This document was developed by the Rutherford-Polk-McDowell Health District in partnership with Rutherford Regional Health System and the Rutherford County Community Health Council as part of a local community health (needs) assessment process. We would like to thank and acknowledge several agencies and individuals for their contributions and support in conducting this health assessment:

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
<th>Role/ Contribution</th>
<th>Duration of Participant</th>
<th>Agency Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jill Miracle</td>
<td>Community Health Council of Rutherford County</td>
<td>Member of CHA Advisory Committee &amp; Data Analysis</td>
<td>Fall 2018 - Winter 2019</td>
<td><a href="http://www.healthcouncilrc.com/">http://www.healthcouncilrc.com/</a></td>
</tr>
<tr>
<td>Rebecca Segal</td>
<td>Rutherford Regional Health System</td>
<td>Member of CHA Advisory Committee &amp; Data Analysis</td>
<td>Fall 2018 - Winter 2019</td>
<td><a href="https://www.myrutherfordregional.com/">https://www.myrutherfordregional.com/</a></td>
</tr>
<tr>
<td>Lee Homan</td>
<td>Blue Ridge Health - Rutherford</td>
<td>Member of CHA Advisory Committee &amp; Data Analysis</td>
<td>Fall 2018 - Winter 2019</td>
<td><a href="https://www.brchs.com/">https://www.brchs.com/</a></td>
</tr>
<tr>
<td>Chris Munton</td>
<td>Rutherford Regional Health System</td>
<td>Member of CHA Advisory Committee &amp; Data Analysis</td>
<td>Fall 2018 - Winter 2019</td>
<td><a href="https://www.myrutherfordregional.com/">https://www.myrutherfordregional.com/</a></td>
</tr>
<tr>
<td>Suzanne Porter</td>
<td>United Way; Substance Abuse Committee &amp; Community Engagement Team</td>
<td>Prioritization</td>
<td>Winter 2019</td>
<td><a href="http://unitedwayofrutherford.org/">http://unitedwayofrutherford.org/</a></td>
</tr>
<tr>
<td>Tracy Davis</td>
<td>Cooperative Extension; Healthy Eating Committee</td>
<td>Prioritization</td>
<td>Winter 2019</td>
<td><a href="https://rutherford.ces.ncsu.edu/">https://rutherford.ces.ncsu.edu/</a></td>
</tr>
</tbody>
</table>
Our community health assessment process and products were supported collaboratively by WNC Healthy Impact, a partnership between hospitals and health departments to improve community health in western North Carolina. This innovative regional effort is coordinated, housed and financially supported by WNC Health Network, the alliance of western NC hospitals working together to improve health and healthcare. Learn more at www.WNCHN.org.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford County 2018 CHA Executive Summary</td>
<td>6</td>
</tr>
<tr>
<td>Community Results Statement</td>
<td>6</td>
</tr>
<tr>
<td>Leadership</td>
<td>6</td>
</tr>
<tr>
<td>Partnership/collaborations</td>
<td>6</td>
</tr>
<tr>
<td>Regional/Contracted Services</td>
<td>8</td>
</tr>
<tr>
<td>Theoretical framework/model</td>
<td>8</td>
</tr>
<tr>
<td>Collaborative Process Summary</td>
<td>8</td>
</tr>
<tr>
<td>Key Findings</td>
<td>8</td>
</tr>
<tr>
<td>Health Priorities</td>
<td>9</td>
</tr>
<tr>
<td>Active Living</td>
<td>9</td>
</tr>
<tr>
<td>Substance Abuse Treatment and Recovery</td>
<td>9</td>
</tr>
<tr>
<td>Next Steps</td>
<td>9</td>
</tr>
<tr>
<td>Chapter 1 – Community Health Assessment Process</td>
<td>10</td>
</tr>
<tr>
<td>Purpose</td>
<td>10</td>
</tr>
<tr>
<td>Definition of Community</td>
<td>10</td>
</tr>
<tr>
<td>WNC Healthy Impact</td>
<td>10</td>
</tr>
<tr>
<td>Data Collection</td>
<td>11</td>
</tr>
<tr>
<td>Core Dataset Collection</td>
<td>11</td>
</tr>
<tr>
<td>Additional Community-Level Data</td>
<td>11</td>
</tr>
<tr>
<td>Health Resources Inventory</td>
<td>11</td>
</tr>
<tr>
<td>Community Input &amp; Engagement</td>
<td>11</td>
</tr>
<tr>
<td>At-Risk &amp; Vulnerable Populations</td>
<td>12</td>
</tr>
<tr>
<td>Chapter 2 – Rutherford County</td>
<td>13</td>
</tr>
<tr>
<td>Location and Geography</td>
<td>13</td>
</tr>
<tr>
<td>History</td>
<td>13</td>
</tr>
<tr>
<td>Population</td>
<td>13</td>
</tr>
<tr>
<td>Chapter 3 – A Healthy Rutherford County</td>
<td>15</td>
</tr>
<tr>
<td>Elements of a Healthy Community</td>
<td>15</td>
</tr>
<tr>
<td>Chapter 4 – Social &amp; Economic Factors</td>
<td>16</td>
</tr>
<tr>
<td>Income</td>
<td>16</td>
</tr>
<tr>
<td>Employment</td>
<td>17</td>
</tr>
<tr>
<td>Education</td>
<td>18</td>
</tr>
<tr>
<td>Community Safety</td>
<td>19</td>
</tr>
<tr>
<td>Housing</td>
<td>19</td>
</tr>
<tr>
<td>Family &amp; Social Support</td>
<td>20</td>
</tr>
<tr>
<td>Chapter 5 – Health Data Findings Summary</td>
<td>22</td>
</tr>
<tr>
<td>Mortality</td>
<td>22</td>
</tr>
<tr>
<td>Health Status &amp; Behaviors</td>
<td>24</td>
</tr>
<tr>
<td>Clinical Care &amp; Access</td>
<td>28</td>
</tr>
<tr>
<td>At Risk Populations</td>
<td>29</td>
</tr>
<tr>
<td>Chapter 6 – Physical Environment</td>
<td>30</td>
</tr>
<tr>
<td>Air Quality</td>
<td>30</td>
</tr>
<tr>
<td>Water</td>
<td>30</td>
</tr>
<tr>
<td>Access to Healthy Food &amp; Places</td>
<td>31</td>
</tr>
<tr>
<td>Chapter 7 - Health Resources</td>
<td>32</td>
</tr>
<tr>
<td>Health Resources</td>
<td>32</td>
</tr>
<tr>
<td>Process</td>
<td>32</td>
</tr>
<tr>
<td>Findings</td>
<td>32</td>
</tr>
<tr>
<td>Resource Gaps</td>
<td>32</td>
</tr>
<tr>
<td>Chapter 8 – Identification of Health Priorities</td>
<td>34</td>
</tr>
<tr>
<td>Health Issue Identification</td>
<td>34</td>
</tr>
<tr>
<td>Priority Health Issue Identification</td>
<td>35</td>
</tr>
<tr>
<td>Priority Issue #1 – Active Living</td>
<td>36</td>
</tr>
<tr>
<td>Priority Issue #2 – Substance Abuse Treatment and Recovery</td>
<td>42</td>
</tr>
<tr>
<td>Chapter 9 - Next Steps</td>
<td>48</td>
</tr>
<tr>
<td>Collaborative Action Planning</td>
<td>48</td>
</tr>
<tr>
<td>Sharing Findings</td>
<td>48</td>
</tr>
<tr>
<td>Works Cited</td>
<td>49</td>
</tr>
<tr>
<td>Appendices</td>
<td>50</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>Appendix A - Data Collection Methods &amp; Limitations</td>
<td>51</td>
</tr>
<tr>
<td>Secondary Data from Regional Core</td>
<td>51</td>
</tr>
<tr>
<td>Secondary Data Methodology</td>
<td>51</td>
</tr>
<tr>
<td>Data limitations</td>
<td>51</td>
</tr>
<tr>
<td>Gaps in Available Information</td>
<td>51</td>
</tr>
<tr>
<td>WNC Healthy Impact Survey (Primary Data)</td>
<td>52</td>
</tr>
<tr>
<td>Survey Methodology</td>
<td>52</td>
</tr>
<tr>
<td>About the Rutherford County Sample</td>
<td>53</td>
</tr>
<tr>
<td>Benchmark Data</td>
<td>54</td>
</tr>
<tr>
<td>Information Gaps</td>
<td>54</td>
</tr>
<tr>
<td>Online Key Informant Survey (Primary Data)</td>
<td>55</td>
</tr>
<tr>
<td>Online Survey Methodology</td>
<td>55</td>
</tr>
<tr>
<td>Data Definitions</td>
<td></td>
</tr>
<tr>
<td>Appendix B – Data Presentation</td>
<td></td>
</tr>
<tr>
<td>Data Presentation Slides</td>
<td>58</td>
</tr>
<tr>
<td>Appendix C – County Maps</td>
<td>87</td>
</tr>
<tr>
<td>Appendix D – Survey Findings</td>
<td></td>
</tr>
<tr>
<td>WNC Healthy Impact Survey Instrument</td>
<td>92</td>
</tr>
<tr>
<td>Community Health Survey Results</td>
<td>134</td>
</tr>
<tr>
<td>Appendix E – Key Informant Survey Findings</td>
<td>203</td>
</tr>
</tbody>
</table>
Community Results Statement
Healthy, happy and active people in Rutherford County.

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

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

Partnerships
Many key partners participated in this process. All entities and organizations provided great insight and expertise. Team members worked together and independently to gather and analyze primary and secondary data. Contributing viewpoints also included secondary data such as demographics, socioeconomics, health and environmental health indicators.
<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
<th>Title</th>
<th>Agency Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joannie Jolley</td>
<td>Community Health Council of Rutherford County</td>
<td>Facilitator</td>
<td><a href="http://www.healthcouncilrc.com/">http://www.healthcouncilrc.com/</a></td>
</tr>
<tr>
<td>Tammy Aldridge</td>
<td>Senior Center</td>
<td>Director</td>
<td><a href="https://www.rutherfordcountync.gov/departments/senior_center/index.php">https://www.rutherfordcountync.gov/departments/senior_center/index.php</a></td>
</tr>
<tr>
<td>Sarah Bradley</td>
<td>Rutherford County Schools</td>
<td>School Nurse</td>
<td><a href="https://www.rcsnc.org/">https://www.rcsnc.org/</a></td>
</tr>
<tr>
<td>Rita Burch</td>
<td>Hospice of the Carolina Foothills</td>
<td>Executive Director</td>
<td><a href="http://hocf.org/?gclid=EAIaIQobChMI_qImlNX5AIIVkbXACH1nQUuGEAYAYASAAEgIICPD_BwE">http://hocf.org/?gclid=EAIaIQobChMI_qImlNX5AIIVkbXACH1nQUuGEAYAYASAAEgIICPD_BwE</a></td>
</tr>
<tr>
<td>Tiffany Crank</td>
<td>Levine Cancer Institute</td>
<td>Cancer Program Development Specialist</td>
<td><a href="https://atriumhealth.org/locations/leven-e-cancer-institute-Rutherford">https://atriumhealth.org/locations/leven-e-cancer-institute-Rutherford</a></td>
</tr>
<tr>
<td>Shelly Foreman</td>
<td>VAYA</td>
<td>Western Region Community Relations Representative</td>
<td><a href="http://www.vayahealth.com/">http://www.vayahealth.com/</a></td>
</tr>
<tr>
<td>Sioux Free</td>
<td>Pisgah Legal</td>
<td>Client Services</td>
<td><a href="https://www.pisgahlegal.org/">https://www.pisgahlegal.org/</a></td>
</tr>
<tr>
<td>Amanda Freeman</td>
<td>Rutherford Life Services</td>
<td>Executive Director</td>
<td><a href="http://www.rutherfordlifeservices.com/">http://www.rutherfordlifeservices.com/</a></td>
</tr>
<tr>
<td>Mike Gavin</td>
<td>Isothermal Community College</td>
<td>Director of Marketing and Community Relations</td>
<td>Isothermal.edu</td>
</tr>
<tr>
<td>Kerry Giles</td>
<td>Transportation Services</td>
<td>Director</td>
<td><a href="https://www.rutherfordcountync.gov/departments/emergency_medical_services/index.php">https://www.rutherfordcountync.gov/departments/emergency_medical_services/index.php</a></td>
</tr>
<tr>
<td>Terry Hines</td>
<td>RHI Legacy Foundation</td>
<td>Executive Director</td>
<td><a href="https://www.rhilegacyfoundation.com/">https://www.rhilegacyfoundation.com/</a></td>
</tr>
<tr>
<td>Clark Poole</td>
<td>Chamber of Commerce</td>
<td>Director</td>
<td><a href="http://www.rutherfordcoc.org/">http://www.rutherfordcoc.org/</a></td>
</tr>
<tr>
<td>Sara Spotila</td>
<td>Family Preservation</td>
<td>Regional Director</td>
<td><a href="https://fpscorp.com/">https://fpscorp.com/</a></td>
</tr>
<tr>
<td>Lori Spurling</td>
<td>Daily Courier</td>
<td>Publisher/Ad Director</td>
<td><a href="https://thedigitalcourier.com/">https://thedigitalcourier.com/</a></td>
</tr>
<tr>
<td>Jerry Stensland</td>
<td>Rutherford County Coalition</td>
<td>Representative</td>
<td><a href="http://www.rutherfordoutdoor.org/">http://www.rutherfordoutdoor.org/</a></td>
</tr>
<tr>
<td>David Sutton</td>
<td>Rutherford County Schools</td>
<td>Assistant Superintendent</td>
<td><a href="https://www.rcsnc.org/">https://www.rcsnc.org/</a></td>
</tr>
<tr>
<td>Scott Carpenter</td>
<td>Daily Courier</td>
<td>Reporter</td>
<td><a href="https://thedigitalcourier.com/">https://thedigitalcourier.com/</a></td>
</tr>
</tbody>
</table>
Regional/Contracted Services
Our county received support from **WNC Healthy Impact**, a partnership and coordinated process between hospitals, public health agencies, and key regional partners in western North Carolina working towards a vision of improved community health. We work together locally and regionally to assess health needs, develop collaborative plans, take action, and evaluate progress and impact. This innovative regional effort is coordinated and supported by **WNC Health Network**. WNC Health Network is the alliance of hospitals working together to improve health and healthcare in western North Carolina. Learn more at [www.WNCHN.org](http://www.WNCHN.org).

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

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

Collaborative Process Summary
Rutherford’s collaborative process is supported by WNC Healthy Impact, which works at the regional level.

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

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

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

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

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

**Health Priorities**

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

**Next Steps**

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

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

In partnership with community leaders and existing work groups, RPMHD will support planning and taking action around the health priorities. We will better understand the story and root causes behind the priority issues and will engage with existing and new partners to help improve these issues and move the needle in the right direction towards the common goal of making Rutherford County a healthier place to live, work, and play.
Purpose
Community health assessment (CHA) is an important part of improving and promoting the health of county residents. A community health assessment (CHA) – which is a process that results in a public report – describes the current health indicators and status of the community, what has changed, and what still needs to change to reach a community’s desired health-related results.

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

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

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

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

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

This regional initiative is designed to support and enhance local efforts by:
- Standardizing and conducting data collection,
- Creating communication and report templates and tools,
- Encouraging collaboration,
- Providing training and technical assistance,
• Addressing regional priorities, and
• Sharing evidence-based and promising practices.

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

**Data Collection**

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

**Core Dataset Collection**

The data reviewed as part of our community’s health assessment came from the WNC Healthy Impact regional core set of data and additional local data compiled and reviewed by our local CHA team. WNC Healthy Impact’s core regional dataset includes secondary (existing) and primary (newly collected) data compiled to reflect a comprehensive look at health. The following data set elements and collection are supported by WNC Healthy Impact data consulting team, a survey vendor, and partner data needs and input:

- A comprehensive set of publicly available secondary data metrics with our county compared to the sixteen county WNC region
- Set of maps accessed from Community Commons and NC Center for Health Statistics
- WNC Healthy Impact Community Health Survey (cell phone, landline and internet-based survey) of a random sample of adults in the county
- Online key informant survey

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

**Health Resources Inventory**

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

**Community Input & Engagement**

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

- Partnership on conducting the health assessment process
- Through primary data collection efforts (survey, key informant interviews)
- By reviewing and making sense of the data to better understand the story behind the numbers
- In the identification and prioritization of health issues

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

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

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

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

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

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

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

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

Location & Geography

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

History

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

Population

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

In 2016 the total population of Rutherford County was 66,701. There is a lightly higher proportion of females than males (51.4% female, 48.6% male) and 19.5% of the population is 65 years and older (U.S. Census Bureau, 2018). The majority or residents are White (85.5%) with minorities represented as follows: Black or African American (10.3%), Hispanic or Latino (4.0%), Asian (0.5%), American Indian/Alaska Native (0.5%), and Native Hawaiian and other Pacific Islander (0.0%). (U.S. Census Bureau, 2018). Additionally, the population for Rutherford County is expected to change at an alarmingly low rate of only 0.4% from 2020 to 2030 with a projected
population total of 68,312 in 2030 and the rate will continue to decrease thereafter (NC Office of State Budget Management, 2018).

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

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

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

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

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

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

“Many agencies working together toward common goal.”

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

Income & Poverty

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

- Median household income is $36,144
- Median family income is $43,697
- Per capita income is $19,688
- 19.3% of the total population is below poverty level. This is higher than both the WNC region (16.5%) and the state (16.8%)
• 27.2% of children under 5 and 27.4% of children under 18 are below poverty level.
• The largest population below poverty by race is Hispanic at 38.7% followed by Black/African American at 27.9%, then Asian at 7.2%, American Indian or Alaska Native at 2.9% and lastly White at 17.7%.
• As of January 2018, there were 6,144 cases under Food and Nutrition Services with 13,569 participants. Of these, the majority of participants are white at 10,811 followed by African American at 2,475, then Hispanic at 519, and lastly other races with 283.
• All children in Rutherford County receive free lunch.

**Employment**

“Employment provides income and, often, benefits that can support healthy lifestyle choices. Unemployment and under employment limit these choices, and negatively affect both quality of life and health overall. The economic condition of a community and an individual’s level of educational attainment both play important roles in shaping employment opportunities” (County Health Rankings, 2018).

- The 2018 Annual Summary indicates that in Rutherford County the largest employment sector is manufacturing with an employment percentage of 16.08% and weekly wage of $845.58. This is followed by 15.46% in health care and social assistance with a weekly wage of $649.09 and finally 13.86% in retail trade with a weekly wage of $459.67.
- The unemployment annual average, unadjusted rate in 2017 was 6.1.
Education
“Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. This is true even when factors like income are taken into account” (County Health Rankings, 2018).

