RUTHERFORD COUNTY COMMUNITY HEALTH ASSESSMENT

2024

PREPARED BY

Foothills Health District

FOOTHILLS HEALTH DISTRICT

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Collaboration

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

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RUTHERFORD COUNTY 2024 COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

COMMUNITY RESULTS STATEMENT

Healthy minds, healthy bodies, and healthy futures for all in Rutherford County

LEADERSHIP FOR THE COMMUNITY HEALTH ASSESSMENT PROCESS

Every three years, the Foothills Health District (FHD), in collaboration with WNC Healthy Impact, conducts a Community Health Assessment (CHA). This assessment outlines the overall health of the community, helping local leaders track health trends, identify priority health concerns, and assess available resources within the county. The CHA serves as a foundation for planning effective disease prevention strategies and health promotion efforts.

Name	Agency	Title	Agency Website
Megan Rollins	Foothills Health District	Public Health Educator	https://www.foothillshd.org/

PARTNERSHIPS

Many valuable partners contributed to this process, offering important insights and expertise. Team members collaborated—both as a group and individually—to collect and analyze both primary and secondary data. The assessment also incorporated a range of perspectives through secondary sources, including demographic, socioeconomic, health, and environmental health indicators.

Name	Agency	Role/ Contribution	Duration of Participation	Agency Website
Amie Pruett	Rutherford Regional Healthcare System	Prioritization Team	February 2025	https://www.myrutherfordregional.com/
Cynthia Cooper	United Way	Prioritization Team	February 2025	https://unitedwayofrutherford.org/
Amber Emory	Blue Ridge Hope	Prioritization Team	February 2025	https://www.blueridgehope.org/
Paul Holden	Partners	Prioritization Team	February 2025	https://www.partnersbhm.org/
Terri Walker	Foothills Health District	Prioritization Team	February 2025	https://www.foothillshd.org/
Jill Miracle	Community Health Council	Prioritization Team	February 2025	https://www.healthcouncilrc.com/
Sarah Bradley	Rutherford County School	Prioritization Team	February 2025	https://www.rcsnc.org/
Jerry Stensland	Foothills Regional Commission	Prioritization Team	February 2025	https://frcnc.gov/
Linda Waters	Rutherford County DSS	Prioritization Team	February 2025	https://rutherfordcountync.gov/departments/social_services
Kim Keever	Foothills Health District	Prioritization Team	February 2025	https://www.foothillshd.org/

Name	Agency	Role/ Contribution	Duration of Participation	Agency Website
Sherry Bright	Family Resources	Prioritization Team	February 2025	https://www.foothillshd.org/ https://familyresourcesrc.org/
Vanessa Parton	Family Resources	Prioritization Team	February 2025	https://www.foothillshd.org/ https://familyresourcesrc.org/
Kate Sloss	LLMC & LLCA	Prioritization Team	February 2025	https://www.llcharter.org/
Cynthia Robbins	Cooperative Extension	Prioritization Team	February 2025	https://rutherford.ces.ncsu.edu/
Sarah Horne	Preferred Choice Healthcare	Prioritization Team	February 2025	https://www.pchnc.com/
Bryan Homesley	Rutherford County EMS	Prioritization Team	February 2025	https://www.rutherfordcountync.gov/departments/emergency_medical_services

REGIONAL SUPPORT

Our county participates in WNC Healthy Impact. This partnership brings together hospitals, public health agencies, and key regional partners in western North Carolina to improve community health. We work together locally and regionally to assess health needs, develop plans, take action, and evaluate our progress. This regional effort is coordinated by WNC Health Network, a non-profit that exists to support people and organizations to improve community health and well-being across western North Carolina. Learn more at www.WNCHN.org.

THEORETICAL FRAMEWORK/MODEL

WNC Health Network supports local hospitals and public health agencies working on complex community health issues. Community Health Assessment and Improvement processes include the use of Results-Based Accountability™ (RBA). RBA is a practical approach that focuses on achieving real improvements for people, agencies, and communities. The framework relies on both primary (story and number data) and secondary data to provide a comprehensive understanding of community health.

COLLABORATIVE PROCESS SUMMARY

Rutherford's collaborative process is supported regionally by WNC Healthy Impact. Locally, the process of identifying our top health priorities began with a comprehensive data review of the Community Health Assessment (CHA) survey results. From this analysis, 6 statistically significant health concerns were identified. A committee of community organizations then convened for a priority-setting workshop, where these 6 issues were evaluated and narrowed down to the top 3. Each priority was rated based on relevance, potential impact, and feasibility for action. Phase 1 officially began in January 2024 with collecting health data. See Chapter 1, Community Health Assessment Process, for details.

KEY FINDINGS

The 2024 Community Health Assessment for Rutherford County reveals significant challenges related to physical, mental, and social well-being. Residents report disproportionately high rates of chronic conditions such as diabetes (20.3%), obesity (49.8%), high blood pressure (47.6%), and COPD (14.9%), all exceeding regional, state, and national averages. Mental health indicators are also concerning, with 30.5% rating their mental health as fair or poor, 16.2% reporting suicidal thoughts in the past year, and 23.3% unable to access needed mental health care—pointing to major service gaps.

Social determinants of health remain critical concerns. Nearly 45% of residents cannot cover a $400 emergency expense, and 41.7% report food insecurity—both significantly higher than WNC and U.S. averages. Housing instability is evident, with 20.2% experiencing unhealthy living conditions and 8.8% having lived in a car, street, or shelter within the past three years. Additionally, nearly 22% of residents feel the community is not welcoming to all races and ethnicities, and over 10% report experiencing unfair treatment in medical settings. These findings highlight deep inequities and urgent areas for collaborative action.

HEALTH PRIORITIES

- Mental Health
- Substance Use
- Food Insecurity

NEXT STEPS

The Foothills Health District will share the Community Health Assessment (CHA) findings with the Community Health Council and members of the Rutherford Regional Health System. An electronic version will be available on the Foothills Health District website at http://www.foothillshd.org/, and printed copies will be accessible at the Health Department, local library, or upon request. In collaboration with community leaders and existing workgroups, the Foothills Health District will help guide planning and action around the identified health priorities. Together, we will work to better understand the underlying causes of these issues and partner with both established and new stakeholders to drive meaningful progress—moving Rutherford County closer to the shared vision of a healthier place to live, work, and play.

CHAPTER 1 - COMMUNITY HEALTH ASSESSMENT PROCESS

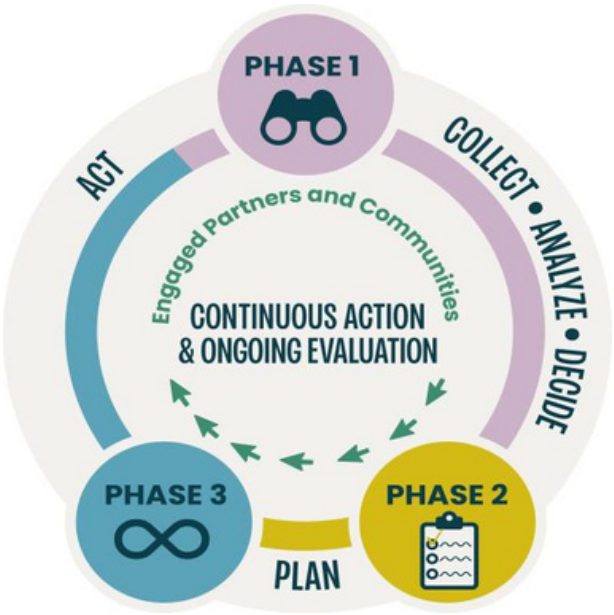
PURPOSE

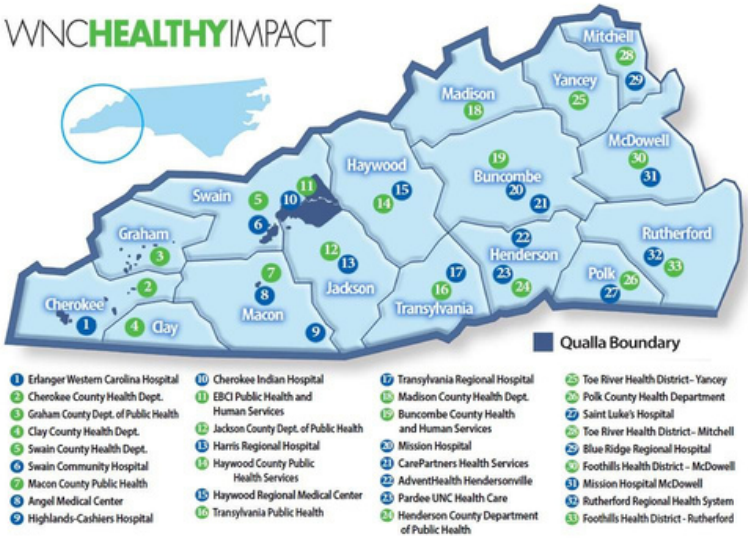
Community health assessment (CHA) is an important part of improving and promoting the health of county residents. A CHA results in a public report which describes the health indicators, status of the community, recent changes, and necessary changes to reach a community's desired health-related results.

[Definition of Community]

Community is defined as "county" for the purposes of the North Carolina Community Health Assessment Process. Rutherford county is included in Rutherford Regional Healthcare System's community for the purposes of community health improvement, and as such they were key partners in this local level assessment.

[Phases of the Community Health Improvement Process:]





WNC HEALTHY IMPACT

WNC Healthy Impact is a partnership among local and regional hospitals, public health agencies, and key regional partners working towards a vision of improved community health. The vision is achieved by developing collaborative plans, taking action, and evaluating progress and impact. 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 health issues.

WNC Healthy Impact Dataset Collection

Much of the data in this CHA comes from the WNC Healthy Impact dataset. To ensure a comprehensive understanding, the dataset includes both secondary (existing) and primary (newly collected) data. Reviewing secondary data is an essential first step in a community health assessment process because it provides a solid foundation and context. By analyzing existing data, we are able to identify gaps in knowledge and better understand current trends. This ensures that primary data collection is more targeted and relevant, addressing specific needs within the community. The following dataset elements and collection are supported by WNC Healthy Impact Steering Committee, WNC Healthy Impact Data Workgroup, WNC Regional Data Team, Mountain Data Equity and Engagement (DEEP), a survey vendor, and additional partner data needs and input:

- A comprehensive set of publicly available secondary data indicators with our county compared to the 16-county WNC Healthy Impact 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 as well as working with partners to include additional information. See **Chapter 7** for more details related to this process.

COMMUNITY INPUT & ENGAGEMENT

Community input plays a vital role in the Community Health Assessment (CHA) process. In Rutherford County, we prioritized engagement throughout the assessment in several meaningful ways:

- Collaborating with local partners to guide the assessment process
- Collecting primary data through surveys, key informant interviews, and listening sessions
- Analyzing and interpreting data to better understand the context and stories behind the numbers
- Involving the community in identifying and prioritizing key health issues

Looking ahead, community engagement will remain a central focus as we transition into the collaborative planning phase of the Community Health Improvement Plan. We will continue working with partners and stakeholders who are actively involved in—or have an interest in—addressing our priority health concerns. Together, we aim to ensure that programs and strategies are designed and implemented with input from both community members and partner organizations.

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:

OlderAdults (Aged65+)

- 22.2% of the population was 65+ in 2020, projected to increase to 27.2% by 2050.
- Vulnerable due to chronic conditions (e.g., heart disease, diabetes), social isolation, transportation barriers, and fixed incomes.

Individuals Living in Poverty

- A significant percentage of households report low income, with 44.5% unable to cover a $400 emergency expense.
- Economic insecurity impacts access to healthy food, housing, healthcare, and education.

People with Chronic Health Conditions

- Rutherford County has high rates of: Diabetes: 20.3%
  - Obesity: 49.8%
  - COPD: 14.9%
  - High blood pressure: 47.6%
- These individuals are at higher risk of complications during emergencies or healthcare disruptions.

Residents with Mental Health & Substance Use Challenges

- 30.5% report poor mental health;
- 16.2% have considered suicide in the past year;
- 23.3% were unable to access mental health services when needed.
- Substance use is also a major concern: over 54% report being affected by substance use (personally or through others).

Youth & Adolescents

- Rising mental health concerns, suicidal ideation, and economic instability affect children and teens.
- Many school-age children rely on public resources for food, healthcare, and transportation.

Racial/Ethnic Minorities

- While the county is predominantly White (~85%), Black (10.3%) and Hispanic (3.3%) populations report higher levels of health inequities and social disadvantage.
- 21.4% of residents disagreed that the community is welcoming to all races/ethnicities.

People Experiencing Housing Insecurity

- 8.8% reported living in a car, on the street, or in a shelter in the past 3 years
- 20.2% reported unsafe or unhealthy housing conditions
- 17.8% have had to live with others due to a housing emergency

Individuals with Limited English Proficiency

- Around 5% of households speak a language other than English at home. Language barriers can impact access to services, emergency alerts, and health care navigation.

Veterans

- Rutherford has a sizable veteran population, many of whom are aging and may face physical or mental health challenges, including PTSD or limited mobility.

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 (e.g. smoking while pregnant) that could cause a specified health condition, having an indicator or precursor (e.g. 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 COUNTY

Location& Geography

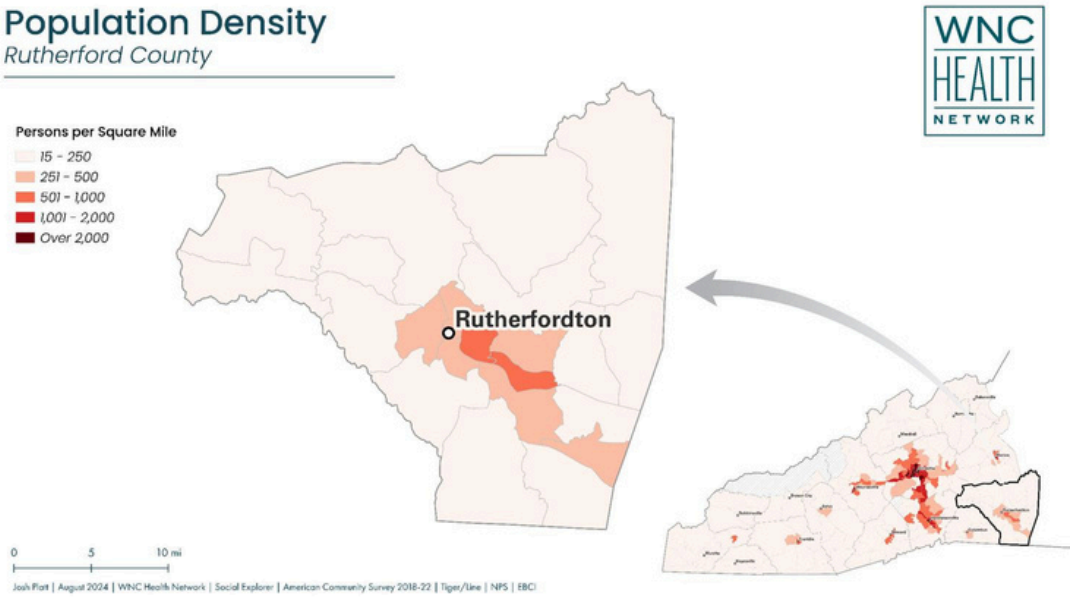
Rutherford County is a rural, Tier 1 county located in the foothills of western North Carolina. a Tier 1 county is one that is designated as being among the most economically distressed in the state. It borders South Carolina and is surrounded by the counties of Polk, McDowell, Cleveland, Buncombe, and Henderson. The county spans approximately 564 square miles of land and 2 square miles of water, featuring a diverse landscape of valleys, flatlands, and mountains. The county seat is Rutherfordton. Rutherford County includes eight municipalities: Bostic, Chimney Rock, Ellenboro, Forest City, Rutherfordton, Ruth, Spindale, and Lake Lure. Rutherfordton, Spindale, and Forest City—connected by U.S. Highway 74 Business—form the Tri-City area. Lake Lure and Chimney Rock lie about 20 miles west of Rutherfordton. Lake Lure is a private lake that offers public access. Elevation in the county ranges from 860 feet in Forest City—the lowest point—to 3,967 feet at Sugar Loaf, the highest elevation. The county's average annual temperature is 59.9°F, with an average annual rainfall of 49.91 inches.

History

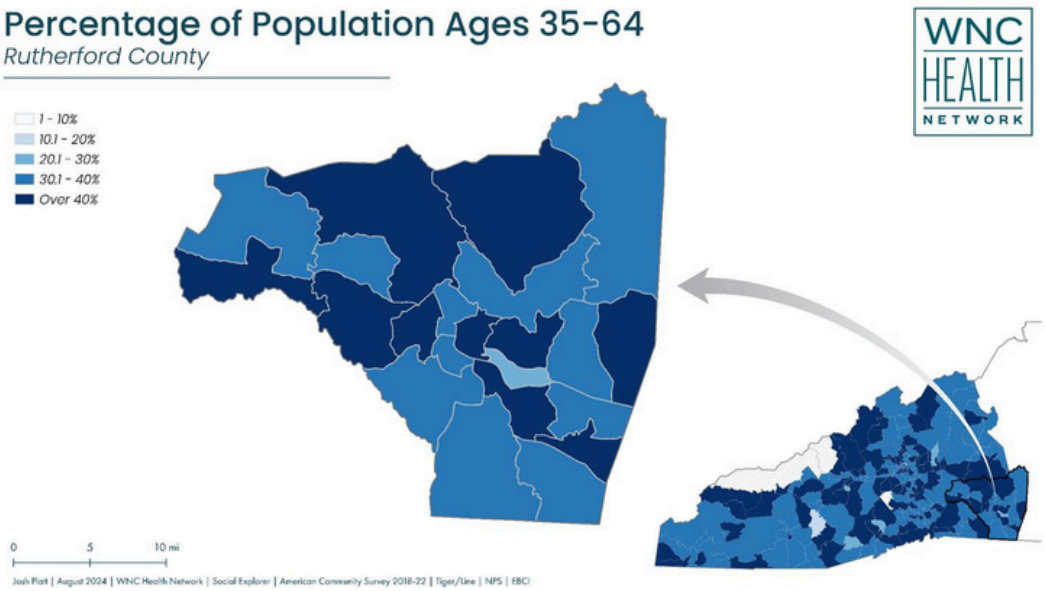
Rutherford County was established on April 14, 1779, from a portion of the former Tryon County. It was named in honor of General Griffith Rutherford of Rowan County, a Revolutionary War leader who commanded regional forts during the summer of 1780. The county's first seat, Gilbert Town, was centrally located and home to a courthouse, businesses, and residences. However, in 1784, the North Carolina legislature deemed the courthouse inconvenient and inadequate for public use. As a result, construction began in 1786 on a new county seat, initially named Rutherford Courthouse, later shortened to Rutherfordton. The current courthouse, which still stands today, was built after the original structure was destroyed by fire in 1907. In the 20th century, Rutherford County experienced significant economic growth driven by the textile industry. However, the decline and relocation of these industries in more recent years have led to increased unemployment and rising poverty rates across the county.

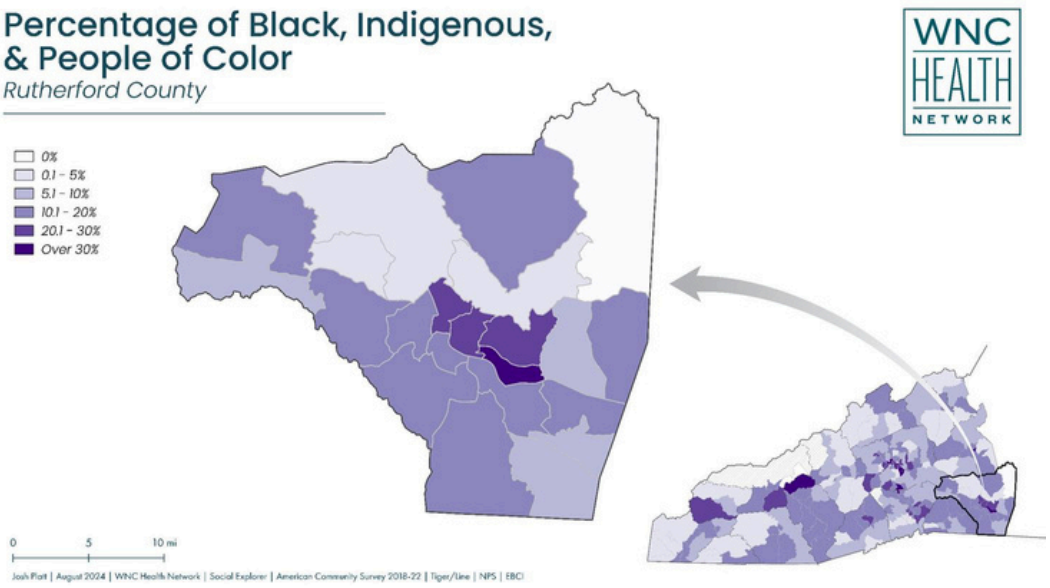
Population

Rutherford County has an estimated population of 64,850 as of 2023, with a median age of 45.3 years—higher than both state and national averages [1]. The population is 51–52% female and 48–49% male [2]. Demographically, the county is predominantly White non- Hispanic (≈85%), with Black or African American residents making up about 9–10%, and Hispanic or Latino residents comprising around 5% [2][3]. Only about 5% of households speak a language other than English at home, and 3.2% of the population is foreign-born [2].



Rutherford County has an aging population, with residents aged 65+ projected to increase from 22.2% in 2020 to 27.2% by 2050, while youth under 18 are expected to decline to 17.1% over the same period [4]. The birth rate for women aged 15–50 is 5.6%, slightly above the state average [2]. Approximately 84% of adults have at least a high school diploma, but only 17.8% hold a bachelor's degree or higher [2]. The county is home to a significant veteran population, including over 1,600 Vietnam-era veterans and more than 700 Gulf War-era veterans [2]. About 61% of the population lives in rural areas, reflecting the county's overall rural character [5].




Percentage of Black, Indigenous, & People of Color
Rutherford County
WNC HEALTH NETWORK
0%
0.1 - 5%
5.1 - 10%
10.1 - 20%
20.1 - 30%
Over 30%
0
5
10 mi
Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI

CHAPTER 3 – SOCIAL & ECONOMIC

FACTORS

Social and economic factors are core drivers of health outcomes. According to the County Health Rankings (2024), these conditions account for nearly half of county-level health variation. The CDC's Community Health Improvement Navigator also emphasizes the significance of addressing social determinants of health (CDC, 2022). Healthy People 2030 identifies five key domains that shape well-being: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context (Office of Disease Prevention and Health Promotion [ODPHP], 2020). 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

"The relationship between income and health is well established. Households with incomes below the federal poverty level have high levels of illness and premature mortality. Individuals with lower incomes lack economic resources, resulting in social disadvantage, poor education, poor working conditions, housing insecurity, and residence in unsafe neighborhoods" (CDC, 2023).

Rutherford County's 2023 median household income stands at $49,771, below North Carolina's average, with per capita income around $29,217 (U.S. Census Bureau, 2023). Approximately 17.6% of residents live below the federal poverty line, including over one-quarter (25.3%) of children—a higher rate than the state average (U.S. Census Bureau, 2023; Data USA, 2023). Among children under five, nearly 29.4% are from households below poverty, as per NC DHHS data (NC DHHS, 2021). Such financial constraints are associated with increased health risks and reduced life expectancy (CDC, 2023).

EMPLOYMENT

"Employment provides income and, often, benefits that can support healthy lifestyle choices. Unemployment and underemployment 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, 2024).

In 2023, Rutherford County employed around 27,100 people, primarily in manufacturing, healthcare/social assistance, and retail sectors (Data USA, 2023). The local unemployment rate remains elevated, hovering around 4.5% to 9.3%, with pandemic-related impacts noted

(NC Commerce, 2021; Data Commons, 2025). Employment instability leads to lost income, diminished access to employer-provided health benefits, and greater mental and physical health challenges (County Health Rankings, 2024).

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. More schooling is linked to higher incomes, better employment options, and increased social support that, together, support opportunities for healthier choices" (County Health Rankings, 2024).

Regarding educational attainment, nearly one-third (32.5%) of adults over 25 have only a high school diploma, 22.3% have attended some college, and 17.8% hold a bachelor's degree or higher (U.S. Census Bureau, 2021; NC State Center, 2019). Isothermal Community College awarded 878 degrees in 2023, yet college access and completion lag behind state averages (Data USA, 2023). Lower education correlates with poorer health outcomes and increased chronic disease risk (County Health Rankings, 2024).

DISCRIMINATION

"Discrimination is a socially structured action that is unfair or unjustified and harms individuals and groups. Discrimination can be attributed to social interactions that occur to protect more powerful and privileged groups at the detriment of other groups. Stressful experiences related to discrimination can negatively impact health. Discrimination, especially racial discrimination, has also been known to cause symptoms of trauma" (Office of Disease Prevention and Health Promotion, 2022).

Primary data from the 2024 WNC Healthy Impact Community Health Survey reveals that 11.2% of Rutherford County residents reported feeling threatened or harassed in the past year, and 10.1% felt they were treated unfairly while seeking medical care. Discrimination in school settings was reported by 6.9% of respondents. These experiences contribute to cumulative stress, impacting both mental and physical health (WNC Healthy Impact, 2024).

RACISM

"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, 2024).
Rutherford County is predominantly White (81%), with 9% Black, 4% multiracial, and 5% Hispanic or Latino residents (U.S. Census Bureau, 2020). According to the 2024 community health survey, 21.4% of residents disagreed that their community is welcoming to people of all races and ethnicities. Additionally, 25.3% of residents reported experiencing physical symptoms, such as muscle tension or headaches, as a result of unfair treatment (WNC Healthy Impact, 2024).

HOUSING

Housing instability encompasses a number of challenges, such as having trouble paying rent, overcrowding, moving frequently, or spending the bulk of household income on housing. These experiences may negatively affect physical health and make it harder to access health care." (Office of Disease Prevention and Health Promotion, 2022).

