McDowell County Community Health Assessment

2021

FOOTHILLS
HEALTH DISTRICT

Collaboration

This document was developed by Foothills Health District in partnership with Mission Hospital McDowell as part of a local community health assessment process.

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McDowell County 2021 Community Health Assessment Executive Summary

Community Results Statement

Healthy, happy and active people in McDowell County.

Leadership for the Community Health Assessment Process

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

Name	Agency	Title	Agency Website
Miranda Smith	**Foothills Health District**	**Public Health Educator**	**http://www.foothillshd.org/**
Toby Bramblett	**Corpening Memorial YMCA**	**Executive Director**	**https://ymcawnc.org/**
Carol Wolfenbarger	**Mission Hospital McDowell**	**President**	**https://missionhealth.org/member-hospitals/mcdowell/**
Philip Long	**Mission Hospital McDowell**	**Community Connections Manager**	**https://missionhealth.org/member-hospitals/mcdowell/**

Partnerships

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

Name	Agency	Title	Agency Website
Bob Boyette	**City of Marion**	**City Manager**	**http://marionnc.org/Marion/pages**
Kim Effler	**Chamber of Commerce**	**Executive Director**	**https://www.mcdowellchamber.com/**

Sharon Parker	**Sharon L. Parker, P.A Attorney at Law**	**Attorney**	**https://www.sharonlparker.com/**
Dr. Beverly Watts	**McDowell Technical Community College**	**Dean of Student Success**	**https://www.mcdowelltech.edu/**
Brenda Vaughn	**McDowell County**	**County Commissioner**	**https://www.mcdowellgov.com/**
Kim Effler	**Chamber of Commerce**	**Executive Director**	**https://www.mcdowellchamber.com/**
Kitty Wilson	**Marion East Recreation Complex**		
Francesca Hagarty	**Centro Unid Latino-Americano**	**Board President**	**https://www.culawnc.org/**
Harold Walker	**Mission Hospital McDowell**	**Trustee**	**https://missionhealth.org/member-hospitals/mcdowell/**
Weyland Prebor	**McDowell Senior Center**	**Director**	**https://mcdowellcountyseniorcenter.org/**
Lisa Sprouse	**Department of Social Services**	**Director**	**http://www.mcdowellcountyncdss.org/**
Donna Bruce	**RHA Prevention Resource Center**	**Prevention Coordinator**	**https://rhahealthservices.org/**
Philip Tate	**Tate Insurance Services**	**Owner**	**http://www.tatesinsuranceservices.com/**
Ginger Webb	**Community Engagement Project**	**Program Director**	**https://www.westmarion.org/?fbclid=IwAR2ULf-BJ3qNF9r-X7wNvXqUsR1uT2IgOseX6tUtFbhrmZ2kllo4ii-D05I**
Carol Wolfenbarger	**Mission Hospital McDowell**	**CEO**	**https://missionhealth.org/member-hospitals/mcdowell/**

Amy Vaughn	**Mission Hospital McDowell**	**MATCH Program Supervisor**	**http://www.matchmcdowell.com/**

Regional/Contracted Services

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

Theoretical Framework/Model

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

Collaborative Process Summary

McDowell's collaborative process is supported on a regional level by WNC Healthy Impact.

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 2021 through December 2021. In working with WNC Healthy Impact, the CHA Advisory Committee had the opportunity to assist with collecting primary data, which included telephone surveys of 233 residents and 16 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 McDowell 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, Foothills Health District, chose the top 4 health priorities utilizing a prioritization process based on the Rating/Ranking Key Health Issues (Health Resources in Action) worksheet. 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. The top three health priorities and data will then be presented to stakeholders in McDowell County after CHA submission.

Phase 1 of the collaborative process began in January 2021 with the collection of community health data. For more details on this process see Chapter 1 – Community Health Assessment Process.

Key Findings

In 2020 the total population of McDowell County was 44,578 (US Census Bureau, 2021). The majority of residents are White (9.32%) with minorities represented as follows: Black or African American (4.2%),

Hispanic or Latino (6.4%), Asian and Pacific Islander (1.2%), and American Indian/Alaska Native (0.8%) (Us Census Bureau, 2021).

In 2018 the Health Priorities included: Mental Health and Suicide Prevention, and Substance Abuse including Tobacco. In mental health from 2018 to 2021 there was a 1.9% decrease in the number of individuals who had more than seven days of poor mental health in the past month. As for tobacco use the percent of current smokers decreased from 21.9% to 17.7%. (WNC Health Network, 2021)

In other findings cancer is still the leading cause of deaths within the county, COVID-19 impacted the CHA priorities and the percent of obesity in the county has risen by 8.1% in the last 4 years. It is also important to note the percent of individuals who experienced overall "fair" or "poor" health dropped from 26.6% to 19.3%. (WNC Health Network, 2021)

Health Priorities

- **Lack of Health Insurance**
- **Unintentional Injuries**
- **Obesity**

Next Steps

Foothills Health District will share the CHA findings with the Health Coalition and members of Mission Hospital McDowell. An electronic copy will be made available on the Foothills Health District website at http://www.foothillshd.org/ and printed copies will be made available at the Health Department, the local library, and printed upon request.

In partnership with community leaders and existing work groups, the Foothills Health District 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 McDowell County a healthier place to live, work, and play.

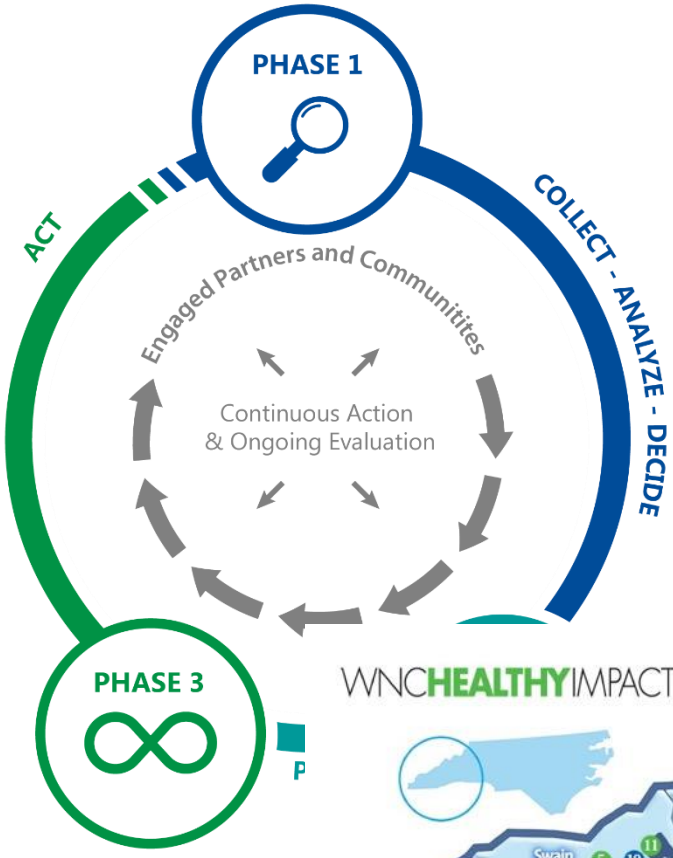
Chapter 1- Community Health Assessment Process

Purpose

Community health assessment (CHA) is an important part of improving and promoting the health of county residents. A CHA results in a public report which describes the health indicators, status of the community, recent changes, and necessary changes to reach a community's desired health-related results.

Phases of the Community Health Improvement Process:

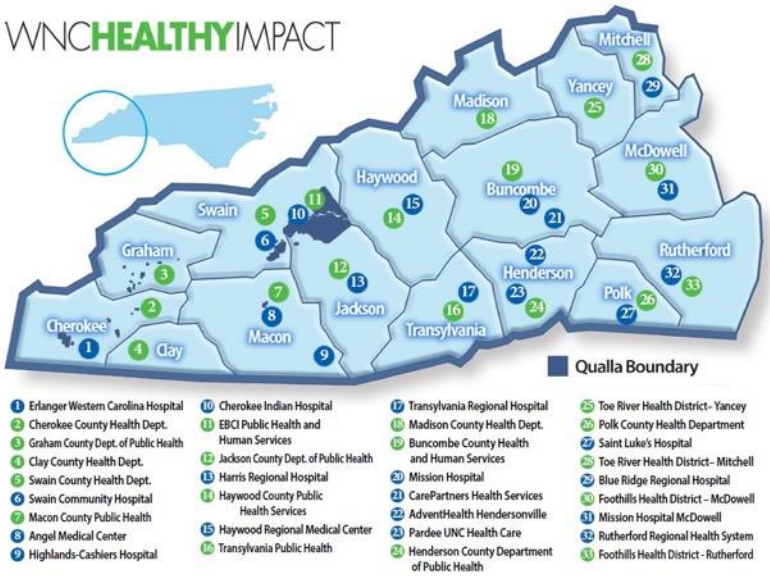
Definition of Community is the purposes of Community Process. included in Hospital purposes of improvement, key partners in assessment.



Community defined as "county" for the North Carolina Health Assessment McDowell county is Mission McDowell community for the community health and as such they were this local level

WNC Healthy Impact

WNC Healthy Impact is a partnership among local and regional hospitals, public health agencies, and key regional partners towards a vision of improved community health. The vision is achieved by developing collaborative plans, taking action, and evaluating progress. More information is at www.wnchn.org/wnchealthyimpact.



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 came from the WNC Healthy Impact regional data and local data. To ensure a comprehensive understanding, the dataset includes both secondary (existing) and primary (newly collected) data. 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 using Census and American Community Survey (ACS) data

- 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. See **Chapter 6** 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, listening sessions, etc.)
- 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
- Individuals whose first language is not English
- Un-insured or under-insured

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, or other barriers.

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 discrimination/ prejudice based on race/ethnicity, socio-economic status, gender, cultural factors and age groups.

Health Department Self-Assessment Instrument (HDSAI) Interpretation Document v.7.0

Chapter 2 – McDowell County

Location, Geography, and History of McDowell

Location & Geography:

Geologically, McDowell is located within the southern Appalachian Mountains region. The Blue Ridge Parkway follows the northwestern boundary of the county. Its highest point is Pinnacle in the Blue Ridge, 5,665 feet above sea level, also considered the southernmost tip of the Black Mountains, the highest ridge in eastern America. Much of the county lies in the Foothills regions of Western North Carolina.

McDowell County consists of 442 square miles with 75 percent of this area forested; 67 acres of which is Pisgah National Forest lands. McDowell County is approximately 30 minutes east of Asheville and 35 minutes west of Hickory via Interstate 40. The county is divided into eleven townships. Numerous small creeks and streams flow through the county. The Catawba River crosses the county and empties into Lake James.

McDowell County is home to many magnificent treasures such as Emerald Village, Linville Caverns, and Linville Gorge. There are also numerous gem mines, historic museums, and hiking/biking trails. Greenways have been steadily expanding throughout McDowell County in recent years.

The McDowell County Recreation Department operates several facilities throughout the county, including the main facility in Marion, which features a gymnasium, outdoor swimming pool, and the county's only skate park. In addition, the Department maintains ballfields throughout the county and an additional outdoor pool in Old Fort. The Corpening Memorial YMCA is the local branch of the YMCA of Western North Carolina and features an indoor swimming pool, gymnasium, fitness center, youth programs and adult fitness classes.

History:

McDowell County was formally organized in 1842 from parts of Burke County and Rutherford County at the home of Colonel John Carson. It was named for Joseph McDowell, a Revolutionary war leader and hero of the Battle of King's Mountain, and a member of the United States House of Representatives from 1797 to 1799.

Marion, the county seat of McDowell County, was planned and built on land selected by the first McDowell County Commissioners on March 14, 1844 at the Historic Carson House.

Unfortunately, in 1894, a devastating fire occurred that destroyed nearly everything in downtown Marion. At the time there was no fire department in the town so many citizens had to gather in bucket lines, saving several historic homes in McDowell County. Many of the houses still stand in Marion and some of the structures are listed as historically significant structures in the McDowell County Cultural Institution, Main Street Historic District. The town was slowly restored over the next several years.

During the Carolina Gold Rush period of the early 19th century, the south area of the county was known for its gold production. Following the gold rush period, manufacturing plants began to spring up in McDowell County offering employment to many. In 1929, Union strikes faced strong opposition

from plant management and local law enforcement. Workplace violence led to difficult employee relations at local Marion manufacturing plants.

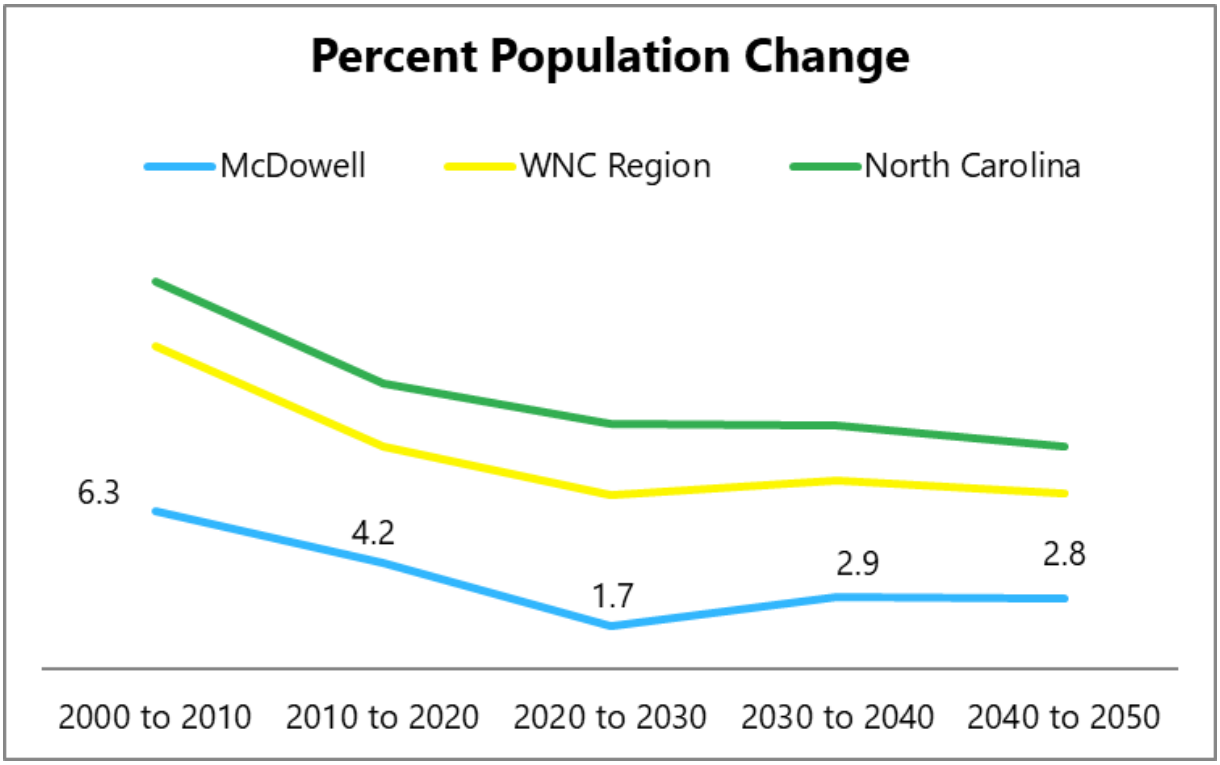
Population

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

In 2020 the total population of McDowell County was 44,578 (US Census Bureau, 2021). The female percentage of the population is 50.2% leaving the rest of the population being male at 49.7%. The majority of residents are White (92.3%) with minorities represented as follows: Black or African American (4.2%), Hispanic or Latino (6.4%), Asian and Pacific Islander (1.2%), and American Indian/Alaska Native (0.8%) (US Census Bureau, 2021).

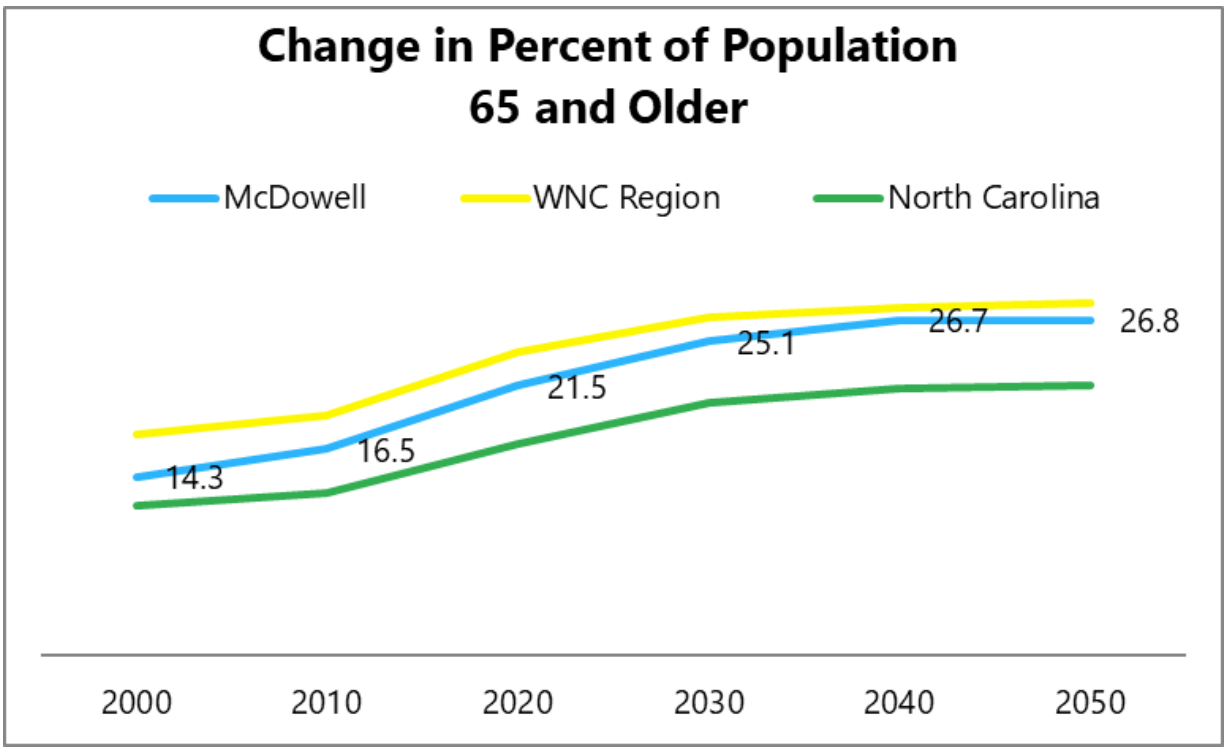
Furthermore, among the total population age 25 and older, McDowell County has 83.9% as high school graduates or higher, and 17.4% with a bachelor's degree or higher of those over the age of 25 (U.S. Census Bureau, 2021). Lastly, 6.5% of McDowell County households speak a language other than English (U.S. Census Bureau, 2021).

- The population percent of the county is expected to increase from 1.7 to 2.9 from 2020 to 2040 and drop to 2.8 again in 2040 to 2050. This a lower percent of change compared to the region and state trends.



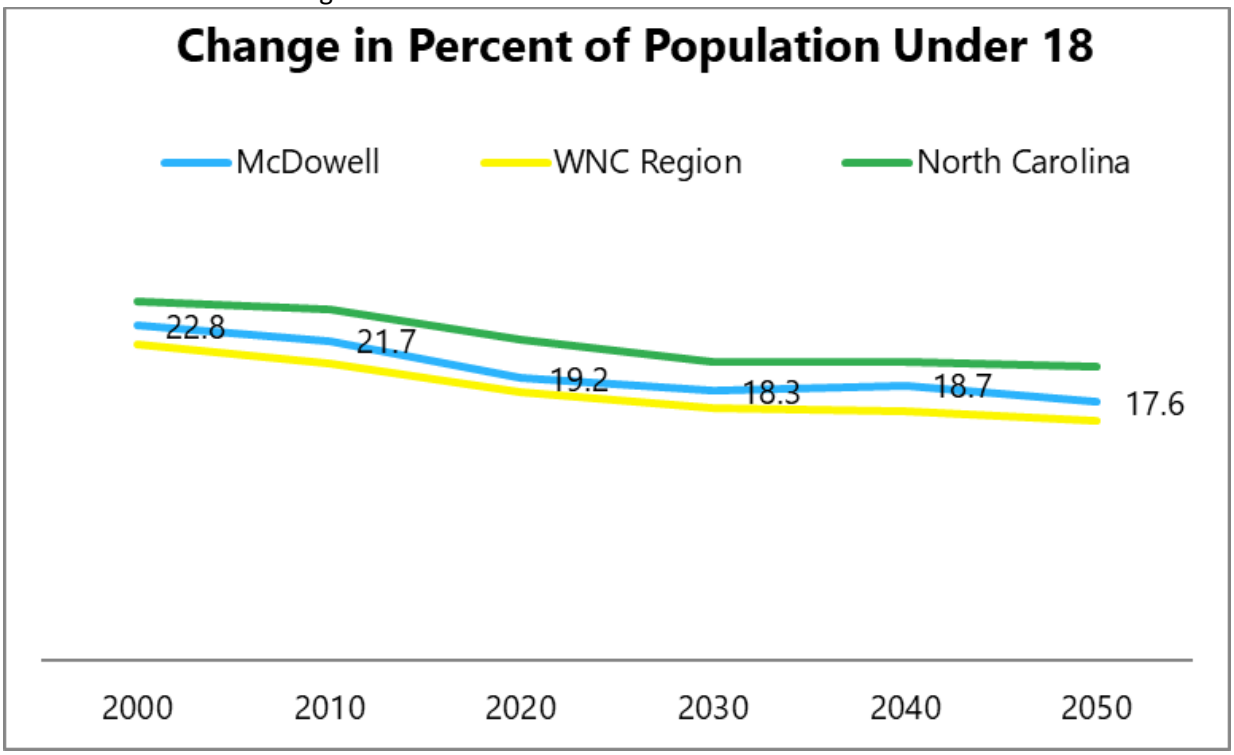
Source: (North Carolina Office of State Budget and Management, 2021)

- The change in percent of the population of adults who are 65 years old and older is expected to grow over the course of 30 years from 21.5 in 2020 to 2.8 in 2050. This data is trending up more than at the state level.



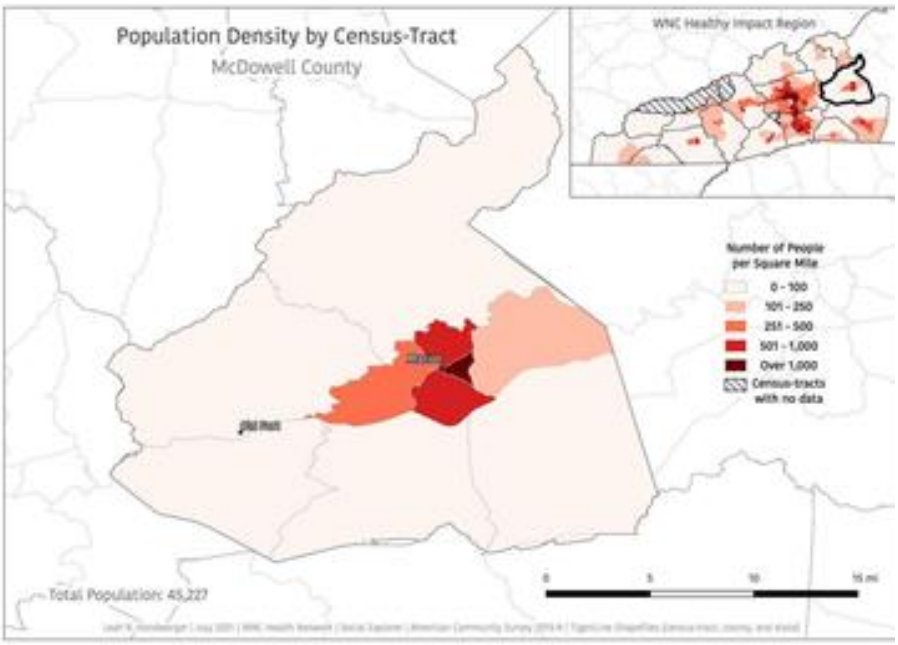
Source: (North Carolina Office of State Budget and Management, 2021)

- The change in the percent of the population that is 18 years old and younger will decrease from 19.2 in 2020 to 17.6 in 2050. This decrease is lower than the trend of the state, but higher than the trend of the region.



Source: (North Carolina Office of State Budget and Management, 2021)

- The majority of McDowell's population lives in Marion.



Source: (WNC Health Network, 2021)

COVID-19 Pandemic

As of December 1st, 2021 there were a total of 8,851 cases of COVID-19 diagnosed within the county. There had been 136 deaths throughout the county as well. When looking at the vaccination rates, as of November 30th,2021, 22,223 have at least received one dose of a vaccine leaving 22,553 individuals that have been fully vaccinated (North Carolina Department of Health and Human Services, 2021).

The Foothills Health District CHA priorities were impacted by COVID in many ways, with the main being adding on the priority of implementing COVID education and Transmisson prevention methods. COVID also delayed and interfered with the normal process of reaching out the community and allowing us to reach our full potential with the CHA priorities with the lack of availability and resources.

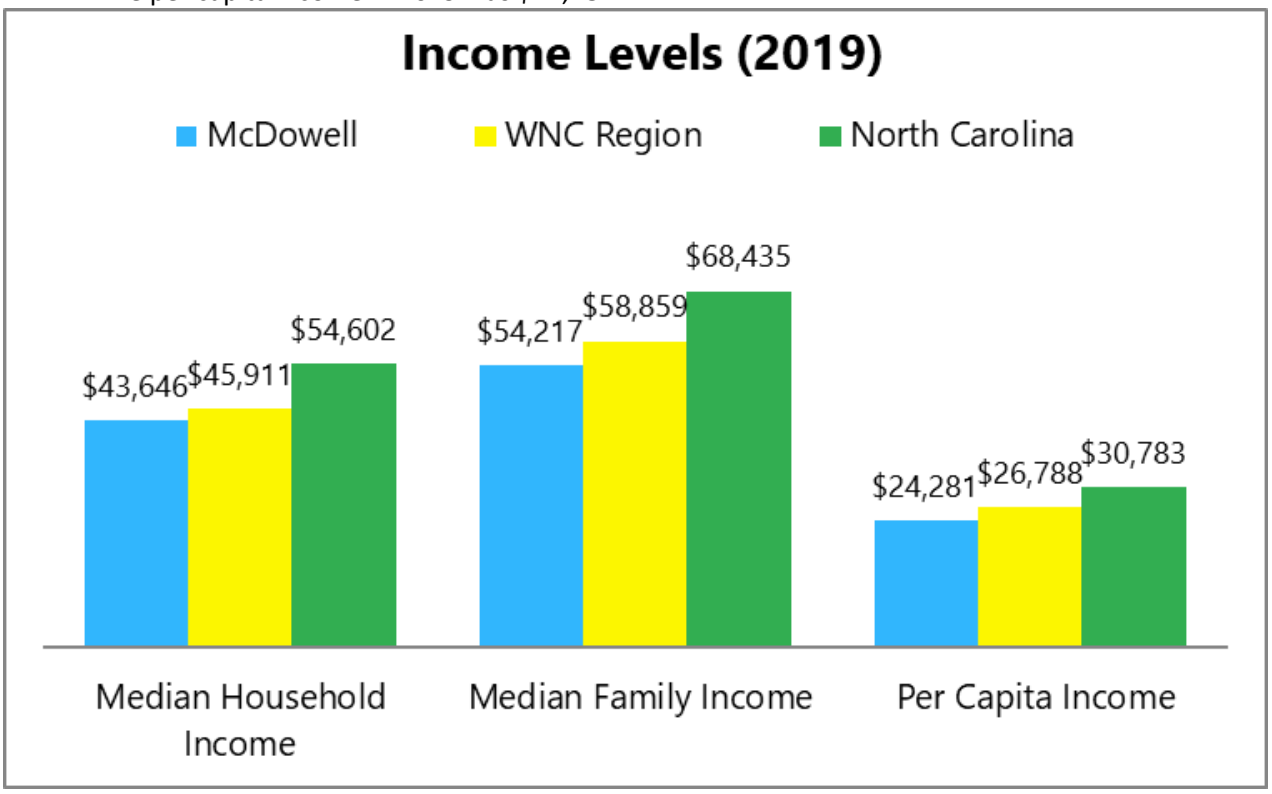
Chapter 3 – Social & Economic Factors

As described by Healthy People 2030, economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social community and context are five important domains of social determinants of health. Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. (Office of Disease Prevention and Health Promotion, 2020)

Income & Poverty

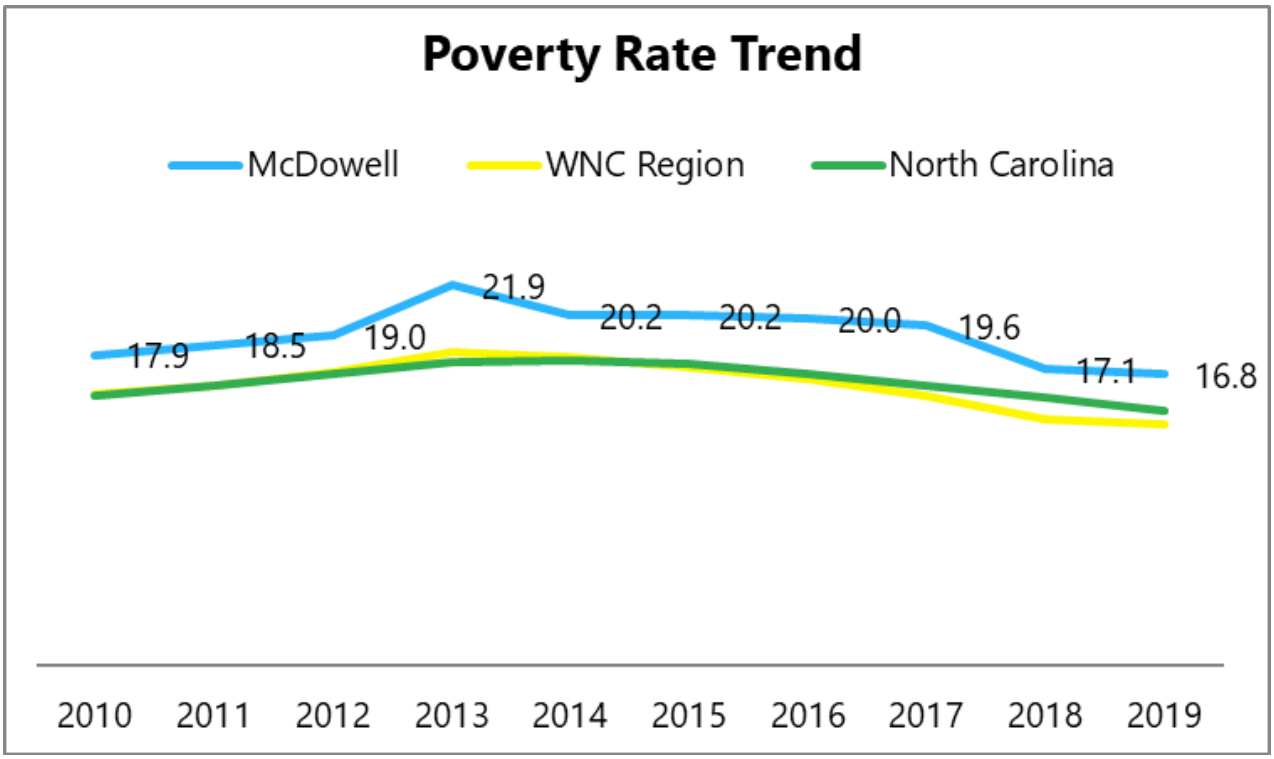
"Income provides economic resources that shape choices about housing, education, childcare, food, medical care, and more. Wealth, the accumulation of savings and assets, helps cushion and protect us in times of economic distress. As income and wealth increase or decrease, so does health" (County Health Rankings, 2021).

- The median household income in 2019 was $43,646
- The median family income in 2019 was $54,217
- The per capita income in 2019 was $24,281



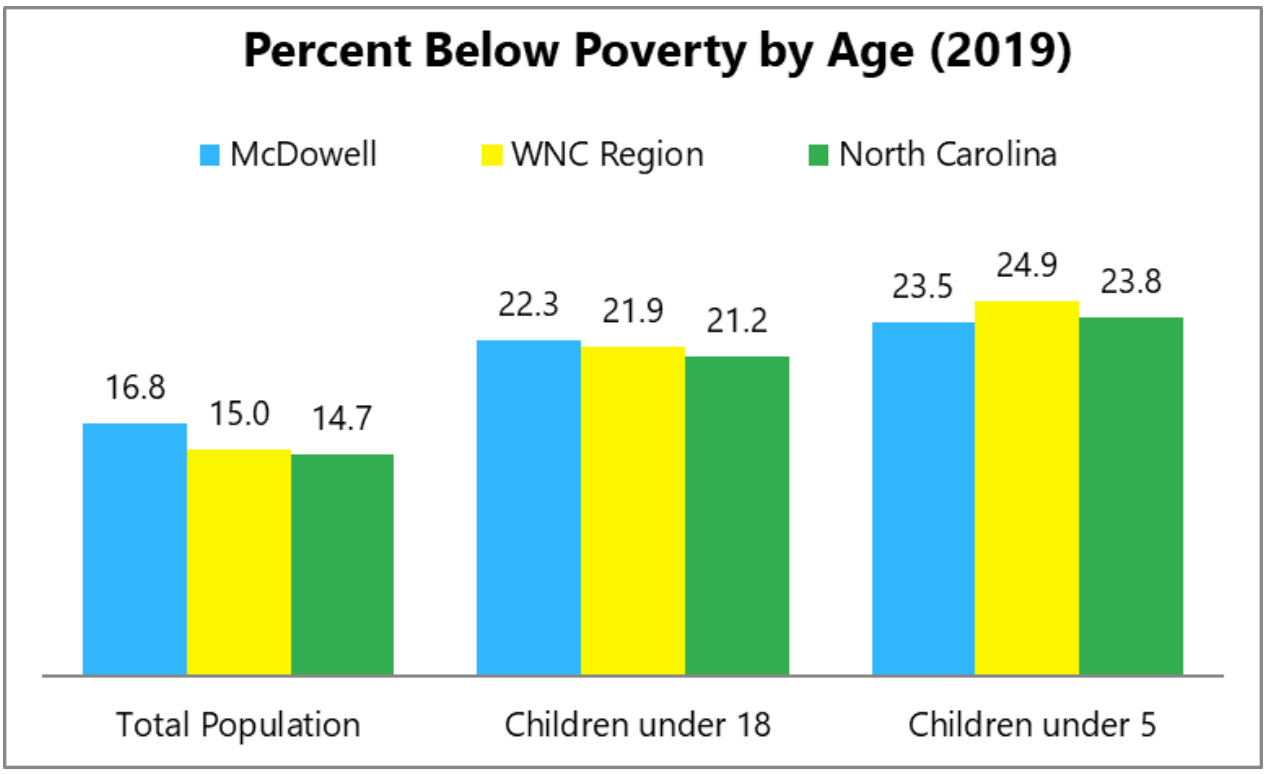
Source: (U.S. Census Bureau, 2021)

- Looking at the total population, 16.8% is below poverty level as of 2019. This is higher than both the WNC region (15.0%) and the state (14.7%)



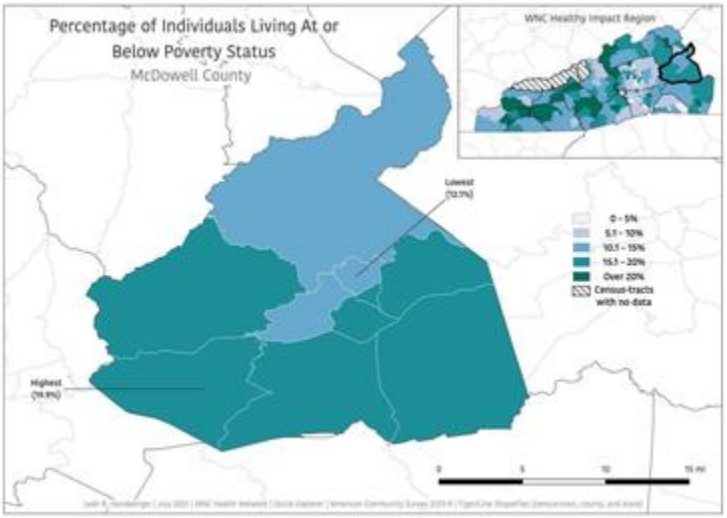
Source: (U.S. Census Bureau, 2021)

- Of children under the age of 18, 22.3% are living in poverty compared to 21.9% at the region level and 21.2% at the state level.
- Of children under the age of 5, 23.5% are living in poverty compared to 24.9% at the region level and 23.8% at the state level.



Source: (U.S. Census Bureau, 2021)

- Old Fort has the highest percentage for individuals who are living at or below poverty level.



Source: (WNC Health Network, 2021)

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, 2021).

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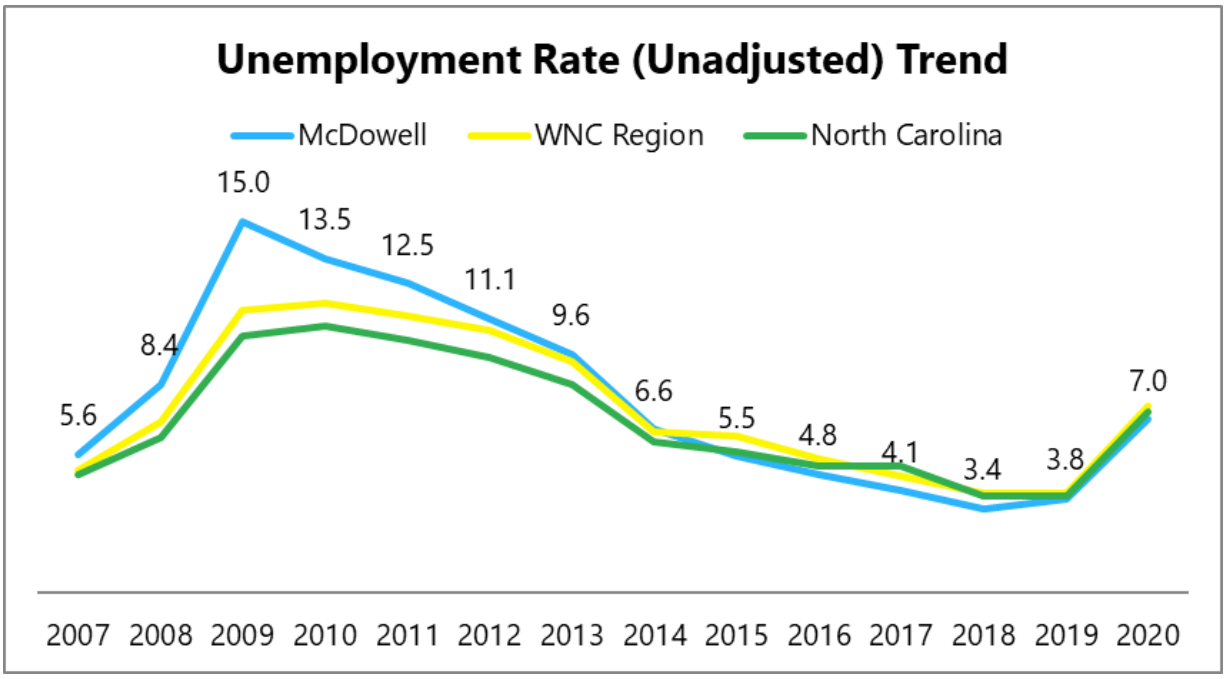
• The unemployment annual average, unadjusted rate in 2020 was 7.0. This is the highest point in time, but this could be due to impacts of COVID-19.

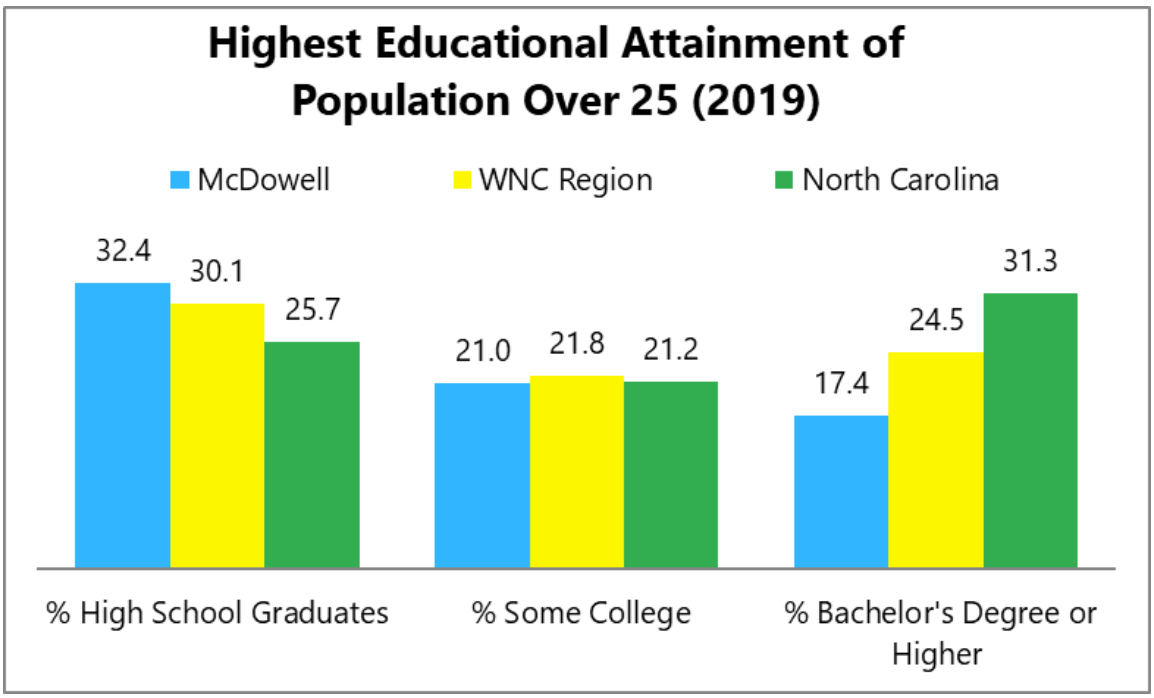


Source: (NC Department of Commerce, 2021)

Education

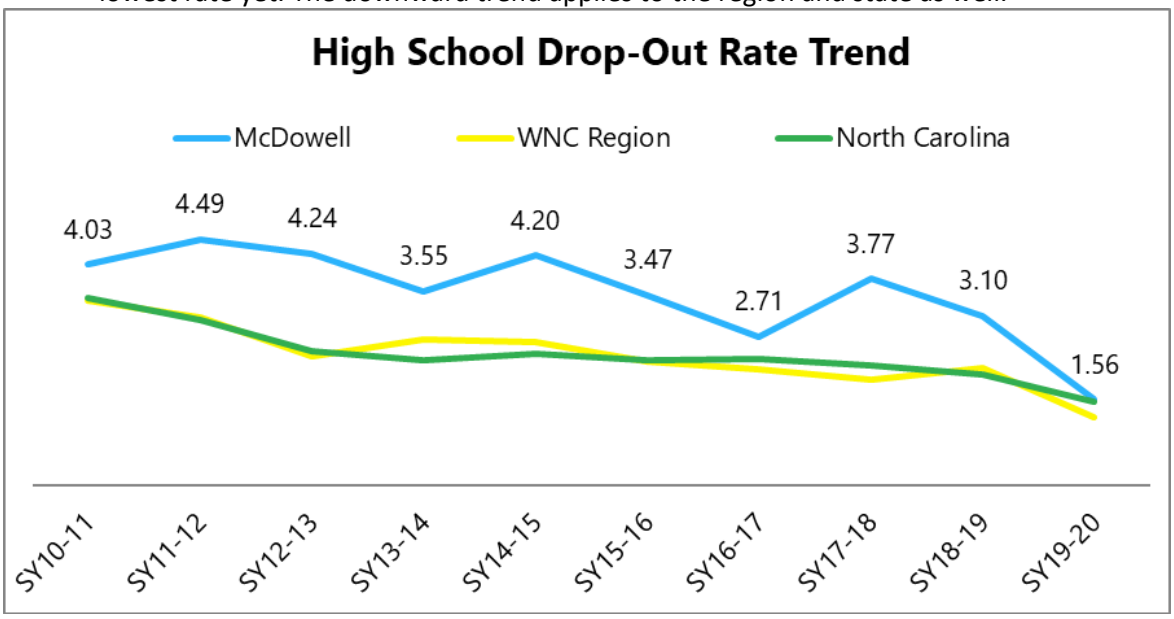
"Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. This is true even when factors like income are taken into account" (County Health Rankings, 2021).

- Of the population over 25 32.4% have graduated high school, 21.0% have some college, and 17.4% have obtained a bachelor's degree or higher. The percent of high school graduates is larger than the percent of the region and state.



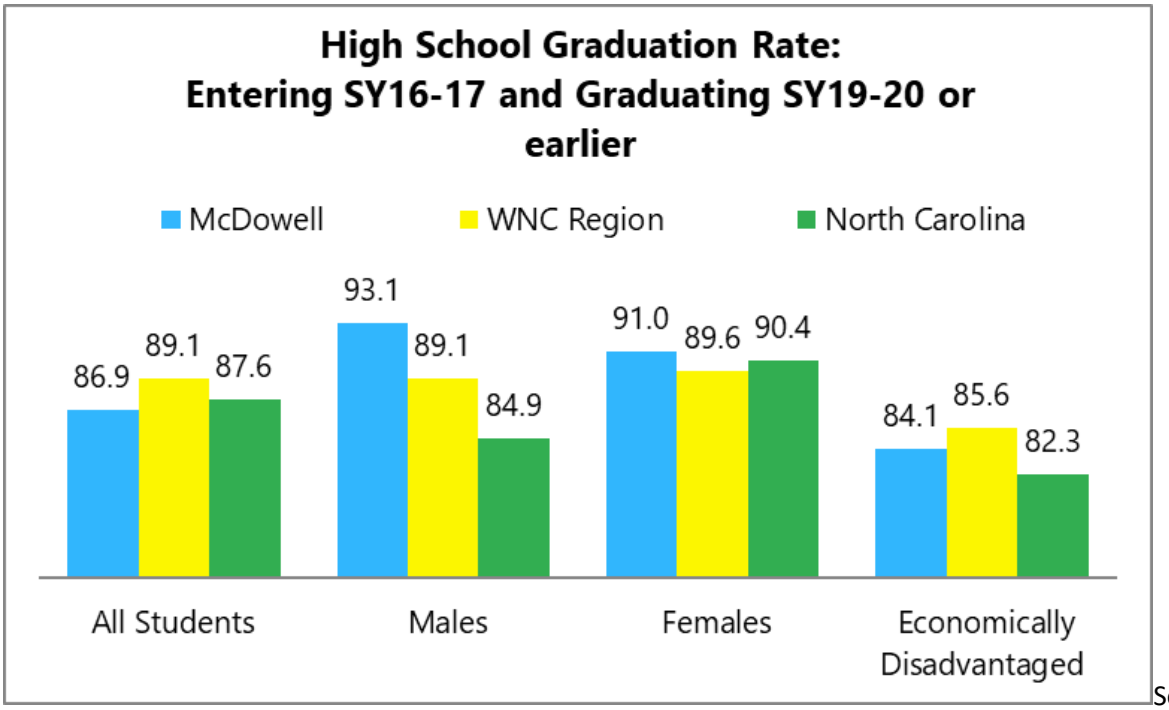
Source: (U.S. Census Bureau, 2021)

- In the school year 2019-2020 the high school dropout rate in the county was 1.56 and is the lowest rate yet. The downward trend applies to the region and state as well.



Source: (NC Department of Public Instruction, 2021)

- Those high school students who were sophomores in 2016 and 2017 school year graduated at 86.9% which is just below the average for North Carolina at 87.6%. Students who faced economically disadvantages graduated at 84.2% which is lower than WNC and higher than North Carolina.

