

# Community Health Needs Assessment

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# Rutherford Regional Medical Center

Paper copies of this document may be obtained at Rutherford Regional Health System 288 S. Ridgecrest Street, Rutherfordton, NC 28139 or by phone (828) 286-5000. This document is also available electronically via the hospital website: [www.myutherfordregional.com](http://www.myutherfordregional.com).



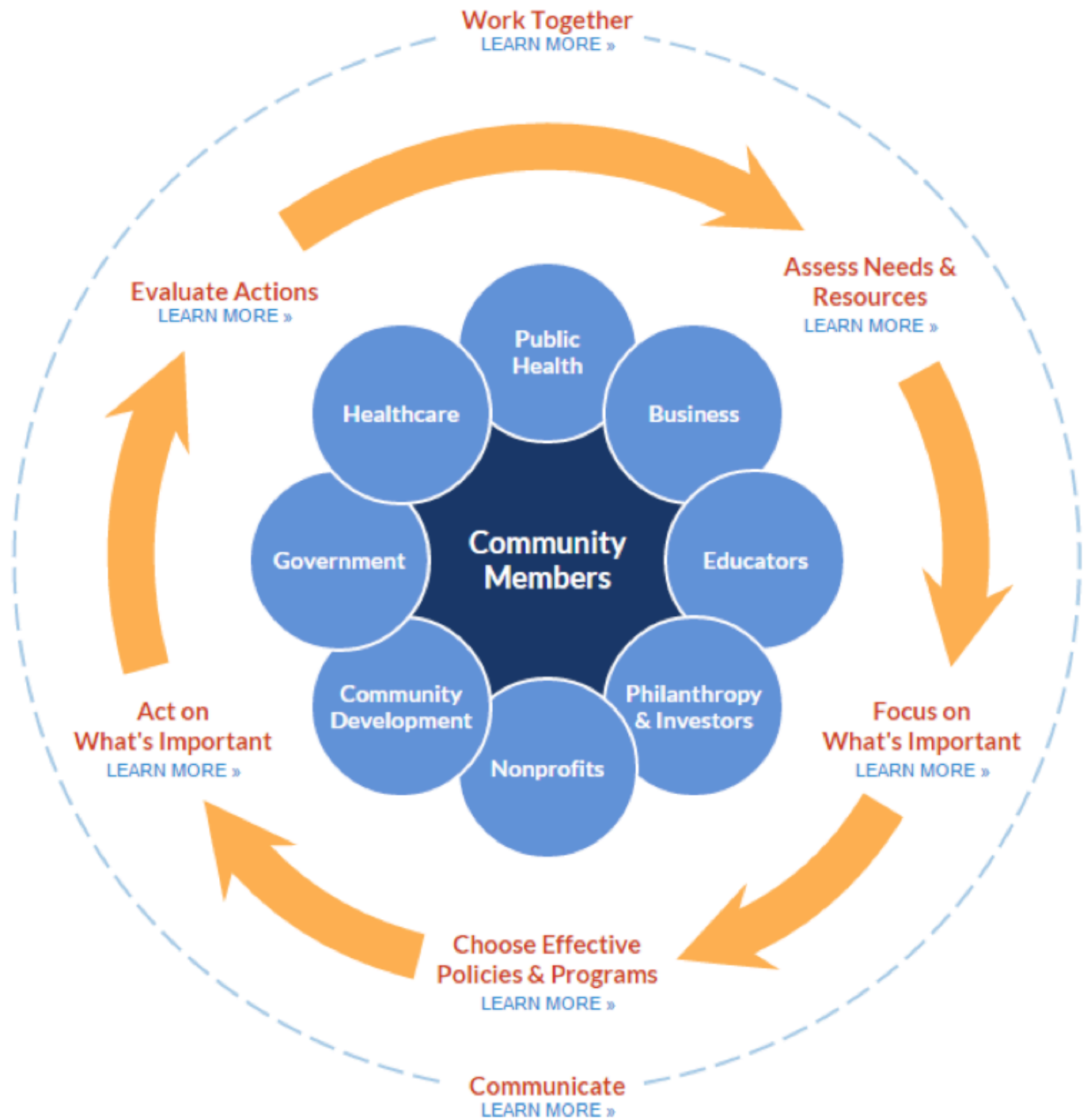
**RUTHERFORD REGIONAL**  
MEDICAL CENTER

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**A Duke LifePoint Hospital**

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Sourced from the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.countyhealthrankings.org/roadmaps/action-center>

# Perspective / Overview

*Creating a culture of health in the community*

This Community Health Needs Assessment (CHNA) defines priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of the community served by Rutherford Regional Health System (RRHS) in Rutherford County, North Carolina. Rutherford Polk McDowell Health District and Rutherford Regional Health System previously conducted a community health needs assessment in 2012. This assessment builds on the 2012 CHNA, identifying and prioritizing the current significant health needs of the community while considering the impact of actions taken to address the significant health needs identified in the 2012 CHNA. RRHS, as a sponsor of this assessment through their membership in WNC Healthy Impact, was a collaborative partner of the Rutherford Polk McDowell Health District in creating the community health needs assessment. WNC Healthy Impact is a partnership between hospitals and health departments in western North Carolina to improve community health. LifePoint Health engaged national leaders in community health needs assessments to review the CHNA process. Stratasan, a healthcare analytics and facilitation company out of Nashville, Tennessee was engaged to review the process and provide community health process and facilitation expertise. Stratasan conducted a community focus group, reviewed the Rutherford County 2015 Community Health Assessment and created this RRHS community report. All of these parties – RRHS, Rutherford Polk McDowell Health District and WNC Healthy Impact and Stratasan will be known in this document as the “consortium”.

The data included in this report is available in its entirety in the Rutherford County 2015 Community Health Assessment available in a separate document. RRHS’s board of directors approved and adopted this CHNA on August 18, 2016.

Starting on September 15, 2016, this report is made widely available to the community via RRHS’s website, [www.myutherfordregional.com](http://www.myutherfordregional.com), and paper copies are available free of charge at the RRHS hospital at 288 S. Ridgecrest Street, Rutherfordton, NC 28139 or by phone (828) 286-5000.

## **Participants**

Over 70 community and health care organizations and individuals collaborated to create a CHNA focused on identifying and defining significant health needs, issues, and concerns of the RRHS community. The nine-month process centered on gathering and analyzing data as well as receiving input from persons who represent the broad interests of the community and have special knowledge of or expertise in public health to provide direction for the community and hospital to create a plan to improve the health of the community.

## **Purpose**

The purpose of the CHNA is to describe the health status of the community to provide direction for the planning of disease prevention and health promotion services and activities. The CHNA will serve as a resource for the Rutherford Polk McDowell District Health Department, Rutherford Regional Health System and other community organizations. RRHS goals were:

1. To coordinate with the Health Department in a formal and comprehensive community health assessment process that will allow for the identification and prioritization of significant health needs of the community to allow for resource allocation, informed decision-making and collective action that will improve health.
2. To initiate a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
3. To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

“We initiated the Community Health Needs Assessment with the goal of analyzing significant health needs and priorities and addressing those needs,” said James Atkins, Chief Executive Officer, Rutherford Regional Health System. “It is our goal to use the findings as a catalyst for community mobilization to improve the health of our residents.”

“The information gathered both from public health data and from community members and stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the Rutherford Polk McDowell District Health Department, RRHS and other community organizations and stakeholders to create an implementation plan,” added Matt Webber, Administrative Director, Marketing and Business Development, Rutherford Regional Health System. “The Community Forum was the final step in the assessment process. Now the real work begins with creating the community health improvement plan and improving the health of the community.”

## Community Input and Engagement

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

- Partnership on conducting the health assessment process
- Through primary data collection efforts (survey, key informant surveys and focus group)
- In the identification and prioritization of health issues.”

*Rutherford County 2015 Community Health Assessment, p. 11*

## Data Collection and Timeline

In April, 2015, RRHS began working with WNC Healthy Impact and the Rutherford Polk McDowell Health District to conduct a Community Health Needs Assessment for Rutherford County. The consortium sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in April through August of 2015.
- 20 Rutherford County leaders were surveyed via e-mail regarding their perspectives on community health status and needs from August 17-September 9, 2015.
- 200 community surveys were conducted by phone from March 23 to May 28, 2015 to hear about their concerns and priorities.
- The Rutherford Polk McDowell District Health Department shared the CHA findings with the Rutherford Health Council and members of the Rutherford Regional Health System on November 4, 2015.
- A three-county Health Prioritization Advisory Team met to determine health priorities for each county on December 1, 2015.
- A Community Forum was held on January 27, 2016 with 39 community stakeholders. The audience consisted of healthcare providers, the health department, business leaders, school systems, government representatives, not-for-profit organizations and other community members. CHA data was reviewed and evidence based strategies were explored to address the three chosen health priority areas.
- 22 community members, employers, not-for-profit organizations (representing various populations including medically-underserved, low-income and minority populations, and children), schools, health providers, and government representatives participated in a focus group for their perspectives on implementation strategies March 16, 2016.
- Comments received on RRHS's 2012 prioritized health issues were received on March 16, 2016.

