Rutherford County Community Health Assessment

2021

FOOTHILLS
HEALTH DISTRICT

RUTHERFORD COMMUNITY HEALTH ASSESSMENT

Collaboration

This document was developed by Foothills Health District in partnership with Rutherford Regional Health System as part of a local community health assessment process.

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Rutherford County 2021 Community Health Assessment Executive Summary

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

Leadership for the Community Health Assessment Process
Every 3 years the Foothills Health District (FHD) 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/**
Jill Miracle	**Community Health Council of Rutherford County**	**Executive Director**	**http://www.healthcouncilrc.com/**
Rebecca Segal	**Rutherford Regional Health System**	**CEO**	**https://www.myrutherfordregional.com/**
Lee Homan	**Blue Ridge Health – Rutherford**	**Director of Marketing & Communications**	**https://www.brchs.com/**
Suzanne Porter	**United Way**	**Executive Director**	**http://unitedwayofrutherford.org/**
Tracy Davis	**Cooperative Extension**	**Extension Agent, Family & Consumer Sciences**	**https://rutherford.ces.ncsu.edu/**

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

Name	Agency	Title	Agency Website
Jill Miracle	**Community Health Council of Rutherford County**	**Executive Director**	**http://healthconcilre.com/**

Doug Barrick	Rutherfordton	Town Manager	https://www.rutherfordton.net/
Tracy Davis	NC Cooperative Extension	Extension Agent	https://rutherford.ces.ncsu.edu/
Steve Garrison	Rutherford County	County Manager	https://www.rutherfordcountync.gov/
Mike Gavin	Isothermal Community College	Director of Marketing and Community Relations	https://www.isothermal.edu/
Dr. Donald Corry	Health Care	Retired Healthcare Provider	

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

Rutherford'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 239 residents and 6 key informant surveys completed by community key leaders. Team members also accessed the WNC Healthy Impact Secondary Data Workbook including a comprehensive set of secondary data from the NC State Center for Health Statistics, US Census Bureau, CDC's Behavioral Risk Factor Surveillance System, and other sources, and maps from Community Commons. All collected data, which is not only specific to the health status of Rutherford County, but also demonstrates how it relates to the Western North Carolina region, was then analyzed and

prioritized with the input of a preliminary data team. This initial data team, 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 three 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 the Community Health Council of Rutherford County and other county stakeholders 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 Rutherford County was 64,444 (U.S. Census Bureau, 2021). There is a slightly higher proportion of females than males (51.7% female, 48.3% male). The majority of residents are White (87%) with minorities represented as follows: Black or African American (9.9%), Hispanic or Latino (4.8%), Asian (0.6%), American Indian/Alaska Native (0.4%), and Native Hawaiian and other Pacific Islander (0.1%) (U.S. Census Bureau, 2021).

In 2018 the Health Priorities included: Active living and Substance Abuse Treatment and Recovery. The data showed that the percent of individuals who did not have any leisure-time physical activity in the past month went down 3% whereas the percent of individuals who meet the physical activity recommendations went up to 17.4% from 16.5% in 2018. When it came to substance abuse there was a decent drop in the percentage individuals who used prescription opiates/opioids in the past year with or without a prescription went down from 26.7% to 16.1% (WNC Health Network, 2021).

Other findings to notice are the obesity and diabetes levels within the county. For obesity the percentage went from 49.8%in 2018 to 48.2% in 2021. The data for the percentage of the prevalence of diabetes showed that there was a decrease from 2018 that was 20.3% to 2021 that is 17.9%.

Health Priorities
- **Food Insecurity**
- **Prevalence of Diabetes**
- **Obesity**

Next Steps

The Foothills Health District will share the CHA findings with the Community Health Council and members of Rutherford Regional Health System. 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 Rutherford County a healthier place to live, work, and play.

Chapter 1- Community Health Assessment Process

Purpose

Community health assessment (CHA) is an important part of improving and promoting the health of county residents. A 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 Health Systems purposes of improvement, key partners in assessment.

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

WNC

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 – Rutherford County

Location, Geography, and History of Rutherford

Location & Geography:

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

History

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

Population

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

In 2020 the total population of Rutherford County was 64,444. There is a lightly higher proportion of females than males (51.7% female, 48.3% male) and 22.2% of the population is 65 years and older (U.S. Census Bureau, 2021). The majority or residents are White (87%) with minorities represented as follows: Black or African American (9.9%), Hispanic or Latino (4.8%), Asian (0.6%), American Indian/Alaska Native (0.4%), and Native Hawaiian and other Pacific Islander (0.1%). (U.S. Census Bureau, 2021).

Furthermore, among the total population age 25 and older, Rutherford County has 83.8% as high school graduates or higher, and 17.8% with a bachelor's degree or higher of those over the age of 25 (U.S.

Census Bureau, 2021). Lastly, 5.0% of Rutherford County households speak a language other than English. (U.S. Census Bureau, 2021).

- The population percent of the county is expected to increase from 5.2 to 5.4 from 2020 to 2040 and drop to 5.2 again in 2040 to 2050.
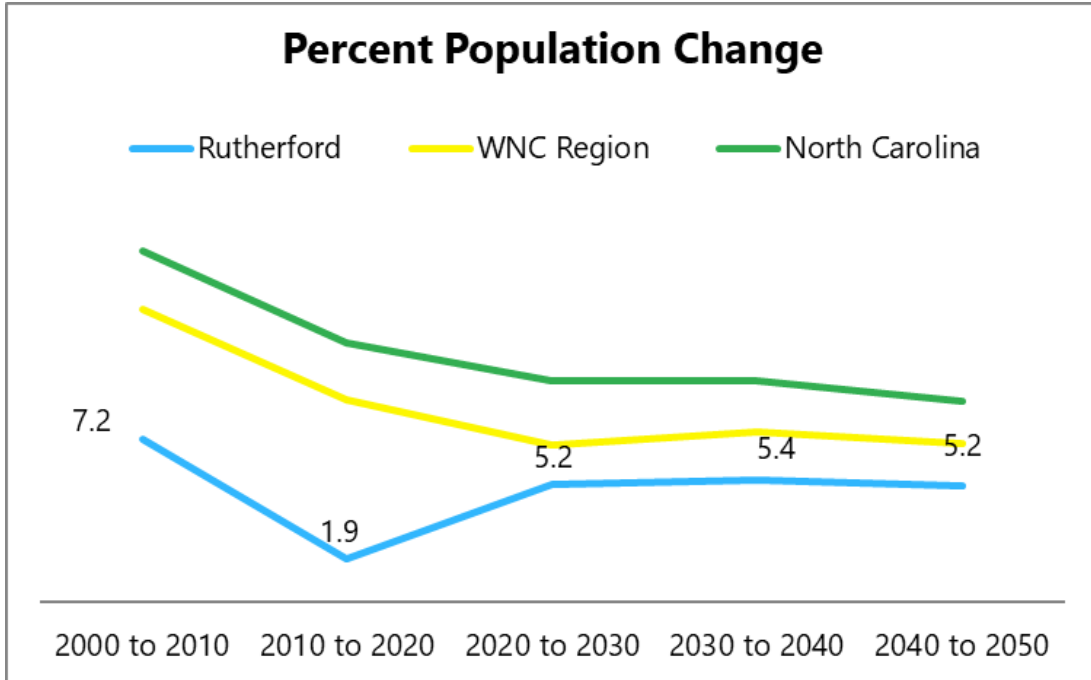
Source: (North Carolina Office of State Budget and Management, 2021)

- 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 21.9 in 2020 to 27.2 in 2050.
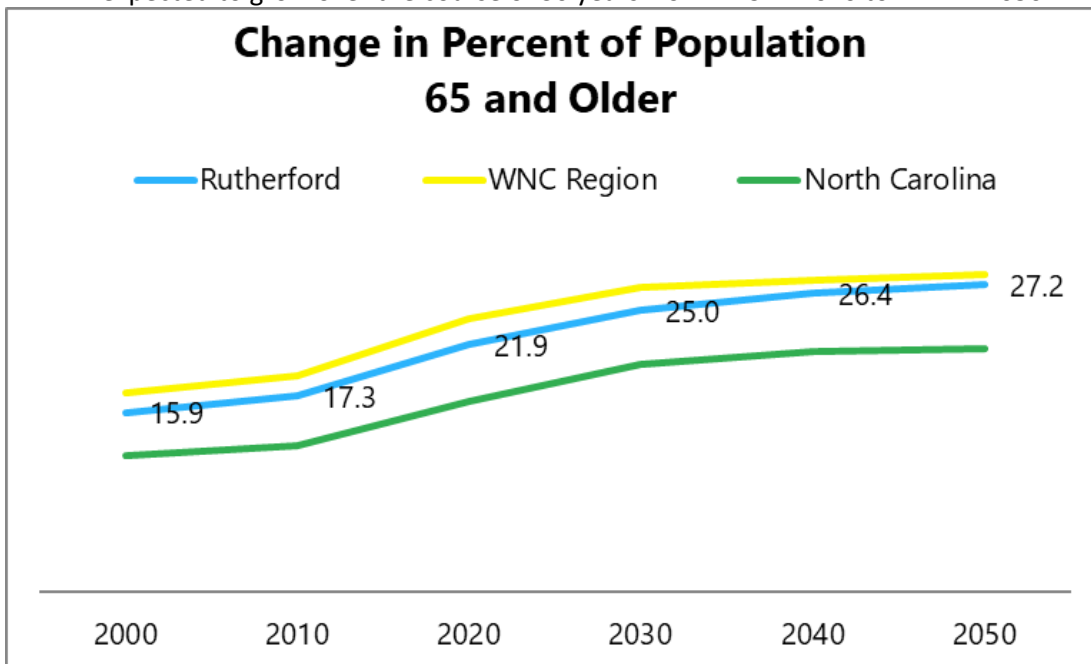
Source: (North Carolina Office of State Budget and Management, 2021)

- The change in the percent of the population that is 18 years old and younger will decrease from 19.7 in 2020 to 17.1 in 2050.
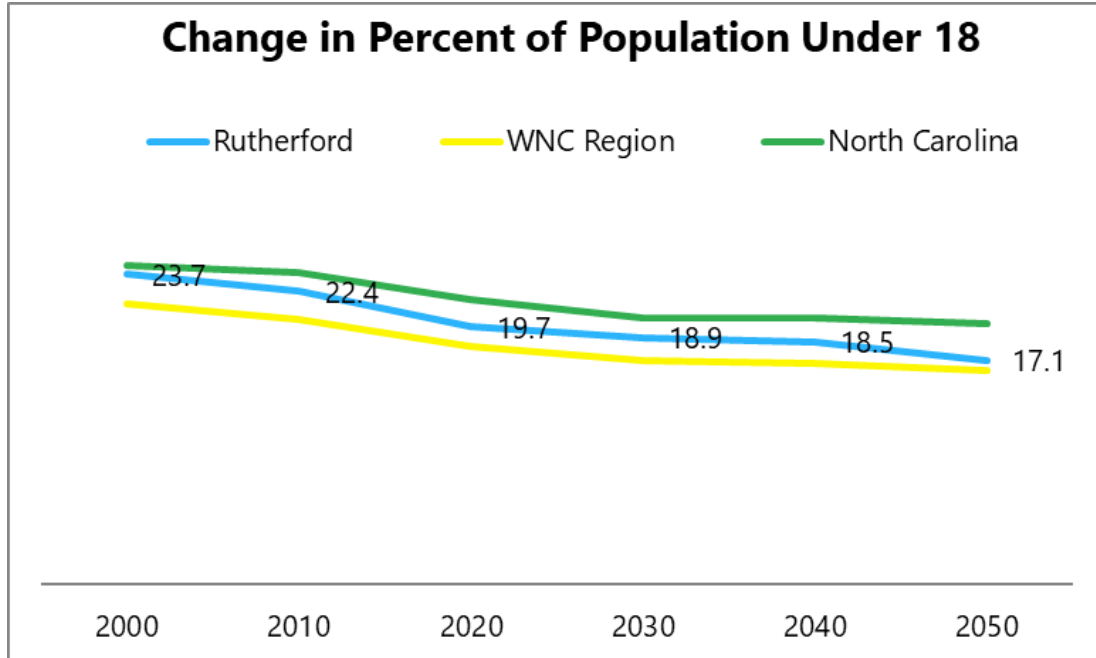
Source: (North Carolina Office of State Budget and Management, 2021)

- The population density maps shows that the majority of the population live within Spindale, Forest City, and Rutherfordton.
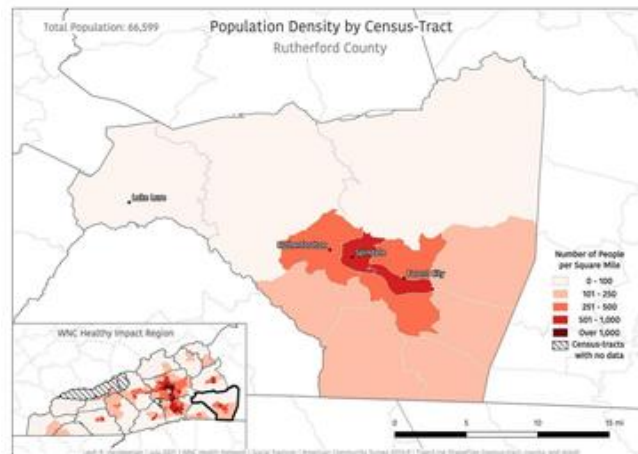
Source: (WNC Health Network, 2021)

COVID-19 Pandemic

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.

As of December 1st, 2021, there are a total of 11,767 cases of COVID-19 diagnosed within the county. There have been 338 deaths throughout the county as well. When looking at the vaccination rates, as of November 30th, 2021, 28,709 individuals have at least received one dose of a vaccine leaving 28,709 individuals who have been fully vaccinated (North Carolina Department of Health and Human Services, 2021).

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, child care, food, medical care, and more. Wealth, the accumulation of savings and assets, helps cushion and protect us in times of economic distress. As income and wealth increase or decrease, so does health" (County Health Rankings, 2021).

• 2019 Median household income is $42,608
• Median family income is $53,754
• 2019 Per capita income is $23,978
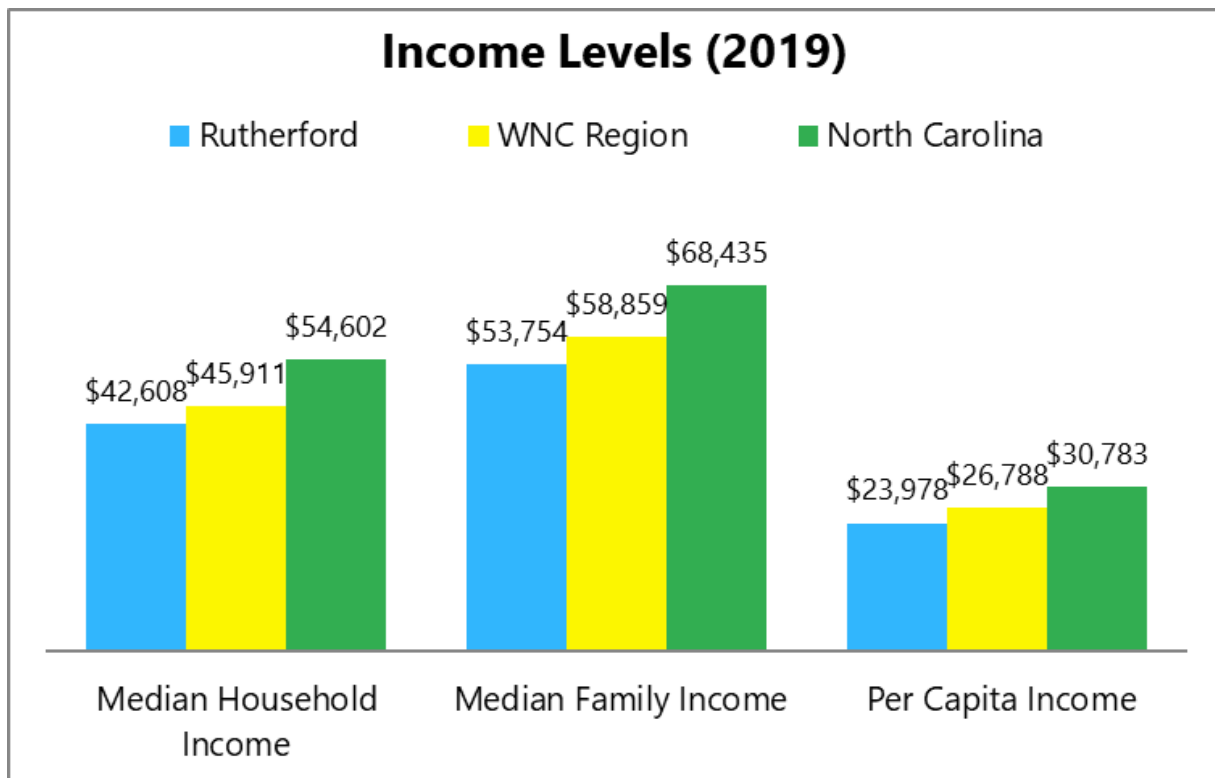
Source: (U.S. Census Bureau, 2021)

• Of the total population, 17.9% is below poverty level as of 2019. This is higher than both the WNC region (15.0%) and the state (14.7%)

Poverty Rate Trend
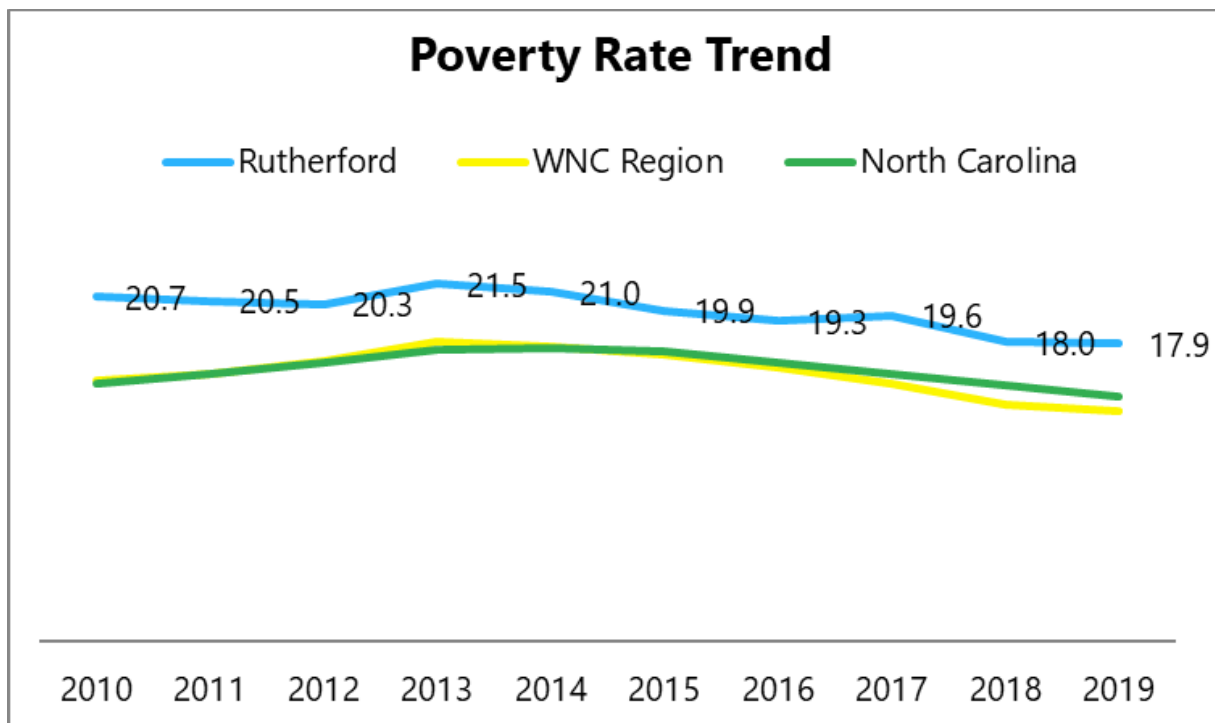
Source: (U.S. Census Bureau, 2021)

- Of children under the age of 18, 25.5% 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, 29.4% are living in poverty compared to 24.9% at the region level and 23.8% at the state level.

Percent Below Poverty by Age (2019)
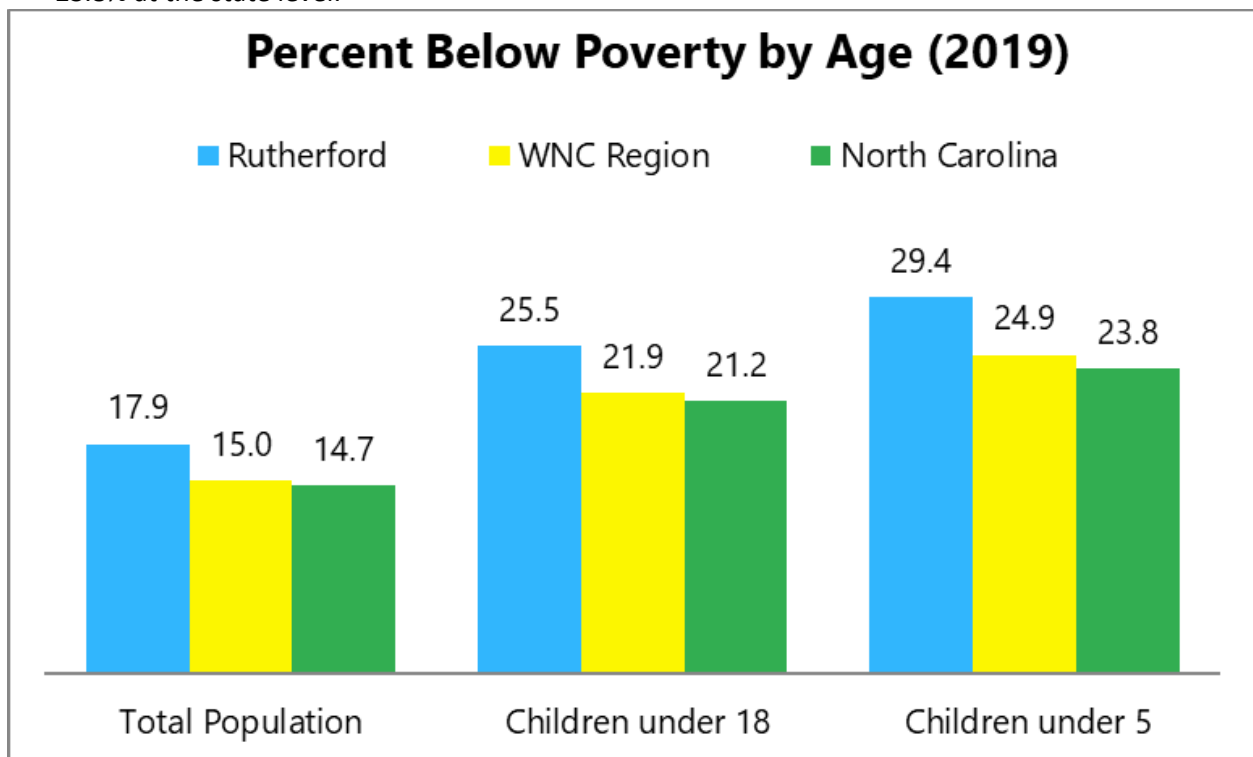
Source: (U.S. Census Bureau, 2021)

- The majority of the population that lives at or below poverty level live within Forest City.
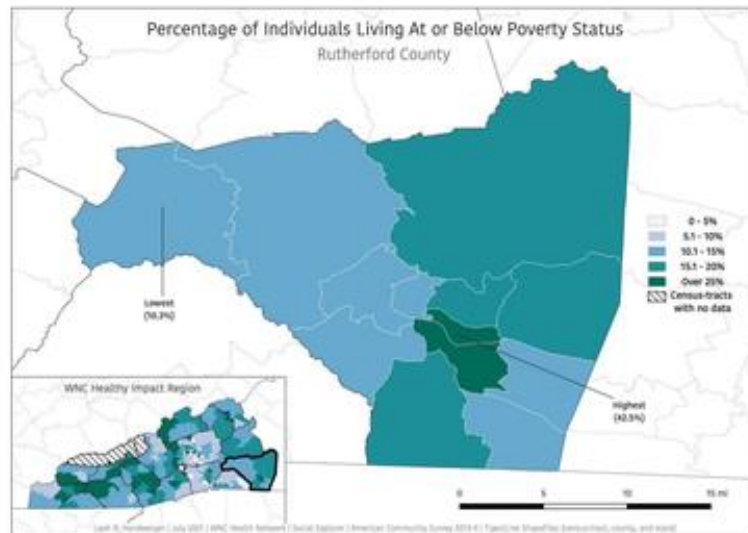
Source: (WNC Health Network, 2021)

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).

- The unemployment unadjusted rate in 2020 was 9.3. This is a upward trend from 2019 and can be impacted from COVID-19.

Unemployment Rate (Unadjusted) Trend

Rutherford — WNC Region — North Carolina

16.0 16.5 14.3 13.3 11.7 8.3 8.2 7.8 6.7 6.1 5.1 4.9 9.3 6.5

2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020
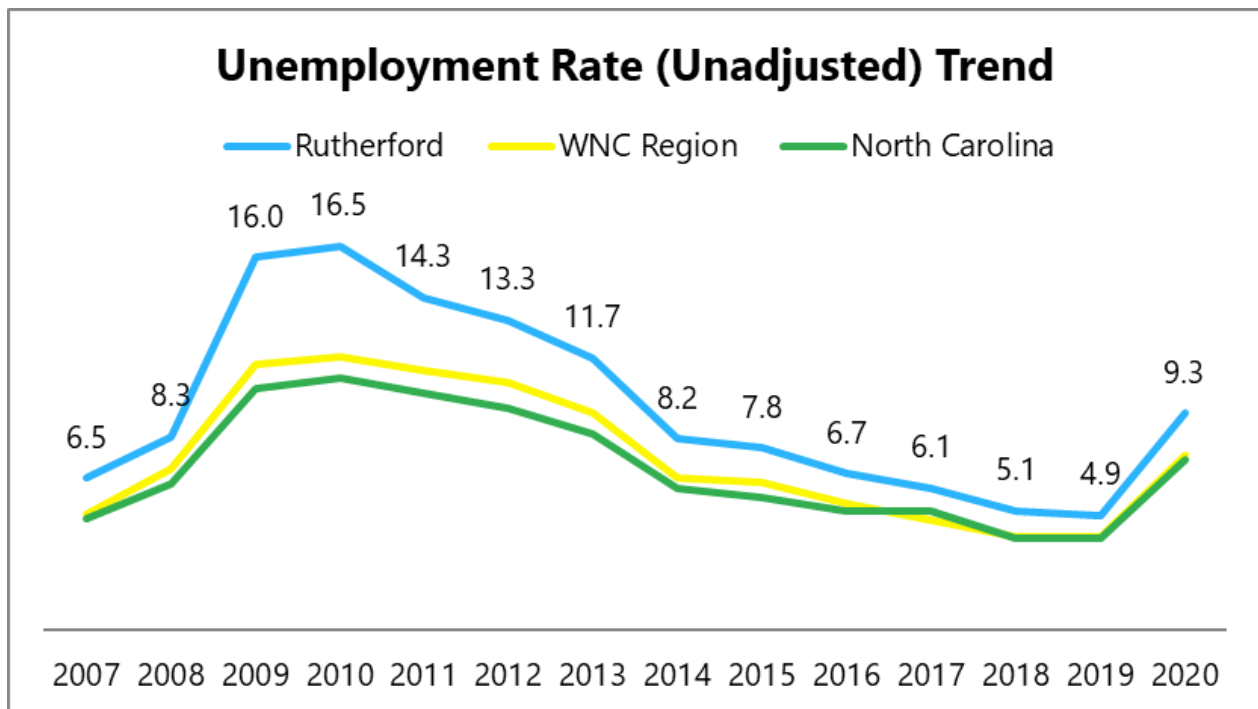
Source: (NC Department of Commerce, 2021)

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 32.5% have graduated high school, 22.3% have some college, and 17.8% have obtained a bachelor's degree or higher.

Highest Educational Attainment of Population Over 25 (2019)

Legend: Rutherford | WNC Region | North Carolina

% High School Graduates: 32.5, 30.1, 25.7
% Some College: 22.3, 21.8, 21.2
% Bachelor's Degree or Higher: 17.8, 24.5, 31.3
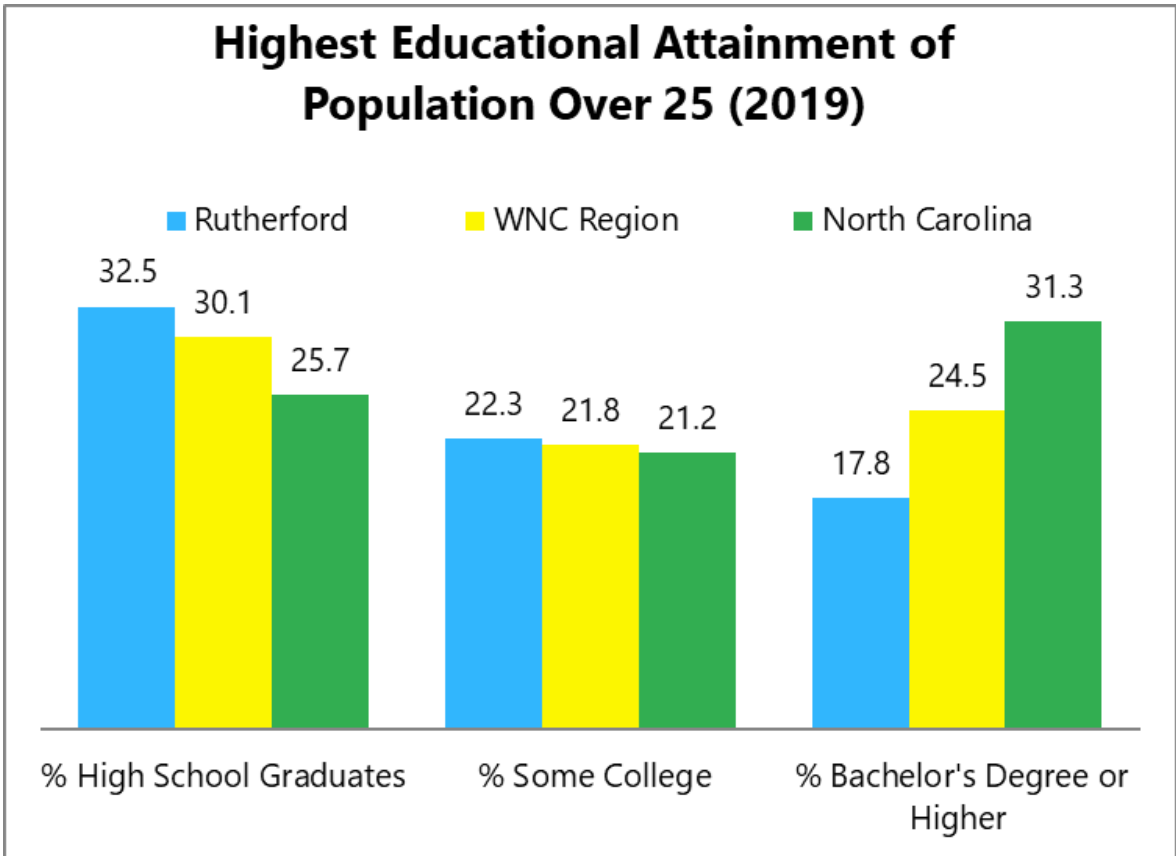
Source: (U.S. Census Bureau, 2021)

- In the school year 2019-2020 the high school dropout rate in the county was 1.14 and is down at the single point in time.

High School Drop-Out Rate Trend

Legend: Rutherford | WNC Region | North Carolina

Rutherford values: 4.67, 4.22, 4.52, 3.40, 3.16, 3.67, 3.46, 2.20, 1.82, 1.14

X-axis: SY10-11, SY11-12, SY12-13, SY13-14, SY14-15, SY15-16, SY16-17, SY17-18, SY18-19, SY19-20
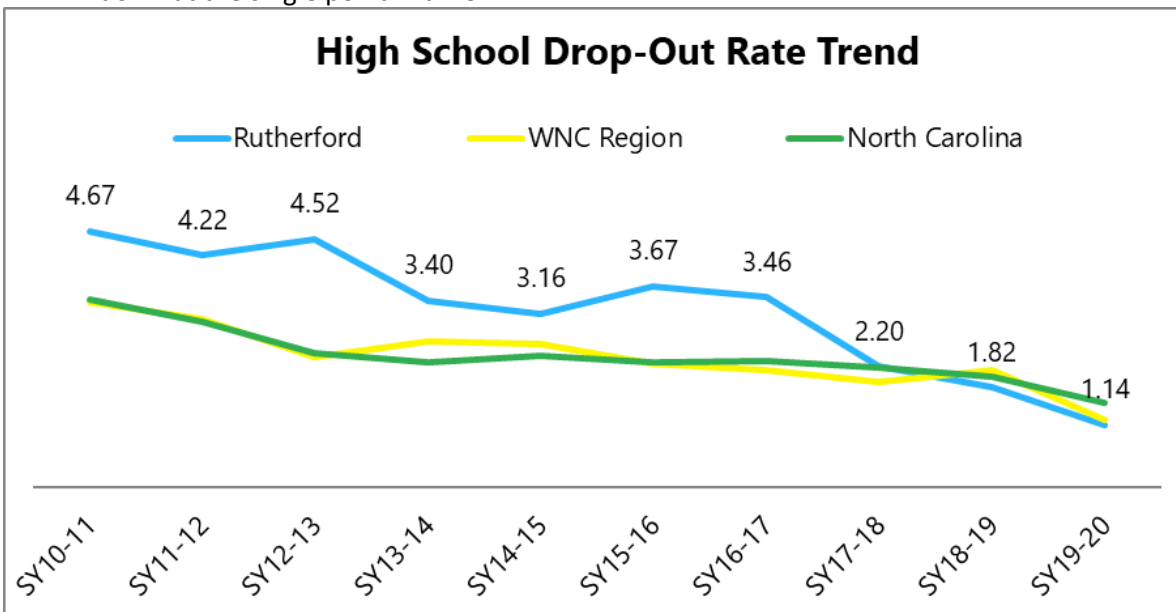
Source: (NC Department of Public Instruction, 2021)

- Those high school students who were sophomores in 2016 and 2017 school year graduated at 87.8% which is the same average for North Carolina. Students who faced economically disadvantages graduated at 79.2% which is lower than the WNC and North Carolina.

High School Graduation Rate: Entering SY16-17 and Graduating SY19-20 or earlier

■ Rutherford   ■ WNC Region   ■ North Carolina

	Rutherford	WNC Region	North Carolina
All Students	87.8	89.1	87.6
Males	94.9	89.1	84.9
Females	90.7	89.6	90.4
Economically Disadvantaged	79.2	85.6	82.3
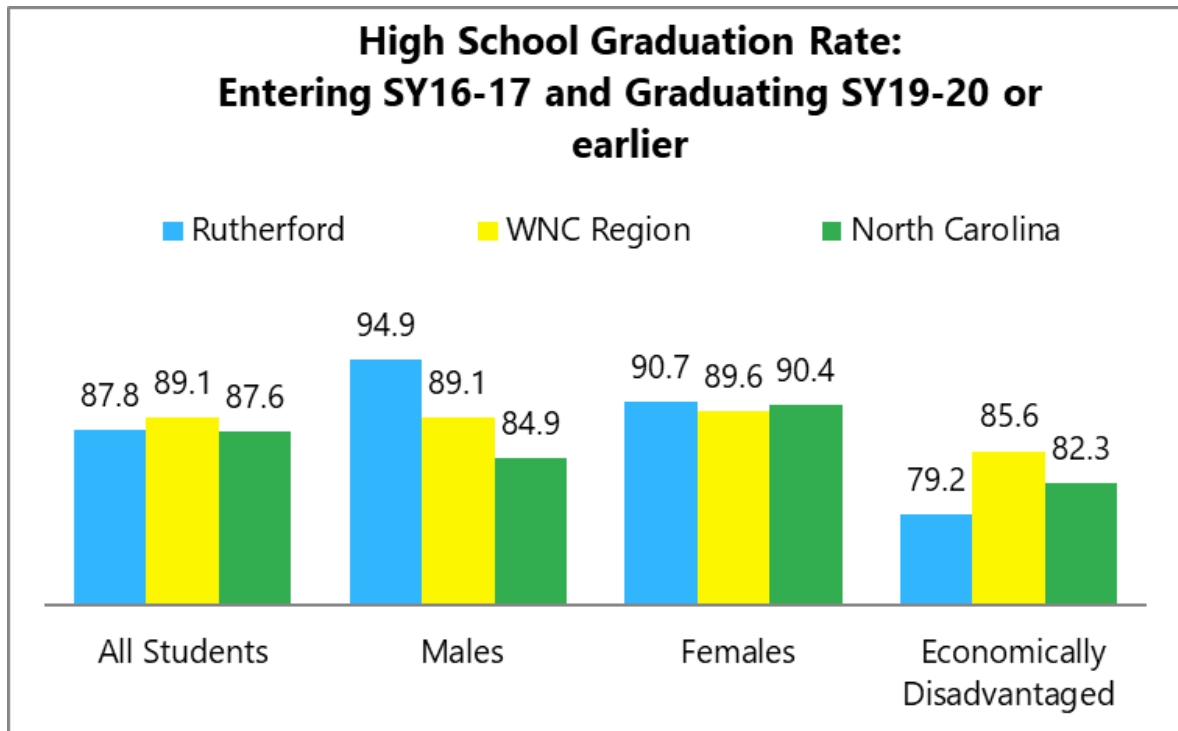
Source: (Public Schools of North Carolina, 2021)

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).