Among the total population age 25 and older, Rutherford County has a 31.9% High School Graduation rate, 21.2% some college with no degree and 16.7% who have a bachelor’s degree or higher.

There were 8,348 school district enrollments in public schools and 1729 in charter schools at the end of the 2016-2017 school year.

The high school drop-out rate for Rutherford County, SY 2016-2017, is 3.46 and the High School Graduation rate is 85% for a 4-year cohort of 9th graders entering school in the SY 2013-2014 and graduating in SY 2016-2017 or earlier.
Community Safety

“Injuries through accidents or violence are the third leading cause of death in the United States, and the leading cause for those between the ages of 1 and 44. Accidents and violence affect health and quality of life in the short and long-term, for those both directly and indirectly affected, and living in unsafe neighborhoods can impact health in a multitude of ways” (County Health Rankings, 2018).

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

Housing

“The housing options and transit systems that shape our community’s built environments affect where we live and how we get from place to place. The choices we make about housing and transportation, and the opportunities underlying these choices, also affect our health” (County Health Rankings, 2018).
One measure of economic burden in a community is the percent of housing units spending more than 30% of household income on housing (rented and owned units). In Rutherford County, 14.8% of housing units spend more than 30% of household income on owned units and 39.9% on rented units. Both rates are slightly lower than the state and region rates.

Median gross rent is $602 and median monthly owner costs is $953 during the 2012-2016 time period.

Family & Social Support

“People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social capital provide residents with greater access to support and resources than those with less social capital” (County Health Rankings, 2018).

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

Of the Rutherford County adults that have experienced Adverse Childhood Experiences (ACEs) prior the Age 18, the majority, at 41.9%, experienced emotional abuse, 40.9% experienced household substance abuse, and 26.4% experienced household mental illness. All county rates, with the exception of sexual abuse, are higher than that of WNC region rates.
Experienced Adverse Childhood Experiences (ACEs) Prior to Age 18 (2018)

Source: WNC Healthy Impact Community Health Survey
Mortality

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

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause of Death</th>
<th># Deaths</th>
<th>Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diseases of Heart</td>
<td>932</td>
<td>200.8</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>827</td>
<td>170.1</td>
</tr>
<tr>
<td>3</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>343</td>
<td>70.1</td>
</tr>
<tr>
<td>4</td>
<td>Cerebrovascular Disease</td>
<td>269</td>
<td>57.6</td>
</tr>
<tr>
<td>5</td>
<td>All Other Unintentional Injuries</td>
<td>159</td>
<td>42.5</td>
</tr>
<tr>
<td>6</td>
<td>Diabetes Mellitus</td>
<td>139</td>
<td>29.3</td>
</tr>
<tr>
<td>7</td>
<td>Alzheimer's disease</td>
<td>108</td>
<td>23.3</td>
</tr>
<tr>
<td>8</td>
<td>Suicide</td>
<td>69</td>
<td>19.3</td>
</tr>
<tr>
<td>9</td>
<td>Nephritis, Nephrotic Syndrome, and Nephrosis</td>
<td>85</td>
<td>17.6</td>
</tr>
<tr>
<td>10</td>
<td>Unintentional Motor Vehicle Injuries</td>
<td>54</td>
<td>15.8</td>
</tr>
<tr>
<td>11</td>
<td>Septicemia</td>
<td>72</td>
<td>15.6</td>
</tr>
<tr>
<td>12</td>
<td>Pneumonia and Influenza</td>
<td>67</td>
<td>15.1</td>
</tr>
<tr>
<td>13</td>
<td>Chronic Liver Disease and Cirrhosis</td>
<td>60</td>
<td>13.2</td>
</tr>
<tr>
<td>14</td>
<td>Homicide</td>
<td>14</td>
<td>4.7</td>
</tr>
<tr>
<td>15</td>
<td>Acquired Immune Deficiency Syndrome</td>
<td>4</td>
<td>1.3</td>
</tr>
</tbody>
</table>

All Causes (some not listed) 4,257 930.6

Source: NC State Center for Health Statistics

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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Rank</th>
<th>Leading Cause of Death</th>
<th># Deaths</th>
<th>Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-19</td>
<td>1</td>
<td>Conditions originating in the perinatal period</td>
<td>9</td>
<td>11.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Motor vehicle injuries</td>
<td>9</td>
<td>11.5</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Other Unintentional Injuries</td>
<td>5</td>
<td>6.4</td>
</tr>
<tr>
<td>20-39</td>
<td>1</td>
<td>Other Unintentional Injuries</td>
<td>27</td>
<td>37.8</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Suicide</td>
<td>17</td>
<td>23.8</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Motor vehicle injuries</td>
<td>13</td>
<td>18.2</td>
</tr>
<tr>
<td>40-64</td>
<td>1</td>
<td>Cancer - All Sites</td>
<td>253</td>
<td>212.5</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Diseases of the heart</td>
<td>190</td>
<td>159.6</td>
</tr>
</tbody>
</table>
The overall life expectancy for residents in Rutherford County is 75.3 years. This is lower than both that of WNC (77.7 years) and NC (77.4 years). For persons born in 2014-2016, life expectancy is longer among females (78.2 years) than males (72.4 years) and for White residents (75.7 years) than African American residents (73.4 years).

Note how poorly males in Rutherford County fare compared to females in terms of mortality when looking at Total Cancer Mortality Rates. History demonstrates that this is not a new observation nor is it unique to WNC. Potential reasons that explain this phenomenon include activities that are generally higher among women such as utilization of preventative care, medical check-ups, and participation in screening events. Meanwhile, risky behaviors such as smoking, substance abuse, and poor diet are generally higher among men.
Health Status & Behaviors
The 2018 County Health Rankings ranked Rutherford County 74th overall among 100 NC Counties where number 1 is the best (County Health Rankings, 2018). In terms of health outcomes, Rutherford County ranked:
- 83rd in length of life
- 54th in quality of life (includes poor or fair health, poor physical health days, poor mental health days, and low birthweight).

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

Self-reported overall health status has deteriorated in the past 3 years as the percentage of adults experiencing “fair” or “poor” overall health has increased from 17.7% to 25.3%. Rutherford County rates are higher than that of the region, the state, and the country.

Maternal & Infant Health
The total pregnancy rates in Rutherford County for women aged 15-44 shows to have remained steady overall in the last several years. This downward trend is mirrored in that of the WNC and NC rates, with rates being 64.9 (Rutherford), 63.5 (WNC) and 72.2 (NC) in 2016 (NC State Center for Health Statistics, 2018). Teen pregnancy rates in Rutherford County, WNC, and NC have fallen significantly since the 2002-2006 period and seem to continue a downward trend.
Furthermore, among Rutherford County women ages 15-44 years, in 2016 the highest pregnancy rates appear to occur among Hispanics. Meanwhile, among teens age 15-19 in Rutherford County, the highest pregnancy rates appear to occur among White, non-Hispanic.

A pregnancy risk factor in Rutherford county includes smoking during pregnancy. In 2016 the rate of women who smoked during pregnancy in Rutherford County (20.5), although not the highest in the region, is higher than the WNC rate (19.9) and significantly higher than the state rate (8.9) (NC State Center for Health Statistics, 2018). In addition, the percentage of women in Rutherford County who received prenatal care in the first trimester (months 1-3) has overall steadily decreased since 2011 when it was 77.8% to 70.7% in 2016 (NC State Center for Health Statistics, 2018).
Chronic Disease
Rutherford County has considerably high rates of diabetes, high blood pressure, high cholesterol, heart disease, cancer, and chronic lower respiratory disease. The average self-reported prevalence of Rutherford County adults with diabetes was 20.3 in 2018, which is a dramatic increase from 10.2% in 2015. Similarly, the WNC region has also seen an increase in the prevalence of diabetes as its percentage grew from 7.5% in 2015 to 14.4% in 2018 (WNC Health Network, 2018).

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

Furthermore, heart disease is the leading cause of death in Rutherford County followed by cancer and the third cause being chronic lower respiratory diseases. In 2018 over 11% of Rutherford County residents were diagnosed with heart disease (to include heart attack, angina, or coronary disease). This prevalence was higher than that of WNC (8%). Cancer incidence rates for site-specific cancers for this community including colorectal (42.7), lung (71.1) and prostate (100.9) cancers were higher than that of the WNC region (38.3, 66.7, and 87.9 respectively) (NC State Center for Health Statistics, 2018).
Injury & Violence
For age groups 00-19 and 20-39, injuries, whether motor vehicle or unintentional, are within the leading cause of death for Rutherford County residents (NC Center for Health Statistics, 2018). Of these, the main injuries that lead to death or debilitation in our community include falls, unintentional poisonings, and motor vehicle crashes.

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

>7 Days of Poor Mental Health in the Past Month

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

**Oral Health**

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

**Clinical Care & Access**

**Health Insurance**

Many insurance navigators continue to work tirelessly to assist those seeking insurance through the exchange and help them qualify for subsidies. Although many are still unable to afford policies, the numbers for Rutherford County residents has seemed to improve. In 2012 31.4% of Rutherford county adults (ages 18-64) self-reported not having health insurance. This percentage decreased to 18.1% in 2015 and decreased even further to 13.3% in 2018. The rates for the WNC region and the state are higher than that of Rutherford county showing 19.8% and 17.1% respectively in 2018 (WNC Health Network, 2018). Additionally, it is estimated that in 2016 95.5% of children through the age of 18 years had health insurance coverage (U.S. Census Bureau).
Even though the number of adults in Rutherford County who reported to be uninsured has decreased over the years, 15.1% have indicated they have been unable to get needed medical care at some point in the past year. This is an increase from 8.6% in 2015 and is higher than the WNC region average of 12.4% for 2018. This demonstrates that although very important, other than health insurance, there are other factors that inhibit access to healthcare including the lack of reliable transportation, financial constraints, lack of adequate childcare, and lack of knowledge about available resources, among others.

**At Risk Populations**
At-risk populations in Rutherford County include, and are not limited to, those that are minorities, uninsured and underinsured, and low-income. Often these populations are likely to, or have the potential to, get a specified health condition.
Air & Water Quality

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

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

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

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

Source: WNC Healthy Impact Community Health Survey

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Beginning in September, 2018, our team spent time understanding the data and uncovering what issues were affecting the most people in our community. We also interviewed community leaders to find out what they’re most concerned about. To identify the significant health issues in our community, our key partners (see a full list in the Executive Summary) reviewed data and discussed the facts and circumstances of our community.

We used the following criteria to identify significant health issues:
- Data reflects a concerning trend related to size or severity
- Significant disparities exist
- Issue surfaced as a high community concern
- County data deviates notably from the region, state or benchmark

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

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

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

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

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

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

- **Substance Abuse Treatment & Recovery**: Although diseases of the heart are the leading cause of death overall for Rutherford County residents, unintentional injuries are...
the leading cause of death for young adults ages 20-39. The rate of unintentional injuries has steadily increased since 2009 and is significantly higher than the state rate.

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

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

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

**Priority Health Issue Identification**

**Process**

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

- **Criteria 1** – Relevant – How important is this issue? *(Urgency to solve problem; community concern; Focus on equity; Linked to other important issues)*

- **Criteria 2** – Impactful – What will we get out of addressing this issue? *(Availability of solutions/proven strategies; Builds on or enhances current work; Significant consequences of not addressing issue now)*

- **Criteria 3** – Feasible – Can we adequately address this issue? *(Availability of resources (staff, community partners, time, money, equipment) to address the issue; Political capacity/will; Community/social acceptability; Appropriate socio-culturally; Can identify easy, short-term wins)*

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

**Identified Priorities**

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

- **Active Living** – Active living was selected because it affects many different areas of an individual’s wellbeing including their physical and emotional health. Healthy living, which includes active living, was part of the selected priorities during the 2015 Community Health Assessment and although much progress has been made in this area, much is still to be done. This is based on physical inactivity rates, overweight/obesity rates, and mental health data.

- **Substance Abuse Treatment and Recovery** – Substance abuse emerged as a health priority during the 2015 Community Health Assessment. During the 2018 Community Health Assessment, the community decided to expand this health priority to include treatment and recovery based on a notable lack of local resources to help community members combat substance abuse issues.
PRIORITY ISSUE #1

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

What Do the Numbers Say?

Health Indicators

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

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

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower

Source: WNC Healthy Impact Community Health Survey

Adults meeting the physical activity recommendation was 16.5% in 2018, but 49.8% in 2015, and 53% in 2012 (WNCHN – WNC Healthy Impact Community Health Survey, 2018). This demonstrates a dramatic decrease and is also below the Healthy People 2020 target of 20.1% or higher. Rutherford County also ranks below the WNC region and the state.
Additionally, adults at a healthy weight, meaning a Body Mass Index (BMI) between 18.5 and 24.9, in 2018 was 21.6% and 24.8% in both 2015 and 2012.

The prevalence of total overweight (BMI 25 or higher) was an astonishing 77.1% in 2018 and was nearly 74% in both 2015 and 2012.
Meanwhile, the prevalence of obesity was 49.8%, which is a significant increase from 33.1% in 2015 (WNC Health Network, 2018). The rate of adults at a healthy weight in Rutherford County in 2018 was lower than that of the WNC region and the state and the rates of individuals who are overweight or obese surpassed that of the region and the state.

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

The prevalence of diabetes, self-reported, in 2018 is 20.3%. This is double the rate from 2015 when it was 10.2%. These rates are also much higher than that of the WNC region (14.4%) and the state (11.3%). Additionally, the diabetes mortality rate for Rutherford County adults overall is 29.3 and, like the prevalence of diabetes, is higher than the WNC region (21.5) and the state (23.0). Similarly, the prevalence of heart disease also increased from 8.8% in 2015 to 11.2% in 2018. These rates are also higher than the WNC region (42.8) and the state (43.1) (WNC Health Network, 2018).
Moreover, as previously mentioned, physical activity can also have a positive impact on an individual’s mental health. Efforts to improve a person’s mental health is essential as suicide is the second leading cause of death for age group 20-39 in Rutherford County and 26.3% have reported that mental/depression problems is the cause of their activity limitations. Mental/depression being the second largest type of problem that limits activities after the “Other” category at 28%, exceeds back/neck problems (15%), arthritis/rheumatism (14.2%), lung/breathing problems (6.4%), difficulty walking (5.3%), and fracture/bone/joint injury (4.8%).

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

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

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

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

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

What Else Do We Know?

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

What is Already Happening?

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

Additionally, with a grant awarded from RHI Legacy Foundation, Inc. and the work of Rutherford Outdoor Coalition the Thermal Belt Rail Trail is being expanded into Forest City creating 13.58 miles of greenway. This project will bring communities together for promoting an active lifestyle in adults and youth, plus support economic development for the county.
Lastly, the Community Health Council of Rutherford County has also implemented different strategies to encourage increased physical activity. Through efforts made by the Cancer Services Committee, a subcommittee of the Health Council, the Walk With A Doc walking program has been introduced to the community and has been well received and is well utilized by community members. A new Active Living subcommittee has also been formed and this group is exploring ways to increase physical activity while simultaneously increasing public use of the already existing trails and parks.

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

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

Finally, knowing that an increase in physical activity has the potential to spill into other areas of an individual’s wellbeing, another goal would be to see a decrease in obesity rates. In 2018, 49.8% of Rutherford County adults have been reported to be overweight. Reducing this rate to meet the Healthy People 2020 target of 30.6% would be a great feat.
PRIORITIZE ISSUE #2

Substance Abuse Treatment and Recovery was identified as a health priority in 2018 as an expansion to Substance Abuse, a health priority chosen during the 2015 CHA. Substance use and abuse are major contributors to death and disability in North Carolina. Community leaders understand that prevention efforts alone are not enough and that the importance of improving access to treatment and recovery resources for substance abuse cannot be overstated. During the prioritization process it was decided that there are very limited local resources for county residents when seeking treatment or recovery support.

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

What Do the Numbers Say?

Health Indicators

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

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

<table>
<thead>
<tr>
<th>County</th>
<th>Unintentional Poisoning Deaths for Select Locations and Percent that are Medication/Drug Overdoses (2009-2013)*</th>
<th>Rate of Unintentional Medication/Drug Overdose Deaths (2009-2013)**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>Rate per 100,000 NC Residents</td>
</tr>
<tr>
<td>Rutherford</td>
<td>54</td>
<td>16.2</td>
</tr>
<tr>
<td>WNC Region</td>
<td>560</td>
<td>14.8</td>
</tr>
<tr>
<td>State</td>
<td>5,309</td>
<td>11.0</td>
</tr>
</tbody>
</table>

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

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

![Graph showing life affected by substance abuse by self or someone else in Rutherford, WNC, and US.](source)

Source: WNC Healthy Impact Community Health Survey

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

![Graph showing experienced ACEs in Rutherford and WNC.](source)

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

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

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>23.1%</td>
</tr>
<tr>
<td>WNC</td>
<td>15.9%</td>
</tr>
</tbody>
</table>

Source: WNC Healthy Impact Community Health Survey

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

**Used Opiates/Opioids in the Past Year, With or Without a Prescription**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>26.7%</td>
</tr>
<tr>
<td>WNC</td>
<td>19.6%</td>
</tr>
</tbody>
</table>

Source: WNC Healthy Impact Community Health Survey

While overdose and poisonings are significant in Rutherford County, other abused substances, such as tobacco, should not be ignored. Tobacco, like alcohol, is often the gateway to illicit drugs and can lead to unintentional injuries as they can inhibit the user’s faculties. In Rutherford County 20.2% of residents are current smokers, greater than the Healthy People 2020 target of 12% or lower. More residents in Rutherford county are smokers than that of the WNC region, the state and the country. Further, 10.9% of residents use smokeless tobacco – again, greater
than the Healthy People 2020 target of 0.3% or lower, and significantly higher than that of all comparator jurisdictions. Also, the newer phenomena of e-cigarettes has reached a new height and currently 5.8% of Rutherford County residents are e-cigarette users. Finally, 18.3% of residents surveyed indicate that they have breathed someone else’s cigarette smoke at work in the past week (WNC Health Nework, 2018).

![Current Smokers](chart)

Source: WNC Healthy Impact Community Health Survey

![Currently Use Smokeless Tobacco Products](chart)

Source: WNC Healthy Impact Community Health Survey

**What Did the Community Say?**

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

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

During the prioritization process, it was made evident that many prevention efforts that raise awareness and education, are already being implemented. A Rutherford County health provider explains that “we also need more treatment and resources; particularly on the recovery end of the spectrum. We need safe housing for people who are in treatment or post-treatment and
need somewhere safe to stay and maintain their recovery. They wind up back in the same environment and that is detrimental to maintaining recovery.”