In Rutherford County, 20.2% of residents reported experiencing unhealthy or unsafe housing conditions in the past year, and 8.8% said they had lived in a car, on the street, or in a shelter in the last three years (WNC Healthy Impact, 2024). In addition, 17.8% had to stay with family or friends due to a housing emergency. These statistics highlight the importance of housing stability as a health issue.

TRANSPORTATION

"Transportation decisions affect everyone, by influencing where they live, how they can get to work and school, whether they can easily access health and other essential services, how they socialize with family members and friends, and ultimately if they can thrive in a physical environment that supports healthy outcomes" (Atherton et al., 2021)

While the county has public transit system, this service cannot yet meet the needs of all the residents of Rutherford County. Most residents (81%) commute alone to work. Average travel times exceed 26 minutes, and households without reliable vehicles may face barriers to employment, education, and healthcare access (Data USA, 2023).

FOOD SECURITY

"Food insecurity is defined as a lack of consistent access to enough food for an active, healthy lifestyle" (USDA, 2023). It is caused most notably by poverty as well as other overlapping issues like affordable housing, social isolation, location and chronic health issues.

In 2024, 41.7% of Rutherford County residents reported experiencing food insecurity, a significant increase compared to regional and national averages. Access to fresh, affordable food remains a barrier, especially for low-income and rural households (WNC Healthy Impact, 2024).

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, 2024).

While 64.7% of Rutherford County residents report always or usually having someone to rely on for help, 56.1% feel lonely at least occasionally, and 55.9% do not always receive the social/emotional support they need (WNC Healthy Impact, 2024). These findings point to the need for improved community connectedness and resources to reduce isolation.

CHAPTER 4 – HEALTH DATA FINDINGS SUMMARY

This chapter provides an overview of key health indicators in Rutherford County, including mortality trends, health behaviors, access to clinical care, and social determinants influencing community health. These findings reflect data collected from both primary sources (such as the 2024 WNC Healthy Impact Community Health Survey and the Rutherford County CHA Slide Deck) and secondary data sources (including County Health Rankings, CDC, and U.S. Census Bureau).

MORTALITY

Rutherford County experiences higher-than-average mortality rates when compared to state and national benchmarks. The leading causes of death include heart disease, cancer, chronic lower respiratory diseases (such as COPD), stroke, and unintentional injuries (including drug overdoses). According to CHA data, Rutherford County's age-adjusted death rate is 1,138.9 per 100,000—significantly above the Healthy NC 2030 target of 862.7. The county also shows elevated premature mortality, measured by Years of Potential Life Lost (YPLL), which indicates the burden of preventable early death. The increased number of deaths related to chronic illness and accidental injury underscores the importance of improving prevention, early detection, and management strategies.

HEALTH STATUS & BEHAVIORS (INCLUDE MORBIDITY AND HEALTH BEHAVIOR DATA)

Health behavior data highlights concerning trends related to chronic disease risk and mental well-being:

- Obesity affects 49.8% of adults in the county, significantly higher than state and national averages.
- 20.3% of residents report having diabetes, and 47.6% live with high blood pressure.
- 14.9% of adults report having COPD, reflecting high rates of smoking and environmental health risks.
- Mental health indicators are alarming, with 30.5% of residents rating their mental health as fair or poor, and 16.2% reporting suicidal thoughts in the past year.
- 54.3% of residents indicated that substance use (theirs or someone else's) negatively affected their lives.
- 27.1% reported drinking five or more drinks on one occasion, and 18.3% admitted to driving after drinking.
- Lifestyle behaviors, including tobacco use, poor nutrition, and physical inactivity, remain widespread and contribute to the county's chronic disease burden.

These patterns highlight the critical need for community-wide education, healthy lifestyle support, and accessible mental health and substance use services.

CLINICAL CARE & ACCESS (INCLUDE HEALTH RESOURCES DATA)

Rutherford County faces persistent challenges in accessing healthcare services:

- The primary care provider ratio is 2,236:1, far above the state average of approximately 1,420:1.
- Nearly one in four residents (23.3%) reported being unable to access mental health care when needed. Barriers include cost, provider shortages, lack of transportation, and stigma.
- Only 35.5% of survey respondents rated local access to healthcare services as "excellent" or "good."
- Insurance coverage remains a barrier, with 11.8% of the population uninsured, and many relying on Medicaid or Medicare, particularly among the elderly and low-income groups.
- Dental and specialty care access is also limited, further contributing to health inequities.

Efforts to improve healthcare provider recruitment, transportation access, and affordable care options are essential to closing these care gaps.

HEALTH INEQUITIES

Health outcomes in Rutherford County are closely tied to social and economic disparities:

- 17.6% of residents live below the federal poverty level, including 25.3% of children, making them vulnerable to food insecurity, unstable housing, and poor health.
- 41.7% of residents report food insecurity, and over 20.2% live in unhealthy or unsafe housing conditions.
- 8.8% have experienced homelessness in the past three years.
- 44.5% of residents reported that they could not pay a $400 emergency expense.
- 21.4% of residents disagreed with the statement that the community is welcoming to people of all races and ethnicities.
- 25.3% reported experiencing physical symptoms of stress (e.g., muscle tension, headaches) due to unfair treatment. Racial and ethnic minority groups, including Black (9%) and Hispanic (5%) residents, face higher levels of discrimination and unequal treatment in medical and social settings.
- Veterans, individuals with disabilities, and people with limited English proficiency are at increased risk for health disparities.

Addressing these root causes requires coordinated efforts across health, housing, education, and social service sectors to promote equity and long-term health improvements.

CHAPTER 5 – ENVIRONMENTAL FACTORS

Environmental conditions are foundational to public health. The physical environment—including the quality of air and water, exposure to environmental toxins, and safe housing—can significantly impact health outcomes and influence disparities among vulnerable populations. According to County Health Rankings (2024) and the CDC's Community Health Improvement Navigator, a healthy environment supports chronic disease prevention, reduces injury risk, and promotes equitable access to clean and safe resources. Environmental health is especially critical for those with chronic conditions, children, and older adults.

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, 2024).

Air Quality: Rutherford County has an annual average Air Quality Index (AQI) that reflects good to moderate air quality. According to the U.S. Environmental Protection Agency (EPA), the county experienced 239 days in 2022 with good AQI levels, and 126 days with moderate levels, with no days classified as unhealthy for sensitive groups (EPA, 2023). While air quality has generally remained within acceptable limits, seasonal factors and emissions from industry and transportation can influence short-term exposure.

Toxic Releases: The EPA's Toxic Release Inventory (TRI) data for Rutherford County indicates a low to moderate level of industrial emissions. The top contributors to reported chemical releases are related to manufacturing processes, though most emissions fall within permitted limits. Continued monitoring is essential to minimize long-term environmental health risks.

Water Quality: Access to safe drinking water is critical to health. Approximately 96% of Rutherford County residents are served by Community Water Systems (CWSs), which are monitored and regulated under the Safe Drinking Water Act (EPA, 2023). Local water utilities have consistently met federal standards for contaminant levels, although rural areas relying on private wells may face different risks and are not uniformly regulated.

Indoor Air Quality: Indoor environmental concerns also impact community health. Based on survey data from the 2024 WNC Healthy Impact Community Health Survey, 13.2% of Rutherford County residents reported being exposed to secondhand smoke inside their homes, while others noted issues with mold, ventilation, or heating and cooling systems. These indoor exposures are known to exacerbate respiratory conditions such as asthma and COPD.

ENVIRONMENTAL EMERGENCIES: HURRICANE HELENE

While Rutherford County is not located on the coast, it is not immune to the effects of tropical systems. In September 2024, Hurricane Helene brought heavy rainfall and wind to parts of western North Carolina, including Rutherford County. The remnants of the storm led to flash

flooding, downed trees, and temporary power outages in several communities. Although the county avoided widespread structural damage, localized flooding posed a hazard to residents. Events like Hurricane Helene underscore the importance of emergency preparedness, resilient infrastructure, and strong communication systems to protect public health. Vulnerable populations—such as the elderly, those with limited mobility, and households without stable housing—are at increased risk during extreme weather events. Strengthening emergency response plans and ensuring access to clean water, safe shelter, and medical care during natural disasters remain critical priorities for health and safety.

Environmental factors such as air and water quality, industrial exposure, home environment conditions, and climate-related emergencies all play a role in shaping Rutherford County's health landscape. These data reinforce the importance of environmental protection policies, community education, emergency preparedness, and housing support programs in protecting public health.

CHAPTER 6 – IDENTIFICATION OF HEALTH PRIORITIES

IDENTIFICATION OF COMMUNITY HEALTH ISSUES

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

Data Review and Initial Shortlist

Beginning in September 2024, 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. Our key partners, listed in the Executive Summary, reviewed this data collectively, discussing the unique facts and circumstances impacting our community.

Using the WNC Healthy Impact Data Workbook and its prioritization tools, we applied several 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

Community Engagement and Prioritization

Once our team made sense of the data, we presented key health issues to a wide range of partners and community members. The participants used the information we presented to score each issue and then vote for their top areas of concern. They considered the severity of the issue, the relevancy of the issue, and the feasibility in improving the issue. This process,

often called health issue prioritization, is an opportunity for various community stakeholders, such as Foothills Health District, Rutherford Regional, Rutherford County Community Health Council, etc., to agree on which health issues and results we can all contribute to, which increases the likelihood that we'll make a difference in the lives of people in our community.

Identified Indicators

During the above process, the Rutherford County CHA Prioritization Team identified the following health issues or indicators:

- Substance Use Mental Health
- Food Insecurity
- Obesity & Chronic Disease
- Financial Insecurity
- Housing Instability

PRIORITYHEALTHISSUEIDENTIFICATION

Process

The issues identified above were further reviewed using a set of criteria to finalize the health priorities for our community for the next three years. The criteria used were:

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

Participants used a modified Hanlon method to rate the priorities using the criteria listed above. Then dot-voting and multi-voting techniques were used to narrow to the top 3 priority health issues.

Identified Priorities

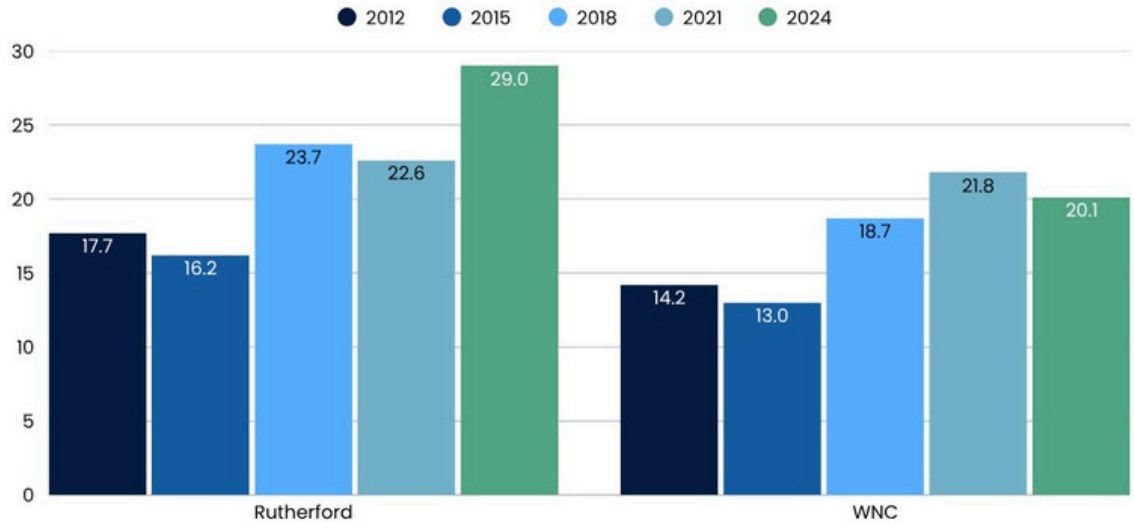
The following priority health issues are the final community-wide priorities for our county that were selected through the process described above:

1. Mental Health
2. Substance Use
3. Food Insecurity

MENTAL HEALTH

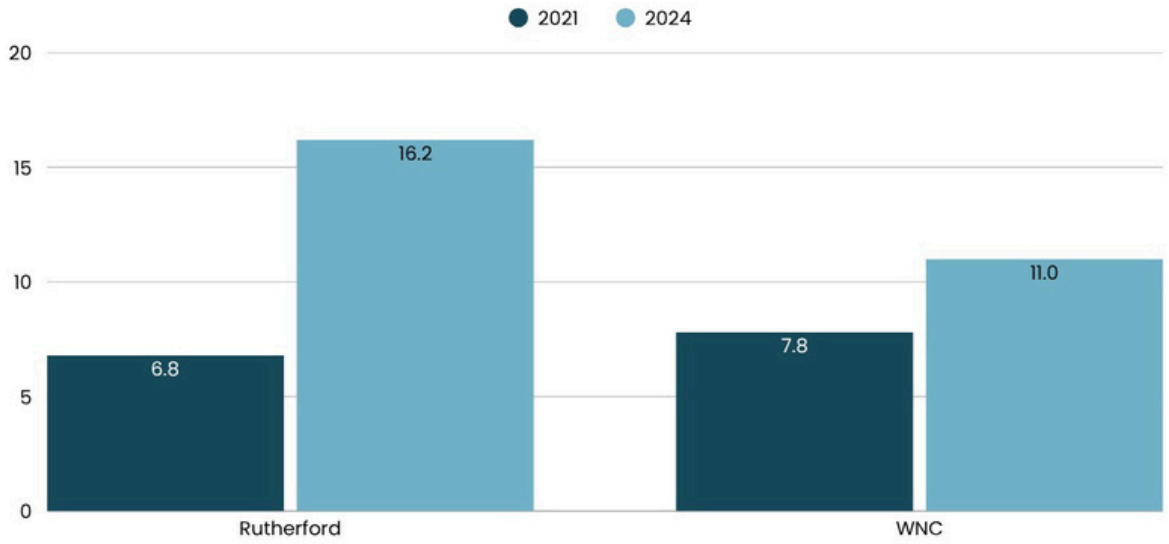
THE NUMBERS

More Than Seven Days of Poor Mental Health in the Past Month



Mental health is a significant concern in Rutherford County, with 81.8% of key informants identifying it as a major problem in the community health assessment. The county faces high rates of depression, anxiety, and suicide ideation, with 16.2% of residents reporting suicidal thoughts in the past year, significantly exceeding regional and national averages.

Have Considered Suicide in the Past Year



WHAT'S HELPING?

- **Expanded Crisis and Behavioral Health Services** - North Carolina has improved mobile crisis response teams, telehealth services, and emergency mental health interventions to support individuals in distress.
- **Community-Based Prevention Programs** - Rutherford County has local initiatives and programs through Blue Ridge Hope, United Way, and more focused on mental health.
- **State and Federal Support** - The CDC and NCDHHS are implementing public health strategies to reduce mental health stigma, promote emotional well-being, and expand treatment options. 988 Suicide & Crisis Lifeline is now available nationwide, offering 24/7 mental health support

WHAT'S HURTING?

- **Limited Access to Care** - Rural communities like Rutherford County struggle with a shortage of mental health professionals, leading to long wait times and difficulty accessing care. Many individuals in need of therapy or psychiatric treatment face financial and insurance barriers.
- **Stigma and Cultural Barriers** - Mental health stigma prevents many individuals from seeking help, particularly in conservative or rural communities. Youth experiencing depression, anxiety, and suicidal ideation often avoid discussing their struggles due to fear of judgment.
- **Youth and Suicide Risk Factors** - Rutherford County has seen an increase in youth behavioral health diagnoses, crisis service utilization, and psychiatric facility admissions. Bullying, family conflict, social isolation, and lack of support systems are key contributors to mental health struggles among youth.

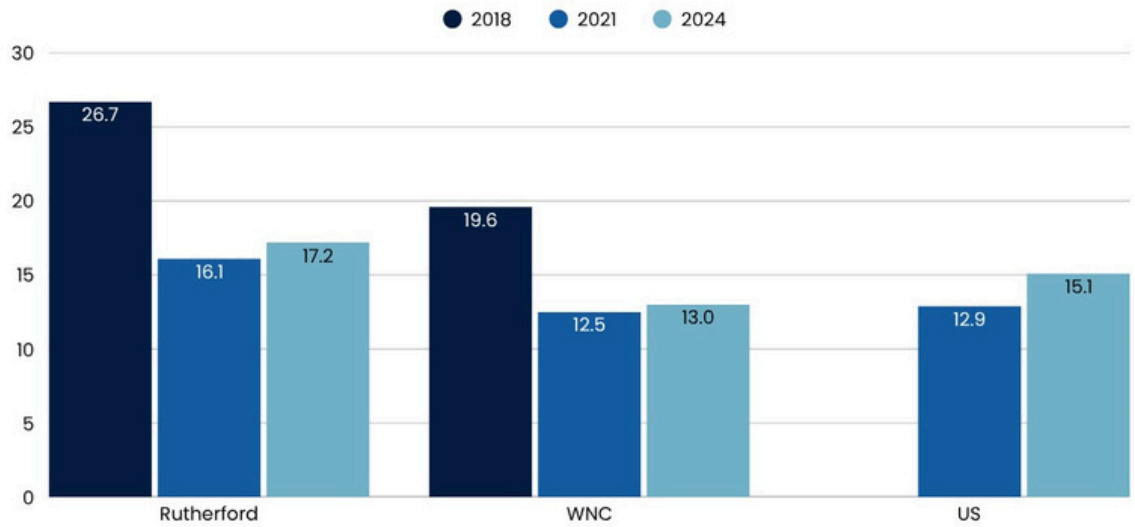
WHO'S IMPACTED?

- **Youth and Adolescents** - 1 in 7 children (ages 3-17) in the U.S. has a diagnosed mental or behavioral health condition, and the trend is increasing in North Carolina. Students facing academic stress, bullying, and social media pressures are particularly vulnerable.
- **Low-Income and Rural Residents** - Limited transportation, financial barriers, and provider shortages make it difficult for rural populations to receive consistent mental health care. Many individuals in Rutherford County rely on emergency services rather than preventative mental health care due to lack of accessibility.
- **Individuals with Co-Occurring Disorders** - People struggling with both mental health and substance use disorders face higher risks of suicide, homelessness, and incarceration due to lack of integrated care options

SUBSTANCE USE

THE NUMBERS

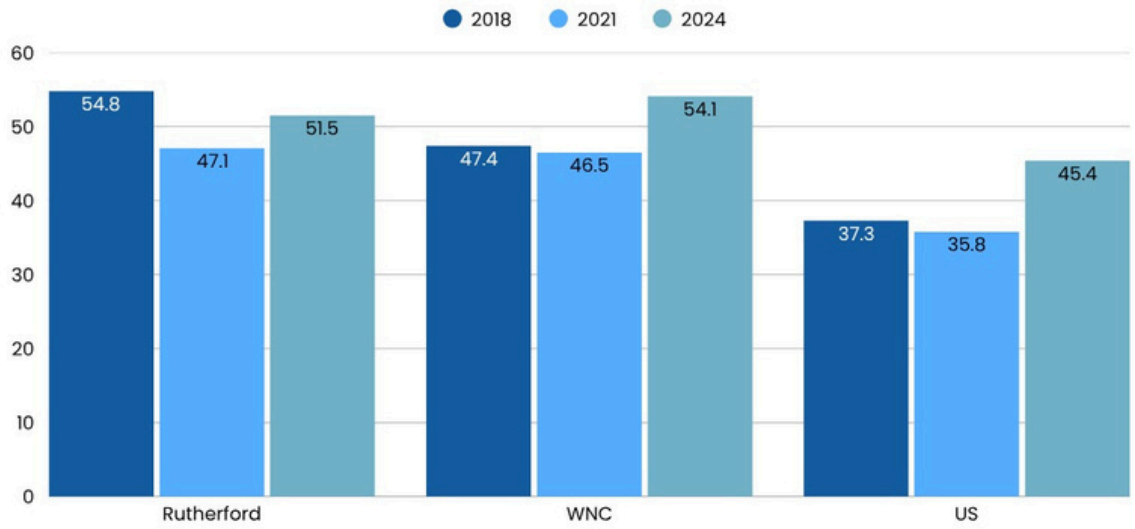
Used a Prescription Opioid in the Past Year, With or Without a Prescription



Substance use remains a critical public health concern in Rutherford County, NC, mirroring broader state and national trends. According to recent data, the county has seen 132 emergency department (ED) visits related to drug overdoses in 2024 (year-to-date), compared to 161 cases in the same period of 2023. These overdoses primarily involve substances with dependency potential, including opioids, stimulants, and other narcotics.

North Carolina's overdose epidemic has been severe, with more than 36,000 overdose deaths statewide from 2000 to 2022. In 2023, an estimated 4,000 North Carolinians (about 11 per day) died from overdoses. Rutherford County contributes to this crisis, with fentanyl, heroin, and commonly prescribed opioids being among the most frequently involved substances in overdose-related ED visits.

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



WHAT'S HELPING?

- **Opioid Settlement Funds** – Rutherford County is receiving $10.8 million over 18 years as part of a national opioid settlement. A Strategic Planning Committee has been formed to allocate these funds to prevention, harm reduction, treatment, and recovery initiatives.
- **Drug-Free Communities (DFC) Support Program** – This program provides grants to community coalitions to reduce youth substance use and strengthen local partnerships.
- **Harm Reduction Strategies** – North Carolina's Opioid and Substance Use Action Plan (OSUAP 3.0) emphasizes harm reduction, including naloxone distribution, syringe exchange programs, and increased access to treatment.

WHAT'S HURTING?

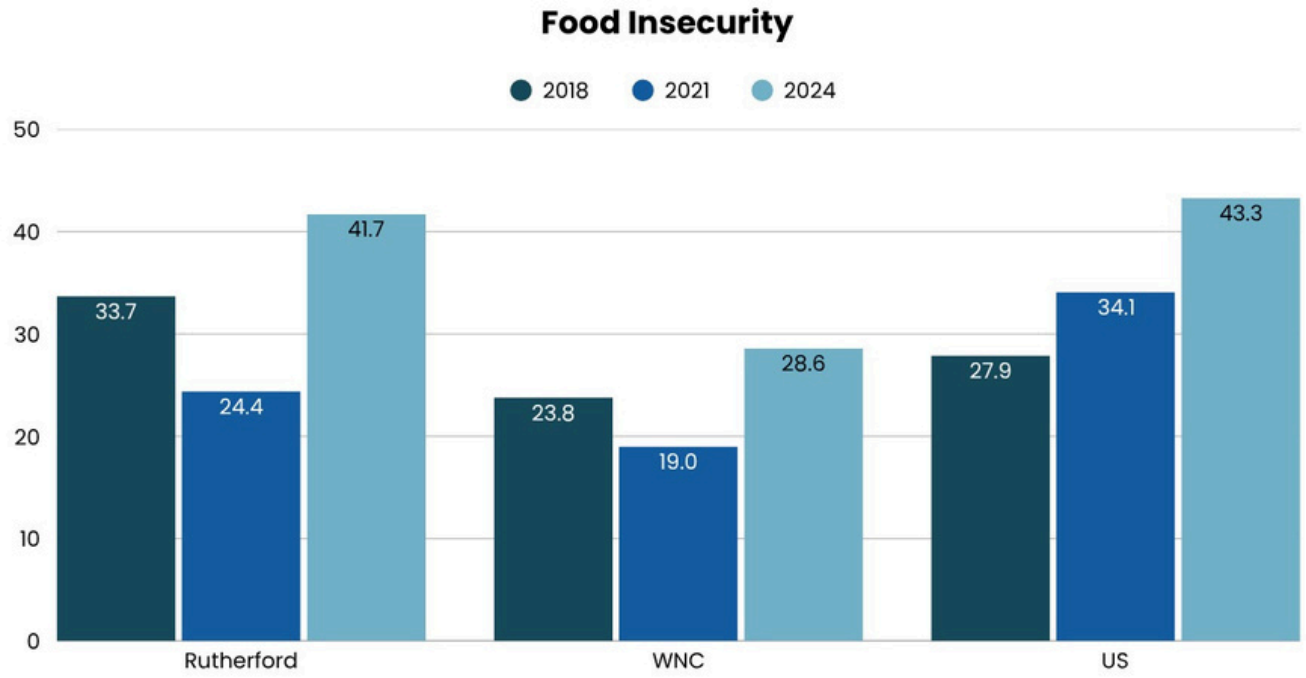
- **High Overdose Rates** – In 2024, 132 emergency department (ED) visits in Rutherford County were linked to overdoses involving drugs with dependency potential. Fentanyl, heroin, and prescription opioids remain major contributors.
- **Stigma and Barriers to Treatment** – Many individuals struggling with substance use face stigma, making it harder for them to seek help. Limited access to affordable treatment and support services further complicates recovery.
- **Polysubstance Use Trends** – The increasing use of multiple substances (e.g., opioids combined with stimulants) has made it more difficult to implement effective prevention strategies.

WHO'S IMPACTED?

- **Young Adults** – Many substance use cases in Rutherford County involve individuals aged 15-34, highlighting the need for youth-focused prevention and intervention efforts.
- **Low-Income Individuals** – Financial insecurity makes it difficult for some residents to access treatment and recovery services, particularly those without insurance.
- **Rural Communities** – Limited transportation and healthcare access make it challenging for rural residents to receive timely care and addiction support.

FOOD INSECURITY

THE NUMBERS



Food insecurity is a growing concern in Rutherford County, with 41.7% of residents reporting difficulty accessing nutritious food—a rate significantly higher than state and national averages. The North Carolina Department of Health and Human Services (NCDHHS) highlights that nearly one in five children in North Carolina experiences food insecurity, a statistic that includes many families in Rutherford County.

Limited access to healthy food options, particularly in rural areas, has contributed to poor nutrition, chronic diseases, and increased reliance on food assistance programs. The county is designated as a food desert in several areas, meaning residents struggle to find fresh and affordable groceries.

WHAT'S HELPING?

- **State and Federal Food Assistance Programs** – Programs like Food and Nutrition Services (FNS/SNAP), Women, Infants, and Children (WIC), and Summer Meals for Children help low-income families access essential food resources.
- **Local Food Banks and Community Support** – Organizations like the Food Bank of Central & Eastern NC, MANNA FoodBank, and Second Harvest Food Bank provide emergency food assistance and SNAP application support along with the multiple food pantries and soup kitchens in the county.
- **Nutrition Security Initiatives** – The NC Nutrition Security Plan has expanded outreach and streamlined application processes for food assistance programs, helping more families enroll.

