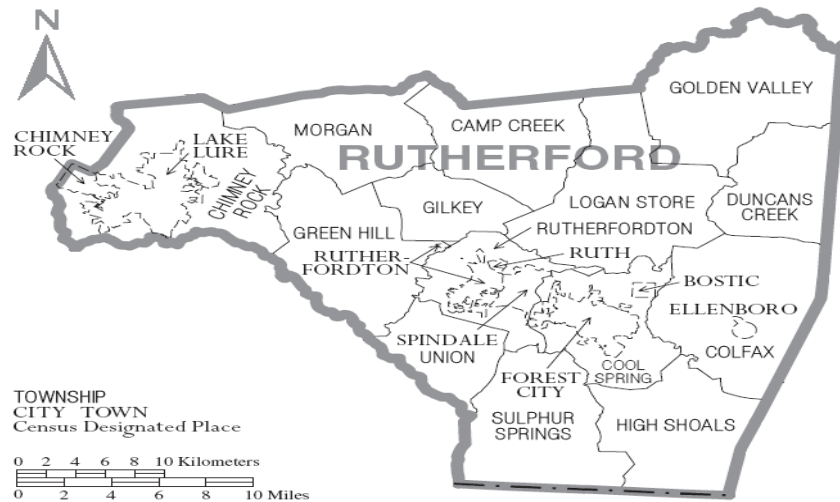


Rutherford County 2008 Community Health Report



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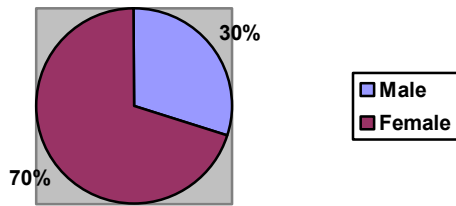
Health Assessment Process

During the same time that the Rutherford County Community Health Council was in the process of conducting the health assessment, the United Way of Rutherford had received a grant to conduct a human services assessment. The purpose of their assessment was to determine what human services were needed in the county, which included healthcare, but was not limited only to healthcare. To avoid duplicating the same efforts, Rutherford County Community Health Council and the United Way of Rutherford partnered together to conduct the assessment. The assessment steering committee consisted of 17 local leaders of the county that represented different fields.

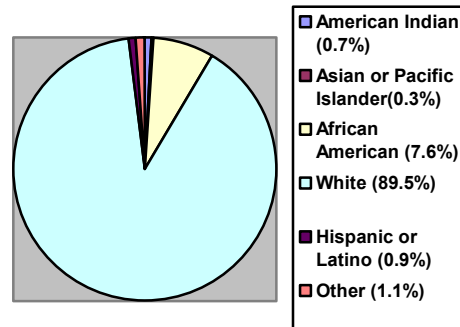
When distributing the survey, the goal was to try to gather enough surveys that would be a good representation of the county in relation to race, socioeconomic status, geographic location, age, education, etc. To ensure that everyone that wanted to complete a survey could the survey was available online via Survey Monkey or by filling out a paper copy. The survey was promoted in the local newspaper, local businesses, flyers, email groups, and some of the steering committee members visited the Senior Center. Also, to get another perspective service providers were asked to fill out the survey. A total of 98 responses were received from 29 different agencies.

Survey Respondents

Sex Respondents



Race Respondents



The paper survey was available at the following locations:

- Community Centers
- Isothermal Community College
- Public Libraries
- Rutherford County Health Department
- Senior Center
- Satellite meal sites

- Department of Social Services
- Local churches
- Realize Rutherford
- Rutherford County Schools
- The Community Clinic
- United Way Office

The Employment Security Commission/Joblink

The local businesses and employers that encouraged their staff to participate in the survey were:

Aallied Die Cast	AGI
American Homes	Arvin Meritor
BB&T	Carolina First Bank
Cone Mills	EATON Corporation
First Charter Bank	First Citizens Bank
First National Bank	Mako Marine
Mountain First Bank & Trust	Parker Hannifin
Plastic Packaging	RBC Centura
Rutherford County Bank	Rutherford County Government
Rutherford County Schools	Rutherford Electric Membership
Rutherford Hospital, Inc.	State Employees Credit Union
Tanner Companies	Timken
Wachovia Bank	Wal Mart

Email groups and websites where the survey was available:

- Realize Rutherford newsletter and vision partner lists
- Rutherford County Chamber of Commerce
- Rutherford County Government
- Rutherford County Schools
- United Way Agencies
- United Way of Rutherford County

The survey process was open for 3 months. During that time, 1600 surveys were collected. Out of the 1600 that were collected, only 1,320 surveys were fully completed and able to be analyzed. Another tool that was used to gather information was by conducting focus groups.

There were 13 focus groups with more than 100 participants:

- EATON Corporation Employees
- Isothermal Community College Students
- Employment Security Commission (including jobseekers)
- Isothermal Planning and Development Commission Public Housing Resident
- Gilkey Community Center
- Lake Luke Residents
- Mother Learn Students
- Rutherford County Health Department Employees
- Rutherford County Health Department Clients
- Spindale Police Department Employees
- Tanner Companies Employees
- The Daily Courier Newsroom Staff
- Town of Forest City Employees

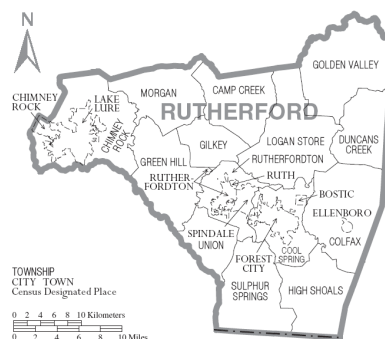
In October, a community health summit was held and the results of the survey were presented in addition to secondary health data. In the survey there was a section that asked participants about various issues and whether they felt the issue was: not an issue, a minor issue, a moderate issue, a major issue, if they had an opinion or just didn't know enough to comment on the issue. Based on the responses, the top ten issues were identified from the community assessment and presented to the community to prioritize. The top three issues were chosen by the summit participants. The three issues that the community felt were the most pressing and needed attention were: obesity, substance abuse and access to medical care.

At the next Rutherford County Community Health Council meeting, the members discussed the health issues that were prioritized at the health summit and voted to work on substance abuse and obesity. The action plans for these two priorities will be developed next year in the Rutherford County Community Health Council strategic planning meetings.

Community Demographics

Geographic Information

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



Historical Information

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

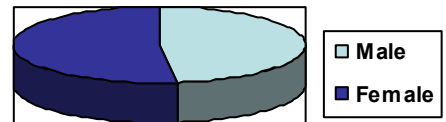
Demographic and Socioeconomic Information

Population

- According to the Year 2000 census, the population of Rutherford County was 62, 899, and the estimated population in Year 2007 was 63, 012.ⁱⁱⁱ

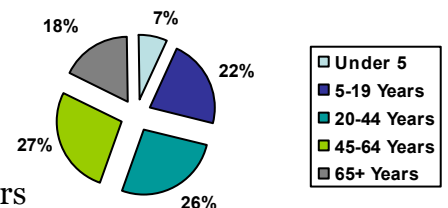
Sex Demographics

- Males: 30, 301 (48.2% of the population)
- Females: 32, 598 (51.8% of the population)^{iv}



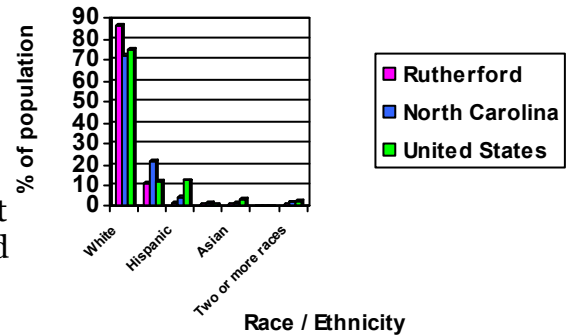
Age Demographics

- The largest population groups are the 45 – 64 and 20 – 44, which make up 27% and 26% respectively of the population.
- Compared to North Carolina and the United States, Rutherford County has a larger percentage of the age groups 45-64 and 65+.
- The median age for Rutherford County is 38 years old.^{iv}



Race / Ethnic Demographics

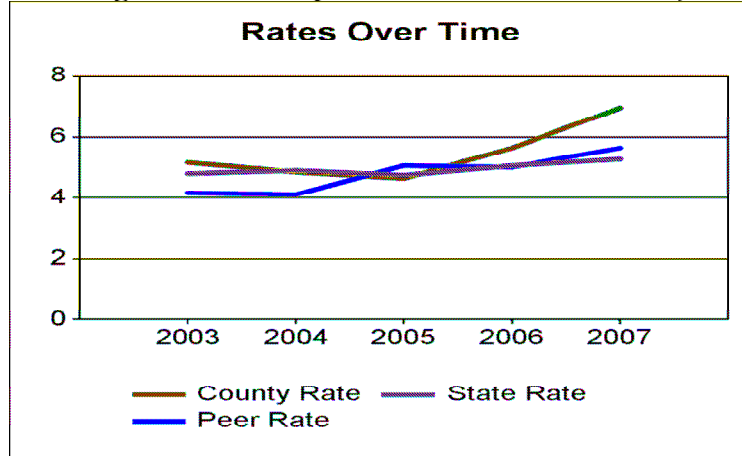
- *White (Caucasian):* 86.8% (54, 592)
 - Rutherford County's Caucasian population is higher than North Carolina or the United States.
- *African American:* 11.2% (7, 066)
 - Rutherford County's African American population is the largest minority population in Rutherford County.
- *Hispanic or Latino:* 1.8% (1, 136)
- *American Indian:* 0.2% (125)
- *Asian:* 0.3% (206)
- *Native Hawaiian Other Pacific Islander:* 0.0% (20)
- *Some other race:* 0.7% (423)
- *Two or more races:* 0.7% (467) ^{iv}



Education

Rutherford County Public Schools currently enroll approximately 9,500 students. The county supports 10 elementary schools, 3 middle schools, 3 high schools, 1 alternative high school, Rutherford Early College High School, and Preschool center. Rutherford County has 2 private schools and 1 charter school. Also located in Rutherford County is Isothermal Community College, which enrolls over 2,300 students. ^{iv} Rutherford County is experiencing a steady increase of high school dropout rates. In 2007, the rate was 7.0, which was higher than the state rate of 5.3. ^v

% of High School Dropout Information Grades 9-12



% of High School Dropout Information Grades 9-12

Year	Rutherford County Raw Values	County Rate	Peer Rate	State Rate
2003	156	5.1	4.2	4.8
2004	153	4.8	4.1	4.9
2005	151	4.6	5.1	4.7
2006	193	5.6	5.0	5.0
2007	246	7.0	5.6	5.3

Government

The Rutherford County Board of Commissioners is a governing body comprised of 5 elected officials, each serving a 4-year term. Each commissioner represents and resides in a specific district. In 2006, there were approximately 41, 000 registered voters in Rutherford County. Of the voters, 46% registered Democrat, 34% registered Republican, and 20% as Independent / Unaffiliated. ^{vi}