**What Else Do We Know?**

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

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

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

**What is Already Happening?**

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

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

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

**What Change Do We Want to See?**

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

Not only would a decrease in the use of substances demonstrate progress, but also a decrease in the use of tobacco. The percentage of Rutherford County adults who are current smokers is 20.2% meanwhile the Healthy People 2020 target is 12% or lower. A decrease in the Rutherford County rate, closer to 12%, would prove to be a great achievement.
Lastly, a paramount change would be to see the driving force behind this health priority come to fruition, which is for community members to have better access to substance abuse treatment and recovery resources. This would include Rutherford County's own treatment and recovery program(s).
Collaborative Planning
Collaborative planning with hospitals and other community partners will result in the creation of a community-wide plan that outlines what will be aligned, supported and/or implemented to address the priority health issues identified through this assessment process. During the six months following the completion of the CHA, the CHA facilitator will convene community partners interested in each health priority. At these meetings, partners will brainstorm and develop a community health improvement plan (CHIP), which will detail an improvement plan to address each health priority containing partner responsibilities, evidence-based strategies, timelines and more.

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

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

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

Where to Access this Report
This CHA report will be posted on the Rutherford-Polk-McDowell Health District website. A link can be found at [www.rpmhd.org/healthpromotion](http://www.rpmhd.org/healthpromotion).

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

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

For More Information and to Get Involved
For more information or to get involved please visit the Rutherford-Polk-McDowell Health District website at [www.rpmhd.org/healthpromotion](http://www.rpmhd.org/healthpromotion) or contact the CHA facilitator via phone at 828-287-6100.
WORKS CITED


PHOTOGRAPHY CREDITS

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

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

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

Appendix A – Data Collection Methods & Limitations

Appendix B – Data Presentation
• Data Presentation Slides

Appendix C – County Maps

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

Appendix E – Key-Informant Survey Findings
APPENDIX A - DATA COLLECTION METHODS & LIMITATIONS

Secondary Data from Regional Core

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

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

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

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

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

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

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

Survey Methodology
The 2018 WNC Healthy Impact Community Health Survey was conducted from March to June. The purpose of the survey was to collect primary data to supplement the secondary core dataset, allow individual counties in the region to collect data on specific issues of concern, and hear from community members about their concerns and priorities. The survey was conducted throughout the entire WNC Healthy Impact region, which includes the following 16 counties: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania and Yancey.

Professional Research Consultants, Inc. (PRC) designed and implemented the survey methodology, which included a combination of telephone (both landline and cell phone) interviews, as well as an online survey. The survey methodology was designed to achieve a representative sample of the regional population that would allow for stratification by certain demographic characteristics, while also maximizing data collection timeliness and efficiency. Survey sampling and implementation methodology is described in greater detail below.

Survey Instrument
The survey instrument was developed by WNC Healthy Impact’s data workgroup, consulting team, and local partners, with assistance from PRC. Many of the questions were derived from the CDC Behavioral Risk Factor Surveillance System (BRFSS) and other validated public health surveys. Other questions were developed specifically by WNC Healthy Impact, with input from regional and local partners, to address particular issues of interest to communities in western North Carolina. Each county was given the opportunity to include three additional questions of particular interest to their county, which were asked only of their county’s residents.

The three additional county questions included in the 2018 survey were:

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

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

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

Sampling Approach & Design
PRC designed the survey methodology to minimize sample bias and maximize representativeness by using best practice random-selection sampling techniques. They also used specific data analysis techniques, including poststratification, to further decrease sample bias and account for underrepresented groups or nonresponses in the population. Poststratification involves selecting demographic variables of interest within the population (here, gender, age, race, ethnicity, and poverty status) and then applying “weights” to the data to produce a sample which more closely matches the actual regional population for these characteristics. This technique preserves the integrity of each individual’s responses while improving overall representativeness. In order to determine WNC regional estimates, county responses were weighted in proportion to the actual population distribution to appropriately represent Western North Carolina as a whole. Since the sample design and quality control procedures used in the data collection ensure that the sample is representative, the findings may be generalized to the region with a high degree of confidence.

Survey Administration
PRC piloted the survey through 30 interviews across the region and consulted with WNC Health Network staff to resolve substantive issues before full implementation. PRC used trained, live interviewers and an automated computer-aided telephone interviewing system to administer the survey region-wide. Survey interviews were conducted primarily during evening and weekend
hours, with some daytime weekday attempts. Interviewers made up to five call attempts per telephone number. Interviews were conducted in either English or Spanish, as preferred by respondents. The final sample included 29 percent cell phone-based survey respondents and 71 percent landline-based survey respondents. Including cell phone numbers in the sampling algorithm allowed better representation of demographic segments that might otherwise be under sampled in a landline-only model.

PRC also worked with a third-party provider to identify and invite potential respondents for an online survey for a small proportion (20%) of the sample population. The online survey was identical to the telephone survey instrument and allowed better sampling of younger and more urban demographic segments.

**About the Rutherford County Sample**

**Size:** The total regional sample size was 3,265 individuals age 18 and older, with 200 from our county. PRC conducted all analysis of the final, raw dataset.

**Sampling Error:** For our county-level findings, the maximum error rate at the 95% confidence level is +6.9%.

**Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence**

Note: The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

- If 10% of a sample of 200 respondents answered a certain question with a "yes," it can be asserted that between 5.8% and 14.2% (10% ± 4.2%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% (50% ± 6.9%) of the total population would respond "yes" if asked this question.

**Characteristics:** The following chart outlines the characteristics of the survey sample for our county by key demographic variables, compared to actual population characteristics from census data. Note that the sample consists solely of area residents age 18 and older.

**Population & Survey Sample Characteristics**
**(Age 18 and Older: Rutherford County, 2018)**
**Benchmark Data**

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

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

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

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

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

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

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

Online Survey Methodology

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

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

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

Participation
In all, 18 community stakeholders took part in the Online Key Informant Survey for our county, as outlined below:

<table>
<thead>
<tr>
<th>Key Informant Type</th>
<th>Number Invited</th>
<th>Number Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Leader</td>
<td>21</td>
<td>6</td>
</tr>
<tr>
<td>Other Health Provider</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>Physician</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Public Health Representative</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Social Services Provider</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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

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

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

Error
First, readers should note that there is some error associated with every health data source. Surveillance systems for communicable diseases and cancer diagnoses, for instance, rely on reports submitted by health care facilities across the state and are likely to miss a small number
of cases, and mortality statistics are dependent on the primary cause of death listed on death certificates without consideration of co-occurring conditions.

**Age-adjusting**

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

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

**Rates**

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

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

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

**Regional arithmetic mean**

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

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

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

**Data limitations**

Some data that is used in this report may have inherent limitations, due to the sample size, its geographic focus, or its being out-of-date, for example, but it is used nevertheless because there is no better alternative. Whenever this kind of data is used, it will be accompanied by a warning about its limitations.
APPENDIX B – DATA PRESENTATION

Why and When Does the CHA Happen?

- A requirement included in the Consolidated Agreement between the NC Division of Public Health and local health departments.
- Required for local health department accreditation.
- The CHA is conducted every 3 years.
- A State of the County Health (SOTCH) Report is submitted in each of the intervening years. This report:
  - Summarizes changes in the data that guided the selection of priorities.
  - Reports on progress made in the last year towards selected priorities.
  - Reports on new and emerging issues in the community.

What is the Purpose of the CHA?

- Ultimate Goal: To make NC one of the healthiest states in the nation.
- Founded on principles of collaboration, community mobilization and empowerment.
- Describes the health status of the community.
- It is used to identify priority health issues & to plan interventions to build healthier communities.
- Provides direction for the planning of disease prevention and health promotion services and activities.
2018 Selected Top 2 Health Priorities

1. Active Living
2. Substance Abuse Treatment & Recovery

WE CAN’T DO THIS ALONE

Many community partners involved, including:
- RPAHO
- Western NC Healthy Impact
- Professional Research Consultants, Inc.
- Rutherford Regional Health System
- Community Health Council of Rutherford County and its subcommittees
- RHI Legacy Foundation
- Isothermal Community College
- And many more...
DEMOGRAPHICS

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

Unemployment

Unemployment Rate (Unadjusted) Trend

Poverty

Percent Below Poverty by Age (2016)

Percent of Cost Burdened Households
Food & Nutrition Services (SNAP)

January 2018

<table>
<thead>
<tr>
<th>Cases</th>
<th>Participants</th>
<th>Caucasians</th>
<th>African American</th>
<th>Other Races</th>
<th>Hispanic</th>
<th>Individuals 65 and Older</th>
<th>Individuals Under 18</th>
<th>Children aged 5 to 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>6,144</td>
<td>13,569</td>
<td>10,811</td>
<td>2,475</td>
<td>283</td>
<td>549</td>
<td>1,096</td>
<td>5,140</td>
</tr>
<tr>
<td>WNC Region</td>
<td>196,743</td>
<td>133,647</td>
<td>97,826</td>
<td>11,781</td>
<td>4,832</td>
<td>10,348</td>
<td>10,867</td>
<td>42,943</td>
</tr>
<tr>
<td>State</td>
<td>702,445</td>
<td>1,620,475</td>
<td>801,542</td>
<td>705,845</td>
<td>113,681</td>
<td>213,982</td>
<td>115,259</td>
<td>694,660</td>
</tr>
</tbody>
</table>

Table of January 2018 Food and Nutrition Services Data by Date. Retrieved April 20, 2018 from WNC Medicaid health services for Food & Nutrition Services (SNAP) (http://www.lm主演()

Rank | Cause of Death | Rutherford |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diseases of Heart</td>
<td>932</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>827</td>
</tr>
<tr>
<td>3</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>343</td>
</tr>
<tr>
<td>4</td>
<td>Cardiovascular Disease</td>
<td>269</td>
</tr>
<tr>
<td>5</td>
<td>All Other Intentional Injuries</td>
<td>109</td>
</tr>
<tr>
<td>6</td>
<td>Diabetes Mellitus</td>
<td>139</td>
</tr>
<tr>
<td>7</td>
<td>Alzheimer’s Disease</td>
<td>108</td>
</tr>
<tr>
<td>8</td>
<td>Suicide</td>
<td>69</td>
</tr>
<tr>
<td>9</td>
<td>Nephritis, Nephrotic Syndrome, and Nephrosis</td>
<td>85</td>
</tr>
<tr>
<td>10</td>
<td>Unintentional Motor Vehicle Injuries</td>
<td>54</td>
</tr>
<tr>
<td>11</td>
<td>Septicemia</td>
<td>72</td>
</tr>
<tr>
<td>12</td>
<td>Pneumonia and influenza</td>
<td>67</td>
</tr>
<tr>
<td>13</td>
<td>Chronic Liver Disease and Cirrhosis</td>
<td>60</td>
</tr>
<tr>
<td>14</td>
<td>Homicide</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Acquired Immune Deficiency Syndrome</td>
<td>4</td>
</tr>
<tr>
<td>All Causes (some not listed)</td>
<td>4,287</td>
<td>930.8</td>
</tr>
</tbody>
</table>

Leading Causes of Death

Note: Rates based on fewer than 10 cases indicated by footnote symbol and rate cannot be calculated.
Note: Death rates are age-adjusted

Heart Disease Mortality Rates

Source: for unadjusted 2018; North Carolina’s death certificate data retrieved April 20, 2018 from North Carolina’s Department of Health and Human Services’ Center for Health Statistics website (http://www.ncdhhs.state.nc.us/health/statistics.deaths/)
All Cancers Mortality Rates

Causes of Death by Age

Unintentional Injury Mortality Rate Trend (per 100,000 population)
Other Unintentional Injuries Mortality Rates

Overall Health

Experience “Fair” or “Poor” Overall Health

Sources: 2017 PRC Community Health Survey; Professional Research Consultants, Inc.
2017 National Health Survey; Professional Research Consultants, Inc.

Notes: Data are subject to change. A high number of respondents may not respond to one or more questions due to a variety of factors.

© 2017 Professional Research Consultants, Inc.
County is a “Fair/Poor” Place to Live

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>32.1%</td>
<td>24.7%</td>
</tr>
<tr>
<td>WNC</td>
<td>13.1%</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

Source: PRC Community Health Survey, Professional Research Consultants, Inc. (2011)
Notes: Percent of respondents.

© 2017 Professional Research Consultants, Inc.

Chronic Disease

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

- Rutherford
- WNC Region
- North Carolina

2002-2006: 53.4 59.2 64.8
2003-2007: 63.6 68.9 66.3
2004-2008: 58.6 56.4 53.8
2005-2009: 47.8 49.1

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

- Rutherford
- WNC Region
- North Carolina


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

- Rutherford
- WNC Region
- North Carolina


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

- Rutherford
- WNC Region
- North Carolina

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

- Rutherford
- WNC Region
- North Carolina

Prevalence of Heart Disease

2015 vs 2010

Source: 2010 PRC Community Health Survey, Professional Research Consultants, Inc.

Notes: Analysis of all respondents

Prevalence of Stroke

2015 vs 2010

Source: 2010 PRC Community Health Survey, Professional Research Consultants, Inc.

Notes: Analysis of all respondents
Taking Action to Control High Blood Cholesterol
(Among Adults with High Blood Cholesterol Levels)

Sources:
- 2012 PRC Community Health Needs Assessment, Professional Research Consultants, Inc. [(PDF)]
- 2017 PRC Diabetes Health Survey, Professional Research Consultants, Inc.

Notes:
- Among respondents reporting having ever been diagnosed with high blood cholesterol.

Diabetes Mortality Rate Trend
(per 100,000 population)

2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates (by County (CDC-18). Retrieved on June 23, 2018, from North Carolina State Center for Health Statistics (NCSHC). 2018 County
Health Data Bank website: https://chds.cph.cdc.gov/datalist.aspx/

Prevalence of Diabetes (Ever Diagnosed)

2012 2016 2018

Source:
- 2012 PRC Community Health Needs Assessment, Professional Research Consultants, Inc. [(PDF)]
- 2017 PRC Diabetes Health Survey, Professional Research Consultants, Inc.

Notes:
- Among respondents reporting having ever been diagnosed with diabetes.
Prevalence of Borderline or Pre-Diabetes

- 2012: 7.0%, 14.7%, 0.8%
- 2015: 7.6%, 12.2%, 7.5%
- 2016: 5.1%, 9.5%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Kentucky]
- 2015 PRC Kentucky health survey, Professional Research Consultants, Inc.

Notes:
- All data is current as of 2016.

©2017 Professional Research Consultants, Inc.

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

<table>
<thead>
<tr>
<th></th>
<th>Rutherford</th>
<th>WNC</th>
<th>NC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>16.5%</td>
<td>21.3%</td>
<td>10.8%</td>
<td>22.8%</td>
</tr>
<tr>
<td>2015</td>
<td>16.5%</td>
<td>21.3%</td>
<td>10.8%</td>
<td>22.8%</td>
</tr>
<tr>
<td>2018</td>
<td>16.5%</td>
<td>21.3%</td>
<td>10.8%</td>
<td>22.8%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Data (XLS)]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2015 North Carolina data
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

---

Strengthening Physical Activity

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>32.2%</td>
<td>29.8%</td>
<td>35.1%</td>
</tr>
<tr>
<td>WNC</td>
<td>29.8%</td>
<td>34.6%</td>
<td>34.6%</td>
</tr>
<tr>
<td>NC</td>
<td>31.9%</td>
<td>34.6%</td>
<td>31.9%</td>
</tr>
<tr>
<td>US</td>
<td>31.9%</td>
<td>29.8%</td>
<td>33.1%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Data (XLS)]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2015 North Carolina data
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Takes part in physical activities or exercises that strengthen muscles at least 2 times per week.

---

Weight
Healthy Weight
(Body Mass Index Between 18.5 and 24.9)
Healthy People 2020 Target = 33.5% or Higher

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>24.1%</td>
<td>24.1%</td>
<td>21.6%</td>
</tr>
<tr>
<td>WNC</td>
<td>33.7%</td>
<td>35.5%</td>
<td>31.8%</td>
</tr>
<tr>
<td>NC</td>
<td>35.4%</td>
<td>34.1%</td>
<td>34.4%</td>
</tr>
<tr>
<td>US</td>
<td>38.3%</td>
<td>38.3%</td>
<td>38.3%</td>
</tr>
</tbody>
</table>

Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Note 154]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- The definition of healthy weight or having a body mass index (BMI) of 18.5 to 24.9, a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

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

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>74.1%</td>
<td>77.9%</td>
<td>77.1%</td>
</tr>
<tr>
<td>WNC</td>
<td>69.8%</td>
<td>68.8%</td>
<td>68.9%</td>
</tr>
<tr>
<td>NC</td>
<td>65.5%</td>
<td>66.1%</td>
<td>66.9%</td>
</tr>
<tr>
<td>US</td>
<td>60.1%</td>
<td>67.8%</td>
<td>67.8%</td>
</tr>
</tbody>
</table>

Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Note 154]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- The definition of obesity or having a body mass index (BMI) of 30.0 or greater, regardless of gender. The definition for obesity is a BMI greater than or equal to 25.0.

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

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>35.2%</td>
<td>33.1%</td>
<td>29.9%</td>
</tr>
<tr>
<td>WNC</td>
<td>29.2%</td>
<td>20.5%</td>
<td>21.8%</td>
</tr>
<tr>
<td>NC</td>
<td>29.6%</td>
<td>29.4%</td>
<td>29.7%</td>
</tr>
<tr>
<td>US</td>
<td>20.8%</td>
<td>32.2%</td>
<td>32.2%</td>
</tr>
</tbody>
</table>

Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Note 154]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- The definition of obesity or having a body mass index (BMI) of 30.0 or greater, regardless of gender.
Adverse Childhood Experiences (ACES)

<table>
<thead>
<tr>
<th>Category</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Physical Abuse</td>
<td>Before you were 15 years of age, did you live with anyone who was depressed, mentally ill, or suicide?</td>
</tr>
<tr>
<td>Household Substance Abuse</td>
<td>Before you were 15 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?</td>
</tr>
<tr>
<td>Incarcerated Household Member</td>
<td>Before you were 15 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?</td>
</tr>
<tr>
<td>Parental Separation or Divorce</td>
<td>Before you were 15 years of age, were your parents separated or divorced?</td>
</tr>
<tr>
<td>Intimate Partner Violence</td>
<td>Before age 10, how often did your parents or adults in your home hit, hit, kick, pinch, or grab each other?</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>Before age 10, how often did a parent or adult in your home hit, kick, push, or physically hurt you in any way? (Do not include spanking)</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>Before age 10, how often did a parent or adult in your home swear at you, insult you, or put you down?</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Before you were 15 years of age, how often did you feel, near, or actually have sexual contact with someone else?</td>
</tr>
<tr>
<td>Sexual Assault</td>
<td>Before you were 15 years of age, how often did you have sex with someone else?</td>
</tr>
</tbody>
</table>

Sources:
- CDC, Pcc Community Health Survey, Professional Research Consultants, Inc. [with 133-349, 201-202]
- Represents the total sample of respondents.