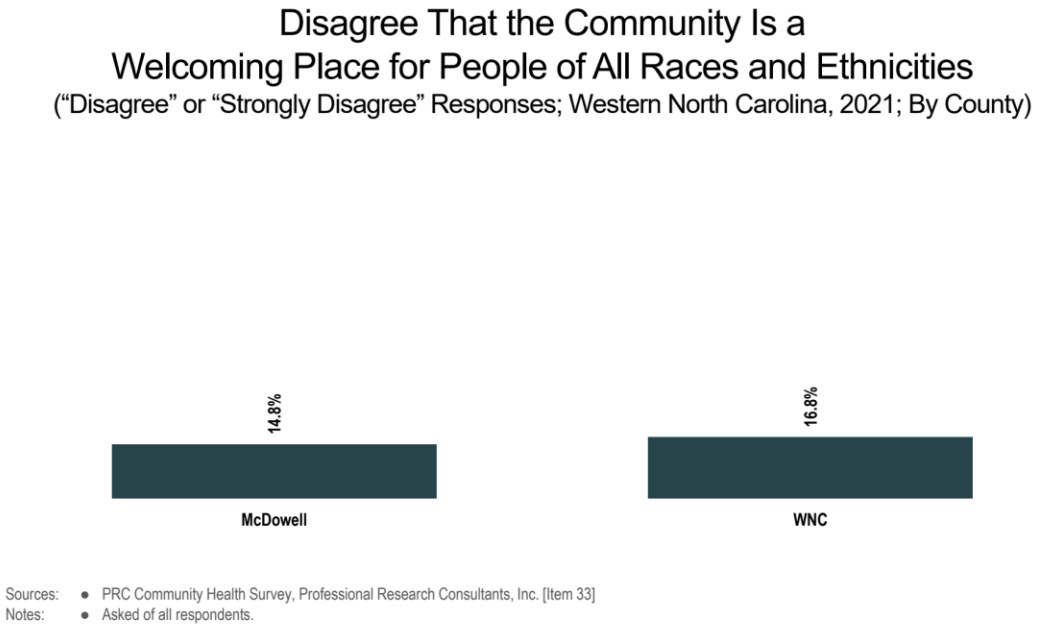


Source: (Public Schools of North Carolina, 2021)

Racism and Discrimination

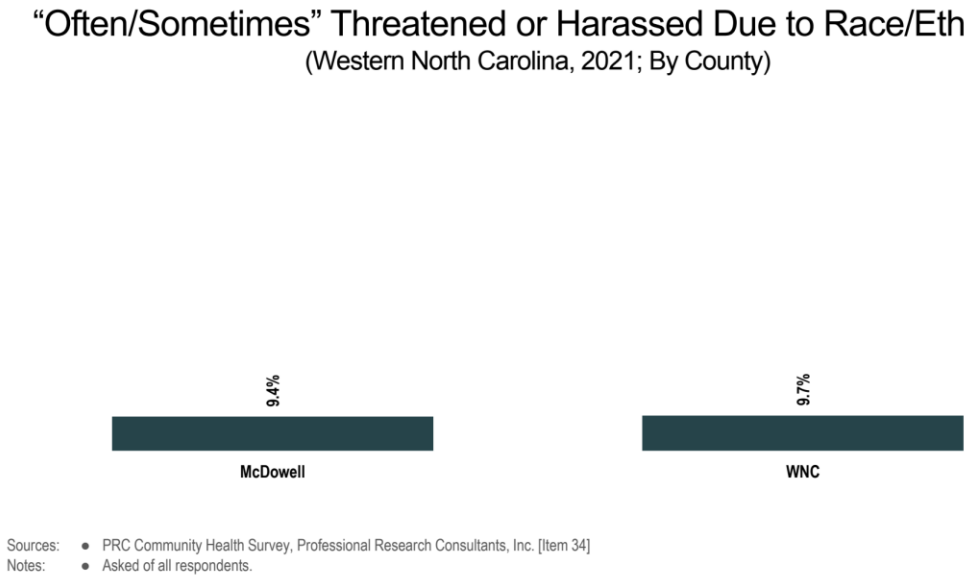
"Racism is an underlying or root cause of health inequities and leads to unfair outcomes between racial and ethnic groups. Different geographic areas and various racial and ethnic groups experience challenges or advantages that lead to stark differences in life expectancy, infant mortality, poverty, and more" (County Health Rankings, 2021).

- 14.8% of community members disagree that the community is a welcoming place for people of all races and ethnicities. This is a lower percentage compared to the regions.



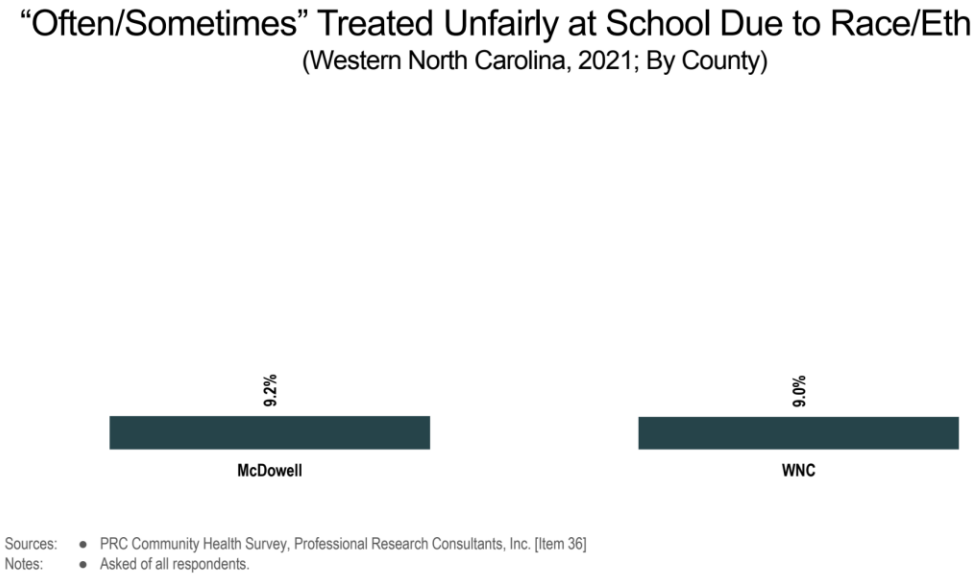
Source: (WNC Health Network, 2021)

- 9.4% of individuals feel threatened or harassed due to their race or ethnicity. This is a slightly lower percentage compared to the regions.



Source: (WNC Health Network, 2021)

- 9.2% of students attending school often or sometimes feel they are treated unfairly due to their race or ethnicity. This is a .2% difference compared to the percentage of the region.

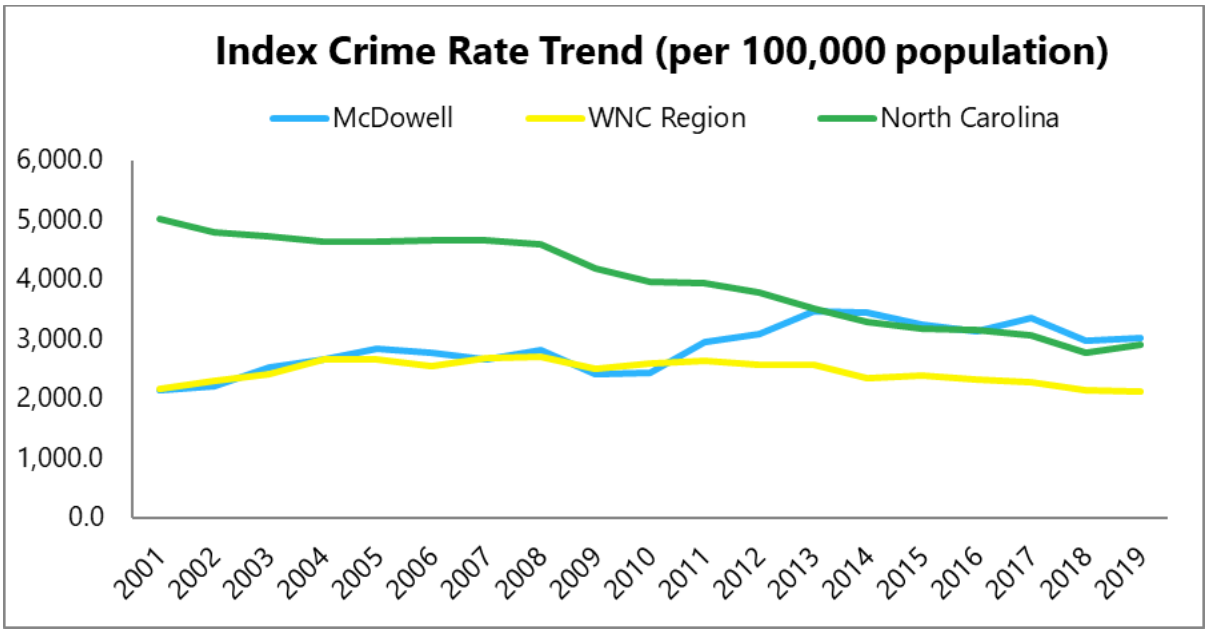


Source: (WNC Health Network, 2021)

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 one 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, 2021).

- The index crime rate for 2019 was 1,013.1 for the county. The index crime rate includes the total number of murders, rapes, robberies, aggravated assault, burglary, larceny, and motor vehicle theft. This is a larger trend than the region and the state. (North Carolina State Bureau of Investigation, 2021)

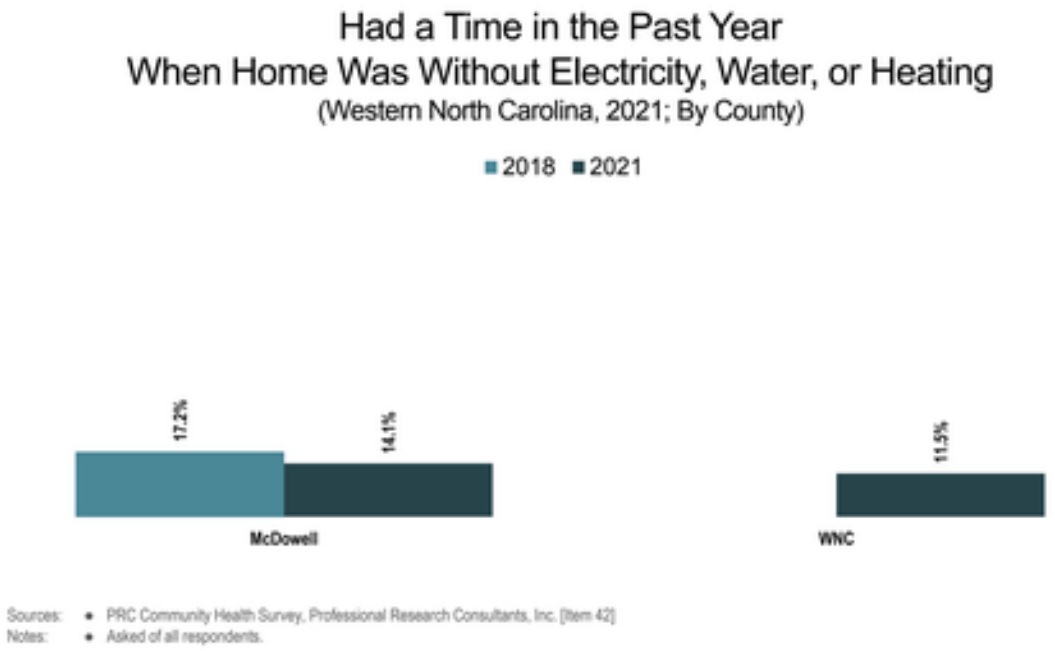


Source: (North Carolina Department of Justice, 2021)

Housing and Transportation

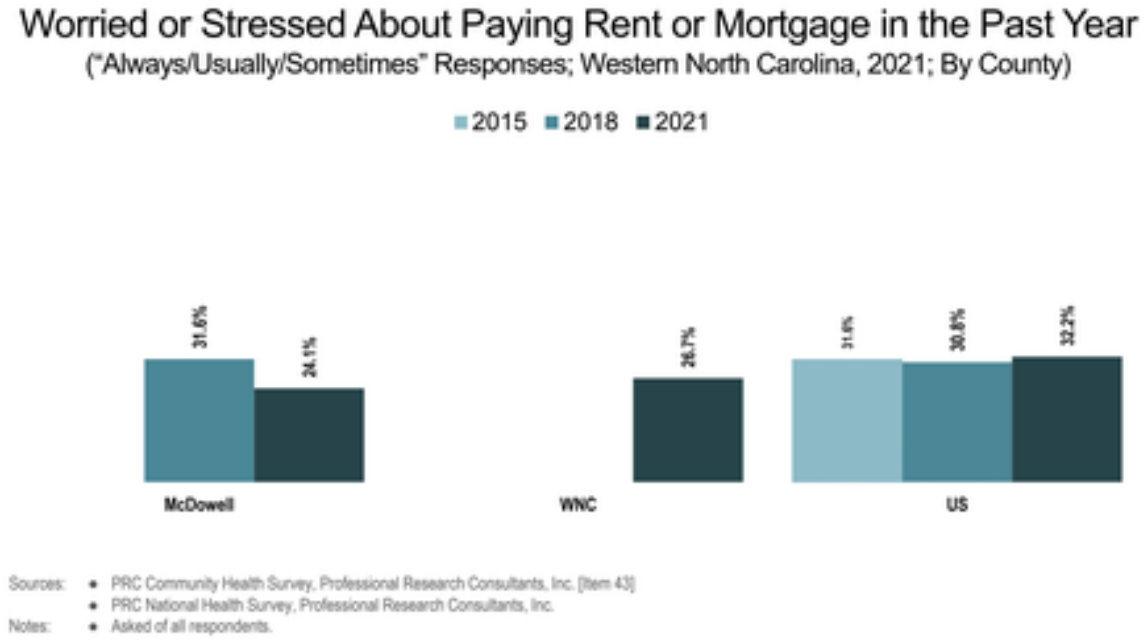
"The housing options and transit systems that shape our communities' built environments affect where we live and how we get from place to place. The choices we make about housing and transportation, and the opportunities underlying these choices, also affect our health" (County Health Rankings, 2021).

- 14.1% had a difficult time within 2021 when their home was without any power, water, or heat. This is a decrease from 2018 where the number was 17.2%. This is a larger number than the percentage of the regions.



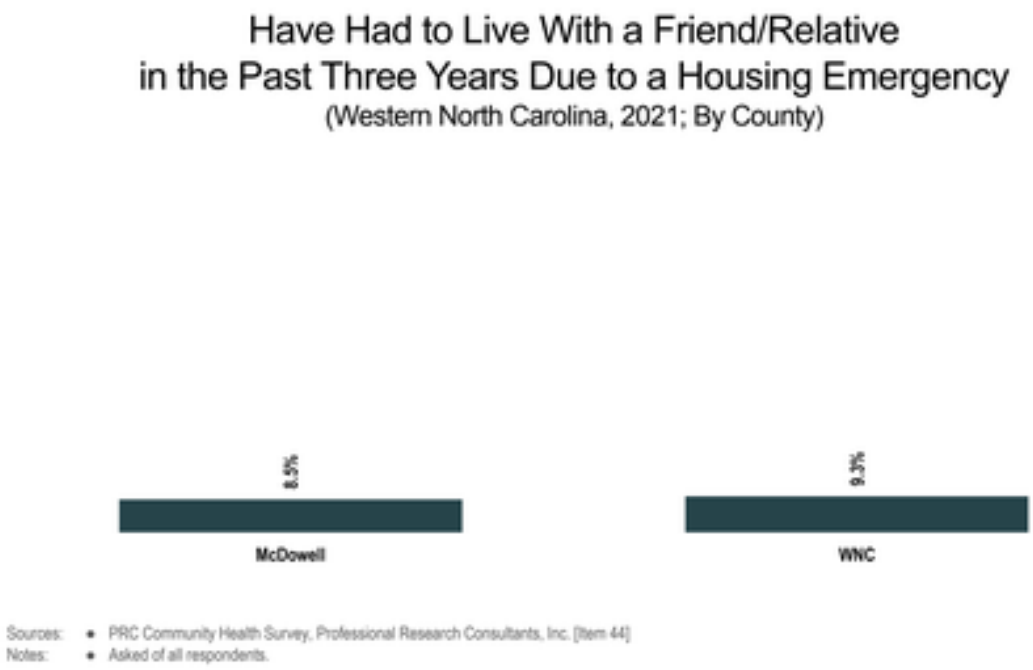
Source: (WNC Health Network, 2021)

- In the past year of 2021 24.1% individuals worried or stressed about paying rent or mortgage. This is a decrease from 2018 at 31.6% and around the same percentage as the regions and the country.



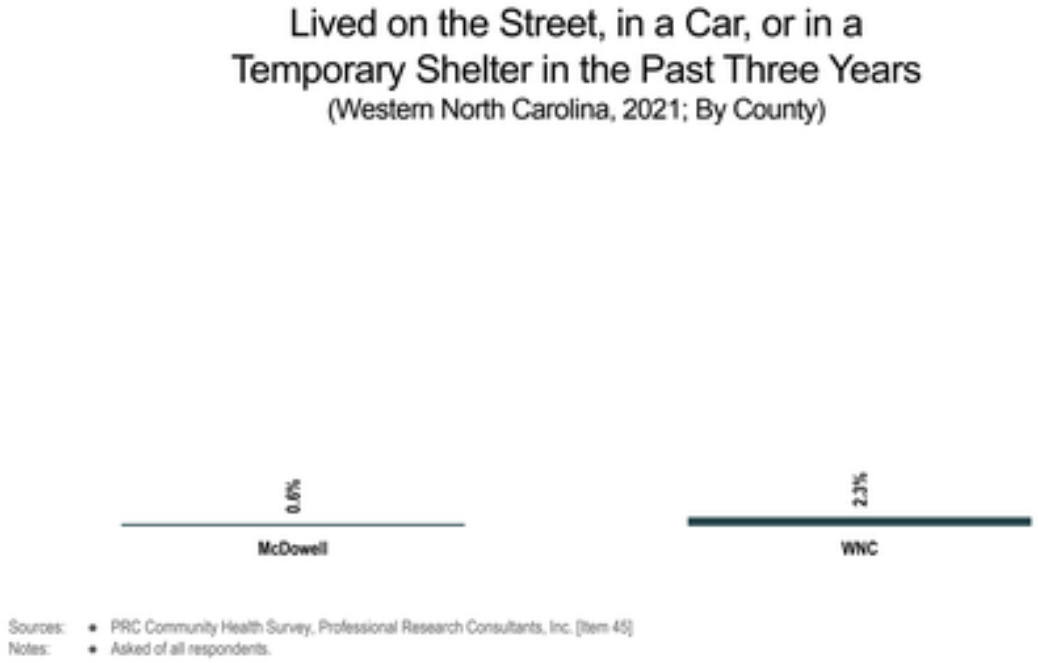
Source: (WNC Health Network, 2021)

- 8.5% of the county had to live with a friend or relative in the past three years due to having a housing emergency which is about the same percentage as the regions.



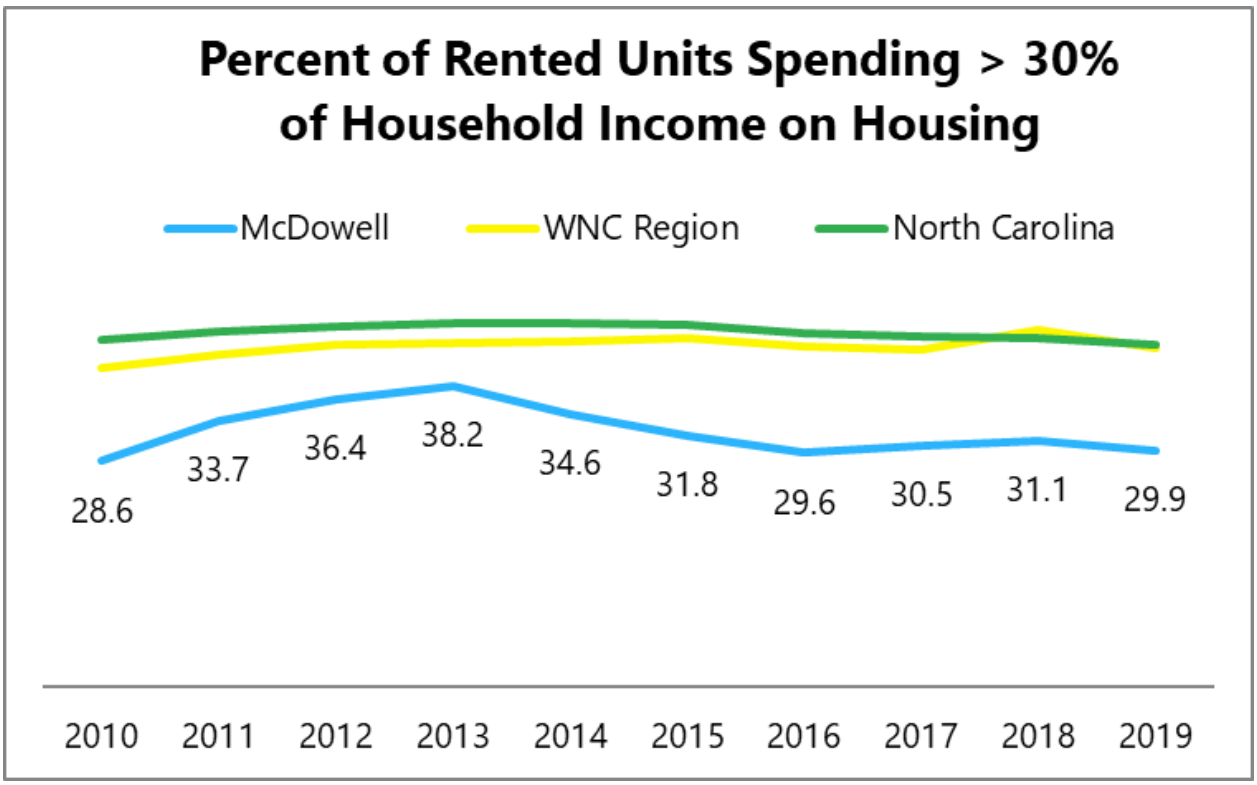
Source: (WNC Health Network, 2021)

- .6% of individuals lived on the street, in a car, or in a temporary shelter, in the past three years which is a much smaller percentage than the regions at 2.3%.



Source: (WNC Health Network, 2021)

- When it came to housing 29.9% of the county residents, spend more than 30% of their total income on housing alone. This is the lowest the number has been since 2016 and lower compared to the region and state.

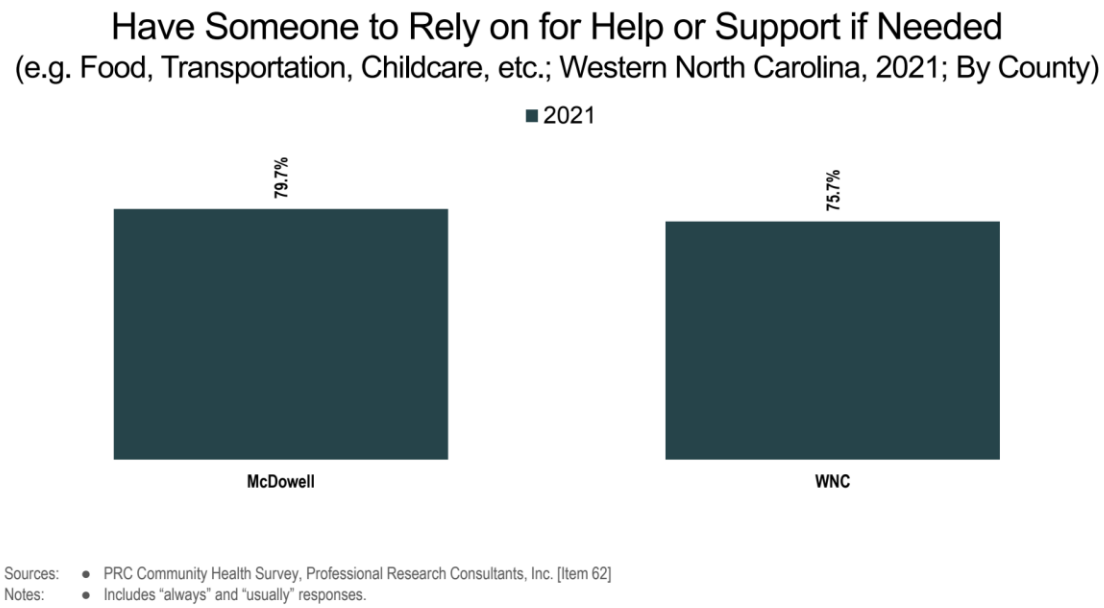


Source: (U.S. Census Bureau, 2021).

Family & Social Support

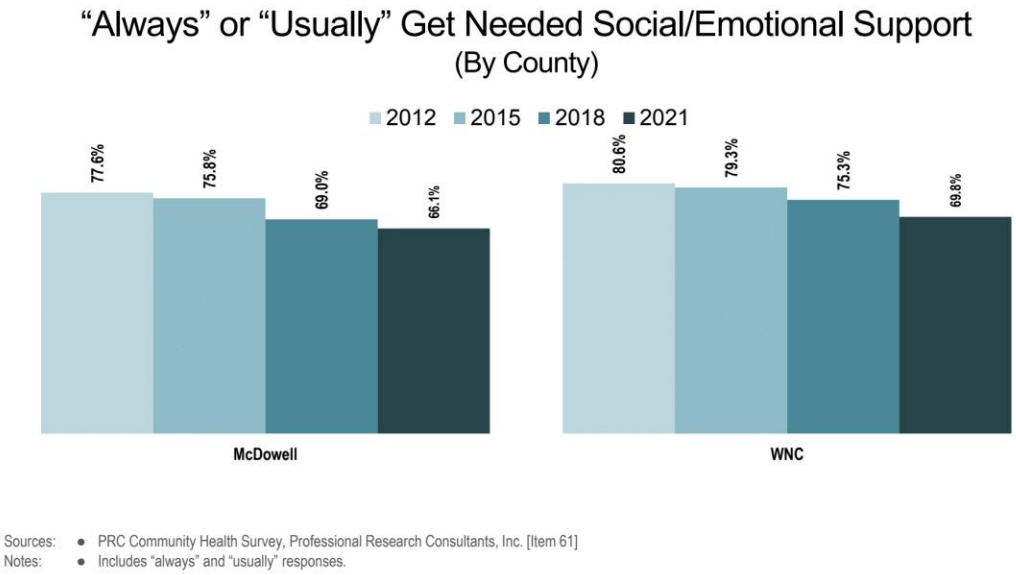
"People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social capital provide residents with greater access to support and resources than those with less social capital" (County Health Rankings, 2021).

- A large majority of the county, 79.7%, feel they have someone to rely on for help and support. This is close to the percentage of the region.



Source: (WNC Health Network, 2021)

- 66.1% individuals always or usually get the social or emotional support they needed. This is a decrease from not only 2018, but 2015, and 2012 as well and near the same percentage as the regions.



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
Notes: ● Includes "always" and "usually" responses.

Source: (WNC Health Network, 2021)

Chapter 4 – Health Data Findings Summary

Mortality

- The leading cause of deaths in McDowell County are cancer related deaths. In second is diseases of the heart followed by chronic lower respiratory diseases. These three causes of death took the lives of 1,349 McDowell County Residents.

Rank	Cause of Death	McDowell	
		# Deaths	Death Rate
1	Cancer	584	178.8
2	Diseases of Heart	541	166.7
3	Chronic Lower Respiratory Diseases	224	65.5
4	All Other Unintentional Injuries	120	47.0
5	Cerebrovascular Disease	130	40.6
6	Alzheimer's disease	131	40.3
7	Diabetes Mellitus	78	24.3
8	Pneumonia and Influenza	67	20.9
9	Suicide	40	17.5
10	Septicemia	42	12.7
11	Nephritis, Nephrotic Syndrome, and Nephrosis	36	11.4
12	Chronic Liver Disease and Cirrhosis	37	11.1
13	Unintentional Motor Vehicle Injuries	25	10.8
14	Homicide	**15**	**7.0**
15	Acquired Immune Deficiency Syndrome	**2**	**0.7**
	All Causes (some not listed)	2,643	838.8

Source: (NC State Center for Health Statistics, 2020)

Health Status & Behaviors (Include morbidity and health behavior data)

The 2018 County Health Rankings ranked McDowell County 70th overall among 100 NC Counties where number 1 is the best (County Health Rankings, 2021). In terms of health outcomes, McDowell County ranked:

• 43rd in length of life

• 73rd 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, McDowell County ranked:

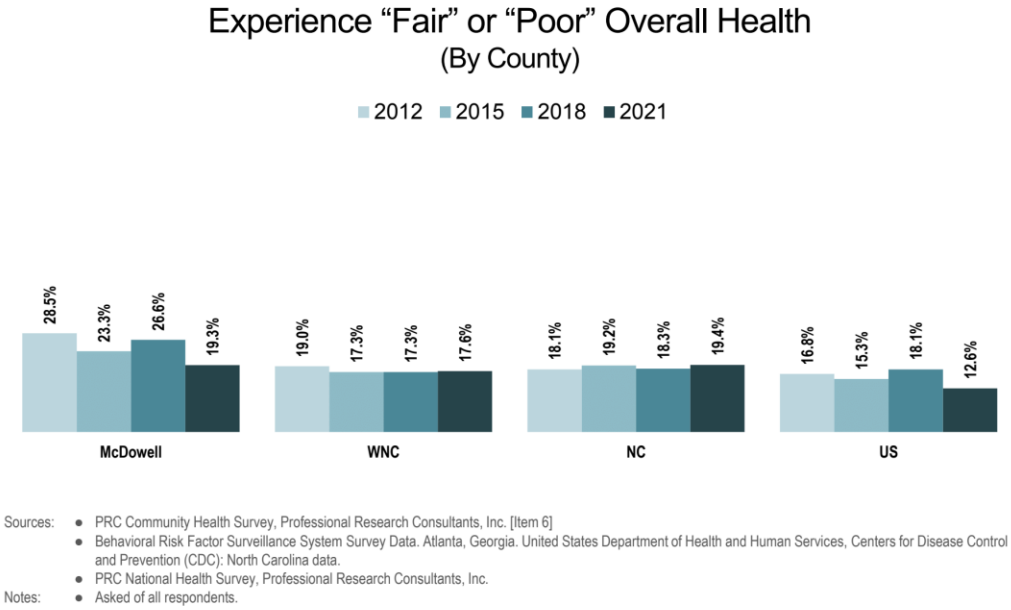
• 66th in health behaviors (includes adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections and teen births).

• 55th in clinical care (includes uninsured, primary care physicians, dentists, mental health providers, mammography screenings, and more).

• 30th in social and economic factors (includes high school graduation, unemployment,

children in poverty, social associations, violent crime, and more).
• 64th in physical environment (includes air pollution-particulate matter, drinking water violations, severe housing problems, and more).

- 19.3% of the population experienced “fair” or “poor” overall health which is a drop from 2018 at 26.6%.

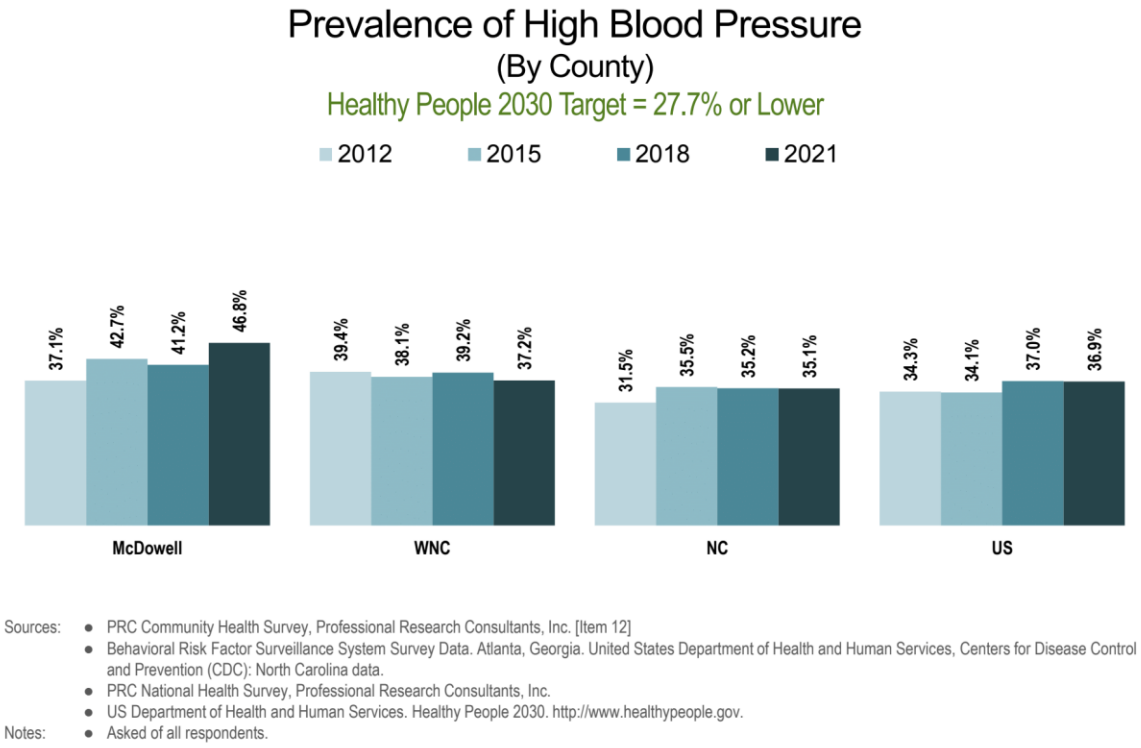


Source: (WNC Health Network, 2021)

Chronic Diseases

Cardiovascular

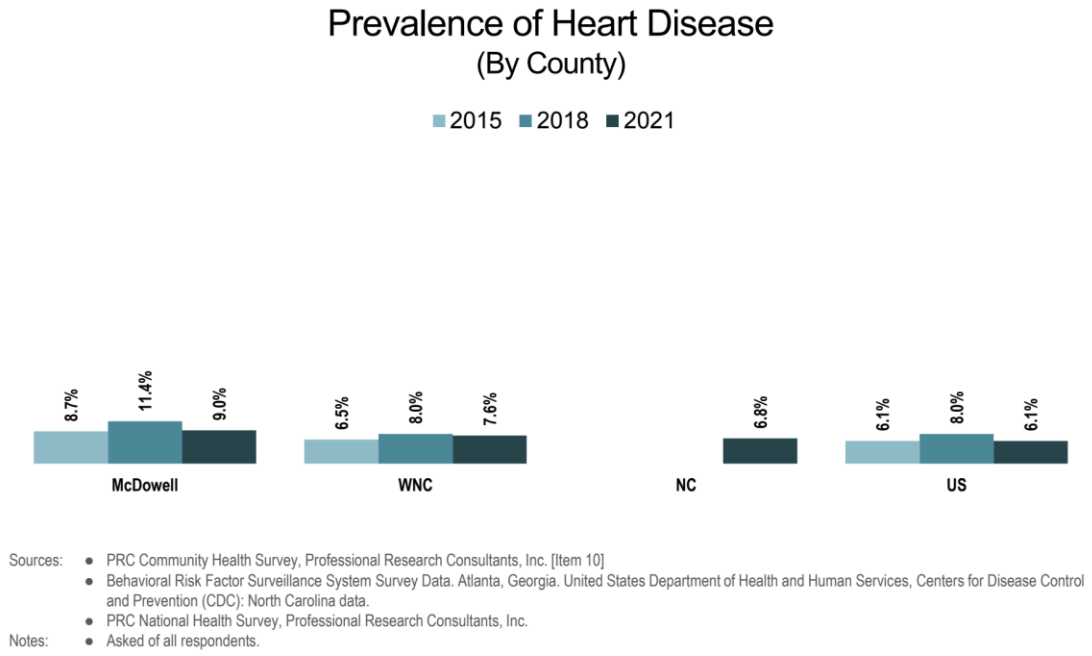
- The prevalence of high blood pressure in the county is 46.8% in 2021. This is an all-time high in the last 4 years and is almost double the percentage of the Healthy People 2030 target of 27.7% or lower.



Source: (WNC Health Network, 2021)

- The county percentage of prevalence of heart disease decreased from 11.4% in 2018 to 9.0% in 2021. Although there was a decrease the 2021 percentage is still higher than WNC, NC, and the

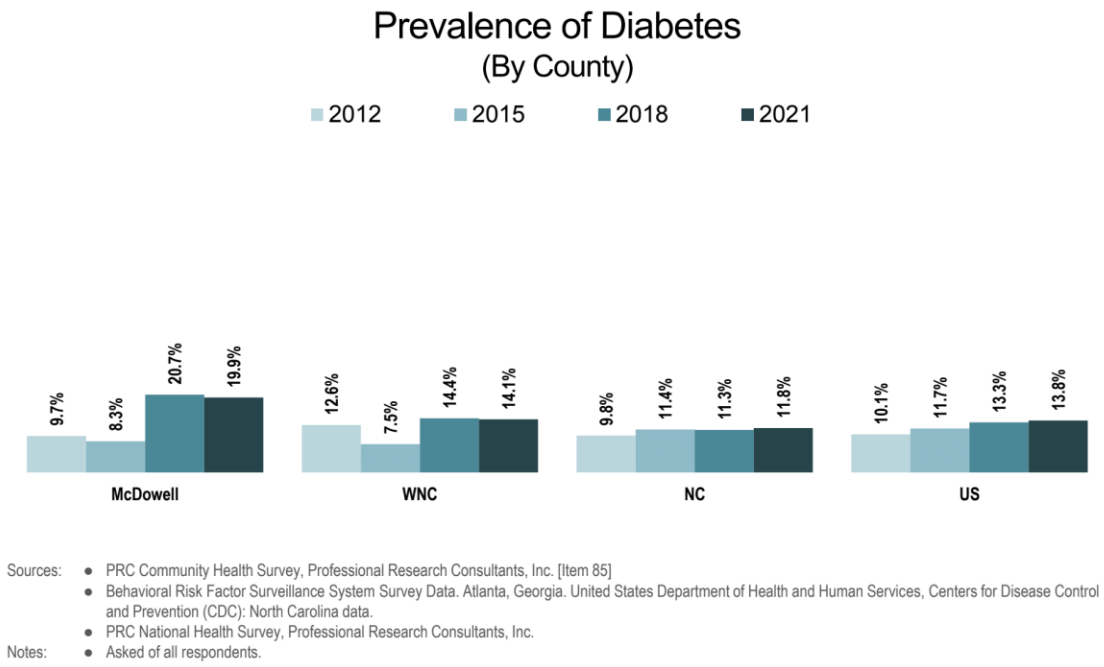
US.



Source: (WNC Health Network, 2021)

Diabetes

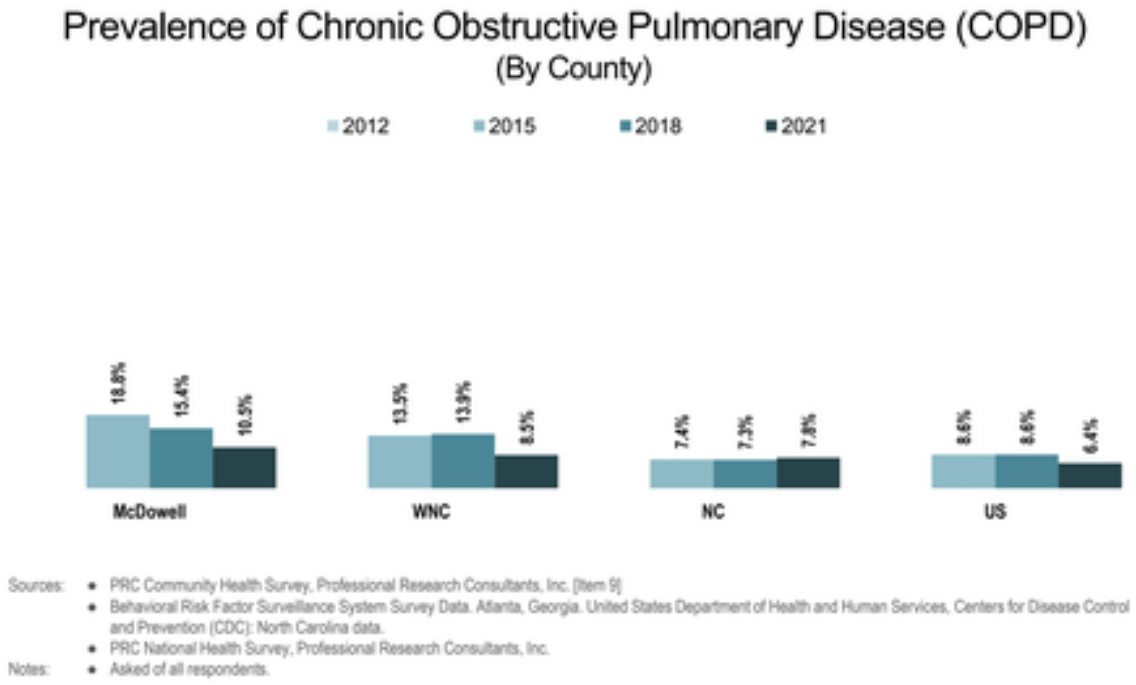
- The prevalence of diabetes in the county for 2021 was 19.9%. This is a slight decrease from 2018 at 20.7%, but still higher than WNC, NC, and the US.



Source: (WNC Health Network, 2021)

Respiratory Conditions

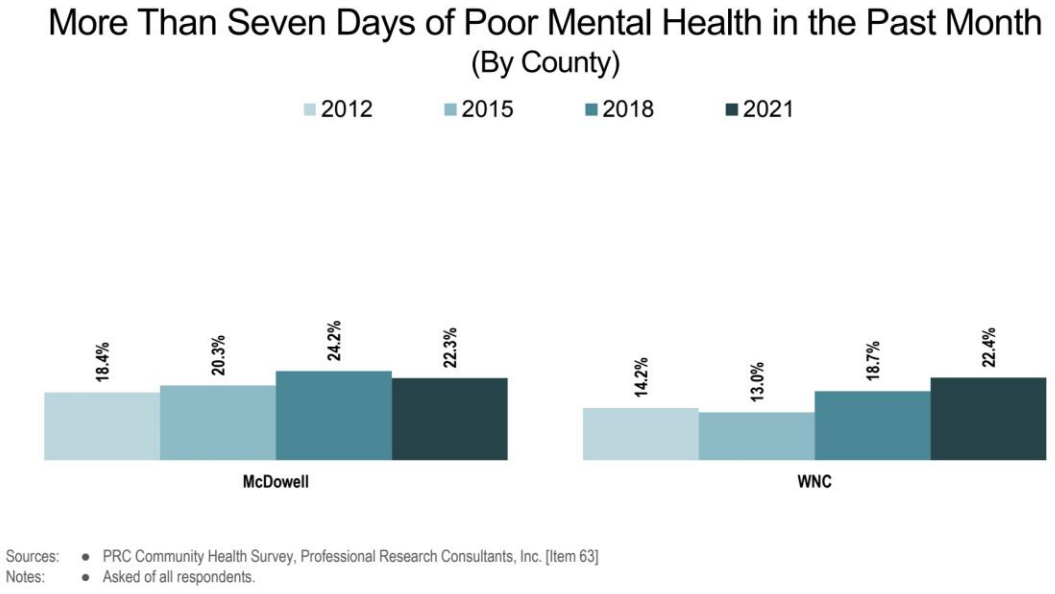
- The prevalence of Chronic Obstructive Pulmonary Disease (COPD) in the county for 2021 was 10.5% which is a decrease from 2018. The percentage for 2021 is also higher than WNC, NC , and the US.



Source: (WNC Health Network, 2021)

Mental Health

- Approximately 22.3% percent of survey respondents had more than seven days of poor mental health within the last month in 2021. This is only a .1% difference from the regions percentage.



Source: (WNC Health Network, 2021)

- Of respondents, 22.4% are currently taking medication or receiving treatment for mental health. This is a smaller percentage than the region, but larger than the United States percentage.

Currently Taking Medication or Receiving Treatment for Mental Health

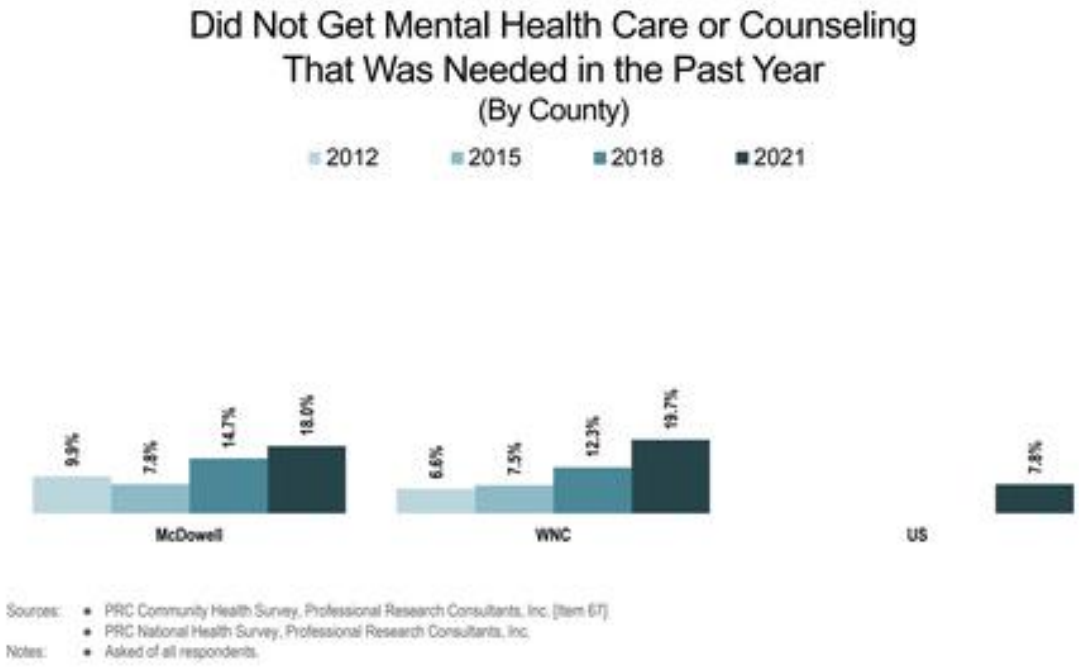
(Western North Carolina, 2021; By County)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Source: (WNC Health Network, 2021)

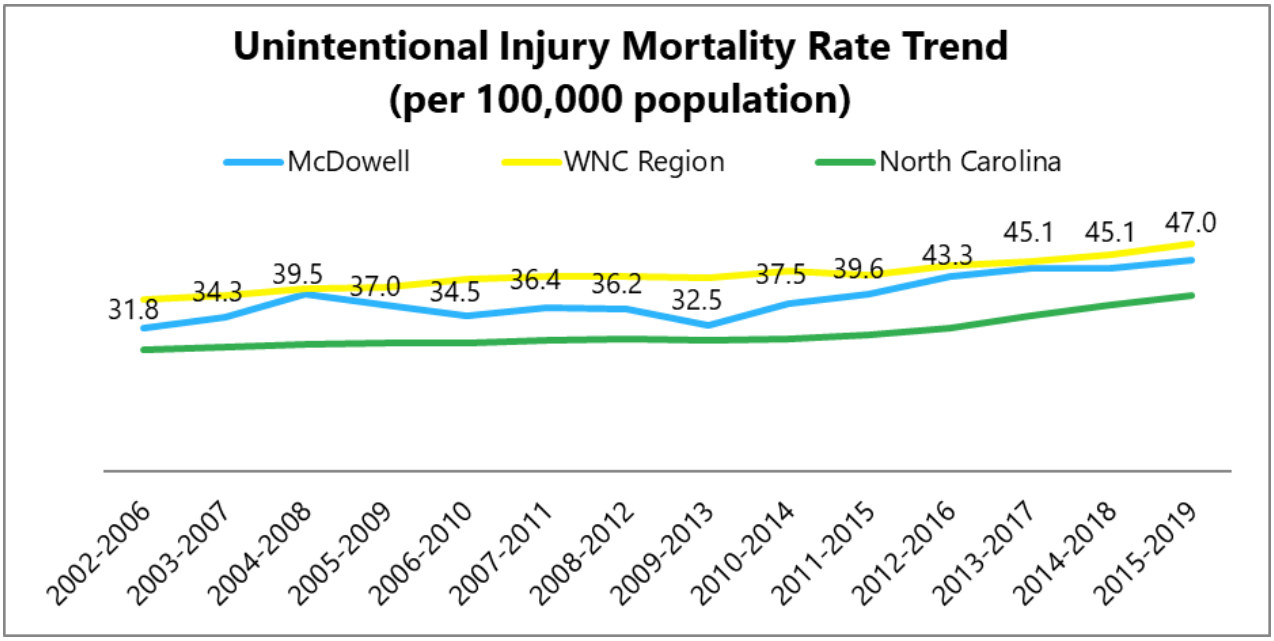
- Of respondents, 18.0% did not get the mental health care or counseling that was needed in the last year which is close to the 19.7% of the regions, and over double the percent of the United States.