Participation in the key informant survey, Community Forum and the focus group creating the Rutherford County Community Health Needs Assessment and Improvement Plan:

Organization	Involvement (Health Council, surveyed, funding, forum, etc.)	Population Represented (kids, low income, minorities, those w/o access)	Low-Income Residents	Minority Populations	Medically Underserved
Area Agency on Aging	Health Council, Key informant on-line survey	Seniors			
Blue Ridge Community Health Services	Health Council, Key informant on-line survey		✓	✓	✓
Board of Commissioners	Key informant on-line survey		✓		✓
Board of Health	Key informant on-line survey		✓	✓	✓
Disability Partner	Health Council	Mental health	✓	✓	✓
Fairhaven Home	Health Council				
Family Preservation Services	Focus Group				
Family Resources	Health Council		✓	✓	✓
Hospice of Rutherford County	Health Council, Key informant on-line survey		✓	✓	✓
Isothermal Community College	Health Council, Key informant on-line survey		✓	✓	✓
NCSU Cooperative Extension	Health Council, Key informant on-line survey		✓	✓	✓
North Carolina District Attorney's Office	Health Council				
Odom Engineering, PLLC or RPM Health Board	Key informant on-line survey				
Partnership for Children of the Foothills	Health Council, Key informant on-line survey	Children and families	✓	✓	✓
RHI Legacy Foundation	Health Council				✓
Rutherford County Chamber of Commerce	Health Council, Key informant on-line survey		✓	✓	✓
Rutherford County Chiropractic	Health Council				
Rutherford County Department of Social Services	Health Council		✓	✓	✓
Rutherford County Government	Health Council, Focus Group				
Rutherford County Health Council	Health Council, Key informant on-line survey, Forum		✓	✓	✓
Rutherford County Health Department			✓	✓	✓
Rutherford County Schools	Health Council, Key informant on-line survey, Focus Group		✓	✓	✓
Rutherford County Senior Center	Health Council	Seniors			
Rutherford County Sheriff's Office	Health Council				
Rutherford Life Services	Health Council		✓		
Rutherford Outdoor Coalition	Health Council, Focus Group				
Rutherford Regional Health System	Health Council, Key informant on-line survey		✓	✓	✓
Rutherford-Polk-McDowell Health District	Health Council, Key informant on-line survey, Forum, Focus Group		✓	✓	✓
Safe Kids Rutherford	Key informant on-line survey		✓	✓	✓
State of North Carolina	provided information				
Summit Sustainability	Key informant on-line survey		✓	✓	✓
The Daily Courier	Health Council				
Town of Forrest City	Focus Group				
Town of Rutherford	Focus Group				
Town of Spindale	Focus Group				
United Way of Rutherford Co, Inc	Health Council, Key informant on-line survey, Focus Group		✓	✓	✓
Western Highlands Network now Smoky Mountain Center	Health Council	Medicaid mental health	✓	✓	✓
WNC Healthy Impact	Key informant on-line survey		✓	✓	✓

## Input of Public Health Officials

Rutherford Polk and McDowell Health District was integral in the consortium to gather the secondary community health information and analyze the primary data.

## Input of Medically Underserved, Low-Income and Minority Populations

The previous identifies each organization that was involved in the CHNA , how they provided their input and what groups they represented. Many of the organizations involved represent the medically underserved, low income and minority populations. Input was received during the focus group, surveys and the summit. Participants were invited based on their ability to represent the medically underserved, low-income and minority populations.

## Community Engagement and Transparency

We are pleased to share the results of the Community Health Needs Assessment with our community in hopes of attracting more advocates and volunteers to improve the health of the community. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another, and join in the health improvement efforts. The comprehensive data analysis may be obtained on RRHS's website [www.myrutherfordregional.com](http://www.myrutherfordregional.com), and paper copies are available free of charge at the RRHS hospital at 288 S. Ridgecrest Street, Rutherfordton, NC 28139 or by phone (828) 286-5000.





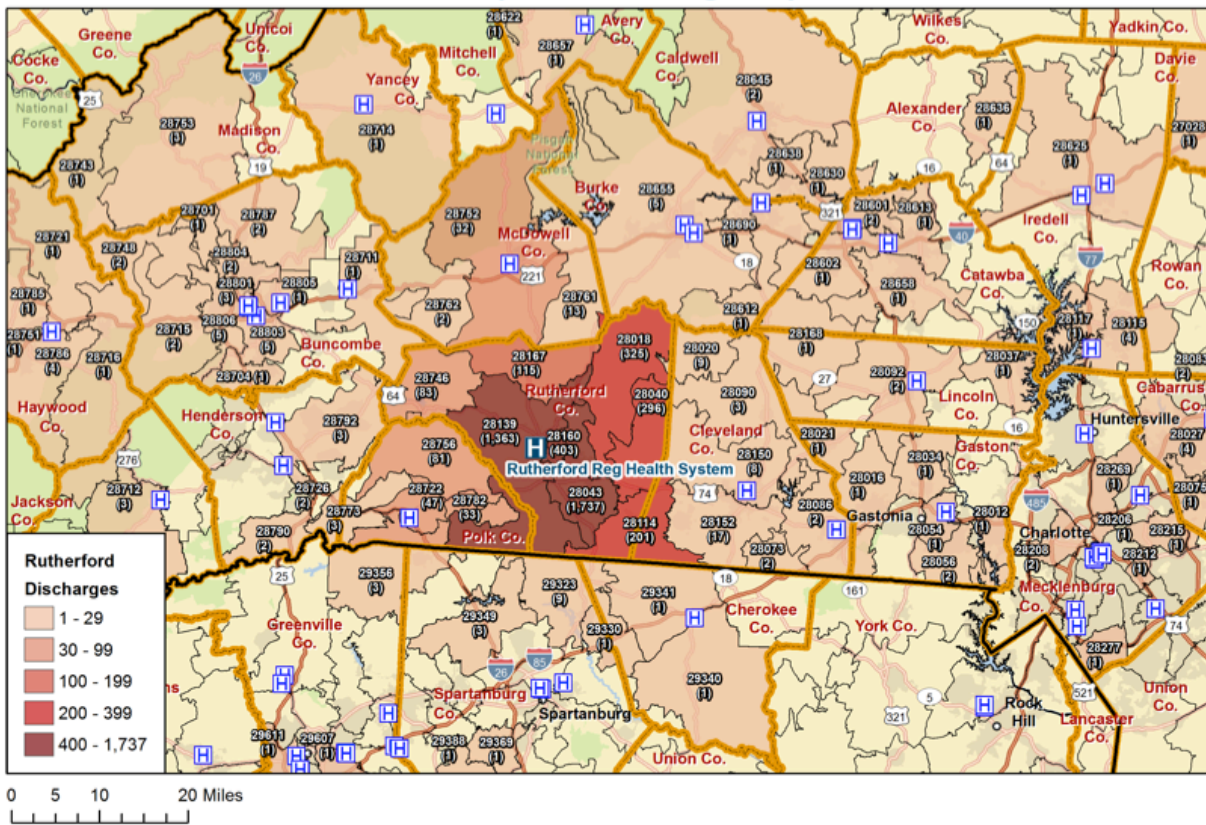


# Community Selected for Assessment

RRHS's health information provided the basis for the geographical focus of the CHNA as well as the county focus of the Health District. The map below shows where RRHS receives its patients; most of RRHS's inpatients come from Rutherford County (75%). Therefore, it is reasonable to select Rutherford County as the primary focus of the CHNA. However, surrounding counties could benefit from efforts to improve health in Rutherford County.

The community identified by RRHS includes medically underserved, low-income or minority populations who live in the geographic areas from which RRHS draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under RRHS's Financial Assistance Policy.

### Rutherford Regional Health System Patients – 2015





# Key Findings of the Community Health Assessment

## Information Gaps

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

For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish) are not represented in the survey data.

Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

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

## Resource Gaps

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

Another noted gap is in local Government participation in worksite wellness and tobacco policy. Local Government officials are missing an opportunity to create healthier norms through policies and leadership.

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

## Processes and Methods

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 product we share a general overview of health and influencing factors then focus more on priority health issues identified through this collaborative process. Our assessment also highlights some of our community strengths and resources available to help address our most pressing issues.

## Core Dataset Collection

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

Healthy Impact data consulting team, a survey vendor, and partner data needs and input:

- A comprehensive set of publically available secondary data metrics with our county compared to the sixteen county WNC region as “peer”
- Set of maps accessed from Community Commons and NC Center for Health Statistics
- Telephone survey of a random sample of adults in the county
- Email key-informant survey
- A focus group regarding implementation

All of Rutherford County – Rutherfordton, Bostic, Ellenboro, Forest City, Lake Lure, Ruth, Spindale, Chimney Rock, Corinth, Harris and Union Mills -- must come together now to improve the health of their communities. A summary of the results of the community health assessment follow. The complete analysis is available under separate cover, “Rutherford County 2015 Community Health Assessment 2/29/2016” Rutherford Polk McDowell District Health Department.