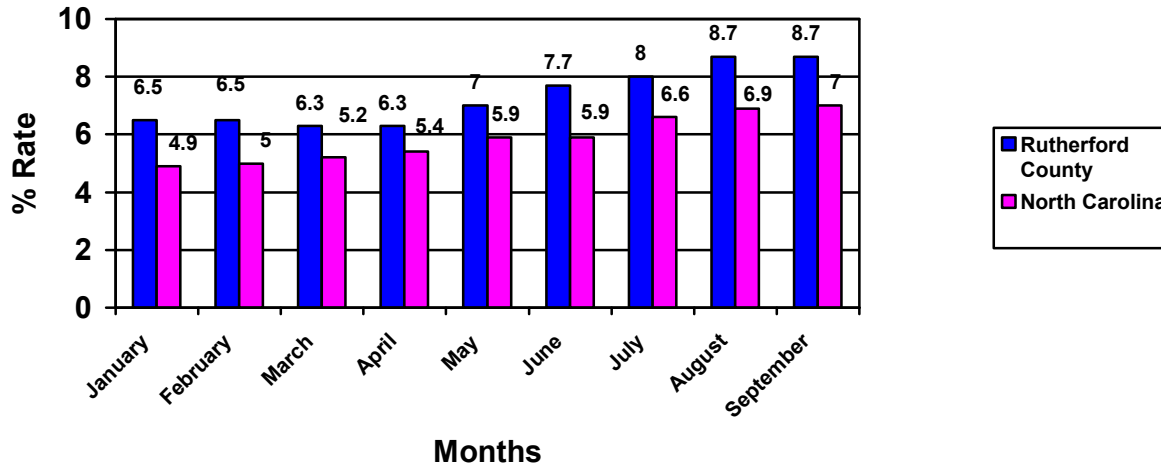
Environment

- According to the North Carolina Department of Commerce, Rutherford County is considered a Tier 1 county, or economically disadvantaged.
- Water Supply: Rutherford County is under the Broad River Watershed. There are two main water supplies: Town of Forest City, and Broad River Water Authority.
- Waste: Currently in Rutherford County, there is 1 solid waste landfill, and 10 convenience centers located around the county. ^{vii}

Employment

In 2006, Rutherford County's workforce totaled 22,790. The top 5 employers are Rutherford County Schools, Wal-Mart Associates, Acs Business Process Solutions Inc, Rutherford Hospital Inc, and the County of Rutherford. Rutherford County's 2008 unemployment rates have steadily increased throughout the year, and the rate has been higher than the state of North Carolina. In 2008 there have been five closings and two layoffs that have affected approximately 850 people in Rutherford County. So far in 2008, North Carolina has experienced 642 businesses closing and 189 businesses experienced layoffs.

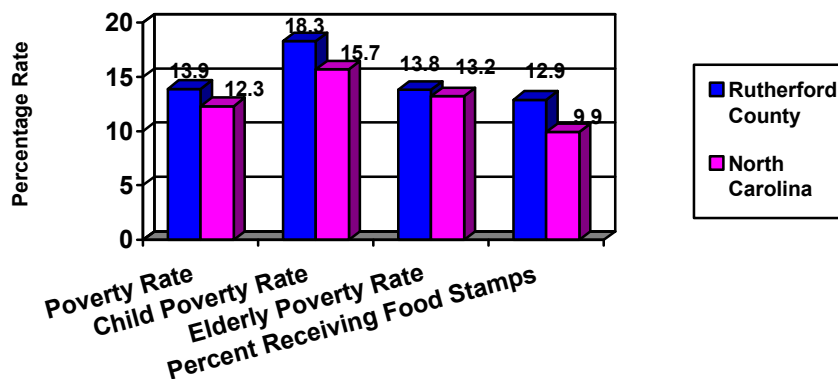
viii



Housing, Income, and Poverty

According to the 2000 census, Rutherford County's median household income was \$31,122, with 74.5% owning their own home. In 2007 there were 26,589 total households, with 20,145 owning their home and 6,444 renting housing. In 2005, the percent of poverty was 16.3% (10,300), ranking Rutherford County 47 out of 100 counties in North Carolina. North Carolina had a poverty rate of nearly 15% in 2005. iii

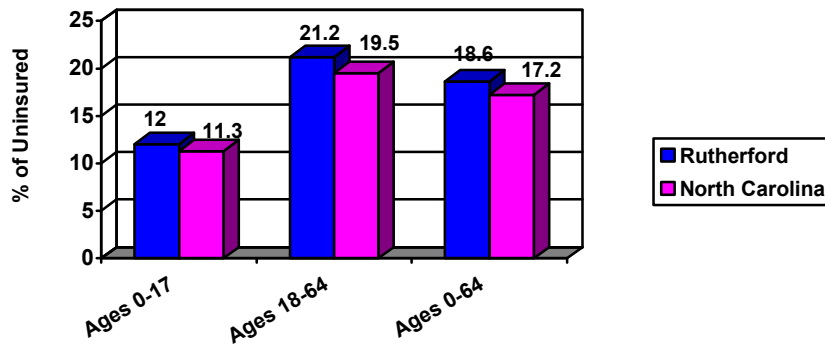
Poverty Rate



Access to Care

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. ^{ix} Unfortunately, the number of insured is sure to increase again due to the closing of businesses and layoffs. The latest data for Rutherford County shows that in 2005 12% of children between the ages of 0-17 were uninsured and 21.2% of adults between of ages of 18-64 were uninsured. In 2005, 18.6% of residents in Rutherford County between the ages of 0-64 were uninsured, compared to 17.2% of residents in North Carolina between the ages of 0-64. ^v Again the number is sure to increase due to the businesses closing and the layoffs.

**Percent of Uninsured in
2005**



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

Health Insurance Coverage of Children 0-18 North Carolina (2006-2007) US (2007)				
	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) ^x

Unfortunately, all of the factors above play into a big cycle. A person's income plays a big role in their health status; a person's educational attainment determines what type of job they will have, which determines whether they will have insurance, which will determine 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 measure, a person with a lower income is unlikely to be able to take preventative measures, but have to seek treatment during the chronic stages.

Most people that are uninsured are in working families, but do not have access to employer-sponsored insurance. These families are the ones that are right above the poverty level, so they do not qualify for Medicaid or Medicare. So again not having access to insurance means that a person does not access to quality health care, which causes them to have negative health consequences.

Health Information

Health is defined by The World Health Organization as: “ a state of complete physical, mental, and social well-being and nor merely the absence of disease or infirmity.”^{xi} 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.

Community Resources

Rutherford County has one hospital, a community clinic, a health department and many other service providers. In 2007 there were 84 physicians, with 48 of them primary care physicians.^{xii} Volunteers staff the Community Clinic of Rutherford County. The volunteers are medical professionals that can provide free primary care, specialty care, preventative care and medication assistance to uninsured residents.^{xiii} Rutherford Hospital Inc. is a non-profit facility with 143 acute care beds. The hospital provides services such as diabetes programs, a cancer resource center and many more.^{xiv} Rutherford County Health Department provides services such as WIC, STD testing, breast and cervical cancer screenings and many more.^{xv}

There are also many places in Rutherford County to be active. There are at least 12 parks, two recreational centers, rail to trails and several fitness centers. The various townships offer little league teams and different sporting camps for the kids.

2007 Health Professions in Rutherford County

Health Profession	# In Rutherford County
Certified Nurse Midwife	1
Chiropractor	7
Dental Hygienists	40
Dentists	15
Licensed Practical Nurse	211
Nurse Practitioner	15
Optometrists	6
Pharmacists	47
Physical Therapists Assistant	19
Physical Therapist	15
Physician Assistant	10
Physicians	85
Podiatrists	1
Primary Care Physicians	47
Psychological Associate	7
Psychologists	4
Registered Nurse	432
Respiratory Therapists	25

Source: Cecil G. Sheps Center for Health Services Research, UNC Chapel Hill ^{xii}

Despite the services that are provided and the array of health professions, Rutherford County is classified as medically underserved. Areas are classified as medically underserved based on the ratio of primary care physicians per 1,000 populations, the infant mortality rate, the percent of population with incomes below the poverty line, and the percentage of the population that is 65 and over.

^{xvi}

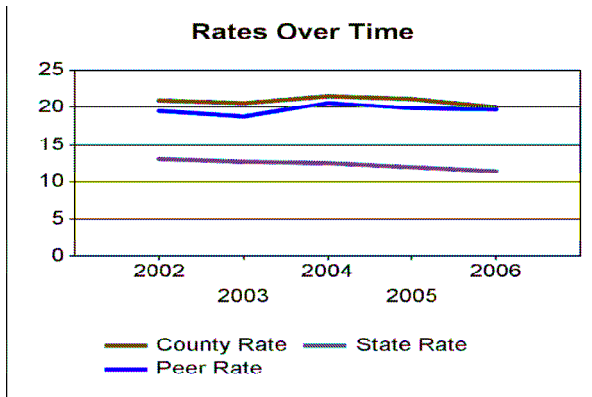
Health Statistics

Maternal, Infant and Child Health

In 2006 there were 877 pregnancies in Rutherford County. Of the 877 pregnancies, 751 were live births, 117 induced abortions, and 9 fetal deaths. It seems that the majority of mothers are seeking prenatal care in the first trimester (84.6%), enrolling in the WIC program (40.2%), and receiving maternal care coordination (44.5%). However, a big issue is the number of women that smoke during their pregnancy. Rutherford County has a higher rate of women smoking while pregnant compared to North Carolina. 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. xvii

A low birth weight newborn is considered to be less than 5 pounds, eight ounces (2,500 grams) and a very low birth weight newborns weighs less than three pounds, five ounces (1,500 grams). Low birth weight newborns can have serious health problems as newborns, develop lasting disabilities, such as developmental disabilities, or possibly result in death. Rutherford County has a higher rate of women that have newborns with a low birth weight compared to North Carolina, which may be a result of the number of mothers that smoked during pregnancy.