- 14.1% of county residents feel that the community is not welcoming to individuals of all race and ethnicities. This is a lower percentage compared to the WNC region.

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.

Source: (WNC Health Network, 2021)

- Within the county 8.2% of the population sometimes or often feel harassed or threatened due to their race or their ethnicity. This is also a lower percentage compared to the WNC region.

"Often/Sometimes" Threatened or Harassed Due to Race/Ethnicity
(Western North Carolina, 2021; By County)

8.2% — Rutherford

9.7% — WNC

Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
Notes: • Asked of all respondents.

Source: (WNC Health Network, 2021)

- When it came to school aged individuals 11.6% of those felt they were often or sometimes treated unfairly at their school due to their race or their ethnicity. This percentage is higher compared to the WNC region.

"Often/Sometimes" Treated Unfairly at School Due to Race/Ethnicity
(Western North Carolina, 2021; By County)

	Rutherford	WNC
	11.6%	9.0%

Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
Notes: • Asked of all respondents.

Source: (WNC Health Network, 2021)

- Being criticized for an individual's accent or the way the individuals speaks impacts 35.6% of the county. This is a larger percentage than compared to the WNC region.

"Often/Sometimes" Criticized for My Accent or the Way I Speak
(Western North Carolina, 2021; By County)

35.6%

28.6%

Rutherford

WNC

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
Notes: ● Asked of all respondents.

Source: WNC Healthy Impact Community Survey

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 2020 was 2,471.8 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 continued downward trend. (North Carolina State Bureau of Investigation, 2021)

Index Crime Rate Trend (per 100,000 population)
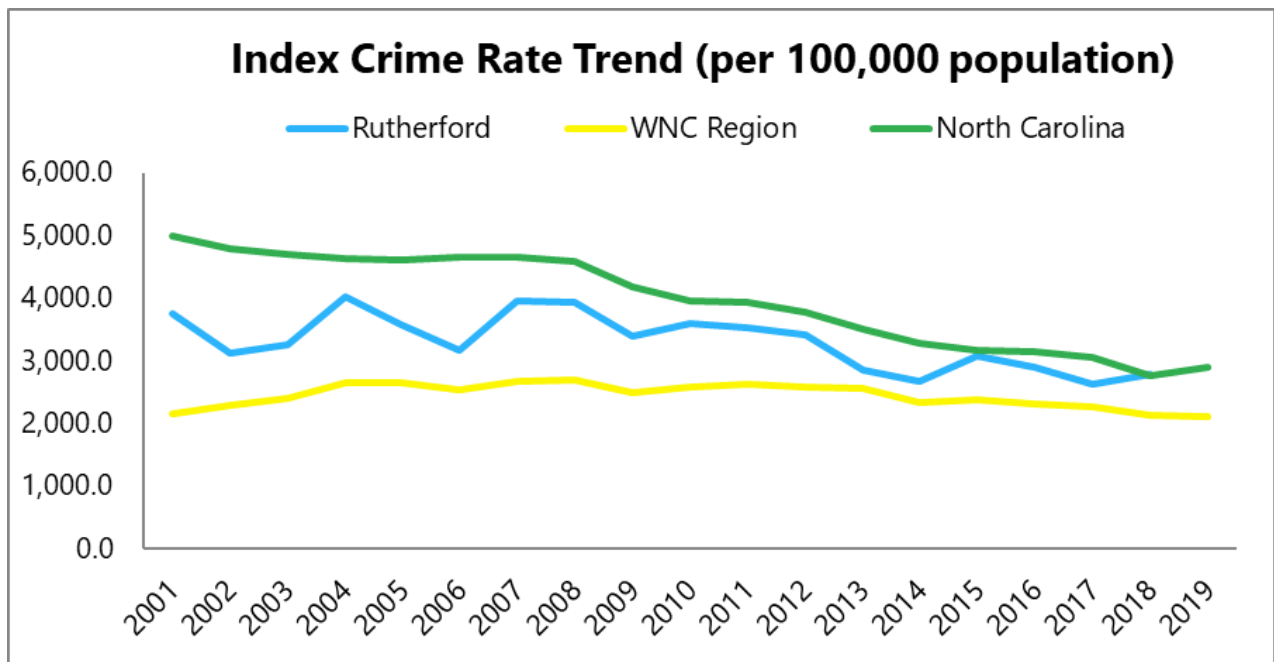
Source: (North Carolina Department of Justice, 2021)

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).

- COVID changed a lot for individuals and families, but especially when it came to their housing. In the past year 14.7% of individuals lived in a home that did not have any power, water or heat. This is a larger percentage compared to the WNC region.

Had a Time in the Past Year
When Home Was Without Electricity, Water, or Heating
(Western North Carolina, 2021; By County)

■ 2021

14.7%

11.5%

Rutherford

WNC

Source: (WNC Health Network, 2021)

- Paying for housing can be stressful for some and 30.6% of the county always, usually, or sometimes responded to being worried or stressed with the ability of paying their rent or mortgage. This is a higher percentage compared to the region and almost the same as the United States.

Worried or Stressed About Paying Rent or Mortgage in the Past Year
("Always/Usually/Sometimes" Responses; Western North Carolina, 2021; By County)

■ 2021

30.6%	28.7%	32.2%
Rutherford	WNC	US

Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
• PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Source: (WNC Health Network, 2021)

- The percentage of individuals who lived on the street, in a car, or in a temporary shelter from 2021-2019 was 4.1% for the county which is almost a double percentage compared to the WNC region.

Lived on the Street, in a Car, or in a Temporary Shelter in the Past Three Years
(Western North Carolina, 2021; By County)

4.1%

Rutherford

2.3%

WNC

Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
Notes: • Asked of all respondents.

Source: (WNC Health Network, 2021)

- There are 11.7% of individuals who had to live with a friend or relative from 2021-2019 due to having a housing emergency which is a higher percentage compared to the region.

Have Had to Live With a Friend/Relative in the Past Three Years Due to a Housing Emergency
(Western North Carolina, 2021; By County)

11.7%
Rutherford

9.3%
WNC

Source: (WNC Health Network, 2021)

- When it came to housing 39.5% 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.

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

— Rutherford — WNC Region — North Carolina

39.1   38.8   38.0   40.0   40.2   40.9   39.9   40.5   41.7   39.5

2010   2011   2012   2013   2014   2015   2016   2017   2018   2019
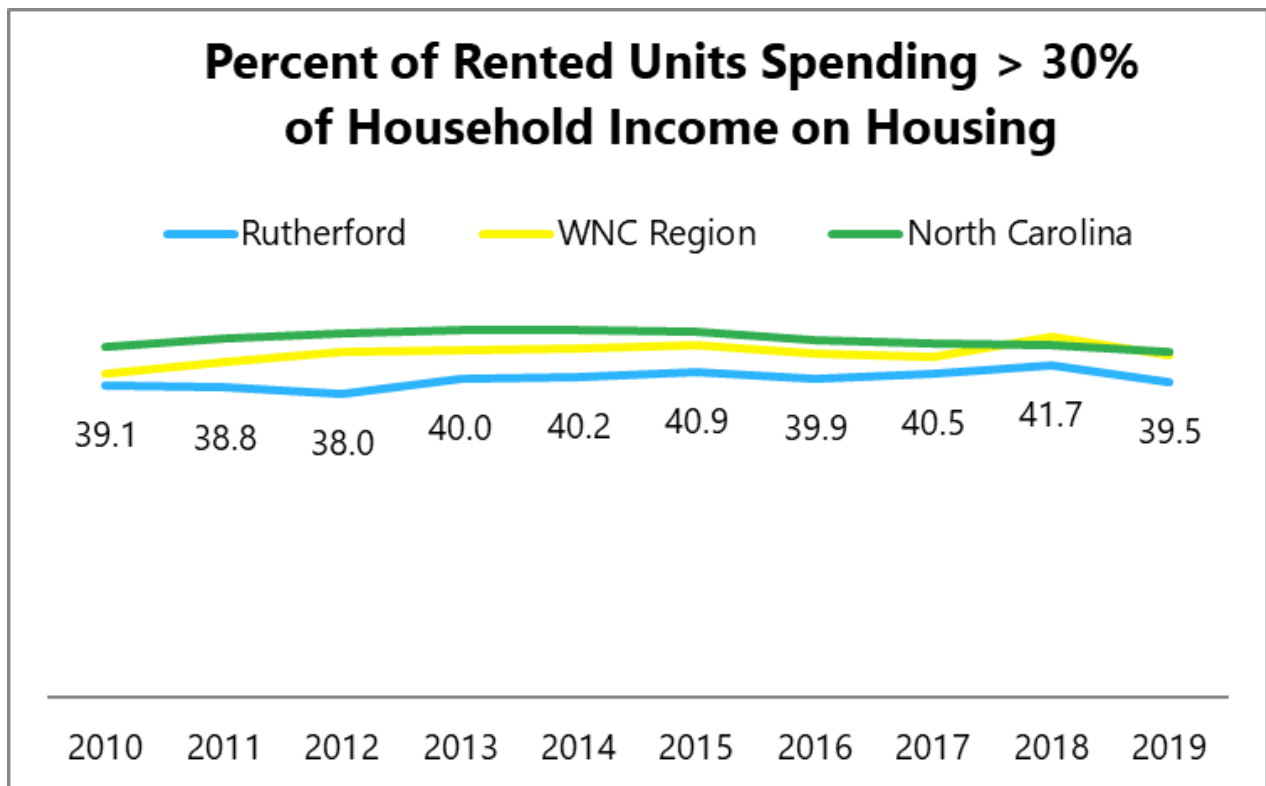
Source: (U.S. Census Bureau, 2021).

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).

- In 2021, 69.6% of Rutherford County adults reported to "Always or "Usually" get the emotional support the needed which is an increase over 2018 and about the same percentage as the region.

"Always" or "Usually" Get Needed Social/Emotional Support
(By County)
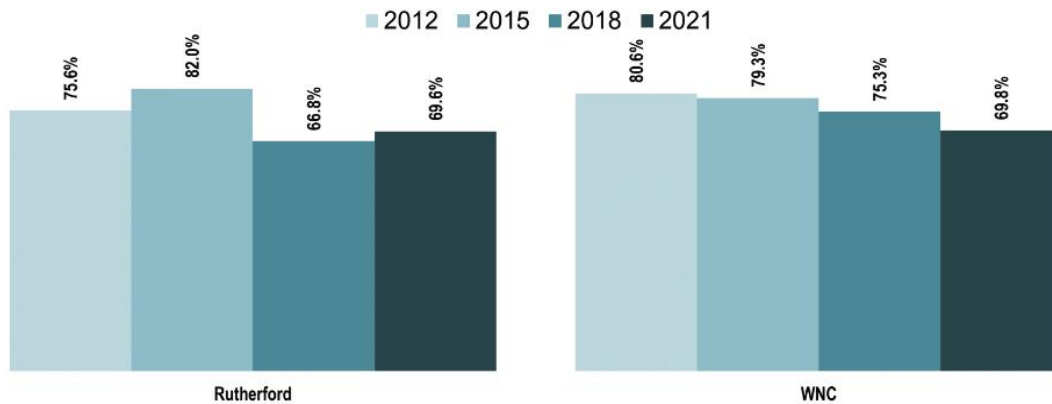
Legend: ■ 2012 ■ 2015 ■ 2018 ■ 2021

Rutherford: 75.6%, 82.0%, 66.8%, 69.6%

WNC: 80.6%, 79.3%, 75.3%, 69.8%

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

Source: (WNC Health Network, 2021)

- In 2020, 79.5% of the county adults felt they had someone to rely on for help or support if it was needed. This number is just 4% higher than the regions.

Have Someone to Rely on for Help or Support if Needed
(e.g. Food, Transportation, Childcare, etc.; Western North Carolina, 2021; By County)

Legend: ■ 2021

Rutherford: 79.5%

WNC: 75.7%

Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]
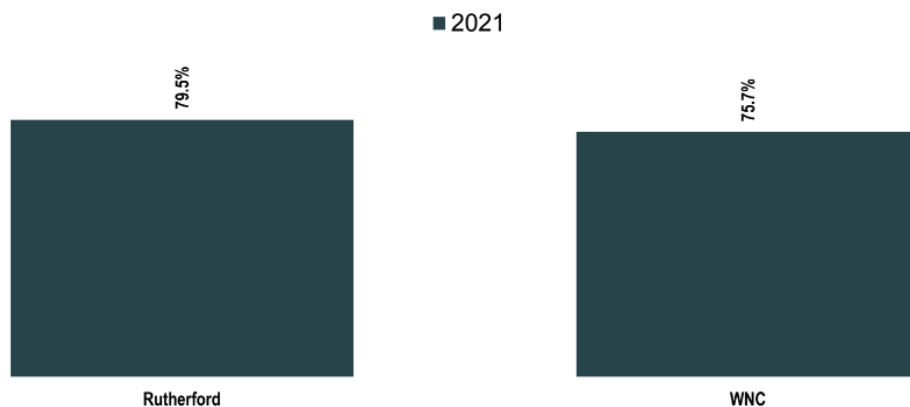Notes: • Includes "always" and "usually" responses.

Source: (WNC Health Network, 2021)

Chapter 4 – Health Data Findings Summary

Mortality

- The leading cause of deaths in Rutherford County is diseases of the heart followed by cancer, and chronic lower respiratory diseases. These three causes of deaths alone claimed the lives of 2,200 county residents within in a four-year span.

Rank	Cause of Death	Rutherford	
		# Deaths	Death Rate
1	Diseases of Heart	950	193.0
2	Cancer	854	167.9
3	Chronic Lower Respiratory Diseases	369	72.1
4	Cerebrovascular Disease	284	57.4
5	All Other Unintentional Injuries	190	49.7
6	Alzheimer's disease	146	29.4
7	Diabetes Mellitus	118	25.1
8	Suicide	68	20.9
9	Nephritis, Nephrotic Syndrome, and Nephrosis	104	19.9
10	Pneumonia and Influenza	80	17.7
11	Unintentional Motor Vehicle Injuries	57	16.7
12	Septicemia	71	14.2
13	Chronic Liver Disease and Cirrhosis	66	13.4
14	Homicide	**11**	**3.8**
15	Acquired Immune Deficiency Syndrome	**7**	**2.2**
	All Causes (some not listed)	4,342	906.6

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

Health Status & Behaviors

The 2021 County Health Rankings ranked Rutherford County 50th overall among 100 NC Counties where number 1 is the best (County Health Rankings, 2021).

In terms of health outcomes, Rutherford County ranked:
- 53rd in length of life
- 60th in quality of life (includes poor or fair health, poor physical health days, poor mental health days, and low birthweight).

In terms of health factors, Rutherford County ranked:
- 59th 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).
- 59th in clinical care (includes uninsured, primary care physicians, dentists, mental health

providers, mammography screenings, and more).
• 69th in social and economic factors (includes high school graduation, unemployment, children in poverty, social associations, violent crime, and more).
• 64th in physical environment (includes air pollution-particulate matter, drinking water violations, severe housing problems, and more).

- In 2021, 24.5% of the county residents reported they experienced "fair" or "poor" overall health status. This is an 0.8% decrease from 2018, but an increase from 2012 and 2015.

Experience "Fair" or "Poor" Overall Health
(By County)

■ 2012 ■ 2015 ■ 2018 ■ 2021
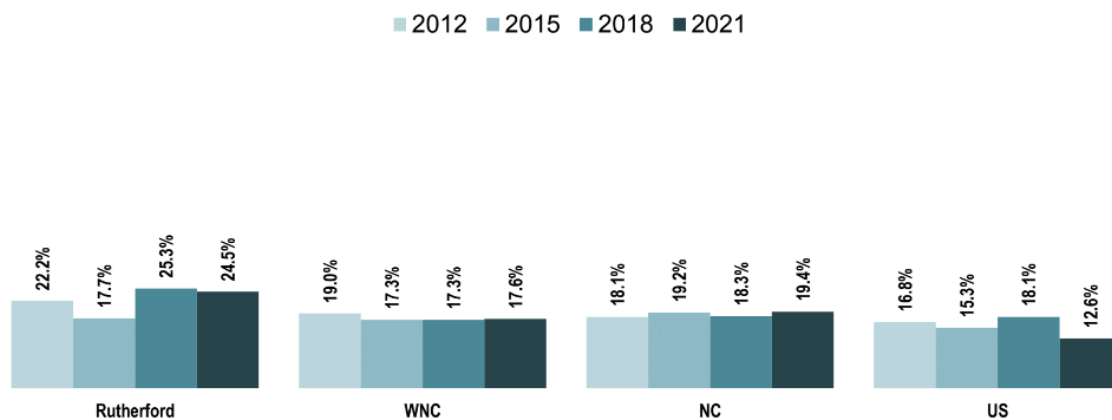
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Source: (WNC Health Network, 2021)

Chronic Disease

Diabetes
- In 2021 the percent of prevalence of Diabetes in Ruthford County was 17.9% which is a decrease from 2018, but still a higher percentage than in Western North Carolina, North Carolina and the United States.

Prevalence of Diabetes
(By County)

■ 2012   ■ 2015   ■ 2018   ■ 2021

Rutherford: 15.1%, 10.2%, 20.3%, 17.9%
WNC: 12.6%, 7.5%, 14.4%, 14.1%
NC: 9.8%, 11.4%, 11.3%, 11.8%
US: 10.1%, 11.7%, 13.3%, 13.8%

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.
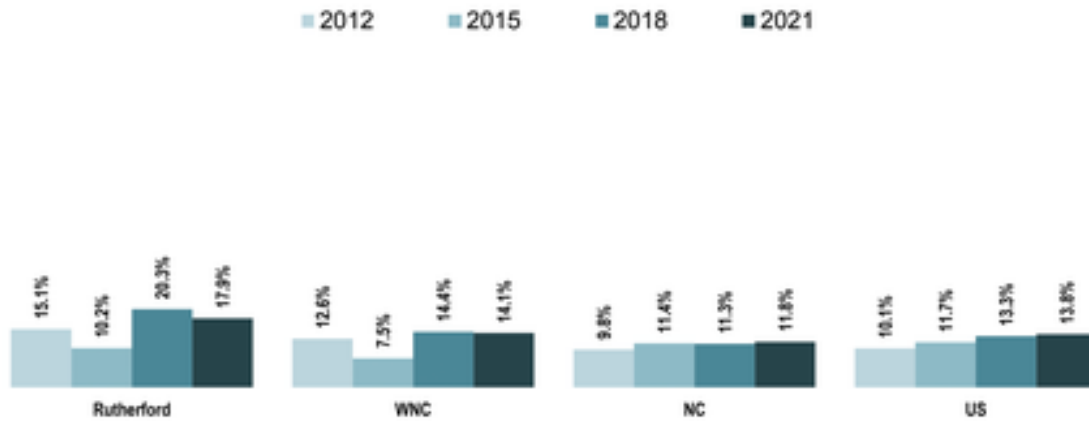
Source: (WNC Health Network, 2021)

- The percentage of borderline or pre-diabetes in 2021 was 2.8% which is a big decrease from 2018 where the percentage was 8.8%. This is a lower percentage when compared to the region and the United States.

Prevalence of Borderline or Pre-Diabetes
(By County)
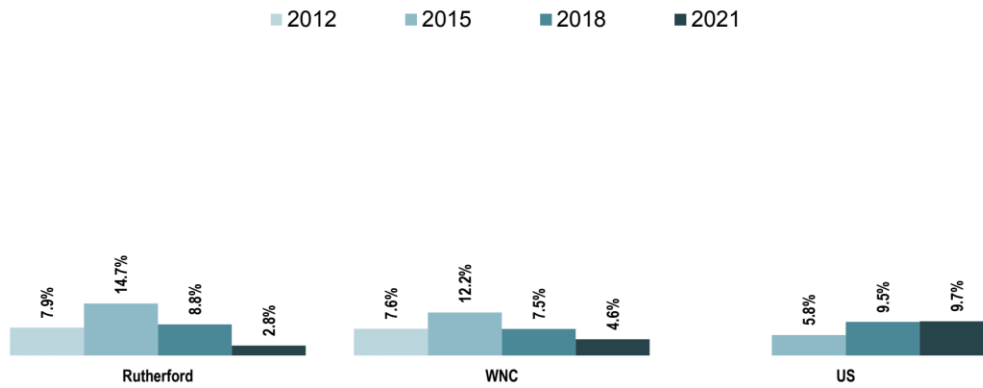
■ 2012　　■ 2015　　■ 2018　　■ 2021

Rutherford: 7.9%, 14.7%, 8.8%, 2.8%
WNC: 7.6%, 12.2%, 7.5%, 4.6%
US: 5.8%, 9.5%, 9.7%

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

Notes:
- Asked of all respondents.

Source: (WNC Health Network, 2021)
Respiratory Issues

- Asthma affects 17.5% of the respondents in 2021 which is a small decrease from 2018.

Prevalence of Asthma
(By County)
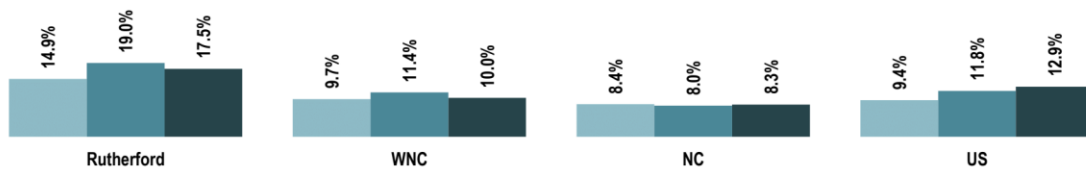
■ 2015 ■ 2018 ■ 2021

	2015	2018	2021
Rutherford	14.9%	19.0%	17.5%
WNC	9.7%	11.4%	10.0%
NC	8.4%	8.0%	8.3%
US	9.4%	11.8%	12.9%

Source: (WNC Health Network, 2021)

- COPD, which is caused by smoking, impacts 13% of those surveyed in 2021. This is a small decrease from 2018 in the county, but still a larger number than in WNC, NC and the US.

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

■ 2012   ■ 2015   ■ 2018   ■ 2021

	Rutherford	WNC	NC	US
2012	12.9%	13.5%	7.4%	8.6%
2015	14.9%	13.9%	7.3%	8.6%
2021	13.0%	8.5%	7.8%	6.4%

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.

Source: (WNC Health Network, 2021)

Cardiovascular Risk

- The percentage of prevalence of heart disease in 2018 was 11.2%, that number has only dropped to 11.0% in 2021. This number is still larger than in WNC, NC, and the US.

Prevalence of Heart Disease
(By County)

■ 2015 ■ 2018 ■ 2021

Chart data:

Rutherford: 8.8%, 11.2%, 11.0%
WNC: 6.5%, 8.0%, 7.6%
NC: 6.8%
US: 6.1%, 8.0%, 6.1%

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.
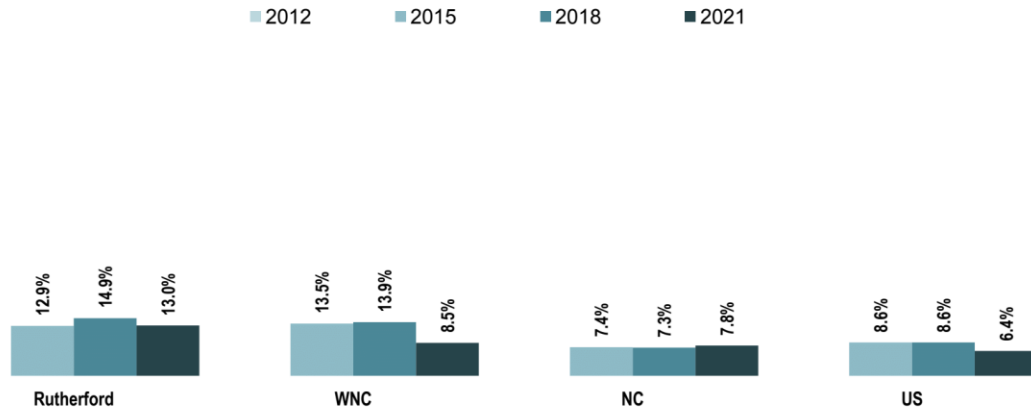- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

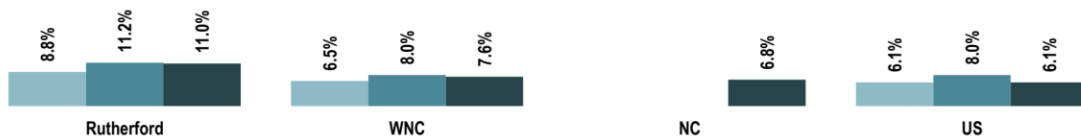Source: (WNC Health Network, 2021)

- The prevalence of High Blood Pressure target for Healthy People 2030 is 27.7% or lower. In Rutherford County in 2021 the percentage is 37.9%. This percentage is in the same range with the region, state, and country.

Prevalence of High Blood Pressure
(By County)
Healthy People 2030 Target = 27.7% or Lower

■ 2012   ■ 2015   ■ 2018   ■ 2021

	Rutherford	WNC	NC	US
2012	45.7%	39.4%	31.5%	34.3%
2015	47.6%	38.1%	35.5%	34.1%
2018	45.1%	39.2%	35.2%	37.0%
2021	37.9%	37.2%	35.1%	36.9%

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.

Source: WNC Healthy Impact Community Survey

Mental Health
- Having more than seven days of poor mental health within the past month in Rutherford County was 22.6%, which is comparable to the WNC percentage of 22.4% as they are very close.

More Than Seven Days of Poor Mental Health in the Past Month
(By County)
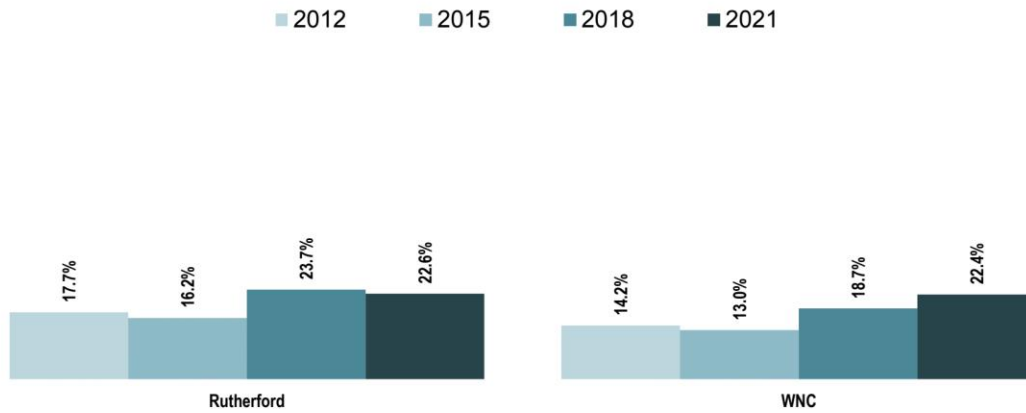
■ 2012 ■ 2015 ■ 2018 ■ 2021

Rutherford: 17.7% | 16.2% | 23.7% | 22.6%

WNC: 14.2% | 13.0% | 18.7% | 22.4%

Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 63]
Notes: • Asked of all respondents.

Source: (WNC Health Network, 2021)

- Medication use to help treat mental health issues in the county was at 25.9% which is slightly higher than the region and significantly higher than the country.

Currently Taking Medication or Receiving Treatment for Mental Health
(Western North Carolina, 2021; By County)

25.9%	24.8%	16.8%
Rutherford	WNC	US

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)

- There is a lack of mental health resources within Rutherford County that left 16.5% of individuals from getting the mental health care or counseling they needed. This number also almost as high as the percentage of 19.7% for WNC.

Did Not Get Mental Health Care or Counseling
That Was Needed in the Past Year
(By County)
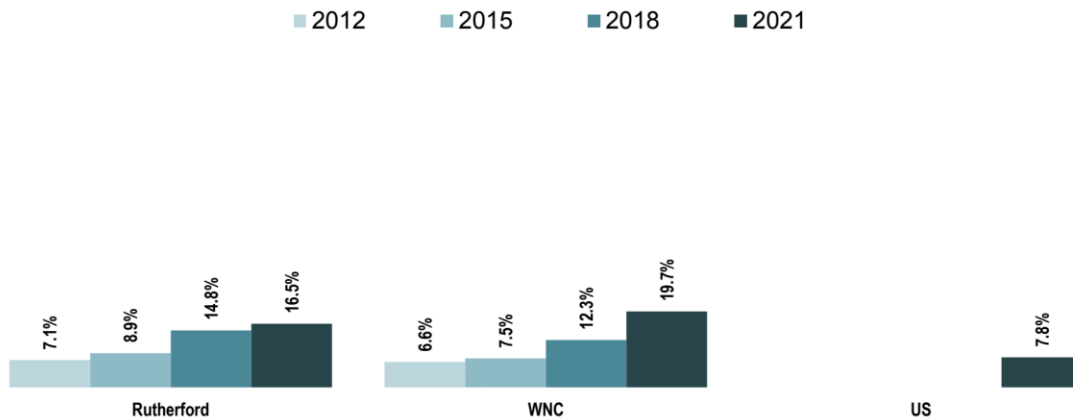
■ 2012 ■ 2015 ■ 2018 ■ 2021

Rutherford: 7.1% 8.9% 14.8% 16.5%

WNC: 6.6% 7.5% 12.3% 19.7%

US: 7.8%

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

Notes:
● Asked of all respondents.

Source: WNC Healthy Impact Community Survey

Injury & Violence

- In 2019 the unintentional injury mortality rate was 49.7. This data is showing a consistent upward trend for not only the county, but the region and state as well.

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

— Rutherford   — WNC Region   — North Carolina

39.8 39.8 40.9 41.6 41.0 38.7 46.7 48.1 49.7

34.5 34.0 35.4 39.7 42.5

2002-2006 2003-2007 2004-2008 2005-2009 2006-2010 2007-2011 2008-2012 2009-2013 2010-2014 2011-2015 2012-2016 2013-2017 2014-2018 2015-2019

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

41

- The unintentional motor vehicle injuries rate 2015-2019 was 16.7 percent. This rate is lower than the previous years, but still higher than the region and state.

UMVI Mortality Rate Trend (per 100,000 population)

Rutherford — WNC Region — North Carolina

24.8 23.9 21.8 20.5 18.8 16.2 13.4 15.5 17.4 17.0 15.8 17.2 17.2 16.7

2002-2006 2003-2007 2004-2008 2005-2009 2006-2010 2007-2011 2008-2012 2009-2013 2010-2014 2011-2015 2012-2016 2013-2017 2014-2018 2015-2019
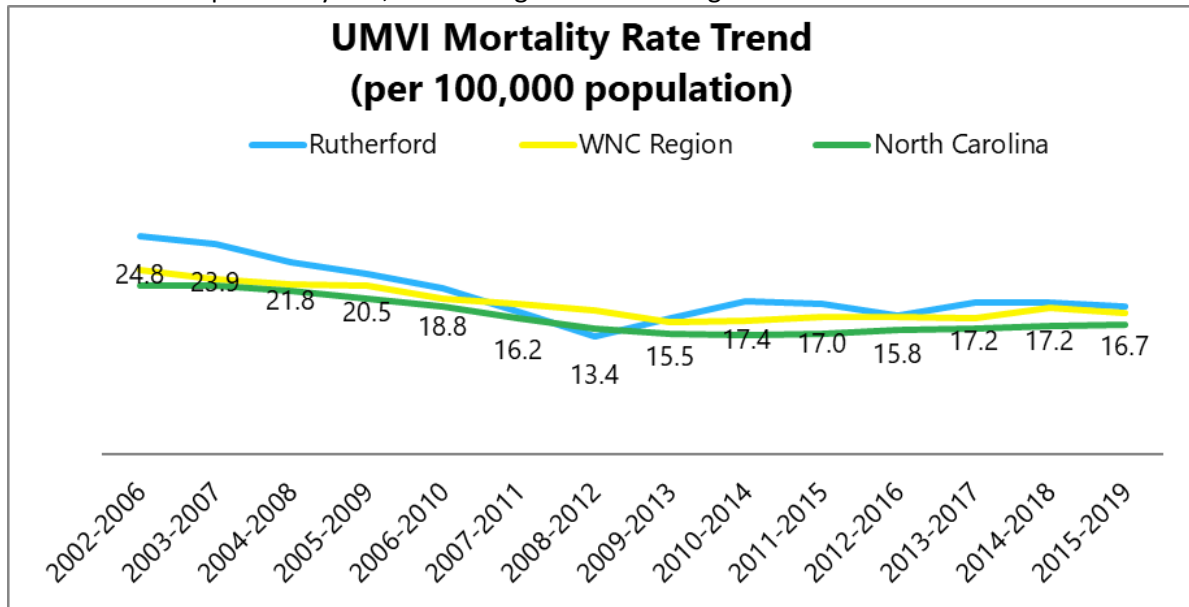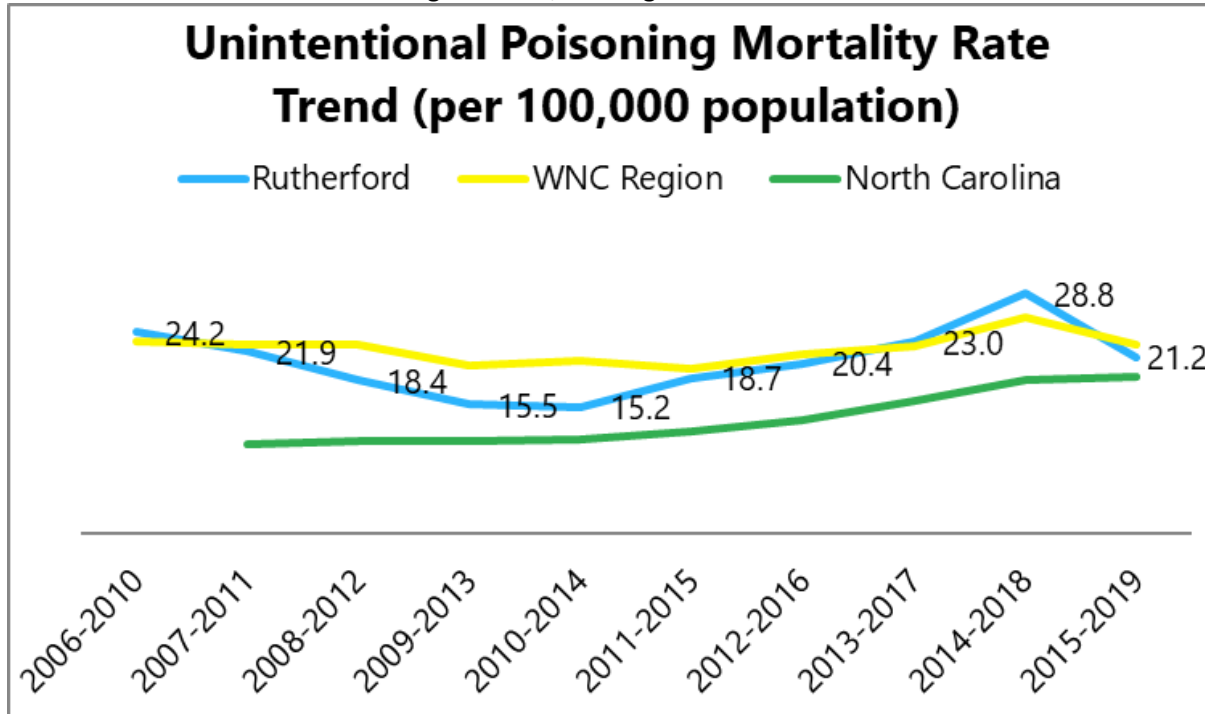
Source: (North Carolina State Center for Health Statistics, 2021)

- The unintentional poisoning mortality rate was 21.2 from 2015-2019. This is a large drop from 2018 and lower than the region trend, but larger than the state trend.

