with asthma, an increase of more than 2,000 students from the previous year. Almost 4,500 students with diabetes and more than 18,000 students with life-threatening allergies were identified. In addition to identifying these students, school nurses developed individual health care plans and trained school staff to give necessary medications and perform medical procedures ordered by health care providers.

School nurses provided more than 65,000 health counseling sessions to students and

staff, and nearly 27,000 health education programs in either one-on-one or group settings. They facilitated vision, hearing and dental screenings conducted in their schools, and more than 14,000 students were referred for comprehensive eye exams. Almost 28,000 students were authorized to receive medication at school every day, and school nurses ensured that this was done in a safe manner.

School nurses work with their local School Health Advisory Councils to develop and implement local programs designed to prevent illness and promote health that are mandated by the North Carolina School Board Association Healthy Active Children policy. They also assist with disaster/emergency planning for their communities.

As the health needs of children in school continue to grow, so must the availability of school nurses, until the recommended ratio of 1:750 is reached and there is a school nurse in every school in North Carolina.

Students contact the school nurse for answers to questions ranging from normal growth and development to serious emotional and mental health concerns requiring referrals to mental health professionals. As the table below illustrates, school nurses provided more than 58,000 individual health-counseling sessions. (Source: North Carolina Annual School Health Services Report For Public Schools Summary Report of School Nursing Services School Year 2006-2007 <http://www.nchealthyschools.org/docs/data/reports/2006-07eoy.pdf>)

<b>Individual Health Counseling Sessions In NC Schools 2005-06</b>				
<b>Health Counseling Issues</b>	<b>Elem</b>	<b>MI</b>	<b>HS</b>	<b>Total</b>
Child Abuse & Neglect	2008	679	580	3267
Grief & Loss	813	717	1334	2864
Pregnancy Related	37	1080	5864	6981
Substance Abuse	59	422	2324	2805
Suicide/Depression	551	974	2883	4408
Tobacco Use	117	532	2881	3530
<i>SOURCE: North Carolina Annual School Health Services Report For Public Schools Summary Report of School Nursing Services School Year 2005-06</i>				

## **M. Poverty Indicators**

### **1. Child Care Subsidy**

There are 41 licensed child care facilities and 1,893 licensed child care slots. In McDowell County, 81% of all licensed early childcare programs have a three star ranking and 59% maintain a Five Star license. (Source: [www.mcdowellchamber.com](http://www.mcdowellchamber.com) )

The percentage of children 0-5 and 0-12 enrolled in regulated child care increased from 2001 to 2005 but the percentages were below the state's percentage of children in regulated child care. The percentage of children in regulated daycare receiving subsidies declined from 71% to 41% from 2001 to 2005. Fifty-seven percent of McDowell Community Health Assessment survey respondents said they had a problem finding childcare for infants and toddlers.

CLIKS Community Level Information on Kids, Action for Children, Raleigh, NC				
Source: <a href="http://www.kidscount.org/cgi-bin/cliks.cgi?action=profile_results&amp;subset=NC&amp;areaid=60">http://www.kidscount.org/cgi-bin/cliks.cgi?action=profile_results&amp;subset=NC&amp;areaid=60</a> and <a href="http://www.ncchild.org">http://www.ncchild.org</a>				
	2001		2005	
	MCD	NC	MCD	NC
Percentage of children (0-5) enrolled in regulated child care	14%	24%	22%	26%
Percentage of children (0-12) enrolled in regulated child care	7%	15%	12%	17%
Percentage of children (0-5) enrolled in regulated child care receiving subsidies	59%	40%	38%	36%
Percentage of children (0-12) enrolled in regulated child care receiving subsidies	71%	43%	41%	37%
Children (0-12) who are eligible and have applied for subsidies, not receiving them	-		87	
Number of children living in poverty	1,908 in 2005			
Percent of children enrolled in free and reduced lunch	53%		48%	
Percent of children receiving food stamps in 2004 – 14%, NC-18%				

## **2. Free and Reduced Lunch**

The percentage of children enrolled in Free/Reduced Price School Meals (2005, Action For Children NC, McDowell Profile) indicates that McDowell County rate is 53%, compared to 48% in NC.

## **3. Food Stamps**

Children in McDowell County receiving food stamps in 2004 (14%) is much less than North Carolina, 18%.

#### **4. Work First Recipients**

Only 2% of McDowell County children are Work First Recipients as compared to NC at 3%.

#### **5. Child Dental Health /Decay**

When thinking about oral health, North Carolina faces enormous challenges. There is a shortage of dentists in North Carolina, with the rural and smaller counties suffering mostly from the shortage. Nationally, there are 5.7 dentists per 10,000 population. North Carolina in 2006 had a rate of 4.4 dentists per 10,000 population and McDowell County had a rate of 2.2 dentists per 10,000 population.

The shortage is also affecting children. In North Carolina, pediatric dentist represent 3% of the dentistry population. Another gap in dental services is that nearly 40 out of the 100 counties in North Carolina are counties where the dentist will not provide services to Medicaid eligible persons (See Appendix for list of dentists that accept Medicaid in surrounding areas). Not receiving adequate dental care can have serious implications for a person's health. Research has shown that there is an association between gum disease and other chronic inflammatory diseases, such as diabetes and cardiovascular disease.<sup>xxix</sup>

The 2007 NC Statewide Champ Survey results report that 14.9% of the 2,559 respondents' children had never been to a dentist and 22.2% did not have a regular dentist. 13.5 % of African Americans and 21.2% of other minorities reported their child never seeing a dentist.

The N.C. Oral Health Section (NCOHS), Division of Public Health annually conducts a dental assessment screening for kindergarten and fifth grade students. The Public Health Dental Hygienists use a calibrated technique to measure prevalence of dental disease among these children. The 2010 health goals are to increase the proportion of 5<sup>th</sup> graders that whose permanent teeth are free from tooth decay to 87% and have a target goal of 1.30 being the average number of primary teeth in preschoolers that are missing, decayed and filled.

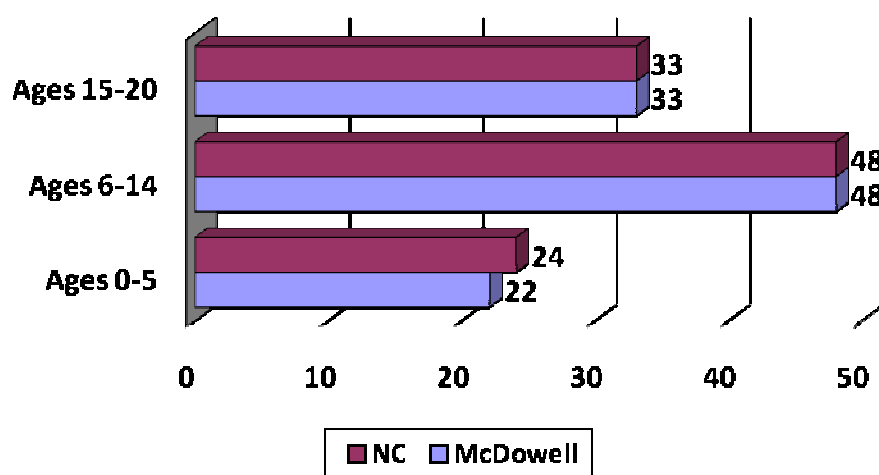
#### **McDowell County averages compared to North Carolina averages in 06-07:**

- ▶ A higher proportion of kindergarteners and fifth graders were screened.
- ▶ A higher percentage of kindergarten students have experienced tooth decay in primary teeth.
- ▶ A higher percentage of kindergarten students have untreated tooth decay in primary teeth.
- ▶ A higher percentage of fifth graders have experienced tooth decay in permanent teeth
- ▶ A similar percentage of fifth graders had untreated decay in permanent teeth.
- ▶ A higher percentage of fifth graders had preventive dental sealants in permanent teeth.

	% Students Screened		% Students History of Decay *		% Students with Untreated Decay		% Students with Sealants
	<u>Kindergarten</u>	<u>5<sup>th</sup> Grade</u>	<u>Kindergarten</u>	<u>5<sup>th</sup> Grade</u>	<u>Kindergarten</u>	<u>5<sup>th</sup> Grade</u>	<u>5<sup>th</sup> Grade</u>
<b>McDowell</b>	99%	98%	<b>59%</b>	<b>39%</b>	<b>32%</b>	5%	<b>50%</b>
<b>North Carolina</b>	78%	81%	39%	25%	19%	4%	42%

\*History of decay includes teeth that have been treated (filled and/or extracted due to decay) as well as teeth that have not been treated. In order to get a true picture of total disease, treated decay has to be considered. NCOHS data shows that almost 60% of McDowell County kindergarten students have a history of decay in their primary teeth and 32% have untreated dental decay. This means that only 8% screened have had no decay. For McDowell County fifth graders, 39% have a history of decay in their permanent teeth and 5% have untreated dental decay. While the percentage of kindergarten and fifth grade children in McDowell County with a history of decay and untreated decay is higher than the North Carolina state average, a higher percentage of McDowell County fifth graders have received one or more dental sealants on a permanent tooth. Dental sealants are a plastic substance placed on the chewing surfaces of back teeth and have been shown to be effective at preventing decay.

**Percent of Medicaid Eligibles Receiving Dental Services in 2006**





## 6. Child Maltreatment

McDowell County had a higher rate of child abuse and neglect reports investigated in 2005 and a slightly lower percent of maltreatment recurrence. There were less foster care children reunified within 12 months. Seventy-nine percent of McDowell Community Health Assessment survey respondents thought child abuse and neglect was a problem in the county. Sixty percent thought there was a problem with abuse or neglect of senior citizens.

<b>CHILD MALTREATMENT</b> <a href="http://www.kidscount.org/cgi-bin/cliiks.cgi?action=profile_results&amp;subset=NC&amp;areaid=60#1">http://www.kidscount.org/cgi-bin/cliiks.cgi?action=profile_results&amp;subset=NC&amp;areaid=60#1</a>	<b>2005</b>	
Number of child abuse and neglect reports investigated	<b>McDowell</b>	1,064
	<b>NC</b>	111,581
Child abuse and neglect reports investigated, rate per 1,000	<b>McDowell</b>	110
	<b>NC</b>	54
Number of child abuse and neglect reports substantiated	<b>McDowell</b>	309
	<b>NC</b>	20,394
Number of children in foster care	<b>McDowell</b>	97
	<b>NC</b>	9,820
Number of child abuse homicides	<b>McDowell</b>	0
	<b>NC</b>	36
Percent recurrence of maltreatment	<b>McDowell</b>	5%
	<b>NC</b>	7%
Percent of children maltreated in foster care	<b>McDowell</b>	0%
	<b>NC</b>	0%
Percent of foster care children reunified within 12 months	<b>McDowell</b>	38%
	<b>NC</b>	61%
Percent of foster care children who re-enter foster care within 12 months	<b>McDowell</b>	0%
	<b>NC</b>	4%
Percent of foster care children adopted in less than 24 months	<b>McDowell</b>	23%
	<b>NC</b>	39%
Percent of children with no more than two different placements in one year	<b>McDowell</b>	96%
	<b>NC</b>	92%

<b>McDowell County Pattern of Initial Placement for Judicial District 29A by Cohort</b>									
<a href="http://sasweb.unc.edu/cgi-bin/broker?_service=default&amp;_program=cwweb.net.sas&amp;county=McDowell&amp;label=County&amp;cnty=J">http://sasweb.unc.edu/cgi-bin/broker?_service=default&amp;_program=cwweb.net.sas&amp;county=McDowell&amp;label=County&amp;cnty=J</a>									
Type	SFY97_98 Full Yr	SFY98_99 Full Yr	SFY99_00 Full Yr	SFY00_01 Full Yr	SFY01_02 Full Yr	SFY02_03 Full Yr	SFY03_04 Full Yr	SFY04_05 Full Yr	SFY05_06 Full Yr

Number of children	67	111	81	108	145	125	88	94	85
Own Home	7%	12%	10%	2%	6%	12%	6%	6%	5%
Relative	27%	30%	30%	20%	37%	30%	23%	20%	25%
Foster Home	19%	24%	19%	31%	22%	17%	24%	38%	36%
Group Home	6%	1%	7%	6%	6%	3%	7%	2%	7%
Hospital	1%	1%	1%	2%	3%	2%	0%	0%	1%
Emergency Shelter	25%	23%	21%	30%	21%	29%	27%	22%	8%
Court Approved	1%	5%	4%	4%	3%	3%	3%	6%	7%
Other	4%	1%	1%	5%	2%	3%	10%	4%	11%
Missing Data	7%	4%	7%	1%	0%	0%	0%	0%	0%

#### **a. Foster Care**

North Carolina has an exceptionally low rate of foster care re-entries and this may in part be attributable to the use of trial home placements prior to permanent reunification.

AFCARS data shows that 62.3% of children in foster care experience two or fewer placements, well below the national standard of 89%. The case review revealed the most likely disrupted foster care placements involve adolescents with behavioral issues.

The median length of time in foster care has steadily shrunk over the last four years and now half of all children entering foster care are in care for a year or less. While the State has not yet achieved the national standard for reunification (78% within a year) or the time to achieve adoption (36% within two years), the State is demonstrably heading in that direction.

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North Carolina has done an exceptional job in keeping foster care placements in close proximity to the families. In the foster care cases reviewed, 97% of the children were placed in the same community or county from whence they came. The State has emphasized the importance of keeping siblings in foster care together where possible, even to the point of waiving space and capacity requirements in certain cases in order to do so. Stakeholders pointed out that the large growth in Hispanic families without a concomitant recruitment of Hispanic speaking foster parents might jeopardize future sibling placements. There has been an increased reliance on relative placement in lieu of foster care. Use of relatives for children who needed to be removed from their own homes increased from 14% to 19% over the past four year.

(Source: Child And Family Services Review North Carolina Department Of Health & Human Services, Division Of Social Services, Executive Summary Page 3)

## 7. Single Parent Homes

Single parent families have high rates of poverty. Single mothers and minorities have the highest rates. Better wages, access to health insurance and other benefits, and advancement opportunities for women and minorities would help alleviate the inequities of poverty among single minority mothers. Positive work environments that are flexible and offer support may also help single parents find more balance between work and home demands.

Single parents are faced with many roles such as raising a family, managing finances and home responsibilities, and performing job tasks. Many parents feel unprepared for filling all of these roles. Educating men and women from an early age on managing these tasks can reduce stress later.

The number of single parent families in this country continues to rise. In 2000, 12 million families were defined as single parent families. While most of these families were the result of separation, divorce, or death, a growing number were intentional.

Families who experience divorce or separation may need up to three years to completely adjust to the new family and its dynamics. Part of this adjustment may include frequent moves. Single parent families move more often than other families, which can result in stress and the loss of family or friendship networks.

Single parents may have a hard time managing work and home life responsibilities alone and feel overloaded by the numerous roles and tasks required for each. About half of single parent families effectively manage both. Being the sole provider for child care, finances, and emotional support can be overwhelming. Finding personal time or time for dating or a social life can also be challenging.

This continued stress can cause such health problems as immune deficiencies and mental health problems such as depression and anxiety. These physical and mental health problems tend to occur at a higher rate among single parents who are newly adjusting to a separation, divorce, or death. Extended family and the children's other parent and family can provide support for some of these issues, or they may contribute to the stress and strain.

(Source: Jordan Institute for Families [http://ssw.unc.edu/jif/famtrend/briefs\\_single.htm](http://ssw.unc.edu/jif/famtrend/briefs_single.htm))

<b>Number of McDowell County Children Living in Households Without Both Parents According to the 2000 Census</b>	
<i>Source: LINC NC Census Lookup <a href="http://data.osbm.state.nc.us/pls/linc/dyn_linc_main.show">http://data.osbm.state.nc.us/pls/linc/dyn_linc_main.show</a></i>	
Families with a female householder and no husband present.	1,690
Families with a female householder, with no husband present, and with their own children under 18.	881
Families with a male householder, no wife present, and with their own children under 18.	402

Children under 18 who do not live with both parents.	3,079	32% of children do not live with both parents
Females Age 16 Up with Own Children: An "own child" is a never-married child under 18 years who is a son, daughter, stepchild, or adopted child.	5,046	34.5% of total McDowell Female Population (5 years and up)

## 8. Medicaid

In 2006, 22.74% of McDowell population was eligible for Medicaid services compared to 21.5% statewide. In McDowell in 2006, 4,997 under the age of 21 were eligible, 4,466 ages 21 and up were eligible. There were 124 eligible for family planning and a total 9,587 population in McDowell County eligible for all Medicaid services. There were 22 of Medicaid providers who provided primary care with paid claims in 2004.