## Demographics of the Community

The table below shows the demographics of Rutherford County compared to North Carolina and the U.S.

	Rutherford County, NC	North Carolina	USA
Population (2015)	68,730	10,014,449	318,536,439
Median Age (2015)	43.9	38.3	37.9
Median Household Income (2015)	\$36,154	\$46,306	\$53,217
Annual Pop. Growth (2015-20)	0.35%	1.10%	0.75%
Household Population (2015)	27,910	3,945,351	120,746,349
Dominant Tapestry (2015)	<b>Rooted Rural (10B)</b>	Southern Satellites (10A)	Green Acres (6A)
Business (2015)	2,563	407,540	13,340,415
Employees (2015)	25,827	4,723,334	158,567,719
Medical Care Index (2015)	73	900	100
Average Health Expenditures (2015)	\$3,463	\$4,246	\$2,098
Total Health Expenditures (2015)	\$96.6 M	\$16.7 B	\$253.3 B
<b>Race and Ethnic Make-up</b>			
White	86%		
Black	10%		
American Indian	0%		
Asian/Pacific Islander	1%		
Mixed Race	2%		
Other	2%		
Hispanic Origin	4%		

Source: Esri

- The population of Rutherford County was projected to increase from 2015 to 2020 (.35% per year), less than half the rate of NC at 1.1% and the U.S. at .75%
- Rutherford County was older (43.9 median age) than NC and the U.S. and had lower median household income (\$36,154) than both NC and the U.S.
- The medical care index measures how much the county spends out of pocket on medical care services. The U.S. index is 100. Rutherford County (73 index) spent 27% less than the average U.S. household out of pocket on medical care (doctor's office visits, prescriptions, hospital).
- The racial make-up of Rutherford County was 86% white, 10% black, 2% mixed race, 2% other, 1% Asian and 4% Hispanic origin.

## Health Status Data Summary

- The following is taken from “Rutherford County 2015 Community Health Assessment 2/29/2016” Rutherford Polk McDowell District Health Department.

### Poverty

- In Rutherford County, poverty rates have increased in recent years. The total poverty rate was 21.5% in the period 2009-2013. The rate of childhood poverty was significantly higher than the total poverty rate at 37.8%. Children suffer from poverty disproportionately in Rutherford County.

### Tobacco Use

- The percentage of current smokers decreased slightly from 2012 to 2015 to 21% currently and that rate is significantly higher than the Healthy People 2020 target of 12%. Self-reported rates of secondhand smoke exposure at worksites increased significantly to 28.6%. Smoking during pregnancy occurs in 23.5% of Rutherford pregnancies. Lung cancer mortality and incidence is trending upward in Rutherford County.

### Substance Abuse

- Relatively high rates of injury mortality due to overdose from drugs or medications have become a concern to many in Rutherford County. “Other opioids” (hydrocodone, oxycodone, morphine) caused the highest proportion of drug overdose deaths in Rutherford during the period of 2009-2013. Many local leaders feel it is important to increase access to mental health and substance abuse services.

### Access to Care – Health Insurance Coverage

- Compared to three years ago, fewer adults and fewer children lack health insurance. In 2012, the percentage of uninsured adults in Rutherford County was 31%. In 2015, that rate decreased to 18%. The Healthy People 2020 goal is 100% insurance coverage. The rate of uninsured children decreased from 7.1% in 2012 to 6.2% in 2013. The rate of uninsured children is lower than regional and state rates for children.

### Populations at Risk

- Throughout our community health assessment process and product, the consortium 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. In particular, for the purposes of the overall community health assessment, we aimed to understand variability in health outcomes and access of medically underserved, low-income, minority, and others experiencing health disparities.

## Priority Health Needs

The Community Health Assessment highlights some of our community strengths and resources available to help address the most pressing issues. The top health priorities identified were:

1. Tobacco
2. Chronic disease/healthy eating and active living
3. Substance abuse

## Summary of Data Analysis in Community Health Needs Assessment

Information from NC State Center for Health Statistics, demographics, interviews and surveys was analyzed in the Community Health Needs Assessment. Where the data indicated a strength or an opportunity for improvement, it is called out below. Strengths are important because the community can build on those strengths. The full data analysis can be seen in the complete CHNA PowerPoint.

### Social and Economic Factors

The ongoing stress and challenges associated with poverty can lead to cumulative health damage, both physical and mental.

### Strengths

Rutherford had 21.1 social associations per 10,000 population compared to North Carolina at 11.7. Social Associations is the number of associations per 10,000 population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. (source: census, county business patterns, 2013)

### Opportunities

- High school graduation in Rutherford County was 79%, compared to 83% in N.C. and 93% for the 90th percentile of all counties. (source: US Department of Education, ED Facts Data Files 2012-2013)
- 32% of Rutherford County children lived in poverty compared to 24% of North Carolina. (source: US Census Bureau, Small Area Income and Poverty Estimates, 2014)
- 21.0% of the population of Rutherford County lived in poverty compared to 17.6% for N.C. and 15.6% for the U.S. (US Census Bureau, ACS, 2010-2014)
- Rutherford County's median household income was \$36,154 compared to NC at \$46,306 and the US at \$53,217. (Esri 2015)
- 51% of school children were eligible for free lunch compared to 47% in NC. (National Center for Education Statistics, 2012-2013)

## Health Information

### Mortality

The table below shows the three leading causes of death for 2010-2014 were: heart disease, cancer and chronic lower respiratory disease. The only causes of death where Rutherford County had a lower rate of mortality were: Alzheimer's pneumonia and influenza, and septicemia. For all others, Rutherford County had a higher death rate than NC. African Americans have a higher death rate than whites. Males have higher death rates than females.

	Rutherford County	NC	Rutherford County	NC	Rutherford County	NC	Rutherford County	NC	Rutherford County	NC
Age-Adjusted Rates (2010-14)	White, Non-Hispanic		African American, Non-Hispanic		Male		Female		Overall	
Cause of Death:	Rates		Rates		Rates		Rates		Rates	
All Causes	924.9	777.5	1,022.6	900.4	1,099.0	931.0	794.1	669.6	925.0	785.2
Heart Disease	200.7	163.8	238.7	190.0	264.5	212.3	154.7	130.4	200.7	165.9
Cancer	172.4	169.9	188.8	199.4	215.7	214.4	142.6	142.1	171.9	171.8
Chronic Lower Respiratory Diseases	68.3	51.0	N/A	27.9	77.7	52.3	58.9	42.2	65.9	46.0
Cerebrovascular Disease	58.8	40.6	N/A	55.8	54.4	43.6	59.0	41.7	57.9	43.0
All Other Unintentional Injuries	38.0	34.3	N/A	19.9	49.1	39.1	25.3	21.4	35.4	29.6
Diabetes	22.1	17.9	73.1	43.3	26.8	26.4	24.6	18.7	25.4	22.1
Alzheimer's	20.9	30.1	N/A	26.5	16.2	22.9	22.6	32.5	20.7	29.2
Unintentional Motor Vehicle Injuries	17.8	13.6	N/A	14.2	26.9	20.0	N/A	7.5	17.4	13.5
Pneumonia and Influenza	15.2	18.1	N/A	16.2	20.0	20.2	13.1	15.9	16.6	17.6
Suicide	16.4	15.9	N/A	4.9	28.2	19.7	N/A	5.9	16.1	12.4
Kidney Disease	14.8	13.8	N/A	32.9	21.4	20.6	12.4	14.6	15.8	17.0
Septicemia	11.1	12.1	N/A	18.6	N/A	14.5	14.6	12.0	12.8	13.0
Chronic Liver Disease and Cirrhosis	13.4	10.8	N/A	7.3	19.1	13.4	N/A	6.5	12.6	9.7

Source: NC State Center for Health Statistics

Mortality rates in Rutherford County decreased over time for all leading causes of death except chronic lower respiratory disease, diabetes and liver disease.

Life expectancy at birth for persons born in 2012-2014 in Rutherford County was 75.8 years. This was lower than the regional and state life expectancy rates. African Americans had a lower life expectancy at 73.5 years. Males had a lower life expectancy than females by 5.3 years 73.1 years.



## Opportunities

- Male and African American life expectancy rates
- Heart disease, cancer, chronic lower respiratory disease, cerebrovascular disease, all other unintentional injuries, diabetes, unintentional motor vehicle injuries, suicide, kidney disease and liver disease death rates.

## Health Behaviors

- Behaviors and lifestyle choices account for 50% of health.