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

Rutherford — WNC Region — North Carolina

24.2 21.9 18.4 15.5 15.2 18.7 20.4 23.0 28.8 21.2

2006-2010 2007-2011 2008-2012 2009-2013 2010-2014 2011-2015 2012-2016 2013-2017 2014-2018 2015-2019

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

Pregnancy & Births

- The teen pregnancy over the years has decreased leaving the trend in 2019 at 33.0. As for those pregnancies that receive care within the first trimester the percent is 61.9% compared to the previous years where the percentage was in the 70's. Not receiving care during the first trimester can also impact the birth weight of the child. The low birth weight in 2019 was at a 9.0 which is slightly up .1 from 2018.

Teen Pregnancy Trend
(per 1,000 Women age 15-19)

Rutherford — WNC Region — North Carolina

Year	Value
2006	76.5
2007	70.8
2008	65.6
2009	62.8
2010	47.8
2011	57.9
2012	44.9
2013	42.2
2014	40.5
2015	39.7
2016	32.3
2017	26.2
2018	38.5
2019	33.0
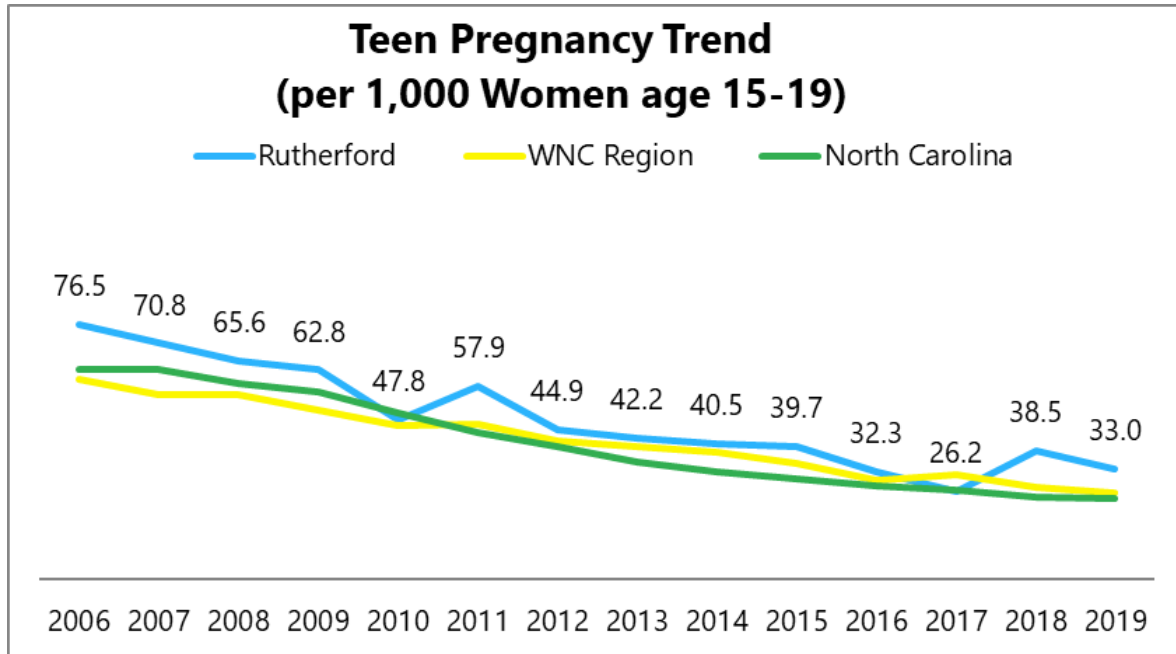
Source: (North Carolina State Center for Health Statistics, 2021)

- Over the years the percent of women who are receiving prenatal care during their first week to their 12th week has continued to decrease leaving it at 61.9% in 2019. This is a lower trend compared to the region and state trends.

Percent of Pregnancies Receiving Prenatal Care in the First Trimester

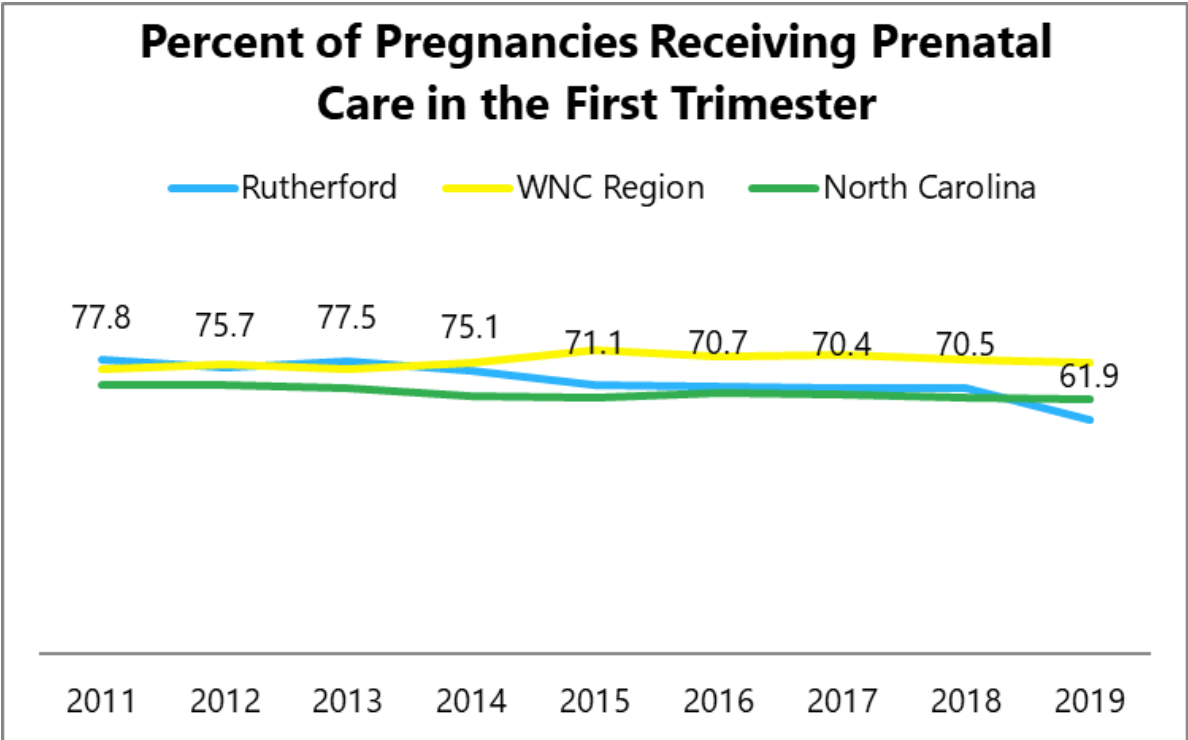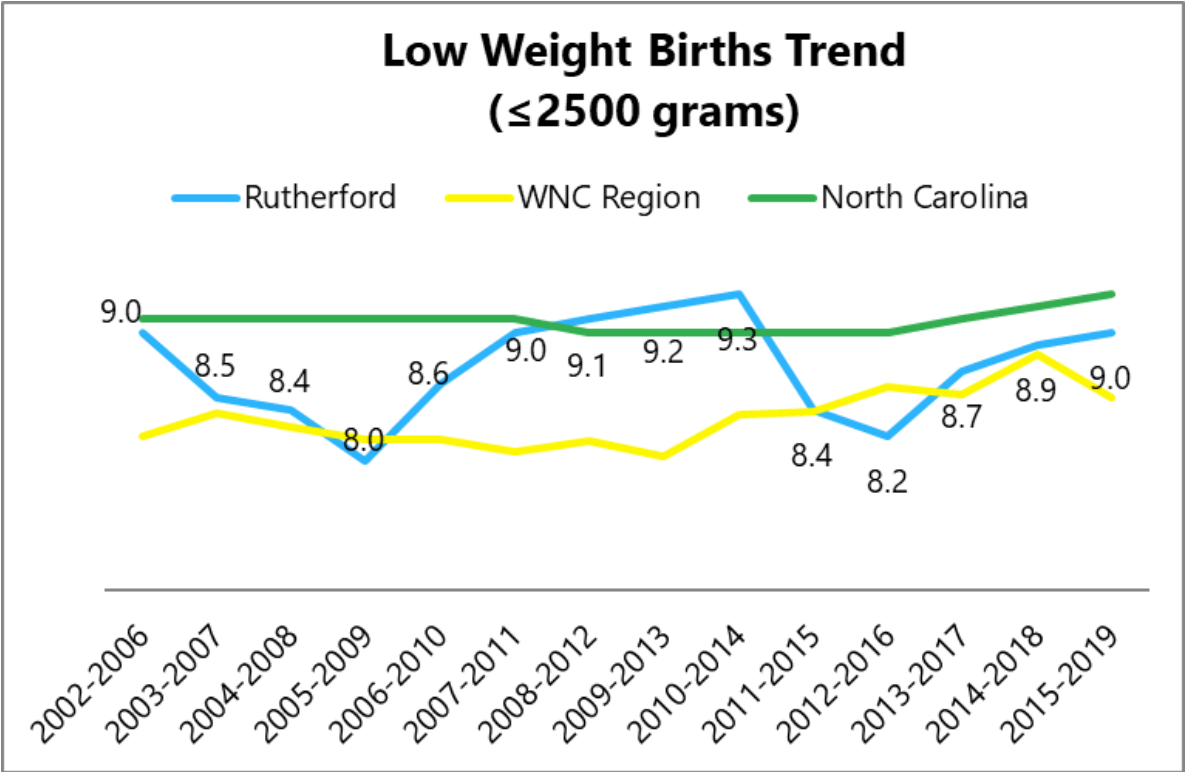Source: (North Carolina State Center for Health Statistics, 2021)
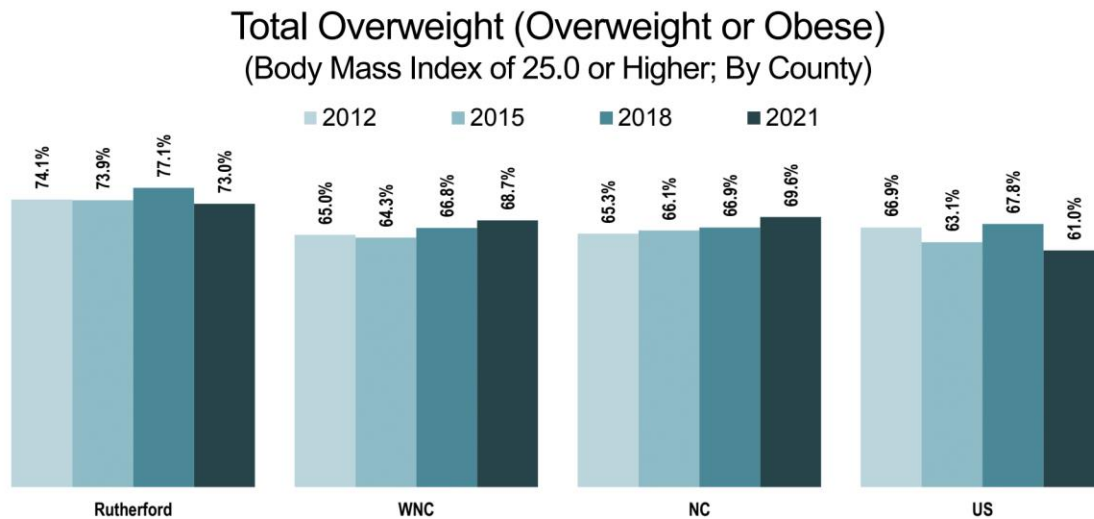
- The trend of low birth weights within the county has been very inconsistent over the years which could be impacted on the percentage of woman receiving prenatal care in their first trimester. From 2015 to 2019 the percentage of babies born 2500 grams or less was 9.0%

Low Weight Births Trend (≤2500 grams)

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

- There was a decrease in individuals with a body mass index of 25.0 or higher, those who are overweight, from 2018 at 77.1% to 2021 at 73.0%, but this number is still larger than those of WNC, NC, and the US.

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

■ 2012   ■ 2015   ■ 2018   ■ 2021

Rutherford: 74.1% | 73.9% | 77.1% | 73.0%

WNC: 65.0% | 64.3% | 66.8% | 68.7%

NC: 65.3% | 66.1% | 66.9% | 69.6%

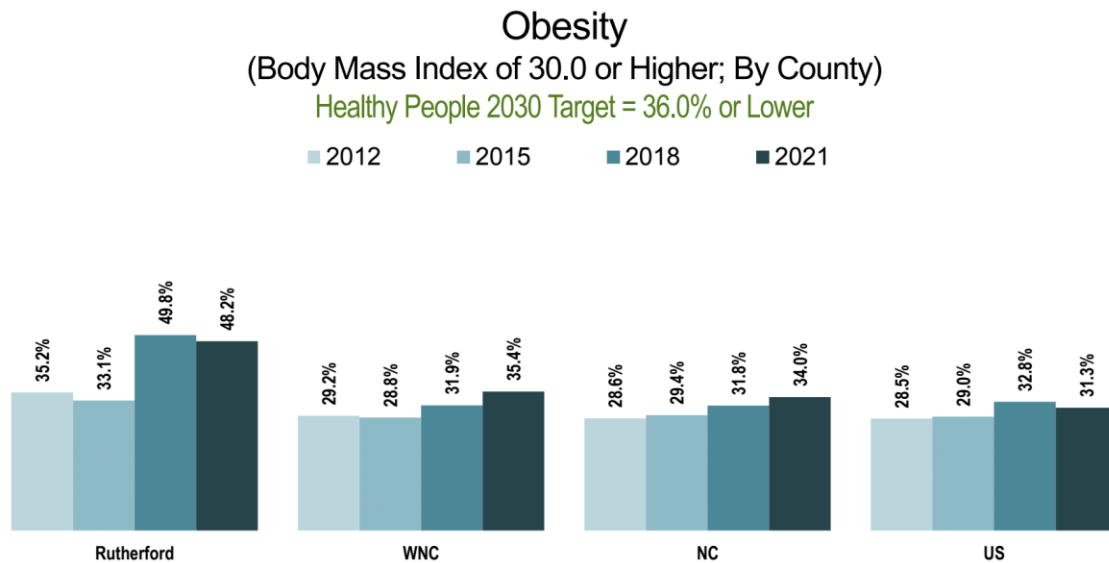**US:** 66.9% | 63.1% | 67.8% | 61.0%

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.

Source: (WNC Health Network, 2021)

- Obesity has been and continues to be a major health concern for Rutherford County. In 2018 the number was 49.8% and in three years the number only managed to drop to 48.2%. This number is larger than WNC, NC, and the US, but is also largely over the Healthy People 2030 target of 36.0% or lower.

Obesity
(Body Mass Index of 30.0 or Higher; By County)
Healthy People 2030 Target = 36.0% or Lower

■ 2012　■ 2015　■ 2018　■ 2021

	2012	2015	2018	2021
Rutherford	35.2%	33.1%	49.8%	48.2%
WNC	29.2%	28.8%	31.9%	35.4%
NC	28.6%	29.4%	31.8%	34.0%
US	28.5%	29.0%	32.8%	31.3%

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.

Source: (WNC Health Network, 2021)

Clinical Care & Access (Include health resources data)
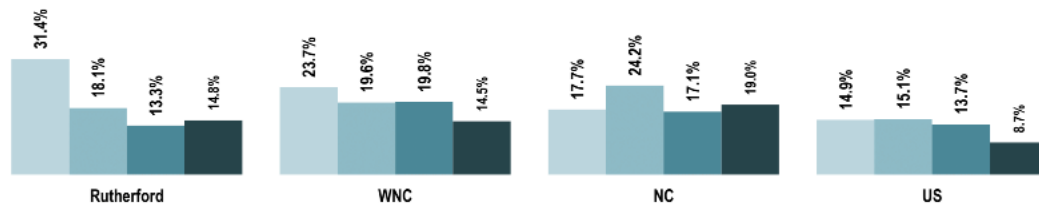
Health Insurance

- In 2021, 14.8% of the county have a lack to healthcare insurance. This is a growth from 2018, although it is an increase from 2012. The Health People target for 2030 is 7.9% or lower which means we have a 6.9% difference until we the county has met the target.

Lack of Healthcare Insurance Coverage
(Adults Age 18-64; By County)
Healthy People 2030 Target = 7.9% or Lower

■ 2012 ■ 2015 ■ 2018 ■ 2021

Rutherford: 31.4%, 18.1%, 13.3%, 14.8%

WNC: 23.7%, 19.6%, 19.8%, 14.5%

NC: 17.7%, 24.2%, 17.1%, 19.0%

US: 14.9%, 15.1%, 13.7%, 8.7%

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.).

Source: (WNC Health Network, 2021)

- When it came to medical care within the county the percentage dropped from 15.1% to 9.7% from 2018 to 2021. This is a smaller percentage compared to the regions.

Was Unable to Get Needed
Medical Care at Some Point in the Past Year
(Western North Carolina, 2021; By County)

■ 2012   ■ 2015   ■ 2018   ■ 2021

Rutherford: 16.0%, 8.6%, 15.1%, 9.7%
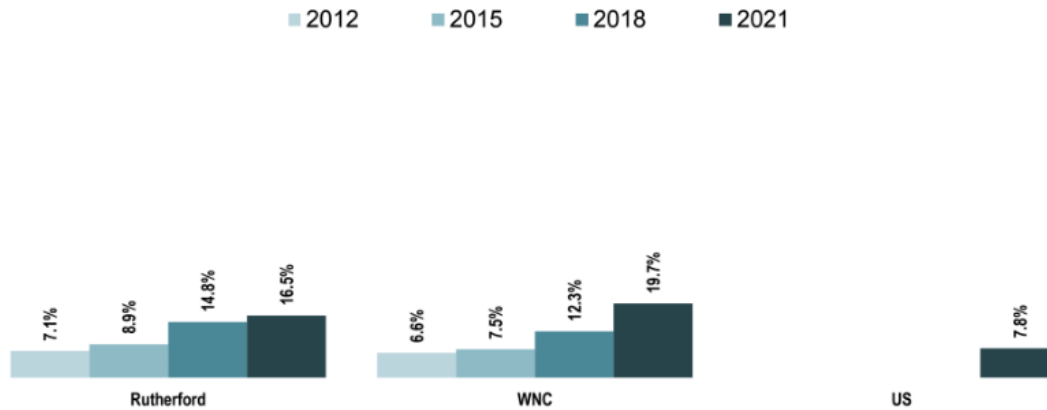WNC: 10.8%, 9.1%, 12.4%, 10.6%
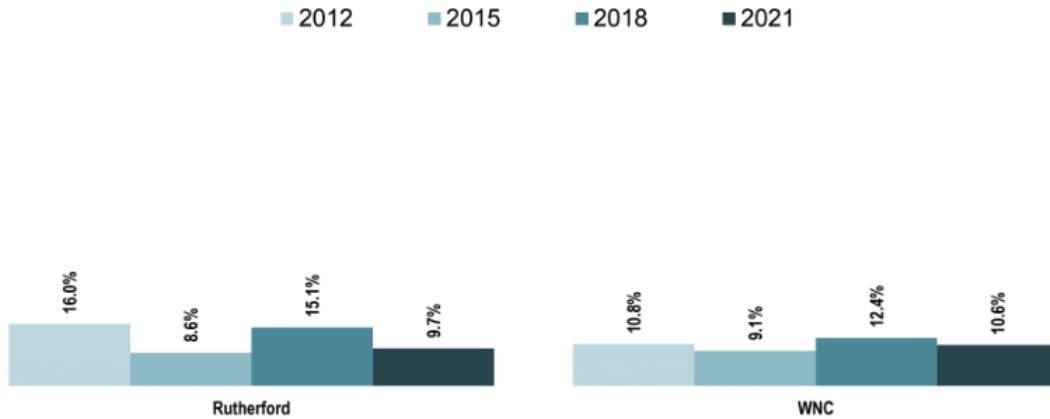
Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]
Notes: ● Asked of all respondents.

Source: (WNC Health Network, 2021)

- Mental health services that were needed were not able to be sought by 16.5% of the county adults. This is a rise from 2018. The percentage continues to increase every CHA cycle in the county and region as well.

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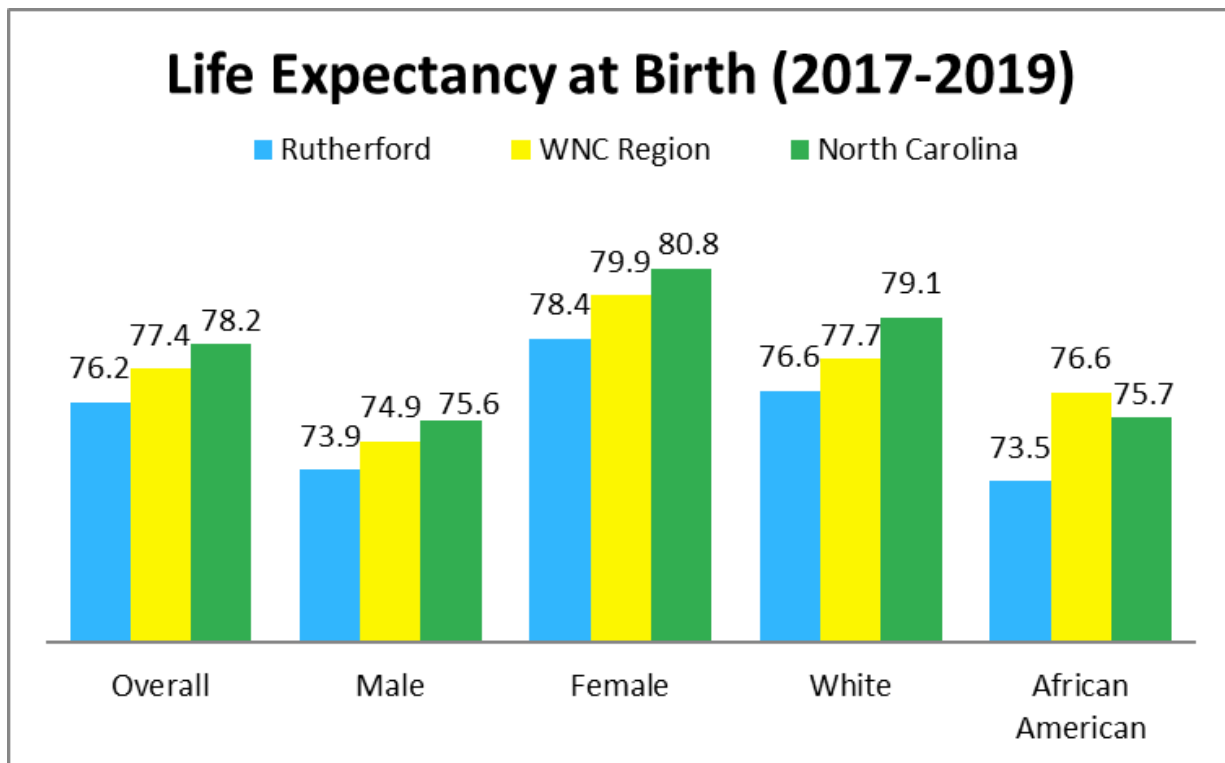That Was Needed in the Past Year
(By County)

■ 2012 ■ 2015 ■ 2018 ■ 2021

Rutherford: 7.1%, 8.9%, 14.8%, 16.5%
WNC: 6.6%, 7.5%, 12.3%, 19.7%
US: 7.8%

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
● PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Source: (WNC Health Network, 2021)
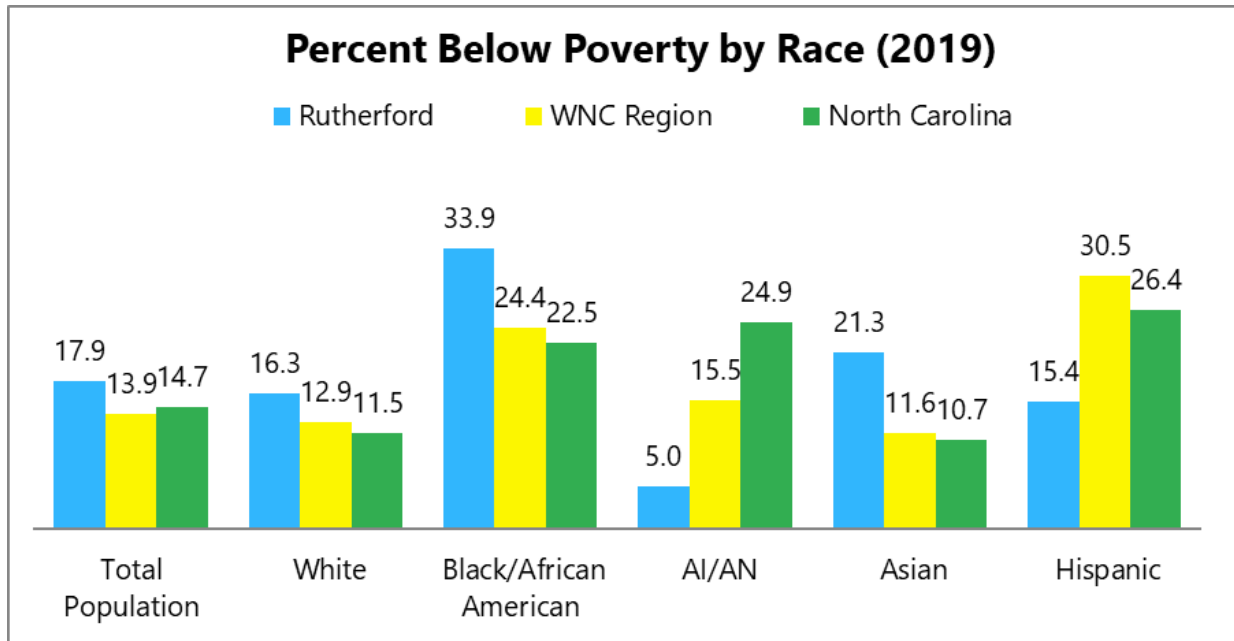
Health Inequities

Life Expectancy

- In Rutherford County the average of years lived of a White individual is 76.6 and the average of years lived of an African American is 73.5. This is a younger age than at the region and state levels.

Life Expectancy at Birth (2017-2019)

Legend: ■ Rutherford ■ WNC Region ■ North Carolina

Category	Rutherford	WNC Region	North Carolina
Overall	76.2	77.4	78.2
Male	73.9	74.9	75.6
Female	78.4	79.9	80.8
White	76.6	77.7	79.1
African American	73.5	76.6	75.7

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

Percent Below Poverty

- In 2019 the percent of White individuals below poverty was 16.3. The percent of African Americans was 33.9. American Indian/Alaska Native had 5.0 living below the poverty line while Asian individuals were at 21.3 and Hispanic individuals below poverty were 15.4. The total population, White, African American, and Asian numbers are all higher than the region and states while the numbers for American Indian/Alaska Native and Hispanic are lower than the regions and states.

Percent Below Poverty by Race (2019)

■ Rutherford　■ WNC Region　■ North Carolina

Category	Rutherford	WNC Region	North Carolina
Total Population	17.9	13.9	14.7
White	16.3	12.9	11.5
Black/African American	33.9	24.4	22.5
AI/AN	5.0	15.5	24.9
Asian	21.3	11.6	10.7
Hispanic	15.4	30.5	26.4

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).
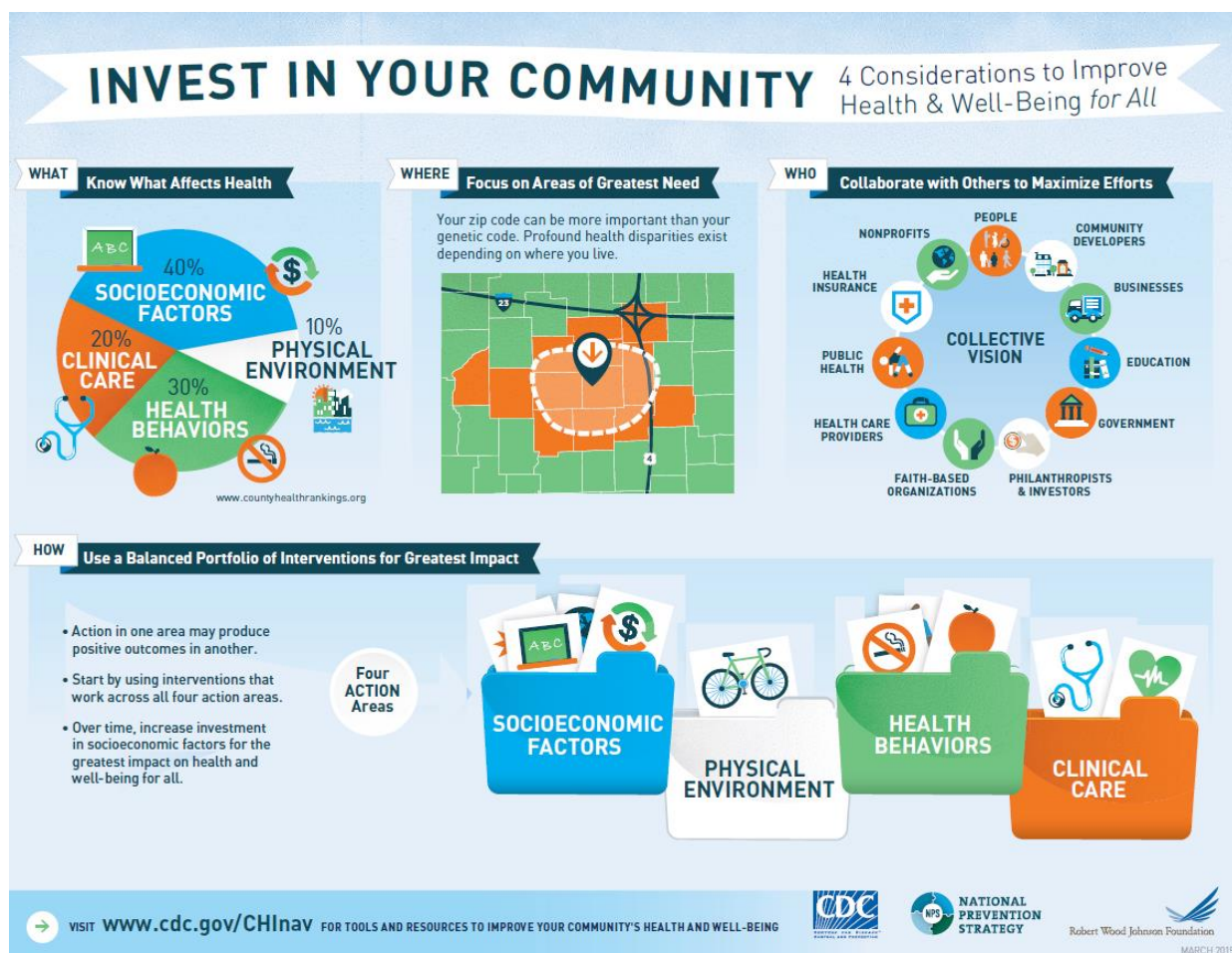

Source: (CDC ,2018)

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 10.0. When it came to drinking water violation there was not presence of a water violation.

Furthermore, secondhand smoke is a known human carcinogen with more than 7,000 chemical compounds of which 70 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, 10.6% of Rutherford 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 18.3% and is higher than the WNC region average of 9.1% (WNC Health Network, 2021).

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

■ 2012   ■ 2015   ■ 2018   ■ 2021

Rutherford	**WNC**
19.6% 13.7% 18.3% 10.6%	14.2% 14.2% 17.0% 9.1%
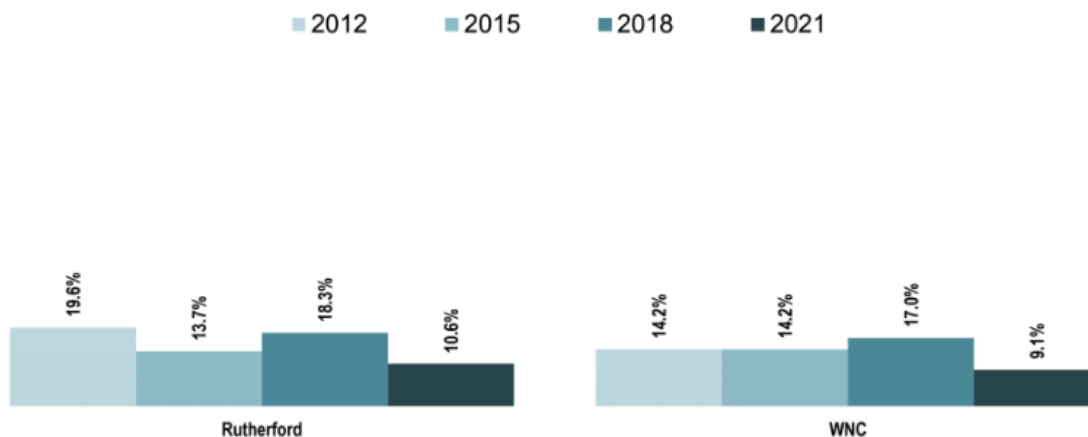
Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
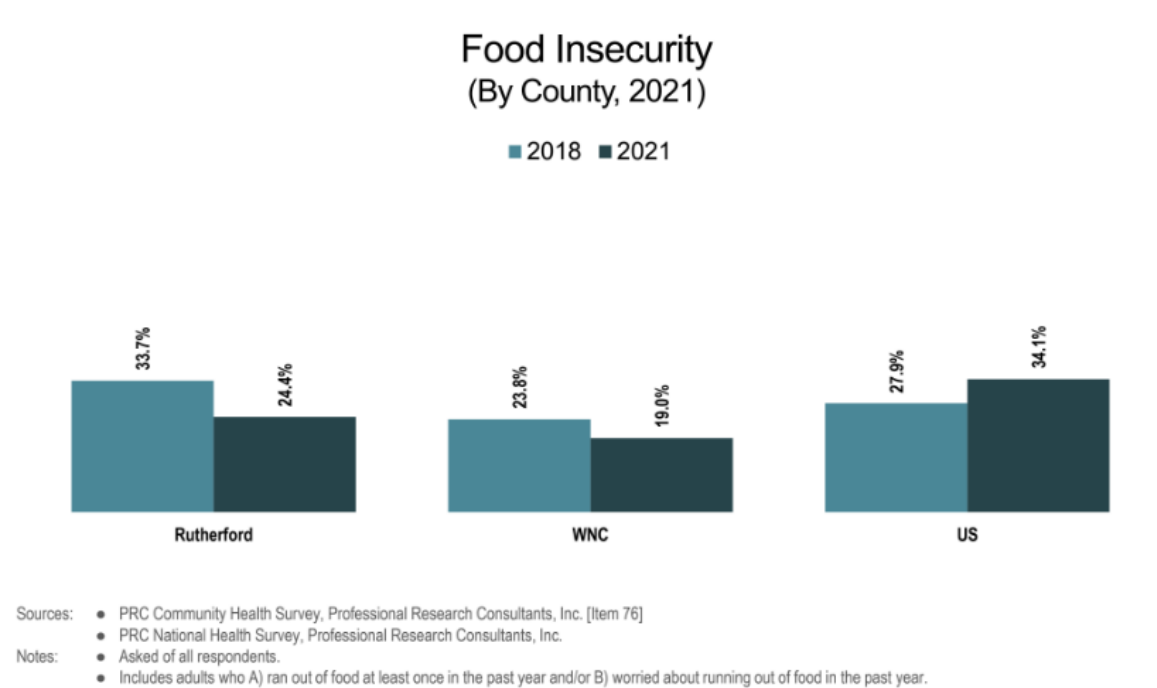Notes: • Asked of employed respondents.