Source: (WNC Health Network, 2021)

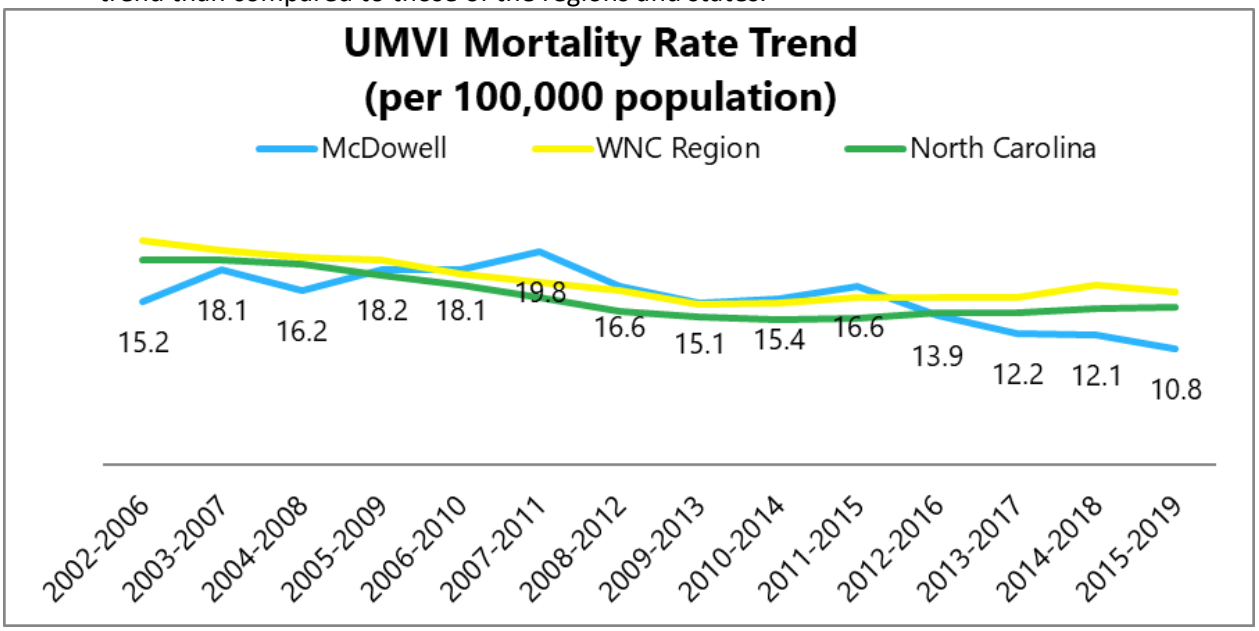
Injury & Violence

- In 2019 the unintentional injury mortality rate was 47.0. This number is larger than the states and smaller than the trend of the regions.



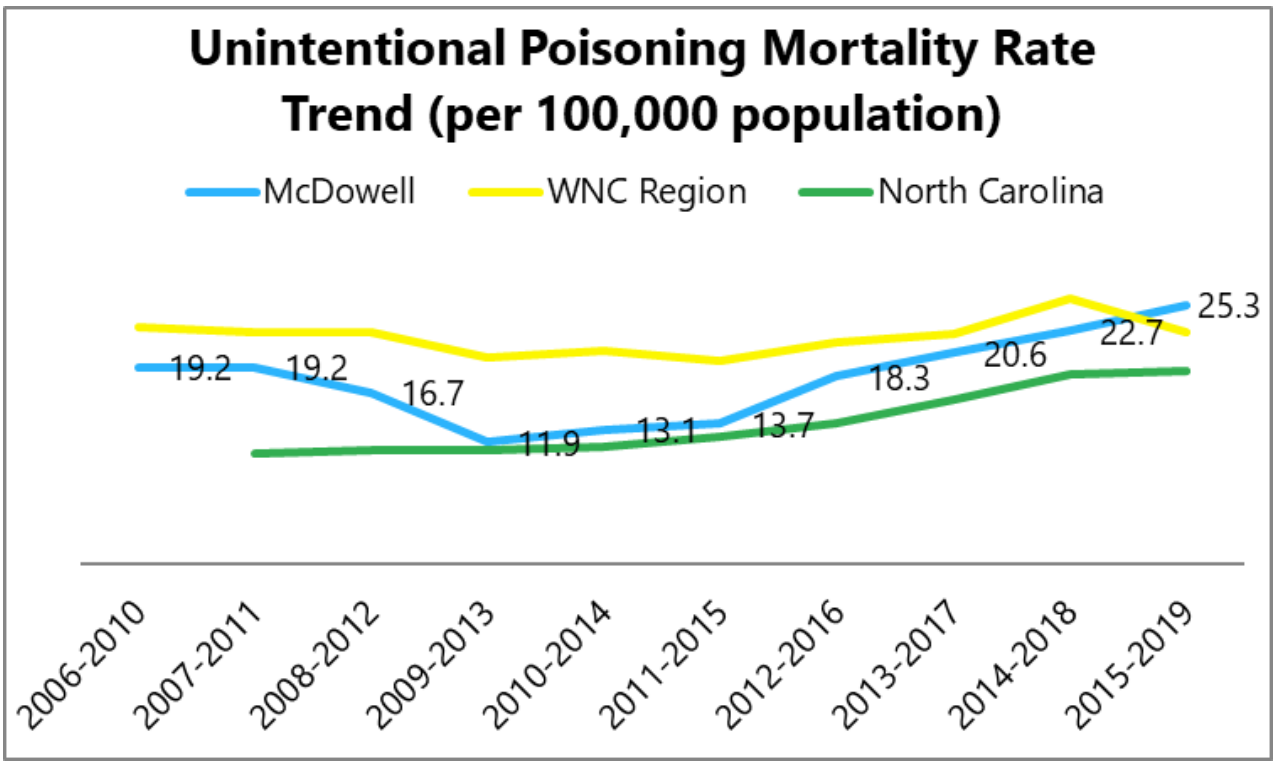
Source: (North Carolina State Center for Health Statistics, 2021)

- The rate of unintentional motor vehicle injuries was 16.7 from 2015-2019. This is a much smaller trend than compared to those of the regions and states.



Source: (North Carolina State Center for Health Statistics, 2021)

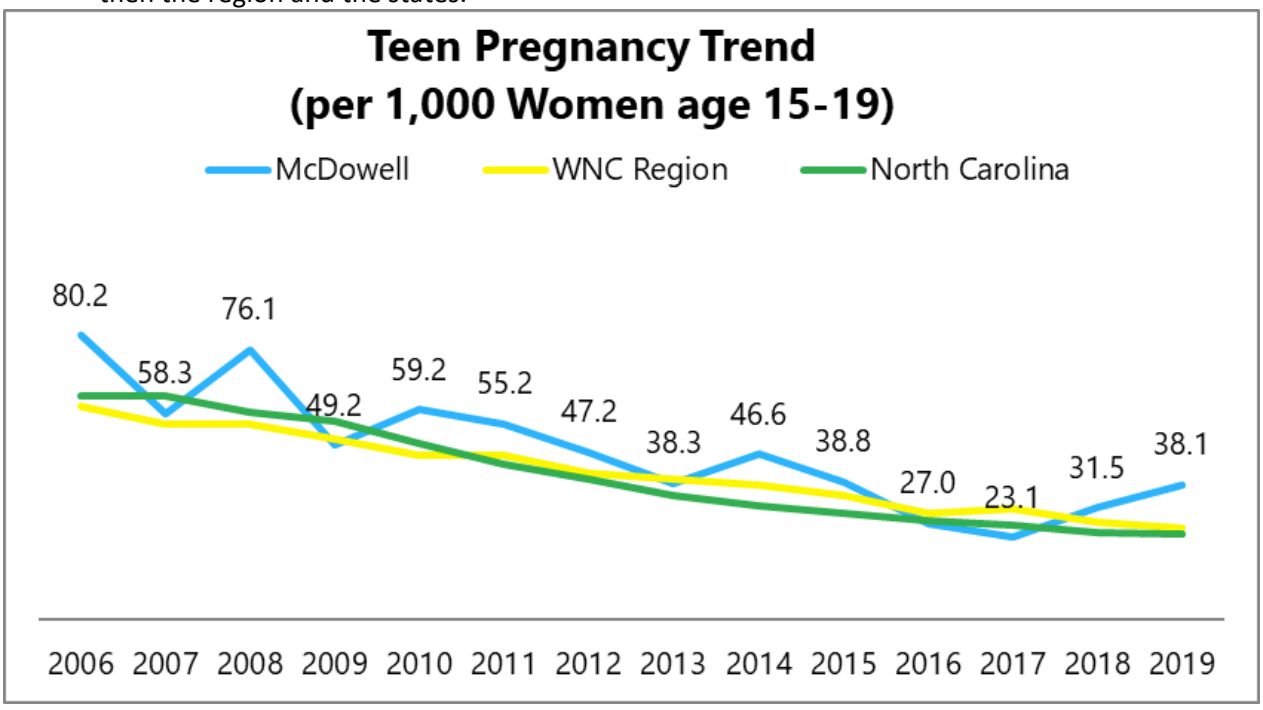
- The unintentional poisoning mortality rate was 25.3 from 2015-2019. This is a higher trend than the region and states.



Source: (North Carolina State Center for Health Statistics, 2021)

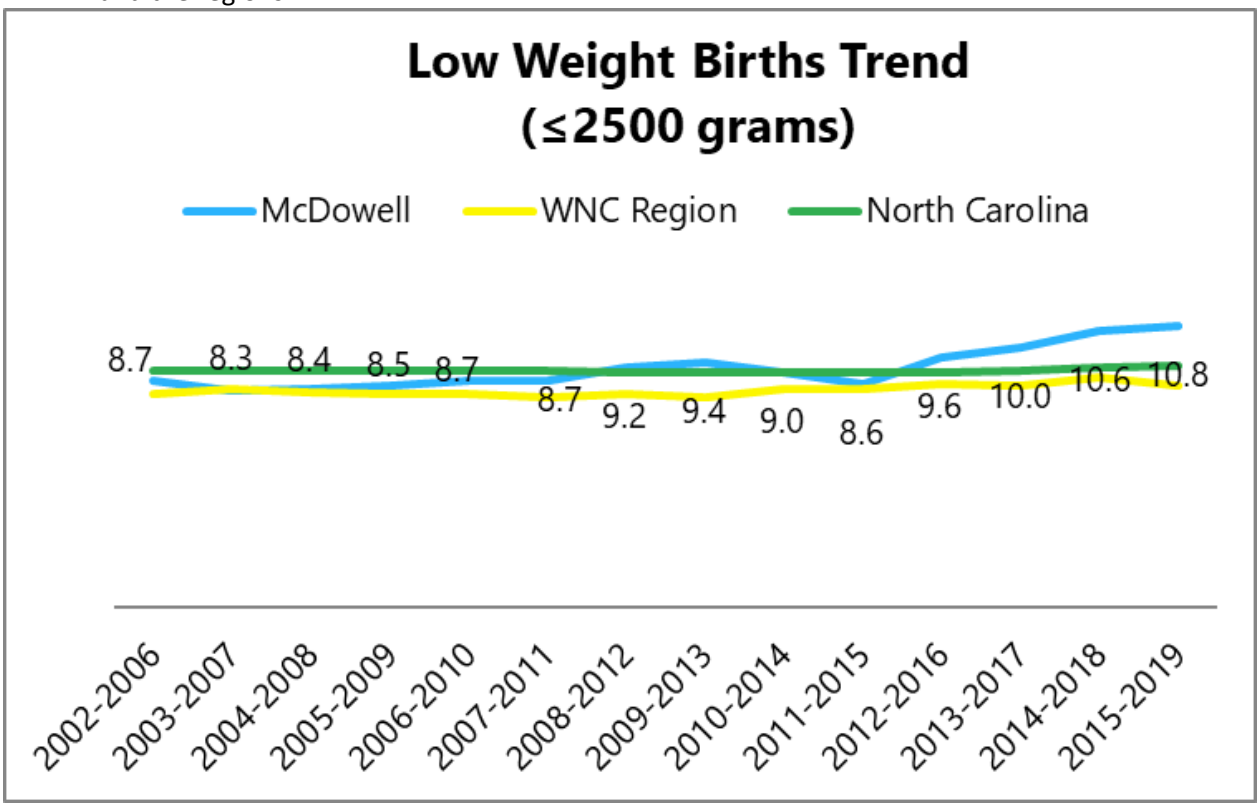
Pregnancy & Births

- The teen pregnancy trend increased from 2018 at 31.5 to 38.1 in 2019. This is a higher trend then the region and the states.



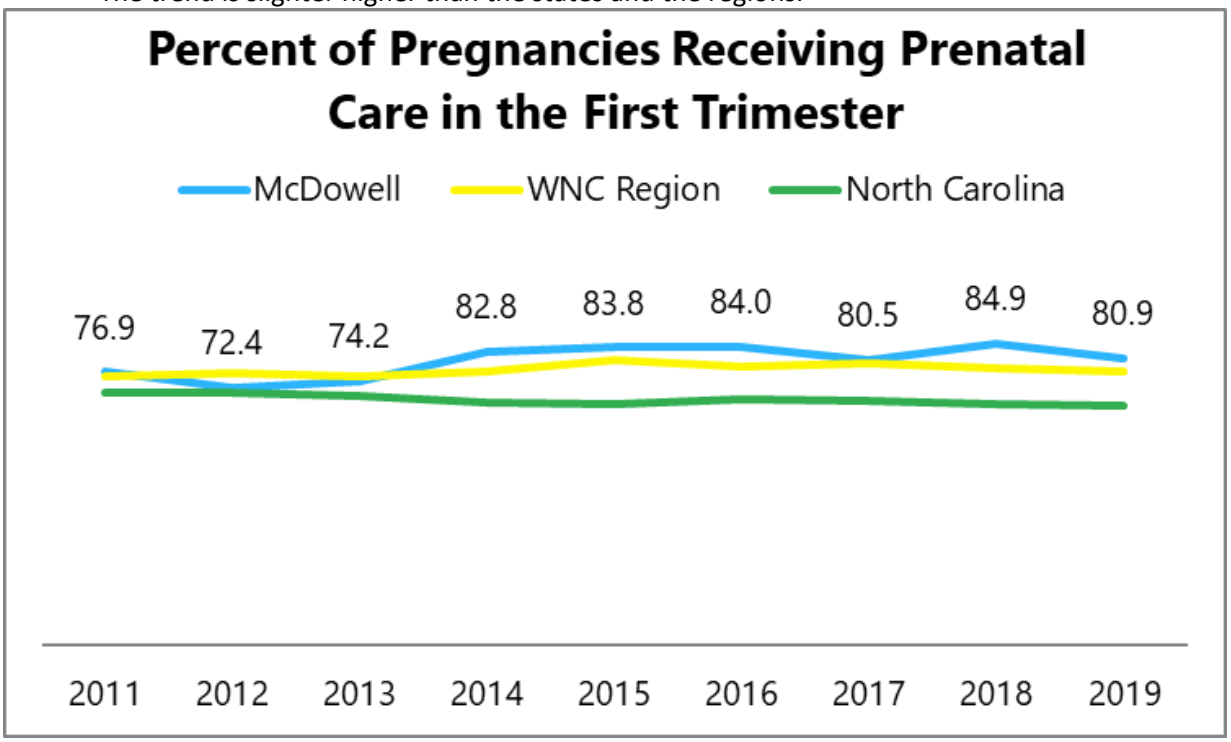
Source: (North Carolina State Center for Health Statistics, 2021)

- From 2015 to 2019 the low weight births trends was 10.8. This trend is larger than the states and the regions.



Source: (North Carolina State Center for Health Statistics, 2021)

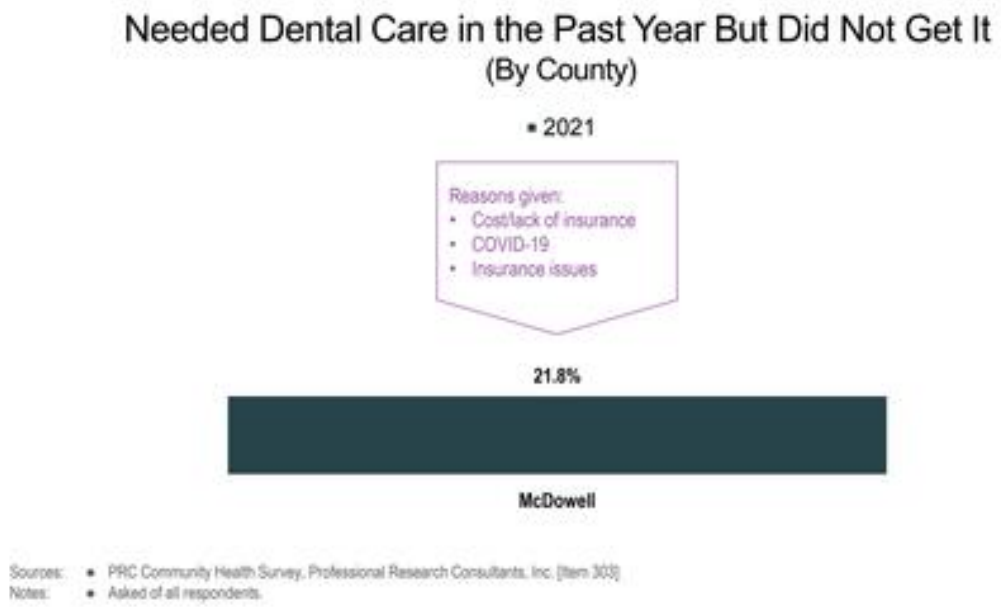
- The percent of expecting women receiving prenatal care in the first trimester in 2019 was 80.9. The trend is slighter higher than the states and the regions.



Source: (North Carolina State Center for Health Statistics, 2021)

Oral Health

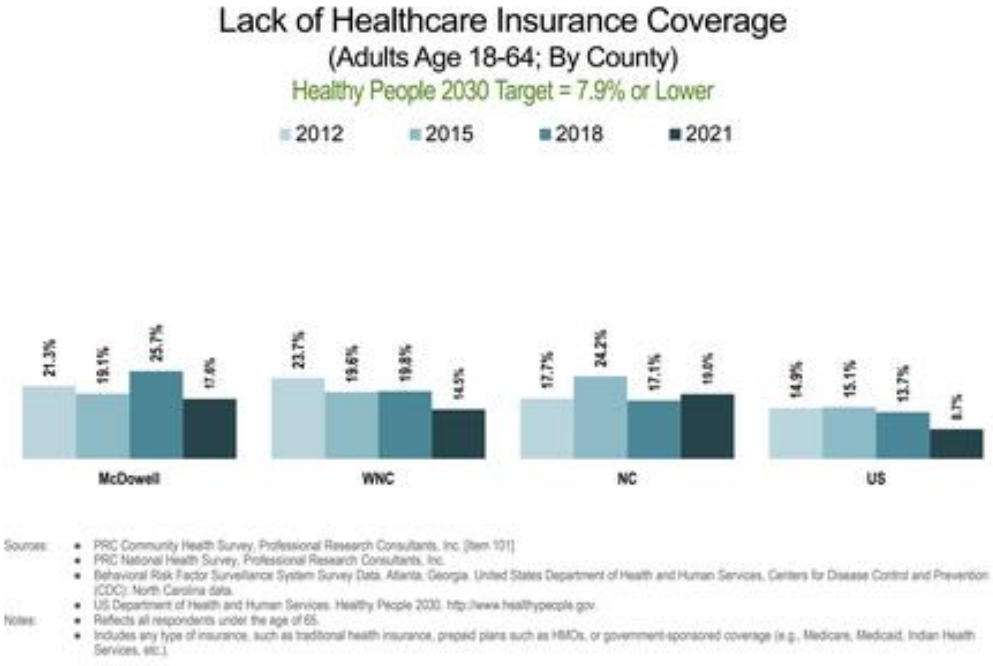
- In 2021, 21.8% of individuals who needed dental care in the past year did not get it due to lack of insurance, COVID-19, and other insurance issues.



Source: (WNC Health Network, 2021)

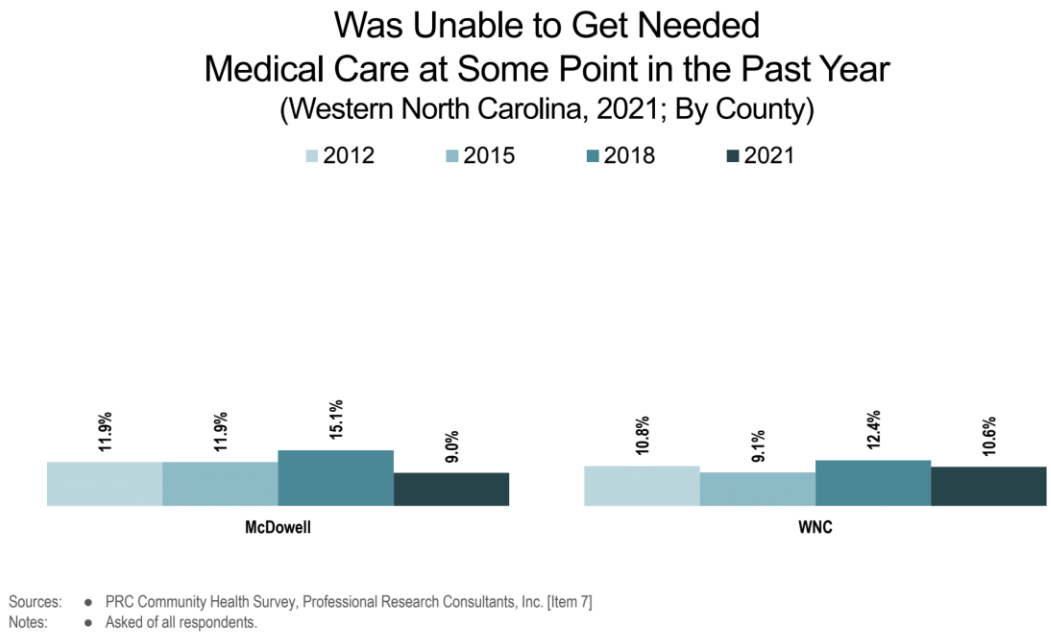
Clinical Care & Access

- In 2021, 17.4% of the county lacked healthcare insurance. This is a decrease from 2018, but still higher than NC and higher than the Healthy People 2030 target of 7.9%.



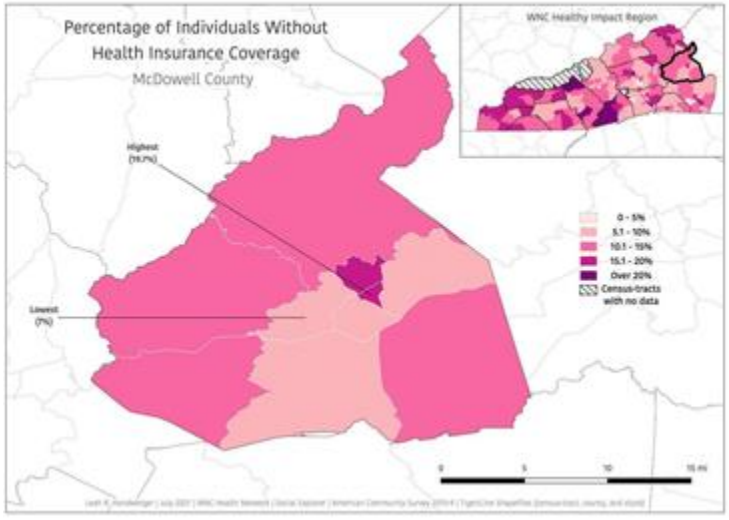
Source: (WNC Health Network, 2021)

- Nine percent of the county was unable to get the medical care that was needed at some point within 2021. This is a slightly smaller percentage than the 10.6% of the regions.



Source: (WNC Health Network, 2021)

- Marion has the highest percentage of individuals living without health insurance coverage.

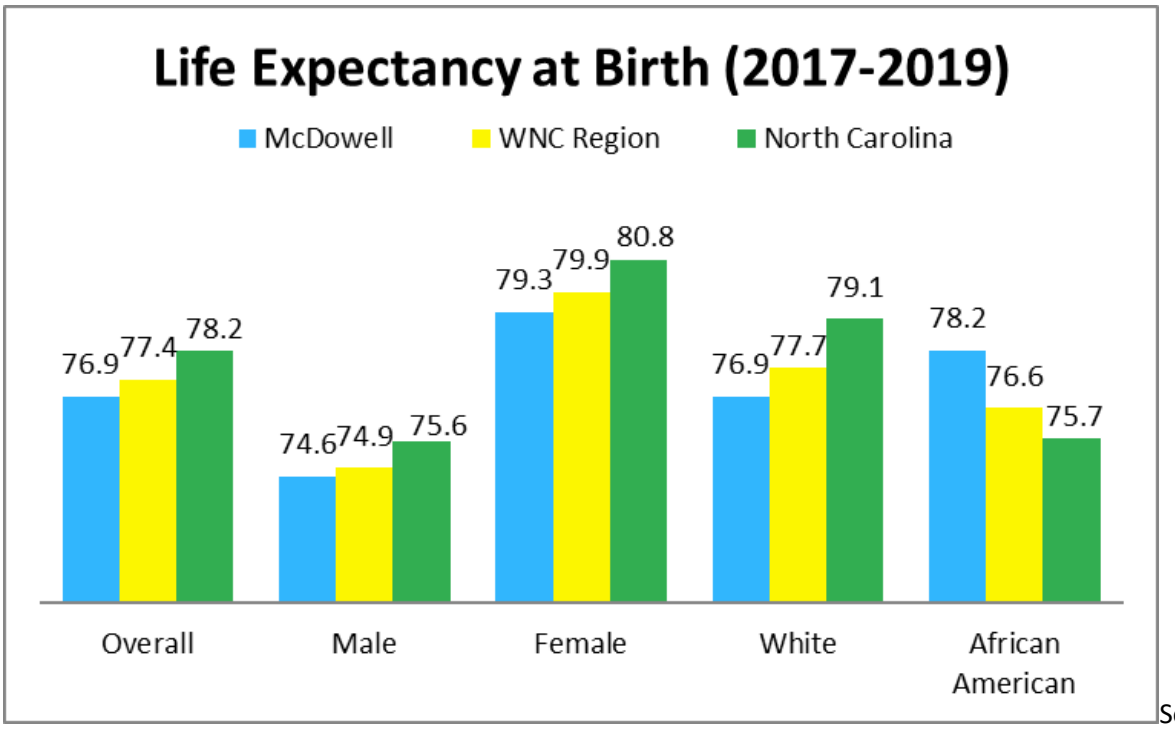


Source: (WNC Health Network, 2021)

Health Inequities

Life Expectancy at Birth

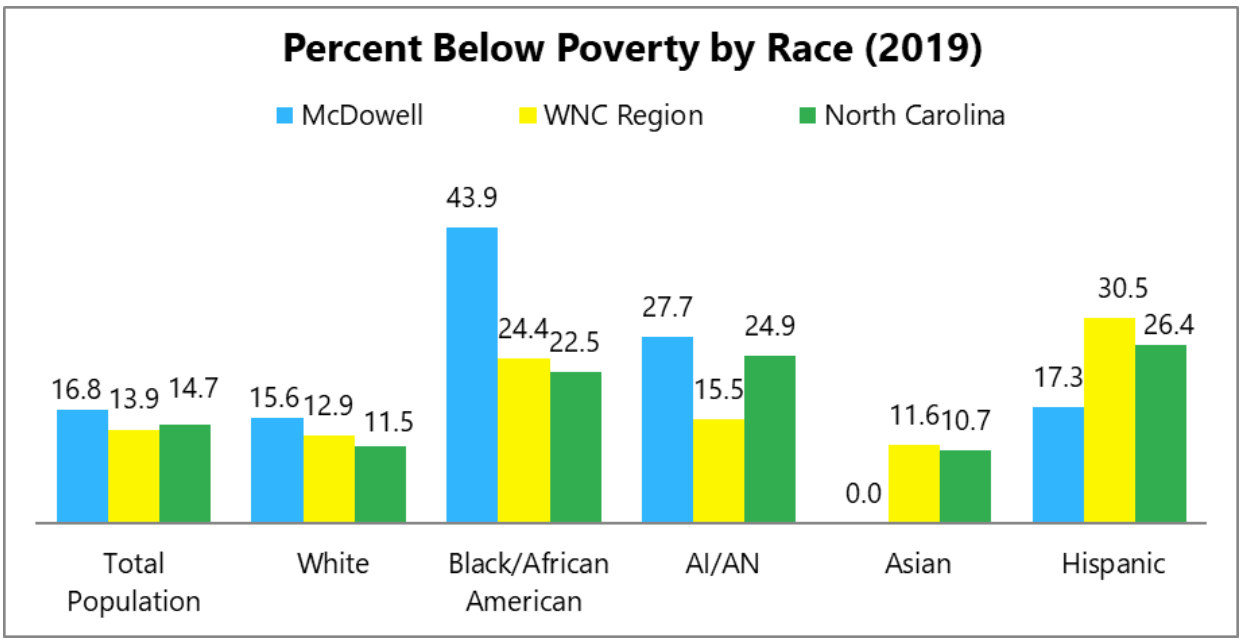
- In McDowell County the average of years lived of a White individual is 76.9 and the average of years lived of an African American is 78.2. The African American age is larger than the age life expectancy of the region and the states.



Source: (North Carolina State Center for Health Statistics, 2021)

Percent Below Poverty by Race

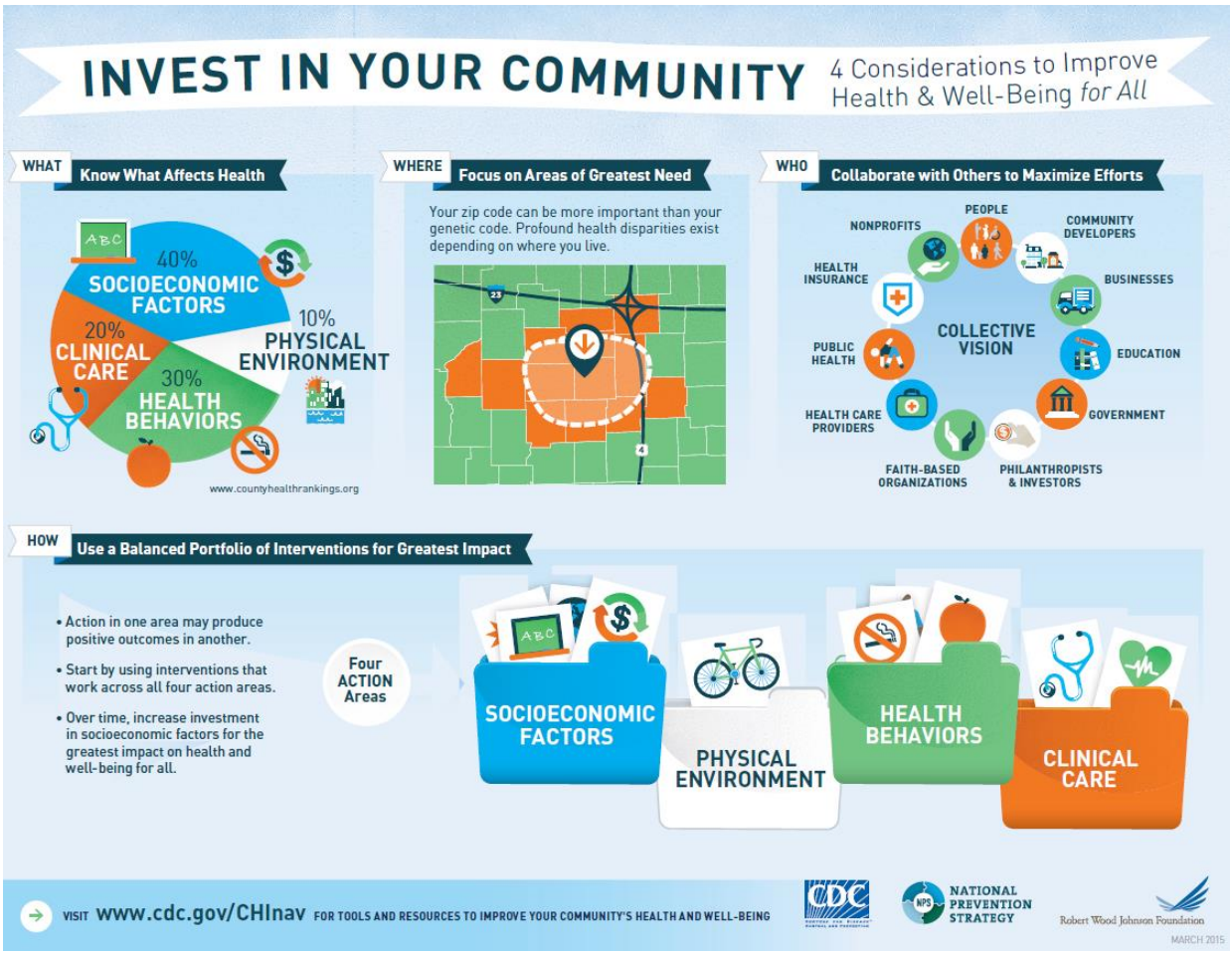
- In 2019 the percent of White individuals below poverty was 15.6. The percent of African Americans was 43.9. American Indian/Alaska Native had 27.7 living below the poverty line while Asian individuals were at 0 and Hispanic individuals below poverty were 17.3. The total population, White, African American, and American Indian/Alaska Native numbers are all higher than the region and states while the numbers for Asian and Hispanic are lower than the regions and states.



Source: (U.S. Census Bureau, 2021)

Chapter 5 – Physical Environment

"The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.
Clean air and safe water are necessary for good health. Air pollution is associated with increased asthma rates and lung diseases, and an increase in the risk of premature death from heart or lung disease. Water contaminated with chemicals, pesticides, or other contaminants can lead to illness, infection, and increased risks of cancer" (County Health Rankings, 2021).



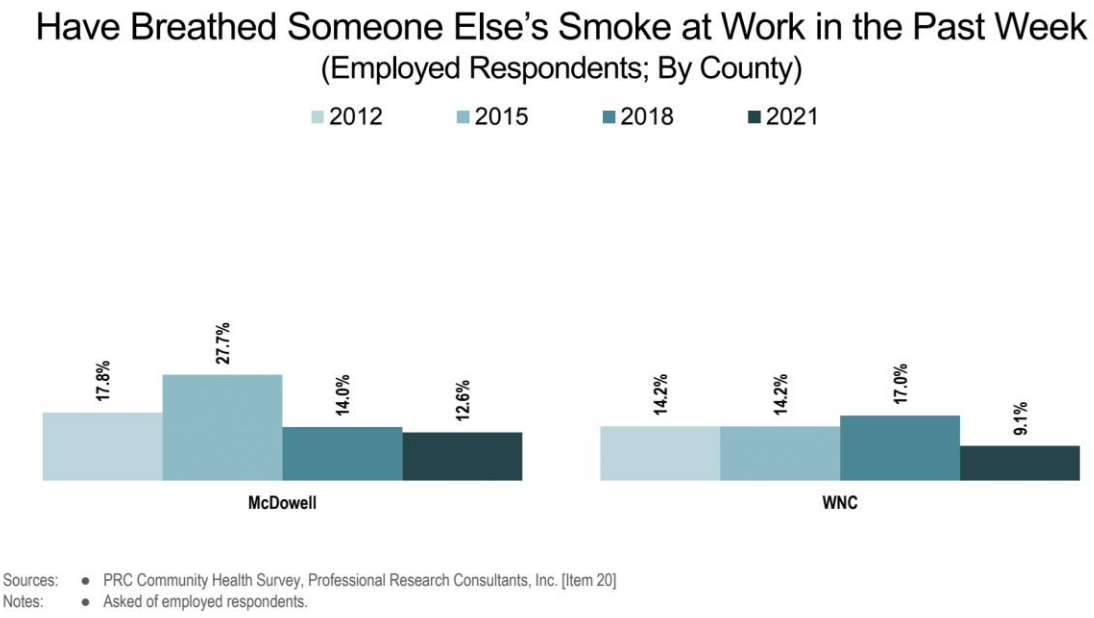
Source: (CDC, 2018)

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." (County Health Rankings, 2021).

According to Community Health Rankings the county's air pollution particulate matter daily average was 9.0. When it came to drinking water violation there was no presence of a water violation.

Furthermore, secondhand smoke is a known human carcinogen with more than 7,000 chemical compounds and 70 are known to cause cancer (American Cancer Society, 2020). 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 2021, 12.6% of McDowell's County employed adults indicated they had breathed in someone else's smoke at work in the past week. This is a decrease from 2018 when the average was 14.0% and is higher than the WNC region average of 9.1% (WNC Health Network, 2021).

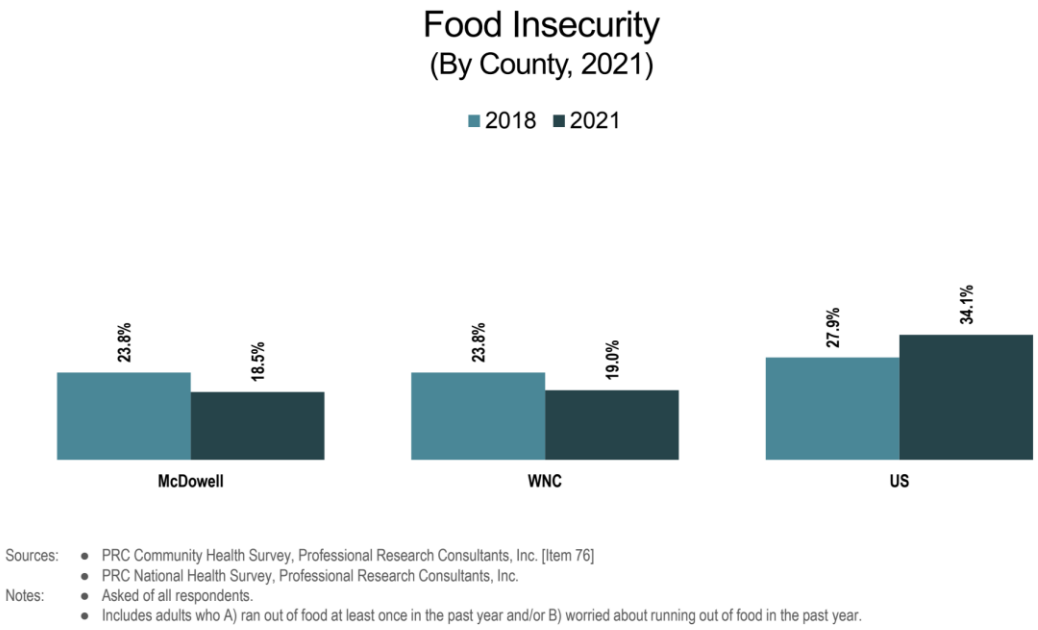


Source: (WNC Health Network, 2021)

Access to Healthy Food & Places

Food security, as defined by the United Nations' Committee on World 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.

In McDowell County, approximately 9 grocery stores and one farmers market exist to serve the residents. In 2021, 18.5% of McDowell County residents indicate they are food insecure, which includes adults who ran out of food at least once in the past year and/or worried about running out of food in the past year (WNC Health Network, 2021). Lastly, as of 2016 there were 31 fast food restaurants in McDowell County.



Source: (WNC Health Network, 2021)

Chapter 6- Health Resources

"I have observed, experienced and participated in initiatives launched through grassroots efforts related to: racial justice, voter engagement, substance misuse, mental and emotional wellbeing, housing--urgent need, transition, short- and long-term rental, acquisition, cross culture engagement, connections with law enforcement, launching new projects for adolescents/youth engagement, and most importantly connection across interests, organizations, agencies, and service providers." – Community Leader

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

In viewing the 2-1-1 data set it was found that there is a great deal of health resources within and serving the county such as the McDowell County Health Department, urgent care facilities, Family Health Center at Cane Creek, and Moutain Area Health Education Center to name a few that can help any individual receive the quality medical care that is needed.

Additionally, there are multiple resources that fall under the shelter category such as the Crisis Line and Shelter from New HOPE of McDowell, Overnight Men's Homeless Shelter from Western Carolina Rescue Ministries, and the Center of Hope Homeless Shelter by Salvation Army, that individuals who are seeking shelter and support can be assisted.

Lastly, there are many beneficial community activities and programs such as McDowell Technically Community College where degrees and GED's can be achieved, the Corpening Memorial YMCA that has fitness opportunities and health education services, Senior Center to allow the involvement of the seniors of the county, and youth enrichment programs such as the North Carolina Arboretum with youth education programs, and the Western North Carolina YMCA with youth camps.

Resource Gaps

There is an abundance of resources the county it itself has to offer as well as services that serve the county.

When observing the data list, it was found that there is a lack of access to affordable fitness resources, and resource to help with obtaining health insurance. Other resources identified by key informants were access to healthy foods, access to indoor recreation, and safe housing in the community.

Chapter 7 – Identification of Health Priorities

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 August, 2021, 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 is related to past health priorities
- Data reflects a concerning trend related to size or severity
- Significant disparities exist
- Issue surfaced as a topic of high community concern
- County data deviates notably from the region, state or benchmark

Once our team made sense of the data, we used the information to score each issue, and then vote for their areas of concern.

Identified Issues

During the above process, the Foothills Health District identified the following health issues or indicators:

- *Issue 1*: Prevalence of High Blood Pressure as the county level is at 46,8% and the Healthy People 2030 Target is 27.7% or lower.

- *Issue 2*: Prevalence of Diabetes as the county level is at 19.9% and the state level is at 11.8%.

- *Issue 3*: Current Smokers as the county level is at 17.7% and the Healthy People 2030 Target is 5% or lower.

- *Issue 4*: Obesity as the county level is at 42.3% and the Healthy People 2030 Target is 36% or lower.

- *Issue 5*: Lack of Health Insurance as the county level is at 17.6% and the Healthy People 2030 Target is 7.9% or lower.

- *Issue 6*: Physical Activity as the county level is at 22.3% and the Healthy People 2030 Target is 28.4% or higher.

- *Issue 7:* The Unintentional Injuries rate in the county has increased over the years. The rate from 2015-2019 is 47.0. This includes numbers of overdose deaths.

Priority Health Issue Identification

Process

During our 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? *(Size of the problem; Severity of problem; Focus on equity; Aligned with HNC 2030; Urgency to solve problem; 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)*

A modified Hanlon method was used to rate the priorities using the criteria listed above. Then dot-voting and multi-voting techniques were used to narrow to the top three 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:

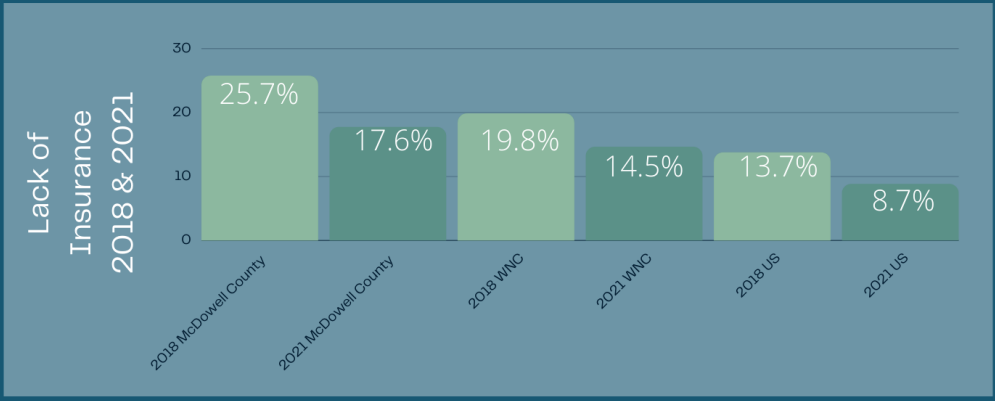
- **Lack of Health Insurance Coverage** – The Healthy People 2030 goal is 7.9% or lower and the McDowell percentage in 2021 is 17.6%.

- **Unintentional Injuries**- The Unintentional Injuries rate in the county has increased over the years. The rate from 2015-2019 is 47.0. This includes numbers of overdose deaths.
- **Obesity** –The 2021 percentage in McDowell County in 2021 is 19.9% which is higher than the NC percentage at 11.8%.

Lack of Health Insurance

Healthy people 2030 states that About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, such as preventive care and treatment for chronic illnesses.

WHAT THE NUMBERS SAY:



Healthy People 2030 Target 7.9% or lower

MORE INFORMATION:

- In 2021, 7,845 individuals lacked health insurance coverage
- 9.0% of the population was unable to get needed medical care at some point in the past year

Lack of Health Insurance

WHO'S IMPACTED?

- Individuals who are unemployed
- low income families
- Indivduals from minority populations

WHAT'S HELPING?

- We are fortunate to have MATCH in McDowell County for those who are underinsured or uninsured"- Community Leader

WHAT'S HURTING?

- High deductible plans
- pride
- misinformation

WHAT ELSE DO WE KNOW?

"This challenge impacts all individuals in the community"- Community Leader

Tool adapted by WNC Health Network from Buncombe County CHIP data team –
Buncombe County Health and Human Services, MAHEC, and Mission Health, October 2018. Revised in Sept 2021.

Unintentional Injuries Focusing on Overdose

FOOTHILLS HEALTH DISTRICT

Unintentional injuries result from motor vehicle crashes, falls, fires and burns, drowning, poisonings, overdoses and aspirations.

WHAT THE NUMBERS SAY:

MORE INFORMATION:

- The overall total for unintentional injuries in Western North Carolia for 2015-2019 was 2,613
- The overall total for unintentional injuroes in North Carolina for 2015-2019 was 21,107

Unintentional Injuries

WHO'S IMPACTED?

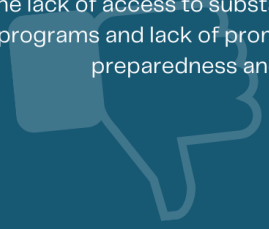
Children with access to chemicals, individuals who use drugs, individuals with fall hazards, and anyone susceptible to fire hazards.

WHAT'S HELPING?

- Education
- Posion control
- Narcan access
- Substance use groups

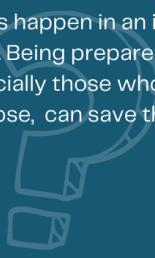
WHAT'S HURTING?

The lack of access to substance use programs and lack of promotion of preparedness and safety.



WHAT ELSE DO WE KNOW?

- Unintentional injuries happen in an instant and are not planned. Being prepared for any instances, especially those who are experiencing overdose, can save the lives of many individuals.



Tool adapted by WNC Health Network from Buncombe County CHIP data team –
Buncombe County Health and Human Services, MAHEC, and Mission Health, October 2018. Revised in Sept 2021.

Obesity

The definition of obesity from the CDC is," a serious chronic disease, and the prevalence of obesity continues to increase in the United States. Obesity is common, serious, and costly. This epidemic is putting a strain on American families, affecting overall health, health care costs, productivity, and military readiness.

WHAT THE NUMBERS SAY:

Healthy People 2030 Target is 36.0% or lower

MORE INFORMATION:

- 26.2% of the population have a healthy weight which is a body mass index between 18.5 and 24.9
- 72.4% of the population is overweight or obese by having a BMI of 25.0 or higher

Obesity

WHO'S IMPACTED?

Individuals with unhealthy lifestyles, children and adults, individuals in unhealthy environments, indivduals from minority populations.

WHAT'S HURTING?

- Lower-income families
- No-income families
- Minority represented communities
- "Food pantries and backpack programs give what they have but most of processed foods.."- Community Leader "

WHAT'S HELPING?

- "...an increased interest in making fresh fruits and vegetables available to clients of food pantries"- Community Leader
- "Nutrition information, cooking classes, fresh produce at food pantries"-Community Leader
- Backpack programs, & food pantries

WHAT ELSE DO WE KNOW?

- Food insecuity has four levels of impacting families. These are High, Marginal, Low, and Very Low.
- Lack of nutritional food can impacted a child's growth and development

Tool adapted by WNC Health Network from Buncombe County CHIP data team –
Buncombe County Health and Human Services, MAHEC, and Mission Health, October 2018. Revised in Sept 2021.

Chapter 8 - Next Steps

Collaborative Planning

Collaborative planning with hospitals and other community partners will result in the creation of a community-wide plan that outlines what will be aligned, supported and/or implemented to address the priority health issues identified through this assessment process.

Sharing Findings

COVID –19 has interfered with the normal CHA operations and planning. Due to COVID and a position transition, the sharing of the findings and chosen health priorities will be presented to community members and stakeholders after the CHA submission. This will allow for individual to gather in person safely, voice their goal and ideas for the health issues and how to improve the health of the communities, and help brainstorm in collaboration for ideas to implement in the Community Health Improvement Plan.

Where to Access this Report

This CHA report will be posted on the Foothills Health District website. A link can be found at https://www.foothillshd.org/healthprom/

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 McDowell County Library.

For More Information and to Get Involved

For more information or to get involved please visit the Foothills Health District website at https://www.foothillshd.org/healthprom/ or contact the CHA facilitator via phone at 828-233-1001

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PHOTOGRAPHY CREDITS

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APPENDICES

Appendix A – Data Collection Methods & Limitations

Appendix B – Data Presentation Slides

Appendix C – County Maps

Appendix D – Key-Informant Survey Findings

APPENDIX A - DATA COLLECTION METHODS & LIMITATIONS

Secondary Data Methodology

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; NC Department of Health and Human Services; NC Office of State Budget and Management; NC Department of Commerce; UNC-CH Jordan Institute for Families; NC Department of Public Instruction; NC Department of Justice; NC Division of Health Benefits; 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 WNC Healthy Impact Data Workbook was prepared. It is not possible to continually update the data past a certain date; in most cases that end-point is September 2021. Secondary data is updated every summer in between Community Health Assessment (CHA) years.

The principal source of secondary health data for the WNC Healthy Impact Data Workbook is 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 were 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.