## Strengths

- Adult obesity – not because it is low, but because Rutherford County appears to have stemmed the increase. 28% of the population was obese, but the trend has flattened. Now to reverse the trend.  
*(CDC Diabetes Interactive Atlas, 2012)*
- Rutherford County's percent of the population who experience "fair or poor overall health" (17.7%) declined in 2015 and was lower than NC (19.2%).  
*(Source: PRC Healthy Communities Survey, May 2015)*

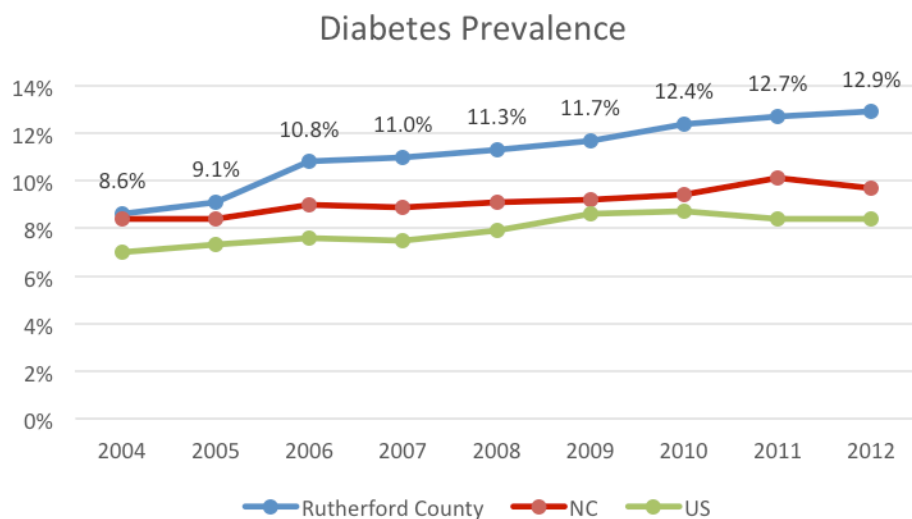
## Opportunities

- Adult smoking in Rutherford County was 22%, which was higher than North Carolina and the U.S. Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. The percentage of women who smoked during pregnancy in Rutherford County increased every year since 2009 until 2014. In 2013 at the peak, 23.5% of mothers smoked while pregnant. In 2014 the percentage dropped for the first time since 2008 to 21.6%  
*(Source: Behavioral Risk Factor Surveillance System (BRFSS) survey, 2014; NC State Center for Health Statistics, 2014)*
- Food environment index was 6.0 for Rutherford County compared to 6.7 for NC and 8.3 for the 90th percentile of counties in the US. The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment.
- Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store. Living close to a grocery store is defined differently in rural and non-rural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in non-rural areas, it means less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size.
- Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.  
*(Source: United States Department of Agriculture Food Environmental Atlas, 2012, 2013)*
- The teen pregnancy rate (number of births per 1,000 female population ages 15-19) for Rutherford County (50) is higher than NC (39) and the US (24.2).  
*(Source: National Center for Health Statistics, Natality files, 2009-2013)*

## Chronic Diseases

### Opportunities

- Rutherford County had high rates of heart disease, high blood pressure, diabetes, high cholesterol, obesity and tobacco related illnesses. Healthy lifestyles include physical activity and good nutrition are encouraged to reduce the risk of chronic disease.



(Source: CDC, Diabetes Data and Statistics)

- Mental Health and Substance Abuse – the number of drug poisoning deaths per 100,000 population for Rutherford County was 18 (2012-2014) compared to NC at 13 and 14.7 for the US.

(Source: CDC compressed mortality file, 2012-2014)

- 8.9% of Rutherford adults were unable to get needed mental health care or counseling in the past year.

(Source: PRC Healthy Communities Survey, May 2015)

Mental Health and Substance Abuse – the number of drug poisoning deaths per 100,000 population for Rutherford County was 18 (2012-2014) compared to NC at 13 and 14.7 for the US.

(Source: CDC compressed mortality file, 2012-2014)

8.9% of Rutherford adults were unable to get needed mental health care or counseling in the past year. (Source: PRC Healthy Communities Survey, May 2015)

## Clinical Care

### Strengths

- Uninsured for Rutherford County was 18%, (23% for adults and 6.2% for children) which was similar to NC. However the Healthy People 2020 goal is 0% uninsured. (Source: US Census Bureau, Small Area Health Insurance Estimates, 2013)
- Uninsured for Rutherford County declined from 2012 to 2015 to 18.1% from 31% (Source: PRC Healthy Communities Survey, May 2015)

## Opportunities

- Mammography screening 62%- % of female Medicare enrollees ages 67-69 that receive mammography screening compared to NC at 68%. *(Source: Dartmouth Atlas of Health Care, 2013)*
- 8.6% of the community was unable to get needed medical care at some point in the past year. *(Source: PRC Healthy Communities Survey, May 2015)*
- Only 55.8% of Rutherford County visited a dentist or dental clinic within the past year. *(Source: PRC Healthy Communities Survey, May 2015)*

## Physical Environment

The environment in which people live and work affects their health. Contaminants in water and air can have adverse health consequences. Both short-term and chronic exposure to pollution can be serious health risks.

## Strengths

Rutherford County ranked 11th among the 86 NC counties reporting toxic release inventory (TRI) releases. North Carolina released 62.6M pounds of toxic releases. Rutherford County released 1. M compared to New Hanover County at 5.2 M. *(Source: US Environmental Protection Agency, 2013)*

## Opportunities

- Western North Carolina had the highest radon levels in the state. *(Source: North Carolina Radon Information)*
- Second hand smoke – 28.6% of Rutherford County employed adults reported breathing someone else’s smoke in the workplace in 2015. *(Source: PRC Healthy Communities Survey, May 2015)*
- During 2013 and 2014, a water system in Rutherford County received a water violation. *(Source: EPA Safe Drinking Water Information System, 2013-2014)*

## There are four broad themes which emerged in this process:

- Rutherford County needs to create a “Culture of Health” that permeates the culture of the county, cities, employers, churches, and community organizations, so everyone can be committed to health improvement. For example, 77% of Rutherford County agrees or strongly agrees that there should be a local law in my county that prohibits the use of tobacco in all indoor public places. *(Source: PRC Healthy Community Survey, May 2015)*
- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes. Rutherford County ranks in the bottom fourth of North Carolina Counties while North Carolina ranks 31st in the U.S. relative to health indicators.
- While any given measure may show an overall good picture of community health, there are significantly challenged subgroups – African Americans, low-income, seniors.
- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community.



# Prioritization of Health Needs

## Prioritization Criteria

On December 1, 2015, a Health Prioritization Advisory Team met to determine health priorities. The group used the criteria below to prioritize the health needs.

Relevance	How important is this issue? They looked at the size and severity of the problem with a focus on equity. They considered the urgency and the level of community concern. Is this linked to other important issues?
Impactful	What will we get out of addressing this issue? Are there available and proven strategies to improve this? Does this build on current work? Are there significant consequences of not addressing this issue now?
Feasible	Can we adequately address this issue? They considered the availability of resources including staff, partners, time, and money. Can we identify easy, short-term wins? Do we have political capacity and will and is it ethical to address this priority? Will it be acceptable to our community?

The following significant health needs were identified and prioritized by the table groups at the Community Health Summit, and form the foundation of RRHS's health initiatives. The Summit attendees listed the three most significant health needs in Rutherford County. The results of the activity are below with higher numbers indicating the number of "votes" or priority by topic.

1. **Tobacco Use** was selected because of high rates of lung cancer incidence and prevalence, high current smoking rates, high asthma rates and rising e-cigarette use among youth. Isothermal Community College has not yet adopted a "Tobacco Free Campus" Policy. The Priority Advisory Team felt it would be impactful and relevant to continue to work on tobacco issues. The Rutherford Polk McDowell District Health Department is working on Tobacco related issues in its Healthy Communities work. Rutherford Regional Health System has been consistently working with the Health Department and the Rutherford Health Council to promote smoking cessation through the NC Quit Line (1-800-QUIT NOW) and local classes.
2. **Chronic Disease & Healthy Living** was selected because diabetes rates are above 10% and overweight and obesity rates are high. Key Informants feel chronic disease work is still very relevant and there is much work to be done in nutrition education. A strong committee is already in place to address Chronic Disease through the Rutherford Health Council. This committee is well organized and motivated to continue its impactful work to increase improve chronic disease.
3. **Substance Abuse** was chosen as a health priority because it continues to be a problem in Rutherford County. There is strong leadership through the United Way and a Drug Free Communities Program to continue to work through community collaborative partnerships to reduce the burden of substance abuse. Because a strong leading partner is in place, addressing substance abuse seems very feasible and impactful.



2012

Implementation Plan

## Written Comments Received on RRHS's 2012 CHNA and Implementation Strategy

No written comments were received on the 2012 CHNA and Implementation Plan.

Rutherford Regional Health System adopted an implementation plan in 2012. The plan with results are below.