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 Rutherford County, as of 2016 there are approximately 12 grocery stores and three farmers markets exist to serve the residents according to the Rutherford County Baseline Food Assessment. Lastly, as of 2019 there were 33 fast food restaurants in Rutherford County.
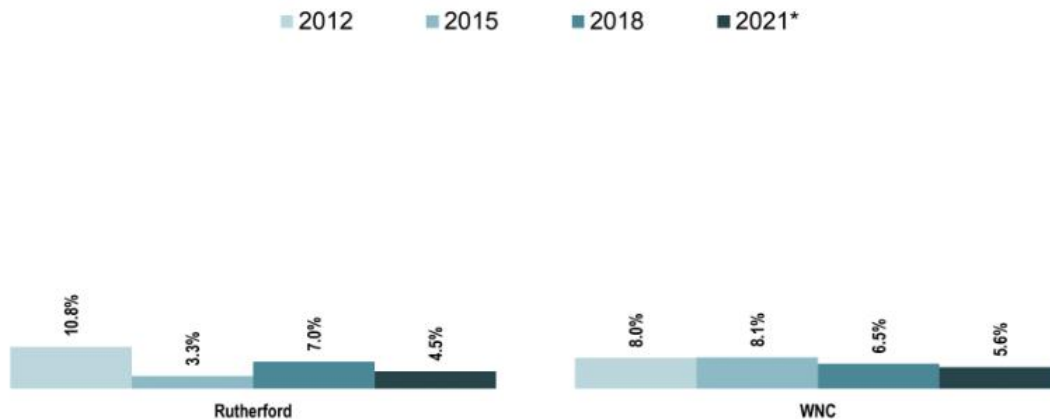
- The food insecurity level has dropped in the county from 33.7% to 24.4%, but is still larger than the percentage of WNC.

Food Insecurity
(By County, 2021)

■ 2018 ■ 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.

Source: (WNC Health Network, 2021)

- In 2021 only 4.5% of individuals were consuming five or more serving of fruits and or vegetables a day. This is a decrease from 2018 in the county and a smaller percentage when compared to the region.

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

■ 2012 ■ 2015 ■ 2018 ■ 2021*

Rutherford: 10.8% | 3.3% | 7.0% | 4.5%
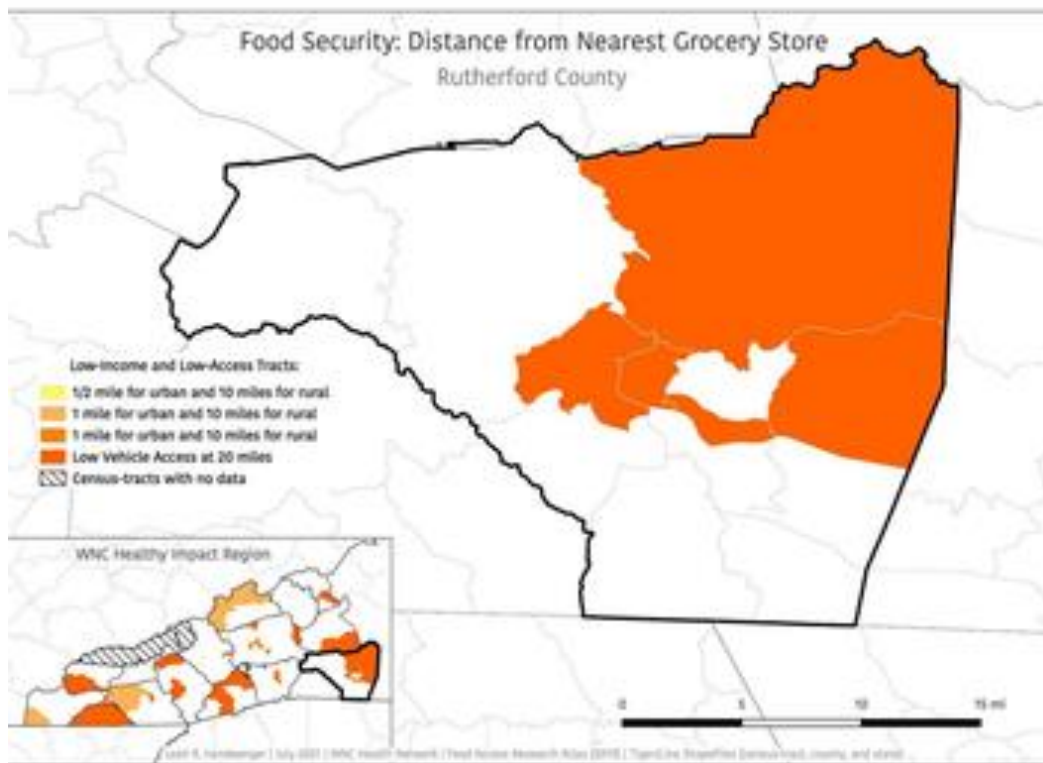
WNC: 8.0% | 8.1% | 6.5% | 5.6%

Source: (WNC Health Network, 2021)

- 75.88% of the county students are eligible for free or reduced school lunches. This is a much larger percentage than the region and state, but a very small decrease than the previous year.

Percent of Students Eligible for Free- or Reduced School Meals (determined to be "needy")

—— Rutherford —— WNC Region —— North Carolina

61.81 | 67.88 | 68.84 | 70.60 | 72.15 | 73.57 | 55.37 | 56.26 | 86.71 | 86.39 | 75.89 | 75.88

SY08-09 | SY09-10 | SY10-11 | SY11-12 | SY12-13 | SY13-14 | SY14-15 | SY15-16 | SY16-17 | SY17-18 | SY18-19 | SY19-20

Source: (NC Department of Public Instruction,2021)

- Towns that have low vehicle access at 20 miles include Golden Valley, Bostic, Ellenboro, and Ducan's Creek.

Source: (WNC Health Network, 2021)

Chapter 6- Health Resources

"1. An engaged community through local government and or civic organizations. 2. A strong economy that supports local businesses and provides good employment opportunities 3. High-quality emergency services (Police, Fire, EMS, Healthcare, Mental Health) 3. Recreation and Outdoor Spaces 4. Quality Housing." – Community Leader

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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 are many resources in the area that work together to benefit community members. These places are Social Services, RHA Legacy Foundation, Rutherford Regional Health System, health providers, United Way, Area Agencey on Aging, Senior Center, and Pisgah Legal Services to name a few.

Additionally, there are multiple resources to help those seeking shelter and soup kitchen resources that are in Rutherford County or serve the county. These are provided by Rutherford Welcome Table, Grace County Kitchen, New Beginnings Soup Kitchen, Womens and Children Center, Out of the Ashes Ministry, and Center of Hope Homeless Shelter.

Lastly, a very beneficial community resource is Isothermal Community College. ICC allows for individuals to earn a degree, diploma, and certificate in a wide variety of programs.

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 substance use help, and diabetes programs to help aid in prevention and management. These are two serious health issues in the county that have been and are health priorities. 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 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
- Increased data trends

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:

- **Obesity:** The obesity percent for the county is 48,2% and the Healthy People 2030 target is to have the county at 36% or lower.

- **Prevalence of Diabetes:** Although the percentage of prevalence of diabetes has gone down since 2018 of 20>3% to 17.9%, the WNC percentage is 14.1% and the NC percentage is 11.8%.

- **Prevalence of COPD:** Rutherford County has a higher percentage at 13.0% compared to WNC at 8.5% and the US at 6.4%. The percentage has also only gone down 0.1% since 2018.

- **Food Insecurity:** The percentage of food insecurity in Rutherford County is at 24.4% and although it has majorly changed since 2018 sitting at 33.7%, we still hold a higher percentage than WNC at 19.0%.

- **Lack of Health Insurance:** The Healthy People 2030 target is 7.9% or lower and the county is sitting at 14.8%.

- **Physical Activity**: The county has a 17.4% of individuals who meet the recommended amount of physical activity, and the Healthy People 2030 target is to reach 28,.4% or higher.

- **Current Smokers:** 16.5% of the county population are current smokers. This more than double the Healthy People 2030 target of 5% or lower.

- **Prevalence of Heart Disease**: The prevalence of heart disease has only decreased by .2 since 2018 and is now at 11.0%. At the NC level it is at 6.8%.

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:
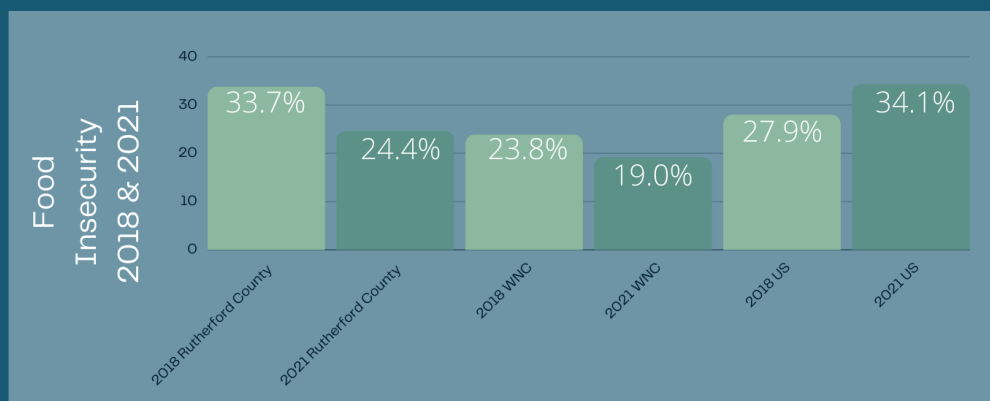
- Food Insecurity – In Rutherford for 2021 the percentage is 24.4% and only 4.5% of the county consumes five or more servings of fruits/vegetables per day. The Food insecurity percentage in WNC for 2021 is 19.0%.
- Prevalence of Diabetes – The percentage in Rutherford in 2021 is 17.9% whereas in the state the percentage is 11.8%.
- Obesity– The Healthy People 2030 goal is 36.0% or lower and Rutherford Counties percentage is 48.2%. The percentage for the US is 31.3% and 34.0% in the US.

Food Insecurity

According to the USDA the definition of Food Insecurity is "a household–level economic and social condition of limited or uncertain access to adequate food"

WHAT THE NUMBERS SAY:

MORE INFORMATION:

- 4.5% of the county population consumes five or more servings of fruits / vegetables per day.

Food Insecurity

WHO'S IMPACTED?

In 2021, 15,724indivduals from Rutherford County's population faced Food Insecurity, which is 6,952 less than in 2018, but still higher than the percentage of Western North Carolina.

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'S HURTING?

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

WHAT ELSE DO WE KNOW?

- Food insecurity has four levels of impacting families. These are High, Marginal, Low, and Very low.
- Lack of nutritional food can impact a Child's growth and development

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:
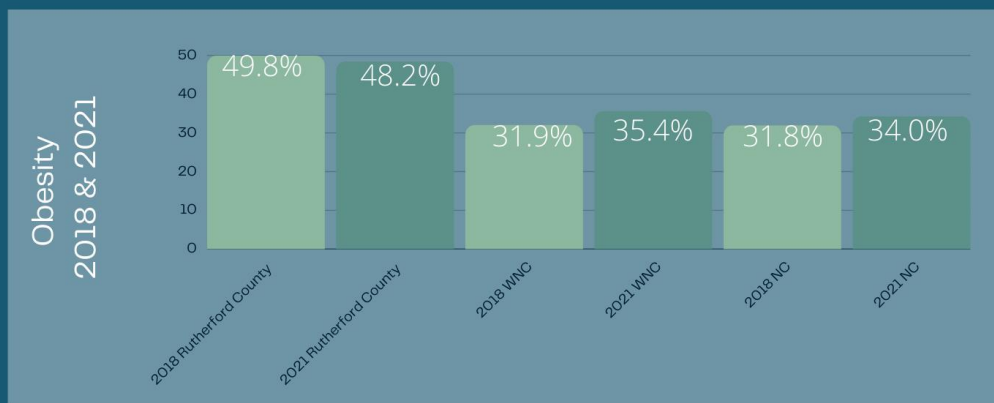
Healthy People 2030 Target is 36.0% or lower

MORE INFORMATION:

- 24.9% of the population have a healthy weight which is a body mass index between 18.5 and 24.9
- 73.0% of the population is overweight ot obese by having a BMI of 25.o or higher

Obesity

WHO'S IMPACTED?

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

WHAT'S HELPING?

- The Thermal Belt Rail Trail has given an opportunity for more physical activty outside

WHAT'S HURTING?

- Access to heathy affordable food options

WHAT ELSE DO WE KNOW?

- 83.3% of community leaders see obesity in the county a major problem.

Prevalence of Diabetes

According to the CDC the definition of diabetes is a chronic (long-lasting) disease that affects how your body turns food into energy. There are three main types of diabetes: type 1, type 2, and gestational diabetes (diabetes while pregnant). More than 122 million Americans are living with diabetes (37.3 million) or prediabetes (96 million).
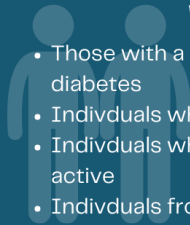
WHAT THE NUMBERS SAY:
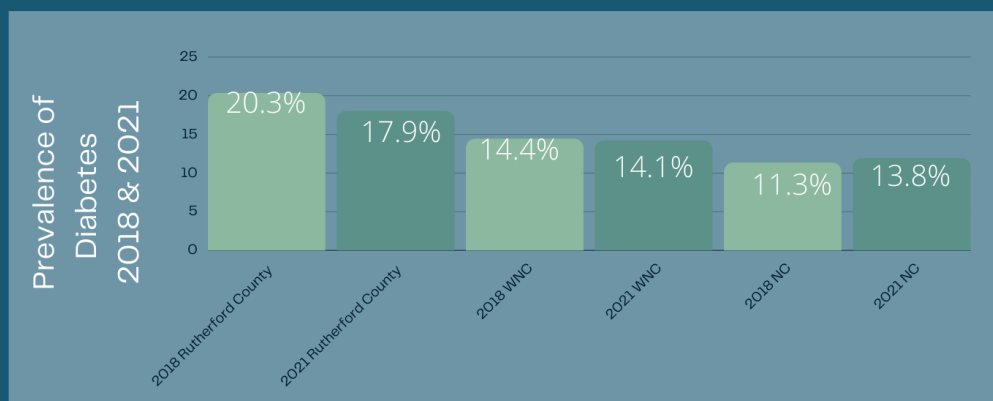
MORE INFORMATION:

- 2.8% of the population have pre-diabetes or are borderline for pre-diabetes

Prevalence of Diabetes

WHO'S IMPACTED?

- Those with a family history of diabetes
- Indivduals who are over weight
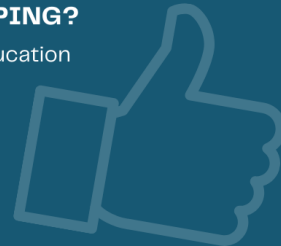- Indivduals who are not physically active
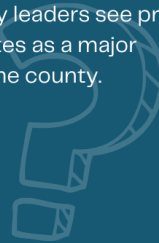- Indivduals from minorty populations

WHAT'S HELPING?

- Nutrition education

WHAT'S HURTING?

- Access to healthy foods

WHAT ELSE DO WE KNOW?

- 66.7% of community leaders see pre-diabetes and diabetes as a major health problem of the county.

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 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 Rutherford 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

WNC CHA Cycle Graphic: Co-designed by WNC Healthy Impact, graphic design by Jessicca Griffin, 2021

All WNC landscape photos used in the cover page and headers courtesy of Ecocline Photography and Flying Horse Creative.

APPENDICES

Appendix A – Data Collection Methods & Limitations

Appendix B – Data Slides & Survey Findings

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)
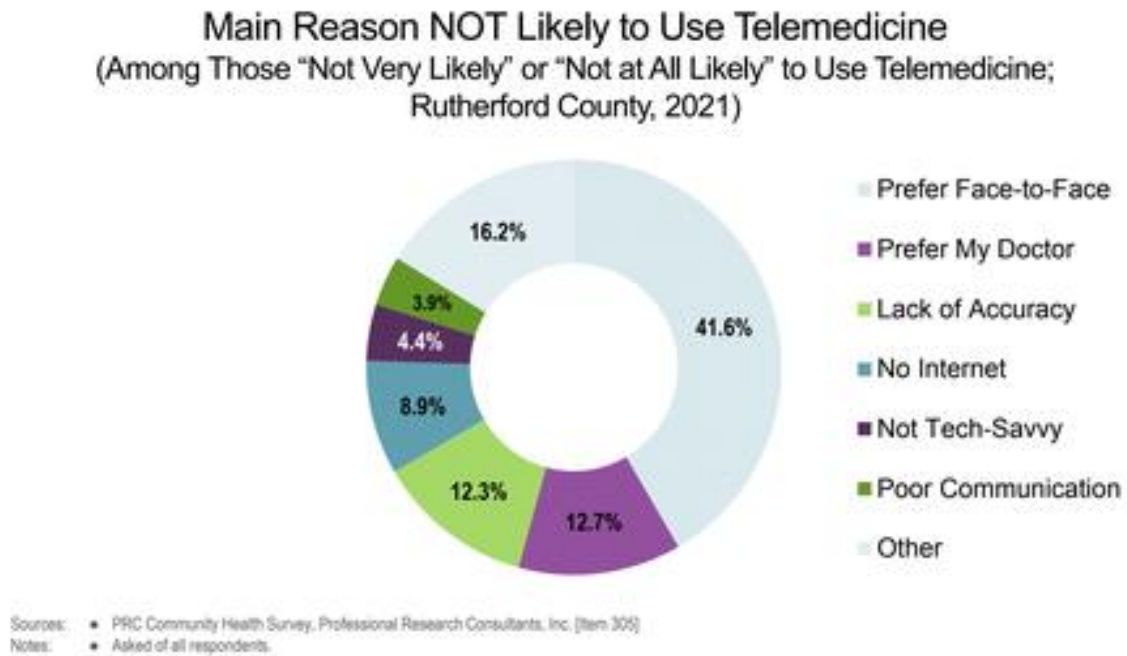### Survey Methodology
The 2021 WNC Healthy Impact Community Health Survey was conducted from March to June 2021. The purpose of the survey was to collect primary data to supplement the secondary core dataset, and allow individual counties in the region to collect data on specific issues of concern. 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 three additional county questions included in the 2021 survey were:

Main Reason NOT Likely to Use Telemedicine
(Among Those "Not Very Likely" or "Not at All Likely" to Use Telemedicine; Rutherford County, 2021)

Legend:
- Prefer Face-to-Face
- Prefer My Doctor
- Lack of Accuracy
- No Internet
- Not Tech-Savvy
- Poor Communication
- Other

Values: 16.2%, 3.9%, 4.4%, 8.9%, 12.3%, 12.7%, 41.6%

Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]
Notes: • Asked of all respondents.

Source: (WNC Health Network, 2021)

Member of Household Cut the Size of Meals or Skipped Meals Because There Wasn't Enough Money for Food in the Past Year
(Rutherford County)

9.2%

90.8%

Yes   No
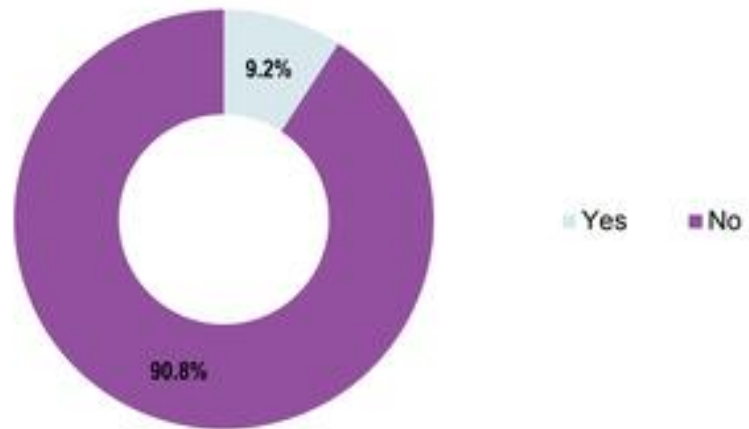
Source: (WNC Health Network, 2021)

Other Concerns Not Address in The Survey
(Rutherford County, 2021)

Other 23.4%

None 29.7%

Mental Health 6.0%

Obesity 6.1%

Drug Abuse 18.2%

Uncertain 16.6%
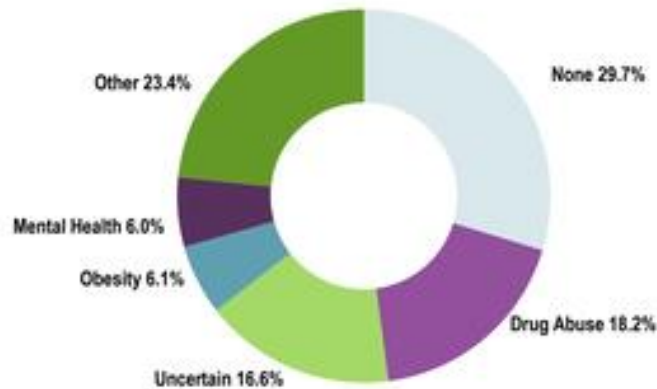
Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 332]
Notes: • Asked of all respondents.

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.

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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 239.

About the Rutherford Sample

Size: The total regional sample size was 4,861 individuals age 18 and older, with 239 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).

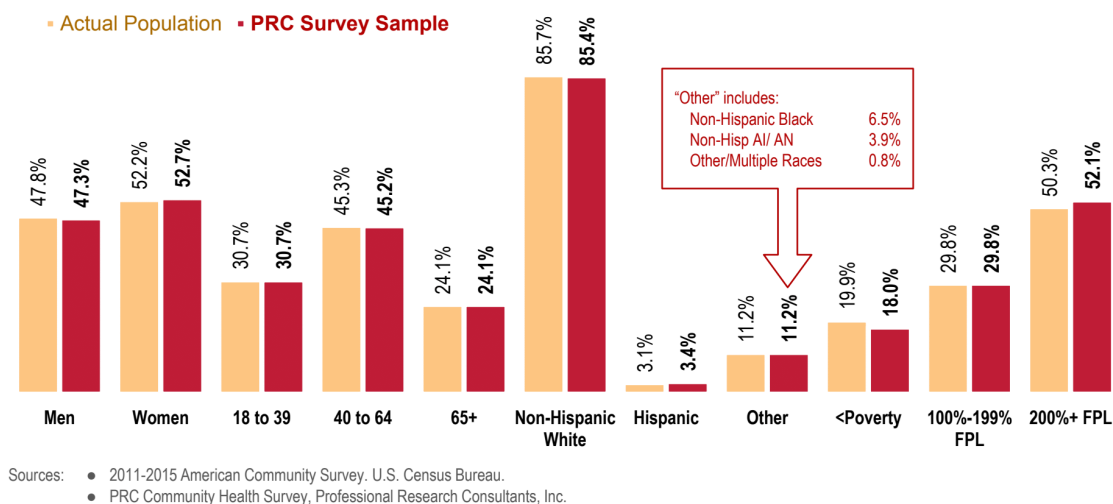Expected error ranges for a sample of 239 respondents at the 95% confidence level.

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 Rutherford by key demographic variables, compared to actual population characteristics from census data. Note that the sample consists solely of area residents age 18 and older.

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

Legend: ■ Actual Population ■ **PRC Survey Sample**

Category	Actual Population	PRC Survey Sample
Men	47.8%	**47.3%**
Women	52.2%	**52.7%**
18 to 39	30.7%	**30.7%**
40 to 64	45.3%	**45.2%**
65+	24.1%	**24.1%**
Non-Hispanic White	85.7%	**85.4%**
Hispanic	3.1%	**3.4%**
Other	11.2%	**11.2%**
<Poverty	19.9%	**18.0%**
100%-199% FPL	29.8%	**29.8%**
200%+ FPL	50.3%	**52.1%**

"Other" includes:
Non-Hispanic Black   6.5%
Non-Hisp AI/ AN   3.9%
Other/Multiple Races 0.8%

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

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

Nationwide Risk Factor Data
Nationwide risk factor data, which are also provided in comparison charts where available, are taken from the 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, 6 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	4
Other Health Provider	2
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.

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
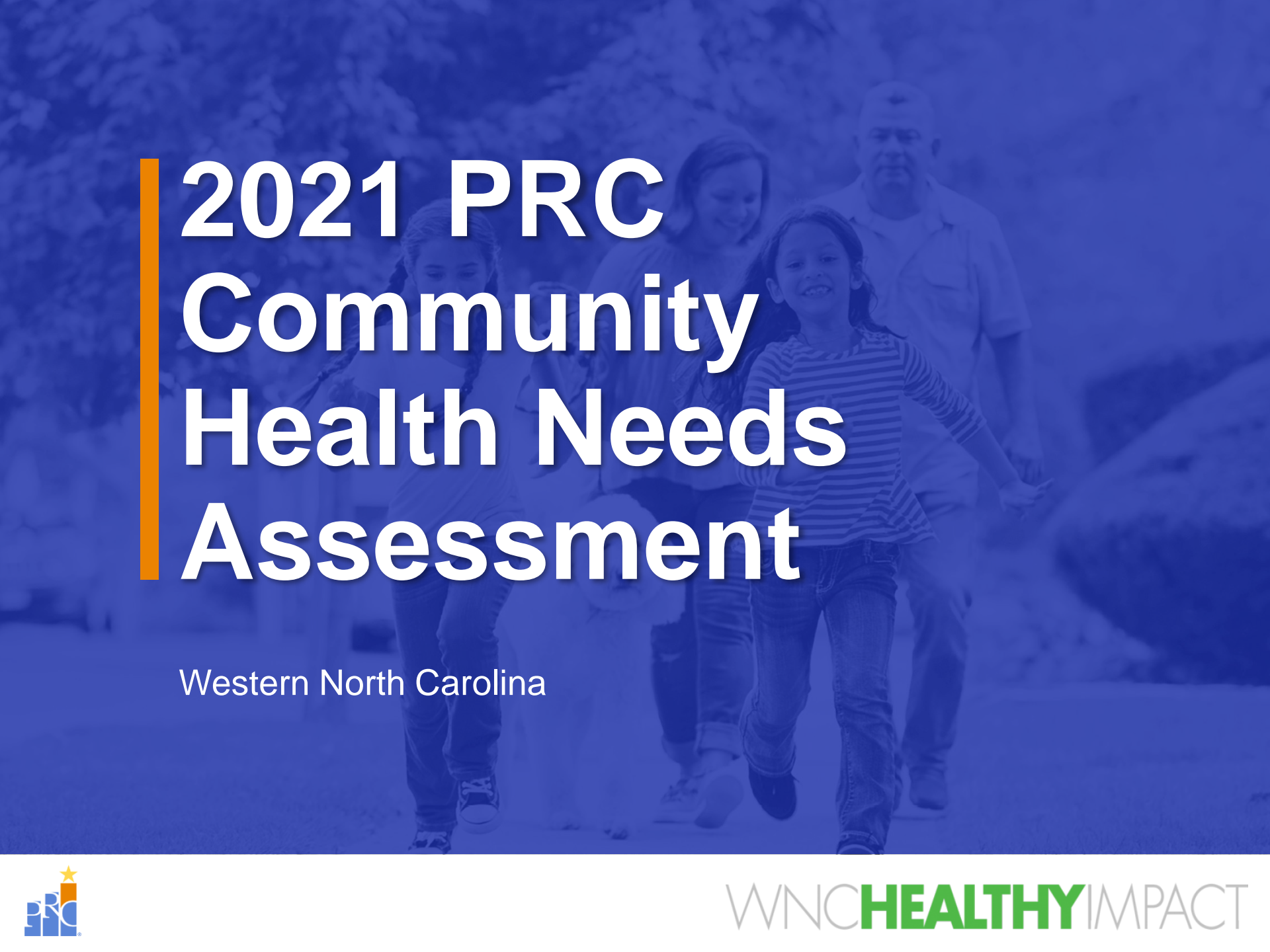
Fifthly, in describing differences in data of the same type from two populations or locations, or changes over time in the same kind of data from one population or location—both of which appear frequently in this report—it is useful to apply the concept of percent difference or change. While it is always 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

Methodology

Survey methodology

- <mark>**4,861 surveys throughout WNC**</mark>

  - 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
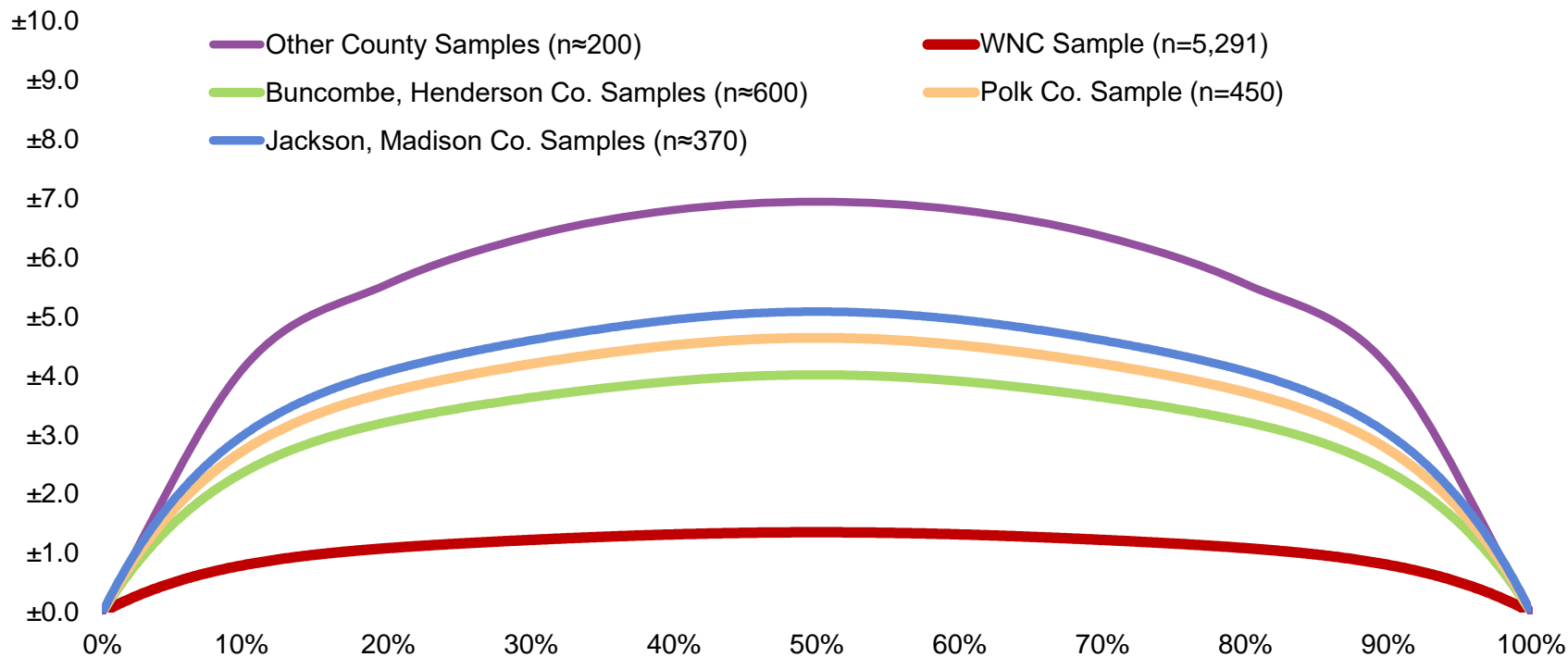
Legend:
- Other County Samples (n≈200)
- WNC Sample (n=5,291)
- Buncombe, Henderson Co. Samples (n≈600)
- Polk Co. Sample (n=450)
- Jackson, Madison Co. Samples (n≈370)

Y-axis: ±0.0, ±1.0, ±2.0, ±3.0, ±4.0, ±5.0, ±6.0, ±7.0, ±8.0, ±9.0, ±10.0

X-axis: 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%

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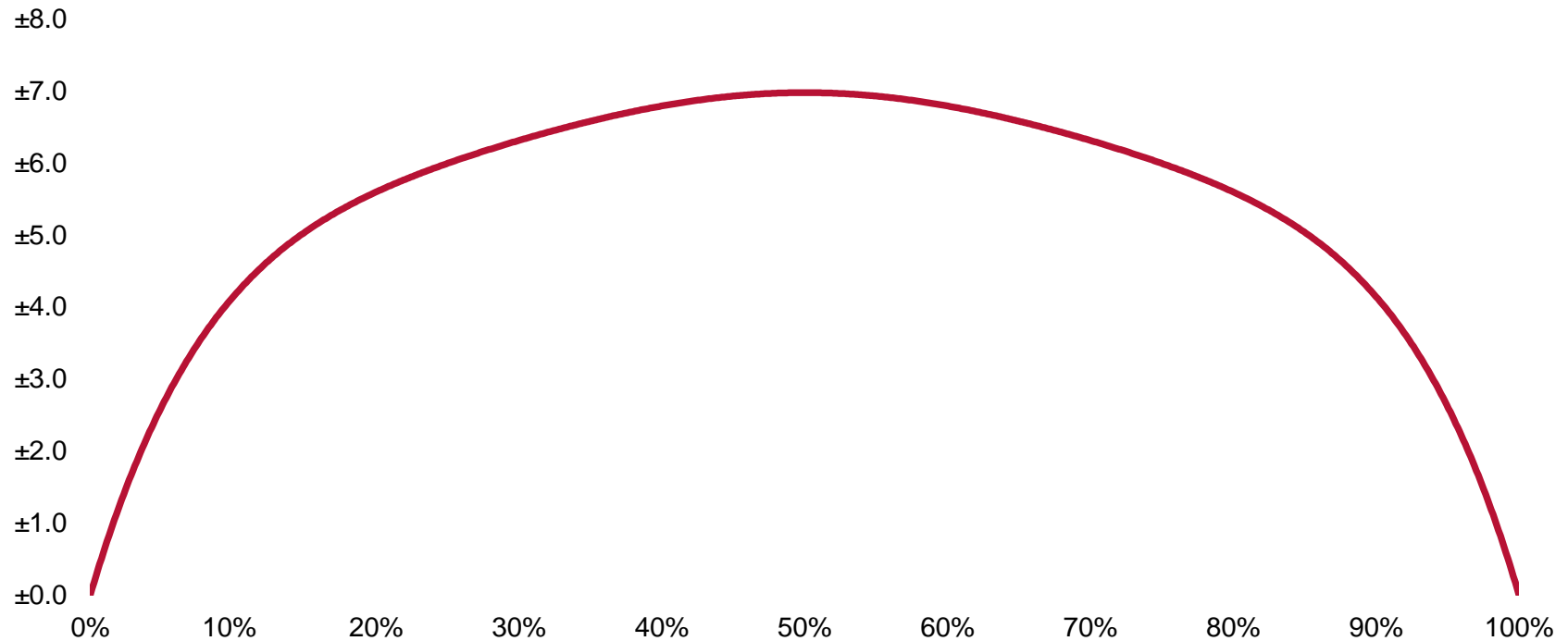
Note: ● The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response.
A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Population & Survey Sample Characteristics
(Age 18 and Older; Western North Carolina, 2021)
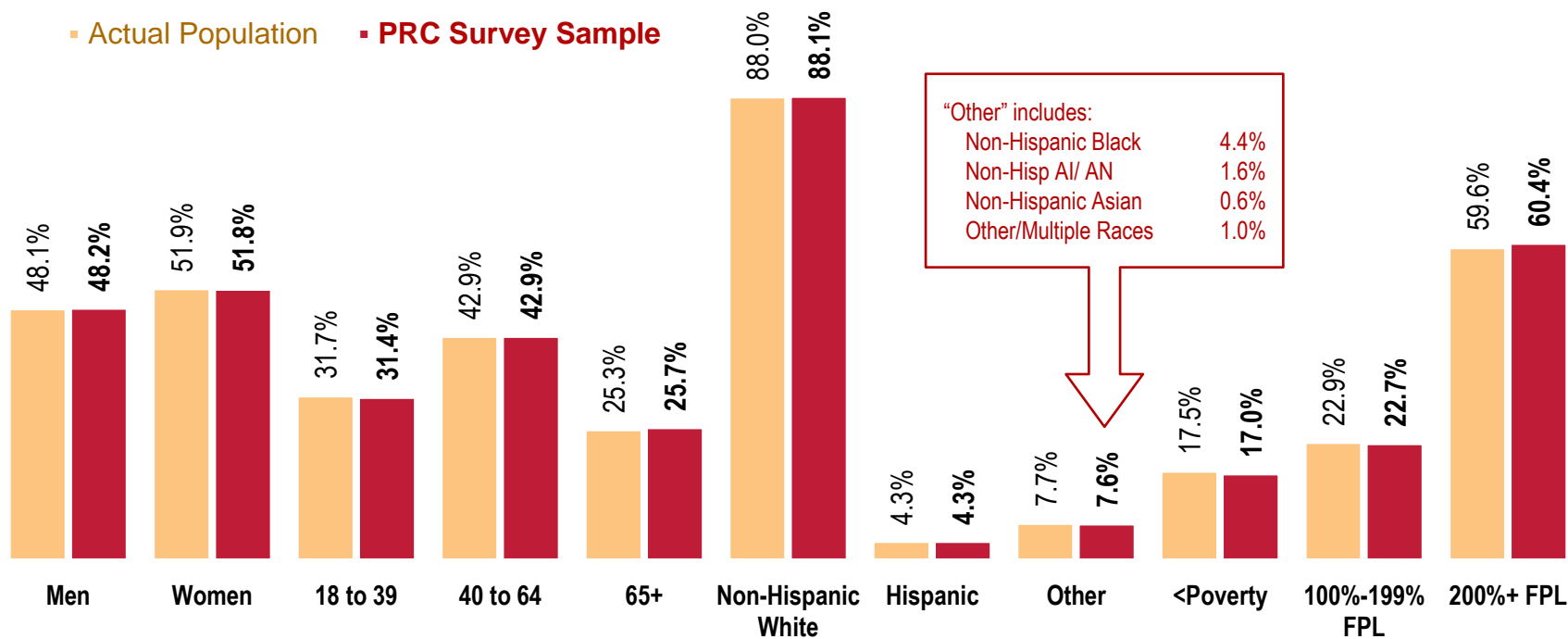
■ Actual Population   ■ **PRC Survey Sample**