The WNC Healthy Impact data workbook contains only secondary data that are : (1) retrieved directly from sources in the public domain or by special request; and (2) are available for all 16 counties in the WNC Healthy Impact region. All secondary data included in the workbook are the most current available, but in some cases may be several years old. Names of organizations, facilities, and geographic places presented in the tables and graphs 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 Community Health Survey (Primary Data)

Survey Methodology

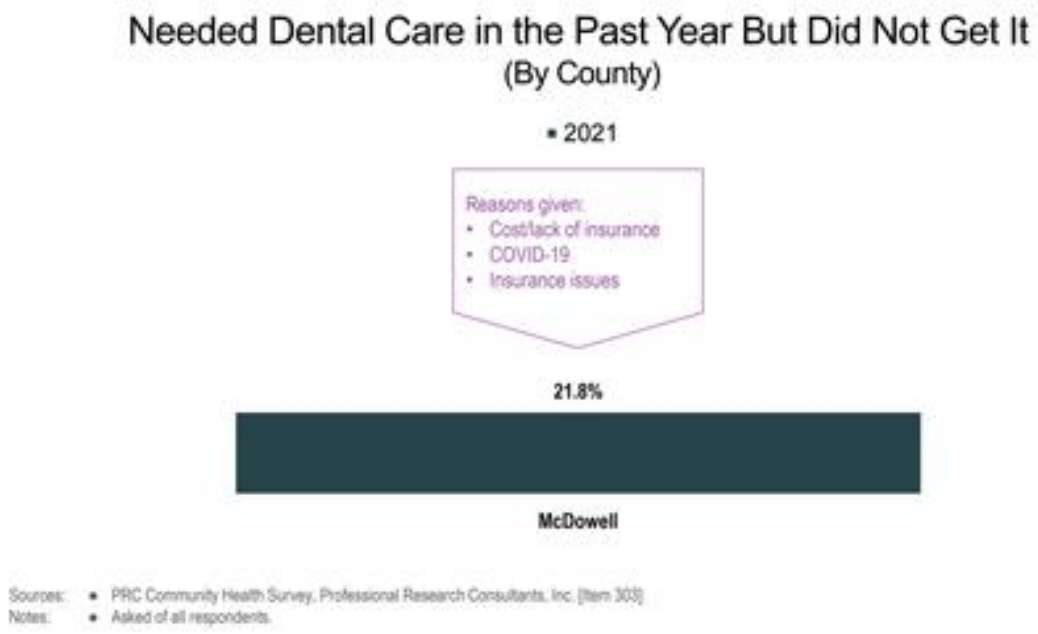
The 2021 WNC Healthy Impact Community Health Survey was conducted from March to June 2021. The purpose of the survey was to collect primary data to supplement the secondary core dataset, and allow individual counties in the region to collect data on specific issues of concern. The survey was conducted 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 mixed-mode survey methodology, which included a combination of telephone (both landline and cell phone) interviews, online survey, as well as a community outreach component promoted by WNC Health Network and its local partners through social media posting and other communications. 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.

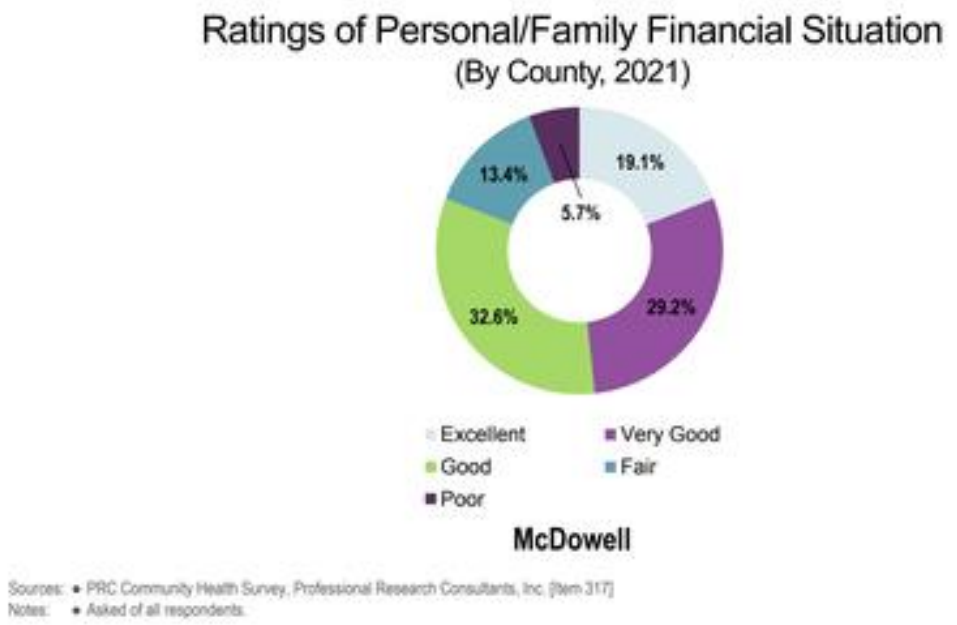
Survey Instrument

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 two additional county questions included in the 2021 survey were:



Source: (WNC Health Network, 2021)



Source: (WNC Health Network, 2021)

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 56 (56.4) percent cell phone-based survey respondents and 44 (43.6) 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 worked with a third-party provider to identify and invite potential respondents for an online survey for a small proportion (3.5%) 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.

PRC also created a link to an online version of the survey, and WNC Health Network and its local partners promoted this online survey link throughout the various communities in order to drive additional participation and bolster overall samples. This yielded an additional 1,717 surveys, and locally an additional 233.

About the McDowell Sample

Size: The total regional sample size was 4,861 individuals age 18 and older, with 233 from our county. PRC conducted all analysis of the final, raw dataset.

Sampling Error: For county-level findings, the maximum error rate at the 95% confidence level is approximately ±4.0% (Buncombe and Henderson counties), ±4.6% (Polk county), ±5.1% (Jackson and Madison counties), or ±6.9% (all other counties).

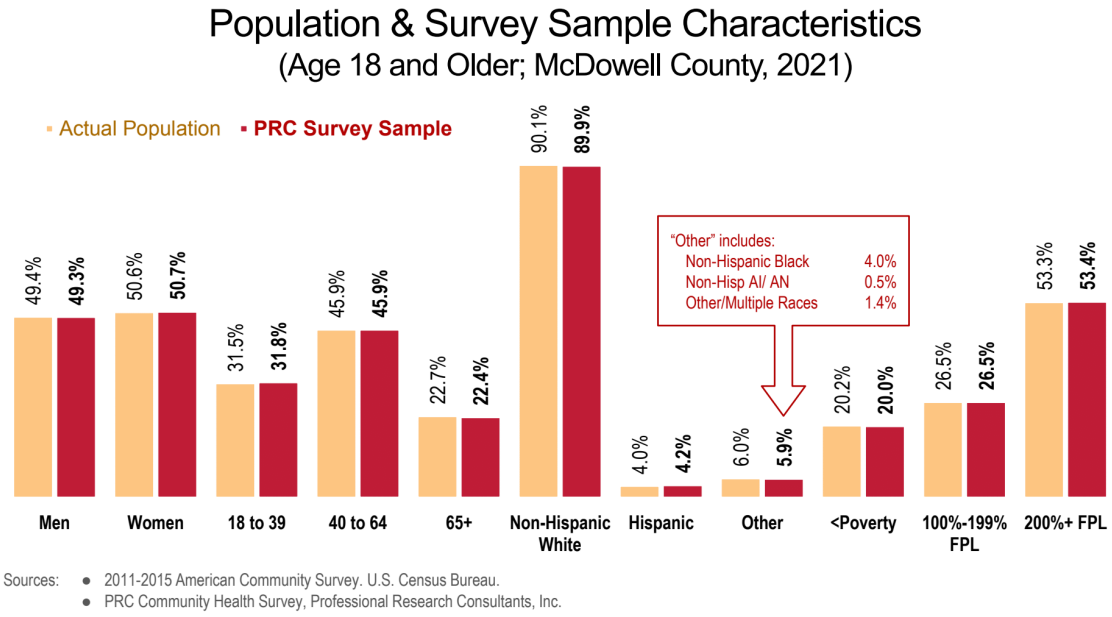
Expected error ranges for a sample of 233 respondents at the 95% confidence level.

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

Examples:

- If 10% of a sample of 200 respondents answered a certain question with a "yes," it can be asserted that between 6.0% and 14.0% (10% ± 4.0%) 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 McDowell 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.



Source: WNC Healthy Impact Community Survey

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 2020 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 2030

Since 1980, the Healthy People initiative has set goals and measurable objectives to improve health and well-being in the United States. The initiative's fifth edition, Healthy People 2030, builds on knowledge gained over the past 4 decades to address current and emerging public health priorities and challenges.

An interdisciplinary team of subject matter experts developed national health objectives and targets for the next 10 years. These objectives focus on the most high-impact public health issues, and reflect an

increased focus on the social determinants of health — how the conditions where people live, work, and play affect their health and well-being.

Survey Limitations and Information Gaps

Limitations

The survey methodology included a combination of telephone (both landline and cell phone) interviews, as well as an online survey. Limitations exist for these methods. For example, potential respondents must have access to a landline or a cell phone to respond to the telephone survey. In addition, the telephone survey sample included landlines (versus cell phones), which may further skew responses to individuals or households with landlines.

The PRC online survey component also has inherent limitations in recruitment and administration. Respondents were recruited from a pre-identified panel of potential respondents. The panel may not be representative of the overall population.

Additionally, PRC created an online survey link, which was promoted by WNC Health Network and its local partners through social media posting and other communications. The online survey link respondents might not be representative of the overall population.

A general limitation of using online survey technology is that respondents must interpret survey questions themselves, rather than have them explained by a trained, live interviewer. This may change how they interpret and answer questions.

Lastly, the technique used to apply post stratification weights helps preserve the integrity of each individual's responses while improving overall representativeness. However, this technique can also exaggerate an individual's responses when demographic variables are under-sampled.

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health of the community overall. It does not measure all possible aspects of health in the community, nor does it represent all possible populations of interest. For example, due to low population numbers, members of certain racial/ethnic groups (e.g. Black, AI/AN, Hispanic/ Latinx, etc.) may not be identifiable or represented in numbers sufficient for independent analyses. In these cases, information gaps may limit the ability to assess the full array of the community's health needs.

Online Key Informant Survey (Primary Data)

Online Survey Methodology

Survey Purpose and Administration

The 2021 Online Key Informant Survey was conducted in June and July 2021. 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.

Survey instrument
The survey provided respondents the opportunity to identify important health issues in their community, what is supporting or getting in the way of health and wellbeing in their community, and who in their community is most impacted by these health issues.

Participation
In all, 16 community stakeholders took part in the Online Key Informant Survey for our county, as outlined below:

Local Online Key Informant Survey Participation	
Key Informant Type	**Number Participating**
Community Leader	12
Other Health Provider	4
Physician	0
Public Health Representative	0
Social Services Provider	0

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

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.

Local Survey Data or Listening Sessions

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.

2021 PRC Community Health Needs Assessment

Western North Carolina

WNCHEALTHYIMPACT

Methodology

Survey methodology

- **4,861 surveys throughout WNC**
  - 2,971 surveys were completed via the telephone, both landlines (43.6%) and cell phones (56.4%); another 173 surveys were completed online by individuals invited through third-party providers to participate.
  - 1,717 were completed via a link to the online survey promoted by WNC Healthy Impact and community partners through social media, email campaigns, and various other outreach efforts.

Allows for high participation and random selection for a large portion of the sample

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

Methodology

4,861 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

Full WNC sample allows for drill-down by:

- County
- Age
- Gender
- Race/ethnicity
- Income
- Other categories, based on question responses

Individual county samples allow for drill-down by:

- Gender
- Income
- Age and race/ethnicity, dependent on final county-level samples
- 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

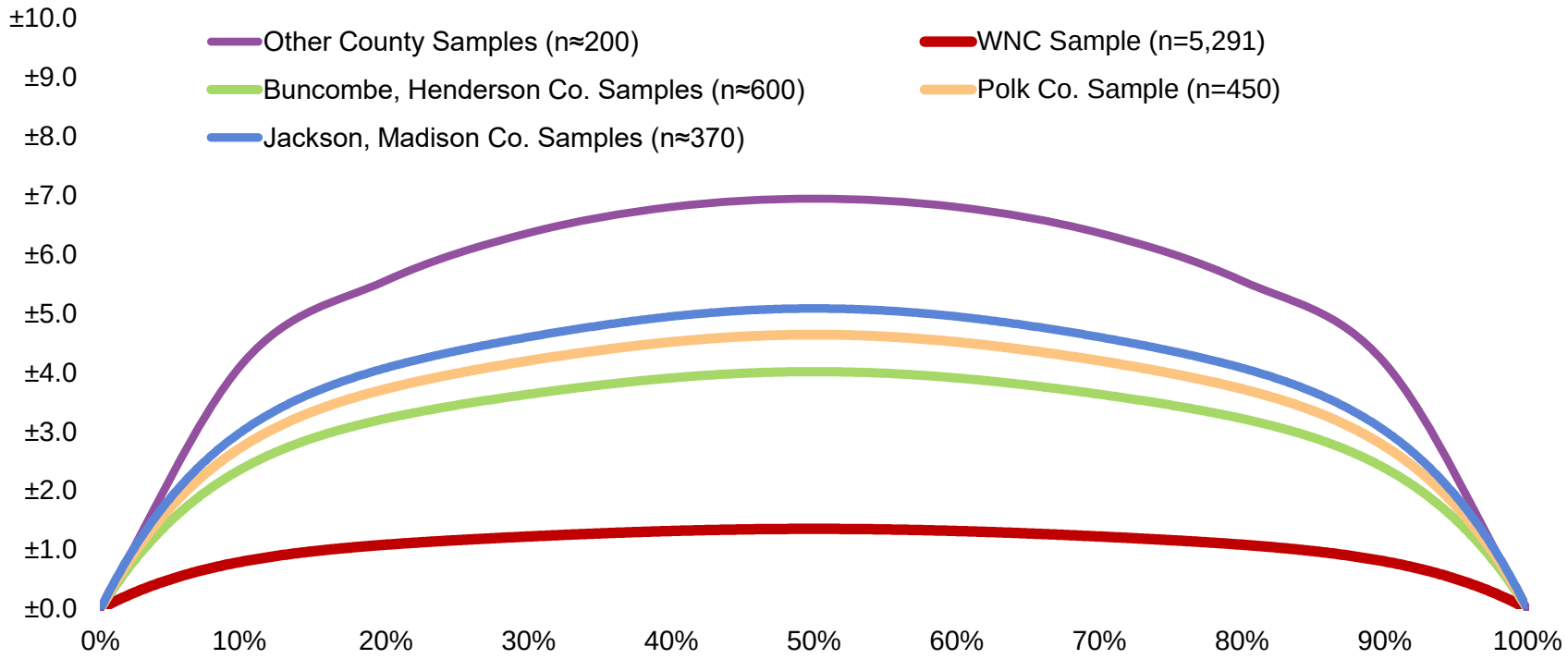
- Each county added three county-specific questions
- Approximately 15-minute interviews
- Questions determined by WNC Healthy Impact Data Workgroup and stakeholder input

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 +1.3% at the 95% confidence level
- Results for Buncombe and Henderson counties have an approximate maximum error rate of +4.0% at the 95% confidence level
- Results for Polk County have an approximate maximum error rate of +4.6% at the 95% confidence level
- Results for Jackson and Madison counties have an approximate maximum error rate of +5.1% at the 95% confidence level
- Results for other individual counties have an approximate maximum error rate of +6.9% at the 95% confidence level

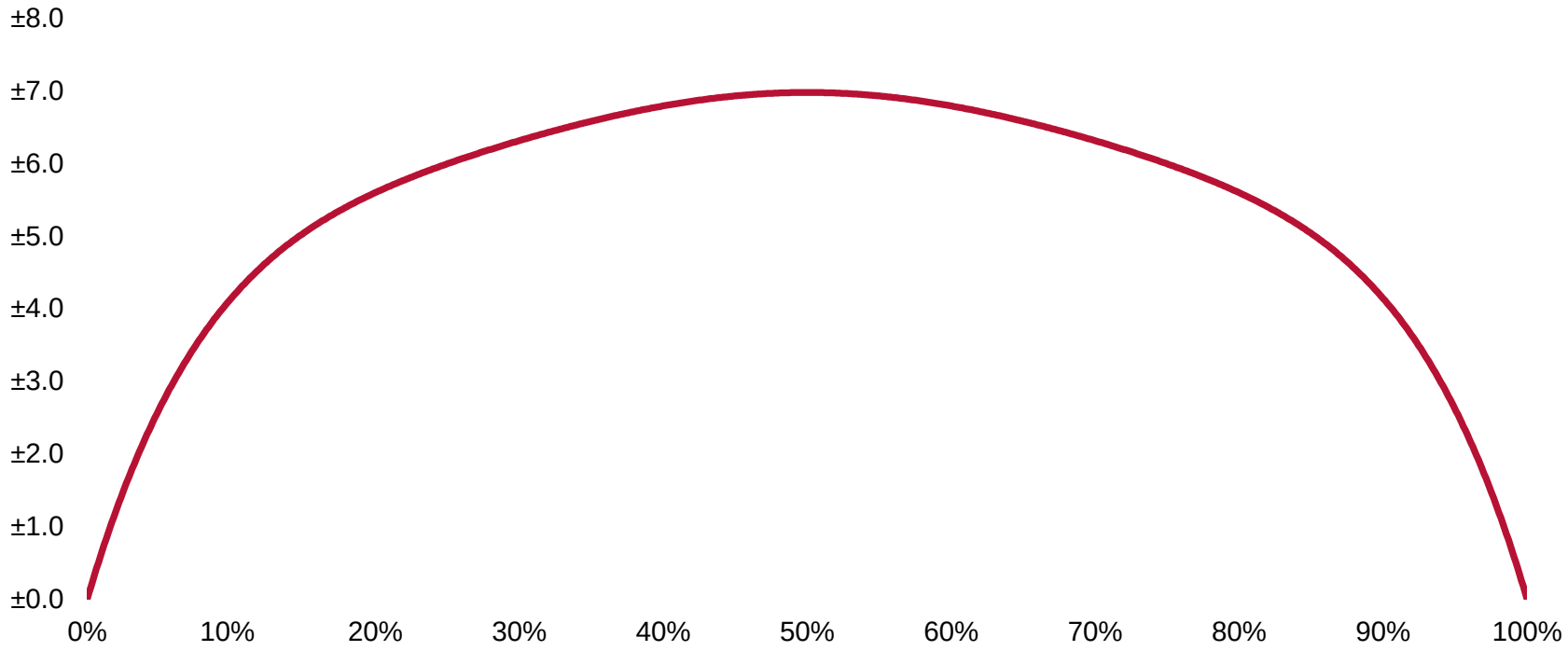
Approximate Error Ranges
at the 95 Percent Level of Confidence



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

Examples:
- If 10% of the sample of 5,289 respondents answered a certain question with a "yes," it can be asserted that between 9.2% and 10.8% (10% ± 0.8%) 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 48.6% and 51.4% (50% ± 1.4%) of the total population would respond "yes" if asked this question.

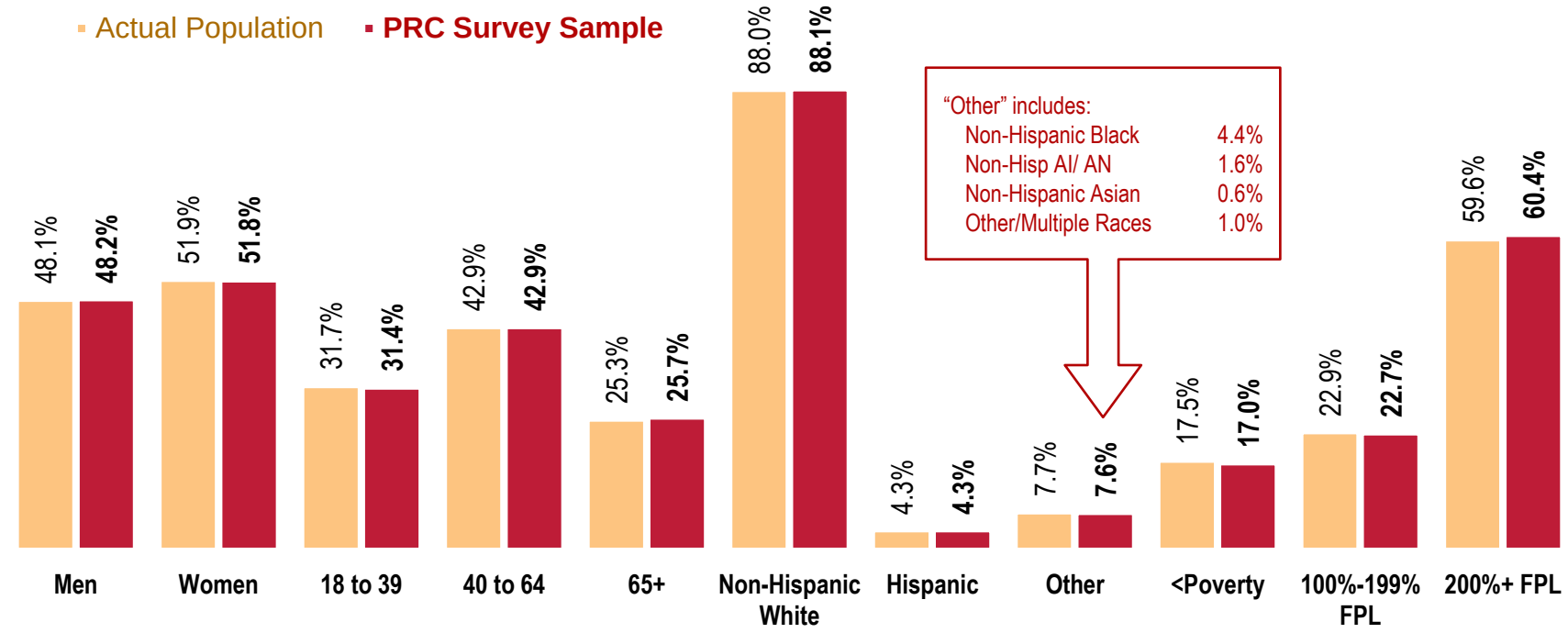
Expected Error Ranges for a Sample of 233 Respondents at the 95 Percent Level of Confidence



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.

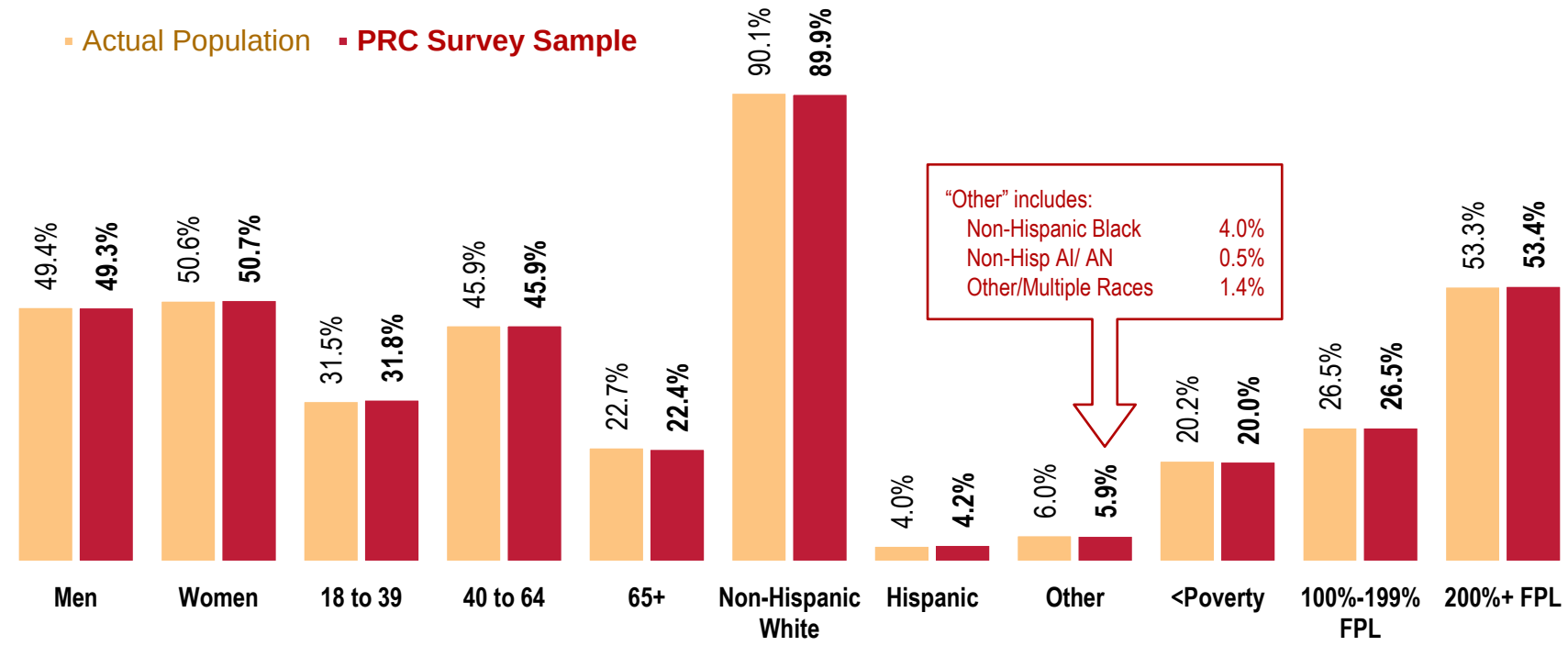
Population & Survey Sample Characteristics

(Age 18 and Older; Western North Carolina, 2021)



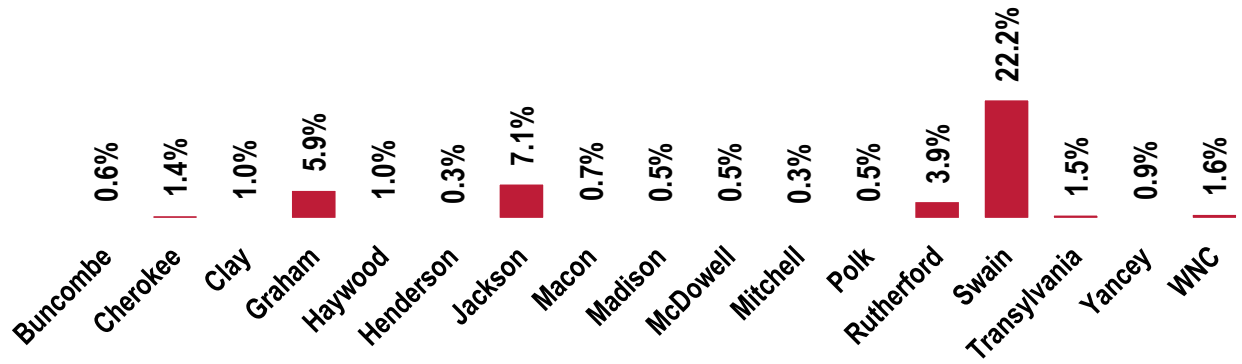
Sources:
- 2011-2015 American Community Survey. U.S. Census Bureau.
- PRC Community Health Survey, Professional Research Consultants, Inc.

Population & Survey Sample Characteristics
(Age 18 and Older; McDowell County, 2021)

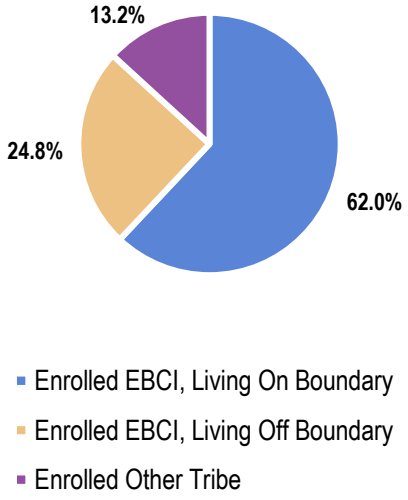


Sources:
- 2011-2015 American Community Survey. U.S. Census Bureau.
- PRC Community Health Survey, Professional Research Consultants, Inc.

American Indian/ Alaska Native Sample
(By County, 2021)



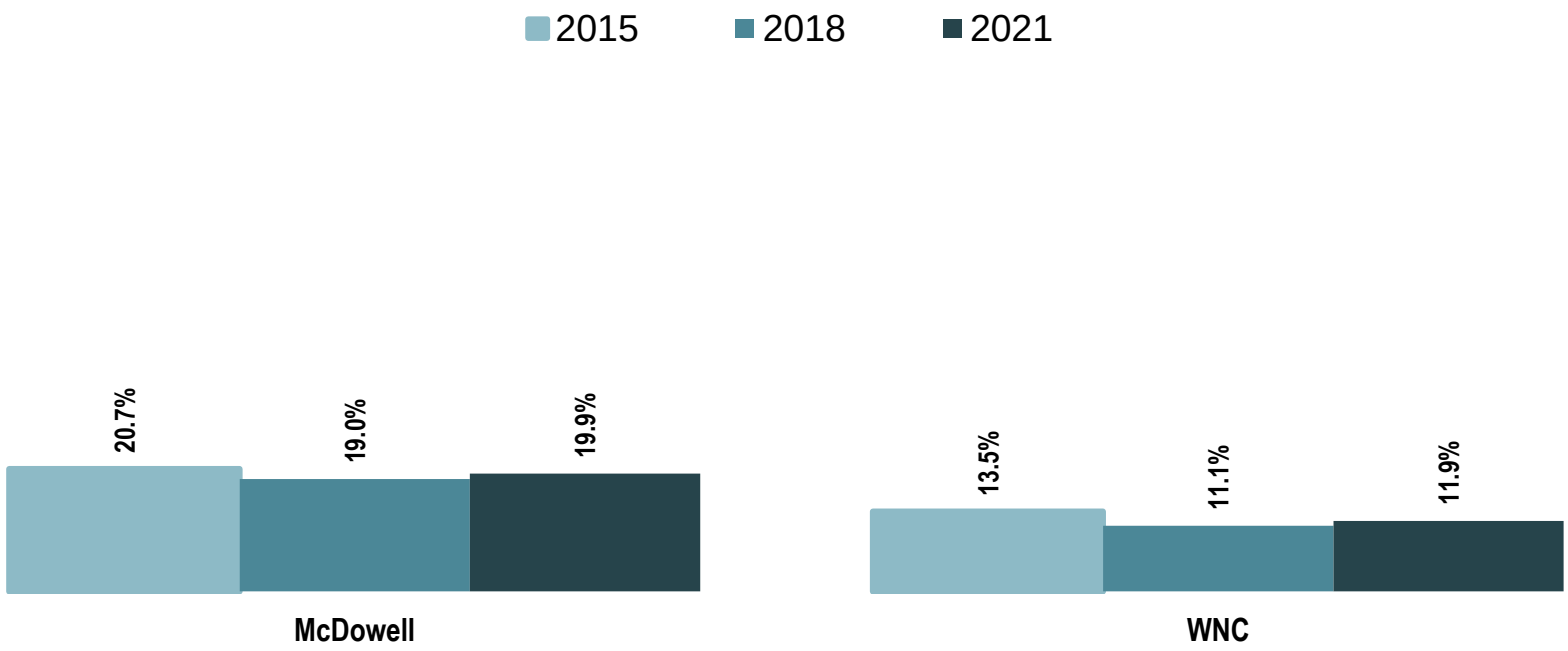
Enrolled Status in Eastern Band of Cherokee Indians (EBCI)
(Among AI/ AN Respondents, WNC)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Items 32, 108]
Notes: ● Asked of all respondents.

QUALITY OF LIFE

County Is a “Fair/Poor” Place to Live
(By County)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: ● Asked of all respondents.

SOCIAL DETERMINANTS OF HEALTH

Equity

Disagree That the Community Is a Welcoming Place for People of All Races and Ethnicities

("Disagree" or "Strongly Disagree" Responses; Western North Carolina, 2021; By County)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]

Notes:
- Asked of all respondents.

“Often/Sometimes” Threatened or Harassed Due to Race/Ethnicity

(Western North Carolina, 2021; By County)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]

Notes:
- Asked of all respondents.

“Often/Sometimes” Treated Unfairly Due to Race/Ethnicity When Getting Medical Care

(Western North Carolina, 2021; By County)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]

Notes:
- Asked of all respondents.

“Often/Sometimes” Treated Unfairly at School Due to Race/Ethnicity

(Western North Carolina, 2021; By County)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]

Notes:
- Asked of all respondents.

“Often/Sometimes” Criticized for My Accent or the Way I Speak

(Western North Carolina, 2021; By County)

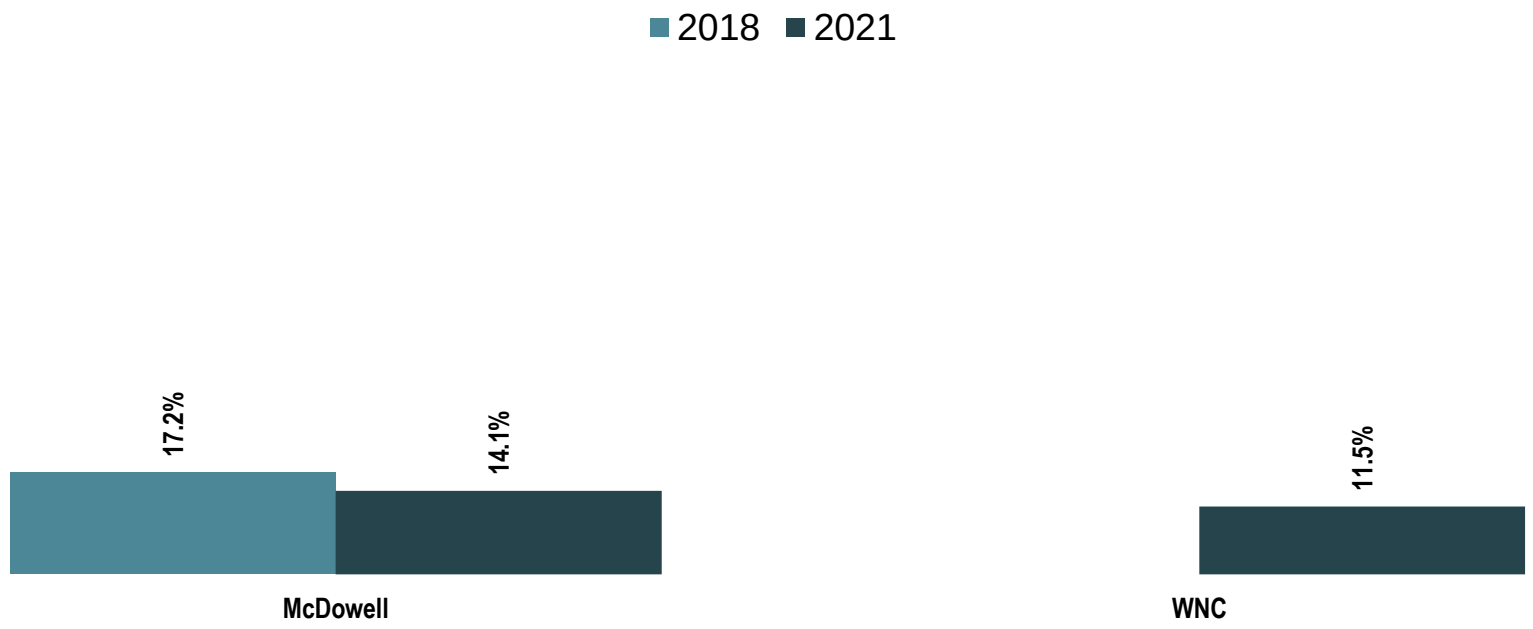
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]

Notes:
- Asked of all respondents.

Housing

Had a Time in the Past Year When Home Was Without Electricity, Water, or Heating

(Western North Carolina, 2021; By County)

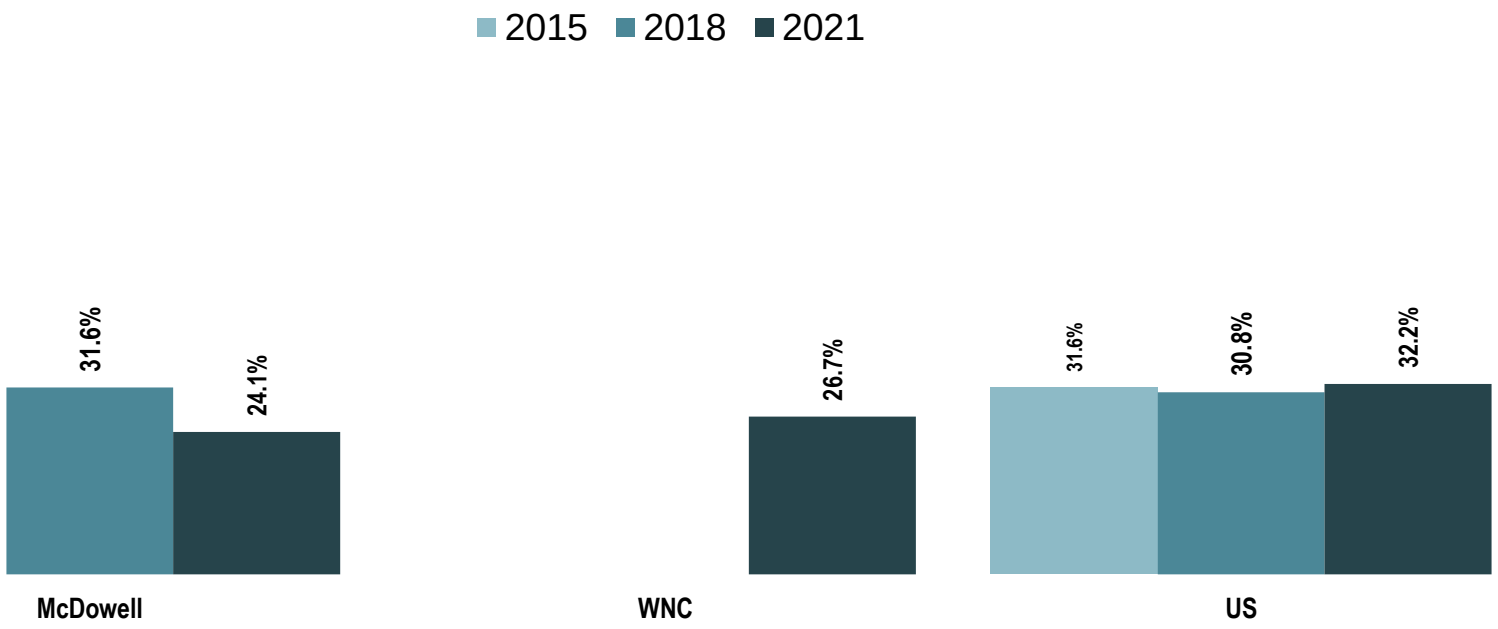


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]

Notes:
- Asked of all respondents.

Worried or Stressed About Paying Rent or Mortgage in the Past Year

(“Always/Usually/Sometimes” Responses; Western North Carolina, 2021; By County)



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

Notes:
- Asked of all respondents.

Have Had to Live With a Friend/Relative in the Past Three Years Due to a Housing Emergency

(Western North Carolina, 2021; By County)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]

Notes:
- Asked of all respondents.

Lived on the Street, in a Car, or in a Temporary Shelter in the Past Three Years

(Western North Carolina, 2021; By County)

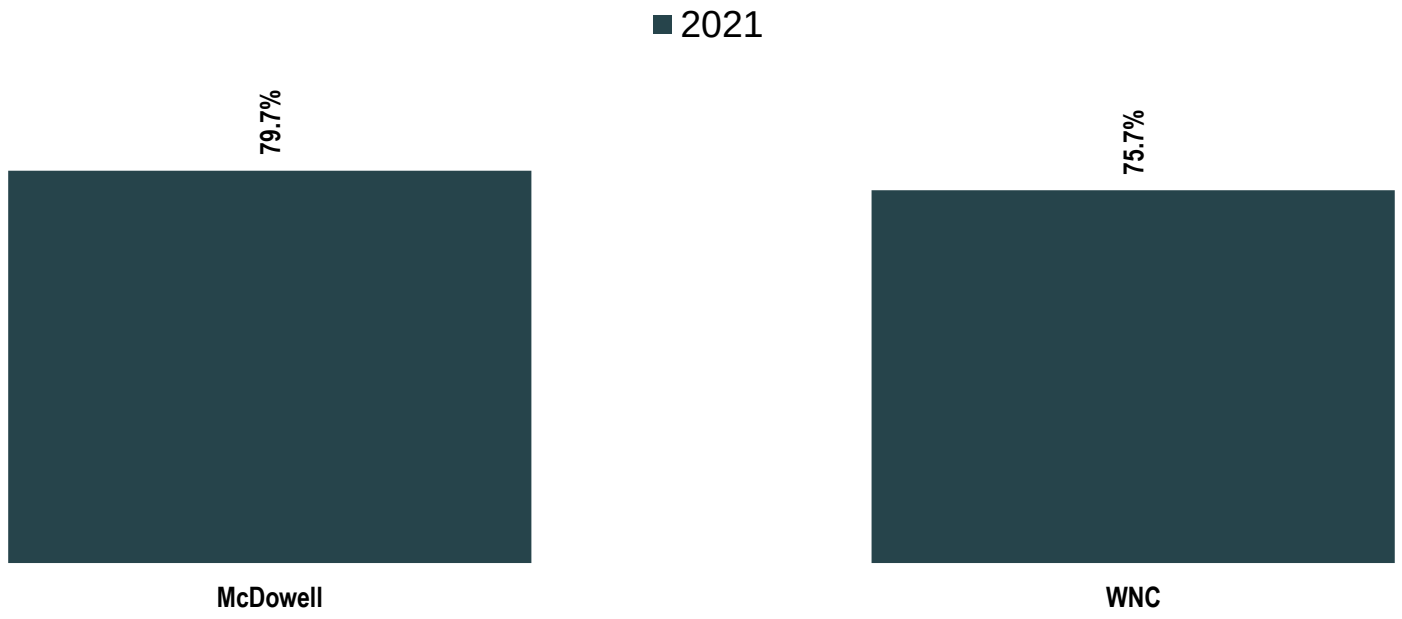
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]

Notes:
- Asked of all respondents.

Support

Have Someone to Rely on for Help or Support if Needed

(e.g. Food, Transportation, Childcare, etc.; Western North Carolina, 2021; By County)



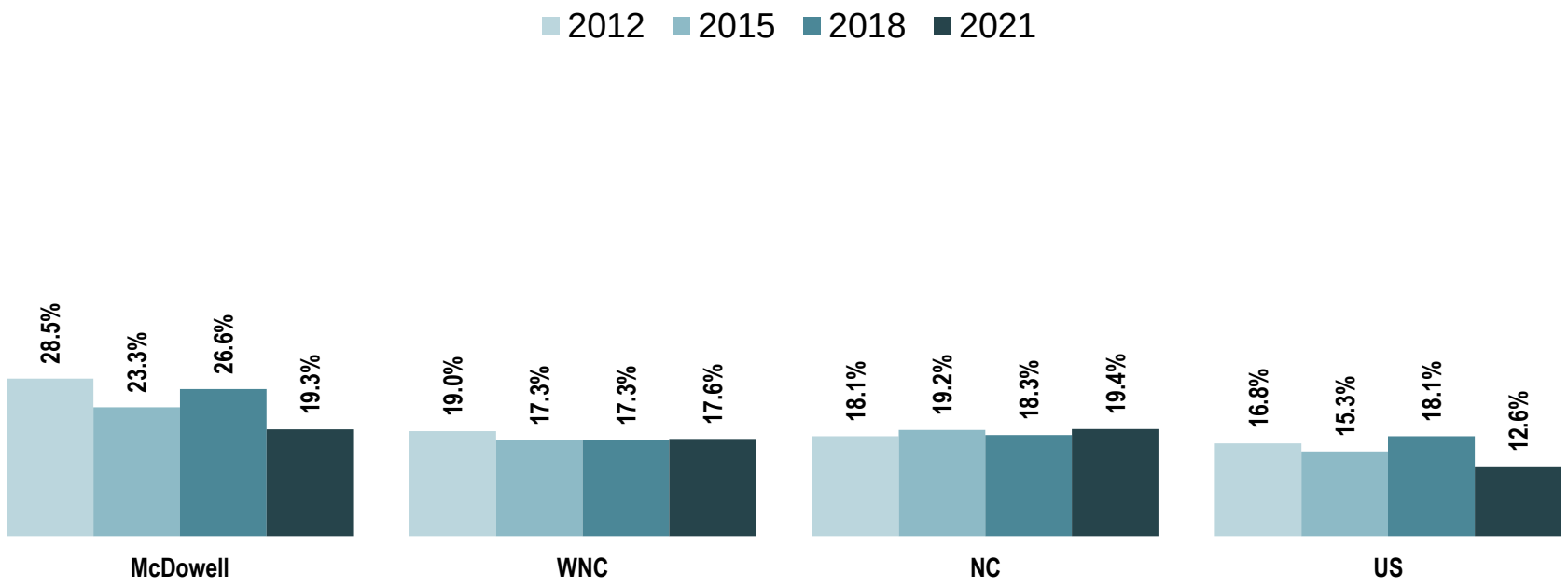
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]

Notes:
- Includes “always” and “usually” responses.

SELF-REPORTED HEALTH STATUS

Overall Health

Experience “Fair” or “Poor” Overall Health
(By County)

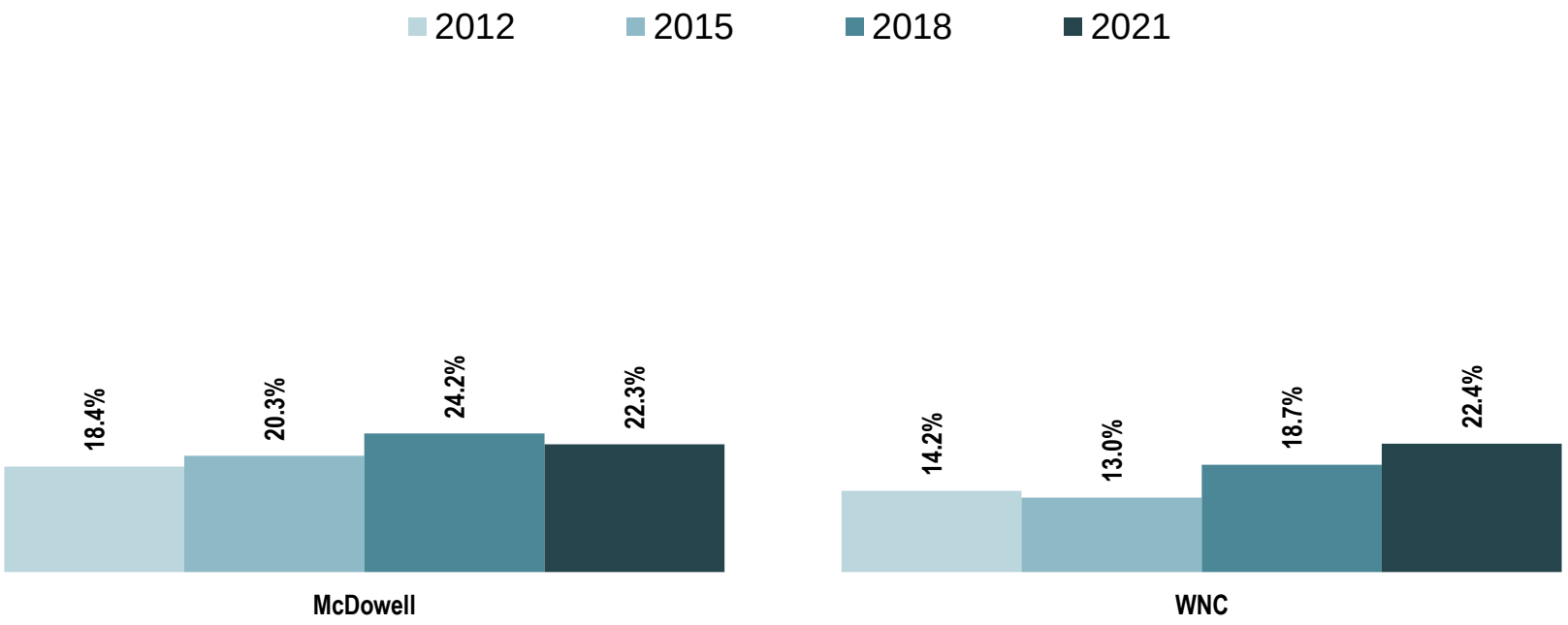


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Mental Health & Mental Disorders

More Than Seven Days of Poor Mental Health in the Past Month
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 63]

Notes:
- Asked of all respondents.