Priority #1 Interventions: Substance Abuse	Lead Divisions	Action Plan	RRHS Action - Goals	Additional RRHS Action - Goals
President's Mental Health Initiative ("Now Is The Time": President Obama)	Administration/Behavioral Health/Community Relations	Provide leadership on the president's mental health community organization. Lend marketing and clinical resources to disseminate prevention and treatment information.	1)RRHS both sponsored and participated in the Race Against Addiction & Healthy Kids Day. 2) Jennifer Shoenfelt serves on the community engagement team. 3) Jennifer assisted in creating a video to educate against under age drinking.	4) Assisted with Field of Dream initiative - shoebox and used clothes drive. 5) Toured and educated CIT Team on May 13 regarding behavioral health
Support Medical Community Trainings	Administrative/Patient Care Services/Physician Practices	Partner with Rutherford-McDowell-Polk Health Department to provide trainings to the medical community to increase awareness of addiction and abuse issues	1) Tanya Morrow involved in monthly mental health community meetings. 2) Hospital coordinated a community meeting for teachers, law enforcement and providers to educate them on the different mental health services locally. 3) Hospital sponsored the "Race Against Addiction" for community awareness.	4) Partnered with Safe Kids & NC Hwy Patrol at Kids & Cops event 5)Sponsored Half Marathon w/proceeds going to GREAT Program
Emergency Department	Administration/Patient Care Services	Provide medical screenings and give assistance in helping patients navigate the system to find the most appropriate venue to receive care/services		
Support Operation Medicine Drop	Administration/Patient Care Services	Participate in the week-long program in conjunction with community organizations	1) RRHS mkt team sent out emails, posted information on social media to promote Medicine Drop 3/22/14. 2) Assisted with Operation Medicine Drop campaign - our ED attached Operation Medicine Drop off flyers to every discharge paper.	3) Jennifer Shoenfelt is on community engagement team - assisting with organizing the medicine drop offs and communication to our hospital employees and community - ongoing
Support the "Call 211" initiative	Administration/Community Relations	Maintain and provide updated lists of resources in conjunction with the United Way	The hospital 211 information was updated in January 2014.	Jennifer Shoenfelt updated all RRHS listings in the 211 Directory in April 2015
Support SafeKids of Rutherford County	Administration/Community Relations	Maintain and provide leadership and resources to increase awareness among children and teens, including participation in community health fairs	1) RRHS participated in Kids N Cops day. 2) Partnered with United Way with Kids N Cops. 3) Safe Sitter class June 2014. 4) Partnered with Safe Kids for the "Walk to School" day - Oct. 2014	On-going
RRHS Teen Volunteers	Administration/Community Relations	Provide substance abuse training during summer teen volunteer program orientation	Substance abuse training material was provided to teen volunteers June 2014.	On-going

<b>Priority #2 Interventions: Chronic Disease – Diabetes, High Blood Pressure, High Cholesterol and Tobacco Use</b>	<b>Lead Divisions</b>	<b>Action Plan</b>	<b>RRHS Action - Goals</b>	<b>Additional RRHS Action - Goals</b>
Chronic Disease: Diabetes	Administration/Education	Maintain Diabetes program and “Living with Diabetes” educational support group; Maintain and provide screenings and resources for annual county-wide events - Prime of Life, Women’s Show, Baby and Children’s Fair, and local senior center	1) 2/27/14 Diabetes Support Group meeting - NBCR. 2) RRHS supported the Diabetes Awareness Walk - Strides against Juvenile Diabetes that the Lions Club hosted. 3) Educated/supported Rutherford County school nurses concerning students with diabetes. 4) Participated with the community health council to surveying community for community knowledge on chronic disease.	5) 4/29/2014 Anita Phillips will work with school nurses and identified students. 6) Community Diabetes Support Group meeting 5/29/2014. 7) Asthma & Diabetes education to Lake Lure Classical Academy 9-9-14. 8) Free BP screening Prime of Life 9-16-14. 9) Diabetes Support Group 9-25-14 10) on-site glucose on Diabetes Alert Day in March 2015 for employees and public 11) did glucose screenings at Community Health Fair in April 2015
Chronic Disease: High Blood Pressure	Administration/Education	Maintain and provide screenings and resources for local employers as well as for annual county-wide events - Prime of Life, Women’s Show, Baby and Children’s Fair, and local senior center	1) RRHS participated in the Farm Bureau county wide health screening 4-24-14. 2) 3/29/14 Health fair - Cool Springs Gym- BP screening. 3) Monthly BP checks for seniors at the Rutherford County Senior Center. 4) Free monthly BP screening at Ruth. Co senior center - Jean Morgan/CCC. 5) Free BP screening at Prime of Life 9-16-14.	6) Dr. Kersey offered education for Heart Health Month in February, including Hands Only CPR & Cholesterol 7) Offered BPs at Community Health Fair in April 2015
Chronic Disease: High Cholesterol	Administration/Education	Maintain and provide screenings and resources for local employers as well as for annual county-wide events - Prime of Life, Women’s Show, Baby and Children’s Fair, and local senior center	1) 3/29/14 Health fair - Cool Springs Gym- Glucose & Body Fat Analysis 2) The hospital posted the American Diabetes Association "Are you at risk" link on the hospital Facebook page. 3) RRHS will be participating with the Farm Bureau county wide health screening 4) Hand out chronic disease material at Farm Bureau screening.	5) Monthly stroke support meeting - Senior Center. 6) Website and healthy eating guidelines for GWU health screening. 7) offered cholesterol screenings during heart health month in February
Chronic Disease: Tobacco Use	Administration/Education / Physician Practices	Maintain monthly tobacco and smoking cessation program through Cancer Resource Center; Maintain and provide resources for annual county-wide events - Prime of Life, Women’s Show, Baby and Children’s Fair	1) Cancer Resource Center offers ongoing Smoking Cessation classes. 2) Tobacco education Field of Dreams 10-11-14. 3) Cardio Pulmonary campaign about Radical Randy and cardio education. 4) Cardio Pulmonary testing & education at senior center 10-14-14 5) Cardio Pul testing at Prime of Life 9-16-14	6) ongoing smoking cessation classes offered monthly at Cancer Resource Center
		Maintain and enforce tobacco policy on RRHS property for all guests and staff	1) Signs posted on campus and outside practices. 2) Tobacco policy reviewed in new employee orientation.	
		Work with county school nurses to conduct awareness sessions by Rutherford Children’s Care providers		
Testimonials	Administrative/Marketing	Produce monthly testimonials from local community members who have benefitted from screenings and educational information	1) 3 Cardio Pulmonary testimonials have been published.	



Priority #3 Interventions: Healthy Eating and Active Living	Lead Divisions	Action Plan	RRHS Action - Goals	Additional RRHS Action - Goals
Community Awareness	Administrative/Community Relations	Produce and maintain a database of county exercise and wellness opportunities in partnership with the Community Health Council to be distributed to local physicians to effectively prescribe exercise options	1) RRHS - Deneen Cook assisted CHC in creating a calendar of health screenings, awareness walks to promote healthy living and awareness of chronic disease. This calendar will be circulated through out the county. 2) RRHS Training Clinic for Couch to Cart 3) Couch to Cart Path Fun Run 4) Diabetes Support Group 9-25-14	5) Camp Wheeznot 9-13-14 6) Camp Gold Rush 9-20-14 7) Ski & Skeet - healthy recipes 8-23-14 8) Business Expo 5-22-14 9) Pink Out 6-14-14 10) Immunization Awareness campaign through ads and radio interviews 8-11-14 10) Healthy eating guidelines website and handouts - GWU health screening. 11) RRHS pharmacy donated 25 backpacks to Ruth. Co Schools 12) Cherry Bounce Duathlon 13) Trinity School Tour of RRHS 14) Thomas Jefferson School Tour of RRHS 15) Hilltop Festival 10-4-14 16) Prime of Life 17) Coifax Fair
RRHS Nutritionists	Administrative/Marketing /Food and Nutrition Services	Promote "mindful" items through RRHS cafeteria menus; provide content for Outlook newsletter and ad series in local publications about healthy eating choices	1) Ski & Skeet 8-23-14 Healthy eating recipes. 2) GWU health screening - recipes, healthy living info. 3) Cafeteria provides healthy options.	Offered heart-healthy cooking demo during heart health awareness month in February 2015
Sponsorships	Administrative/Community Relations and Marketing	Maintain partnerships with Lake Lure Olympiad, Rutherford Outdoor Coalition, Forest City Owls, and local municipalities to encourage participation in active lifestyle events	1) Participated with CHC in handing out information about healthy living screenings/walks and races. 2) Sponsor Forest City Owls 3) Cherry Bounce Duathlon 4) Couch to Cart Path Fun Run 5) Prime of Life 6) Relay for Life 7) Womens Event	8) Rutherford Housing Partnership - Gears for Cables 5-3-14 9) Ruth Co School Education Foundation 10) Run Against Addiction 11) Half Marathon 12) Overmountain Victory 5K 13) Ski & Skeet 14) Lake Lure Olympiad 15) Community Health Fair 16) Race Series - Ongoing
Health Fairs and screenings	Administrative/Education	Provide staff, resources and educational information at monthly health fairs and events, including Prime of Life festival, Women's Show, and Baby and Children's Fair	1) Free community skin cancer screening April 2nd and April 24th 2014, at the Cancer Resource Center. 2) Participated in Corvette's for Vet's health screening - BP's & BMI's 5/10/2014. 3) Prime of Life 9-16-14 4) Monthly BP checks senior center 5) Womens event screeing 10-25-14 6) Ruth Co Senior Ctr health fair cardio pul. screening 10-30-14	7) Free prostate screening 9-17-14 8) Free skin screening 9-4-14 9) Diabetes Support Group 9-25-14 10) Camp Gold Rush 9-20-14 11) Hilltop Festival 10 -4-14 Coifax Fair 9-16-14 12) Ruth. Co School mammogram day 8-5-14 13) Community Health Fair in April 2015 14) Ruth Co School Mammo Day August 9 15) ICC Mammo Day in October 16) Rutherford Co mammo day in September
				Jamie Ingraham & Pam Jones WCAB for Pink Out Night in July 2015
Public Service Announcements	Administrative/Marketing	Maintain monthly "Medical Minutes" segment on local radio stations to educate and promote topics that lead to healthy eating and active lifestyle choices	1) Joyce McCain - radio interview asthma education - WCAB 2) Amy Watson radio interview Camp Wheezenot and asthma education - WAGGY 3) General Services Rack Cards - giving out at health fairs, welcome centers. 4) Immunization Awareness - media & radio ad WCAB.	