2015-2016 Rates Specific and Non-Specific Age-Adjusted Death Rates by County [CDC], Updated on June 23, 2016, from North Carolina State Center for Health Statistics (NCHS), 2016 County Health Data Book website: https://chds.dph.hhs.gov/chbs/index/
 Experienced Adverse Childhood Experiences (ACEs) Prior to Age 18 (2018)

- Emotional Abuse: 48.9% (Rutherford Co), 48.3% (WNC)
- Household Substance Abuse: 21.0% (Rutherford Co), 21.1% (WNC)
- Parental Separation or Divorce: 24.5% (Rutherford Co), 24.6% (WNC)
- Household Mental Abuse: 22.2% (Rutherford Co), 22.7% (WNC)
- Intimate Partner Violence: 21.3% (Rutherford Co), 21.2% (WNC)
- Physical Abuse: 18.9% (Rutherford Co), 18.7% (WNC)
- Incarcerated Household Member: 4.5% (Rutherford Co), 4.4% (WNC)
- Sexual Abuse: 1.8% (Rutherford Co), 1.8% (WNC)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (http://study3c.org)
- ACDs are serious, formative events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact subsequent adverse effects.

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

- Rutherford Co: 25.1%
- WNC: 13.9%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (http://study3c.org)
- ACDs are serious, formative events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact subsequent adverse effects.

Alcohol Use
Substance Misuse

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

- Rutherford: 26.7%
- WNC: 19.5%

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc., [Item 315]
Notes: *Abridged of all respondents

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

- Rutherford: 54.8%
- WNC: 47.4%
- US: 37.7%

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc., [Item 315]
Notes: *Abridged of all respondents
Currently Use Smokeless Tobacco Products

Healthy People 2020 Target = 0.3% or Lower

- 2012
- 2015
- 2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Rutherford</th>
<th>WNC</th>
<th>NC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>4.6%</td>
<td>3.7%</td>
<td>16.9%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>4.2%</td>
<td>4.2%</td>
<td>5.5%</td>
<td>2.0%</td>
</tr>
<tr>
<td>2018</td>
<td>4.5%</td>
<td>4.0%</td>
<td>4.5%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [N=191]
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2016 Youth Risk Behavior data

Notes:
- Includes regular and occasional smokeless tobacco (chewing and snuff)

Currently Use Vaping Products (Such as E-Cigarettes)

- 2015
- 2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Rutherford</th>
<th>WNC</th>
<th>NC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>4.9%</td>
<td>5.0%</td>
<td>9.1%</td>
<td>7.2%</td>
</tr>
<tr>
<td>2018</td>
<td>4.5%</td>
<td>2.6%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [N=191]
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2016 Youth Risk Behavior data

Notes:
- Includes regular and occasional smokeless tobacco (chewing and snuff)

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Rutherford</th>
<th>WNC</th>
<th>NC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>19%</td>
<td>13%</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>2015</td>
<td>14%</td>
<td>12%</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>2018</td>
<td>17%</td>
<td>16%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [N=191]

Notes:
- Includes regular and occasional smokeless tobacco (chewing and snuff)
Primary Care

Have a Specific Source of Ongoing Medical Care
Healthy People 2020 Target = 95.9% or Higher

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>52.8%</td>
<td>53.6%</td>
</tr>
<tr>
<td>WNC</td>
<td>53.1%</td>
<td>59.9%</td>
</tr>
<tr>
<td>US</td>
<td>74.7%</td>
<td>74.1%</td>
</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. (n=177)
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Aged of all respondents.

Have Visited a Physician for a Checkup in the Past Year

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>77.1%</td>
<td>77.1%</td>
<td>77.2%</td>
</tr>
<tr>
<td>WNC</td>
<td>71.4%</td>
<td>74.1%</td>
<td>72.3%</td>
</tr>
<tr>
<td>NC</td>
<td>73.6%</td>
<td>74.8%</td>
<td>67.3%</td>
</tr>
<tr>
<td>US</td>
<td>66.5%</td>
<td>68.2%</td>
<td>69.8%</td>
</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. (n=177)
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- National Center for Health Statistics, Centers for Disease Control and Prevention (CDC) 2015 North Carolina data

Notes:
- Aged of all respondents.
1. Active Living
2. Substance Abuse Treatment & Recovery

Now Let’s Talk About Possible Strategies
APPENDIX C – COUNTY MAPS

Rutherford County Maps
Community Health (Needs) Assessment
2018

Why use maps?

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

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

• To show masked associations
  • Maps can show where specific factors occur simultaneously.
Maps are one piece of the data puzzle

- Maps can be misleading and are best used to highlight which communities to investigate further.
  - Reliability of data decreases as it is cut into smaller and smaller pieces. Therefore, maps of census tract data have greater margins of error than county statistics.

- Maps should be supported by talking with community members or service providers specific to the community of interest to learn more about the community's needs and opportunities.

Population, Total

[Map of population distribution with various areas highlighted and population counts shown.

Click to see map in Community Commons]
Population, Density

Heart Disease Mortality Rates
Other Unintentional Injuries
Mortality Rates

All Cancer Incidence Rates

Lung and Bronchus Cancer Incidence Rates
INTRO. (INTERVIEWER: THIS SCREEN IS FOR REINTRODUCTIONS & CLARIFYING THE PURPOSE & SPONSOR OF THE CALL).

(Hello, this is ____________ with Professional Research Consultants. A collaboration of hospitals and health departments in Western North Carolina has asked us to conduct a survey to study ways to improve the health of your community.)

(IF NECESSARY, READ:) Your number has been chosen randomly to be included in the study, and we'd like to ask some questions about things people do which may affect their health. Your answers will be kept completely confidential.

(IF Respondent Seems Suspicious, READ:) Some people we call want to know more before they answer the survey. If you would like more information regarding this research study, you can call Jana Distefano of Professional Research Consultants at 877-247-9477 during regular business hours.

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

One  
Two  
Three  
Four  
Five  
Six or More

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

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

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

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

NOTE: If Q3 is "All Others", THANK & TERMINATE.
2. Would you please tell me which ZIP Code area you live in?

[Don’t Know/Not Sure]
[Refused]
28018
28019
28020
28024
28040
28043
28074
28076
28114
28139
28160
28167
28701
28702
28704
28705
28707
28708
28709
28710
28711
28712
28713
28714
28715
28716
28717
28718
28719
28720
28721
28722
28723
28724
28725
28726
28727
28728
28729
28730
28731
28732
28733
28734
28735
28736
28737
301. First I would like to ask, overall, how would you describe your county as a place to live? Would you say it is:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]
302. What is the ONE THING that needs the most improvement in your county?

[Don't Know/Not Sure]
[Refused]
[Nothing]

(SKIP to 5) Animal Control
(SKIP to 5) Availability of Employment
(SKIP to 5) Better/More Health Food Choices
(SKIP to 5) Child Care Options
(SKIP to 5) Counseling/Mental Health/Support Groups
(SKIP to 5) Culturally Appropriate Health/Support Groups
(SKIP to 5) Elder Care Options
(SKIP to 5) Healthy Family Activities
(SKIP to 5) Higher Paying Employment
(SKIP to 5) More Affordable Health Care
(SKIP to 5) More Affordable/Better Housing
(SKIP to 5) Number of Health Care Providers
(SKIP to 5) Positive Teen Activities
(SKIP to 5) Recreational Facilities (Parks, Trails, Community Ctrs)
(SKIP to 5) Road Maintenance
(SKIP to 5) Road Safety
(SKIP to 5) Safe Places to Walk/Ride Bike for Commuting
(SKIP to 5) Safe Places to Walk/Ride Bike for Recreation
(SKIP to 5) Services for Disabled People
(SKIP to 5) Transportation Options
(SKIP to 5) Other (Specify)
IVAR302A. Is there anything at all you can think of?

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

SCRIPTING NOTE: Force Responses from IVAR302A Back Into Q302.

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

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]
303. Was there a time in the past 12 months when you needed medical care, but could not get it?

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

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

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

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

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

17. What kind of place is it:

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

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

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

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

NOTE: If Q3 is "Polk County", ASK Q305.  
All Others, SKIP to 20.

POLK COUNTY

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

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

Very Likely  
Somewhat Likely  
or Not At All Likely  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]
20. About how long has it been since you last visited a dentist or a dental clinic for any reason? This includes visits to dental specialists, such as orthodontists.

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

   NOTE: If Q3 is "Henderson County", ASK Q306.
   If Q3 is "Haywood County", SKIP to 307.
   All Others, SKIP to 24.

HENDERSON COUNTY

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

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

   NOTE: SKIP to 24.

HAYWOOD COUNTY

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

   Yes
   (SKIP to 24)
   [Don't Know/Not Sure]
   (SKIP to 24)
   [Refused]
   (SKIP to 24)
   [Terminate Interview]
308. What was the MAIN reason you did not get this needed dental care?

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

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

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

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

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

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

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]
33. A Stroke

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

(End of Rotate)

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

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

35. Do you still have asthma?

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

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

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

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

IVAR36A. Was this only when you were pregnant?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]
38. Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?

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

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

IVAR38A. Was this only when you were pregnant?

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

SCRIPTING NOTE: If IVAR38A is "Yes"/"Si", Recode Initial Q36 Response of "Yes"/"Si" to "[Yes, but Female Told Only During Pregnancy]".

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

If Q36 is "Yes"/"Si", SKIP to 39.
If Q36 is "[Pre-Diabetes or Borderline Diabetes]" AND Q4 is "Female", Force Q38 to "Yes"/"Si" and SKIP to IVAR38A.
If Q36 is "[Pre-Diabetes or Borderline Diabetes]" AND Q4 is "Male", Force Q38 to "Yes"/"Si" and SKIP to 39.
All Others, CONTINUE.
39. Have you ever been told by a doctor, nurse or other health professional that you had high blood pressure?

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

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

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

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

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

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

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

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

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

NOTE: SKIP to 49.

TRANSYLVANIA COUNTY

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

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

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

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

Every Day
Some Days
Not At All
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]
SCRIPTING NOTE: If Q49 is "Every Day" or "Some Days", set '+temp44+' to "other than yourself"/"diferente a Ud.".
All Others, set '+temp44+' to NULL.

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

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

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

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

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

NOTE: If Q3 is "Cherokee County", "Graham County", or "Macon County", ASK Q314.
If Q3 is "Madison County", SKIP to 315.
All Others, SKIP to 54.

CHEROKEE, GRAHAM, AND MACON COUNTIES

314. Please tell me your level of agreement or disagreement with the following statement: I believe it is important for ALL PUBLIC PLACES to be 100% tobacco free.

Do you:

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

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

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

Do you:

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

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

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

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

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

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

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

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

- 1 to 30
  (SKIP to 316)
- 0
  (SKIP to 316)
- [Don't Know/Not Sure]
  (SKIP to 316)
- [Refused]
56. On the day(s) when you drank, about how many drinks did you have on the average? (If "None", PROBE)

1 to 10
[Don't Know/Not Sure]
[Refused]

SCRIPTING NOTE: If Respondent is "Male", Set "temp57" to "5".
If Respondent is "Female", Set "temp57" to "4".

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

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

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

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

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

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

NOTE: If Q3 is "Jackson County", ASK Q317.
If Q3 is "Henderson County", "Macon County", "Mitchell County", "Rutherford County", "Swain County", "Transylvania County", or Yancey County", SKIP to 318.
If Q3 is "Clay County" or "Graham County", SKIP to 319.
All Others, SKIP to 61.
JACKSON COUNTY

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

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

   NOTE: SKIP to 61.

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

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

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

   NOTE: If Q3 is "Henderson County", "Rutherford County", "Swain County", or "Transylvania County", SKIP to 61.
   All Others, ASK Q319.

CLAY, GRAHAM, MACON, MITCHELL, AND YANCEY COUNTIES

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

   Yes
   No
   [Don't Know/Not Sure]
   [Refused]
   [Terminate Interview]
61. To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs? Would you say:

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

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

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

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

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

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

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

What is your age?

18 to 110
[Don't Know/Not Sure]
[Refused]
SCRIPTING NOTE: If Qlang is "Spanish", Set Q65 to "Sí" and SKIP to 66.

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

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

66. What is your race? Would you say:

(Do Not Read the Latino/Hispanic Code.)

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

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

All Others, SKIP to NOTE before 321.

BUNCOMBE COUNTY

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

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

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

All Others, SKIP to 68.
321. Which of the following BEST describes you? Are you:

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

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

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

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

69. Are you currently:

- Employed for Wages
- Self-Employed
- Out of Work for More Than 1 Year
- Out of Work for Less Than 1 Year
- A Homemaker
- A Student
- Retired
- or Unable to Work
  - [Don't Know/Not Sure]
  - [Refused]
  - [Terminate Interview]
115. How many children under the age of 18 are currently LIVING in your household?

<table>
<thead>
<tr>
<th>Option</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>[None]</td>
</tr>
<tr>
<td>Two</td>
<td>(SKIP to NOTE before 71)</td>
</tr>
<tr>
<td>Three</td>
<td>[Refused]</td>
</tr>
<tr>
<td>Four</td>
<td>[Refused]</td>
</tr>
<tr>
<td>Five or More</td>
<td>[Terminate Interview]</td>
</tr>
<tr>
<td>(SKIP to NOTE before 71)</td>
<td>[None]</td>
</tr>
<tr>
<td>(SKIP to NOTE before 71)</td>
<td>[Refused]</td>
</tr>
</tbody>
</table>

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

All Others, SKIP to NOTE before 71.

POLK COUNTY

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>[Don't Know/Not Sure]</td>
<td>[Refused]</td>
</tr>
<tr>
<td>[Refused]</td>
<td>[Terminate Interview]</td>
</tr>
</tbody>
</table>

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

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

All Others, SKIP to 326.
71. In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed:

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

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

NOTE: If Q3 is "Clay County" or "McDowell County", ASK Q323. If Q3 is "Jackson County", SKIP to 324. If Q3 is "Madison County", SKIP to 325. All Others, SKIP to 326.

CLAY AND MCDOWELL COUNTIES

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

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

NOTE: SKIP to 326.
324. Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?

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

NOTE: SKIP to 326.

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

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

Do you:

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

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

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

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

All Others, SKIP to 78.
327. Do you currently have access to the internet for PERSONAL use, either at home, work, or school?

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

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

(INTERVIEWER: Round Fractions Up)

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

79. About how tall are you without shoes?

(INTERVIEWER: Round Fractions Down)

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

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

If Q4 is "Female", CONTINUE.

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

Within the Past Year (Less Than 1 Year Ago)
Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
Within the Past 3 Years (2 Years But Less Than 3 Years Ago)
Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]
328. Now I would like you to think about the food you ate during the past week.

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

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

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

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

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

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

Was this statement:

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

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

Was this statement:

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

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

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

All Others, SKIP to READ BOX before 89.
MITCHELL AND YANCEY COUNTIES

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

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

NOTE: SKIP to READ BOX before 89.

RUTHERFORD COUNTY

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

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

The next questions are about physical activity.

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

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

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

Yes
(Skip to 96)
No
(Skip to 96)
[Don’t Know/Not Sure]
(Skip to 96)
[Refused]
(Skip to 96)
[Terminate Interview]
During the past month, what type of physical activity or exercise did you spend the MOST time doing?

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

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

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

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

TIMES PER WEEK

TIMES PER MONTH

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

1 to 25
IVAR91B. INTERVIEWER: Enter the times per month specified in the previous question.

1 to 100

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

<table>
<thead>
<tr>
<th>MINUTES</th>
<th>HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(SKIP to IVAR92B)</td>
<td>[Don't Know/Not Sure]</td>
</tr>
<tr>
<td>(SKIP to 93)</td>
<td>[Refused]</td>
</tr>
<tr>
<td>(SKIP to 93)</td>
<td>[Terminate Interview]</td>
</tr>
</tbody>
</table>

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

1 to 600

NOTE: SKIP to 93.

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

1 to 24
93. During the past month, what OTHER type of physical activity gave you the NEXT most exercise?

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>(SKIP to 94) Active Gaming Devices</td>
<td>(Wii Fit, Dance Dance Revolution)</td>
</tr>
<tr>
<td>(SKIP to 94) Aerobics Video or Class</td>
<td>(aka Gym, Gym Class, Zumba, etc.)</td>
</tr>
<tr>
<td>(SKIP to 94) Backpacking</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Badminton</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Bicycling Machine Exercise</td>
<td>(aka Spinning, Spin Class, Bike, Cycling)</td>
</tr>
<tr>
<td>(SKIP to 94) Bicycling</td>
<td>(aka Bike, Cycling)</td>
</tr>
<tr>
<td>(SKIP to 94) Boating</td>
<td>(Canoeing, Rowing, Kayaking, Sailing for Pleasure, Camping)</td>
</tr>
<tr>
<td>(SKIP to 94) Bowling</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Boxing</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Calisthenics</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Canoeing, Rowing in Competition</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Carpenter</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Dancing-Ballet, Ballroom, Latin, Hip Hop, etc.</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Elliptical, EFX Machine Exercise</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Fishing from River Bank or Boat</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Frisbee</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Gardening</td>
<td>(Spading, Weeding, Digging, Filling) (aka Yardwork)</td>
</tr>
<tr>
<td>(SKIP to 94) Golf</td>
<td>(with Motorized Cart)</td>
</tr>
<tr>
<td>(SKIP to 94) Golf</td>
<td>(without Motorized Cart)</td>
</tr>
<tr>
<td>(SKIP to 94) Handball</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Hiking-Cross-Country</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Hockey</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Horseback Riding</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Hunting Large Game</td>
<td>Deer, Elk</td>
</tr>
<tr>
<td>(SKIP to 94) Hunting Small Game-Quail</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Inline Skating</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Jogging</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Lacrosse</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Mountain Climbing</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Mowing Lawn</td>
<td>(aka Yardwork)</td>
</tr>
<tr>
<td>(SKIP to 94) Paddleball</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Painting, Papering House</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Pilates</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Racquetball</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Raking Lawn</td>
<td>(aka Yardwork)</td>
</tr>
<tr>
<td>(SKIP to 94) Running</td>
<td>(aka Treadmill)</td>
</tr>
<tr>
<td>(SKIP to 94) Rock Climbing</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Rope Skipping</td>
<td>(aka Jump Roping)</td>
</tr>
<tr>
<td>(SKIP to 94) Rowing Machine Exercise</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Rugby</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Scuba Diving</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Skateboarding</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Skating-Ice or Roller</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Sledding, Tobogganing</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Snorkeling</td>
<td></td>
</tr>
<tr>
<td>(SKIP to 94) Snow Blowing</td>
<td></td>
</tr>
</tbody>
</table>
256. (INTERVIEWER: Enter Verbatim Response From Previous Question, or READ If Necessary:) During the past month, what OTHER type of physical activity or exercise did you spend the most time doing?