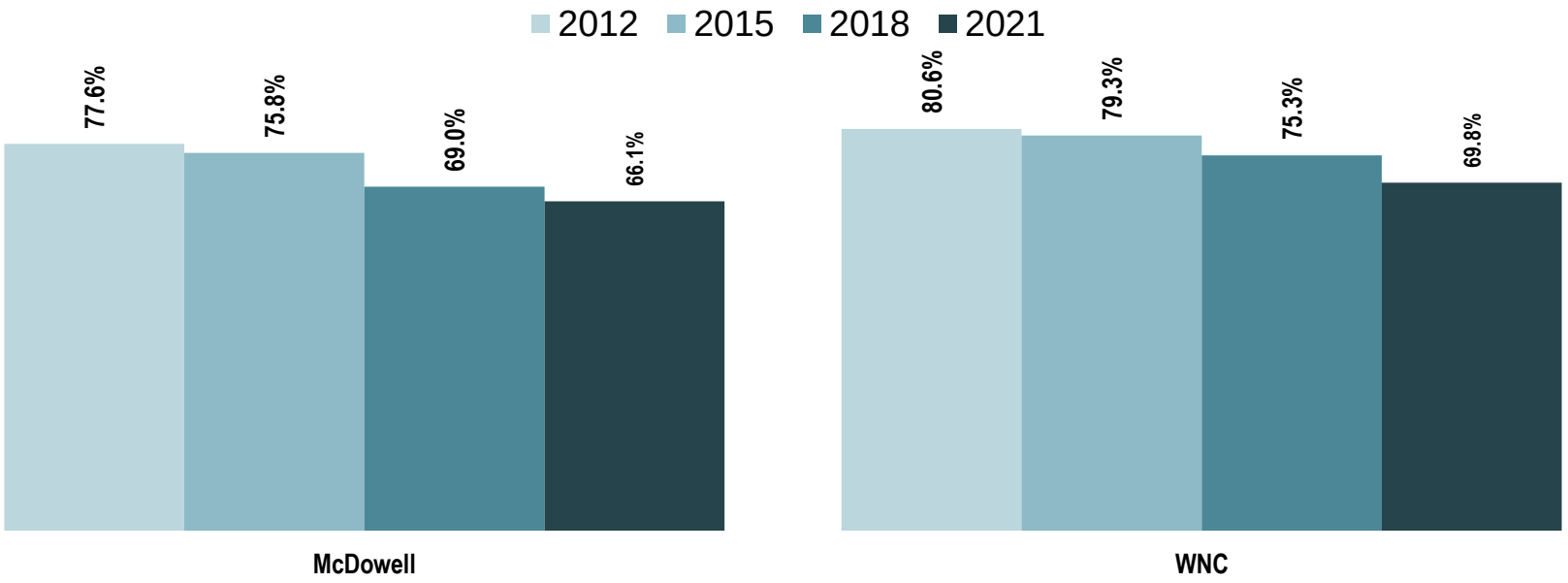
Have Considered Suicide in the Past Year

(Western North Carolina, 2021; By County)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]

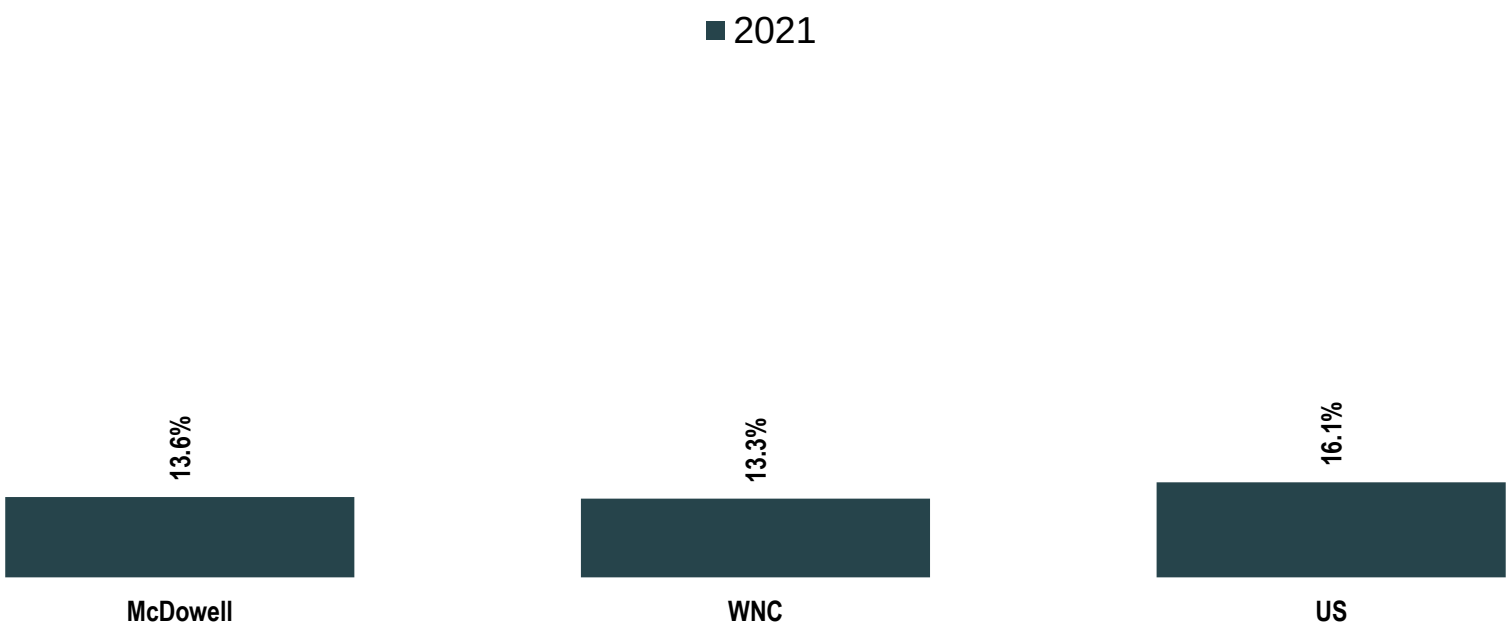
Notes:
- Asked of all respondents.

“Always” or “Usually” Get Needed Social/Emotional Support
(By County)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
Notes: ● Includes “always” and “usually” responses.

Typical Day is “Extremely/Very Stressful”
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 64]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Confident in Ability to Manage Stress
(By County, 2021)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 65]

Notes:
- Asked of all respondents.
- Includes “strongly agree” and “agree” responses.

Able to Stay Hopeful in Difficult Times
(By County, 2021)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]

Notes:
- Asked of all respondents.
- Includes “strongly agree” and “agree” responses.

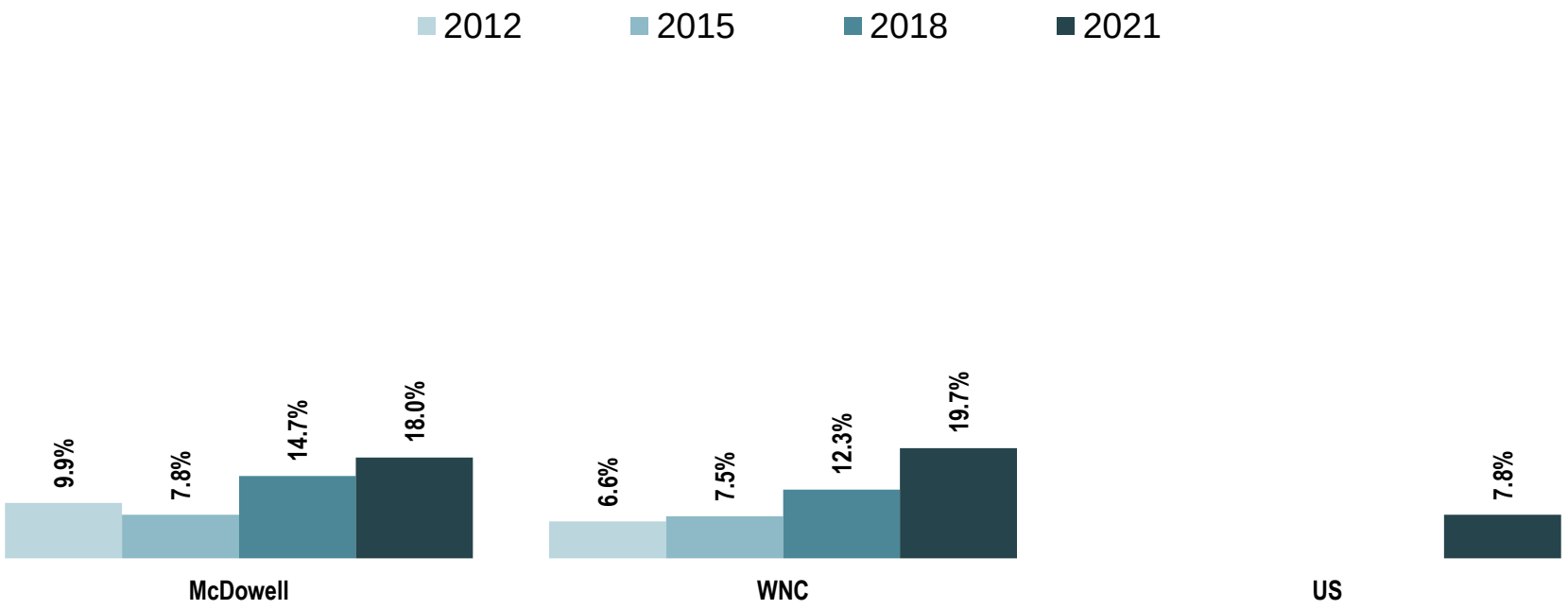
Currently Taking Medication or Receiving Treatment for Mental Health

(Western North Carolina, 2021; By County)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Did Not Get Mental Health Care or Counseling That Was Needed in the Past Year
(By County)

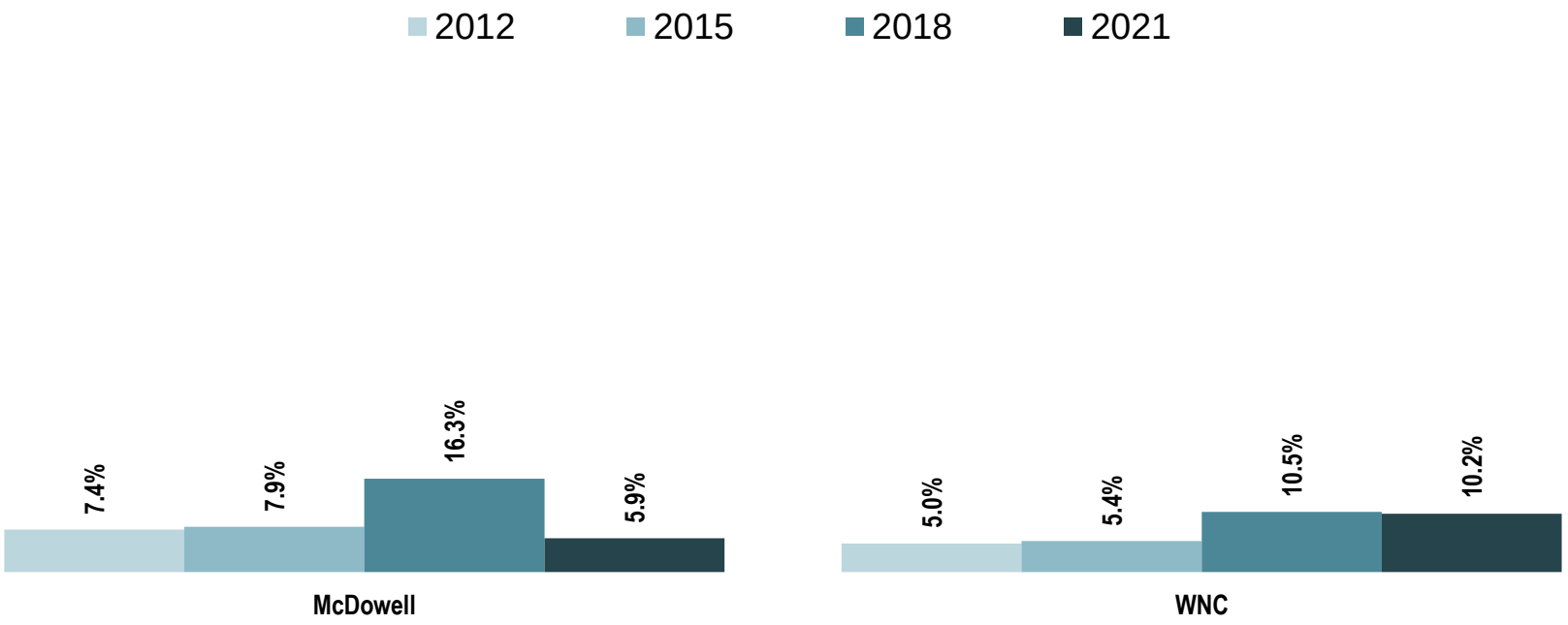


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Dissatisfied with Life

(“Dissatisfied” and “Very Dissatisfied” Responses; By County)



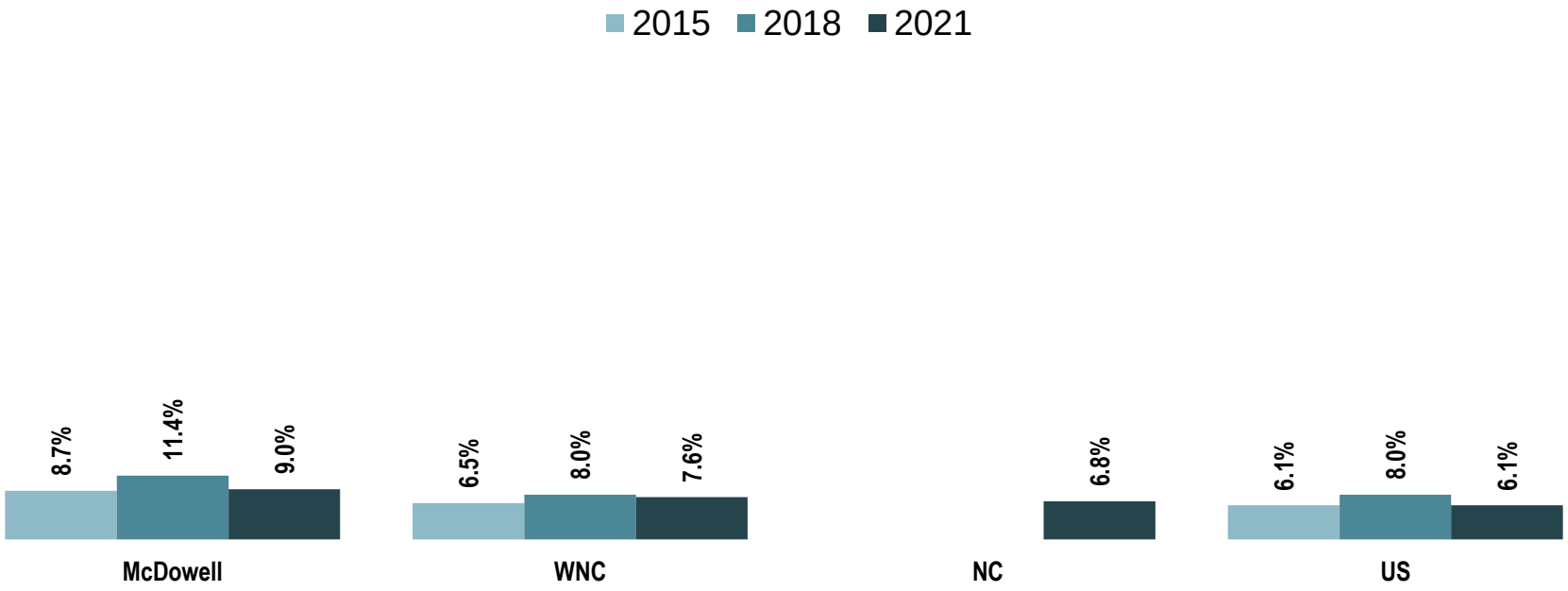
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]

Notes:
- Asked of all respondents.

CHRONIC CONDITIONS

Cardiovascular Risk

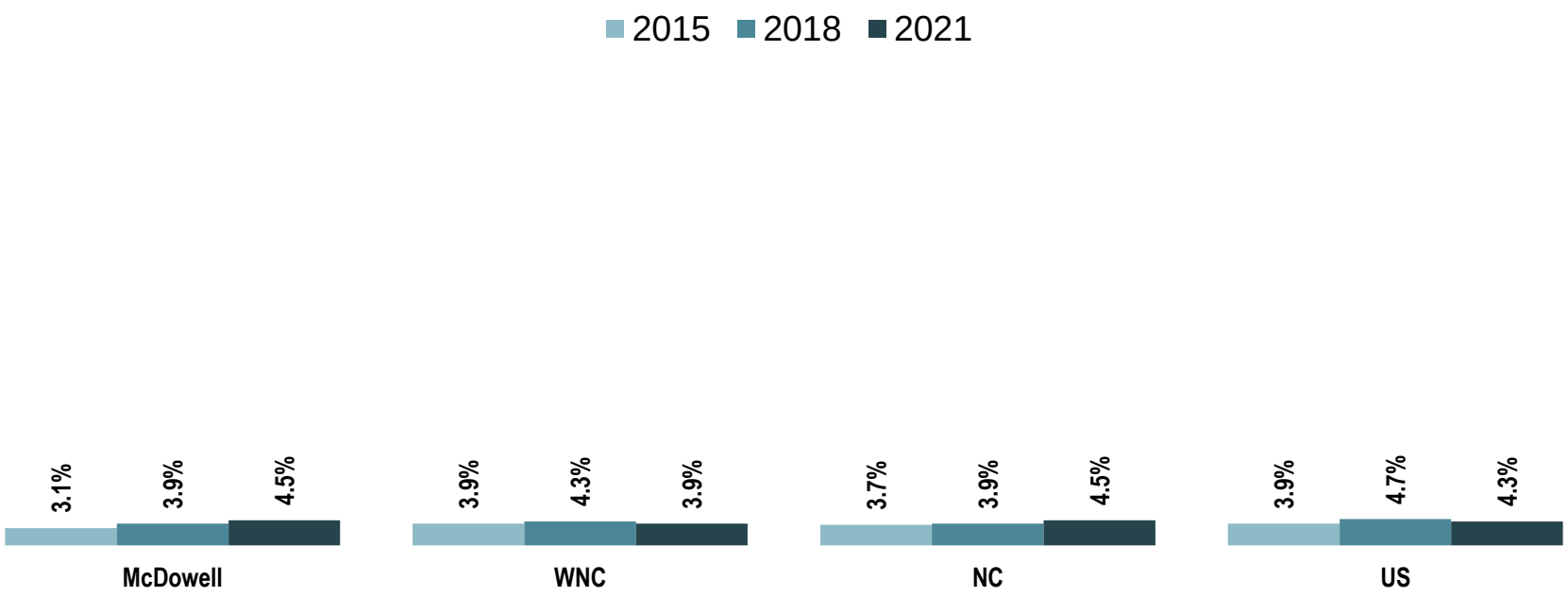
Prevalence of Heart Disease
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 10]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Prevalence of Stroke
(By County)



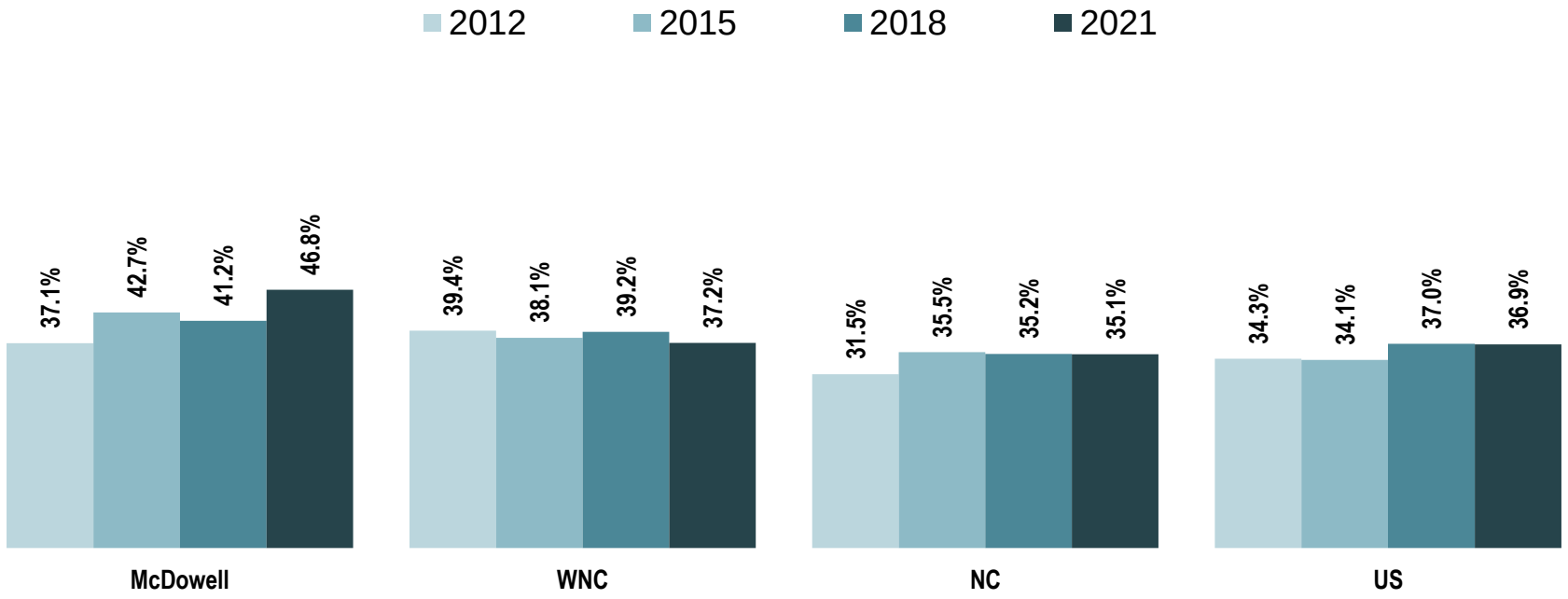
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 11]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure

(By County)

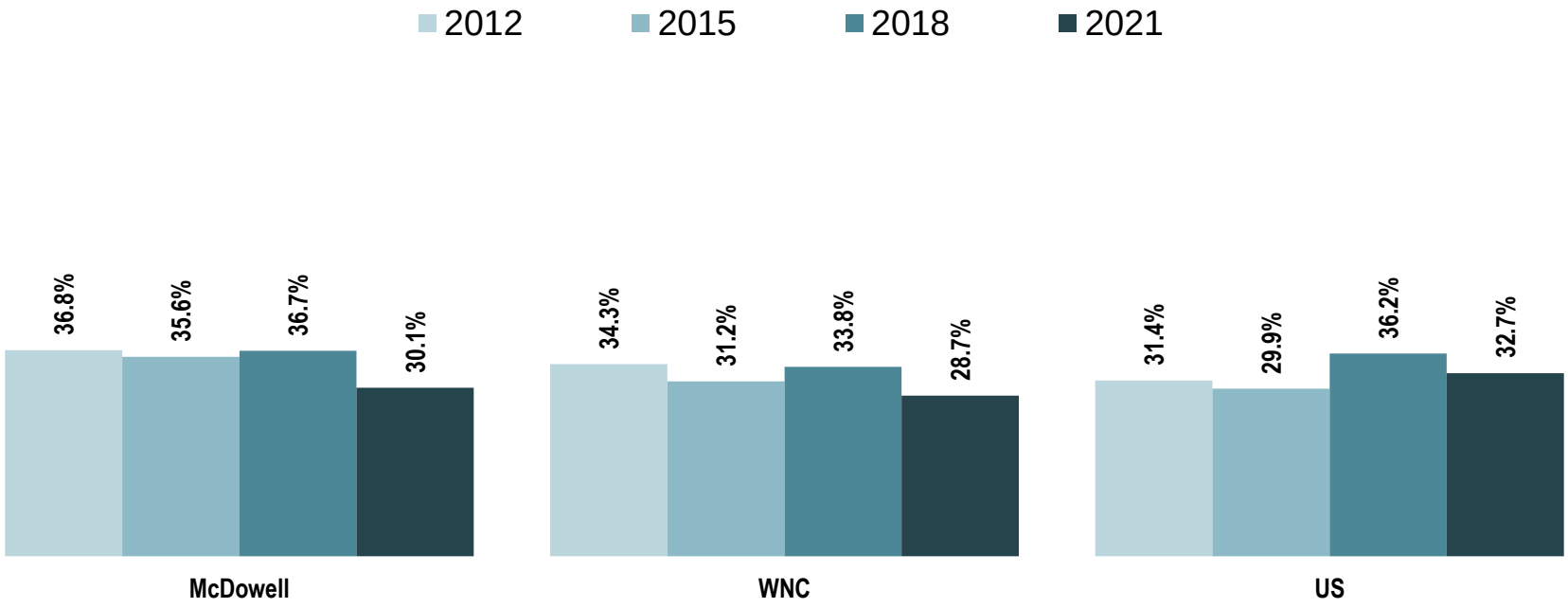
Healthy People 2030 Target = 27.7% or Lower



Sources:
- 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): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.

Notes:
- Asked of all respondents.

Prevalence of High Blood Cholesterol
(By County)

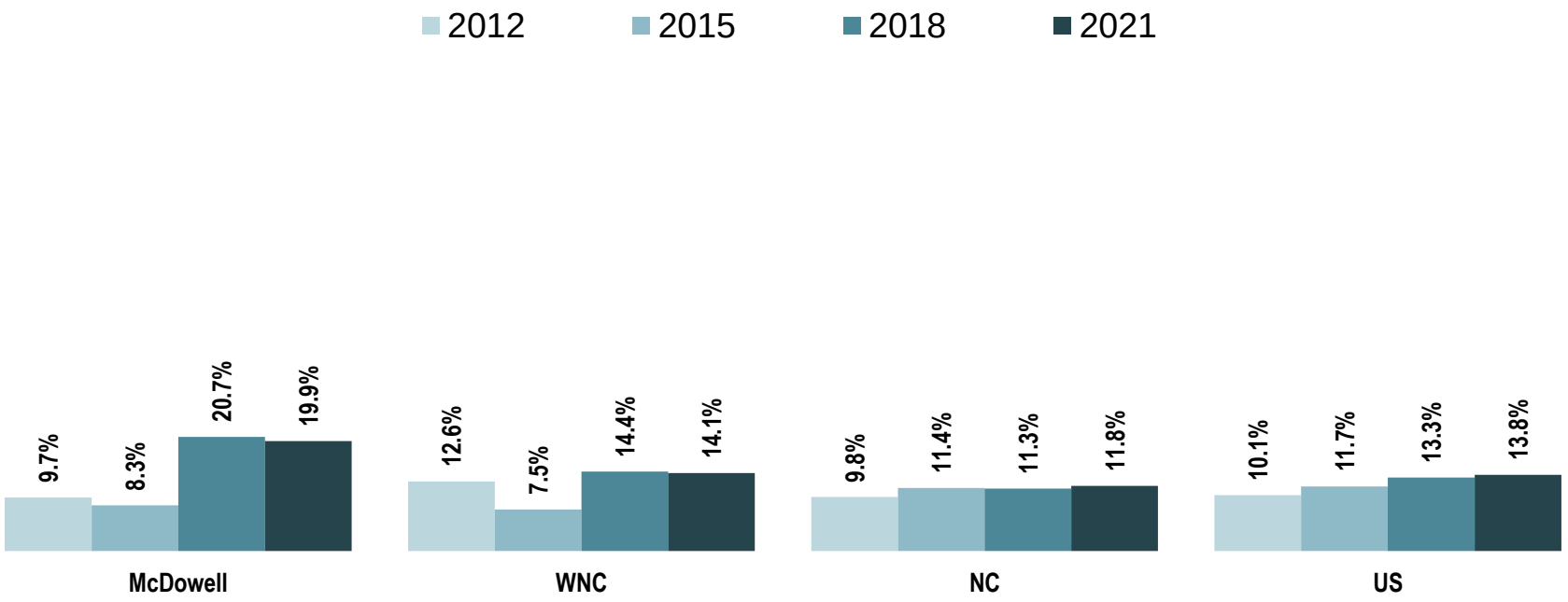


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Diabetes

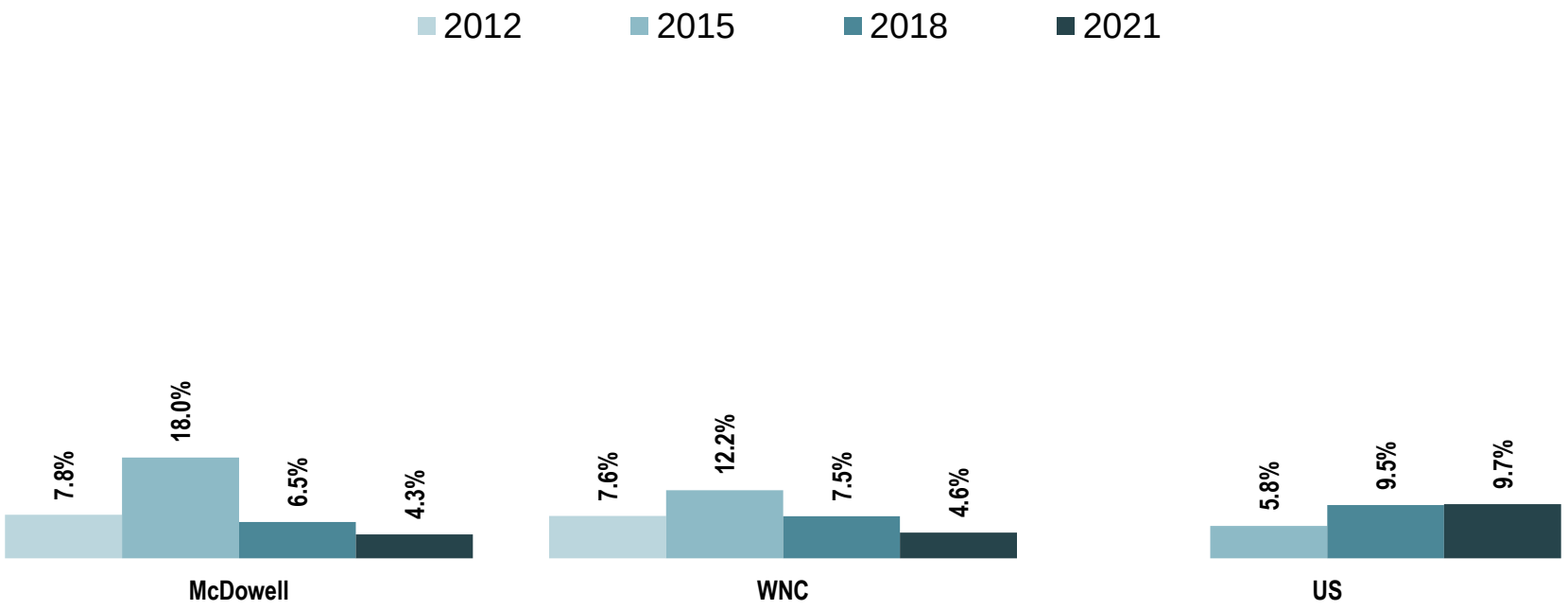
Prevalence of Diabetes
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Prevalence of Borderline or Pre-Diabetes
(By County)

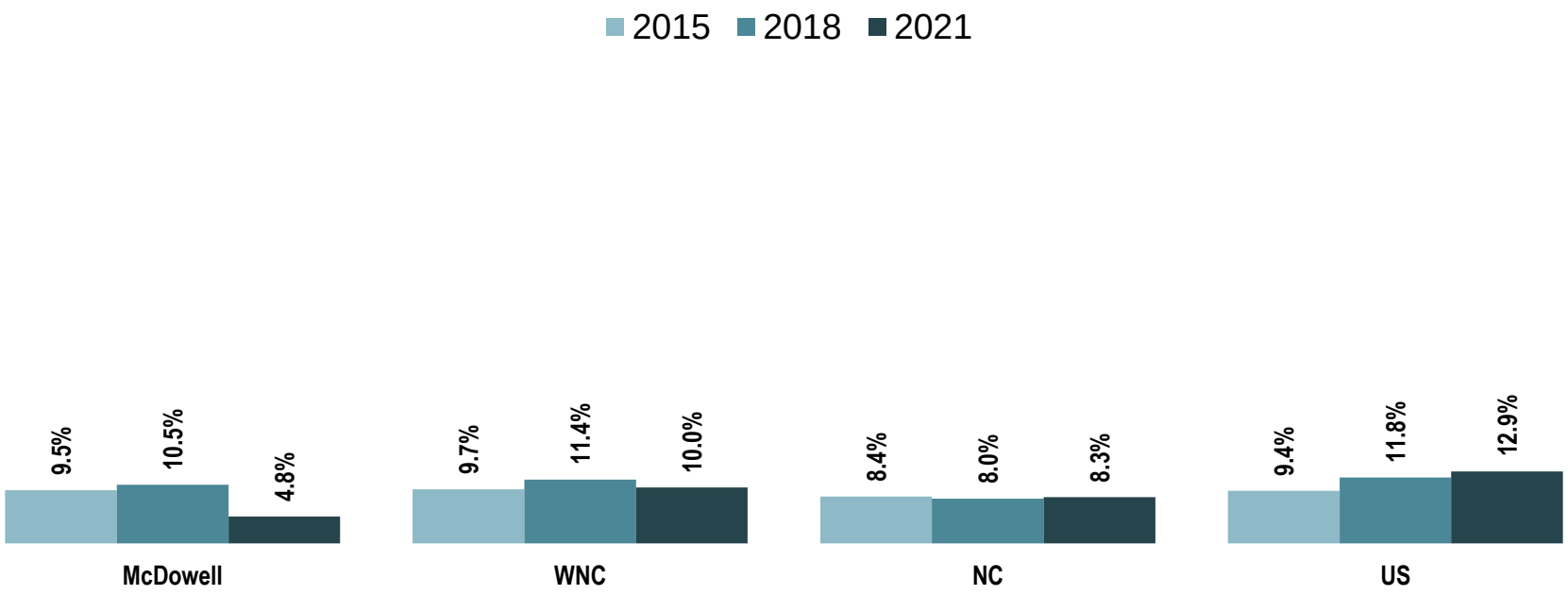


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Respiratory Conditions

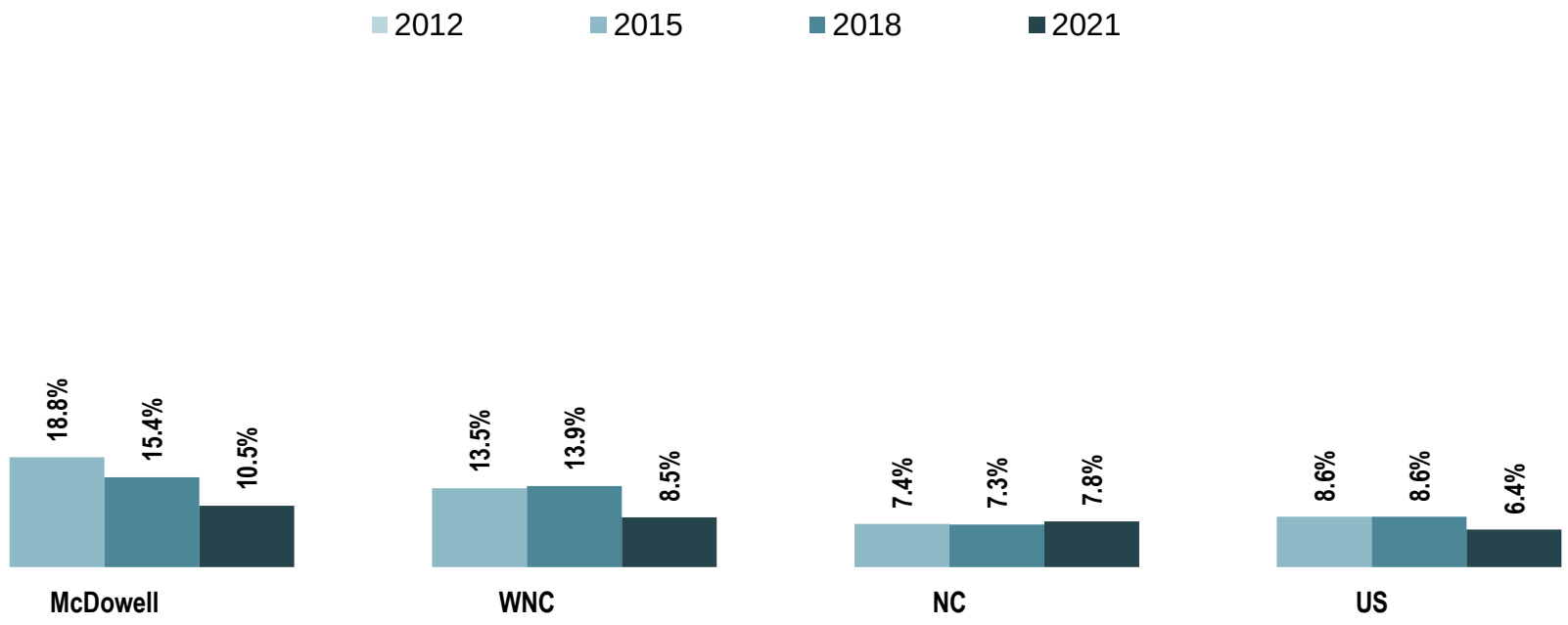
Prevalence of Asthma
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 83]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

COVID-19

Lost a Job During the Pandemic
(Western North Carolina, 2021; By County)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]

Notes:
- Asked of all respondents.

Lost Work Hours or Wages During the Pandemic

(Western North Carolina, 2021; By County)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]

Notes:
- Asked of all respondents.

Lost Health Insurance Coverage During the Pandemic

(Western North Carolina, 2021; By County)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 72]

Notes:
- Asked of all respondents.

Chose to Go Without Needed Health Care During the Pandemic

(Western North Carolina, 2021; By County)

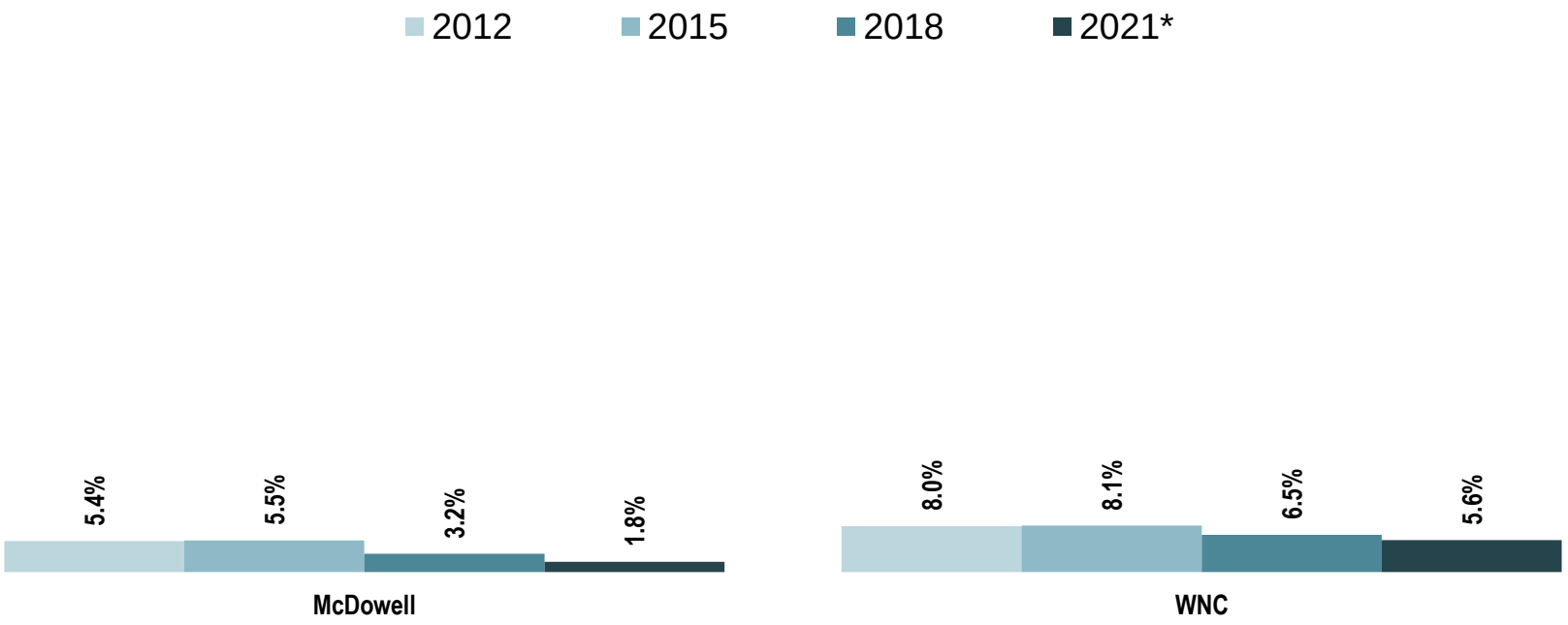
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 73]

Notes:
- Asked of all respondents.

MODIFIABLE HEALTH RISKS

Nutrition

Consume Five or More Servings of Fruits/Vegetables Per Day
(By County)

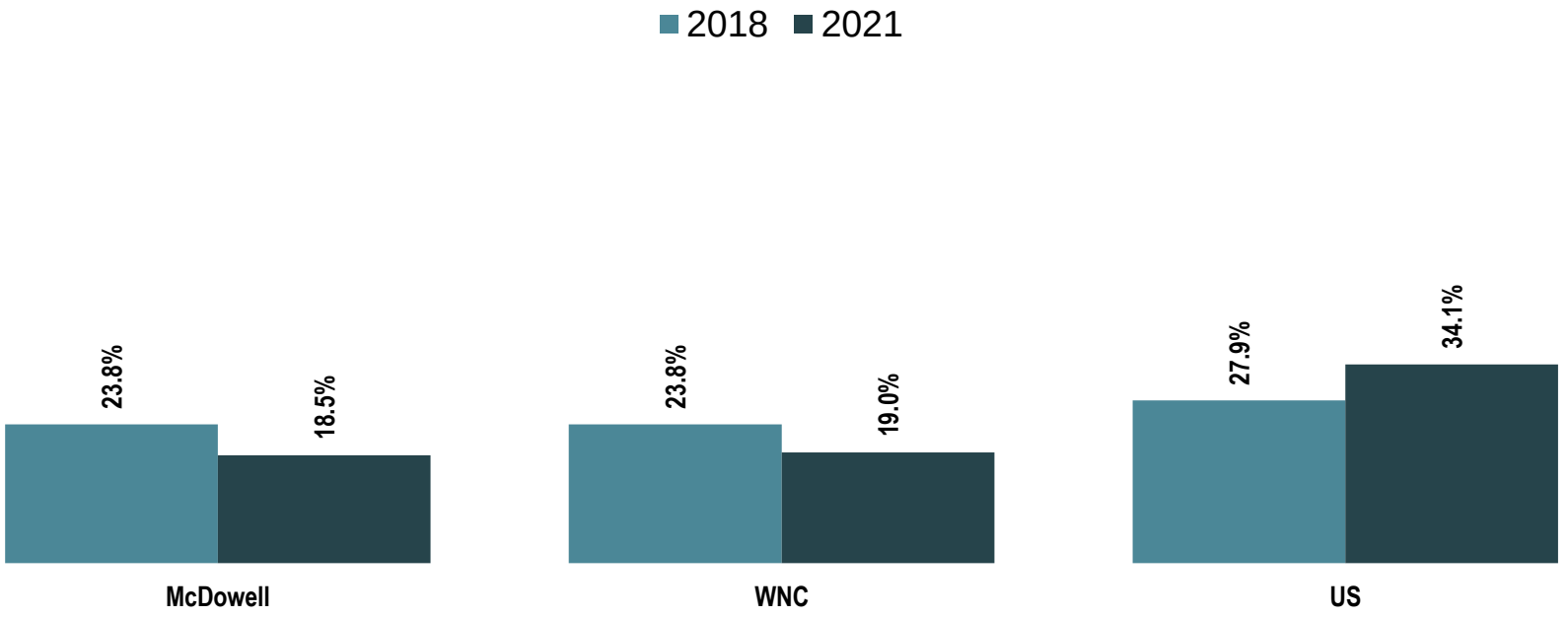


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]

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 potatoes; note that the previous WNC surveys also excluded lettuce salads.

Food Insecurity
(By County, 2021)

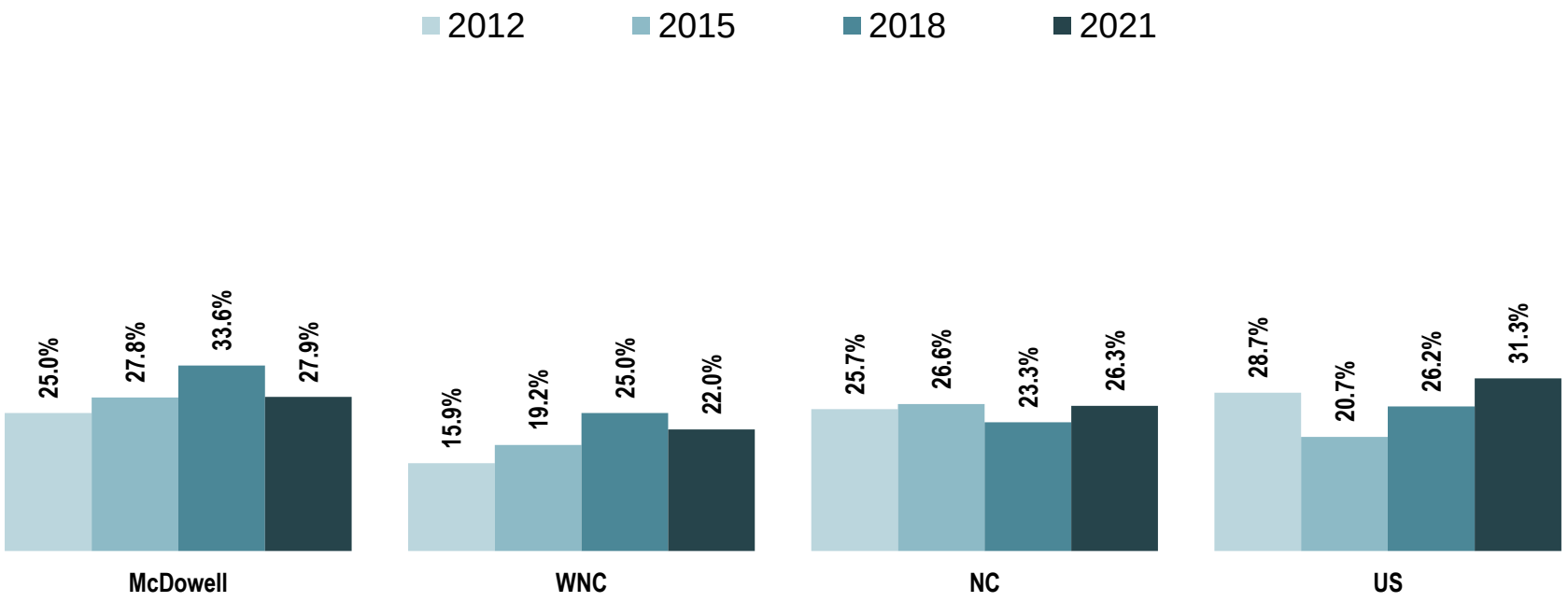


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 76]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Physical Activity & Fitness

No Leisure-Time Physical Activity in the Past Month
(By County)



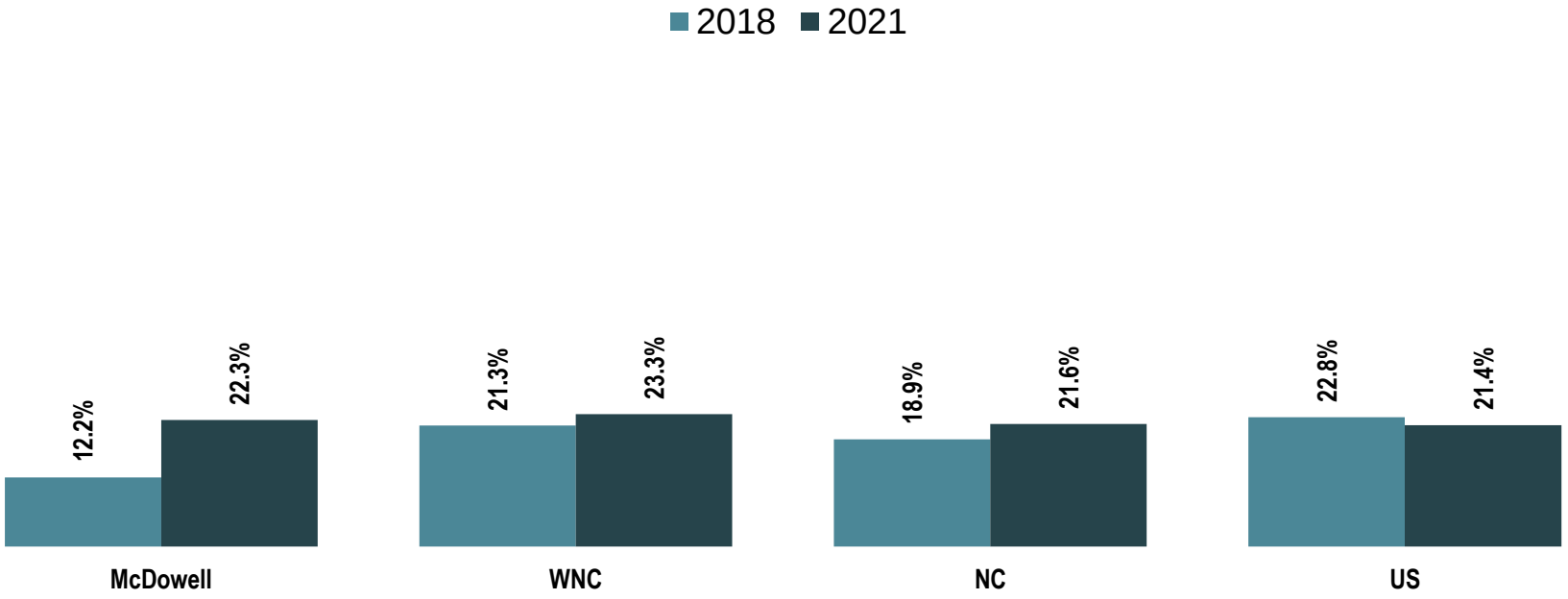
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Meets Physical Activity Recommendations

(By County, 2021)

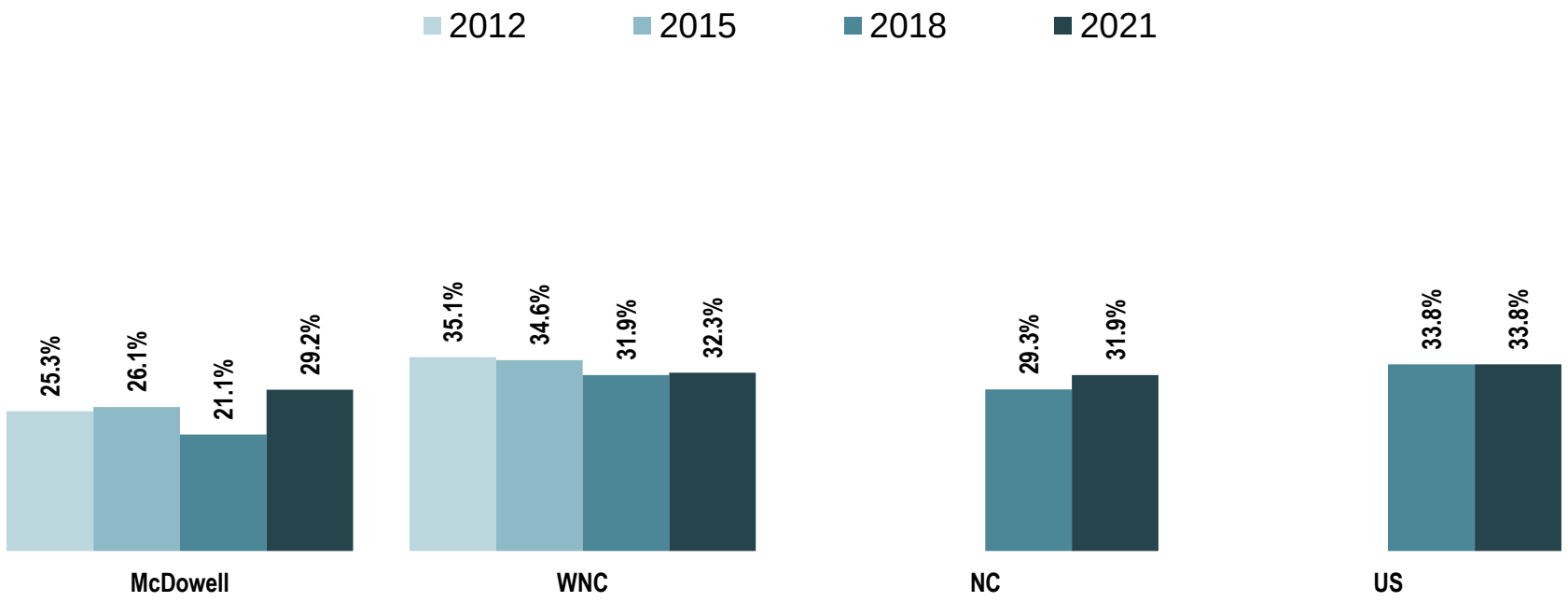
Healthy People 2030 Target = 28.4% or Higher



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.