WHAT'S HURTING?

- **Limited Transportation and Access to Healthy Foods** – Many rural areas in Rutherford County lack grocery stores, making it difficult for residents to obtain fresh produce and nutritious foods.
- **Financial Barriers and Rising Costs** – Inflation and rising food prices have made it harder for low-income families to afford nutritious meals, even with assistance programs.
- **Stigma and Enrollment Challenges** – Some residents avoid seeking food assistance due to stigma or difficulty navigating complex application processes for programs like SNAP and WIC.

WHO'S IMPACTED?

- **Low-Income Families with Children** – Households with children are more likely to experience food insecurity, which can lead to malnutrition and poor academic performance.
- **Seniors and Individuals with Disabilities** – Many elderly residents and people with disabilities face food insecurity due to fixed incomes and mobility limitations.
- **Rural Residents** – Individuals living in food deserts struggle with limited grocery options and transportation barriers, increasing their reliance on food pantries and meal programs.

CHAPTER 7 - HEALTH RESOURCES

Investments in our community that are helping to address health and wellness, projects like the Soccer Complex, Purple Martin Greenway, Norris Park and others, Also the recent accreditations at RRHS.–Community Leader(Rutherford County)

HEALTH RESOURCES

Process

To ensure an accurate and current listing of local health resources, Rutherford County Community Health Assessment (CHA) partners collaborated to review and update the existing 2-1-1 Health Resource Directory provided by WNC Healthy Impact. The team identified outdated or incorrect information, which was corrected and retained for documentation purposes. All updates were submitted to the 2-1-1 coordinator to ensure the online directory remained up-to-date and accessible to the public. 2-1-1 is a free, confidential, 24/7 referral service that connects individuals to health and human services across North Carolina. Services are available in multiple languages and can be accessed by calling 2-1-1 or visiting www.nc211.org.

Findings

Rutherford County is home to a wide range of health and social service resources that support the well-being of its residents. The updated 2-1-1 Health Resource Directory highlights access to primary care, specialty services, behavioral health providers, and a variety of community based organizations offering food, housing, transportation, and legal aid.

Notable health system assets include Rutherford Regional Health System (RRHS), which has received recent accreditations that reinforce its commitment to quality care. Local clinics, federally qualified health centers, and school-based health programs also play a crucial role in meeting community needs.

Mental health and substance use services are offered through organizations such as RHA Health Services, Family Preservation Services, and Phoenix Counseling, though capacity is often limited. Residents also benefit from social service agencies like the Department of Social Services, United Way, and Pisgah Legal Services. Resources like Isothermal Community College contribute to long-term health through workforce development, adult education, and partnerships in wellness initiatives.

These assets reflect a community that values collaboration, innovation, and equitable access to care.

RESOURCE GAPS

Despite the breadth of available services, several important gaps persist in Rutherford County's health and wellness landscape.

Access to substance use disorder services remains limited, particularly for residential treatment and recovery support. Community leaders also noted a lack of diabetes education and prevention programs, even as rates of diabetes continue to rise. These two concerns align with the health priorities identified in the Community Health Assessment. Other commonly reported needs include:

- Affordable, safe housing for families and individuals
- Access to healthy food options, especially in rural or low-income areas
- Indoor recreation opportunities for year-round physical activity
- Transportation assistance to reach medical and social service appointment

In addition, mental health providers are stretched thin, and residents continue to face long wait times or must travel out of county for services. Closing these gaps will require increased funding, cross-sector collaboration, and strategic investment in programs that address not only healthcare access but also the underlying social determinants of health.

CHAPTER 8 – NEXT STEPS

COLLABORATIVEPLANNING

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

This document was made available to the public as of July 1, 2025.

The Rutherford County CHA data made available on the Foothills Health District website on January 6th, 2025. This data was also shared via email with the CHA Team, those who participated in the Health Priority Workshop, the Rutherford County Board of Health, and other interested groups and agencies. A summary of the findings was presented to the Foothills Health District Board of Health, the Rutherford County Board of Commissioners, the Rutherford County Community Health Council, and other interested community groups upon request.

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 there port 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 email at mrollins@foothillshd.org.

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PHOTOGRAPHY CREDITS

WNC CHACycleGraphic:Co-designedbyWNCHealthyImpact, graphic design by Jessicca Griffin, 2021

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APPENDICES

Appendix A – Data Collection Methods & Limitations

Appendix B – Data

Appendix C – County Maps

Appendix D – Key-Informant Survey Findings

APPENDIX A – DATA COLLECTION METHODS & LIMITATIONS

SecondaryData Methodology

To learn about the specific factors affecting the health and quality of life of residents of WNC, the WNC Healthy Impact Data Workgroup, WNC Regional Data Team, and Mountain DEEP 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 Public Safety; NC Division of Health Benefits; NC Department of Transportation; and the Cecil B. Sheps Center for Health Services Research. The WNC Healthy Impact Regional Data Team made every effort to obtain the most current data available at the time the WNC Healthy Impact Dataset was prepared. It is not possible to continually update the data past a certain date; in most cases that end- point is August 2024. 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 Dataset 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, Injury and Violence Prevention branch of (DPH); Opioid and Substance Use Action Plan Data Dashboard (DPH); Developmental Disabilities and Substance Abuse Services; the Centers for Disease Control and Prevention; Nutrition Services Branch (DPH); and NC DETECT.

Environmental data were gathered from sources including: US Environmental Protection Agency; US Department of Agriculture; and Department of Environmental Quality.

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 Dataset 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

Despite efforts to collect a wide range of primary and secondary data during the Community Health Assessment process, several important gaps in available information were identified.

There is limited local data on emerging issues such as long COVID, vaping among youth, housing instability, and social isolation. These concerns were frequently raised by community members and stakeholders but are not always captured in traditional data sets or public health surveillance systems.

Qualitative data gaps were also noted. While surveys and key informant interviews provided valuable insights, there remains a need for more targeted community engagement with underrepresented groups, including non-English speakers, individuals with disabilities, LGBTQ+ residents, and people experiencing homelessness. These perspectives are critical for ensuring that assessment findings and resulting strategies are inclusive and equitable.

WNC HEALTHY IMPACT COMMUNITY HEALTH SURVEY (PRIMARY DATA)

Survey Methodology

The in-text citation for 2024 WNC Healthy Impact Community Health Survey data is (WNC Health Network, 2024).

The 2024 WNC Healthy Impact Community Health Survey was conducted from March to June 2024. The purpose of the survey was to collect primary data to supplement the secondary 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, in-person events and other methods of communication. 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 the WNC Healthy Impact Data Workgroup, WNC Regional Data Team, and Mountain DEEP, 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 residents.

The three additional county questions included in the 2024 survey were:

1. Do you currently own any dogs or cats that are not microchipped?
2. Do you think that there are sufficient local resources for chronic disease management?
3. What is your main reason for leaving the county for medical care?

Sampling Approach & Design

PRC designed the survey methodology to minimize sample bias and maximize representativeness by using best practice random-selection sampling techniques. They also used specific data analysis techniques, including poststratification, to further decrease sample bias and account for underrepresented groups or nonresponses in the population. Poststratification involves selecting demographic variables of interest within the population (here, gender, age, race, ethnicity, and poverty status) and then applying "weights" to the data to produce a sample which more closely matches the actual regional population for these characteristics. This technique preserves the integrity of each individual's responses while improving overall representativeness.

In order to determine WNC regional estimates, county responses were weighted in proportion to the actual population distribution to appropriately represent Western North Carolina as a whole. Since the sample design and quality control procedures used in the data collection ensure that the sample is representative, the findings may be generalized to the region with a high degree of confidence.

Survey Administration

PRC piloted the survey through 30 interviews across the region and consulted with WNC Health Network staff to resolve substantive issues before full implementation. PRC used trained, live interviewers and an automated computer-aided telephone interviewing system to administer the survey region-wide. Survey interviews were conducted primarily during evening and weekend hours, with some daytime weekday attempts. Interviewers made up to five call attempts per telephone number. Interviews were conducted in either English or Spanish, as preferred by respondents. PRC worked with a third-party provider to identify and invite potential respondents for an online survey for a small proportion 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. The final sample included 3,313 random sample surveys (PRC).

PRC also created a link to an online version of the survey, and WNC Health Network in collaboration with Mountain DEEP, Survey Ambassadors and local partners promoted this online survey link throughout the various communities in order to drive additional participation and bolster overall samples. This yielded 1,927 additional community outreach surveys for the region.

About the Rutherford County Sample

Size: The total regional sample size was 5,240 individuals age 18 and older, with 223 from our county. PRC conducted all analysis of the final, raw dataset.

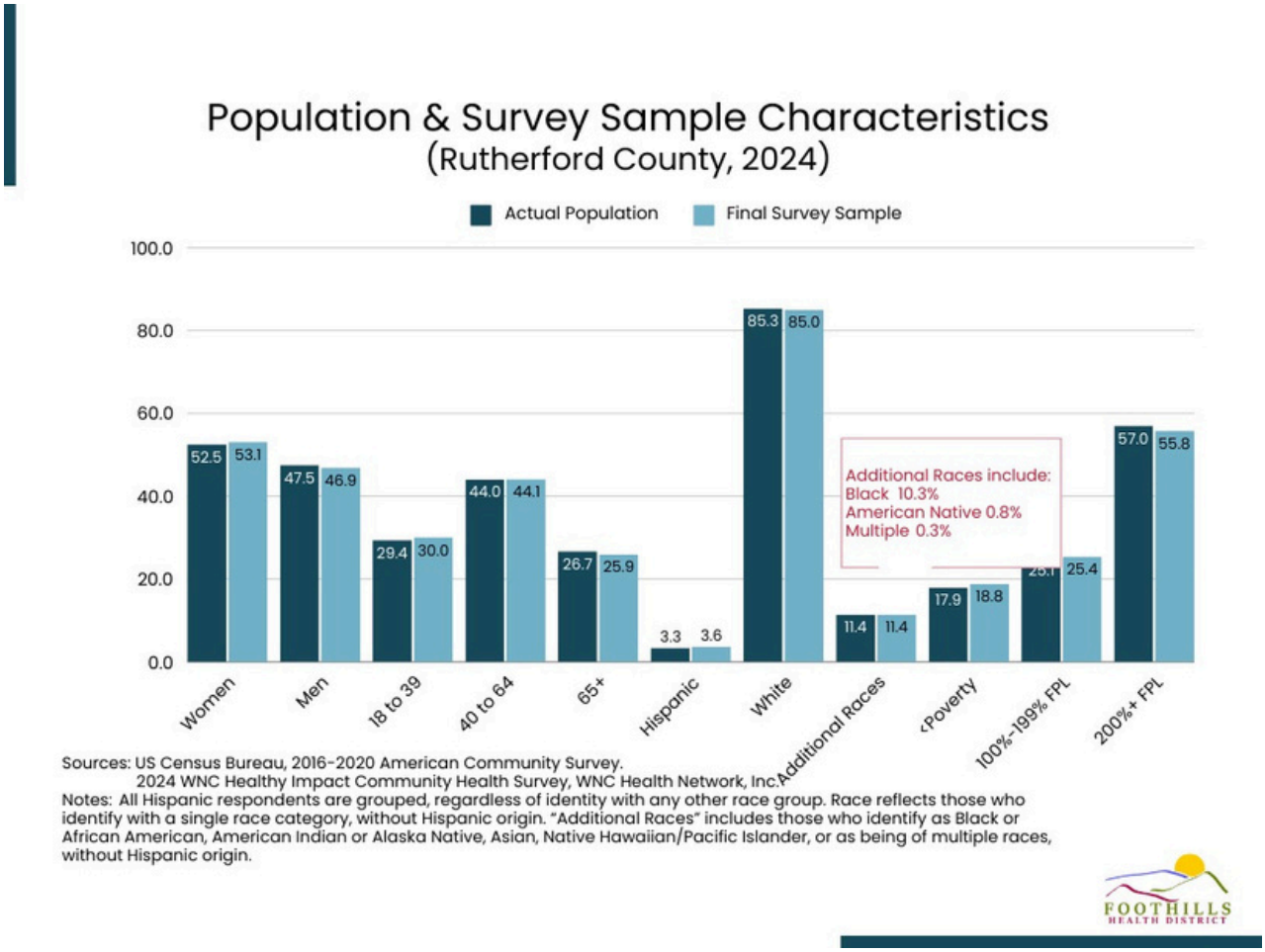
Sampling Error: For statistical purposes, the maximum rate of error associated with the WNC regional sample is ±1.3% at the 95 percent confidence level. For county-level findings, the maximum error rate ranges from ±3.3% (Buncombe County) to ±9.8% (Graham County). Expected error ranges for a sample of 223 respondents at the 95% confidence level in Rutherford is 6.9.

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



Sources: US Census Bureau, 2016-2020 American Community Survey.
2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc.
Notes: All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Additional Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

FOOTHILLS HEALTH DISTRICT

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 2024 PRC National Health Survey; the methodological approach for the national study is identical to that employed in this assessment, and this 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 2024 Online Key Informant Survey was conducted in July 2024. 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, 11 community stakeholders took part in the Online Key Informant Survey for our county, as outlined below:

RUTHERFORD COUNTY: ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Public Health Representatives	1
Other Health Providers	3
Social Services Providers	1
Other Community Leaders	6

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

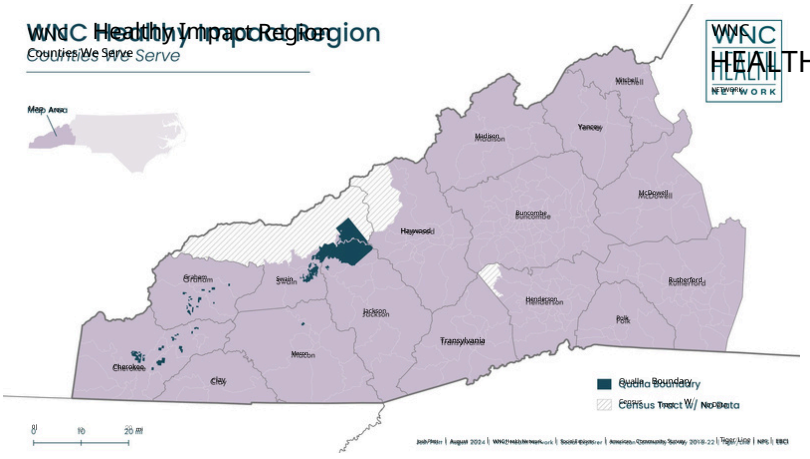
percent yields a relative change factor of 50%; that is, the smaller number increased by half, a large fraction. In the second example, converting the 6-point difference to a percent yields a relative change factor of 2.8%; that is, the smaller number increased by a relatively small fraction. In these 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.

APPENDIX B – DATA

2024 COMMUNITY HEALTH SURVEY

Rutherford County



Methodology

Survey methodology

- 5,898surveysthroughout WNC (including Avery & Burke)
  - 2,356surveys were completedvia the telephone (bothlandlinesand cell phones); another 1,308 surveys were completed online by individuals invited through third-party providers to participate.
  - 2,234 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, income
- English and Spanish

Methodology

5,898surveys throughoutWNC

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

Methodology

FullWNCsampleallowsfordrill-down by:

- County
- Age
- Gender
- Race/ethnicity
- Income
- Other categories, based on question responses
  Individual county samples allow for drill-down by:
  - Gender Income Other categories, based on
  - question responses
  -

Survey Instrument

Basedlargelyon nationalsurveymodels

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

Keep in mind

Sampling levels allowfor goodlocal 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 each of the 18 counties have maximum error rates ranging from ±3.3% to ±9.8% at the 95% confidence level

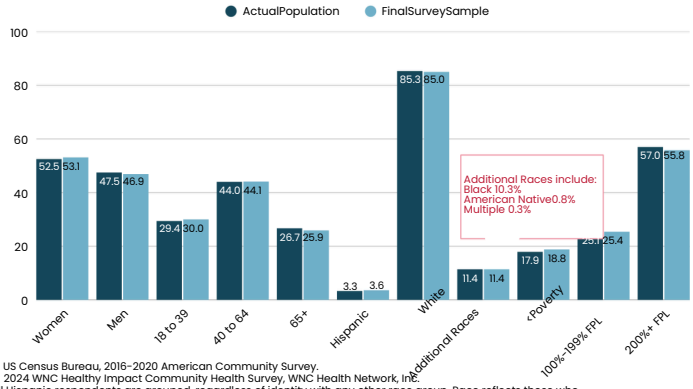
PRC indicates in regional report when differences – between county and regional results, different demographic groups, and data years – are statistically significant

Approximate Error Ranges at the 95 Percent Level of Confidence

	Sample	Error Rate
Avery County	n = 166	± 8.0%
Buncombe County	n = 908	± 3.3%
Burke County	n = 492	± 4.6%
Cherokee County	n = 213	± 6.9%
Clay County	n = 208	± 6.9%
Graham County	n = 136	± 9.8%
Haywood County	n = 393	± 5.2%
Henderson County	n = 755	± 3.6%
Jackson County	n = 345	± 5.7%
Macon County	n = 272	± 6.2%
Madison County	n = 294	± 6.2%
McDowell County	n = 231	± 6.9%
Mitchell County	n = 203	± 6.9%
Polk County	n = 246	± 6.9%
Rutherford County	n = 223	± 6.9%
Swain County	n = 247	± 6.9%
Transylvania County	n = 264	± 6.2%
Yancey County	n = 302	± 5.7%
WNC Service Area	n = 5,898	± 1.3%

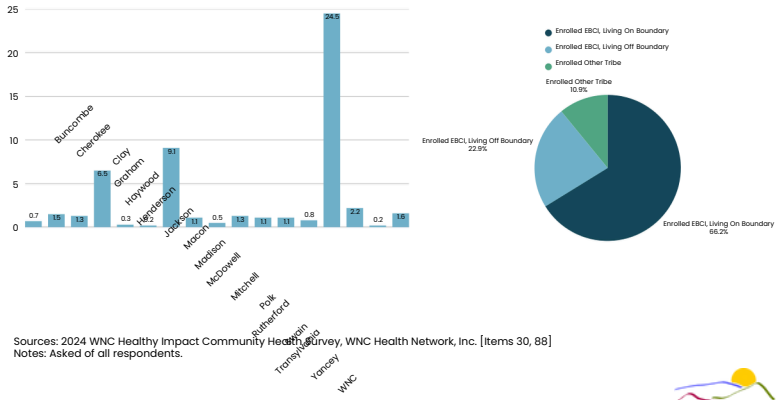
Note: The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials. Example: If 50% of the sample of 5,898 respondents answered a certain question with a "yes one could be certain with a 95 percent level of confidence that between 48.7% and 51.3% (50% ± 1.3%) of the total population would respond "yes" if asked this question.

Population & Survey Sample Characteristics
(Rutherford County, 2024)



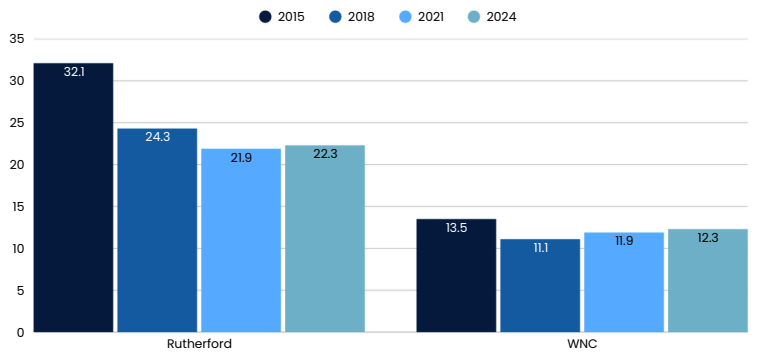
Sources: US Census Bureau, 2016-2020 American Community Survey.
2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc.
Notes: All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Additional Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

American Indian/AlaskaNative Sample
(By County, 2024)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Items 30, 88]
Notes: Asked of all respondents.

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

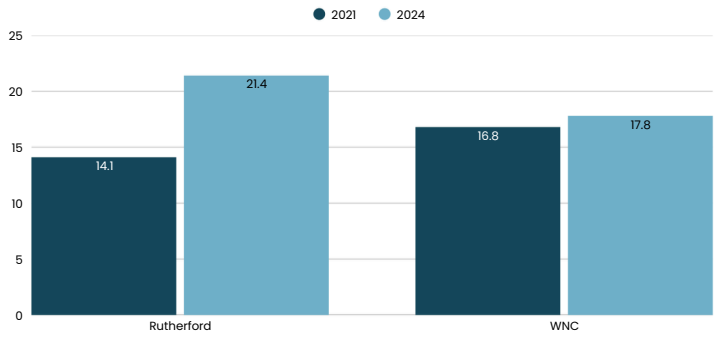


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 5]
Notes: Asked of all respondents.

SOCIAL DETERMINANTS OF HEALTH

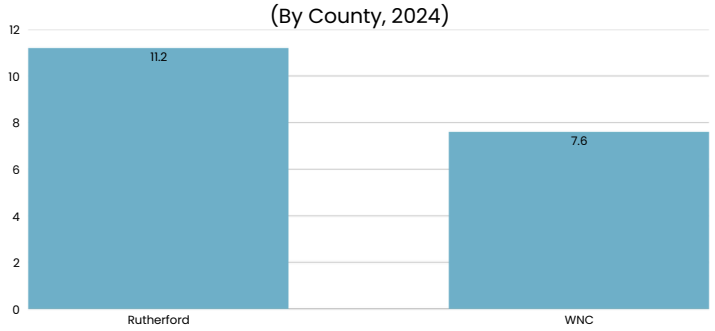
EQUITY

Disagree That the Community Is a Welcoming Place for People of All Races and Ethnicities
("Disagree" or "Strongly Disagree" Responses; By County)



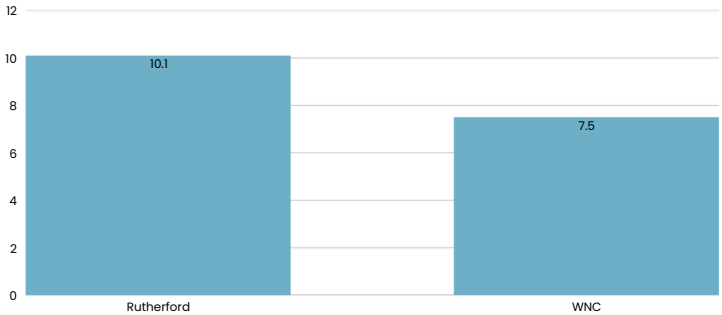
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 75]
Notes: Asked of all respondents.

"Often/Sometimes" Threatened or Harassed in the Past Year
(By County, 2024)



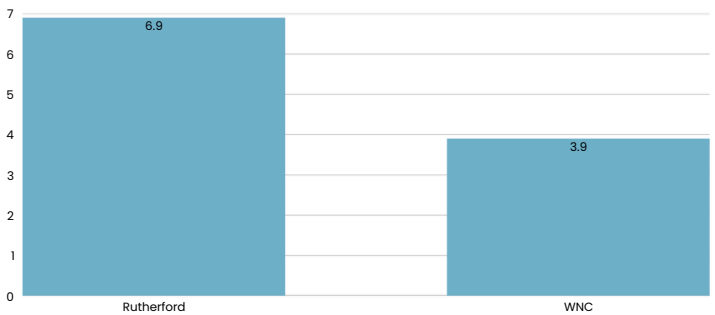
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 70]
Notes: Asked of all respondents.

"Often/Sometimes" Treated Unfairly When Getting Medical Care in the Past Year
(By County, 2024)



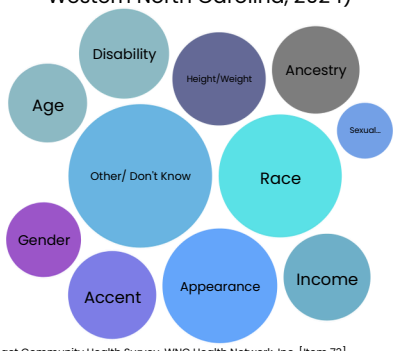
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 71]
Notes: Asked of all respondents.

"Often/Sometimes" Treated Unfairly at School in the Past Year
(By County, 2024)



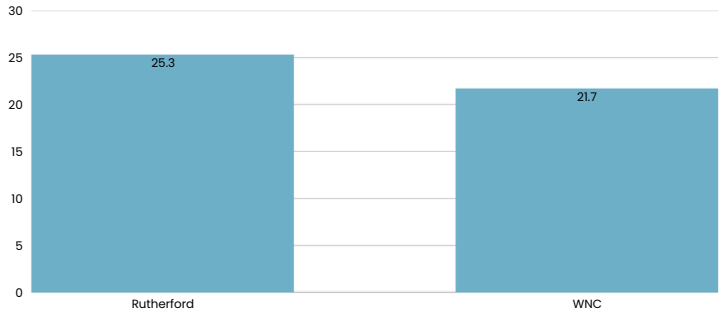
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 72]
Notes: Asked of all respondents.

Perceived Main Reason for Unfair Treatment in the Past Year
(Among Those Treated Unfairly "Often" or "Sometimes"; Western North Carolina, 2024)



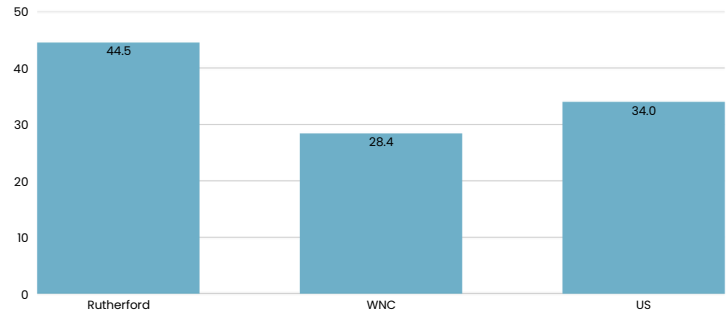
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 73]
Notes: Asked of respondents reporting they received unfair treatment "often" or "sometimes" in the past year.
Unfair treatment includes threats, harassment, discrimination when receiving medical care, and/or discrimination at school.