"Other" includes:
Non-Hispanic Black	4.4%
Non-Hisp AI/ AN	1.6%
Non-Hispanic Asian	0.6%
Other/Multiple Races	1.0%

Category	Actual Population	PRC Survey Sample
Men	48.1%	**48.2%**
Women	51.9%	**51.8%**
18 to 39	31.7%	**31.4%**
40 to 64	42.9%	**42.9%**
65+	25.3%	**25.7%**
Non-Hispanic White	88.0%	**88.1%**
Hispanic	4.3%	**4.3%**
Other	7.7%	**7.6%**
<Poverty	17.5%	**17.0%**
100%-199% FPL	22.9%	**22.7%**
200%+ FPL	59.6%	**60.4%**

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

■ Actual Population ■ **PRC Survey Sample**

Category	Actual Population	PRC Survey Sample
Men	47.8%	47.3%
Women	52.2%	52.7%
18 to 39	30.7%	30.7%
40 to 64	45.3%	45.2%
65+	24.1%	24.1%
Non-Hispanic White	85.7%	85.4%
Hispanic	3.1%	3.4%
Other	11.2%	11.2%
<Poverty	19.9%	18.0%
100%-199% FPL	29.8%	29.8%
200%+ FPL	50.3%	52.1%

"Other" includes:
Non-Hispanic Black	6.5%
Non-Hisp AI/ AN	3.9%
Other/Multiple Races	0.8%
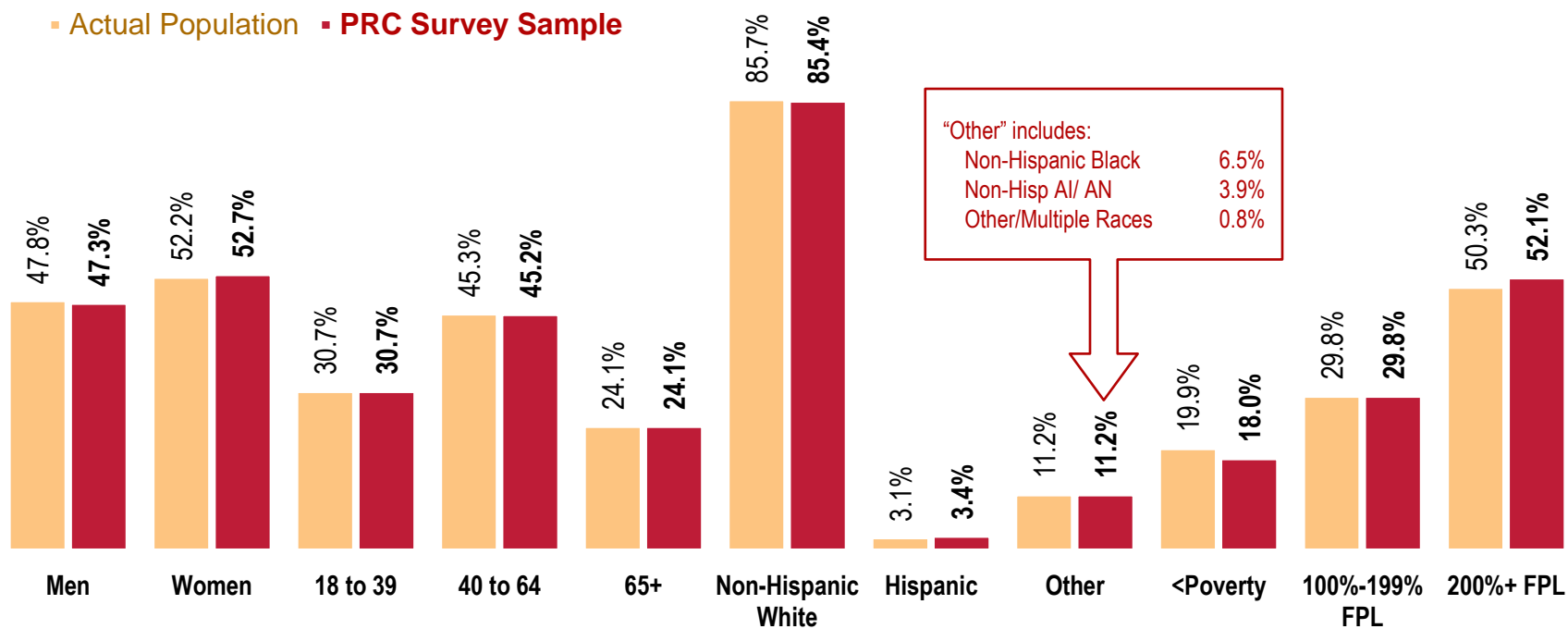
Sources:
- 2011-2015 American Community Survey. U.S. Census Bureau.
- PRC Community Health Survey, Professional Research Consultants, Inc.

American Indian/ Alaska Native Sample
(By County, 2021)
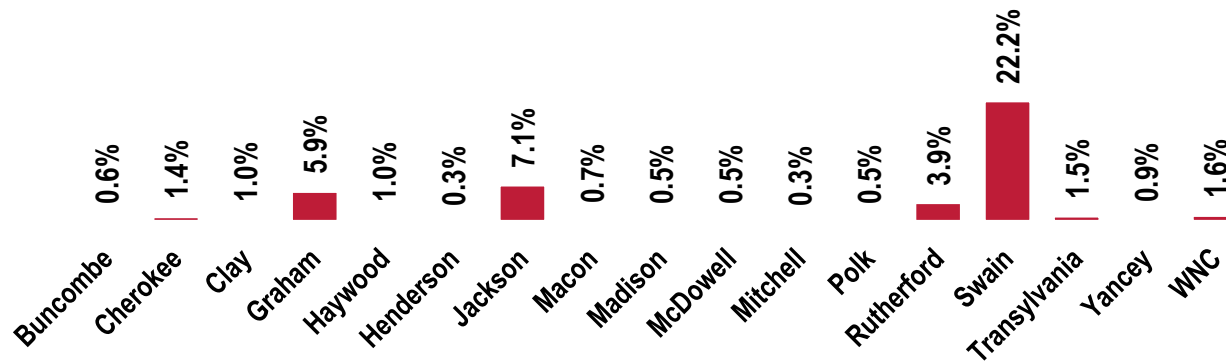
**Enrolled Status
in Eastern Band of
Cherokee Indians (EBCI)**
(Among AI/ AN
Respondents, WNC)
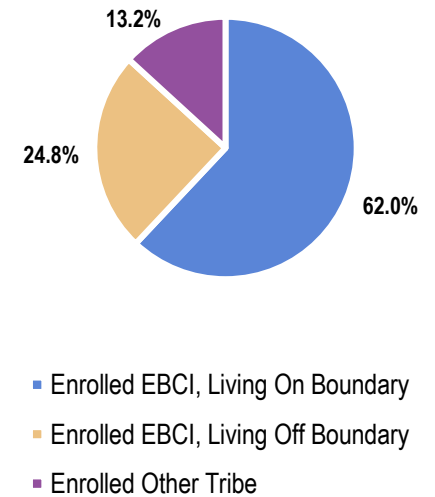
County	Percentage
Buncombe	0.6%
Cherokee	1.4%
Clay	1.0%
Graham	5.9%
Haywood	1.0%
Henderson	0.3%
Jackson	7.1%
Macon	0.7%
Madison	0.5%
McDowell	0.5%
Mitchell	0.3%
Polk	0.5%
Rutherford	3.9%
Swain	22.2%
Transylvania	1.5%
Yancey	0.9%
WNC	1.6%

Pie chart values:
- 62.0% — Enrolled EBCI, Living On Boundary
- 24.8% — Enrolled EBCI, Living Off Boundary
- 13.2% — Enrolled Other Tribe

QUALITY OF LIFE

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

■ 2015 ■ 2018 ■ 2021

Rutherford
- 32.1% (2015)
- 24.3% (2018)
- 21.9% (2021)

WNC
- 13.5% (2015)
- 11.1% (2018)
- 11.9% (2021)

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)

14.1%

Rutherford

16.8%

WNC

"Often/Sometimes" Threatened or Harassed Due to Race/Ethnicity
(Western North Carolina, 2021; By County)

8.2%

Rutherford

9.7%

WNC

"Often/Sometimes" Treated Unfairly
Due to Race/Ethnicity When Getting Medical Care
(Western North Carolina, 2021; By County)

3.4%

Rutherford

4.5%

WNC

"Often/Sometimes" Treated Unfairly at School Due to Race/Ethnicity
(Western North Carolina, 2021; By County)

11.6%

Rutherford

9.0%

WNC

"Often/Sometimes" Criticized for My Accent or the Way I Speak
(Western North Carolina, 2021; By County)

35.6%

28.6%

Rutherford

WNC

Housing

Had a Time in the Past Year
When Home Was Without Electricity, Water, or Heating
(Western North Carolina, 2021; By County)

■ 2021

Rutherford: 14.7%

WNC: 11.5%

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
Notes: ● Asked of all respondents.

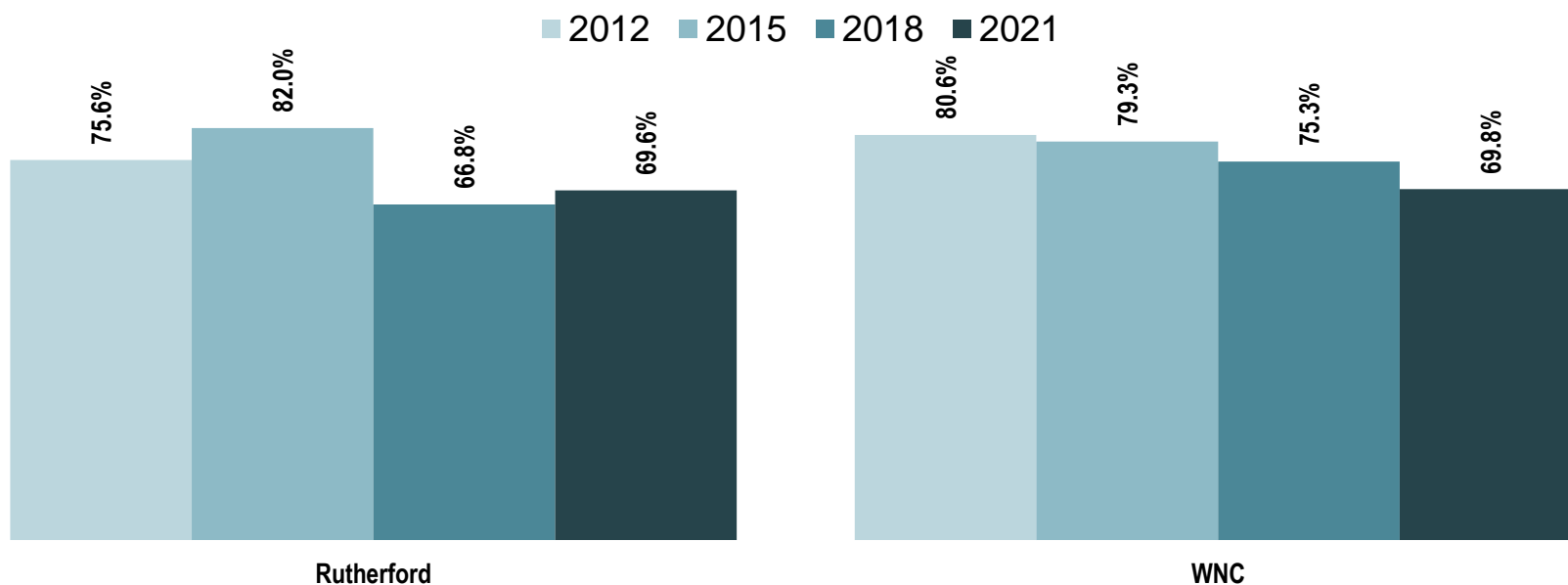# Worried or Stressed About Paying Rent or Mortgage in the Past Year
("Always/Usually/Sometimes" Responses; Western North Carolina, 2021; By County)

■ 2021

30.6%	26.7%	32.2%
Rutherford	**WNC**	**US**

Have Had to Live With a Friend/Relative
in the Past Three Years Due to a Housing Emergency
(Western North Carolina, 2021; By County)

11.7%

9.3%

Rutherford

WNC

Lived on the Street, in a Car, or in a Temporary Shelter in the Past Three Years
(Western North Carolina, 2021; By County)

4.1%

Rutherford

2.3%

WNC

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)

■ 2021

79.5%

75.7%

Rutherford

WNC
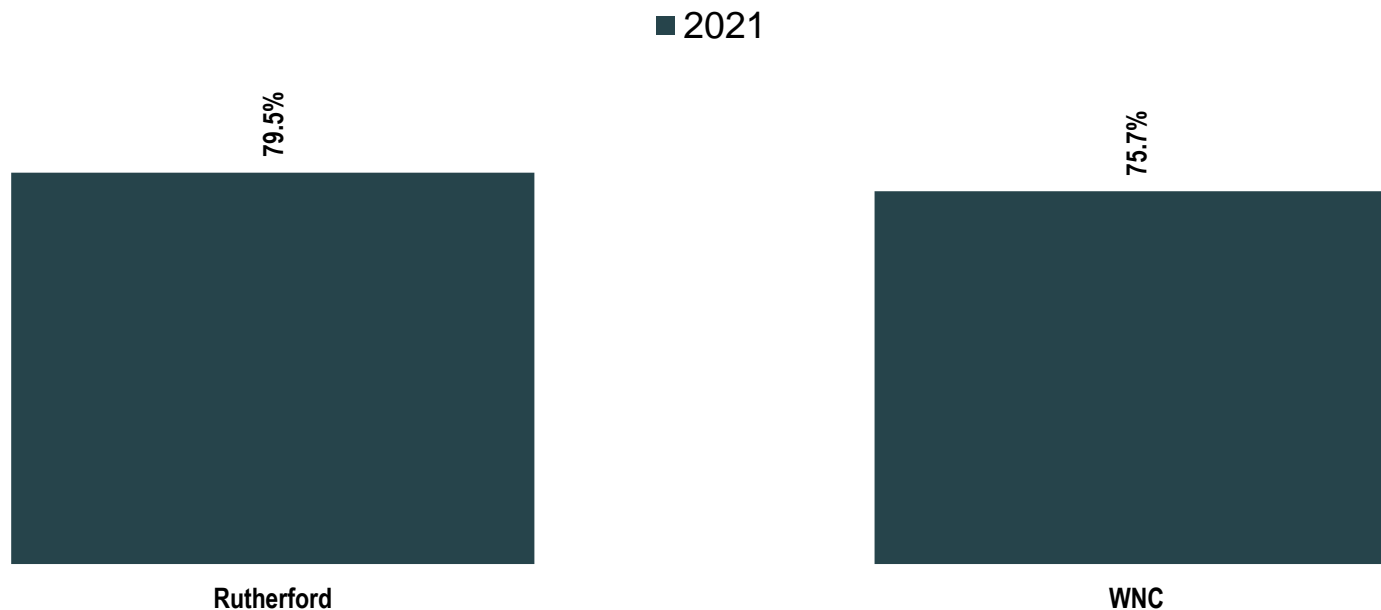
Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]
Notes: ● Includes "always" and "usually" responses.

SELF-REPORTED HEALTH STATUS

Overall Health

Experience "Fair" or "Poor" Overall Health
(By County)
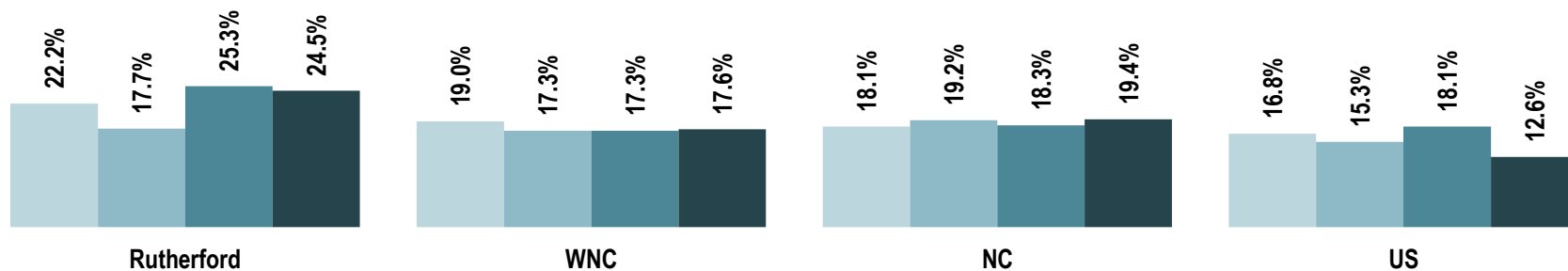
■ 2012 ■ 2015 ■ 2018 ■ 2021

Rutherford: 22.2% | 17.7% | 25.3% | 24.5%

WNC: 19.0% | 17.3% | 17.3% | 17.6%

NC: 18.1% | 19.2% | 18.3% | 19.4%

US: 16.8% | 15.3% | 18.1% | 12.6%

Mental Health & Mental Disorders

More Than Seven Days of Poor Mental Health in the Past Month
(By County)
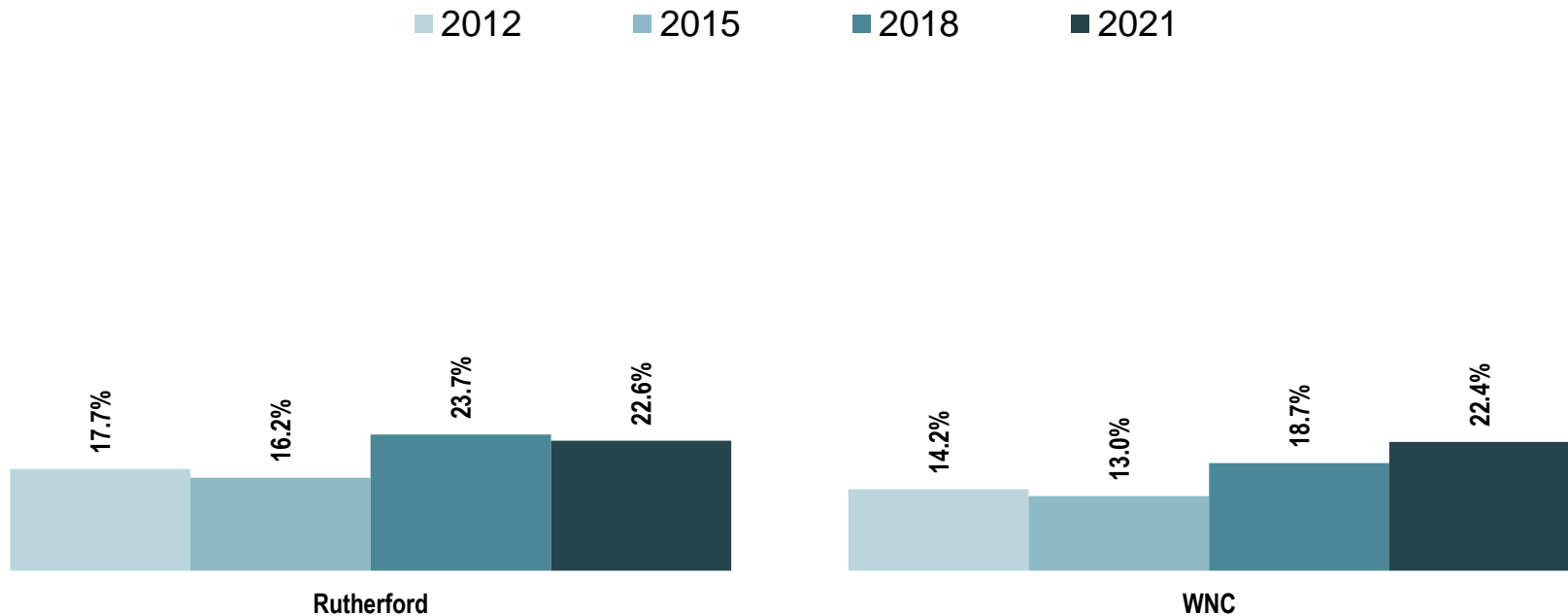
■ 2012　　■ 2015　　■ 2018　　■ 2021

Rutherford

17.7%　16.2%　23.7%　22.6%

WNC

14.2%　13.0%　18.7%　22.4%

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)

6.8%

Rutherford

7.8%

WNC

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

Legend: ■ 2012 ■ 2015 ■ 2018 ■ 2021

Rutherford
- 2012: 75.6%
- 2015: 82.0%
- 2018: 66.8%
- 2021: 69.6%

WNC
- 2012: 80.6%
- 2015: 79.3%
- 2018: 75.3%
- 2021: 69.8%

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)

■ 2021
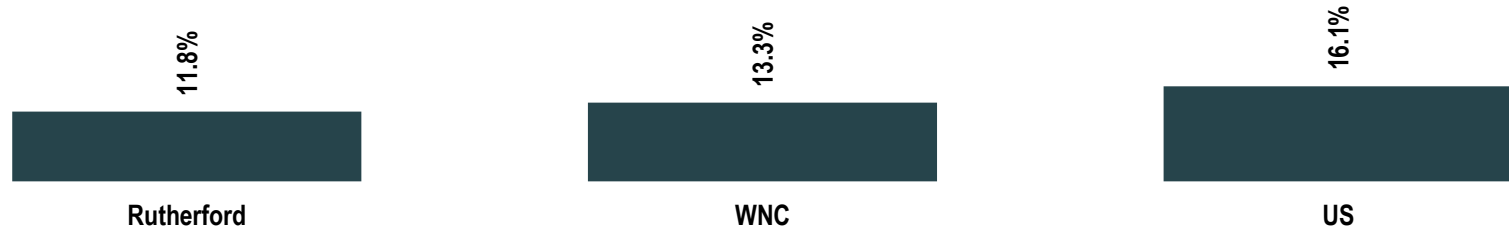
11.8%	**13.3%**	**16.1%**
Rutherford	WNC	US

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

84.8%

86.5%

Rutherford

WNC

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

Rutherford — 86.7%

WNC — 84.7%

Currently Taking Medication or Receiving Treatment for Mental Health
(Western North Carolina, 2021; By County)

Rutherford	WNC	US
25.9%	24.8%	16.8%

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

■ 2012   ■ 2015   ■ 2018   ■ 2021

Rutherford
- 7.1%
- 8.9%
- 14.8%
- 16.5%

WNC
- 6.6%
- 7.5%
- 12.3%
- 19.7%

US
- 7.8%

Dissatisfied with Life
("Dissatisfied" and "Very Dissatisfied" Responses; By County)

■ 2012　　■ 2015　　■ 2018　　■ 2021

Rutherford
- 4.3%
- 6.4%
- 18.5%
- 11.0%

WNC
- 5.0%
- 5.4%
- 10.5%
- 10.2%
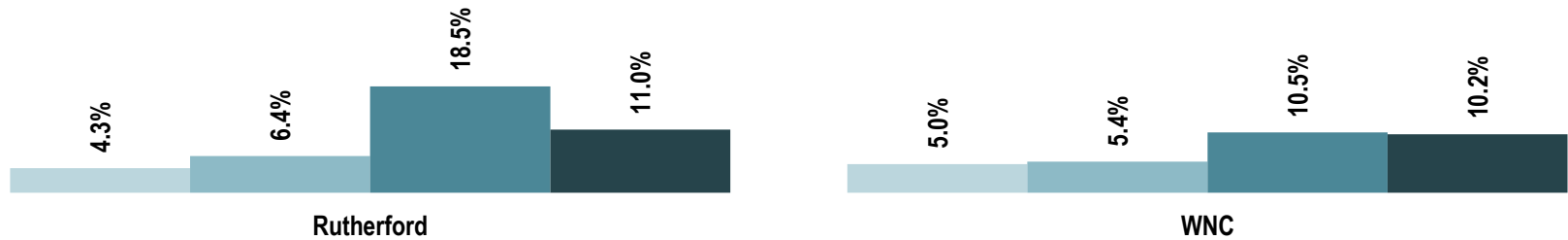
Sources:　● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
Notes:　● Asked of all respondents.

CHRONIC CONDITIONS

Cardiovascular Risk

# Prevalence of Heart Disease
(By County)
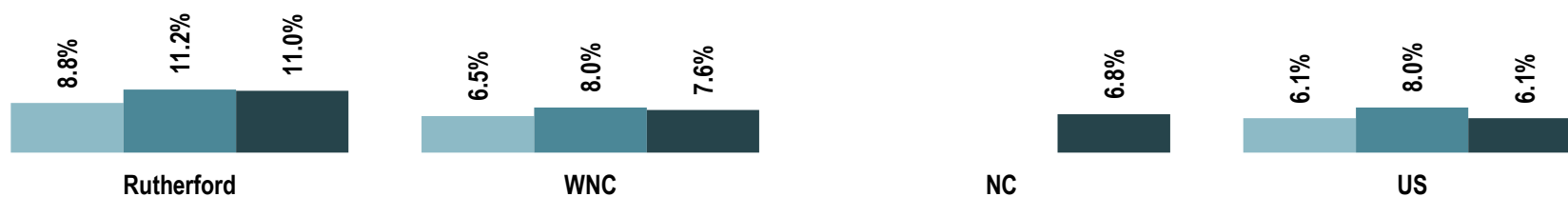
■ 2015 ■ 2018 ■ 2021

Rutherford
8.8% 11.2% 11.0%

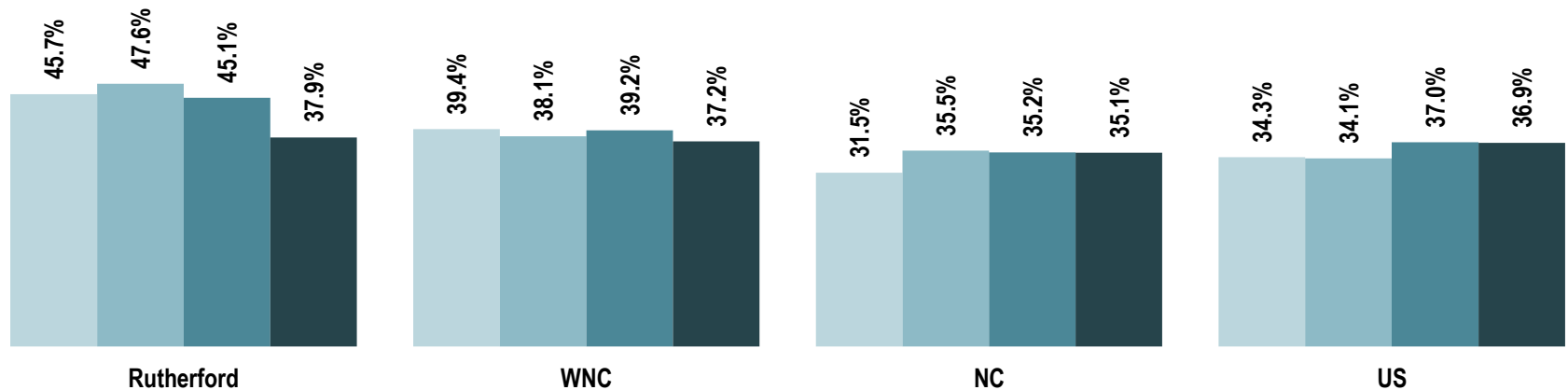**WNC**
6.5% 8.0% 7.6%

NC
6.8%

US
6.1% 8.0% 6.1%

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)

■ 2015 ■ 2018 ■ 2021

Rutherford: 2.8% | 3.4% | 6.1%

WNC: 3.9% | 4.3% | 3.9%

NC: 3.7% | 3.9% | 4.5%

US: 3.9% | 4.7% | 4.3%
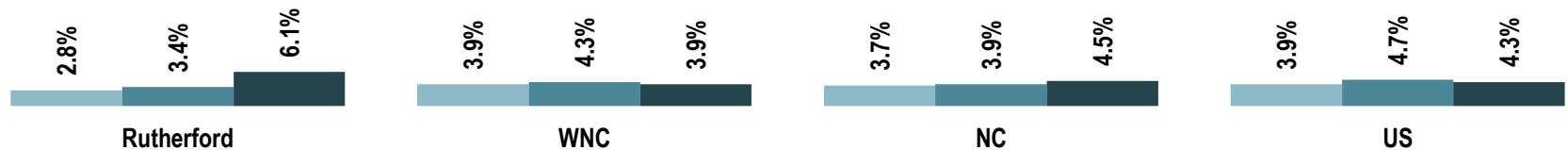
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 11]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

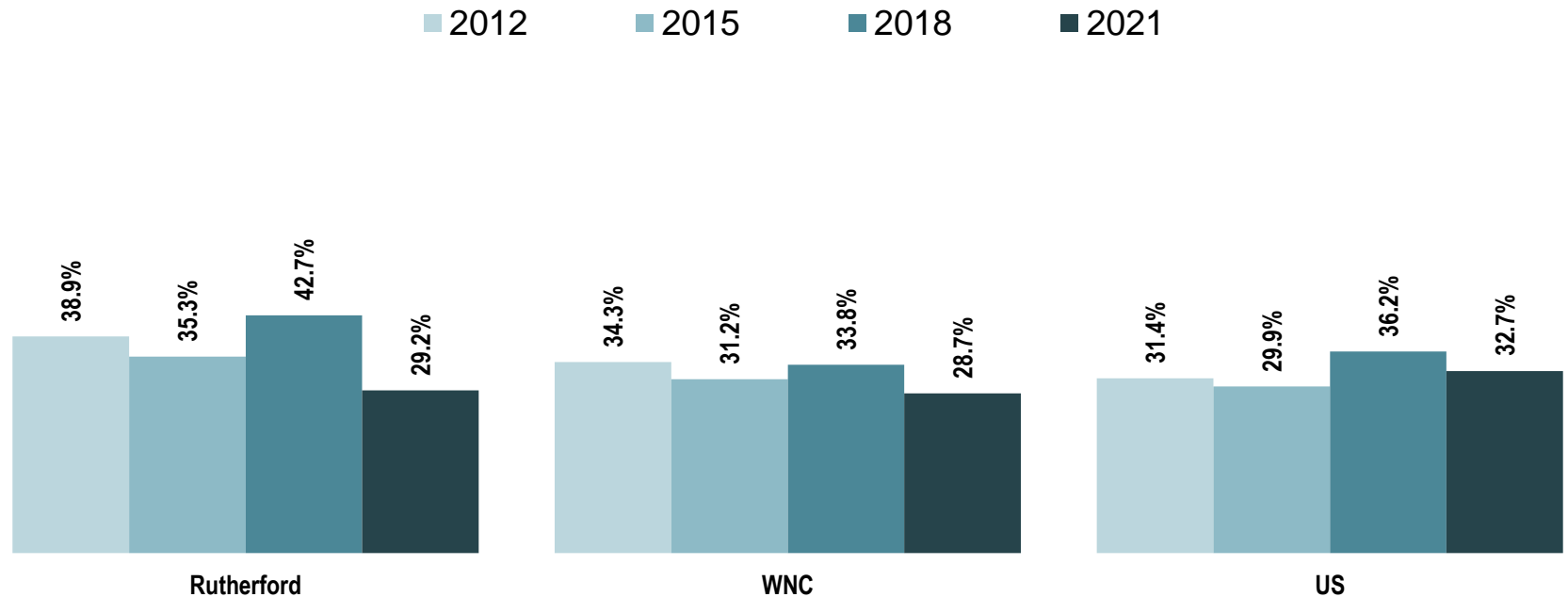# Prevalence of High Blood Pressure
(By County)
Healthy People 2030 Target = 27.7% or Lower

■ 2012　　■ 2015　　■ 2018　　■ 2021

	Rutherford	WNC	NC	US
2012	45.7%	39.4%	31.5%	34.3%
2015	47.6%	38.1%	35.5%	34.1%
2018	45.1%	39.2%	35.2%	37.0%
2021	37.9%	37.2%	35.1%	36.9%

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:
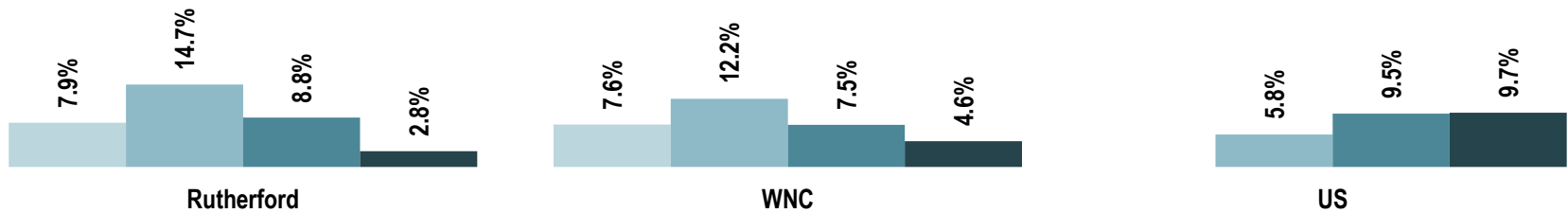- Asked of all respondents.