Notes:
- Asked of all respondents.

Strengthening Physical Activity (By County)



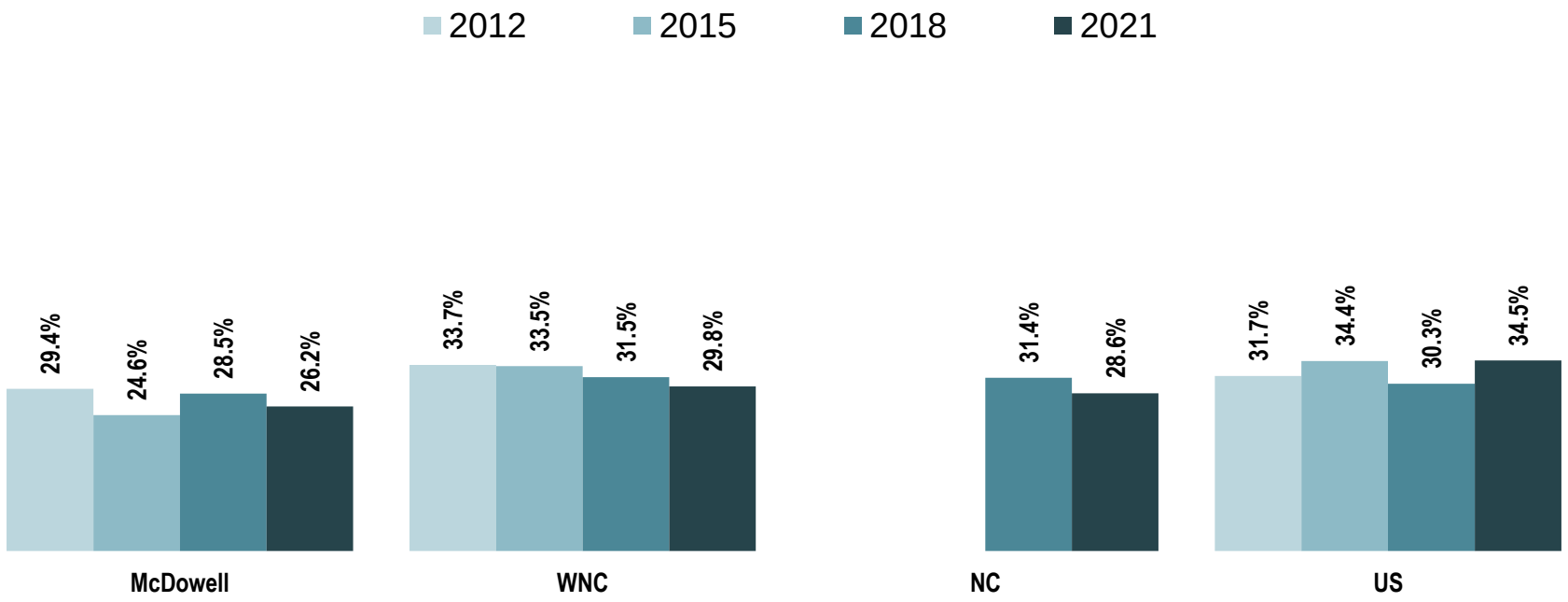
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National 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.

Body Weight

Healthy Weight

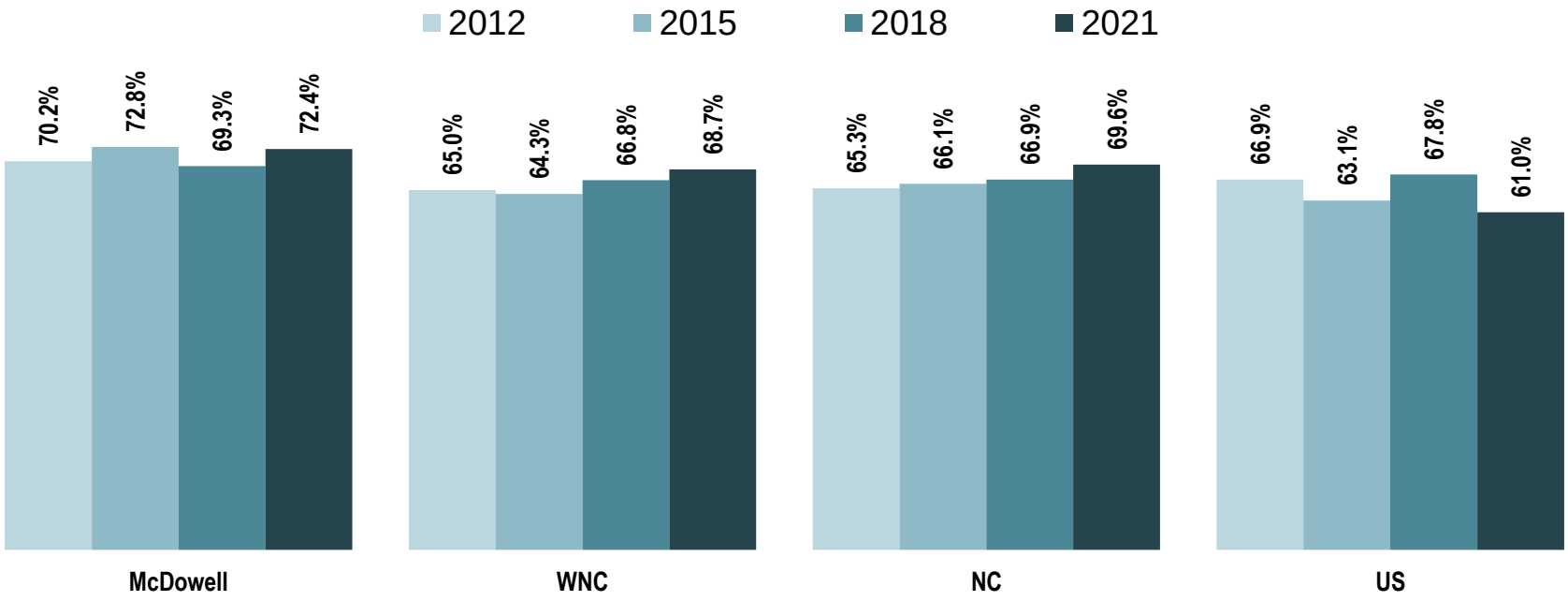
(Body Mass Index Between 18.5 and 24.9; By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights; asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

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



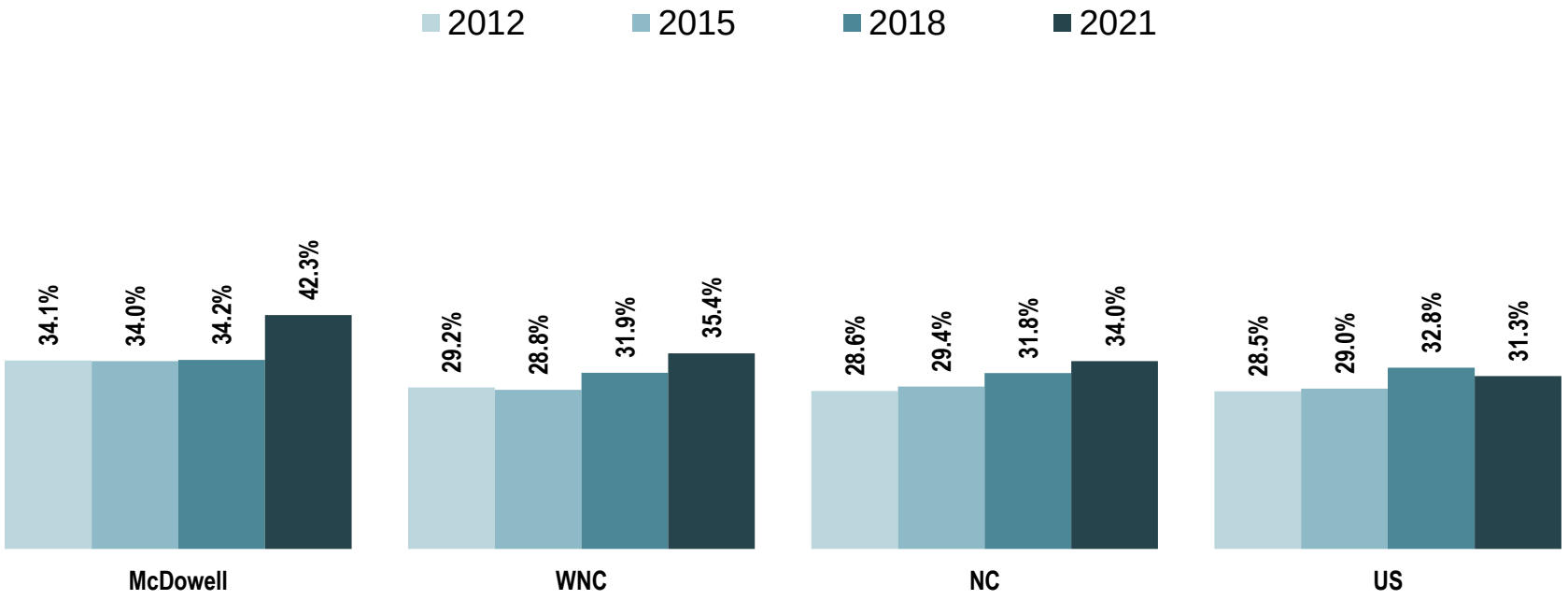
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National 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; By County)

Healthy People 2030 Target = 36.0% or Lower

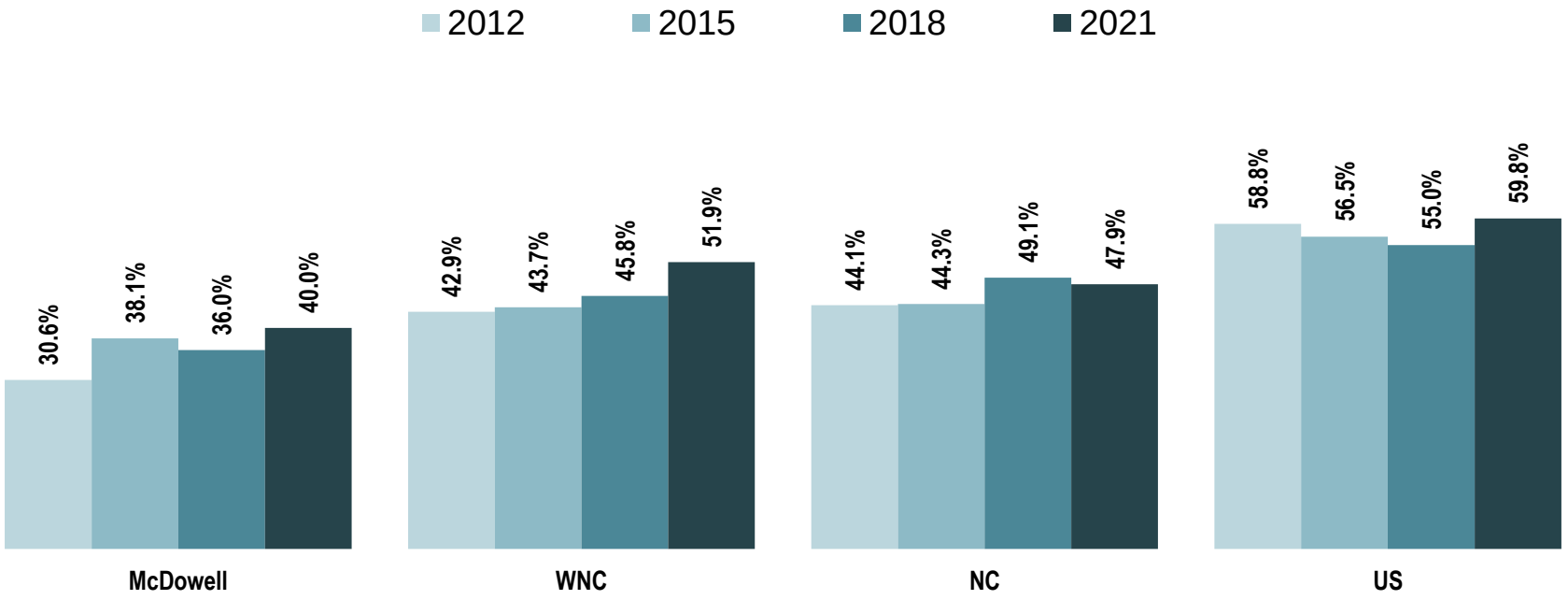


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.

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.

Substance Abuse

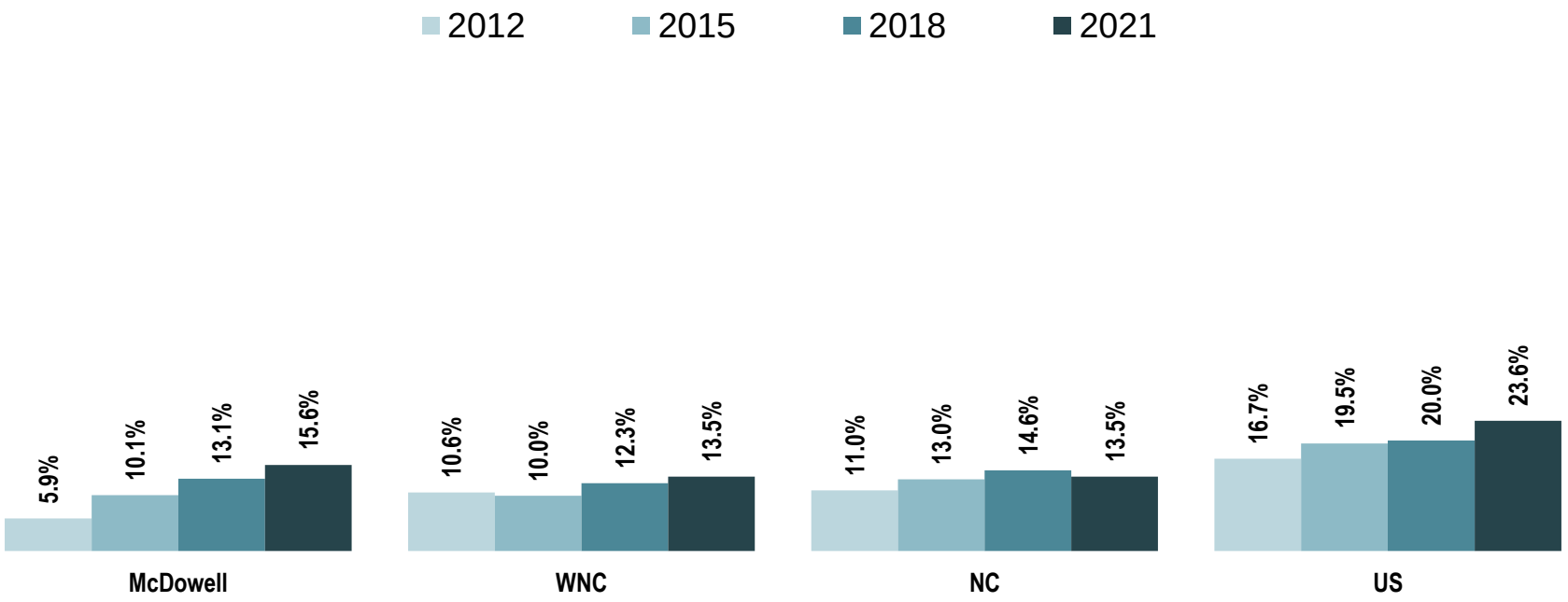
Current Drinkers
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

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

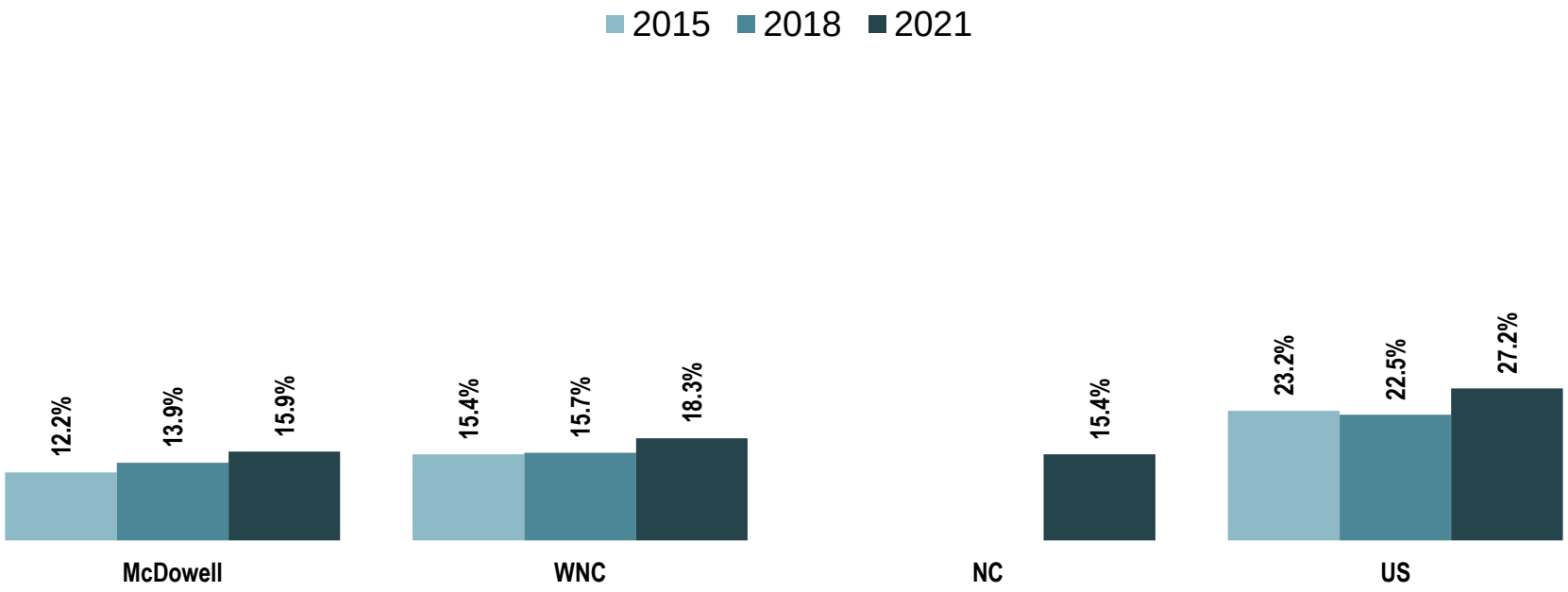
Binge Drinkers
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
- 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): North Carolina data.

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

Excessive Drinkers
(By County)

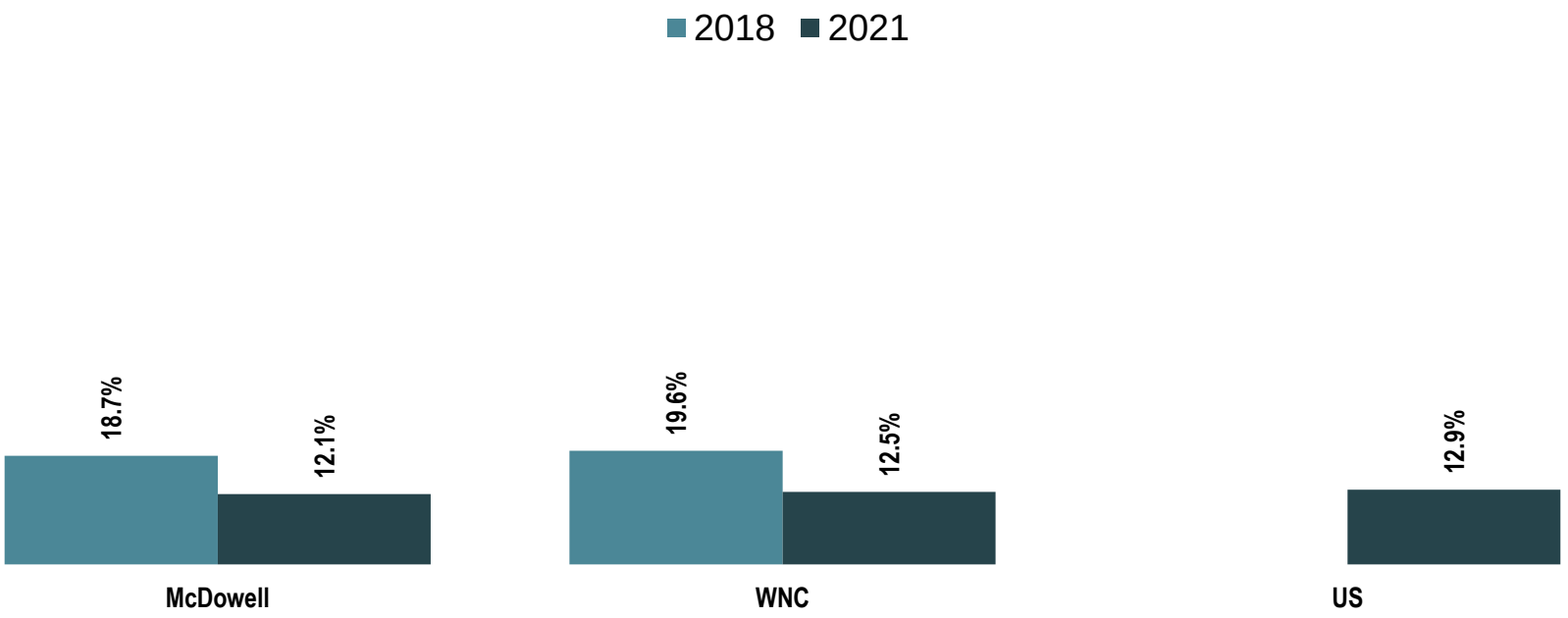


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
- PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.

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

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

(By County, 2021)

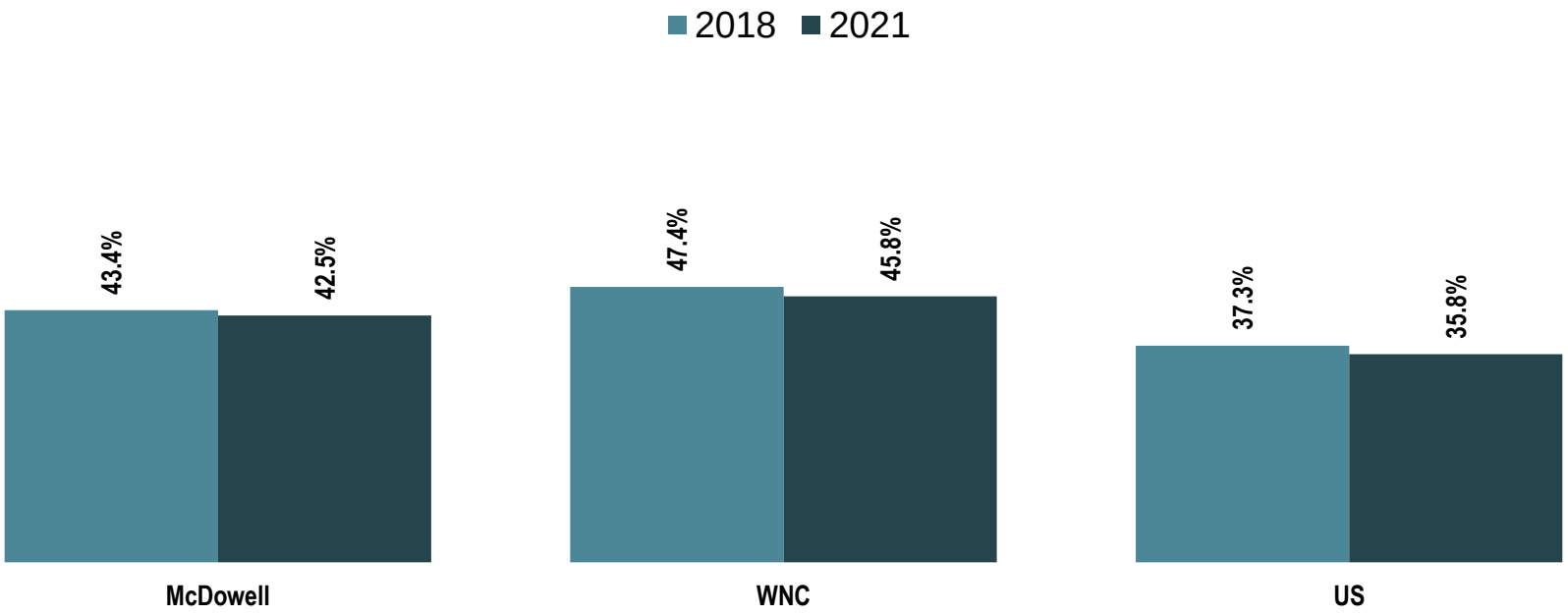


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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

(By County, 2021)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
- PRC National Health Survey, Professional Research Consultants, Inc.

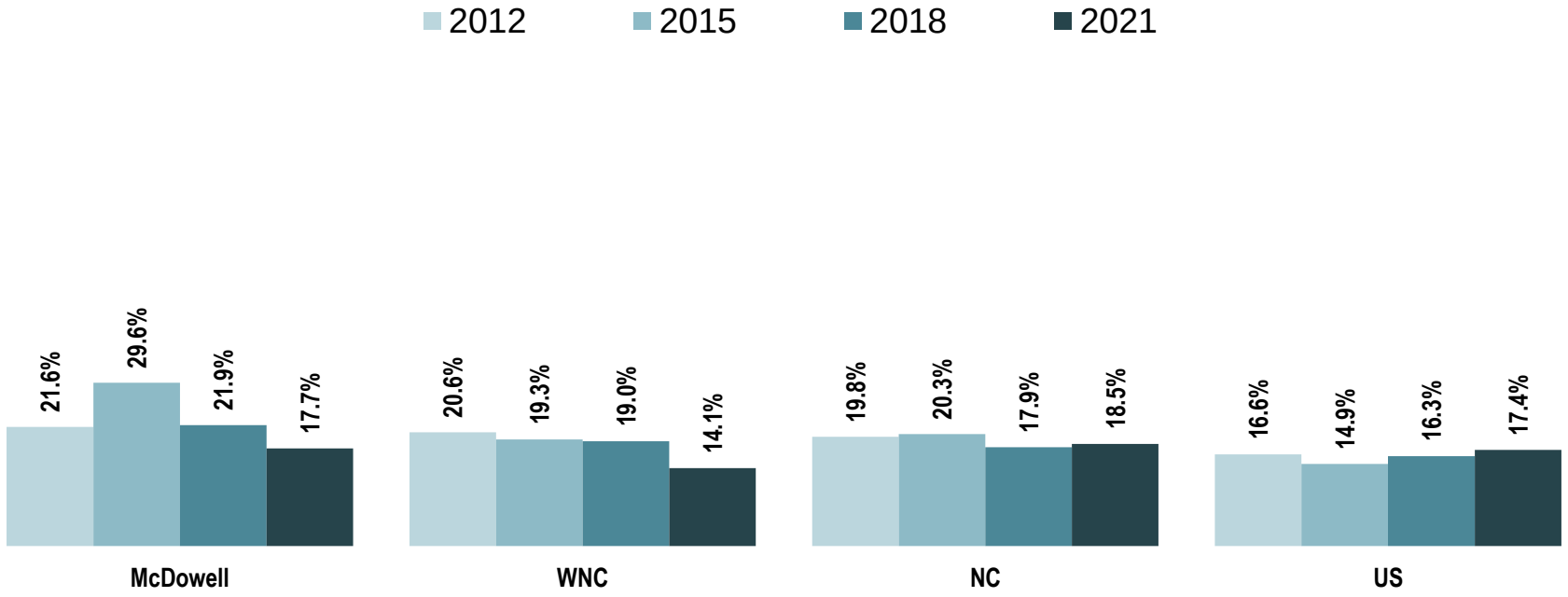
Notes:
- Asked of all respondents.

Tobacco Use

Current Smokers

(By County)

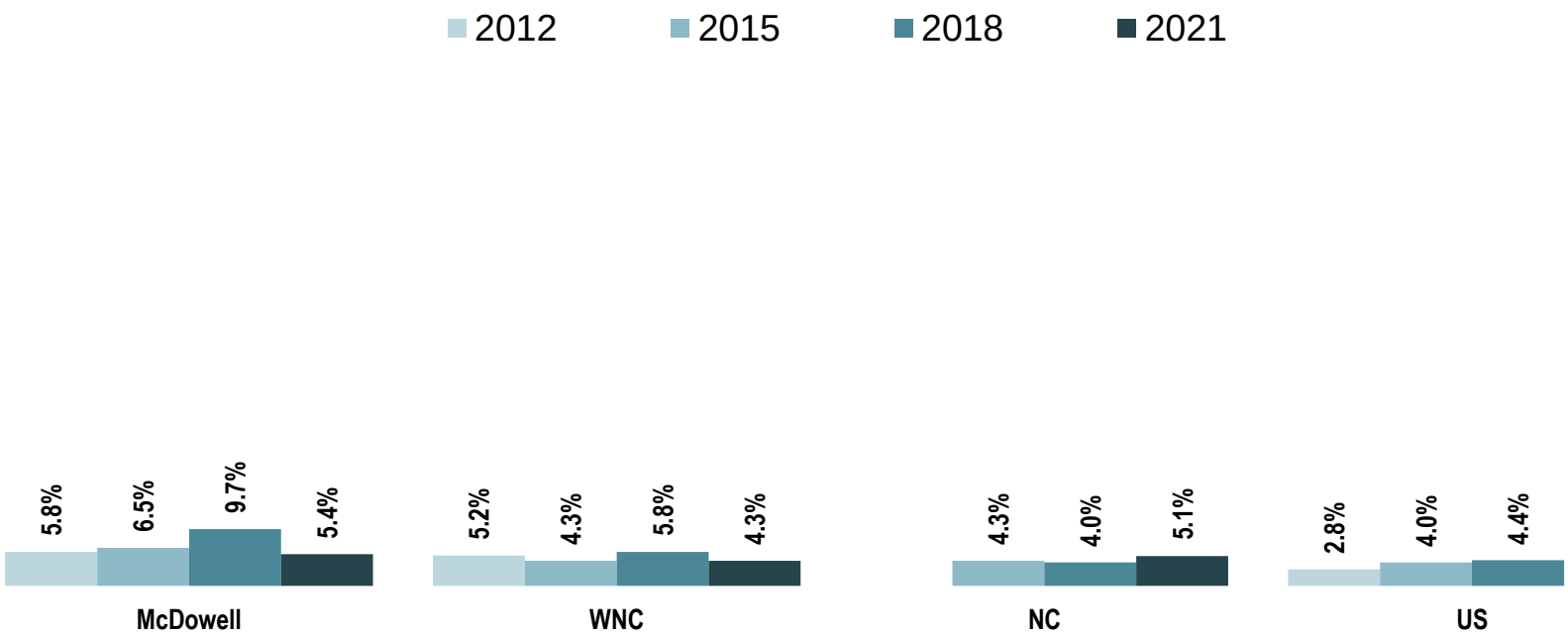
Healthy People 2030 Target = 5.0% or Lower



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- 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): North Carolina data.
- US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.

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

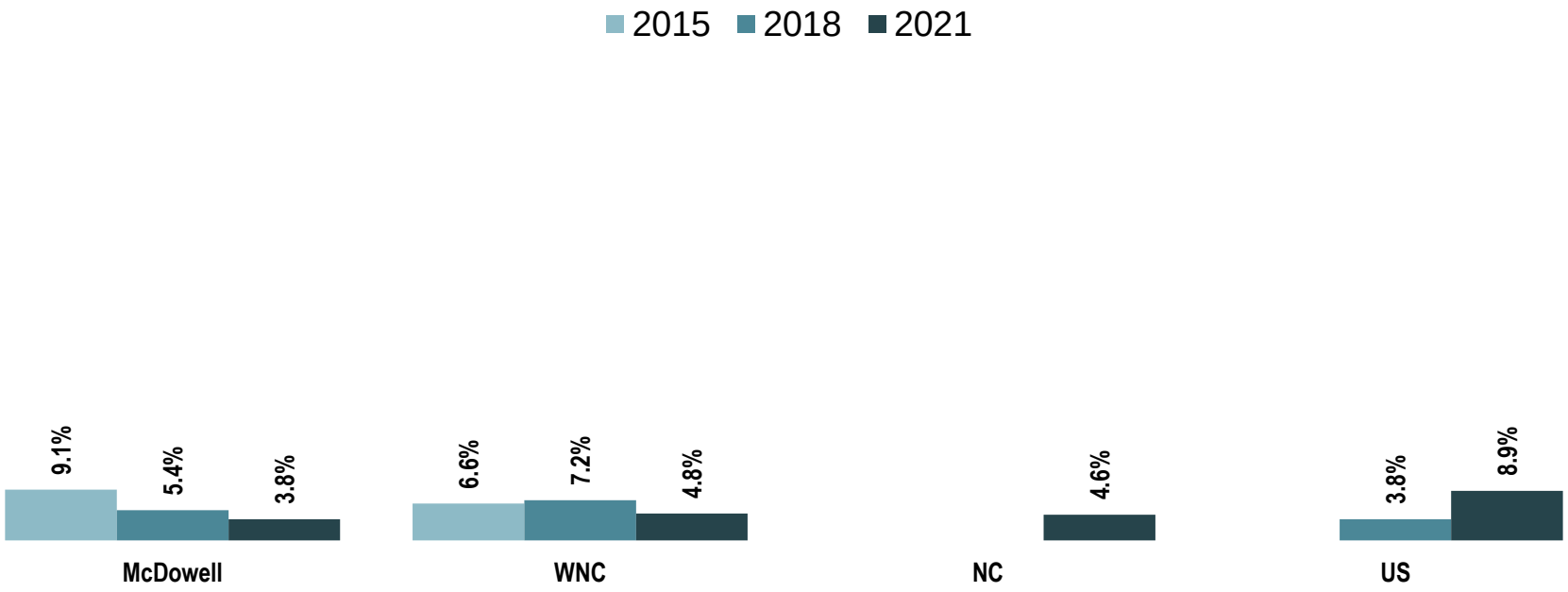
Currently Use Smokeless Tobacco Products
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- 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): North Carolina data.

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

Currently Use Vaping Products (Such as E-Cigarettes)
(By County)

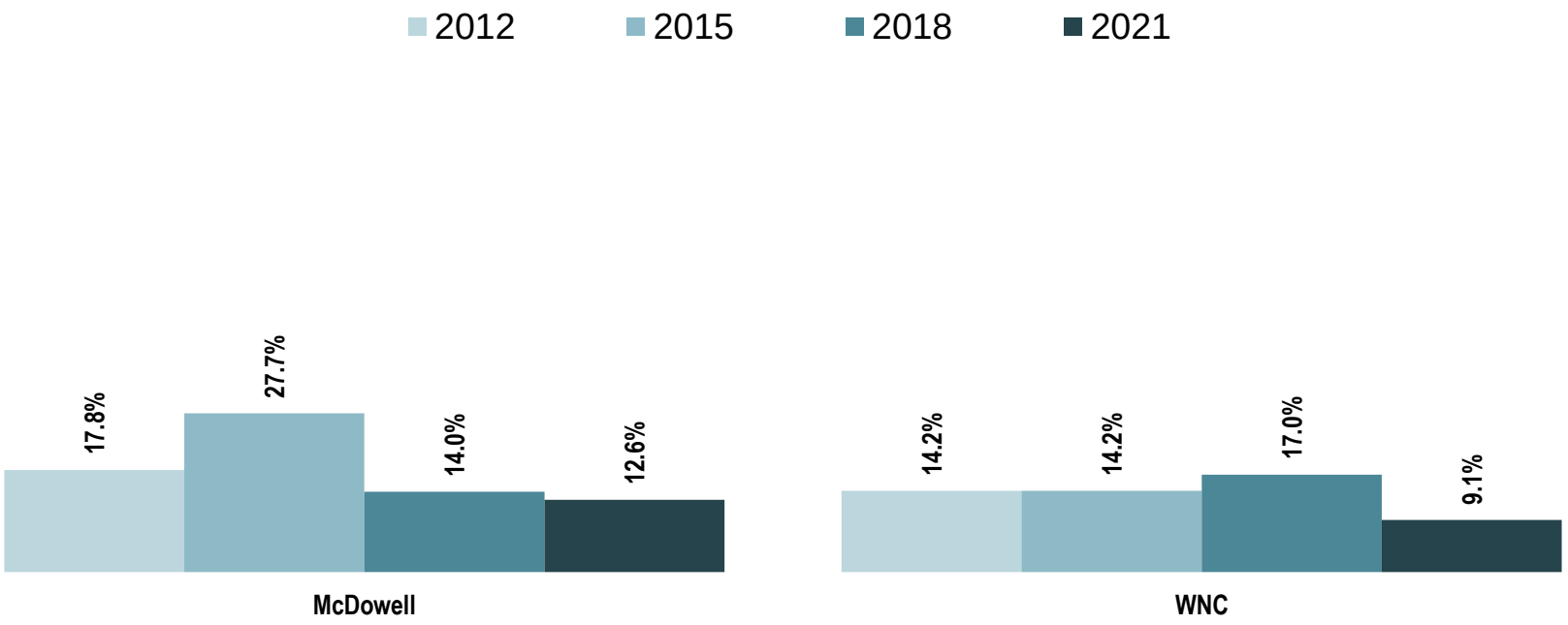


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
- PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.

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

Have Breathed Someone Else's Smoke at Work in the Past Week

(Employed Respondents; By County)



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

Notes:
- Asked of employed respondents.

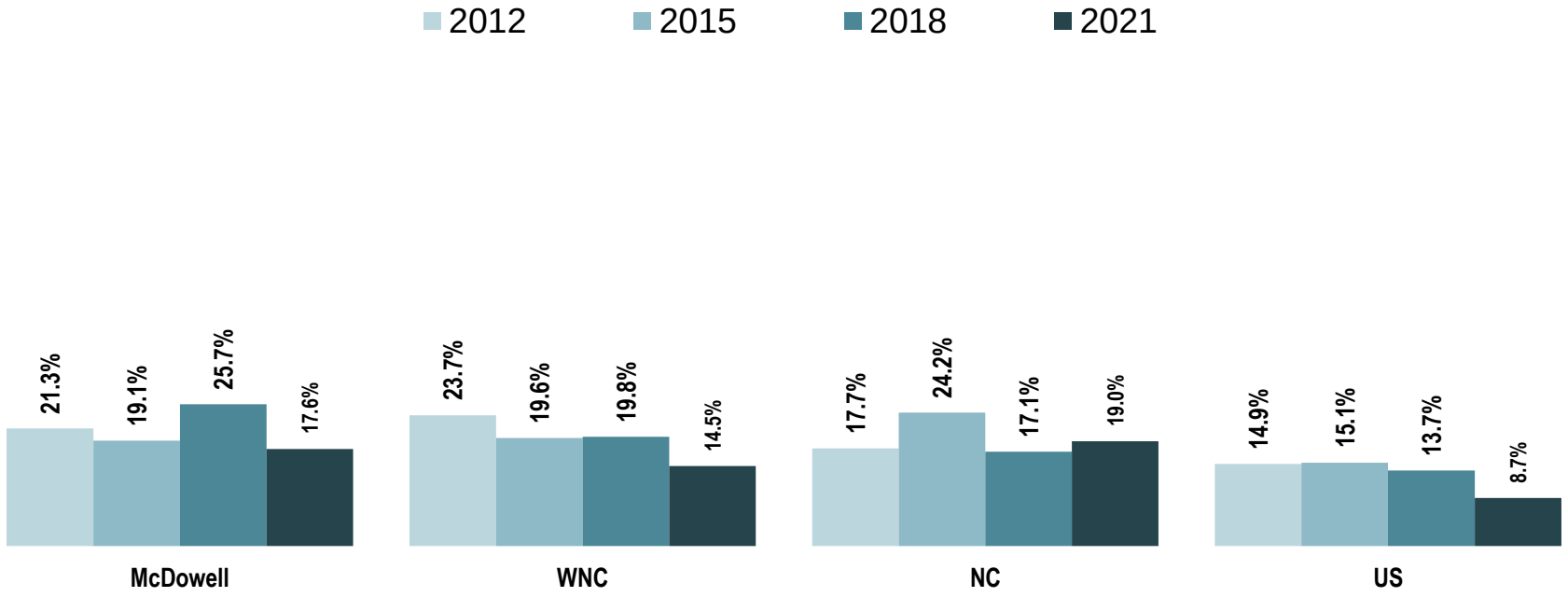
ACCESS TO HEALTH CARE

Health Insurance Coverage

Lack of Healthcare Insurance Coverage

(Adults Age 18-64; By County)

Healthy People 2030 Target = 7.9% or Lower

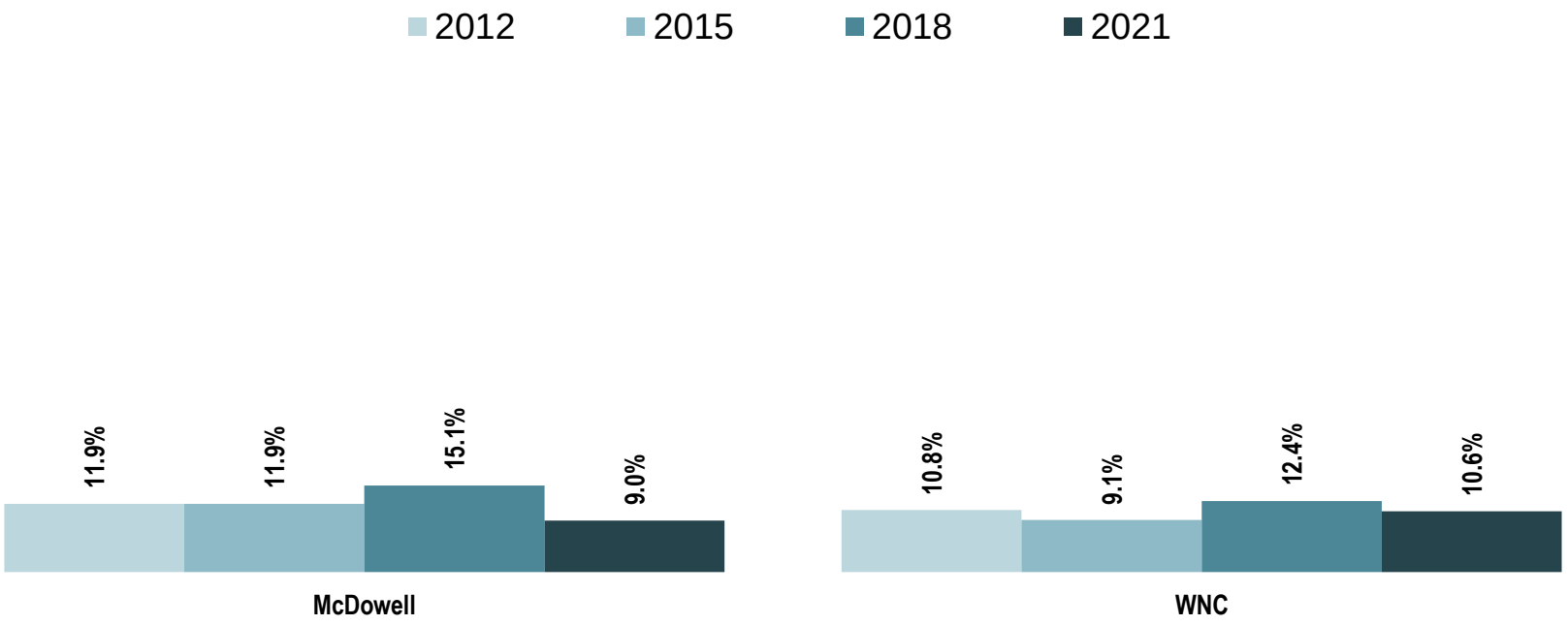


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
- PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.

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.).

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

(Western North Carolina, 2021; By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]

Notes:
- Asked of all respondents.

Telemedicine

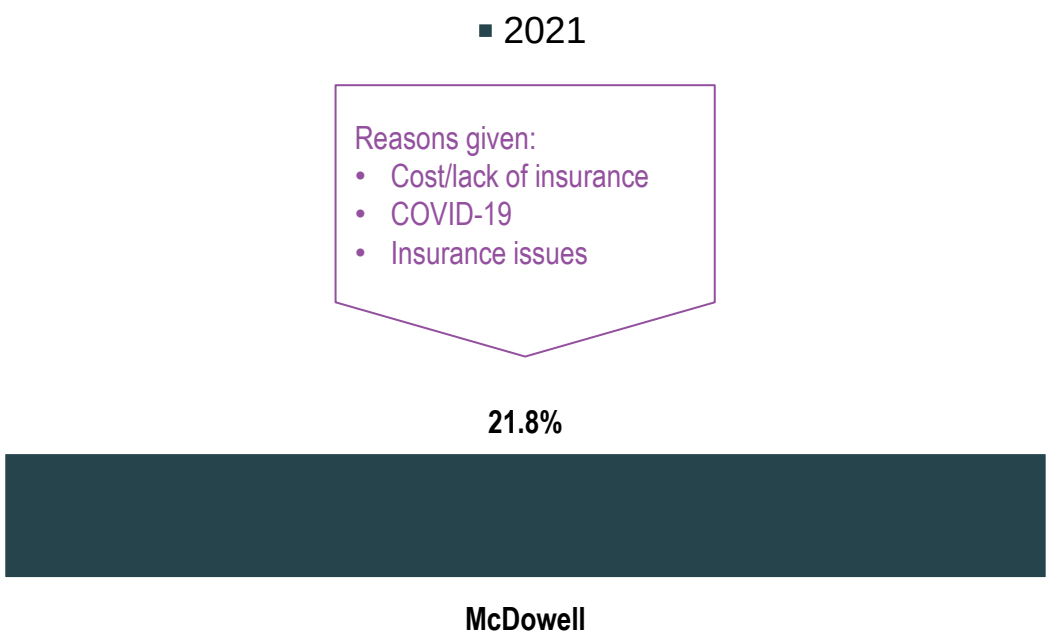
“Extremely/Very Likely” to Use Telemedicine for Future Routine Care
(Western North Carolina, 2021; By County)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]

Notes:
- Asked of all respondents.