Experienced Negative Physical Symptoms in the Past Month as a Result of Any Unfair Treatment
(By County, 2024)



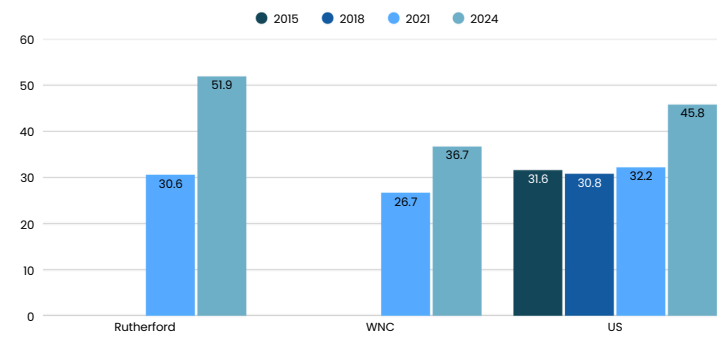
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 74]
Notes: Asked of all respondents.
Examples of physical symptoms include a headache, an upset stomach, tensing of muscles, or a pounding heart.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(By County, 2024)



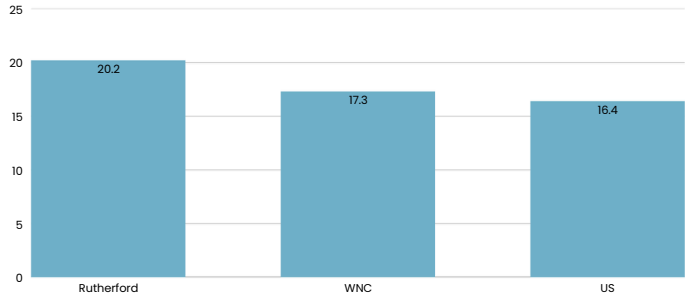
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 37]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past
(By County)



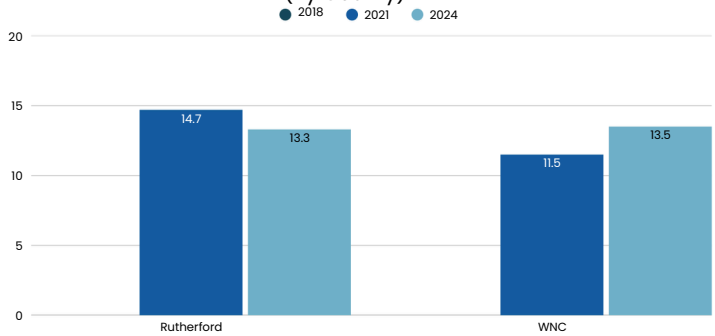
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 38]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.

Unhealthy or Unsafe Housing Conditions in the Past Year
(By County, 2024)



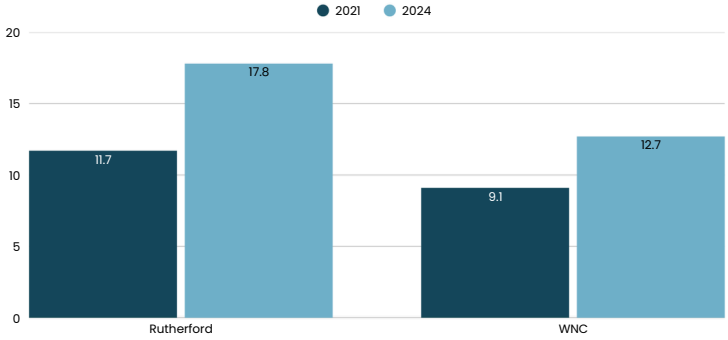
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 39]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

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



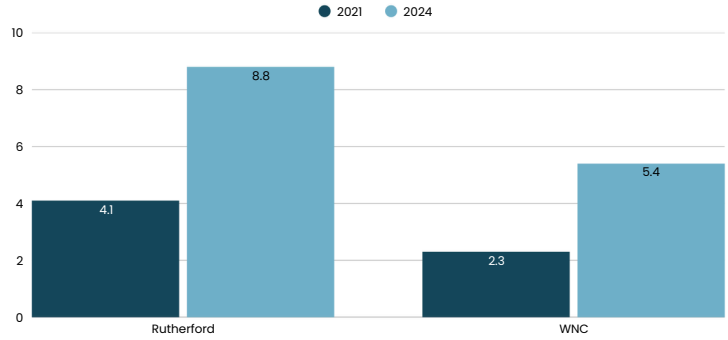
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 40]
Notes: Asked of all respondents.

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



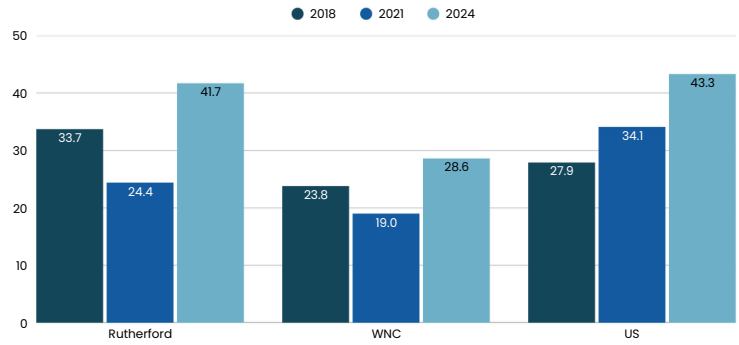
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 41]
Notes: Asked of all respondents.

Lived on the Street, in a Car, or in a Temporary Shelter in the Past Three Years
(By County)



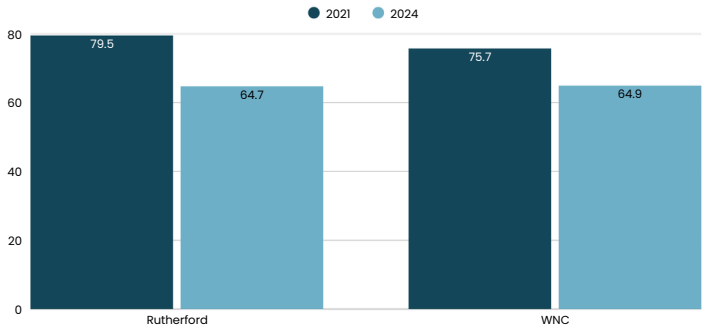
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 42]
Notes:Asked of all respondents.

Food Insecurity
(By County)



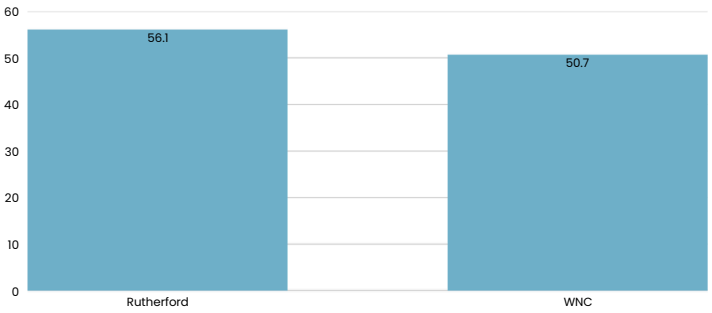
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 77]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

"Always" or "Usually" Have Someone to Rely on for Help When Needed (By County)



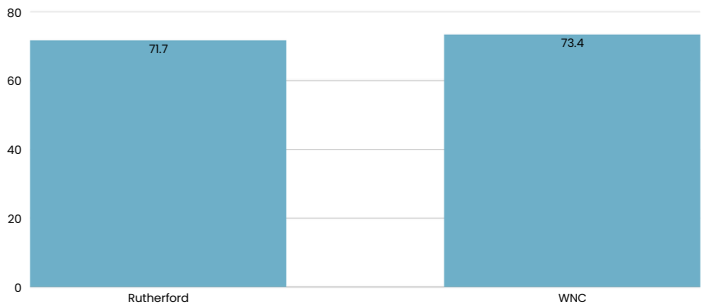
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 62]
Notes: Asked of all respondents.

Feel Lonely "Often/Some of the Time/Occasionally" (By County, 2024)

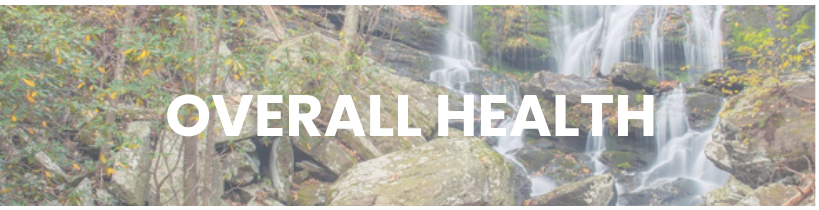


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 65]
Notes: Asked of all respondents.

Climate is "Very/Somewhat Connected" to Health Risks (By County, 2024)

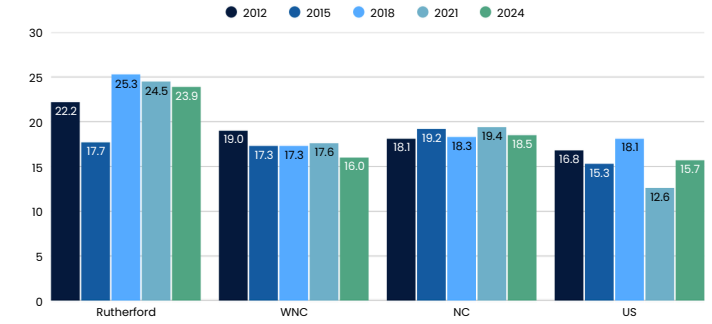


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 57]
Notes: Asked of all respondents.
Climate was defined as the weather conditions in an area in general or over a long period, with extreme heat, flooding, or drought given as examples.



OVERALL HEALTH

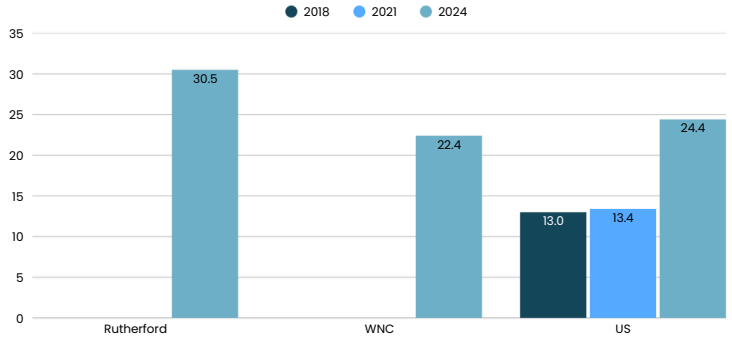
Experience "Fair" or "Poor" Overall Health
(By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, 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): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.

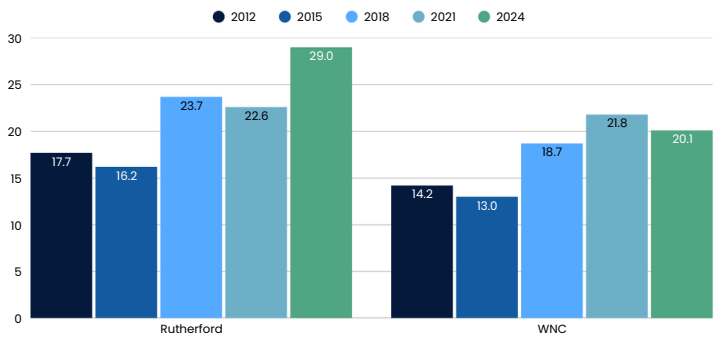
MENTAL HEALTH & MENTAL DISORDERS

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



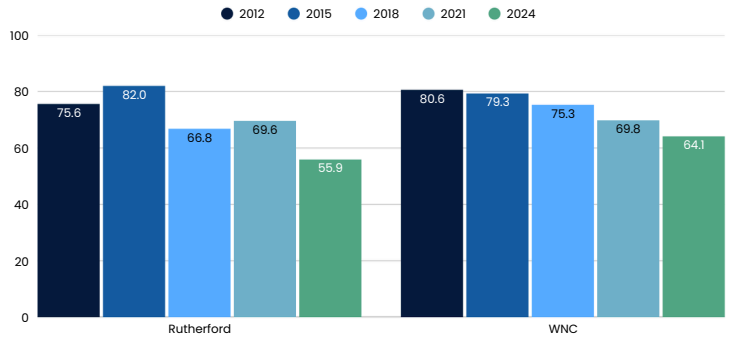
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 59]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Only Jackson and Swain counties were tested previously.

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



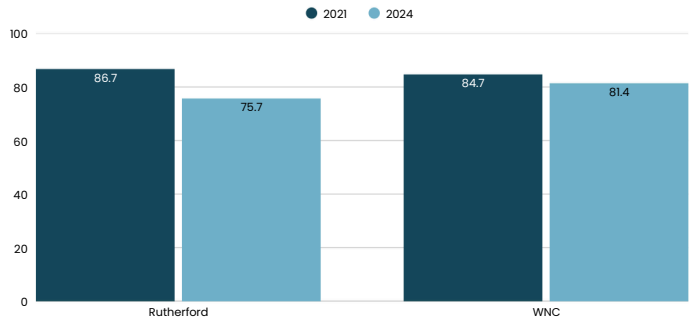
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 60]
Notes: Asked of all respondents.

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



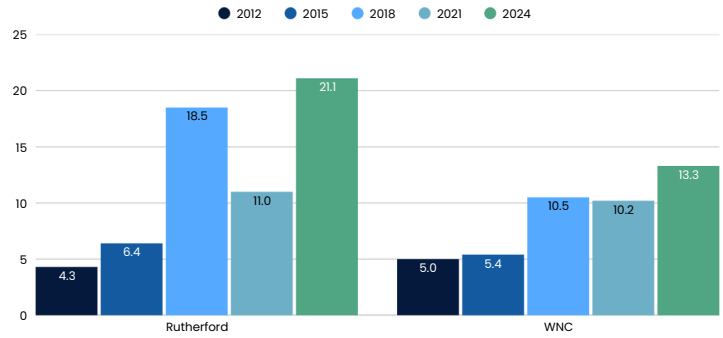
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 63]
Notes: Asked of all respondents.

Able to Stay Hopeful in Difficult Times
(By County)



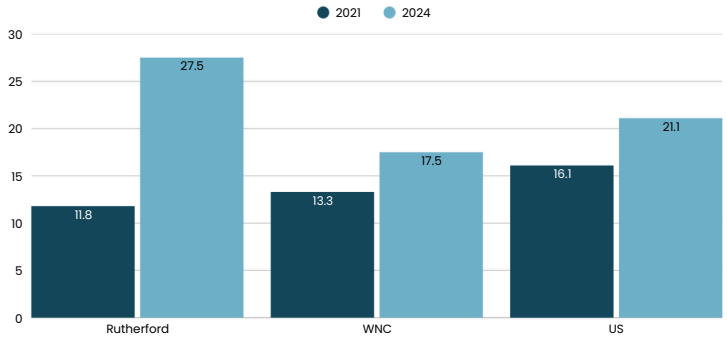
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 64]
Notes: Asked of all respondents.
Includes "strongly agree" and "agree" responses.

Dissatisfied with Life
(By County)



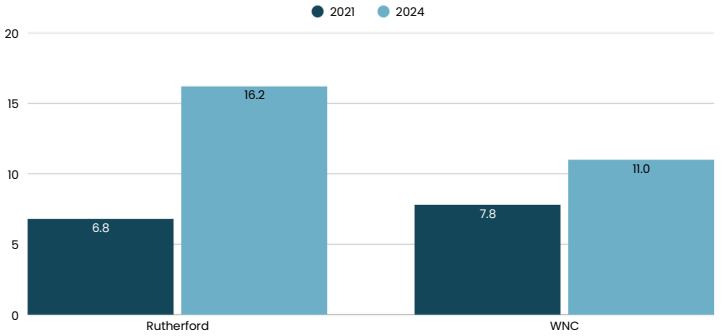
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 58]
Notes: Asked of all respondents.
Includes "dissatisfied" and "very dissatisfied" responses.

Typical Day is "Extremely/Very Stressful"
(By County)



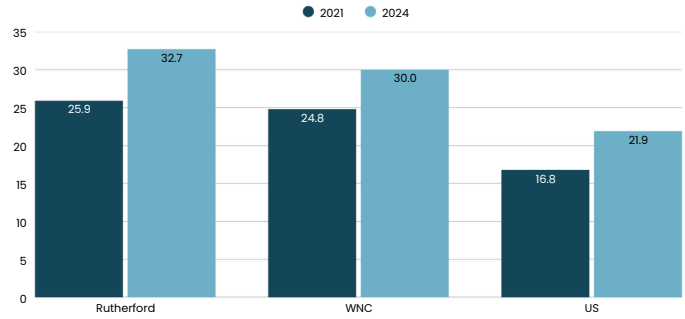
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 61]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.

Have Considered Suicide in the Past Year
(By County)



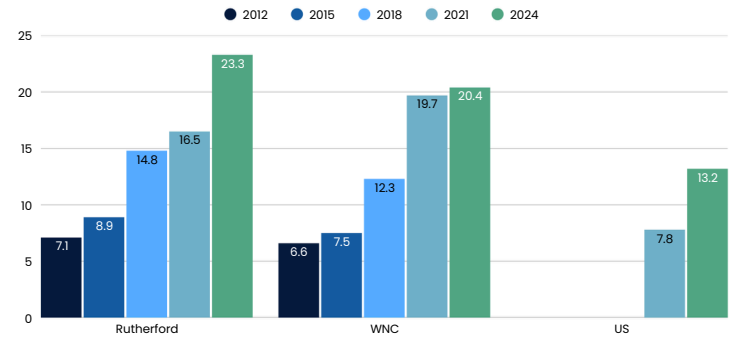
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 66]
Notes: Asked of all respondents.

Currently Receiving Mental Health Treatment
(By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 69]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Includes those now taking medication or otherwise receiving treatment, therapy, or counseling for any type of mental or emotional health need.

Unable to Get Mental Health Services When Needed in the Past Year
(By County)

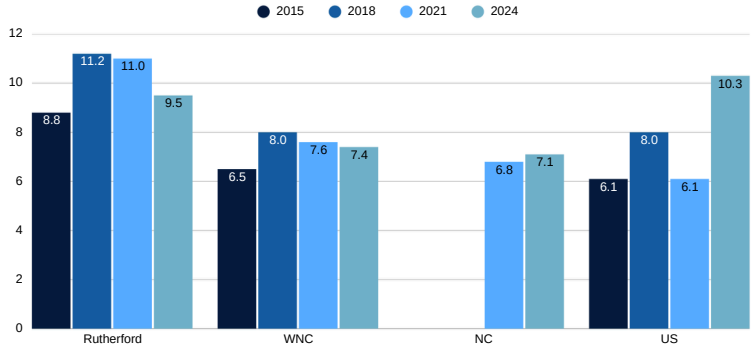


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 67]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.

CHRONIC CONDITIONS

CARDIOVASCULAR RISK

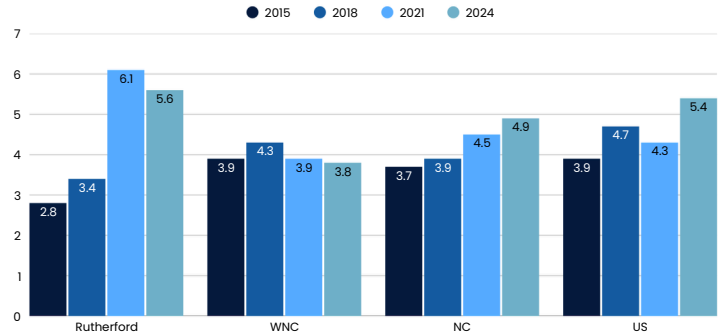
Prevalence of Heart Disease
(By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, 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): 2020 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.
Includes diagnoses of heart attack, angina, or coronary heart disease.

Prevalence of Stroke
(By County)

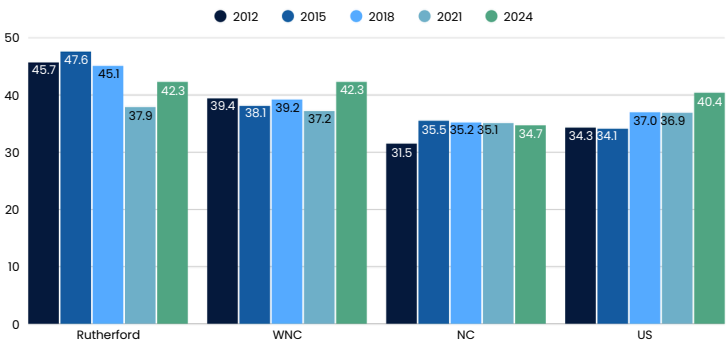


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 13]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

Prevalence of High Blood Pressure
(By County)

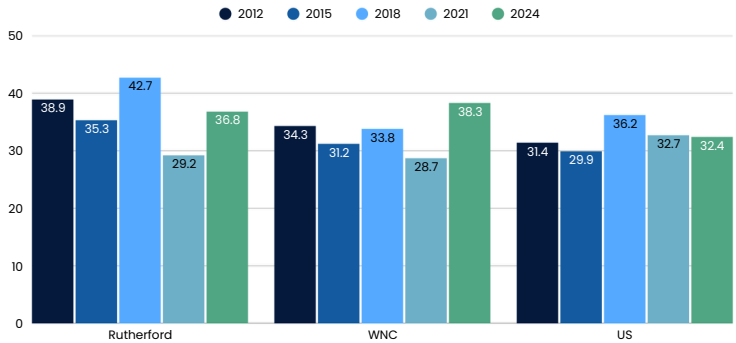
Healthy People2030Target=42.6% or Lower



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 18]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.
US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.

Notes: Asked of all respondents.

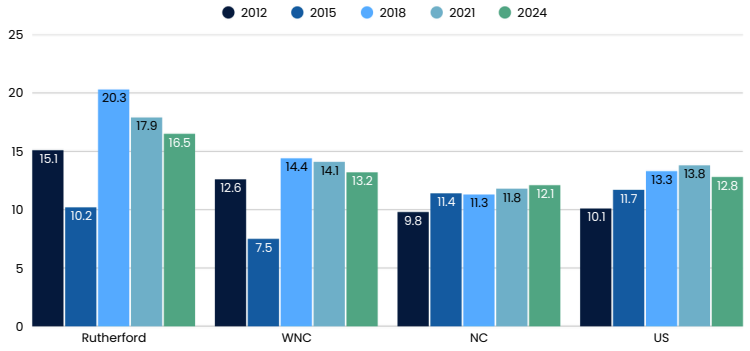
Prevalence of High Blood Cholesterol
(By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 19]
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

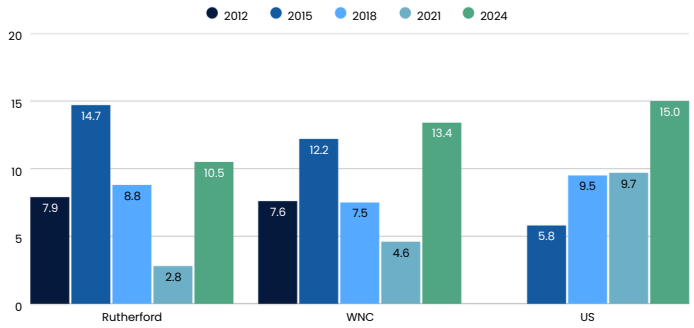
Prevalence of Diabetes
(By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 80]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

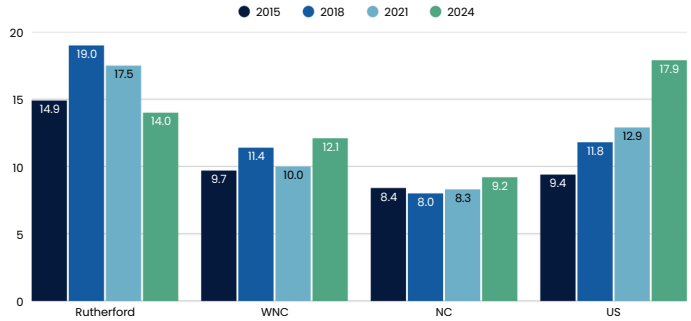
Prevalence of Borderline or Pre-Diabetes
(By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 80]
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

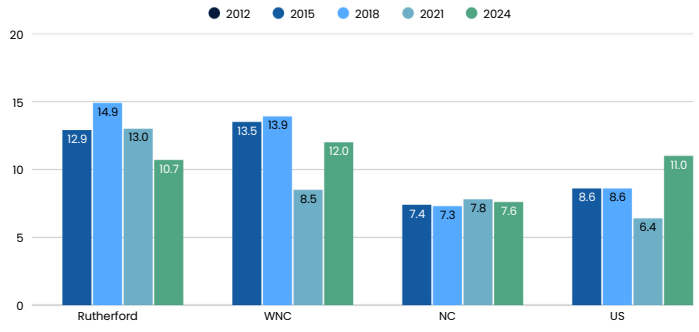
Prevalence of Asthma
(By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 79]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

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



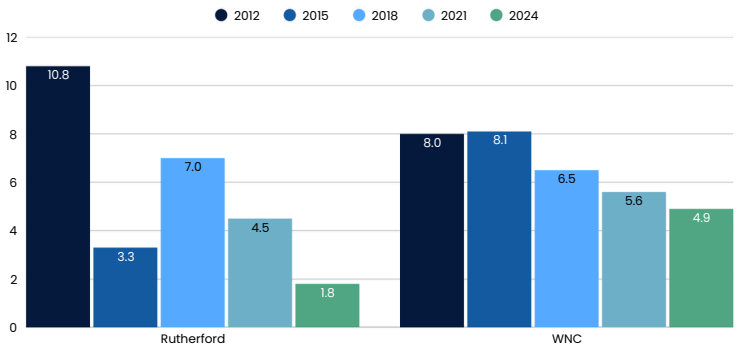
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 11]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.
Includes conditions such as chronic bronchitis and emphysema.