Prevalence of High Blood Cholesterol
(By County)

■ 2012　　■ 2015　　■ 2018　　■ 2021

Rutherford
- 38.9% (2012)
- 35.3% (2015)
- 42.7% (2018)
- 29.2% (2021)

WNC
- 34.3% (2012)
- 31.2% (2015)
- 33.8% (2018)
- 28.7% (2021)

US
- 31.4% (2012)
- 29.9% (2015)
- 36.2% (2018)
- 32.7% (2021)

Diabetes

Prevalence of Diabetes
(By County)

■ 2012 ■ 2015 ■ 2018 ■ 2021

Rutherford
- 15.1%
- 10.2%
- 20.3%
- 17.9%

WNC
- 12.6%
- 7.5%
- 14.4%
- 14.1%

NC
- 9.8%
- 11.4%
- 11.3%
- 11.8%

US
- 10.1%
- 11.7%
- 13.3%
- 13.8%

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)

■ 2012　　■ 2015　　■ 2018　　■ 2021

Rutherford
- 7.9%
- 14.7%
- 8.8%
- 2.8%

WNC
- 7.6%
- 12.2%
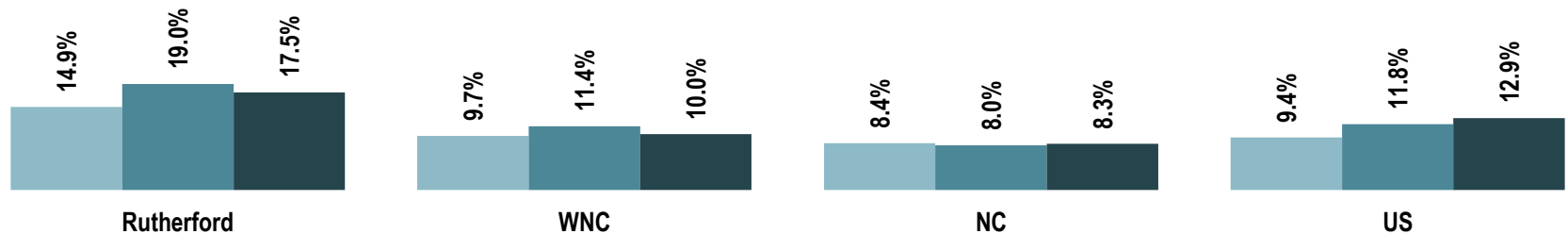- 7.5%
- 4.6%

US
- 5.8%
- 9.5%
- 9.7%

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

Notes:
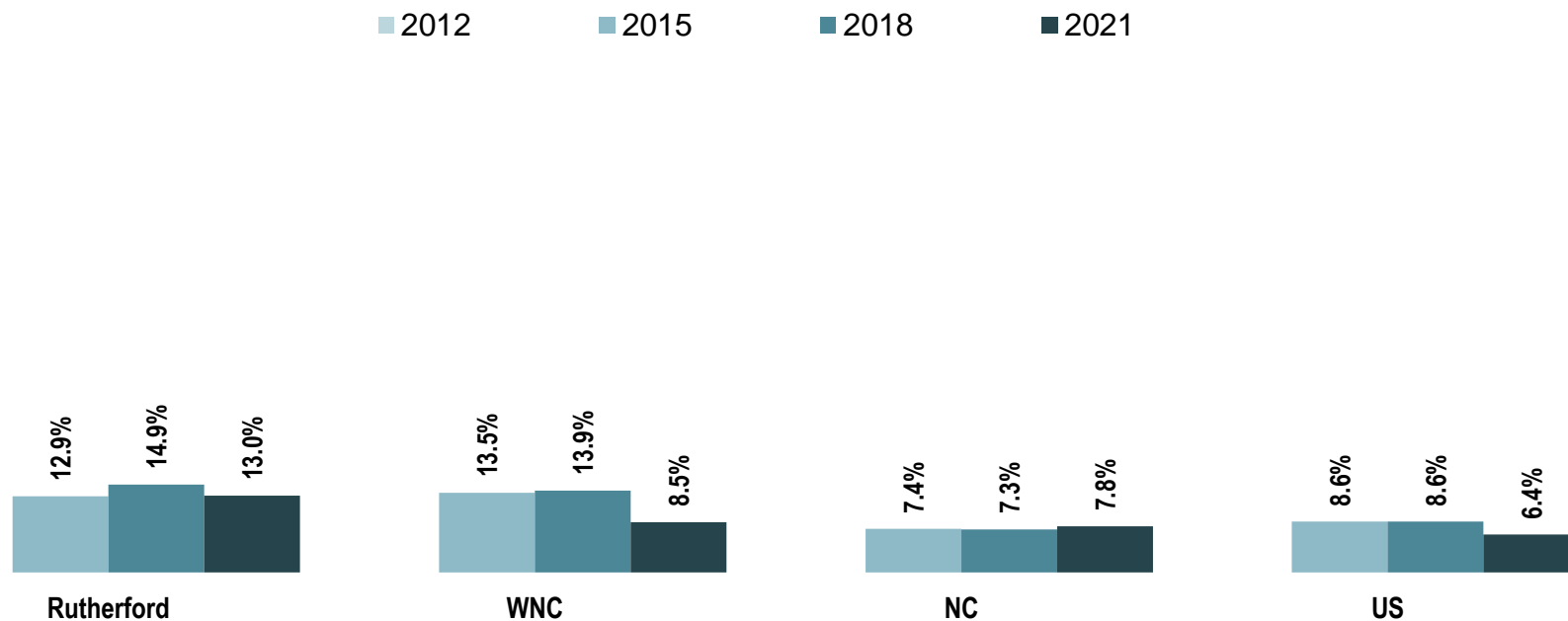- Asked of all respondents.

Respiratory Conditions

Prevalence of Asthma
(By County)

■ 2015 ■ 2018 ■ 2021

	2015	2018	2021
Rutherford	14.9%	19.0%	17.5%
WNC	9.7%	11.4%	10.0%
NC	8.4%	8.0%	8.3%
US	9.4%	11.8%	12.9%

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)

■ 2012   ■ 2015   ■ 2018   ■ 2021

Rutherford
- 12.9%
- 14.9%
- 13.0%

WNC
- 13.5%
- 13.9%
- 8.5%

NC
- 7.4%
- 7.3%
- 7.8%

US
- 8.6%
- 8.6%
- 6.4%

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)

12.9%

15.3%

Rutherford

WNC

Lost Work Hours or Wages During the Pandemic
(Western North Carolina, 2021; By County)

27.4%

Rutherford

26.0%

WNC

Lost Health Insurance Coverage During the Pandemic
(Western North Carolina, 2021; By County)

8.2%

7.7%

Rutherford

WNC

Chose to Go Without Needed Health Care During the Pandemic
(Western North Carolina, 2021; By County)

Rutherford: 24.9%

WNC: 30.2%

MODIFIABLE HEALTH RISKS

Nutrition

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

■ 2012　　■ 2015　　■ 2018　　■ 2021*

Rutherford
- 10.8%
- 3.3%
- 7.0%
- 4.5%

WNC
- 8.0%
- 8.1%
- 6.5%
- 5.6%
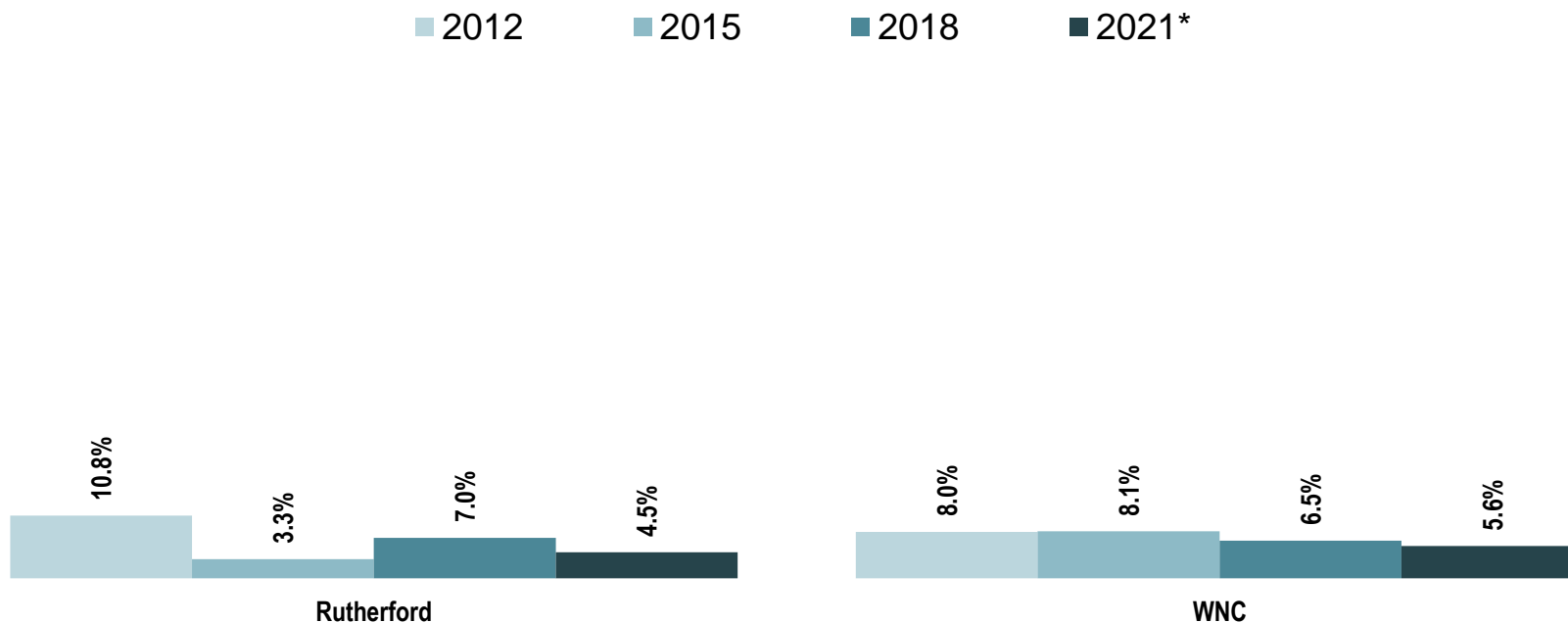
Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake during the previous week.
  *Reflects 1-cup servings of fruits and/or vegetables in the past week, excluding potatoes; note that the previous WNC surveys also excluded lettuce salads.
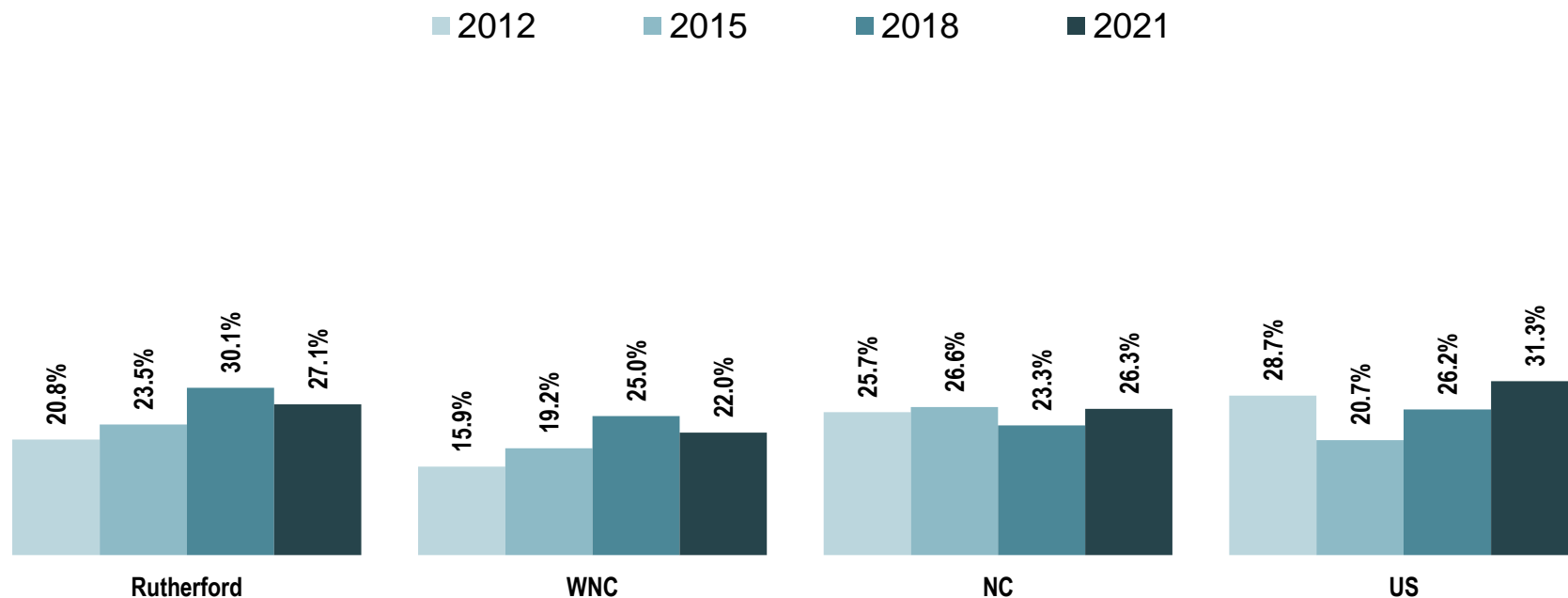
Food Insecurity
(By County, 2021)

■ 2018 ■ 2021

Rutherford: 33.7% (2018), 24.4% (2021)

WNC: 23.8% (2018), 19.0% (2021)

US: 27.9% (2018), 34.1% (2021)

Physical Activity & Fitness

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

■ 2012   ■ 2015   ■ 2018   ■ 2021

Rutherford
- 20.8%
- 23.5%
- 30.1%
- 27.1%

WNC
- 15.9%
- 19.2%
- 25.0%
- 22.0%

NC
- 25.7%
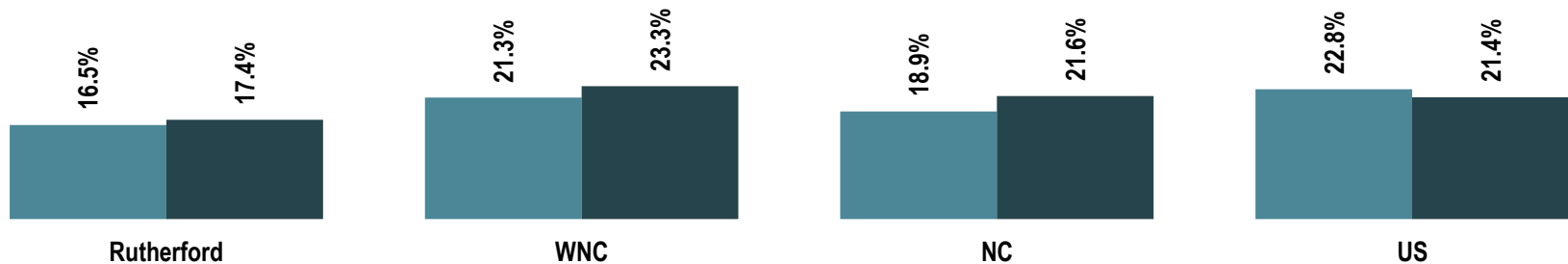- 26.6%
- 23.3%
- 26.3%

US
- 28.7%
- 20.7%
- 26.2%
- 31.3%

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

■ 2018 ■ 2021

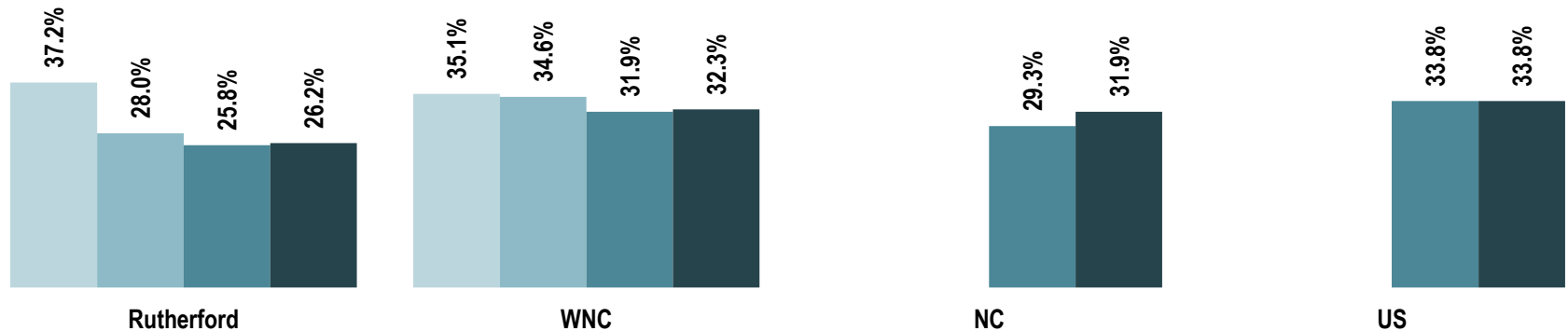|	Rutherford	WNC	NC	US
2018	16.5%	21.3%	18.9%	22.8%
2021	17.4%	23.3%	21.6%	21.4%

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)

■ 2012　　■ 2015　　■ 2018　　■ 2021

Rutherford
- 37.2%
- 28.0%
- 25.8%
- 26.2%

WNC
- 35.1%
- 34.6%
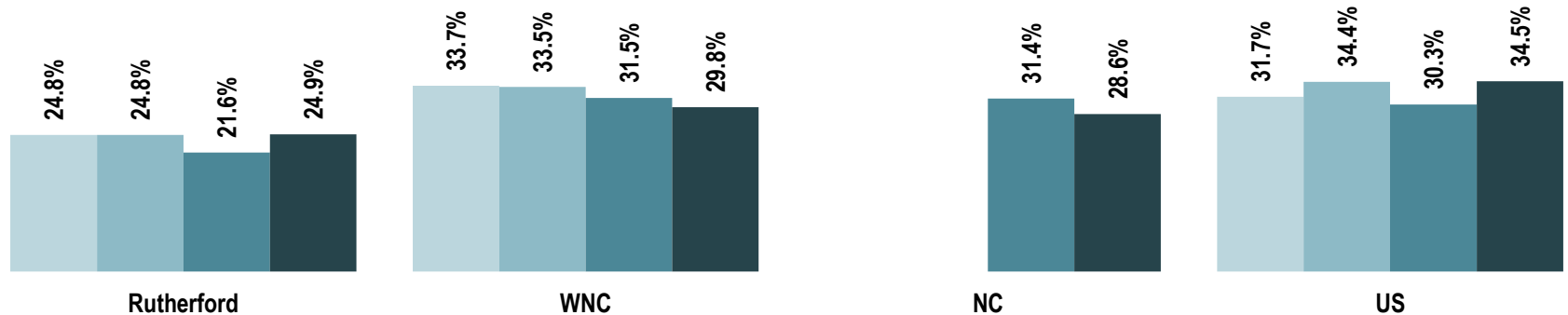- 31.9%
- 32.3%

NC
- 29.3%
- 31.9%

US
- 33.8%
- 33.8%

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.
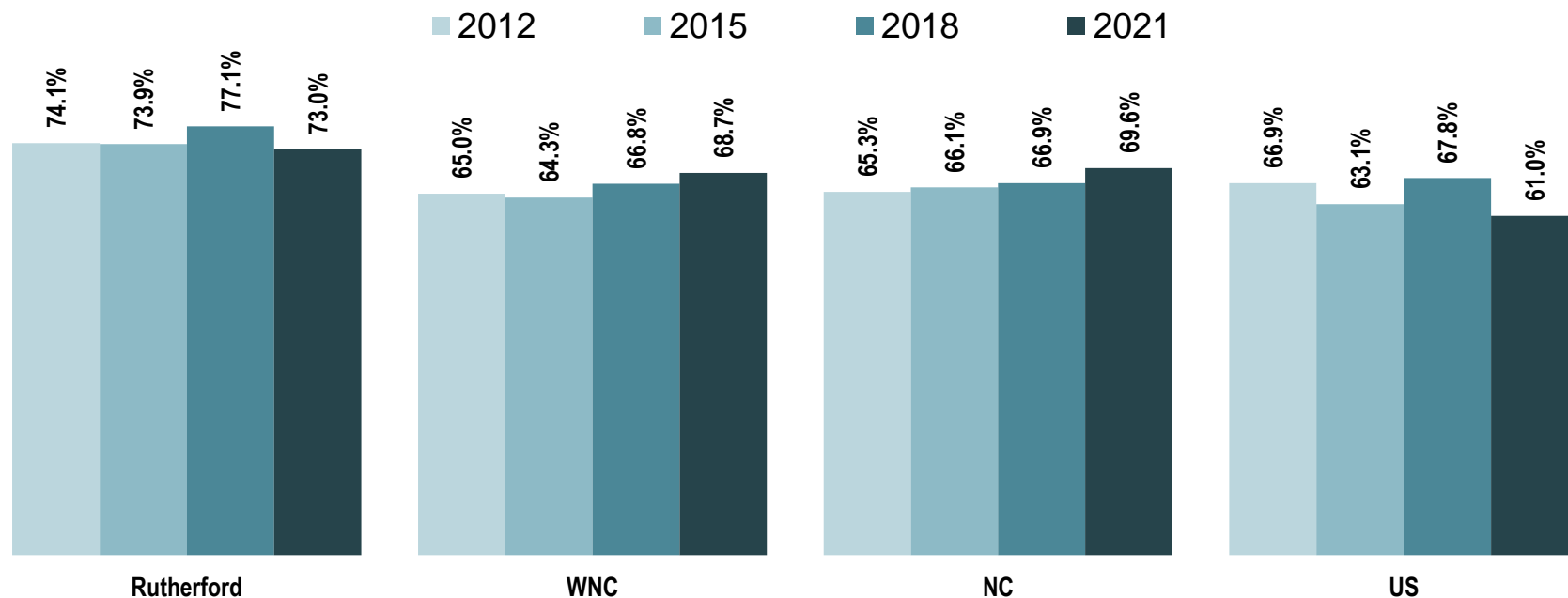
Body Weight

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

■ 2012　■ 2015　■ 2018　■ 2021

	Rutherford	WNC	NC	US
2012	24.8%	33.7%		31.7%
2015	24.8%	33.5%		34.4%
2018	21.6%	31.5%	31.4%	30.3%
2021	24.9%	29.8%	28.6%	34.5%

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

■ 2012 ■ 2015 ■ 2018 ■ 2021

	Rutherford	WNC	NC	US
2012	74.1%	65.0%	65.3%	66.9%
2015	73.9%	64.3%	66.1%	63.1%
2018	77.1%	66.8%	66.9%	67.8%
2021	73.0%	68.7%	69.6%	61.0%

Obesity
(Body Mass Index of 30.0 or Higher; By County)
Healthy People 2030 Target = 36.0% or Lower

■ 2012   ■ 2015   ■ 2018   ■ 2021

Rutherford
- 35.2%
- 33.1%
- 49.8%
- 48.2%

WNC
- 29.2%
- 28.8%
- 31.9%
- 35.4%

NC
- 28.6%
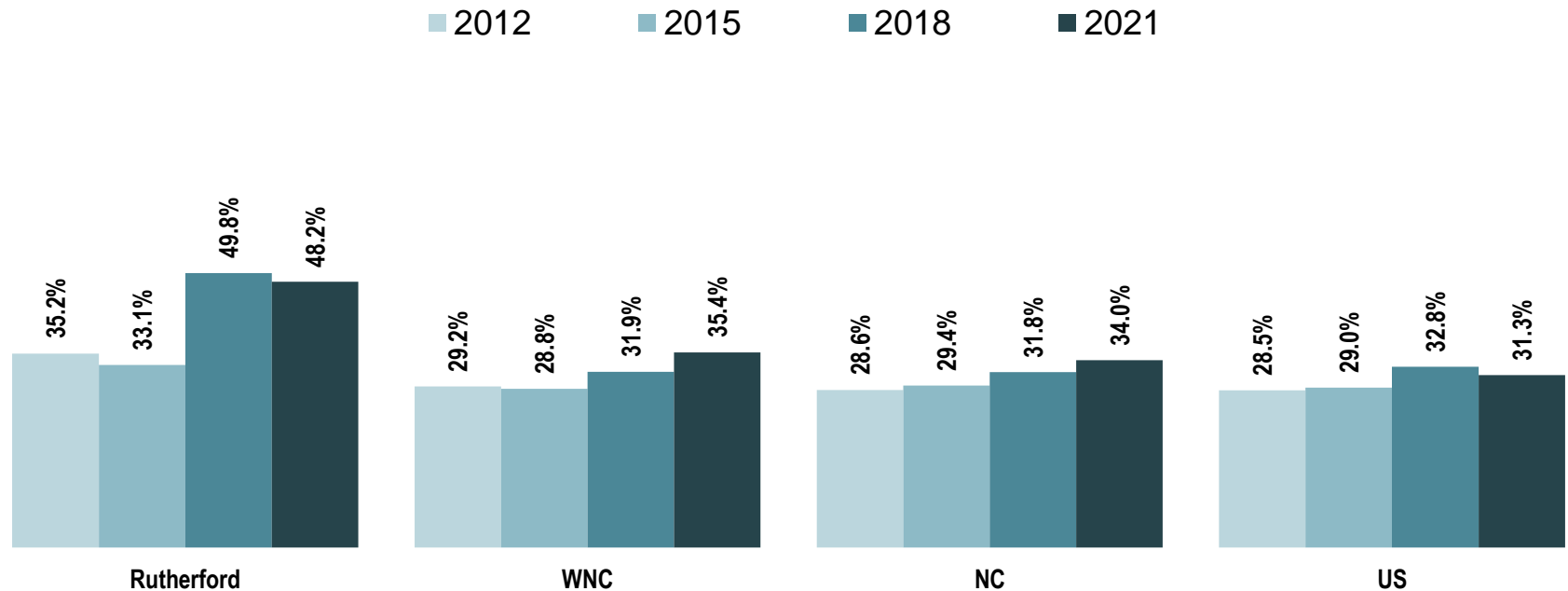- 29.4%
- 31.8%
- 34.0%

US
- 28.5%
- 29.0%
- 32.8%
- 31.3%

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)

■ 2012　　■ 2015　　■ 2018　　■ 2021

	2012	2015	2018	2021
Rutherford	32.6%	32.7%	39.6%	46.1%
WNC	42.9%	43.7%	45.8%	51.9%
NC	44.1%	44.3%	49.1%	47.9%
US	58.8%	56.5%	55.0%	59.8%
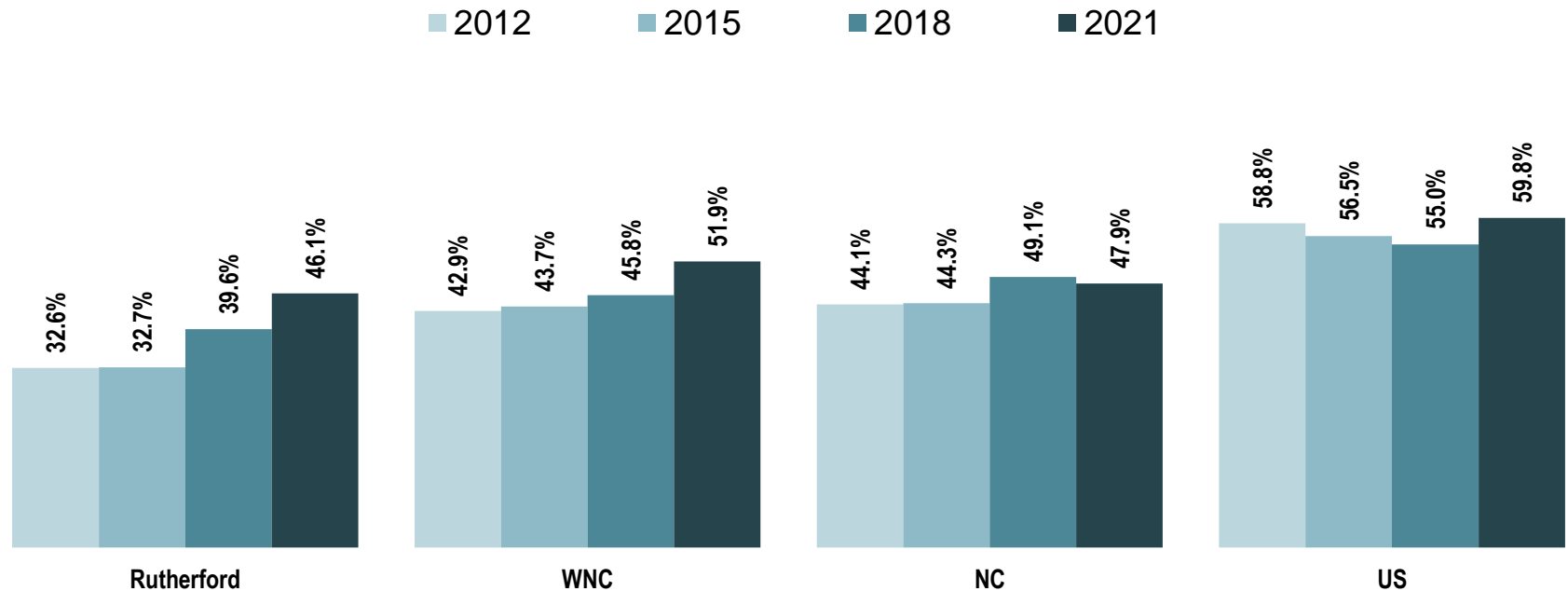
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National 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)

■ 2012　　■ 2015　　■ 2018　　■ 2021

Rutherford
- 12.1%
- 9.1%
- 9.5%
- 12.2%

WNC
- 10.6%
- 10.0%
- 12.3%
- 13.5%

NC
- 11.0%
- 13.0%
- 14.6%
- 13.5%

US
- 16.7%
- 19.5%
- 20.0%
- 23.6%
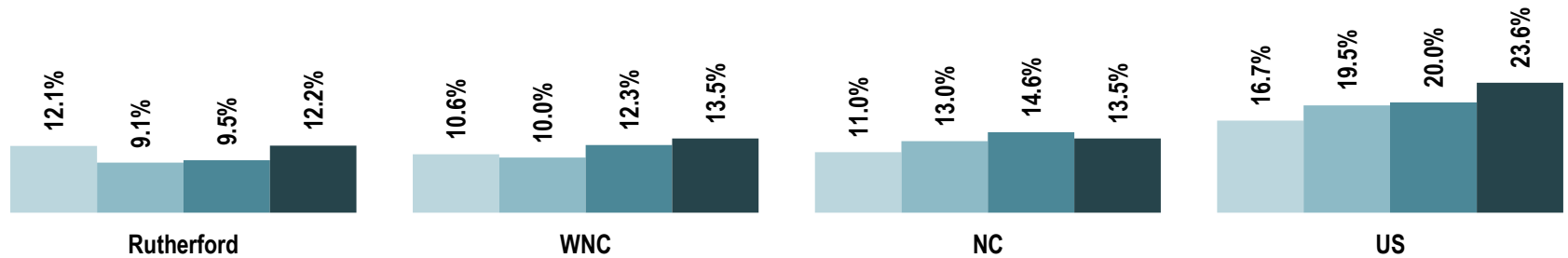
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
- PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for 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)

■ 2015 ■ 2018 ■ 2021

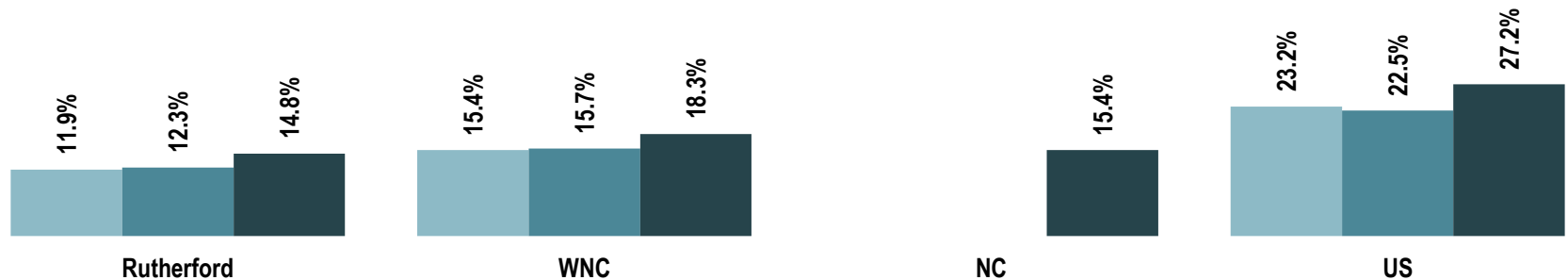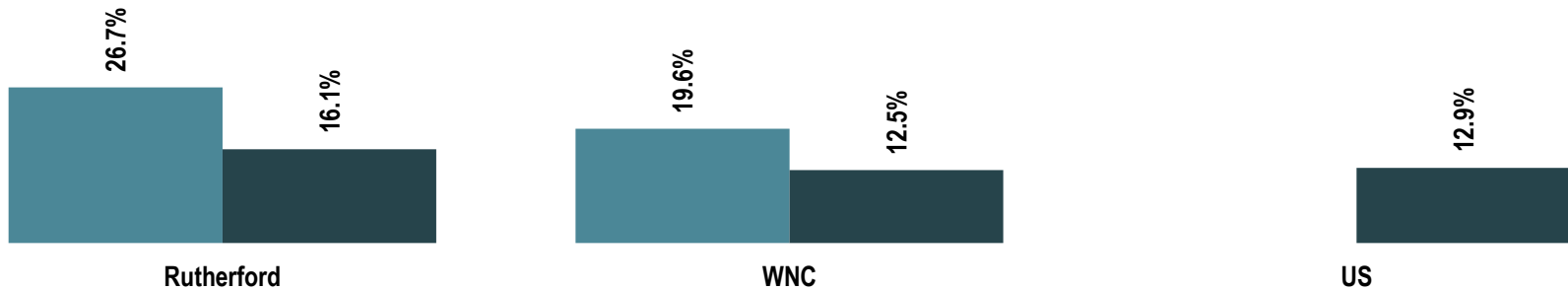| County	2015	2018	2021
Rutherford	11.9%	12.3%	14.8%
WNC	15.4%	15.7%	18.3%
NC			15.4%
US	23.2%	22.5%	27.2%

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)

■ 2018 ■ 2021

	Rutherford	WNC	US
2018	26.7%	19.6%	
2021	16.1%	12.5%	12.9%

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)

■ 2015 ■ 2018 ■ 2021

Rutherford
54.8%
47.1%

WNC
47.4%
45.8%

US
37.3%
35.8%

Tobacco Use

Current Smokers
(By County)
Healthy People 2030 Target = 5.0% or Lower

■ 2012   ■ 2015   ■ 2018   ■ 2021

Rutherford
- 24.5%
- 21.2%
- 20.2%
- 16.5%

WNC
- 20.6%
- 19.3%
- 19.0%
- 14.1%

NC
- 19.8%
- 20.3%
- 17.9%
- 18.5%

US
- 16.6%
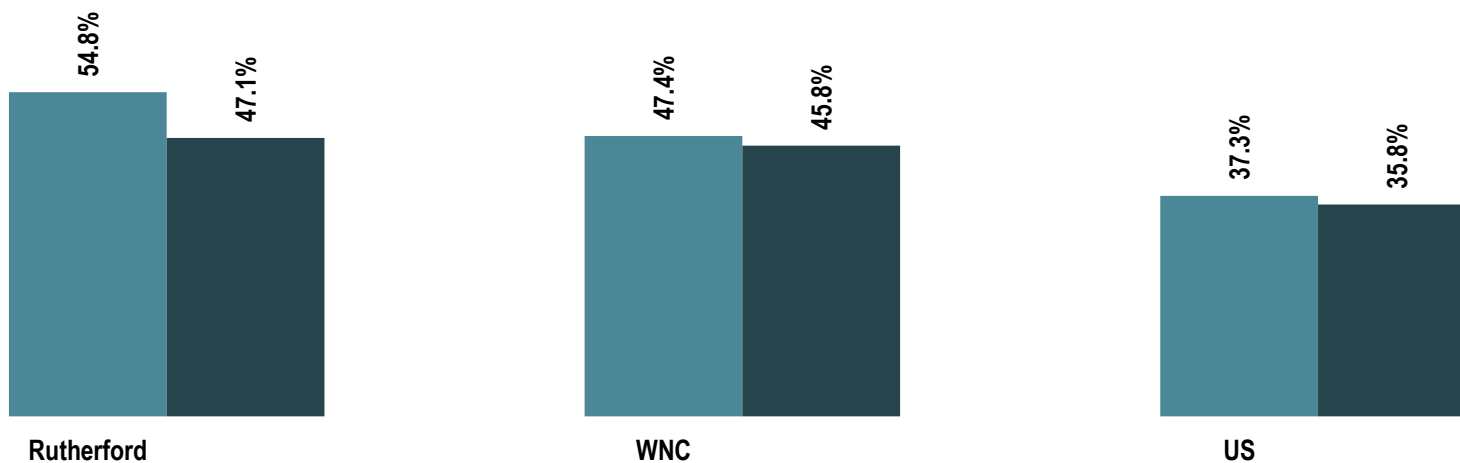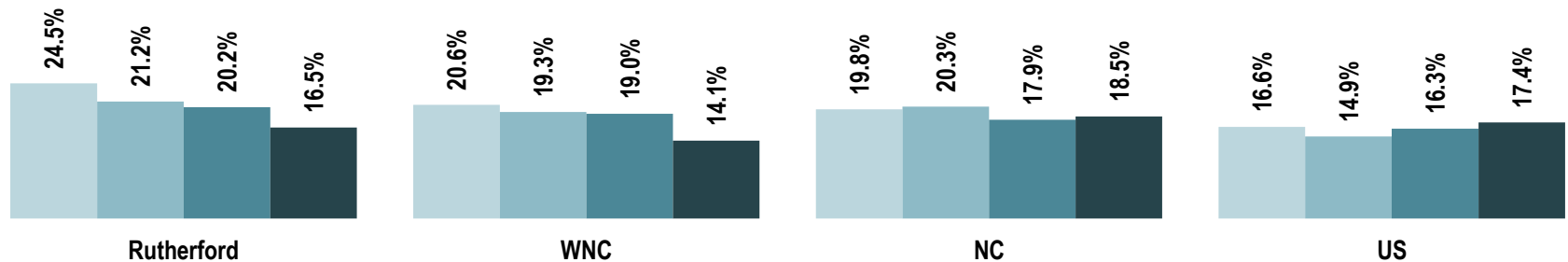- 14.9%
- 16.3%
- 17.4%