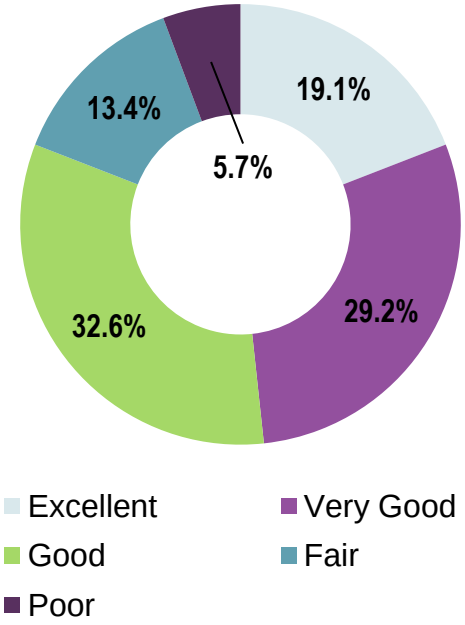
COUNTY-SPECIFIC QUESTIONS

Needed Dental Care in the Past Year But Did Not Get It
(By County)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]
Notes: ● Asked of all respondents.

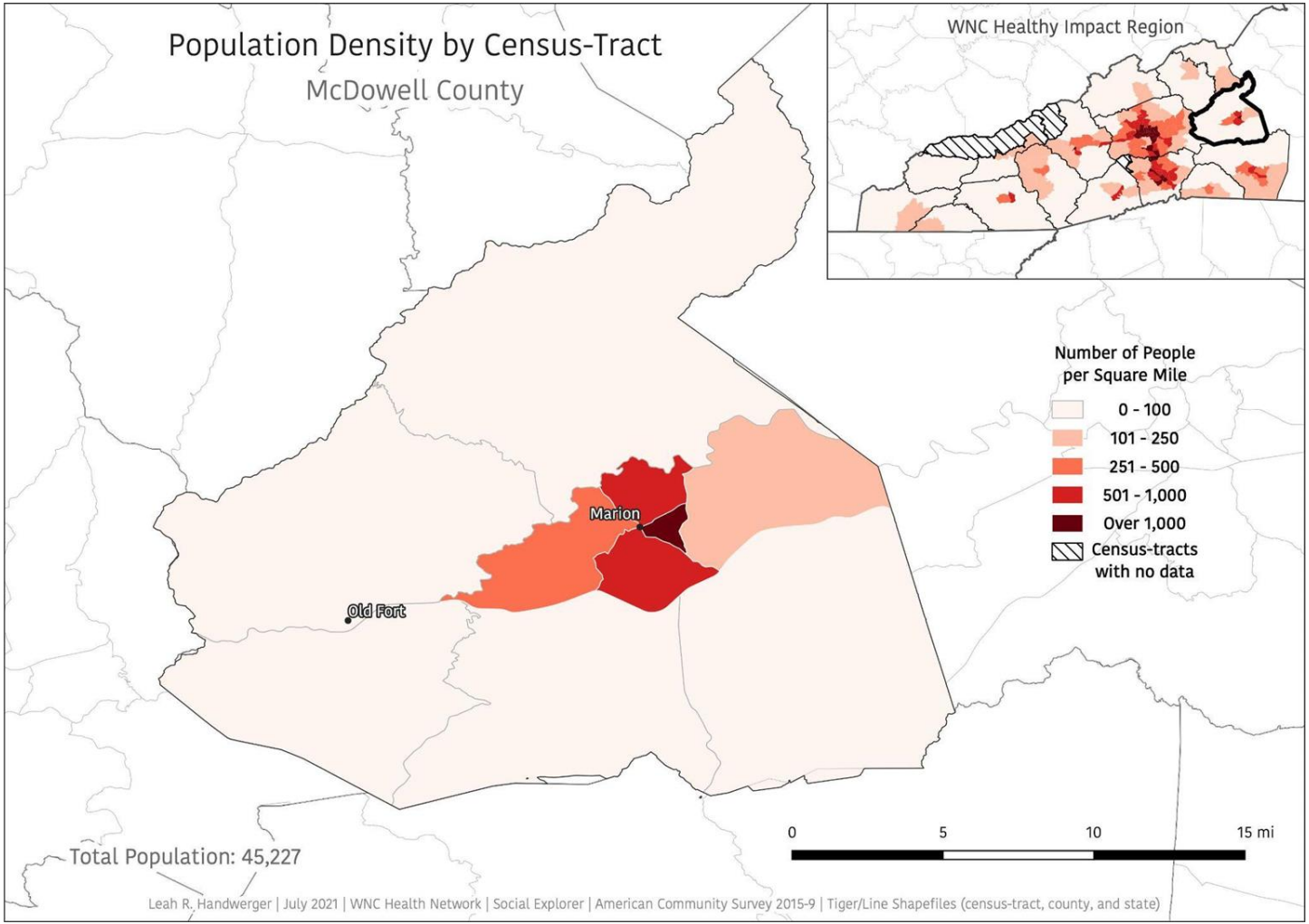
Ratings of Personal/Family Financial Situation
(By County, 2021)

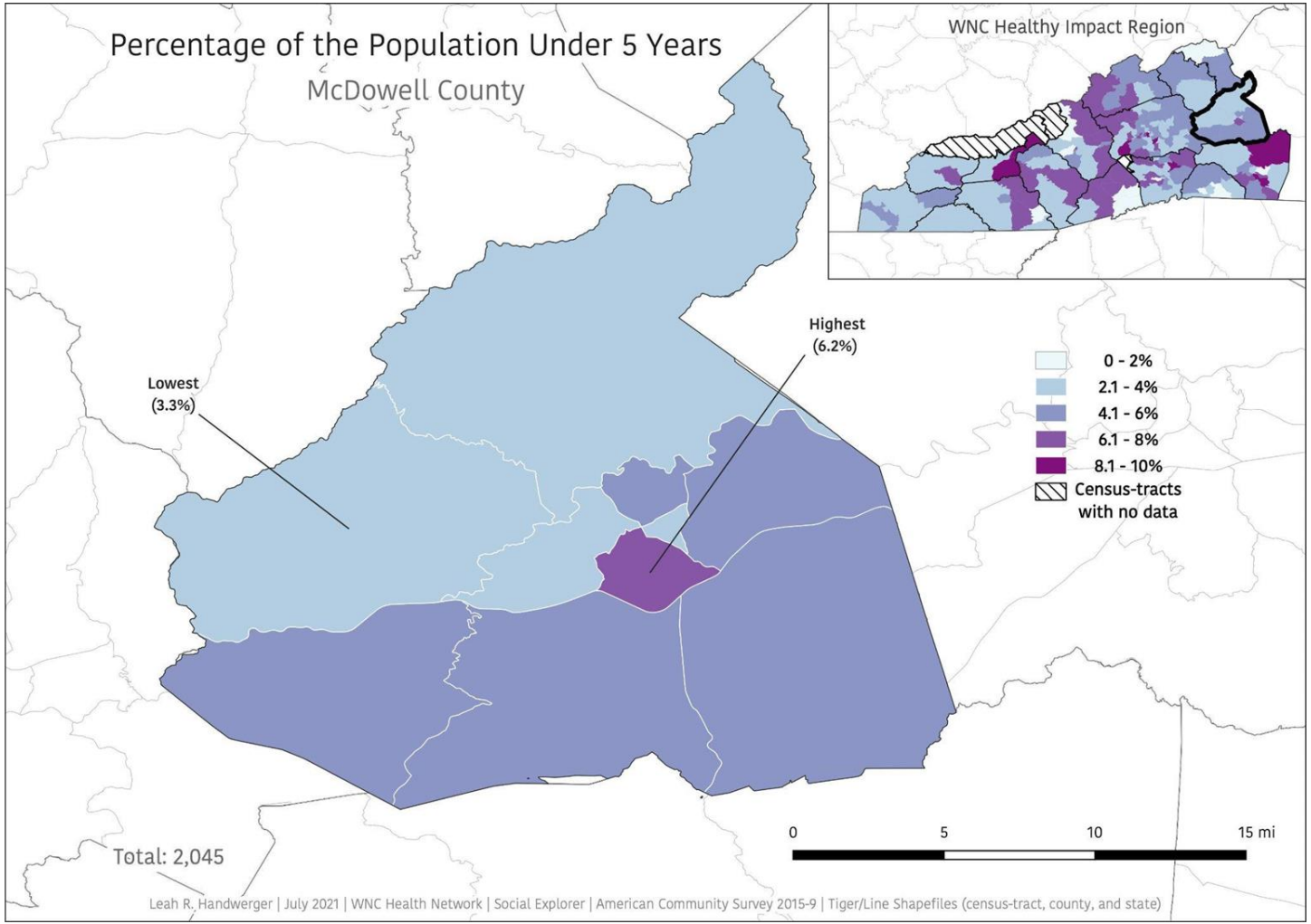


Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 317]
Notes: ● Asked of all respondents.

McDowell County Maps 2021

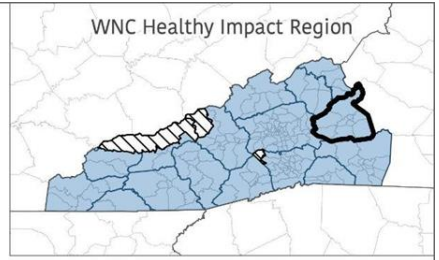
Sources: Social Explorer, American Community Survey 5-Year Estimates 2015-2019, Food Access Research Atlas (2019), Social Vulnerability Index (2018), Tiger/Line Shapefiles


Population Density by Census-Tract
McDowell County
WNC Healthy Impact Region
Number of People per Square Mile
0 - 100
101 - 250
251 - 500
501 - 1,000
Over 1,000
Census-tracts with no data
Marion
Old Fort
0
5
10
15 mi
Total Population: 45,227
Leah R. Handwerger | July 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)

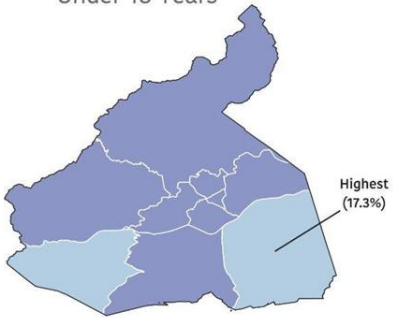

Percentage of the Population Under 5 Years
McDowell County
WNC Healthy Impact Region
Highest
(6.2%)
Lowest
(3.3%)
0 - 2%
2.1 - 4%
4.1 - 6%
6.1 - 8%
8.1 - 10%
Census-tracts
with no data
0
5
10
15 mi
Total: 2,045
Leah R. Handwerger | July 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)

Population Percentages for Selected Age Groups

McDowell County

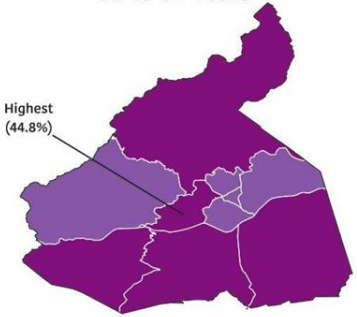


Under 18 Years



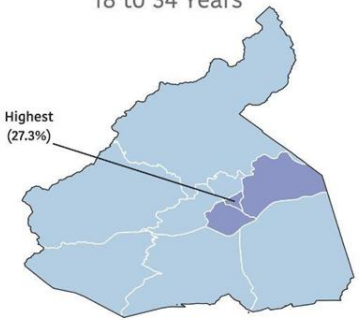
Total: 9,258

35 to 64 Years



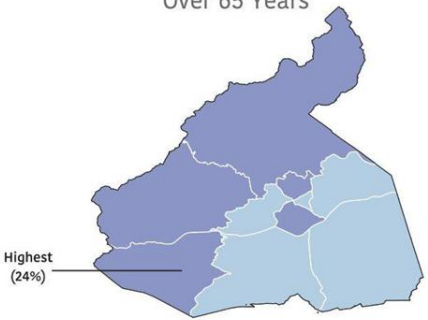
Total: 18,584

18 to 34 Years

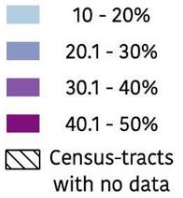


Total: 8,394

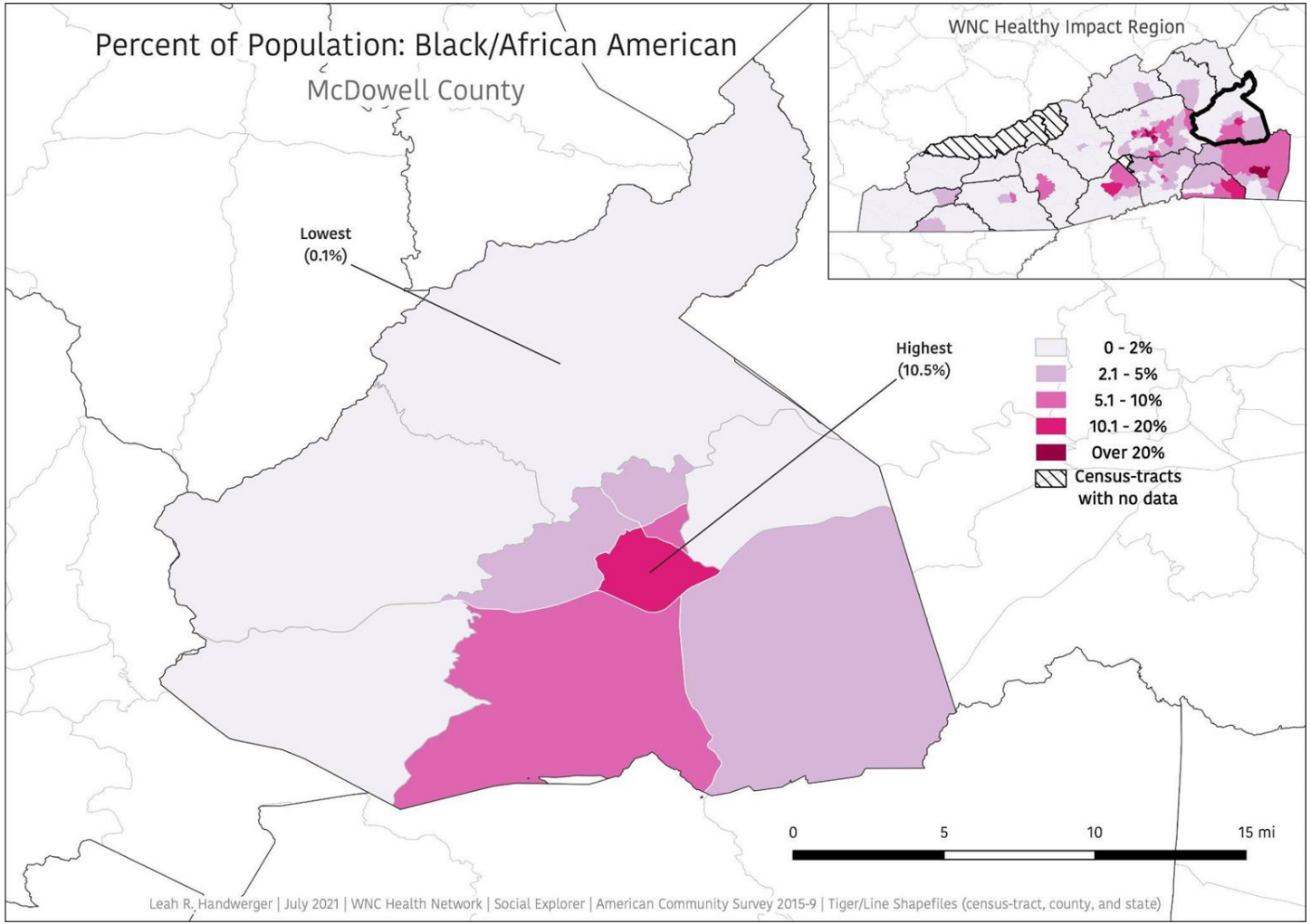
Over 65 Years

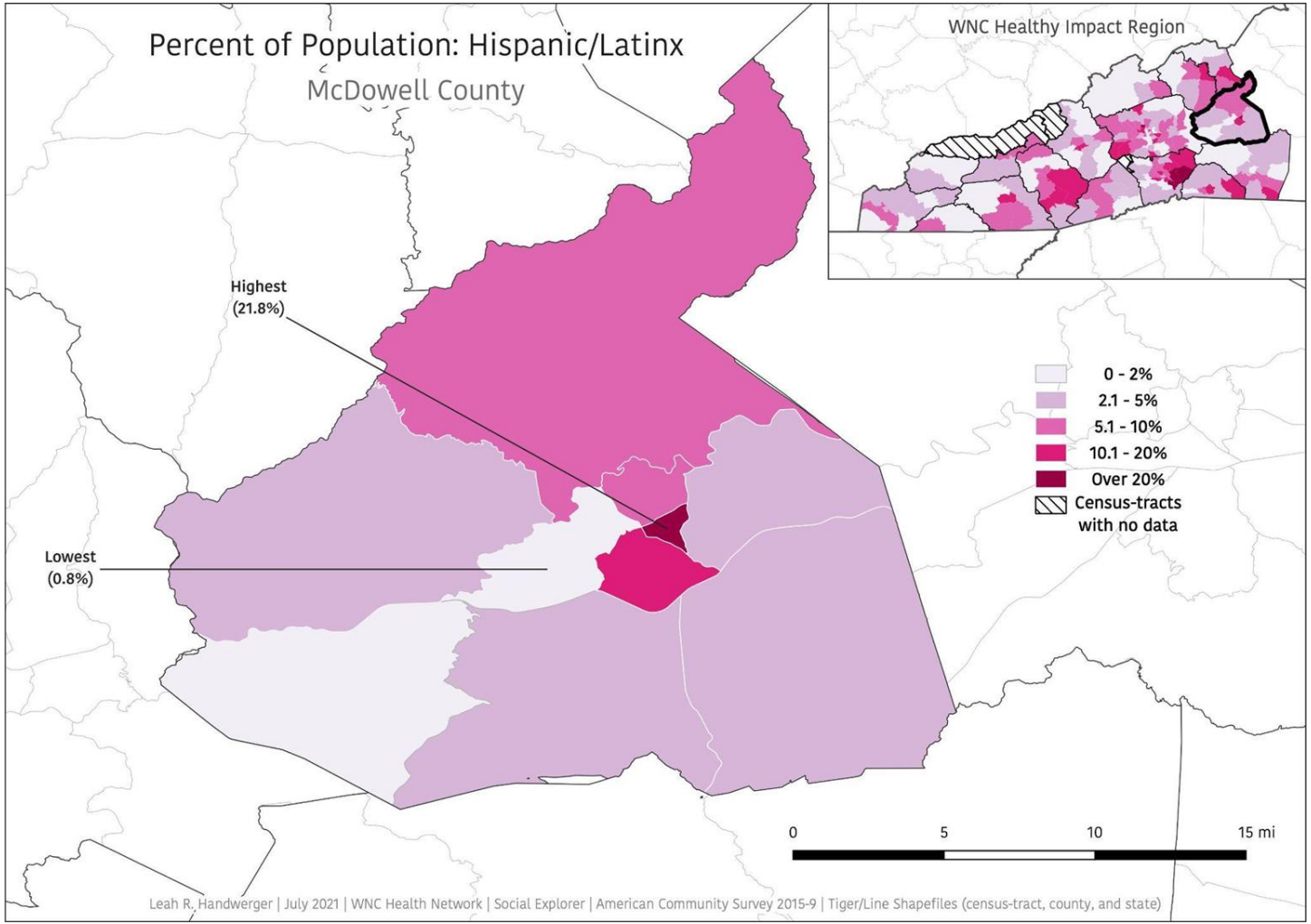


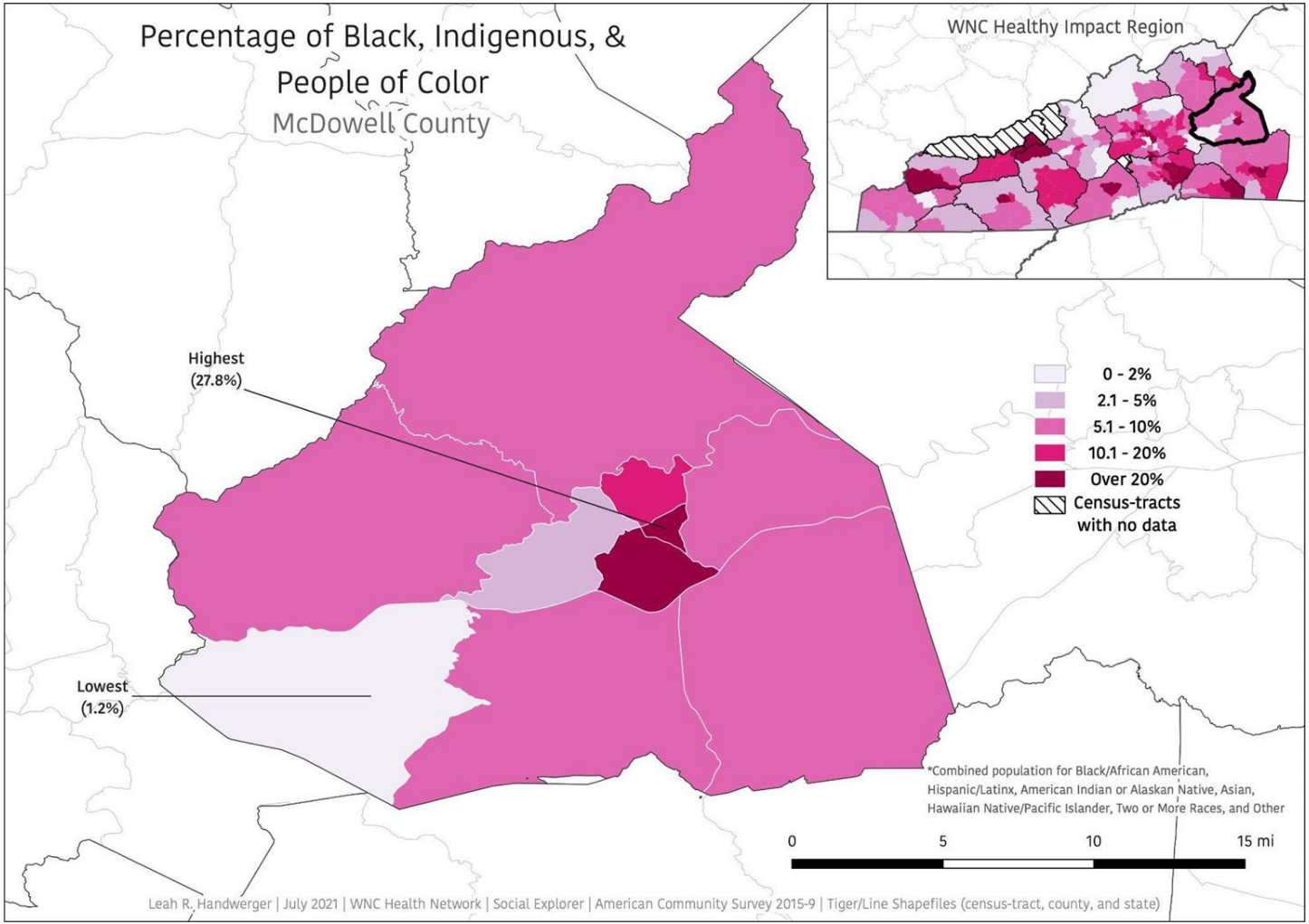
Total: 8,991



Leah R. Handwerger | July 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)

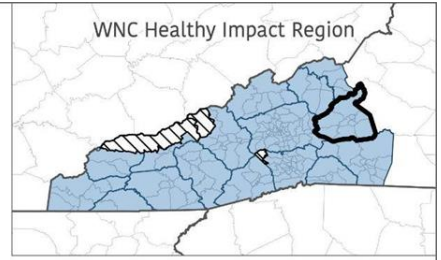

Percent of Population: Black/African American
McDowell County
WNC Healthy Impact Region
Lowest
(0.1%)
Highest
(10.5%)
0 - 2%
2.1 - 5%
5.1 - 10%
10.1 - 20%
Over 20%
Census-tracts
with no data
0
5
10
15 mi
Leah R. Handwerger | July 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)


Percent of Population: Hispanic/Latinx
McDowell County
WNC Healthy Impact Region
Highest
(21.8%)
Lowest
(0.8%)
0 - 2%
2.1 - 5%
5.1 - 10%
10.1 - 20%
Over 20%
Census-tracts
with no data
0
5
10
15 mi
Leah R. Handwerger | July 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)

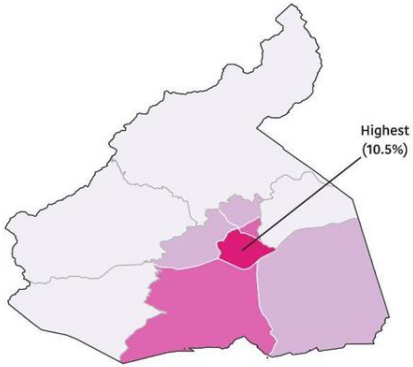

Percentage of Black, Indigenous, & People of Color
McDowell County
WNC Healthy Impact Region
Highest (27.8%)
Lowest (1.2%)
0 - 2%
2.1 - 5%
5.1 - 10%
10.1 - 20%
Over 20%
Census-tracts with no data
*Combined population for Black/African American, Hispanic/Latinx, American Indian or Alaskan Native, Asian, Hawaiian Native/Pacific Islander, Two or More Races, and Other
0
5
10
15 mi
Leah R. Handwerger | July 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)

Percentage of Black, Indigenous, & People of Color

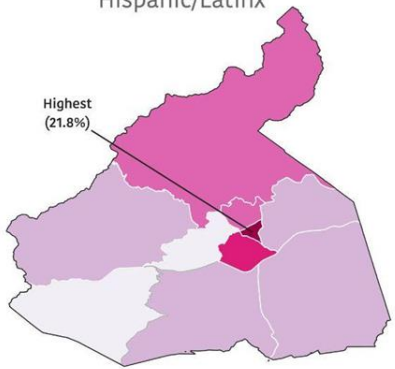
McDowell County



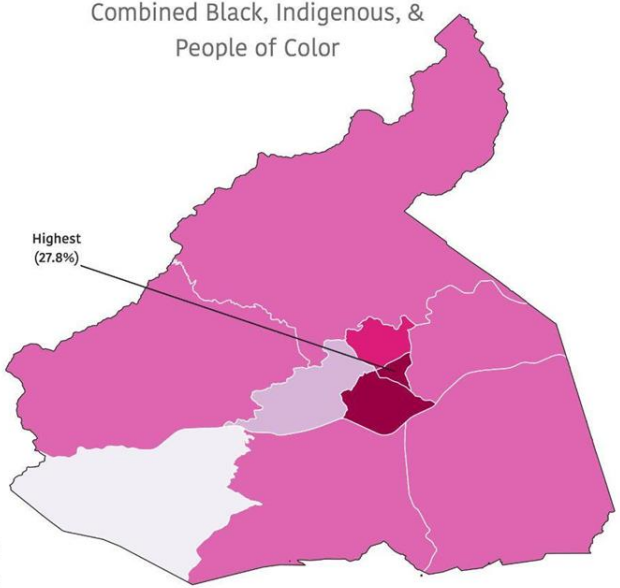
Black/African American

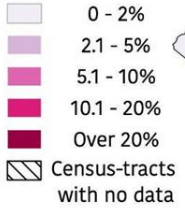


Hispanic/Latinx



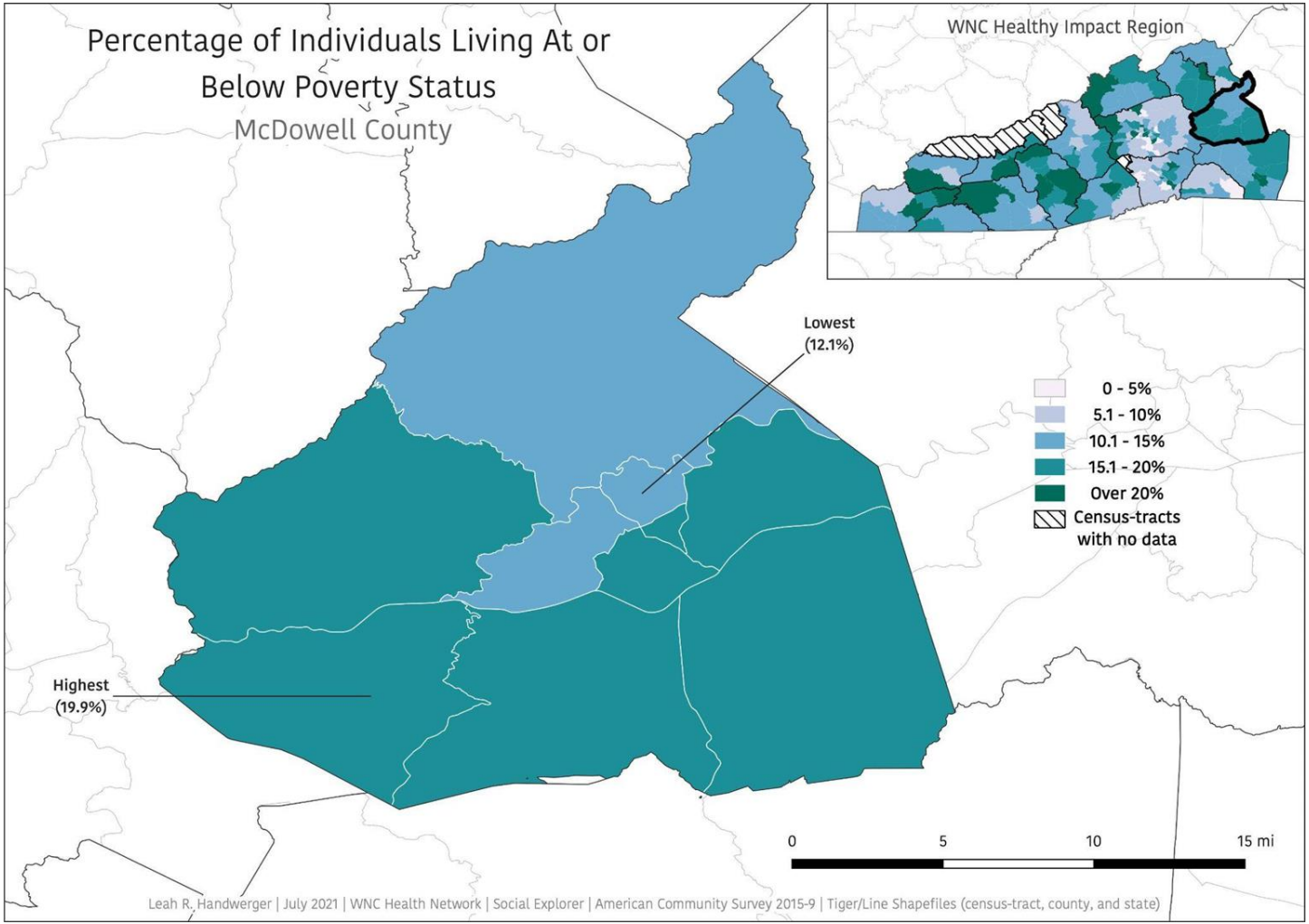
Combined Black, Indigenous, & People of Color

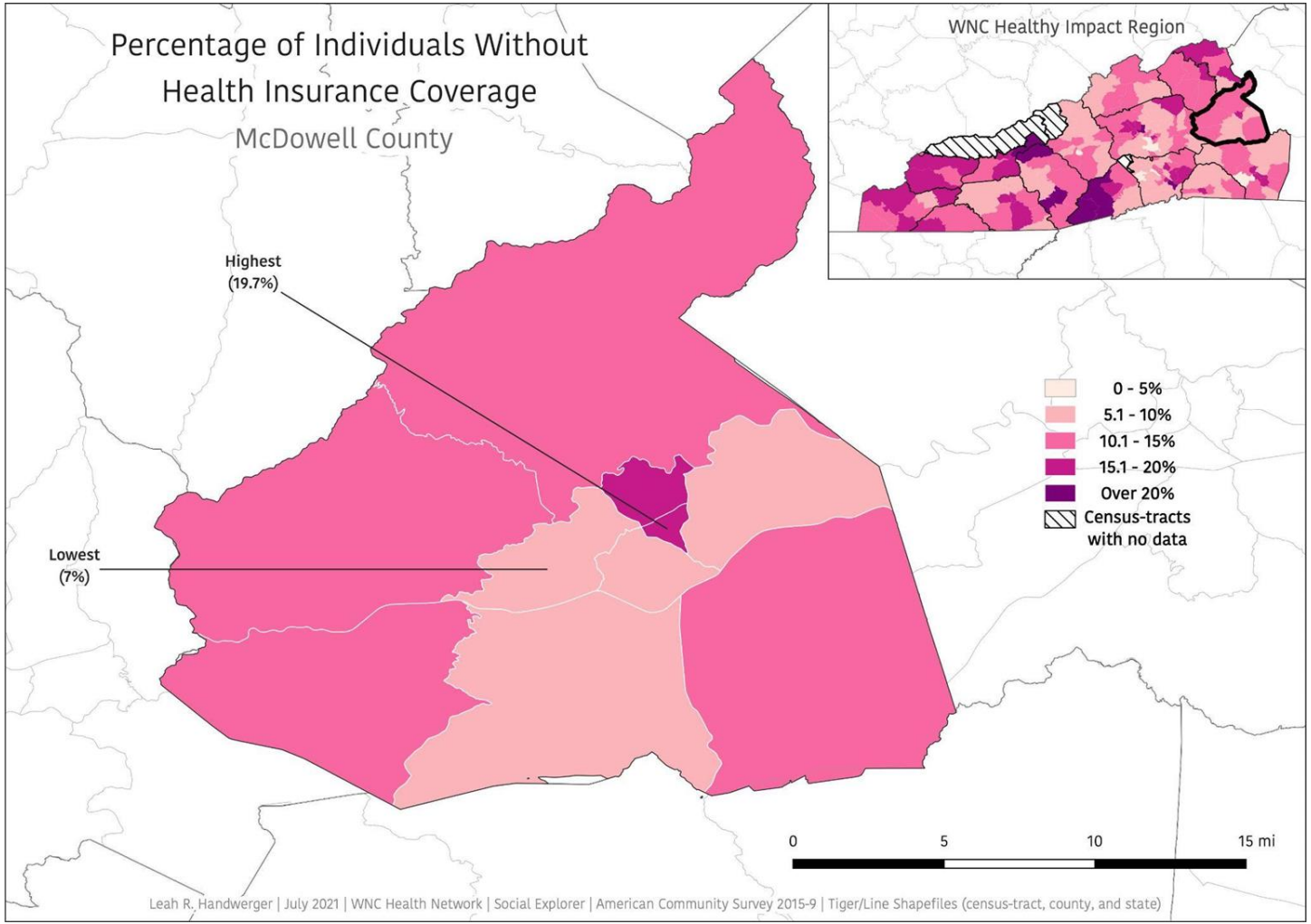


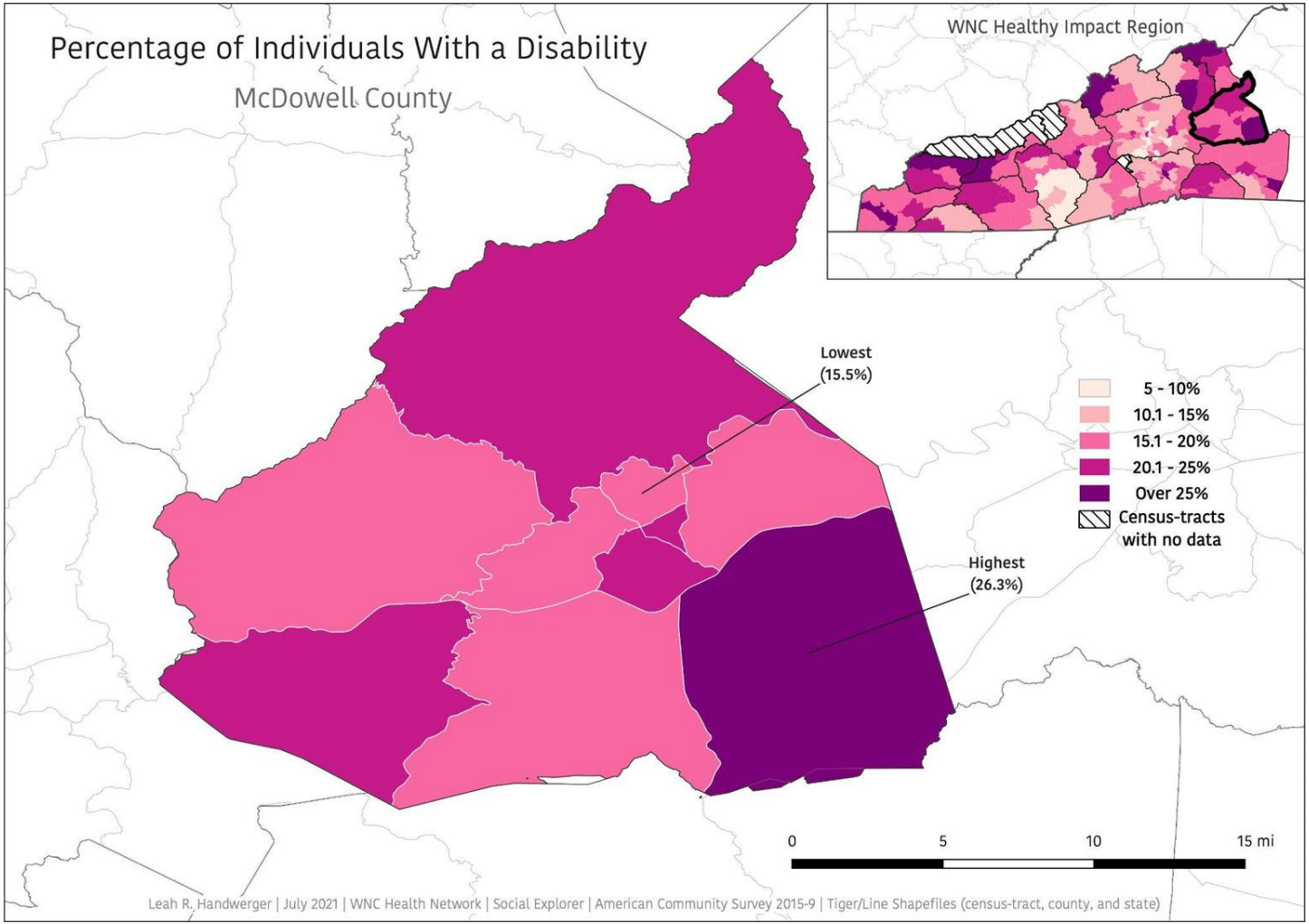


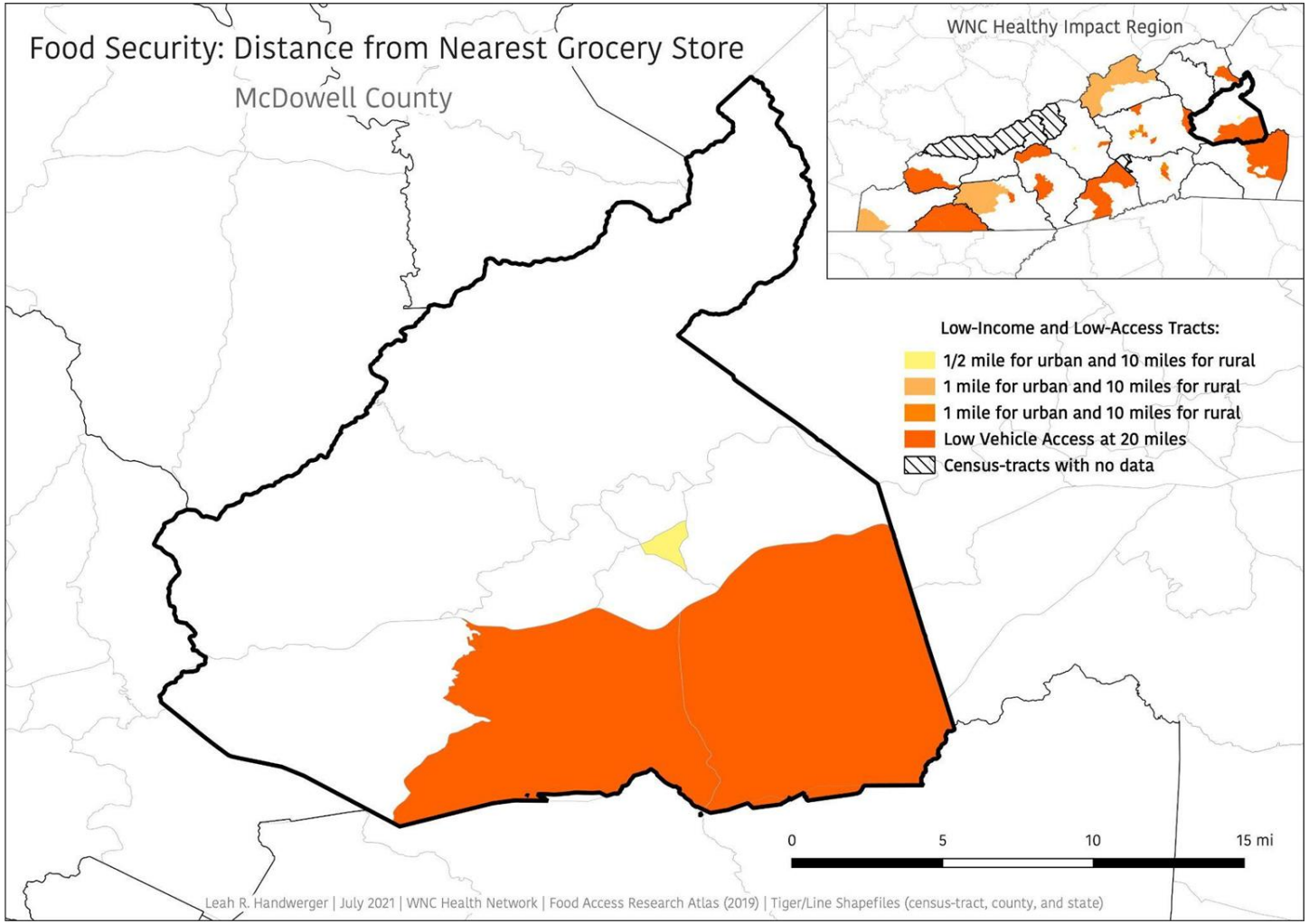
*Combined population for Black/African American, Hispanic/Latinx, American Indian or Alaskan Native, Asian, Hawaiian Native/Pacific Islander, Two or More Races, and Other

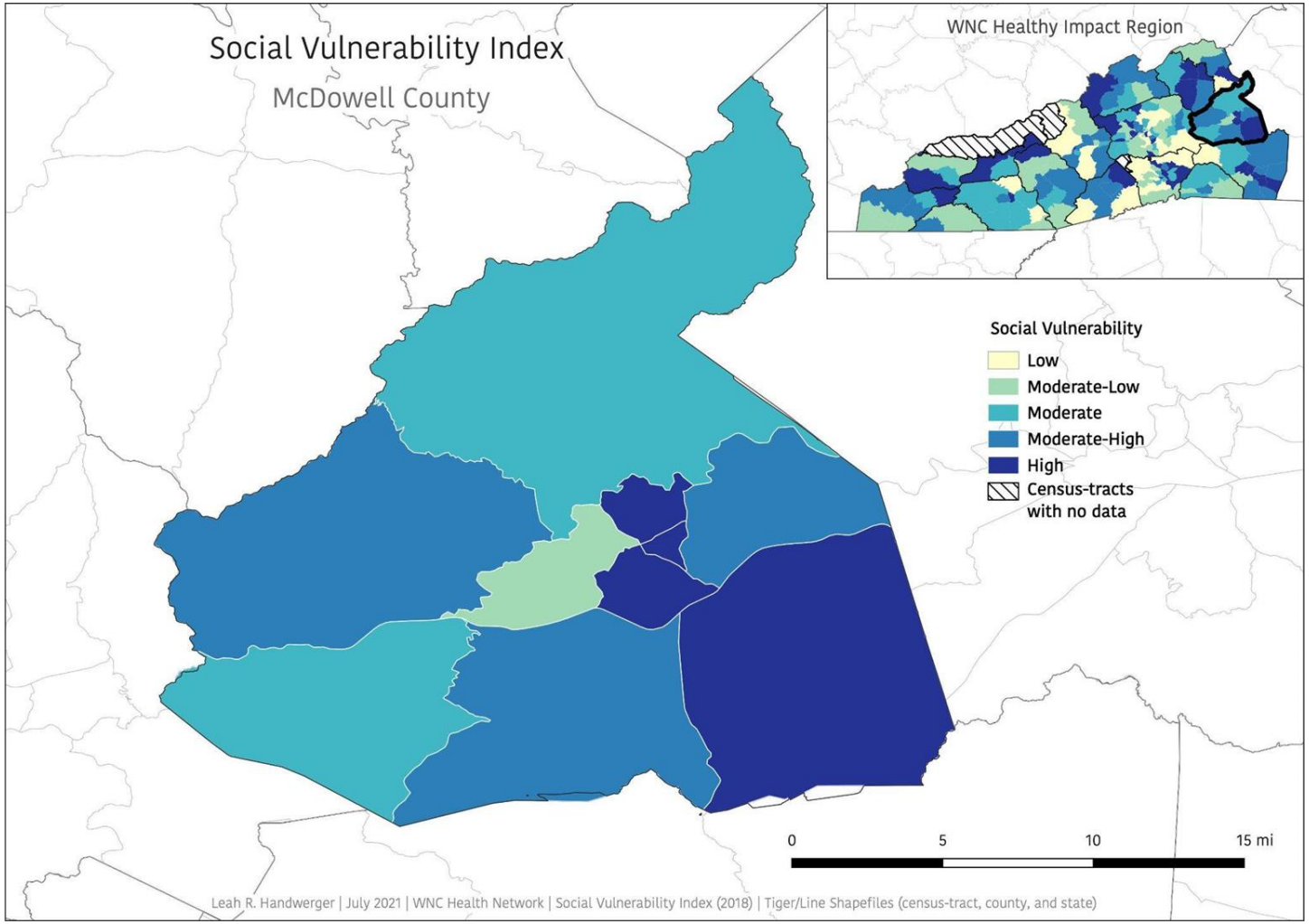
Leah R. Handwerger | July 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)


Percentage of Individuals Living At or Below Poverty Status
McDowell County
WNC Healthy Impact Region
Lowest (12.1%)
Highest (19.9%)
0 - 5%
5.1 - 10%
10.1 - 15%
15.1 - 20%
Over 20%
Census-tracts with no data
0
5
10
15 mi
Leah R. Handwerger | July 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)


Percentage of Individuals Without Health Insurance Coverage
McDowell County
WNC Healthy Impact Region
Highest (19.7%)
Lowest (7%)
0 - 5%
5.1 - 10%
10.1 - 15%
15.1 - 20%
Over 20%
Census-tracts with no data
0
5
10
15 mi
Leah R. Handwerger | July 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)

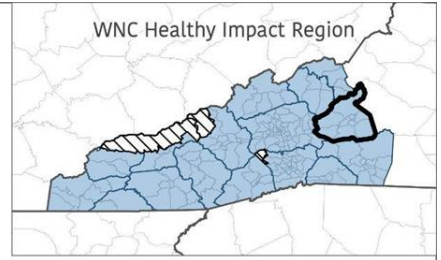

Percentage of Individuals With a Disability
McDowell County
WNC Healthy Impact Region
Lowest
(15.5%)
Highest
(26.3%)
5 - 10%
10.1 - 15%
15.1 - 20%
20.1 - 25%
Over 25%
Census-tracts
with no data
0
5
10
15 mi
Leah R. Handwerger | July 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)


Food Security: Distance from Nearest Grocery Store
McDowell County
WNC Healthy Impact Region
Low-Income and Low-Access Tracts:
1/2 mile for urban and 10 miles for rural
1 mile for urban and 10 miles for rural
1 mile for urban and 10 miles for rural
Low Vehicle Access at 20 miles
Census-tracts with no data
0
5
10
15 mi
Leah R. Handwerger | July 2021 | WNC Health Network | Food Access Research Atlas (2019) | Tiger/Line Shapefiles (census-tract, county, and state)

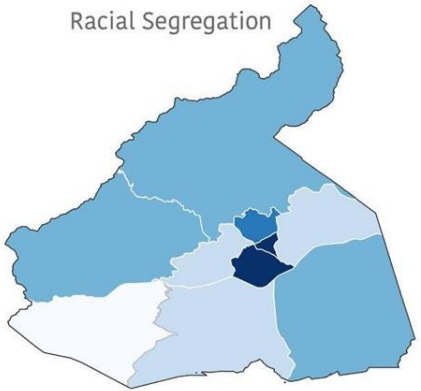

Social Vulnerability Index
McDowell County
WNC Healthy Impact Region
Social Vulnerability
Low
Moderate-Low
Moderate
Moderate-High
High
Census-tracts with no data
0
5
10
15 mi
Leah R. Handwerger | July 2021 | WNC Health Network | Social Vulnerability Index (2018) | Tiger/Line Shapefiles (census-tract, county, and state)