<b>Medicaid Eligibles, County Compared to State Totals for SFY2006</b> <a href="http://www.dhhs.state.nc.us/DMA/countyreports/McDowellCounty.pdf">http://www.dhhs.state.nc.us/DMA/countyreports/McDowellCounty.pdf</a>					
	< age 21	21+	Family Planning Eligibles	Total Medicaid Eligibles	% of population that is Medicaid Eligible
McDowell	4,997	4,466	124	9,587	22.74%
State	977,036	729,393	24,510	1,730,939	21.5%

<b>Medicaid Information for McDowell County</b> Source: NC Medicaid Paid Claims Data (unless otherwise indicated)			
Calendar Year	Statistic	McDowell County	State
2004	% of population less than 100% poverty (US Census data)	13.1%	13.8%
2004	% of population 5-17 less than 100% poverty (US Census data)	16.9%	16.9%
2004	% Uninsured	19.4%	17.5%
SFY2006	Total number of Medicaid providers who provide primary care with paid claims	22	4,450

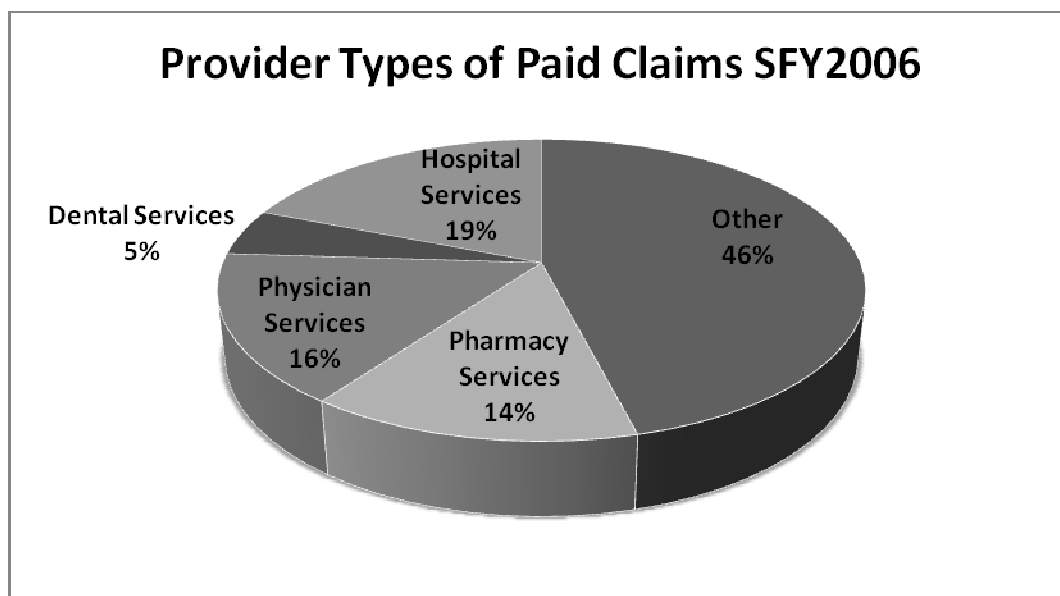
Average cost of private duty nursing in 2006 was \$166,536 compared to \$107,668 for NC. There were 2 recipients in McDowell County in 2006. The average cost of personal care services in 2006 in McDowell was \$6,104 compared to \$5,809 per recipient in North Carolina. There were 360 receiving personal care services in McDowell County in 2006.

<b>Average Medicaid Recipient Expenditures</b>						
	Hosp/Med	Rx Drugs	Nursing Home	ICF/MR	Total	Avg. Cost Per Enrollment
McDowell	\$1,252	\$1,295	\$26,545	\$106,480	\$5,407	\$5,036
State	\$1,293	\$1,216	\$23,669	\$101,484	\$5,212	\$4,881
Does not include cost settlements, TPL, Medicare Buy-in, administrative costs or financial item recoupments						

<b>Agency For Healthcare Research (AHRQ) Quality Indicators CY2005</b>				
Source: AHRQ website <a href="http://www.ahrq.gov">www.ahrq.gov</a>				
These are considered to be avoidable hospitalizations and serve as an indicator of adequate access to primary care.				
Prevention Quality Indicators	County Numerator	County Rate/100,000	State Rate/100,000	Compared to Std. Dev.
Diabetes short-term complication admission rate	15	415.397	182.825	Above
Diabetes long-term complication admission rate	9			
Chronic obstructive pulmonary disease admission rate	14	387.704	268.521	Above
Congestive heart failure admission rate	12	332.318	402.781	Within std.
Adult asthma admission rate	6			
Pediatric asthma admission rate	3			

<b>Mental Health Utilization – Number of Recipients Receiving Services SFY2006</b>			
	Recipients	Costs	Avg. Cost Per Recipient
McDowell	1,102	\$5,305,148	\$4,814
State	165,434	\$877,089,296	\$5,302
<b>Emergency Services for Non-Citizens SFY2006</b>			
	Recipients	Costs	Avg. Cost per Recipient
County	88	\$206,986	\$2,352
State Total	17,739	\$57,723,363	\$3,254

**Sixty-four percent of McDowell Community Health Assessment survey respondents reported a problem finding mental health care.**



<http://www.dhhs.state.nc.us/DMA/countyreports/McDowellCounty.pdf>

## 9. Uninsured

Having health insurance can improve the access and quality of medical care received. Even though health insurance can help a person's overall health, 45.7 million Americans are uninsured and 1.2 million North Carolinians are uninsured. Sometimes even having health insurance is not as beneficial if one cannot pay the co-insurance, meet the deductibles or afford to buy the prescription medication. North Carolina in 1998 implemented the State Child Health Insurance Program, "Health Choice." However, there are still 296,000 or 12.8% children uninsured, placing North Carolina ninth nationally for the percentage of children and sixth nationally for the number of children. <sup>xxxix</sup> Unfortunately, the number of insured is sure to increase again due to the closing of businesses and layoffs. So far in 2008, North Carolina has experienced 642 businesses closing and 189 businesses experienced layoffs. <sup>xxxix</sup>

In 2004, there was 13.1% of the population at less than 100% poverty and 16.9% of the population age 5-17 that live at less than 100% poverty. In 2004, 19.4% were uninsured compared to the state percentage of 16.9. The latest data for McDowell County shows that in 2005, 12% of children between the ages of 0-17 were uninsured and 20% of adults between of ages of 18-64 were uninsured. Estimated uninsured ages 0-64 are 17.7%. Again the number is sure to increase due to the businesses closing and the layoffs. <sup>vii</sup> The 2007 BRFSS Survey Results for WNC report 25.4% with no health insurance coverage under the age of 65.

Health Insurance Coverage of Adults 19-64 North Carolina (2006-2007), US (2007)				
	NC #	NC %	US#	US%
Employer	3,351,980	61	115,601,757	63

Individual	315,813	6	10,889,568	6
Medicaid	398,704	7	14,648,289	8
Other Public	236,664	4	5,542,938	3
Uninsured	1,219,653	22	36,098,694	20
Total	5,522,815	100	182,781,246	100

<b>Health Insurance Coverage of Children 0-18</b> <b>North Carolina (2006-2007) US (2007)</b>				
	NC #	NC %	US #	US %
Employer	1,161,562	50	43,504,800	55
Individual	116,679	5	3,457,592	4
Medicaid	694,590	30	21,711,118	28
Other Public	56,840	2	1,099,624	1
Uninsured	310,673	13	8,872,087	11
Total	2,340,346	100	78,645,221	100

Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2007 and 2008 Current Population Survey (CPS: Annual Social and Economic Supplements) <sup>xxxiii</sup>

<b>NC Health Choice CCNC Enrollment</b> <a href="http://www.dhhs.state.nc.us/dma/ca/nchcenroll/nhc-ccncenroll2008.pdf">http://www.dhhs.state.nc.us/dma/ca/nchcenroll/nhc-ccncenroll2008.pdf</a>					
<b>McDowell</b>	<b>NCHC Eligibles</b>	<b>CCNC Enroll</b>	<b>Percent CCNC Enrollment</b>	<b>NCHC Exempt</b>	<b>Percent Exempt</b>
<b>Jan 08</b>	664	512	77%	95	16%
<b>Aug. 08</b>	713	542	76%	67	11%

#### IV. Health Information

Health is defined by The World Health Organization as: “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”<sup>xxxiv</sup> Health is the result of an individual’s genetic predisposition, the environment in which one lives, personal behaviors, public and health policies of our government and the clinical care one receives.

## A. Leading Causes of Death

One of the 2010 health goals for North Carolina and Healthy People 2010 is to increase the span of life and improve the quality of life at the same time. When looking at the leading causes of death the majority of them are chronic diseases. Chronic diseases cannot be prevented by vaccines or disappear on their own, but are among the most preventable diseases. The major chronic disease killers to a large degree are an extension of what people do or do not do a day-to-day basis. Tobacco use, lack of physical activity, poor nutrition and stressful lifestyles, are major contributions to heart disease and cancer, the top two leading causes of death for the nation, state, and locally.

Adopting healthier lifestyles can significantly reduce the chances of developing a chronic disease; preventative screenings and education about the signs and symptoms of a stroke or heart attack can reduce the chances as well.

Comparison of Unadjusted Death Rates www.schs.state.nc.us.SCHS/deaths/lcd/2006/					
Residence	2006 Deaths Number	2006 Death Rate	2002-06 Deaths	2002-06 Death Rate	
NC	74,419	839.9	365,996	854.6	
McDowell	471	1079.5	2,217	1,025.9	
Polk	272	1425.6	1,388	1,463.9	
Rutherford	819	1296.3	3,858	1,219.0	
Ten Leading Causes of Death by Age Group for McDowell County per 100,000 Population 2002-2006 Unadjusted					
Source: North Carolina County Health Data Book-2008 www.schs.state.nc.us.SCHS/deaths/lcd/2006					
Age Group	Rank	Cause of Death	# of Deaths	McDowell Death Rate	NC Death Rate
	1	Diseases of the Heart	532	246.2	209.0



<b>Total population- All Ages</b>	2	Cancer-All Sites	512	236.9	193.0
	3	Cerebrovascular Disease	163	75.4	57.8
	4	Chronic Lower Respiratory Diseases	140	64.8	45.1
	5	Alzheimer's Disease	82	37.9	25.6
	6	Other Unintentional Injuries	71	32.9	26.4
	7	Diabetes Mellitus	63	29.2	26.4
	8	Pneumonia and Influenza	63	29.2	21.2
	9	Septicemia	38	17.6	13.9
	10	Suicide	37	17.1	11.7
		Total Deaths	2,217	1025.9	854.6

<p align="center"><b>Leading Causes of Death in McDowell County by Age Groups 2002-2006</b>  Source: North Carolina County Health Data Book-2008  <a href="http://www.schs.state.nc.us.SCHS/deaths/lcd/2006">www.schs.state.nc.us.SCHS/deaths/lcd/2006</a></p>				
<b>Age Group</b>	<b>Rank</b>	<b>Cause of Death</b>	<b># of Deaths</b>	<b>Death Rate</b>
<b>Ages 0-19</b>	1	Conditions originating in the perinatal period	9	16.8

<b>Ages 0-19</b>	2	Other Unintentional Injuries	4	7.5
	3	Congenital Anomalies (Birth defects)	3	5.6
	4	Motor Vehicle Injuries	3	5.6
	5	Diseases of the Heart	2	3.7
	6	Suicide	2	3.7
	7	Homicide	2	3.7
	8	SIDS	2	3.7
	9	Septicemia	1	1.9
	10	Cancer-All Sites	1	1.9
	11	Meningitis	1	1.9
		<b>Total Deaths</b>	<b>38</b>	<b>70.8</b>

Source: North Carolina County Health Data Book-2008 www.schs.state.nc.us.SCHS/deaths/lcd/2006				
<b>Age Group</b>	<b>Rank</b>	<b>Cause of Death</b>	<b># of Deaths</b>	<b>Death Rate</b>
<b>Ages 20-39</b>	1	Other Unintentional Injuries	20	34.3
	2	Cancer-All Sites	10	17.1

<b>Ages 20-39</b>	3	Motor Vehicle Injuries	10	17.1
	4	Diseases of the Heart	9	15.4
	5	Suicide	9	15.4
	6	Congenital anomalies (birth defects)	3	5.1
	7	Diabetes Mellitus	2	3.4
	8	Homicide	2	3.4
	9	Septicemia	1	1.7
	10	Nutritional Deficiencies	1	1.7
	11	Hypertension	1	1.7
	12	Cerebrovascular Diseases	1	1.7
	13	Pneumonia and Influenza	1	1.7
	14	Chronic Lower Respiratory Disease	1	1.7
	15	Peptic Ulcer	1	1.7
	16	Chronic Liver Disease and Cirrhosis	1	1.7
		Total Deaths	80	137.2

Source: North Carolina County Health Data Book-2008  
[www.schs.state.nc.us.SCHS/deaths/lcd/2006](http://www.schs.state.nc.us.SCHS/deaths/lcd/2006)

Age Group	Rank	Cause of Death	# of Deaths	Death Rate
-----------	------	----------------	-------------	------------

<b>Ages 40-64</b>	1	Cancer-All Sites	159	218.6
	2	Diseases of the Heart	103	141.6
	3	Chronic Lower Respiratory Diseases	21	28.9
	4	Suicide	21	28.9
	5	Other Unintentional Injuries	19	26.1
	6	Chronic Liver Disease and Cirrhosis	18	24.7
	7	Cerebrovascular Disease	17	23.4
	8	Diabetes Mellitus	15	20.6
	9	Motor Vehicle Injuries	12	16.5
	10	Septicemia	6	8.2
	11	Homicide	6	8.2

North Carolinian males and minorities typically have a shorter life expectancy than females and whites respectively. Males and minorities also have higher death rates in the leading causes of death.<sup>xiv</sup> (Source: North Carolina State Center for Health Statistics. Healthy Life Expectancy in North Carolina, 1996-2000. Available at: <http://www.schs.state.nc.us/SCHS/pdf/SCHS-129.pdf>)

White males in McDowell County fared worse than others in 2002-06 with higher death rates than McDowell and North Carolina's overall death rates in heart disease, cancer, trachea, bronchus, lung cancer, chronic lower respiratory disease, all other intentional injuries, pneumonia/influenza and all causes of death. Minority death rates were higher than McDowell and NC's overall death rates in chronic lower respiratory disease and all causes. Minority female death rates were higher than McDowell or NC's overall death rates in cerebrovascular and Alzheimer's diseases but the number of deaths was under 20 in both cases.

**2002-06 McDowell Race and Sex Specific Age-Adjusted Death Rates Per 100,000 Population**

*2008 County Health Data Book*

	# of McDowell Deaths	White Male Rate/#	White Female Rate/#	Minority Male Rate/#	Minority Female Rate/#	Overall NC Death Rate	Overall McDowell Rate
Heart Disease	532	<b>270.4/259</b>	178.5/254	174.8/8	198/11	217.9	219.2
Cancer	512	<b>255.9/256</b>	172.5/238	<b>204/10</b>	147.3/8	196.4	205.1
--Trachea, Bronchus, Lung	171	<b>94.4/98</b>	50.7/70	36.9/2	16.4/1	59.8	67.6
Cerebrovascular	163	58/51	73.8/105	44.3/2	<b>90.9/5</b>	61.1	68.3
Alzheimer's	82	23.9/21	37.2/55	0/0	<b>116.1/6</b>	27.7	34.5
Chronic Lower Respiratory	140	<b>72.9/69</b>	49.4/68	<b>63.2/3</b>	0/0	47.1	56.6
All Other Unintentional Injury	71	<b>51.1/48</b>	17.7/22	19.7/1	0/0	27	31.8
Pneumonia/Influenza	63	<b>33.9/27</b>	24.7/36	0/0	0/0	22.5	26.8
ALL CAUSES	2,217	<b>1082.2/1041</b>	784.1 / 1087	<b>1036.6/ 50</b>	719.0/3 9	885.2	918.7

## B. Cancer Rates

During 2007, cancer passed heart disease as the number one cause of death among adults in North Carolina. Cancer death rates are higher in McDowell for all cancers and lung/bronchus is 13.8% higher than North Carolina's death rate in 2002-2006.