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)

■ 2012　　■ 2015　　■ 2018　　■ 2021

Rutherford: 4.6% | 3.7% | 10.9% | 3.1%

WNC: 5.2% | 4.3% | 5.8% | 4.3%

NC: 4.3% | 4.0% | 5.1%

US: 2.8% | 4.0% | 4.4%
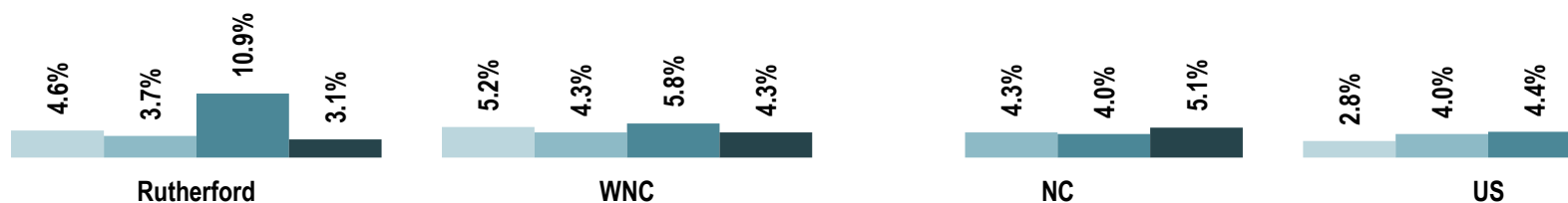
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for 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)

■ 2015   ■ 2018   ■ 2021

Rutherford: 4.9%   5.8%   7.1%

WNC: 6.6%   7.2%   4.8%

NC: 4.6%
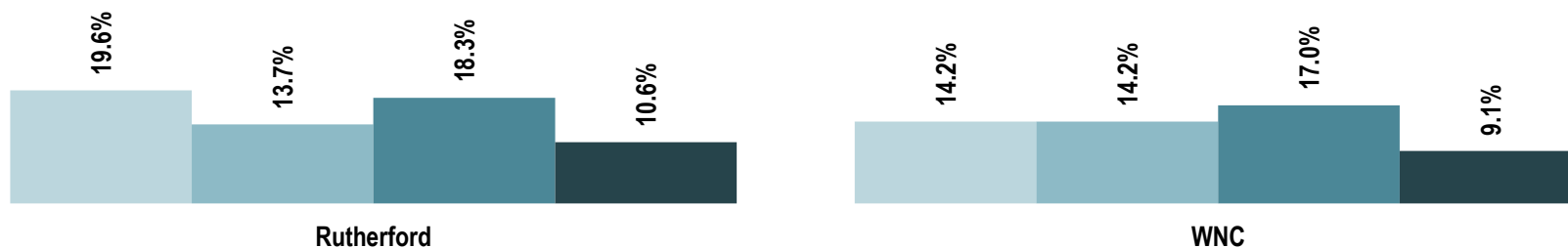
US: 3.8%   8.9%

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)

■ 2012   ■ 2015   ■ 2018   ■ 2021

Rutherford
- 19.6%
- 13.7%
- 18.3%
- 10.6%
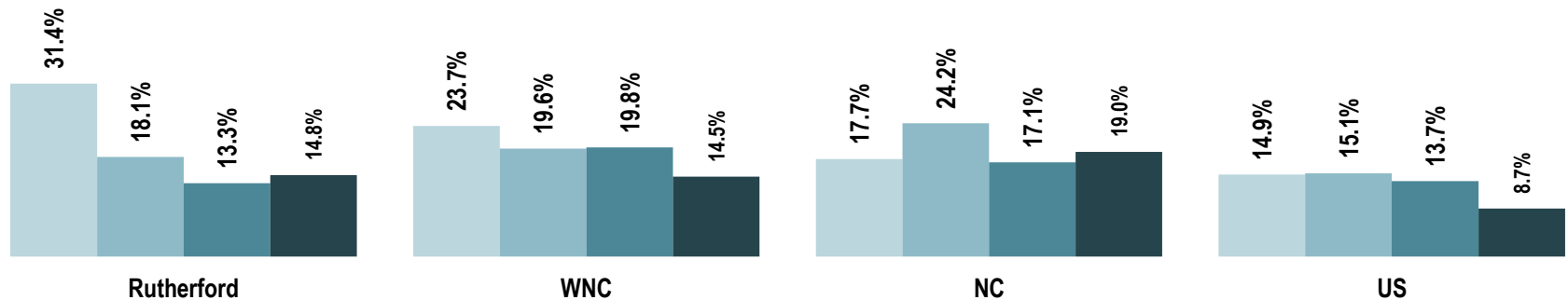
WNC
- 14.2%
- 14.2%
- 17.0%
- 9.1%

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

■ 2012　　■ 2015　　■ 2018　　■ 2021

Rutherford
- 31.4%
- 18.1%
- 13.3%
- 14.8%

WNC
- 23.7%
- 19.6%
- 19.8%
- 14.5%

NC
- 17.7%
- 24.2%
- 17.1%
- 19.0%

US
- 14.9%
- 15.1%
- 13.7%
- 8.7%

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)

■ 2012　■ 2015　■ 2018　■ 2021

Rutherford

16.0%　8.6%　15.1%　9.7%

WNC

10.8%　9.1%　12.4%　10.6%
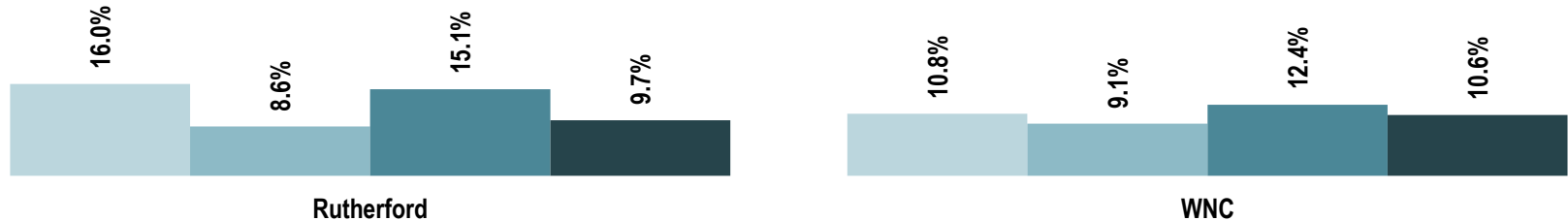
Telemedicine

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

40.3%

46.6%

Rutherford

WNC

COUNTY-SPECIFIC QUESTIONS

Main Reason NOT Likely to Use Telemedicine
(Among Those "Not Very Likely" or "Not at All Likely" to Use Telemedicine; Rutherford County, 2021)

Legend:
- Prefer Face-to-Face
- Prefer My Doctor
- Lack of Accuracy
- No Internet
- Not Tech-Savvy
- Poor Communication
- Other

Chart values: 41.6%, 12.7%, 12.3%, 8.9%, 4.4%, 3.9%, 16.2%

Member of Household Cut the Size of Meals or Skipped Meals Because There Wasn't Enough Money for Food in the Past Year
(Rutherford County)

9.2%

90.8%

Yes   No

Other Concerns Not Address in The Survey
(Rutherford County, 2021)

- None 29.7%
- Drug Abuse 18.2%
- Uncertain 16.6%
- Obesity 6.1%
- Mental Health 6.0%
- Other 23.4%

Rutherford 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
Rutherford County

Total Population: 66,599

Lake Lure

Rutherfordton
Spindale
Forest City

Number of People per Square Mile

- 0 - 100
- 101 - 250
- 251 - 500
- 501 - 1,000
- Over 1,000
- Census-tracts with no data

WNC Healthy Impact Region

0   5   10   15 mi
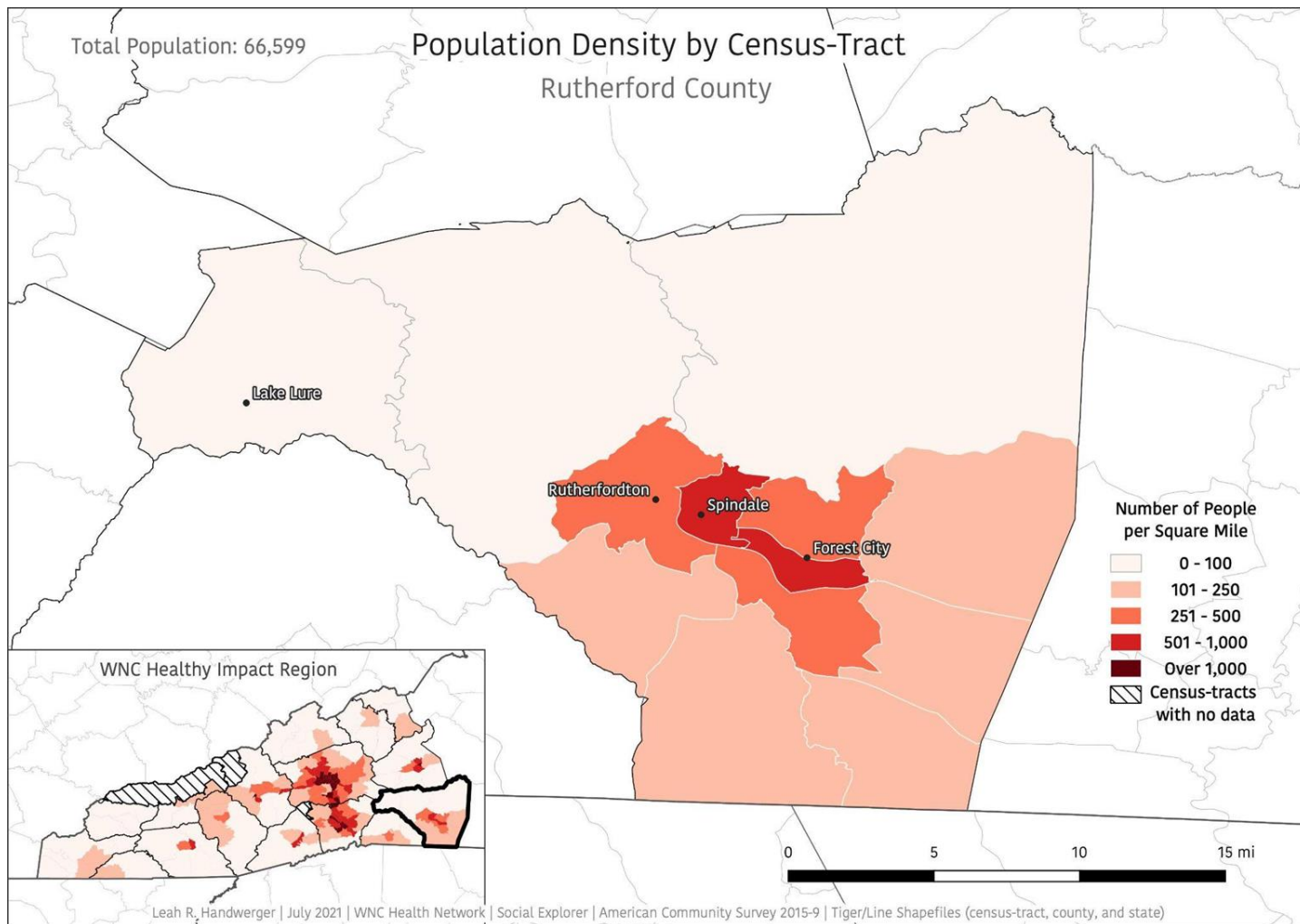
Percentage of the Population Under 5 Years
Rutherford County

Total: 3,407

Legend:
- 0 - 2%
- 2.1 - 4%
- 4.1 - 6%
- 6.1 - 8%
- 8.1 - 10%
- Census-tracts with no data

Lowest (2%)

Highest (9.7%)

WNC Healthy Impact Region

0   5   10   15 mi
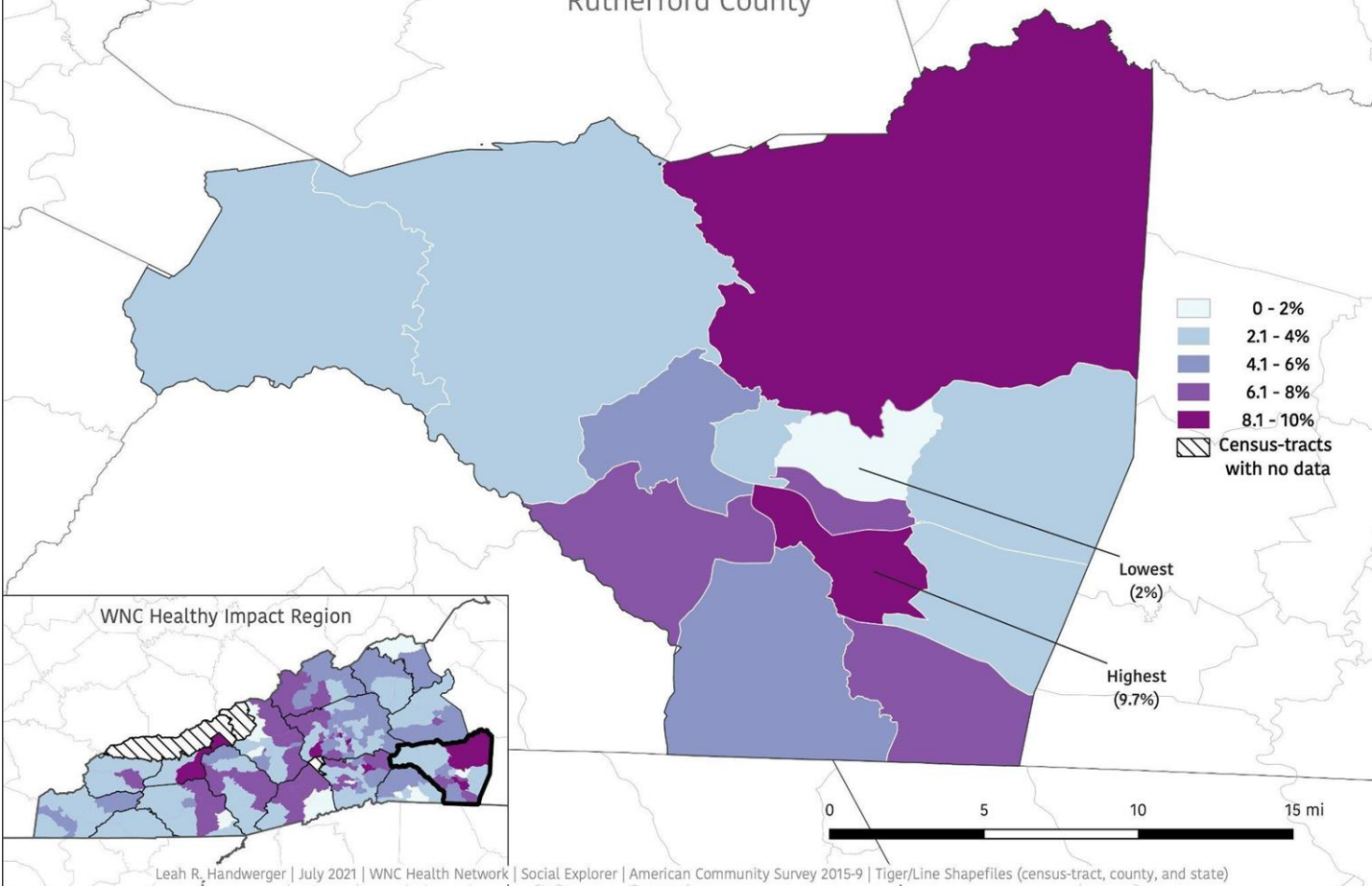
Population Percentages for Selected Age Groups
Rutherford County

Under 18 Years
Highest: 28.1%

Total: 13,794

35 to 64 Years
Highest: 46.4%

Total: 26,533

18 to 34 Years
Highest: 25%

Total: 12,189

Over 65 Years
Highest: 35.4%

Total: 14,083

WNC Healthy Impact Region

Legend:
- 0 – 10%
- 10.1 – 20%
- 20.1 – 30%
- 30.1 – 40%
- 40.1 – 50%
- Census-tracts with no data

0   5   10   15 mi
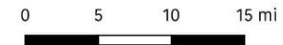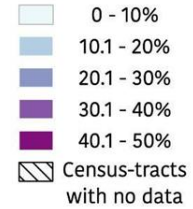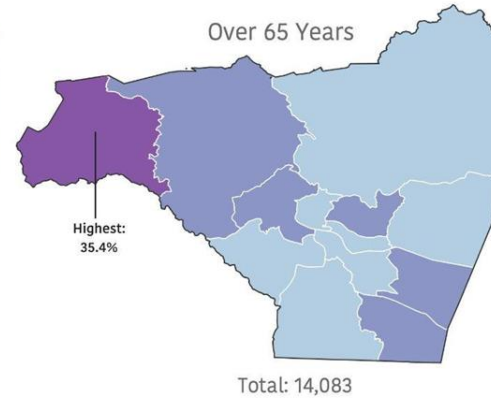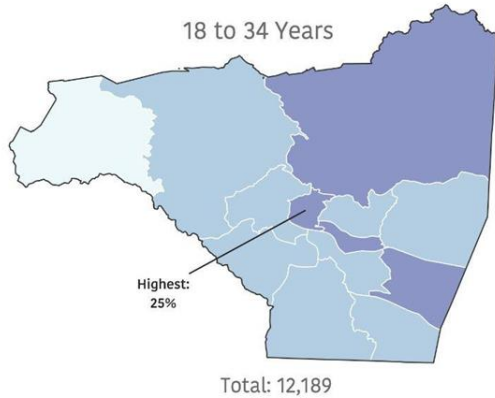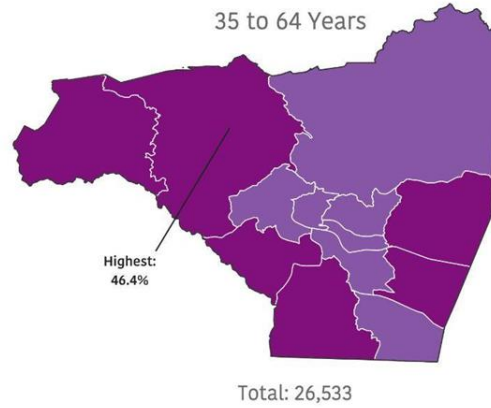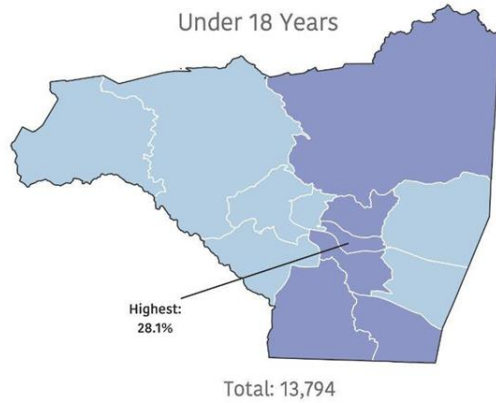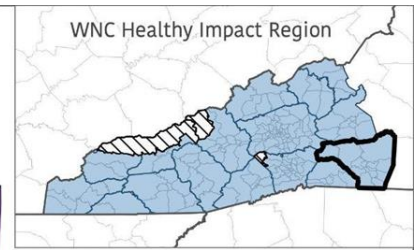
Percentage of the Population: Black/African American
Rutherford County

Legend:
- 0 – 2%
- 2.1 – 5%
- 5.1 – 10%
- 10.1 – 20%
- Over 20%
- Census-tracts with no data

Highest (31.1%)

Lowest (1.5%)

WNC Healthy Impact Region

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)
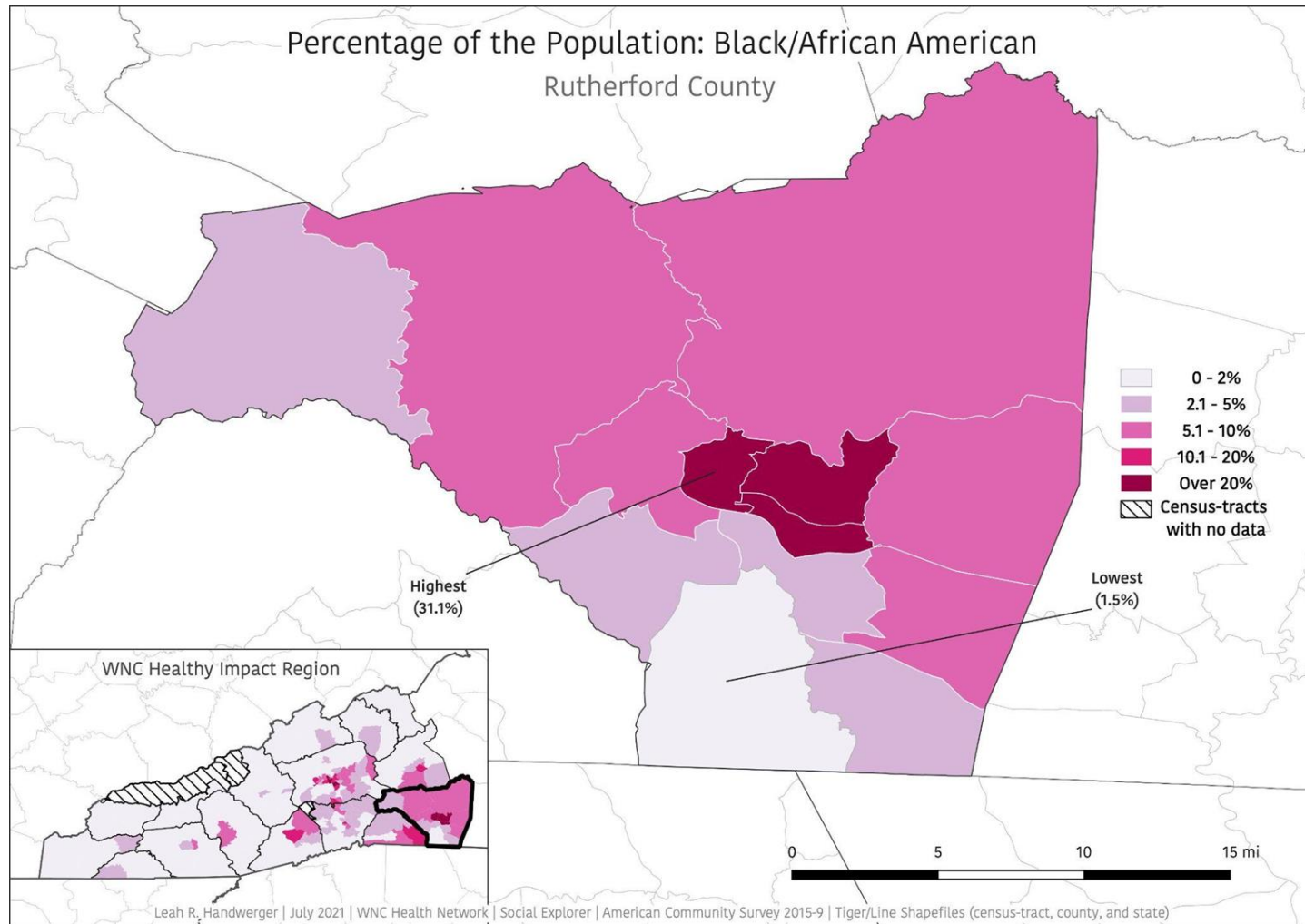
Percentage of the Population: Hispanic/Latinx
Rutherford County

Lowest
(0.9%)

Highest
(13%)

0 - 2%
2.1 - 5%
5.1 - 10%
10.1 - 20%
Over 20%
Census-tracts
with no data

WNC Healthy Impact Region

0   5   10   15 mi

Percentage of Black, Indigenous, & People of Color
Rutherford County

Lowest
(4.1%)

Legend:
- 0 – 2%
- 2.1 – 5%
- 5.1 – 10%
- 10.1 – 20%
- Over 20%
- Census-tracts with no data

Highest
(35.4%)

WNC Healthy Impact Region

*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

Rutherford County

WNC Healthy Impact Region

Black/African American

Highest
(31.1%)

Combined Black, Indigenous, & People of Color

Highest
(35.4%)

Hispanic/Latinx

Highest
(13%)

Legend:
- 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

Percentage of Individuals Living At or Below Poverty Status
Rutherford County

Lowest
(10.3%)

Highest
(42.5%)

	0 - 5%
	5.1 - 10%
	10.1 - 15%
	15.1 - 20%
	Over 25%
	Census-tracts with no data

WNC Healthy Impact Region

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)
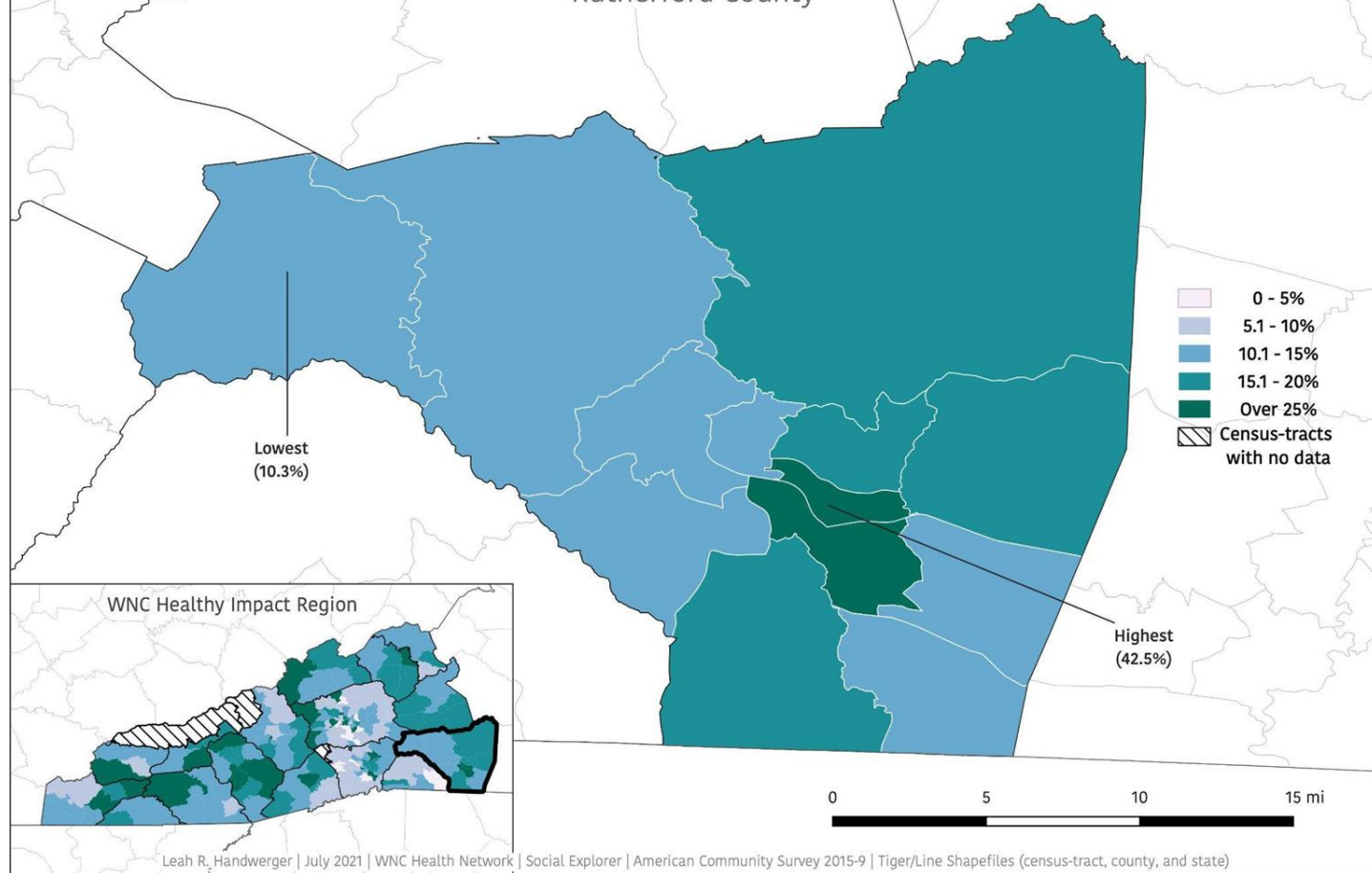
Percentage of Individuals Without Health Insurance Coverage
Rutherford County

Legend:
- 0 - 5%
- 5.1 - 10%
- 10.1 - 15%
- 15.1 - 20%
- Over 20%
- Census-tracts with no data

Lowest (5%)

Highest (18.7%)

WNC Healthy Impact Region

Scale: 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)
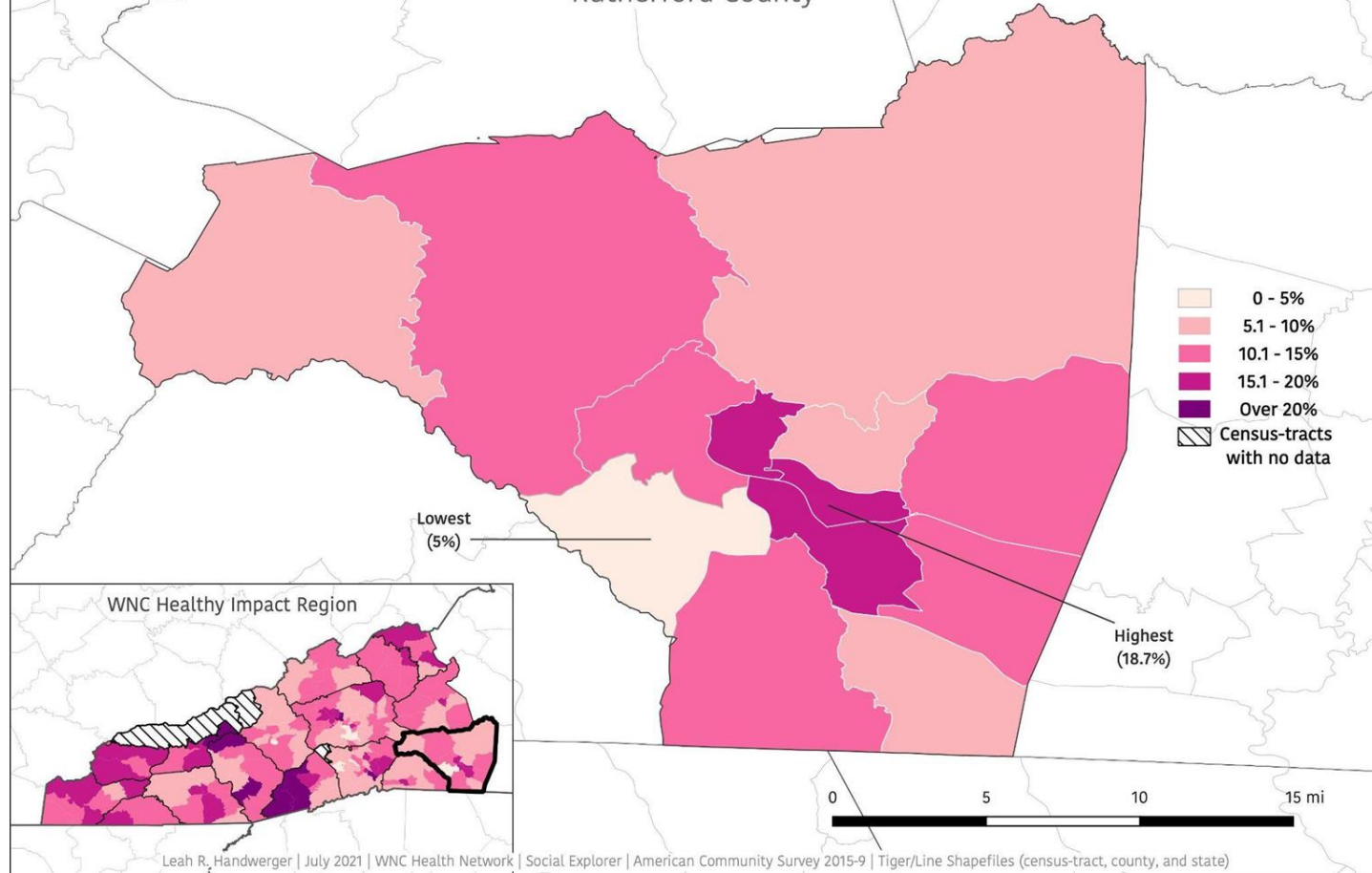
Percentage of Individuals With a Disability
Rutherford County

Legend:
- 5 - 10%
- 10.1 - 15%
- 15.1 - 20%
- 20.1 - 25%
- Over 25%
- Census-tracts with no data

Lowest (12.5%)

Highest (28.6%)

WNC Healthy Impact Region

0   5   10   15 mi
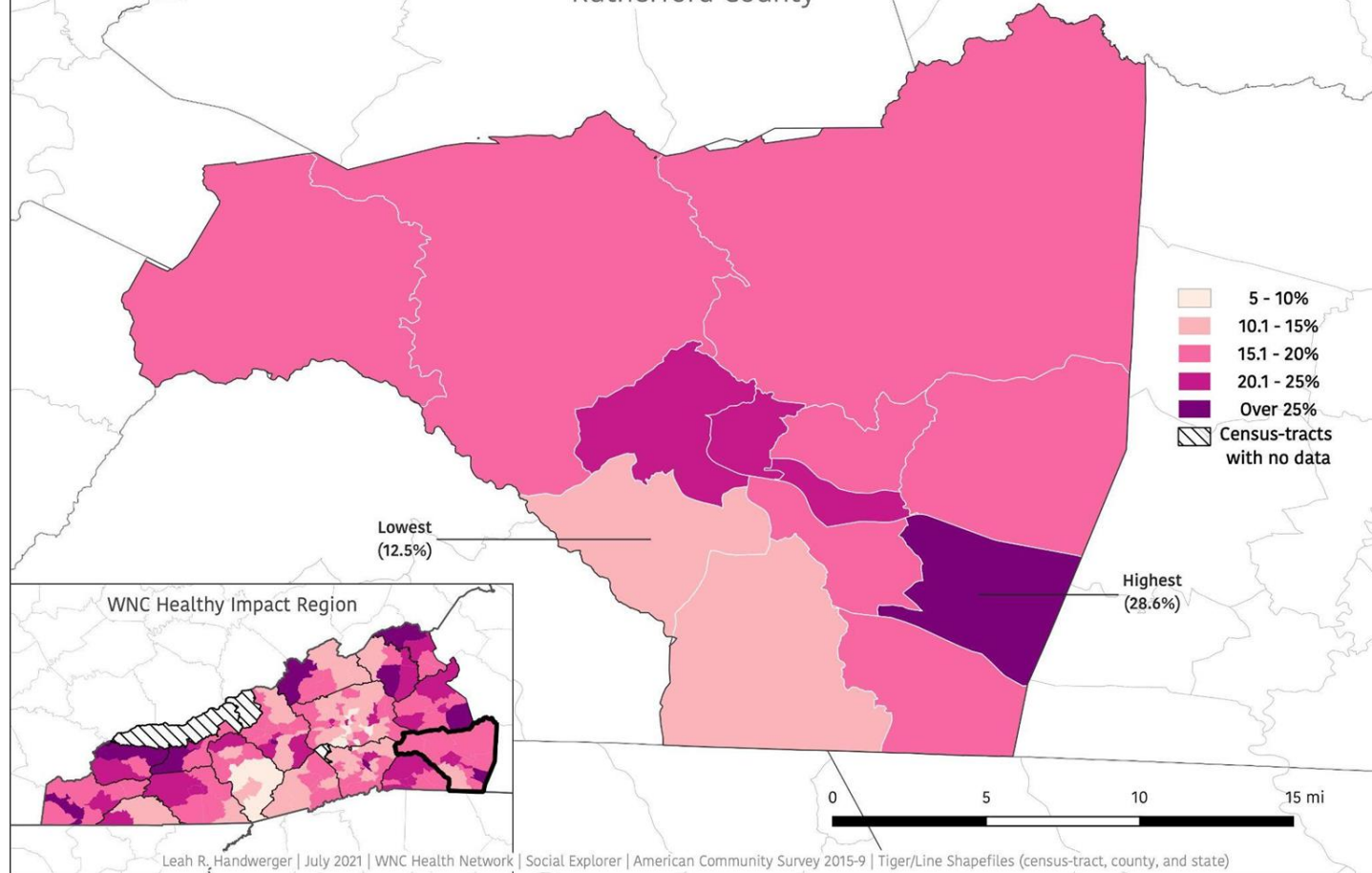
Food Security: Distance from Nearest Grocery Store
Rutherford County