<b>Priority #4 Interventions: Behavioral Health and Mental Well Being</b>	<b>Lead Divisions</b>	<b>Action Plan</b>	<b>RRHS Action - Goals</b>	<b>Additional RRHS Action - Goals</b>
Access to care: Inpatient Behavioral Health	Administrative/Behavioral Health	Maintain licensed mental health counselors	on-going	
Access to care: Insights Psychiatric Resources	Administrative/Physician Practices	Maintain licensed mental health counselors	on-going	
Access to care: Emergency Services	Administrative/Patient Care Services/Operations	Maintain an enlarged and dedicated area in the RRHS Emergency Department to provide a safer environment for the observation and treatment of patients exhibiting symptoms of behavioral health issues	On-going	
Support 211 initiative	Administrative/Community Relations	Maintain and provide updated lists of resources in conjunction with the United Way	1) RRHS/Marketing Department created and sponsored the Anti - bullying billboard February 2014 2)RRHS-Tanya Morrow/ Crisis sub committee training about mobile crisis. 3) June community training about mental health process. - on-going	
Health fairs and screenings	Administrative/Education /Physician Practices	Provide resources, education and information through community health fairs, including Prime of Life festival, Women's Show, and Baby and Children's Fair	May 30, 2014 Tanya Morrow assisted school nurses in mental health training.	
Physician practices	Administrative/Marketing /Physician Practices	Provide collateral materials for dissemination to patients through providers that educate patients on behavioral health issues and healthy choices for mental well being		
President's Mental Health Initiative ("Now Is The Time": President Obama)	Administrative/Behavioral Health/Community Relations	Provide leadership on the president's mental health community organization. Lend resources to disseminate treatment information.		
<b>Priority #5 Interventions: Teen Pregnancy</b>	<b>Lead Divisions</b>	<b>Action Plan</b>		
Rutherford Children's Care	Administration/Physician Practices	Support and maintain educational resources to teens and parents about high-risk behaviors and outcomes		
Youth Council Support	Administration/Community Relations	Maintain partnership with Youth Council and United Way's 211program to educate teens through public awareness media, billboards and materials	Partners with UW Youth Council at Kids & Cops to promote drug & alcohol awareness	
Health Fairs	Administration/Community Relations/Education/Women's Services Coordinator	Provide teen-specific resources, materials and educational offerings		
Sponsorships	Administrative/Community Relations	Seek opportunities with Health Department to coordinate free events for youths/teens that promote healthy choices and lifestyles		
School Nurses	Administrative/Community Relations/Women's Services Coordinator	Maintain an annual schedule of meetings and events to provide resources, support and materials to nurses who interact with at-risk teens	1) 4/29/2014 School Nurse Meeting. 2) We offered support to school system - they cannot discuss this subject of prevention with students due to new rules - 4/29/2014	
Teen Pregnancy Prevention Coalition	Administrative/Women's Services Coordinator/Community Relations/Local Physicians	Identify local partners, provide leadership and team members to provide monthly information, education and prevention materials		



# Community Assets and Resources

Health Resources were identified for each priority as well as two general, comprehensive community resource documents were identified.

### **Tobacco Use Health Resources available/needed**

A Maternal Child Health Coalition is forming in 2016 being led by the Rutherford Polk McDowell District Health Department. Community and Clinical collaborative efforts will be made in Rutherford County to reduce smoking during pregnancy. An education campaign among local health care providers and WIC Counselors is planned.

Rutherford Regional Health System offers smoking cessation classes. The Rutherford Polk McDowell District Health Department offers 5As Brief Cessation Counseling Training to Health Care and Human Service Providers through the Healthy Communities Program.

To establish policy changes aimed at supporting tobacco free spaces, Rutherford County works closely with Karen Caldwell, Regional Tobacco Control Manager, Tobacco-Free WNC Coalition, Division of Public Health, Tobacco Prevention and Control Branch, North Carolina Department of Health and Human Services.

NC Quitline Referral Program is used by the Rutherford Health Department, WIC and Maternity Clinic, Rutherford Regional Health System and community partners working in substance abuse treatment and mental health treatment and counseling.

A media campaign was launched by RPMHD in 2015 to increase awareness about health risks of smoking and to promote NC Quitline use. As funds allow, radio and television Public Service Announcements are purchased to promote smoking cessation in general and to promote use of the NC Quitline.

Tobacco Prevention Education in schools is a resource that is needed. While some Tobacco Prevention Education is covered in ninth grade through the Healthful Living Curriculum, the community has expressed a need for more tobacco education throughout all grade levels.

Rutherford Regional Health System offers an Asthma Camp for children with asthma each summer. The RHI Legacy Foundation has been a source of funding for addressing chronic diseases such as asthma.

### **Health & Nutrition Health Resources available/needed**

Making healthy choices isn't always easy. North Carolina Cooperative Extension's educators help people sort fact from fad, providing research-based programs that promote a lifetime of good health. Programs cover a broad spectrum, from pesticide safety to indoor air quality, from childhood nutrition and physical activity to heart-healthy eating and food safety. Contact: Tracy Davis, Chair of Chronic Disease Group, Rutherford County Center, 193 Callahan-Koon Rd, Suite 164, Spindale, NC 28160, (828) 287-6011

Rutherford Regional Health System has an online resource listing available exercise programs and fitness centers: [www.MyRutherfordRegional.com/Exercise](http://www.MyRutherfordRegional.com/Exercise). A full list of community partners to support Healthy Living are noted on this site.

**Active Routes to School:** Mary Smith, Region 2 Active Routes to School Coordinator E-mail: [activekidswnc@gmail.com](mailto:activekidswnc@gmail.com)

## Substance Abuse Health Resources available/needed

The United Way of Rutherford County hosts a Community Engagement Team (CET). The CET makes it simple to be a part of the effort to prevent and reduce substance abuse. Everyone is welcome to attend monthly meetings. They are held the fourth Tuesday of each month at 10 am, generally at the United Way building at 668 Withrow Road in Forest City.

- Dispose of your unused/expired medications using the permanent medicine drop box located in the lobby of the Rutherford County Sheriff's Office. The drop box is accessible Monday - Friday, 8:30 am to 5 pm. You simply drop your medications in the box. NO questions asked. It's safe, It's easy.
- Help promote outreach events such as the Operation Medicine Drop.
- Invite CET to come speak at other civic groups, parents groups, church groups, business events and any other local functions to help spread the word about the importance of proper medication disposal and prevention efforts geared towards out youth.

**Resource Person:** Suzanne Porter at United Way: 286-3929 or cell: 813-601-9881 Email: [s.porter@uwrcinc.org](mailto:s.porter@uwrcinc.org)

Rutherford County CHA partners in the Health Department, Hospital and Health Council worked together to review the current Health Resources provided through the 2-1-1 community tool. 2-1-1 is a health and human service referral line available 24/7 to speakers of many languages. You can access the 2-1-1 services by calling 2-1-1 or using this website: [www.211counts.org](http://www.211counts.org). RHI Legacy Foundation is a fund-raising and grant making organization focused on improving health and wellness in Rutherford County. The RHI Legacy Foundation will offer grants to organizations that increase health and wellness for people in Rutherford County. RHI will pursue, identify, incubate and implement new programs and projects to effectively and efficiently impact the health and wellness of the Rutherford Community. For more information, please follow this link: [www.RHILegacyFoundation.com](http://www.RHILegacyFoundation.com).