% of Live Births Where the Mother Smoked During Pregnancy

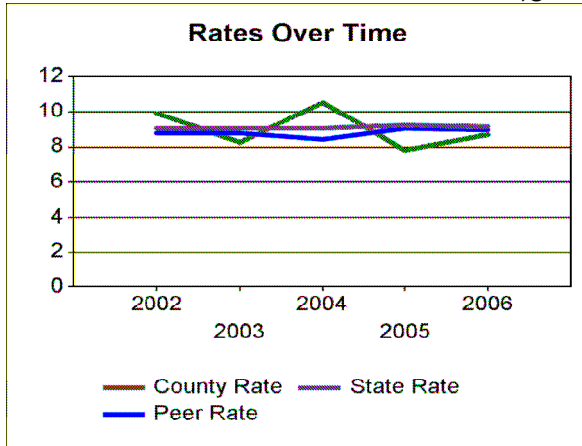


% of Mothers Who Smoked During Pregnancy

Year	Rutherford County Raw Values	County Rate	Peer Rate	State Rate
2002	156	20.9	19.5	13.2
2003	159	20.7	18.9	12.7
2004	169	21.6	20.6	12.5
2005	155	21.1	19.9	12.1
2006	151	20.1	19.6	11.5

Source: North Carolina State Center for Health Statistics, North Carolina Comprehensive Assessment for Tracking Community Health vii

% of Live Births that were less than 2,500 grams



% of Live Births that were less than 2,500 grams

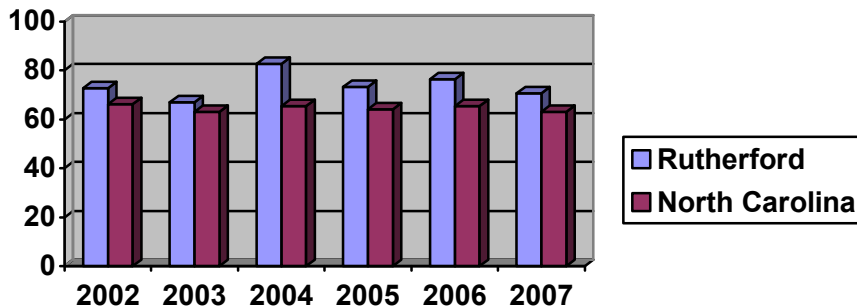
Year	Rutherford County Raw Values	Rutherford County Rate	Peer Rate	State Rate
2002	74	9.9	8.8	9.0
2003	63	8.2	8.7	9.0
2004	82	10.5	8.4	9.1
2005	57	7.8	9.0	9.2
2006	65	8.7	9.0	9.1

Source: North Carolina State Center for Health Statistics, North Carolina Comprehensive Assessment for Tracking Community Health ^{vii}
Peer rates consist of the average rates from Burke, Surry, and Stanly counties.

Teen Pregnancy

North Carolina’s teen pregnancy rate has been holding steady, with the rates almost the same as they have been the past four years. When calculating the teen pregnancy rate, the rate includes the number of teens that got pregnant within a given year. The rate however, does not show the number of teenagers that had a full-term pregnancy. In 2006 the pregnancy rate for teens 15-19 years of age was 63.1 pregnancies per 1,000 girls and in 2007 was 63.0 pregnancies per 1,000 girls. Rutherford County has experienced some decline in the teen pregnancy rate, but is still slightly higher than North Carolina. In 2007 Rutherford County was ranked 41 based on its rate of 70.8 per 1,000 girls ages 15-19, which is 12% higher than North Carolina’s rate. The rate was based off of 143 pregnancies. Out of the 143 pregnancies in 2007, 45 of them were repeat pregnancies. ^{xviii}

**Rutherford County Teen Pregnancy Rate
per 1,000 Girls
2002-2007, 15-19 Year Old**



Rutherford County Teen Pregnancy Rate

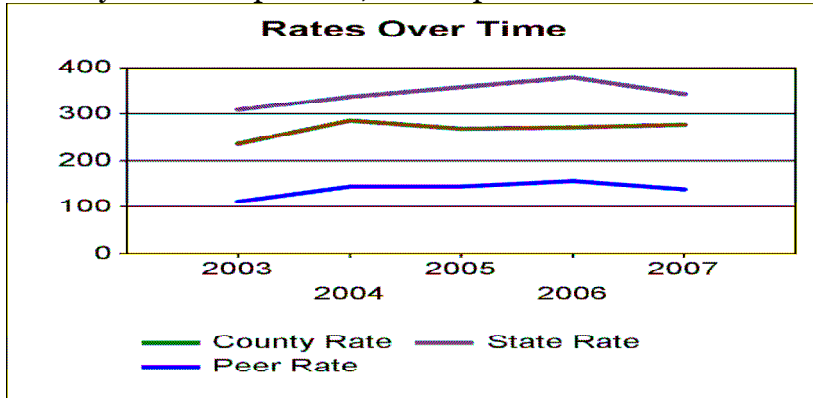
Year	Rutherford County Raw Values	County Rate	State Rate
2002	140	72.9	66.2
2003	131	67.1	63.2
2004	156	82.7	65.5
2005	143	73.2	64.2
2006	153	76.4	65.5
2007	143	70.8	63.1

Source: North Carolina State Center for Health Statistics, North Carolina Comprehensive Assessment for Tracking Community Health ^{vii}

Sexually Transmitted Diseases (STDs)

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 still had some of the highest gonorrhea, chlamydia, primary and secondary syphilis, and HIV disease rates. STDs are not an alarming issue in Rutherford County, but it is an issue nonetheless and should not be ignored. Most people who have a STD do not know it because they have no symptoms. Untreated STDs can cause serious health problems for both men and women such as infertility, pelvic inflammatory disease (PID), epididymitis, and increase the risk of transmitting HIV. Gonorrhea and chlamydia are the diseases that are commonly seen in Rutherford County. Gonorrhea and chlamydia are primarily seen in people 15-24 years old.

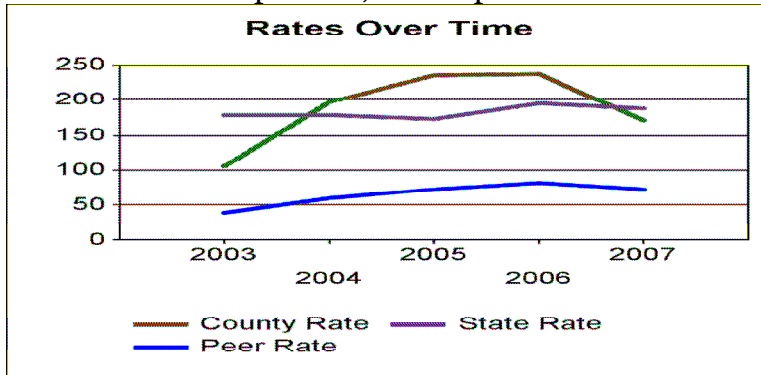
Chlamydia Rates per 100,000 Population



Chlamydia Data

Year	Rutherford County Raw Values	Rutherford County Rate	Peer Rate	State Rate
2003	149	234.6	113.8	309.7
2004	182	286.8	143.9	339.9
2005	170	267.1	145.1	359.6
2006	174	272.4	157.7	379.6
2007	176	275.6	140.2	345.6

Gonorrhea Rates per 100,000 Population



Gonorrhea Data

Year	Rutherford County Raw Values	Rutherford County Rate	Peer Rate	State Rate
2003	67	105.5	39.1	179.2
2004	125	197.0	59.7	178.1
2005	150	235.6	73.0	173.8
2006	152	238.0	81.8	195.5
2007	110	172.2	76.6	188.2

Source: North Carolina State Center for Health Statistics, North Carolina Comprehensive Assessment for Tracking Community Health ^{vii}

Mental Health and Substance Abuse

Mental Health

One in four adults suffer 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.^{xx} 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 four 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. The goal of the state was to reduce number of centers from 40 down to 24. 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.^{xix}

Rutherford County is facing similar issues. The estimated 2007 population for Rutherford County is 64,053 and the estimated adult population is 47,509. If one out of four adults have a diagnosable mental illness that means approximately 11,900 adult residents in Rutherford County suffer. Again, all the people that have a diagnosable mental illness are not receiving adequate treatment. The restructuring of the mental health system caused clinic services to become privatized. So many services that were provided at the local level by the county are no longer offered. The transition was made so fast that services providers were not trained adequately to take on administrative roles in order to properly treat patients.

According to the Needs Assessment Survey 33.1% (391 respondents) of respondents thought mental health illness or emotional issues were a moderate issue among adult, where 29.0% (342 respondents) thought it was a major issue. 31.4% (370 respondents) thought mental health illness or emotional issues were a moderate issue among children, where 25.6% (302 respondents) thought it was a major issue. There are some services that are in place to help with residents cope with living with a mental illness such as the Behavioral Health Unit and the Outpatient Behavioral Health Unit provided at Rutherford Hospital. The LME for Rutherford County is Western Highlands Network located in Asheville, NC.

Substance Abuse

People abuse substances such as, tobacco, alcohol, drugs (i.e. marijuana, crack, etc) and now prescription drugs. 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. Substance abuse can increase the risk of developing heart disease, lung cancer, liver failure, etc. ^{xix}

Most drugs can be found in North Carolina. 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, its 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. ^{xxi}

In 2004, there were 43 labs seized in Rutherford County. The Rutherford County Sheriff's Office Narcotics and Interdiction Enforcement teams are working hard to make arrests and seize drugs. Another resource that plans to address substance abuse is the Community Engagement Team. The Community Engagement Team is a result of the Needs Assessment Survey done by the United Way and Realize Rutherford. The results of the survey showed that 26.8% (317 respondents) that drug abuse was a moderate issue among adults, where 57.1% (675 respondents) thought it was a major issue. 28.3% (335 respondents) thought drug abuse was a moderate issue among children, where 48.8% (577) respondents thought it was a major issue.

The team consists of various community leaders that plan to pull together to tackle the substance abuse issue and other issues that spawn from the abuse. The jails and prisons are seeing the connection between substance abuse and crimes. The Rutherford Correctional Center in Spindale, NC has a substance abuse treatment program called "A New Direction." Inmates are screened when they enter the facility and are provided treatment to help overcome their substance abuse problem. ^{xxii}

Obesity

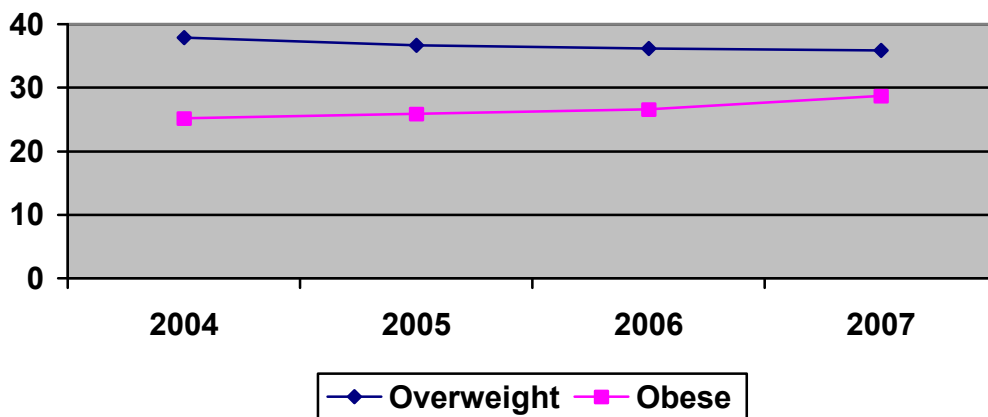
Obesity is becoming a serious health problem in North Carolina and the United States. In 2007 North Carolina was ranked 17th for its adult obesity rate and 5th for children between the ages of 10-17. Obesity can be linked to lack of physical activity, lack of recreational facilities, poor nutritional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

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%. ^{xxiv} 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. ^{xxv}

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 can lead to many health risks such as the development of certain chronic diseases, such as heart disease, hypertension, and diabetes. 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.