**2002-2006 Cancer Mortality Rates By County For  
Selected Sites Per 100,000 Population, Age-Adjusted  
To The US Census**

<a href="http://www.schs.state.nc.us/SCHS/CCR/mort0206cnty.pdf">http://www.schs.state.nc.us/SCHS/CCR/mort0206cnty.pdf</a>		
<b>Death Rate/100,000</b>	<b>NC</b>	<b>McDowell</b>
<b>All Cancers</b>	<b>194.9</b>	<b>203.6</b>
<b>Lung/Bronchus</b>	<b>59.4</b>	<b>67.6</b>
<b>Colon/Rectum</b>	<b>17.8</b>	<b>15.7</b>
<b>Prostate</b>	<b>28.9</b>	<b>23.6</b>
<b>Female Breast</b>	<b>25.3</b>	<b>17.7</b>
<i>Source: CANCER in north Carolina, 2008 Report cancer and income with a special report on cancer, income, and racial differences</i>		

### C. Hospital Costs

Only 19.1% of Western North Carolinians report having excellent health and 21.5% report having fair to poor general health. (Source: 2007 BRFSS for WNC)

Poor health can be very costly, costing McDowell residents \$88,705,810 in hospital services in 2006. McDowell County residents paid out the following in 2006:

<b>Diagnostic Category</b>	<b>Total Cases</b>	<b>Total Charges</b>	<b>Average Charge Per Case</b>
Cardiovascular & Circulatory Diseases	840	\$22,104,241	\$26,346
Heart Disease	615	\$17,153,088	\$27,937
Cerebrovascular Disease	140	\$2,695,602	\$19,254
Malignant Neoplasms	189	\$4,885,378	\$25,829
Colon, Rectum, Anus	31	\$795,056	\$25,647
Trachea, Bronchus, Lung	27	\$614,746	\$22,768
Female Breast	19	\$211,920	\$11,154

Prostate	10	\$217,604	\$21,760
Musculoskeletal System Diseases	331	\$11,188,431	\$33,802
Respiratory Diseases	512	\$10,540,825	\$20,588
Pneumonia/Influenza	210	\$2,475,463	\$11,788
Chronic Obstructive Pulmonary Disease	110	\$1,090,415	\$9,913
Injuries & Poisoning	406	\$9,801,928	\$24,143
Digestive System Diseases	534	\$8,079,145	\$15,129
Chronic Liver Disease/Cirrhosis	8	\$459,132	\$57,391

#### **D. Maternal and Infant Health**

In 2006, there was a greater percentage than the state of McDowell women who delivered by Caesarean-section, had Medicaid assisted births, received WIC services, child referrals to CSC, maternity care coordination and visited the health department during their pregnancy. There was also a larger percentage of mothers with live births under the age of 18, began prenatal care in the 1<sup>st</sup> trimester and who smoked during pregnancy.

<b>Maternal, Infant and Child Health</b>	<b>McDowell</b>	<b>State</b>	<b>Year</b>
% Live Births Delivered by Caesarean-Section	33.0	30.3	2006
% Live Births to Unmarried Mothers	36.2	40.1	2006
% Medicaid Births	66.7	51.8	2006
% of Births to WIC Mothers	52.6	40.0	2006
% of Births where Child was referred to CSC	28.2	9.0	2005
% of Births where Mothers Received Maternity Care Coordination	35.5	15.5	2006
% of Births where Mothers Visited Local Health Dept.	31.4	21.2	2006
% of Live Births That Were Less Than 1,500 grams	1.2	1.8	2006
% of Live Births That Were Less Than 2,500 grams	7.7	9.1	2006
% of Live Births to Mothers Less Than Age 18	4.8	3.8	2006

% of Live Births Where Prenatal Care Began in the First Trimester	82.2	81.9	2006
% of Live Births Where the Mother Smoked During Pregnancy	23.5	11.5	2006
Abortions per 1,000 Pregnancies	84.3	186.3	2006
Child Deaths (Ages 0-17) per 100,000 Population	71.2	73.9	2006
Infant Deaths per 1,000 Live Births	7.1	8.1	2006
Teen Pregnancies per 1,000 Girls Ages 15-17	39.5	35.1	2006
Teen Pregnancies per 1,000 Girls Ages 15-19	82.6	65.5	2006

In 2007, there were 570 pregnancies in McDowell County. Of the 570 pregnancies, 513 were live births, 52 induced abortions, and 5 fetal deaths. (Source: North Carolina Reported Pregnancies - 2007 Division of Public Health N.C. Department of Health and Human Services) Infant death mortality is not an issue in McDowell County as it is in other counties in North Carolina. In 2003-2007, there were 30 child deaths (ages: under 1 through 17), in McDowell County for the following causes:

	<b>Birth Defects</b>	<b>Perinatal Conditions</b>	<b>SIDS</b>	<b>Illnesses</b>	<b>Motor Vehicle</b>	<b>Bicycle</b>	<b>Fire &amp; Flame</b>
<b>2003-07</b>	4	8	2	7	1	0	0
	<b>Drowning</b>	<b>Falls</b>	<b>Poisoning</b>	<b>Other Injuries</b>	<b>Homicide</b>	<b>Suicide</b>	<b>All Other</b>
<b>2003-07</b>	1	0	1	1	1	1	3

**In 2002-2006, McDowell County births by cesarean section were 9.8% higher than for North Carolina.**

<b>Number and Percent of Births Delivered By Cesarean Section 2002-2006</b>			
	<b>Total Births</b>	<b>Number of Births By Cesarean</b>	<b>Percent Births By Cesarean</b>



NC	606,085	174,159	<b>28.7</b>
McDowell	2,586	814	<b>31.5</b>
Rutherford	3,780	1,114	29.5
Polk	813	228	28.0

## E. Teenage Pregnancy

North Carolina has one of the higher teen pregnancy rates in the nation. The total number of NC teens aged 15-19 who were pregnant in 2007, was 19,916 (19,192 in 2006). Over 29 percent of those pregnancies were to girls who had been pregnant at least once before. The number of 10-14 year olds who were pregnant last year in NC was 404. The abortion rate for females ages 15-19 was 14.3 for North Carolina, and was 6.0 (down from a rate of 11.1 in 2006) for the same age group in McDowell County.

McDowell County ranked 20th worst in the state in 2006, for the numbers of teen pregnancies. In 2006, there were 108 teen pregnancies (ages 15-19) and a pregnancy rate of 80.2. In 2007, there were 78 teen pregnancies (ages 15-19) and a pregnancy rate of 58.3, and 24.4% were repeat pregnancies. The official Adolescent Prevention Campaign of North Carolina (APPCNC) ranking for McDowell in 2007 is 70.

The McDowell High School reported having 25 known pregnant students in the 2007-2008 school year. In the first few weeks of the 2008-09 school year (during the writing of this report), The McDowell High School reported that 9-10 known pregnant teens were enrolled. This does not include pregnant students at the Alternative Learning Center or the Junior High Schools.

In the 2008 McDowell Health Assessment Survey, 58.1% (n=663) thought that teenage pregnancy was a major problem and 25.8% thought it was somewhat a problem. One 3.9% answered it was not a problem and 9.7% didn't know or had no opinion.

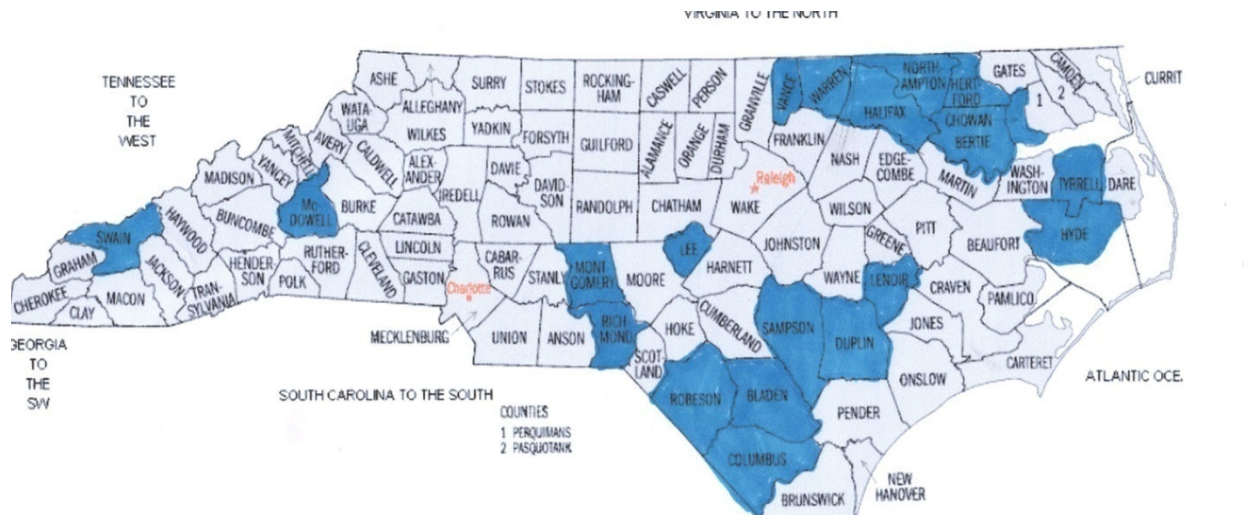
To address the teen pregnancy issue, McDowell Schools has a state funded Adolescent Parenting Program that provides teen parents 17 and under with intense case management through monthly or bi-monthly peer group meetings. This program encourages these young parents to stay in school, delay further pregnancies, and improve parenting skills.

Unplanned pregnancies during the teen years have long been associated with a host of critical social issues, including poverty and overall child well-being, out-of-wedlock births, workforce readiness, and responsible fatherhood. In FY 2001 through 2002, teen pregnancy cost North Carolinians more than one billion dollars (\$1,039,390,739) in WIC, Medicaid, TANF and food

stamps (NC Budget and Tax Center). (Source: Adolescent Prevention Campaign of North Carolina (APPCNC))

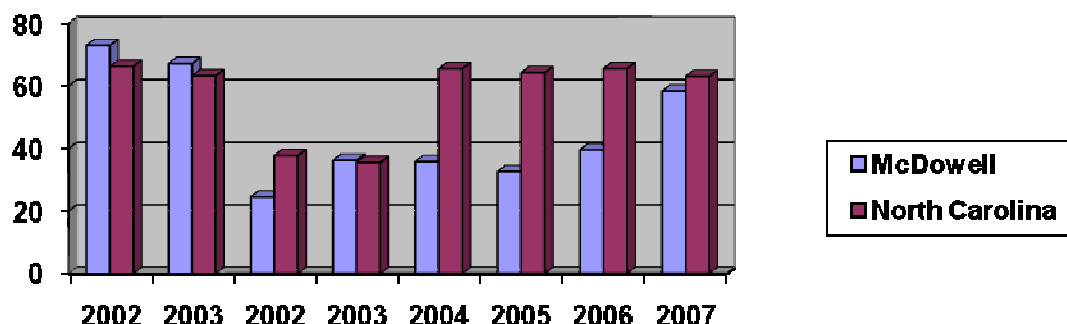
### North Carolina Counties with the Highest Teen Pregnancy Rates in 2006

Adolescent Prevention Campaign of North Carolina (APPCNC)



McDowell Teen Pregnancies per 1,000 Girls Ages 15-17			
Year	County Number	County Rate	State Rate
2002	18	24.5	37.7
2003	27	36.2	35.5
2004	27	35.8	35.7
2005	25	32.6	35.3
2006	31	39.5	35.1

### McDowell County Teen Pregnancy Rate 2002-2007, 15-19 Year Old



Source: North Carolina State Center for Health Statistics, North Carolina Comprehensive Assessment for Tracking Community Health <sup>vii</sup>

### F. Tobacco Use

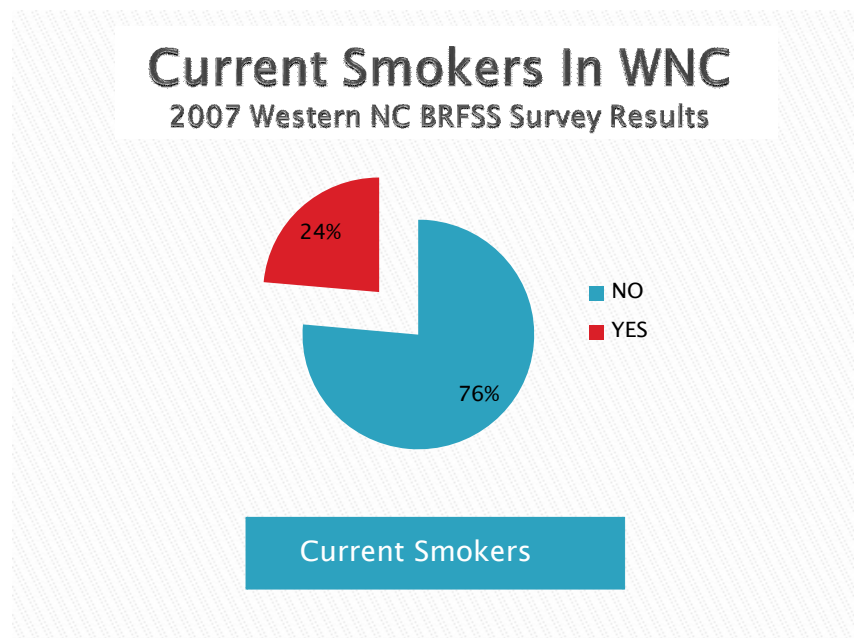
The number of women that smoke during their pregnancy in McDowell County in 2006 was 104% higher than the North Carolina percentage. Smoking while pregnant not only can harm the baby but the mother as well. Women that smoke are more at risk for having ectopic pregnancies, placenta complications, and low birth weight infants. <sup>xxxv</sup> Childhood exposure to SHS can lead to upper respiratory infections, decreased lung capacity, ear infections, Sudden Infant Death Syndrome (SIDS) and even behavioral problems and learning difficulties. Pregnant women exposed to SHS have increased risk of delivering prematurely or having an infant die of SIDS. Exposed children have increased risk for acute respiratory infections, ear problems, and more severe asthma. <http://www.tobaccopreventionandcontrol.ncdhhs.gov/shs/index.htm>

McDowell % of Live Births Where the Mother Smoked During Pregnancy				
Year	County Number	State Number	County Rate	State Rate
2002	107	15,440	21.0	13.2
2003	114	14,996	22.3	12.7
2004	118	14,960	24.1	12.5
2005	100	14,840	19.5	12.1
2006	132	14,668	23.5	11

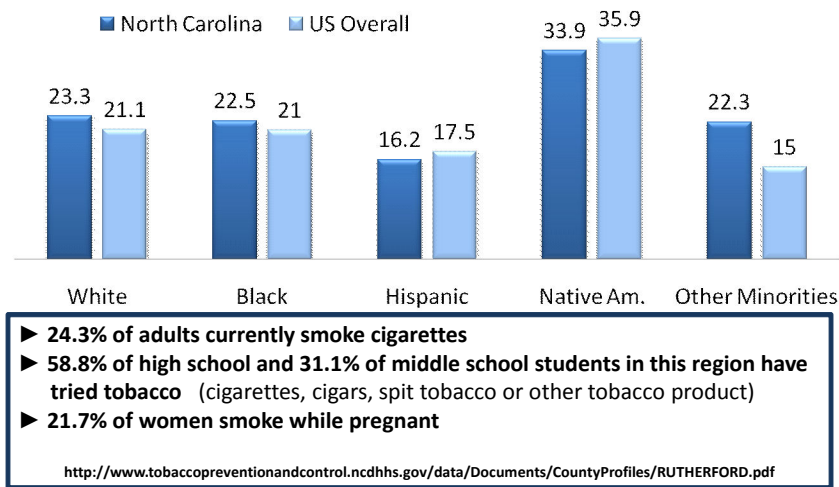
Source: North Carolina State Center for Health Statistics, North Carolina Comprehensive Assessment for Tracking Community Health <sup>xxxvi</sup>

Approximately 24% of adults still smoke cigarettes in Western North Carolina according to the 2007 Behavior Risk Survey. In 2004, tobacco use cost the state an estimated \$5.4 billion in medical and productivity costs. For that same year, North Carolina's Medicaid costs attributable to smoking were estimated to be more than \$769 million or \$119.73 per capita.