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

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

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

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

1 to 25
IVAR94B. INTERVIEWER: Enter the times per month specified in the previous question.

1 to 100

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

MINUTES

HOURS

(SKIP to IVAR95B) [Don't Know/Not Sure]

(SKIP to 96) [Refused]

(SKIP to 96) [Terminate Interview]

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

1 to 600

NOTE: SKIP to 96.

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

1 to 24

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

TIMES PER WEEK

(SKIP to IVAR96B)

(SKIP to NOTE before 332) [Never]

(SKIP to NOTE before 332) [Don't Know/Not Sure]

(SKIP to NOTE before 332) [Refused]

[Terminate Interview]

TIMES PER MONTH

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

1 to 25

NOTE: SKIP to NOTE before 332.
INTERVIEWER: Enter the times per month specified in the previous question.

1 to 100

NOTE: If Q3 is "Cherokee County", ASK Q332.
If Q3 is "Clay County" or "Graham County", SKIP to 333. If Q3 is "Swain County", SKIP to 334.
All Others, SKIP to 335.

CHEROKEE COUNTY

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

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

Do you:

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

NOTE: SKIP to 335.

CLAY AND GRAHAM COUNTIES

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

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

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

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

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

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

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

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

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

    Excellent
    Very Good
    Good
    Fair
    or Poor

    [Don’t Know/Not Sure]
    [Refused]
    [Terminate Interview]

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

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

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

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

NOTE: If Q3 is "Buncombe County", ASK Q100.

If Q3 is "Haywood County", SKIP to 101.

All Others, SKIP to 105.
BUNCOMBE COUNTY

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

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

NOTE: SKIP to 105.

HAYWOOD COUNTY

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

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

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

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

NOTE: If Q3 is "Polk County", ASK Q338.

All Others, SKIP to READ BOX before 339.
338. In the past 12 months, have mental or emotional problems made it difficult for you or someone in your household to HOLD A JOB?

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

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

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

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

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

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

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

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

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

Yes
No
[Don't Know/Not Sure]
[Refused]
(SKIP to GOODBYE) [Terminate Interview]
342. Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

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

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

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

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

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

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

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

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

Never
Once
or More Than Once
[Don't Know/Not Sure]
[Refused]
(Skip to GOODBYE) [Terminate Interview]
347. Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually? Would you say:

- Never
- Once
- or More Than Once
- [Don’t Know/Not Sure]
- [Refused]

(SKIP to GOODBYE) [Terminate Interview]

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

- Never
- Once
- or More Than Once
- [Don’t Know/Not Sure]
- [Refused]

(SKIP to GOODBYE) [Terminate Interview]

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

- Never
- Once
- or More Than Once
- [Don’t Know/Not Sure]
- [Refused]

(SKIP to GOODBYE) [Terminate Interview]

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

<table>
<thead>
<tr>
<th>Income Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $12,100</td>
</tr>
<tr>
<td>$12,100 to $16,199</td>
</tr>
<tr>
<td>$16,200 to $20,399</td>
</tr>
<tr>
<td>$20,400 to $24,399</td>
</tr>
<tr>
<td>$24,400 to $28,799</td>
</tr>
<tr>
<td>$28,800 to $32,799</td>
</tr>
<tr>
<td>$32,800 to $37,099</td>
</tr>
<tr>
<td>$37,100 to $41,099</td>
</tr>
<tr>
<td>$41,100 to $45,499</td>
</tr>
<tr>
<td>$45,500 to $49,499</td>
</tr>
<tr>
<td>$49,500 to $53,899</td>
</tr>
<tr>
<td>$53,900 to $57,799</td>
</tr>
<tr>
<td>$57,800 to $65,899</td>
</tr>
<tr>
<td>$65,900 to $74,299</td>
</tr>
<tr>
<td>$74,300 to $82,599</td>
</tr>
<tr>
<td>$82,600 to $90,999</td>
</tr>
<tr>
<td>$91,000 to $99,399</td>
</tr>
<tr>
<td>$99,400 to $107,699</td>
</tr>
<tr>
<td>$107,700 to $116,099</td>
</tr>
<tr>
<td>$116,100/Over</td>
</tr>
</tbody>
</table>

[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

(Skip to **GOODBYE**)  

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

[Don't Know/Not Sure]  
[Refused]  
[No Other Health Issue]  
Other (Specify)
That's my last question. Everyone's answers will be combined to give us information about the health of residents in this community. Thank you very much for your time and cooperation.
Methodology

Survey methodology

- 2,602 surveys were completed via telephone (landline [71%] and cell phone [29%]); while 663 were completed online
- Allows for high participation and random selection
  - These are critical to achieving a sample representative of county and regional populations by gender, age, race/ethnicity, income
- English and Spanish

3,265 surveys throughout WNC

- Adults age 18+
- Gathered data for each of 16 counties
- Weights were added to enhance representativeness of data at county and regional levels
Methodology

Individual county samples allow for drill-down by:
- Gender
- Income
- Other categories, based on question responses

Survey Instrument

Based largely on national survey models
- When possible, question wording from public surveys (e.g., CDC BRFSS)
75 questions asked of all counties
- Each county added three county-specific questions
- Approximately 15-minute interviews
- Questions determined by WNC stakeholder input
Keep in mind

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

- Results for WNC regional data have maximum error rate of +1.7% at the 95% confidence level
- Results for Buncombe County have maximum error rate of +5.6% at the 95% confidence level
- Results for Graham County have maximum error rate of +7.8% at the 95% confidence level
- Results for other individual counties have maximum error rate of +6.9% at the 95% confidence level

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

Keep in mind

For more detailed information on methods, see:

- County-specific CH(N)A Templates
**Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence**

- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response.
- A 95 percent level of confidence indicates that response error falls within the expected error range or 5 out of 100 times.
- Examples:
  - If 95% of the sample of 200 respondents answered a certain question with "Yes," it can be asserted that between 51.8% and 54.2% (90% ± 0 %) of the total population would also answer "Yes" to the question.
  - If 95% of respondents said "Yes," it could be asserted with a 95 percent level of confidence that between 51.8% and 54.2% (90% ± 0 %) of the total population would also answer "Yes" to the question.

---

**Population & Survey Sample Characteristics**

(Age 18 and Older; Rutherford County, 2018)

- Actual Population vs. PRC Survey Sample

**Sources:**
- 2011-2015 American Community Survey, U.S. Census Bureau
- PRC Community Health Survey, Professional Research Consultants, Inc.
Native American Sample
(2018)

2.1% 2.7%

McBride NMC

Source: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [items 178, 179]

Notes: * A portion of all respondents
County is a “Fair/Poor” Place to Live

<table>
<thead>
<tr>
<th>Location</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>32.1%</td>
<td>24.3%</td>
</tr>
<tr>
<td>WNC</td>
<td>13.5%</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 301)
Notes: Asked of all respondents.
### Top Three County Issues Perceived as in Most Need of Improvement (2018)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Rutherford</th>
<th>WNC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of Employment</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Road Maintenance</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Higher Paying Employment</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Drugs</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Affordable/Better Housing</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]

**Notes:**
- Asked of all respondents.
SELF-REPORTED HEALTH STATUS

Overall Health
Experience “Fair” or “Poor” Overall Health

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>22.2%</td>
<td>17.7%</td>
<td>25.3%</td>
</tr>
<tr>
<td>WNC</td>
<td>21.9%</td>
<td>17.3%</td>
<td>17.3%</td>
</tr>
<tr>
<td>NC</td>
<td>18.1%</td>
<td>19.2%</td>
<td>18.3%</td>
</tr>
<tr>
<td>US</td>
<td>16.8%</td>
<td>15.3%</td>
<td>18.1%</td>
</tr>
</tbody>
</table>

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

Notes:
- Asked of all respondents.

© 2017 Professional Research Consultants, Inc.
Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>25.0%</td>
<td>32.6%</td>
<td>38.7%</td>
</tr>
<tr>
<td>WNC</td>
<td>28.1%</td>
<td>28.1%</td>
<td>39.7%</td>
</tr>
<tr>
<td>NC</td>
<td>21.2%</td>
<td>21.2%</td>
<td>21.6%</td>
</tr>
<tr>
<td>US</td>
<td>17.0%</td>
<td>21.5%</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 100)
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; By County, 2018)

<table>
<thead>
<tr>
<th>Problem Type</th>
<th>Rutherford</th>
<th>WNC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>28.6%</td>
<td>38.4%</td>
</tr>
<tr>
<td>Lung/Breathing Problem</td>
<td>6.4%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Fracture/Bone/Joint Injury</td>
<td>4.8%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Difficulty Walking</td>
<td>3.3%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>14.2%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Mental/Depression</td>
<td>26.3%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Back/Neck Problem</td>
<td>15.6%</td>
<td>17.4%</td>
</tr>
</tbody>
</table>

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 113)
Notes: Asked of respondents who noted some type of activity limitation.
Mental Health & Mental Disorders
>7 Days of Poor Mental Health in the Past Month

2012 2015 2018

Rutherford 17.7% 16.2% 23.7%

WNC 14.2% 13.0% 18.7%

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 337]
Notes: Asked of all respondents.
"Always" or "Usually" Get Needed Social/Emotional Support

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>75.6%</td>
<td>82.0%</td>
<td>66.8%</td>
</tr>
<tr>
<td>WNC</td>
<td>90.6%</td>
<td>79.3%</td>
<td>75.3%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 335)

Notes: Includes "always" and "usually" responses.
Did Not Get Mental Health Care or Counseling that was Needed in the Past Year

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>7.1%</td>
<td>8.0%</td>
<td>14.8%</td>
</tr>
<tr>
<td>WNC</td>
<td>6.6%</td>
<td>7.5%</td>
<td>12.3%</td>
</tr>
</tbody>
</table>

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item #65]
Notes: Asked of all respondents.
PRC ONLINE KEY INFORMANT SURVEY FINDINGS

PRC Community Health Needs Assessment

Dissatisfied with Life
(“Dissatisfied” and “Very Dissatisfied” Responses)

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>4.3%</td>
<td>6.4%</td>
<td>18.5%</td>
</tr>
<tr>
<td>WNC</td>
<td>5.0%</td>
<td>5.4%</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 325]
Notes: Asked of all respondents.
# ACEs

## Adverse Childhood Experiences (ACES)

<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Mental Illness</td>
<td>Before you were 10 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?</td>
</tr>
<tr>
<td>Household Substance Abuse</td>
<td>Before you were 10 years of age, did you live with anyone who was a problem drinker or alcoholic?</td>
</tr>
<tr>
<td>Incarcerated Household Member</td>
<td>Before you were 10 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?</td>
</tr>
<tr>
<td>Parental Separation or Divorce</td>
<td>Before you were 10 years of age, were your parents separated or divorced?</td>
</tr>
<tr>
<td>Intimate Partner Violence</td>
<td>Before age 12, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up?</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>Before age 10, how often did a parent or adult in your home hit, kick, or physically hurt you in any way? Do not include spanking.</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>Before age 10, how often did a parent or adult in your home swear at you, insult you, or put you down?</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Before you were 10 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?</td>
</tr>
<tr>
<td></td>
<td>Before you were 10 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually?</td>
</tr>
<tr>
<td></td>
<td>Before you were 10 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?</td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (N = 354-393, 15-18)

**Notes:**
- Reflects the total number of respondents.
Experienced Adverse Childhood Experiences (ACEs) Prior to Age 18 (2018)

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 291-398]
- Asked of all respondents (Adults 18+)
- ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.
Prevalence of High ACE Scores (4 or More) (2018)

- Rutherford: 23.1%
- WNC: 15.9%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]

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

Cardiovascular Risk

Professional Research Consultants, Inc.
Prevalence of Heart Disease

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>6.8%</td>
<td>11.2%</td>
</tr>
<tr>
<td>WNC</td>
<td>6.6%</td>
<td>9.0%</td>
</tr>
<tr>
<td>US</td>
<td>6.1%</td>
<td>8.0%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 300)
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Prevalence of Stroke

2015 2018

- Rutherford: 2.0% 3.4%
- WNC: 3.9% 4.3%
- NC: 2.7% 3.9%
- US: 3.8% 4.7%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

© 2017 Professional Research Consultants, Inc.
Prevalence of High Blood Pressure
Healthy People 2020 Target = 26.9% or Lower

<table>
<thead>
<tr>
<th>Year</th>
<th>Rutherford</th>
<th>WNC</th>
<th>NC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>45.7%</td>
<td>39.4%</td>
<td>35.5%</td>
<td>34.3%</td>
</tr>
<tr>
<td>2015</td>
<td>47.6%</td>
<td>38.4%</td>
<td>35.2%</td>
<td>34.1%</td>
</tr>
<tr>
<td>2018</td>
<td>45.1%</td>
<td>39.2%</td>
<td>34.1%</td>
<td>37.8%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Taking Action to Control High Blood Pressure
(Among Adults with High Blood Pressure)

<table>
<thead>
<tr>
<th></th>
<th>Rutherford</th>
<th>WNC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>88.4%</td>
<td>91.2%</td>
<td>89.1%</td>
</tr>
<tr>
<td>2015</td>
<td>95.2%</td>
<td>92.4%</td>
<td>89.2%</td>
</tr>
<tr>
<td>2018</td>
<td>92.1%</td>
<td>91.3%</td>
<td>93.3%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents reporting having ever been diagnosed with high blood pressure.
Prevalence of High Blood Cholesterol
Healthy People 2020 Target = 13.5% or Lower

<table>
<thead>
<tr>
<th>Year</th>
<th>Rutherford</th>
<th>WNC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>38.9%</td>
<td>34.3%</td>
<td>34.4%</td>
</tr>
<tr>
<td>2015</td>
<td>35.3%</td>
<td>31.2%</td>
<td>29.9%</td>
</tr>
<tr>
<td>2018</td>
<td>42.7%</td>
<td>33.6%</td>
<td>36.2%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

©2017 Professional Research Consultants, Inc.
Taking Action to Control High Blood Cholesterol
(Among Adults with High Blood Cholesterol Levels)

<table>
<thead>
<tr>
<th></th>
<th>Rutherford</th>
<th>WNC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>87.8%</td>
<td>88.0%</td>
<td>69.1%</td>
</tr>
<tr>
<td>2015</td>
<td>90.4%</td>
<td>66.2%</td>
<td>91.4%</td>
</tr>
<tr>
<td>2018</td>
<td>89.4%</td>
<td>87.6%</td>
<td>87.3%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [item 49]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

© 2017 Professional Research Consultants, Inc.
Diabetes
Prevalence of Diabetes (Ever Diagnosed)

- **Rutherford**: 20.3% (2012), 12.6% (2015), 14.4% (2018)
- **WNC**: 10.2% (2012), 7.5% (2015), 9.8% (2018)
- **NC**: 16.1% (2012), 11.7% (2015), 11.3% (2018)
- **US**: 11.1% (2012), 11.7% (2015), 13.3% (2018)

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

**Notes:**
- Asked of all respondents.
Prevalence of Borderline or Pre-Diabetes

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>7.9%</td>
<td>14.7%</td>
<td>6.8%</td>
</tr>
<tr>
<td>WNC</td>
<td>7.6%</td>
<td>12.2%</td>
<td>7.5%</td>
</tr>
<tr>
<td>US</td>
<td>5.8%</td>
<td>9.5%</td>
<td></td>
</tr>
</tbody>
</table>

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

Notes:
- Asked of all respondents.
Respiratory Conditions
Prevalence of Current Asthma

<table>
<thead>
<tr>
<th>Location</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>14.9%</td>
<td>19.0%</td>
</tr>
<tr>
<td>WNC</td>
<td>9.7%</td>
<td>11.4%</td>
</tr>
<tr>
<td>NC</td>
<td>8.4%</td>
<td>8.0%</td>
</tr>
<tr>
<td>US</td>
<td>9.4%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

Notes:
- Asked of all respondents.
Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>12.9%</td>
<td>14.9%</td>
</tr>
<tr>
<td>NC</td>
<td>13.5%</td>
<td>13.3%</td>
</tr>
<tr>
<td>US</td>
<td>7.4%</td>
<td>7.3%</td>
</tr>
<tr>
<td>US</td>
<td>8.6%</td>
<td>8.6%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 20)
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
MODIFIABLE HEALTH RISKS

Nutrition
Consume Five or More Servings of Fruits/Vegetables Per Day

<table>
<thead>
<tr>
<th>Year</th>
<th>Rutherford</th>
<th>WNC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>10.8%</td>
<td>6.0%</td>
</tr>
<tr>
<td>2015</td>
<td>3.3%</td>
<td>8.1%</td>
</tr>
<tr>
<td>2018</td>
<td>7.0%</td>
<td>6.6%</td>
</tr>
</tbody>
</table>

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

- Rutherford: 33.7%
- WNC: 23.8%
- US: 27.9%

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

Notes:
- Asked of all respondents.
- Includes adults who: 1) ran out of food at least once in the past year and/or 2) worried about running out of food in the past year.
Physical Activity & Fitness
No Leisure-Time Physical Activity in the Past Month
Healthy People 2020 Target = 32.6% or Lower

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>20.8%</td>
<td>23.5%</td>
<td>30.1%</td>
</tr>
<tr>
<td>NWA</td>
<td>15.9%</td>
<td>19.2%</td>
<td>25.9%</td>
</tr>
<tr>
<td>NC</td>
<td>25.7%</td>
<td>26.8%</td>
<td>23.3%</td>
</tr>
<tr>
<td>US</td>
<td>26.7%</td>
<td>20.7%</td>
<td>26.2%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 00]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Meets Physical Activity Recommendations (2018)
Healthy People 2020 Target = 20.1% or Higher

<table>
<thead>
<tr>
<th></th>
<th>Rutherford</th>
<th>WNC</th>
<th>NC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>16.5%</td>
<td>21.3%</td>
<td>18.9%</td>
<td>22.6%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. (Item: 152)
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc

Notes:
- Asked of all respondents.