North Carolina Obesity Rates



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. ^{xxv}

Due to the unhealthy lifestyles that adults in Rutherford County live it costs over \$92 million annually in direct medical expenses and indirect expenses such as lost productivity, presenteeism and absenteeism. ^{xxvi}

Western North Carolina Obesity Rates

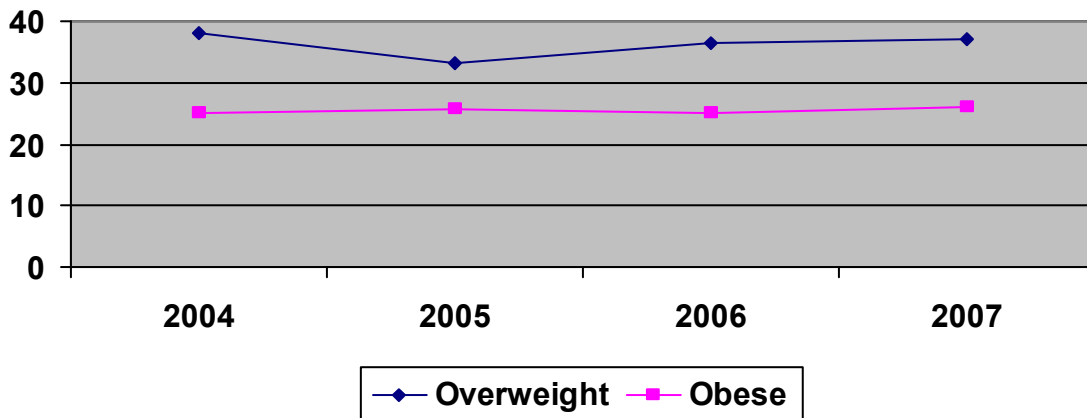


Table 1: Western North Carolina Obesity Rates

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 ^{xxv}

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 or vegetable to 95% and decrease the number of students that eat high-fat meats and high-sugar snacks on a given day to 50%. ^{xiv}

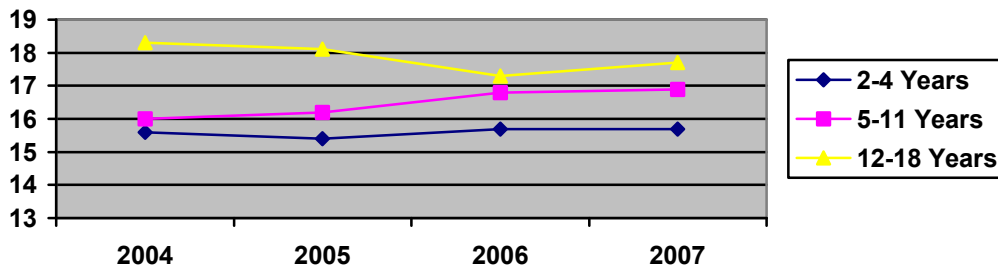
According to the 2007 Child Health Assessment and Monitoring Program (CHAMP) results, 12.7% of children in North Carolina spend 20 minutes to 1-hour physically active play, 34.0% eat 3 or more servings of fruit and 27.7% eat 3 or more servings of vegetables on a given day. ^{xxvii}

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%. In 2007, 14.5%

of preschool children, 13.0% of children 5-11 years old, and 22.1 of children 12-18 years old were considered obese in Rutherford County. ^{xxviii}

The unhealthy lifestyles of the children in Rutherford County amounts to nearly \$129,000 annually in direct medical cost. ^{xxvi}

North Carolina Children At-Risk for Being Overweight Rates

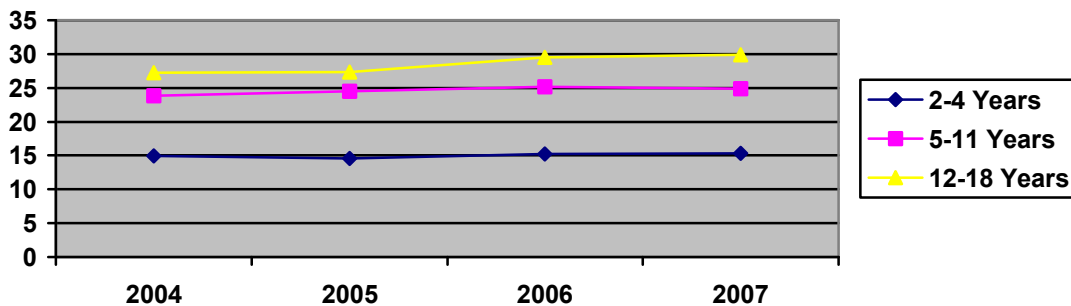


North Carolina Children At Risk for Being Overweight Rates

Age Group	2004		2005		2006		2007	
	#	Rate	#	Rate	#	Rate	#	Rate
2-4	12,672	15.6	14,292	15.4	14,647	15.7	15,557	15.7
5-11	2,180	16.0	2,318	16.2	2,451	16.8	2,416	16.9
12-18	1,396	18.3	1,422	18.1	1,308	17.3	1,306	17.7

Source: Eat Smart Move More NC ^{xxviii}

North Carolina Children Overweight Rates

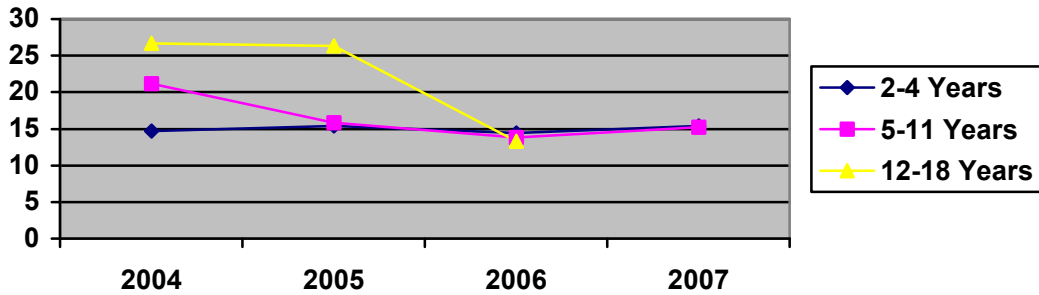


North Carolina Children Overweight Rates

Age Group	2004		2005		2006		2007	
	#	Rate	#	Rate	#	Rate	#	Rate
2-4	12,076	14.9	13,507	14.6	14,155	15.2	15,092	15.3
5-11	3,240	23.8	3,500	24.5	3,675	25.2	3,559	24.9
12-18	2,078	27.2	2,144	27.3	2,232	29.5	2,212	29.9

Source: Eat Smart Move More NC ^{xxviii}

Rutherford County Children At-Risk for Being Overweight Rates

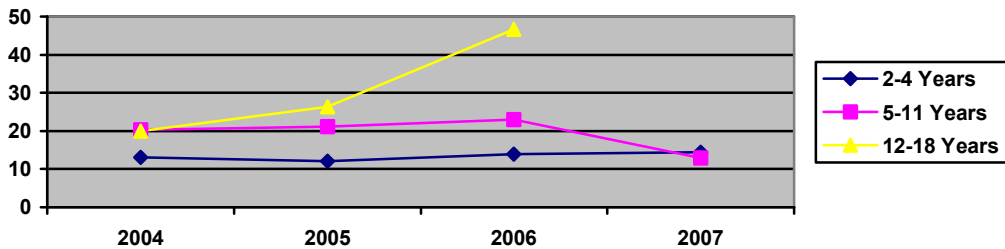


Rutherford County Children At-Risk for Being Overweight Rates

Age Group	2004		2005		2006		2007	
	#	Rate	#	Rate	#	Rate	#	Rate
2-4	106	14.7	132	15.4	117	14.4	129	15.4
5-11	25	21.2	18	15.8	12	13.8	14	15.2
12-18	4	26.7	5	26.3	2	13.3	0	

Source: Eat Smart Move More NC ^{xxviii}

Rutherford County Children Overweight Rates



Rutherford County Children Overweight Rates

Age Group	2004		2005		2006		2007	
	#	Rate	#	Rate	#	Rate	#	Rate
2-4	94	13.1	104	12.1	114	14.0	121	14.5
5-11	24	20.3	24	21.1	20	23.0	12	13.0
12-18	3	20.0	5	26.3	7	46.7	1	

Source: Eat Smart Move More NC ^{xxviii}

Note: The data was collected through the North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS). Mostly the Women, Infants and Children (WIC) program, child health clinics and school based health centers, use the system. However, the child health clinics and school based health centers are not required by state or federal legislation to collect height and weight for ages 5-18. Numbers that are fewer than 20 are unstable and should be interpreted with caution, due to the lack of representation of the county.

Oral Health

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 Rutherford County had a rate of 2.5 dentists per 10,000 population.

The shortage is also affecting children. In North Carolina, pediatric dentists 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. 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. ^{xxix}

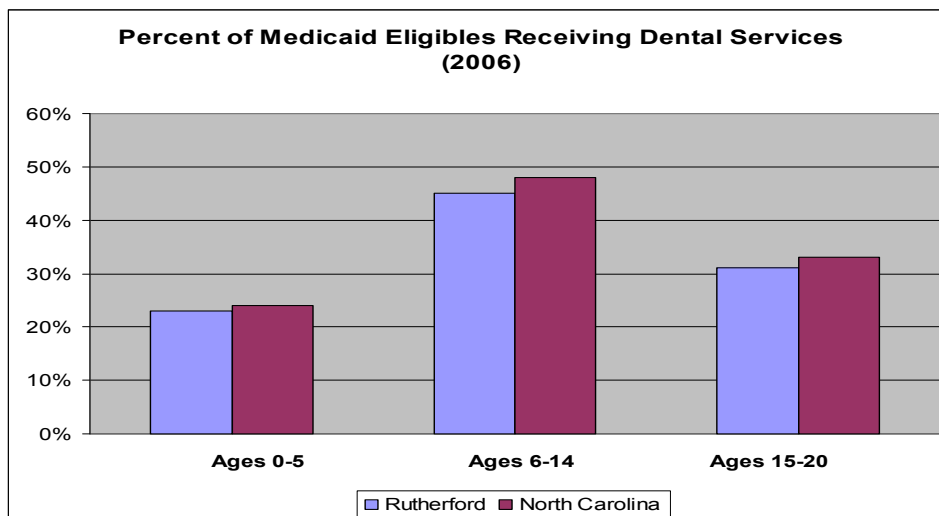
The NC Oral Health Section (NCOHS), Division of Public Health annually conducts a dental assessment screening for kindergarten and fifth grade students. The Public Health Dental Hygienists use a calibrated technique to measure prevalence of dental disease among these children. The 2010 health goals are to increase the proportion of 5th 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.

Rutherford County percentages compared to North Carolina Statewide averages in 2006-07.

- 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 higher percentage of fifth graders had untreated decay in permanent teeth.
- A similar percentage of fifth graders had preventive dental sealants in permanent teeth.