Source: Centers for Disease Control and Prevention. (Source: State Tobacco Data Highlights Report. [www.cdc.gov/tobacco/data\\_statistics/state\\_data\\_highlights/2006/00\\_pdfs/Data\\_Highlights06table4pdf](http://www.cdc.gov/tobacco/data_statistics/state_data_highlights/2006/00_pdfs/Data_Highlights06table4pdf) )



**Current Cigarette Smoking Among Adults In NC:  
Behavioral Risk Factor Surveillance System, 2006**



## G. Asthma

Asthma is a chronic respiratory disease characterized by episodes or attacks of inflammation and narrowing of small airways in response to asthma “triggers.” Asthma attacks can vary from mild to life-threatening and involve shortness of breath, cough, wheezing, chest pain or tightness, or a combination of these symptoms.

The burden of asthma in a community can be assessed by reviewing rates of hospitalizations, and emergency department admissions and discharges for acute asthma event. In 2006, there were 22 asthma-related hospital discharges for children ages 0-14, equaling a hospitalization rate of 50.4 per 100,000 population compared to a rate of 118.5 per 100,000 for North Carolina. 9.1% of Western North Carolinians report having asthma. (Source: 2007 BRFSS Survey for WNC)

**2006 NORTH CAROLINA HOSPITAL DISCHARGES\*\* WITH A PRIMARY  
DIAGNOSIS OF ASTHMA**

Numbers and Rates Per 100,000 By County of Residence: All Ages & Ages 0-14

<http://www.schs.state.nc.us/SCHS/data/databook/CD18%20Asthma%20hospitalizations%20by%20county.html>

Residence	Total Number	Total Rate	Number Ages 0-14	Rate Ages 0-14
<b>NC</b>	10,500	118.5	2,732	152.8
<b>McDowell</b>	22	50.4	3	37.2
<b>Polk</b>	5	26.2	.	.
<b>Rutherford</b>	82	129.8	16	132.3

## H. Overweight/Obesity

Obesity is becoming a serious health problem in North Carolina and the United States. In 2007 North Carolina was ranked 17<sup>th</sup> for its adult obesity rate and 5<sup>th</sup> for children between the ages of 10-17. Obesity can be linked to lack of physical activity, lack of recreational facilities, poor nutritional diet and lack of worksite wellness programs. <sup>xxxvii</sup>

Obesity and lifestyle choices that contribute to it ranked as top concerns in the focus group sessions, the health summit and in the McDowell Community Health Assessment Survey.

<b>2008 McDowell Community Health Assessment Survey</b>				
<b>Percentage of Survey Respondents Who Considered These Health Issues A Top Concern In McDowell County</b>				
	<b>No Problem</b>	<b>Somewhat a Problem</b>	<b>Major Problem</b>	<b>Don't Know No Opinion</b>
Lack of physical activity or exercise	8.3%	39%	<b>48.6%</b>	4.2%
Poor eating habits/Lack of good nutrition	6.4%	34%	<b>56%</b>	4.2%

### 1. Adults

The 2010 Healthy Carolinian health goal is to increase the number of adults that engage in physical activity for at least 30 minutes on 5 or more days to 20.1% and increase the number of adults that eat five or more servings of fruits and vegetables each day to 25.1%. <sup>xxxviii</sup> According to the Behavioral Risk Factor Surveillance System (BRFSS), in 2007 47.2% Western Carolinians responded that they meet the recommendation for physical activity compared to 44.0% of North Carolinians. 25.7% of Western Carolinians said they eat five or more servings of fruits and vegetables each day compared to 21.6% of North Carolinians. 71.8% of Western North Carolinians also believe they would eat healthy foods and beverages more often if they were available in places where you eat out compared to 84% in the 2008 McDowell Health Assessment Survey.

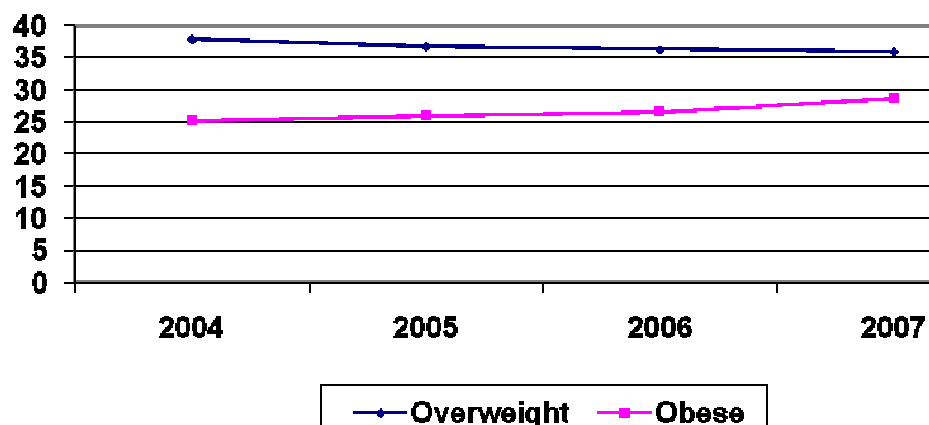
In a school survey of 880 students, staff and parents conducted by the McDowell Health Department in 2006, 54% reported that they did not eat 3 servings of vegetables per day and 40% reported not eating two servings of fruit per day.

According to BRFSS, in 2007 64.6% of adult North Carolinians reported having a body mass index greater than 25.00, which indicates either overweight or obese (35.9% overweight and

28.7% obese). The level of obesity is above the Healthy Carolinians 2010 health goal of 16.8%. Being overweight or obese tends to affect certain demographic groups more than others: males more than females (70.4% vs. 58.8%), African Americans more than whites (74.4% vs. 62.7%), people 55-64 years old more than people 18-24 years old (74.6% vs. 50%). When comparing income and educational level, there is not a big difference, but people with a college degree and people with income levels of \$75,000+ do have lower rates than others.

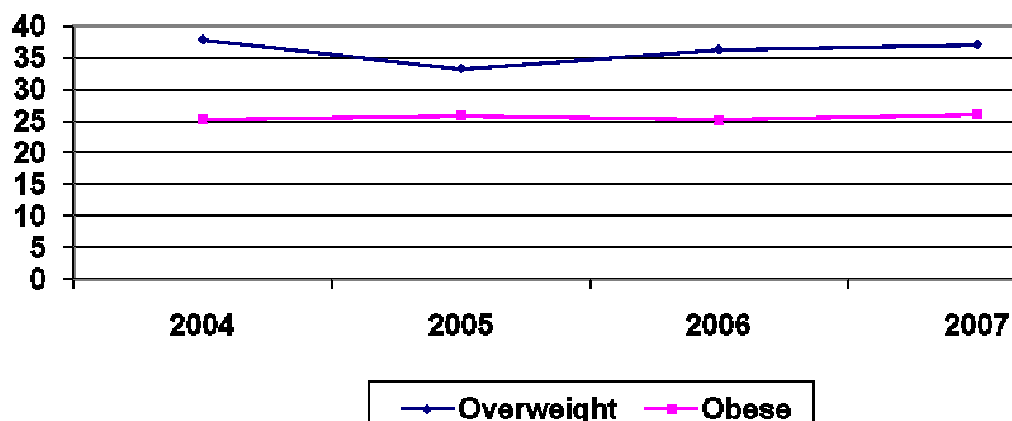
Being overweight or obese can lead to many health risks such as the development of certain chronic diseases, such as heart disease, hypertension, and diabetes. In Western NC, 30.9% of 2007 BRFSS respondents have been told they have high blood pressure, 10.6% have a history of cardiovascular disease (heart attack, or coronary heart disease or stroke), 23.6% are current smokers and 9.5% have been told by a doctor that they have diabetes. People who regularly exercise reduce the risk of osteoporosis. In 2005, 7.8% of WNC BRFSS respondents reported having osteoporosis compared to 5.8% of people in North Carolina.

### North Carolina Obesity Rates



*Source: Behavioral Risk Factor Surveillance System Results*

### Western North Carolina Obesity Rates



*Source: Behavioral Risk Factor Surveillance System Results*

In 2007, 63.1% of adult Western North Carolinians reported having a body mass index greater than 25.00 (37.1% overweight and 26.0% obese). The level of obesity is again above the Healthy Carolinians 2010 health goal of 16.8%. Western North Carolinians tend to have the same demographic groups affected as North Carolina: males more than females (68.3% vs. 58.1%), African Americans more than whites (66.3% vs. 63.8%), people 45-54 and 55-64 years old more than people 18-24 years old (70.3 vs. 41.9). Again when comparing educational and income level, there is not a big difference. <sup>xxxix</sup>

Western North Carolina Obesity Rates		
Category	Overweight	Obese
Male	42.1	26.2
Female	32.2	25.9
White	37.5	26.3
African American	32.7	33.6
Hispanic	34.0	20.3
Non-Hispanic	37.2	26.3
18-24	29.9	12.0



25-34	36.3	23.3
35-44	35.7	30.8
45-54	35.1	35.2
55-64	42.4	27.9
65-74	39.1	26.5
75+	39.5	13.6
Less than H.S.	38.1	30.5
H.S. or G.E.D	36.2	27.0
Some Post H.S.	36.1	27.8
College Graduate	34.3	19.4
Less than \$15,000	31.9	31.1
\$15,000-\$24,999	36.2	27.0
\$25,000-\$34,999	37.2	22.9
\$35,000-\$49,999	38.0	25.9
\$50,000-\$74,999	39.5	28.8
\$75,000+	35.4	24.6

*Source: 2007 Behavioral Risk Factor Surveillance System Results*

In 2007, the McDowell Health Department collected BMI on 44 adults at several health fairs in 2007 and 40% had a BMI >than 30.

## **2. Children**

The 2010 Healthy Carolinian health goal for children is to increase the proportion of middle and high school students that participate in vigorous physical activity for at least 20 minutes on 3 or more days to 80% and to increase the proportion that participate in moderate physical activity for at least 30 minutes on 5 or more days. Also, the goal is to increase the number of middle and high school students that eat any fruit to 25.1%, or vegetable to 95% and decrease the number of students that eat high-fat meats and high-sugar snacks to 50%on a given day. <sup>xiv</sup>

In regards to the school nutrition environment, according to the 2008 McDowell Health Assessment Survey:

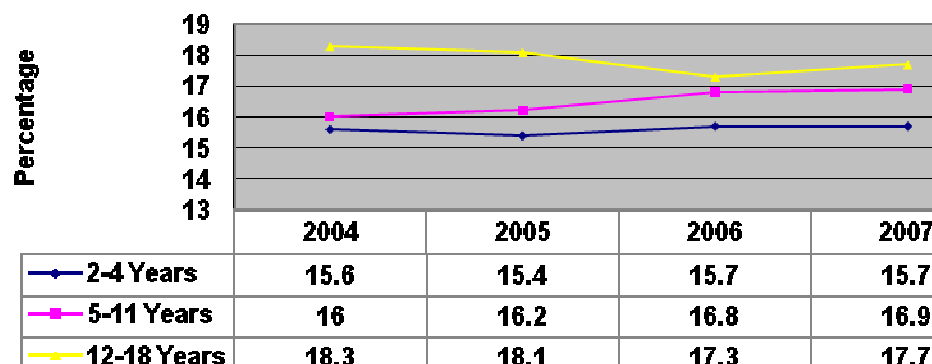
- ▶ **97%** of respondents think nutrition education should be taught in the schools
- ▶ **56%** would be willing to pay more for their child's school meals for more fresh fruits & veggies
- ▶ **31%** of respondents rate the quality of food their child receives at school meals as "Fair" or "Poor".
- ▶ **84.3%** said they would eat healthier foods and beverages more often if they were available in places where they eat out.

According to the 2007 Child Health Assessment and Monitoring Program (CHAMP) results, 12.7% of children in North Carolina spend 20 minutes to 1-hour physically active play, 34.0% eat 3 or more servings of fruit and 27.7% eat 3 or more servings of vegetables on a given day. <sup>xl</sup>

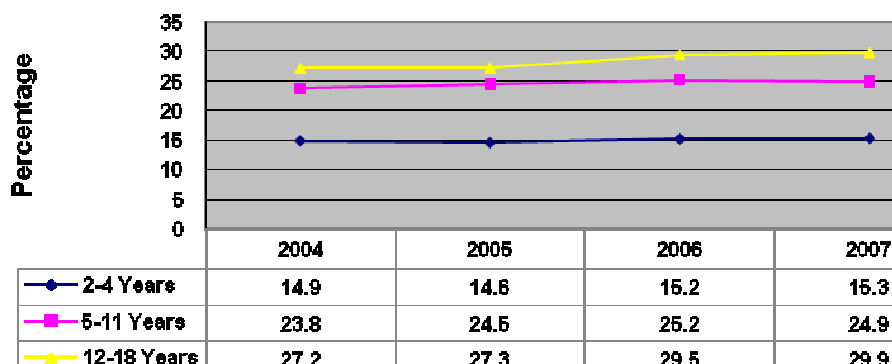
In 2007, 15.3% of preschool children, 24.9% of children 5-11 years old, and 29.9% of children 12-18 years old were considered obese in North Carolina. The 2010 Healthy Carolinian health goal is reduce these rates down to 10%.

### Percentage of North Carolina Children At-Risk for Being Overweight

Source: Eat Smart Move More NC



**Percentage of North Carolina Children Overweight**  
Source: Eat Smart Move More NC



In 2007-08, the McDowell County School District collected BMI data on all elementary, middle and 10<sup>th</sup> grade students. Of the total 5064 BMI's collected, 842 or 16.5% were at risk for being overweight (BMI =>85<sup>th</sup><95<sup>th</sup> Percentile), 1,309 students or 25.6% were overweight (BMI =>95<sup>th</sup> Percentile).

## **I. Mental Health and Substance Abuse**

### **1. Mental Health**

One in four adults suffers from a diagnosable mental illness in a given year. One in five children and adolescents suffer from a diagnosable mental illness and one in 10 children and adolescents suffer from a severe emotional disturbance.<sup>xli</sup> However, despite the number that is diagnose less than half receive treatment. Under the North Carolina mental health reform in 2001, the area mental health programs became local management entities (LMEs). The switch was made to make patients more reliant on community-based programs instead of state psychiatric facilities. The state psychiatric facilities are being geared towards serving patients with a more severe mental illness. However, despite the transition many treatment programs either downsized or were closed. Due to the large number of treatment centers closed, emergency rooms are seeing a large increase of patients with mental illness. In 2005, there were 52,866 inpatient hospitalizations with mental illness being the primary diagnosis, with the end result costing more than \$444 million hospital charges. The problem with the emergency rooms and general hospitals is that they are not equipped to provide long-term treatment, so patients are quickly released and end up back on the streets without any treatment.<sup>ix</sup>

McDowell County is facing similar issues. The estimated 2007 population for McDowell County is 44,641 and the estimated adult population is 33,998. If one out of four adults has a diagnosable mental illness that means approximately 8,500 adult residents in McDowell County suffer. Again, all the people that have a diagnosable mental illness are not receiving adequate treatment.

According to the McDowell Community Health Assessment, respondents thought the following was a problem in their county.

<b>2008 Community Health Assessment Survey</b>			
	Somewhat a problem	Major Problem	<b>Combined Value</b>
<b>Depression</b>	45.7	28.4	<b>74.1</b>
<b>Stress</b>	41.7	40.6	<b>82.3</b>
<b>Suicide</b>	42.3	14.4	<b>56.7</b>

McDowell County has recently become a part of Smokey Mountain LME which also serves Cherokee, Alexander, Clay, Burke, Graham, Caldwell, Jackson, Macon, Swain counties and is no longer a part of Foothills LME. Since July 2006, Foothills Area Program has had a System of Care Coordinator who works in the McDowell, Caldwell, and Alexander counties to assure that children in these counties get the needed mental health services.

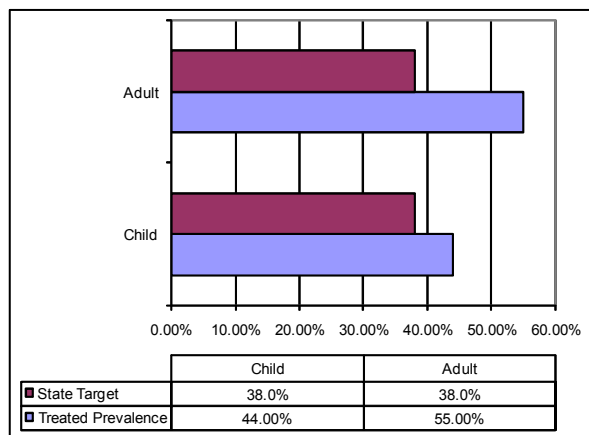
An adult collaborative of interagency folks was started in September 2007, which includes members of the hospital, Magistrate's office, DSS, Senior Center, mental Health and others. There is also a child collaborative that includes school based counselors.