MODIFIABLE HEALTH RISKS

NUTRITION

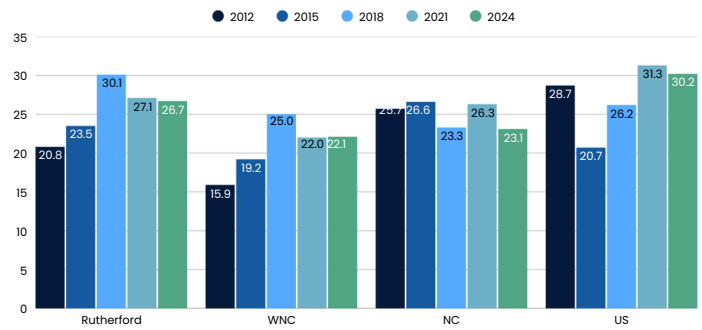
Consume Five or More Servings of Fruits/Vegetables Per Day
(By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 81]
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. Surveys before 2021 also excluded lettuce salads.

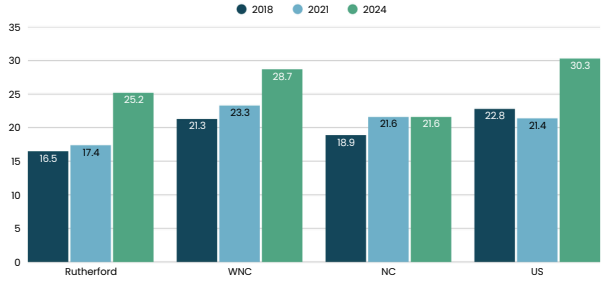
PHYSICAL ACTIVITY & FITNESS

No Leisure-Time PhysicalActivity in the Past Month
(By County)
Healthy People2030=21.8% or Lower



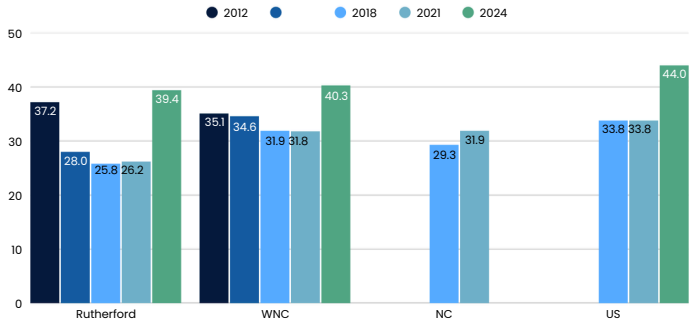
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 49]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.
US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.
Notes: Asked of all respondents.

Meets Physical Activity Recommendations
(By County)
Healthy People2030Target=29.7% or Higher



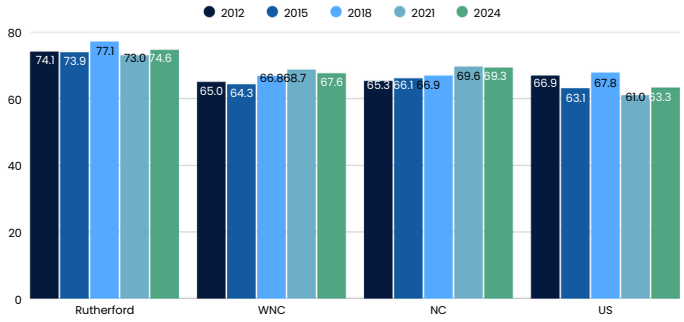
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 82]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.
US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.
Notes: Asked of all respondents.
Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) and who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Strengthening Physical Activity
(By County)
2015



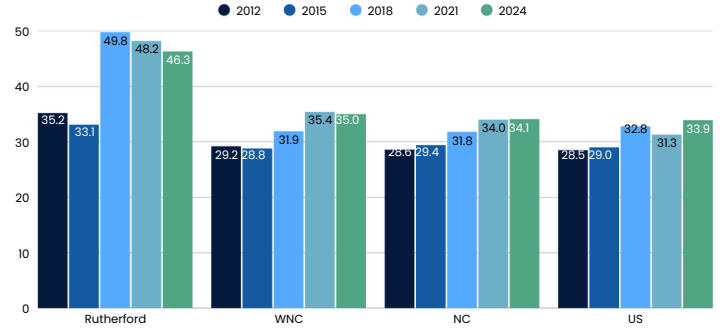
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 56]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Takes part in physical activities or exercises that strengthen muscles at least 2 times per week.

Prevalence of Total Overweight(Overweight or Obese)
(By County)

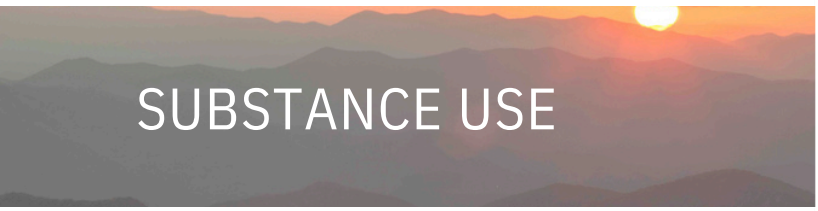


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 84]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, 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.

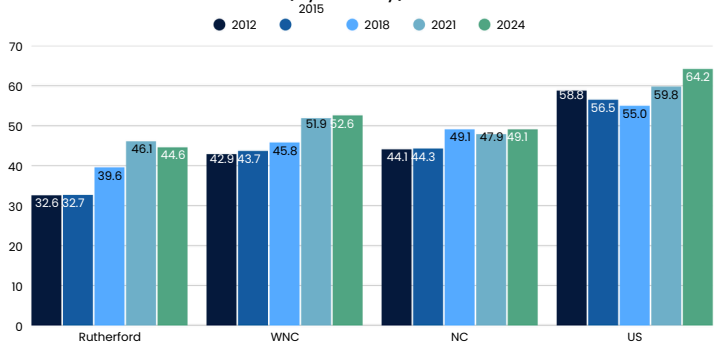
Prevalence of Obesity
(By County)
Healthy People2030Target=36.0% or Lower



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 84]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, 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.



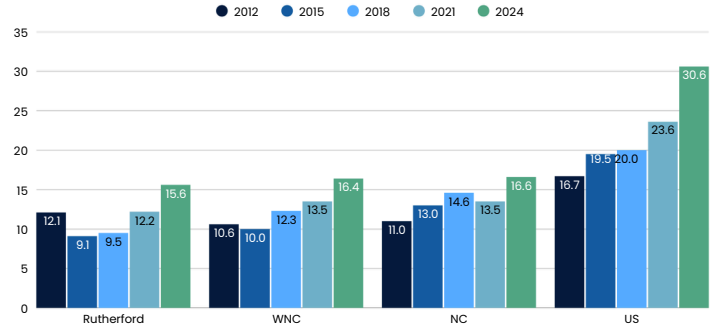
Current Drinking
(By County)
2015



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 338]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Current drinking reflects persons age 18 years and over who had at least one alcoholic drink in the past month.

Binge Drinking
(By County)

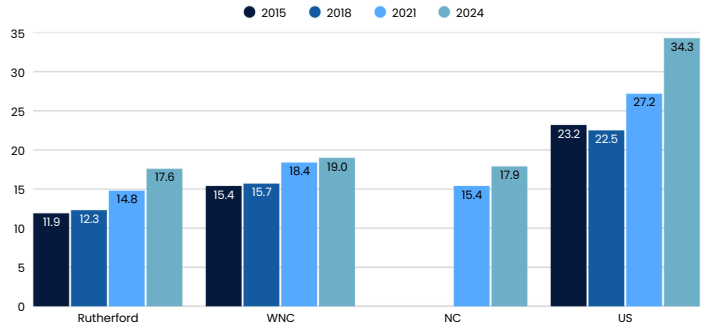
Healthy People2030Target=25.4% or Lower



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 337]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.
US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.

Notes: Asked of all respondents.
Binge drinking is 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.
Before 2021, survey data classified both men and women as binge drinkers if they had 5+ alcoholic drinks on one occasion in the past month.

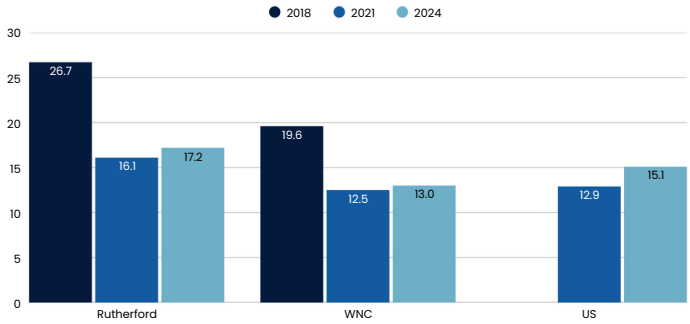
Excessive Drinking
(By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, 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): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.

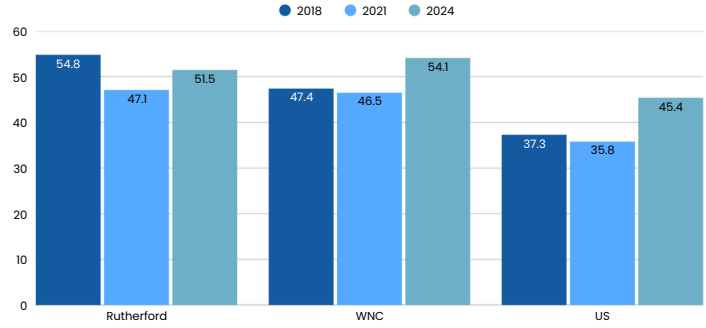
Notes: Asked of all respondents.
Excessive drinking reflects the number of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks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

Used a Prescription Opioid in the Past Year, With or Without a Prescription
(By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 23]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.

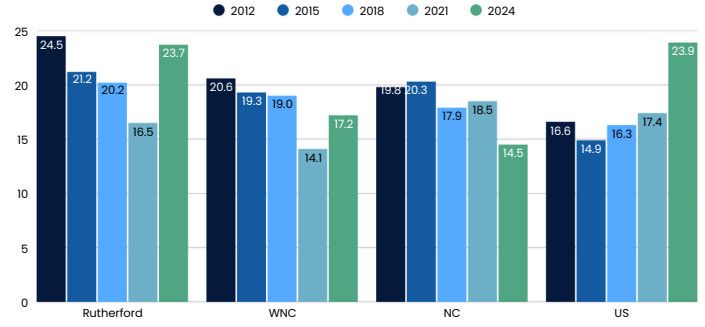
Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)
(By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 24]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.

Currently Smoke Cigarettes
(By County)

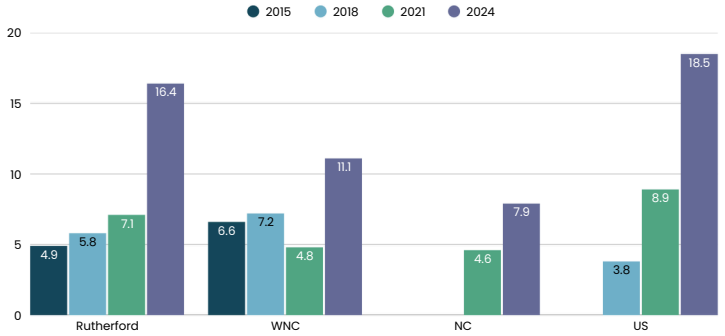
Healthy People2030Target= 6.1% or Lower



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 25]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.
US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.

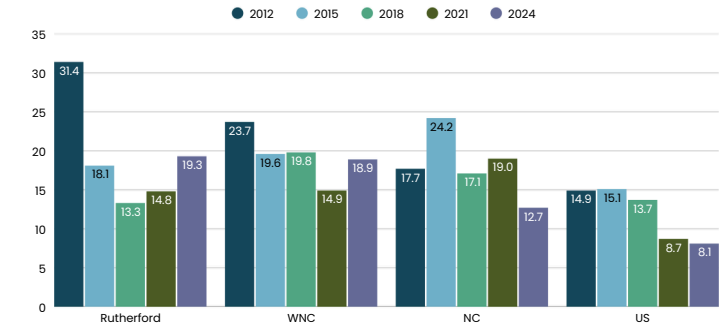
Notes: Asked of all respondents.
Includes those who smoke cigarettes every day or on some days.

Currently Use Vaping Products
(By County)



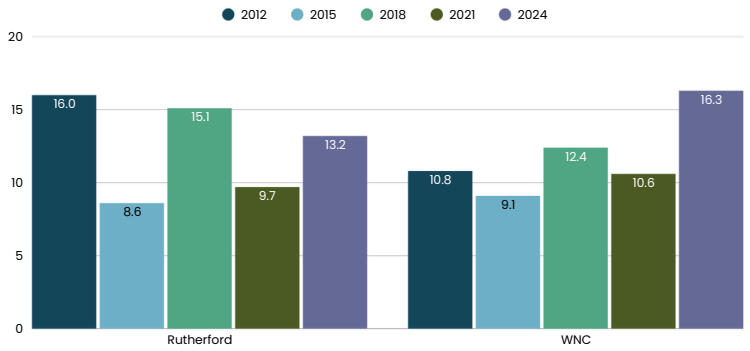
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 26]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human
Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Includes those who use vaping products every day or on some days.

Lack of Health Care Insurance Coverage
(By County)
Healthy People2030Target=7.6% or Lower



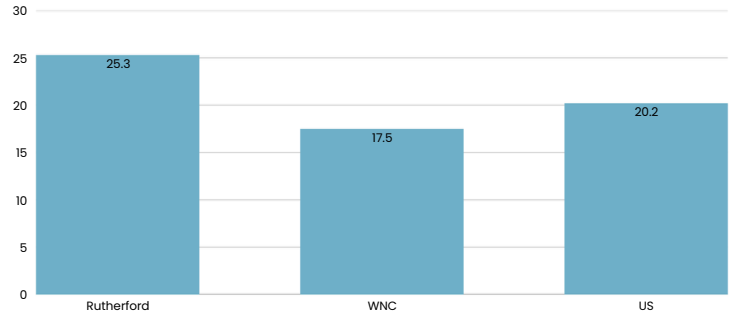
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 86]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.
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
(By County)



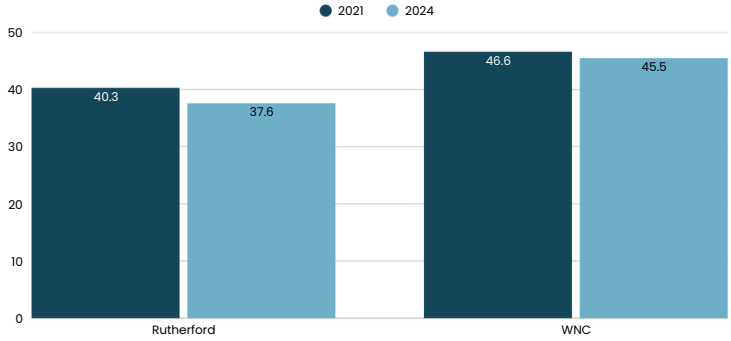
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 7]
Notes: Asked of all respondents.

Cost Prevented Getting a Prescription in the Past Year
(By County, 2024)



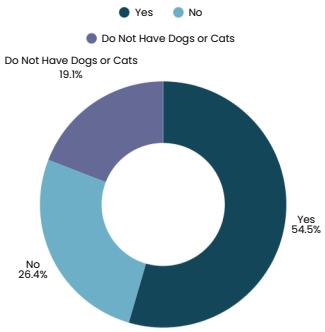
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 9]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.

"Extremely/Very Likely" to Use Telemedicine for Routine Care
(By County)



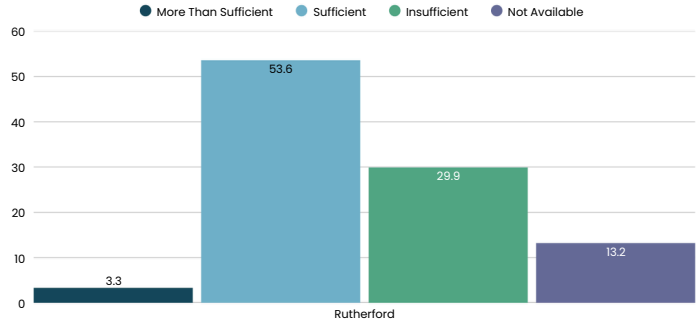
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 10]
Notes: Asked of all respondents.
During a telemedicine visit, a patient uses a computer, smartphone, or telephone to communicate with a health care professional in real time without being face-to-face.

Currently Own Any Dogs or Cats That are Not Microchipped
(Rutherford County, 2024)



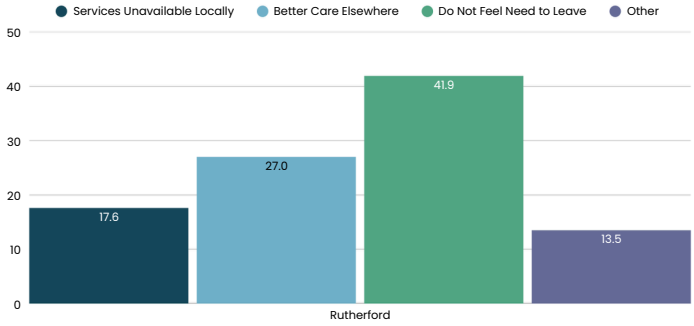
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 328]
Notes:Asked of all respondents.

Ratings of Local Resources for Chronic Diseases (Such as Diabetes, Heart Disease, and COPD)
(By County, 2024)



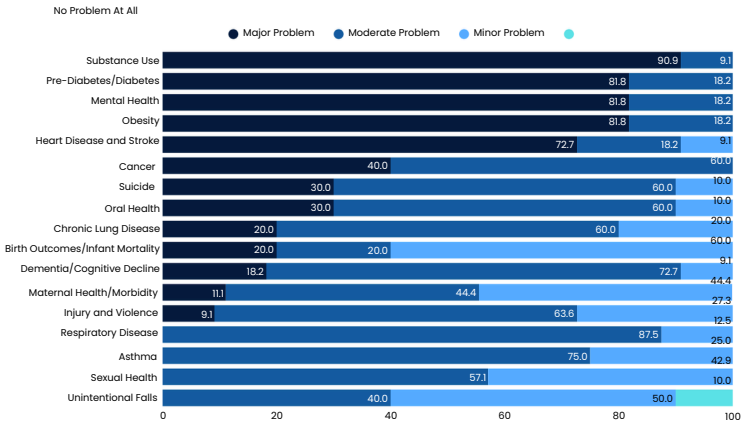
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 306]
Notes:Asked of all respondents.

Main Reason for Leaving County for Medical Care
(By County, 2024)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 304]
Notes:Asked of all respondents.

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



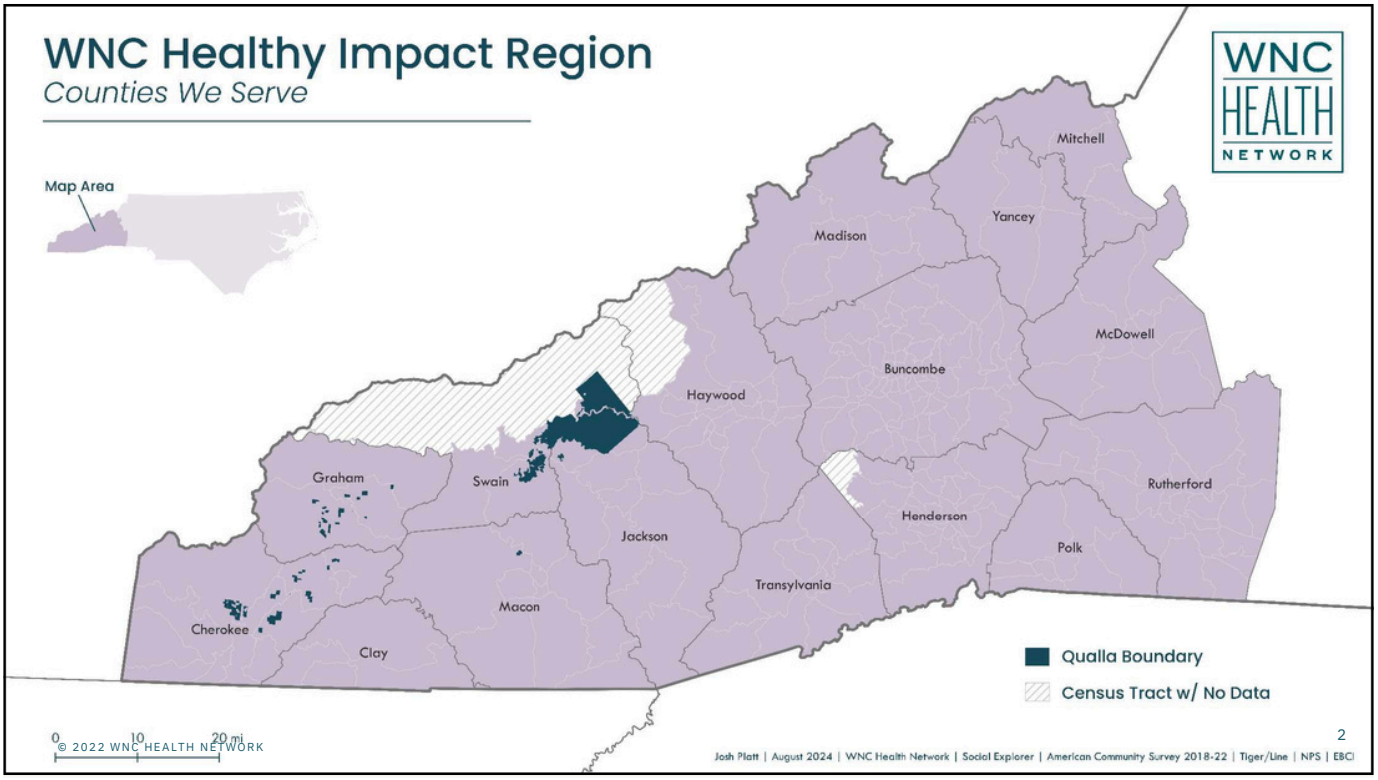
APPENDIX C – County Maps

Rutherford County Maps

Sources: SocialExplorer, American Community Survey 5-Year Estimates 2018-2022,

Social VulnerabilityIndex(2022),ShapefilefromTiger/Line,NationalParkService,and Eastern Band of Cherokee Indians