	% Students Screened		% Students with history of decay *		% Students with untreated decay		% Students with Sealants
	Kindergarten	Fifth Grade	Kindergarten	Fifth Grade	Kindergarten	Fifth Grade	Fifth Grade
Rutherford	95%	95%	51%	41%	30%	10%	44%
NC	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 51% of Rutherford County kindergarten students have a history of decay in their primary teeth and 30% have untreated dental decay. For Rutherford County fifth graders, 41% have a history of dental decay in their permanent teeth and 10% have untreated dental decay. While the percentage of kindergarten and fifth grade children in Rutherford County with a history of decay and untreated decay is higher than the North Carolina state average, a higher percentage of Rutherford 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. ^{xxx}



Source: Annie E. Casey Foundation, Community Level Data, 2005 Percentage of XIX eligible receiving dental services ^{xxxii}

Environmental Health: Air pollution is major environmental risk to a person’s health. The exposure to certain chemicals and particulate matter can increase the risk of acute lower respiratory infections, lung cancer and affect the respiratory system and lung function. Ozone and particle pollution are two air pollutants that can affect a person with asthma. Asthma is becoming a major public health concern in the United States. Asthma is the third ranking cause of hospitalizations for children under the age of 15 and accounts for 14 million missed days of school yearly. By controlling environmental exposures one can improve the quality of live. ^{xxxiii}

2006 Hospital Discharge with Asthma being the Primary Diagnosis
Number and Rates per 100,000 population

	Total #	Total Rate	# Ages 0-14	Rate Ages 0-14
Rutherford County	82	129.8	16	132.3
North Carolina	10,500	118.5	2,732	152.8

Source: North Carolina State Center for Health Statistics 2008 County Data Book
xvii

Lead poisoning is another environmental issue. Lead-based paint is the major source of exposure, which can be found in houses that were built before 1978. Other sources of exposure are soil, water that flows through old pipes, toys, etc. When lead is inhaled, swallowed, or absorbed into the skin it becomes very toxic. Lead can get into the bloodstream and damage red blood cells, limiting their ability to carry oxygen to vital organs and tissues, interfere with the absorption of calcium, can cause developmental delays or damage to the nervous system. xxxiii

2007 Rutherford County Childhood Blood Lead Surveillance Data
Ages 1 and 2 Tested

Target Population	Number Tested	Percent Tested	Lead \geq 10	Percent \geq
1,484	518	34.9	3	0.6

2007 Rutherford County Childhood Blood Lead Surveillance Data
Ages 6 months to 6 years

Number Tested	Confirmed 10-19	Confirmed \geq 20
801	1	0

Source: North Carolina Department of Environment and Natural Resources xxxiv

Leading Causes of Death: One of the 2010 health goals for North Carolina and Healthy People 2010 is to increase the span of live and improve the quality of live at the same time. 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. xxiv Rutherford County's age-adjusted mortality rates between 2002-2006 show that for most causes of death, Rutherford County has higher rates than North Carolina. The county however, had lower rates of death for diabetes compared to North Carolina.

Total Population Age-Adjusted 2002-2006 Death Rates per 100,000 Population

Cause of Death	No. Deaths	County Rate	State Rate
Heart Disease	965	237.2	217.9
Cancer	805	203.4	196.4
Cerebrovascular Disease	292	71.1	61.1
Chronic Lower Respiratory Disease	232	57.6	47.1
Atherosclerosis	148		
Unintentional Injuries	139	39.8	27.0
Alzheimer's Disease	137	32.2	27.7
Pneumonia/ Influenza	114	27.5	22.5
Diabetes	80	20.4	27.1
Nephritis	78	19.6	18.2

Note: There were no age-adjusted mortality rates for atherosclerosis.

Cancer Specific Data

Lung Cancer	212	53.4	59.8
Colon Cancer	97	24.6	18.2
Breast Cancer	54	24.8	25.7
Pancreas	48	11.9	11.0
Prostate	37	24.6	29.1

Leading causes of death in Rutherford County by age groups 2002-2006 (most recent data available)^{xvii}

Ages <20 years

Perinatal Conditions
 Motor Vehicle Injuries
 Other Unintentional Injuries
 Diseases of the Heart
 Birth Defects
 Septicemia
 Homicide
 SIDS
 Cancer-All Sites
 Diabetes Mellitus
 Cerebrovascular Disease
 Pneumonia and Influenza

Ages 20 – 39 Years

Motor Vehicle Injuries
 Other Unintentional Injuries
 Suicide
 Homicide
 Diseases of the Heart
 Cancer-All Sites
 Septicemia
 Diabetes Mellitus
 Cerebrovascular Disease
 Nephritis

Ages 40-64Years

Cancer- All Sites
 Diseases of the Heart
 Other Injuries
 Chronic Lower Resp.
 Cerebrovascular
 Diabetes Mellitus
 Suicide
 Motor Vehicle Inj.
 Chronic Liver/Cirrhosis
 Nephritis

Ages 65 – 84 Years

Diseases of the Heart
 Cancer
 Chronic Lower Respiratory Disease
 Cerebrovascular Disease
 Alzheimer's Disease
 Atherosclerosis
 Pneumonia and Influenza
 Nephritis
 Diabetes Mellitus
 Septicemia

Ages 85+ Years

Diseases of the Heart
 Cerebrovascular Disease
 Cancer
 Atherosclerosis
 Alzheimer's Disease
 Pneumonia and Influenza
 Other Unintentional Injuries
 Chronic Lower Respiratory Disease
 Septicemia
 Pneumonitis due to solids and liquids

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

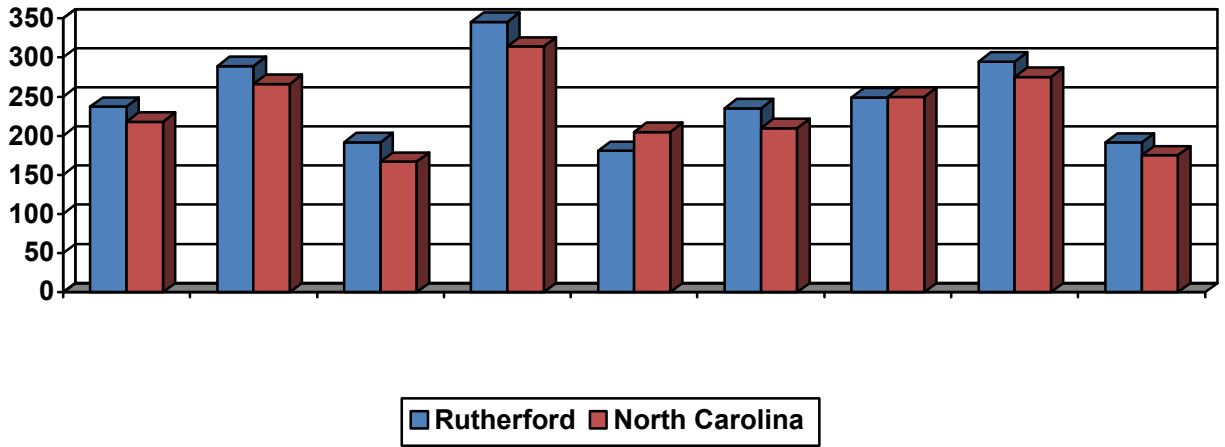
own, but are among the most preventable diseases. The major chronic disease killers to a large degree are an extension of what people do or do not do a day-to-day basis. Tobacco use, lack of physical activity, and poor nutrition are major contributions to heart disease and cancer, the top two leading 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.

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. ^{xxiv}

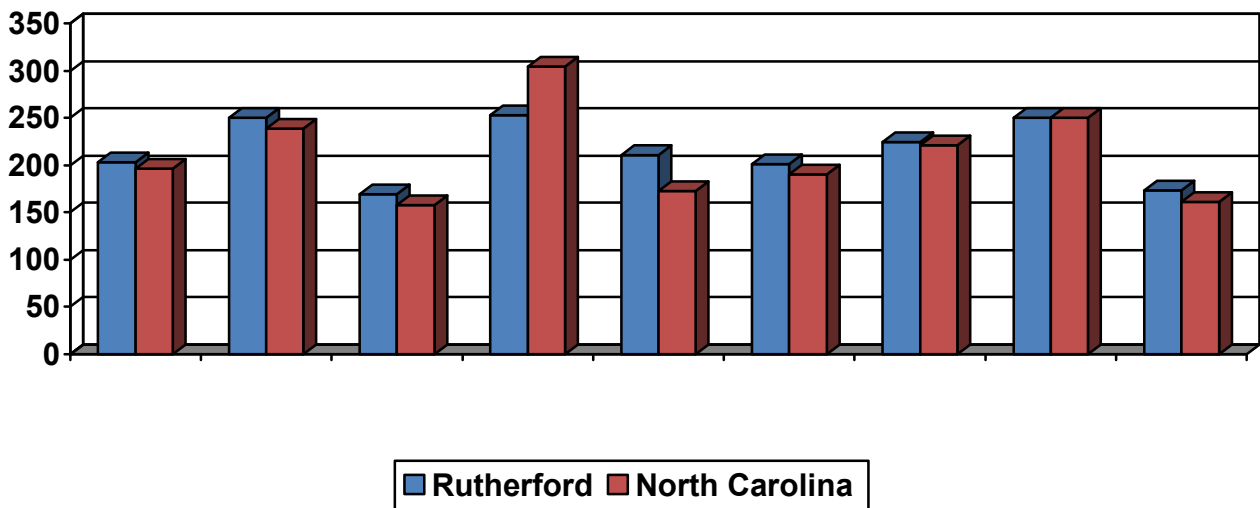
The health status measures for minorities are worse compared to whites nationally, statewide, and locally. At birth, the average life expectancy for whites in North Carolina is 78.6 years and 72.1 for minorities. Females and whites tend to live longer than their counterparts. The average life expectancy 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. ^{xxxv}

Health disparities can occur in other areas as well and is something that can be seen everywhere. There is controversy about what causes health disparities. It can be agreed upon though that they result from three main areas: 1) personal, socioeconomic, and environmental characteristics, 2) barriers that certain groups encounter when trying to access services, 3) quality of health care services certain groups receive. ^{xxxvi} In Rutherford County, the disparities can be seen in the leading causes of death. The trend that is seen in Rutherford County is the same that is seen across the board; males and minorities have higher mortality rates, with minority males faring much worst.