### **The 2007-08 Prevalence Rates In McDowell County**

*Prevalence* – the number of those in the population who need MH/DD/SA services

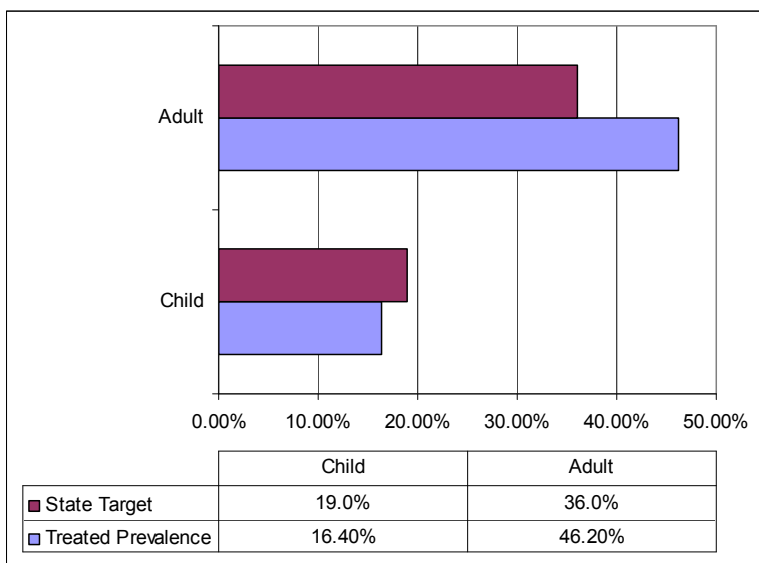
Region	U.S. Census Bureau General Population Totals	Adult Mental Illness	Child & Adolescent Mental Illness	Adult DD	Child & Adolescent DD	Adult Substance Abuse	Child & Adolescent Substance Abuse
Prevalence Occurring Nationally		5.4%	12%	0.79%	3.21%	7.98%	7.24%
McDowell County	Adult=33,733 Child= <u>9,681</u> Total=43,414	1,822	1,162	266	311	2,692	701
<i>Source: Jim Hamilton, Smokey Mountain LME System of Care Coordinator</i>							

**The Percentage of Those That Need Mental Health Services Who Are Receiving Them In McDowell County (Based on Medicaid and IPRS Paid Claims Data)**



*Source: Jim Hamilton, Smokey Mountain LME System of Care Coordinator*

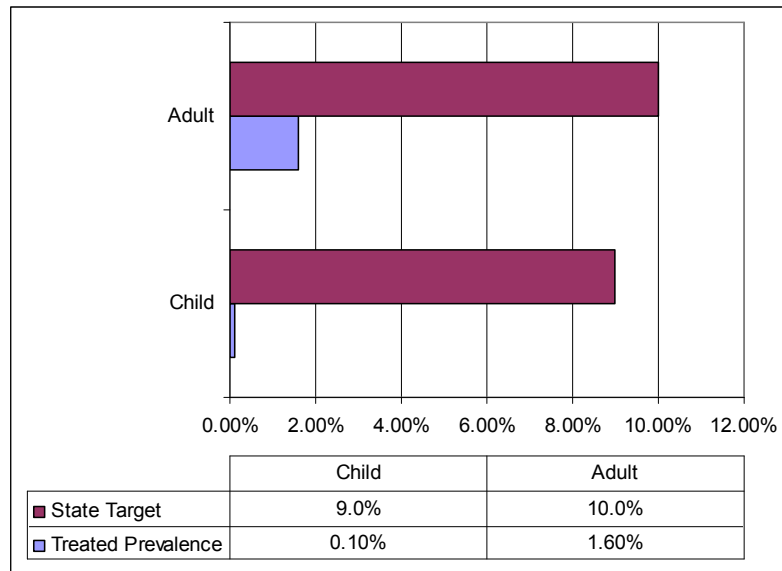
**The Percentage of People In McDowell County Who Need Developmental Services And Are**



**Receiving Them (Based on Medicaid and IPRS Paid Claims Data)**

*Source: Jim Hamilton, Smokey Mountain LME System of Care Coordinator*

**The Percentage of People In McDowell County In Need of Substance Abuse Services Who Are Receiving Them (Based on IPRS Paid Claims Data only – actual % is higher)**



*Source: Jim Hamilton, Smokey Mountain LME System of Care Coordinator*

<b>Foothills Institution Admissions by Responsible LME</b>	
<b>Year and Month</b>	<b>Number of Admissions</b>
2007/07	22
2007/08	19
2007/09	16
2007/10	16
2007/11	10
2007/12	10
2008/01	14
2008/02	19
2008/03	11
2008/04	17
2008/05	12
2008/06	20
<b>TOTAL ADMISSIONS</b>	<b>186</b>
Source: <a href="http://www.ncdhhs.gov/mhddsas/statpublications/reports/index.htm#statisticalreports">http://www.ncdhhs.gov/mhddsas/statpublications/reports/index.htm#statisticalreports</a>	

The results of the 2008 McDowell Health Assessment Survey show that 36.1% of respondents

thought the lack of mental health care was a major problem and 28.1% said it was somewhat of a problem in the county. Thirty nine percent of the respondents thought prescriptions drug abuse was a major problem and 69.2% thought that methamphetamine (meth) use was a major problem in McDowell County.

In June 2008, input was gathered from CFAC, Community Stakeholders, Providers and LME Staff and the following needs were determined for McDowell County:

- ▶ Lack of adequately trained/credentialed workforce
  - Psychiatric Services
  - Licensed SA Counselors
  - Co-Occurring Disorders Treatment
- ▶ Need for a complete emergency/crisis continuum
  - Child Community Support and In-home Services
  - Mobile Crisis/Hospital Diversion
  - Child Crisis Beds
- ▶ Need for SA Service Continuum
  - Detox Services
  - Early Intervention

Attempts are being made to address these needs and to close the gaps in needed services. Some of the progress made to date are:

#### Provide An Adequately Trained and Credentialed Workforce

- ▶ LME Licensed Community-Based Clinicians are providing consultation and safety net in the community
- ▶ Psychiatric Supplement from LME
- ▶ New River expansion into comprehensive service provider with resources from an 11-county area – a work in progress

#### Improve the Emergency/Crisis Continuum

- ▶ Improvements in New River Mobil Crisis Team such as the addition of three new positions to improve timeliness and effectiveness
- ▶ Training the community to bring in Mobil Crisis earlier in a crisis to divert hospitalizations
- ▶ Collaborative efforts of community members to identify and reduce hospital wait times
- ▶ Additional beds in Haywood (HRMC), Avery (Cannon), and Wilkes (Synergy)

#### Improve the SA Continuum

- ▶ \$100,000 SPFSIG (DWI) grant over three years to reduce alcohol related deaths in McDowell County
- ▶ Ongoing school SA Prevention Program
- ▶ RFP to open Central Region Detox/FBC program
- ▶ Training for mental health professionals in SA assessment and treatment

## 2. Substance Abuse

People abuse substances such as, tobacco, alcohol, drugs (i.e. marijuana, crack, etc) and now prescription drugs. 9.5% of WNC adults participate in binge drinking. (Source: 2007 WNC BRFSS) The effects of substance abuse can be seen in hospitals, emergency rooms, jails and prisons. People who suffer from substance abuse encounter some of the issues that people with a mental disorder face; people may not know that they have a problem and the ones that do, may not receive treatment due to lack of treatment centers or lack of insurance. In 2005 there were 10,958 hospital discharges with alcohol or drug abuse being the primary diagnosis, resulting in over \$77 million in charges. The number of McDowell residents served at NC State Alcohol and Drug Abuse Treatment Centers in 2006-2007 was 24 at a rate of 54.3/100,000 population.

(Source:

<http://www.ncdhhs.gov/mhddsas/statpublications/reports/statisticalreports/entireadatcreport-fiscalyear2007.pdf> North Carolina Alcohol & Drug Abuse Treatment Centers

Annual Statistical Report Fiscal Year 2007 )

Substance abuse can increase the risk of developing heart disease, lung cancer, liver failure, etc.

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In parts of Western North Carolina, methamphetamine has replaced crack cocaine as the number one drug. The chemical ingredients for methamphetamine are relative easy to purchase, so it makes increasingly available, it's less expensive than some of the other drugs and it produces a longer-lasting effect. Some of the effects of methamphetamine are anxiety, hallucinations, paranoia and delusions. These effects contributed to the increase in domestic violence, including spousal and child abuse and neglect. The production of methamphetamine also has an effect on the environment. One pound of methamphetamine produces anywhere between five to seven pounds of toxic waste during the production process.<sup>xlii</sup>

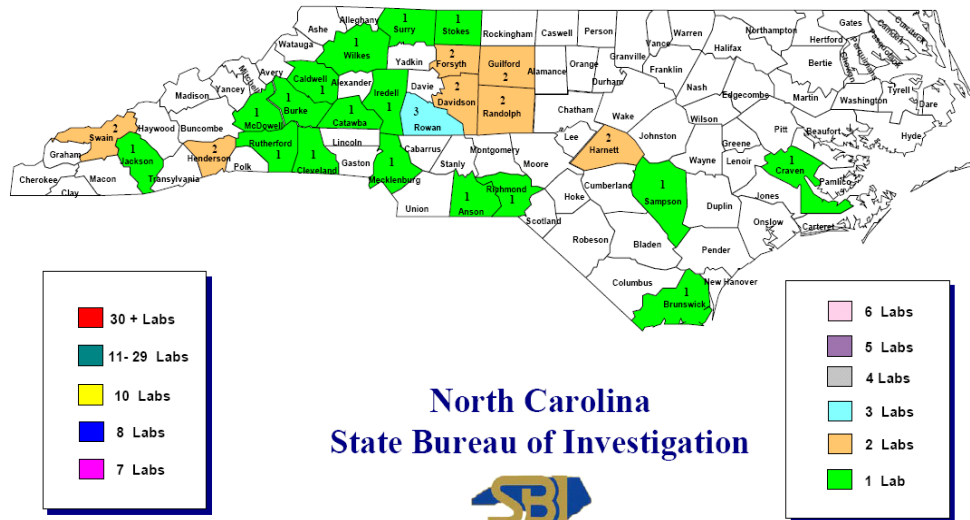
Illegal meth production has been most prevalent in North Carolina's mountain counties, with McDowell and Rutherford leading the state. McDowell set a state record in 2005 with 61 meth labs, while Rutherford wasn't far behind that year with 44. Both counties have since experienced dramatic declines.

**Fifty-seven percent of 2008 McDowell County Community Health Assessment survey respondents said they had a problem finding drug and alcohol treatment.**



## 2001 Clandestine Lab Responses

Total: 34



## 2007 Youth Risk Behavior Survey of Western Region High Schools

- 39.2% had at least 1 drink of alcohol on 1 or more of the past 30 days
- 35% tried marijuana 1 or more times during their life
- 24.1% have taken prescription drugs such as OxyContin, Percocet, Demerol, Adoral, Ritalin, or Zanax without a doctor's prescription 1 or more times during their life.
- 17% used marijuana once or more during the past 30 days
- 15.9% sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high 1 or more times during their life.
- 27.9% were offered, sold, or given an illegal drug by someone on school property during the past 12 months

Source: <http://www.nchealthyschools.org/data/yrbs/>

According to the McDowell Community Health Assessment survey, McDowell public has the following perceptions about substance abuse in the county:

<b>2008 McDowell County Community Health Assessment</b>			
	Somewhat a problem	Major Problem	Combined Value
<b>Illegal drug use/substance abuse</b>	26%	<b>63.1%</b>	<b>89.1%</b>
<b>Methamphetamine use</b>	23.2%	<b>62.8%</b>	<b>86%</b>
<b>Prescription drug abuse</b>	37.1%	38.5%	<b>75.6%</b>

### **3. Motor Vehicle Crashes Involving Alcohol**

In 2003, nearly 5 percent of crashes in North Carolina involved a drinking driver. Alcohol-involved crashes are usually more serious. In 2003, a quarter of all fatal crashes involved alcohol. In 2007, 53 of the 537 non-fatal crash injuries involved alcohol. Two of the nine fatal injuries were alcohol related. From 2003-2007 6.4% (283 motor vehicles) of motor vehicle crashes involved alcohol which was higher than NC's 5.1%. (Source: NC Alcohol Facts [http://www.hsrc.unc.edu/ncaf/county\\_veh.cfm](http://www.hsrc.unc.edu/ncaf/county_veh.cfm))

According to the 2008 McDowell County Community Health Assessment, McDowell residents have the following opinions about alcohol use:

	No Problem	Somewhat a Problem	Major Problem	Don't Know No Opinion
Drinking and driving	5.4%	<b>47.1%</b>	<b>37.4%</b>	10.1%
Alcohol abuse among adults (21 and older)	5.1%	<b>46.9%</b>	<b>36.1%</b>	12.3%
Underage drinking	5.7%	<b>44%</b>	<b>35.3%</b>	15%

In 2007 there were 546 vehicle crash injuries in McDowell County; of those injuries, 55 or 10% were alcohol related compared to 8.1% statewide. In 2007, McDowell County was awarded a substance abuse grant of \$100,000 for three years (\$300,000 total) to reduce DWI's and deaths related to drunk driving.

From 2003-2007, there were a total of 283 (6.4%), alcohol related crashes in McDowell County compared to 5.1% statewide.

### McDowell County Injury Data

Source: NC Alcohol Facts

[http://www.hsrc.unc.edu/ncaf/county\\_veh.cfm](http://www.hsrc.unc.edu/ncaf/county_veh.cfm)

<b>Reported Crash Injuries</b>	<b>2007</b>	<b>Statewide 2007</b>
Non-Fatal Injuries	537	119,646
Fatal Injuries	9	1,694
Total Injuries	546	121,340

<b>Alcohol Related Crash Injuries</b>	<b>2007</b>	<b>Statewide 2007</b>
Non-Fatal Injuries	53	9,318
Fatal Injuries	2	485
Total Injuries	55	9,803

<b>Percent Alcohol Related</b>	<b>2007</b>	<b>Statewide 2007</b>
Non-Fatal Injuries	9.9%	7.8%
Fatal Injuries	22.2%	28.6%
Total Injuries	10.1%	8.1%

### Crashes that Involved Alcohol, 2003-2007

Source: NC Alcohol Facts

[http://www.hsrc.unc.edu/ncaf/county\\_veh.cfm](http://www.hsrc.unc.edu/ncaf/county_veh.cfm)

	<b>Total Crashes</b>	<b>Alcohol Involved Crashes</b>	<b>Percent Alcohol Involved</b>
McDowell Co.	4,449	283	6.4%

<u>Statewide</u>	1,118,220	56,760	5.1%
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**McDowell County  
Impaired Driving Cases Closed**

<b>Original Charge</b>	<b>2007*</b>	<b>Statewide 2007*</b>
Total Disposed	305	70,697
Habitual Impaired Driving	1	486
Aid and Abet Impaired Driving	6	1,376
Drive After Consuming	72	11,487
Driving While Impaired	224	57,242
DWI Commercial Vehicle	2	106

<b>Charge Convicted</b>	<b>2007*</b>	<b>Statewide 2007</b>
Total Disposed	305	70,697
Not Guilty	4	3,605
No Probable Cause	8	3,273
Voluntary Dismissal by Prosecutor	82	14,180
Voluntary Dismissal with Leave to Reopen When Defendant Available	19	6,802
Guilty of Charge Other Than Impaired Driving	0	766
Habitual Impaired Driving	1	347
Aid and Abet Impaired Driving	0	27
Drive After Consuming	16	4,074
DWI Level 1	17	3,555
DWI Level 2	34	5,401
DWI Level 3	37	3,693

DWI Level 4	23	5,579
DWI Level 5	63	19,359
DWI Commercial Vehicle	1	36

## **J. Domestic Violence**

According to the NC Council for Women/Domestic Violence Commission Statistical Bulletin for 2006-07, from April 2006 - March, 2007, the Council certified sixty-seven abuser treatment programs statewide. In 2006-2007, there were 4,396 referrals to the program and 1,690 participants completed the program.