Body Weight
Strengthening Physical Activity

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>37.2%</td>
<td>28.0%</td>
<td>25.8%</td>
</tr>
<tr>
<td>WNC</td>
<td>35.4%</td>
<td>34.6%</td>
<td>31.9%</td>
</tr>
<tr>
<td>NC</td>
<td>29.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>33.8%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2015 North Carolina data.

Notes:
- All of all respondents.
- Takes part in physical activities or exercises that strengthen muscles at least twice per week.
Body Weight
**Healthy Weight**

(Body Mass Index Between 18.5 and 24.9)

**Healthy People 2020 Target = 33.9% or Higher**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>24.8%</td>
<td>24.8%</td>
<td>21.6%</td>
</tr>
<tr>
<td>NHC</td>
<td>33.7%</td>
<td>33.5%</td>
<td>31.5%</td>
</tr>
<tr>
<td>NC</td>
<td>31.4%</td>
<td>31.7%</td>
<td>34.4%</td>
</tr>
<tr>
<td>US</td>
<td>30.1%</td>
<td>30.1%</td>
<td>30.1%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item: 186]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

© 2017 Professional Research Consultants, Inc.
Total Overweight (Overweight or Obese)
(Body Mass Index of 25.0 or Higher)

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>74.1%</td>
<td>73.9%</td>
<td>77.1%</td>
</tr>
<tr>
<td>WNC</td>
<td>65.0%</td>
<td>64.3%</td>
<td>66.8%</td>
</tr>
<tr>
<td>NC</td>
<td>65.3%</td>
<td>66.1%</td>
<td>66.0%</td>
</tr>
<tr>
<td>US</td>
<td>66.9%</td>
<td>63.1%</td>
<td>67.8%</td>
</tr>
</tbody>
</table>

Sources:  
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]  
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.
Obesity
(Body Mass Index of 30.0 or Higher)
Healthy People 2020 Target = 30.6% or Lower

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>35.2%</td>
<td>33.1%</td>
<td>49.8%</td>
</tr>
<tr>
<td>WNC</td>
<td>29.2%</td>
<td>26.6%</td>
<td>31.9%</td>
</tr>
<tr>
<td>NC</td>
<td>20.6%</td>
<td>29.4%</td>
<td>31.6%</td>
</tr>
<tr>
<td>US</td>
<td>26.5%</td>
<td>29.0%</td>
<td>32.8%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

©2017 Professional Research Consultants, Inc.
Substance Abuse
Current Drinkers

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>32.6%</td>
<td>32.7%</td>
<td>39.6%</td>
</tr>
<tr>
<td>MMC</td>
<td>42.9%</td>
<td>43.7%</td>
<td>45.3%</td>
</tr>
<tr>
<td>NC</td>
<td>44.1%</td>
<td>44.3%</td>
<td>49.1%</td>
</tr>
<tr>
<td>US</td>
<td>58.8%</td>
<td>50.5%</td>
<td>55.8%</td>
</tr>
</tbody>
</table>

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

Notes:
- 1% of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.
Binge Drinkers
Healthy People 2020 Target = 24.2% or Lower

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>12.4%</td>
<td>0.1%</td>
<td>9.5%</td>
</tr>
<tr>
<td>WNC</td>
<td>19.6%</td>
<td>10.6%</td>
<td>12.3%</td>
</tr>
<tr>
<td>NC</td>
<td>11.0%</td>
<td>13.0%</td>
<td>14.6%</td>
</tr>
<tr>
<td>US</td>
<td>16.7%</td>
<td>19.5%</td>
<td>20.8%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 161]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 North Carolina data

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

©2017 Professional Research Consultants, Inc.
**Excessive Drinkers**  
*Healthy People 2020 Target = 25.4% or Lower*

- **Roebournd:** 11.9% in 2015, 12.3% in 2018
- **WNC:** 15.4% in 2015, 15.7% in 2018
- **US:** 23.2% in 2015, 22.5% in 2018

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 161)
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Excessive drinking reflects the number of persons aged 13 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

© 2017 Professional Research Consultants, Inc.
Used Opiates/Opioids in the Past Year, With or Without a Prescription (2018)

- Rutherford: 26.7%
- WNC: 19.0%

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 315)
Notes: Asked of all respondents.
Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (2018)

- Rutherford: 54.8%
- WNC: 47.4%
- US: 37.3%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Tobacco Use
Current Smokers

Healthy People 2020 Target = 12.0% or Lower

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>24.5%</td>
<td>21.2%</td>
<td>20.2%</td>
</tr>
<tr>
<td>NNC</td>
<td>29.6%</td>
<td>19.3%</td>
<td>19.0%</td>
</tr>
<tr>
<td>NC</td>
<td>20.3%</td>
<td>17.9%</td>
<td>16.0%</td>
</tr>
<tr>
<td>US</td>
<td>14.9%</td>
<td>16.3%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days)
Currently Use Smokeless Tobacco Products

Healthy People 2020 Target = 0.3% or Lower

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>4.6%</td>
<td>2.7%</td>
<td>10.9%</td>
</tr>
<tr>
<td>NWC</td>
<td>5.2%</td>
<td>2.6%</td>
<td>5.6%</td>
</tr>
<tr>
<td>NC</td>
<td>4.3%</td>
<td>4.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>US</td>
<td>2.6%</td>
<td>4.9%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item: 319]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- A total of all respondents.
- Includes regular and occasional smokers (everyday and some days)
Currently Use Vaping Products (Such as E-Cigarettes)

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>4.8%</td>
<td>5.0%</td>
</tr>
<tr>
<td>NHC</td>
<td>6.6%</td>
<td>7.2%</td>
</tr>
<tr>
<td>NC</td>
<td>4.4%</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

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

Notes:
- Adjusted to all respondents.
- Vaping products (such as electronic cigarettes or e-cigarettes) are battery-operated devices that deliver traditional cigarette smoking but do not involve the burning of tobacco. The cartridge or liquid “e-juice” used in these devices produce vapor and comes in a variety of flavors.
- Includes regular and occasional smokers, everyday and some days.

© 2017 Professional Research Consultants, Inc.
Have Breathed Someone Else’s Smoke at Work in the Past Week
(employed respondents)

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>19.0%</td>
<td>13.7%</td>
<td>18.3%</td>
</tr>
<tr>
<td>WNC</td>
<td>14.2%</td>
<td>14.2%</td>
<td>17.0%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 312)
Notes: Asked of employed respondents.
Health Insurance Coverage
Lack of Healthcare Insurance Coverage
(Adults Age 18-64)

Healthy People 2020 Target = 0.0%

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>13.1%</td>
<td>17.1%</td>
<td>17.1%</td>
</tr>
<tr>
<td>NCV</td>
<td>23.7%</td>
<td>19.6%</td>
<td>19.3%</td>
</tr>
<tr>
<td>NC</td>
<td>34.4%</td>
<td>19.6%</td>
<td>17.7%</td>
</tr>
<tr>
<td>US</td>
<td>14.9%</td>
<td>15.4%</td>
<td>13.7%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 326)
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2016: North Carolina data

Notes:
- Reflects all respondents under the age of 65.
- Includes any type of insurance, such as traditional health insurance, prepaid plans such as HMOs, or government-sponsored coverage (e.g., Medicare, Medicaid, Indian Health Services, etc.).
PRC ONLINE KEY INFORMANT SURVEY FINDINGS

PRC Community Health Needs Assessment

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

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>16.6%</td>
<td>8.6%</td>
<td>15.4%</td>
</tr>
<tr>
<td>WNC</td>
<td>19.0%</td>
<td>0.1%</td>
<td>12.4%</td>
</tr>
</tbody>
</table>

Sources: [2018 PRC Community-Health Survey, Professional Research Consultants, Inc. (Item 3G)]
Notes: [Asks of all respondents.]
Primary Care Services
Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>82.6%</td>
<td>83.6%</td>
</tr>
<tr>
<td>WNC</td>
<td>82.3%</td>
<td>80.9%</td>
</tr>
<tr>
<td>US</td>
<td>76.3%</td>
<td>74.1%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community-Health Survey, Professional Research Consultants, Inc. [Item: 170]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Have Visited a Physician for a Checkup in the Past Year

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>77.1%</td>
<td>79.2%</td>
<td>77.9%</td>
</tr>
<tr>
<td>WNC</td>
<td>72.4%</td>
<td>71.1%</td>
<td>73.3%</td>
</tr>
<tr>
<td>NC</td>
<td>73.2%</td>
<td>74.6%</td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>67.3%</td>
<td>65.0%</td>
<td>68.3%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

© 2017 Professional Research Consultants, Inc.
Preventive Screenings
Have Had a Mammogram in the Past Two Years
(Women Age 50-74, By County, 2018)

Healthy People 2020 Target = 81.1% or Higher

<table>
<thead>
<tr>
<th>County</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutherford</td>
<td>77.5%</td>
<td>78.3%</td>
</tr>
<tr>
<td>NWC</td>
<td>77.7%</td>
<td>78.7%</td>
</tr>
<tr>
<td>NC</td>
<td>79.4%</td>
<td>79.3%</td>
</tr>
<tr>
<td>US</td>
<td>81.8%</td>
<td>77.9%</td>
</tr>
</tbody>
</table>

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

Notes:
- Reflects female respondents age 50-74.
Oral Health
Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher

<table>
<thead>
<tr>
<th>Year</th>
<th>Rutherford</th>
<th>NC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>57.6%</td>
<td>68.4%</td>
<td>66.9%</td>
</tr>
<tr>
<td>2015</td>
<td>55.8%</td>
<td>64.9%</td>
<td>65.9%</td>
</tr>
<tr>
<td>2018</td>
<td>52.2%</td>
<td>63.6%</td>
<td>59.7%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Other Health Issues in the Community

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

- Rutherford County: 9.7%
- WNC: 6.6%

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 318]
Notes: Asked of all respondents.
   - In this case, the term "illicit" includes an illegal drug or a prescription drug that has not been prescribed to the user or someone they know.
Frequency of Worry/Stress in the Past Year About Having Enough Money to Buy Nutritious Meals (Rutherford County)

<table>
<thead>
<tr>
<th>Year</th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Seldom</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>8.5%</td>
<td>6.1%</td>
<td>18.2%</td>
<td>18.6%</td>
<td>48.6%</td>
</tr>
<tr>
<td>2015</td>
<td>8.6%</td>
<td>5.6%</td>
<td>29.5%</td>
<td>18.1%</td>
<td>49.2%</td>
</tr>
<tr>
<td>2018</td>
<td>4.9%</td>
<td>19.2%</td>
<td>17.4%</td>
<td>18.7%</td>
<td>56.5%</td>
</tr>
</tbody>
</table>

Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 121]
Notes: Asked of all respondents.
Have Access to the Internet for Personal Use at Home, Work, or School
(Rutherford County, 2018)

No 20.1%
Yes 79.9%

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 327]
Notes: Reflects the total sample of respondents
APPENDIX E – KEY INFORMANT SURVEY FINDINGS

2018 Community Health Needs Assessment

Online Key Informant Survey Results

Rutherford County, North Carolina

Prepared for:
WNC Healthy Impact

By:
Professional Research Consultants, Inc.
11326 P Street Omaha, NE 68137-2316
www.PRCCustomResearch.com

2017-0792-02
© July 2018
# Table of Contents

**Introduction** 206  
Approach 206  
Participation 206  

**Characteristics of a Healthy Community** 207  

**Chronic Disease** 208  
Ranking of Chronic Disease Issues as Critical to Address 208  
Obesity, Nutrition, and Physical Activity 208  
Diabetes 210  
Heart Disease and Stroke 211  
Chronic Pain 212  
Cancer 213  
Chronic Obstructive Pulmonary Disease (COPD) 213  
Upper Respiratory Diseases (Such as Asthma) 214  
Chronic Kidney Disease 214  
Arthritis/Osteoporosis 215  

**Mental Health and Substance Use** 216  
Ranking of Mental Health Conditions as Critical to Address 216  
Substance Use 216  
General Mental Health 218  
Depression, Anxiety, and Stress 219  
Suicide 220  
Dementia and Alzheimer’s Disease 221  

**Social Determinants of Health** 222  
Ranking of Social Determinants of Health as Critical to Address 222  
Employment Opportunities 222  
Access to Health Care Services 223  
Adverse Childhood Experiences (ACEs) 224  
Food Insecurity 225  
Housing 226  
Transportation 226  
Early Childhood Education 227  
Interpersonal Violence (IPV) 227  

**Other Issues** 229  
Ranking of Other Issues as Critical to Address 229  
Family Planning 229  
Infant and Child Health 230
Injury and Violence 231
Dental Care and Oral Health 232
Immunizations and Infectious Diseases 232
Hearing and Vision Conditions 233
Sexually Transmitted Infections 233
HIV/AIDS 234
Additional Comments 235
Introduction

Approach
To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was implemented as part of the broader Community Health Needs Assessment process. A list of recommended participants was provided by local sponsors; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders.

Participation
Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 18 community stakeholders took part in the Online Key Informant Survey.

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

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

In the online survey, key informants were asked to list characteristics of a healthy community. They were also asked to select the health issues or behaviors that they feel are the most critical to address collaboratively in their own community over the next three years or more. Follow-up questions asked them to describe which contributors to progress and impediments of progress exist for these issues. Results of their ratings, as well as their verbatim comments, are included throughout this report.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.
Characteristics of a Healthy Community

Key informants characterized a healthy community as containing the following (percentages represent the proportion of respondents identifying each characteristic as one of their top 3 responses):

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Mentioned By (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Lifestyles</td>
<td>33.4%</td>
</tr>
<tr>
<td>Lower Obesity Rates</td>
<td>16.8%</td>
</tr>
<tr>
<td>Awareness/Education</td>
<td>16.7%</td>
</tr>
<tr>
<td>Good Economy</td>
<td>16.7%</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>16.7%</td>
</tr>
<tr>
<td>Access to Care/Services</td>
<td>11.2%</td>
</tr>
<tr>
<td>Access to Healthy Foods/Healthy Eating</td>
<td>11.2%</td>
</tr>
<tr>
<td>Affordable Care/Services</td>
<td>11.2%</td>
</tr>
<tr>
<td>Affordable Housing</td>
<td>11.2%</td>
</tr>
<tr>
<td>Collaboration</td>
<td>11.2%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>11.2%</td>
</tr>
<tr>
<td>Low Smoking Rates</td>
<td>11.2%</td>
</tr>
<tr>
<td>Number of Physicians</td>
<td>11.2%</td>
</tr>
<tr>
<td>Recreational/Outdoor Activities</td>
<td>11.2%</td>
</tr>
<tr>
<td>Safe Environment</td>
<td>11.2%</td>
</tr>
<tr>
<td>Access to Healthy Foods</td>
<td>11.1%</td>
</tr>
<tr>
<td>Access to Mental Health Care</td>
<td>11.1%</td>
</tr>
<tr>
<td>Employment</td>
<td>11.1%</td>
</tr>
<tr>
<td>Access to Schools/Adequate Education</td>
<td>5.6%</td>
</tr>
<tr>
<td>Caring for the Less Fortunate</td>
<td>5.6%</td>
</tr>
<tr>
<td>Caring/Supportive Community</td>
<td>5.6%</td>
</tr>
<tr>
<td>Clean Environment</td>
<td>5.6%</td>
</tr>
<tr>
<td>Commitment to the Community</td>
<td>5.6%</td>
</tr>
<tr>
<td>Diversity</td>
<td>5.6%</td>
</tr>
<tr>
<td>Equity in Access to Health Care</td>
<td>5.6%</td>
</tr>
<tr>
<td>Healthy Citizens</td>
<td>5.6%</td>
</tr>
<tr>
<td>Low Alcohol/Drugs Rates</td>
<td>5.6%</td>
</tr>
<tr>
<td>Organized Plan for Moving Community Forward</td>
<td>5.6%</td>
</tr>
</tbody>
</table>
Chronic Disease

Ranking of Chronic Disease Issues as Critical to Address

Key informants in the online survey were given a list of chronic diseases and known factors that contribute to them, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of chronic disease conditions identified by key informants as critical to address.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Health Issue</th>
<th>Identified as Critical to Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Obesity/Nutrition/Physical Activity</td>
<td>15</td>
</tr>
<tr>
<td>2</td>
<td>Diabetes</td>
<td>12</td>
</tr>
<tr>
<td>3</td>
<td>Heart Disease/Stroke</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>Chronic Pain</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>Cancer</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Chronic Obstructive Pulmonary Disease (COPD)</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Upper Respiratory Diseases (such as Asthma)</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>Chronic Kidney Disease</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>Arthritis/Osteoporosis</td>
<td>1</td>
</tr>
</tbody>
</table>

Nutrition, and Physical Activity

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Recreational/Outdoor Activities

- The excitement surrounding the Rail Trail. This can be a game changer for our county if that becomes as popular as it is in other communities. The 5-2-1 none campaign is also a fantastic tool for our youth and families. — Community Leader (Rutherford County)
- The completion of our 13.8-mile thermal rail trail is making outdoor exercise more interesting and accessible. More established walking trails throughout the county. — Community Leader (Rutherford County)
- The Rails to Trails project will give the majority of the community a resource for exercise with very little individual investment. Programs such as Walk with a Doc. — Other Health Provider (Rutherford County)
- Greenways, Rail Trail, Bike Plans, Recreation areas and promotion of all these. Food Network and work toward Food Policy Council. Health department has hired a local food coordinator. This is very good. — Other Health Provider (Rutherford County)
- Walking trails, education in school. — Physician (Rutherford County)
- The new bike and hiking trail may have a positive effect if people are informed and access is facilitated. If people begin to realize that walking and biking are viable forms of transport, maybe they will start. — Other Health Provider (Rutherford County)
Awareness/Education

Educational campaigns such as “5-2-1 Almost None” have gained some traction, and we also have a school health committee, as well as our Community Health Council that are focused on all of these areas. – Community Leader (Rutherford County)
Free education programs. – Other Health Provider (Rutherford County)

Specific Programs/Agencies

The Rutherford Community Health Council sponsors many events promoting healthy activity/exercise, as well as food security. Strong Parks and Recreation program. – Other Health Provider (Rutherford County)
Cooperative Extension. – Other Health Provider (Rutherford County)

Collaborative Efforts

Many agencies working together toward common goal. – Community Leader (Rutherford County)

Physical Activity

Availability of options to get exercise as a family and better options of healthy eating. I hope that fast food joints listing calories per meal on menus is helping people understand what they are eating. – Community Leader (Rutherford County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Lifestyle