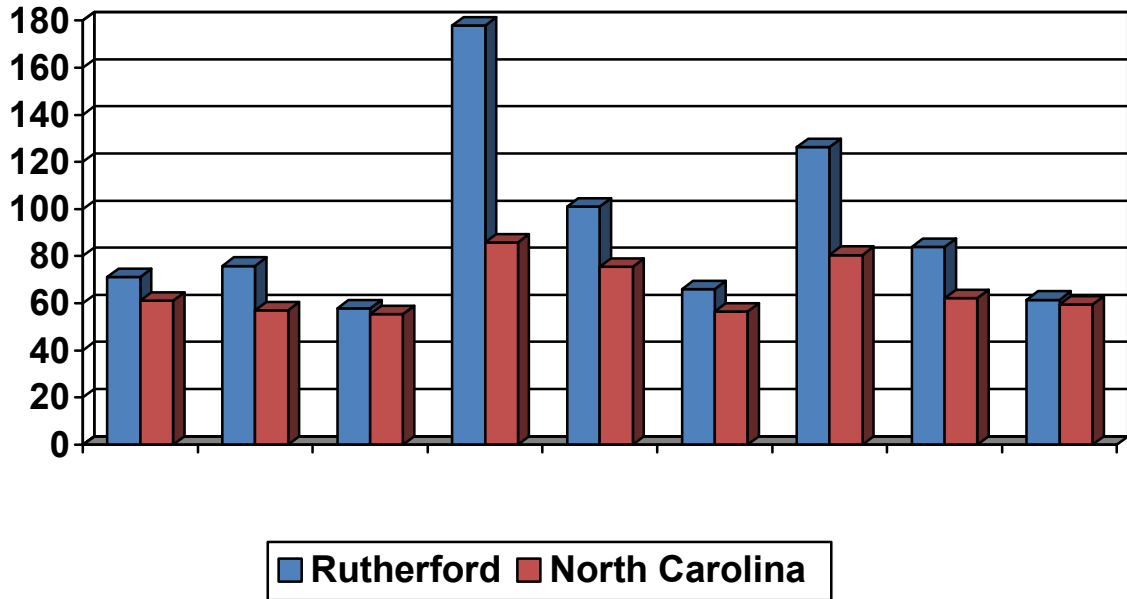
DISEASES OF THE HEART



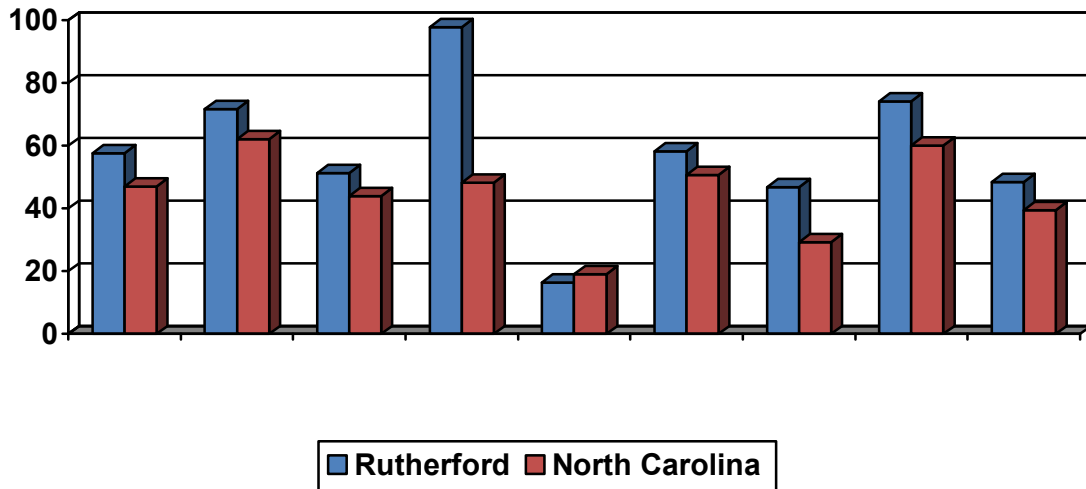
CANCER



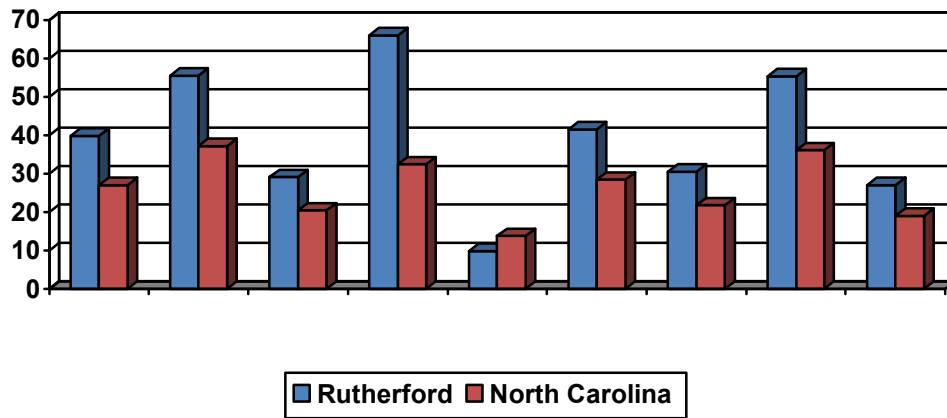
CEREBROVASCULAR DISEASE



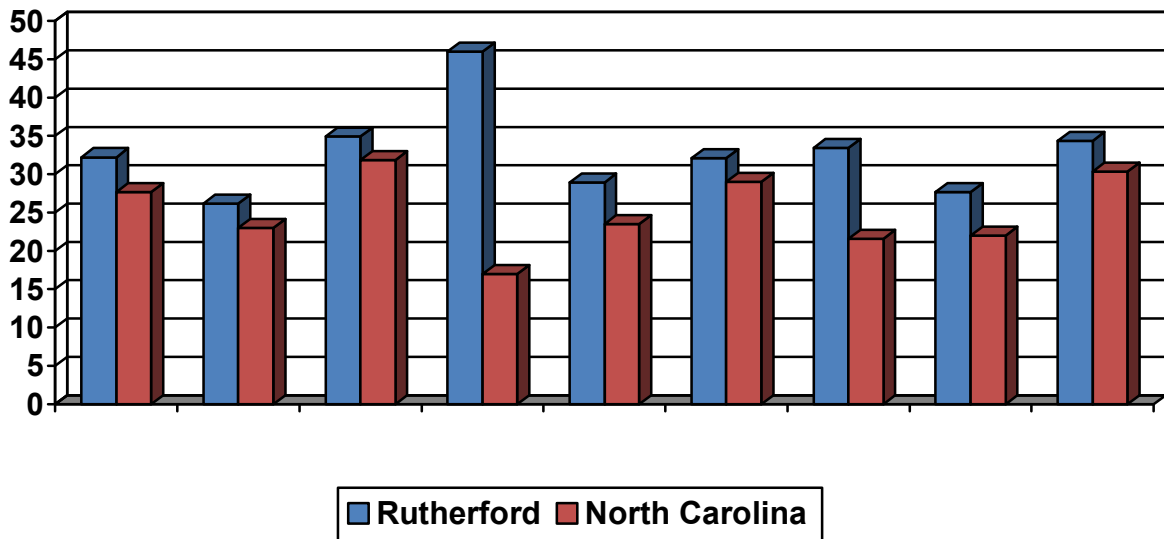
CHRONIC LOWER RESPIRATORY DISEASE



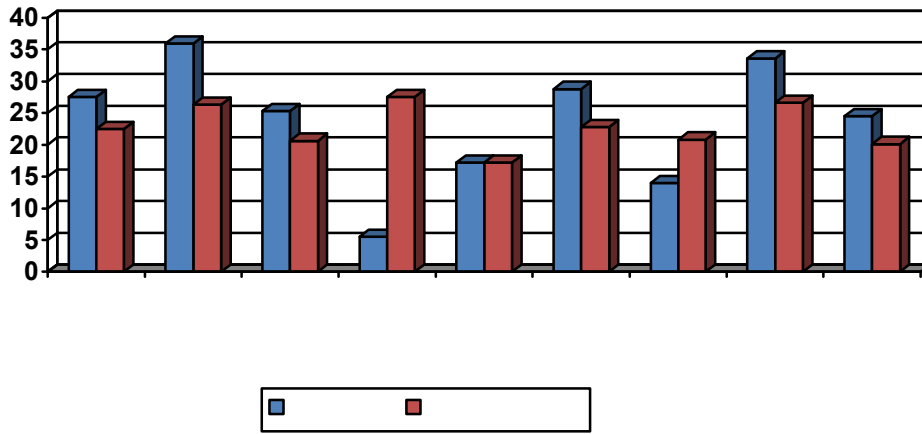
ALL OTHER UNINTENTIONAL INJURIES



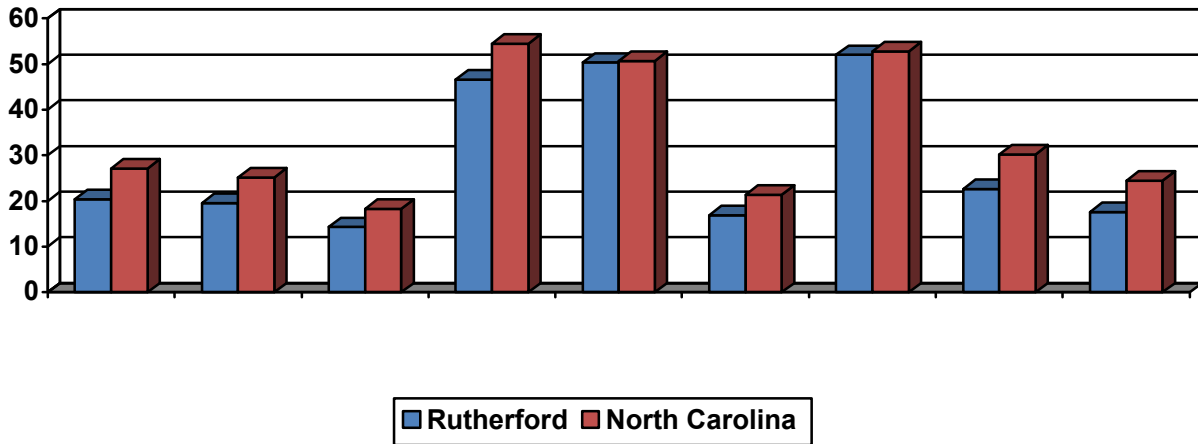
ALZHEIMER'S DISEASE



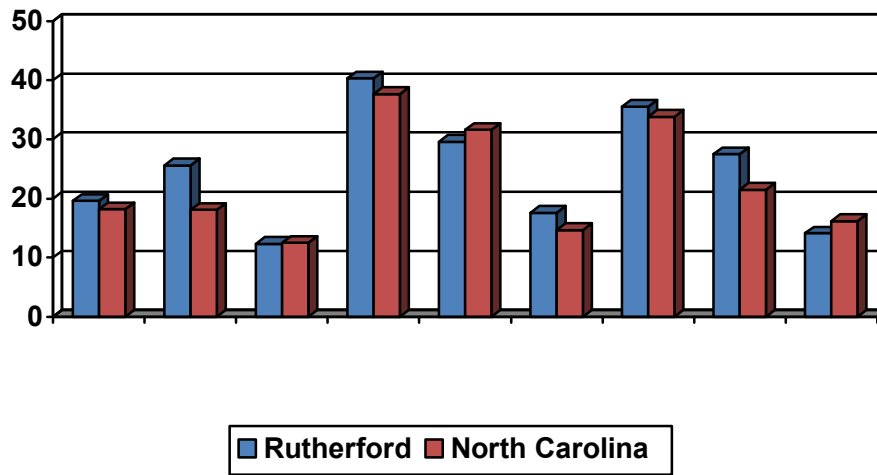
PNEUMONIA AND INFLUENZA

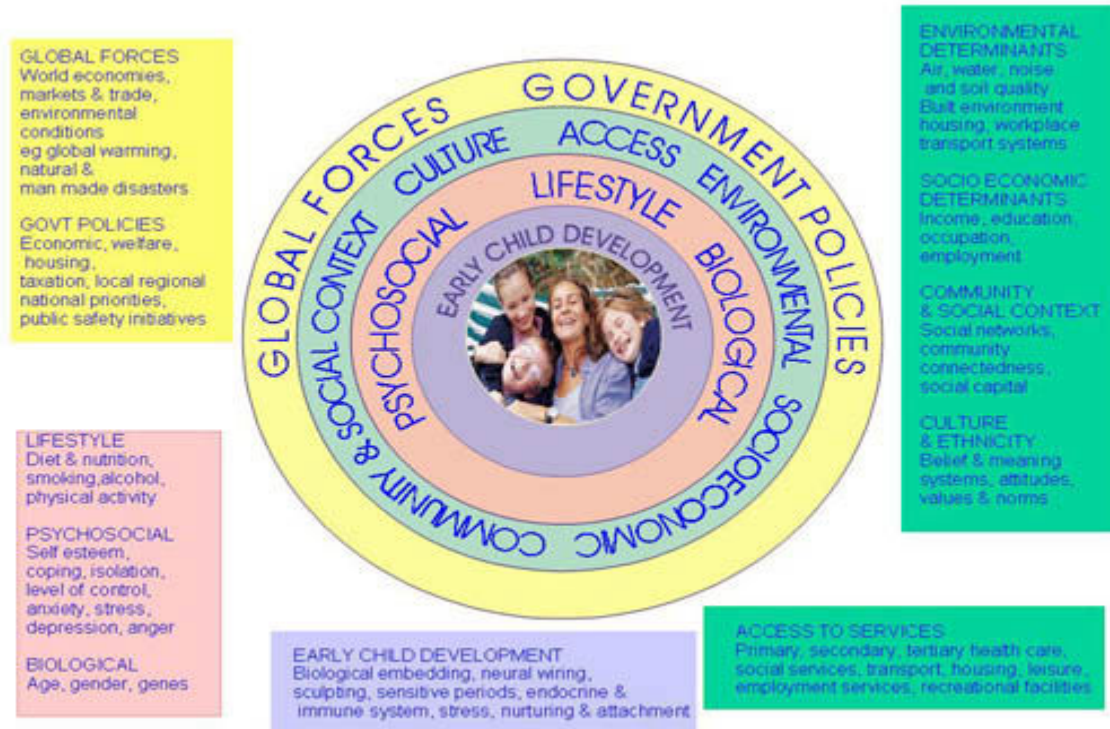


DIABETES MELLITUS



NEPHRITIS, NEPHROTIC SYNDROME & NEPHROSIS





The big picture is that there are many determinants of health and because the determinants are interdependent, the outcome of one determinant can influence another and produce a different outcome and the cycle will continue to repeat. There is an unequal distribution of resources, which produces negative health consequences. These negative health consequences are choices that people make everyday and some have to do with things that are beyond their control. As a community, small changes can be made.

Community Concerns/Priorities

On October 23, 2008, the community was invited to a Community Health Summit. In this health summit, the community was presented the results of the primary data, which included the top health priorities from the community health opinion survey, and in addition, was also presented secondary data. The top 10 priorities were presented to members of the community, and then the community members were allowed to vote on the top 3 priorities they deemed most important. The top priorities chosen were as follows:

1. Obesity
2. Substance abuse
3. Access to care

Each member was asked to join in a group, of their choice, to discuss further the priorities chosen and to formulate ideas on how to address the priority. The information was taken back to the Rutherford County Community Health Council where the information was reviewed. The Health Council voted on the top three

priorities and decided to address substance abuse and obesity. Action plans will be developed to address each of the priorities chosen by the Health Council.

The results of the Community Health Assessment process were released in the local newspaper, *The Daily Courier*. The document will be disseminated to the Rutherford County Community Health Council, all elected officials, and the Rutherford-Polk-McDowell District Board of Health. The document will also be placed on the Rutherford-Polk-McDowell District Health Department website and copies will be placed at the local library.

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Appendix

Steering Committee Members

Jim Brown, The Daily Courier

Sheriff Jack Conner

Steve Duckett, NC Cooperative Extension

Mike Gavin, Isothermal Community College

Billy Honeycutt, Green River Baptist Association

Dr. Vernon Hoyle, McNair Foundation

Dr. John Kinlaw, Rutherford County Schools

Dick McCallum, Former Town of Lake Lure Councilman

Travis McEntyre, Foothills Harvest Outreach Ministries

Sandra Miller, NC Employment Security Commission

Karen Moore, Rutherford Hospital, Inc.

Lanell Ramsey, Isothermal Planning and Development Commission

Danny Searcy, Rutherford County Government

Mary Smith, Rutherford County Health Department

Linda Snyder, Grant writer/Forest City resident

Robert Williams, EATON Corporation

Summaries of Focus Groups

Daily Courier Newsroom Employees

General Statements

- Need for adequate, safe and affordable housing
- Lack of public transportation options
- Need more things to help victims of domestic violence
- Need to expand some of the basic skills programs at the college
- Need for a YMCA or something like it to provide family recreational programming
- Need better access to high-speed Internet throughout the county

Top Three Issues

- Recreation is lacking; i.e. YMCA, for all ages
- Affordable, adequate housing
- Transportation

Top Three Strengths

- People really want to make a difference. There's a good sense of community.
- Good leadership with clear vision. It takes strong, adaptable leaders who can recognize and respond to change.
- Our natural resources are great. We've got great weather, mountains, and lakes.

ICC Study Skills & Academic Success Class

General Statements

- Lack of employment
- Groceries, price of gas affecting everyone
- Limited access to mental health service
- No real good social outlets
- Unwanted pregnancies are issue
- Need better transportation
- Need light rail system
- Seems like county big on drugs
- See a lot of poverty and root problems – crime, drug use – people are bored
- South end of county – low housing costs – people do drugs/crime goes up

IPDC Public Housing

General Statements

- Lack of jobs, high food, high fuel prices make it difficult to meet basic needs
- Biggest Problem → No jobs
- Lack of experience for available jobs
- Job market changes
- People leave this area because of the lack of jobs
- Need to attract more employers
- Concerns about bus safety for children going to school
- Need more job training to help make you more employable
- Lack of affordable health care for adults with no children
- Sometimes see drug/alcohol abusers
- Alcohol abuse leads to job loss
- More health providers who accept Medicaid
- Privatized health care presents stumbling blocks
- Lack of care for the poor with no insurance
- Public parks not well-maintained, appear dangerous
- Senior Centers are very good!

Lake Lure Residents

General Statements

- Concerns regarding affordable childcare
- Concerns regarding affordable housing