### **Displaced Homemakers:**

The North Carolina Council for Women/Domestic Violence Commission distributes state funding to local county programs to be used for providing services to displaced homemakers. In 2006-2007, the Council funded thirty five displaced homemaker programs. The local programs provide job counseling, job training, job placement services, health education, counseling services, and financial management services to displaced homemakers. The displaced homemaker programs served 5,545 clients in 2005-2006. The 2006-2007 total represents a 12% decrease in the number of clients served.

In 2006-2007, 46% of the clients served were white. Blacks and Hispanics comprised 42% and 5% of the total number of clients served. The 34-44 age category comprised the largest group served. Women comprised 93% of the clients served.

### **Domestic Violence:**

The North Carolina Council for Women/Domestic Violence Commission distributes state funding to local county programs for victims of domestic violence and to the North Carolina Coalition Against Domestic Violence which provides technical assistance to the programs. Funding is provided to domestic violence programs in all counties. Each local county program provides a 24-hour confidential crisis hotline, crisis intervention services, referrals to other community resources as needed, emergency shelter or shelter referral, advocacy, counseling, and community education.

The domestic violence programs served 48,173 clients in 2005-2006. The 2006-2007 total represents a 2% decrease in the number of clients served.

Whites comprised 52% of the total number of clients served by the local county programs. Blacks comprised 24% of the total number of clients served, while Hispanics accounted for 9%.

- In 2006-2007, 32% of the clients served were in the 45-54 age groups. The 35-44 age group comprised 18% of the total number of clients served.
- Women comprised 85% of the total number of clients served while men comprised 15%.

### **Sexual Assault:**

The North Carolina Council for Women/Domestic Violence Commission funded seventy-five local county programs for victims of sexual assault and the North Carolina Coalition Against Sexual Assault which provides technical assistance to the local county programs. Each county

program provides a 24-hour confidential crisis hotline, crisis intervention services, referrals to other community resources as needed, emergency shelter or shelter referral, advocacy, counseling and community education.

- In 2005-2006, the local county programs served 8,721 clients. The 2006-2007 total number of clients served represents a 17% decrease in the total number clients served.

In 2006-2007, whites comprised 63% of the clients served while 21% were black.

- In 2006-2007, 23% of the clients served were in the 26-40 age groups.

- Women comprised 90% of the total number of clients served while men accounted for 10%.

- Of the total number of assaults, 25% were child sexual offenses. This is a 3% decrease compared to the 2005-2006 child sexual offenses (1,927) reported to the local county programs.

- In 2006-2007, 36% of the offenders were a relative of the victim while 31% were an acquaintance.

The number of clients served in McDowell County in 2006-2007 by these programs is shown in the table below. (There were no numbers reported for the displaced homemaker program.)

<b>Number of McDowell County Clients Served in 2006-2007 Through Programs Funded By the NC Council For Women and the Domestic Violence Commission</b> <a href="http://www.nccfwdvc.com/documents/stats/Statistical-Bulletin-2006-2007Final.pdf">http://www.nccfwdvc.com/documents/stats/Statistical-Bulletin-2006-2007Final.pdf</a> North Carolina Council For Women/Domestic Violence Commission Statistical Bulletin 2006-07	
Domestic Violence	Sexual Assault
484	72

## V. Health Disparities

Another health 2010 health goal for North Carolina and Healthy People 2010 is to eliminate health disparities among the disadvantaged. Eliminating health disparities is a big part of all the 2010 objectives. Throughout all of the objectives, the set target groups are racial and ethnic minority groups, women, people with disabilities, people with low income, specific age groups, and geographic locations.<sup>xiv</sup>

The health status measures for minorities are worse compared to whites nationally, statewide, and locally. At birth, the average life expectancy for whites in North Carolina is 78.6 years and 72.1 for minorities. Females and whites tend to live longer than their counterparts. The average life expectancy at birth for white females is 79.6 years, for white males is 73.8 years, for minority males is 68.0 years and for minority females is 75.8 years.

The “Health Profile of North Carolinians: 2007 Update – May 2007” reports:

African Americans/Blacks – In 2005, 21 percent of North Carolina’s population was African American/Black. McDowell County’s 2006 estimated population of African American/Blacks is 4.1%. This compares with only 12 percent of the population nationally. In 2005, North Carolina had the eighth highest percentage of the population that was African American of all the states. North Carolina’s African Americans are more likely to live in poverty (33%) and more likely to

have no health insurance (18%) than whites. Poverty and a lack of access to health care are two main reasons why North Carolina's African Americans are generally in poorer health than whites based on mortality and disease incidence patterns. North Carolina's African Americans have a much higher infant mortality rate than do whites (15.5 deaths per 1,000 live births for African Americans compared to 6.2 for non-Hispanic whites in 2001-2005).<sup>6,28</sup> African Americans also have higher death rates from HIV, homicide, cancer, diabetes, cerebrovascular disease (stroke), and heart disease, compared to whites. According to the 2005 North Carolina BRFSS, African Americans are less likely to smoke and binge drink compared with whites, but are more likely to be obese, have high blood pressure, be physically inactive, and have inadequate fruit and vegetable consumption.

**Hispanics** – According to Current Population survey estimates from the U.S. Census Bureau, the total Hispanic population of North Carolina was 563,160 in 2005, representing approximately seven percent of the total population. According to the County Health Data Book, the 2006 population estimate for McDowell County's Hispanic population is 4.3%. Although the percentage of North Carolinians that are Hispanic is much lower than the national average of 15 percent, North Carolina's Hispanic population grew at the highest rate of any state in the nation in the 1990s, increasing almost five-fold from 1990 (76,726) to 2000 (378,963), compared with an average national rate of growth for the Hispanic population of 58 percent. Since 2000, North Carolina's Hispanic population has increased by an additional 44 percent. Moreover, because North Carolina's Hispanic population is disproportionately young and most of the female Hispanic newcomers are in their peak childbearing years, the potential for continued growth of the state's Hispanic population is great. Seventy-three percent of North Carolina's 2005 Hispanic population is age 35 or younger whereas only 49 percent of the state's non-Hispanic population is in this age range. According to the U.S. Census Bureau's 2005 American Community Survey, the median age of the state's Hispanic population was 25.6 years, compared to 39.5 years for the white non-Hispanic population of the state. Given the younger age distribution of the Hispanic population, there are unique health issues for this group.

The leading causes of death among North Carolina Hispanics are consistent with the young age of the population. Approximately 40 percent of North Carolina's 627 Hispanic deaths in 2005 were due to fatal injuries – either intentional or unintentional. Motor vehicle injuries topped the list of leading causes of death in 2005, representing 19 percent of all Hispanic deaths (122 deaths). Cancer (83 deaths), homicide (63 deaths), and heart disease (60 deaths) were the second, third, and fourth leading causes of death, respectively, and comprised another 33 percent of all Hispanic deaths in 2005. Suicide was the ninth leading cause of death among Hispanics in 2005 (15 deaths).

Despite relatively low socio-economic status and delayed prenatal care services, Latina women – especially first generation Latinas from Mexico – have birth outcomes as good as non-Hispanic whites. In 2005, 68 percent of Hispanic mothers received prenatal care in the first trimester, compared with 90 percent of white, non-Hispanic mothers. However, during 2001-2005, the Hispanic infant death rate of 6.1 was slightly lower than the non-Hispanic white infant death rate of 6.2, and both were much lower than the rate of 15.5 for non-Hispanic African Americans.

Among Hispanics, Spanish-speaking Hispanics in North Carolina may have elevated risks of poor health outcomes.

NC BRFSS data reveals that North Carolina's Spanish-speaking Hispanics were more likely to report inadequate nutrition, physical inactivity, and a lack of health insurance compared to English-speaking Hispanics. The persistence of these problems among Spanish-speakers could lead to an excess of burden of chronic disease and morbidity as that population ages.

The survey conducted in McDowell County by KGMK Consulting Associates in May 2008, found that a large number of Hispanics are finding it difficult to access health care services. Hispanics comprise 4.3% of the population, which translates to about 1,866 residents of McDowell County.

According to this survey the challenges that face Hispanics in obtaining healthcare are the following:

- Transportation
- Lack of Awareness about Existing Services
- Language Barrier
- Cultural differences related to medical care
- Fear of deportation for those residents who may be undocumented

In McDowell County white males have higher death rates than in all total deaths, heart disease, cancer, trachea, bronchus, lung cancers, cerebrovascular, chronic lower respiratory diseases, all other unintentional injury, pneumonia/influenza.

Minority males have higher death rates in total deaths, cancer and chronic lower respiratory diseases. Minority females have higher death rates in cerebrovascular and Alzheimer's diseases.

## **VI. Community Concerns/Priorities**

McDowell County Health Department worked together with the McDowell County Health Coalition to conduct a community-wide assessment between November 2007 and October 2008. Distribution strategies were planned so to have a clear representation of specific demographic factors for the overall population of McDowell County, including socioeconomic status, education, race, gender, age, ethnicity, education, and community affiliation. 652 of the surveys were completed and analyzed. Ten listening sessions involving over 80 people were conducted throughout the community and secondary data was reviewed in order to determine a profile of general demographics, disease rates, available services, and some health and wellness behaviors of McDowell County. The data was compared to regional, state and in some cases national data. The McDowell Community Health Assessment Team reviewed all of these results and agreed on the top five priorities to present to the community in a public report of the results. These top five results picked by the assessment team were:

- 1.) Substance Abuse
- 2.) Quality and/or Access to Medical Care
- 3.) Teen Pregnancy/Sexual Health
- 4.) Obesity



## 5.) Tobacco Use

The McDowell County Health Summit held on November 13, 2008 with over seventy people attending representing a wide cross-section of the community. Obesity, teenage pregnancy and substance abuse were chosen by the participants as the top three health issues in McDowell County to address. The McDowell Health Coalition Steering Committee met after the health summit and made the decision to form committees to create action plans to address obesity and teen pregnancy over the next four years. Committees will meet from January – May and submit action plans to Healthy Carolinians in May.

# Appendix

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## Attachment A

### ENCUESTA DE EVALUACION DE LAS NECESIDADES DE SALUD DE LA COMUNIDAD DEL CONDADO DE MCDOWELL

La Coalición de Salud del Condado de McDowell aprecia su participación en la encuesta de evaluación de necesidades de salud del Condado de McDowell. Gracias por darse tiempo para compartir sus opiniones. **Esta encuesta es anónima.** Los resultados de todas las encuestas serán combinados y anunciados al público a finales de 2008 y nos ayudará a ofrecer los servicios y programas más necesitados en nuestra comunidad.

#### **COMPLETAR ESTA ENCUESTA TOMARA SOLAMENTE 15 MINUTOS**

También puede completar esta encuesta en la web: [www.healthymcdowell.com](http://www.healthymcdowell.com)

#### **Por favor regrese cuestionarios completados a:**

McDowell Co. Health Dept., 408 Spaulding Rd., Marion, NC 28752

#### **Parte I: Enfermedades crónicas en la comunidad**

##### **Número de personas en su familia con enfermedades crónicas o graves**

**Por favor escriba el número  
de personas en su familia con  
estas enfermedades.**

#	#	#	Tipos de Cáncer	#
1. Asma o Enfisema	10. Aborto espontáneo/Infertilidad	19. Cáncer del Cerebro/Tumor		
2. Diabetes	11. Enfermedad de Crone	20. Cáncer de los Senos		
3. Fibromyalgia	12. Intolerancia Química	21. Cáncer de la Próstata		
4. Enfermedad de Parkinson	13. Lupus	22. Cáncer del Páncreas		
5. Enfermedad de Alzheimer/Pérdida de memoria	14. Fatiga Crónica	23. Cáncer Sarcoma		

6. Osteoporosis

15. Artritis

24. Cáncer de las Cavidades  
Nasales/Pólipos

7. Eczema o Sarpullido

16. Enfermedades del Corazón

25. Cáncer de la Vejiga

8. Defectos  
congénitos/Hypospadias17. Enfermedades de los Riñones/  
Cálculos Renales

26. Linfoma Non Hodgkin's

9. Dolores de Cabeza/Migrañas

18. Enfermedades Neurológicas

27. Cáncer de los Pulmones

28. Cáncer Infantil

Relaciona usted estas enfermedades con la exposición a productos tóxicos o a la contaminación ambiental? Por favor escriba aquí su respuesta:

## Parte II: VIVIENDO EN NUESTRO CONDADO

**En su opinión,** ¿Su comunidad tiene problemas con cualquiera de las siguientes cuestiones? (Haga un círculo alrededor de su respuesta)

Cuestion	No Hay Problema	Hay un poco de Problema	Problema Mayor	No Se, No Tengo Opinión
1. Educación & entrenamiento vocacional para adultos	0	1	2	3
2. Oportunidades de Empleo	0	1	2	3
3. Vivienda Decente	0	1	2	3
4. Transporte Público	0	1	2	3
5. Aceras seguras y accesibles	0	1	2	3
6. Calles seguras	0	1	2	3
7. Vivienda no regularizada/urbanización de terreno	0	1	2	3
8. Provisión y calidad de agua	0	1	2	3
9. Otro – Por favor escriba su respuesta aquí:				

### **PARTE III: COMPORTAMIENTOS DE SALUD**

**En su opinión, ¿Los siguientes comportamientos son un problema en su comunidad? (Haga un círculo alrededor de su respuesta)**

<b>Comportamientos de Salud</b>	<b>No Hay Problema</b>	<b>Un poco de Problema</b>	<b>Problema Mayor</b>	<b>No Se</b>
1. Falta de actividad física o ejercicio	0	1	2	3
2. Malos hábitos de comer /falta de buena nutrición	0	1	2	3
3. Uso de tabaco entre adultos	0	1	2	3
4. Uso de tabaco entre personas menores de 18 años	0	1	2	3
5. Conducir borracho	0	1	2	3
6. Conducir o viajar en carro sin usar cinturón	0	1	2	3
7. Abuso de alcohol entre adultos (21 años o más)	0	1	2	3
8. Uso de drogas ilegales/abuso de sustancias químicas	0	1	2	3
9. Uso de Metanfetaminas (Meth)	0	1	2	3
10. Abuso o negligencia de ancianos	0	1	2	3
11. Depresión	0	1	2	3
12. Stress	0	1	2	3
13. Suicidio	0	1	2	3
14. Asalto sexual/violación	0	1	2	3
15. Violencia doméstica	0	1	2	3
16. Abuso y/o Negligencia de niños	0	1	2	3
17. Violencia juvenil	0	1	2	3
18. Beber entre los menores de edad	0	1	2	3
19. Embarazos de jóvenes	0	1	2	3

20. Abusadores en las escuelas	0	1	2	3
21. Armas en las escuelas	0	1	2	3
22. Abuso de drogas recetadas	0	1	2	3
23. Enfermedades transmitidas sexualmente	0	1	2	3
24. Otro. <b>Por favor escriba su respuesta aquí.</b>				

**PARTE IV: SU AMBIENTE** (Por favor haga un círculo alrededor de su respuesta)

1. ¿Usted fuma cigarrillos o usa otros productos de tabaco?	1. Sí	2. No	
2. ¿Usted apoya sitios de trabajo libres de tabaco?	1. Sí	2. No	3. No Se, No Tengo Opinión
3. ¿Usted apoya restaurantes libres de tabaco?	1. Sí	2. No	3. No Se, No Tengo Opinión
4. ¿Usted piensa que todos los espacios públicos deberían ser libres de tabaco?	1. Sí	2. No	3. No Se, No Tengo Opinión
5. ¿Usted comería y bebería alimentos más sanos más frecuentemente si fueran disponibles en los lugares donde usted come fuera?	1. Sí	2. No	3. No Se, No Tengo Opinión

6. Son los siguientes factores un problema en su comunidad? (Marque todo lo que aplique)					
1.	Calidad del agua para beber	2.	Calidad del aire exterior	3.	Calidad del aire interior
4.	Demasiada población	5.	Desecho de basura/basura	6.	Exposición a productos químicos tóxicos
7.	Uso de insecticidas	8.	Desecho de aguas servidas	9.	Exposición a humo de cigarrillo
10.	Derrame de químicos residenciales	11.	Derrame de químicos industriales	12.	Derrame de químicos agrícolas

En su opinión, ¿El Condado de McDowell tiene suficiente de lo siguiente?	SÍ	NO	No Se, No tengo Opinión
7. Facilidades para recreación	0	1	2

#### **Parte V: SALUD Y SERVICIOS HUMANOS**

En su opinión, la gente de su comunidad tiene algún problema en encontrar o usar estos servicios?