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

WNC Healthy Impact Region

0   5   10   15 mi
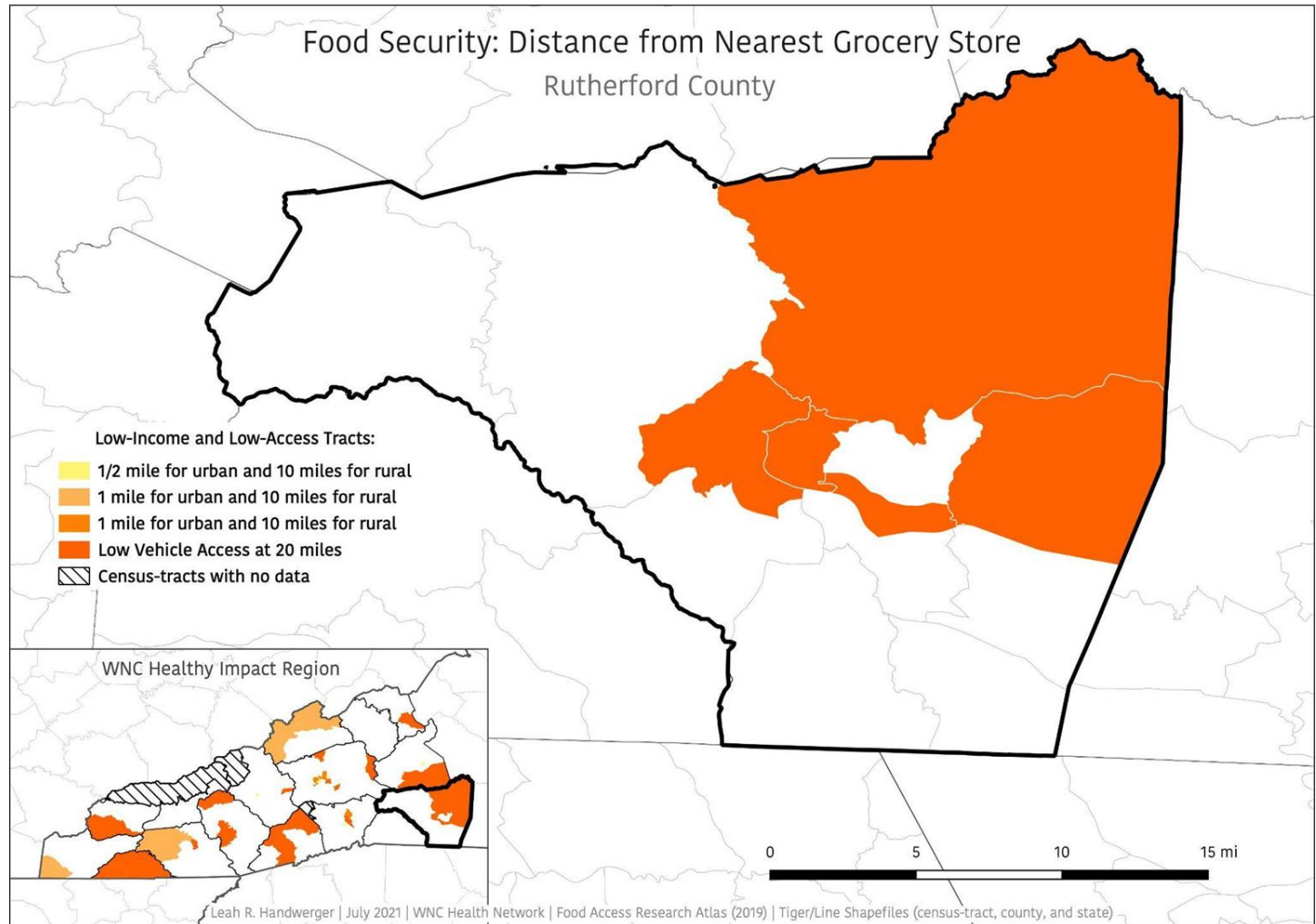
Social Vulnerability Index
Rutherford County

Social Vulnerability

- Low
- Moderate-Low
- Moderate
- Moderate-High
- High
- Census-tracts with no data

WNC Healthy Impact Region

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)
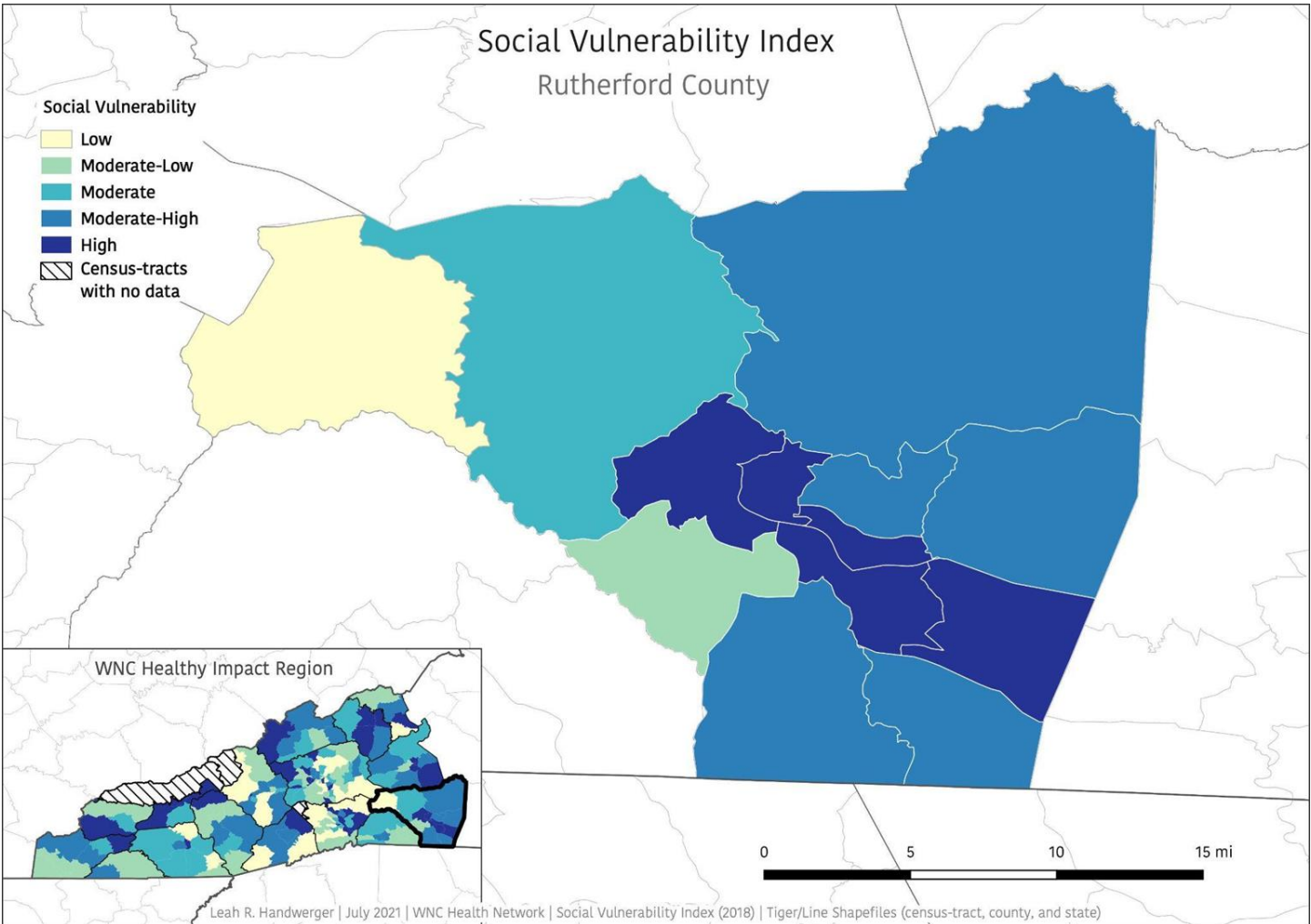
Index of Concentration at the Extremes (ICE)
Rutherford County

WNC Healthy Impact Region

Racial Segregation
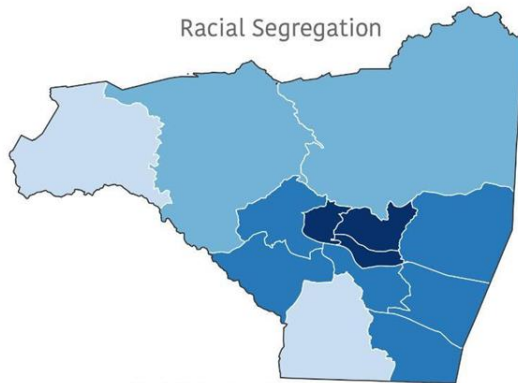
*Black/African American & Hispanic/Latinx

Economic Segregation
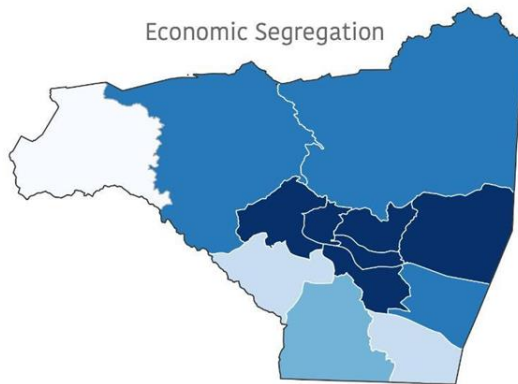
*By Household Income Less than $25,000
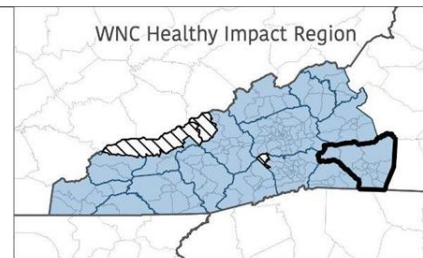
Combined Racial & Economic Segregation
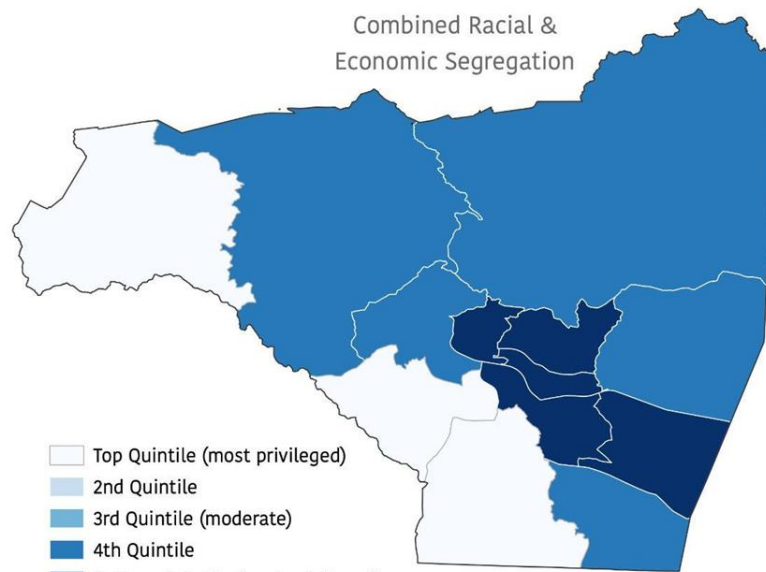
- Top Quintile (most privileged)
- 2nd Quintile
- 3rd Quintile (moderate)
- 4th Quintile
- Bottom Quintile (least privileged)
- Census-tracts with no data

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

Percentage of Households with Grandparents Serving as Primary Caregiver to Grandchildren
Rutherford County

Legend:
- 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

Highest (8.5%)

WNC Healthy Impact Region

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)
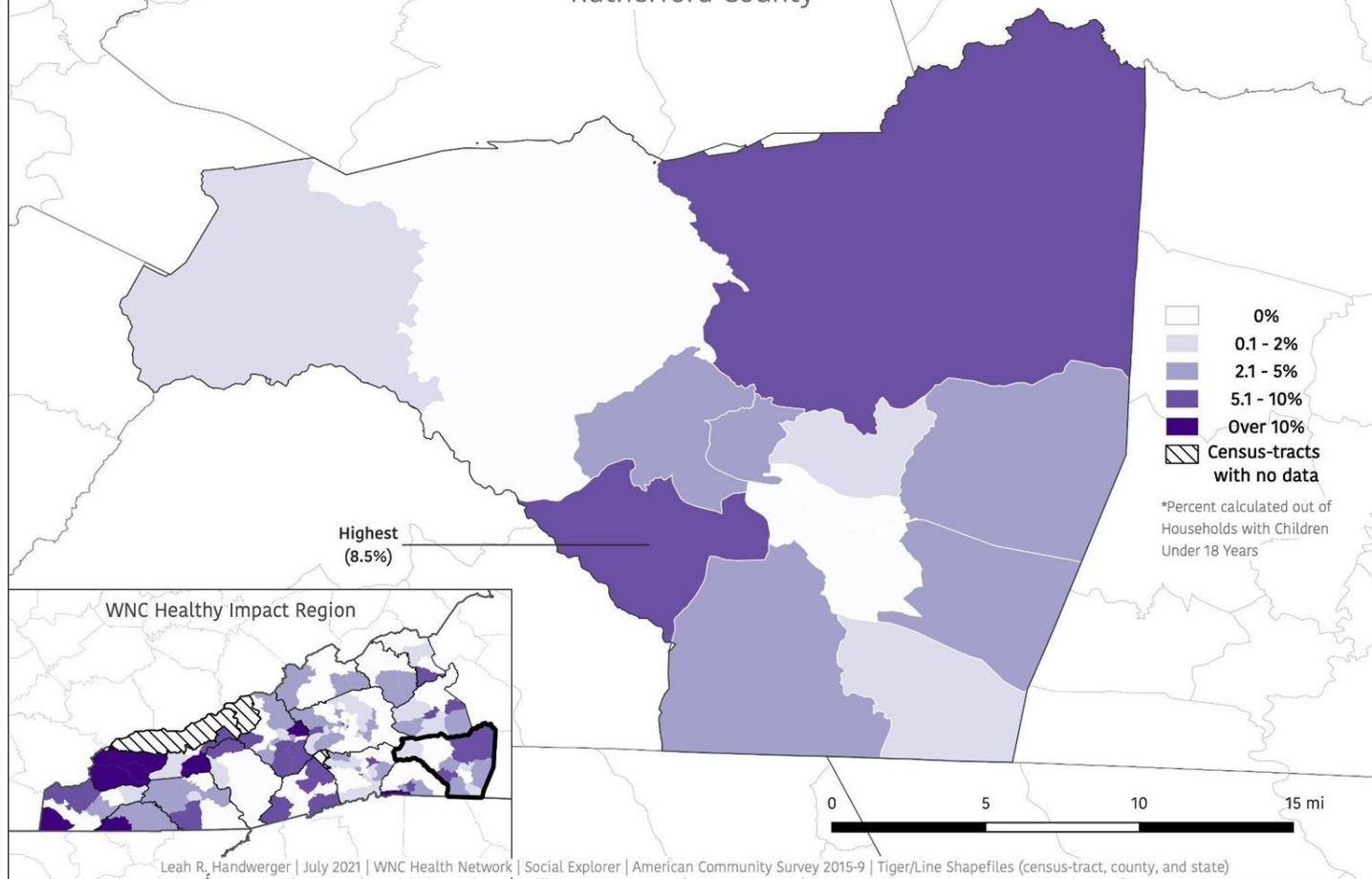
Percentage of Households Spending Over 30% of Monthly Income on Rent or Mortgage
Rutherford County

Legend:
- 0 – 25%
- 25.1 – 30%
- 30.1 – 35%
- 35.1 – 40%
- Over 40%
- Census-tracts with no data

Lowest (12.1%)

Highest (53.5%)

WNC Healthy Impact Region

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)
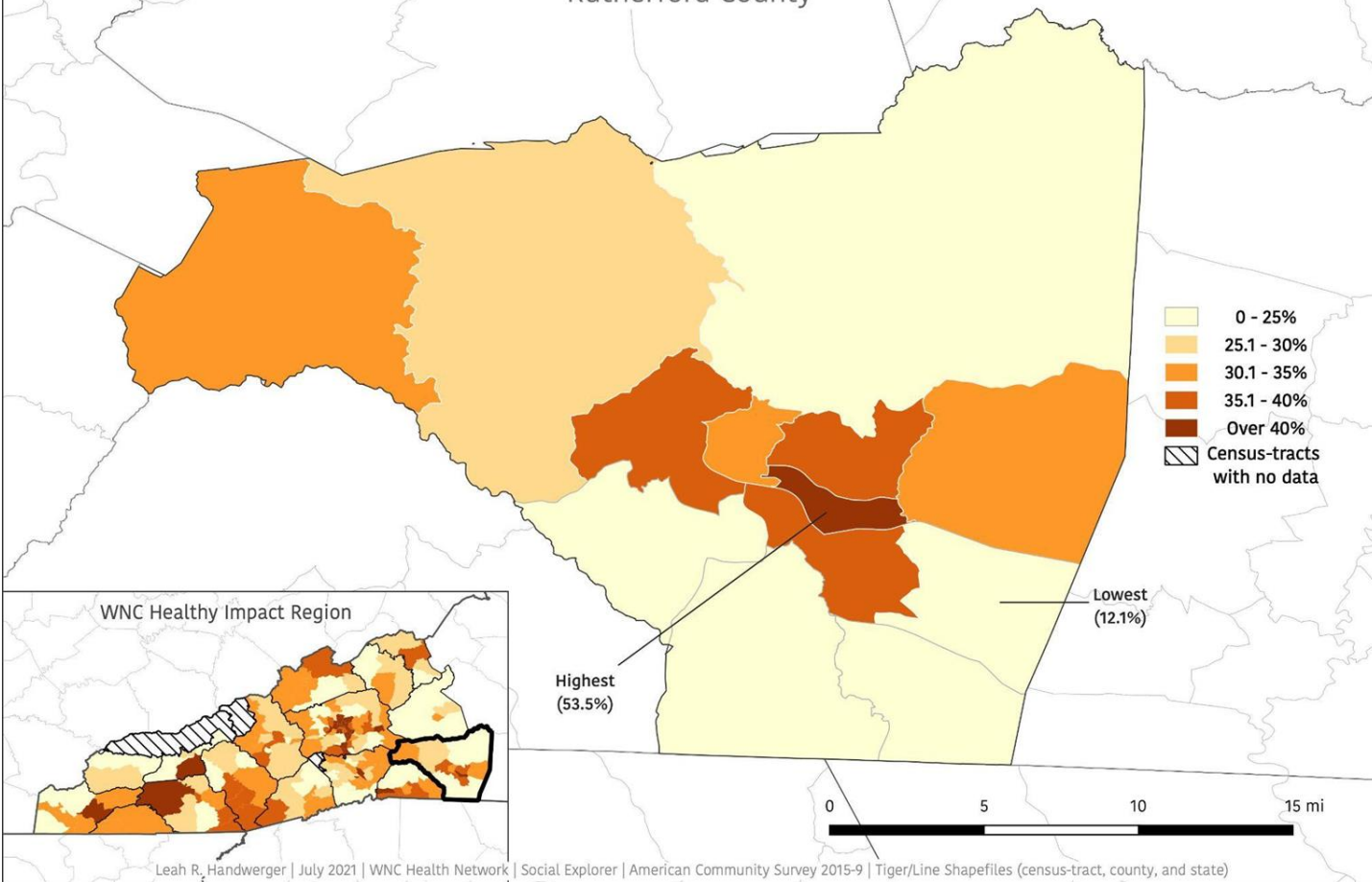
Percentage of Households Spending Over 50% of Monthly Income on Rent or Mortgage
Rutherford County

Legend:
- 0 - 5%
- 15.1 - 10%
- 10.1 - 15%
- 15.1 - 20%
- Over 20%
- Census-tracts with no data

Lowest (0.9%)

Highest (26.1%)

WNC Healthy Impact Region

0   5   10   15 mi
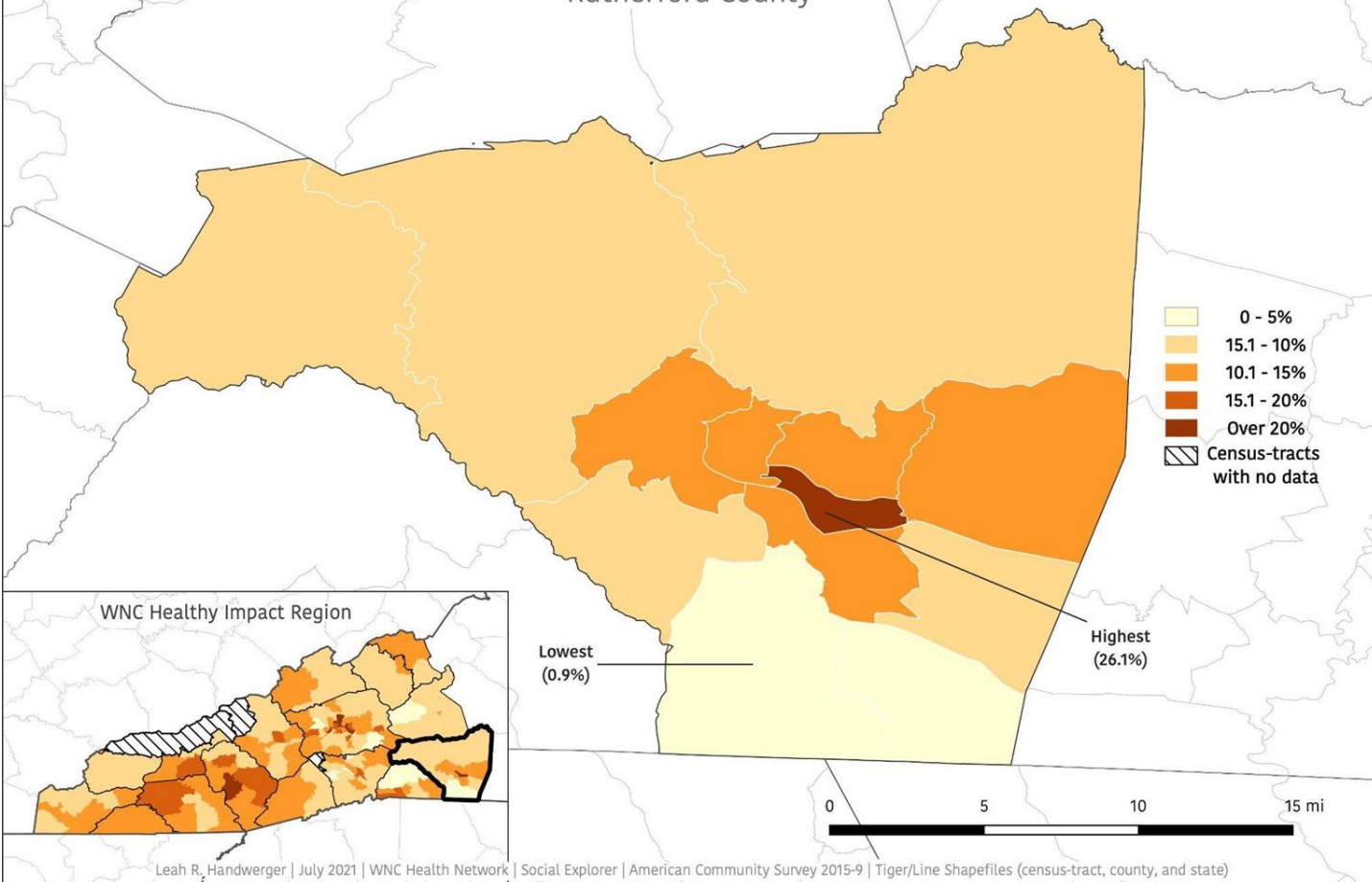
2021
COMMUNITY HEALTH NEEDS ASSESSMENT —
KEY INFORMANT FINDINGS
Rutherford County, North Carolina

Sponsored by
WNC Health Network for

WNC**HEALTHY**IMPACT

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, 6 community stakeholders took part in the Online Key Informant Survey, as outlined below:

| ONLINE KEY INFORMANT SURVEY PARTICIPATION ||
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Health Providers	2
Community Leaders	4

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

- Extension
- Health Council of Rutherford County
- Isothermal Community College
- Rutherford County

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 Food Distribution

> I am seeing an increased interest in making fresh fruits and vegetables available to clients of food pantries. – Community Leader (Rutherford County)

> There is a surge of activity around local foods and the Farmer's Market. Fresh food access has increased, both for purchase and for donation to food pantries. Farmers are beginning to overproduce to donate to food pantries. There is a new community garden on Hospital property, as a result of a Town and Hospital partnership. The Farmer's Market was able to totally rethink operations to serve needs during the pandemic. – Other Health Provider (Rutherford 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)

Community Response to COVID-19 Pandemic

> Very good response to the COVID-19 pandemic. – Community Leader (Rutherford County)

Health Department Response to COVID-19 Pandemic

> The work of the Health Department during the COVID-19 pandemic. – Other Health Provider (Rutherford County)

Increased Interest in Parks/Recreation

> The usage of trails and greenways has increased each month since March of 2020. There is also a sense of pride occurring around our community garden and housing programs. – Community Leader (Rutherford County)

> Construction of outdoor health & wellness recreation opportunities such as hiking trails and greenways, which are sparking a large amount of local interest and use. – Community Leader (Rutherford 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 Affordable Healthy Food

> A community that provides many opportunities to access fresh, healthy food. – Community Leader (Rutherford County)
> Availability of health food. Availability of good paying jobs. – Other Health Provider (Rutherford County)

Access to Care/Services

> Residents have access and can afford health insurance and medical (and mental health) providers. – Other Health Provider (Rutherford County)

Built Environment

> Recreational opportunities. – Community Leader (Rutherford County)

Health & Wellness of Residents

| Low drug overdoses and mortality. – Community Leader (Rutherford County)

Government

| 1. An engaged community through local government and or civic organizations. 2. A strong economy that supports local businesses and provides good employment opportunities 3. High-quality emergency services (Police, Fire, EMS, Healthcare, Mental Health) 3. Recreation and Outdoor Spaces 4. Quality Housing. – Community Leader (Rutherford County)

SECOND MENTION

Access to Care/Services

| Adequate medical resources. – Community Leader (Rutherford County)

Employment & Opportunity

| Good Jobs. Availability of healthy food. Feeling safe from crime. – Other Health Provider (Rutherford County)

Health & Wellbeing of Residents

| Lower heart, cancer, and diabetes-related illnesses. – Community Leader (Rutherford County)

Built Environment

| A community that provides many opportunities to be physically active. – Community Leader (Rutherford County)

THIRD MENTION

Access to Care/Services

| Adequate mental health and addiction treatment resources. – Community Leader (Rutherford County)

Employment & Opportunity

| A local economy that offers jobs earning a living wage. – Community Leader (Rutherford County)
| Good Jobs. Availability of healthy food. Feeling safe from crime. – Other Health Provider (Rutherford County)

Affordable Housing

| Safe, affordable housing is available for a vast majority of residents. – Other Health Provider (Rutherford County)

Built Environment

| Greater access to free or low-cost physical activity venues (e.g. hiking trails, greenways, outdoor exercise areas, etc.). – Community Leader (Rutherford 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

Increased food pantry capacity and non-profits that provide food pantries. Increasing Farmers Market capacity to offer local, healthy food options and support food nutrition services, SNAP EBT options would be helpful. - Community Leader (Rutherford County)

Community Partners

DHS. - Other Health Provider (Rutherford County)

Awareness/Education

Nutrition information, cooking classes, fresh produce at food pantries. - Community Leader (Rutherford County)

CHALLENGES

Access to Affordable Healthy Food

1) Low income people cannot afford healthy foods2) Food pantries and the Backpack Program give what they have, but most is processed foods 3) Restaurants that serve healthy foods don't survive. New restaurants who are coming in make the situation worse, or at least are capitalizing on the fact that there is high demand for fast, unhealthy foods4) Sustained unemployment affects what adults and children are fed - Other Health Provider (Rutherford County)

Lack of knowledge about healthy food choices. Lack of skill in preparing healthy foods. Lack of healthy choices at corner/convenience stores. Lack of adequate income for food. - Community Leader (Rutherford County)

Lack of access to quality food in grocery stores and general merchandise stores. - Community Leader (Rutherford County)

Ease of access and availability of food pantries and farmers markets that offer EBT services. - Community Leader (Rutherford County)

Collaboration

Collaborative work between the agencies. - Other Health Provider (Rutherford County)

POPULATIONS IMPACTED

Low Income

Lower-income families and those working entry-level or shift work. - Community Leader (Rutherford County)

Low-income families. - Community Leader (Rutherford County)

Low- and no-income residents, located throughout the community. - Other Health Provider (Rutherford County)

Low to moderate income individuals, families, elderly and communities who residents are primarily minority represented. - Community Leader (Rutherford County)

Older Adults

Veterans and older adults. - Public Health Representative (Swain County)

All Populations

> There is food deprived in all races, ethnic, and age backgrounds. - Other Health Provider (Rutherford County)

Adverse Childhood Experiences/Childhood Trauma

CHALLENGES

Parental Influence

> Lack of parenting skills and family support. Lack of mental health support. – Community Leader (Rutherford County)

POPULATIONS IMPACTED

Low Income Children

> Families living in poverty. – Community Leader (Rutherford County)

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

STRENGTHS

Community Partners

> DHS and faith based charities. - Other Health Provider (Rutherford County)

CHALLENGES

Lack of Providers

> The inability of specialist in the health field to be attracted to Rutherford County. Rutherford County Hospital is not an attractive environment. - Other Health Provider (Rutherford County)

POPULATIONS IMPACTED

All Populations

> All. - Other Health Provider (Rutherford County)

Education

STRENGTHS

Awareness/Education

> Positive and consistent communication through many channels. – Community Leader (Rutherford County)

Employers

> As employers, Isothermal Community College and the public and charter schools provide good health insurance, living wages, and wellness opportunities. These organizations also provide education to students on a variety of health issues from healthy eating to nurse and allied health training. – Community Leader (Rutherford County)

CHALLENGES

Lifestyle

| Lack of interest and engagement. – Community Leader (Rutherford County)

POPULATIONS IMPACTED

Low Income

| Economically challenged individuals. – Community Leader (Rutherford County)

Family & Social Support

STRENGTHS

Community Partners

| Social services, the health department and human services-oriented community-based non-profits including the philanthropic organizations such as RHI Legacy Foundation, Gateway Wellness Foundation and Dogwood Health Trust. – Community Leader (Rutherford County)

CHALLENGES

Alcohol/Drug Use

| Our county has a severe substance use issue which is greatly impacting families and communities. – Community Leader (Rutherford County)

POPULATIONS IMPACTED

Substance Abusers

| Individuals and families dealing with substance addiction issues. – Community Leader (Rutherford County)

Income & Employment

STRENGTHS

Employment

| Job and career opportunities that pay at or above our median income and offer benefits. – Community Leader (Rutherford County)

Community Partners

| Certainly, the county commissioners and city planner and managers to a large degree. However, it could be better. – Other Health Provider (Rutherford County)

Local College

| Our local community college adapts quickly to employment training needs. NC Works serves as a connector to employment for those who qualify. Many who live in our community are remote workers, and receive pay based on other markets rather than our own depressed employment market. Our Chamber of Commerce provides job listings each week. EDC provides workforce recruitment. – Other Health Provider (Rutherford County)

CHALLENGES

Employment

> Minimum wage jobs cannot support a family, and many local employers offer minimum wage, non-skilled work. Many who apply cannot pass drug tests or have criminal records that restrict their employment. A company who offers more than minimum wage simply steals employees from other county employers who are recruiting from the same pool of employees. Small businesses compete with surrounding counties (and states) and online purchasing for customers so their growth is limited, and they cannot afford to pay employees. Jobs for skilled, specialty workers take years to fill. Businesses hire contract workers instead of hiring them directly, so they have no health insurance benefits and are only paid when work is available. Many students do not have appropriate mentors to encourage higher education/vocational education. – Other Health Provider (Rutherford County)

> Attracting companies that will provide good jobs. – Other Health Provider (Rutherford County)

Alcohol/Drug Use

> Substance addiction, which impacts workforce skill development and job sustainability. – Community Leader (Rutherford County)

POPULATIONS IMPACTED

All Populations

> All. – Other Health Provider (Rutherford County)

> Substance addiction's impact on our workforce, families and prospective employers stretches across all races, ethnicities, financial status, age. – Community Leader (Rutherford County)

Unemployed/Underemployed

> Unskilled workers of all genders and races. – Other Health Provider (Rutherford County)

Opportunities for Physical Activity

STRENGTHS

Built Environment

> Thermal Belt Rail Trail, Purple Martin Greenway Parks. – Community Leader (Rutherford County)

CHALLENGES

Built Environment

> Access to indoor recreation and lack of county support for parks and recreation programs. – Community Leader (Rutherford County)

POPULATIONS IMPACTED

Low Income

> With the lack of indoor recreation space, I feel all town residents are impacted but more over those in lower-income or no white communities are impacted the most. – Community Leader (Rutherford County)

Safe & Healthy Housing

STRENGTHS

Community Partners

> Pisgah Legal Services offers assistance to those who are victimized by landlords. The housing market is strong for those who can afford to upsize or downsize or those who want to sell their homes. People can live affordably in our community and commute to good work within an hour. – Other Health Provider (Rutherford County)

Local Planning

New local zoning and development plan. A focus on housing by the town. – Community Leader (Rutherford County)

CHALLENGES

Housing

There is a VERY limited number of moderately priced, safe housing units in our community. Landlords who are not concerned about the safety or health of their tenants own entire mobile home parks and neighborhoods and don't take care of basic needs of the residences or residents. (Landlords are also often not paid and have to evict tenants with no where to go.) This creates unsafe areas for parents with children. Homelessness is becoming a very large problem in the community. Hotels are housing people on a temporary basis and there is nowhere for people to go if they do get an opportunity to pay for long-term housing. HUD housing is limited and can only provide for a small number of the people who would qualify. People who are ill are living in residences that exacerbate their illnesses. Transit does not run to many of these neighborhoods so residents do not have adequate access to food or other basic needs. – Other Health Provider (Rutherford County)

Cost of rent and other housing expenses for families, sub-standard housing. Damage caused by renters/tenants which results in expensive repairs for landlords, thus driving up rent prices. – Community Leader (Rutherford County)

Funding

Lack of state funding and access to land. – Community Leader (Rutherford County)

POPULATIONS IMPACTED

Low Income

Low income people of all genders and races. – Other Health Provider (Rutherford County)

All Populations

Veterans, elderly, lower Income workforce. – Community Leader (Rutherford County)

All renters. – Community Leader (Rutherford 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.

Rutherford County Key Informants: Relative Position of Health Topics as Problems in the Community

Legend: ■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Health Topic	Major Problem	Moderate Problem
Substance Misuse	100.0%	
Obesity	83.3%	16.7%
Pre-Diabetes/Diabetes	66.7%	33.3%
Heart Disease and Stroke	66.7%	33.3%
Mental Health	66.7%	33.3%
Cancer (All Types)	50.0%	50.0%
Chronic Lung Disease	50.0%	33.3%
HIV/Hepatitis B/Hepatitis C	16.7%	50.0%
Unintentional Falls	16.7%	33.3%
Oral Health	83.3%	
Dementia/Cognitive Decline	66.7%	
Sexually Transmitted Infections	66.7%	
Birth Outcomes/Infant Mortality	50.0%	
Asthma	16.7%	