1



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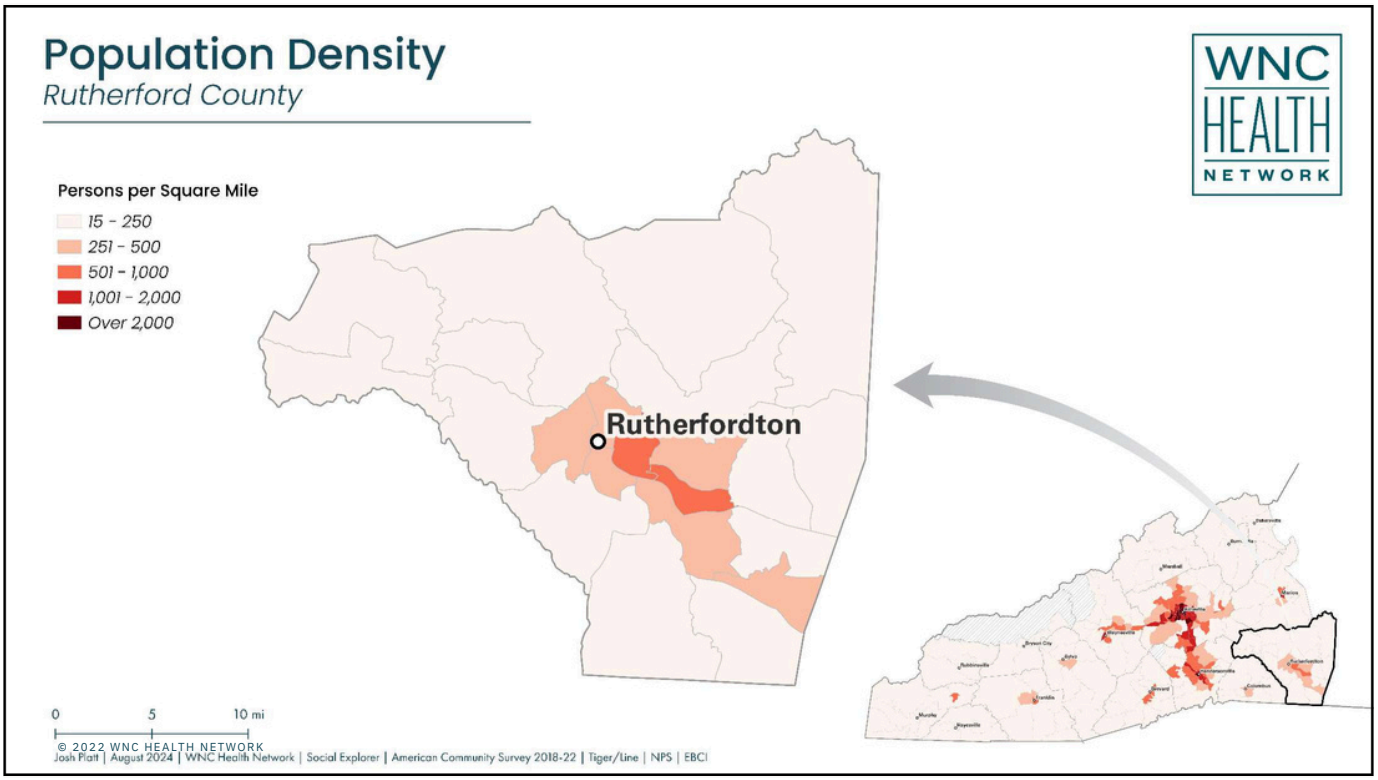
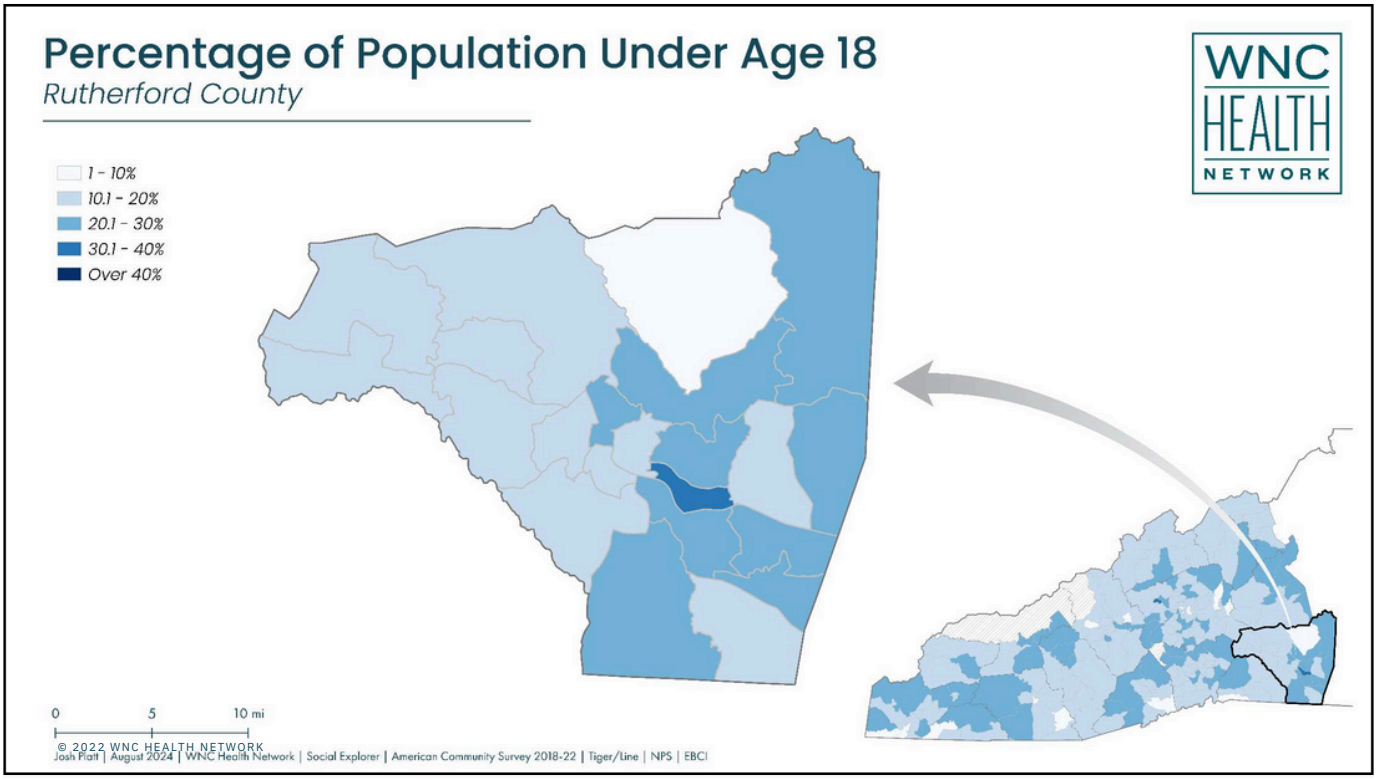
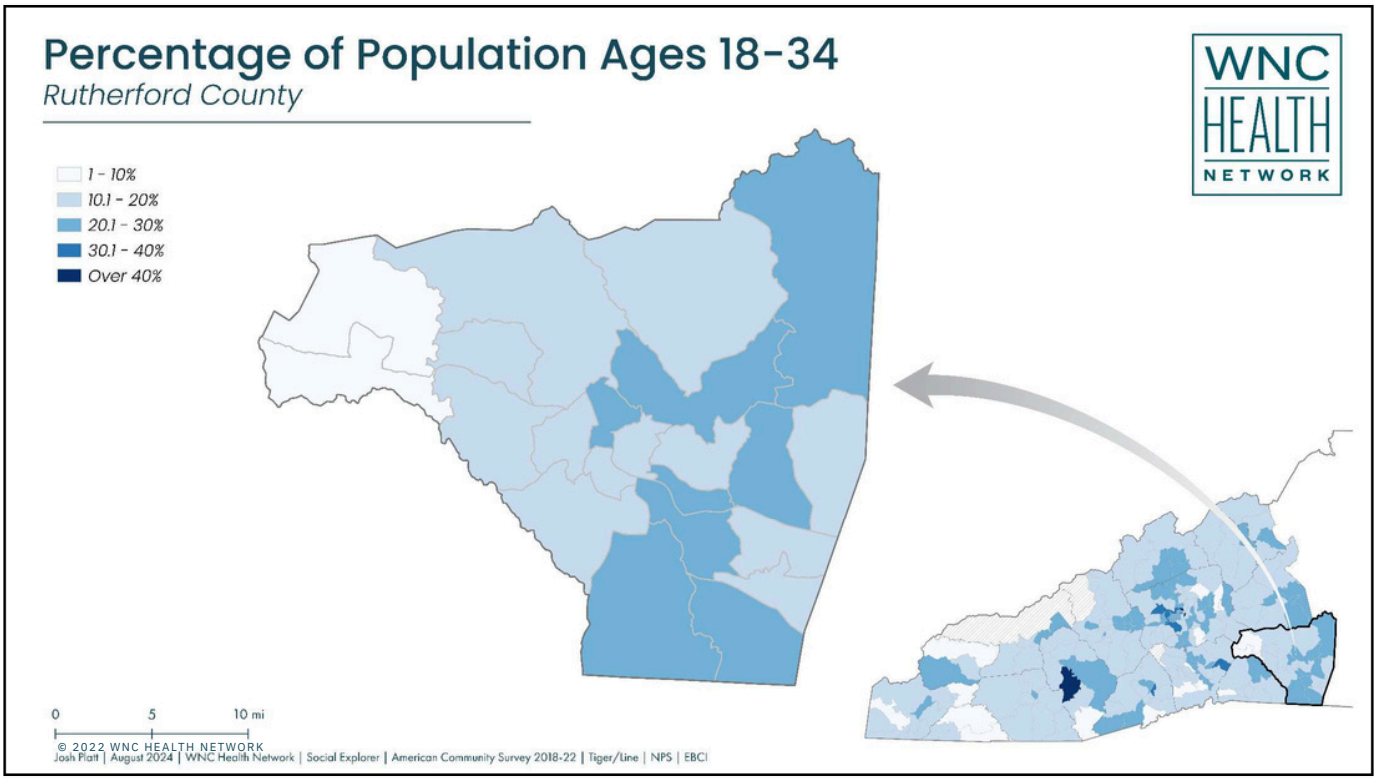

Population Density
Rutherford County
WNC HEALTH NETWORK
Persons per Square Mile
15 - 250
251 - 500
501 - 1,000
1,001 - 2,000
Over 2,000
Rutherfordton
0 5 10 mi
© 2022 WNC HEALTH NETWORK
Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI

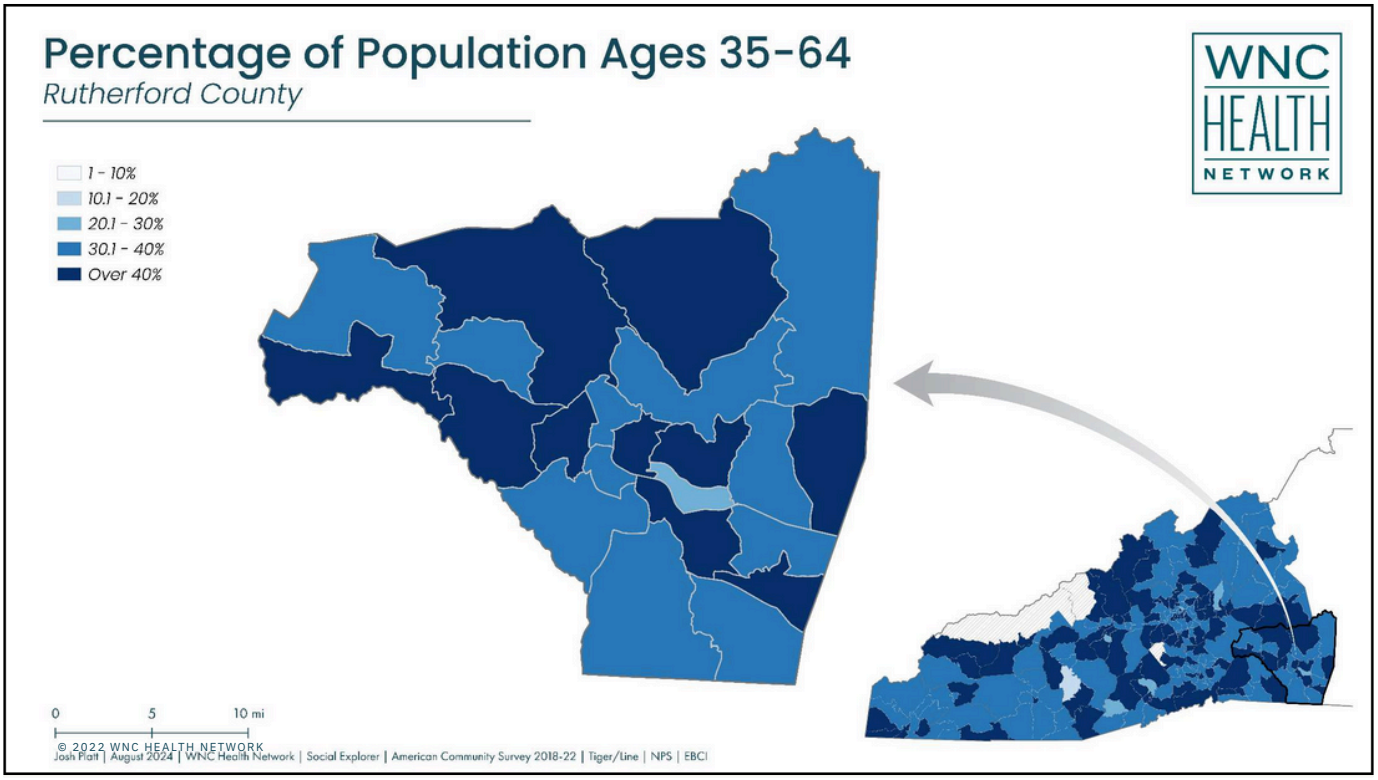
3


Percentage of Population Under Age 18
Rutherford County
WNC HEALTH NETWORK
1 - 10%
10.1 - 20%
20.1 - 30%
30.1 - 40%
Over 40%
0 5 10 mi
© 2022 WNC HEALTH NETWORK
Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI

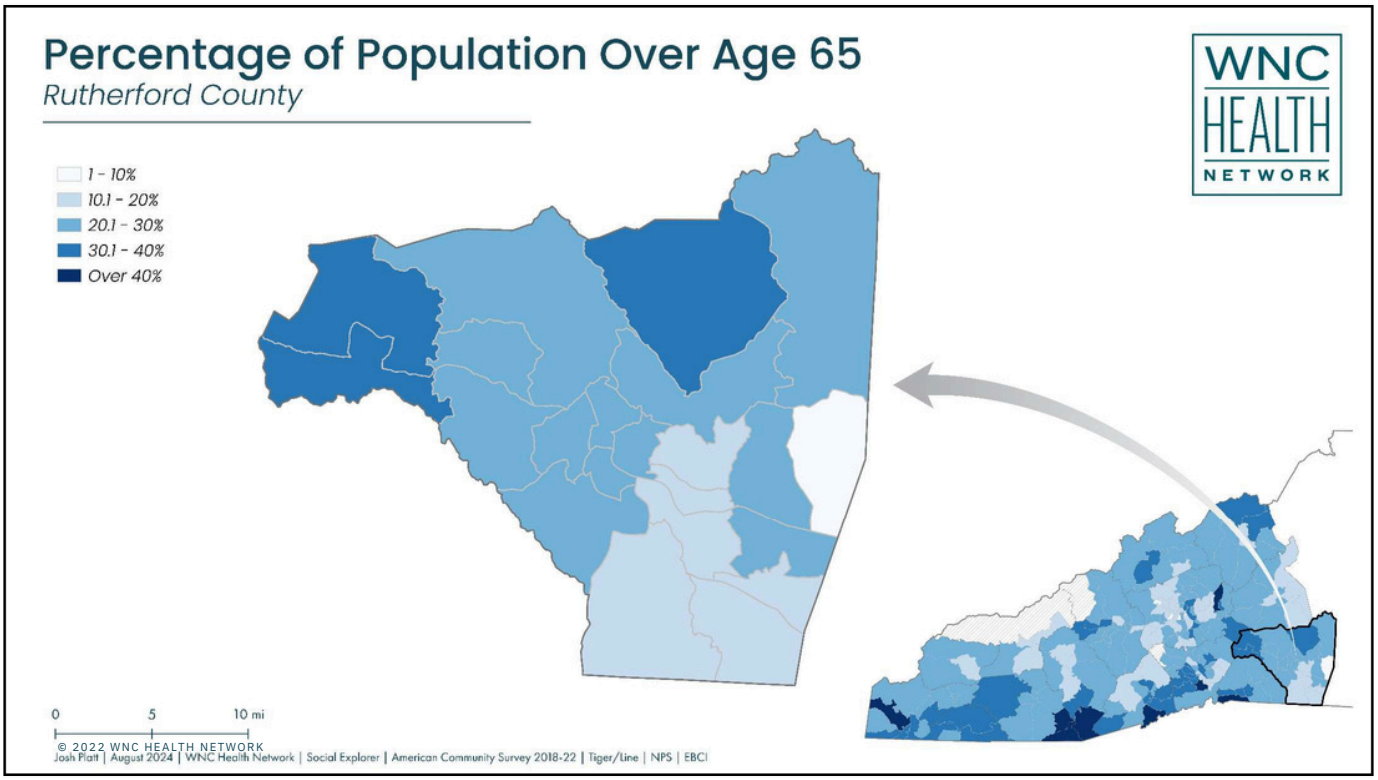
4


Percentage of Population Ages 18-34
Rutherford County
WNC HEALTH NETWORK
1 - 10%
10.1 - 20%
20.1 - 30%
30.1 - 40%
Over 40%
0
5
10 mi
© 2022 WNC HEALTH NETWORK
Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI

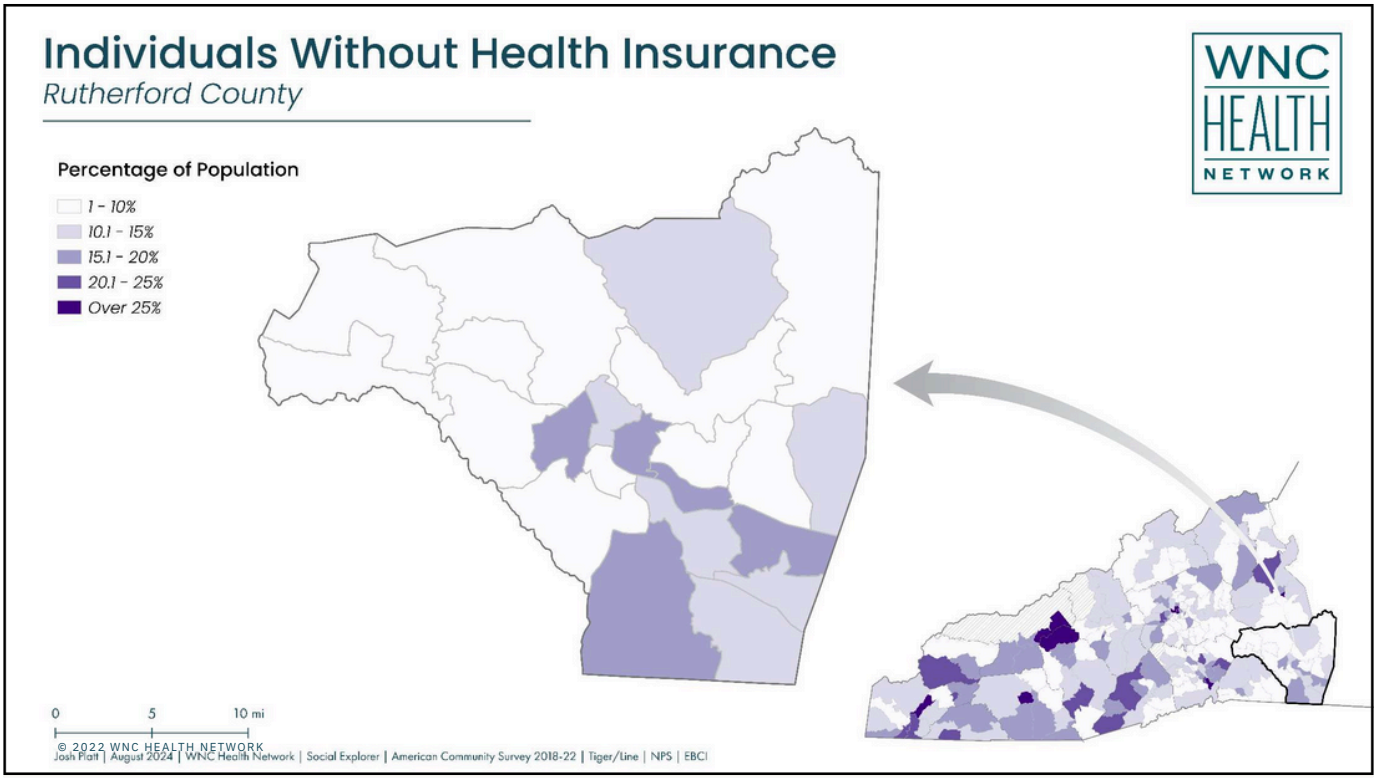
5


Percentage of Population Ages 35-64
Rutherford County
WNC HEALTH NETWORK
1 - 10%
10.1 - 20%
20.1 - 30%
30.1 - 40%
Over 40%
0
5
10 mi
© 2022 WNC HEALTH NETWORK
Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI

6


Percentage of Population Over Age 65
Rutherford County
1 - 10%
10.1 - 20%
20.1 - 30%
30.1 - 40%
Over 40%
WNC HEALTH NETWORK
0 5 10 mi
© 2022 WNC HEALTH NETWORK
Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI

7


Individuals Without Health Insurance
Rutherford County
Percentage of Population
1 - 10%
10.1 - 15%
15.1 - 20%
20.1 - 25%
Over 25%
WNC HEALTH NETWORK
0 5 10 mi
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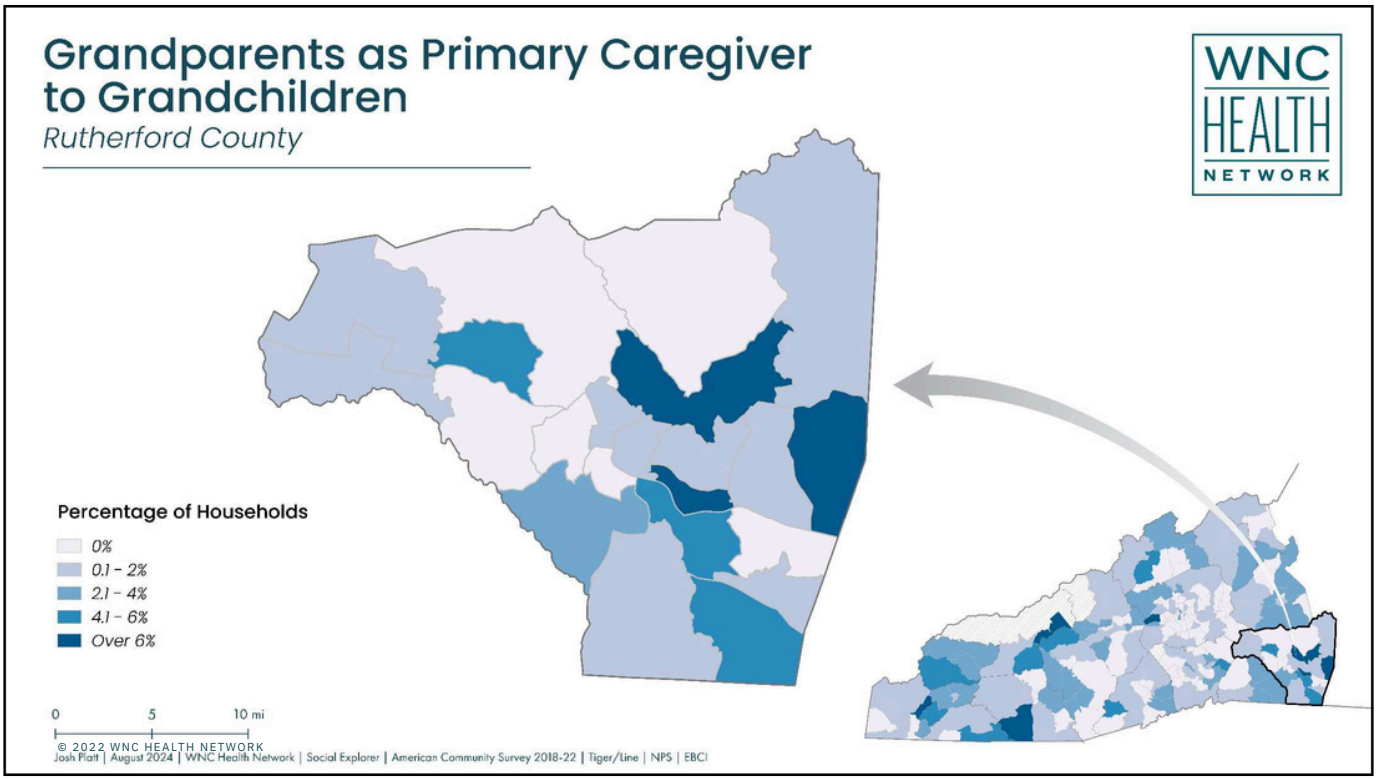
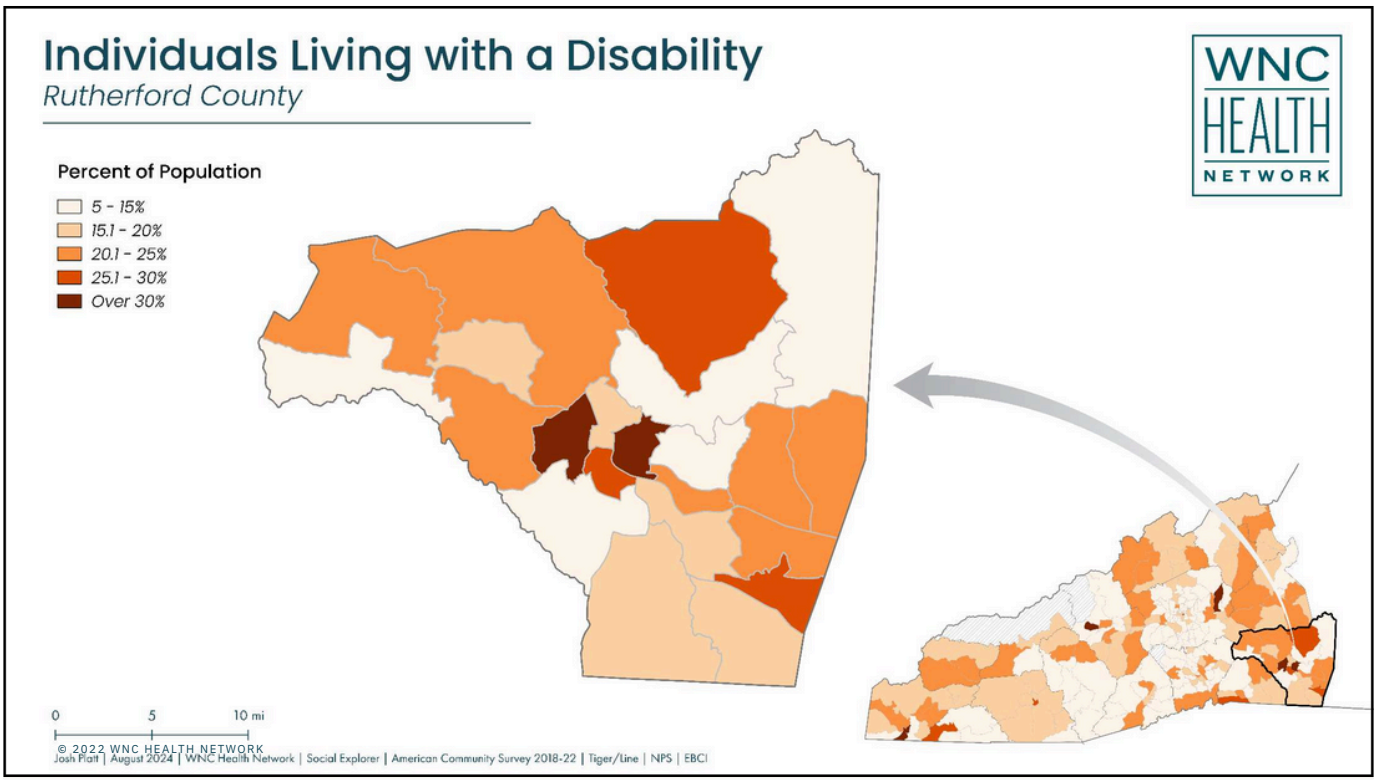
Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI

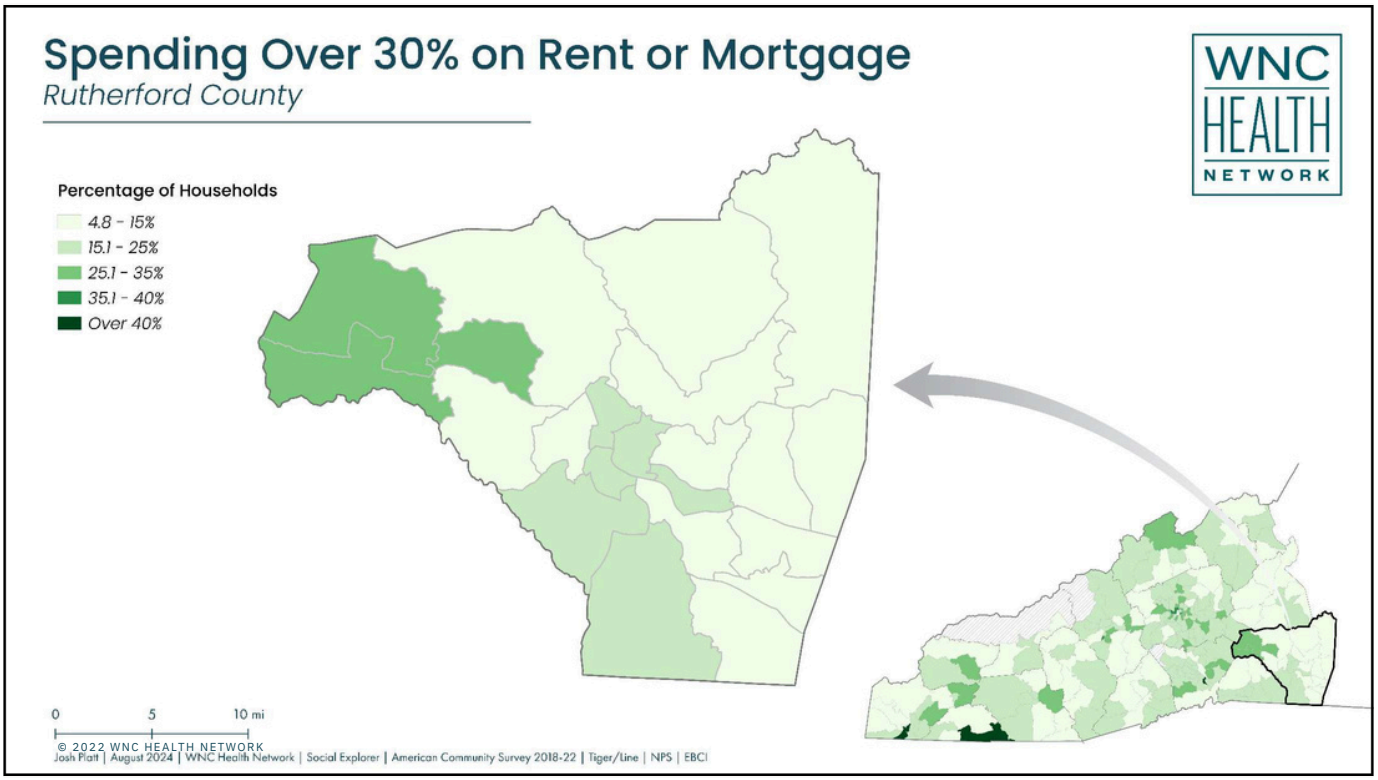
8


Grandparents as Primary Caregiver to Grandchildren
Rutherford County
WNC HEALTH NETWORK
Percentage of Households
0%
0.1 - 2%
2.1 - 4%
4.1 - 6%
Over 6%
0
5
10 mi
© 2022 WNC HEALTH NETWORK
Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI

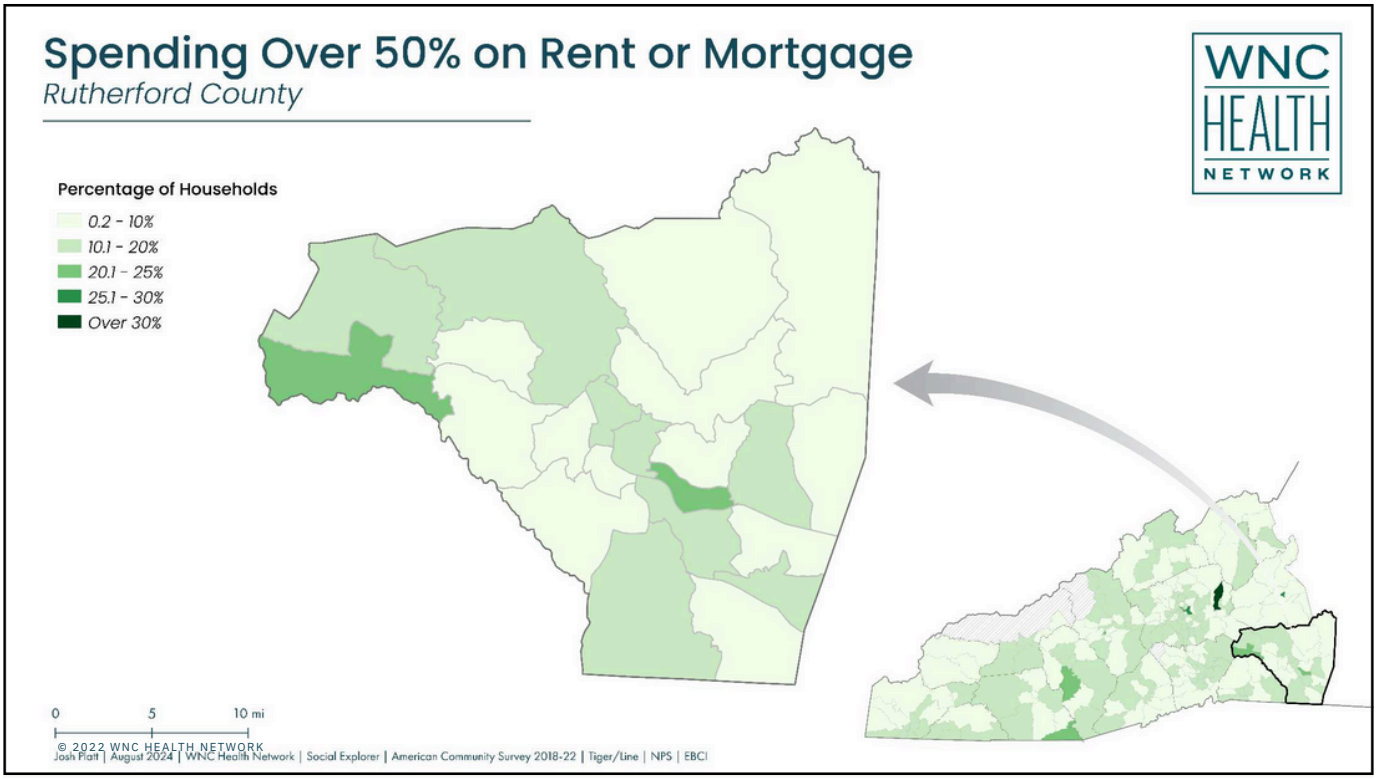
9


Individuals Living with a Disability
Rutherford County
WNC HEALTH NETWORK
Percent of Population
5 - 15%
15.1 - 20%
20.1 - 25%
25.1 - 30%
Over 30%
0
5
10 mi
© 2022 WNC HEALTH NETWORK
Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI

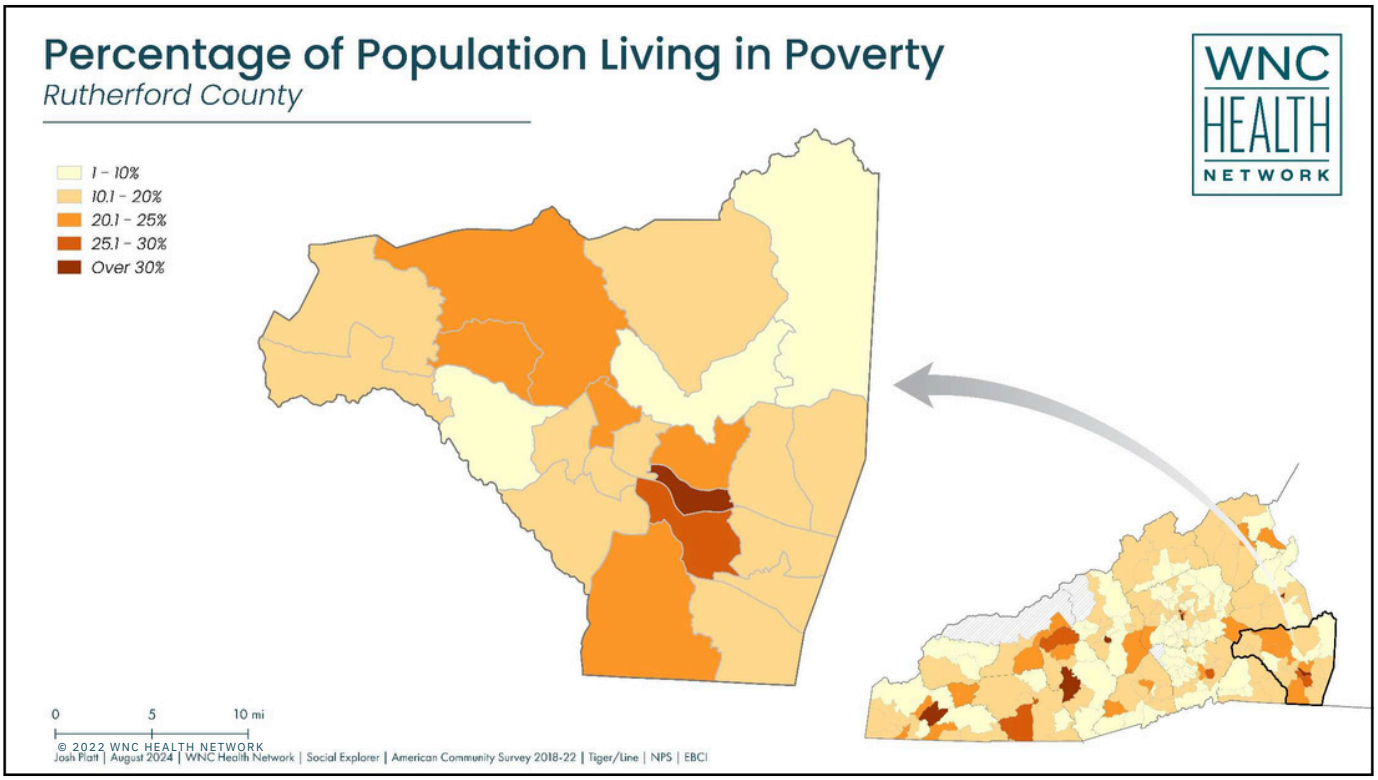
10


Spending Over 30% on Rent or Mortgage
Rutherford County
WNC HEALTH NETWORK
Percentage of Households
4.8 - 15%
15.1 - 25%
25.1 - 35%
35.1 - 40%
Over 40%
0
5
10 mi
© 2022 WNC HEALTH NETWORK
Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI

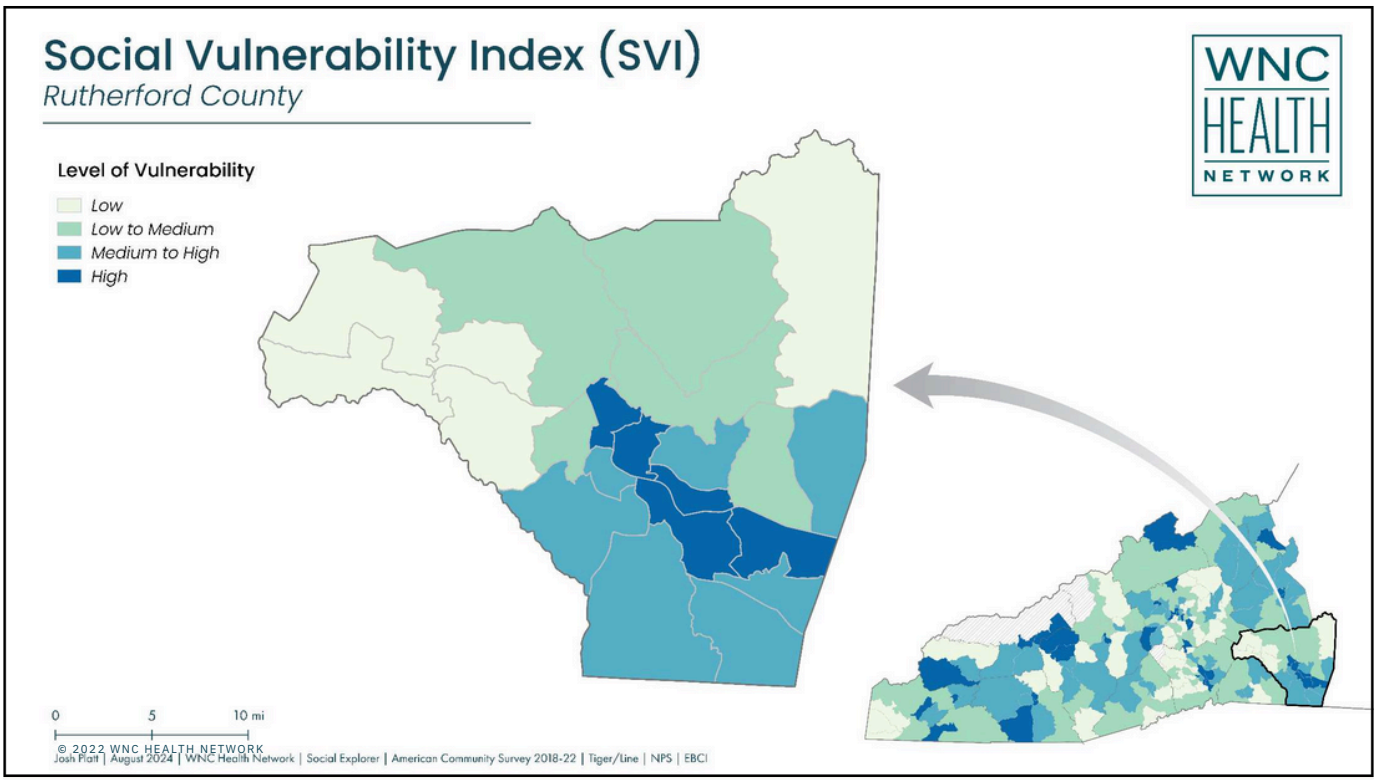
11


Spending Over 50% on Rent or Mortgage
Rutherford County
WNC HEALTH NETWORK
Percentage of Households
0.2 - 10%
10.1 - 20%
20.1 - 25%
25.1 - 30%
Over 30%
0
5
10 mi
© 2022 WNC HEALTH NETWORK
Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI

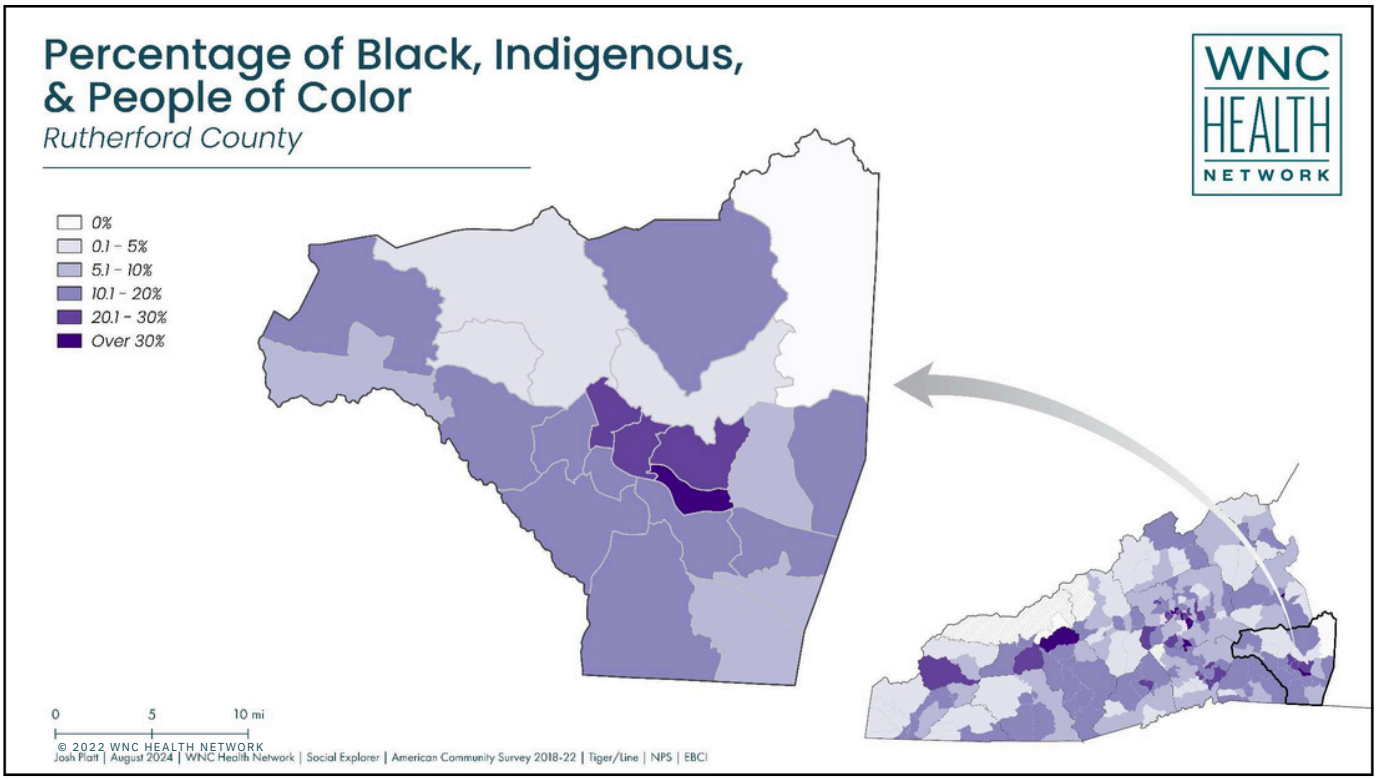
12


Percentage of Population Living in Poverty
Rutherford County
WNC HEALTH NETWORK
1 - 10%
10.1 - 20%
20.1 - 25%
25.1 - 30%
Over 30%
0
5
10 mi
© 2022 WNC HEALTH NETWORK
Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI

13


Social Vulnerability Index (SVI)
Rutherford County
WNC HEALTH NETWORK
Level of Vulnerability
Low
Low to Medium
Medium to High
High
0
5
10 mi
© 2022 WNC HEALTH NETWORK
Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI

14


Percentage of Black, Indigenous, & People of Color
Rutherford County
WNC HEALTH NETWORK
0%
0.1 - 5%
5.1 - 10%
10.1 - 20%
20.1 - 30%
Over 30%
0
5
10 mi
© 2022 WNC HEALTH NETWORK
Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI

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APPENDIX D - Key-Informant Survey Findings

2024 COMMUNITY HEALTH NEEDS ASSESSMENT —

KEY INFORMANT FINDINGS

RutherfordCounty, NorthCarolina

Sponsored by
WNC Health Network
for WNC Healthy Impact

2024-0260-02

Prepared by PRC

www.PRCCustomResearch.com

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

RUTHERFORD COUNTY: ONLINE KEY INFORMANT SURVEY PARTICIPATION

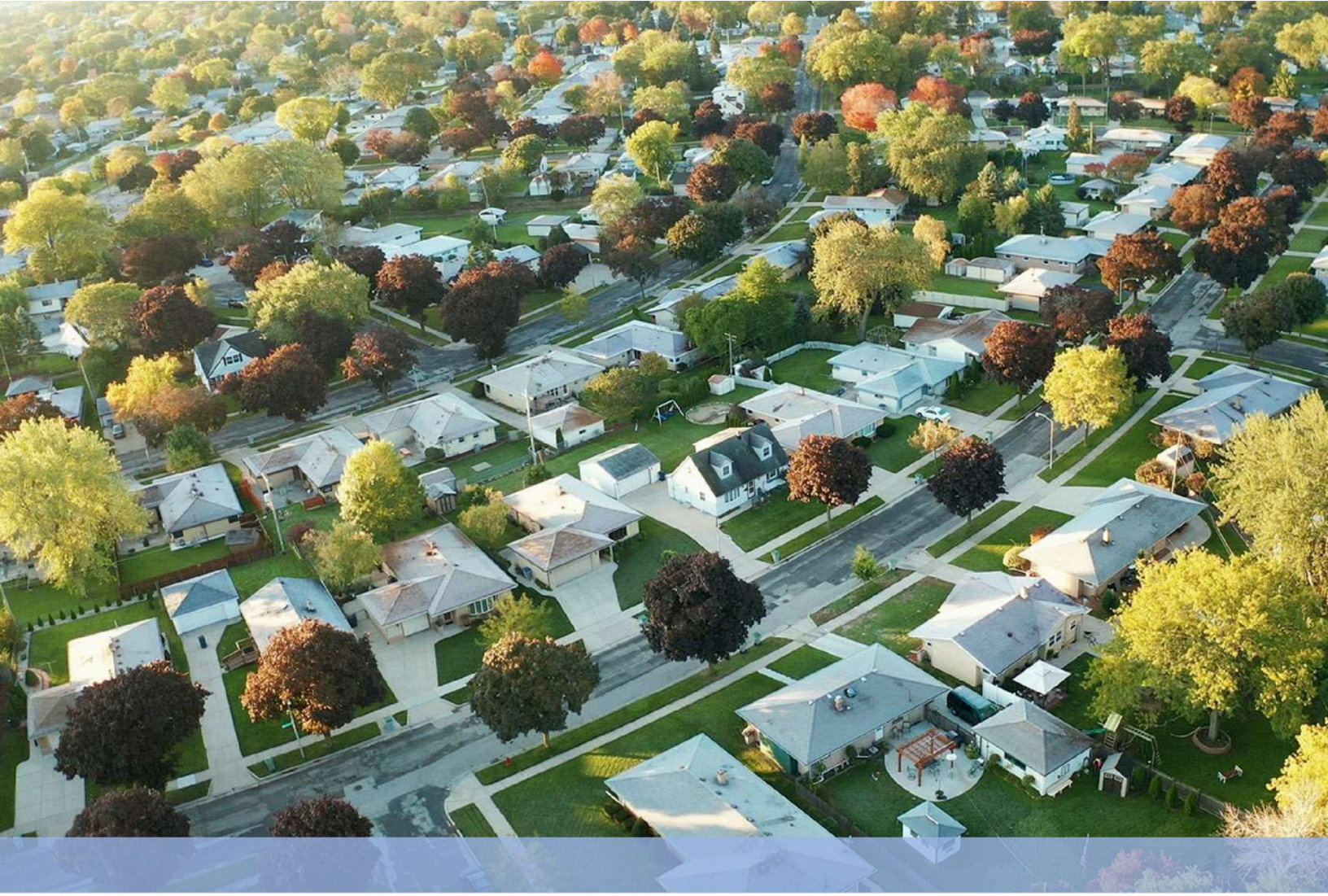
KEYINFORMANT TYPE	NUMBER PARTICIPATING
Public Health Representatives	1
Other Health Providers	3
Social Services Providers	1
Other Community Leaders	6

Final participation included representatives of the organizations outlined below.

- Foothills Food Hub
- Foothills Health District
- Health Council of Rutherford Co
- Isothermal Comm. College
- Partners
- Partnership for Children
- Rutherford County
- Rutherford Regional Health System
- Town of Rutherfordton

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

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

IntheOnlineKeyinformantSurvey,communitystakeholderswereasked:"Thinkingback overthepast 12 months, what have you experienced in your community that has helped you feel inspired, confident, or hopeful related to thehealth and wellbeing of people in your community?" The following represent their verbatim responses.

Community-Based Organizations

> Iwas inspired by Dogwood Health Trust, which continues to offer funding to support the health and well-being of Rutherford County citizens. We are grateful they are funding a house to prevent children from sleeping on the office floors, which will help reduce the trauma already experienced through child maltreatment. – Social Services Provider (Rutherford County)
>
> Thermal Belt Rail Trail, South Mountain State Park. – Community Leader (Rutherford County)
>
> Increased usage of the Thermal Belt Rail Trail and groundbreaking for the Soccer Complex. There has also been anincrease in family practice physicians and midlevel providers. – Community Leader (Rutherford County)

Local Providers

> Addition ofprimary care providers, specialists, and services such as PCI and STEMI by Rutherford Regional Health System (RRHS). Continued positive outcomes and improved community perception of care provided at RRHS. – Health Care Provider (Rutherford County)
>
> An increase in medical providers and urgent care type facilities. Also seeing a lot of collaboration from the Rutherford County Health Council members to address social determinants of health. – Community Leader (Rutherford County)

Parks and Recreation

> Investments in our community that are helping to address health and wellness, projects like the Soccer Complex, Purple Martin Greenway, Norris Park and others, Also the recent accreditations at RRHS. – Community Leader (Rutherford County)
>
> Seeing so many individuals and families using the rail trail has been encouraging and gives me a sense of hope. Also, organizations that are working to combat the opioid epidemic has also been a hopeful thing. – Community Leader (Rutherford County)

Local Health Departments

> The addition of Megan Rollinsinan outreach capacity at the Foothills Health Department. The announcement of the building of the health sciences building and subsequent programming to help develop employable health care professionals locally. Large usage of the Thermal Belt Rail Trail for recreation for people of all ages. New programming from the extension office. – Health Care Provider (Rutherford County)

Mental Health Services

> Thehelping community hasstarted to come together on several initiatives, primarily involving mental health and substance useissues. – Health Care Provider (Rutherford County)

Outdoor Spaces

> Anoverallbetterment of the community outdoor spaces for safe family-friendly activities. – Public Health Representative (Rutherford County)

Key Informant Perceptions of a Healthy Community

Thefollowingrepresent characteristicsthat keyinformants identified(in an open-endedquestion) 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 Quality Care/Services

> Access to health care. –Community Leader (Rutherford County)
>
> Access to health care andinsurance. –Social Services Provider (Rutherford County)

Access to Affordable/Safe Housing

> Available and affordablehousing.–PublicHealth Representative (Rutherford County)
>
> Plentyof safe andaffordablehousingtopurchase or rent. – Community Leader (Rutherford County)

Access to Affordable Healthy Food

> Access toaffordable andhealthy foods that are also culturally sensitive. – Health Care Provider (Rutherford County)
>
> A Community with a thriving local food co-op and access to healthy foods. – Community Leader (Rutherford County)

Awareness/Education

> Educationalopportunitiesforresidentstolearn about health issues. – Health Care Provider (Rutherford County)

Quality Employment Opportunities

> Amplejob andcareeropportunitiesthat oversalaries above the County median income and offer benefits. – Community Leader(RutherfordCounty)

Access for Affordable/Quality Child care

> Quality,affordablehealthcare.–CommunityLeader(Rutherford County)

Diverse Population

> DiversePopulation,collaborative,interactive.–Health Care Provider (Rutherford County)

SECOND MENTION

Access to Affordable Healthy Food

> Multiple opportunities toaccesshealth food options, especially supporting local producers which in turn effect the local economy. – Community Leader (Rutherford County)
>
> Access toaffordable, healthy foods. – Public Health Representative (Rutherford County)

Outdoor Recreation

> Accessiblerecreational opportunities. – Community Leader (Rutherford County)
>
> Greenspace,parks,etc. –Community Leader (Rutherford County)

Access to Affordable/Safe Housing

> Accessto affordable housingforlowwealthindividuals/families, workforce and seniors. – Community Leader (Rutherford County)

Access to Quality Care/Services

> Accessto goodhealthcare,andcompliance with health care recommendations. – Health Care Provider (Rutherford County)

Quality Employment Opportunities

> Avibrant localeconomywithjobsthatsupport benefits and pay a living wage. – Community Leader (Rutherford County)

More Physical Activity

> Residents participatinginhealthy endeavors such as consistent exercise and attention to nutrition. – Health Care Provider (Rutherford County)

Safe Spaces

> Safe,Economically Secure, Active. – Health Care Provider (Rutherford County)

Transportation

> Supportservices include transport, food, etc. – Social Services Provider (Rutherford County)

THIRD MENTION

Access to Quality Care/Services

> Ample familyand specialtymedicaland mental health care providers. – Community Leader (Rutherford County)
>
> Access toquality health care. – Public Health Representative (Rutherford County)

Collaboration

> Support of local small business. – Community Leader (Rutherford County)
>
> People and organizations that will step up to help determine problems and solutions to health issues and plan for the future to be better than it is now. Having a community that works together rather than in silos to resolve food access, health education and opportunities for people to better their situations. People willing to help resolve problems of generational poverty and a large population of unemployed or disabled persons. Places for recreation. Adequatehousing for all. – Health Care Provider (Rutherford County)

Awareness/Education

> Educationto supportpeople to move beyond entry level wages and on to living wage employment and diverse employment resourcesthat support livingwages. – Community Leader (Rutherford County)

Quality Employment Opportunities

> Pathwaystogoodcareers.–CommunityLeader (Rutherford County)

Diverse Population

> Culturaldiversityand inclusivity forequityinaccess to health care services and resources – especially our homelesspopulation. –Social Services Provider (Rutherford County)

Environmental Health

> Environmentallysound.–Health Care Provider (Rutherford County)

Nutrition

> Freelunchintheschools.– Community Leader (Rutherford County)

Low Tobacco Use

> Entirelytoomanyresidents continue using tobacco products. – Health Care Provider (Rutherford County)

SOCIAL DETERMINANTS OF HEALTLH

Key Informant Perceptions of Social Determinants of Health & Physical Environment

In the Online Key Informant Survey, community stakeholder respondents wereasked to identifyup tothree 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.