Index of Concentration at the Extremes (ICE)

McDowell County

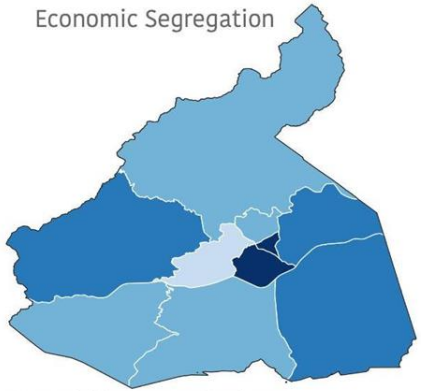


Racial Segregation



*Black/African American & Hispanic/Latinx

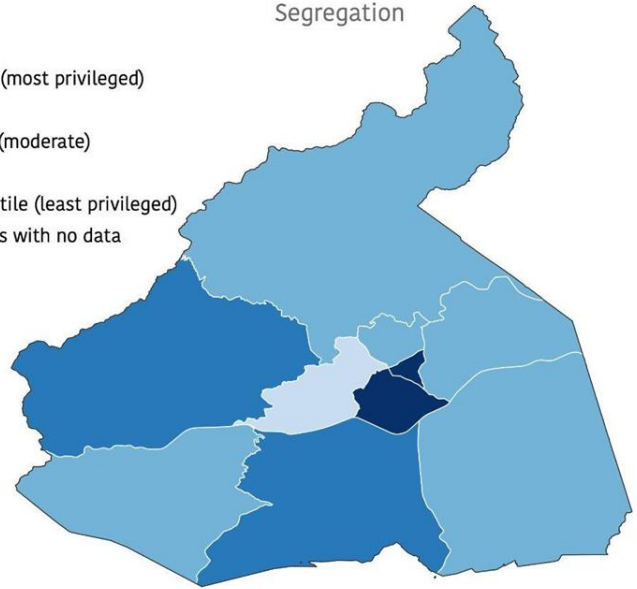
Economic Segregation



*By Household Income Less than $25,000

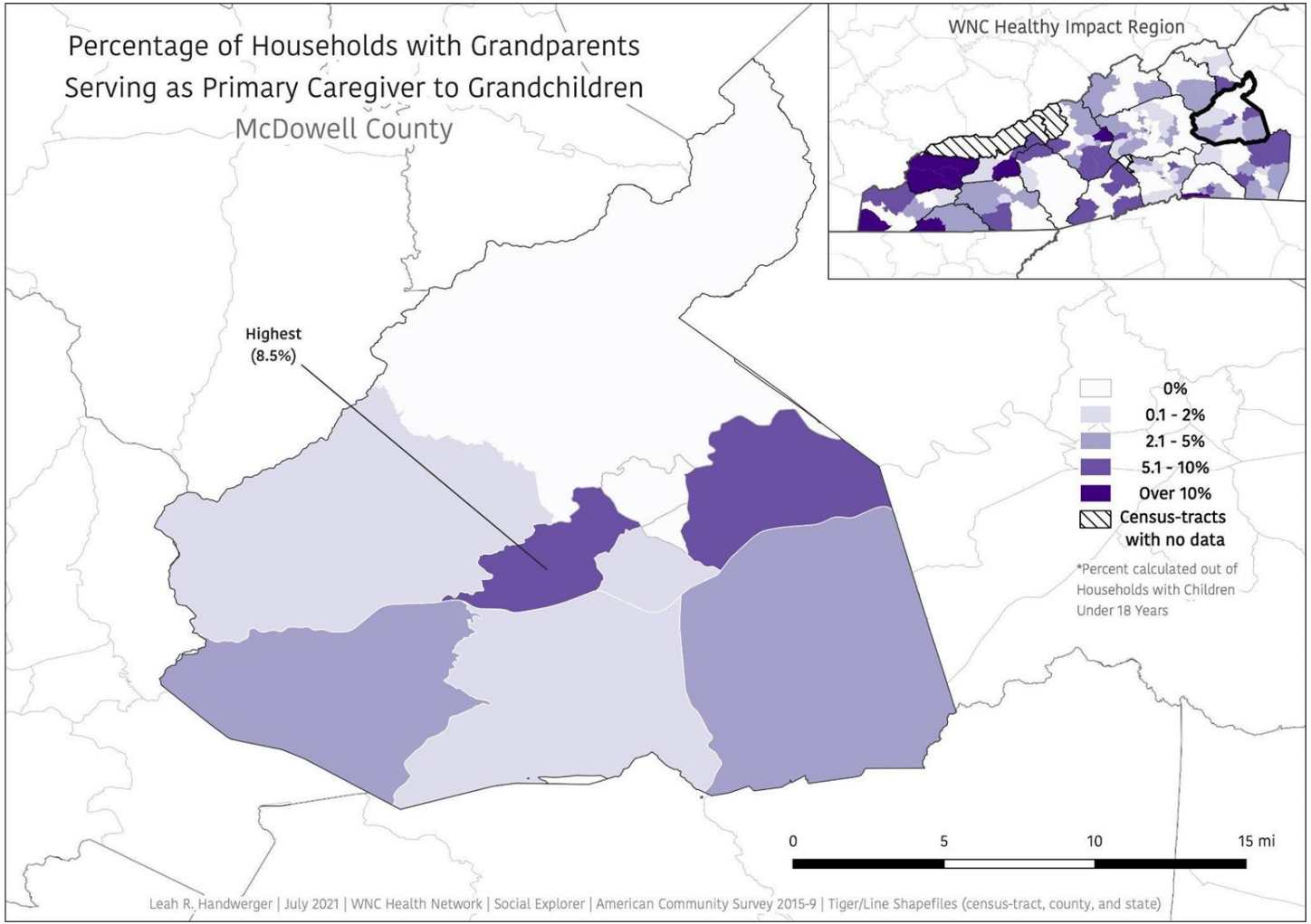
- Top Quintile (most privileged)
- 2nd Quintile
- 3rd Quintile (moderate)
- 4th Quintile
- Bottom Quintile (least privileged)
- Census-tracts with no data

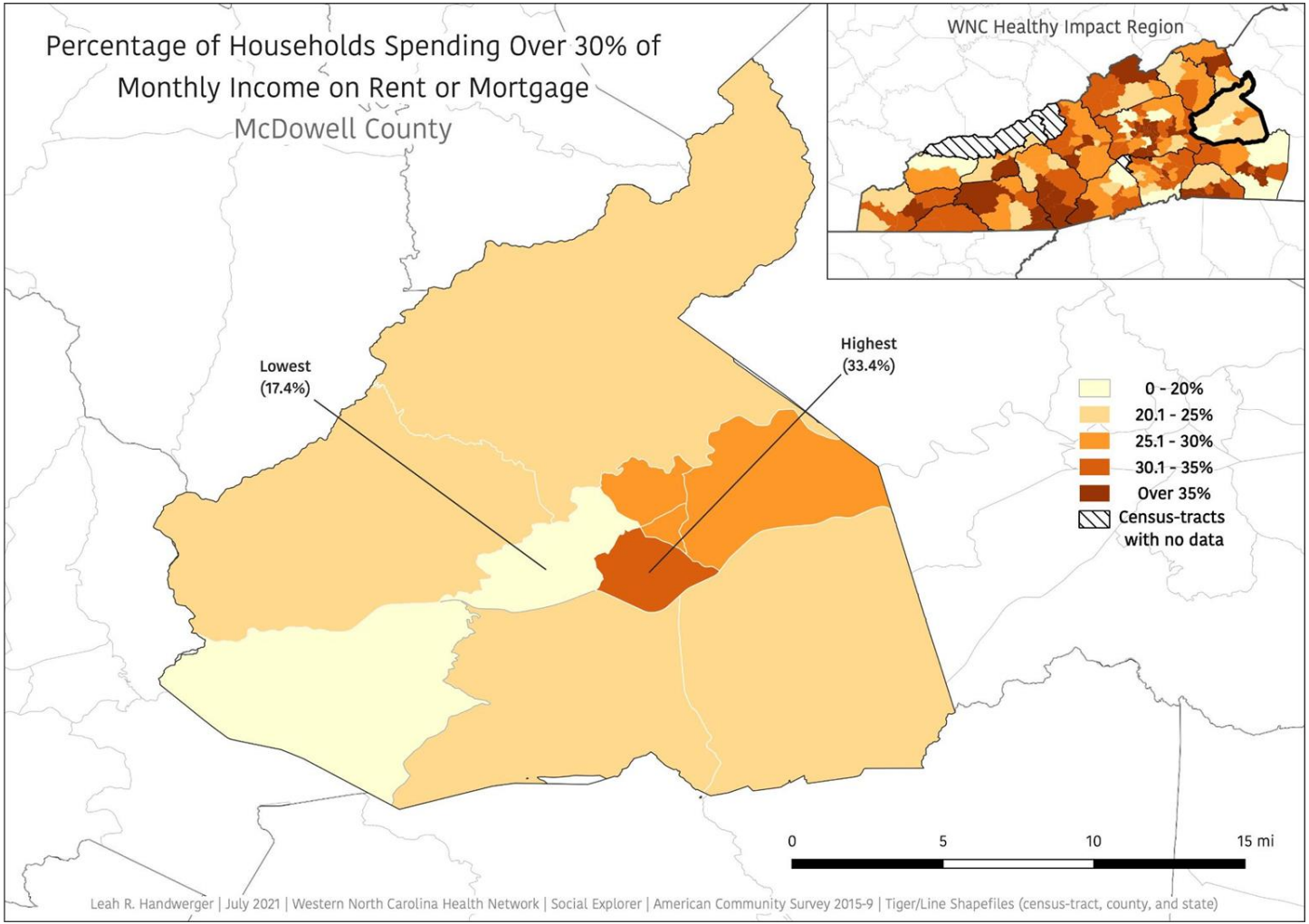
Combined Racial & Economic Segregation

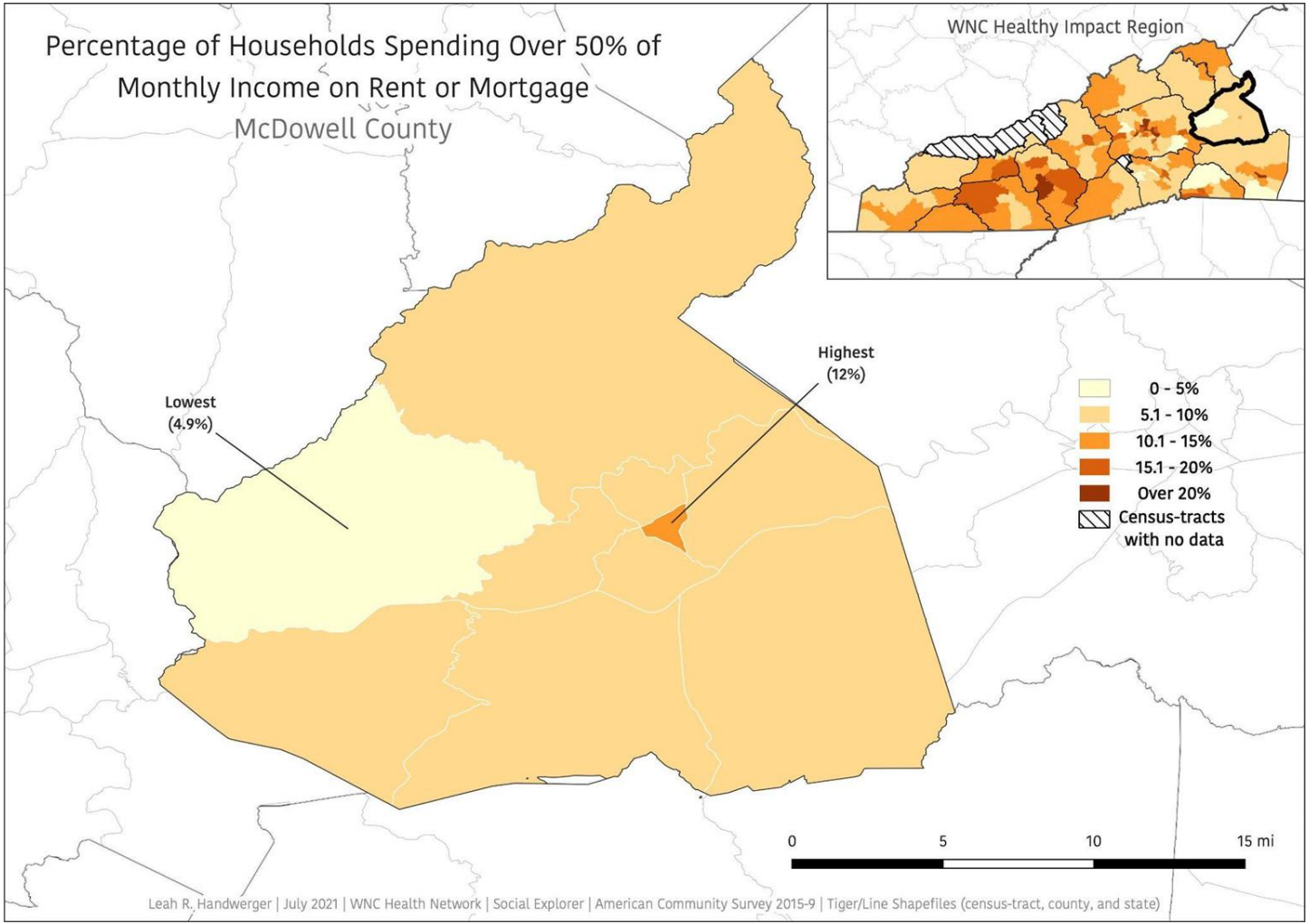


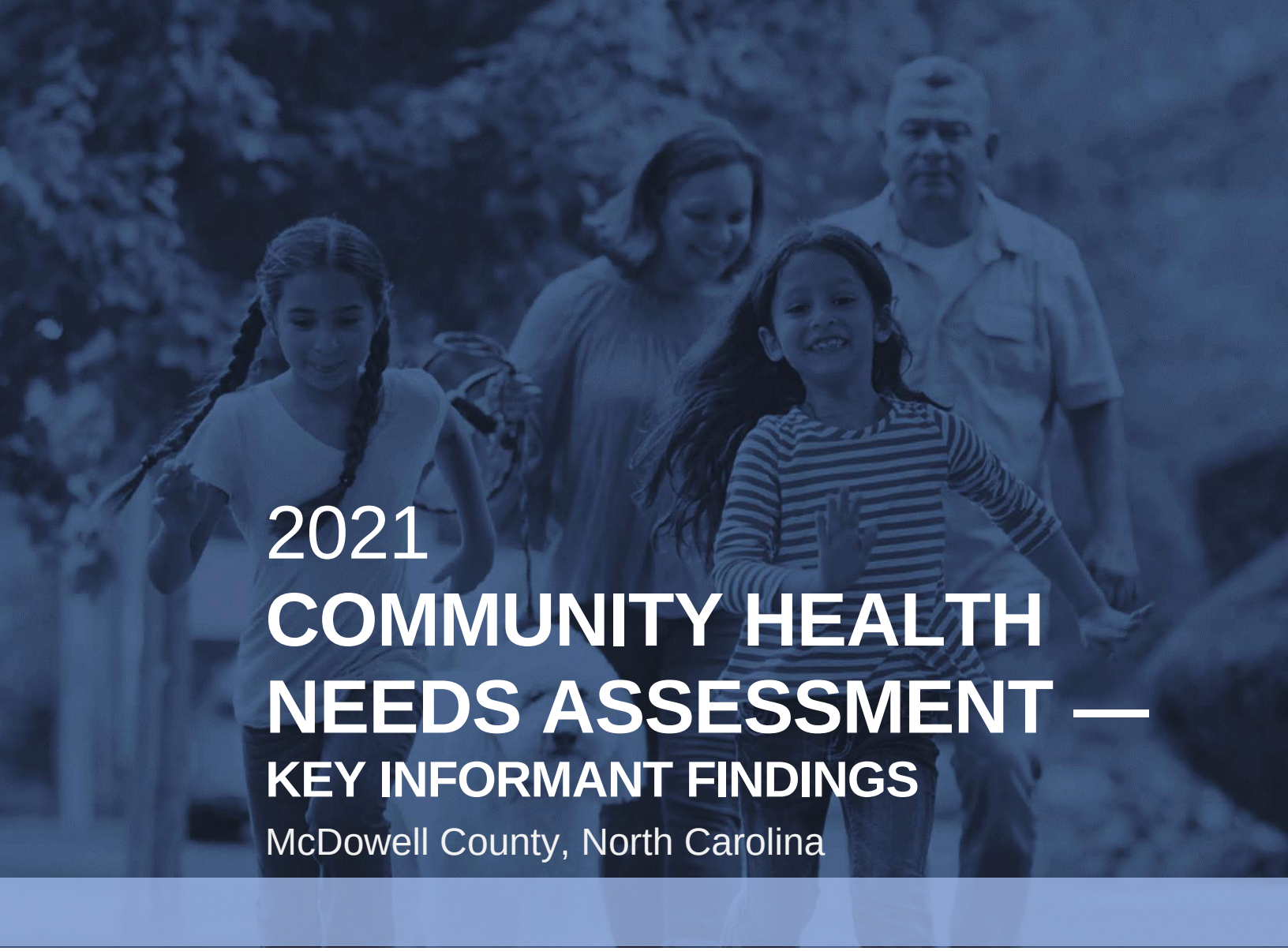
*Black/African American & Hispanic/Latinx Householders with Household Income less than $25,000

Leah R. Handwerger | July 2021 | WNC Health Network | Krieger (2018) | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)


Percentage of Households with Grandparents
Serving as Primary Caregiver to Grandchildren
McDowell County
WNC Healthy Impact Region
Highest
(8.5%)
0%
0.1 - 2%
2.1 - 5%
5.1 - 10%
Over 10%
Census-tracts
with no data
*Percent calculated out of
Households with Children
Under 18 Years
0
5
10
15 mi
Leah R. Handwerger | July 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)


Percentage of Households Spending Over 30% of Monthly Income on Rent or Mortgage
McDowell County
WNC Healthy Impact Region
Lowest (17.4%)
Highest (33.4%)
0 - 20%
20.1 - 25%
25.1 - 30%
30.1 - 35%
Over 35%
Census-tracts with no data
0
5
10
15 mi
Leah R. Handwerger | July 2021 | Western North Carolina Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)


Percentage of Households Spending Over 50% of Monthly Income on Rent or Mortgage
McDowell County
WNC Healthy Impact Region
Lowest (4.9%)
Highest (12%)
0 - 5%
5.1 - 10%
10.1 - 15%
15.1 - 20%
Over 20%
Census-tracts with no data
0
5
10
15 mi
Leah R. Handwerger | July 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)



2021 COMMUNITY HEALTH NEEDS ASSESSMENT — KEY INFORMANT FINDINGS

McDowell County, North Carolina

Sponsored by
WNC Health Network for
WNC HEALTHY IMPACT

2021-0740-02

TABLE OF CONTENTS

INTRODUCTION

METHODOLOGY

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by WNC Healthy Impact; 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 and representatives. 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 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, 16 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	0
Public Health Representatives	0
Other Health Providers	4
Social Services Providers	0
Other Community Leaders	12

Key informants who voluntarily named their organization during the survey included representatives from:

- Board of Health
- Centro Unid Latino-Americano
- CEP
- Chamber of Commerce
- City of Marion
- Marion East Recreation Complex
- McDowell County
- McDowell County Department of Social Services
- McDowell Hospital
- McDowell LFAC
- McDowell Senior Center
- McDowell Tech College
- Mission Hospital McDowell
- RHA Health Services
- Tates Insurance Services

In the online survey, key informants were asked to evaluate specific health issues, as well as provide their perceptions about quality of life and social determinants of health in their communities. For many of these, they were asked to evaluate both strengths and opportunities in these areas. Their perceptions, including verbatim comments, are included throughout this report.

QUALITY OF LIFE

PERCEPTIONS OF LOCAL QUALITY OF LIFE

Key Informant Perceptions of Community Resilience

In the Online Key informant Survey, community stakeholders were asked: *"Thinking over the past 12 months, what have you experienced in your community that has helped you feel inspired, confident, or hopeful related to the health and wellbeing of people in your community?"* The following represent their verbatim responses.

Community Response to COVID-19 Pandemic

> Collaboration across the community to address COVID-19. Rallying to mitigate economic impact. – Other Health Provider (McDowell County)
>
> McDowell County businesses, partners, organizations, and individuals have worked together in support during the pandemic. This collaboration and community support helped me feel inspired, confident, and hopeful. – Community Leader (McDowell County)
>
> I've never seen such energy and efforts in this community toward helping to change for the better of the lives of the people that live and work here. I've seen the smaller community groups form, decide their immediate plans of actions, apply for grants to fund their planned programs, and start implementing their plans. – Community Leader (McDowell County)
>
> The neighbor to neighbor concern for the needs of each other. Making sure medical issues were supported and food, shelter, and transportation. – Community Leader (McDowell County)
>
> Community partnerships and collaborations formed to serve McDowell County during COVID-19. – Other Health Provider (McDowell County)

COVID-19 Testing/Vaccination Efforts

> EMS did a fine job with vaccination plan. – Community Leader (McDowell County)
>
> How public health and emergency services pulled together to smoothly serve the community during COVID. – Other Health Provider (McDowell County)

Community Food Distribution

> Seeing cooperation with community partners to help each other and deliver important services to community residents. Examples include the food partnership with the MATCH (McDowell Access to Care & Health), Foothills Food Hub, and McDowell Transit to deliver food boxes to people in need. Also, McDowell Emergency Services working with multiple community partners to make sure that any citizen needing vaccines shots could get them including homebound persons. The Community Engagement Project and the West Marion Community Forum for hosting free racial equity training for anyone interested in learning more about the topic. – Community Leader (McDowell County)
>
> Community Forums & the Community Engagement Project; the peaceful Shine the Light Vigil in Marion & Old Fort that held space for the murder of George Floyd; Development of Foothills Food Hub; Community/ grassroots organizations' response to individuals' needs in COVID-19; EMS & Rutherford-McDowell Health District's response to COVID-19. – Community Leader (McDowell County)

Action Groups/Collaboratives

> I have observed, experienced and participated in initiatives launched through grassroots efforts related to: racial justice, voter engagement, substance misuse, mental and emotional wellbeing, housing-- urgent need, transition, short- and long-term rental, acquisition, cross culture engagement, connections with law enforcement, launching new projects for adolescents/youth engagement, and most important connection across interests, organizations, agencies, and service providers. – Community Leader (McDowell County)

Increased Interest in Parks/Recreation

> I love the mural in Old Fort! The opening, finally, of the community park. The progress of the MERC in getting families active. The track they are building at the MERC. All the greenways in the county are great! – Community Leader (McDowell County)
>
> Increased interest in parks, recreation, trails, etc. – Community Leader (McDowell County)

Return to Normalcy

> New businesses are opening in Marion and Old Fort which gives a sense of revitalization and energy, thus energizing the community and bringing hope during a very tough year. Also, with the relaxing of COVID mandates, people can get out more and exercise, socialize, and connect with others. – Community Leader (McDowell County)

Access to Healthcare Services

> I am blessed to be part of the core teams for both BCBS of NC Foundation and Robert Wood Johnson Foundation grants managed by West Marion Community Forum. Both grants focus on improving access to health and removing barriers to optimal health. – Community Leader (McDowell County)

Attention to Substance Abuse

> Many groups are working on a common goal of reducing youth substance use, adult substance misuse, food insecurity and issues related to poverty. – Other Health Provider (McDowell County)

Key Informant Perceptions of a "Healthy Community"

The following represent characteristics that key informants identified (in an open-ended question) when asked what they feel are the most important characteristics or qualities of a "healthy community" (up to three responses allowed).

FIRST MENTION

Access to Care/Services

> Access (medical, insurance, transportation, resources, knowledge, etc.). – Community Leader (McDowell County)
>
> Access to services. Availability of services 24/7/365. Resilience: having the tools and skills to work through traumatic events. – Community Leader (McDowell County)
>
> The availability of healthcare and recreational facilities. – Community Leader (McDowell County)
>
> Not afraid to make changes in the hardest areas. – Community Leader (McDowell County)
>
> Availability of medical and mental health services regardless of a person's ability to pay. – Community Leader (McDowell County)

Awareness/Education

> Knowledge. – Community Leader (McDowell County)

Access to Affordable Healthy Food

> Healthy and affordable food is available to all residents. – Other Health Provider (McDowell County)

Community Connections/Support

> That all community members are connected in some way and feel valued. – Community Leader (McDowell County)
>
> Connectedness. – Community Leader (McDowell County)
>
> Community connection and care. Neighbor helping neighbor in all aspects of life. – Community Leader (McDowell County)
>
> Collaboration and maximizing resources. – Other Health Provider (McDowell County)
>
> Community works together to solve issues. – Other Health Provider (McDowell County)

Equality

> Acknowledgement of, and work towards rectifying, the ways in which implicit biases, racism, generational poverty, and systems of oppression aggravate and impact social determinants of health and individuals' opportunities to be healthy. – Community Leader (McDowell County)

Affordable Housing

> Affordable and safe housing for all residents. – Community Leader (McDowell County)

SECOND MENTION

Access to Care/Services

> A central source to connect persons with helpful resources. – Community Leader (McDowell County)
>
> Good access to health care. – Community Leader (McDowell County)

Awareness/Education

> Availability of quality education and work. – Other Health Provider (McDowell County)
>
> The promotion of the available healthcare and recreational opportunities. – Community Leader (McDowell County)

Health & Wellbeing of Residents

> Residents mentally healthy enough to not need or want to use illicit substances to self-medicate. – Other Health Provider (McDowell County)

Access to Affordable Healthy Food

> Healthy food is affordable and accessible to all residents in a community – without judgment or stigma surrounding folks who need food assistance. – Community Leader (McDowell County)

Affordable Housing

> Community residents have safe and healthy housing and are able to maintain their healthy environment. – Community Leader (McDowell County)

Equality

> Fair service to all citizens. just not those who have money. – Community Leader (McDowell County)
>
> Inclusive/Equitable. All people matter, regardless of income, race, etc. – Community Leader (McDowell County)

Community Connections/Support

> Connection—the community surrounds individuals with help and support when needed. No one feels alone. Communication -- there are multiple ways to communicate with residents that fit what they like, e.g. telephone messages, newspapers, social media, personal outreach -- and messages are consistent across these channels. Engagement -- residents want to get involved; they feel their voice matters and is heard; there is pride in the places they live, work, play and pray – Community Leader (McDowell County)
>
> Engagement. – Community Leader (McDowell County)

Government

> Good leaders who listen to community's need and not put partisan politics to the forefront. – Other Health Provider (McDowell County)
>
> Local government's supply of services. – Community Leader (McDowell County)

THIRD MENTION

Access to Care/Services

> Folks have access to the clinical care that they need. – Community Leader (McDowell County)

Employment & Opportunity

> Community residents all have jobs (who are able to work) such that they are able to afford health insurance, food, clothing, shelter, and provide for their families. – Community Leader (McDowell County)
>
> Strength and desire to see each other succeed and thrive. – Community Leader (McDowell County)

Affordable Housing

> Availability of affordable housing. – Other Health Provider (McDowell County)

Community Connections/Support

> Connection -- the community surrounds individuals with help and support when needed. No one feels alone. Communication -- there are multiple ways to communicate with residents that fit what they like, e.g. telephone messages, newspapers, social media, personal outreach -- and messages are consistent across these channels. Engagement -- residents want to get involved; they feel their voice matters and is heard; there is pride in the places they live, work, play and pray. – Community Leader (McDowell County)

> When a person is connecting with resources to have to opportunity for follow up by community agencies to gauge that the individual is receiving what they need. – Community Leader (McDowell County)

Diversity

> All people are respected and valued equally. – Other Health Provider (McDowell County)

Government

> Community leaders that will get involved by supporting and finding solutions to unhealthy parts of the community. – Community Leader (McDowell County)
>
> All those who serve in political positions actively listen with open minds. – Community Leader (McDowell County)

Built Environment

> Lots of opportunities to be active and to reduce isolation. – Other Health Provider (McDowell County)
>
> Opportunities for physical activity. – Community Leader (McDowell County)

Diversity

> Diverse and inclusive. – Community Leader (McDowell County)

SOCIAL DETERMINANTS OF HEALTH

Key Informant Perceptions of Social Determinants of Health & Physical Environment

In the Online Key Informant Survey, community stakeholder respondents were asked to identify up to three social determinants of health about which they feel they have personal or professional insight, experience, or knowledge. For each of these, respondents were then asked to identify strengths and challenges for that issue, as well as populations they feel are most impacted.

Accessible & Affordable Healthy Foods

STRENGTHS

Access to Healthy Foods

> Availability of healthy foods and the nutritional education. - Community Leader (McDowell County)
>
> Access to affordable foods and the knowledge to understand the importance of healthy foods and how they affect family. - Community Leader (McDowell County)
>
> Reducing barriers that may keep folks from accessing healthy foods, as well as education about healthy food preparation. - Community Leader (McDowell County)
>
> Affordable healthy food is the key to good diet. - Other Health Provider (McDowell County)
>
> Foothills Food Hub and various churches, community focus on this issue. - Other Health Provider (McDowell County)

Community Partners

> Foothills Food Hub. Network of food pantries in McDowell County, SNAP/EBT, Double Up Bucks program at Marion Tailgate Market. Staff and programs at NC Cooperative Extension. - Community Leader (McDowell County)

Awareness/Education

> Education and access to healthy foods. - Community Leader (McDowell County)

Alcohol/Drug Use

> Our immediate community is relatively close knit and help each other to a certain extent. However, there are still major needs, we have a medium amount of drug use by middle age to younger adults which has an adverse effect the entire neighborhood. We are a rural neighborhood with garden items to share and such, which helps I am sure. - Community Leader (McDowell County)

CHALLENGES

Access to Affordable Healthy Food

> The lack of access to affordable foods. - Community Leader (McDowell County)
>
> Junk food costs less than real plants and meats. - Other Health Provider (McDowell County)

Contributing Factors

> Lack of transportation to food pantry, proximity to local food pantry, lack of knowledge in food preparation. - Community Leader (McDowell County)
>
> Lack of living wage jobs; Lack of transportation; generational poverty; 'Bootstraps mentality' of individuals in positions of power; Lack of willingness of County government to acknowledge social determinants of health that directly impact individuals' ability to be healthy and well - Community Leader (McDowell County)

Awareness/Education

> No education or access to affordable healthy foods. - Community Leader (McDowell County)

> Lack of knowledge and lack of programs to train families how to prepare healthy foods. - Community Leader (McDowell County)

Transportation

> Transportation. - Other Health Provider (McDowell County)

Alcohol/Drug Use

> Substance abuse is our major issue in this county. It leads to mental, as well as physical disabilities. - Community Leader (McDowell County)

POPULATIONS IMPACTED

Children

> Children. - Community Leader (McDowell County)
>
> Children. - Other Health Provider (McDowell County)
>
> Children of the lower income. - Community Leader (McDowell County)
>
> Children and low-income families. - Community Leader (McDowell County)
>
> Children and overweight residents. - Community Leader (McDowell County)

All Populations

> I don't really see it as a race, or ethical issue. This is a social and mental issue it seems to me. If we live with uncertainties, there is always a search for an escape. I honestly see it as a middle age issue. - Community Leader (McDowell County)
>
> All populations. - Other Health Provider (McDowell County)

People of Color

> People in need of food assistance include Black, Brown, and low-income white individuals across McDowell County. - Community Leader (McDowell County)

Adverse Childhood Experiences/Childhood Trauma

STRENGTHS

Community Partners

> Several programs in place to support crisis. – Other Health Provider (McDowell County)

Awareness/Education

> There are trauma informed practices embedded within the school system. – Community Leader (McDowell County)
>
> Education at a basic level regarding trauma training for educators, doctors, nurses, and public officials on trauma. – Community Leader (McDowell County)

School System

> The schools and social service agencies are surveying for and addressing ACE's in their work. The school system has begun a program to address issues related to ACE's. – Other Health Provider (McDowell County)

CHALLENGES

Awareness/Education

> Folks just don't care enough to make the needed public changes to make inroads into trauma. – Community Leader (McDowell County)
>
> Awareness, education. – Other Health Provider (McDowell County)

Access to Care/Services

> Services to address the trauma creating life challenges for people with high ACEs scores. Trauma needs to be addressed from the time of the event, not just when someone is exhibiting a lot of problems in health, mental health etc. Early intervention and mitigation are optimal and there is no infrastructure in place to do this. – Other Health Provider (McDowell County)
>
> There are limited behavioral specialists within each school. These professionals ONLY deal with children 'referred' to them. Getting parents engaged in conversations about student behavior is a serious challenge. We also have a fairly high percentage of adolescents who are 'couch surfers' -- basically, they are homeless for one reason or another. Once a student is 'referred' there is some stigma around the referral. I would also say that ONLY children and adolescents referred are evaluated for ACES. The therapists find out there are generational trauma experience during the evaluation. Addressing long-standing family dynamics is outside the scope of the school employee to address. – Community Leader (McDowell County)

POPULATIONS IMPACTED

Children

> Children. – Community Leader (McDowell County)
>
> Children. – Other Health Provider (McDowell County)

All Populations

> Aces are a problem across all of these. I think people who are misusing drugs and alcohol are the most impacted. – Other Health Provider (McDowell County)

People of Color

> Following the COVID pandemic, I would say our residents who are people of color are most impacted by ACES. ACES is a family dynamic that needs to be address as such. We need to remember that COVID has been and IS a trauma event for every resident of our community. – Community Leader (McDowell County)

Availability of Primary Care Providers, Specialists, Hospitals, or Other Places That Provide Healthcare Services

STRENGTHS

Local Providers

> There are a number of primary care providers, limited specialists, one hospital which is part of a larger for-profit network. Basically, the need overwhelms the ability to deliver. This is particularly true of special needs such as complicated and extensive dental procedures or treatments that currently require referrals to Chapel Hill or Duke. Referrals will always be a consideration; however, for the uninsured or underinsured this is a big issue as referral services are out of town and appointments are made during normal work hours. It's rare that employers give paid time off for medical services and almost never for mental health services appointments. - Community Leader (McDowell County)

Local Healthcare Facilities

> We have a strong Hospital presence that offers access to most any health care need (physical, mental, and nutritional), either here or Asheville. In addition, they have numerous Primary health care providers located in different parts of the Community. Besides the local Hospital, a neighboring Hospital has established a facility with several Primary health care providers and some testing. We also have a good YMCA that provides health related programs and activities. The Trails Association has worked to provide walking trails for the people and the City and County have worked to provide community parks for families to enjoy. - Community Leader (McDowell County)

Access to Care/Services

> The availability to connect people with opportunities to support whole-person health including physical, mental and community support. - Community Leader (McDowell County)

Maternal and Infant Health

> Mother/Baby Unit at Mission Health McDowell, pediatric care options, multiple dentist offices. MATCH, McDowell Access to Care and Health. Services provided by Health Department. - Community Leader (McDowell County)

CHALLENGES

Access to Care/Services

> No dental offices that offer dental care for children under four in McDowell County. Folks are uninsured or underinsured. Implicit biases in the healthcare system. Lack of representation of people of color in care providers, educational materials, etc. - Community Leader (McDowell County)

Affordable Care/Services

> For many individuals, it can be a financial issue that prevents them from seeking help for different health related needs. - Community Leader (McDowell County)

Income/Poverty

> Money. Providers are not going to give away extensive services and treatments to uninsured or underinsured. And, they are not going to invest in recruiting Spanish-speakers or peoples of color without a clear indication of a ROI. I would say that transportation across McDowell County, not just in Marion and Old Fort, is also a concern. Right now, arrangements for transportation is 3 days advance notice with a confirmation 24 hours in advance, between 9 AM and 5 PM. These hours do not accommodate shift workers very well and certainly not those experiencing homelessness who don't even have access to a telephone! - Community Leader (McDowell County)

Lifestyle

> Primarily, it is the mindset of some Adults that they don't take advantage of the healthy opportunities that are available to them. They use costs as an excuse but the reality is that the Healthcare facilities have people on staff that can find resources to help with the costs. This lack of education about costs is costing the health of our Community. - Community Leader (McDowell County)

POPULATIONS IMPACTED

Elderly

> Older, lower income adults would be the most impacted. - Community Leader (McDowell County)

Low Income

> Those that are under the 200 percent poverty level. Especially those that are just over the financial bubble to receive additional federal and state support. - Community Leader (McDowell County)

People of Color

> Our LatinX community is greatly impacted. Many do not speak English, do not trust the translators. Talking about very personal issues through a translator is insulting and subject to all kinds of errors. - Community Leader (McDowell County)

Children

> Children and dental care. Underemployed and underinsured individuals. Black and Brown communities in McDowell. LatinX residents who do not speak or read English. - Community Leader (McDowell County)

Community Safety

STRENGTHS

Community Partners

> McDowell County has excellent law enforcement, fire and EMS personnel that are highly trained and do a great job serving the community. – Community Leader (McDowell County)

CHALLENGES

Crime

> Property crime rates remain higher than desired, in large part due to substance misuse issues. – Community Leader (McDowell County)

POPULATIONS IMPACTED

Low Income

> Lower income residents are most impacted. – Community Leader (McDowell County)

Education

STRENGTHS

School System

> We are fortunate to have so many good public and private schools available for our young people. They have lots of supports in the schools. Adults are fortunate to have McDowell Technical Community College in their community to help support their needs to get the necessary skills to get a good job. The College has just announced free tuition for this next year which removes a huge barrier to higher education. – Community Leader (McDowell County)

Awareness/Education

> The availability of community educational programs on a variety of topics. – Community Leader (McDowell County)

CHALLENGES

Awareness/Education

> Many people do not think of higher education as a way to get the skills needed to get a better job. In fact, many residents of McDowell County do not know anything about the College and its mission to support the community. The high school dropout rate is high for McDowell County which acts as a barrier to getting good jobs that will support them and their families. – Community Leader (McDowell County)
>
> Communicating with those in the need about the educational opportunities that may benefit them. – Community Leader (McDowell County)

POPULATIONS IMPACTED

All Populations

> The working adult, 18-67-year-old, is most impacted. Many times, they are working a job and cannot afford with money and/or time to go to college to get the necessary skills. The African American race is also the most impacted. – Community Leader (McDowell County)

Elderly

> Older adults. – Community Leader (McDowell County)

Family & Social Support

STRENGTHS

Community Engagement

> Community engagement and resource education and connection. – Community Leader (McDowell County)

CHALLENGES

Contributing Factors

> Stigma, ignorance, generational poverty. – Community Leader (McDowell County)

POPULATIONS IMPACTED

Children

> Children are most impacted. – Community Leader (McDowell County)

Income & Employment

STRENGTHS

Employment

> Good income can buy food, housing, maybe have health insurance. – Other Health Provider (McDowell County)

Access to Affordable Healthy Foods

> There are food programs, and very strong community support with life sustaining needs. We are blessed to have strong church groups that reach out with food, transportation, financial, as well as medical assistance. In our county there are Community Forums that are absolutely phenomenal at linking community needs to resources. A food hub that the Covid-19 has not slowed their determination to support the community with healthy food sources. We are blessed and I pray things never stop. However, I know this is not a religious question or related to that – but I must also thank my God for all the hard work that is happening and that will continue to happen in this county. – Community Leader (McDowell County)

CHALLENGES

Employment

> Minimum wage too low, few beginning jobs or jobs for youth. – Other Health Provider (McDowell County)

Pride

> The ASK... There are folks that are in need, but pride stops them from asking I believe. Our income level is medium/ not to high and also not to low, but still hard to make ends meet with Utilities, Rent, and Food. Not enough to have all the needs from month to month. – Community Leader (McDowell County)

POPULATIONS IMPACTED

All Populations

> Older adults and adults and children with mental health issues. It spans the entire gamut of race and ethnic groups, old, young, women, men, of all races. – Community Leader (McDowell County)

Single Parent Homes

> Single parent families. – Other Health Provider (McDowell County)

Opportunities for Physical Activity

STRENGTHS

Built Environment

> We have many parks, trails and recreational amenities already in place and are planning for the development of even more, subject to funding availability. – Community Leader (McDowell County)
>
> New Marion playground, sidewalks in Marion. MTA's work on the McDowell Greenway. Lots of green spaces. Work in Old Fort to publicize and improve back country walking and biking trails. – Community Leader (McDowell County)

Education/Awareness

> The smaller community groups, the local newspaper, the local radio, local educational billboards, as well as schools and church groups are working to help make the community more aware of their opportunities. – Community Leader (McDowell County)

CHALLENGES

Built Environment

> The lack of and competitiveness of funding for parks, recreation and trails. Local governments have invested funds where possible but rely on state and federal grants to pay for significant projects. – Community Leader (McDowell County)

Access to Recreational Facilities

> Transportation to and from places to be active. Families with adults working two to three jobs to make ends meet, do not have time to take their children to physical activities. – Community Leader (McDowell County)

Cultural/Personal Beliefs

> Again, it is the mindset of the people. – Community Leader (McDowell County)

POPULATIONS IMPACTED

Elderly

> Older adults. – Community Leader (McDowell County)

People of Color

> Latina community. Lack of translated materials related to recreational opportunities provided by county. Underemployed individuals. – Community Leader (McDowell County)

Rural

> People living in remote areas of the County likely have less access to established parks, trails and recreational amenities. Lower income residents may lack the transportation to get to parks, trails and recreational amenities. However, all County residents could benefit by having more opportunities for physical activity. – Community Leader (McDowell County)

Public Transportation

STRENGTHS

Transportation Options

> The current ability from our local transit department to transport individuals at no cost. – Community Leader (McDowell County)
>
> Important to get to jobs, food and doctors, esp for elderly who should not drive, many do not have transportation so need reliable consistent public transport systems. Do not know when or where McDowell transit runs. having to call 2-3 days in advance and then stay on bus for 2-3 hours each way does not work well for elderly – Other Health Provider (McDowell County)

CHALLENGES

Transportation Time/Location/Accessibility

> Many do not have transportation so need reliable consistent public transport systems. No one knew when or where McDowell transit runs. Having to call two to three days in advance and then stay on bus for two to three hours each way does not work well for elderly. – Other Health Provider (McDowell County)
>
> The transit department capacity to help everyone that needs transportation. – Community Leader (McDowell County)

POPULATIONS IMPACTED

Elderly

> Older adults, single parents. – Community Leader (McDowell County)

Those Without Transportation

> People without reliable transportation, elderly. – Other Health Provider (McDowell County)

Racism & Other Forms of Discrimination

STRENGTHS

Awareness/Education

> Education and training to understand the lived experiences of historically marginalized groups of people. – Community Leader (McDowell County)

CHALLENGES

Lack of Knowledge/Education

> Ignorance, intolerance, white supremacist policies, fear, lack of understanding. – Community Leader (McDowell County)

POPULATIONS IMPACTED

People of Color

> People of color are most impacted, and we see this in health disparities for black and brown people compared to white people. – Community Leader (McDowell County)

Safe & Healthy Housing

STRENGTHS

Affordable Housing

> Availability of affordable housing supports the health and wellbeing of the people in McDowell. Lack of local housing affects many facets of the community, including proximity to childcare, work, and school. Lack of housing and lack of public transportation deeply affects McDowell workforce and the opportunity for individuals to work and advance. – Community Leader (McDowell County)
>
> There is some good, quality housing in McDowell County. Local governments, economic development agencies and local and regional non-profits have also made housing a top priority. – Community Leader (McDowell County)
>
> In the past five years, the county has obtained grants and funding for housing repairs for those in poverty. The Gateway Foundation and Dogwood Trust have also taken on these efforts. They are asking for volunteers from churches and other organizations to help with the repairs. We have good, caring people in our communities who are willing to help. – Community Leader (McDowell County)
>
> Gateway Wellness Foundation, focus on housing. Partnerships across McDowell – Other Health Provider (McDowell County)

Access to Care for Uninsured/Underinsured

> Medicaid expansion in North Carolina education regarding trauma and impact on daily living and how to overcome. – Community Leader (McDowell County)

CHALLENGES

Housing

> Lack of housing and unsafe housing. Unsafe housing stems from parts of the community that struggle to enforce ordinances. – Community Leader (McDowell County)
>
> There is a lot of substandard housing in McDowell County. Many residents lack the resources to make needed repairs or live in rental housing where landlords can't or won't make needed repairs. There is a need for many more housing units locally, particularly affordable housing. – Community Leader (McDowell County)
>
> There is not enough safe and healthy housing available for the residents, especially those in poverty. There is not enough funding to help with repairs or construction of safe and healthy housing for those who cannot afford it. – Community Leader (McDowell County)
>
> Availability of housing, maintenance of homes, costs. – Other Health Provider (McDowell County)

Politics

> Politics. – Community Leader (McDowell County)

POPULATIONS IMPACTED

Low Income

> Those who live at or below the poverty level. – Community Leader (McDowell County)
>
> Lower income residents, children and disabled people are likely most impacted by the lack of safe and healthy housing. – Community Leader (McDowell County)

Children

> Children and adults when as it relates to trauma, working poor as it relates to health insurance. – Community Leader (McDowell County)

Rural

> Those living in the more rural locations. – Other Health Provider (McDowell County)

Tobacco-Free Spaces

STRENGTHS

Tobacco-Free Space Policies

> Tobacco free spaces around and in government buildings is a great support. It protects everyone from secondhand smoke. It also encourages smokers to consider how often they smoke and if they should try to quit, especially if it is in the workplace. – Other Health Provider (McDowell County)

CHALLENGES

Tobacco Use

> Too many areas are not smoke free. McDowell County parks and greenways are not all tobacco free. I went to a riverside Marion park and picked up over 500 cigarette butts in an hour's time. These butts are litter and can also wash into the river creating pollution when nicotine seeps into the water, which is an environmental hazard. – Other Health Provider (McDowell County)

POPULATIONS IMPACTED

Children

> Children are the most impacted because they are affected by the secondhand smoke and are not able to control this variable. Adults can ask people to smoke elsewhere or leave the scene, children can do neither. Parents are the main people that expose their children to this secondhand smoke. – Other Health Provider (McDowell County)

Uninsured/Underinsured

STRENGTHS

Affordable Care/Services

> Access to affordable healthcare supports the health and wellbeing of our community. – Community Leader (McDowell County)

Community Partners

> Currently, our community has MATCH -- an excellent resource -- to match needs to services. Unfortunately, there are many residents, e.g. veterans, those experiencing homelessness, those making too much money for services and too little to pay for insurance, who are being missed. We are also challenges with a transit system that may or may not be available across the county to transport people to and from service locations. Services are limited for people who are uninsured, underinsured, or covered only by Medicaid. – Community Leader (McDowell County)
>
> We are fortunate to have MATCH in McDowell County for those who are underinsured or uninsured. – Community Leader (McDowell County)

Medicaid Coverage

> Medicaid expansion for the everyone has the ability to get health care, mental health care. – Community Leader (McDowell County)

CHALLENGES

Access to Care/Services

> Four to five thousand McDowell County Citizens are uninsured and do not get health care, dental care, or mental health care. – Community Leader (McDowell County)
>
> Providers willing and able to volunteer time and resources to support the uninsured/underinsured. This is particularly true for Veterans who need to travel to Asheville for services and where services like dental is NOT covered. There is also a stigma surrounding those experiencing homelessness -- they may not have an address or even access to basic personal hygiene tools. There is also misinformation and stigma surrounding our undocumented residents along with fear of going to a provider who doesn't look like them or speak their language. – Community Leader (McDowell County)

Affordable Care/Services

> The inability to afford healthcare, high deductible plans that are unrealistic compared to income earned, and out of pocket costs for medical services. – Community Leader (McDowell County)

Diagnosis/Treatment

> They believe that they cannot go to a doctor or get medical attention. They do not get the medications that they need and, therefore, tend to stay sick for a longer period of time. – Community Leader (McDowell County)

Pride

> Pride. – Community Leader (McDowell County)

POPULATIONS IMPACTED

Uninsured/Underinsured

> Those who cannot afford health insurance. Those who live at or below the poverty level. – Community Leader (McDowell County)
>
> All the above listed who are not able to receive adequate insurance to receive care. – Community Leader (McDowell County)

All Populations

> This challenge impacts all individuals in the community. – Community Leader (McDowell County)
>
> It knows no race, age, or sex in my opinion. – Community Leader (McDowell County)

People of Color

> Our LatinX community is severely handicapped by a lack of services. Going to providers who depend on a computer translator to communicate is very challenging, particularly to folks unaccustomed to visiting service providers. Our population of homeless individuals is growing. This is an entire litany of additional challenges including: no address or contact details, e.g. cell phone; transportation to and from appointments; substance use; mental health challenges; lack of hygiene care; misuse of prescribed medication (some sell their meds rather than take them). – Community Leader (McDowell County)

HEALTH ISSUES

KEY INFORMANT RATINGS OF HEALTH ISSUES

Key informants taking part in the Online Key Informant Survey were asked to rate each of 14 health issues; the following chart illustrates those most often identified as "major problems" in their own communities.