Individuals who have sedentary lifestyles and poor nutrition. Generational obesity. Lack of daily recess/gym for school-aged children/youth. Healthy foods are more expensive. – Other Health Provider (Rutherford County)
People make poor choices in food and don’t exercise. Transportation is a barrier. – Other Health Provider (Rutherford County)
Food ignorance, sedentary lifestyles, garbage food. Unwillingness to cook and eat right. Not many outlets for safe, convenient outdoor physical activity. There is a fat person epidemic here in Rutherford County. – Other Health Provider (Rutherford County)
Personal health choices. Economic status. – Other Health Provider (Rutherford County)

Awareness/Education

Basically, just making sure that all levels of our community know about what’s available. – Community Leader (Rutherford County)
Lack of consumer knowledge about nutrition and lack of motivation to change lifestyle behaviors. – Community Leader (Rutherford County)

Denial

Laziness of people. Technology leads people to play on their phones and games while staying inside and glued to the TV. – Community Leader (Rutherford County)
Lack of motivation and resources for families but things are improving. – Community Leader (Rutherford County)
A lack of desire on the part of the majority of citizens. We need to push harder for state-funded benefits to require certain criteria in health management in order for someone to qualify for the benefits. – Physician (Rutherford County)

Built Environment

Lack of safe places to exercise if you don’t belong to a gym (rural roads, or areas with no sidewalks/lighting) and the social norms of unhealthy fast food. – Community Leader (Rutherford County)

Lack of Prevention for Youth

More schools should adopt policies for increase physical activity and continue to make changes to school menus. Take vending machines out of schools and do not allow children to sell candy and other foods that are not nutritious. Change menu at sporting event concession stands. – Other Health Provider (Rutherford County)

Poverty

Poor economy, poor nutrition, inactive people. – Physician (Rutherford County)

Transportation

Transportation to programs. – Other Health Provider (Rutherford County)
Diabetes

Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education
Diabetes awareness, education and interventions. Access to fresh produce. – Other Health Provider (Rutherford County)
The awareness that there are ways to manage diabetes. There are several organizations that are working to create a better way to manage this chronic disease. – Other Health Provider (Rutherford County)
Educators and programs are available. – Community Leader (Rutherford County)

Access to Care/Services
More events to address those issues that are free to the public and are marketed appropriately. – Community Leader (Rutherford County)

Nothing/No Progress
Unhealthy eating habits. – Other Health Provider (Rutherford County)

Affordable Care/Services
Medication assistance program at the community clinic. – Physician (Rutherford County)

Community Focus
More input from community and more funds for correcting these problems. – Community Leader (Rutherford County)

Built Environment
I believe the work the Community Health Council is doing around chronic disease issues will help make additional progress in this area if those initiatives ‘catch on.’ I think the rail trail will help with the exercise component in a major way. If we could convince the towns to plant some ‘community’ fruit trees along the way for healthy snacks... you see where that thought is going. – Community Leader (Rutherford County)
Walking trails. – Physician (Rutherford County)

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Healthy Food
Healthy food choices for some of the residents of the county are limited due to income restrictions. Some residents are not willing to commit to a lifestyle change to improve their own health status. – Other Health Provider (Rutherford County)
A number of factors, including: cost of processed, unhealthy foods vs healthier fresh foods; proliferation of fast food restaurants; and the fact that many people live in areas with no sidewalks/unsafe conditions to just get out and walk. – Community Leader (Rutherford County)
Poor economic area contributes to poor nutrition. – Physician (Rutherford County)

Lifestyle
People don’t want to give up their sweet tea and fried food. – Other Health Provider (Rutherford County)

Awareness/Education
I believe we need more discussion for our children and youth about the health concerns and risk and educating them away from drug use and [toward] healthy choices. – Community Leader (Rutherford County)
Lack of awareness about the disease and its complications. – Community Leader (Rutherford County)
Education of public. – Community Leader (Rutherford County)
Disease Management
Noncompliance. – Physician (Rutherford County)

Transportation
Transportation to programs. – Other Health Provider (Rutherford County)

Insufficient Physical Activity
There is not a YMCA in Rutherford County. The YMCA is leading efforts to reduce diabetes in neighboring counties. – Other Health Provider (Rutherford County)

Heart Disease and Stroke

Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education
I think, in general, heart disease and stroke get a lot of attention nationally and locally, and that is helpful. – Community Leader (Rutherford County)

More awareness of the public knowing what to do/not do. – Community Leader (Rutherford County)

Education. – Community Leader (Rutherford County)

Specific Agencies/Programs
Smoking cessation and North Carolina quit program which provides free nicotine patches and gum, plus a personal coach. – Other Health Provider (Rutherford County)

Recreational/Outdoor Activities
The work on the rail trail and programs such as ‘walk with a doc’ can be highly beneficial. I hope, as the trail is completed, we see more local residents utilizing it and reducing their risks of cardiac disease and stroke. – Community Leader (Rutherford County)

Walking trails. – Physician (Rutherford County)

Community Focus
The community effort to emphasize healthy lifestyles. – Community Leader (Rutherford County)

Prevention/Diagnosis
Earlier identification of health indicators for heart disease/stroke, more accessible information on relationship between healthy behaviors/exercise and heart disease/stroke, medical progress in treating. – Other Health Provider (Rutherford County)

Access to Healthy Food
Low costs and healthy food opportunities through food pantries and fresh food markets. Transportation assistance. Community education and education in school systems. – Other Health Provider (Rutherford County)

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education
Still need more education on healthy living. – Community Leader (Rutherford County)

Lifestyle
Unhealthy behaviors - poor nutrition, sedentary lifestyles, smoking, etc., which lead to heart disease/stroke. Higher cost of foods that are more nutritious/less fatty. – Other Health Provider (Rutherford County)
People don't want to change. Target the youth. – Other Health Provider (Rutherford County)

Poor diet and lack of exercise is epidemic in this area. – Community Leader (Rutherford County)

Access to Healthy Food

Additional healthy and low-cost food opportunities throughout the communities. Additional no-cost or low-cost transportation and disease education. Healthy food options in restaurants. – Other Health Provider (Rutherford County)

Denial

People's ignorance of “it won't happen to me.” – Community Leader (Rutherford County)

Tobacco Use

Smoking, lack of cardiologists and neurologist, inactive people. – Physician (Rutherford County)

Large number of smokers in the county. Tobacco use is widespread, as well as the poor eating habits referenced in the previous question. Healthy eating isn't necessarily 'cool' here the way it is in some communities. We need to make it popular and shape it into a social norm. – Community Leader (Rutherford County)

Follow Up/Support

We need to continue to find ways to gain the support from our community through finding additional ways to communicate these programs. – Community Leader (Rutherford County)

Chronic Pain

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Possibly more awareness of substance abuse and the need to change prescribing practices. – Other Health Provider (Rutherford County)

More awareness of abuse of pain medication. – Community Leader (Rutherford County)

Opioid Awareness

Recognition of problems in using opioids for chronic pain, recognition of alternative methods for managing chronic pain. – Other Health Provider (Rutherford County)

Collaborative Efforts

Collaborative efforts. – Other Health Provider (Rutherford County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Lack of Alternative Treatment Options

Need pain clinics and specialists in community who can effectively deal with this issue to help manage rather than just using medications. – Other Health Provider (Rutherford County)

Funding

Financial resources for treatment and prevention. – Community Leader (Rutherford County)

Lack of funding for the uninsured. – Other Health Provider (Rutherford County)

Insurance Issues

Insurance does not pay for many alternative methods of chronic pain management. Physicians still over-prescribing opioids for chronic pain. – Other Health Provider (Rutherford County)
Cancer

Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Collaborative Efforts
The cancer subcommittee of the community health council coordinating with the cancer resource committee and other organizations. Bringing all of the organizations together to share information and resources. – Other Health Provider (Rutherford County)

Programs
We have a very active and engaged community health council that is looking at numerous health issues including cancer, and we have cancer resources available at our regional hospital. – Community Leader (Rutherford County)

The community health council and the buy-in from the local stakeholders. These parties are working hard to make a change. – Physician (Rutherford County)

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education
Lack of education and resources. – Community Leader (Rutherford County)

Access to Care/Services
Limited or lack of resources. – Physician (Rutherford County)

Prevalence/Incidence
The broadness of the cancer, what resources have been developed, and what still needs to be developed. How do we make the resources sustainable. – Other Health Provider (Rutherford County)

Chronic Obstructive Pulmonary Disease (COPD)

Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Nothing/No Progress
Need additional education and resources. Education needs to begin at an early age. Lack of community health screens. – Other Health Provider (Rutherford County)

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education
Poor educational information for adolescence and adults. – Other Health Provider (Rutherford County)
Funding
Funding and collaborative efforts from all community resources. Educational opportunities at an early age. – Other Health Provider (Rutherford County)

Upper Respiratory Diseases (Such as Asthma)

Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Decreased Tobacco Use
We have an above-average percentage of smokers in our county. Continuing to make available cessation programs without sounding judgmental will make strides in improvement. – Community Leader (Rutherford County)
The tobacco-free bars and restaurants laws help. Tobacco-free schools laws help. All neighboring counties have adopted tobacco-free community colleges. This helps to reduce upper respiratory disease. – Other Health Provider (Rutherford County)

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Tobacco Use/Vaping
Isothermal Community College still allows tobacco use on campus. – Other Health Provider (Rutherford County)

Awareness/Education
Finding a better way of communicating the positives in quitting. I believe the smoker feels like an outcast. – Community Leader (Rutherford County)

Chronic Kidney Disease

Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

No comments

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Lack of Collaboration
Currently, there are no community resources working together as a team. – Other Health Provider (Rutherford County)
Arthritis/Osteoporosis

Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”
No comments

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”
No comments
Mental Health and Substance Use

Ranking of Mental Health Conditions as Critical to Address

Key informants in the online survey were given a list of mental health conditions and known factors that contribute to them, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of mental health conditions identified by key informants as critical to address.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Health Issue</th>
<th>Identified as Critical to Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Substance Use</td>
<td>18</td>
</tr>
<tr>
<td>2</td>
<td>General Mental Health</td>
<td>14</td>
</tr>
<tr>
<td>3</td>
<td>Depression/Anxiety/Stress</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>Suicide</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>Dementia/Alzheimer's Disease</td>
<td>4</td>
</tr>
</tbody>
</table>

Substance Use

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

- Substance abuse education through community organizations. – Other Health Provider (Rutherford County)
- The work of many sectors to address substance use is a positive factor in this effort. The awareness generated by the national media re: the opioid epidemic is also drawing attention to this issue. To be clear, we have a substance abuse problem; not just an opioid problem. But the community readiness to address the problems and engage in prevention and harm reduction activities is most beneficial. – Community Leader (Rutherford County)
- More information and community understanding that substance use disorders (SUD) are chronic health issues, vs. “lack of strength/morals”. Committed group of community partners in developing treatment/support programs. Access to treatment for SUD. – Other Health Provider (Rutherford County)
- Educating. – Community Leader (Rutherford County)

Collaborative Efforts

- Organizations are collaborating and educating the public on the long-term effects of substance use and abuse. – Other Health Provider (Rutherford County)
- Collaborative efforts. – Other Health Provider (Rutherford County)

Specific Agencies/Programs

- Two programs. Our jail release program that is working with addicts beyond their jail time with counseling and support. Our school system recognizing the need to be supportive toward the student with the addiction and confidentially working with them. – Community Leader (Rutherford County)
- There is a lot of energy around this issue locally and nationally, and that’s helpful. Our United Way has been the convener of an energized group of citizens that are looking closely at this issue. We have medicine drop boxes and other specific strategies that are making an impact. – Community Leader (Rutherford County)
Joining Partners, and suboxone more available. – Other Health Provider (Rutherford County)

I believe addicts can receive Narcan for free at the health department. Do the addicts know this. – Other Health Provider (Rutherford County)

Narcan available. – Other Health Provider (Rutherford County)

**Effective Law Enforcement**

Excellent sheriff’s department and municipal police departments. – Other Health Provider (Rutherford County)

**Community Focus**

Community engagement team is doing excellent work. Drug-free communities work. – Other Health Provider (Rutherford County)

Effective substance abuse community engagement team. – Community Leader (Rutherford County)

**Laws/Policies**

Government involvement is helping some, but a long way to go. – Community Leader (Rutherford County)

---

**Impediments of Progress**

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

**Access to Care/Services**

No substance abuse resources. Substance abusers claim they are suicidal when arrested and go to the hospital versus going to jail. – Physician (Rutherford County)

Lack of enough services and providers. Ending up in jail or committed to hospital. – Other Health Provider (Rutherford County)

**Funding**

Lack of funding for uninsured. – Other Health Provider (Rutherford County)

**Availability of Substances**

The ease of access to prescription painkillers and the history of their overuse. The continued abuse with illegal drugs. – Other Health Provider (Rutherford County)

Too many “pockets” in the community where street drugs are accessible and the fact that the ED hands people-controlled substances without checking patient history or conversing with the PCP. – Physician (Rutherford County)

Easy access to drugs. – Community Leader (Rutherford County)

**Denial/Stigma**

We still have stigma surrounding addiction. Many still view it as a moral failure vs. a disease, and that can hamper efforts. We also need more treatment and resources; particularly on the recovery end of the spectrum. We need safe housing for people who are in treatment or post-treatment and need somewhere safe to stay and maintain their recovery. They wind up back in the same environment and that is detrimental to maintaining recovery. – Community Leader (Rutherford County)

Stigma associated with getting treatment, difficulty in funding long-term residential programs, housing/jobs post Recovery, or for folks with criminal records. Lack of state funding for treatment for people with no insurance. – Other Health Provider (Rutherford County)

**Awareness/Education**

Poor economy leads to meth labs. Low value placed on education. – Other Health Provider (Rutherford County)

Lack of information perhaps. Embarrassment in asking for help. – Other Health Provider (Rutherford County)

Need more education for abusers and their families of what the effects of abuse are and what help is available to assist them. – Community Leader (Rutherford County)

**Law Enforcement**

Judicial system. – Other Health Provider (Rutherford County)

**Affordable Care/Services**

Costs. – Other Health Provider (Rutherford County)
Unemployment
Low income jobs and people not willing to work for money. – Community Leader (Rutherford County)

Poverty
Poverty, lack of education, the power of opioid addiction. – Community Leader (Rutherford County)

Youth
Peer pressure will keep some students from seeking help and low self-esteem will send former inmates back to drug use. – Community Leader (Rutherford County)

General Mental Health

Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education
North Carolina Department of Public Instruction includes curriculum about healthy relationships, coping skills, decision making, healthy communications. If this curriculum were given priority, the next generation would have better mental health. – Other Health Provider (Rutherford County)
Working on educating people about where to go for mental health issues. – Community Leader (Rutherford County)

Specific Agencies/Programs
Joining Partners is a positive step. – Other Health Provider (Rutherford County)
We have mental health kiosks that are attempting to identify the population at risk. There is more public awareness due to several of the programs being discussed in open forums. Professional training for law enforcement. – Other Health Provider (Rutherford County)
An extensive effort by many groups assisting with treatment in the drug crisis will raise the victim’s self-esteem and create an environment of care not judgment. – Community Leader (Rutherford County)

Collaborative Efforts
Agencies working together to address issue. – Community Leader (Rutherford County)

Nothing/No Progress
Very little progress is being made in this area. We have very limited choices in providers and I am not confident in the quality of the practices we have. I know this firsthand because I have a close family member that has tried to navigate through this system. – Community Leader (Rutherford County)

Funding
Mental health funding for professional organizations and education. – Other Health Provider (Rutherford County)

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Care/Services
Too many people go to jail or are involuntarily committed, which shows there are not services or current providers aren’t doing their job. – Other Health Provider (Rutherford County)
Need more mental health available to citizens of county and more long-term care for these patients. – Community Leader (Rutherford County)
The local emergency department handing out narcotic/controlled substances. – Physician (Rutherford County)
No real community resources. – Other Health Provider (Rutherford County)
Lack of Providers
Very little progress is being made in this area. We have very limited choices in providers and [I question] the quality of the practices we have. I know this firsthand because I have a close family member that has tried to navigate through this system. – Community Leader (Rutherford County)
Lack of licensed mental health professionals and affordable mental health care. – Community Leader (Rutherford County)

Affordable Care/Insurance Issues
Cost of everything allows people to make poor choices. Children having babies and not willing to raise them with respect and discipline, rules and guidelines. – Community Leader (Rutherford County)

Awareness/Education
The public image of what mental health is. Understanding it is something that we all deal with on a daily basis. We have to be aware of our surrounding and act appropriately on the keys we see and hear and not ignore signs and symptoms expecting someone else to address. – Other Health Provider (Rutherford County)

Lack of Collaboration
Lack of team effort from all community resources and health professionals. Lack of resources and funding to provide adequate ongoing care. Professionals and care teams are overwhelmed and eventually burn out. High turnover in professional teams due to lack of support and funding. Additional resources need to be provided in the community schools. Additional resources and education for youth from all organizations. – Other Health Provider (Rutherford County)

Lack Vision/Strategic Planning
Lack of patience, realizing there is no quick fix, and staying the course to care. – Community Leader (Rutherford County)

Lack of Prevention in Schools
Many health and PE teachers in middle school and high school do not teach the healthful living curriculum with sufficient frequency, professionalism, or enthusiasm. A lost opportunity. – Other Health Provider (Rutherford County)

Depression, Anxiety, and Stress

Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education
More widespread recognition that depression/anxiety are chronic health issues that can be treated. Community-based providers and doctors who treat depression/anxiety. – Other Health Provider (Rutherford County)
Increase in public awareness forums. – Other Health Provider (Rutherford County)
Educating where to find the help. – Community Leader (Rutherford County)

Nothing/No Progress
Very little progress is being made in this area. We have very limited choices in providers and [I am not confident in] the quality of the practices we have. I know this firsthand because I have a close family member that has tried to navigate through this system. – Community Leader (Rutherford County)

Specific Agencies/Programs
[...] Joining Partners network. – Other Health Provider (Rutherford County)

Collaborative Efforts
The willingness of cross sector collaboration to address mental health issues. – Community Leader (Rutherford County)

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this
issue in your community?”