	Grave Problema	No Hay Problema	Un Poco de Problema	No Se/ No Tengo Opinión
1. Cuidado médico en general	1	2	3	4
2. Cuidado médico especializado	1	2	3	4
3. Cuidado de salud en el hogar	1	2	3	4
4. Encontrar doctores que aceptan Medicaid	1	2	3	4
5. Encontrar doctores que aceptan Medicare	1	2	3	4
6. Cuidado dental	1	2	3	4
7. Cuidado de salud mental	1	2	3	4
8. Servicios de consejería	1	2	3	4
9. Cuidado médico de urgencia	1	2	3	4
10. Cuidado de respiro (descanso para los que generalmente cuidan a adultos en las casas)	1	2	3	4



11. Cuidado de adultos durante el día	1	2	3	4
12. Instituciones de enfermería para adultos	1	2	3	4
13. Cuido prenatal para mujeres embarazadas	1	2	3	4
14. Guarderia para bebes y niños	1	2	3	4
15. Cuido para niños después de la escuela	1	2	3	4
16. Servicios de hospital	1	2	3	4
17. Tratamiento para drogas y alcohol	1	2	3	4
18. Rehabilitación después de cirugía o herida	1	2	3	4
19. Equipo médico	1	2	3	4
20. Transporte al cuidado de salud	1	2	3	4
21. Inscribir en Medicaid/Medicare	1	2	3	4
22. Asistencia de comida	1	2	3	4
23. Asistencia de vivienda	1	2	3	4
24. Asistencia para pagar servicios (electricidad o combustible)	1	2	3	4
25. Programas de nutrición(ej. "Meals on Wheels")	1	2	3	4
26. Programas educativos de salud	1	2	3	4
27. Encontrar información sobre como evitar problemas de salud	1	2	3	4
28. Inmunizaciones para niños	1	2	3	4
29. Servicios para niños abusados	1	2	3	4
30. Servicios para los asaltados sexuales	1	2	3	4
31. Servicios para la violencia domestica	1	2	3	4
32. Recibir información sobre servicios de salud	1	2	3	4
33. Programas educativos de nutrición	1	2	3	4
34. Asistencia para dejar de fumar	1	2	3	4
35. Programas de verano para niños que van a la escuela	1	2	3	4



37. ¿Piensa usted que la educación sexual (además de abstinencia) debe ser enseñada en la escuela?						
1. Sí	2. No	3. No Tengo Opinión	4. No Se			
38. <b>Si respondió sí</b> , en que grado de la escuela deben enseñar sobre la educación sexual? (Marque todos los que aplican)						
1. 6 <sup>to</sup>	2. 7 <sup>mo</sup>	3. 8 <sup>vo</sup>	4. 9 <sup>no</sup>	5. 10 <sup>mo</sup>	6. 11 <sup>vo</sup>	7. 12 <sup>vo</sup>

39. ¿Piensa usted que las escuelas deben enseñar sobre nutrición?			
1. Sí	2. No	3. No Tengo Opinión	4. No Se

40. ¿Cómo considera la calidad de comida que su niño recibe en la escuela?					
1. No Tengo Opinión	2. Excelente	3. Bueno	4. Regular	5. Razonable	6. Malo

41. ¿Estaría dispuesta a pagar más por la comida que recibe su niño en la escuela para recibir más frutas y verduras frescas?			
1. Sí	2. No	3. No Tengo Opinión	4. No Se

42. ¿Cuánto más estaría dispuesta a pagar para que haya más comida fresca disponible?				
1. No Tengo Opinión	2. \$0.25	3. \$0.50	4. \$0.75	5. \$1.00
<b>De los temas alistados en esta encuesta, cuáles piensa usted que son los más serios en su comunidad? Por favor indique tres en orden de importancia.</b>				
1. Más Serio				
2. 2º Más Serio				
3. 3º Más Serio				

**Parte VI: DEMOGRAFICO**

Estas preguntas son de carácter personal, pero son importantes y serán mantenidas **estrictamente confidenciales**.

1. ¿Cuál es su edad? _____ años.		
2. Es Usted?	1. Hombre	2. Mujer

**Esta parte debe ser completada para incluir su encuesta.**

3. Donde Vive? Haga un círculo al rededor de su respuesta.					
1. Marion	2. Old Fort	3. Nebo	3. Pleasant Gardens	5. Glenwood	6. Sugar Hill
7. Dysartsville	8. North Cove	9. Woodlawn	10. Greenlee	11. Clinchfield	12. Sevier
13. Otro – Por favor escriba aquí:					

4. ¿Hay niños de 18 años de edad o menos viviendo en su hogar?	1. Sí	2. No
4a. Si su respuesta es sí, ¿Cuántos niños viven en su hogar?	_____	

5. ¿Cuál es su raza?		
1. Blanco	2. Negro	3. Americano Nativo
4. Asiático/Isleño del Pacífico	5. Hispano/Latino	6. Otra Raza

6. Cual es su estado de empleo?			
1. Empleado a tiempo completo	2. Empleado a medio tiempo	3. Jubilado	4. Desempleado

completo	tiempo		
5. Incapacitado	6. Estudiante	7. Ama de casa	

7. ¿Cuáles fueron los ingresos de la casa el año pasado? (Marque uno)	
1. Menos de \$10,000	2. \$10,000-\$19,999
3. \$20,000-\$29,999	4. \$30,000-\$49,999
5. \$50,000-\$74,999	6. \$75,000-\$99,999
7. \$100,000 o más	8. No se
<p>¿A cuántas personas mantienen estos ingresos, incluyendo a usted? _____</p>	

9. Cual es el nivel más alto de estudios que usted ha completado? (Haga un círculo alrededor de su respuesta)
1. 12° grado o menos, sin diploma o equivalente
2. Graduado de secundaria o equivalente (ej., GED)
3. Cursos de universidad, pero sin título (incluyendo instrucción vocacional)
4. Título universitario de 2 años
5. Título universitario de 4 años (ej., Licenciatura)
6. Título universitario avanzado (ej., masterado, doctorado)

10. Está cubierto por algún plan de seguro de salud?	1. Sí	2. No
<p><b>10a. Si su respuesta es SI, qué tipo de seguro tiene? (Haga un círculo alrededor de su respuesta)</b></p>		
1. El Plan De Salud Para Empleados Del Estado		
2. Blue Cross Blue Shield de Carolina del Norte		
3. Otro plan de seguro de salud privado obtenido a través del patrón o lugar de trabajo		
4. Otro plan de seguro de salud privado, obtenido directamente de la compañía de seguros		
5. Medicare		
6. Medicaid, o Carolina ACCESS, o Health Choice		
7. El Ejército, CHAMPUS, o VA		
8. El Servicio De Salud Para Indios Americanos		

9. Otro – Por favor especifique

**Muchas gracias por su contestación!**  
**Sus sugerencias nos ayudarán a atender mejor las necesidades de salud en su condado**




**Attachment B**  
**Results of the McDowell County Community Health Assessment From Survey**  
**Monkey**

## McDowell County Community Health Needs Assessment Survey

1. Please write the number of persons in your immediate family (i.e. spouse and blood relatives) with these conditions. Please limit your response to family members who live and/or work in McDowell County.				
		Response Average	Response Total	Response Count
Asthma or Emphysema		0.96	388	405
Diabetes		1.01	432	427
Fibromyalgia		0.40	130	329
Parkinson's Disease		0.09	26	288
Alzheimer's Disease/memory loss		0.37	123	334
Osteoporosis		0.53	185	347
Eczema or Rashes		0.69	247	360
Birth Defects/Hypospadias		0.15	44	296
Headaches/Migraines		1.17	535	459
Miscarriage/Infertility		0.48	163	342
Crone's Disease		0.14	40	294
Chemical Intolerance		0.09	26	284
Lupus		0.09	27	286
Chronic Fatigue		0.30	90	302
<b>Arthritis</b>		<b>1.35</b>	<b>626</b>	<b>463</b>
Heart Disease		0.82	330	402
Kidney Disease/Kidney Stones		0.60	211	353
Neurological Disease		0.20	59	301
Brain Cancer/Tumor		0.15	43	295
Breast Cancer		0.35	116	329
Prostate Cancer		0.20	62	306
Pancreatic Cancer		0.04	12	280
Sarcoma Cancer		0.02	5	277

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Sinus Cancer/Polyps	0.07	20	284
Bladder Cancer	0.03	9	278
Non Hodgkin's Lymphoma	0.05	14	285
Lung Cancer	0.20	60	299
Childhood Cancer	0.03	8	278
<i>answered question</i>			<b>658</b>
<i>skipped question</i>			<b>66</b>

2. Do you relate any of the illnesses in Question 1 to toxic exposure or environmental contamination?			
		Response Percent	Response Count
Yes		15.1%	90
No		62.9%	376
Not Sure		22.1%	132
<i>answered question</i>			<b>598</b>
<i>skipped question</i>			<b>126</b>



3. In your opinion, does McDowell County have a problem with any of these issues?					
	No Problem	Somewhat of a Problem	Major Problem	I Don't Know/No Opinion	Response Count
Education and vocational training for adults	24.5% (167)	<b>42.3% (288)</b>	21.1% (144)	12.0% (82)	681
Job Opportunities	3.6% (25)	26.3% (180)	<b>67.7% (464)</b>	2.5% (17)	685
Decent Housing	14.0% (95)	<b>51.3% (349)</b>	24.7% (168)	10.3% (70)	680
Public Transportation	7.6% (52)	21.6% (148)	<b>62.7% (429)</b>	8.0% (55)	684
Safe, accessible sidewalks	30.7% (208)	<b>41.1% (278)</b>	20.2% (137)	8.0% (54)	677
Safe Roads	31.6% (214)	<b>50.8% (344)</b>	13.0% (88)	5.0% (34)	677
Unchecked housing/land development	19.9% (133)	<b>35.0% (234)</b>	18.1% (121)	27.7% (185)	668
Water supply and quality	32.7% (217)	<b>36.7% (243)</b>	10.9% (72)	19.9% (132)	663
	Other (please specify)				28
	<b>answered question</b>				<b>691</b>
	<b>skipped question</b>				<b>33</b>

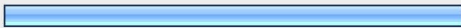


4. In your opinion, are any of these behaviors a problem in McDowell County?					
	No Problem	Somewhat of a Problem	Major Problem	I Don't Know/No Opinion	Response Count
Lack of physical activity or exercise	8.3% (56)	39.0% (262)	<b>48.6% (326)</b>	4.2% (28)	671
Poor eating habits/lack of good nutrition	6.4% (43)	34.0% (228)	<b>56.0% (376)</b>	4.2% (28)	671
Tobacco use among adults	4.5% (30)	28.5% (191)	<b>62.5% (419)</b>	4.6% (31)	670
Tobacco use among people under 18	3.6% (24)	31.0% (208)	<b>58.5% (392)</b>	7.2% (48)	670
Drinking and driving	5.4% (36)	<b>47.1% (316)</b>	37.4% (251)	10.1% (68)	671
Driving or riding in a car without seat belt use	11.1% (74)	<b>52.9% (351)</b>	20.8% (138)	15.2% (101)	664
Alcohol abuse among adults (21 and older)	5.1% (34)	<b>46.9% (313)</b>	36.1% (241)	12.3% (82)	668
Illegal drug use/substance abuse	3.3% (22)	26.0% (173)	<b>63.1% (420)</b>	7.8% (52)	666
Methamphetamine (Meth)use	3.9% (26)	23.2% (155)	<b>62.9% (420)</b>	10.0% (67)	668
Abuse or neglect of senior citizens	15.2% (101)	<b>45.3% (301)</b>	14.6% (97)	25.3% (168)	665
Depression	6.9% (46)	<b>45.7% (305)</b>	28.4% (190)	19.0% (127)	668
Stress	4.8% (32)	<b>41.7% (277)</b>	40.6% (270)	13.1% (87)	665
Suicide	13.9% (92)	<b>42.3% (280)</b>	14.4% (95)	29.8% (197)	662
Sexual assault/rape	15.1% (100)	<b>43.1% (285)</b>	13.6% (90)	28.3% (187)	661
Domestic violence	6.7% (44)	<b>46.3% (306)</b>	33.3% (220)	13.8% (91)	661
Child abuse and/or Neglect	7.1% (47)	<b>45.0% (298)</b>	34.0% (225)	14.0% (93)	662
Youth violence	11.0% (73)	<b>50.7% (335)</b>	18.3% (121)	20.0% (132)	661
Underage drinking	5.7% (38)	<b>44.0% (291)</b>	35.3% (234)	15.0% (99)	662
Teenage pregnancy	3.9% (26)	28.5% (189)	<b>58.1% (385)</b>	9.7% (64)	663
Bullying in schools	6.8% (45)	<b>43.7% (290)</b>	28.5% (189)	21.0% (139)	663
Weapons in schools	20.1% (133)	<b>40.7% (269)</b>	6.7% (44)	33.3% (220)	661
Prescription drug abuse	5.9% (39)	37.1% (246)	<b>38.5% (255)</b>	18.9% (125)	663
Sexually transmitted diseases	7.3% (47)	<b>34.8% (225)</b>	24.1% (156)	33.7% (218)	646

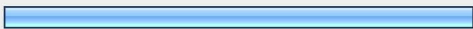


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	Other (please specify)	13
	<b>answered question</b>	<b>679</b>
	<b>skipped question</b>	<b>45</b>









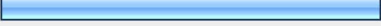



5. Do you currently smoke cigarettes or use other tobacco products?			
		Response Percent	Response Count
Yes		17.4%	118
No		82.6%	559
		<b>answered question</b>	<b>677</b>
		<b>skipped question</b>	<b>47</b>

6. Do you support tobacco-free worksites?			
		Response Percent	Response Count
Yes		84.0%	566
No		11.0%	74
I Don't Know/No Opinion		5.0%	34
		<b>answered question</b>	<b>674</b>
		<b>skipped question</b>	<b>50</b>

7. Do you support tobacco-free restaurants?			
		Response Percent	Response Count
Yes		86.2%	580
No		10.3%	69
I Don't Know/No Opinion		3.6%	24
		<b>answered question</b>	<b>673</b>
		<b>skipped question</b>	<b>51</b>

8. Do you think all public spaces should be smoke-free?			
		Response Percent	Response Count
Yes		74.0%	501
No		20.4%	138
I Don't Know/No Opinion		5.6%	38
answered question			677
skipped question			47

9. Would you eat healthier foods and beverages more often if they were available in places where you eat out?			
		Response Percent	Response Count
Yes		84.3%	564
No		6.6%	44
I Don't Know/No Opinion		9.1%	61
answered question			669
skipped question			55




10. Are any of these factors a problem in your community? (Check all that apply)			
		Response Percent	Response Count
Drinking water quality		27.7%	126
Outdoor air quality		27.3%	124
Indoor air quality		18.7%	85
Overcrowding population		11.4%	52
Solid waste disposal/trash		35.2%	160
Toxic chemical exposure		9.2%	42
Pesticide use		13.4%	61
Sewage disposal		9.7%	44
Secondhand smoke		66.2%	301
Residential chemical runoff		9.9%	45
Industrial chemical runoff		12.7%	58
Agricultural chemical runoff		13.6%	62
		<i>answered question</i>	<b>455</b>
		<i>skipped question</i>	<b>269</b>

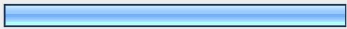

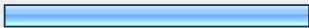
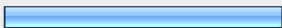


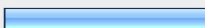
11. In your opinion, does McDowell County have enough of the following?				
	Yes	No	I Don't Know/No Opinion	Response Count
Recreation facilities	13.9% (93)	78.1% (521)	7.9% (53)	667
Recreation Areas: Greenways, walking trails	6.3% (42)	87.4% (582)	6.5% (43)	666
Bicycle paths and lanes	3.2% (21)	88.6% (589)	8.4% (56)	665
				<i>answered question</i>
				<b>669</b>
				<i>skipped question</i>
				<b>55</b>