## Findings

We noticed some outdated information and we reported back gaps to 2-1-1 and updated information, so that community tool (2-1-1) continues to serve as the updated resource list accessible via phone and web 24/7. The two general lists of community resources: 1) Community Resource Assistance Guide has resources around Health, housing/rent/ utilities/clothing, food, support, jobs, transportation and childcare. (consolidated documents available under separate cover: Rutherford County Community Assets 2015)

## Giving credit where credit is due

### Acknowledgements

We would like to acknowledge the efforts of the collaborative group who represent the broad interests of the community, have special knowledge and expertise in public health and represent medically underserved, low-income and minority populations served by the hospital which assisted in the CHNA. It is energizing when a diverse group of citizens comes together to work toward a common cause.

**The report is not the end of the process.**



Key Informant Online Survey,  
Community Phone Survey,  
and Focus Group Results

## Key Informant Survey Results

Twenty key informants were asked about the health in the community.

They were asked to describe what elements they felt contributed to a healthy community. A summary of their responses follow.

- Access to healthy foods
- Health education
- Opportunities for physical activity
- Economic development/Employment
- Access to health care
- Culture that values healthy lifestyles

They were also asked to share some of the assets or “gems” they thought were important in our community.

- The natural environment with beautiful landscapes, waterfalls, and biodiversity
- Good educational opportunities: Rutherford County Schools, Isothermal Community College.
- Good local leadership in government and in Public Health
- Low cost of living
- Close-knit community

What are the most important issues that must be addressed to improve the quality of life?:

- Education
- Employment
- Access to healthcare
- Alcohol/drug abuse
- Culture of health
- Tobacco use

They were asked to rate each of the following health issues: (in order of problem – major to no problem)

1. Substance abuse
2. Mental health
3. Nutrition, physical activity & weight
4. Diabetes
5. Heart disease and stroke
6. Tobacco use
7. Cancer
8. Oral health
9. STD and unintended pregnancy
10. Access to health services
11. Respiratory diseases
12. Maternal and infant health
13. Injury & violence
14. Infectious diseases & foodborne illnesses

If the respondents rated any of the issues above as “major problems” they were further asked to give reasons for their perceptions.

## Substance abuse

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

- Poverty
- Unemployment
- Overprescribing of controlled substances
- Prevalence/incidence
- Lack of treatment facilities/programs
- Personal observation
- Lack of Education

The most problematic substances are:

- Methamphetamine or other amphetamines
- Alcohol
- Opioid Analgesics
- Marijuana
- Synthetic drugs
- Prescription drugs (not including Opioids)
- Cocaine
- Heroin
- Over the counter medications

## Mental health

Among those rating this issue as a “major problem,” reasons frequently related to the following:

- Access barriers
- Co-occurrence with substance abuse
- Lack of resources
- Environment/family
- Lack of providers

## Nutrition, physical activity & weight

Among those rating this issue as a “major problem,” reasons frequently related to the following:

- Affordable/safe opportunities for physical activity
- Lack of education
- Lifestyle choices
- Culture
- Lack of resources
- Access to affordable healthy foods

## Diabetes

Among those rating this issue as a “major problem,” reasons frequently related to the following:

- Nutrition, physical activity and weight
- Lack of education
- Lifestyle choices



## Heart Disease and Stroke

Among those rating this issue as a “major problem,” reasons frequently related to the following:

- Tobacco use
- Nutrition, physical activity & weight
- Lack of education
- Lifestyle choices

## Tobacco Use

Among those rating this issue as a “major problem,” reasons frequently related to the following:

- Prevalence/incidence
- Culture
- Addiction
- Co-occurrence with chronic diseases
- Legislation
- Lack of resources and education

## Cancer

Among those rating this issue as a “major problem,” reasons frequently related to the following:

- Prevalence/incidence
- Lifestyle choices
- Tobacco use

## Oral Health

Among those rating this issue as a “major problem,” reasons frequently related to the following:

- Access and cost
- Uninsured/underinsured
- Medicare/Medicaid

## STDs and Unintended Pregnancy

Among those rating this issue as a “major problem,” reasons frequently related to the following:

- Lack of sex education in schools

## Access to health care services

Types of care most difficult to access:

- Mental health care
- Primary care
- Substance abuse treatment
- Specialty care
- Dental care
- Urgent care

Among those rating this issue a “major problem”, reasons related to the following:

- Cost of healthcare
- Limited number of providers
- Lack of insurance

## Community Telephone Survey Results

In May 2015, 200 community members were surveyed randomly via telephone both landline and cell phones. The survey instrument was developed by WNC Healthy Impact's data workgroup, consulting team and local partners with assistance from Professional Research Corporation (PRC). Many of the questions were derived from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) as well as other public health surveys. For the county-level results, the maximum error rate at the 95% confidence level is +/- 6.9%.

<b>% experience fair or poor health</b>	<b>2012</b>	<b>2015</b>
<b>Rutherford County</b>	22.2%	17.7%
<b>Western NC</b>	19.0%	17.3%
<b>North Carolina</b>	18.1%	19.2%
<b>US</b>	16.8%	15.3%

<b>% limited in activities in some way due to a physical, mental or emotional problem</b>	<b>2012</b>	<b>2015</b>
<b>Rutherford County</b>	25.0%	32.6%
<b>Western NC</b>	28.1%	28.1%
<b>North Carolina</b>	21.2%	21.2%
<b>US</b>	17.0%	21.5%

<b>Type of problem that limits activities:</b>	<b>Rutherford County</b>	<b>Western NC</b>
<b>Back/neck problem</b>	13.4%	18.6%
<b>Arthritis/rheumatism</b>	17.9%	15.9%
<b>Difficulty walking</b>	11.9%	9.7%
<b>Fracture bone/joint injury</b>	4.5%	6.8%
<b>Lung/breathing problem</b>	6.0%	4.4%
<b>Mental/depression</b>	4.5%	3.3%
<b>Heart problem</b>	3.0%	3.0%
<b>Other (each &lt;3%)</b>	38.8%	38.3%

<b>Provide regular care or assistance to a friend/family member who has a health problem or disability</b>	<b>2012</b>	<b>2015</b>
<b>Rutherford County</b>	41.0%	28.5%
<b>Western NC</b>	42.2%	38.2%

<b>&gt;7 days poor mental health in the past month</b>	<b>2012</b>	<b>2015</b>
Rutherford County	17.7%	16.2%
Western NC	14.2%	13.0%

<b>“Always” or “Usually” get needed social/emotional support</b>	<b>2012</b>	<b>2015</b>
Rutherford County	75.5%	82.0%
Western NC	80.6%	79.3%

<b>Unable to get needed mental health care or counseling in the past year</b>	<b>2012</b>	<b>2015</b>
Rutherford County	7.1%	8.9%
Western NC	6.6%	7.5%

<b>Dissatisfied with Life (% dissatisfied or very dissatisfied)</b>	<b>2012</b>	<b>2015</b>
Rutherford County	4.3%	6.4%
Western NC	5.0%	5.4%

	<b>Prevalence of Heart Disease</b>	<b>Prevalence of Stroke</b>
Rutherford County	8.8%	2.8%
Western NC	6.5%	3.9%
NC		3.7%
US	6.4%	3.9%

	<b>Have had blood pressure checked in the past two years</b>		<b>Prevalence of high blood pressure</b>		<b>Taking action to control hypertension (among adults with HBP)</b>	
	<b>2012</b>	<b>2015</b>	<b>2012</b>	<b>2015</b>	<b>2012</b>	<b>2015</b>
Rutherford County	93.2%	92.0%	45.7%	47.6%	88.4%	95.2%
Western NC	95.0%	94.8%	39.4%	38.1%	91.2%	92.4%
NC			31.5%	35.5%		
US	94.7%	91.0%	34.3%	34.1%	89.1%	89.2%

	<i>Have had blood cholesterol checked in the past five years</i>		<i>Prevalence of high blood cholesterol</i>		<i>Taking action to control high blood cholesterol (among adults with HBC)</i>	
	<b>2012</b>	<b>2015</b>	<b>2012</b>	<b>2015</b>	<b>2012</b>	<b>2015</b>
<b>Rutherford County</b>	88.6%	90.4%	38.9%	35.3%	87.8%	89.1%
<b>Western NC</b>	90.0%	89.9%	34.3%	31.2%	88.8%	88.2%
<b>NC</b>	78.3%	79.2%	40.0%	41.0%		
<b>US</b>	90.7%	86.6%	31.4%	29.9%	89.1%	81.4%

<i>Have fallen in the past year (seniors age 65+)</i>	<b>2012</b>	<b>2015</b>
<b>Rutherford County</b>	27.7%	37.6%
<b>Western NC</b>	25.2%	33.0%

	<i>Prevalence of diabetes (ever diagnosed)</i>		<i>Prevalence of borderline or pre-diabetes</i>		<i>Tested for diabetes in the past three years (among adults Not diagnosed with diabetes)</i>	
	<b>2012</b>	<b>2015</b>	<b>2012</b>	<b>2015</b>	<b>2012</b>	<b>2015</b>
<b>Rutherford County</b>	15.1%	10.2%	7.9%	14.7%	51.6%	57.1%
<b>Western NC</b>	12.6%	7.5%	7.6%	12.2%	55.6%	62.3%
<b>NC</b>	9.8%	11.4%				
<b>US</b>	10.1%	11.7%		5.8%		49.2%