- Education – drop out rate – vocational program
- Want to see education and training to qualify people for better jobs; plus educational assistance
- Problems with drug and alcohol abuse especially among younger people – need education and treatment plus alternatives for things to do

Top Three Issues

- Very few resources (Hospice and library – little else)
- Affordable housing (also top issue identified by Sheppard's Care in 2001)
- Education (vocational and western Rutherford County oriented)

Top Three Strengths

- There are job opportunities (service, construction, landscaping, elder care)
- Skill and background of volunteers available (mentoring, score type org.)
- The culture (volunteerism, want to help, want to make a difference)

Tanner Companies Employees

General Statements

- Need roads to improve economy in county/bring in new jobs and businesses
- Need a YMCA in the county; especially for kids who are middle school age who shouldn't be left at home alone
- County needs a Big Brothers/Big Sisters program
- Classroom size is a problem – too many kids and not enough teachers
- People don't have insurance/money to get the medical care needed
- Need Activities & organizations to keep youth out of trouble & away from drugs
- Methamphetamine labs increased when people started losing their jobs
- More kids are being exposed to drugs and alcohol
- Funding for drug prevention should be a top priority
- Kids need to see the impact of drugs/alcohol through videos
- Parental involvement in drug prevention meetings to help children realize the impact of drugs (would probably have the same parents at every meeting)
- Put drug prevention programs in a structured environment for kids (i.e. classrooms)
- Children need to begin drug prevention programs early in elementary school

Strengths – Basic Needs

- Food drives/pantries
- Life Care adult care center
- Meals on Wheels/Soup Kitchens

Strengths – Jobs

- Job training

Strengths – Education

- ICC offers programs through other colleges and universities
- Still some good teachers
- Drivers Education – restrictions put in place

Strengths – Healthcare

- Community Clinic
- Company paid memberships to fitness centers/gyms
- Health Department offers free services

Strengths – Kids & Elderly

- Lifeline
- Meals on Wheels

-
- Churches have programs/Bible school for kids

Town of Forest City Employees

General Statements

- Obesity is on the rise; more people are eating out, eating fast food
- Increased taxes & more fees; not good for residents
- Need better fiber optics to create new jobs
- High school drop-out rate increased
 - Rutherford County – 7.26%
- Identity theft – the elderly need to be informed on how to keep personal info safe
- Kids not involved in constructive, organized activities outside of school
- Drug use is a problem
 1. Crack cocaine, marijuana, methamphetamines
 2. Meth being shipped in from Mexico
 3. Drug use as early as 10 yrs. old (especially marijuana)
- Parents need to be informed about drugs and gangs
- Parents are not educating children on drugs/pregnancy
- Kids know about drugs/sex at earlier ages from what they hear outside the home and what they see on television
- Parents are forced to talk to children earlier about drugs and sex education

Top Three Issues

- Unemployment
- Crime – domestic violence, drugs
- Education – for students as well as parents and teachers

Top Three Strengths

- Great county – location, resources, great leaders (if they will speak)
- Good infrastructure
- High level politicians on state level care about Rutherford County

Rutherford Health Department Clients

General Statements

Concerned about:

- Assistance with electric bills
- Gas for transportation
- No bus system/public transportation
- Safe, decent housing
- Housing with bad wiring
- Affordable housing
- Food stamp application process difficult to complete quickly; they are slow to complete the process

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- DSS process for helping with utilities – you have to have power off first
 - Landlord oversight
 - Alcohol/substance abuse services not available
 - Alcohol/substance abuse services are not marketed

Strengths

- Senior Center
- Childcare benefit with Medicaid
- CNA during high school
- Six different college classes
- ICC is good school (just need more job training during high school)
- ROC
- GED at ICC
- Forest City Clinic (Community Health Clinic)

- **Top Three Issues**
- County oversight
- Education
- Jobs

Rutherford Health Department Employees

Strengths-Job Needs

- Job fair
- CNA program
- Best EDC director – Tom Johnson (gets results)
- Planning & Developments WIA program (on the job training, up to 20 hrs./week, \$9/hr)

Strengths-Education/Recreation Needs

- Lot of Good Educators
- Charter Schools
- School Choice
- ICC
- Walking Trails
- Gyms

Strengths-Basic Needs

- Food Banks
- WIC
- Heartbeats Pregnancy Crisis Center
- Mother Learn Program
- Grants for problems with waste water system (Isothermal Planning Development)

-
- ICC Powers Grant provides education assistance
 - Grant writers are bringing services to community
 - Health Department Resource Referral

Strengths-Elderly Needs

- Hospice
- Day care center/Senior center

Strengths-Health Needs

- Health Department
- Polk's Collins Dental Center provides some services to Rutherford County
- Wal-Mart \$4 prescriptions
- Health Choice Health Check educates people who use emergency room inappropriately
- OC/Med
- Health Programs
- No substance abuse counseling in county for un/underinsured