Accessibility of Reproductive Care/Family Planning Services

STRENGTHS

Access to Care for Uninsured/Underinsured

> Thehealthdepartmentoffers familyplanningservicesonasliding fee scale for uninsured and under insured. – Public Health Representative (Rutherford County)

CHALLENGES

Transportation

> Transportation,education/understanding of the importance of the issue, funding for services, substance abuse. – Public Health Representative (Rutherford County)

POPULATIONS MOST IMPACTED

Low Income

> Thoselivingatorbelowthepovertyline.–Public Health Representative (Rutherford County)

Adverse Childhood Experiences

STRENGTHS

Community Support

> Professional supports in the county and in surrounding counties (ex. Buncombe) are available for trauma experiences. –Health Care Provider (RutherfordCounty)

Access to Care/Services

> Accesstocounselingandtherapiststhatspecializeinthis area. – Community Leader (Rutherford County)

Outpatient/Therapeutic Support for ACEs

> Overthepast ten years therehas been a great dealof interest in and discussion around ACEs. I believe recognizing the impact of ACEs to not only the individual during childhood but how ACEs affects the individual throughout his or her life is helping to bring awareness of adverse childhood experiences and helping people who haveexperienced those to seek help. – Community Leader (Rutherford County)

Economy

> Avibrant local economy, housing opportunities (low wealth, workforce and senior adults), access to health and mental care, access to SUD services, and active living facilities and parks. – Community Leader (Rutherford County)

CHALLENGES

Awareness/Education

> Peopleare uninformed about childhood trauma and how to watch for warning signs. Children and teens will likely not disclose their trauma, but other factors can be picked up by the parents, teachers, churches, etc. if the community is educated in what to watch for and how to help young people who have gone through trauma. – Community Leader(Rutherford County)

Alcohol/Drug Use

> Duetosubstance use, children continue to be neglected and abused creating childhood trauma. – Social ServicesProvider (Rutherford County)

Denial/Stigma

> Being afraid to disclose those who experienced one or more adverse childhood experiences and if you did, not being able to access the emotional and psychological support that you need. – Community Leader (Rutherford Count y)

Lack of Providers

> Lackoftraumainformed providers in the county. – Health Care Provider (Rutherford County)

Economy

> A20-year distressed and repressed economy that has created a sense of societal defeatism and pessimism and has now turned multi-generational. – Community Leader (Rutherford County)

POPULATIONS MOST IMPACTED

Children

> Specifically, all children who experience maltreatment, especially foster children, endure trauma from the maltreatment itself, exacerbated by their removal and compounded by their parent's inability to address the substance misuse that led to the removal. – Social Services Provider (Rutherford County)
>
> Children. – Health Care Provider (Rutherford County)
>
> Well, children are of course most affected if they are experiencing an ACE currently...but I think any "population" member may have experienced ACEs. I'm not sure there is a specific segment of the population that is most impacted. – Community Leader (Rutherford County)

Low Income

> Lowwealthindividualsand families with gaps in education attainment. – Community Leader (Rutherford County)

High School Students

> Highschoolstudents.–Community Leader (Rutherford County)

Availability of Providers/Sources of Care

STRENGTHS

Community-Based Organizations

> TheCommunityHealth Council of Rutherford County, Foothills Health District, Cooperative Extension, Isothermal Community College. – Community Leader (Rutherford County)
>
> Dedicated professionals who are determined to serve the community. – Health Care Provider (Rutherford County)
>
> Social services, community agencies, our Health Alliance, nonprofit organizations. – Social Services Provider (Rutherford County)

Hospitals

> Ourlocal hospital provides good care and has places to refer people who can best be served elsewhere. – Health Care Provider (Rutherford County)
>
> Recent addition of providers and specialists by the local hospital. Medicaid expansion. – Health Care Provider (Rutherford County)

Local Medical Providers/Clinics

> RutherfordRegional HealthSystem is a fantastic asset, but we lack primary care doctors and affordable medical professionals to assist in underserved communities. I also firmly believe that physical activity is the best preventative measure for health, and we lack the motivational drive for this as a community. We desperately need indoor and organized physical activities for all ages. – Community Leader (Rutherford County)

CHALLENGES

Access to Care/Services

> OurBlue RidgeHealth clinic is consistently filled to capacity with long waiting lists for mental health, physical health, substance use, and dental health. We have many physicians who have left the area or retired. When a physician leaves, they have a very high number of patients with nowhere to go. We are under sourced in the number of providers in all of our practices. We have a limited number of physicians who can provide medication assisted treatment or any sort of help for substance misuse. – Health Care Provider (Rutherford County)

Lack of Providers

> Lackofhealthcare providers. – Health Care Provider (Rutherford County)

Transportation

> Transportation is a huge issue. Our transit express has five minutes to transport and has told women with car seats that they do not have the time to strap their children in, which has created a major issue for parents with infants. They do not fit in any other funding class unless they have some medical condition under Medicaid transportation. Transportation is a huge issue. We do not have recovery centers here where families with substancemisuse issues can have essential inpatient treatment. – Social Services Provider (Rutherford County)

Income/Poverty

> Income,education,and transportation. – Health Care Provider (Rutherford County)

Lack of Funding

> Funding.–Community Leader (Rutherford County)

Alcohol/Drug Use

> Opioidaddiction,homelessness, poverty. – Community Leader (Rutherford County)

POPULATIONS MOST IMPACTED

Low Income

> Lowincome,Medicaid,and uninsured ofalldemographics. – Health Care Provider (Rutherford County)
>
> Lower Income. – Community Leader (Rutherford County)

Children

> Children. – Health Care Provider (Rutherford County)

Families

> Women and children, older adults, foster children aging out of the system. – Social Services Provider (Rutherford County)

Children and Young Adults

> Teensand20sinpoverty.–Community Leader (Rutherford County)

Climate Change/Extreme Weather Events

No comments.

Community Safety

No comments.

Early Childhood Education/Child care

No comments.

Education

No comments.

Family/Social Support

STRENGTHS

Department of Social Services

> DSS,FamilyProtectiveServices,BlueRidge Hope. – Public Health Representative (Rutherford County)

CHALLENGES

Alcohol/Drug Use

> Substanceabuse,funds to receive proper care. – Public Health Representative (Rutherford County)

POPULATIONS MOST IMPACTED

Children

> Children,HispanicPopulation.–PublicHealthRepresentative (Rutherford County)

Healthy Foods

STRENGTHS

Farmer's Markets

> Multiple opportunities to access outside of typical store, mobile farmers markets would be valuable to shorten the distance between producer and consumer. – Community Leader (Rutherford County)
>
> Farmers and local and regional food stores. We have a great local network, but they are unconnected to the local market beyond the Farmers Market. – Community Leader (Rutherford County)
>
> Farmer's Market, Extension. – Community Leader (Rutherford County)

Food Banks/Pantries

> localfoodpantries,WIC, food stamps, backpack program. – Public Health Representative (Rutherford County)

CHALLENGES

Access to Affordable Healthy Food

> Cost of healthy food.–Community Leader (Rutherford County)
>
> Food Desserts, we have an overall lack of good quality access to healthy food. – Community Leader (Rutherford County)

Access to Care/Services

> Access,funds,transportationand employment opportunities. – Community Leader (Rutherford County)

Lack of Funding

> Lackoffundingfor services,cost of food, transportation, financial instability. – Public Health Representative (Rutherford County)

POPULATIONS MOST IMPACTED

Low Income

> Thoselivingatorbelowthepovertyline,children. – Public Health Representative (Rutherford County)

Children

> Children.–CommunityLeader(RutherfordCounty)

Older Adults

> seniorsandindividualswithtransportationissues. – Community Leader (Rutherford County)

Everyone

> Everyone.–CommunityLeader(RutherfordCounty)

Healthy Environment

No comments.

Housing

STRENGTHS

Access to Affordable/Safe Housing

> Development and availability drive affordability when this happens other aspects of health and well being are impacted such as the ability to afford food because one is able to support the basic needs across the board. – Community Leader (Rutherford County)
>
> We have a housing Consortium dedicated to tackling housing issues. – Social Services Provider (Rutherford County)
>
> The Town of Rutherfordton and other entities are working on workforce housing solutions. – Health Care Provider (Rutherford County)
>
> Planning for additionalaffordable housing.– Health Care Provider (Rutherford County)

Community-Based Organizations

> Rutherfordton,Spindale,Forest CityHousing Authority, Rutherford County Habitat for Humanity, RHP, Gateway Wellness,DogwoodTrust, WNC Housing Authority. – Community Leader (Rutherford County)

Habitat for Humanity

> Thework of Habitatfor Humanity, Rutherford Housing Partnership, Gateway Wellness Foundation, Dogwood Health Trust and some private sector affordable housing entities that are investing in creating opportunities for citizens to obtain housing.–Community Leader (Rutherford County)

Faith-Based Communities

> Thefaith-basedcommunityand the work they do to help support people who need access to better living conditions. – Community Leader (Rutherford County)

CHALLENGES

Affordable/Safe Housing

> The landlord/owners of the multiple trailer parks and old mill houses who either struggle to maintain the housing they own to ensure they meet minimal housing standards, or they choose not to invest funds to improve these housing opportunities. – Community Leader (Rutherford County)
>
> Many are stuck in the only place they can afford, which often comes with crime, bed bugs, crowdedness. If people had access to more affordable housing, their whole environment would improve which without that, their health has a high probability of declining. – Community Leader (Rutherford County)
>
> Lack of safe affordable housing. – Health Care Provider (Rutherford County)
>
> There is nowhere to live, regardless of your age or income. We cannot hire people in public service, health care, faith positions or entry level jobs because they cannot find housing. Homelessness is a problem, and even after they resolve some of their issues, there is nowhere to go for entry level housing. Landlords know they can get away with anything because having a horrible home is better than no home at all. The state of housing in our county is critical. – Health Care Provider (Rutherford County)

Lack of Funding

> Asignificant portion of crisis intervention funds is used for accommodating individuals in hotels after they have been evicted and are unable to find suitable housing to prevent the separation of children. When investigating cases of abuse or neglect, social workers often find that families are moving in with relatives due to the lack of affordable housing options. – Social Services Provider (Rutherford County)

Access to Care/Services

> Limited availability & development. – Community Leader (Rutherford County)
>
> Capacity and funding have helped from Dogwood but having a large staff for any of these organizations is hard to move the needle quickly. – Community Leader (Rutherford County)

POPULATIONS MOST IMPACTED

Low Income

> Poorgroups.–SocialServicesProvider(Rutherford County)

> Low wealth individuals and families and senior adults. – Community Leader (Rutherford County)
>
> Lower Income. – Community Leader (Rutherford County)

Everyone

> All community members. – Community Leader (Rutherford County)
>
> All segments of the population. Seniors on fixed incomes, people trying to better their housing conditions, homeless persons, school children, etc. – Health Care Provider (Rutherford County)

Homeless

> The unhoused population. – Community Leader (Rutherford County)

Income/Employment

STRENGTHS

Employment Opportunities

> Access toemployment opportunities; education to increase employment opportunities; living wages for jobs that aren't meant to be entry level. – Community Leader (Rutherford County)
>
> A wide variety of jobs and career opportunities that offer benefits and pay above the County median income. – Community Leader (Rutherford County)
>
> Access to jobs. If you are working, you may have access to health insurance or the ability to pay for health care services. Transit is also available to take people to work at no charge for at least the first 60 days until they are able to find alternative ways to work. – Community Leader (Rutherford County)
>
> Surrounding counties have employment opportunities. – Health Care Provider (Rutherford County)

College/University

> Customized training and applied technology training offered by Isothermal Community College; On the job training provided by local industry. – Health Care Provider (Rutherford County)
>
> Isothermal Community College, NC Works. – Community Leader (Rutherford County)

CHALLENGES

Employment/Low Wages

> Limited opportunitiesandwork ethic and expectations of some generations. – Community Leader (Rutherford County)
>
> Thelack ofmajor employees, as business has left the county. – Health Care Provider (Rutherford County)

Income/Poverty

> Whenyour financial resources are limited, your health is sacrificed for more important necessities like food and medicineor whateverelse your children need. – Community Leader (Rutherford County)

Awareness/Education

> Acultureofaspiringtodisability and entitlements, not understanding that work can lead to greater rewards and a betterlifestyle. – Community Leader (Rutherford County)

Economy

> A20-year distressed and repressed economy that has created a sense of societal defeatism and pessimism and has now turned multi-generational. – Community Leader (Rutherford County)

POPULATIONS MOST IMPACTED

Everyone

> All. –HealthCareProvider (Rutherford County)
>
> All community members are impacted. – Community Leader (Rutherford County)

Low Income

> Lowwealthindividuals and families with inadequate education attainment. – Community Leader (Rutherford Count y)

Adults

> Adults25-55.–CommunityLeader (Rutherford County)

Uninsured/Underinsured

> Those thatfallinthe gapwhere they don't get Medicaid, but also do not have health insurance. – Community Leader (Rutherford County)

Intimate Partner Violence

No comments.

Physical Activity Opportunities

No comments.

Public Transport

STRENGTHS

Public Transportation

> Wedoofferpublictransportation, with many limitations. – Health Care Provider (Rutherford County)

CHALLENGES

Access to Care/Services

> Ourpublic transportation only runs daytime M-F and has a small circle of service. Our county is geographically huge, and many areas are not served. People who would like to work have no way of going to work early in the morning or on second or third shifts, which is where many of the employers have openings. We need more state and federal dollars to support our Transit services so that the entire county is served equitably. Patients who need transportation for medical care or transportation to food access are often left without assistance. – Health Care Provider (Rutherford County)

POPULATIONS MOST IMPACTED

Low Income

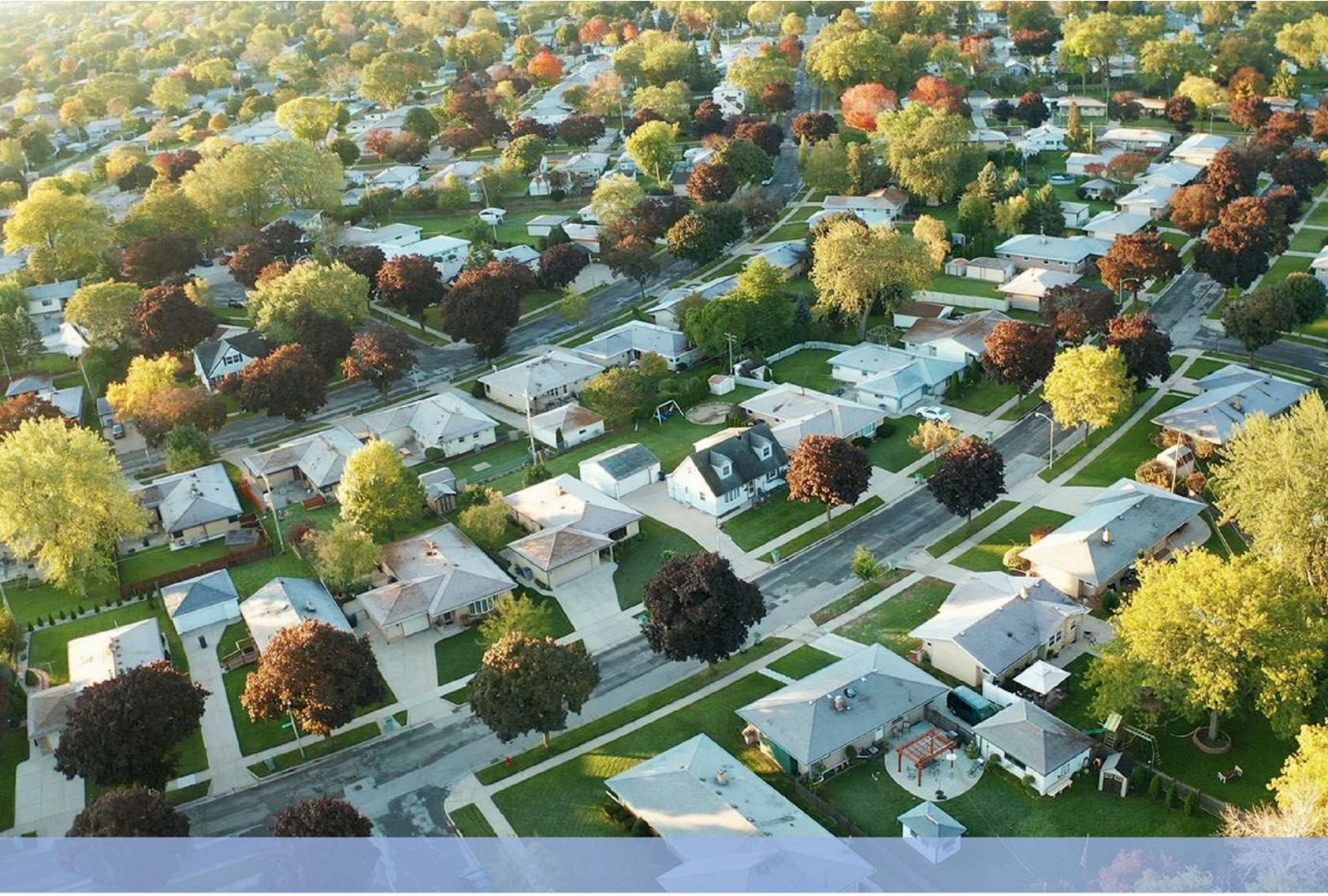
> Lowincomeofalldemographics.–HealthCare Provider (Rutherford County)

Racism/Discrimination

No comments.

Tobacco/Vape-Free Spaces

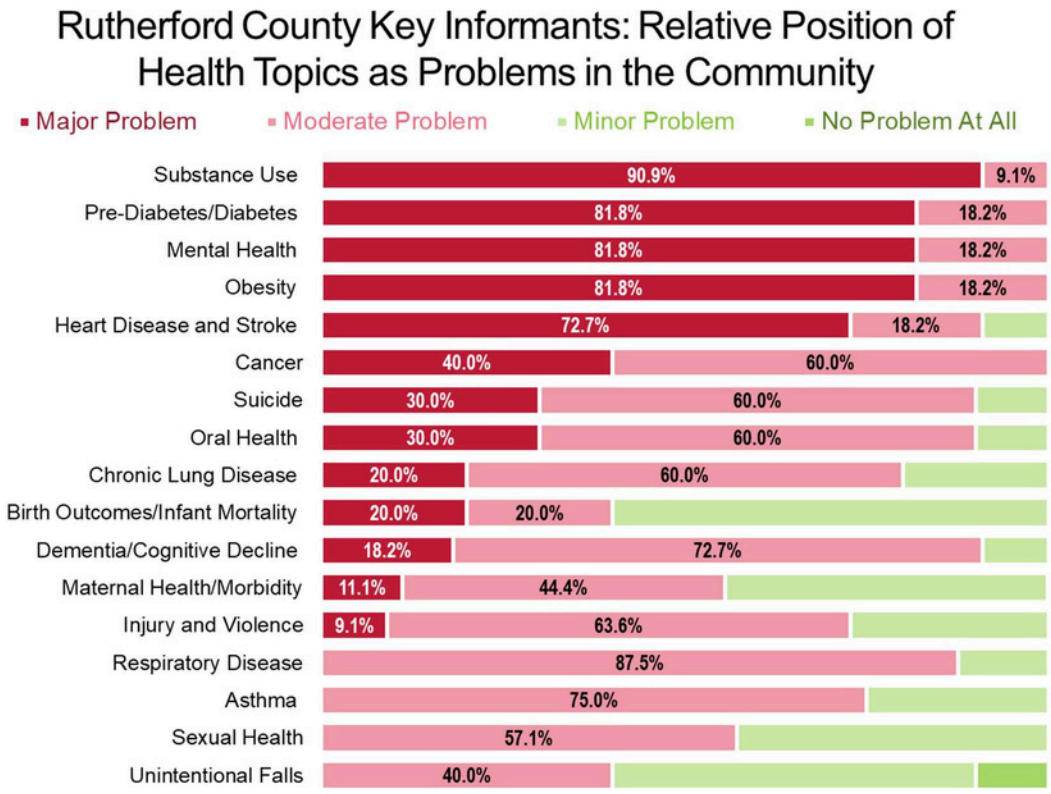
No comments.



HEALTH ISSUES

KEY INFORMANT RATINGS OF HEALTH ISSUES

When keyinformantstakingpartintheOnlineKeyInformantSurvey were asked to rate each of 17 health issues.



SPECIAL TOPICS

For the following, key informantswho acknowledged having personal or professional insight, experience, and/or knowledge about youth mental health and/or Medicaid expansion were further asked to outline what they see as going well or currently working (strengths) and what is missing or not helping (challenges).

Key Informant Perceptions of Youth Mental Health

STRENGTHS

Resources Available to Child/Youth

> Thestate ofNorthCarolinaputmandateson the local LMEs who stepped up to assist children with behavioral needs.– SocialServicesProvider(Rutherford County)

Counselors in the School System

> Accesstosupportinschools.–HealthCareProvider (Rutherford County)

CHALLENGES

Lack of Providers

> Morespecificallychildtherapy providers. – Health Care Provider (Rutherford County)

Access to Care/Services

> Lack of accesstotherapists and therapists trained specifically to work with you. Also, there is a disconnect in the ability to find medication that can assist a youth struggling with mental health. This is usually done by their primary care physician and often is just a trial-and-error process which can be very damaging to a young person. –Community Leader(Rutherford County)

Lack of Foster Homes Available

> Wehave 189 children in our care, butwe only have 23 foster homes available. Sending so many kids out of the county is exacerbating their trauma and deepening their mental health issues. We urgently need a mental health facility and an inpatient treatment facility to address this growing need. – Social Services Provider (Rutherford County)

Key Informant Perceptions of Medicaid Expansion

STRENGTHS

More People are Enrolled

> More male adults signingup for Medicaid. – Health Care Provider (Rutherford County)
>
> More than 3,500 have enrolled in Medicaid expansion as of June 2024. DSS works well with those needing assistance with application. – Health Care Provider (Rutherford County)
>
> We had 4,054 eligible for Medicaid expansion and completed 91% of the total. This was achieved with insight, planning, community collaboration, and hard work. Our county manager and commissioners agreed with our request to fund 12 positions. – Social Services Provider (Rutherford County)
>
> Medicaid rollout is going well and out of 4,000+ Medicaid Expansion eligible individuals, DSS has successfully enrolled over80% ofthem so far. – Community Leader (Rutherford County)

Health Department

> OurDSS and Pisgah Legal Services are helping to enroll persons who qualify. – Health Care Provider (Rutherford County)
>
> Great roll out by DSS and other groups such as the hospital when people come into the emergency department. –Community Leader (Rutherford County)

Increased Access to Care/Services

> ThoseenrolledinMedicaidhavemoreoption.– Public Health Representative (Rutherford County)

CHALLENGES

Failure to Apply

> Not enough eligible residents are taking advantage of Medicaid expansion. – Health Care Provider (Rutherford County)
>
> For service providers who see individuals who "might" qualify, there is little guidance about who can and can't qualify, so we just have to tell people to fill out the information to see if they can qualify for more services. – Health Care Provider (Rutherford County)

Awareness/Education

> Additional education regarding opportunities for assistance with application may be needed. – Health Care Provider (Rutherford County)

Lack of Providers

> Availabilityofproviders due to demand. – Public Health Representative (Rutherford County)

Understaffed

> Thebiggestchallenge is keeping qualified staff to complete the work. – Social Services Provider (Rutherford County)

Outreach

> Findthe right path to reach every eligible individual. The local paper and social media platforms are not effective inreachingtheremaining eligible individuals. – Community Leader (Rutherford County)

Enrollment Process

> Theenrollment process is long and confusing. The application itself stops people from finishing it. Often times a person needs their handheld through the entire process in order to get it completed. This can be very time-consuming. – Community Leader (Rutherford County)