Access to Care/Services
Once again, mismanaged people. And a lack of resources. – Physician (Rutherford County)

Denial/Stigma
There is still stigma attached to mental health disorders, so people do not seek treatment. Can be challenging for people with no insurance to access needed treatment/medications. – Other Health Provider (Rutherford County)
Stigma. People are still afraid to discuss mental illness for fear of being labeled. – Community Leader (Rutherford County)
People not getting into services until they are in crisis. Lack of providers. Stigma. – Other Health Provider (Rutherford County)

Awareness/Education
The lack of daily awareness of what our own mental health status is. – Other Health Provider (Rutherford County)

Lack of Providers
Very little progress is being made in this area. We have very limited choices in providers and [I am not confident in] the quality of the practices we have. I know this firsthand because I have a close family member that has tried to navigate through this system. – Community Leader (Rutherford County)

Diagnosis/Treatment
Not getting the right help or asking for help. A lot of children being bullied and picked on.... Parents not disciplining children or showing they care. – Community Leader (Rutherford County)

Suicide

Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education
Avaya offers suicide prevention education. RHA Prevention Services Developmental Assets Program (should be required of all). – Other Health Provider (Rutherford County)
The willingness of various entities to host educational trainings about suicide. The availability of mobile crisis. But we still have a lot of work to do. – Community Leader (Rutherford County)

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education
We need to focus more attention on teaching children and youth coping skills, life skills. This should be a major focus in the schools. Reorder priorities of learning. – Other Health Provider (Rutherford County)

Denial/Stigma
Stigma and fear about discussing mental illness. – Community Leader (Rutherford County)

Access to Care/Services
Very few resources for patients. They get brought to the hospital, where they wait in the ER, versus having a crisis center who could better deal with the issue. – Physician (Rutherford County)
Dementia and Alzheimer’s Disease

Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education
More community understanding of the conditions. Earlier identification of Alzheimer's/dementia in individuals. Proactive Aging Department programs, and general supports/treatment available to both impacted individuals, but caregivers as well. – Other Health Provider (Rutherford County)

Support Systems for Patients/Caregivers
There are resources for caregivers through the Area Agency on Aging and Madison Community Support groups. – Other Health Provider (Rutherford County)

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Family/Caregiver Support
Need more consistent training and support for caregiver staff in facilities/individual homes. Lack of treatment that “cures” these diseases...difficulty in stopping progression. – Other Health Provider (Rutherford County)
Caregiver support through education and resources. – Other Health Provider (Rutherford County)
Having enough support groups. – Other Health Provider (Rutherford County)
Social Determinants of Health

Ranking of Social Determinants of Health as Critical to Address

Key informants in the online survey were given a list of conditions in which people are born, grow, live, work, and age, as well as known factors that contribute to a person’s health. They were then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of social determinants of health identified by key informants as critical to address.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Health Issue</th>
<th>Identified as Critical to Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Employment Opportunities</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>Access to Health Care</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Adverse Childhood Experiences (ACEs)</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>Food Insecurity</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Housing</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Transportation</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>Early Childhood Education</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>Interpersonal Violence (IPV)</td>
<td>2</td>
</tr>
</tbody>
</table>

Employment Opportunities

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Economic Development

The continued growth in our county makes job opportunities more plentiful than ever before. Our community college is certainly providing new programs in training for 21st century jobs. – Community Leader (Rutherford County)

The county actively courting companies and offering fiscal advantages for locating here. – Other Health Provider (Rutherford County)

New businesses opening up in need of employment. – Community Leader (Rutherford County)

Improving economic conditions, cross-sector collaboration, and opportunities for ongoing education or job retraining. – Community Leader (Rutherford County)

Economic development continues to work on bringing in new employment opportunities for the residents of the county. – Other Health Provider (Rutherford County)

Specific Agencies/Programs

We have the EDC and Chamber that are working diligently to bring more jobs to the area. – Community Leader (Rutherford County)
**Government/Policies**

Rutherford government is actively recruiting new industries. County working to diversify economy. – Other Health Provider (Rutherford County)

**Impediments of Progress**

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

**Low Wages**

We need more jobs that pay a livable wage. – Community Leader (Rutherford County)

Many jobs are minimum wage/little to no insurance or seasonal. Workforce is not fully trained for higher skilled jobs - apathy for people who have been under/unemployed. Competition with other counties for clean/high tech industries. – Other Health Provider (Rutherford County)

**Unwillingness to Work**

Lazy people wanting to live off the government. – Community Leader (Rutherford County)

**Limited Infrastructure**

Limited infrastructure... county is somewhat isolated...no interstate runs through the area which limits the type of industry that wants to come here. – Community Leader (Rutherford County)

**Alcohol/Drug Abuse**

Drug use and the vast entitlement programs available that have over time destroyed the work ethic. Some are not qualified to assume the skill level required in 21st century manufacturing but there is a flip side. It is that we have jobs available; many just don’t want to work. – Community Leader (Rutherford County)

Substance use and abuse. Lack of prepared work force. – Other Health Provider (Rutherford County)

**Funding**

Lack of funding for school system. You have a good school system, you can attract educated workers... – Other Health Provider (Rutherford County)

**Access to Health Care Services**

**Contributors to Progress**

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

**Many Resources**

The health system in the county is actively engaged in providing a wider array of health/behavioral health treatment. County has FQHC, health department and behavioral health provider offering care to indigent populations. Rutherford Health Council works actively to enhance access to cancer services. – Other Health Provider (Rutherford County)

**Collaborative Efforts**

[…] Joining Partners. – Other Health Provider (Rutherford County)

**Affordable Care/Services**

Health care opportunities for the low-income population. Additional specialists traveling into the community. – Other Health Provider (Rutherford County)

Community Health Clinic provides a sliding scale to assist the individuals that may not qualify for care otherwise. – Other Health Provider (Rutherford County)

**Insurance Issues**

Doctors who take Medicare and Medicaid. – Other Health Provider (Rutherford County)
Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Insurance/Medicaid Issues
Insurance companies, consistent overbilling on pretty much any medical related procedure/test. – Other Health Provider (Rutherford County)

Transportation
Transportation to services. – Other Health Provider (Rutherford County)

Access to Care/Services
VAYA. – Other Health Provider (Rutherford County)

Lack of Providers
Health care professionals that have retired or left the community and have not been replaced. – Other Health Provider (Rutherford County)
Difficulty in recruiting and maintaining primary and specialty care providers. Cost of health care and medications for people with no/poor insurance. – Other Health Provider (Rutherford County)

Awareness/Education
The education of where and when to seek care before issues become a crisis situation. – Other Health Provider (Rutherford County)

Access for Uninsured/Underinsured
Poor access to mental health care for the poor. – Other Health Provider (Rutherford County)

Adverse Childhood Experiences (ACEs)

Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education
Treatment based on adverse childhood trauma by providers, training of agency/school staff on recognizing children, More understating on the health/behavioral health impact of trauma. – Other Health Provider (Rutherford County)
Growing awareness of the impacts of trauma on brain development and the emotional well-being of children. – Community Leader (Rutherford County)
We are just beginning to see progress in this area with the showing of the film “Resilience”. – Community Leader (Rutherford County)
More awareness of impact of ACE. – Community Leader (Rutherford County)

Specific Agencies/Programs
Head Start and the Partnership for Children. – Other Health Provider (Rutherford County)

Recognition Of The Problem
Recognition. – Other Health Provider (Rutherford County)

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”
Awareness/Education

Need to continue raising awareness; not enough people know about or understand this connection between adverse childhood experiences and health outcomes in adulthood. – Community Leader (Rutherford County)
Lack of knowledge about Adverse Childhood Experiences and how it affects health. – Community Leader (Rutherford County)
No educational resources. – Other Health Provider (Rutherford County)

Funding

Funding and lack of political will to make early childhood a priority. – Other Health Provider (Rutherford County)

Access to Care/Services

Lack of professional counseling; lack of parents’ motivation to change parenting behaviors. – Community Leader (Rutherford County)

Breaking The Cycle of Trauma

Difficulty in breaking the cycle of trauma; many children are now experiencing the impact of family trauma. Need to continue training for community members regarding identification and impact of trauma. – Other Health Provider (Rutherford County)

Food Insecurity

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

Our back program is treating the immediate hunger, but not able to address the cause. – Community Leader (Rutherford County)
Farmer's Market. SNAP benefits. – Other Health Provider (Rutherford County)
Several agencies (e.g., RCI Legacy and Religious Based charities) contribute to various food charities. The Back-Pac program and the "Welcome Table" are prime examples. – Other Health Provider (Rutherford County)

Food Banks/Pantry

Community food banks, food committees and organizations. Churches. Meals on Wheels program. Senior Center. Free or low-cost transportation. – Other Health Provider (Rutherford County)
Food network. Tailgate Market, WIC program, McKinney Vento Act., backpack program, church food pantries and meal sites. – Other Health Provider (Rutherford County)

Community Focus

Formed food council to address issues of food insecurity. – Community Leader (Rutherford County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

Lack of education about the long-term benefits of organic food and soil. Lack of education about eating whole foods. Locally grown food is expensive to grow and expensive to purchase. – Other Health Provider (Rutherford County)
Community awareness and education. Additional funding. – Other Health Provider (Rutherford County)
Ignorance. Laziness. Time constraints. – Other Health Provider (Rutherford County)
Don’t fully understand the barriers. – Community Leader (Rutherford County)

Employment

Being able to convince people to go back to work and regain their self-worth and ability to make a contribution to their family. –
Community Leader (Rutherford County)

Government/Policies
More of the above, with add-in from government agencies. – Other Health Provider (Rutherford County)

Housing

Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs
Pisgah Legal Services is relaunching a Housing Alliance, work is being done around reentry/recovery populations, and the county commissioners have expressed concern about housing issues. – Community Leader (Rutherford County)

Recognition Of The Problem
We have identified that we have a homeless problem. Recognizing that you have a problem is a first step. – Community Leader (Rutherford County)

Collaborative Efforts
Collaborative endeavors. – Other Health Provider (Rutherford County)

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Affordable Housing
Need more low-income housing; many jobs don’t necessarily pay enough to meet rent and other bills. – Community Leader (Rutherford County)

Funding
Lack of funding. – Other Health Provider (Rutherford County)

Unwillingness to Work
An unwillingness to work. The attitude that the government has to take care of you. – Community Leader (Rutherford County)

Transportation

Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Nothing/No Progress
Nothing. – Other Health Provider (Rutherford County)

Funding
Funding for free or low-cost transportation. The addition of sidewalks and walking trails. – Other Health Provider (Rutherford County)
**Impediments of Progress**

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

**Funding**

Additional funding. Community awareness. – Other Health Provider (Rutherford County)
Funding. – Other Health Provider (Rutherford County)
Funding. – Other Health Provider (Rutherford County)

**Access to Transportation**

Lack of resources and transit is essentially unavailable to uninsured. – Physician (Rutherford County)

**Early Childhood Education**

**Contributors to Progress**

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

**Specific Agencies/Programs**

Partnership for children, schools, Head Start. – Other Health Provider (Rutherford County)

**Awareness/Education**

There are programs active in the community focused on early childhood education. These include the school system and the most recent program Kinderpalooza. – Other Health Provider (Rutherford County)

**School Programs**

A strong school system with high quality Pre-K, Head Start, and other initiatives, and a Partnership for Children that works closely with licensed child care to make it higher in quality. – Community Leader (Rutherford County)

**Impediments of Progress**

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

**Funding**

Many child care centers are going out of business because we have limited child care subsidy funds and over 250 children on the waiting list for child care placement. – Community Leader (Rutherford County)

**Access to Care/Services**

Public use of the resources and understanding the importance of giving their children access to these programs. – Other Health Provider (Rutherford County)

**Interpersonal Violence (IPV)**

**Contributors to Progress**

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

No comments
Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

No comments
Other Issues

Ranking of Other Issues as Critical to Address

Key informants in the online survey were given a list of other health conditions not previously addressed in the survey, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of other health conditions identified by key informants as critical to address.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Health Issue</th>
<th>Identified as Critical to Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Family Planning</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>Infant and Child Health</td>
<td>11</td>
</tr>
<tr>
<td>3</td>
<td>Injury and Violence</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>Dental Care/Oral Health</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>Immunizations and Infectious Diseases</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Hearing/Vision Conditions</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>Sexually Transmitted Infections</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>HIV/AIDS</td>
<td>0</td>
</tr>
</tbody>
</table>

Planning

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Health Department

- The health department, as always, is focused on this area and has done an admirable job. – Community Leader (Rutherford County)
- Health department offers education and interventions/medicines. – Other Health Provider (Rutherford County)
- We have a health department that offers resources to assist in healthy family planning. – Other Health Provider (Rutherford County)
- The health departments offer a variety of contraceptives I hope. Free. – Other Health Provider (Rutherford County)
- Extensive family planning support at health department. Widespread access to contraceptives. – Other Health Provider (Rutherford County)
- Health department services. – Other Health Provider (Rutherford County)

Nothing/No Progress

- Not sure. – Other Health Provider (Rutherford County)
Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Cultural/Personal Beliefs
[Some communities members who don’t fully understand] access to family planning resources.... – Other Health Provider (Rutherford County)
There is a large portion of the public do not plan before they start a family. – Other Health Provider (Rutherford County)

Lack of Prevention in Schools
Middle schools and high schools need to teach more anatomy and physiology of the human reproduction system - Better teachers, more often. – Other Health Provider (Rutherford County)

Denial/Stigma
Stigma attached to discussions of sexual behavior and pregnancy in youth. Health education not focused on use of contraception and decision making pre-sexual behavior. Risky behaviors -alcohol/drug use increase unwanted pregnancy. Cost of contraception for indigent care. – Other Health Provider (Rutherford County)

Poverty
Poverty, lack of education, ignorance. – Community Leader (Rutherford County)

Teen Pregnancy
Too many teenagers getting pregnant. – Other Health Provider (Rutherford County)

Transportation
Transportation. – Other Health Provider (Rutherford County)

Infant and Child Health

Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Health Department
Health department, Blue Ridge Community Clinics, Rutherford Hospital - all offer services and education. – Other Health Provider (Rutherford County)
Rutherford Polk McDowell Health Department. – Other Health Provider (Rutherford County)
The health department offers programs that assist new mothers and fathers in proper infant and child health. – Other Health Provider (Rutherford County)
The health department is doing a good job with perinatal care and nursing programs. – Community Leader (Rutherford County)

Awareness/Education
Education. – Community Leader (Rutherford County)

Access to Care for Medicaid/Medicare Patients
Doctors who take Medicare and Medicaid. – Other Health Provider (Rutherford County)

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”
Awareness/Education
Knowledge of what factors could negatively impact infant and child health. – Other Health Provider (Rutherford County)
Not enough awareness and transparency about infant and child health. Teach life skills in HS. – Other Health Provider (Rutherford County)

Funding
The low… funds made available by the county commissioners of the three counties. This is especially true of Rutherford County. Other health departments throughout the state contributes much more to their health department. – Other Health Provider (Rutherford County)

Socioeconomic Factors
All of the previous elements affect infant and child health. Poverty, unemployment, and drug addiction. – Community Leader (Rutherford County)

Nothing
Not sure. – Community Leader (Rutherford County)

Affordable Care/Services
Cost, for those who have regular insurance or none at all. – Other Health Provider (Rutherford County)

Comorbidities
Smoking, lack of education, poor prenatal care, poverty and lack of resources. – Community Leader (Rutherford County)

Injury and Violence
Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs
Mental health and substance abuse programs. – Other Health Provider (Rutherford County)
Not entirely sure. I do believe we have a domestic violence problem in the county. I know that Family Resources does provide outreach and education. – Community Leader (Rutherford County)

School Programs
Focus on school safety and methods for reducing impact of gun violence. Programs that provide no-cost car seats and bike helmets. Lighted public walkways/parks. – Other Health Provider (Rutherford County)

Safety in the Workplace
Our manufacturing community is certainly aware of making the workplace safe. – Community Leader (Rutherford County)

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education
Knowledge of and use of the programs. Substance abuse. Economic factors such as unemployment. – Other Health Provider (Rutherford County)
Not sure. Wondering about the younger population and how much they learn about healthy relationships. In addition, the cultural norm right now is all about various forms of violence; such as gun violence. And people are on opposite sides of the spectrum with the gun debates. – Community Leader (Rutherford County)
Guns Violence
Widespread availability of guns, gun culture. Difficulty in gaining families responsible use of bike helmets. – Other Health Provider (Rutherford County)

Prevalence/Incidence
We have become so polarized as a nation that violence erupts in ways that never used to occur. Community leaders have to begin providing leadership that is calming and reasonable. – Community Leader (Rutherford County)

Dental Care and Oral Health
Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Dental Bus
The dental bus from Rutherford/Polk/McDowell Health Department. – Other Health Provider (Rutherford County)
Dental bus. Collins Dental Center. – Other Health Provider (Rutherford County)

Access to Care/Services
Our Community Clinic has expanded services to include dental care, our partnership for children is providing preschool dental screenings through a local grant. – Community Leader (Rutherford County)
Expansion of Rutherford health center dental clinic. – Physician (Rutherford County)

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Poverty
No resources for poor. – Other Health Provider (Rutherford County)
Poverty, Lack of dental insurance, lack of education. – Community Leader (Rutherford County)

Transportation
Transportation and sufficient staff. – Other Health Provider (Rutherford County)

Immunizations and Infectious Diseases
Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education
Public Education. We still have “decent” schools. – Other Health Provider (Rutherford County)

Health Department
A very comprehensive health department that works diligently with the schools and hospitals to assure that no one lacks treatment or education regarding infectious disease. – Community Leader (Rutherford County)
Health department services. – Other Health Provider (Rutherford County)
Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Cultural/Personal Beliefs
[...] Anti-vaxxers. – Other Health Provider (Rutherford County)

Transportation
Transportation. – Other Health Provider (Rutherford County)

Access to Care/Services
People not able to access services. – Other Health Provider (Rutherford County)

Understaffing
Not enough staff to do all the work that needs to be done. – Community Leader (Rutherford County)

Hearing and Vision Conditions

Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs
Health department giving out birth control and condoms. – Other Health Provider (Rutherford County)

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Affordable Care/Services
Cost of hearing aids not covered by insurance and people are not aware of available services from services for the deaf and hard-of-hearing, which is in Partners catchment area. – Other Health Provider (Rutherford County)

Sexually Transmitted Infections

Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

No comments

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

No comments
HIV/AIDS

Contributors to Progress
Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

No comments

Impediments of Progress
Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

No comments
Additional Comments

Other issues uncovered through the online key informant survey include the following:

**Opioid Addiction due to Accessibility**
Opioid addiction and access to Narcan. – Other Health Provider (Rutherford County)

**Access to Treatment for Mental Illness**
Residents with mental health and/or substance abuse often end up in jail or being involuntarily committed. This group of people usually are found incapable to proceed to trial and sent to the state hospital. There needs to be somewhere people can go when distressed that is open 24 hours besides the hospital. Preventing a crisis by having choices of providers and some alternatives to get services 24/7 to reduce population in jail and hospitals. – Other Health Provider (Rutherford County)

**Need More Health Care Providers**
Number of healthcare providers available in the county. Why are we not getting more MDs rather than so many more FNP and PAs. – Other Health Provider (Rutherford County)

**Pollution**
Water quality, air quality, soil quality. – Other Health Provider (Rutherford County)