Employment Security Commission Jobseekers

General Statements

- People are struggling – hard times – cost of gas, transportation; 6th poorest county in state, more jobs would help, limit on services at mission for homeless, lack of places for adult care for people who need somewhere to go. Hard to take a job when you don't have a place
- No jobs in Lake Lure
- Need more jobs here
- Jobs with benefits hard to find; fast food establishments keep you at part-time so you don't get benefits
- Need after school programs
- Not enough here for kids to do
- A lot of underage kids drinking, also getting high
- Tobacco usage is a problem
- Alcoholism contributes to the physical abuse occurring in families across this county

Top Issues

- Welfare, employment, recreational opportunities for kids and adults
- Employment, affordable housing (in a safe neighborhood), smoker's cessation program
- Employment, lack of resources for helping with basic needs, affordable housing
- Jobs, discrimination – gender-based, civic responsibilities among restaurants/groceries
- Homeless resources, affordable housing, jobs

Top Strengths

- Safe place to raise kids, close-knit community/faith, good education at public schools
- Public education, safe place for kids, community pulls together, spiritually, etc.
- Public education, good place to live – low crime, Bible Belt
- Nice area, things are easy/convenient to access, community needs assessment is encouraging
- Things are well set-up, needs assessment is a good thing to help the community, public education

Spindale Police Department Employees

General Statements:

- Mental health system is a real problem; it's a crisis, particularly for law enforcement.
- We also have a lot of problems regarding transients and homelessness.
- Need more constructive things for kids to do. It would be great if we had a YMCA or some kind of organized activities for them to get involved in.
- We have a lot of old mill houses that are now rentals. On average, a rented single-family dwelling generates about four times as many calls for law enforcement as an owner-occupied one. It's higher than that here.
- We need to do what we can to keep kids in school. Not only for a better future, but to keep them out of trouble.
- People can't afford health insurance. Then they end up using the emergency room as a doctor's office.
- We see a lot of overdoses and mental health issues.
- Many seniors have to choose whether to eat or buy prescription drugs or be warm.
- There are just so many people out there who can't make ends meet, elderly people especially with the price of gas and food going up like it is and being on fixed incomes.
- Drugs and mental health problems are real drivers in what keep us busy. When many of those people get tied up in the system, we end up with their children being left unsupervised. That's a problem on the health and safety level for the younger children and the older ones get out and start getting in trouble.
- We've also seen a big increase in prescription drug abuse – pain pills, Oxycontin, Methadone. People are forging prescriptions more. We've even seen some elderly people getting their prescriptions filled and then selling the pills because they need the money. Crack and weed are still big problems here.

Top Three Issues

- Unsupervised youth involved in vandalism, petty crimes
- Homelessness and transients
- Drugs

Top Three Strengths

- Small town atmosphere; good, kind people
- Level of crime is not as high as it is in some nearby communities, i.e. Gastonia
- Good quality of emergency, fire and rescue services throughout county

Gilkey, Green Hill, & Union Mills Residents**General Statements:**

- People are struggling to meet the basics and buy food, gas, heating oil, etc. They need jobs. Most feel it's more of a problem for people who've lived here all their lives
- Would like to see a 24 hour urgent care clinic established in county so people would have an option other than the emergency room
- 7 out of 13 people in group know someone who is looking for a job
- Business owner says cost of insurance makes it prohibitive to hire full-time workers
- Would like to see ICC offer more high tech training so that high tech companies will bring better jobs here
- Would like to see Rutherford County send committee to BMW plant to find out what type of support jobs we could/should try to create to work with them
- Lack of parental participation is a problem. Need more recreational outlets for kids too
- Wish there was a county-wide smoking ban in public places
- Would like to see more programs for seniors too; feel they are under-served in general
- Mental illness is becoming a bigger problem
- Drug and alcohol abuse is a widespread problem and it has multiple effects- on health, families, and leads to crime
- Worried about prescription drug abuse and kids using drugs; there are many problems among children who are born to drug addicts-- how to break the cycle?

Top Three Issues:

- jobs
- affordable healthcare
- recreation- lack of opportunities for seniors and kids on community level

Top Three Strengths:

- schools
- majority of people are decent, hard-working and w/good work ethic
- natural setting/environment

EATON Corporation Employees

General Statements:

- Lack of jobs/low pay for existing jobs
- Obstacles (such as county government and special interest groups) to bringing jobs to county
- Lack of professional-level jobs
- Lack of qualified work force for existing jobs
- Very little career training at high school level / No technical training for non-college-bound students
- Continuing education / job training schedule at ICC is not feasible for working adults
- Lack of competition in retail market (citizens want to keep their money in county, but there are few shopping options)
- Lack of training for those who work with mentally ill - law enforcement, fire dept. volunteer rescue, etc. [mentally ill persons are often arrested rather than getting the medical care they need] Perhaps a type of ID is needed (similar to medical alert bracelets) to assist first responders.
- Lack of training & education (knowledge of resources) for parents of mentally ill
- Need programs that allow mentally ill people to work without having their benefits taken away (the system penalizes those willing to work)
- “Broken” mental health system – people are not receiving needed care/services
- The push to make Rutherford County a retirement destination is not good
- County government is more interested in tourism than manufacturing industry
- The increasing residential development is causing higher taxes and increased land value. County citizens are unable to afford housing; the only ones who can afford to buy land/house are those from out of county.
- Too many empty buildings & plants
- County needs to invest in infrastructure (roads, airport, etc.)
- Lack of structured youth programs
- Lack of places for unstructured youth activities – i.e. safe places for free play
- Lack of recreational facilities (parks, etc.) especially in out-lying areas of the county
- Lack of Adult Recreation – i.e. too few nice restaurants, theatres, parks, etc.
- Eliminate property tax and increase sales tax – more fair to everyone
- State taxes are not well-spent
- Education for general public is needed on county government, public policy, etc.

Top Strengths

- Eaton – has jobs, very involved in helping community
- Community centers in out-lying areas of county - i.e. Green Hill, Union Mills, etc.
- Senior Center available for older citizens
- Boy Scout program in county
- Small community “feel”
- Better choice of schools now (public charter, private, etc.)
- Faith community is helping to fill gaps in recreation

Mother Learn Students

General Statements:

- Everyone’s struggling now, not just the poor
- People cutting back on groceries to buy gas
- See more people on mopeds because of gas prices
- Buying cheaper foods to get by
- Working more hours for less money with jobs that are available
- Not enough jobs if you have a college degree
- Must have internet service to apply online for a lot of jobs
- Not enough pregnant teens know about Mother Learn to prevent becoming high school dropout
- Parents need to stop being so naïve and put your daughters on birth control—teens are having sex
- Talk to boys and girls about sex while they’re still young
- Schools don’t care about kids
- Social services help is supposed to be temporary not something you live off of forever but not everyone understands that; they think it’s owed to them
- Aside from long waits at Health Department, they give good care
- Rutherford Transit is a necessity
- Substance abuse is a big problem and there’s not enough help in the county
- See teens addicted to crack, dropping out of school
- Teens need constructive things to do and they need mentors to encourage them
- KidSenses is good but can’t afford it
- Not enough good parks or public swimming pools

Top Issues:

- Lack of jobs
- Limited choices for education
- Not enough focus on the risks kids face, drugs, sex, etc.

Top Strengths:

- Mother Learn Program
- Charities are good strengths of the Community
- Habitat for Humanity
- ICC students can get Pell Grant or Power Scholarship

Rutherford-Polk-McDowell Health Check Dentists

ABC Dental Center
200 Beverly Hanks Ctr.
Hendersonville, NC 28792
(828) 692-9075, Ages 1-18

Smile Starters
247 Biltmore Avenue
Asheville, NC
(866) 350-1076, Ages 1-20

Collins Dental Center
158 White Drive
Columbus, NC
(828) 894-3120
(866) 216-6884
First Tooth-21

Dr. Eric Dollinger
417 Biltmore Ave., Ste. 3
Asheville, NC
(828) 251-1399, Ages 3-Adults

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

Dr. William Hunt
127 E. Trade St., Suite 100
Forest City, NC
(828) 245-3206, Ages 10 and up

Dr. Michael K. Wimberly
1183 Fairgrove Church Rd.
Conover, NC
(828) 466-2488, Ages 4-22

The Smile Zone
816 E. Franklin Blvd.
Gastonia, NC 28054
(704) 396-6166, Ages 1-25

Dr. Philip Morton
360 Cane Creek Rd.
Fletcher, NC 28732
(828) 684-3152, Ages 13 and up

Dr. Joshua Paynich
11 Yorkshire St.
Asheville, NC
(828) 274-4744, Ages 0-18

Dr. Charles Quarles
204 Reservation Drive
Spindale, NC
(828) 286-2962, Ages 3 and up

Dr. Byron Richardson
1000 E. Rutherford Rd.
Landrum, SC
(864) 457-4161, Ages 3 and up

Stokes Dental Center
Hwy 64E
Hendersonville, NC
(828) 696-0512, Ages 2 and up

Dr. William Weathers
103 N. Main St.
Boiling Springs, NC
(704) 434-7882, Ages 9 and up

Young and Associates
1429 N. Lafayette St.
Shelby, NC
(828) 287-7986, Ages 1 and up

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)

Mental Health, Developmental Disabilities, and Substance Abuse Data

- In the fiscal year 2006-2007, 144 residents from Rutherford County were served at a state psychiatric hospital. The nearest state psychiatric hospital is Broughton Hospital, located in Morganton, NC.
- In the fiscal year 2006-2007, 41 residents from Rutherford County were served at a North Carolina State Alcohol and Drug Abuse Treatment Center (ADATC). The nearest ADATC is Julian F. Keith ADATC, located in Black Mountain, NC.
- In the fiscal year 2006-2007, 2,922 residents from Rutherford County were served at the North Carolina Area Programs. The local management entity (LME) for Rutherford County is the Western Highlands Network, located in Asheville, NC.
- In the fiscal year 2006-2007, 13 residents from Rutherford County were served at the North Carolina State Developmental Centers. The nearest state developmental center is J. Iverson Riddle Developmental Center, located in Morganton, NC.
- In the fiscal year 2006-2007, 2 residents from Rutherford County were served at the North Carolina Special Care Center, which is now named Longleaf Neuro-Medical Center, located in Wilson, NC. The Longleaf Neuro-Medical Center purpose is to provide care for individuals who have psychiatric diagnoses and/or unusual physical conditions that cannot be placed in traditional nursing care in their community.
- In the fiscal year 2006-2007, 1 resident from Rutherford County was served at Whitaker School, located in Butner, NC. Whitaker School is a long-term treatment program for adolescents between the ages of 13-17, who are emotionally handicapped.
- In the fiscal year 2006-2007, 25 residents from Rutherford County were served at Black Mountain Neuro-Medical Treatment Center, located in Black Mountain, NC. Individuals and families that are affected by lifelong disabilities and Alzheimer's disease utilize Black Mountain Neuro-Medical Treatment Center services.

Source: North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services Statistical Reports

Available at:

<http://www.ncdhhs.gov/mhddsas/statspublications/reports/index.htm#statisticalreports>