**12. In your opinion, do people in your McDowell County have a problem finding or using these services?**



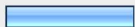



	Major Problem	No Problem	Somewhat of a Problem	I Don't Know/No Opinion	Response Count
General medical care	18.8% (122)	29.5% (191)	<b>45.5% (295)</b>	6.3% (41)	648
Specialized medical care	<b>44.4% (289)</b>	11.2% (73)	38.4% (250)	6.1% (40)	651
Home health care	11.5% (74)	28.8% (186)	<b>35.6% (230)</b>	24.1% (156)	646
Finding doctors who accept Medicaid	14.1% (91)	19.3% (125)	29.3% (189)	<b>37.5% (242)</b>	646
Finding doctors who accept Medicare	10.4% (67)	23.8% (153)	26.6% (171)	<b>39.8% (256)</b>	644
Dental care	22.8% (147)	<b>34.6% (223)</b>	31.3% (202)	11.8% (76)	645
Mental health care	<b>36.1% (233)</b>	11.6% (75)	28.1% (181)	24.3% (157)	645
Counseling services	30.0% (192)	13.9% (89)	<b>31.4% (201)</b>	25.1% (161)	641
Emergency medical care	16.6% (106)	<b>46.8% (299)</b>	25.8% (165)	11.4% (73)	639
Respite care (relief for caregivers)	23.1% (148)	14.4% (92)	28.0% (179)	<b>34.8% (223)</b>	640
Adult day care	32.2% (208)	8.8% (57)	23.4% (151)	<b>36.1% (233)</b>	646
Nursing home care	13.9% (89)	25.0% (160)	<b>35.6% (228)</b>	26.1% (167)	641
Prenatal care for pregnant women	13.2% (84)	28.1% (178)	28.7% (182)	<b>30.3% (192)</b>	634
Childcare for infants and toddlers	23.7% (152)	21.3% (137)	<b>32.9% (211)</b>	22.3% (143)	642
After school care for school-age children	20.0% (129)	23.9% (154)	<b>32.3% (208)</b>	23.9% (154)	644
Hospital services	28.6% (185)	29.9% (193)	<b>31.4% (203)</b>	10.7% (69)	646
Drug and alcohol treatment	32.4% (209)	9.6% (62)	24.2% (156)	<b>33.8% (218)</b>	645
Rehabilitation after surgery or injury	18.2% (117)	25.7% (165)	26.9% (173)	<b>29.4% (189)</b>	643
Medical equipment	13.8% (88)	27.6% (176)	20.7% (132)	<b>38.1% (243)</b>	638
Transportation to health care	<b>29.9% (191)</b>	12.5% (80)	29.7% (190)	28.2% (180)	639
Enrolling in Medicaid/Medicare	14.9% (95)	22.6% (144)	23.2% (148)	<b>39.9% (254)</b>	637
Food assistance	20.7% (133)	18.7% (120)	29.8% (191)	<b>31.0% (199)</b>	642
Housing assistance	23.3% (150)	14.0% (90)	29.1% (188)	<b>33.8% (218)</b>	645

Help with utility bills (electricity or fuel)	25.3% (162)	12.2% (78)	30.5% (195)	<b>32.3% (207)</b>	640
Nutrition programs (i.e. Meals on Wheels)	13.0% (83)	23.3% (149)	29.6% (189)	<b>34.3% (219)</b>	639
Health education programs	19.0% (121)	21.0% (134)	<b>31.1% (198)</b>	29.0% (185)	637
Finding information about preventing health problems	16.4% (105)	24.2% (155)	<b>32.3% (207)</b>	27.2% (174)	640
Childhood immunizations	6.1% (39)	<b>43.2% (276)</b>	20.8% (133)	30.5% (195)	639
Child abuse services	13.4% (86)	20.3% (130)	29.5% (189)	<b>37.0% (237)</b>	640
Sexual assault services	13.9% (89)	15.3% (98)	27.5% (176)	<b>43.3% (277)</b>	639
Domestic violence services	16.1% (103)	18.0% (115)	28.2% (180)	<b>37.9% (242)</b>	638
Receiving information about health services	12.1% (77)	22.4% (142)	<b>32.9% (209)</b>	<b>32.9% (209)</b>	635
Nutrition education programs	18.3% (116)	20.0% (127)	<b>32.0% (203)</b>	29.9% (190)	635
Smoking cessation assistance	16.2% (103)	17.0% (108)	30.8% (195)	<b>36.4% (231)</b>	634
Summer programs for school-age children	23.7% (151)	17.1% (109)	<b>31.6% (201)</b>	27.9% (178)	637
Other (please specify)					21
<b>answered question</b>					<b>655</b>
<b>skipped question</b>					<b>69</b>


13. Do you think sex education (in addition to abstinence) should be taught in the school?			
		Response Percent	Response Count
Yes		83.8%	544
No		10.6%	69
I Don't Know/No Opinion		5.5%	36
<b>answered question</b>			<b>649</b>
<b>skipped question</b>			<b>75</b>



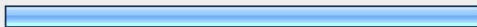
14. If you answered yes, what grade should sex education be taught in the school? (Check all that apply)			
		Response Percent	Response Count
6th		60.6%	331
7th		55.3%	302
8th		53.8%	294
9th		49.3%	269
10th		41.4%	226
11th		35.7%	195
12th		35.5%	194
		<i>answered question</i>	<b>546</b>
		<i>skipped question</i>	<b>178</b>

15. Do you think nutrition education should be taught in the schools?			
		Response Percent	Response Count
Yes		96.6%	623
No		0.9%	6
I Don't Know/No Opinion		2.5%	16
		<i>answered question</i>	<b>645</b>
		<i>skipped question</i>	<b>79</b>

16. How would you rate the quality of food your child receives at school meals?			
		Response Percent	Response Count
Excellent		2.5%	16
Good		14.1%	90
Average		22.6%	144
Fair		15.7%	100
Poor		15.4%	98
No Opinion		29.7%	189
		<b>answered question</b>	<b>637</b>
		<b>skipped question</b>	<b>87</b>


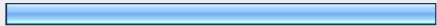
17. Would you be willing to pay more for your child's school meals in order to receive more fresh fruits and vegetables?			
		Response Percent	Response Count
Yes		56.1%	356
No		9.8%	62
I Don't Know/No Opinion		34.2%	217
		<b>answered question</b>	<b>635</b>
		<b>skipped question</b>	<b>89</b>













18. How much more per school meal would you be willing to pay to make more fresh foods available?			
		Response Percent	Response Count
\$0.25		12.4%	76
\$0.50		24.9%	153
\$0.75		5.5%	34
\$1.00		15.1%	93
No Opinion		42.0%	258
answered question			614
skipped question			110

19. Which of the health issues listed in this survey do you think are the most serious in McDowell County? Please rate the top three in order of importance.			
		Response Percent	Response Count
Most Serious		99.8%	490
2nd Most Serious		94.3%	463
3rd Most Serious		87.2%	428
answered question			491
skipped question			233

20. What is your age?		
		Response Count
		642
answered question		642
skipped question		82














21. What is your sex?			
		Response Percent	Response Count
Male		22.4%	145
Female		77.6%	503
<b>answered question</b>			<b>648</b>
<b>skipped question</b>			<b>76</b>




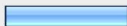




22. Where do you live or work in McDowell County? Choose one.			
		Response Percent	Response Count
Marion		44.4%	272
Old Fort		13.2%	81
Nebo		11.9%	73
Pleasant Gardens		6.0%	37
Glenwood		7.7%	47
Sugar Hill		4.6%	28
Dysartsville		3.4%	21
North Cove		4.7%	29
Woodlawn		2.1%	13
Greenlee		0.3%	2
Clinchfield		1.1%	7
Sevier		0.3%	2
Other (please specify)			38
<b>answered question</b>			<b>612</b>
<b>skipped question</b>			<b>112</b>

23. Are there any children living in your home who are 18 years old or younger?			
		Response Percent	Response Count
Yes		46.7%	302
No		53.3%	344
answered question			646
skipped question			78



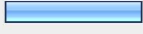
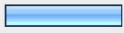
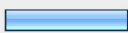

24. If your answer is Yes, how many children are living in your home?		
		Response Count
		297
answered question		297
skipped question		427



25. What is your ethnicity?			
		Response Percent	Response Count
White		95.2%	597
Black		3.3%	21
Native American		0.0%	0
Asian/Pacific Islander		0.3%	2
Hispanic/Latino		1.1%	7
Other (please specify)			7
answered question			627
skipped question			97

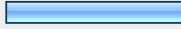






26. What is your employment status?			
		Response Percent	Response Count
Employed full-time		74.5%	475
Employed part-time		8.9%	57
Retired		7.1%	45
Unemployed		3.4%	22
Disabled		2.2%	14
Student		1.1%	7
Homemaker		2.8%	18
		<i>answered question</i>	<b>638</b>
		<i>skipped question</i>	<b>86</b>

27. What was your household income last year?			
		Response Percent	Response Count
Less than \$10,000		5.4%	33
\$10,000-\$19,999		6.9%	42
\$20,000-\$29,999		12.3%	75
\$30,000-\$49,999		22.3%	136
\$50,000-\$74,999		25.4%	155
\$75,000-\$99,999		12.4%	76
\$100,000 or more		10.0%	61
Don't Know		5.4%	33
		<i>answered question</i>	<b>611</b>
		<i>skipped question</i>	<b>113</b>

28. How many people does this income support, including you?		
		Response Count
		582
	<i>answered question</i>	582
	<i>skipped question</i>	142

29. What is the highest level of education you have completed?			
		Response Percent	Response Count
12th Grade or less, No diploma or equivalent		5.2%	33
High school graduate or equivalent (e.g. GED)		10.5%	66
Some college, but no degree (includes vocational training)		24.8%	156
Associate degree in college		21.0%	132
Bachelors degree in college (e.g. BA, BS)		22.3%	140
Advanced degree in college (e.g. Masters, Doctorate)		16.2%	102
	<i>answered question</i>		629
	<i>skipped question</i>		95

30. Are you covered by a health insurance plan?			
		Response Percent	Response Count
Yes		91.5%	579
No		8.5%	54
	<i>answered question</i>		633
	<i>skipped question</i>		91

31. If your answer is YES, what type of coverage do you have?			
		Response Percent	Response Count
State Employee Health Plan		31.4%	178
Blue Cross Blue Shield of North Carolina		30.6%	173
Other private health insurance plan from employer		24.2%	137
Other private health insurance plan from insurance company		1.8%	10
Medicare		5.7%	32
Medicaid or Carolina ACCESS or Health Choice		4.9%	28
Military, CHAMPUS, or VA		1.4%	8
Indian Health Service		0.0%	0
Other (please specify)			49
<b>answered question</b>			<b>566</b>
<b>skipped question</b>			<b>158</b>

# **Attachment C**

## **FOCUS GROUP QUESTIONS**

- 1) Introductions – what is great about living in this county?
- 2) What do people in this community do to stay healthy?
- 3) How do people get information about health and health care?
- 4) What are the serious health problems in your community?
- 5) What are some causes of these problems?
- 6) What keeps people in your community from being healthy?
- 7) What could be done to solve these problems?
- 8) Is there any group not receiving enough health care? IF so, why?
- 9) Where does your community go for health care?
- 10) What is your attitude toward the services you receive?
- 11) Is there anything else you would like to add?

## Attachment D

<b>Rutherford-Polk-McDowell Health Check Dentists Accepting Medicaid</b>		
ABC Dental Center 200 Beverly Hanks Ctr. Hendersonville, NC 28792 (828) 692-9075, Ages 1-18	The Smile Zone 816 E. Franklin Blvd. Gastonia, NC 28054 (704) 396-6166, Ages 1-25	Smile Starters 247 Biltmore Avenue Asheville, NC (866) 350-1076 Ages 1-20
Dr. Philip Morton 360 Cane Creek Rd. Fletcher, NC 28732 (828) 684-3152 Ages 13 and up	Collins Dental Center 158 White Drive Columbus, NC (828) 894-3120 (866) 216-6884 First Tooth-21	Dr. Joshua Paynich 11 Yorkshire St. Asheville, (828) 274-4744 Ages 0-18
Dr. Eric Dollinger 417 Biltmore Ave., Ste. 3 Asheville, NC (828) 251-1399 Ages 3-Adults	Dr. Charles Quarles 204 Reservation Drive Spindale, NC (828) 286-2962 Ages 3 and up	Dr. James Gaskill Dr. James Gaskill 55 Morgan St. Marion, NC (828) 652-7323 Ages 3 and up
Dr. Gary Hensley, DMD & Associates 1103 E. Court St. Marion, NC (828) 659-7323 Ages 7 and up	Stokes Dental Center Hwy 64E Hendersonville, NC (828) 696-0512 Ages 2 and up	Dr. Byron Richardson 1000 E. Rutherford Rd. Landrum, SC (864) 457-416 Ages 3 and up
Dr. William Hunt 127 E. Trade St., Suite 100 Forest City, NC (828) 245-3206 Ages 10 and up	Dr. William Weathers 103 N. Main St. Boiling Springs, NC (704) 434-7882 Ages 9 and up	Dr. Michael K. Wimberly 1183 Fairgrove Church Rd. Conover, NC (828) 466-2488 Ages 4-22
Smart Smiles Dental Clinic of Spartanburg 371 Whitney Road Spartanburg, SC (864) 515-0485	Cleveland County Health Dept. Dental Clinic 315 East Grover St. Shelby, NC (704) 484-5261 Birth-6 (Pedodontist); 6-21 (Other dental services)	Young and Associates 1429 N. Lafayette St. Shelby, NC (828) 287-7986 Ages 1 and up

# References:

- <sup>i</sup> NC Office of State Budget and Management (2008). Population estimates; 2006 revised estimates, July 1, 2006 County total age group adults. Retrieved on 6/2008 from <http://www.osbm.state.nc.us/demog/c06sag4.html>
- <sup>ii</sup> NC Office of State Budget and Management (2008). County and State population projections; total age group adults, July 6, 2020. Retrieved on 6/2008 <http://www.osbm.state.nc.us/demog/c20sag4.html>
- <sup>iii</sup> NC Office of State Budget and Management (2008). Population estimates; 2006 revised estimates, July 1, 2006 County total age group adults. Retrieved on 6/2008 from <http://www.osbm.state.nc.us/demog/c06sag4.html>
- <sup>iv</sup> US Bureau of the Census (2003). P2. Urban and rural (Summary File 1). Retrieved in 6/2003 from <http://www.census.gov/>.
- <sup>v</sup> US Bureau of the Census (2003). PCT25. Sex by age by educational attainment for the population 18 years and over (Summary File 3). Retrieved in 6/2003 from <http://www.census.gov/>.
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- <sup>vii</sup> US Bureau of the Census (2003). PCT26. Sex by age by types of disability for the civilian noninstitutionalized population 5 years and over (Summary File 3). Retrieved in 6/2003 from <http://www.census.gov/>.
- <sup>viii</sup> Medical Review of North Carolina (2003). Influenza immunization data. Retrieved in 2/2003 from <http://www.mrnc.org/MCMED/influenza-results.asp>.
- <sup>ix</sup> US Bureau of the Census (2003). P11. Household type (including living alone) by relationship for the population 65 years and over (Summary File 3). Retrieved in 6/2003 from <http://www.census.gov/>.
- <sup>x</sup> NC Institute of Medicine (2001). A long-term care plan for North Carolina: Final report. Appendix D: Comparisons of availability of services.
- <sup>xi</sup> NC Division of Medical Assistance (2007). Special tabulations provided for NC Division of Aging in 8/2007.
- <sup>xii</sup> NC Division of Aging (2006). Expenditure data by county for Fiscal Year 2006. Retrieved 8/2007 from <http://www.dhhs.state.nc.us/aging/exp2006/coexp2006.htm>.
- <sup>xiii</sup> Centers for Medicare and Medicaid Services (2008). Medicare county enrollment as of July 1, 2007; Retrieved on 6/2008 from <http://www.cms.hhs.gov/MedicareEnrpts/>
- <sup>xiv</sup> North Carolina Division of Medical Assistance (2008). Special tabulations provided as of April, 2008 for Division of Aging on 6/2008.
- <sup>xv</sup> US Bureau of the Census (2003). PCT35. Age by sex by employment status for the population 16+ years. (Summary File 3). Retrieved in 6/2003 from <http://www.census.gov/>.
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- <sup>xvii</sup> US Bureau of the Census (2003). PCT50. Age by ratio of income in 1999 to poverty level. (Summary File 3). Retrieved in 6/2003 from <http://www.census.gov/>.
- <sup>xviii</sup> US Social Security Administration (2008). Table 5. Amount of OASDI benefits in current-payment status, by type of benefit, by sex of beneficiaries aged 65 or older, and by state and county, December 2006 (OASDI beneficiaries by state and county, 2006). Retrieved in 6/2008 from [http://www.ssa.gov/policy/docs/statcomps/oasdi\\_sc/2006/nc.html](http://www.ssa.gov/policy/docs/statcomps/oasdi_sc/2006/nc.html).
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