<i>Taken action to control diabetes (among adults diagnosed with diabetes or prediabetes/ borderline diabetes)</i>	<b>2012</b>	<b>2015</b>
<b>Rutherford County</b>	91.2%	61.7%
<b>Western NC</b>	87.7%	64.3%

<b>2015</b>	<i>Current prevalence of Asthma</i>	<i>Prevalence of Chronic Obstructive Pulmonary Disease (COPD)</i>
<b>Rutherford County</b>	14.9%	12.9%
<b>Western NC</b>	9.7%	13.5%
<b>NC</b>	8.4%	7.4%
<b>US</b>	9.4%	8.6%

	<i>Meets physical activity recommendations</i>		<i>Believe it is important that community orgs make physical activity spaces available for public use after hours</i>		<i>Healthy weight</i>	
	2012	2015	2012	2015	2012	2015
<b>Rutherford County</b>	53.1%	49.8%	92.8%	89.9%	24.8%	24.8%
<b>Western NC</b>	58.2%	53.5%	95.6%	94.1%	33.7%	33.5%
<b>US</b>	42.7%	50.3%			31.7%	34.4%

	<i>Prevalence of total overweight (overweight or obese BMI of 25.0 or higher)</i>		<i>Prevalence of Obesity</i>	
	2012	2015	2012	2015
<b>Rutherford County</b>	74.1%	73.9%	35.2%	33.1%
<b>Western NC</b>	65.0%	64.3%	29.2%	28.8%
<b>NC</b>	65.3%	66.1%	28.6%	29.4%
<b>US</b>	66.9%	63.1%	28.5%	29.0%

<b>2015</b>	<i>Have taken a prescription drug in the past month that was not prescribed</i>	<i>Have shared a prescription medication with someone else</i>	<i>Currently use e-cigarettes</i>
<b>Rutherford County</b>	0.0%	4.6%	4.9%
<b>Western NC</b>	1.3%	4.2%	6.6%

**True or false: "most electronic cigarettes contain nicotine."** 83.6% true, 16.4% false.

	<i>Current smokers</i>		<i>Currently use smokeless tobacco products</i>		<i>Have breathed someone else's cigarette smoke at work in the past week (among employed respondents)</i>	
	2012	2015	2012	2015	2012	2015
<b>Rutherford County</b>	24.5%	21.2%	4.6%	3.7%	19.6%	28.6%
<b>Western NC</b>	20.6%	19.3%	5.2%	4.3%	14.2%	24.1%
<b>NC</b>	19.8%	20.3%		4.3%		
<b>US</b>	16.6%	14.9%	2.8%	4.0%		

<b><i>Believe it is important that public walking/biking trails are 100% tobacco free</i></b>	<b>2012</b>	<b>2015</b>
<b>Rutherford County</b>	60.1%	55.5%
<b>Western NC</b>	61.5%	64.1%

	<b><i>Lack of healthcare insurance coverage</i></b>		<b><i>Was unable to get needed medical care at some point in the past year</i></b>	
	<b>2012</b>	<b>2015</b>	<b>2012</b>	<b>2015</b>
<b>Rutherford County</b>	31.4%	18.1%	16.0%	8.6%
<b>Western NC</b>	23.7%	19.6%	10.8%	9.1%
<b>NC</b>	17.7%	24.2%		
<b>US</b>	14.9%	15.1%		

<b>2015</b>	<b><i>Healthcare provider has helped to connect with a community resource (classes, coaching) to educate about condition</i></b>
<b>Rutherford County</b>	34.0%
<b>Western NC</b>	29.3%

	<b><i>Have visited a dentist or dental clinic in the past year</i></b>		<b><i>Rely on physicians for most healthcare information</i></b>		<b><i>Rely on the Internet for most healthcare information</i></b>	
	<b>2012</b>	<b>2015</b>	<b>2012</b>	<b>2015</b>	<b>2012</b>	<b>2015</b>
<b>Rutherford County</b>	57.6%	55.8%	22.8%	41.5%	22.4%	23.1%
<b>Western NC</b>	63.7%	63.7%	28.4%	40.0%	20.9%	25.7%
<b>NC</b>	68.4%	64.9%				
<b>US</b>	66.9%	65.9%		38.7%		26.4%

<b>2015</b>	<b><i>There should be a local law in my county that prohibits the use of tobacco in all indoor public places</i></b>
<b>Strongly agree</b>	44.5%
<b>Agree</b>	32.5%
<b>Neutral</b>	7.9%
<b>Disagree</b>	8.4%
<b>Strongly disagree</b>	6.8%

<b><i>Frequency of worry/stress in the past year about having enough money to buy nutritious meals</i></b>	<b>2012</b>	<b>2015</b>
<b>Always</b>	8.5%	7.6%
<b>Usually</b>	6.1%	6.1%
<b>Sometimes</b>	18.2%	18.7%
<b>Seldom</b>	18.6%	17.2%
<b>Never</b>	48.6%	50.5%



## Focus Group Results

On March 16, 22 community members met at RRHS to discuss how RRHS can best contribute to improving the health of Rutherford County relative to the three top priorities.

Below are their responses.

### 1. **In general, how can Rutherford Regional Health System (RRHS) serve you and the community better?**

- More locations around the county, urgent care
- More proactive with wellness and diabetes outreach
- Education on diabetes, lung cancer – help to change people’s behavior
- Form partnerships between the hospital and community organizations to promote health and wellness, get people out utilizing resources already available.
- More interaction with the hospital at community events and offer screenings at events, free or low cost prevention activities

### 2. **How do you see the Rutherford County Health Department meeting the health needs of the community?**

- Not specific to the health department, but the hospital, health department, RHI Legacy Foundation, United Way find ways to work together to better meet health needs
- Rutherford County is the lowest funded health department in North Carolina. The average funding for a NC health Department is \$33 per capita. Rutherford gets \$7 per capita. Therefore, the health department doesn’t have much capacity to devote to all the health improvement needs of the county.
- Change happens at the speed of trust, and working together with all organizations in the county to focus on health improvement can happen over time as trust is built.
- Communicate services and programs to the whole community
- The Health Council could be the clearing house for the location and coordination of resources

### 3. **The top priority health issues selected through the CNA process are:**

- Tobacco
- Chronic disease – healthy eating, active living
- Substance abuse

### **How specifically, can Rutherford Regional help improve these community health issues?**

- The hospital can be actively involved in the subgroups through the Health Council. It is not only important the hospital communicate to the community, but the community needs to communicate to the hospital.
- It would be great if hospital staff, particularly care managers at discharge, know all the community resources people could use. They could use the 211 list as a resource.
- Don’t duplicate efforts and programs. If successful programs are already available in the community, build on the strengths of existing programs.



- RRHS could offer more smoking cessation classes, particularly at worksites, and charge a sliding scale.
- Mental health issues in workplaces. If the hospital could offer resources for example, a class on how to de-stress after situations. Some people won't seek out counseling on their own, but will attend a class.
- The community needs more of a proactive, comprehensive approach to no smoking. All campuses need to be tobacco free, all public buildings, municipalities, restaurants, universities, public places. The community needs a unified effort to change the culture. We like being polite and are afraid to make people angry. Most people aren't offended by reminding them that places are a tobacco-free space.
- Substance abuse treatment and prevention. Doctors need to educate their patients about prescriptions that can become addictive. Need local treatment options.
- Health Rocks is a tobacco and drug prevention 10 week program in the schools. However, there is only one instructor and finding time in schools is difficult with all the curriculum mandates.
- All students have electronic devices and can send messages to students about tobacco and healthy habits.
- E-cigarettes and vaping are also issues that need addressing
- Healthy eating – there are food deserts with areas lacking access to healthy food such as fruits and vegetables. Some smaller grocery stores don't have a good selection or areas don't have access to farmer's markets or gardens. People need to know how to prepare healthy foods.
- Active living – investment in trails and greenways. There is a network of trails that connects communities. Make the healthy choice the easy choice. The hospital has been a good sponsor of active events.

#### 4. **What barriers might we face in implementing strategies related to physical activity, nutrition, and chronic disease in these areas or sectors?**

- Public transportation – none after hours or weekends
- Fear of liability
- Funding
- Changing cultural norms
- Motivation
- Right eyes on the right problems – under-represented with minorities, sometimes diversity (age, race, ethnicity) is needed to attack problems. Older people can't be communicated with in the same way as younger people.
- Elected officials don't have a good idea what we're facing with population health.

#### 5. **Other comments**

- Involve the private sector in the efforts
- Break down the ignorance of all the resources in the community
- Change for Life Expo on April 30th. The hospital is a presenting sponsor, opportunity to promote the top three priorities out of the community health assessment.
- The hospital needs to communicate how beneficial the Duke/LifePoint relationship is for the hospital and in turn the community. Duke and LifePoint hold esteem and clout. The hospital should capitalize on the positive changes occurring.